

BOARD MEETING

DATE: WEDNESDAY 1 AUGUST 2018

TIME: 9:30 A.M. - 12:30 P.M.

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 Georgja.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 27 June 2018	BH	*
1.2.	Running Action Note	BH	*
1.3.	Corporate Risk Register	TG	*
1.4.	Appointment of Members to Committees	BH	*
1.5.	Staff Governance Committee Minutes 30 May 2018	AM	*
1.6.	Audit & Risk Committee Minutes 18 June 2018	MA	*
1.7.	Acute Hospitals Committee Minutes 19 June 2018	AM	*
1.8.	Strategic Planning Committee Minutes 7 June 2018	AMcM	*
1.9.	Edinburgh Integration Joint Board Minutes 18 May 2018	CH	*
1.10.	East Lothian Integration Joint Board Minutes 26 April & 24 May 2018	PM	*
2. Items for Discussion (subject to review of items for approval)			
2.1.	Involvement of Non Executive Board Members in the Oversight of the Emergency Access Standard	BH	*
2.2.	East Region Short Stay Elective Centre (SSEC), SJH Livingston	JC	*
2.3.	Financial Position to June 2018	SG	*
2.4.	Climate Change and SDAP Report	JC	*
2.5.	Patient Experience	AMcM	*
2.6.	Refreshed Strategic Vision for Volunteering across Lothian (2018-2023)	AMcM	*
2.7.	Unscheduled Care Performance	JC	*
2.8.	Quality and Performance Improvement	SW	*
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 27 June 2018		BH	®
5. Matters Arising from Previous Meetings		BH	v
6. Any Other Competent Business		BH	v

Board Meetings in 2018

3 October Scottish Health Service Centre

5 December 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 2018

12 September Scottish Health Service Centre

7 November 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

DRAFT

LOTHIAN NHS BOARD

Minutes of the Meeting of Lothian NHS Board held at 9.30am on Wednesday, 27 June 2018 at the Scottish Health Service Centre, Crewe Road South, Edinburgh, EH4 2LF.

Present:

Non-Executive Board Members: Mr B Houston (Chair); Mr M Ash; Cllr I Campbell; Mr M Connor; Mr M Hill (Vice-Chair); Mrs C Hirst; Professor T Humphrey; Mr A McCann; Cllr J McGinty; Cllr D Milligan; Mrs A Mitchell; Mr P Murray and Mr B McQueen.

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 (Interim 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: Ms J Mackay (Director of Communications & Public Engagement) and Mr D Weir (Business Manager, Chairman, Chief Executive & Deputy Chief Executive's Office).

Apologies for absence were received from Mr T Davison, Ms F Ireland, Mr A Joyce, Cllr F O'Donnell and Professor M Whyte.

Chairman's Introductory Comments

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

Changes in Board Membership

The Chairman welcomed Councillor Ian Campbell to his first Board meeting advising that he was the City of Edinburgh Council Stakeholder member replacing Councillor R Henderson.

Declaration of Financial and Non-Financial Interest

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

13. Items for Approval

- 13.1 The Chairman sought and received the approval of the Board to approve items 1.1 – 1.3, 1.5 and 1.7 – 1.16. He advised that he wanted to take item 1.4 “Appointment of Members to Committees” and item 1.6 “Review of the Standing Orders” into the discussion part of the agenda. The following were approved:-
- 13.2 Minutes of the Previous Board Meeting held on 4 April 2018 – Approved.
- 13.3 Running Action Note – Approved.
- 13.4 Corporate Risk Register – Approved.
- 13.5 Amendment to the Board’s Scheme of Delegation – The Board approved a change to the Scheme of Delegation so that the delegated Authority for the Lothian Capital Investment Group was increased from £0.5m (including VAT) to £1m (including VAT).
- 13.6 Staff Governance Committee Minutes – 31 January and 2 May 2018 – Endorsed.
- 13.7 Finance and Resources Committee Minutes – 23 May 2018 – Endorsed.
- 13.8 Audit & Risk Committee Minutes – 23 April 2018 – Endorsed.
- 13.9 Acute Hospital Committee Minutes – 20 February 2018 – Endorsed.
- 13.10 Healthcare Governance Committee Minutes – 13 March and 8 May 2018 – Endorsed.
- 13.11 Strategic Planning Committee Minutes – 12 April 2018 – Endorsed.
- 13.12 Edinburgh Integration Joint Board Minutes – 2 March 2018 – Endorsed.
- 13.13 West Lothian Integration Joint Board Minutes – 13 March and 1 May 2018 – Endorsed.
- 13.14 Midlothian Integration Joint Board Minutes – 29 March 2018 – Endorsed.
- 13.15 East Lothian Integration Joint Board Minutes – 22 February and 22 March 2018 – Endorsed.
- 13.16 Item 1.6 “Review of the Standing Orders” – The Chairman commented that Councillor McGinty had raised a valid issue about the Review of the Standing Orders and it was proposed to remove and defer this paper until the next Board meeting. In the meantime Councillor McGinty and Mr Ash would resolve the outstanding issue.
- 13.17 Item 1.4 “Appointment of Members to Committees” – The Chairman commented that he wished to raise this item under Any Other Business as there was one specific issue that had arisen in respect of the Non Executive Board member Chairman of the Access and Governance Committee which required to be agreed with Mr Murray and Ms Campbell.

14. Quality Management in NHS Lothian: 2018 - 2023

- 14.1 The Chairman commented that hard copies of the Quality Management Strategy had been made available to Board members.
- 14.2 The Chief Quality Officer thanked the Board for their consideration of the Quality Strategy at its current meeting. The Board received a short video presentation which set the scene for further discussion. The Chief Quality Officer commented that within the narrative of the Board papers that it was difficult to capture the impact of the Strategy on individuals and that he hoped the short video presentation would help to set the context. He felt that there were two guiding principles in respect of the Strategy with these being the need to involve everyone and for Quality to be part of the normal business of the organisation. He also commented that the focus of the strategy was accelerating the pace of change as continuous improvement in performance required constant change.
- 14.3 The Board noted in respect of involving everyone that there had been a significant number of discussions in the development of the Strategy although the key issue had been to have engagement focussed on issues that patients, the population and the organisation wanted and needed to resolve. A collaborative approach to planning improvements in quality was being embedded in respect of the context of day to day issues and the determination of what patients, families and staff wanted. It had been recognised that there was a need to develop a shared vision through a process of co-design in order to develop a programme of improvement. The Chief Quality Officer advised that the forward approach would involve testing and learning focussed on front line teams underpinned by support and leadership. The Chief Quality Officer advised that the model of Quality Management developed in NHS Lothian over the last two years was very similar to one recently being proposed by Health Improvement Scotland for wider use across Scotland.
- 14.4 The Chief Quality Officer updated the Board on key lessons that had been learnt through the work in demonstration sites particularly in respect of opportunities for up-scaling. He advised that the successes were real and that the data demonstrated significant and sustained outcome improvements, including endoscopy DNA rates, better outcomes following stroke, fractured neck of femur and significant mental health problems. These were not confined to single departments or services but across pathways from home, through healthcare to home again. It was noted that these improvements had been achieved by local teams taking ownership and working collaboratively. The Chief Quality Officer advised that he was confident that NHS Lothian could make a significant up step in training capacity in order to support the quality initiative for the totality of the workforce. It was noted that steps had been taken to try and identify a 1-2% reduction in costs through the adoption of a quality programme although this was conceptual and early work. It was felt that the reduction of systemic waste would provide one of the most significant savings. It was noted that there was a need to make financial control real at the frontline of service delivery.
- 14.5 The Chief Quality Officer referred to Appendix 1 of the circulated paper relating to the prototype programme and the desire to scale up to business as usual with a focus on quality and testing to include staff feeling confident to address local issues without seeking permission. The Board noted that Appendix 2 related to Innovation

and was more radical and carried more risk with there being a need to consider how to structure this and manage risk again within the context of business as usual for the organisation. It was noted that the Innovation initiatives had not been prototyped at scale. The Board noted in terms of Innovation that the desire was to embed design thinking as part of normal business and that work had already been undertaken in endoscopy and cancer. The desire was also for a process of open Innovation to promote and encourage future work and that this should not just be within the NHS but should include small and medium sized enterprises and other organisations. The Chief Quality Officer commented that whilst the emphasis should always be on developing internal capacity, there would be some instances where it would be appropriate to buy in external support and fund it in a way that was similar to the extant research and development model. The Chief Quality Officer advised that he was not at this point seeking all of the 5 year funding and that a phased funding model would be adopted with oversight from the Director of Finance.

- 14.6 The Interim Chief Executive welcomed the long heralded strategy advising that there had been a number of discussions in various fora about the objective of putting quality at the heart of the organisation. He commented that a collaborative process had been adopted in terms of the development of the Strategy before the Board and that what was being put forward was not the vision of a single individual but of the Executive Team as a whole. The Board noted that the Executive Team fully supported the Quality Strategy and that this would be reflected in future Board Corporate Objectives. Support would be provided to staff and patients in respect of the improvement journey with leadership and teaching opportunities being used to support forward focus. A cultural change and development programme would be developed to support the Board objectives.
- 14.7 The Chief Officer for Acute Services commented that from an Acute perspective there was a real enthusiasm around the Quality programme and that in particular the Western General Hospital had been keen to emulate the whole site programme developed at the Royal Edinburgh Acute Services campus in order to give people the opportunity to do small tests of change within the overall strategic process.
- 14.8 The Executive Medical Director commented that within primary care the cluster network were looking at quality leads with a view to smoothing out workflow and it would be important to sustain people in this work programme. An example of Innovative work in East Lothian was provided. The point was made that within primary care it was often the case that progressive work was less visible and this needed to be considered. The Executive Medical Director commented she supported a structured development approach moving forward.
- 14.9 The Board were advised that investment had already been made in leadership development in order to develop a knowledge mindset and build an infrastructure to ensure that quality improvement was at the heart of the organisation and would be used to ensure that people recruited into NHS Lothian in future were aligned with organisational values.
- 14.10 The Chairman welcomed the Strategy and questioned what the financial planning and process would be for the approval of funding to support the forward implementation process. The Director of Finance commented that she felt that this was an area where the Board needed to take a leap of faith in respect of finance as

there was currently no additional resource available. She commented that the Board paper proposed an incremental approach to funding Quality which would include NRAC (National Resource Allocation Committee) benefits and any other additional funding that came into the organisation. She commented that the resource to support the Quality Strategy would be built over time. The Board noted that a key issue would be around the judgement that would require to be made around where resource should be allocated particularly within the constraints of a limited budget. The point was made that the current £1m of investment was a drop in the ocean compared to the overall NHS Lothian financial resource availability. There was however a need to ensure that best value was received from any resource allocated to the Quality Strategy. The Director of Finance commented that there would be a need to take risk around funding that was not available and that a systematic process through the Sustainability and Value Group had been agreed. It was noted that for example any additional resource required to support the previously referenced work at the Western General Hospital would require to come through the Sustainability and Value Group for decision in order to determine whether the extra bid was worth the risk in terms of constrained finances. The Board were advised that the balance was around finding additional resource and prioritising requests quickly whilst also ensuring that any forward work added value to the organisation. The input of the Finance and Resources Committee was referenced with the point being made that a fundamental part of the Strategy was not all about cost release but suppressing future costs which was also important.

14.11 Mr Murray welcomed the 5 year systemic approach across the organisation advising that the biggest risk would be if staff expectations were delayed in respect of capacity and need. He questioned whether the Strategic Planning Committee in a revised format could fit into the work around Innovation. The point was raised in respect of the future funding of the Strategy whether there was a potential regional component to this. The Director of Finance commented that she felt that at the current point in time regional support would be challenging as different systems were undertaking their own approach to Quality management although there might be more appetite for regional input at a point in the future. Mr Murray commented in respect of primary care that the integration of Integration Joint Board (IJB) arrangements should be considered as there were a number of areas being discussed that would fit into integration themes.

14.12 Mrs Mitchell advised that the Acute Hospitals Committee had received a presentation around the Quality Strategy and had discussed the quality of return from the level of investment required. She commented that there was a need to manage expectations as to the level of investment available and highlighted that not all Quality improvement initiatives required huge investment. The culture should be to encourage an increase in small scale tests across the organisation with a different approach being taken for larger initiatives such as transformational digital work, tailoring the quality improvement and investment process accordingly. The point was made that the sharing of principles of success would be important to the scaling up process as would be the extraction of core benefits which would need to be shared widely. Again the point was made about the need to manage staff expectation within limited resource. The Chief Quality Officer commented that this issue had been addressed by not setting specific targets in relation to 2019/20. He commented that research showed that the strongest engagement was when people witness for themselves the benefits of quality improvement. He referenced the recent Health

Improvement Scotland paper on Quality Management stressing the central importance of a “Learning System” so value would be gained from all activities, even ‘failed’ tests of change. He commented that the sharing of principles was important and allowed local adaptation. In terms of the learning process it would be important that Site Directors and their staff took the opportunity to embrace lessons learned by each other.

- 14.13 Mr McCann welcomed the previous discussion and the enthusiasm with which this process was being received. He commented that the organisation could only take on board a small number of strategic messages and if this were to be one of them this would require a managed leadership process. He questioned what opportunities would be made available for Non Executive Board members to engage in the process.
- 14.14 Mrs Hirst commented that she also supported the journey being proposed and that through patient experience work the need for the engagement of non clinical staff had been evidenced with this being felt to be important as a lot of the issues around the patient journey related to non clinical issues. The Chief Quality Officer commented that it could be argued that all staff engagement could be regarded as clinical activity although the point was well made that the focus should not just be on patient touching staff and should cut across the whole spectrum of corporate services. The Director of Human Resources and Organisational Development commented in this respect that at the annual Human Resources Development even her team had decided to start their own quality improvement programme to look at the opportunities to improve timescales around formal investigations. Induction was also being looked at and again this referenced the need to ensure appropriate focus on non clinical staff.
- 14.15 Professor Humphrey commented that the Quality Strategy represented an exciting time for the Board with a key issue being around the ability to scale up the initiative and demonstrate positive impacts through this implementation. She commented that it was important to lead by example as this tended to produce the best outcomes. She pointed out however that the missing issue from the document was the argument around the risk of not adopting and progressing with the Quality Strategy.
- 14.16 The Chief Quality Officer commented that section 7 of the Quality Strategy addressed some of the issues raised by Professor Humphrey’s particularly in respect of what the Board could do and the links between hierarchy and network and the need to try and obtain best benefit from both processes. A governance model approach had been suggested although the Chief Quality Officer was keen not to establish a separate Quality Committee. Reference was made to the five bullet points in section 7 of the Strategy document in respect of leadership and the fact that by observing and participating that this was the best way to deliver success. The Chief Quality Officer commented that there would be significant benefit in Non Executive Board member and Executive Directors visiting sites and showing genuine support for the work and by asking questions through a supportive and challenging approach in order that conversations could be helpful to the teams involved in work. It was felt that through the adoption of such an approach that this would facilitate Executive and Non Executive Board members to adopt a role model process that would be evident to the rest of the organisation. It was noted that 1 Non Executive Board member had already volunteered to go through the Healthcare Academy.

- 14.17 Mr McQueen commented that the Strategy document before the Board represented a big improvement and focussed concentration on where the organisation might want to spend its resource. He commented however that the resource being sought currently and in the future did not represent a significant amount of money for an organisation with a budget of an excess of £1.5bn. He felt that it would be important for the Board to support the implementation of Quality Strategy moving forward. Mr McQueen also commented on the need to ensure that the process which involved the Sustainability and Value Group, the Corporate Management Team and the Financial and Resources Committee did not stifle the speed of natural progress. In terms of Appendix 2 and the Innovation Plan he questioned whether it was proposed to consult further on this aspect. The Chairman commented that he was keen to ensure that Innovation and Quality were interchangeable.
- 14.18 The Director of Finance commented that the issue of risk and the whole process was one that had been discussed in detail. The balance had been about achieving something that everybody in the organisation could understand and sign up to and also about using the Academy to support the organisation through providing new skills to both non clinical and clinical staff. It was recognised that it would be important that bureaucracy did not get in the road of this process. There was also an issue about ensuring appropriate arrangements were in place to scale up the process. The Director of Finance commented for larger programmes requiring more support it was being proposed these would require to go through the Sustainability and Value process in order to ensure appropriate prioritisation. It was noted that the Sustainability and Value Group would be chaired by the Director of Finance and that this would also be an area where learning would be part of the ongoing process. Mr McQueen commented that it would be important that a fleet of foot process was adopted in order that momentum could be sustained. The Director of Finance commented that over the previous few financial years that budget holders had been given more ownership of their resources and that there was therefore an opportunity for people holding budgets to take a calculated risk around the development of small scale quality initiatives and this approach needed to be encouraged.
- 14.19 The Vice-Chair commented that to some extent the Quality Strategy set out the logical next steps for the organisation with the point having now been reached where there would be a requirement for fundamental change which would require a different cultural approach. He commented that it would be helpful when developing the Innovation Business Case to include more narrative description on what this would look like on the ground. The Vice-Chair felt that there was more work to be done to explain this concept in a way that would be meaningful to staff. He made the point that as an organisation there was a current commitment to hierarchal management structures and there was something about the need for a changed ethos to facilitate leadership on a more collaborative agent basis. The Vice-Chair commented that he felt it was fundamental to the success of the ongoing project to change the hierarchy mindset.
- 14.20 The Director of Human Resources and Organisational Development commented that the leadership organisational development programme would be a bespoke process and not generic training. A programme was being taken forward on the basis of collaborative and compassionate leadership with a focus on softer leadership skills rather than developing technical experts. The Vice-Chair referred to the contribution

made by Professor Leitch in the scene setting video presentation about the types of pressure and environment that staff were working under and welcomed the Scottish Government's acknowledgement of this issue. There was a need for people to understand the impact that this had in terms of the benefits of providing a good patient experience. The Executive Medical Director provided details of an innovative approach that was underway in respect of endoscopy demand.

- 14.21 Mr Ash commented that he welcomed the Strategy although he was concerned about the approach to prioritise finances into this area particularly in respect of the uncertain world that the NHS currently existed in. He referenced the need for IJBs to have an input into the setting of priorities. Mr Ash commented that whilst he supported the central programme approach that there was a need to recognise competing priorities and a need for discussions with other decision-makers in terms of the allocation and utilisation of resources. He felt that there was more work needed to tie up some loose ends and hoped that when the Sustainability and Value Group considered specific issues that this was within the context of other known priorities.
- 14.22 The Director of Finance commented that the points made by Mr Ash were important. It was noted that the Financial Strategy still required further development and that quality and the contribution from improvement was part of ongoing work. The Financial Strategy still required buy-in from IJBs with it being hoped that in an ideal world they would also want to commission Quality work.
- 14.23 The Chairman commented that it was worth remembering that a lot of the ground work had been based on grassroots development against the corporate objectives and values. A lot of engagement had been undertaken to get to the point of presenting the Strategy to the Board and this had not been done on a token basis. The Chairman felt that the Strategy had gone through various stages before arriving at the Board. He hoped it could be adopted with confidence and conviction. The Chairman felt that the next stages of embedding the Strategy would not happen over a 2 year timeframe but would more realistically require a 5 year plan approach. The next 2 years would in reality be spent embedding a platform for future work.
- 14.24 The Chairman summarised the following key points from the discussion:-
- The video to set the scene had been useful
 - It would be important to involve everybody and move to Quality being business as usual
 - Constant improvement performance required constant change and a focus on testing and learning
 - There had been a recognition of a collaborative aspect to include Partners outwith NHS Lothian
 - IJBs and Partnerships needed to be included as did non clinical staff
 - The role of the Board as leaders had been discussed with there being a desire for Non Executive Board members to be part of disrupted leadership and to gain knowledge of what was happening on the ground
 - Board processes needed to be explicit in the programme moving forward
 - There was a need to make Innovation and Quality interchangeable
 - There was also a need to prioritise and financially validate projects of a particular size through the Sustainability and Value Group

- A fundamental change would be to change from a hierarchal structure to collaborative agents
- There was a need to consider future links with the Strategic Planning Committee as a reporting vehicle for progress
- There was a need to share and spread successes.

14.25 The Board agreed the recommendations contained in the circulated paper and in particular noted and approved the implementation of the NHS Lothian Quality Strategy 2018-2023.

15. 4 Hour External Review

15.1 The Chairman commented that the publication of the Academy of Medical Royal Colleges Report had been subject to significant visibility.

15.2 The Interim Chief Executive commented that this was a difficult issue and took Board members back to February 2018 where there had been discussion around NHS Lothian's own internal investigations into a whistleblowing allegation with the key issues being around reporting failures, governance and oversight limitations and the workforce experience. The Board were reminded that the Cabinet Secretary through the Scottish Government had appointed the Academy of Medical Royal Colleges to undertake an external review with the outcomes of this process having been published the previous day. The Interim Chief Executive commented that it had been his and the Executive Team's ambition to ensure that in terms of the recommendations of the report that teams and individuals felt supported by the Board. The Interim Chief Executive commented that the purpose of the report to the Board was to report on the facts and then move forward and fix the detail identified through the publication of both the Internal NHS Report and the External Review Report. It would be important that NHS Lothian remained committed to its culture and values throughout this process in order to make the environment a safe one for patients and staff.

15.3 The Board noted that the External Review Report talked a lot about supporting the workforce and steps were underway to ensure that this happened. The Interim Chief Executive commented that both the Internal Audit Review and the External Review Report were fundamentally saying the same thing and that as previously suggested there was a need to progress issues in a way that supported the embedding of the Board's culture and values.

15.4 The Chief Officer, Acute Services commented that it was important to refer back to the reason why the External Review had been commissioned in the first instance. She reminded the Board that in October 2017 a whistleblower letter had been received copied to the Cabinet Secretary raising issues. These issues had been immediately discussed at a meeting of the Patient Safety Experience Action Group and an investigatory process was instigated leading to the Cabinet Secretary commissioning the External Review process from the Academy of Medical Royal Colleges. The terms of reference for the External Review Group into the whistleblowing allegations had been set around the need for a review of governance, areas of concern in respect of patient safety/ staff and leadership and a need to witness the development of and the implementation of the resultant action plan. The

process adopted by the external review team was explained to the Board and included one to one meetings with staff supplemented by open staff sessions on the 3 adult acute sites. Feedback had been sought from around 100 individuals. A decision had been made not to expand the review process to the Royal Hospital for Sick Children.

15.5 The Chief Officer, Acute Services advised that the External Report set out priority recommendations – to commence within 6 months – and other recommendations for the next 12 months. The report was split into site based and thematic observations. It was noted that the Academy's report grouped recommendations under the following 6 themes:-

- Governance
- Culture
- Recording of 4 hour standard data
- NHS Lothian's Internal Audit Report, Significant Adverse Event (SAE) process and the Academy of Medical Royal Colleges Report
- Patient safety and quality of care
- Site leadership

15.6 The Chief Officer, Acute Services advised that the Board had accepted all of the observations and recommendations in the Report and that improvement actions to meet these observations and recommendations were already progressing with active discussion across teams. These would be monitored through NHS Lothian's revised governance framework. The Board were advised that the response and actions were built upon the improvement plan first developed following NHS Lothian's own internal review and approved at a public meeting of NHS Lothian Board in February 2018.

15.7 The Board received a detailed update on key areas of action in relation to the 6 themes of the External Review Report as detailed in the circulated paper. It was noted that in terms of governance arrangements that a Non Executive Board member would be appointed to take oversight of improvement actions. This would include a Non Executive Board member being identified to chair the Access and Governance Committee. The Board were advised that a new Standing Operating Procedure (SOP) had been developed to align recording of emergency access data to the national guidance. Any changes to the SOP would now require to be approved by the Access and Governance Committee to avoid the previous organic development and changes being made without proper validation. A process of formalising medical and nursing management had been implemented and progress would be evidenced through properly minuted meetings. A schematic was being pulled together to allow people to understand how governance reporting happened within the organisation.

15.8 In terms of culture an internal group had recognised that the system was continuing to experience significant pressure at the front door and that this on occasions manifested in behaviour that did not meet the NHS Lothian's standards and values. The External Review Report had commented that there was evidence of bullying at different levels in the organisation although not at Board level. There was a need to support staff to feel able to raise concerns and feel confident that these would be responded to. This work would be taken forward as part of the ongoing

organisational development process with specific site plans being created for staff and leaders at all levels.

- 15.9 The Board were advised in terms of 4 hour recording of emergency access that the interim SOP remained in place and that work continued with colleagues at the Scottish Government with it again being reiterated that any changes to the extant SOP would require the approval of the Access and Governance Committee. The ongoing training of frontline staff was tied to the SOP which itself was monitored on a monthly basis. Significant work had been undertaken to develop a dashboard to look at data and to provide assurance around compliance with the SOP requirements.
- 15.10 In terms of NHS Lothian's Internal Audit Report, Significant Adverse Events (SAE) process and the Academy of Medical Royal Colleges report it was noted that all three processes were aligning in respect of improvement actions to ensure that these were owned by site teams who recognised the importance of proper implementation of the identified issues. This work was further aligned to the 6 terms of the Patient Safety and Quality of Care Standard with particular reference to mixed sex wards and the boarding of patients. The principles and processes around the patient focussed approach were explained to the Board.
- 15.11 In terms of site leadership it was noted that a review of this would be required and that currently a general management model supported by Associate Nurse Directors was in place. There would be a need to revisit the current roles and the times allocated within these to undertake the leadership requirement. Job Descriptions would require to be reviewed to ensure that they were fit for purpose.
- 15.12 The Chief Officer, Acute Services commented that it would be important to consider the implications for 4 hour performance in terms of flow and patient experience. NHS Lothian was still not achieving the 95% performance standards set by the Scottish Government. It was noted that unscheduled care activity had increased by 12% within the context of a significantly complex and difficult winter.
- 15.13 The Board were advised that under section 6 of the circulated paper which dealt with performance that a whole series of actions had been undertaken across the Acute Hospital and Health & Social Care Partnership interfaces. Collaborative work was underway to reduce unscheduled care admissions as well as reducing overall attendance at the front door aligned with improved discharge arrangements. It would be important moving forward that NHS Lothian and the Health and Social Care Partnerships created actions to work together to make a difference to the patient experience. The External Review Team Report had raised an issue about the support provided to staff.
- 15.14 The Board noted that the Director of Communications had developed a proactive plan for when the External Review was released, that clearly set out timelines and actions for internal and external communications ensuring that staff were briefed in a timely and supportive manner. It was noted that the previous day when the External Review Report had issued and that two Executive Directors had been allocated to each of the main adult sites and had attended the morning safety brief as well as visiting other key departments. In particular emergency departments and site and capacity teams had been visited in order to answer any questions and to assure staff that they were being supported through the process. A key fundamental moving

forward would be to continue to support site leadership teams and frontline staff to develop a revised cultural approach which also delivered performance improvement.

- 15.15 Mrs Mitchell commented that as the Board's Whistleblowing Champion that she had been fully aware of the internal whistleblowing report and the ongoing investigations. She was content that NHS Lothian had dealt with issues raised as proactively as possible and felt that all those involved should be congratulated for working extremely hard and rapidly to address the issues raised. It was noted that appropriate actions had been taken in response to the recommendations contained in both the Internal Audit Report and the External Review process.
- 15.16 Mr Connor commented on the stark differences in the investigation in respect of senior leadership displayed across the 3 sites. There was a need to share lessons around areas where a more positive leadership experience had been evident. He also felt that there was a need to consider how best to get a handle on cultural issues. He also felt that there was a need to include as part of a future Internal Audit report issues around whistleblowing and its wider context.
- 15.17 Mr McCann commented that it was positive that there would be Non Executive Board member oversight of improvement work. It would be important that unscheduled care and scheduled care parts of the business received the same focus. He commented that the fact that Executive Directors had been visible on the ground during the process had been important in terms of the organisational values. He felt that there was a need to consider how best to use "new media" to communicate quickly and routinely with staff. He commented that it had been interesting to note the differences in view in respect of the Internal Audit process and the External Review in terms of internal pressures and harassment and bullying.
- 15.18 Mr McQueen commented in terms of the prevalence of bullying and harassment that the External Review process had focussed on this. He questioned to what extent bullying and harassment had been a known issue before the whistleblowing allegations had been received. He felt that there was a need to address this issue before embarking on a programme of responses to the report recommendations. The Director of Human Resources and Organisational Development advised that there were a series of staff experience indicators including iMatter and Dignity at Work which provided statistical information. It was noted that through these two processes the figures reported in respect of bullying and harassment were not high. She commented that in many instances there was a fine line between difficult interactions and discussions and perceptions of bullying and harassment. NHS Lothian had introduced a mediation service which had produced positive outcomes. The Director of Human Resources and Organisational Development commented that there was no indication from staff-side colleagues that NHS Lothian was experiencing unusual levels of bullying and harassment. It was noted however that from time to time issues would arise given the size and complexity of the organisation and it would be part of the quality improvement initiative to get out and identify issues that mattered to staff. It was noted that the site organisational development plans would also address individual and team development issues.
- 15.19 Mrs Hirst commented that through other work with NHS Lothian that she had had the opportunity to go out and join staff to cover a work shift and recommended this

approach to colleagues. It was felt that this was a defensible and proactive way of gauging the mood of staff on the frontline.

- 15.20 Mr Murray commented that he regretted the fact the Board was discussing this issue although it was important to caveat this statement with the need to recognise that the ongoing discussions had set the scene to provide a fantastic response to this unfortunate scenario. The Chief Officer, Acute Services commented that the approach to resolving the issues was around connectivity and the development of a centrally adopted approach. There was a need to develop a whole system approach to care. Mr Murray commented in respect of the 4 Hour Emergency Access Standard Implementation Board and the Length of Stay Improvement Board whether these could not be amalgamated into one body to reduce duplication. The Board were advised that currently the two Boards were carrying out different functions with the differences being explained.
- 15.21 Councillor Campbell commented that he was concerned about the bullying culture advising that he understood the points explained in terms of opportunities for staff touch points through various surveys. He commented that it was difficult to have an anonymous process without identifying yourself as having raised concerns. He questioned whether it might be appropriate for staff to request an exit interview when leaving the organisation with someone from a different department. The Director of Human Resources and Organisational Development commented that there were opportunities for exit questionnaires to be undertaken electronically to protect anonymity when leaving the organisation although there was a poor uptake to this. She commented that the available statistics suggested that a bigger issue was colleague to colleague interaction and not Line Manager to employee contact in respect of bullying and harassment. It was noted that the iMatter survey tool was helpful and as a result of that action planning was undertaken to address areas of concern within particular departments. It was noted that iMatter statistics were reported at site level as well as through the Staff Governance Committee and in that regard clear governance processes were in place. The Board were advised that as always more work could be done and there was a need to make better links between existing hubs and the Quality improvement work.
- 15.22 Councillor McGinty commented that the report flagged back to comments that the Chief Quality Officer had made earlier in the meeting about behaviour and that if correct behaviours were not observed then results would be skewed. He commented that the External Report was clear that staff had spoken up but still their issues had not been addressed. He commented that there were significant challenges moving forward and he would welcome a participative role in this exercise. Councillor McGinty commented that it would be important not to underplay the cultural changes and what would be involved in that process. He commented that there were issues around opportunities to address problems earlier and it was unfortunate that it had taken a whistleblower to progress this whilst other people had been highlighting issues. He commented that the unscheduled care audit had suspended the opportunity to resolve issues and he was unclear why this had occurred. Councillor McGinty commented that NHS Lothian was fortunate that it had staff who took patient care very seriously and undertook their jobs to the best of their ability. He commented however that there were issues that he would want the Board to address on the back of the External Review Report. He felt that there was a need to think carefully about building on the areas where the Internal Report and the

External Report had differed. He felt that it was not enough to say that another campaign would be held to encourage people to speak up and raise concerns. Councillor McGinty commented that he would welcome the Staff Governance Committee looking at this particular point as there was a need to address how to build confidence given staff had repeatedly spoken up and had not been supported.

- 15.23 Mr Ash congratulated the Interim Chief Executive and colleagues for their response to the Internal and External Reports and felt that the correct balance had been achieved. He commented in terms of governance that he was concerned that the role of the Audit & Risk Committee needed to be separate and generic and receive assurance from other Board committees. Otherwise it would require to hold individual managers to account. He felt that if the Access and Governance Committee was to be established as part of the governance framework then this required to be a Non Executive Board member led group with a view to providing assurance into the Audit & Risk Committee. He commented that the other 2 groups reference by Mr Murray were management groups and the involvement of Non Executive Board members in these fora might impede progress. He commented however that he did support the engagement of Non Executive Board members in specific circumstances.
- 15.24 The Director of Human Resources and Organisational Development commented in respect of allegations of bullying and harassment that the issue was not just about a 'speak up campaign'. She commented that the Organisational Development Programme was about values and how to embed and trust colleagues in a way that would build relationships and trust, encouraging staff at all levels to behave with dignity and respect in an open and honest culture.
- 15.25 Professor Humphrey commented that the briefing to the Board had been very comprehensive and she felt that the degree of humility demonstrated was positive. She felt there was a need for further assurance around the consistent application of the SOP on an ongoing basis. She commented that there was also an issue to consider as an organisation around some of the behaviours and whether these were evident elsewhere in the organisation particularly where challenging performance targets were in place.
- 15.26 The Chief Officer, Acute Services in respect of SOP assurance reminded colleagues that this was an interim policy which was centrally led and any changes to it required to be ratified by the Access and Governance Committee. She commented that a second aspect of assurance was that staff received ongoing training. In addition in respect of TRAK development a dashboard was being introduced to look at how actions were entered and responded to. The Interim Chief Executive commented that one of the key criticisms had been that there had been too much focus on scheduled care resulting in aspects around unscheduled care being missed. He advised that what the Board was receiving was a response to the External Review process although the Senior Management Team needed to look at wider issues and to discuss how to address these on a whole system organisational basis as part of a learning process. He commented that he felt that employees would be watching very carefully how the Board reacted and that if the issues were progressed properly that this would send a powerful message.

- 15.27 The Chairman commented that there was no question in his mind that the organisation had dropped a big ball and that this was not deniable. He commented that the response to the allegations and the recommendations had been exemplary but that this did not excuse the fact that the ball had been dropped in the first place. He advised that he was aware that both the Chief Executive and the Interim Chief Executive had felt extreme pain about the ball being dropped in the first place. He commented that the waiting list standards had been categorised by extensive and systematic bullying and harassment. He was pleased to note that there was a clear commitment to remedying this situation and changing values in the organisation which would be picked up by both Non Executive Board members and the Executive Team under the leadership of the Chief Executive and the Interim Chief Executive. The Chairman commented that the system had not yet got everything right and if the position was looked at rationally the steps being proposed were a function of a programme of recovery.
- 15.28 The Chairman commented that it was important to accept that people had spoken up and nothing had happened as a consequence. He commented that it was fortunate that the Board had a whistleblowing policy in place which allowed an appropriate response to be made to the allegations made. There was no question of diluting this fact albeit a defensible response had been made. The Chairman commented that he felt it was part of the evolution of an organisation that there would be cultural and values blips and that it was important that these were responded to appropriately.
- 15.29 The Chairman commented that he had had the opportunity to see the detail of the action plan behind the Board paper and commented that he would be sure that Non Executive Board members would be welcome to see a copy of this further information.
- 15.30 The Board agreed the recommendations contained in the circulated paper.

16. Quality and Performance Improvement

- 16.1 The Chief Quality Officer commented that he was keen to make the Board report as effective and informative as possible and would take opportunities to consider new ways of presenting data. He commented that he would welcome Non Executive Board members completing an online survey monkey tool as this would help to identify areas of further improvement.
- 16.2 The Board noted that the paper addressed performance measures agreed through the Local Delivery Plan and the Operational Plan as well as the key risks and priorities for the Board which were under constant review.
- 16.3 The Chief Quality Officer advised that he had discussed with the External Auditor ways of improving the detail of the Board paper.
- 16.4 The Board noted that stroke performance had been harder to achieve as the standard had been reset. Improvements in performance had however been sustained and this was testament to the efforts of colleagues in this area. Performance in respect of cardiac arrest rates was also going in the correct direction. It was anticipated that the new complaints procedure would produce good data. The

Chief Quality Officer advised that the purpose of the paper was to attempt to keep Board members informed of performance against external targets although he understood that there was a need for further work to put some more flesh on the bones sitting behind the report.

- 16.5 Mr Murray commented that participation in the survey monkey was appropriate. He commented that he had attended a Ministerial Strategic Group where 6 nationally imported measures had been referenced some of which overlapped with existing performance requirements and he questioned how the knitting of these together could be reviewed. He questioned whether the performance paper needed to be reviewed to reflect the integration world and what it meant in practical terms like the approach to winter planning. Mr Murray commented that at a previous meeting he had suggested that there would be merit in dividing down the delayed discharge figures to represent individual IJBs. The Chief Quality Officer apologised for this omission and undertook to reflect the request in future iterations of the paper. Mrs Hirst commented that when looking at departmental reporting there would be benefit in also having information around integration in respect of IJB performance. The Interim Chief Executive commented that Ministerial Strategic Group indicators were known to each of the IJBs and were discussed as part of the NHS Lothian performance process and it would be possible to translate this information into future iterations of the Board performance paper.
- 16.6 The Board agreed the recommendations contained in the circulated paper.

17. Unscheduled Care: Winter Debrief

- 17.1 The Chief Officer, Acute Services commented that winter was generally classified as occurring between January and March for action monitoring purposes. She commented that during this winter in comparison to the previous year that there had been a significant rise in emergency department attendances. In addition 3 of the 4 partnerships had seen a rise in unscheduled care admissions as well as there having been an increase in the number of daily discharges in each site. The Board were advised that there had been a high volume of admissions and this had been exacerbated by the impact of winter. The Board were advised that for the first time ever the system had not received the benefit of winter discharge of patients. The pressures being felt by the system were having a direct impact on patients with there having been a breach of 8 & 12 hour waits in the emergency department for beds which subsequently impacted on the elective programme. The Board noted that the circulated paper distilled all of the pressure that staff at the front door of the organisation were working under and that this demonstrated an incredible level of resilience and dedication as well as flexibility from staff with it being important to recognise this fully.
- 17.2 The Board noted that in recognition of the sustained comprise of acute care provision an escalation was initiated by the Interim Chief Executive. This consisted of whole system conference calls being implemented during peak pressure points post the festive break. These conference calls included the IJB Chief Officers and / or their nominated deputy. These teleconferences provided a platform for whole system review and a forum for joint action planning and projection of positions for acute based/ community constraints and on delayed discharges. Feedback from the

system had confirmed that the teleconference calls had been helpful and had provided appropriate focus as well as encouraging whole system working. The Board noted that during the peak of the winter pressures that the focus had been on considering safe and acceptable alternatives to admissions. The Flow Centre had been crucial in this workstream in terms of the avoidance of admissions and attendance through facilitating the process of getting people discharged early. The point was made however that it had been slightly disappointing that the response to the winter pressures had been bed based. It was noted that one of the winter wards had not actually closed until the beginning of June.

- 17.3 The Board were advised that the Unscheduled Care Group had been chaired by the Chief Officer at West Lothian and had adopted a whole system focus to work building on the success and experiences of previous years. The terms of reference of the Unscheduled Care Committee had changed from being a sitrep model to an improvement committee. The focus of the Unscheduled Care Committee in the current year had been to make decisions early particularly in respect of the recruitment of staff and this would continue building on the evaluation from the current winter period. The Board noted that there had been a significant change of focus in respect of unscheduled care.
- 17.4 The Board were advised that one of the improvement actions around the Unscheduled Care Committee had been the development of a Communication Strategy although the intention in future years would be to issue this earlier. The Communication Strategy pointed to safe alternatives to presenting at the emergency departments through the use of facilities like the Minor Injuries Unit if appropriate. There was an issue about how to actively and proactively encourage high risk groups of patients as well as staff to take the flu vaccination. A positive aspect of the Unscheduled Care Committee was that it allowed lessons to be learned and consideration of how to undertake things differently in future years.
- 17.5 The Chairman questioned given what had just been reported to the Board and his take on the statistics why only moderate assurance was being claimed. The Chief Officer, Acute Services advised that this was because performance was still below where it should be even although agreed actions were being progressed.
- 17.6 Mr Connor commented that it was welcoming to learn about the degree and level of staff resilience given that these were the same staff that had been discussed earlier in the Board meeting in respect of allegations of bullying and harassment. He commented that whilst he understood the need to address the previous issues it was important to recognise that NHS Lothian was extremely fortunate in having such highly motivated staff. Mr Connor commented that at some stage a tipping point would be reached from which it would be difficult to recover from. He suggested that unless a process of transformational change was undertaken that there would be a point in the future where the organisation would not be able to recover.
- 17.7 Mr McCann commented that the report before the Board was impressive and he noted that there was no magic solution to the problems described. He questioned how the system addressed the need to increase recruitment during the winter and to reduce requirements following the conclusion of the winter period. The Chief Officer, Acute Services advised that staff recruited were generally not released following the winter period unless they were of a very specialist nature. The process of

permanent recruitment had been successful. Mr McCann questioned whether there was any scope to do something more flexibly for instance linking medical staff appointments into the academic desires of the postholder. The Executive Medical Director advised that medical staff had annualised job plans and that much of the work around supporting the winter period was not just medical staff related. It was noted that doctors in training provided significant support into the delivery of care on the ward and that there were channels through which formal training programmes were delivered with time set aside for academic work. The Chief Officer, Acute Services commented that each staff group was represented in discussions around unscheduled care and that generally people worked around issues as they arose with the permanent recruitment model providing flexibility. In addition further flexibility was available through the use of the NHS Lothian Nurse Bank. The Director of Human Resources and Organisational Development advised that job plans were flexed as necessary on a day to day or week to week basis.

- 17.8 The Chief Quality Officer in response to a question from Mr Murray advised that it would be possible to expand the data in Appendix 1 to cover a 4 year period as this would connect into the wider IJB debate.
- 17.9 Mrs Mitchell commented that it was refreshing to note that lessons were being learned from previous practice. She commented that the data would suggest that West Lothian had seen a 6% reduction in admission rates and wondered whether there were any learning lessons that could be used by other parts of the organisation. The Chief Officer, Acute Services commented that the key part of the Unscheduled Care Committee process was to share learning lessons and embed these where necessary. It was noted that during the current winter period that patient acuity had been worse than previously experienced with consideration being given to opportunities around expanding discharge lounges for use by people on trolleys. Consideration was also being given to the number of working hours in the day. The Board noted that there was an absolute focus to maximise the use of discharge lounges. The point was made that not all patients who were suitable for treatment in the discharge lounge were ready for discharge from the hospital.
- 17.10 Professor Humphrey commented that the paper described a process that had an impact on patient experience and questioned whether links could be shown to clinical outcomes in terms of morbidity and mortality, complaints rates and Serious Adverse Events. She commented that there was a need to consider learning beyond the NHS and questioned whether there were any comparable reports for IJBs and Health and Social Care Partnerships that could inform the planning process for future years.
- 17.11 The Interim Chief Executive commented that there was an amalgam of feedback from an IJB experience perspective and that it would be for IJB Chairs to decide what level of report was discussed at IJB Board meetings. The Vice-Chair commented that in West Lothian there was no specific report like the one currently being considered by the Board in respect of winter although targets were identified and reported back as part as overall performance. Mr Murray commented that at a recent IJB national meeting there had been discussion around the use of Directions to direct partners to ensure that patient flow kept moving and that this should include emergency back up at points in the year.

- 17.12 Mrs Hirst commented that she had not until this point realised how different the 3 emergency departments in Lothian were. She commented that the Royal Infirmary of Edinburgh Emergency Department was the biggest in Scotland and also dealt with very complex needs and it was probably therefore not surprising that it was not meeting national targets. She commented that the Edinburgh IJB received performance reports although it would be prudent to now consider from what areas in the City that patients were presenting at the Emergency Department and whether these patients were registered with GPs.
- 17.13 The Executive Director of Nursing advised that IJB Directions were considered on an annual basis and that there should therefore be no provenance issues. He commented that IJBs looked at performance differently from NHS Lothian. He felt that there would be benefit in the triangulation of data. Mr Murray commented that the Scottish Government view was that the use of Directions was poor and he was therefore of the view that there was a need to ensure that performance issues were appropriately addressed.
- 17.14 The Interim Chief Executive commented that over 75% of attendances at the Emergency Department and admissions to the Emergency Department were via GP practices and that as part of the routine performance reporting this information was provided to Chief Officers.
- 17.15 The Board agreed the recommendations contained in the circulated paper.

18. Draft 2018-19 Annual Operational Plan

- 18.1 The Executive Director of Nursing advised that the Scottish Government had issued guidance in relation to the development of an annual Operational Plan to replace the Local Delivery Plan. The purpose of the draft 2018-19 annual Operational Plan was to focus primarily on performance, finance and workforce, concentrating on the core standards which were most important to patients: cancer waiting times, treatment time guarantee, outpatients, diagnostics, mental health and A&E performance with an expectation that NHS Boards would as a minimum return to waiting time levels delivered at 31 March 2017.
- 18.2 The Board noted that a draft 2018-19 annual Operational Plan had been discussed at the NHS Lothian Board Development session on 7 March 2018. The draft plan had been submitted to the Scottish Government on 9 March 2018. The draft plan which had been updated to incorporate comments at the Board Development session was circulated with the Board paper.
- 18.3 The Board noted that Scottish Government feedback relating to the draft annual Operational Plan was received on 31 March 2018 as reflected in Appendix 3 to the Board paper. However no specific feedback either in relation to the options detailed in the paper or the wider service issues had been received on the draft plan. Feedback received had outlined the importance of NHS Boards continuing to plan and deliver elective performance across all specialties to ensure maintenance of safe and effective care. It was noted that the Corporate Management Team would require to take a view on how to utilise NHS Lothian's share of the additional £50m

identified by the Scottish Government. Proposals would thereafter be submitted to the Finance and Resources Committee and if necessary back to the NHS Board.

- 18.4 The Vice-Chair commented on the requirement to move performance back to March 2017 levels and noted that the Scottish Government had not acknowledged that the funds available would not fully address the problem. The Executive Nurse Director updated on the content of the Scottish Government letter. He at the suggestion of the Vice-Chair undertook to seek specific feedback from the Scottish Government on the operational plan prior to the issue being discussed at the Finance and Resources Committee. It was anticipated that the Scottish Government might reply stating that the letter circulated with the Board paper represented their final position.
- 18.5 The Director of Finance commented that feedback was awaited on the ability to enter into 2-3 year contracts with the independent sector in order to create additional capacity to address waiting lists. Once the discussions had been concluded with the Scottish Government the outcome would be built into a paper for discussion by the Finance and Resources Committee.
- 18.6 Mrs Mitchell commented with reference back to the Quality Strategy whether colleagues were missing an opportunity in not marrying together the Quality Strategy with the draft Operation Plan given this would impact on everything NHS Lothian is required to do. The Executive Nurse Director commented that the circulated paper touched on this point.
- 18.7 Mr Murray commented that the narrative needed to reflect on the nature of Board and IJB links and to objectives that impacted on the whole system. Community led initiatives and links into IJBs would be important and needed to be considered. The Executive Nurse Director advised that NHS Lothian was in the process of responding to individual IJB recommendations.
- 18.8 The Board agreed the recommendations contained in the circulated paper.

19. Draft Corporate Objectives 2018-2023

- 19.1 The Executive Nurse Director commented that the development of the draft Corporate Objectives 2018-2023 represented an iterative and moving piece of work. It was noted that publication of the Regional Plan was still awaited. It was encouraging that the Quality Strategy had been approved at the current Board meeting. The IJB Directions were currently going through due process. The implications of potential further funding streams for NHS Scotland were still being worked through and would again form part of an iterative process.
- 19.2 The Board noted that at this point that the Corporate Objectives were a moving feast with the proposal being to ask the Strategic Planning Committee to take oversight of them with a report being brought back to the November Board meeting as well as towards the end of the financial year.
- 19.3 The Board agreed the recommendations contained in the circulated paper.

20. Financial Position to May 2018

- 20.1 The Director of Finance advised that the Financial Strategy remained fluid with there being a requirement to reflect the £2bn funding development into the longer term Financial Strategy framework and to consider what this allocation meant for NHS Lothian and the rest of Scotland. In addition Barnett formula links and the impact of income tax and the 9% pay uplift for Agenda for Change staff all needed to be reflected in the final document.
- 20.2 In terms of the financial performance for the year to date it was reported that it was difficult to draw too many conclusions from month 2 performance particularly given the fact that prescribing data could only be estimated. The Board noted that at month 2 the system was reporting a £3.7m overspend and that this was reasonably consistent with the predicted financial gap. The Director of Finance reported that she was slightly disappointed in this outcome and that although the report set out the key issues they were no different from previous years. The position in respect of junior doctor staffing was discussed with it being noted also that there had been an increase in nursing costs although this had not come as a surprise given the higher levels of activity being dealt with by the organisation. The point was made that acute hospital drug spend was an area of concern with a number of Scottish Medicine Consortium approvals in 2017/18 for high value drugs working their way through the system in the current financial year.
- 20.3 The Board noted that the quarter one financial review would be the next step in the process and that discussions would be held with each of the business units to look at actions that could be taken. Corporate support would be provided to this process. The Board noted that if nothing else changed in terms of the financial projections that the Finance team would manage the position in the same way that they always did.
- 20.4 The Director of Finance commented that at this point she could only offer limited assurance on the breakeven position at the yearend although she assured the Board that her colleagues were doing all that they could to meet the financial targets.
- 20.5 Mr Murray questioned whether the recent monthly reporting requirement from the Scottish Government was viewed as a positive or negative development. The Director of Finance commented that generally she felt that this was a positive move and that in any event each Board undertook a process of monthly reporting and in her view the introduction of national reporting provided an opportunity to be transparent and she would encourage that. She commented that she also felt that it was important that issues around the impact on patients of some health systems moving into deficit was important and should be transparent.
- 20.6 The Board noted the recommendations contained in the circulated report.

21. Any Other Competent Business

- 21.1 Appointment of Members to Committees – The Chairman advised that he was proposing to defer the decision on the Chair of the Access and Governance Committee pending discussion of the paper that the Chief Officer, Acute Services

had presented in respect of the 4 hour review. The Board therefore approved the following appointments:-

- To appoint Mr Connor as the Chair of the St John's Hospital Stakeholder Group with immediate effect.
- To appoint Councillor I Campbell as a member of the Finance and Resources Committee with immediate effect.
- To note that Professor M Whyte is stepping down from the membership of the Acute Hospitals Committee and the Strategic Planning Committee.

21.2 The Chairman commented that he would finalise the position in respect of the Access and Governance Committee and the Emergency Access Standard Improvement Programme Board Chair outwith the meeting. He would advise Board members of the outcome of his deliberations and bring forward a proposal for homologation at the next Board meeting.

22. Board Development Session

22.1 The Board noted that the next Board Development session would be held on **18 July 2018 at the Scottish Health Services Centre, Crewe Road, Edinburgh.**

23. Date and Time of Next Meeting

23.1 The next meeting of Lothian NHS Board would be held at **9:30am on Wednesday 1 August 2018 at the Scottish Health Services Centre, Crewe Road, Edinburgh.**

24. Invoking of Standing Order 4.8

24.1 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 1 AUGUST 2018

1.2

Action Required	Lead	Due Date	Action Taken	Outcome
<u>Review of the Standing Orders</u> – The Chairman commented that Councillor McGinty had raised a valid issue about the Review of the Standing Orders and it was proposed to remove and defer this paper until the next Board meeting. In the meantime Councillor McGinty and Mr Ash would resolve the outstanding issue.	MA/JM	01/08/18		
<u>Appointment of Members to Committees</u> – The Chairman advised that he was proposing to defer the decision on the Chair of the Access and Governance Committee pending discussion of the paper that the Chief Officer, Acute Services had presented in respect of the 4 hour review.	BH	01/08/18	Appointments Paper on Agenda	

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 Note the recommendations made to the June 2018 Audit & Risk Committee were accepted, based on the Board's May 2018 development workshop as set out under 3.7.2.

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)
- 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).

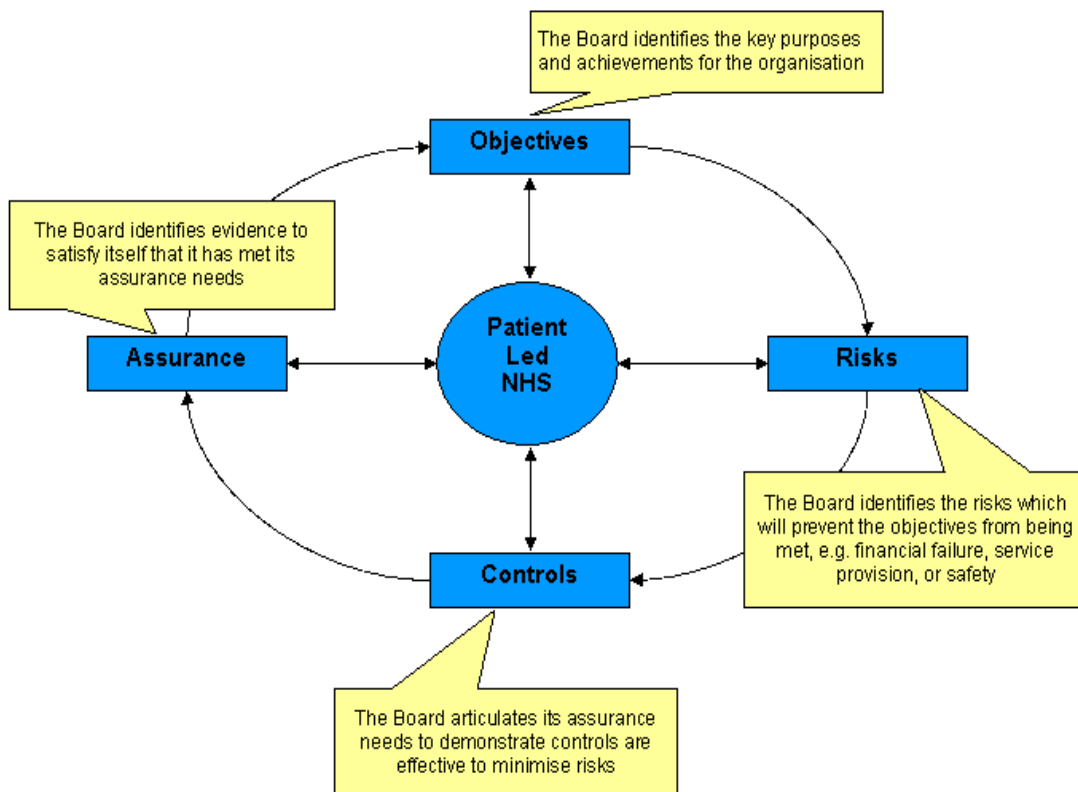
Table 1

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 2 nd meeting. November 2017 HCG considered and moderate assurance accepted.	High 12	High 16 ↓ (From High 20)	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

Datix ID	Risk Title	Assurance Review Date	Initial Risk Level	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018
3527	Medical Workforce Sustainability (Staff Governance Committee)	March 2017 Moderate Assurance that all reasonable steps are being taken to address the risks. Paper requested for 26 th July meeting. Risk considered in paper at October 2017 meeting and continues to accept moderate assurance.	High 16	High 16	High 16	High 16	High 16
3189	Facilities Fit for Purpose (accepted back on the Corporate Risk Register October 2015) (Finance & Resources Committee)	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 26 th 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 26 th 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.

3.7.2 The Audit & Risk Committee in June 2018 approved the following recommendations:-

- Remove the Risk Appetite Statement from NHS Lothian risk documentation
- Remove the risk appetite and tolerance measures
- To test the strategic risk framework set out above as agreed at the Board workshop in May 2018 and report results back to the Audit & Risk Committee.

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
12 July 2018
jo.bennett@nhslothian.scot.nhs.uk

List of Appendices

Appendix 1: Summary of Corporate Risk Register

Corporate Risk Register

Appendix 1

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.	<p>There is a risk that the Board does not systematically and robustly respond to the financial challenge to achieve its strategic plan.</p> <p>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.</p> <p>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.</p>	<p>The Board has established a financial governance framework and systems of financial control. Finance and Resources Committee provides oversight and assurance to the Board.</p> <p>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.</p> <p>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.</p>	<p>Risk reviewed for period Jan - March 2018</p> <p><u>Update 6 March 18</u></p> <p><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></p> <p><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></p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Risk Grade/Rating remains Very High 20</p>	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.	<p>A range of governance controls are in place for Unscheduled Care notably:</p> <p>Board Monthly NHS Lothian Board oversee performance and the strategic direction for Unscheduled Care across the NHS Lothian Board area.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>The approved Winter Plan outlined the approach to supporting performance over the winter period and beyond. This reflected a number of actions namely:</p> <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> - 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 	<p>Risk Reviewed for period Jan – March 2018</p> <p>Risk reviewed and approved by Acute Services Committee in November 2017 accepted Moderate Assurance</p> <p>Updates highlighted below Risk Grade/Rating remains Very High/20</p> <p>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:</p> <ul style="list-style-type: none"> • 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 <p>The regular quarterly report on 6EA progress is due to be submitted to the Scottish Government at the end of October.</p> <p>Updates 8th May 2018</p> <ul style="list-style-type: none"> • <u>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</u> • <u>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</u> • <u>Winter debrief took place in April 2018 and reports submitted to Scottish Government. This will assist with future winter planning</u> • <u>RIE is now on special measures and reporting 3 times per day to Scottish Government</u> • <u>NHS Lothian achieved 79.9% performance against the 4 hour</u> 	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

			<p>A number of performance metrics are considered and reviewed weekly, including:</p> <ul style="list-style-type: none"> - 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) <p>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.</p> <p>Acute Services</p> <ul style="list-style-type: none"> - 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 <p>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.</p>	<p><u>standard from 1/2/18-30/4/18</u></p>						
--	--	--	---	--	--	--	--	--	--	--

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.	<p>A range of management/governance controls are in place for Unscheduled Care notably:</p> <p>NHS Lothian Board (bi monthly) oversee performance and the strategic direction for Delayed Discharges across the Lothian Board area.</p> <p>The bi-monthly Acute Hospitals Committee as well as formal SMT and SMG meetings.</p> <p>Further weekly briefings to the Scottish Government on performance across the 4 main acute sites (data analysis from EDISON</p> <p>NHS Lothian's Winter Planning Project Board is now established as the NHSL Unscheduled Care Committee in collaboration with the Integrated Joint Boards</p> <p>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.</p> <p>Delayed discharges are examined and addressed through a range of mechanisms by IJBs which include:</p> <ul style="list-style-type: none"> 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) 	<p>Risk reviewed for period Jan - March 2018 Reviewed by HCG in November 2017 and continued to accept limited assurance.</p> <p>Update 12 March 2018</p> <p>Risk Grade/Rating remains Very High/20 Action to help tackle DD across NHS Lothian include:</p> <ul style="list-style-type: none"> 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 <p>The Winter Planning Board/ NHS Lothian Unscheduled Care Committee are overseeing the necessary actions in support of sustained performance during the winter period and beyond. Lothian's approved Winter Plan sets out the key requirements in supporting service delivery and access performance during winter and beyond. Actions include:</p> <ul style="list-style-type: none"> 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	<p>There is a risk that the Board will be unable to meet 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:</p> <ul style="list-style-type: none"> 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; <p>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;</p> <ul style="list-style-type: none"> other parts of the health and social care system e.g. secondary care, referrals, costs <p>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 a new 17j practice or successfully fill practice vacancies or recruit sufficient medical staff to run the practice under 2c (direct provision) arrangements.</p> <p>Practices can be affected by changes or instability at very short notice.</p>	<p>Governance and performance monitoring</p> <ul style="list-style-type: none"> 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). <p>Core prevention and detection controls</p> <ul style="list-style-type: none"> 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. <p>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).</p>	<p>Risk reviewed for period Jan to March 2018</p> <p>Risk reviewed at Primary Care Joint Management Group on 14/09/17 and 10.05.18.</p> <p><u>Update: June 2018</u></p> <p><u>Noted that improvement in primary care sustainability is a process that will take up to three years</u></p> <p>Healthcare Governance Committee received reports in September 2017, January and <u>March 2018 which again confirm limited assurance.</u></p> <p><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></p> <p><u>All HSCPs developing Primary Care Improvement Plans for submission to Scottish Government by 1 July 2018.</u></p> <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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 <p><u>Position on golden hellos reviewed and updated - discretionary applications to be considered on a case by case basis.</u></p>	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

					<p><u>Examples across Lothian of actions contributing towards stability:</u></p> <p><u>East Lothian Care Home Team and CWIC service</u> <u>Midlothian MSK posts and Mental Health support</u> <u>West Lothian use of paramedics for home visiting and signposting training for practice staff</u> <u>Edinburgh transformation and stability injections and community link workers</u> <u>Funding support to ensure new capacity for housing developments in Midlothian, Edinburgh and East Lothian.</u></p> <p><u>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.</u></p>						
--	--	--	--	--	---	--	--	--	--	--	--

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)	<p>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 specialities and suboptimal use of available capacity, resulting in compromised patient safety and potential reputational damage.</p>	<p>Governance & performance monitoring</p> <ul style="list-style-type: none"> 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. <p>Core prevention and detection controls</p> <ul style="list-style-type: none"> Establishment of the Delivering for Patients Group to monitor performance and work with individual specialities to delivery efficiency improvements against key performance indicators on a quarterly basis Scope for improvement identified with recommendations made to specialities 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. <p>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.</p>	<p>Risk reviewed for period Jan - March 2018 Reviewed by AHC in July 2017 and accepted limited assurance.</p> <p>Update 12 March 2018</p> <p><u>Ongoing Actions</u></p> <ul style="list-style-type: none"> 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. <p><u>Additional Actions</u></p> <ul style="list-style-type: none"> 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. <u>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.</u> <p>Risk Grade/Rating is Very High/20</p>	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

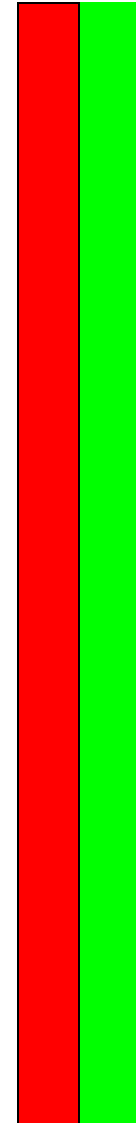
ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
4191	2. Improve patient pathways and shift the balance of care	Access to Treatment Risk - Patient	<p>There is a risk 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 specialities.</p> <p>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.</p>	<ul style="list-style-type: none"> 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. <u>Long wait surveillance endoscopies are also clinically triaged to identify any patients that require expedition.</u> 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. <p>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.</p>	<p>Risk reviewed for period Jan - March 2018 Reviewed by HCG in November 2017 – accepted moderate assurance.</p> <p>Update 12 March 2018</p> <p>Ongoing Actions</p> <ul style="list-style-type: none"> 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 <i>RefHelp</i>, making them available to GPs at the time of referral. It has been agreed (March 2017) that a link to <i>RefHelp</i> waiting time information will be included in letters to patients, allowing them to check service waiting times regularly. <u>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.</u> <u>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.</u> 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.

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	<p>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.</p> <p>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.</p>	<p><u>Governance and performance monitoring</u></p> <ul style="list-style-type: none"> 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'. <p><u>Core prevention and detection</u></p> <ul style="list-style-type: none"> 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 <p>Complaints management information available on DATIX dashboard at all levels enabling management teams to monitor and take appropriate action.</p> <p>Weekly performance reports on complaints shared with clinical teams.</p> <p>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.</p> <p>Rationale for inadequate controls: Governance processes and improvement plans are in place but yet to be fully implemented.</p>	<p>Risk Reviewed for period Jan - Mar 2018</p> <p>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.</p> <ul style="list-style-type: none"> 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. Full Business Case being submitted to June CMT. 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. Have reviewed its terms of reference. Bi-annual meetings with the new Ombudsman agreed and positive meeting took place in April 2018. 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 <p>Risk Grade / Rating is High / 16</p> <p>Rationale for this – moderate assurance given at Nov 2017 and March 2018 HCG committee. Performance improved 11 out of the last 12 months (before the new CHP was implemented). SPSO cases have increased due to SPSO improving their backlog – currently 56 (23.05.18)</p> <p>Complaints Improvement Project Board in place. Blended approach to patient feedback (TTT, Care Opinion & CAS)</p>	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	<p>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.</p>	<p>Governance & Performance Monitoring There is a comprehensive reporting and monitoring of system in place both at Board and operational level directing action as required.</p> <ul style="list-style-type: none"> • 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 advises 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 <p>Core prevention & detection controls Strategy/Training Overarching HAI Education Framework developed in collaboration with Workforce Planning & Development which is currently under review.</p> <p>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.</p> <p>IPCNs work collaboratively with clinical and non clinical services to communicate risk, support improvement and escalate concerns as appropriate.</p> <p>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.</p> <p>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.</p> <p>SAE reviews are undertaken for CDI and SAB related deaths by services with support of IPCNs.</p> <p>Surveillance Enhanced surveillance is carried out for all SAB, CDI and <i>E-coli bacteraemia</i> 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.</p> <p>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.</p>	<p>Risk reviewed for period Jan - March 2018</p> <p>Risk Reviewed March 2018</p> <p>Current reporting and governance arrangements for HSCP's are being reviewed.</p> <p>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></p> <p>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></p> <p>Progress in moving to reporting HAI through Tableaux Dashboards has stalled due to resource/ workload issues within informatics teams</p> <p><u>Risk Grade/Rating remains Medium 9 based on the current performance for LDP. C Diff data shows sustained improvement against LDP targets.</u></p> <p><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></p>	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
				<p>Where SSI or alert organism surveillance indicates a data exceedance there are processes in place for investigation.</p> <p>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.</p> <p>Decontamination Responsibility for operational aspects of decontamination of reusable medical devices 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.</p> <p>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.</p> <p>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).</p>							

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	<ul style="list-style-type: none"> 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 	<p>Risk reviewed for Period Jan – March 2018 Approved at September 2017 HCG Committee.</p> <ul style="list-style-type: none"> 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> <p>Risk grade/rating remains High/16 based on unmet actions for key safety priorities</p>	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	<p>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.</p> <p>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</p>	<p>Governance & Performing Monitoring</p> <ul style="list-style-type: none"> 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. <p>Core prevention and detection controls</p> <ul style="list-style-type: none"> Medical workforce risk assessment tool is available and implemented across all specialities. 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. <p>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.</p>	<p>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</p> <p>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.</p> <p>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.</p> <p>Vacancies in 'hard to recruit' specialities regularly reviewed and different ways explored of delivering services where there are persistent gaps e.g. psychiatry and paediatrics.</p> <p>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.</p> <p>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 specialities would be regarded as having a high level of risk with a significantly lower level of risk across specialities in general. This review will be carried out by Medical Director.</p> <p>Risk Grade/Rating remains High/16</p>	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.	<p>A stringent Governance Process and structure for reporting of Backlog Maintenance (BLM) has been implemented as follows:</p> <ul style="list-style-type: none"> 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 <p>To ensure accurate reporting the Board has implemented the following controls:</p> <ul style="list-style-type: none"> • 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 	<p>Risk Reviewed for period – Oct – December 2017 Finance & Resources reviewed in Jan 2018 accepted moderate assurance.</p> <p>Action undertaken 2017/18</p> <ul style="list-style-type: none"> • 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. <p>The F&R Committee considered a detailed report in November 2017 and the following conclusions were noted:</p> <ul style="list-style-type: none"> • 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). <p>Risk Grade/Rating remains High 16</p>	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.	<ul style="list-style-type: none"> •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. <p>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.</p>	<p>Risk reviewed for period April-June 2017. (As per Quarterly Review – under review)</p> <p>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.</p> <p>Risk Grade/Rating remains High/15 whilst the review is taking place. The review will inform the risk exposure to the Board.</p>	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	<p>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.</p>	<p>Governance & Performance Monitoring</p> <ul style="list-style-type: none"> 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. <p>Core Prevention and Detection Controls</p> <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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. 	<p>Risk Reviewed for period Jan 2018 to March 2018 Last reviewed at Staff Governance Committee Oct 2017 accepted Moderate Assurance</p> <p>UPDATE There are plans in place to reduce the establishment gap in the speciality areas that were harbouring a high vacancy rate.</p> <p>ACTIONS <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></p> <p><u>Work continues to deliver a regional bank arrangement, the appointment of a Project Manager will expedite delivery.</u></p> <p><u>A Recruitment calendar for 2018 has been agreed, including 2 events outwith Scotland (Belfast May 2018 and London Sept 2018).</u></p> <p><u>“Meeting the Challenge” Workshops for Charge Nurses and Staff Nurses are planned for across the Summer on various sites</u></p> <p><u>Excellence in Care leadership programme to include a full day on the NMWW tools.</u></p> <p><u>St John’s have established rotational posts for Staff Nurses being recruited.</u></p> <p>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)</p> <p>A programme of recruitment to modern apprenticeship (MA) schemes for nursing and midwifery is being established with an aim of recruiting 400-60 MAs in 2018/19</p> <p><u>Draft risk assessment and guidelines for the use of 1:1 specialising are being tested in 4 pilot wards (evidence of reduced reliance on 1:1 in early phase of testing)</u></p> <p>SafeCare live is being used in RIE, The next test of change is</p>	Satisfactory; controls adequately designed to manage risk and working as intended	Medium 9	Low 2	Executive Director Nursing, Midwifery & AHP’s	Assistant Director - Nursing Workforce & Business Support	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
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	<p>A stringent Governance Process and structure for reporting has been implemented as follows:</p> <ul style="list-style-type: none"> ○ Site specific Traffic Management Groups ○ Reported in Facilities H&S quarterly reports ○ Reported to Health & Safety Corporate group via Facilities Health & Safety Group ○ Reported to Staff Governance via Health & Safety Committee <ul style="list-style-type: none"> • 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. 	<p>Risk reviewed for period Jan - March 2018</p> <p>Reviewed and approved at October 2017 Staff Governance Committee - accepted moderate assurance.</p> <p><u>Update – March 2018</u></p> <p><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></p> <p><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></p> <p><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></p> <p><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></p> <p><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></p> <p><u>Funding has been sought to undertake traffic management works at REH Phase 1 which will include road lining and signage.</u></p> <p><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></p> <p>Risk grade/rating remains unchanged - High/12</p>	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

APPOINTMENT OF MEMBERS TO COMMITTEES

1 Purpose of the Report

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

2 Recommendations

The Board is recommended to:

- 2.1 Appoint Fiona Ireland as the Chair of the Dental Appeals Panel with immediate effect.
- 2.2 Re-nominate Alex Joyce to continue as a voting member of the Midlothian Integration Joint Board with effect from 20 August 2018.
- 2.3 Nominate Dr Richard Williams to replace Alex Joyce as a voting member of City of Edinburgh Integration Joint Board with effect from 1 August 2018.
- 2.4 Re-nominate Alex Joyce to continue as a voting member of the West Lothian Integration Joint Board with effect from 20 October 2018.
- 2.5 Appoint Dr Richard Williams as a member and chair of the Acute Hospitals Committee with immediate effect.
- 2.6 Appoint Dr Patricia Donald as a member of the Healthcare Governance Committee with immediate effect.
- 2.7 Re-appoint Caroline Myles as the registered nurse non-voting member of the Midlothian Integration Joint Board with effect from the day after when her current appointment ends (20 August 2018).
- 2.8 Re-appoint Mairead Hughes as the registered nurse non-voting member of the West Lothian Integration Joint Board with effect from the day after when her current appointment ends (20 October 2018).
- 2.9 Re-appoint Dr Andrew Coull as the '*registered medical practitioner who is not providing primary medical services*' non-voting member of the Edinburgh Integration Joint Board with immediate effect.
- 2.10 Re-appoint Dr Ian McKay as the '*registered medical practitioner whose name is on a list of primary medical services performers*' non-voting member of the Edinburgh Integration Joint Board with immediate effect.

- 2.11 Appoint Dr Nik Hirani as the ‘*registered medical practitioner who is not providing primary medical services*’ non-voting member of the Midlothian Integration Joint Board with immediate effect.
- 2.12 Re-appoint Dr Hamish Reid as the ‘*registered medical practitioner whose name is on a list of primary medical services performers*’ non-voting member of the Midlothian Integration Joint Board with effect from the day after when his current appointment ends (20 August 2018).

3 Discussion of Key Issues

Dental Appeals Panel

- 3.1 The Board is required to have this panel due to the [National Health Service Scotland \(General Dental Services\) Regulations 2010](#) (as amended). The Regulations require the chair to be someone who is not a dentist and who may be legally qualified. The custom and practice is for a non-executive Board member to chair the panel. It is recommended that the Board appoint Fiona Ireland as the chair.

Integration Joint Boards

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

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

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

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

- 3.3 The Order provides that the term of office for members of integration joint boards is not to exceed 3 years (this does not apply to the Chief Officer, Chief Finance Officer, and the Chief Social Work Officer). At the end of a term of office, the member may be re-appointed for a further term of office. The integration joint boards in Lothian started to meet in the summer of 2015, and consequently there is a need to review the appointments of those who were members at that time and still are.
- 3.4 Following discussion with the Chairman, Medical Director, and Nurse Director, several recommendations have been made to attend to this matter.

Acute Hospitals Committee

- 3.5 There is a vacancy on this committee, and also a need to appoint a chair. It is recommended that the Board appoint Dr Richard Williams as a member and chair of this committee.

Healthcare Governance Committee

- 3.6 There is a vacancy on this committee. It is recommended that the Board appoint Dr Patricia Donald as a member of this 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
18 July 2018
alan.payne@luht.scot.nhs.uk

NHS Lothian

STAFF GOVERNANCE COMMITTEE

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

Present: Mrs A. Mitchell (Chair), Mr B Houston (from 10.30am), Mr A Joyce, Professor T. Humphrey, Cllr D. Milligan, Cllr J. McGinty, Miss F Ireland, Miss T. Gillies and Mr S. McLaughlin.

In Attendance: Mrs R. Kelly, Deputy Director of HR, NHS Lothian, Ms J. Campbell, Chief Officer, Acute Services, Mr I Wilson – Health and Safety (until 11am), Ms A. Langsley, Interim Head of Corporate Education & Employee Development, Ms A. Macdonald, Practice Lead Education, NHS Lothian, Ms K Vlitos, Clinical Leadership Fellow (Shadowing Miss Gillies) and Mr C. Graham, Secretariat Manager.

Apologies for Absence were received from Mrs. J Butler, Mr J. Crombie, Professor A. McMahon, Mr G Curley, Ms J Mackay and Ms H. Fitzgerald.

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.

12. Values Cards – Short Exercise

12.1 Ms Langsley introduced the exercise using the values cards which had been discussed at the previous meeting and would be used before each meeting in the future. Ms Langsley informed the Committee that the cards were also beginning to be used and having a positive impact at a range of team meetings and individual meetings.

13. Minutes of the Previous Meeting

13.1 The Minutes and Action Note of the Staff Governance Committee Meeting held on 2 May 2018 were approved as a correct record.

14. Matters Arising

14.1 There were no matters arising that were not covered elsewhere on the agenda.

15. Assurance and Scrutiny

15.1 Staff Governance Committee Draft Annual Report - Mrs Kelly introduced the annual report which all of the board’s governance committees were required to complete. The agreed reports would be included with the health board’s annual report and accounts.

15.1.1 Mrs Kelly stated that the first part of the report around assurance mirrored the work undertaken by the Committee over the past financial year. The assurance statement process had made completion of the annual report at the end of the year easier.

15.1.2 Under the second section of the report, the Committee acknowledged that no significant control weaknesses or issues which would require to be disclosed in the Governance Statement had been identified. The added reference to the Health and Safety committee in the final section was noted.

15.1.3 The Committee agreed to approve the annual report for inclusion with the board's annual report and accounts.

15.2 Staff Governance Monitoring Framework Return - Mrs Kelly reported that this was the Scottish Government return which detailed information about how well the board was implementing the Staff Governance standard. The return included information and detail received from the local partnership forums. The return was required to be submitted to the Scottish Government by Thursday 31 May 2018.

15.2.1 The Committee noted the low conversion rate in relation to iMatter action plans and the ongoing work to address this. Other information covered in the return related to young workforce; the new TURAS system; continued promotion of partnership working; treating staff fairly and with dignity and respect; whistleblowing and staff health and wellbeing. Mrs Kelly pointed out that information from the Royal Edinburgh Hospital on quality initiative work was still to be added. Mr Joyce added that the return had been recently reviewed by the joint staff side and they had been content with the report. The Chair also highlighted that the reference to writing to whistleblowers for process feedback should clarify that it was a sample of resolved cases and not every whistleblowing case.

15.2.2 The Committee agreed this was a well written report, highlighting ongoing work. There was discussion on the example given under the section covering where "reasonable adjustments have been made to support staff to maintain attendance or return to work." Mrs Kelly stated that there were many examples of where such reasonable adjustments had been made and where this is done every day. It was agreed that an additional statement should be added to the return to give specific examples of this.

15.2.3 There was also discussion on the inclusion of ongoing work around tableau dashboards for the management of staff absence reporting. Mrs Kelly pointed out that Meeting Challenges workshops would shortly commence and would cover management of absence and the links with finance. The workshops would provide an opportunity to highlight areas of good work and information sharing.

15.2.4 The Committee agreed that the return could now be signed off for submission by the Chair, Mr Joyce and the Interim Chief Executive. The approval was subject to clarification of the point of accuracy in relation to writing to whistleblowers, inclusion of the Royal Edinburgh Hospital information and the addition of the specific reasonable adjustment examples.

RK/AM/AJ/JC

15.3 HR & OD Strategy Final Report - Mrs Kelly introduced the progress report on delivery against the priorities set out in the HR & OD Strategy (2015-2018) which was published in June 2015. The Committee noted that the strategy had finished in March 2018 and this was now the final report on this strategy that was being submitted. Mrs Kelly explained that there would not be a replacement Strategy given the development of the Staff Experience and Engagement Framework as discussed at the previous staff governance committee meeting.

15.3.1 The Committee noted the progress made by NHS Lothian over the last 3 years and agreed to take significant assurance that the key ambitions and commitments set out in the HR & OD Strategy (June 2015 – March 2018) had been delivered.

15.3.2 The Committee also endorsed the Corporate Management Team’s decision that given the development of a Staff Engagement and Experience Development Plan, there was no requirement for a separate HR & OD Strategy to be developed.

15.4 Corporate Risk Register

15.4.1 3328 Roadways/Traffic Management - Miss Gillies provided a verbal report following from the recent health and safety committee meeting. From a health and safety risk aspect it had been agreed to separate the risk into two categories – the RIE site and then outwith the RIE site. Outwith the RIE Site, the Committee noted the extensive improvement works to mitigate road safety and traffic management risks which were continuously ongoing. Within the RIE site the risks were a greater challenge. Miss Gillies reported that a recent four stage audit had been undertaken and that Mr Curley was working to engage with Consort on the findings of this external consultancy report. This report had also been discussed at the health and safety committee following a request from the Corporate Management Team.

15.4.1.1 The Committee recognised the ongoing challenge around engaging with Consort and the importance of the Corporate Management Team being aware of this. The Committee would await receipt of the confirmed timeline for an engineered solution to the risks on the RIE site. Miss Gillies agreed to bring an update paper back to the next Staff Governance Committee meeting.

TG

15.4.2 3455 Management of Violence and Aggression - Miss Ireland reported that there seemed to be a discrepancy between what the Committee had requested following the last meeting and the paper which had been presented. The Committee had requested a paper on the review of harm but had been presented with a review of process around adverse events.

15.4.2.1 There was discussion on the review of purple packs and it was noted that the health and safety committee had now confirmed these were fit for purpose and work had been undertaken with local teams to ensure they were clear on how to use the packs. The Committee also noted that a separate paper covering adverse events involving staff was regularly reported through the health and safety committee.

15.4.2.2 It was agreed that for the next Staff Governance Committee meeting there would be a paper with greater emphasis on harm along with specific examples and more of a deep dive into areas such as impact of training, violence and aggression incident numbers, incident consequences, severity and seriousness. There would also be a presentation highlighting ongoing work which would help to facilitate more meaningful discussion.

AMcM

15.4.2.3 The Committee noted the steps being taken to review the organisations approach to the management of violence and aggression and strengthen organisational assurance, however, at this time, the Committee agreed that it was unable to take any significant assurance and the consensus was to

accept moderate assurance regarding both the implementation of the actions and the process being used.

- 15.4.3 3527 – Medical Workforce Sustainability - Miss Gillies reported that in terms of doctor training and fill rate, there had been no further developments following the previous Staff Governance Committee meeting on 2 May. The Circular - DL (2018) 7 promoting the retention of established consultants had recently been distributed and the current challenges around the psychiatry workforce for the whole of Scotland were acknowledged.
- 15.4.4 3828 – Nurse Workforce – Safe Staffing Levels - Miss Ireland gave an update on the risk around safe staffing levels and provided an update on the work in Lothian to address the imminent Safe Staffing Legislation to be enacted by the Scottish Government in early 2019.
- 15.4.4.1 Miss Ireland covered the establishment gap and the current “hot spots” in St John’s Hospital, District Nursing and Edinburgh Health and Social Care Partnership. The Committee noted that the St John’s Hospital current establishment gap following a recent open day was down to 7%. The Challenge was retention of staff at St John’s. Miss Ireland also reported that an open day specifically for Edinburgh HSCP had been undertaken with a view to staffing Gylemuir which still retained a high establishment gap.
- 15.4.4.2 The Committee agreed to retain the risk level as medium, taking significant assurance that actions had successfully mitigated against the workforce pressures at a corporate level and moderate assurance that the current actions within Lothian are mitigating against the immediate “hot spots” in St John’s Hospital, district nursing and Edinburgh Health and Social Care Partnership.**
- 15.4.4.3 The Committee took significant assurance that the process was in place to regularly review nurse and midwifery staffing levels work and the level of corporate scrutiny of the findings but moderate assurance that the service areas are fully compliant with their obligations under these arrangements.**
- 15.4.4.4 The Committee agreed significant assurance that service areas had data to enable informed decision making around safe and effective staffing, enabling the optimum deployment of the staffing resource and noted the majority of which (substantive and supplementary) is from within the NHS. The reduction in agency spend on nursing of 47% over the baseline of 2015/16 was noted.**

Mr Houston joined the meeting.

- 15.5 Staff Governance Workplan 2018/19 - **The Committee accepted the order of the workplan as presented and agreed to approve the updated Staff Governance Workplan for 2018/19.**
- 15.6 Staff Governance Statement of Assurance Need - Mrs Kelly presented the Statement of Assurance Need for 2018/19. It was noted that the final Statement of Assurance Need for 2017/18 would be brought forward into the board’s annual report and this mirrors the Staff Governance Committee annual report. The process would now begin again for the 2018/19 Assurance Need Statement. The 18/19 statement included the workplan items that the Committee would consider during the year, noting the level of assurances taken and this would be updated after each meeting.

15.6.1 There was discussion on the assurance needs process, the requirements for assurance, focus on areas of challenge, better definition of significant and moderate assurance levels and guidance around this.

15.6.2 The Committee agreed to confirm the Statement of Assurance Need for 2018/19.

15.7 Health and Safety - Miss Gillies gave verbal feedback from the recent health and safety committee meeting. The meeting had been well attended and this had included senior level attendance. It was noted that the 13 local health and safety committees were reporting good attendance and participative discussion. At the recent health and safety committee meeting there had been discussion on the levels of assurance the local committees were working to and the local groups had arranged workshops to clarify this. Consideration had also been given to the evidence on which assurance was taken. There had also been discussion on a proposal to take one risk and consider the detail of information required to satisfy internal and external expectations. It was suggested that a key area should be indentified, for example, clinical sharps , with a view to identifying and improving key information to support all relevant parties' assurance needs.

15.7.1 Mr Wilson confirmed that each of the local health and safety committees are supported by a health and safety adviser who is trained in assurance checking. It was expected that all local committees would report their quarter 1 assurance levels back to the August health and safety committee, along with evidence of policies and procedures being communicated to staff.

15.7.2 The Chair reinforced the need for strong evidence and also for people to have the opportunity to showcase areas of good work and enable more positive feedback and sharing of best practice.

15.7.3 The Committee would welcome a written paper to the next Staff Governance Committee meeting which would include more detailed evidence.

TG

15.8 Education Governance - Ms A. Langsley reported on proposed actions to improve Education Governance in NHS Lothian. The report set out the revised terms of reference (TOR) for the NHS Lothian Education Governance Board. There had been a review of how the group would operate moving forward and three aims had been agreed; these were:

- Evaluation
- Commissioning
- Inclusive learning

15.8.1 It was noted that the previous remit had been vague around what the group aimed to achieve and what outputs from the group would be. The previous TOR had indicated that the education governance board minutes were shared with the Staff Governance Committee. The suggestion now would be for the board to provide an annual report which would be more appropriate and improve governance around accountability and achievements.

15.8.2 Miss Gillies suggested that the group may wish to consider taking on the role of developing the strategy for the education of professionals. This strategy had come as a direct action from the recent GMC visit to Lothian and was part of learning and developing together. **It was suggested that the second bullet point under the**

purpose of the board could be expanded to include the development of the multi-disciplinary strategy. This was agreed by the Committee.

15.8.3 Professor Humphrey made the point that with regards to external representation on the group, consideration should be given to inclusion of representation from universities given the fact that NHS Lothian was a recipient of so many students. Ms Langsley confirmed that there was ongoing discussion with the Higher Education Institutes around what such representation may look like.

15.8.4 The Chair asked about the driver for these changes. Ms Langley stated that the Executive Nurse Director had agreed to the review of the TOR to reflect what the group actually did. The Executive Nurse Director had accountability for the group and it had been felt that the initial TOR had been too ambitious and this new approach was more focussed.

15.8.5 The Committee approved the core purpose of the Education Governance Board, its revised terms of reference and priorities for action in 2018 – 2019, subject to the amendment of the second purpose bullet point as outlined at 15.8.2 above. The Committee also agreed to take a moderate level of assurance that the actions set out in this paper will improve the governance of education and training delivered in NHS Lothian.

Ian Wilson left the meeting 11am

16. Healthy Organisational Culture

16.1 iMatter – Mrs Kelly reported on the Key Performance Indicators (KPIs), in relation to iMatter for 2018. The KPIs monitoring paper as presented would come to each meeting and be added to as appropriate; the Employee Index Score would also be updated for each meeting. Mrs Kelly outlined the NHS Lothian iMatter response rate of 73% with 79% of teams receiving a team report. Action plans were due to be completed by the 14 June, this included corporate functions. Appendix 1 of the report showed the percentages for the conversion rate to action plans. **Mrs Kelly would bring the updated figures to the July meeting.**

RK

16.1.1 In terms of cohorts, the second cohort - acute division -were currently completing questionnaires. **Questionnaire response rate information would also come to the July meeting.**

RK

16.1.2 The third cohort was estates and HSCPs (excluding Edinburgh). It had been agreed that Edinburgh HSCP would be the final cohort on its own as it was planned that this would include both health and social care staff.

16.1.3 The Chair stated that this was a good news story around iMatter implementation however going forward more evidence was needed about what was being done to improve conversion rates. It would be helpful to have statistical data in reports to show trends and also to highlight examples of good achievement to help the committee take assurance.

16.1.4 There was discussion on iMatter reporting for facilities staff. Mrs Kelly confirmed that, given the massive achievement made last year, there was continuing work with Mr Curley and staff to provide as much support as possible, it was hoped that a position of over 60% could be achieved. The Committee also discussed the process for dealing

with areas that did not achieve an action plan. Mrs Kelly stated that this would be built into individual director's appraisals.

16.1.5 The Committee noted the current results relating to the iMatter survey for 2018 and agreed to take significant assurance that staff in cohort 1 were engaged in the iMatter process and have completed their questionnaire thus generating team reports in the majority of the areas. However the Committee could only agree to take limited assurance around the conversion of team reports into action plans for cohort 1.

Professor Humphrey took over as Chair for this item.

16.2 Whistleblowing Monitoring Report - Mrs Kelly and Mrs Mitchell updated the members of the Committee on recent actions 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 18 May 2018.

16.2.1 Mrs Kelly reported that a further whistleblowing training programme was currently being developed and it was planned that this would be a half day session, rather than a full day, to hopefully improve attendance. It was planned to run 8-10 sessions with each of the directorates receiving a number of spaces to fill.

16.2.2 The Committee noted the ongoing preliminary work around articles encouraging staff to "Speak Up"; there would be a campaign running over the coming months. **Further information would come to the July meeting.**

RK

16.2.3 The Committee received the update on the whistleblowing cases from Oct 16 to current. This included cases which were concluded or where the investigation remained ongoing. **The Committee agreed that moving forward this information could be split into financial years so trends could start to be seen.**

RK

16.2.4 Mrs Mitchell reported that there had been no further development with the national whistleblowing officer role. The resource required for the draft proposals remained a concern; however NHS Lothian were ahead in the development of training and processes. There was discussion on the challenges around the proposal to introduce a 20 day timeframe for completion of investigations.

16.2.5 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.

17. Sustainable Workforce

17.1 Workforce Report – Mrs Kelly stated that very little had changed from the report produced for the 2 May meeting. There would be an absence update in the paper coming to the July meeting.

17.2 There was discussion on mandatory training and organisational coaching. **Mrs Kelly would add further detail around coaching to future reports.**

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

17.2 Modern Apprentices and Early Careers - Ms Langsley and Ms Macdonald provided an update on work being undertaken to support youth employment in NHS Lothian. The Committee noted the background context provided in the paper around the workforce challenges and the need for 1.5 of every school leaver nationally to choose an NHS career to sustain NHS Scotland's current staffing levels.

17.2.1 Ms Langsley and Ms Macdonald then gave a presentation and showed a video covering the Earn, Learn, Progress programme, the competition NHS Lothian faces from other employers of choice to recruit young staff, what young people want and the priorities NHS Lothian needs to focus on. Ms Macdonald stated that the key things being worked on included focus work with the Prince's Trust, delivery of role modelling, and developing aspiration and career pathways. This work would have an impact on future workforce.

17.2.2 Other areas of focus included engagement with schools, working with skills development Scotland, better use of social media, development of long term resilience and meaningful communication skills and how to use all of this work to provide support across health and social care.

17.2.3 The Committee noted the considerable investment and innovation being applied to the youth employment agenda in NHS Lothian.

17.2.4 The Committee agreed to take a significant level of assurance that the approaches being applied to youth employment are robust in terms of the effective management of our workforce planning challenges and serve as a best-practice example in reducing health inequalities by increasing social mobility.

17.2.5 There was discussion on the targeting of school leavers as future staff. Mr McLaughlin made reference to the [BBC health article](#) about nurses who are men going into schools and selling the profession to male pupils. Ms Langsley added that there needed to be a much more co-ordinated approach with wider engagement across the piece. Cllr Milligan pointed out that a number of councillors would have appropriate contacts in secondary education establishments, especially new schools of excellence and he would be happy to assist in identifying these. **There may be an opportunity for a joined up approach with the Integration Joint Boards.**

AL/DM

17.2.6 The Chair thanked Ms Langsley and Ms Macdonald for the excellent presentation and video, it was noted that this work was also scheduled to be highlighted at Lothian Partnership Forum.

Ms Campbell left the meeting.

18. For Information and Noting

18.1 The Committee noted the following items:

- Draft Lothian Partnership Forum Minutes – 24/04/2018
- Staff Engagement and Experience Project Board Minutes – 20/03/2018

19. Any Other Business

19.1 There was no other business

20. Date of Next Meeting

20.1 It was noted that the next meeting of the committee would be held on Tuesday 24 July 2018 at 9.30am in meeting rooms 8&9, Waverley Gate, 2-4 Waterloo Place, Edinburgh.

21. 2018 Meeting Dates

- 24 October 2018

**NHS Lothian
Staff Governance Committee
Action List Following Meeting Held on 30/05/2018**

Item	Action	Due By	By Whom	Status
15.2	<u>Staff Governance Monitoring Framework Return</u> - The Committee agreed that the return could now be signed off for submission by the Chair, Mr Joyce and the Interim Chief Executive. The approval was subject to clarification of the point of accuracy in relation to writing to whistleblowers, inclusion of the Royal Edinburgh Hospital information and the addition of the specific reasonable adjustment examples.	30/05/18	RK/AM/ AJ/JC	Complete
15.4.1	<u>3328 Roadways/Traffic Management</u> - The Committee recognised the ongoing challenge around engaging with Consort and the importance of the Corporate Management Team being aware of this. The Committee would await receipt of the confirmed timeline for an engineered solution to the risks on the RIE site. Miss Gillies agreed to bring an update paper back to the next Staff Governance Committee meeting.	24/07/18	TG	On July Agenda
15.4.2	<u>3455 Management of Violence and Aggression</u> - It was agreed that for the next Staff Governance Committee meeting there would be a paper with greater emphasis on harm along with specific examples and more of a deep dive into areas such as impact of training, violence and aggression incident numbers, incident consequences, severity and seriousness. There would also be a presentation highlighting ongoing work which would help to facilitate more meaningful discussion.	24/07/18	AMcM	On July Agenda
15.7	<u>Health and Safety</u> -The Chair reinforced the need for strong evidence and also for people to have the opportunity to showcase areas of good work and enable more positive feedback and sharing of best practice. The Committee would welcome a written paper to the next Staff Governance Committee meeting which would include more detailed evidence.	24/07/18	TG	On July Agenda
15.8	<u>Education Governance</u> - It was suggested that the second bullet point under the purpose of the board could be expanded to include the development of the multi-disciplinary strategy. This was agreed by the Committee.	24/07/18	AL	Complete
16.1	<u>iMatter</u> – Mrs Kelly would bring the updated figures and questionnaire response rate information to the July meeting.	24/07/18	RK	On July Agenda

ITEM	ACTION	DUE BY	BY WHOM	STATUS
16.2	<p><u>Whistleblowing Monitoring Report</u> - The Committee noted the ongoing preliminary work around articles encouraging staff to “Speak Up”; there would be a campaign running over the coming months. Further information would come to the July meeting.</p> <p>The Committee received the update on the whistleblowing cases from Oct 16 to current. This included cases which were concluded or where the investigation remained ongoing. The Committee agreed that moving forward this information could be split into financial years so trends could start to be seen.</p>	24/07/18	RK	On July Agenda
17.1	<p><u>Workforce Report</u> – There was discussion on mandatory training and organisational coaching. Mrs Kelly would add further detail around coaching to future reports.</p>	24/07/18	RK	On July Agenda
17.2	<p><u>Modern Apprentices and Early Careers</u> - There was discussion on the targeting of school leavers as future staff. Mr McLaughlin made reference to the BBC health article about nurses who are men going into schools and selling the profession to male pupils. Ms Langsley added that there needed to be a much more co-ordinated approach with wider engagement across the piece. Cllr Milligan pointed out that a number of councillors would have appropriate contacts in secondary education establishments, especially new schools of excellence and he would be happy to assist in identifying these. There may be an opportunity for a joined up approach with the Integration Joint Boards.</p>	24/07/18	AL/DM	

NHS Lothian**Audit and Risk Committee**

Minutes of the Audit and Risk Committee Meeting held at 9.00 am on Monday, 18 June 2018 in Meeting Room 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; Mr M Connor Non-Executive Board Member and Councillor J McGinty, Non-Executive Board Member.

In Attendance:

Ms J Brown, Chief Internal Auditor; Mr C Brown, Scott Moncrieff; Mr P Clark, Internal Audit Manager; Mr J Crombie, Interim Chief Executive; Mr D Eardley, Scott Moncrieff; Ms S Gibbs (Deputising for Ms J Bennett); Ms S. Goldsmith, Director of Finance; Mr B. Houston, Board Chairman; Ms D Howard, Head of Financial 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 McMahan, 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, Committee Administrator.

Apologies:

There were no apologies for absence.

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.

14. Minutes of the previous meeting held on 23 April 2018.

14.1 The minutes of the meeting held on 23 April 2018 were accepted as an accurate record.

15. Running Action Note

15.1 Acute Hospitals Committee – The workshop had been successful and clarity going forward was obtained. Minutes of the workshop were available upon request. It was agreed that the action would be marked as complete. **AP**

15.2 Risk Management – There was no further update at present. Work to strengthen links between the integration joint boards (IJBs) and the Audit & Risk Committee remained in progress.

15.3 The Committee noted the actions marked complete and those that were not due for consideration detailed within the report.

15.4 The Committee accepted the running action note.

16. Internal Audit (Assurance)

16.1 Internal Audit Progress Report (June 2018) – The previously circulated report was noted. Attention was drawn to 7 audits of which 6 draft reports had been attached as appendices and were considered as part of the overall internal audit opinion. Of the 3 IJB audits requested 1 had been finalised.

16.1.1 Ms Brown confirmed that she was content with the management response and noted that the backlog could be attributed to the front end of the year where there had been a lack of capacity within the team to discharge their duties.

16.1.2 The Committee accepted the Internal Audit Progress Report June 2018.

Mr Crombie entered the meeting.

16.2 Midlothian IJB Transitional Funding (May 2018) – The previously circulated Midlothian IJB Transformational Funding May 2018 report was received. Two areas of concerns related to how transformational funding was being spent including project time scales and effective reporting of progress against the plan to the IJB Board.

16.2.1 The members discussed whether the investment by IJBs has led to transformation, and what the impact of the funding has actually been. Ms Brown advised the Committee that this was beyond the scope of this particular audit, and that it is quite likely that Audit Scotland may cover this ground in their annual overview report. Mr Crombie highlighted that it each IJB was a governing board in its own right, and had to publish its own annual accounts and performance report, and determine how it will monitor the impact of its decisions on outcomes. Ms Brown confirmed that the internal audit report will be shared with the other IJBs.

16.2.2 There was agreement that the IJBs and Primary Care need to pull together all transformational funding into a single framework, tied to the improvement plans to ensure that its duties were discharged appropriately. Through there improvement plans they should demonstrate how monies are being used in line with government direction. Members remained mindful of the overlap in services and the need to explore how it can be presented in future reports.

16.3 Follow Up of Management Actions Report (June 2018) – The previously circulated report on the follow-up of management actions was received.

16.3.1 With regard to the subject of business continuity, Mr McQueen enquired who determines what the organisation's key systems actually are. Ms Brown advised that management have established a Resilience Committee, however it was not known which governance committee oversees business continuity. The Chair requested that a report be brought back to the August meeting providing assurance as to how the Resilience Committee feeds into the governance structure, and how the organisation determines what its key systems are. **AP**

16.3.2 The Committee agreed to accept the report.

16.4 Internal Audit Annual Report 2017/18 (June 2018) – Members attention was drawn to the audit opinion detailed at 5.3 of the report.

16.4.1 The Committee accepted the Internal Audit Annual Report 2017/18 as a moderate source of assurance.

16.5 The Chair thanked the Chief Internal Auditor and her team for the exemplary work carried out over the year and welcomed the links to the IJBs.

17. Risk Management (assurance)

17.1 NHS Lothian Corporate Risk Register – Ms Gibbs spoke to the previously circulated report. She drew attention to the discussion at the Board Development session.

17.1.1 The Chair invited the members present to reflect on the discussions at the Board development session and confirm that they were heading in the correct direction.

17.1.2 Mr Murray expressed concerns that the risk register did not reflect whole system responses to risk and going forward he hope to see future reports that consider a shared approach for many risks that was necessary as part of integrated working. Members agreed that this would be covered when building on recommendations identified at the development session.

17.1.3 Mr Houston highlighted that it was essential that the whole system of governance and risk management (including IJBs) has to be capable of effectively overseeing services for patients and delivering the desired outcomes.

17.1.4 The Committee accepted the outcomes from the workshop, and agreed that it would like further detail as to how the processes will be developed, and how the actions in the risk register will reflect the discussion that the Board has had.

17.1.5 The Chair requested that Ms Gibbs liaise with Ms Bennett to bring forward a report in August laying out the proposed way forward including a whole system approach to risk.

JB

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

17.1.7 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.

17.1.8 The Committee accepted 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.

17.1.9 The Committee accepted the recommendations based on the outcome of the Board's May 2018 development workshop, namely:

- to remove the Risk Appetite Statement from NHS Lothian risk documentation
- to remove the risk appetite and tolerance measures
- to examine how to apply the strategic risk framework set out above as agreed at the Board workshop in May 2018.

Ms Brown left the meeting.

17.2 Risk Management Annual Report 2017/18 – The Committee reviewed the summary of actions for 2017/18 and the priorities and aspirations for the coming year.

17.2.1 The Committee agreed to accept the Risk Management Annual report 2017/18 as a moderate source of assurance.

18. General Corporate Governance (Assurance)

18.1 Update on the Access and Governance Committee – Dr Watson spoke to the report. He highlighted that the key developments were:

- The inclusion of the Deputy chief Executive in the membership of the Committee.
- Increased attendance and engagement from the service including active involvement in raising issues for discussion compared to the previous waiting times governance led approach.
- A comprehensive 4 hour action plan based on the Internal Audit report and SAE review, which would be considered further in light of the external reviews being released.

18.1.1 Attention was drawn to inaccuracy in waiting times reporting surrounding podiatry though not an official waiting times target, issues relate to consistency and accuracy of reporting to ISD should be addressed. It was anticipated that a report would be brought to the Audit and Risk committee following the submissions to the Corporate Management Team.

18.1.2 It was noted that the waiting times governance team were actively looking at and correcting issues. It was key that the team had the ability to do sense checks when a new connection was made to mitigate future risk.

Mr Old entered the meeting.

18.1.3 Outcomes from the external review had released but remained embargoed until released in the public domain. Work to address recommendations within the external review was in progress. NHs Lothian would continue to work to support staff in this turbulent time.

18.1.4 The Committee accepted a limited level of assurance from the report.

18.1.5 The Committee noted the impact of the recast terms of reference and membership, including recent participation of the Interim Chief Executive.

18.1.6 Members anticipated a further update on the progress of the Access & Governance Committee at its August meeting.

19. Counter Fraud (Assurance)

19.1 Counter Fraud Activity - The Committee accepted the report as a briefing on the current status of counter fraud activity. The Committee agreed that the report provided a significant level of assurance that all cases of suspected fraud are accounted for and appropriate action was taken.

19.2 Fraud Referrals & Operations for year ended 31 March 2018 – There was some discussion surrounding overseas patients and training of staff. Members noted the complexity of the issue in that immigration was UK wide and Health was devolved in Scotland. All non-resident patients would retain access to emergency treatment. Any other treatment would be chargeable.

19.2.1 The Committee accepted the report as a summary of the Counter fraud activity within the year. The Committee agreed that the report provided a significant level of assurance that all cases of suspected fraud were accounted for and appropriate action was taken.

20. General Corporate Governance (Assurance)

20.1 Royal Infirmary of Edinburgh Pharmacy Cold Room Failure – Loss of Medicines – the report to advised the Audit & Risk Committee of the loss of medicines above the Boards delegated limit which would require approval by the Scottish Government Health & Social Care Directorate.

20.1.1 Members noted that the Director of Finance and the Interim Chief Executive were in ongoing dialogue with Consort regarding their performance and were actively pursuing recompense for the loss of the medicines.

20.1.2 The members discussed the actions which could be taken to pre-empt future losses, e.g. back-up systems, anticipatory systems of control by the contractors. Ms Goldsmith and Mr Crombie agreed to pick up mitigating actions as part of the ongoing dialogue with Consort.

20.1.3 The Committee confirmed that the Director of Finance could approach the SGHSCD for its approval to write-off the loss of medicines to the value of £231,100 due to two cold room failures.

20.1.4 The Committee accepted the report as a source of moderate assurance that management were taking contributory factors resulting in this event and seek to recover the losses.

20.2 Introduction to the Committee Annual reports – Mr Payne introduced the 2017/18 annual report format and the Committee accepted the briefing detailed therein.

20.3 2017/18 Annual Report from the Healthcare Governance Committee – The Committee accepted the report as a significant source of assurance.

20.4 2017/18 Annual Report from the Finance and Resources Committee - Ms Goldsmith gave a brief overview of the report. She drew attention to the key issue; long term financial sustainability. She noted that the report offered limited assurance as the Committee were unable to demonstrate levels of improvement or sustainable systems to deliver financial targets and performance at present. Mr Ash commented that he would like future reports to have more detail on the actions being taken to address areas of weakness.

20.4.1 Mr Murray requested that Ms Goldsmith ensure that the agreed steps within the annual report marry up with the detail of the risk register. Ms Goldsmith agreed to pick this matter up through the review of the risk register.

SG

- 20.4.2 The Committee agreed to accept the 2017/18 Annual report from the Finance and Resources Committee as a source of assurance to support the Governance Statement.
- 20.5 Staff Governance Committee Annual Report period report 2017/18 – the Committee noted the report and actions carried out over the 2017/18 period detailed therein.
- 20.5.1 Professor McMahon spoke to the report noting that there had been significant progress made against violence and aggression since January 2018. NHS Lothian was heavily involved in the process of implementation for new legislation, in the past this had not went well so focus would be on improvement. It was noted that the principles would be implemented in the coming year however the legislation would not be fully implemented until 2020.
- 20.5.2 The Committee agreed to accept the report as a source of assurance to support the Governance Statement.
- 20.6 Information Governance Sub-Committee Annual Report 2017/18 – the Committee noted the report and the actions carried out over the 2017/18 period detailed therein.
- 20.6.1 Members noted that the Information Governance Sub-Committee’s governance status was formalised in January 2018. Limited assurance had been provided in respect of the directorate statements of compliance, however there were no significant concerns.
- 20.6.2 The Committee agreed to accept the report as a source of assurance to support the Governance Statement.
- 20.7 Acute Hospitals Committee Annual Report 2017/18 – the Committee noted the report and the actions carried out over the 2017/18 period detailed therein.
- 20.7.1 Limited assurance was taken whilst a process of reform was undertaken within the Acute Hospitals Committee. The Committee agreed to accept the report as a source of assurance to support the Governance Statement.
- 20.8 National Services Scotland Service Audit Reports 2017/18
- 20.8.1 No material issues had been raised therefore the Committee agreed to accept the reports from the service auditors as a source of significant assurance with respect to the systems of internal control relating to the National Single Instance financial ledger, practitioner services and the National IT Services contract.
- 20.9 Schedule of Losses – SFR 18.0
- 20.9.1 The Committee agreed to take a significant level of assurance on the internal losses controls and that the Board were continually reviewing and evaluating changes to improve the effective systems for internal financial controls.
- 20.9.2 It was noted the high losses associated with Pharmacy stock had been examined by the Committee last year. The Committee concluded that it would like to review the factors underpinning the loss, given that it was of a similar scale in 2016/17.

The Committee agreed that a further report on this subject should be presented to the August Meeting. DH

20.9.3 Ms Howard advised that the debt in respect of salaries would be resolved in the coming year due to the conclusion of the salary sacrifice scheme. NHS Lothian would continue to pursue these debts.

20.10 Edinburgh and Lothian's Health Foundation Annual Report and Accounts 2017/18

20.10.1 Mrs Goldsmith assured the Committee that they were a clean set of accounts, and there were no issues raised.

20.10.2 The Committee accepted this report as a source of significant assurance that management have prepared the Annual Report and Financial Statements of the Foundation for 2017/18, Scott-Moncrieff have carried out an external audit of the accounts, and have provided an unqualified audit opinion.

20.11 Patients Private Funds Annual Accounts 2017/18

20.11.1 The Committee agreed to:

- Accept the management letter from Scott-Moncrieff as a source of significant assurance in relation to the draft annual accounts and the underlying systems of internal control.
- Recommend to the Board that the Chairman and Acting Chief Executive sign the "Statement of Lothian NHS Board Members' Responsibilities" on the Board's behalf.
- Recommend to the Board that following the Board's consideration, the Director of Finance and the Acting Chief Executive sign the "Abstract of receipts and Payments" (SFR19.0).
- Recommend to the Board that the Board approve the draft Patients' Private Funds accounts for the year ended 31 March 2018.

21. Annual Accounts (decision)

21.1 Governance Statement

21.1.1 The Committee accepted this report as a source of significant assurance that the process to develop the Governance Statement was consistent with the associated instructions and good practice.

21.1.2 The Committee reviewed the Governance Statement, did not identify any further required disclosures, and agreed it should be included in the annual accounts.

21.2 Management Representation Letter

21.2.1 The Committee reviewed the draft Representation Letter to the external auditors confirmed that the statements represented confirmation to the external auditors on matters arising during the course of their audit of the accounts for the year ended 31 March 2018, and agreed to recommend that the letter be signed by the Chief Executive of NHS Lothian.

21.3 NHS Lothian Annual Audit Report 2017/18

21.3.1 Mr Brown, Ms Scanlin and Mr Eardley gave an overview of the report highlighting how the report was collated, key findings and the audit certificate.

21.3.2 The Committee accepted the report as a source of assurance to inform its review of the annual accounts.

21.4 NHS Lothian Annual Accounts for Year End 31 March 2018

21.4.1 The Committee agreed to recommend to the Board that they adopt the Annual Accounts for the year ended 31st March 2018 and recommend to the Board to authorise the designated signatories to sign the Accounts on behalf of the Board.

21.5 Audit Committee Annual Report and Assurance Statement 2017/18

21.5.1 The Committee reviewed the draft report, and specifically considered whether the following sentence (from Section 1) is appropriate:

“At its meeting of 18 June 2018, the Committee concluded that it has had adequate access to resources in order to properly discharge its responsibilities as set out in its terms of reference.”

21.5.2 The Committee approved the annual report and assurance statement 2017/18.

21.6 Notification to Scottish Government Health Department Health and Wellbeing Audit Committee

21.6.1 The Committee approved the letter to the Scottish Government Health & Social Care Assurance Board with the inclusion of a question on how the points raised in the letter informed discussion or decision at the Scottish Government Health & Social Care Assurance Board.

22 **Date of Next Meeting**

22.1 The next meeting of the Audit and Risk Committee would take place at **9.00** on **Monday 27 August 2018** in **Meeting Room 8&9, Fifth Floor, Waverley Gate**.

NHS Lothian**ACUTE HOSPITALS COMMITTEE**

Minutes of the meeting of the Acute Hospitals Committee held at 14:00 on Tuesday 19 June 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; Mr M. Hill, Non Executive Board Member; Mr B. Houston, Mr A. McMahon, Nurse Director; Professor M. Whyte, Non Executive Board Member.

In Attendance: Mr D. Adams, Information Analyst; Ms S. Ballard Smith, Nurse Director, Acute Services; Ms J. Campbell, Chief Officer, Acute Services; Dr A. Coull, Medicines of the Elderly Consultant (item 4.1); Dr A. Cunningham, Divisional Business Manager, Acute Services; Mr B. Currie, Project Director, Royal Hospital for Sick Children and Department of Clinical Neurosciences (item 4.3); Dr E. Doyle, Associate Divisional Medical Director, Royal Hospital for Sick Children (item 4.4); Mr M. Gray, Laboratory Service Manager (item 5.2); Dr I. Johannessen, Director of Laboratory Services (item 5.2); Mr R. Mackie, Senior Information Analyst; Dr N. Maran, Clinical Lead, Quality Management System; Mr C. Marriott, Deputy Director of Finance; Ms F. Mitchell, Director of Women's and Children's Services (item 4.4); Mr C. Stirling, Site Director, Western General Hospital; Dr S. Watson, Chief Quality Officer.

Apologies: Dr B. Cook, Medical Director, Acute Services; Mr A. Joyce, Employee Director, Non Executive Board Member; Ms R. Kelly, Deputy Director of Human Resources; Ms L. McDonald, Site Director, Royal Infirmary of Edinburgh; 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 (17 April 2018)

1.1 The minutes from the meeting on 17 April 2018 were approved as a correct record subject to the correction of two typographical errors.

2. Matters Arising**2.1 Acute Hospitals Committee Workshop Feedback**

2.1.1 The workshop had taken place on 1 June 2018 with the aim of reviewing the terms of reference and agreeing the focus of the Acute Hospitals Committee to reduce overlap with other governance Committees. It had been agreed that the Committee did have

a unique purpose but that there was potential overlap with the work of the Staff Governance Committee and the Healthcare Governance Committee and it was suggested that the remits of all Committees would benefit from review to minimise duplication of activity and ensure all areas were adequately covered and there were no assurance gaps.

2.1.2 It was agreed at the workshop that guidance would be given to authors on the focus of papers for the Committee to ensure information is submitted on the impact and value of actions taken rather than performance alone.

2.1.3 A Workshop Outcomes document would be circulated following the meeting and would be discussed further at the next meeting. **BP**

3. Performance Assurance

3.1 Cancer Waiting Times

3.1.1 The Chair welcomed Mr Stirling to the meeting and he spoke to the previously circulated paper. It was noted that the paper provided the correct focus for this Committee but that more comparative context and outcomes of actions taken were needed. Mr Stirling advised that the changes laid out were being implemented but that outcomes were not yet defined. The information collected would deliver an improved cancer pathway with active tracking.

3.1.2 It was noted that although the paper sought to raise the assurance level from limited to moderate, it was also stated that there was an increasing demand and a growing risk that targets would not be met. It was agreed that the assurance sought was specifically for process improvement and accountability rather than delivery of waiting times targets alone. It was expected that the tracking process described would bring performance improvements and would minimise the risk and impact associated with increasing demand.

3.1.3 Members accepted the recommendations laid out in the paper, noted the good progress made and accepted moderate assurance that a process was in place to improve cancer tracking, but noted the risk of increasing demand reducing the ability to meet performance targets. Focus would continue in this area until further mitigating actions showed improvement of performance.

Mr Stirling left the meeting.

3.2 Unscheduled Care 4 Hour Waiting Times

3.2.1 Ms Campbell spoke to the previously circulated paper. It was noted that there would be a change in focus of unscheduled care meetings whereby there would be an evaluation of actions taken. The next update would reflect this discussion. It was also suggested that future updates should be more focussed on the wider context and overall trends and workstreams than on management figures.

3.2.2 Members accepted the recommendations laid out in the paper and accepted limited assurance in relation to current performance against the national targets and

moderate assurance that the actions described would continue to improve patient and staff experience in unscheduled care.

3.3 Quality and Performance Improvement

3.3.1 A paper had been previously circulated. Mr Mackie drew attention to the survey that had recently been sent out asking for feedback on the quality and performance data provided, and asked that all Committee members respond to this. This would help inform the review of the data produced as suggested by the external auditor.

3.3.2 It was noted that the hospital standardised mortality rate (HSMR) was part of the scorecard paper and the assurance level should be updated from there.

3.3.3 It was restated that it would be helpful if this paper was focussed specifically on the performance standards allocated to the Acute Hospitals Committee rather than the same general paper being sent to different groups.

4. **Clinical Governance**

4.1 Medicine of the Elderly Performance

4.1.1 The Chair welcomed Dr Coull to the meeting and he gave a presentation. A paper had been previously circulated. The different services for the frail elderly available in the different local authority areas were noted; integration meant that local areas could choose services that worked best in their areas, but this made availability of services complicated. There needed to be discussion about how to make it less complex while maintaining local controls.

4.1.2 Members noted that the frailty index described was key to slowing down the frailty process by intervention and therefore central to the issue of length of stay and delayed discharge. Dr Watson noted that this was transformational work with a lot of opportunities to do a test of change. It was an opportunity to reduce feelings of isolation and increase quality of life among the frail elderly which were likely to be more important than medical interventions. To do this properly would take two to three years. It was noted that the focus on this type of intervention had been around for longer in England but they also did not have a completed system in place.

4.1.3 Mr Houston suggested that the focus on intervention should be fundamental to core business and that this idea should be promoted and developed at Scottish Government level. Dr Coull advised that the frailty index was part of a Healthcare Improvement Scotland programme with Midlothian and another two areas trialling the initiative. Mr Houston suggested further discussion between himself, Mr Hill, Professor McMahon and Ms Gillies on how best to facilitate discussion at the Board and commitment to driving this forward and making the changes highlighted possible.

4.1.4 Ms Gillies noted that it was not yet clear what the interventions would be to help people remain at home and reduce the impact of frailty, and there was more work to do on this.

4.1.5 Members accepted the recommendations laid out in the paper and accepted moderate assurance. It was suggested that specific improvements made could be highlighted in the next report as well as showing the workstreams in place.

4.2 Healthcare Associated Infection Internal Reviews

4.2.1 The Chair welcomed Ms Ballard Smith to the meeting and she spoke to the previously circulated paper. Members noted that the process of carrying out internal reviews was a good discipline and that it was clear that these reviews had led to improvements in Older People in Acute Hospitals and Healthcare Environment Inspectorate external inspection results.

4.2.2 It was agreed that an annual update would be received and that this would include the external inspection results. **SB-S**

Ms Ballard Smith left the meeting

4.3 RHSC and DCN Redevelopment Update

4.3.1 The Chair welcomed Mr Currie to the meeting and he gave a presentation. Negotiations to finalise matters were ongoing but it was hoped that a confirmed date for completion of the new building would soon be available. Members noted progress made.

4.3.2 A monthly progress update was available on the intranet for staff, including photographs of the new building.

Mr Currie left the meeting.

4.4 Paediatric Programme Board

4.4.1 The Chair welcomed Ms F. Mitchell and Dr Doyle to the meeting and they gave a verbal update.

4.4.2 Feedback had been received from the Royal College of Paediatrics and Child Health (RCPCH) and the Paediatric Programme Board was discussing next steps and options. The focus would remain on the 24/7 inpatient paediatric unit but with a revised staffing model based on recruiting additional advanced paediatric nurse practitioners, and embedding a hybrid medical and Advanced Paediatric Nurse Practitioner workforce. It would take three to five years to develop the nurse practitioner model but this would have the advantage of costing less and being an opportunity for staff development which should help retain staff in the unit while still maintaining the commitment to an inpatient paediatric unit. Under this model the night shift would be covered by two advanced nurse practitioners with a consultant on call at home. In-hours clinics would be covered by consultants and advanced nurse practitioners.

4.4.3 In the year since the temporary closure of the paediatric inpatient unit at St John's Hospital there had been approximately 500 admissions from there to the Royal Hospital for Sick Children, averaging at 1.6 admissions per day. This remained

consistent with previous trend in admission rates when the in-patient unit had been temporarily closed.

4.4.4 It was noted that if the nurse practitioner model was agreed it would take time to embed and therefore it would be longer before the unit could be reopened as a 24/7 paediatric unit, but this had to be balanced against ongoing difficulties and timeframe to recruit consultants. .

4.4.5 A paper would be submitted to the next meeting outlining options and next steps. **FM**

Ms F. Mitchell and Dr Doyle left the meeting.

5. Corporate Governance Team

5.1 Leadership and Engagement

5.1.1 The Chair welcomed Dr Watson and Dr Maran to the meeting and they spoke to the previously circulated paper. The quality management system model was being rolled out to different areas either when the Board identified a service that needed more help or a service asked to be offered the resources to help with their own quality improvement. This was supported by the quality academy training programme and by data analyst resources.

5.1.2 Dr Coull noted that stroke services was a good example of where clinicians had made improvements which were very meaningful for patients. Quality improvement methods had been embedded into what was previously a management target-driven group.

5.1.3 Dr Watson advised that clinicians were keen to introduce quality improvement methods to their services. More work was still needed on how to match financial data to improvements made but this was starting to be done. Mr Marriott noted that as this became part of daily business, improvement programmes must be related to efficiency programmes. Not all the projects would be cash releasing but would improve efficiency, quality of care and patient experience.

5.1.4 Dr Maran advised that evaluation of outcomes was being done in every improvement pathway. These were multi-professional and clinicians were keen to get involved, expand projects and show outcomes. Some good data was available to evidence process change. There was a focus on patient experience as part of the data collected in each of the programmes.

5.1.5 Members accepted the recommendations laid out in the paper and agreed to receive an annual update of progress with the roll out of the programmes and any further development. **SW**

Dr Coull left the meeting.

5.2 East Region Laboratory Medicine Operational Board

- 5.2.1 The Chair welcomed Dr Johannessen and Mr Gray to the meeting and they gave a presentation. A paper had been previously circulated which had been supported by the Clinical Management Team and was presented to this Committee to offer assurance on the planned policy direction.
- 5.2.2 Mr Gray advised that the plan was to develop regional working step by step, for instance starting with managed contracts as these could easily be brought together to reduce costs, and moving on to other joint working. Therefore, the group would be coming forward with a number of separate cases.
- 5.2.3 It was noted that the difficulty around regional working in all areas was that there was collaboration without a formal overall governance structure, as the responsibility still lay with the individual Boards involved. Each Board should be satisfied that the service provided to patients would be the same or better with regional working compared to current provision.
- 5.2.4 Mr Gray advised that all laboratories were required to meet a high standard in order to achieve accreditation; this included not only the quality of the testing but also the turnaround time, availability and quality of advice provided to clinicians, and interpretation of results. The move towards regional working would not alter the quality of the service, but would be a more effective use of workforce and resources than currently and would increase the sustainability of the service across the region. Contracts were already in place with NHS Fife and NHS Borders whereby some of their tests were carried out in Lothian due to the small numbers in these Boards.
- 5.2.5 Dr Johannessen advised that these proposals were a first step and that wider economies of scale could enable further modernisation of laboratory services to improve efficiency including use of artificial intelligence and robotics. It was likely that this technology would be in use in other areas in the next few years and this was an opportunity to ensure that NHS Lothian and the region not only kept up to date with developments but was able to drive change.
- 5.2.6 It was noted that laboratories were the furthest forward in planning for regional working and that it was likely that other services would come forward with cases in the future and that this needed to be supported, but that deciding on next steps would be challenging given the governance structures involved.
- 5.2.7 Mr Houston noted that due to the complexity of the accountability in regional working there would be differential cost impacts for each Board, but that these difficulties would be worked through as they came up and regional working needed to be supported. A conversation had been held with the Chief Executives of NHS Lothian, Borders and Fife on how best to work together in this area and they were supportive.
- 5.2.8 In response to a question from Professor Whyte about the impact on academic staff and input from them in designing systems, Dr Johannessen noted that some initial conversations had been held and that advice would be taken on how best to do this to ensure maximum benefit on both sides. Mrs Mitchell emphasised that appropriate board governance structures had to be utilised to approve and monitor all proposals and strategies relating to this project.

- 5.2.9 Members agreed to support the exploration of the establishment of the system outlined in this initial presentation and looked forward to a further update once some the questions raised had been worked through with relevant colleagues.

Dr Johannessen and Mr Gray left the meeting

6. Fiscal Governance

6.1 Financial Performance

- 6.1.1 Members noted the previously circulated paper. It was agreed that the financial performance paper would be discussed early on the agenda at the next meeting as this would be the reporting of the first quarter of the new financial year. **BP**

7. Minutes for Information

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

- 7.1 Healthcare Governance Committee. 8 May 2018;
7.2 Staff Governance Committee, 22 May 2018.

8. Date of Next Meeting

- 8.1 The next meeting of the Acute Hospitals Committee would take place at **14.00** on **Tuesday 21 August 2018** in **Meeting Room 8**, Second Floor, Waverley Gate.
- 8.2 Meetings in 2018 would take place on the following dates:
- Tuesday 16 October 2018;
- Tuesday 11 December 2018.

STRATEGIC PLANNING COMMITTEE

Minutes of the meeting of the Strategic Planning Committee held at 9.30 on Thursday 7 June 2018 in Meeting Room 8, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present: Mr B. Houston, Board Chairman (chair); Ms T. Gillies, Medical Director; Ms S. Goldsmith, Finance Director; Ms C. Hirst, Non-Executive Board Member; Professor T. Humphrey, Non-Executive Board Member; Ms F. Ireland, Non Executive Board Member; Mr A. Joyce, Employee Director, Non Executive Board Member; Professor A. McCallum, Director of Public Health and Health Policy; Mr A. McCann, Non-Executive Board Member; Mr P. Murray, Non-Executive Board Member.

In Attendance: Ms J. Anderson, Partnership Representative; Mr C. Briggs, Director of Strategic Planning ; Ms C. Cartwright, Head of Implementation; ; Mr J. Crombie, Interim Chief Executive; Ms M. Don, Strategic Programme Manager; Mr M. Higgins, Senior Researcher, Public Health (item 2.1); Mr B. Joshi, Strategic Programme Manager; Dr D. Milne, Consultant in Public Health Medicine; Ms B. Pillath, Committee Administrator (minutes); Mr A. Short, Chief Officer, Midlothian Health and Social Care Partnership; Mr D. Small, Chief Officer, East Lothian Health and Social Care Partnership.

Apologies: Mr M. Ash, Non-Executive Board Member; Ms J. Mackay, Director of Communications; Professor A. McMahon, Nurse Director; Ms J. Proctor, Chief Officer, Edinburgh Health and Social Care Partnership; Professor 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 (12 April 2018)

1.1 The minutes from the meeting held on 12 April 2018 were approved as a correct record.

2. The People's Health

2.1 Community Planning Update

2.1.1 Mr Higgins gave a presentation on factors influencing population health.

2.1.2 There was discussion about which area to focus resources on and about working in partnership with other groups to consider the wider issues that support the health agenda. There was an opportunity for this in community planning partnerships; these had previously focussed on performance but could use population data to drive

fundamental community change and shape the service provided. The NHS was not currently seen as an active player in community planning but this could be changed.

- 2.1.3 A lot of population data was collected, particularly in education; the team were currently at the stage of understanding this data and how it could be used. Population data that was understandable and meaningful for particular groups could be helpful in driving forward improvements.
- 2.1.4 Housing was part of the solution for social care and needed to be part of the discussion. Councils might not be aware of the importance to health of social housing and people in hospital that could be accommodated at home.
- 2.1.5 It was suggested that different areas might have different priorities and noted that local authority meetings were very locally focussed. Dr Milne noted that if the basic problems of secure work, money to live on and a place to live were not addressed then other changes would not have an effect. Opportunities needed to be framed with local agendas so they would make sense to decision makers but four different agendas would be detrimental as they would require division of resources.
- 2.1.6 This subject would be discussed further at a Board Development session and any feedback or ideas on which areas to focus on could be submitted to Dr Milne to aid consideration of next steps.

3. Integration

3.1 Directions Received

- 3.1.1 Mr Briggs gave a presentation. It was noted that each Integration Joint Board had a strategic planning group with structures beneath which reported to the IJB and was part of the decision making for directions to the NHS Board. NHS strategic planning staff attended these meetings and would improve their contribution in future now that more staff had joined the team. It was important that the IJBs were flexible enough to focus on the right things for their areas, which would result in priorities being different in each area.
- 3.1.2 It was noted that the different IJBs had written their directions in different styles. In Edinburgh the focus was on performance and this needed to shift to the directions and progress made. In West Lothian the directions were given in summary rather than in detail but work on innovative changes was going on behind this which could perhaps be presented better.
- 3.1.3 Members noted that the members of the different IJBs were not aware of what was being discussed at the other IJBs and so were unable to share ideas and align priorities where appropriate. It was suggested that as there were representatives from each IJB on Strategic Planning Committee this could be a way of sharing ideas, and more IJB items could be put on the agenda for discussion. It was noted that NHS Greater Glasgow and Clyde had a single mental health strategy across six IJBs, which was example that it could be possible to align strategies across different areas.

3.1.4 Ms Goldsmith advised that her team would be working on putting a financial plan around the IJB directions as this would show whether aims were achievable and measurable. There needed to be more influence from the IJBs in the long term financial plan.

3.2 Primary Care Improvement Plans

3.2.1 Mr Small gave a presentation on primary care improvement plans and the new GP contracts. Ms Gillies noted that the contractual changes were based on benefiting professionals but it was also important to consider the benefits to patients of the changes. By making work better for GPs this should improve recruitment to allow restricted practice lists to be opened and improve access for patients. There needed to be discussion on how improvement in outcomes for patients could be assessed. An important area of measurement would be reduction of the number of restricted lists. There was a risk that the changes would not result in this improvement and this needed to be monitored by the Board.

3.2.2 The only data currently collected to measure access to primary care services was the number of restricted practice lists. In the future all practices would be asked to report daily demand to show what proportion of their population was accessing services.

3.2.3 Ms Ireland raised a concern around staffing resources. NHS Lothian did not directly influence the primary care improvement plans but had competing strategies using the same limited pool of staff, for instance the plan to increase the number of health visitors versus the vaccination transformation plan.

3.2.4 Mr Small would be starting the new role as director of primary care transformation on 1 July 2018. Work was needed on defining the relationships between this role and the Health and Social Care Partnership Chief Officers and IJB senior staff to be of mutual benefit.

3.2.5 The relationship between GPs and the Board was being worked on with the creation of a group to action problems raised by the GP Sub Committee, and inclusion of GP Sub Committee representatives on the Integration Joint Board direction groups.

4. **Pan Lothian Business**

4.1 Volunteer Strategy

4.1.1 Ms Ireland presented the previously circulated paper. The strategy included positive new ideas of how volunteering could be linked to community planning including youth volunteering to help with building up experience to improve career prospects and job opportunities. There had been discussion on encouraging volunteering from deprived areas and there was work on going with third sector organisations to develop a support network for this.

4.1.2 It was suggested that NHS Lothian staff who also volunteer in related organisations should also be recognised. Mr Short advised that Midlothian was considering giving staff two days per year to volunteer in Midlothian organisations as part of their personal development.

4.1.3 Ms Ireland advised that an awards ceremony was being held for volunteers in NHS Lothian with a number of years' service, and that this was also recognised as part of the celebrating success awards.

4.1.4 Restorative justice opportunities had not yet been considered but this could link in with other work.

4.2 Capital Prioritisation Process

4.2.1 Mr Briggs presented the previously circulated paper. The process had been approved by the Finance and Resources Committee on 23 May 2018 and had also been considered by the Health and Social Care Partnership, acute hospital and Royal Edinburgh Hospital management teams. The plan would be reviewed informally every six months and formally each year to ensure emerging priorities could be accommodated.

4.2.1 Members accepted the recommendations laid out in the paper.

4.3 Annual Operational Plan

4.3.1 The draft operational plan had been submitted to this Committee at the meeting in April 2018. This had been submitted in draft form to the Scottish Government, but the anticipated detailed response had not yet been received and the Scottish Government had advised that all the submissions were still under review. Normally the draft would be updated following the Scottish Government response before being formally approved by the Board. It was suggested that the plan could be signed off by the Board subject to feedback being received rather than leaving it uncompleted.

4.3.2 Included in NHS Lothian's submission was the suggestion that £42 million further resources would be required to meet the performance position expected. The Scottish Government had advised that £7.2 million in non recurring funds would be provided this year, with half of this sum to be received up front. Expectations for spending of this resource had not yet been laid out but prioritisation was being discussed internally.

4.4 Feedback from Health and Sport Committee

4.4.1 A paper had been previously circulated giving the submission to and feedback from the Health and Sport Committee. NHS Lothian responses would be submitted in answer to this shortly and these would be circulated for information. **JC**

5. The Lothian Hospitals Plan

5.1 Lothian Box

5.1.1 Ms Cartwright presented the previously circulated paper. This was an update following the discussion at the previous meeting.

5.1.2 Members accepted the recommendations laid out in the paper.

5.2 Royal Edinburgh Hospital Campus Re-provision

- 5.2.1 Professor McMahon gave a verbal update. The business case for the phase 2 of the re-provision had been approved by all Integration Joint Boards but they had asked for a better understanding of what Lothian would provide and what Integration Joint Boards would use; the business case would be amended and resubmitted before final approval.
- 5.2.2 There had not yet been agreement on the bed model for phase 3 of the re-provision and a rehabilitation group would be developed to discuss this. The next stage was the outline Business Case which was expected around October 2018 to March 2019.

6. **Date of Next Meeting**

- 6.1 The next meeting of this group would take place at **9.30 on Thursday 9 August 2018** in **Meeting Room 8**, second floor, Waverley Gate.
- 6.2 Further meetings in 2018 would take place on the following dates:
- Thursday 11 October 2018;
- Thursday 6 December 2018.

Minutes



Edinburgh Integration Joint Board

9:30 am, Friday 18 May 2018

Dean of Guild Court Room, City Chambers, Edinburgh

Present:

Board Members:

Councillor Ricky Henderson (Chair), Carolyn Hirst (Vice Chair), Councillor Robert Aldridge, Colin Beck, Carl Bickler, Sandra Blake, Councillor Ian Campbell, Andrew Coull, Christine Farquhar, Helen Fitzgerald, Martin Hill, Alex Joyce, Councillor Melanie Main, Ella Simpson, Councillor Susan Webber and Pat Wynne.

Officers: Judith Proctor (Chief Officer), Colin Briggs (Interim Chief Strategy & Performance Manager), Michelle Miller and Moira Pringle (Chief Finance Officer).

Apologies: Michael Ash, Angus McCann, Lynne Douglas and Alistair Gaw (Interim Chief Social Work Officer).

1. Welcome to Chief Officer

Decision

The Chair and Members welcomed Judith Proctor, newly appointed Chief Officer to her first meeting of the Edinburgh Integration Joint Board.

2. Minutes

Decision

- 1) To approve the minute of the Edinburgh Integration Joint Board of 2 March 2018 as a correct record.
- 2) To agree that the cross cutting themes aligned to the Outline Strategic Commissioning Plans would be shared with the Reference Boards.

3. 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 27 April 2018 and to reinforce to the Joint Board the Group's concerns regarding reporting against overdue internal audit recommendations and to note that the Chief Officer intended to report back with an action plan to address these in due course.
- 2) To note the minute of meeting of the Performance and Quality Sub-Group of 7 March 2018.
- 3) To note the minute of meeting of the Performance and Quality Sub-Group of 25 April 2018.
- 4) To note the minute of meeting of the Strategic Planning Group of 9 March 2018.
- 5) To note the minute of meeting of the Strategic Planning Group of 13 April 2018.

4. Rolling Actions Log

The Rolling Actions Log for 18 May 2018 was presented.

Decision

- 1) To agree to close Action 1 – Programme of Development Sessions and Visits.
- 2) To agree to close Action 8 – Business Resilience Arrangements and Planning
- 3) To agree to close Action 11 – Outline Strategic Commissioning Plans for Learning Disability, Mental Health and Older People
- 4) To include expected completion dates to outstanding actions where possible.
- 5) To otherwise note the remaining outstanding actions.

(Reference – Rolling Actions Log 18 May 2018, submitted)

5. Business Resilience Arrangements and Planning – Spring Update

An update was provided on the Edinburgh Health and Social Care Partnership's integrated business resilience arrangements. The Partnership's resilience management strategy set out a framework for maintaining essential services and functions during an incident.

The Tactical Resilience Plan was part of the overall management system that established, implemented, operated, monitored, reviewed, maintained and improved business continuity.

It was proposed to undertake a series of resilience training workshops to develop service areas' individual operational resilience plans.

The following points were discussed by members:

- breakdown of information on operational activity
- helpful to have clear guidelines for managers and staff when Met Office “do not travel” warnings were issued during severe weather
- implications for Directions
- important to set out how the Partnership worked with voluntary and third sector partners in terms of building resilience in communities and through locality structures

Decision

- 1) To note the progress made on the Joint Board's integrated resilience management strategy.
- 2) To endorse the Tactical Resilience Plan set out in Appendix 1 of the report by the Chief Officer.
- 3) To agree that an update report be submitted to the Joint Board by the end of 2018.

(References – Edinburgh Integration Joint Board 15 December 2017 (item 5); report by the Chief Officer, submitted)

6. Financial Outturn 2017/18

An overview of the financial position for 2017/18 was provided together with a summary of the reserves to be carried forward into 2018/19.

Additional one off contributions had been agreed by the City of Edinburgh Council and NHS Lothian to mitigate the overspend which would allow the Integration Joint Board to break even in 2017/18.

Decision

- 1) To note that the City of Edinburgh Council and NHS Lothian had increased their budgets delegated to the Integration Joint Board by £7.5m and £4.9m respectively, subject to noting that the City of Edinburgh Council required to approve the additional non-recurring contribution of £0.4m for 2017/18 as part of their consideration of the unaudited accounts at the full Council meeting on 28 June 2018.
- 2) To note that, subject to external review, the Integration Joint Board had achieved a breakeven position for 2017/18.
- 3) To agree that the Integration Joint Board would carry reserves totalling £8.4m (of which £6.5m were committed) into 2018/19.

(References – Edinburgh Integration Joint Board 2 March 2018 (item 9); report by the Chief Finance Officer, submitted)

7. 2018/19 Financial Plan

Decision

- 1) To note the offers received from the City of Edinburgh Council and NHS Lothian.
- 2) To note that, whilst the process of due diligence on these offers had concluded, the £4m contribution from NHS Lothian remained outstanding.
- 3) To remit the Chief Officer to continue the positive dialogue with NHS Lothian and the Council to secure this funding.
- 4) To note the resultant financial plan based on the budget offers.
- 5) To agree the draft savings and recovery programme for 2018/19 as set out in Appendix 3 of the report and to agree that additional scrutiny of delivery of this programme was required.
- 6) To remit the Chief Officer to carry out a review of committed reserve funding with a view to reallocating if appropriate.
- 7) To note that the Chief Officer intended to arrange a workshop on the overall programme delivery.
- 8) To agree that the Chief Officer would submit a report to the next meeting of the Joint Board providing an interim update on progress against savings targets.

(References – Edinburgh Integration Joint Board 2 March 2018 (item 9); report by the Chief Finance Officer, submitted)

8. Whole System Delays

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 agree that metrics would be incorporated into future reports on whole system delays to provide reassurance to the Joint Board that the actions were appropriately aligned to the expected targets.

(References – Edinburgh Integration Joint Board, 2 March 2018 (item 11); report by the Chief Officer, submitted)

9. Plan for Immediate Pressures and Longer Term Sustainability

The draft Plan developed by the Edinburgh Health and Social Care Partnership to alleviate short term pressures on services and budgets and create the environment to allow longer term sustainable change was presented.

The Plan set out information regarding the current position of numbers of people delayed in hospital, the governance arrangements established to monitor progress against the improvements agreed and the financial context for the work.

Members discussed the following issues arising from their consideration of the draft Plan:

- community planning structures
- relationship between housing and health and social care services
- housing statement workshop
- Community Empowerment Act

Decision

- 1) To note the actions underway as set out in the draft Plan to alleviate immediate pressures and establish the environment for longer term sustainability.
- 2) To endorse the medium and longer term actions proposed.
- 3) To agree that a communications and engagement strategy to complement the Plan would be submitted to a future meeting of the Joint Board.
- 4) To ask the Project Lead Officer to arrange a presentation to Board Members either at a development session or at a formal meeting on the assessment project.

(Reference – report by the Chief Officer, submitted)

Declaration of Interest

Christine Farquhar declared a non-financial interest in the above item as the former Chair of Upward Mobility and the guardian of a person in receipt of a direct payment.

10. Grants Review Interim Report

The Joint Board had previously agreed the scope, methodology and timescale for the review of health and social care grant programmes.

An update was provided on the progress made to date in respect of the review of the grant programmes. The Grants Review Steering Group were focussing on the following four main key areas:

- Analysis of current usage of grants
- Identification of priorities for future funding

- Principles to underpin the operation of future grants programmes
- Engagement with stakeholders.

Next steps in the delivery of the grants review were also presented.

The Strategic Planning Group had endorsed the approach taken.

Decision

- 1) To note the progress made in taking forward the grants review.
- 2) To note that the grants review dovetailed with the development of the strategic commissioning plans and the revised strategic plan.
- 3) To recognise the challenges and risks inherent in carrying out the review.
- 4) To endorse the approach taken.

(References – Strategic Planning Group 13 April 2018 (item 6); report by the IJB Interim Chief Finance Officer, submitted)

Declaration of Interest

Ella Simpson declared a non-financial interest as a Director of an organisation in receipt of a grant.

11. Royal Edinburgh Campus and St Stephen's Court

Information was provided on the development of the business case for the Royal Edinburgh Campus and the related commissioning of capacity at St Stephen's Court. The business case included a total of 8 additional beds for mental health. NHS Lothian had undertaken not to progress with the business case unless it had full approval from the four Edinburgh and Lothian Integration Joint Boards.

Members expressed concerns that the Strategic Planning Group had not had sufficient opportunity to scrutinise or discuss the business case prior to its submission to the Joint Board.

Decision

- 1) To note the progress made in developing the case for the Royal Edinburgh Campus.
- 2) To agree that NHS Lothian could progress to the next stage of development of the case.
- 3) To authorise the Joint Board Chair to write to the Chair of NHS Lothian's Finance and Resources Committee noting the Joint Board's approval with an expectation that outstanding issues were resolved and returned to the Joint Board before final design and financial agreement.

- 4) To approve the commissioning of 16 places in the St Stephen's Court development on the condition that the Strategic Planning Group receives a further business case to their next meeting in June about the further development of the services to be delivered at St Stephen's Court and further engagement with the housing sector.

(Reference – report by the Chief Officer, submitted)

12. The Inclusive Homelessness Service at Panmure St Ann's

The Standard Business Case for the creation of a new operational base for the Inclusive Homelessness Service was presented. The new base would enable the co-location of NHS Lothian, the City of Edinburgh Council and third sector agencies working together to serve the target population.

The Strategic Planning Group had considered the proposed approach.

Decision

- 1) To note that the Edinburgh Access Practice had to vacate its main surgery in the Cowgate in January 2017 and as a result was compelled to take up sub-optimal accommodation in the basement of the Spittal Street Clinic.
- 2) To note that the Lothian Capital Investment Group had agreed in May 2016 that Spittal Street did not offer an acceptable long term solution for this service.
- 3) To note that, to improve outcomes for service users, a new integrated model of complex needs provision in the shape of the Inclusive Homelessness Service had already been approved by the Joint Board.
- 4) To endorse the selection of the Council-owned property that previously served as the Panmure St Ann's School as the preferred operational base for the Inclusive Homelessness Service.
- 5) To endorse the accompanying Business Case which sought capital funding of £2.98m from NHS Lothian for the refit of Panmure St Ann's.
- 6) To endorse the estimated annual running costs of £106,000 arising from the occupancy of Panmure St Ann's of which NHS Lothian had agreed to provide £86,000 and the Council the remaining £20,000.
- 7) To ask the Council and NHS Lothian to develop a framework for the funding of capital projects that were developed in partnership.

(References – Strategic Planning Group 13 April 2018 (item 8); report by the Chief Officer, submitted)

13. Appointments and Review of Sub-Groups

Information was provided of recent changes to the City of Edinburgh Council membership of the Joint Board and the reappointment of an NHS Lothian member.

Approval was also sought to appoint a replacement NHS Lothian staff representative on the Joint Board and a City of Edinburgh Council voting members to the Audit and Risk Committee.

Decision

- 1) To note that the Council at its meeting of 15 March 2018 appointed Councillors Robert Aldridge and Ian Campbell to replace Councillors Alasdair Rankin and Derek Howie as voting members of the Joint Board.
- 2) To note the re-appointment of Alex Joyce by NHS Lothian as a voting member of the Joint Board.
- 3) To approve the reappointment of non-voting members whose term of office was due to expire.
- 4) To approve the appointment of Helen Fitzgerald to replace Wanda Fairgrieve as the non-voting NHS Lothian staff representative on the Joint Board.
- 5) To approve the temporary suspension of the Performance and Quality Sub-Group for a period of six months and to agree that performance monitoring would be brought into the remit of the Strategic Planning Group during this time.
- 6) To instruct the Chief Officer to bring a paper to a future Joint Board meeting on the wider Board assurance processes and structures.
- 7) To note that an update report would be presented to the next meeting in June with the final report to be submitted in two cycles (September 2018).
- 8) To appoint Councillor Aldridge as a members of the Audit and Risk Committee.
- 9) To note that the Chief Officer would hold early discussions about the appointment of a Chair for the Audit and Risk Committee before making a recommendation to the Joint Board.
- 10) To note the progress made in recruiting two service user members.

(Reference – report by the Chief Officer, submitted)

14. Calendar of Meetings

A proposed schedule of meetings for the Joint Board for the period August 2018 to August 2019 was presented.

Decision

To approve the schedule of meetings for the period to August 2018 to August 2019.

(Reference – report by the Chief Officer, submitted)

15. Standing Orders – Annual Review

The Joint Board's Standing Orders had been reviewed to ensure they continued to be fit for purpose and reflected Scottish Ministers' guidance.

Decision

- 1) To note that the Joint Board's Standing Orders remained fit for purpose and to agree that no changes were required.
- 2) To note that the next annual review of Standing Orders would be presented to the Joint Board in June 2019

(Reference – report by the Chief Officer, submitted)

16. Webcasting of Integration Joint Board Meetings

The City of Edinburgh Council had considered a report on the possibility of extending webcasting to a range of public meetings including the Integration Joint Board.

The Joint Board were invited to consider using the webcasting facilities for its future meetings.

Decision

To agree that Joint Board meetings would be webcast live and archived on a pilot basis for a period of one year subject to review.

(References – Act of Council No.9 of 3 May 2018; report by the Chief Officer, submitted)

17. Update on the Recruitment of the Head of Operations

Decision

To note the appointment of Tom Cowan as the Head of Operations, Edinburgh Health and Social Care Partnership with effect from 4 June 2018.

18. Data Protection Officer

Decision

To note the appointment of Kevin Wilbrahim, Data Protection Officer for the City of Edinburgh Council as the Data Protection Officer for the Integration Joint Board.

19. Motion by Councillor Webber – NHS Attend Anywhere

The following motion was submitted by Councillor Webber:

“Integration Joint Board notes:

- 1) The development of the national ‘Attend Anywhere’ programme as part of the Scottish Centre for Telehealth and Telecare’s work around video-enabled health and social care.
- 2) The ‘Attend Anywhere’ platform allows health care providers the ability to offer patients a video consultation as an alternative to face-to-face appointments.
- 3) The ‘Attend Anywhere’ service is utilised by every Health Board in Scotland at this present time except for NHS Lothian.
- 4) Further notes the potential for increased use of telecare to transform service delivery.
- 5) Calls for a short report within 1 cycle on the timescales and feasibility of introducing this service, quantifying the risks of adoption and non-adoption, and the costs and benefits associated with implementation in collaboration with NHS Lothian to support IJB services and priorities including the transformation of primary care services.”

- moved by Councillor Webber, seconded by Councillor Main

Decision

To approve the motion by Councillor Webber.

20. Michelle Miller

Decision

To record the Joint Board’s thanks and appreciation to Michelle Miller for her work and commitment in her role as Interim Chief Officer and to wish her well in her new employment.



MINUTES OF THE MEETING OF THE EAST LOTHIAN INTEGRATION JOINT BOARD

THURSDAY 26 APRIL 2018
COUNCIL CHAMBER, TOWN HOUSE, HADDINGTON

Voting Members Present:

Mr P Murray (Chair)
Councillor S Akhtar
Councillor S Currie
Councillor J Findlay* (substitute)
Ms F Ireland
Councillor F O'Donnell
Mr A Joyce

Non-voting Members Present:

Mr D Binnie* (substitute)
Ms P Dutton
Dr R Fairclough
Ms E Johnston
Mr D King
Ms A MacDonald
Ms M McNeill
Mr T Miller
Mr D Small
Dr J Turvill

ELC/NHS Officers Present:

Mr P Currie
Mr B Davies
Ms C Flanagan
Ms R Laskowski
Ms J Ogden-Smith

Clerk:

Ms F Currie

Apologies:

Councillor S Kempson*
Ms M Whyte
Ms F Duncan
Mrs M McKay*
Ms J Tait

Declarations of Interest:

Marilyn McNeill indicated that, as a member of the board of the East Lothian Community Care Forum, she must declare an interest in relation to Item 5. She agreed to leave the Chamber during this item.

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

The Chief Officer had submitted a report asking the IJB to agree to the replacement of Danny Harvie, independent sector non-voting member of the IJB, on a temporary basis and to note a further change to the non-voting membership.

David Small presented the report drawing members' attention to a change to the recommendations. He advised that Danny Harvie was retiring and would therefore be stepping down from his role on the IJB. The intention had been to seek a temporary replacement for Mr Harvie but Mr Small now proposed asking the IJB to agree to seek a new representative from the Independent Sector.

Councillor Fiona O'Donnell asked if the independent sector included third sector providers. Mr Small confirmed that it covered both 'for profit' and 'not for profit' providers.

Elaine Johnstone suggested that the appointee come from an independent organisation to ensure a better balance on the IJB.

The Chair said that he was sorry to see Mr Harvie retiring as he had been a very active participant on the IJB. He wished to formally record his appreciation and confirmed that a letter of thanks would be sent to Mr Harvie.

Councillor O'Donnell also noted Mr Harvie's contribution more broadly to the provision of high quality, efficient care services within East Lothian.

The Chair asked members to agree the recommendations of the report, as amended.

Decision

The IJB agreed:

- (i) to seek a new independent sector representative; and
- (ii) to note that Judith Tait has replaced Sharon Saunders as Head of Children's and Adult Services at East Lothian Council and non-voting member of the IJB.

2. MINUTES OF THE MEETING OF THE EAST LOTHIAN INTEGRATION JOINT BOARD ON 22 MARCH 2018

The minutes of the meeting on 22 March 2018 were approved.

3. MATTERS ARISING FROM THE MINUTES OF 22 MARCH 2018

The following matters arising from the minutes of 22 March 2018 were discussed:

(Item 3) Delayed Discharges – Mr Small reported that there were 13 delayed discharges recorded for March which was below the projected number. He said that the level of sustained performance was very encouraging.

(Item 8) MELDAP/Substance Misuse Services – Councillor Shamin Akhtar asked if there was any update on this issue. Mr Small advised that MELDAP had drafted a letter for him to send to the Scottish Government seeking an update on the provision of additional funding for drug and alcohol services. A further update would be provided at the next meeting of the IJB.

The Chair also made the following remarks:

The Executive Committee of IJB Chairs & Vice Chairs had met recently and he would arrange for a note of this meeting to be circulated to IJB members. He added that, as part of his role as Chair of the Executive Committee, he had taken up membership of the CoSLA Health and Social Care Committee.

The Chair reported that Mr Small had given evidence on integration and delayed discharges at a recent meeting of the Scottish Parliament's Health and Sport Committee and that this session could be viewed online.

He also reported on a recent meeting with the Friends of Edington group and a visit to Edington Hospital and Abbey Care Home, both of which had been very useful.

The Chair advised members that, as the next scheduled meeting was not until the end of June, this was likely to be Mr Small's last IJB meeting. He wished to offer his congratulations to him on his new post and to express his sincere thanks, on behalf of the whole IJB, for his work as Chief Officer. Mr Small had led an excellent team and had established the basis for effective integration within East Lothian. The Chair acknowledged a number of Mr Small's achievements during his time as Chief Officer and Director of the Health & Social Care Partnership. He said that he would be greatly missed and he wished him well for the future.

4. PROPOSED DIRECTIONS FOR 2018/19

The Chief Officer had submitted a report to present to the East Lothian Integration Joint Board a proposed set of Directions to be issued to NHS Lothian and East Lothian Council on 30 April 2018.

The report also presented progress against all Directions at the end of 2017/18 and a proposed Annual Delivery Plan for 2018/19.

The Chair commented that there had been a very useful discussion during the development session and that this had resulted in some amendments to the proposed Directions.

David King presented the report reminding members that issuing Directions was a key part of the IJB's role. He said that a list of proposed Directions for 2018/19 had been prepared and that discussions had taken place during the development session over what to take out and what to add in. He circulated two additional papers relating to financial tables and an additional Direction on Core Community Services.

Mr King said that development session had generated a tremendously useful dialogue which had resulted in the following amendments to the proposed Directions:

- An additional new direction (D01i) be included to provide a catch all direction for the core health services that are not specifically mentioned in other directions.
- A table of indicative budgets for the Directions to be included.
- A Direction is added requiring support from the partners to deliver the IJB's workforce plan.
- A Direction is added to require NHS Lothian to deliver the re-provision of the Harbours medical practice with work commencing in early 2019.
- A Direction is added requiring NHS Lothian to undertake Strategic Assessments and Initial Agreements for the re-provision of the Partnership's GP premises and at Haddington and North Berwick.
- A Direction is added to undertake a proper review of all the services provided by 'third parties' and to allow a fuller understanding of the IJB's investment in the third and independent sectors. This could be done by amending direction D02i and is linked to Direction D12g.
- The Directions be reviewed to ensure that references to '17/18' are suitably amended, especially with reference to 'preparation' for the Carers Act.
- That the introductory notes to the Directions clearly articulate the underlying theme of user involvement.
- That the introductory notes to the Directions make clear the IJB's desire to work in partnership, not only with East Lothian Council and NHS Lothian but also with other IJBs and that the IJB will collaborate with any other bodies who share the IJB's goals.
- That Direction D11 is recast to ensure that the acute services are delivered as efficiently as possible and to emphasise that a key IJB ambition is to move financial resources between set aside and core in line with the movement of activity from set aside functions.
- That Direction D12 is revised to emphasise that that full consultation will take place with the appropriate parties. That this point – the importance of full consultation – is also included in the covering paper which refers to D12.

Mr King also outlined the appendices to the report and how the Directions linked into the strategic planning process.

Ms McNeill asked if there would be a general reference to user involvement. Mr King confirmed that a paragraph would be inserted into the introductory notes.

Councillor Jeremy Findlay asked if a report would be brought back to the IJB or Council following the consultation on Abbey, Eskgreen and Belhaven. Mr Small advised that there required to be tripartite agreement between the Council, IJB and NHS Lothian and reports would be brought to all three bodies.

Councillor Stuart Currie emphasised the need to align the timings of these reports.

The Chair invited members to approve the recommendations outlined in the report subject to the amendment of recommendation 2.2.

Decision

The IJB agreed:

- (i) to note end of year progress against all the Directions operating through 2017-18 and approve the recommendation to either end, continue or replace certain of these Directions;
- (ii) the proposed Directions which will apply in 2018-19, subject to the amendments agreed at the IJB's development session on 26 April 2018;
- (iii) the Annual Delivery Plan for 2018/19;
- (iv) to note that each partner responsible for delivering a Direction is expected to report on progress quarterly, or as frequently as required by the IJB for the purposes of monitoring achievement; and
- (v) to note that the new Directions for 2018/19 and the revised Directions list brought forward from the preceding two years are intended to reflect the work priorities for 2018/19 agreed at the IJB meeting on 22 February 2018.

Sederunt: Ms McNeill left the Chamber.

5. REVIEW OF THE HSCP COMMUNITY GRANT FUNDING AND RESULTING PROPOSAL FOR THE FUTURE FUNDING OF THE EAST LOTHIAN COMMUNITY CARE FORUM (ELCCF)

The Chief Officer had submitted a report seeking agreement from the Integration Joint Board on a proposed way forward for 2018/19 for the commissioning of work from the ELCCF.

The Chair reminded members that this issue had been continued from the last meeting following the IJB's failure to reach an agreement on funding for the ELCCF for 2018/19.

Bryan Davies presented the report outlining the background and the revised proposal for the ELCCF. He explained that, in addition to focussing on independent service users input to three projects in 2018/19, the ELCCF would also be expected to establish a Service User Consultation Forum by July 2018. In return, The ELCCF funding would be set at 50% of the current funding allocation which amounted to £26,500. The ELCCF may also be eligible for a 3 to 5 year Service level Agreement (SLA) depending on the findings of the review of all community services which was currently underway.

Mr Davies responded to a question from Councillor O'Donnell giving further details of the scope of the review of community services.

Councillor Findlay asked for clarification of a point in the minute of the IJB's March meeting which indicated that any funding for ELCCF would have to be found from savings elsewhere.

Mr Small explained that they had yet to conclude the full impact of all service savings. If these amounted to c. £20,000 then it was likely that the cost of the ELCCF funding could be absorbed within these savings. If not, a further paper would be brought before the IJB.

Fiona Ireland pointed out that any review must be completed within 12 months to ensure that any future SLAs were offered on the basis that the IJB required that particular service.

Mr Small confirmed that the current funding proposal was for 12 months and that the ELCCF, along with other organisations going through the review process in 2018/19, may be eligible for a further contract.

The Chair added that the IJB had to be able to show confidence in services and resources over the longer term.

Councillor Currie said that it was important to consider the language used in the report and communications with the organisation. The IJB did not want to suggest that the previous work carried out by the ELCCF was not valued. He also observed that many organisations would find it difficult to survive a 50% reduction in funding.

Mr Davies acknowledged the point about the language used but reminded members that the test for every organisation was best value and strategic fit and this required them to focus on the priorities for the IJB.

Councillor O'Donnell said that she had met with ELCCF and they were also undertaking work funded by the Musselburgh Area Partnership as well as looking for alternative sources of funding.

Richard Fairclough asked how the ELCCF would engage with medical practitioners as part of their work on primary care access in Musselburgh. He wanted to ensure that there was meaningful engagement and evaluation, particularly as the 2018/19 financial year had already begun. He also suggested it might be useful for the ELCCF to link with the patient participation group.

Mr Davies agreed that, as with all projects, it would be crucial to detail what was required, how this would be achieved by the organisation and how the outcomes would be monitored.

Decision

The IJB agreed:

- (i) the proposed arrangements for funding of the ELCCF in 2018/19;
- (ii) that the ELCCF be directed to support three independent evaluations of three distinct projects planned for 2018/19 along with establishing a service user consultation forum by July 2018 and ensuring service user input in other existing groups; and
- (iii) that this commissioning arrangement with the ELCCF for 2018/19 be funded with a 50% reduction in their existing grant.

Sederunt: Ms McNeill returned to the Chamber.

6. ROYAL EDINBURGH HOSPITAL CAMPUS REDEVELOPMENT (PHASE 2)

The Chief Officer had submitted a report seeking the support of the East Lothian Integration Joint Board (IJB) for the bed numbers and financial assumptions for Phase 2 of the Royal Edinburgh Hospital (REH) re-provision thereby allowing the Outline Business Case (OBC) to progress.

Mr Small presented the report explaining the background and outlining the facilities provided by the Royal Edinburgh Hospital. He reminded members that at present the IJB was being asked to agree a proposition for bed numbers and review of the financial model. The IJB would have the opportunity to consider the Outline Business Case at a future date.

Mr Small explained the proposed bed numbers and the basis for the bed risk share model. He also outlined the draft funding model and potential savings. The Chair added that any potential funding benefit would not take effect until at least 2020 - 2021.

Addressing the small number of beds, Rona Laskowski said that the expectation would be that individuals would be cared for at home unless there was a need for in-patient treatment. This supported the long-term aim of person-centred care provided locally and close to home.

Decision

The IJB agreed:

- (i) to the proposed East Lothian bed numbers in Phase 2;
- (ii) in principle to a bed risk share model with other IJBs in order to progress the business case and ensure East Lothian patients have continued access to specialist services; and
- (iii) that the financial model will 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.

7. APPOINTMENT OF THE CHIEF FINANCE OFFICER

The Chief Officer had submitted a report updating the East Lothian Integration Joint Board on the proposals for the recruitment of the Section 95 Officer.

Mr Small presented the report outlining the background and inviting members to agree the proposals outlined for recruitment of a new Section 95 officer. He advised members that Mr King intended to retire in October 2018 and he thanked him for his contributions to the shadow board and the IJB and his involvement in drafting the scheme of integration.

Decision

The IJB agreed the proposals for the Section 95 Officer recruitment.

8. MEMBERSHIP OF THE IJB – TERMS OF OFFICE

The Chief Officer had submitted a report informing the Integration joint Board of the statutory requirements of members' terms of office and seeking the IJB's agreement to take the necessary action in relation to those members whose term of office is due to expire.

Mr Small presented the report outlining the background and the actions which required to be taken in relation to those members whose term of office was due to expire this year.

The Chair added that he would write to the relevant bodies seeking nominations as required.

Councillor Akhtar asked why Mrs McKay had only been re-appointed for two years. Mr Small explained that in 2016 the IJB had agreed to a mix of terms for those representatives of carers, service users, independent sector and third sector.

Ms Johnstone asked why most of these representatives were selected rather than nominated. Mr Small stated that the legislation did not require these representatives to be nominated by a specific body. Therefore it had been decided to appoint by external selection.

Decision

The IJB agreed:

- (i) to note the terms of office for members of the IJB and the requirement to review the appointment of each member at the end of their term; and
- (ii) the actions in relation to those members whose term of office is due to expire between May and July 2018.

Signed

Peter Murray
Chair of the East Lothian Integration Joint Board

East Lothian
Integration Joint Board



**MINUTES OF THE MEETING OF THE
EAST LOTHIAN INTEGRATION JOINT BOARD**

**THURSDAY 24 MAY 2018
COUNCIL CHAMBER, TOWN HOUSE, HADDINGTON**

Voting Members Present:

Mr P Murray (Chair)
Councillor S Akhtar
Councillor S Currie
Mr A Joyce
Councillor S Kempson
Councillor F O'Donnell

Non-voting Members Present:

Ms P Dutton
Ms E Johnston
Mr D King
Mrs M McKay
Mr T Miller
Mr D Small
Ms J Tait

Clerk:

Ms F Currie

Apologies:

Ms F Ireland
Prof M Whyte
Ms F Duncan
Dr R Fairclough
Ms A MacDonald
Ms M McNeill

Declarations of Interest:

None

1. MINUTES OF THE EAST LoTHIAN INTEGRATION JOINT BOARD MEETING OF 26 APRIL 2018 (FOR APPROVAL)

The minutes of the East Lothian Integration Joint Board meeting of 26 April 2018 were approved.

2. MATTERS ARISING FROM THE MINUTES OF THE MEETING ON 26 APRIL 2018

The following matters arising from the minutes of 26 April were discussed:

(Item 2) MELDAP/Substance Misuse Service – Councillor Shamin Akhtar asked if there was any update on a decision regarding funding. David Small said that there had been no response from the Scottish Government as yet but that there would be an update on the use of reserves provided as part of the finance report at Item 4.

Councillor Fiona O'Donnell commented that, in response to a recent Parliamentary Question, the Scottish Government had indicated that it was for councils to determine their use of funding. Mr Small replied that he had been directed to seek advice from the Scottish Government and he would review the position once he had that response.

(Item 8) Membership of the IJB – Mr Small advised members that NHS Lothian had confirmed they intended to re-nominate Alex Joyce, Jon Turvill, Andrew Flapan and Alison MacDonald for a further 3 year term as voting and non-voting members of the IJB. The NHS Unions had also confirmed their intention to re-nominate Thomas Miller.

Mr Small also updated members on proposals to seek a replacement for Margaret McKay, as carers' representative, and to fill the vacant independent sector representative role. He said that Jane Ogden-Smith was currently looking at the advertising process. He indicated that a report would be presented to the June meeting of the IJB providing an update on all membership issues, including proposals for future membership and chairing of the Audit & Risk Committee.

The Chair advised that he had already received an expression of interest in relation to chairing of the Audit & Risk Committee and he encouraged any other members who may be interested to contact him before the next IJB meeting.

Mrs McKay informed the meeting that a national role description for carers' representatives on IJBs had recently been approved. She suggested that the East Lothian IJB may wish to adopt this or use it as a template for creating their own role description. She agreed to send the document to Mr Small and Ms Ogden-Smith for further consideration.

3. CHAIR'S REPORT

The Chair confirmed that this was Mr Small's last meeting of the IJB and that plans were underway to seek a temporary appointment to the post of Chief Officer for a six month period. The post had been advertised and the closing date was 3 June. At the end of the six months they would seek to appoint someone on a substantive basis but in the meantime there may be alterations to the job description.

The Chair also reported that the Health and Social Care (Staffing) (Scotland) Bill had started its progress through the Scottish Parliament and advised that, following NHS Lothian's evidence giving session before the health & Sport Committee, a letter to the Chair had been circulated to members for information.

He commented on the recent meeting of the NHS Lothian Finance and Resources Committee and emphasised the need for the IJB to be proactive in seeking capital investment for future projects.

The Chair reported on the recent series of engagement events held in Musselburgh, Dunbar and North Berwick involving plans for the re-provision of hospital and care facilities in these areas. Councillor O'Donnell and Mr Small also provided feedback on events they had attended. The Chair advised that he had now visited all of the facilities involved in the re-provision and he felt he had a better understanding of the current and future challenges.

Mr Small informed members of a recent letter from the Scottish Government regarding additional monies to be made available through the Primary Care Improvement Fund over the next three years and directed to the IJBs. He also advised of a letter regarding additional mental health funding to improve staffing and services in primary care and other settings.

In response to a question from Councillor Akhtar, Mr Small explained that the monies for mental health made no specific reference to children and young people's mental health services.

Mrs McKay asked if any of the savings that were expected through the changes to the Royal Edinburgh Hospital would be reinvested in East Lothian services and whether this would include strengthening the crisis intervention service. Mr Small indicated that the IJB could look at using any additional resources for improvements or changes to local services but that this would likely be a longer term aim.

The Chair suggested that this issue be considered by the planning groups and that he could also raise the question at the Financial Resources Committee.

4. FINANCIAL OUT-TURN 2017/18 AND REVIEW OF 2018/19 BUDGET SETTING

The Chief Finance Officer had submitted a report to the IJB providing the financial out-turn position for 2017/18 and providing a further review of the 2018/19 budget setting process.

David King presented the report explaining what was meant by 'charges' to the IJB and outlining the significant financial pressures which had affected the 2017/18 outturn position and how these had been addressed by the Partners. He responded to questions from members in relation to the forecasting for the pay uplift, analysis of the prescribing budget and whether the overspend position was continuing into 2108/19.

Mr King explained that the additional monies provided by the Partners to ensure a break-even position at the end of 2017/18 were non-recurring. He also acknowledged the point about the social care overspend and advised that a pressure of £1m had been recognised in the financial assurance for 2018/19. However, he reminded members that the delivery of efficiency savings would off-set some of this financial pressure as well as providing for improvements to services through additional investment. He also referred to other proposals which it was hoped would provide savings which could be reinvested elsewhere. He said that a further paper would be presented to the IJB in the autumn.

The Chair acknowledged members' concerns and agreed that the IJB needed to be very alert to monthly budget spend to ensure that any necessary interventions could be made at as early a stage as possible.

Councillor Stuart Currie expressed concern about the ongoing financial pressures in 2018/19 and said that, based on the information provided, it was difficult not to conclude that the resources being offered were not adequate. However, he agreed that the IJB needed to be able to intervene at an earlier stage to address emerging pressures and to go back to the Partners to signal where they consider the resources to be inadequate.

Mr King advised that the IJB must look to re-design services to meet the resources available – this was part of transformation and the IJB's agreed financial strategy. If the IJB was to get to a position where the resources available were very clearly not adequate to deliver services, it must be able to say this to the Partners. However, he did not think that the IJB were at that position yet.

Councillor O'Donnell said that the question of adequacy went beyond their own area and she understood that 21 IJBs had overspent in 2017/18. She also commented on the tension between the Council and IJB on decision-making and the need to be clearer on the distinction between efficiencies being made by the Council and those being directed by the IJB. She said she looked forward to discussing these issues further at CoSLA.

Mr King presented the second part of his report summarising the process of budget-setting for 2018/19 and the offers made by both the Partners. He responded to further questions from Councillor Currie regarding the impact of 'doing nothing' versus delivery of efficiency savings and whether the IJB could be confident that the required efficiencies would be delivered.

Mr Small stated that there was an element of risk attached to any planned efficiencies programme and that this may not be something which the IJB was content to accept. He added that having conversations with the Partners at an earlier stage would allow the IJB a better chance of delivering a break-even position at the end of 2018/19.

The Chair observed that governance included good financial oversight and he agreed with Mr Small's remarks about early information. He said that everything possible should be done to avoid a repeat of the 2017/18 year-end position.

Decision

The IJB agreed:

- i. to the movement of the IJB's underspend in its health arm into its social care arm;
- ii. to accept the charges made against the IJB's budget by the Partners (subject to the Partners' audited positions);
- iii. to note the IJB's 2017/18 draft financial out-turn position;
- iv. to note the formal East Lothian Council budget proposition for 2018/19;
- v. to accept the NHS Lothian 2018/19 budget proposition on the basis that plans to balance the Set Aside position are presented to the IJB

5. PROPOSED DIRECTIONS FOR 2018/19

The Chief Officer had submitted a report to the IJB presenting a final proposed set of Directions for 2018/19 to be issued to NHS Lothian and East Lothian Council.

Mr King presented the report drawing members' attention to the budgetary information which would be added to the Directions pack and issued to the Partners. He referred to the previous discussions on the detail of the Directions at the workshop on 26 April and the amendments which had been agreed by the IJB. He added that since then discussions had taken place at the Strategic Planning Group resulting in two further changes which were outlined in the report.

Mr Small referred members to the Directions summary at appendix 1 and highlighted a number of points including revisions to D02i and D12g.

Judith Tait added that the Strategic Planning group discussion had highlighted the importance of clearly showing the process and engaging fully with service users to ensure that the IJB designs services which are fit for the future. She thanked members for their comments on these points and hoped that they were reassured that their concerns had been taken into account.

The Chair added that he had also recently met with Fiona Ireland to discuss this matter as she was also keen that the IJB should be able to have reasonable assurance that any proposals for reprovision had gone through the proper process.

Councillor O'Donnell took the opportunity to advise members that notes of interest for chairs of additional working groups, to be set up shortly, would be warmly welcomed.

Mrs McKay raised the question of how priorities were identified and who made the final decision. She was concerned that the priorities identified, such as day centre provision, may not be those of service users or their families. She wanted reassurance that adequate discussion was taking place with the individuals and organisations most affected.

Councillor Currie raised a similar point. He was concerned about the wording in D12g which stated that matters would be "reported to the IJB". He was concerned that there may be an expectation that any proposals presented to the IJB would be "nodded through". He wanted to ensure that there would be a proper options appraisal carried out and presented to the IJB for consideration.

Mr Small gave his assurance regarding the process and decision-making, advising members that the IJB would be fully consulted on possible models of care.

Councillor O'Donnell said that it would be important to look at the range of services and pathways available and not simply focus on one particular model of care.

Addressing Mrs McKay's point, Ms Tait advised that the learning disability strategy included giving people the opportunity to influence service re-design and that work was underway to young people's experiences and to work back to early years. The Council's commitment to the strategy stretched back several years and it wanted to be aspirational in its approach to service provision.

Elaine Johnston observed that not all planning groups had operated as well or as effectively as might have been desired. The Chair acknowledged this point and said that it may be a lesson for the future.

Councillor Currie reiterated the point about inviting open discussion and views on potential priorities, rather than simply presenting a few options and asking people to choose one. He also sought reassurance that the need for engagement with the public during the consultation would be included in the revised text attached to the Directions rather than simply referred to in the minutes of the previous IJB meeting.

Both the Chair and Mr Small acknowledged the point and confirmed that that it would be clearly emphasised in the covering letter to the Partners.

Decision

The IJB agreed the Directions for 2018/19 as outlined in the report.

Signed

Mr Peter Murray
Chair of the East Lothian Integration Joint Board

INVOLVEMENT OF NON-EXECUTIVE BOARD MEMBERS IN THE OVERSIGHT OF THE EMERGENCY ACCESS STANDARD

1 Purpose of the Report

- 1.1 At the NHS Board meeting of 27 June 2018, the Board considered the emergency access standard, and the Academy of Medical Royal Colleges' report arising from its review into that subject. The Board also debated the appointment of non-executives to groups which management have established within NHS Lothian to oversee the various issues. The minutes of the meeting contain the following:

'The Chairman commented that he would finalise the position in respect of the Access and Governance Committee and the Emergency Access Standard Improvement Programme Board Chair outwith the meeting. He would advise Board members of the outcome of his deliberations and bring forward a proposal for homologation at the next Board meeting.'

- 1.2 The Chairman and executive management have given this matter further consideration and this report sets out the issues and makes recommendations as to the way forward, recognising the distinction between the functions of governance and management.

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

2 Recommendations

The Board is recommended to:

- 2.1 Appoint Mr Peter Murray as a non-executive Board representative member on the Access & Governance Committee.
- 2.2 Appoint Mr Peter Murray as a non-executive Board representative member on the Emergency Access Standard Improvement Board.
- 2.3 Agree that the Information Governance Sub-Committee is the appropriate body to exercise governance oversight of the quality and reliability of waiting times data.

3 Discussion of Key Issues

Underlying Principles

- 3.1 The Scottish Government published [On Board – A Guide for Members of Statutory Boards](#) in March 2017. This publication includes a section on ‘Managing Relationships’, which includes the following: ‘**Strategic and Operational Responsibility** - *It is important that the Board maintains a focus on strategy, performance and behavior and is not diverted by detailed operational matters which are the responsibility of the Chief Executive and the Senior Executive Management Team. The Board should clearly differentiate their role in strategic governance and leadership from that of operational management. The Board should protect the Chief Executive and the Senior Executive Management Team from individual Board members becoming involved in operational matters. Individual Board members have no authority to instruct the Chief Executive or any member of their staff on such matters.*’
- 3.2 With regard to audit committees, [On Board](#) states: ‘*An audit committee should not have any executive responsibilities or be charged with making or endorsing any decisions, although it may draw attention to strengths and weaknesses in control and make suggestions for how weaknesses might be dealt with.*’ NHS Boards are required to apply the [Audit and Assurance Committee Handbook \(2018\)](#), which requires audit committee members to be both non-executive Board members and independent. While the [UK Code of Corporate Governance \(2016\)](#) does not apply to NHS Boards, however it is informative of good practice in corporate governance. The Code has a provision (B1.1) which goes into some detail on the factors a Board should consider before determining if a Board member is independent. There is another provision (C3.1) that the audit committee should have at least three independent non-executive members.
- 3.3 Consequently the NHS Board should ensure that non-executive Board members are not involved in operational matters, and take particular care to ensure that the members of its Audit & Risk Committee are and remain independent.
- 3.4 At the Board meeting of 27 June, the Chair of the Audit & Risk Committee raised some points which were captured in the minutes as follows:
- ‘15.23 Mr Ash congratulated the Interim Chief Executive and colleagues for their response to the Internal and External Reports and felt that the correct balance had been achieved. He commented in terms of governance that he was concerned that the role of the Audit & Risk Committee needed to be separate and generic and receive assurance from other Board committees. Otherwise it would require to hold individual managers to account. He felt that if the Access and Governance Committee was to be established as part of the governance framework then this required to be a Non Executive Board member led group with a view to providing assurance into the Audit & Risk Committee. He commented that the other 2 groups reference by Mr Murray were management groups and the involvement of Non Executive Board members in these fora might impede progress. He commented however that he did support the engagement of Non Executive Board members in specific circumstances.’*

The Emergency Access Standard Improvement Board and the Access & Governance Committee

- 3.5 The Chief Executive chairs the Emergency Access Standard Improvement Board. It is a management meeting, not a governance committee. The Emergency Access Standard Improvement Board is effectively a short-life working group which is designed to give the Chief Executive assurance that all the actions arising from the recent reviews, which have been consolidated into a single Emergency Access Standard Improvement plan, are being addressed. Executive management have had in place for a number of years an Unscheduled Care Committee (chaired by the Director of the West Lothian Health & Social Care Partnership) which is a standing committee which focuses on all matters relating to unscheduled care.
- 3.6 The Chief Quality Officer chairs the Access & Governance Committee. It is a management meeting, not a governance committee. The Chief Quality Officer is also a member of the Emergency Access Standard Improvement Board. The remit of the Access & Governance Committee is to provide assurance to executive management on the quality of waiting times data, and assurance that it is consistent with the Scottish Government's and NHS Lothian's standards, policies and procedures.
- 3.7 The Academy of Royal Medical Colleges recommended that a non-executive Board member should chair the Access & Governance Committee. For the reasons set out in this report, we have concluded that it is not appropriate for a non-executive to chair either the Access & Governance Committee or the Emergency Access Standard Improvement Board.

Proposal for the Way Forward

- 3.8 Before executive management can provide assurance to the NHS Board or one of its governance committees, they first have to assure themselves. Executive management will continue to chair its own groups. However there is precedent for non-executives to be members of management groups, and they do add value by bringing their knowledge, skills and experience, together with an independent non-executive perspective to the group's deliberations. Given the significance of unscheduled care to the Board's overall objectives and the level of scrutiny of the subject, there is an argument for a non-executive member in these groups to offer in the Board's perspective, provided that this does not encroach on management authority nor compromise the independence of the member. We have concluded that it would be appropriate for the Board to appoint a non-executive Board member to be a member of (but not chair) the Emergency Access Standard Improvement Board and the Access & Governance Committee.
- 3.9 To ensure that there is a link between these two management groups, the Chair of the Access & Governance Committee (Chief Quality Officer) will routinely provide a report on any relevant activities to the Emergency Access Standard Improvement Board.
- 3.10 The Chief Executive is accountable for providing assurance to the Board and its governance committees, and will continue to do so as and when required by those bodies.

- 3.11 The Board has previously agreed that the Audit & Risk Committee should get assurance on the measures being taken to address the issues arising from the various reviews. The Chief Executive and the executive directors will continue to do, informed by the work of the Emergency Access Standard Improvement Board, the Access & Governance Committee, and discussions at any other management meeting, such as the Corporate Management Team.
- 3.12 The Healthcare Governance Committee, Staff Governance Committee, and the Acute Hospitals Committee all have remits and assurance needs which relate to the issues covered in the Emergency Access Standard Improvement Plan. Those committees can continue to commission reports from executive management on anything pertinent to their remit.
- 3.13 During 2017/18 the Board did strengthen its governance arrangements for information governance. The Healthcare Governance Committee approved revised [terms of reference](#) for the Information Governance Sub-Committee, and a non-executive Board member (Martin Connor) now chairs it. The sub-committee's membership is now entirely non-executive however the Caldicott Guardian (Alison McCallum), the Senior Information Risk Owner (Alex McMahon), and the Data Protection Officer (Tracey McKinley) are routinely invited to the meetings. Peter Murray is one of the non-executive members, so the membership currently has two Audit & Risk Committee members.
- 3.14 The remit of the Information Governance Sub-Committee is: *'to seek assurance that the Board has arrangements in place to effectively discharge its information management and governance responsibilities while it carries out its functions and services. Note: references to information governance also include information security matters.'*
- 3.15 As explained at paragraph 3.6, the Access & Governance Committee is the vehicle that executive management has established to assure itself first on data quality. Given the remit of the Information Governance Sub-Committee, it is the logical place within the Board's system of corporate governance to take assurance from executive management on data quality. In the interests of sustainably integrating this subject into the mainstream of the Board's system of governance, and keeping a clear split between governance and management meetings, it is recommended that the Information Governance Sub-Committee exercises governance oversight of the quality and reliability of data used for waiting times reporting.

4 Key Risks

- 4.1 The involvement of non-executive Board members in operational management compromises the responsibilities and authority of executive management, and the independence of the non-executives.
- 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.
- 4.3 The Board does not make the most effective use of its existing governance architecture, leading to inefficiencies (both in governance and management processes), and matters not being considered in the context of other relevant assurance needs.

5 Risk Register

- 5.1 This report aims to strengthen the oversight of unscheduled care, which is captured in the corporate 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. However the strengthening of the system of corporate governance should assist with accountability to stakeholders.

8 Resource Implications

- 8.1 The recommendations in this report will increase the demands on non-executive members' time, and will have an impact on the business of the Information Governance Sub-Committee.

Alan Payne
Head of Corporate Governance
20 July 2018
alan.payne@luht.scot.nhs.uk

NHS Lothian

Board Meeting
01 August 2018

Interim Chief Executive

EAST REGION SHORT STAY ELECTIVE CENTRE (SSEC), SJH LIVINGSTON

1 Purpose of the Report

- 1.1 The purpose of this report is to provide the Board with the Initial agreement (IA) for a Short Stay Elective Centre, which was submitted to the Finance & Resources Committee (25 July 2018) for their approval and onward submission to the Scottish Government (SG) Capital Investment Group (CIG)

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

2 Recommendations

The Board is recommended to:

- 2.1 Accept significant assurance that the content of this proposal has been developed as part of the Acute Services workstream of the East Region Health & Social Care Delivery Plan (EHSCDP), which has had the full participation of Borders, Fife, and Lothian.
- 2.2 Receive and accept verbal feedback on the Initial Agreement (IA) for a Short Stay Elective Centre (SSEC) from the Finance & Resources Committee (25 July 2018).
- 2.3 Note anticipated submission of the IA to an extraordinary meeting of the Scottish Government (SG) Capital Investment Group (CIG) at the end of September 2018 (exact date to be advised by the National Elective Centre Programme Director).

3 Discussion of Key Issues

Policy Context

- 3.1 The First Minister, at the SNP Conference of 2015, made the commitment to invest £200m of capital monies into a network of 6 elective centres, which would support the national delivery of improved performance and best use of resources in delivery of elective access targets. This included the commitment that there would be a centre in Livingston and a centre in Edinburgh and this consequently became part of the Programme for Government. The further 4 centres are at Inverness,

Dundee, Aberdeen, and the Golden Jubilee National Hospital (GJNH) in Clydebank.

- 3.2 This additional capital availability is over and above the capital pipeline associated with formula funding. It is assumed that the revenue consequences of these centres will be provided by the Scottish Government.
- 3.3 There is an expectation that these centres will support the regional delivery of services, with the Aberdeen, Dundee, and Inverness centres supporting the North, GJNH supporting the West, and the two Lothian proposition to support the East.
- 3.4 The East region proposition is a joint venture (NHS Borders, NHS Lothian and NHS Fife) whereby an elective centre will be developed for the region where high volume low complex elective surgery can be provided. The proposed model for the St John's Short Stay Elective Centre (SSEC) is a dedicated facility which provides surgical treatment for all patients requiring day case and inpatient procedures with an expected length of stay up to 48 hours.
- 3.5 This centre will centralise the majority of day case and short stay work from the RIE and WGH across 5 surgical specialties; Colorectal; General Surgery; Gynaecology; Orthopaedics; and Urology and release space at the Royal Infirmary of Edinburgh (RIE), Western General Hospital (WGH) & St John's Hospital (SJH) to cope with remaining workload/ complex growth/ repatriation of out of board activity.
- 3.6 GJNH currently provides a mix of nationally-commissioned specialist services and additional capacity in specialties such as orthopaedics. For the latter, there is a differential usage across Health Boards, with Lothian a significant user, but with other Boards such as Grampian and Highland also using the facility. The original commitment did not suggest repatriation of these patients to the new network of facilities but over time this has become more obvious a benefit for patients. As an example, over 900 patients travel from Lothian to GJNH each year, and the intention of this proposition is that these would be repatriated.
- 3.7 The Lothian Hospitals Plan adopted by the Board in 2016 included the Strategic Headline for St John's Hospital that it would be an elective centre for the South-East of Scotland.
- 3.8 An Initial Agreement (IA) for a Short Stay Elective Centre (SSEC) has been developed by NHS Lothian on behalf of the East Region.

The East Region

- 3.9 There are 3 capital investment elements reflected in the emerging East Region Health & Social Care Delivery Plan (EHSCDP) as it pertains to elective capacity and acute services, which are targeted on ensuring sustainability in the South-East's acute hospitals and meeting current and future elective demand. These are;
 1. Short Stay Elective Centre, SJH (this proposal)
 2. Re-provision of orthopaedic Services Victoria Hospital Kirkcaldy (VHK)

3. Reprofitting Elective Surgical Beds Borders General Hospital (BGH)

- 3.10 These three elements will address current sustainability challenges, accommodate future growth and enable improved separation of scheduled and unscheduled care flows across the region.
- 3.11 This combined approach has been agreed through the Orthopaedic and Elective Centre Groups of the Acute Services workstream of EHSCDP, which has had the full participation of Borders, Fife, and Lothian.
- 3.12 The Initial Agreement for the Re-provision of Elective Orthopaedic Services in Fife is expressly focussed on how best to sustain current activity and performance levels. As a by-product, the case is clear that additional elective capacity can be provided by a combination of additional theatre capacity and the productive opportunities provided by a new physical environment. NHS Fife with support from the region will progress the VHK Orthopaedic proposal through the SG business case process.
- 3.13 NHS Borders have recently confirmed capital funding has been secured to implement the Boards capital proposal to ring-fence elective surgical beds.
- 3.14 As advised by the National Elective Centre Programme this IA outlines the case for a Short Stay Elective Centre to manage growth in elective activity, in Lothian and across the region if required, whilst making reference to its coherence with NHS Fife & NHS Borders proposals mentioned previously.

The Short Stay Elective Centre (SSEC)

- 3.15 The SSEC will deliver a basket of high volume low-complex routine surgery (up to 48 hr stay) across 5 specialties in Lothian; 1. Orthopaedics, 2. General Surgery, 3. Colorectal Surgery, 4. Urology, 5. Gynaecology
- 3.16 The proposition will release theatre space and inpatient beds at the Royal Infirmary of Edinburgh (RIE), Western General Hospital (WGH) & St John's Hospital (SJH) to cope with remaining workload/ complex growth/ repatriation of out of board activity.
- 3.17 Critical to delivery of the above will be the protection of elective orthopaedic capacity, particularly in-patient beds at the RIE, creating in essence an orthopaedic elective centre within the current footprint of the hospital which is not impacted by unscheduled care admissions.
- 3.18 Orthopaedics demand and capacity analysis in Lothian demonstrates that there is sufficient theatre and bed capacity for future Orthopaedic requirements at the RIE if a short stay model at SJH is supported. A further piece of work is required to define intermediate care facilities within City of Edinburgh enabling orthopaedic patients requiring to rehabilitation to have this out with the acute setting. Releasing a further 26 beds to support growth in demand and the implementation of the site as a major trauma centre.

3.19 Requirements in terms of theatres & beds for the proposed model have been calculated using ISD forecasts (to 2026) based on a 5 year average (2012-2016) applied to population growth and intervention rates for selected in scope procedures. These are as follows;

3.20 Table 1: Theatres & Beds in a SSEC

11 Theatres Required at 90% Theatre Utilisation (NTIG target)
20 Day Case Beds (Monday to Friday closing Sat 2pm) with 95% Occupancy
38 In-Patient Beds with 85% Occupancy

3.21 The above will provide sufficient capacity to deliver approximately 16,000 surgical procedures.

3.22 Both NHS Borders & NHS Fife have concluded they have capacity to accommodate all surgical work without utilising a short stay centre, assuming the capital elements described previously are realised. Both Boards would support the centralisation of some low volume, high complexity cases some of which are already undertaken in NHS Lothian (e.g. NHS Borders revision arthroplasty). This is being taken forward by the East Region Orthopaedic Group.

3.23 The 'short stay' centre proposes to deliver maximum day case performance. The current improvement work underway in NHS Lothian will work in tandem with a national improvement project focusing on Same Day Surgery.

3.24 NHS Lothian modelled capacity requirements for the elective centre in line with the National Theatre Improvement Group. Nevertheless further maximising capacity by expanding the clinical model and parameters of the operating model depending on workforce availability (For example 3 session days and 7 day working) could provide the region, if the region required, the opportunity to deliver over and above what is in scope to date.

Stakeholder Involvement

3.25 This proposal has been;

- Informed by the NHS Lothian Elective Strategy Board Chaired by NHS Lothian Medical Director Acute Services and the clinical and managerial leadership of the in scope specialties.
- Informed by the East Region Elective Centres Group, chaired by NHS Lothian Chief Officer Acute with representation from all 3 boards.
- Informed by the East Region Orthopaedic Group, chaired by NHS Lothian Interim Chief Executive with representation from all 3 Boards.

- Shared with these 3 groups for comment.
- Shared with East Region Capital Investment Group chaired by NHS Lothian Director of Finance & the Chief Executives of all 3 Boards..
- Submitted as draft to the National Elective Centres Advisory Group for peer review.
- Shared with NHS Lothian Acute SMT June 2018
- Submitted for approval to Lothian Capital Investment Group (LCIG) June 2018 and commended for onward submission to this committee.

3.26 A Technical Group, chaired by the National Elective Centres Programme Director met on the 13 June 2018 to discuss opportunities to standardise design to align procurement strategies (particularly high value items) and for wider collaboration across the programme and this is being taken forward by the National Elective Centres Programme Director.

3.27 The proposal will be submitted to the East Region Health and Social Care Delivery Plan Programme Board 31 August 2018 for formal approval.

Investment Objectives

3.28 The key investment objectives of this proposal are;

1. Increase service capacity and sustainability to meet demand through centralisation of short stay elective care.
2. Provide additional theatre and supporting accommodation in a single purpose built facility to improve the patient experience, maximise efficiency and optimise resource usage.
3. Improve access to short stay elective care and provide safe, timely, effective, patient centred care locally removing the need for independent sector or out of area support ensuring that people who use the service have positive experiences
4. Improve service performance, reducing cancellations and improving outcomes and flow, through the separation of some elements of elective and emergency capacity and the use of dedicated beds, theatres and staff

Why Act Now?

3.29 The 2018-19 NHS Lothian Corporate Objectives reinforce why action should be taken now and through this proposal.

3.30 Of the 9 high level corporate objectives 5 are most pertinent to this proposal.

3.31 Action should be taken now to;

3.32 *Improve access to care and treatment*, building capacity in an elective centre to improve a worsening Treatment Time Guarantee position and poor service performance in orthopaedics and in scope specialties.

3.33 *Achieve greater financial sustainability and value by building local capacity* reducing the risk of an increasing reliance on the private sector and the resulting financial impact.

- 3.34 *Improve quality, safety and patient experience* building sufficient elective capacity to meet current and forecast growth for in scope procedures and reducing the negative impact on patients' quality of life from longer waits for elective care and frequency of cancellations.
- 3.35 *Shift the balance of care from hospital to a community setting* by reducing the impact of longer waits for elective care on the wider system as patients contact GP whilst awaiting an appointment/treatment or access emergency care.
- 3.36 *Work with regional and national partners to support transformational change* taking forward the work of the Acute Workstream of the regional plan as described in this proposal.

Key Milestones for Delivery

- 3.37 An ambitious timeline responding to the ministerial commitment that elective centres across the country would be operational by 2021 was outlined and reviewed by Health Facilities Scotland (HFS) early in this process. This time line has been extended to reflect significant delays encountered whilst progressing the IA to the CIG for approval. It remains ambitious and assumes there will not be similar delays at subsequent stages of governance.
- 3.38 Table 2: Key Milestones

Key Milestones	Date
Initial Agreement Approved by the Capital Investment Group (at single issue CIG end of September date TBC)	September 2018
First Programme Board following approval of IA	September 2018
Appointment of Principal Supply chain Partner (PSCP)	January 2019
Appointment of Construction Design and Management (CDM) Advisor	January 2019
Short Stay Centre' Outline Business Case (OBC) Completed	May 2019
Obtain Planning in Principle consent from West Lothian Council	May 2019
Short Stay Centre' Full Business Case (FBC) Completed	December 2019/ January 2020
Short Stay Centre' Construction Commencement	Early 2020
Short Stay Centre' Construction Completion and Handover Begins	July 2021
'Short Stay Centre' Occupancy / service commencement	Dec 2021/ January 2022

The key risks, constraints & dependencies of this proposal

- 3.39 The availability of sufficient workforce is a significant risk, as all projects nationally will be seeking to recruit within similar time frames.
- 3.40 The availability of capital is a significant risk with the overall capital cost of £67.17m for this proposal contributing to a current over commitment of the national programme against a £200m budget.
- 3.41 The availability of revenue is a significant risk with no clarity regarding a revenue funding model for elective centres nationally.
- 3.42 Due to the current pressures and issues associated with the Hospital Sterilisation and Disinfection Unit (HSDU), an expanded, sustainable quality assured service would require being in place for the opening of the SSEC.
- 3.43 Table 23 in the IA highlights key risks that may undermine the realisation of benefits and the achievement of the investment objectives. These include;
- Availability of capital and revenue
 - Availability and sustainability of workforce
 - Regional buy in and sign off without clarity on funding model.
 - Current capacity constraints and a worsening Treatment Time Guarantee (TTG) position
- 3.44 Key dependencies include;
- Sufficient HSDU capacity
 - Improved public transport
 - Requirements of major trauma on the RIE site
 - Sustainability of existing Orthopaedic Service in NHS Fife.

4 Key Risks

- 4.1 There is a risk to the Board in submitting this proposal to the Capital Investment Group that it will not be approved to progress to Outline Business Case (OBC) whilst there is no clarity on the revenue funding model locally or nationally.
- 4.2 There is a risk to the Board in submitting this proposal to the Capital Investment Group that it will not be approved to progress to Outline Business Case (OBC) when proposals for elective centres nationally indicate a current over-commitment of £80m against a budget of £200m.

5 Risk Register

- 5.1 The major risks relate to achieving financial balance and workforce plans, delivery of waiting times. The corporate risks pertinent to this proposal are;
- 5.2 Access to Treatment Risk – Patient Risk (New Risk May 17)
- 5.3 Access to Treatment Risk - Organisational risk.

5.4 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)

5.5 Facilities Fit for Purpose - accepted back on the Corporate Risk Register October 2015 (Finance & Resources Committee)

6 Impact on Inequality, Including Health Inequalities

6.1 A High Level Impact Assessment will be undertaken to assess potential impacts on health equality and consider how identified impacts may be addressed and this will further inform the clinical model, service arrangements and design of the facility in the Outline Business Case (OBC).

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

7.1 As the region is now in a position to describe a proposed clinical model and identify the affected population & communities NHS Lothian will plan engagement with the public to demonstrate support for the proposal moving forward to OBC.

7.2 A communication & engagement plan will be developed with the Scottish Health Council (SHC) to ensure good stakeholder communication and a regional approach incorporated if required.

8 Resource Implications

8.1 The overall capital cost for the proposal amounts to £67.17m. These costs are detailed below

Table 3: Summary of Capital Costs

Project Costs	Creation of Elective Care Centre (£m)
Construction	31.54
Professional Fees	4.10
Other Costs	0.71
Equipment	5.45
Costed Risk Register	9.78
Inflation	4.34
VAT	10.05
Sub Total	65.97
Project Team Costs	1.20
Total Costs	67.17

8.2 With a capital budget of £200m for 5 centres current proposals nationally indicate a current over commitment of £80m. There is no clarity from the SG regarding the programmes ability to over subscribe by such a significant value.

8.3 At this stage the revenue implications of the SSEC have been modelled on the basis of the activity requirements described in the strategic case. No offset is recognised in relation to resource transfer from existing facilities. Further work will be undertaken as part of the OBC to determine the extent to which resources from other Hospital Campi will be releasable in line with proposed activity transfers.

Table 4: Summary of Recurring Revenue Costs

Project Costs	Creation of Elective Care Centre			
	2020		2026	
	WTE	(£m)	WTE	(£m)
Clinical Staff	190.67	11.13	259.84	15.09
Support Staff	9.24	0.27	12.76	0.37
Non Pays	0.00	5.99	0.00	7.80
Total Clinical Costs	199.91	17.39	272.60	23.26
Property Costs	-	2.02	-	2.02
Depreciation	-	1.91	-	1.91
Total Non Clinical Costs	0.00	3.93	0.00	3.93
Total Revenue Costs	199.91	21.32	272.60	27.19

8.4 Although a capital budget exists there is no identified revenue stream known for this programme and the East IA clearly states that a key risk to delivery is the absence of clarity regarding the funding model for these centres.

Catherine Kelly
Strategic Programme Manager
17 July 2018
Catherine.b.kelly@nhslothian.co.uk

List of Appendices:
Short Stay Elective Centre (SSEC) for the East Region, St John's Hospital Livingston
Initial Agreement - Version 16

**Short Stay Elective Centre (SSEC) for the
East Region, St John's Hospital Livingston
Initial Agreement - Version 16**

Document Control

Title:	St John's Hospital Short Stay Elective Centre for the East Region, (SECC) Livingston.
Owner:	Catherine Kelly & Clare Cartwright NHS Lothian

Version History

Version	Date	Author(s)	Comments
1	20/07/2017	CK	Structure of document as per SCIM
1.1	1/09/2017	CK	Strategic Case development
2.1	1/01/2018	CK	Need for Change
2.2	18/01/2018	CC	Clinical Model
3	01/02/2018	CC	Edits
3.1	10/02/2018	CB	Edits
3.2	28/02/2018	CK	Edits
4	05/02/2018	CK	Updated modelling
4.1	12/03/2018	CK	Updated modelling
5	13/03/2018	CK	Draft version for sharing with National Programme Director & Manager. Not finished article with gaps including capital costs – no appendices
6	13/03/2018	CK	Edits
7,8,9	15/03/2018	CK	
10,11	26/03/18	CK	Financial case added by CK & ON
12	25/04/18	CK	Addition of Fife case / comments Addition of Borders Appendix
13	14/06/18	CK	Feedback following Advisory Group Review
14 /15	18/06/18	CK	Exec Summary
16	18/07/18	CK	Edits additions updated following National Programme Board

Contents

			Page
1. Executive Summary			
1.	Executive Summary		5
2. Strategic Case			
2.1	What are the current arrangements?		15
	2.1.1	Services affected by this proposal	15
	2.1.2	Current arrangements	15
2.2	Why is this proposal a good thing to do?		21
	2.2.1	What is the need for change?	21
	2.2.2	Why action should be taken now and through this proposal?	28
	2.2.3	What opportunities for improvement are there?	29
	2.2.4	What other drivers for change are there?	32
	2.2.5	Summarising the need for change	36
2.3	What is the organisation seeking to achieve?		37
	2.3.1	Investment objectives	37
	2.3.2	The Proposed Solution: St John's Short Stay Elective Centre (SSEC)	39
	2.3.2.1	The Clinical Model	39
	2.3.2.2	Modelling the Capacity Required	45
	2.3.2.3	Testing the Hypothesis	47
	2.3.2.4	The Workforce Required	50
2.4	What are the benefits and risks to success?		54
	2.4.1	What benefits are to be gained from this proposal?	54
	2.4.2	What risks could undermine the proposals success?	56
	2.4.3	Are there any constraints or dependencies?	57
3. Economic Case			
3.1	What is the preferred strategic/service solution?		58
	3.1.1	The `Do nothing` and `Do minimum` options	58
	3.1.2	Developing a list of proposed solutions	59
	3.1.3	Initial assessment of do nothing and proposed solution	62
3.2	Indicative Costs		68
3.3	Design Quality Objectives		68
3.4	Engagement with stakeholders		71
4. Commercial, Financial and Management Cases			
4.1	The Commercial Case		78
	4.1.1	The Procurement Route	78
4.2	The Financial Case		77
	4.2.1	Capital Costs	78
	4.2.2	Revenue Costs	79
	4.2.3	Statement of Affordability	80
4.3	The Management Case		80
	4.3.1	Summary of Governance Support for this proposal	83

	4.3.2	Readiness to proceed	83
5. Conclusion			
5.1 Conclusion			84
6. Appendices			
	1	NHS Fife IA Overview	85
	2	NHS Borders Case for Change	87
	3	Sizing a Short Stay Elective Centre	88
	4	Benefits Register	
	5	Achieving Excellence Design Evaluation Tool – Benchmark and Target at IA	
	6	Capital Costs – Report by Thomson Gray including Core Associates Report - Accompanying Schedule of Accommodation	

1. Executive Summary

East Region Short Stay Elective Centre (SSEC), St John's Hospital (SJH), Livingston

1.1 The purpose of this Initial Agreement (IA) is threefold;

- (i) To seek approval from the Scottish Government Capital Investment Group (CIG) to develop an Outline Business Case (OBC) to provide a Short Stay Elective Centre at SJH, Livingston for use by the South-East Region;
- (ii) To demonstrate that a 'short stay centre' will enable sufficient capacity at the RIE to reconfigure and expand orthopaedics and separate elective and unscheduled activity and will enable repatriation of Lothian orthopaedic patients from Golden Jubilee National Hospital (GJNH) and the private sector and meet growing demand in Lothian.
- (iii) To demonstrate the contribution the SSEC would make to the East Region Health & Social Care Delivery Plan (EHSCDP) and its coherence with NHS Fife & NHS Borders proposals referenced in this document.

Background & Strategic Context

1.2 There are 3 capital investment elements reflected in the emerging East Region Health & Social Care Delivery Plan as it pertains to elective capacity and acute services, which are targeted on ensuring sustainability in the South-East's acute hospitals and meet current and future elective demand. These are;

1. Short Stay Elective Centre, SJH (this proposal)
2. Reprovision of orthopaedic services Victoria Hospital Kirkcaldy (VHK) (see appendix 1)
3. Re-profiling Elective Surgical Beds Borders General Hospital (BGH) (see appendix 2)

1.3 These three elements will address current sustainability challenges, accommodate future growth requirements and enable improved separation of scheduled and unscheduled care flows.

1.4 This combined approach has been agreed through the Orthopaedic and Elective Centre workstreams of the Acute Services element of EHSCDP, which has had the full participation of Borders, Fife, and Lothian.

NHS Fife

1.5 The regional orthopaedic workstream has made clear the importance to the region of sustaining Fife's orthopaedic service and reinforced the importance of capital investment in Fife to ensure sustainability.

1.6 NHS Fife provides their core elective Orthopaedic service from the Victoria Hospital Kirkcaldy (VHK) site. VHK is a modern district general hospital (DGH) providing services for the c.370,000 population of Fife. Orthopaedic services are a key building block of any DGH clinical model, as they provide key elective services as well as being core to unscheduled care services.

- 1.7 Fife's elective orthopaedic services are currently provided from a not fit for purpose facility, "the tower block". The issues of sustainability of physical facilities are such that there are concerns that this could affect the sustainability of the orthopaedic service generally.
- 1.8 The Initial Agreement (IA) for the Re-provision of Elective Orthopaedic Services in Fife is expressly focussed on how best to sustain current activity and performance levels. As a by-product, the case is clear that additional elective capacity can be provided by a combination of additional theatre capacity and the productive opportunities provided by a new physical environment. The estimated capital costs in this proposal are £28,857,111. A summary of the key elements of the IA is enclosed in Appendix 1.
- 1.9 This proposal is a key priority for NHS Fife, and indeed the region, to ensure the sustainable provision of a robust and high-performing Orthopaedic service over the longer term that will continue to meet Fife's demand into the future. The ability to sustain this service is a critical component of a resilient DGH model which in turn sustains the regional clinical model.
- 1.10 The VHK proposal primarily addresses sustainability of the existing Orthopaedic Service. NHS Fife with support from the region will progress the VHK Orthopaedic proposal through the Scottish Government business case process.

NHS Borders

- 1.11 NHS Borders has agreed a new operating model for theatres and surgical flow following extensive work with the Institute of Healthcare Optimisation (IHO). This involves the creation of a ring-fenced inpatient elective facility for all orthopaedic, general surgery and gynaecology inpatients. The model requires 17 ring-fenced elective inpatient beds.
- 1.12 During the winter period it has not been possible to protect these beds and a high-level of unscheduled medical activity has required the beds to be used for unscheduled medical patients.
- 1.13 This has led to significant elective inpatient cancellations throughout the winter period. Should these beds be truly ring-fenced NHS Borders is able to accommodate all inpatient electives locally (with the exception of highly specialised procedures which are already provided by NHS Lothian) - essential in maintaining the clinical and financial sustainability of the Borders General Hospital.
- 1.14 An overview of this proposal is provided in Appendix 2 and progression of this proposal is underway with a capital proposal of approximately £750, 000.

NHS Lothian

- 1.15 The proposal described in this IA, a Short Stay Elective Centre at St John's Hospital will support growth in short stay elective procedures across a number of specialties, and act as an 'enabler' whereby elective capacity is released on acute sites across Lothian with the potential to release across the region, if required, to support expansion of complex inpatient surgical services and repatriation of work currently delivered out with the region.

1.16 The First Minister, at the SNP Conference of 2015, made the commitment to invest £200m of capital monies into a network of elective centres, which would support the national delivery of improved performance and best use of resources in delivery of elective access targets. This included the commitment that there would be a centre in Livingston and a centre in Edinburgh. This consequently became part of the Programme for Government.

1.17 The proposition contained in this IA is that the elective centre at Livingston will deliver a basket of high volume low-complex routine surgery across;

- Orthopaedics
- General Surgery
- Colorectal Surgery
- Urology
- Gynaecology

1.18 The proposition will enable creation of ring-fenced Orthopaedic Elective Capacity within current footprint at the RIE through the release of sufficient theatre and bed capacity. This will facilitate reconfiguration and development of existing footprint to separate and protect scheduled activity.

1.19 Both of these are in support of optimal performance for the NHS Lothian system in meeting Treatment Time Guarantees and maximum use of resources but also support performance across the South-East region, if required.

1.20 This proposal demonstrates a commitment to public rather than private sector investment using facilities across the region efficiently to ensure cost effective service delivery, as outlined within the National Clinical Strategy (February 2016).

1.21 It also delivers on the strategic vision laid out in *The Lothian Hospitals Plan*, which describes the purpose of the three acute hospital sites in Lothian as follows;

Table 1: Strategic Headlines for NHS Lothian Hospitals Plan

Site	Strategic Headline
<i>Royal Edinburgh Hospital</i>	<i>Edinburgh's inpatient centre for highly specialist mental health, physical rehabilitation, and learning disability services, incorporating regional and national services</i>
<i>St John's Hospital</i>	<i>An elective care centre for Lothian and for the South-East Scotland region, incorporating highly specialist head and neck, plastics, and ENT services.</i>
<i>Western General Hospital</i>	<i>The Cancer Hospital for South-East Scotland, incorporating breast, urology, and colorectal surgery</i>

Need for Change

1.22 Day case and short stay elective care within the 5 specialties in scope is currently dispersed across the 3 acute sites with no ability to centralise day case and short stay or deliver economies associated with site specialisation. Lack of separation of elective and emergency workloads leads to cancellations sometimes at short notice and sometimes on more than one occasion.

1.23 Due to capacity constraints NHS Lothian cannot always deliver semi-elective care at the most clinically appropriate time and there are significant challenges for NHSL, and consequently the broader system of the South-East, in the delivery of access targets, and in particular the Treatment Time Guarantee. NHSL's draft annual operational plan for 2018-19 shows that the following numbers of patients are expected to be beyond the TTG by the 31st March 2019;

Table 2: Trajectory of patients expected to be beyond TTG March 2019

Standard	March 2017	March 2018 Predicted	Trajectory March 2019
Guarantee of inpatient or daycase treatment within 12 weeks	1,459	2,407	3,662

1.24 Demographic change is driving demand and existing capacity is unable to cope with current or forecast elective demand. This proposal focuses on day case and short stay activity in 5 specialties and ISD forecasts for these procedures show a 26% overall projected increase by 2026, increasing to 37% by 2036.

1.25 Patients are waiting longer which leads to poor patient experience and outcomes.

1.26 The current options for closing current and future gaps are a mix of improving operational efficiency and significant additional capacity procured at a premium rate. This is a suboptimal use of public resources.

1.27 Continuation of the existing service is therefore unsustainable without additional theatre and supporting accommodation to improve the patient experience, maximise efficiency and optimise resource usage.

1.28 All of the specialties in scope already have a footprint at SJH delivering low complex procedures and achieving some separation of short-stay, low complexity activity from more complex inpatient activity at the WGH and the RIE, if albeit for a limited volume.

1.29 There is not currently the capacity within the current SJH footprint to expand this model without investment and expansion of infrastructure on site.

Why do we need to take action now?

1.30 Action should be taken now and through this proposal to avoid;

- A worsening TTG position and poor service performance
- Reliance on private sector and the resulting financial impact
- Negative impact on patients' quality of life as a result of longer waits and cancellations
- Impact on wider system as patients contact GP whilst awaiting an appointment/treatment or access emergency care.

Investment Objectives

- 1.31 The 4 key objectives for investment are;
- 1.32 Increase service capacity and sustainability to meet demand through centralisation of short stay elective care in an elective care centre for Lothian and for the South-East Scotland region releasing capacity for growth in other areas for complex and emergency workload.
- 1.33 Provide additional theatre and supporting accommodation in a single purpose built facility to improve the patient experience, maximise efficiency and optimise resource usage.
- 1.34 Improve access to short stay elective care in NHS Lothian and provide safe, timely, effective, patient centred care locally, removing the need for private sector or out of area support ensuring people who use the service have positive experiences
- 1.35 Improve service performance, reducing cancellations and improving outcomes and flow, through the separation of some elements of elective and emergency capacity and the use of dedicated beds, theatres and staff.

The Preferred Option

- 1.36 A do nothing or do minimum option was set aside at an early stage of option appraisal as neither would meet the needs of the region to increase service capacity to meet current and forecast demand for elective care across the 5 specialties in scope.
- 1.37 Do nothing or do minimum would also not to deliver the ministerial commitment for two elective centres for the South East, one in Livingston and one in Edinburgh.
- 1.38 A key driver underpinning the 'Short Stay' Elective Centre at SJH is that moving day surgery and up to 48hr length of stay from a number of specialties to an elective centre will facilitate enough theatre space and inpatient beds to cope with remaining workload/ complex growth/ repatriation for orthopaedics at the RIE without requiring the case to be made for a second new facility (Elective Centre) for the region.
- 1.39 In doing so the St John's Short Stay Elective Centre was the only option identified as a proposed solution which would meet the ministerial commitment to deliver 2 elective centres in Lothian one in Edinburgh and one in Livingston whilst also addressing the key drivers for change as described in this document.

The Proposed Model

- 1.40 The East region proposition is a joint venture whereby an elective centre will be developed for the region where high volume low complex elective surgery can be provided with complex inpatient procedures being undertaken in nominated hospitals across the region.
- 1.41 The proposed model for the St John's Short Stay Elective Centre (SSEC) is a separate facility which provides surgical treatment for patients requiring day case and inpatient procedures across the 5 key specialties with an expected length of up to 48

hours. A description of the proposed clinical model is included within the body of this proposal.

1.42 Requirements in terms of theatres & beds for the proposed model have been based on ISD forecasts (2026) by board of residence are based on a 5 year average applied to population growth and intervention rates for selected in patient procedures and are as follows;

Table 3: Capacity required in an SSEC in 2026 based on 5 year average forecasts for in scope procedures

11 Theatres Required at 90% Theatre Utilisation (NTIG target)
20 Day Case Beds (Monday to Friday closing Sat 2pm) with 95% Occupancy
38 In-Patient Beds with 85% Occupancy

1.43 The above will provide sufficient capacity to deliver approximately 16,000 surgical procedures per year.

1.44 The ISD forecasting methodology has been applied to a baseline which includes activity currently delivered out of board in the private sector or at Golden Jubilee National Hospital. Assuming workforce availability and the availability of revenue to fund additional capacity NHS Lothian will repatriate patients from the GJNH once the new short stay facility is operational late 2021/early 2022.

1.45 The 'short stay' centre proposes to deliver maximum day case performance. The current improvement work underway in NHS Lothian will work in tandem with a national improvement project focusing on Same Day Surgery.

1.46 NHS Lothian modelled capacity requirements for the elective centre in line with the National Theatre Improvement Group. Nevertheless further maximising capacity by expanding the clinical model and parameters of the operating model depending on workforce availability (For example 3 session days and 7 day working) could provide the region, if the region required at a later date, the opportunity to deliver over and above what is in scope to date.

The Regional Position

1.47 NHS Fife completed an assessment of future requirements which indicates they will have sufficient capacity, assuming refurbishment of theatres and commissioning of one additional theatre, to allow the needs of NHS Fife met within NHS Fife. An overview of their requirements can be seen in Appendix 1

1.48 Similarly NHS Borders capacity analysis indicates sufficient theatre capacity but likely capital requirement to ring fence surgical beds and secure elective activity. NHS

Borders have concluded they have capacity to accommodate all surgical work within existing footprint but would support the centralisation of some low volume, high complexity cases some of which are already undertaken in NHS Lothian (e.g. revision arthroplasty). An overview of NHS Borders Requirements can be seen in Appendix 2

1.49 Orthopaedics DCAQ in Lothian (Appendix 3) demonstrates that there is sufficient theatre and bed capacity for future Orthopaedic requirements at the RIE if a short stay model at SJH is supported. A further piece of work is required to define intermediate care facilities within City of Edinburgh enabling orthopaedic patients requiring to rehabilitation to have this out with the acute setting. Releasing a further 26 beds to support growth in demand and the implementation of the site as a major trauma centre.

1.50 Critical to delivery of the above will be Board agreement to *protecting orthopaedic capacity at RIE for elective inpatient work* – in essence, creating an orthopaedic elective centre within the current footprint of the hospital which is not impacted by unscheduled care admissions, without requiring to build a new facility,.

1.51 It is recognised that ring-fencing of beds is an absolute requirement in the redeveloped bed-base at RIE to ensure that an Optimum Operating Model can be developed. This was a principle discussed and agreed through the regional orthopaedic group.

Opportunities for Improvement

1.52 The 'short stay' centre proposes to deliver maximum day case performance. The current improvement work underway in NHS Lothian will work in tandem with a national improvement project focusing on Same Day Surgery.

1.53 The National Elective Centres Target Operating Model Group is expected to bring forward a raft of key benchmarks and actions to be taken by Boards, and these will be key in further developing this proposal.

1.54 In the interim NHS Lothian have modelled capacity requirements for the elective centre in line with the National Theatre Improvement Group, however, there is opportunity if the region required to increase capacity by changing the clinical model and parameters of the operating model.

Risks to Delivery

1.55 A comprehensive risk register will be developed at OBC but key risks to delivery include;

1.56 Availability of workforce across all professional groups recognising current shortages and no timely increase in training planned within the context of a potential need in 6 centres nationally.

1.57 Risk that attractive daytime jobs in a 'short stay' model destabilises current services particularly out of hours and emergency services across the region.

1.58 Securing sufficient Capital & Revenue to fund the proposed model(s)

1.59 Regional buy in and sign off without clarity on funding model.

Capital & Revenue

1.60 The overall capital cost for the preferred option amounts to £67.17m. These costs are detailed below:

Table 4: Summary of Capital Costs

Project Costs	Creation of Elective Care Centre (£m)
Construction	31.54
Professional Fees	4.10
Other Costs	0.71
Equipment	5.45
Costed Risk Register	9.78
Inflation	4.34
VAT	10.05
Sub Total	65.97
Project Team Costs	1.20
Total Costs	67.17

1.61 At this stage the revenue implications of the project have been modelled on the basis of the activity requirements described in the strategic case. No offset is recognised in relation to resource transfer from existing facilities. Further work will be undertaken as part of the OBC to determine the extent to which resources from other Hospital Campi will be releasable in line with proposed activity transfers.

Table 5: Summary of Recurring Revenue Costs

Project Costs	Creation of Elective Care Centre			
	2020		2026	
	WTE	(£m)	WTE	(£m)
Clinical Staff	190.67	11.13	259.84	15.09
Support Staff	9.24	0.27	12.76	0.37
Non Pays	0.00	5.99	0.00	7.80
Total Clinical Costs	199.91	17.39	272.60	23.26
Property Costs	-	2.02	-	2.02
Depreciation	-	1.91	-	1.91
Total Non Clinical Costs	0.00	3.93	0.00	3.93
Total Revenue Costs	199.91	21.32	272.60	27.19

Engagement and Regional Agreement

1.62 Development of this proposal has been led by the East Region Elective Centres Group chaired by Jacquie Campbell, Chief Officer Acute NHS Lothian and the East

Region Orthopaedic Group, chaired by Jim Crombie, Interim Chief Executive, NHS Lothian both of which are part of the Acute Workstream of the East of Scotland Health and Social Care Delivery Plan Programme Board, led by Paul Hawkins, Chief Executive NHS Fife.

1.63 Engagement with the public has been minimal to date although that there is a public awareness of the ministerial commitment in 2015 to develop 6 elective centres across the country, 1 of which in Livingston and further engagement should take place, including an impact assessment to assess potential impacts on health equality and consider how identified impacts may be addressed and this will inform the clinical model, service arrangements and design of the facility

Readiness to Proceed

1.64 A detailed Project Plan will be produced for the OBC. At this stage, the Board is aiming to achieve the milestones shown below:

Table 6: Key Milestones

Key Milestones	Date
Finalise Programme Board/Stakeholder Board/Project Team structure	March 2018
Initial AEDET Workshop/ NDAP Part 2	22 June 2018
Initial Agreement Approved (at single issue CIG end of September date TBC)	September 2018
First Programme Board following approval of IA	September 2018
Appointment of Principal Supply Chain Partner (PSCP)	January 2019
Appointment of Construction Design and Management (CDM) Advisor	January 2019
Short Stay Centre' Outline Business Case (OBC) Completed	April 2019
Obtain Planning in Principle consent from West Lothian Council	April 2019
Short Stay Centre' Full Business Case (FBC) Completed	December 2019/ January 2020
Short Stay Centre' Construction Commencement	Early 2020
Short Stay Centre' Construction Completion and Handover Begins	July 2021
'Short Stay Centre' Occupancy / service commencement	Dec 2021

An ambitious time line, responding to the ministerial commitment that elective centres across the country would be operational by 2021, was outlined as part of the national programme and reviewed by HFS early in this process. The time line above has been extended to reflect significant delays encountered whilst progressing the IA to the CIG for approval. It remains ambitious and assumes there will not be similar delay at subsequent stages of governance.

Conclusion

- 1.65 This proposal is one of the key priorities in sustaining the East Region clinical model. The region has agreed that the provision of elective care which meets TTG is both a service and strategic priority. This IA reaffirms the need for change and describes a preferred solution which is supported by the East Region and aligned with the Health & Social Care Delivery Plan (EHSCDP).
- 1.66 As referred to earlier in this executive summary the East Region HSCDP process has identified other key capital priorities including the Tower Block VHK, the Princess Alexandra Eye Pavilion and The Edinburgh Cancer Centre for the South East of Scotland.

2. Strategic Case

2.1 Who will be affected by this proposal?

The services affected by this proposal are the 5 surgical specialties included below and other elective and unscheduled services on the RIE, SJH and WGH sites.

Surgical Specialties :-

1. Colorectal
2. General Surgery
3. Gynaecology
4. Orthopaedics
5. Urology

Specialties not currently in scope may be considered in the future.

This proposal impacts on adults and their carers in Lothian, who currently, and in the future will, require surgical assessment and treatment in the 5 surgical specialties in scope. This also impacts on staff working within surgical services.

2.1.2 What are the current arrangements?

This section will provide a description of current arrangements and provide specific service detail in terms of activity, numbers of theatres and beds. Additionally, clinical pathway arrangements for the five specialties in scope.

Elective care entails planned specialist assessment and treatment including diagnostic tests, medical treatments and therapies. Usually following a referral from a primary or community health professional.

Reference to elective care in this proposal is defined as treatment and care that is planned in advance, as opposed to emergency or unscheduled treatment. A third category that sits between emergency and elective care is semi-elective care. These are planned consultations, diagnostics and/or procedures that must be undertaken urgently. A proportion of these are to either confirm or exclude potential life threatening conditions such as suspected/confirmed cancers and these are not included in scope of this proposal. However, a proportion of semi-elective care that does not require emergency intervention can be planned on an urgent basis. These procedures are in within scope of this proposal. For example, wrist fracture where surgical fixation is undertaken the following day.

Current Arrangements for the provision of Elective & Emergency Care in NHS Lothian

NHS Lothian provides Elective and Emergency adult and paediatric services on 3 main acute sites at the Royal Infirmary Edinburgh (RIE) St John's Hospital (SJH) and Western General Hospital (WGH). Acute Mental Health Services are delivered at the Royal Edinburgh Campus (REC).

The strategic direction for each of these acute sites is outlined within the Lothian Hospital Plan (Dec 2016). The headline for each hospital is presented in the table below. The Lothian Hospitals Plan pragmatically recognises that whilst there is limited scope for a true separation of elective and unscheduled care in its hospital estate currently, there is significant scope for the separation of short-stay, low complexity activity from complex inpatient activity, and this drives this proposal and the LHP.

Table 7: Strategic Headlines for NHS Lothian Hospitals Plan

Site	Strategic Headline
<i>Royal Edinburgh Hospital</i>	<i>Edinburgh's inpatient centre for highly specialist mental health, physical rehabilitation, and learning disability services, incorporating regional and national services</i>
<i>St John's Hospital</i>	<i>An elective care centre for Lothian and for the South-East Scotland region, incorporating highly specialist head and neck, plastics, and ENT services.</i>
<i>Western General Hospital</i>	<i>The Cancer Hospital for South-East Scotland, incorporating breast, urology, and colorectal surgery</i>
<i>Royal Infirmary of Edinburgh</i>	<i>South-East Scotland's emergency care centre, incorporating a major trauma centre, orthopaedic services, neurosurgery, and children's tertiary care</i>

Western General Hospital

The strategic headline for the WGH is the Cancer Hospital for South-East Scotland, incorporating breast, urology, and colorectal surgery in addition to providing footprint for:- Minor Injuries; Acute Receiving; Stroke; Medicine of the Elderly; General Medicine; Respiratory / Cardiology; Dermatology; Rheumatology; GI; Infectious Diseases; Renal; Diabetes and Endocrinology; Clinical Genetics. The statistics for the site are described in table 8.

Table 8: WGH Site Statistics

WGH Site Statistics
<i>653 beds including Critical Care</i>
<i>33 Critical Care beds</i>
<i>33 wards, including HDU and ITU</i>
<i>59,023 admissions in 2016/17 (day case, planned, unplanned)</i>
<i>461,107 outpatient attendances in 2016/17</i>
<i>56347 ARAU attendances in 2016/17</i>
<i>13 Theatres (incl 2 DCN)</i>
<i>20 Recovery Beds</i>

Aligned with the site masterplan, the campus has various capital projects at different stages of approval, development and delivery. Approaching its 150th anniversary, the WGH is a complex campus and site infrastructure requires urgent development to enable most of the individual service schemes in development or proposed. The potential scope of associated demolition works at the WGH following the relocation of the Department of Clinical Neurosciences (DCN) services off site in 2018/19, will help the rationalisation of the estate and remove many of the more problematic buildings from the portfolio. The vacated DCN site in particular provides land for the building of a South East of Scotland Cancer Centre.

Royal Infirmary of Edinburgh

The RIE campus is South-East Scotland's emergency care centre, incorporating a major trauma centre, orthopaedic services, neurosurgery, and children's tertiary care. The relocation of the Department of Clinical Neurosciences (DCN) services currently at the WGH and the relocation of the Royal Hospital for Sick Children to the site in 2018/19 are significant capital schemes in the final stages of delivery and completion.

Specialties delivered at the RIE include; Emergency Medicine; Major Trauma; Stroke; Medicine of the Elderly; Cardiology; Cardio Thoracic; Respiratory; Orthopaedic (elective & trauma); Vascular; General Surgery; Gastroenterology; Renal; Transplant; General Medicine; Sleep Medicine; Critical Care; Gynaecology; Obstetrics; Day Surgery; Outpatients. The site statistics include:-

Table 9: RIE Site Statistics

RIE Site Statistics
<i>885 beds</i>
<i>72 Critical Care beds which can flex up to 76</i>
<i>30 wards, including Critical Care, HDU and ITU</i>
<i>74,241 admissions in 2016/17(day case, planned, unplanned)</i>
<i>569,149 outpatient attendances in 2016/17</i>
<i>147,970 A&E attendances in 2016/17</i>
<i>24 Theatres</i>
<i>32 Recovery Beds</i>
<i>24 Day Surgery Beds + 6 Recovery Spaces</i>

There are limitations for development and capacity at the RIE given the current PFI arrangements for the site.

St John's Hospital

The strategic headline for SJH is an elective care centre for Lothian and for the South-East Scotland region, incorporating highly specialist head and neck, plastics, and ENT services. Specialties with a footprint on site are as follows; Emergency Medicine; General Medicine; Stroke; Medicine of the Elderly; Diabetes & Endocrinology; Orthopaedics; Plastics; Maxillofacial; ENT; Burns; Gynaecology; IPC; Adult Mental Health Unit; Obstetrics; Day Surgery; Paediatrics. The site statistics include:-

Table 10: SJH Site Statistics

SJH Site Statistics
<i>355 beds including Critical Care</i>
<i>6 Critical Care beds</i>
<i>19 wards, including 1 Critical Care Ward</i>
<i>46,134 admissions in 2016/17 (day case, planned, unplanned)</i>
<i>396,021 outpatient attendances in 2016/17</i>
<i>68,676 A&E attendances in 2016/17</i>
<i>13 Theatres (including small theatre in OPD4)</i>
<i>17 Recovery Beds</i>
<i>43 Day Surgery Beds (20 core beds 23 DC Trolleys)</i>

Masterplan analysis of the physical estate identified options for further development, co-location and / or reconfiguration of existing facilities and services. Previous feasibility work at SJH had highlighted the potential for moderate expansion on the site. The SJH masterplan has a range of options but moderate expansion on the site might include additional seven / eight theatres and up to 60 beds plus 250 car spaces.

Elective Care

The table below indicates the volume of elective activity across the 5 specialties in scope.

Table 11: Elective activity (by length of stay) in 5 specialties 2016/17 (source: Trakcare)

Speciality	< 24Hrs	24 - 48 hrs	> 48 Hrs	Grand Total
<i>Orthopaedics</i>	2568	844	2471	5883
<i>Gynaecology</i>	3743	736	607	5086
<i>Urology</i>	2530	907	1284	4721
<i>General Surgery</i>	1213	903	1064	3180
<i>Colorectal</i>	1003	194	1151	2348
Grand Total	11057	3584	6577	21218

Elective care across the 5 surgical specialties in scope are currently delivered in accommodation on the 3 main acute sites, RIE, WGH & SJH with a limited number delivered at Roodlands Hospital in East Lothian. (Note : there will be no general anaesthetic theatres available in the new East Lothian Community Hospital from end 2019 and surgical activity will need to be reprovided).

All of the specialties in scope already have a footprint at SJH delivering low complex procedures and achieving some separation of short-stay, low complexity activity from complex inpatient activity at the WGH and the RIE if albeit for a limited volume. There is not the capacity on the SJH site to deliver more of this without investment and expansion on site.

A review of ORSOS data April – June 2017 provides a summary of theatre sessions by specialty across all sites outlined in the table below. Not all these theatre sessions are purely for elective work – some will be mixed emergency & elective lists.

Table 12: Elective & Emergency Theatre Capacity

Elective & Emergency Theatre Capacity Specialty in Scope	Theatre Sessions (4 hrs per session) per week			
	RIE	SJH	WGH	Total
<i>Colorectal</i>	-	2.5	22	24.5
<i>General Surgery</i>	44	4	-	48
<i>Gynaecology</i>	9	10	-	19
<i>Orthopaedics</i>	59	8	-	67
<i>Urology</i>	-	3	16	19
TOTAL	112	27.5	38	177.5

Elective Colorectal Surgery, for example, is provided at the WGH and SJH Hospital. With 2.5 theatre sessions a week at SJH dedicated to elective colorectal procedures with dedicated in-patient and day-case beds to support. At the WGH there are 22 theatre sessions per week with a mixture of elective and unscheduled and no ability to protect inpatient beds on site.

The current configuration of services does not enable widespread separation of emergency and elective flows leading to cancellations and inefficient use of resource on all sites.

At the RIE, the South-East Scotland's emergency care centre, emergency, major trauma and transplant flows compete with elective care flows with transplant and major trauma superseding planned activity.

At the WGH, the Cancer Hospital for South-East Scotland, incorporating breast, urology, and colorectal surgery, emergency and cancer flows compete with elective care.

Day case and short stay activity is dispersed across 3 sites and whilst there is potential to centralise this activity at SJH by expanding site footprint there is little or no scope at the RIE and the WGH.

Clinical Pathway

Current arrangements result in a different model of care delivered on all 3 sites and there is not a standardised clinical pathway.

Current arrangements result in a clinical pathway that is a compromised by competing scheduled and unscheduled flows and seasonal pressures. Last minute cancellations lead to a poor patient experience and can be multiple on some occasions.

Due to capacity constraints we cannot always deliver semi-elective care at the most clinically appropriate time.

Access Performance

Currently there are significant challenges for NHSL, and consequently the broader system of the South-East, in the delivery of access targets, and in particular the Treatment Time Guarantee. NHSL's draft annual operational plan for 2018-19 shows that the following numbers of patients are expected to be beyond the TTG by the 31st March 2019;

Table 13: Trajectory of patients expected to be beyond TTG March 2019

Standard	March 2017	March 2018 Predicted	Trajectory March 2019
Guarantee of inpatient or daycase treatment within 12 weeks	1,459	2,407	3,662

The options for closing these gaps are a mix of improving operational efficiency and significant additional capacity procured at a premium rate. This is a suboptimal use of public resources.

Additional Capacity

In order to meet current demand NHS Lothian is sending patients to Golden Jubilee National Hospital for orthopaedic and hand surgery in addition to Ophthalmology.

Table 14: NHS Lothian Specialty Procedures Delivered at GJNH 2017/18

Golden Jubilee National Hospital 2017/18

Specialty	Activity YTD	Cost £
Orthopaedics - Joints	537	£1,772,660
Orthopaedics - Non-Joints	105	£62,328
Plastics	710	£305,156
General Surgery	67	£48,051
Ophthalmology	1536	£669,492
Endoscopy	1	£356
Total	2956	£2,858,043

In previous years the private sector was used to meet capacity gap but at considerable expense. In 2015/16 over 7,000 Day Case procedures at a cost of over £12m were delivered by the independent sector. Our current backlog reflects a

substantial decrease in the use of this additional provision with 1,310 procedures year to date 2017/18 delivered by the independent sector at a cost of over £2m.

The Current Workforce

Across specialties in the region there are workforce pressures. For medical staff there are significant vacancies both in Consultant and Trainee level in certain specialties such as gynaecology and urology.

The same applies to non medical staffing, particularly nursing where over the next 5 years a significant volume are expected to retire due to changes in public sector pension scheme.

It is recognised by the Scottish Government that there are insufficient training numbers in a number of medical specialties and nursing as a whole to address the above and changes of student intakes to expand capacity will take a number of years to feed through.

The current arrangements where competing flows supersede planned elective care leads to an inefficient use of our workforce resource and is viewed negatively by affected professional groups. A growing scarcity in workforce availability is driving the need to make employment in the East of Scotland as attractive as possible.

Current Facilities

This proposal is being developed to provide additional ring fenced capacity and enable separation of some scheduled and unscheduled activity.

In terms of the facilities currently in use there is no significant need for refurbishment or backlog maintenance as is common for many capital projects however;

- existing facilities are inadequate to meet current and forecast demand
- existing facilities do not allow separation of scheduled and unscheduled activity
- existing facilities do not allow centralisation of day case and short stay activity to improve patient flow and patient experience.
- Limitations in terms of opportunities for expansion at the RIE and the WGH mean there is limited scope to expand elective capacity and the strategic direction for these sites mean there are significant competing priorities for both sites.

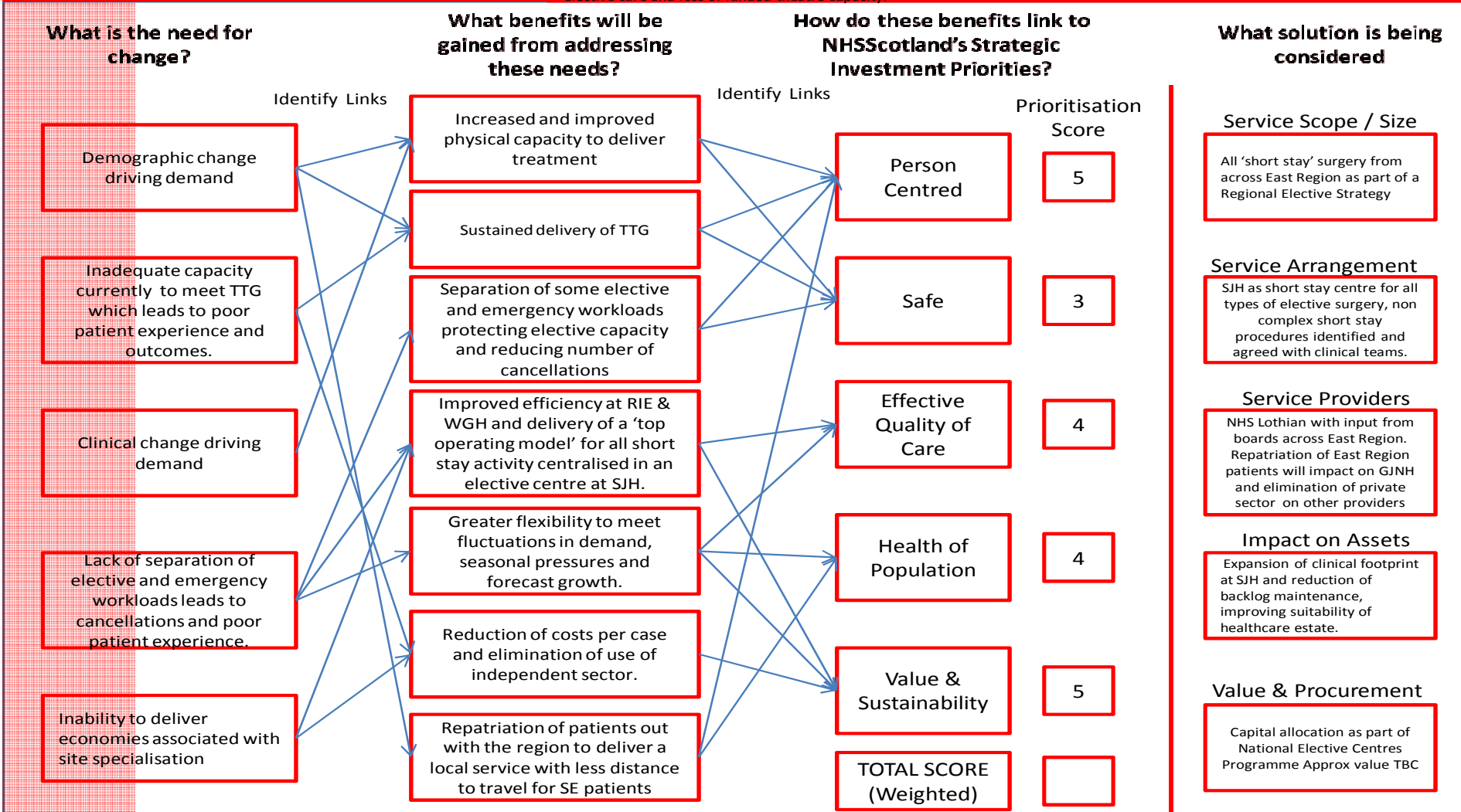
2.2 Why is this proposal a good thing to do?

2.2.1 What is the need for change?

The following section expands on the need for change as identified in the Strategic Assessment below and describes the anticipated impact if nothing is done to address these needs and why action should be taken now through this proposal.

PROJECT:

What are the Current Arrangements: Growing demand in Scotland for elective procedures is evident by the increasing referral rate and activity levels across all Health Boards. For some this demand is not being managed within treatment time guarantees and patients are not receiving timely access to necessary assessment and treatments despite utilisation of GJNH and the private sector in some specialties. Competing emergency care and the high number of delays on acute sites result in cancellation of elective care and loss of funded theatre capacity.



Demographic Change Driving Demand

Existing capacity is unable to cope with current or forecast elective demand.

Growing demand in Scotland for elective procedures is evident by the increasing referral rate and activity levels across all Health Boards.

Projected population growth especially in those over 75 years will lead to a change in associated health care needs. Their need, as defined with increasing age, will include in particular treatment within key specialties in scope; Urology, Orthopaedics, Colorectal. Lothian's population is growing. The latest estimate is 880,000 projected to increase by 20% to more than 1 million people by 2037. Moreover, the population is aging with life expectancy at birth increasing with the latest estimates close to 78 for men and 82 for women.

This proposal focuses on day case and short stay activity in 5 specialties and ISD forecasts for these procedures project a 26% overall expected increase by 2026, increasing to 37% by 2036.

The tables below outline ISD 3 year & 5 year average forecasts for the in-patient and day-case procedures in scope by specialty based on NHS Lothian as Health Board of residence for patients aged 16+ and over;

Table 15: Elective Orthopaedic Forecasts for in scope short stay procedures (3 and 5 year average forecasts) up to 2036

Year of Year date	3 Year Average number of procedures per year	5 Year Average number of procedures per year
2016	3,235	3,235
2018	3,541	3,687
2020	3,596	3,744
2022	3,656	3,808
2024	3,715	3,871
2026	3,772	3,930
2028	3,820	3,981
2030	3,870	4,033
2032	3,919	4,083
2034	3,961	4,126
2036	4,001	4,168

In Orthopaedics ISD forecasts predict a 21% overall expected increase by 2026, increasing to 29% by 2036.

Table 16: Colorectal Forecasts for in scope short stay procedures (3 and 5 year average forecasts) up to 2036

Year of Year date	3 Year Average number of procedures per year	5 Year Average number of procedures per year
2016	950	950
2018	1,159	1,215
2020	1,182	1,240
2022	1,206	1,266
2024	1,230	1,292
2026	1,253	1,316
2028	1,277	1,341
2030	1,298	1,363
2032	1,318	1,384
2034	1,335	1,402
2036	1,352	1,420
2038	1,367	1,436

In Colorectal ISD forecasts predict a 38.5% overall expected increase by 2026, increasing to 51% by 2036.

Table 17: Urology Forecasts for in scope short stay procedures (3 and 5 year average forecasts) up to 2036

Year of Year date	3 Year Average number of procedures per year	5 Year Average number of procedures per year
2016	3,303	3,303
2018	3,692	3,777
2020	3,805	3,893
2022	3,920	4,012
2024	4,039	4,136
2026	4,156	4,256
2028	4,277	4,383
2030	4,397	4,508
2032	4,519	4,635
2034	4,626	4,747
2036	4,724	4,849

In Urology ISD forecasts predict a 29% overall expected increase by 2026, increasing to 47% by 2036.

Table 18: Gynaecology Forecasts for in scope short stay procedures (3 and 5 year average forecasts) up to 2036

Year of Year date	3 Year Average number of procedures per year	5 Year Average number of procedures per year
2016	3,725	3,725
2018	3,913	4,108
2020	3,972	4,168
2022	4,035	4,232
2024	4,097	4,296
2026	4,157	4,359
2028	4,212	4,416
2030	4,263	4,469
2032	4,308	4,514
2034	4,349	4,556
2036	4,389	4,598
2038	4,424	4,634

In Gynaecology ISD forecasts predict a 17% overall expected increase by 2026, increasing to 24% by 2036.

Table 19: General Surgery Forecasts for in scope short stay procedures (3 and 5 year average forecasts) up to 2036

Year of Year date	3 Year Average number of procedures per year	5 Year Average number of procedures per year
2016	2,390	2,390
2018	2,835	3,023
2020	2,900	3,092
2022	2,969	3,167
2024	3,033	3,236
2026	3,093	3,301
2028	3,144	3,357
2030	3,196	3,415
2032	3,247	3,472
2034	3,290	3,520
2036	3,331	3,566

In General Surgery ISD forecasts predict a 38% overall expected increase by 2026, increasing to 49% by 2036.

There is inadequate capacity currently to meet TTG. Patients are waiting longer which leads to poor patient experience and outcomes.

For many Boards this demand is not being managed within treatment time guarantees and patients are not receiving timely access to necessary assessment and treatments.

The standard is for 100% of patients to be seen within 12 weeks of agreeing inpatient/daycase treatment (IPDC). The treatment time guarantee (TTG) is a statutory requirement as set out by “The Patient Right’s (Scotland) Act 2011”.

No patient should wait longer than 12 weeks for a new outpatient appointment at a consultant-led clinic and no more than 18 weeks from referral to treatment.

In Lothian demand for outpatient assessment and surgical treatment is rising across a range of specialties and NHS Lothian current performance against access targets (Outpatients and Treatment Time Guarantee) demonstrates this clearly.

Activity profiles over the last 5 years demonstrate that the current system is struggling to meet demand. The numbers of patients in Lothian waiting more than 12 weeks for an outpatient appointment across the relevant in scope specialties (as at end February 2018) are included in the table below.

Table 20: Patients in Lothian waiting longer than 12 weeks (as of end of Feb 2018) for an out-patient appointment by specialty

Specialty	Number of patients waiting longer than 12 weeks (as of end Feb 2018) for outpatients appointment
Colorectal	1061
General Surgery	712
Gynaecology	126
Orthopaedics	4302
Urology	1437

As the Outpatient backlog is addressed there will be further increased surgical demand.

There are significant challenges for NHSL, and consequently the broader system of the South-East, in the delivery of access targets, and in particular the Treatment Time Guarantee. NHSL’s draft annual operational plan for 2018-19 shows that the following numbers of patients are expected to be beyond the TTG by the 31st March 2019;

Table 21: Trajectory of patients expected to be beyond TTG March 2019

Standard	March 2017	March 2018 Predicted	Trajectory March 2019
Guarantee of inpatient or daycase treatment within 12 weeks	1,459	2,407	3,662

The options for closing these gaps are a mix of improving operational efficiency and significant additional capacity procured at a premium rate. This is a suboptimal use of public resources.

The projected figures for patients who will breach TTG in the 5 specialties in scope of this proposal, at end February 2018, are outlined below.

Table 22: Patients expected to be beyond TTG end of February 2018

Specialty	Projected Breaches of TTG at the end of February 2018
Colorectal	23
General Surgery	275
Gynaecology	147
Orthopaedics	741
Urology	614

There is need for additional capacity over and above that which can be released by redesign and improved efficiency. Some of the accommodation across the region is functionally inadequate for modern service delivery such as PAEP, Tower Block Kirkcaldy.

Lack of separation of elective and emergency workloads leads to cancellations which is compounded by high numbers of delays on acute hospital sites

An underpinning principle for this proposal is the separation of scheduled and unscheduled care as far as is possible. Professional guidance and available evidence support the separation of elective from emergency surgery (either geographically or through the provision of dedicated facilities and staff).

The need for which has been clearly demonstrated during winter 2017/18. This winter cancellations in NHS Lothian resulting from the unavailability of surgical beds due to the volume of unscheduled care admissions have risen sharply. This impact significantly on patient experience and patient feedback indicates current arrangements do not always meet user expectations or requirements. Treatment Time Guarantee is not met consistently and it may be assumed that clinical outcomes can also be affected when operations are cancelled and waits extended.

Cancellations also result in inefficiencies in terms of staffing resource and loss of funded capacity when theatres and teams are unable to function.

NHS Lothian reported a total 470 elective cancellations throughout January and February 2018, the majority of which were due to the lack of bed availability. Due to the ongoing challenges at each of the adult sites some patients were cancelled on multiple occasions throughout this time period.

The split of cancellations in the specialties in scope are as follows :-

Table 23: Number of cancellations January & February 2018 by specialty

Specialty	Number of cancellations reported in a 2 month period January & February 2018
Colorectal	64
General Surgery	25
Gynaecology	5
Orthopaedics	60
Urology	33

Clinical Change Driving Demand

The rate of intervention for various Orthopaedic and General Surgery procedures has risen significantly in the UK over the last nine years which is not explained by demographic changes alone and an increase our requirement to deliver DC and short stay surgery and we do not have core capacity in the appropriate environment to do this.

Inability to deliver economies associated with site specialisation

As described previously in this case day case and short stay elective activity cannot be centralised to maximise efficiency and optimise resource usage due to current clinical configuration. Service delivery is dispersed across a number of sites and existing accommodation/estate cannot be used flexibly to deliver this proposed model.

Continuation of the existing service is unsustainable without additional theatre and supporting accommodation to improve the patient experience, maximise efficiency and optimise resource usage.

2.2.2 Why action should be taken now and through this proposal?

This is best described by considering the impact of doing nothing;

Inability to absorb growth and worsening TTG performance continues - East Region health boards will continue to face increasing demand with no additional capacity to meet waiting time guarantee. An increasing number of patients will wait over 12 weeks for an out-patient appointment and 12 weeks from decision to treatment.

Increase in waiting time initiative or reliance on private sector & the resulting financial impact – doing nothing may result in additional use of the more high cost private sector capacity which is not affordable or sustainable for Health Boards. Alternatively if additional private sector capacity cannot be accessed as demand rises, waits will increase further.

Negative impact on patients' quality of life – in respect of delay in treatment and ongoing disease symptoms eg pain, immobility

Patients will wait longer which will have an impact on the wider system- The impact of patients waiting longer than 12 weeks not only has an impact on patients, it can have a wider system impact. For example in primary care where patients continue to contact/attend their GP whilst awaiting an appointment/treatment. Also, impact on emergency care where patients access unscheduled services due to deterioration and or frustration.

Inability to separate DC and short stay IP from emergency flow leading to more cancellations and loss of funded theatre time - The impact of combined unscheduled and scheduled care flows can result in acute emergency presentations displacing planned surgical lists due to staff, theatre and bed availability. If there is no change this will continue and increase with growing unscheduled care demand.

2.2.3 What opportunities for improvement are there?

In reviewing the case for regional elective care centre(s), it is recognised that there is a need to maximise the efficiency of existing facilities and services across the region.

For any surgical operation there are significant variations in performance throughout the UK with regard to length of stay. This variation cannot be explained solely by differences in case mix. Evidence suggests that a sizeable proportion of variation is due to differences in clinical practice.

The Theatres Improvement Programme in NHS Lothian is being managed through a formal project management approach, with an aim of increasing utilisation of theatre sessions to 90%, use of hours within sessions (95%), reduce cancellations to 8% and increase productivity through a combination of these measures. It is anticipated that this programme will improve both patient and staff experience and an output of this work will be additional capacity which in turn will aid IPDC TTG performance.

There is a need to define efficient/optimum capacity utilisation of the proposed 'short stay' centre, working within a target operating model. The National Elective Centres Top Operating Model Group is expected to bring forward a raft of key benchmarks and actions to be taken by Boards, and these will be key in further developing this proposal.

The 'short stay' centre proposes to deliver maximum day case performance. The current improvement work underway in NHS Lothian will work in tandem with a national improvement project focusing on Same Day Surgery.

The British Association of Day Surgery (BADs) promotes the provision of quality care in day surgery and identifies procedures that can be carried out safely as a daycase. The BADs directory encourages Clinical Management Teams to focus on the short stay elective pathways (not just day cases) and plan to manage the majority of elective patients with stays of less than 72 hours. In its directory of procedures, BADs highlights an indicative percentage for patients undergoing a procedure under four pathway options: procedure room, day surgery, 23-hour stay and under 72-hour stay.

The British Association of Day Surgery (BADs) extract below identifies day case performance in pathways relevant to this proposal and productive opportunities in terms of potential beds days saved. Table 20 highlights NHS Lothian performance against the BADs target for the specialties in scope. It should be noted that the BADs data combines what NHSL defines as general surgery and colorectal surgery together as "general surgery". Vascular surgery is also included for completeness.

Table 24: Day Surgery BADs Data

NHS Lothian Activity 2016/17	BADS Target	BADS Achieved	No. of BADS	Target BADS	Additional day cases	Peer Achieved
General Surgery	85.50%	56.80%	1,667	2,472	805	64.30%
Gynaecology	89.40%	88.50%	6,993	7,570	577	86.20%
Orthopaedic surgery	94.20%	81.90%	2,913	3,296	383	87.10%
Urology	84.90%	59.80%	1,929	2,605	676	82.80%
Vascular Surgery	88.50%	60.10%	466	683	217	67.50%
Total					2658	

As can be seen from this table, a further 2658 cases could, according to the BADS methodology, have been delivered as day surgery.

NHSL is examining all options for service improvement and innovation across service provision. This includes consideration of:-

- 7-day working;
- Expanded working hours for theatres (3 sessions per theatre per day);
- Whether there are options for alternative models, such as those used in Australia, Europe, and North America, with “patient hotels” as an alternative to inpatient beds;
- Service redesign to increase capacity to see patients by reducing the number of return consultations for patients which frees up capacity for new patients;
- How primary care services can support further development;
- Implementation of enhanced recovery programmes that include pre-op, peri-op and post-operative interventions to deliver better patient experience, better clinical outcomes and shorter length of stay.
- Pathway redesign across the region;
- Enhanced triage ensuring that more people are seen by the right person, at the right time in the right place. For soft tissue knee patients for example this is by a physiotherapist in the community.
- Contacting appropriate patients by telephone, to see if their symptoms have self resolved and if they still require a consultation.
- An integrated approach to DCAQ management for elective specialties across the region;
- Opportunities provided in the short-term by currently underutilised physical infrastructure;
- A reduction, or ideally eradication, of use of the independent sector

Partial Knee Replacement - A significant proportion of patients receiving a full knee replacement in Lothian may be clinically appropriate for a partial knee replacement. The expected recovery time and length of stay following a partial knee is significantly less and outcomes significantly better. Whilst the RCT evidence to support this is not yet available the NHS Lothian Orthopaedics Service is in the early planning stages to undertake a Randomised Controlled Trial (RCT) which will evaluate the outcomes and length of stay of patients receiving a unicompartamental knee arthroplasty (UKA) with a robotic-arm assisted technique compared to those receiving a full knee replacement using conventional surgical techniques. The proposed RCT would randomly assign treatment to 200 patients with either a robotic-arm assisted Mako Partial Knee or a manual full knee replacement. The results of the RCT may determine inclusion of a partial knee replacement in the SSEC.

Lothian continues to focus on a quality management approach in meeting current access challenges. Demonstrated in the following ways;

- Currently developing ways in which to ‘keep in touch’ with patients to help reduce anxiety and risk, this includes; Providing current waiting times to GP’s who are able to advise patients at time of referral; Providing a link on patient letters that allows patients to view current waiting times; Nurse led contact for longer waiting patients in endoscopy.
- Developing a ‘test of change’ with NHS24, who will contact longer waiting patients within gastroenterology (GI) and will be able to sign post to self management help, test, removal from list, upgrade urgency or remain on list with further contact scheduled.

- Work with the Board's Medical Director, has supported the development of a clinical risk process to identify our services and patients at highest risk due to long waits. Clinical risk has been identified in relation to two key dimensions:
 - Probability that due to length of wait the patient condition deteriorates
 - Probability that due to length of wait significant diagnosis is delayed

2.2.4 What other drivers for change are there?

National Context

In September 2011, the Scottish Government set out an ambition to enable everyone to live longer, healthier lives at home or in a homely setting by 2020 (2020 Vision for Health & Social Care). This restated many of the aims set out by the Scottish Executive in 2005. These were to have a healthcare system with integrated health and social care, and a focus on preventing and anticipating problems, and helping people to manage their conditions. Two years later, the Scottish Government set out high-level priority areas for action during 2013/14 for its 2020 Vision for health and social care.

In June 2015, the Cabinet Secretary for Health and Sport confirmed that the Scottish Government and NHS boards had not made sufficient progress towards delivering the 2020 Vision. The Scottish Government published a National Clinical Strategy in February 2016, including new measures for delivering the 2020 Vision and setting out its plans for health and social care in Scotland over the next ten to 15 years.

- It describes a number of new proposals and changes to current services. This includes the following:
- GPs to focus on care that is more complex and the wider primary care team to develop extended skills and responsibilities
- a new structure for a network of hospital services with more specialties planned and provided on a regional or national basis
- the development of up to six new centres for planned diagnostic and surgical procedures and four major trauma centres
- a strong focus on the need to reduce waste, harm and variation in treatment and to make more use of technology to support and improve care

Overarching Policy			
<p>Quality Strategy (May 2010)</p> <p>The three quality ambitions – safe, patient-centred and effective – underpin all healthcare policy</p>	<p>2020 Vision for health and social care (September 2011)</p> <p>The overall aim is to provide care closer to home or in a homely setting</p>	<p>Everyone Matters: 2020 Workforce Vision (June 2013)</p> <p>Sets out a vision of what will be required from the workforce</p>	<p>Health and social care integration</p> <p>All integration authorities were in place by April 2016. They are expected to coordinate health and care services to improve outcomes for their local population</p>
<p>National Clinical Strategy (February 2016)</p> <p>Includes new measures for delivering the 2020 Vision Sets out plans for health and social care over the next 10-15 years</p> <ul style="list-style-type: none"> • A new structure for a network of hospital services with more specialties planned and provided on a regional or national basis • Development of up to six new centres for planned diagnostic and surgical procedures and four major trauma centres • GPs to focus on care that is more complex and the wider primary care team to develop extended skills and responsibilities 			

The Scottish Government has also introduced several major strategies & reviews since 2015 aimed at addressing the changing needs of the population and improving health and those with most significant impact on elective care are summarised below.

National Strategies & Reports			
<p>Realistic Medicine (January 2016)</p> <p>Chief Medical Officer report focusing on reducing waste, harm and variation in treatment</p>	<p>7-day Services Interim Report (March 2015)</p> <p>Considers the implications of delivering a sustainable seven-day clinical service across NHS Scotland and includes proposals for working towards achieving it</p>	<p>Review of Public Health (February 2016)</p> <p>Highlights that the health of Scotland's population is still poor and significant health inequalities still exist. Makes recommendations for development of a national public health strategy.</p>	<p>6 Essential Actions to Improving Unscheduled Care (May 2015)</p> <p>A national two-year programme which aims to improve unscheduled care</p>

Following the ministerial announcement at the Scottish National Party conference (Autumn 2015) to invest £200m in 6 new Elective Centres across the country; in Aberdeen, Inverness, Dundee, Edinburgh, Livingston and at the Golden Jubilee National Hospital, the Scottish Government has had an expectation, that NHS Lothian will take forward the delivery of business cases for the Edinburgh and Livingston facilities, working with partner Health Boards (and the education and enterprise sectors) in this.

Ministerial Commitment

Scottish National Party conference (Autumn 2015)

"I can announce today that we will invest £200 million to create a new network of elective treatment centres."

"We will extend the Golden Jubilee Hospital in Clydebank and we will develop new elective treatment centres at St John's in Livingston, at Edinburgh Royal Infirmary, at Ninewells Hospital in Dundee, at Raigmore Hospital in Inverness and Aberdeen Royal Infirmary."

<https://news.gov.scot/news/major-investment-in-elective-treatment-centres>

As part of a the National Elective Centres Programme NHS Lothian on behalf of the East Region (NHS Lothian, NHS Borders & NHS Fife) has been asked to develop the case for 2 elective centres in Lothian and submit Elective Centre Initial Agreements to the National Programme Board in March 2018 with the intention to seek formal sign off at the Capital Investment Group (CIG) May 2018.

Regional Context

The Health and Social Care Delivery Plan (HSCDP) reaffirms the commitments made in the SNP manifesto to invest in 6 new six elective centres across the country and a number of workstreams, commissioned by the East of Scotland HSCDP Programme Board, have been established to support development of the East Regional Health & Social Care Delivery Plan. One such workstream is the East Region Acute Workstream the Speciality Projects from this include;

- Urology
- Orthopaedics

- Ophthalmology
- GI/Endoscopy
- Labs
- Major Trauma
- Elective Centres

East Region Elective Centres Project Group has jointly, with Orthopaedics, Ophthalmology, Urology, GI/Endoscopy projects taken forward the work required to reach an agreed proposition for elective centres and a joint commitment on the intended configuration of these centres.

There are 3 elements which reflect the emerging East Region Health & Social Care Delivery Plan, these seek to ensure sustainability in acute hospitals and meet current and future elective demand;

1. Short Stay Elective Centre SJH
2. Tower Block Refurbishment and Orthopaedic Expansion
3. Protecting Elective Surgical Beds Borders General Hospital

These three elements will address current challenges, and accommodate future growth requirements and enable improved separation of scheduled and unscheduled care flows.

This has been agreed through the Orthopaedic and Elective Centre workstreams of the Acute Services Programme (East Region).

All 3 Boards have been full participants in the East Regional H&SCDP process including the Regional Elective Centres and Regional Orthopaedic workstreams which are most relevant to the case for investment in elective centres.

The regional orthopaedic workstream has made clear the importance to the region of sustaining Fife's orthopaedic service and reinforced the importance of capital investment in Fife to ensure sustainability.

NHS Fife provides their core elective Orthopaedic service from the Victoria Hospital Kirkcaldy (VHK) site. VHK is a modern district general hospital (DGH) providing services for the c.370,000 population of Fife. Orthopaedic services are a key building block of any DGH clinical model, as they provide key elective services as well as being core to unscheduled care services.

Fife's elective orthopaedic services are currently provided from a not fit for purpose facility, "the tower block". The issues of sustainability of physical facilities are such that there are concerns that this could affect the sustainability of the orthopaedic service generally.

The Initial Agreement (IA) for the Re-provision of Elective Orthopaedic Services in Fife is expressly focussed on how best to sustain current activity and performance levels. As a by-product, the case is clear that additional elective capacity can be provided by a combination of additional theatre capacity and the productive opportunities provided by a new physical environment. The estimated capital costs in this proposal are £28,857,111. A summary of the key elements of the IA is enclosed in Appendix 1.

This proposal is a key priority for NHS Fife, and indeed the region, to ensure the sustainable provision of a robust and high-performing Orthopaedic service over the longer term that will continue to meet Fife's demand into the future. The ability to sustain this service is a critical component of a resilient DGH model which in turn sustains the regional clinical model.

NHS Borders has agreed a new operating model for theatres and surgical flow following extensive work with the Institute of Healthcare Optimisation (IHO). This involves the creation of a ring-fenced inpatient elective facility for all orthopaedic, general surgery and gynaecology inpatients. The model requires 17 ring-fenced elective inpatient beds.

During the winter period it has not been possible to protect these beds and a high-level of unscheduled medical activity has required the beds to be used for unscheduled medical patients.

This has led to significant elective inpatient cancellations throughout the winter period. Should these beds be truly ring-fenced NHS Borders is able to accommodate all inpatient electives locally (with the exception of highly specialised procedures which are already provided by NHS Lothian) - essential in maintaining the clinical and financial sustainability of the Borders General Hospital.

An overview of this proposal is provided in Appendix 2 and NHS Borders are taking this proposal forward at a capital cost of approximately £750, 000.

A Short Stay Elective Centre, St John's Hospital will support growth in short stay elective procedures across a number of specialties, and act as an 'enabler' whereby elective capacity is released on acute sites across Lothian with the potential to release across the region, if required, to support expansion of complex inpatient surgical services and repatriation of work currently delivered out with the region.

Assuming approval to progress the expectation is that the business case process will be complete April 2019 allowing construction to commence 2020, with completion and handover in late 2021/ early 2022.

Local Context

NHS Lothian Hospitals Plan built on *Our Health, Our Care, Our Future*, NHSL's clinical strategy, and provided a further level of detail as to what each acute site "is for" – that is, what the singular purpose of the site is, and how the 4 acute sites interdigitate as part of a truly integrated strategy to deliver high-quality, effective, productive and efficient care. This has been discussed earlier in the document under current arrangements.

NHS Lothian Elective Strategy Board chaired by Brian Cook, Medical Director Acute Services will provide the platform for clinically led proposals for the development of Elective Care to be considered and agreed. Its remit includes the consideration of future workforce challenges and the role of technology in future service delivery.

2.2.5 Summarising the need for change

Table 25: Summary of the Need for Change

What is the cause of the need for change?	What effect is it having, or likely to have, on the organisation?	Why action now:
<p><i>Demographic change driving future service demand</i></p>	<p><i>Projected demand for services will place additional strain on the current service and facilities and existing capacity will be unable to cope.</i></p>	<p><i>Service sustainability will be at risk if this proposal is not delivered.</i></p>
<p><i>Inadequate capacity currently to meet TTG</i></p>	<p><i>Failure to meet TTG in some specialties means patients are not receiving timely access to necessary assessment and treatments creating lengthy waiting lists and a backlog demand despite utilisation of GJNH and the private sector in some specialties.</i></p>	<p><i>A service that isn't meeting user requirements is unsustainable, even in the short term</i></p> <p><i>Long waits lead to poor patient experience and outcomes and have a negative impact on patients' quality of life</i></p> <p><i>Patients waiting longer will impact negatively the wider system</i></p> <p><i>There will be a financial impact of doing nothing which may result in costly waiting time initiatives or a reliance on high cost private sector capacity which is unaffordable.</i></p> <p><i>Alternatively if the private sector capacity was not or could not be accessed, year on year as demand rises, a much larger proportion of patients will wait significantly longer to be seen and assessed as an outpatient and their</i></p>

		<i>surgery wait will be significantly longer than it is currently.</i>
<i>Lack of separation of elective and emergency workloads and the high number of delays on acute sites.</i>	<i>Competing emergency care flows and high numbers of delayed bed days result in the cancellation of elective care and loss of funded theatre capacity.</i>	<i>An inability to protect elective care is not person centred and results in inefficient service performance</i>
<i>Inability to deliver economies associated with site specialisation whereby service delivery is dispersed across a number of sites. Existing accommodation/estate cannot be used flexibly to maximise efficiency and optimise resource usage</i>	<i>Existing service arrangements cause inefficient service performance and prohibit centralisation of day case and short stay elective activity.</i>	<i>Continuation of the existing service performance is unsustainable</i>
<i>Clinical change driving demand</i>	<i>Intervention rates for various Orthopaedic and General Surgery procedures have risen significantly in the UK. Increase our requirement to deliver DC and short stay surgery and we do not have core capacity in the appropriate environment to do this.</i>	<i>Service sustainability will be at risk if this proposal is not delivered.</i>

2.3 What is the organisation seeking to achieve?

2.3.1 Investment objectives

Table 26: Investment Objectives

Effect of the need for change on the organisation:	What has to be achieved to deliver the necessary change? (Investment Objectives)
<p><i>Projected demand for services will place additional strain on the current service and facilities and existing capacity will be unable to cope.</i></p>	<p><i>1) Increase service capacity and sustainability to meet demand through centralisation of short stay elective care in an elective care centre for Lothian and for the South-East Scotland region releasing capacity for growth in other areas at the RIE & WGH. (complex and emergency workload)</i></p>
<p><i>Day case and short stay elective activity cannot be centralised to maximise efficiency and optimise resource usage due to current service arrangements. Service delivery is dispersed across a number of sites and existing accommodation/estate cannot be used flexibly to deliver this.</i></p>	<p><i>2) Provide additional theatre and supporting accommodation in a single purpose built facility to improve the patient experience, maximise efficiency and optimise resource usage.</i></p>
<p><i>Failure to meet TTG in some specialties means patients are not receiving timely access to necessary assessment and treatments creating lengthy waiting lists and a backlog of demand despite utilisation of GJNH and the private sector in some specialties.</i></p>	<p><i>3) Improve access to short stay elective care in NHS Lothian and provide safe, timely, effective, patient centred care locally.</i></p> <ul style="list-style-type: none"> <i>I. Provide elective care within acceptable waiting times for the population of Lothian and the East region if required.</i> <i>II. Provide elective care in NHS facilities in the East and remove the need for independent sector or out of area support.</i> <i>III. Ensure that people who use the</i>

	<i>service have positive experiences</i>
<i>Competing emergency care flows and high numbers of delayed bed days result in cancellation of elective care and loss of funded theatre capacity.</i>	<i>4) Improve service performance, reducing cancellations and improving outcomes and flow, through the separation of some elements of elective and emergency capacity and the use of dedicated beds, theatres and staff.</i>

2.3.2 The Proposed Solution: *St John's Short Stay Elective Centre (SSEC)*

Description of the Clinical Model;

The East region proposition is a joint venture whereby an elective centre will be developed for the region where high volume low complex elective surgery can be provided. Complex inpatient procedures being undertaken in nominated hospitals across the region. The proposed model for the St John's Short Stay Elective Centre (SSEC) is a dedicated facility which provides surgical treatment for patients requiring day case and inpatient procedures with an expected length of stay up to 48 hours. This centre will centralise the majority of day case and short stay work from the RIE and WGH across 5 surgical specialties;

1. Colorectal
2. General Surgery
3. Gynaecology
4. Orthopaedics
5. Urology

Specialties not currently in scope may be considered in the future.

Significant work has been undertaken with clinical teams identifying, testing and reviewing a basket of procedures identified for the new centre. The types of procedures reflect lower acuity in general and assume there will be robust pre-selection assessment of patients in place with rigorous risk assessment to ensure patient safety. The table below lists the basket of procedures identified by specialty to date.

Table 27: In scope Procedures for a SSEC

Specialty	IPDC Procedure in Scope
Colorectal	EUAR
	Other operations on rectum
	Inguinal hernia repair
	Operations on haemorrhoids
	Pilonidal sinus
	Excision of lesion on anus
	Umbilical hernia repair
	Other hernias

	Colonoscopy
	Lymph node biopsy
	Anal fistula operations
	Excision of skin lesions
	Flexible sigmoidoscopy
	Excision lipoma
	Sebaceous cyst
	Operations on anal sphincter to control incontinence
General Surgery	Cholecystectomy
	Inguinal Hernia Repair
	Incisional Hernia Repair (GS)
	Endocrine Neck Surgery
	Umbilical Hernia Repair
	Diagnostic Laparoscopy
	Anti-reflux Operation
	Excision of Skin Lesion
	Sebaceous Cyst
	Excision of Lipoma
	Femoral Hernia Repair (GS)
	Ingrown Toe Nails
	Lymph Node Biopsy
	Appendectomy
	Ventral Hernia Repair
	Umbilical Hernia Repair (UMBHERNIA)
	Excision/Biopsy of Lymph Nodes
	Refashioning of Scar Tissue GS
	Other Hernias (General Surgery)
Examination Under Anaesthetic (GS)	
Gynaecology	Hysteroscopy
	Diagnostic Laparoscopy
	Hysterectomy – Laparoscopic
	Evacuation of Uterus
	Oophorectomy / Salpingoophorectomy
	Examination Under Anaesthetic
	Pelvic Floor Repair
	Extirpation/Excision Vulval Lesion
	Ovarian Cystectomy
	Cystoscopy
	Hysterectomy – Vaginal
	Insert / Removal / Revise IUCD
	TVT / IVS
	Sterilisation
	Colposcopy/ Cautery To Cervix
	Thermal Endometrial Ablation
	Bartholins Cyst/ Gland Operations
	Hysterosalpingogram
	TCRE
	Biopsy Of Vulva
	Fentons Procedure
	Evacuation of Uterus
	Oophorectomy / Salpingoophorectomy
Colposcopy/ Cautery To Cervix	
Urology	Cystoscopy
	Open Excision of Prostate
	Other Operations On Bladder

	TURP
	Circumcision
	Other Operations On Penis
	Excision of Testis
	Plastic Operations On Penis
	Operations On Hydrocele Sac
	Operations On Epididymis
	Excision of Vas Deferens
	Flexible Cystoscopy
	Excision/Biopsy of Lymph Nodes
	Prosthesis of Penis
	Operations On Varicocele
	Hydrodistension
	Excision of Scrotum
	Operations On Prepuce
	Other Operations On Scrotum
	Other Operations On Prostate
Orthopaedics	Internal fixation / ORIF
	Arthroscopy Knee
	Foot / Ankle operation
	Remove metalwork
	Hand / wrist operation (ortho)
	Soft tissue shoulder
	Anterior cruciate ligament repair
	Arthroscopy shoulder
	Distal radius
	Arthroscopy Hip
	Joint injection
	Shoulder replacement
	Biopsy
	Manipulation under anaesthetic
	Elbow replacement
	Ankle procedure
	Joint aspiration
	Amputation
	Arthrotomy
	Arthroscopy ankle
	Arthroscopy elbow
	Shoulder hemi arthroplasty
Amputation/ terminalisation	

The basket of short stay procedures included in the short stay centre include elements of planned trauma such as hand/wrist operation, Distal Radius, Internal Fixation, manipulation under anaesthetic. The inclusion of this semi-elective care will improve the patient pathway for those patients, reducing cancellations and ensuring timely access to treatment whilst also releasing space at the RIE for complex IP growth. The numbers included based on 2016 activity by HBR are a total of 577 procedures increasing to 685 in 2026 (using ISD forecasts). This equates to less than half a theatre.

The preferred option for the SJH model will be an extension to the existing day case/ short stay model on site and physically an extension to existing infrastructure in order to maximise interdependencies. The model will enable separation of some elements of elective and emergency capacity on site; through the use of dedicated

beds, theatres and staff at the SJH campus. This should reduce cancellations and improve outcomes and flow.

The 'short stay' centre will operate Monday to Friday (5 days a week) with 2 sessions a day undertaken per theatre but with the potential to consider 3 sessions a day and 7 day working at a later date. Following learning from Greater Glasgow & Clyde's Ambulatory Care Centre the elective centre will operate 5 days a week and all patients will be discharged by 2pm Saturday with the facility reopening on Monday. Careful planning and scheduling of elective procedures will be required to ensure the facility closes at the weekend and opens again Monday. 5 day operating is in part due to workforce constraints however there will be opportunities to extend operating hours to further optimise use of this asset depending on need across the region and the availability of appropriate staff.

There is a need to define efficient/optimum capacity utilisation of the proposed 'short stay' centre, working within a target operating model. The National Elective Centres Top Operating Model Group is expected to bring forward a raft of key benchmarks and actions to be taken by Boards, and these will be key in further developing this model.

The model provides an opportunity to stratify patients by risk and create low-complexity pathways for lower-risk patients. These pathways will reduce the number of patient contact points and adjust the skill mix along the pathway to meet patient need. They may feature, for example, nurse-led pre-assessment, alternative types of anaesthesia and 'fast track' postoperative practices.

NHS Lothian Elective Strategy Programme Board is working to agree standardised pathways and protocols for the basket of procedures in-scope. These will clarify which tasks should be done and by whom. Patient and family representatives will be involved in this work to ensure that improving the things that matter to patients is a priority alongside a commitment to improve the efficiency and quality of care.

The short stay centre will provide care for patients who require day case or short stay surgical procedures and who do not demonstrate high surgical risk. It is essential to avoid both surgical and medical outliers due to the associated risks, poor outcomes and increased length of stay. Where the level of clinical risk is considered too high for the short stay centre, surgery will be undertaken in either RIE or WGH where more intensive medical cover is available.

The model presents an opportunity to focus a single site on a "top operating model" approach to short-stay surgery; comparing their performance against that of national/international peers and increasing throughput in theatres by explicitly measuring, communicating and managing the number of procedures per theatre session. Reliable and relevant data will be used to measure and analyse the centre's performance down to the level of individual surgeons and surgical teams. Significant measures include cost per case, turnaround time between procedures, measures of theatre utilisation (in particular, volume of procedures/session) and outcomes (readmissions, infections, returns to theatre, revisions and patient outcomes). This should encourage a culture of improvement and 'healthy competition/peer pressure'.

Before a referral to acute robust community AHP assessment and management e.g. integrated back pain pathway, and the new upper limb and foot and ankle pathway

pilots will reduce acute orthopaedic demand, thorough imaging and assessment prior to surgery, and a higher conversion rate to surgery.

Further to robust pre-selection assessment of patients and rigorous risk assessment to ensure patient safety patients will be added to the SSEC waiting list, appropriate pre operative pathway identified (discussed below) and surgery scheduled within 12 weeks.

Patients will be categorised into one of three pathways in which the intensity of assessment is determined by the patient's risk category;

- Nurse led telephone assessment
- Nurse assessment in pre op clinic
- Consultant assessment

The Elective Centre will include provision for pre op clinic assessment but with the aim to deliver this virtually wherever appropriate to do so.

Patients will be admitted to the unit on the day of surgery and surgical admissions will be carefully planned centrally based on expected length of stay of individual cases. Day surgery will be maximised to reduce pressure on beds and an ambulatory care facility will be provided for patients who no longer require a bed.

Where appropriate extending clinical roles to enable lower-grade staff to undertake routine tasks in theatre or outpatients usually performed by consultants. For example, use of anaesthetic nurse practitioners, nurse led discharge, nurse led pre assessment.

The implementation of enhanced and rapid recovery practices to reduce length of stay. Achieving shorter lengths of stay through rapid recovery requires complementary efforts across the patient pathway, from preparing patients and setting their expectations before admission, to processes during surgery (including choice of anaesthesia) and postoperative mobilisation and therapy.

NHS Lothian Elective Strategy Programme Board is working to agree the post operative clinical pathway which will include routine care and escalation protocols (including repatriation as necessary to RIE or WGH if return to theatre is required out of hours). Patients will be transferred from Theatre to Recovery and thereafter to the post operative ward in the centre. Post operative care will be appropriate to the clinical pathway and largely nurse led. It is anticipated there will be 3 levels of medical cover.

Table 28: In & Out of Hours Medical Model

In & Out of Hours	Situation	Response
In Hours	<i>Non urgent medical assessment</i>	<i>nurse practitioner</i>
	<i>Urgent medical assessment</i>	<i>on site specialist surgical team</i>
	<i>Acute deterioration</i>	<i>on site anaesthetic / surgical team</i>
Out of Hours	<i>Non urgent medical assessment</i>	<i>Hospital at Night team with Specialty / Anaesthetic input as necessary.</i>
	<i>Urgent / acute deterioration</i>	<i>Hospital at Night team with Specialty / Anaesthetic input as necessary. Consultant surgeon if return to theatre necessary</i>

Patients who develop unexpected clinical complications (medical or surgical) and are likely to require an admission greater than 2 days will be transferred to the relevant surgical specialty in RIE or WGH. With the exception of gynaecology patients who will be transferred to the Gynaecology ward in St John’s Hospital.

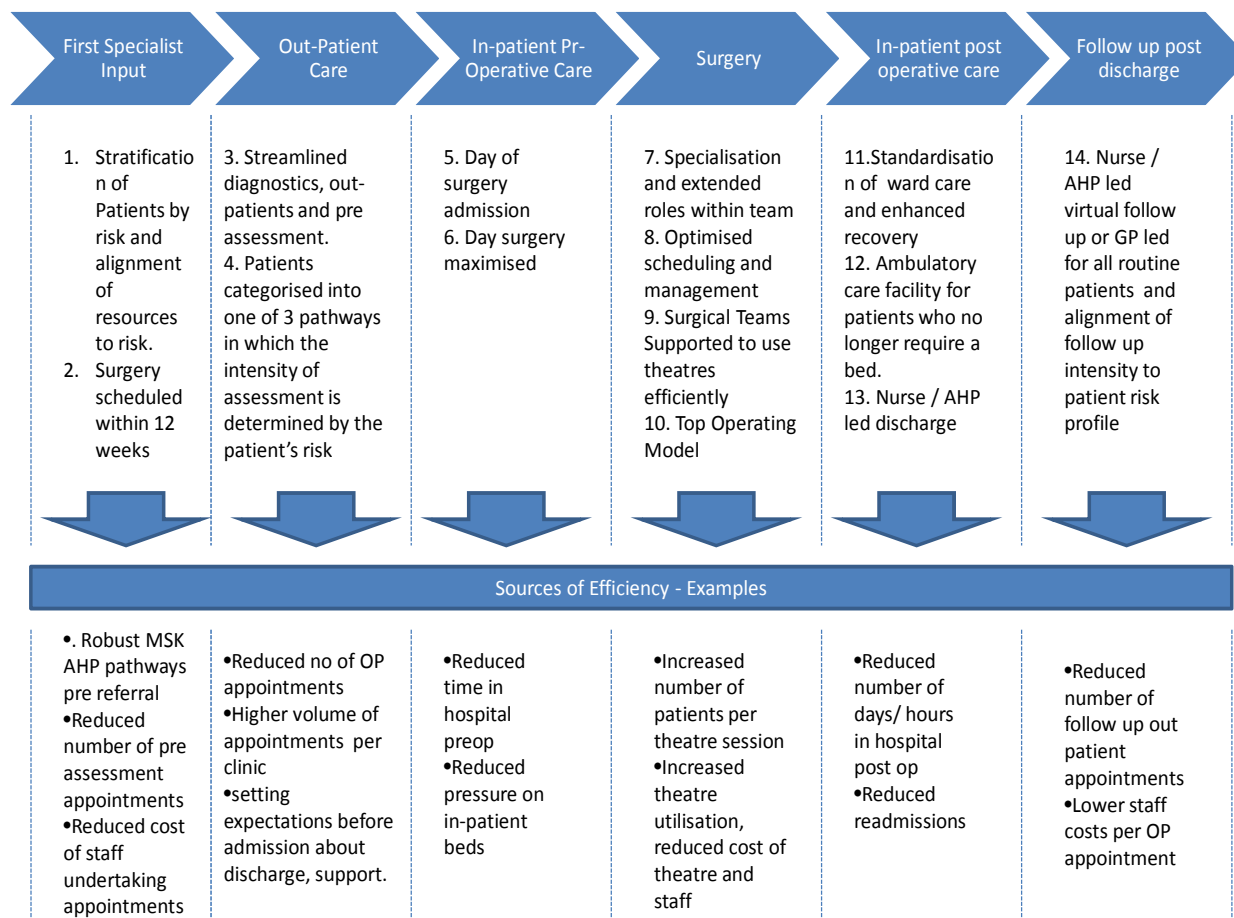
Patients will be assessed for discharge according to agreed nurse led discharge protocol including any relevant post operative diagnostic tests.

Where required, any secondary care follow-up will be arranged on discharge. The procedures in scope will enable the transition to a virtual follow-up model for all uncomplicated patients, with the majority of patients for the basket of procedures in scope being followed up by their GP.

Consideration will be given on how to engage with patients and families to help to set expectations before admission about when the patient is likely to be discharged, what they experience post discharge, and how they can best prepare, minimise their own risks and receive post-discharge support. Such efforts can allow patients to be more engaged in their own care, improve their understanding of the whole process and lead to improved outcomes and satisfaction with service.

The diagram below outlines the optimised care pathway in a short stay elective centre.

Diagram 1: Optimised Care Pathway



The SJH model will bring additional activity to the site and will require additional infrastructure including parking for staff and patients in addition to driving the need for improved Public Transport links. An Impact Assessment will be carried out to assess potential impacts on health equality and consider how identified impacts may be addressed and the output from this will further inform the clinical model, service arrangements and ultimate design of the facility.

2.3.2.1 Modelling capacity required in a 'short stay centre' at SJH

The following section will describe the capacity required at SJH to deliver the 'short stay' clinical model proposed for the 5 specialties in scope using 2016 activity to evidence present requirement, and ISD forecast activity for requirement in 2026.

At the beginning of July 2017, the Scottish Government (SG) commissioned ISD to provide a set of estimates of future demand for services linked to a number of types of operations. Estimates for the number of cataract operations, primary hip operations and primary knee operations were of interest at this stage.

Following output from this work NHS Lothian requested ISD apply the same methodology to the procedures in scope across the 5 specialties identified for a short stay elective centre.

A sub group of the national Elective Centre Programme Board agreed forecasts to 2025/26 would be used in sizing elective centre requirements as reliability of forecasts beyond 2025 were less certain. ISD supported NHS Lothian with forecasts from 2017 to 2039 using the 3 year (2014-16) & 5 year (2012-2016) average rate applied to future population projections (NRS 2014 base)

In order to model requirements in terms of theatres and beds NHS Lothian used ISD forecasts for 2026 as agreed by the national programme to ensure consistency with the other elective centre initial agreements.

ISD forecasts include patients by board of residence ensuring the demand profile includes activity currently delivered out of board, in the private sector or at Golden Jubilee National Hospital. Assuming the availability of workforce and revenue to fund additional capacity NHS Lothian plan to repatriate patients from the GJNH once the new short stay facility is operational late 2021/early 2022. In terms of 2017/18 this equated to circa 600-700 orthopaedic procedures delivered at the GJNH.

There is a need to define efficient/optimum capacity utilisation of the proposed 'short stay' centre, working within a target operating model. There is an expectation that the National Elective Centres Top Operating Model Group will bring forward a raft of key benchmarks and actions to be taken by Boards, and these will be key to further develop this proposal. However in the absence of these the proposal assumes;

- Theatres will be utilised every week excluding public holidays (50 weeks a year) with workforce planned with prospective cover in order to deliver elective care 50 weeks. This is in line with the GJNH phase 1 IA.
- Theatre requirements based on 2 lists a day 5 days a week (Mon- Fri). This is again in line with GJNH and North of Scotland Elective Centre IAs. There is potential to scope 7-day working and expanded working hours for theatres (3 sessions per theatre per day) to further optimise use of the asset dependent on activity requirements across the region and workforce availability.

- An overall target theatre utilisation of 90% as confirmed by ISD and the National Theatre Improvement Group.
- An average procedure time for each procedure group by specialty using current performance data from the time patient enters/leaves theatre. (ORSOS dataset 2017)
- Efficiency gains from the BADS log are not incorporated and there is potential to move more IP activity to DC.
- Throughput per Day Surgery Unit (DSU) bed will be 2 cases per day with 95% DS bed occupancy.
- An average in-patients length of stay (LOS) for in scope procedures by specialty using an average of current performance with 85% bed occupancy.

Appendix 3 Sizing up a Short Stay Elective Centre provides further detail on calculations and assumptions.

Below is a high level summary of Appendix 3 in 3 parts;

1. Volume of procedures in scope translated into number of operating theatres & beds required at a SJH 'short stay' based on 2016 activity (Source: ISD in scope procedures for patients aged 16 or over by board of residence).

Table 29: Capacity required in a SSEC to meet 2016 demand

8.2 Theatres Required at 90% Theatre Utilisation (NTIG target)
15.82 Day Case Beds (Monday to Friday closing Sat 2pm) with 95% Occupancy
23.25 In-Patient Beds with 85% Occupancy

2. Requirements in terms of theatres & beds by 2026 to accommodate growth based on 3 year (2014-16) average forecasts of selected IPDC procedures for patients aged 16 or over applied to future population projections (NRS 2014 Base).

Table 30: Capacity required in a SSEC in 2026 (using 3 year average forecasts)

10.5 Theatres Required at 90% Theatre Utilisation (NTIG target)
17.98 Day Case Beds (Monday to Friday closing Sat 2pm) with 95% Occupancy
38.41 In-Patient Beds with 85% Occupancy

- Requirements in terms of theatres & beds by 2026 to accommodate growth based on 5 year (2012-16) average forecasts of selected IPDC procedures for patients aged 16 or over applied to future population projections (NRS 2014 Base)

Table 31: Capacity required in a SSEC in 2026 (using 5 year average forecasts)

11 Theatres Required at 90% Theatre Utilisation (NTIG target)
19.41 Day Case Beds (Monday to Friday closing Sat 2pm) with 95% Occupancy
37.91 In-Patient Beds with 85% Occupancy

2.3.2.2 Testing the Hypothesis

The working hypothesis is that releasing this capacity will be sufficient for the individual services to meet their current and future complex surgical demand.

The table below summarises the capacity release expected by site assuming a short stay model at SJH is supported;

Table 32: Capacity released by Site assuming in scope procedures are delivered in a SSEC using 2016 activity delivered within the Board

<i>Site</i>	<i>Theatres sessions released per day</i>	<i>Day-Case Beds (DC)</i>	<i>In-Patient Beds (IP)</i>
RIE	5.89	4.47	8.05
WGH	3.59	3.96	5.57
SJH	3.70	4.68	3.29
Total	13.18	13.11	16.91

Appendix 3 outlines the assumptions used in this modelling.

As a priority an initial assessment (utilising ISD forecasts for hips and knees primary and revision to 2026) of the capacity released at the RIE has been completed for orthopaedics in Lothian and demonstrates that there is sufficient theatre and bed capacity for future orthopaedic requirements, at the RIE, if a short stay model at SJH is supported and elective capacity ring fenced on the RIE site.

Assuming a Short Stay Centre is supported the table below summarises the Lothian position in terms of elective and planned trauma capacity in 2025 versus requirements to meet orthopaedic elective demand locally. The calculations include

repatriation from GJNH and the private sector and assumes all Lothian Orthopaedic activity will be delivered locally.

Table 33: Orthopaedic forecast requirements versus planned capacity 2025

	Future capacity available assuming a short stay centre @ SJH is supported	Versus 2025 Requirements
Theatre sessions	100	99
IP Beds	66.2	74.3
DC Beds	20	15.8

The calculations above show a deficit in Orthopaedic IP beds and excess DC beds. There is also some work to be taken to finalise the bed requirements for major trauma. The exact configuration of DC and IP beds will be known once this work has been completed.

A further piece of work is required to define intermediate care facilities within City of Edinburgh enabling orthopaedic patients requiring to rehabilitation to have this out with the acute setting. Releasing a further 26 beds to support growth in demand and the implementation of the site as a major trauma centre.

The critical issue in future orthopaedic provision will be the ability to **protect orthopaedic capacity at RIE for elective inpatient work** – in essence, creating an orthopaedic elective centre within the current footprint of the hospital which is not impacted by unscheduled care admissions. It is recognised that ring-fencing of beds is an absolute requirement in the reconfigured/ re-profiled bed-base at RIE to ensure that an Optimum Operating Model can be developed. This was a principle discussed and agreed through the regional orthopaedic group.

This protected model will maximise service efficiency, enhance recovery after surgery, reduce length of stay, ensure that the service meets demand (in the context of a significantly ageing and frail population attending our acute hospital sites) and optimise outcomes for elective patients.

Consistent with the approach used in Orthopaedics at the RIE demand and capacity analysis at the WGH and SJH will be completed to articulate in the same way how the capacity released on both sites through the creation of a short stay centre at SJH will be utilised . Working with ISD and clinical colleagues an analysis of the baseline data and activity forecasts for the other 4 specialties (Gynaecology, Colorectal, Urology and General Surgery) is underway. The hypothesis is that the capacity released will be sufficient for the individual services to meet their current and future complex surgical demand, whether this release is sufficient to meet growth is to be determined through this DCAQ work. At this stage of analysis the space released at the WGH (less than two theatres) will be required for complex IP growth in Urology and Colorectal to meet the growing demands on these services and in line with the Lothian Hospitals Plan the space released at SJH (less than 2 theatres) will be for

complex IP surgery in Head and Neck and will support expansion of those clinical pathways. Completion of this modelling is required to ensure release on both sites is sufficient.

NHS Fife completed an assessment of future requirements which indicates they will have sufficient capacity, assuming refurbishment/ reprovision of existing Orthopaedic theatres and commissioning of one additional theatre, to allow the needs of NHS Fife met within NHS Fife. An overview of this is provided in Appendix 1.

2.3.2.3 The Workforce Required

To separate some elective and emergency workloads will require a fundamental change in the way that surgeons and other staff work. There will be continued clinical engagement to define workforce that will support efficient and effective use of elective centres and ensure the surgical workforce can be organised to facilitate more efficient working and make the separation of workloads sustainable.

The separation of surgical workloads will require the necessary supporting services and resources and the provision of safe out-of-hours services on all acute sites is of critical importance in considering future workforce models.

The proposal assumes theatres will be utilised every week excluding public holidays and this means the workforce will required to be planned with prospective cover. (surgeons, anaesthetists, theatre team, etc.)

A summary of the workforce required to staff St John's Elective Centre is shown in Appendix 4. This is not exclusively additionality. No offset in relation to the transfer of staff from existing facilities has been made as yet. A further piece of work is required to determine the extent to which resources from other sites will be released in line with the proposed volume of activity transferred. In order to establish the scope of potential releases, additional modelling will be undertaken to assess the options for utilisation of the facilities vacated.

Nevertheless it is anticipated that whilst specialist surgical teams may be released there will inevitably remain need for a significant number of additional theatre staff for each additional theatre.

It is apparent with the sheer volume of competing requirements in terms of service change on a national scale there is a need to ensure a regional/ national approach to workforce planning wider than Elective Centres and the uncertainty regarding this is highlighted as a significant risk to delivery of this proposition.

Across the many specialties in the region there are workforce pressures. For medical staff there are significant vacancies both in Consultant and Trainee level in certain specialties such as gynae-oncology and urology.

The same applies to non medical staffing, particularly nursing where over the next 5 years a significant volume are expected to retire due to changes in public sector pension scheme.

Work has been undertaken in recent years to enhance skill mix and transfer medical responsibilities to non medical personnel undertaking specialist and advanced practice roles. This tends to focus on non admitted stages of the clinical pathway with admitted care treatments still being provided by medical staff. Development of the skill mix or specialist roles to include routine work currently performed by consultant surgeons and anaesthetists is an important enabler of effective and efficient elective care. Extending clinical roles or 'task shifting' involves changes to training, education and continuing professional development. These changes need to be clinically led, made on a large scale and co-ordinated nationally rather than introduced piecemeal locally.

Table 34 below provides a summary of workforce by specialty including detail on current and future supply.

Table 34: Workforce Summary

Specialty	Current Position	Training & Future Supply	Plans in Place to Sustain and Grow the Workforce
Urology			
Medical	Fife and Dumfries and Galloway have experienced difficulties with recruitment. Fife has recruited additional consultants; however, Dumfries and Galloway have a long term locums in post. A model is in place between Borders and Lothian with 3 consultants from Lothian providing 1wte consultant cover in-hours Monday to Friday, with general surgery covering out of hours and weekends. Out of hours specialist advice is available from the on call urologist in Lothian.	ISD data shows that nationally there are 14.6 wte consultant urologist vacancies (17.4% of consultant establishment), of which 7 wte (8.3%) had been vacant for more than 6 months. This is significantly higher than the average of 3.3% for all specialties and highlights the ongoing recruitment difficulties nationally. Growth has not been planned nationally into Urology training numbers to meet growing demand. Current numbers in training in the East region will at best match current vacancies and retirements.	A range of other medical workforce solutions are in place to support the service i.e. 3 clinical fellow posts in Lothian, a specialty doctor in Fife and an associate specialist in Borders.
Nursing	All boards have specialist nurse roles in place, although the grades and titles vary according to the role i.e. Nurse Consultant, Nurse Specialist and Advanced Practitioner.	All the boards report these nursing roles are a critical part of the urology team but are insufficient in number to keep up with current demand. Boards recognise that more use of these nursing roles could reduce pressure on the medical workforce given current recruitment and retention issues.	A number of issues have been highlighted in developing these roles including differences in AfC bandings, the need to review education and training and succession planning.
Orthopaedics			
Medical/ Surgical	There is currently a shortage of orthopaedic workforce within most health boards and a significant percentage of the consultant workforce likely to retire in the next 5 to 10 years which will add to the shortages already experienced. Within Lothian 3.5wte are aged between 55 and 59, in the region 9.5(21.5%) are aged over 55 years old. There have been difficulties in recruiting to posts within Lothian and Fife in 2017, with posts either attracting no applicants or remaining unfilled following recruitment. There are currently 2.53wte (10%) vacancies within the Lothian consultant workforce	The supply of future consultants is not strong nationally with over 40% of trainees completing training choosing not to work in Scotland. There are also plans to develop regional Major Trauma Centres in Lothian and Glasgow which may have a requirement to recruit additional Consultants at the same time as the Elective Treatment Time, expansion which will not have been built into training numbers. There is also a regional workstream underway to look at Orthopaedic capacity across the region. If Lothian is able to recruit to additional capacity there is a risk that this could be at the cost of neighbouring boards.	Work underway as part of the regional health and social care delivery plan Orthopaedics and Major Trauma workstreams will provide a clearer picture of future service models, activity and capacity across the region and associated workforce requirements. There is a need for detailed scenario modelling of the workforce demand and supply to inform the development of a detailed workforce plan to both sustain and grow the workforce.
Anaesthetics			
	There is currently a shortage of anaesthetists within most health boards and 25% of the consultant workforce likely to retire in the next 5 to 10 years, which will add to the shortages already experienced. Within Lothian 25wte (20%) will be at or beyond retiral age in the next 5 years, with 52.9wte (43%) at or beyond retiral age in the next 10 years. There are currently 10wte vacancies (7.43%)	The supply of future consultants is not strong nationally with over 30% of trainees completing training choosing not to work in Scotland. There are also plans to develop regional Major Trauma Centres in Lothian, Glasgow Tayside and Grampian which may have a requirement to recruit additional Consultants at the same time as the Elective Treatment Centres, expansion which has not been	As the plans for the elective centre become clearer there will be a need to develop a detailed workforce plan to ensure any additionality can be achieved within the required timescale. There are limited options in terms alternative staffing models.

	<p>within the Lothian consultant workforce. There have been difficulties in recruiting to posts within both Lothian and Fife in 2017, with some posts either attracting no applicants or remaining unfilled following recruitment. Recruitment to fixed term posts for cover such as maternity has been unsuccessful on a number of occasions attracting no applicants. If Lothian is able to recruit to additional capacity there is a risk that this could be at the cost of neighbouring boards.</p>	<p>built into training numbers.</p>	
Theatres Nursing and ODP			
	<p>There are significant workforce capacity pressures within the theatre workforce, with increasing activity, working towards 3 session days and a workforce with approximately 25%(overall) and 35%(St John's Site) eligible to retire within 5 years. A theatres nursing workforce group has been established to take forward the development of training solutions to support service sustainability.</p> <p>Nursing staff at St John's Hospital typically live relatively close to the site or within West Lothian, with relatively low numbers from Edinburgh and other areas in the Lothian's given travel difficulties. The nursing workforce at St John's as a whole is older than other sites with approximately 30%(overall) eligible to retire within 5 years.</p>	<p>A five year forward plan of the workforce has shown a potential gap of 86wte (16%) in the workforce not including any future growth in demand for the workforce. The initial priority has been identified as increasing anaesthetic trained practitioners through training an additional 10wte per year for the next 3 years. The development of a local/regional approach to training ODPs is also under development following the closure of the only ODP training programme in Scotland at Glasgow Caledonian.</p>	<p>Development of Band 4 Peri-operative Department Assistants has also been on-going with a final cohort in 2017/18, which will provide full capacity at the RIE, WGH and SJH. This workforce was/is being developed from within the existing healthcare support workers undertaking a locally developed Professional Development Award at West Lothian College(WLC).</p> <p>Candidate progression to the Intraoperative unit will be by successful completion of these units. NHS Lothian and WLC staffs are working collaboratively to deliver the Intraoperative unit which commenced in January 2016.</p>
Radiology			
	<p>NHS Scotland has recognised that the number of radiologists has not risen to match rising demand</p>	<p>NHS Scotland has put a plan in place to increase the number of radiologists in-training; however this plan will take between 5-10 years to allow capacity to match demand.</p>	<p>In the intervening period attempts to grow the workforce will be challenging and where Lothian has typically been able to recruit to almost all posts this has been to the detriment of other Boards such as Fife. Consequently the East region is seeking to develop a regional model for radiology services that will provide sustainability and greater resilience for the region. The regional work will take account of the national Shared Services Radiology strategic direction</p>
Allied Health Professions			
	<p>Currently NHS Lothian has a relatively strong supply for allied health professions (AHPs), however training</p>	<p>The AHP workforce is a relatively young workforce, with 30 to 34 years old as the largest age category, there are</p>	

	numbers are not controlled nationally and as such it is difficult to predict future supply.	however 22% of the workforce that may be eligible to retire within 5 years. There are also moves to base more Physiotherapists and Occupational Therapists within community settings as part of shifting the balance of care. There is likely to be a substantial increase in physiotherapists within General Practice as part of the new GMS contract with each practice employing a musculoskeletal physiotherapist, which will require substantial recruitment, potentially affecting supply within hospital settings.	
Support Services			
	Recruitment for support services staff is relatively positive at the St John's site, with relatively good staff retention as the workforce is local to the site. There will however need to be detailed consideration of the workforce requirement for the various elements as the design of the centre will drive the staffing demand.		

2.4 What are the benefits and risks to success?

2.4.1 What benefits are to be gained from this proposal?

A Strategic Assessment (SA) was completed by the East Region Identifying the need for change, benefits of addressing these needs and their link to the Scottish Government (SG) 5 Strategic Investment Priorities below;

- Safe
- Person-Centred
- Effective Quality of Care
- Health of Population
- Efficient: Value and Sustainability

The above investment objectives and the Strategic Assessment have informed the development of a Benefits Register (Appendix 4). As per the draft Scottish Capital Investment Manual guidance on `Benefits Realisation`, this initial register is intended to record all the main benefits of the proposal. A proposed assessment method has been assigned to each proposed benefit as required.

Each identified benefit has been prioritised using the following categories:

Scale / RAG	Relative Importance
1	Fairly insignificant
2	↕
3	Moderately important
4	↕
5	Vital

A benefits realisation plan will be developed at Outline Business Case stage.

A summary of the key benefits to be gained from transferring the majority of NHS Lothian's high volume low complex short stay activity for urology, colorectal, general surgery, gynaecology, and orthopaedics to an elective centre at SJH, Livingston are described below;

- Provision of a modern bespoke facility to meet the needs of the patient and the service. An elective centre designed with the patient journey at the forefront will ensure a sustainable and person centred healthcare service.
- Securing capacity with the separation of elective activity from emergency (and major trauma centre) activity will reduce disruption to planned activity; improve patient experience, whilst maximising productivity. It will also provide assurance that services are not impacted by seasonal pressures.

- Repatriation of non-specialist (eg, nationally-commissioned) activity from the Golden Jubilee National Hospital (GJNH) will provide more local access for patients and repatriation from the independent sector will reduce healthcare costs.
- Relocation and redesign of these elective services will release theatre capacity (and other physical space) for complex elective, cancer surgery and emergency care. It will also enable accommodation of forecast growth in the remaining surgical specialties at other acute sites.
- This additional capacity will support the region to manage increased demand associated with demographic growth.
- Sustained delivery of waiting time guarantee. Additional capacity alongside ongoing service improvement will ensure patients are treated more quickly, reducing the risk of complications associated with prolonged waits.
- Enables services with workforce challenges across the region to collaborate and deliver short stay elective care within a centralised resource.
- Improve recruitment and retention at SJH as staff work in expert teams and in accommodation which is fit for purpose.
- Supports an increase in the proportion of elective procedures conducted as daycase.
- An opportunity to collaborate with universities and industry to optimise training, research and innovation.
- Provide an enhanced service within West Lothian. A significant opportunity for the community to benefit both strategically and operationally from the investment.
- Positioned in West Lothian to enable planning based on population across multiple boards as outlined in the National Clinical Strategy.

2.4.2 What risks could undermine the proposals success?

The table below highlights key risks that may undermine the realisation of benefits and the achievement of the investment objectives. These are described thematically and potential safeguards and actions in place to prevent these;

Table 35: Summary of Key Risks

Theme	Risk	Safeguard
Workforce	<p><i>Availability of workforce across all professional groups recognising current shortages and no timely increase in training planned in the context of potential need in 6 centres nationally.</i></p> <p><i>It is clear with the sheer volume of competing requirements in terms of service change nationally</i></p>	<p><i>Fully outline and cost the workforce changes needed to meet elective centres producing plans which detail the expected workforce required.</i></p> <p><i>In working towards the full business case there will be a requirement to develop a comprehensive, risk assessed workforce plan which links into both</i></p>

	<p><i>there is a need to ensure a regional/ national approach to workforce planning wider than just Elective Centres and the uncertainty regarding this is highlighted as a significant risk to delivery of this proposition.</i></p> <p><i>The development of the centre will take place in a context where it is recognised by the Scottish Government that there are insufficient training numbers in a number of medical specialties and nursing as a whole. Changes of student intakes to expand capacity will take a number of years to feed through.</i></p>	<i>the Lothian and Regional contexts.</i>
	<p><i>Risk that attractive daytime jobs in a 'short stay' model destabilises current services particularly out of hours and emergency services across the region.</i></p>	<i>The workforce model will need to agree Job Plans that incorporate out of hours cover and consider shared posts across the region.</i>
<i>Capital</i>	<p><i>Securing Capital- real risk £200m for 6 elective centres insufficient. Wider context is a constrained capital position with east region priorities alone that include PAEP, Kirkcaldy Tower Block, Regional Cancer Centre, Edinburgh.</i></p>	
<i>Revenue</i>	<p><i>Understanding and securing revenue - Funding model needs to be agreed. Risk is</i></p>	<i>Fully cost new service model and working towards OBC identify true additionality.</i>

	<i>decisions are made now without understanding fully potential impact of financial model.</i>	
<i>East Region Commitment</i>	<i>Regional buy in and sign off without clarity on funding model.</i>	<i>Escalation of risk to National Programme Board.</i>
<i>Current Capacity Constraints</i>	<i>Growth in the number of patients waiting for a procedure, breaching TTG due to existing capacity constraints</i>	
	<i>The ageing and increasingly frail population will exacerbate bed pressures on acute sites across the region</i>	
	<i>Current pressures and issues associated with HSDU service delivery across the region.</i>	

The emphasis at this stage is to identify the top 20% of risk events which could account for 80% of the total potential risk to the proposal's success. A full risk register will be developed for the project at development of Outline Business Case. (OBC)

2.4.3 Are there any constraints or dependencies?

Current constraints on the investment proposal include;

- Workforce availability
- No guaranteed revenue funding stream
- Capital availability

Dependencies include;

- HSDU capacity - Due to the current pressures and issues associated with HSDU, an expanded, sustainable quality assured service would require to be in place for the opening of the SSEC.
- Improved public transport
- Requirements of major trauma centre

3 Economic Case

The preferred solution has been derived through an incremental approach responding to the national programme, reflecting the emerging East Region Health & Social Care Delivery Plan and building on Lothian's Strategic Plan approved in December 2016 and The Lothian Hospitals Plan. This section will identify the preferred strategic and service solution suitable for further assessment at Outline Business Case stage.

3.1 What is the preferred strategic/service solution?

3.1.1 The Do Nothing/ Minimum option

A summary description of the Do Nothing solution is presented in the following table:

Table 36: The do nothing option

Strategic Scope of Option:	Do Nothing/ Do minimum
Service provision:	Elective care across the 5 surgical specialties in scope are currently delivered in accommodation on the 3 main acute sites, RIE, WGH & SJH Current capacity insufficient to meet current and future demand for elective care. Without investment in capacity to deliver services, predicted increases in demand will not be met and TTG position will worsen with longer waiting times for our patients and potentially sub-optimal outcomes.
Service arrangements:	Current service arrangements on the 3 acute sites limit ability to separate elective from unscheduled flow leading to more cancellations and loss of funded theatre time. Continued inability to deliver economies associated with site specialisation existing facilities do not allow centralisation of day case and short stay activity to improve patient flow and patient experience. Service arrangements are not aligned with Lothian Hospitals Plan.
Service provider and workforce arrangements:	An increased reliance on Golden Jubilee National Hospital and or the use of the private sector. Without investment in additional capacity to separate a significant proportion of elective and unscheduled activity a high number of avoidable cancellations will continue.
Supporting assets:	There is limited opportunity for expansion at the RIE, SJH & WGH within current configuration and these sites will remain constrained and unable to meet growing demand.
Public & service user expectations:	Currently unable to meet service user expectations with increasing waits for elective surgery, a reliance on the private sector or GJNH resulting in patients travelling out with the region for non complex elective care.

A do nothing or do minimum option was set aside at an early stage of option appraisal as neither would meet the needs of the region and the services in scope or ultimately address the ministerial commitment for two elective centres for the South East, one in Livingston and one in Edinburgh .

3.3.1 Developing a list of proposed solutions

In responding to both the service need for change and the strategic context for change a list of options was originally generated and presented to the South East in a document intended to stimulate discussion.

This process identified 4 options for further consideration;

1. Do nothing / do minimum
2. A) Orthopaedics Elective Centre for the South East (Bio Quarter)
B) Orthopaedics Elective Centre NHS Lothian (Bio Quarter)
3. Outpatients Building (Bio Quarter)
4. East Region 'short stay' Elective Centre, St John's Hospital
5. Regional Elective Centre within the Reprovided Princess Alexandra Eye Pavilion (PAEP) (Bio Quarter)

These options were further developed through the work undertaken by the groups and clinical and managerial leads established by the East Health & Social Care Delivery Plan Programme Board.

1. Do Nothing

As indicated in the preceding section and the description of current arrangement the do nothing or do minimum option is unsatisfactory and fails to meet the East's investment objectives. Furthermore a do minimum option is severely constrained by the limitations on all sites in Lothian in terms of opportunity for service expansion within current clinical footprint. Current arrangements provide insufficient capacity to meet future demand for elective care and will result in longer waiting times for our patients and a worsening TTG position. Without investment in additional capacity to separate a significant proportion of elective and unscheduled activity a high number of avoidable cancellations will continue.

The existing assets in scope, RIE, SJH & WGH will remain constrained and unable to meet growing demand. Services will be unable to meet service user expectations with longer waits for elective surgery, a reliance on the private sector or GJNH resulting in patients travelling out with the region for non complex elective care.

Do nothing/ do minimum will not meet the needs of the region and the services in scope or address the ministerial commitment for two elective centres for the South East.

2. Orthopaedic Elective Centre (Bio-Quarter)

The growth in the ageing population and associated orthopaedic surgical demand is a key concern across the region. Work undertaken by the East Region Orthopaedic group has clarified future demand for the region, with a focus on hip and knee arthroplasty in particular.

A proposal to centralise high volume procedures from across the region in a purpose built orthopaedic elective centre on the bio-Quarter was considered. This would

support the separation of elective and emergency care and provide additional theatre capacity to meet current and future demand for orthopaedics across the region.

Whilst the work of the Regional Orthopaedic Group indicates all 3 boards are keen to work together to ensure that the region can meet growing demand within the region, and repatriate activity from out with the three Boards back to the region the East Orthopaedic Group propositions to date do not support centralisation of high volume procedures in a Regional Orthopaedic Elective Centre.

Propositions of the group to date include;

- a) Ensuring local access to high volume procedures including hip and knee replacement
- b) Centralisation within the region of low volume/ high complexity sub specialty work to ensure optimum efficiency and skill retention.
- c) Maximising utilisation of a short stay centre at SJH
- d) Upper Quartile Performance – efficiencies and productivity gains across all sites
- e) Repatriation of all GJNH and private sector activity

This option was not supported by the region as a solution for Orthopaedics as it did not support the future direction or principles agreed by that group.

A further version of this option 2B) considered an Orthopaedic Centre on the Bio Quarter for NHS Lothian's Orthopaedic elective activity only. This option would support the separation of elective and emergency care and provide additional theatre capacity to meet current and future demand in Lothian. This option was considered a viable proposition and would address the ministerial commitment for two elective centres for the South East.

There were challenges to consider due to the total separation of elective and emergency care and how this would be clinically managed across the campus in buildings not physically linked and separated by a road. An Orthopaedic Elective centre with an IP length of stay exceeding 48 hrs would also require replication of the medical model provided at the RIE and there was a duplication of resource to be considered. There was also consideration of how the space released at the RIE, in terms of Laminar Flow theatres specifically designed for Orthopaedics would be maximised by the organisation with no elective orthopaedics on the site resulting in a sub-optimal use of specialist infrastructure at the RIE.

Furthermore a developing hypothesis that the realisation of option 4 would not only deliver an elective centre in Livingston but through release of space at the RIE deliver too an 'elective centre' for Orthopaedics within current RIE footprint, maximising the use of existing Laminar Flow Theatres and premium acute estate required further development and modelling before option 2B) progressed.

A DCAQ Assessment of such has been completed for orthopaedics in Lothian and demonstrates that there is sufficient theatre and bed capacity for future requirements at the RIE if a short stay model at SJH is supported and this is expanded in section 2.3.2.1.

3. Out-Patients Building

A proposal to build an Out-Patient Building near the RIE campus (Bio Quarter Campus) was considered to address the challenges of elective care, specifically orthopaedic provision (primary hips and knees) through the release of footprint at the

RIE. This option proposed centralisation of out-patients currently delivered at the RIE, WGH and Lauriston Building. Specialties in scope included Diabetes.

Although this proposal addressed the need for space on NHS Lothian's premium acute estate the proposal would not adequately address the need for theatre capacity releasing only generic out-patient space with very limited opportunity to expand surgical theatre footprint, especially within the RIE. This proposal would not release the theatre space or in-patient space required to meet growth in complex elective in-patient care. The proposal would also not deliver the space required to allow the separation of scheduled and unscheduled care in Orthopaedics on the RIE site.

The out-patients building proposal did not align strategically with; (i) the Boards direction for the RIE site/campus as the South-East Scotland's emergency care centre, incorporating a major trauma centre, orthopaedic services, neurosurgery, and children's tertiary care, (ii) the direction set out in the Boards Property and Asset Management Strategy (PAMS) with regards to maximising the use of existing estate and (iii) with the national agenda, The Modern Out-Patient 2020, which outlines a reduction in acute hospital delivered out-patient service promoting out-patients delivered closer to home in a community setting and increasing self management.

Alternatively an emerging direction for NHS Lothian Out-Patients and Associated Services is the delivery of more out-patients for those 'interface specialties' such as Diabetes on existing estate locally and this is much better aligned with the strategic direction set out in the LHP in terms of acute specialist services on the 4 acute sites and the national clinical strategy to reduce the number of hospital out-patient appointments and provide out-patient services more locally in health and social care partnerships.

Option 3 did not meet the ministerial commitment for elective centres or adequately address the challenges around the sustainability of elective care in the East.

4. East Region Short Stay Elective Centre, SJH

A proposal for the region to expand on the existing 'short stay' model at SJH was considered as an option. This fits neatly with the strategic direction of the site as outlined in the LHP and Boards PAMS, an elective care centre for Lothian and for the South-East Scotland region, incorporating highly specialist head and neck, plastics, and ENT services. Extant work by NHS Lothian's Elective Strategy Board had identified 5 key specialties in Lothian with low complex high volume procedures with a maximum length of stay of 48 hours in scope. A Short Stay Elective Centre would act as an enabler for the region to meet future demand for elective care in the South-East of Scotland and would be geographically positioned to support planning based on population across multiple boards as outlined in the National Clinical Strategy.

A key driver underpinning the 'Short Stay' Elective Centre at SJH was that moving day surgery and up to 48hr length of stay from a number of specialties to an elective centre would facilitate enough theatre space and inpatient beds to cope with remaining workload/ complex growth/ repatriation for orthopaedics in Lothian without requiring the case to be made for a second Elective Centre for the region and ensuring best use of existing high premium acute capacity at the RIE.

In doing so the St John's Short Stay Elective Centre was the only option identified as a proposed solution which would meet the ministerial commitment to deliver 2

elective centres for the region one in Edinburgh and one in Livingston whilst also addressing the key drivers for change as described earlier in this document.

Whilst there is limited scope for a true separation of elective and unscheduled care in existing hospital estate this option proposed significant scope for the separation of short-stay, low complexity activity from complex inpatient activity, through the creation of a short stay centre at St John's.

SJH as a location for the 'Short Stay Elective' model benefits from both the clinical adjacencies achieved through collocation with an acute hospital and the opportunity to build on a proven short stay model currently delivered on site. A visit to the Stobhill facility in NHS Greater Glasgow and Clyde supported and informed this preferred option with the challenges the absence of collocation to an acute facility key learning at Stobhill. Furthermore the site at SJH is owned by NHS Lothian and previous feasibility work at SJH highlighted the potential for moderate expansion on the site. This expansion could not be achieved to the same degree at the WGH or the RIE. The WGH is a complex campus and site infrastructure requires urgent development with a number of capital programmes already underway and whilst there is potentially space to expand on the Bio Quarter with associated costs for such real-estate there are limitations for development and capacity at the RIE given the current PFI arrangements for the site.

Finally the ministerial commitment in 2015, made to invest £200m of capital monies into a network of elective centres, included the commitment that there would be a centre in Livingston and a centre in Edinburgh and this consequently became part of the Programme for Government.

5. Regional Elective Centre within the Reprovided Princess Alexandra Eye Pavilion (PAEP) (Bio Quarter)

A proposal to incorporate, in NHS Lothian's case for reprovizion of the PAEP, capacity to meet growth in cataracts across the region was considered by the East Ophthalmology Group.

As part of the East Regional Delivery Plan the Regional Ophthalmology Group concluded reprovizion and redesign of Lothian's eye services was required to support current activity and to meet future growth in Lothian only and consequently supported progression of an IA for Reprovizion of PAEP.

The represented IA was submitted to the CIG in December 2017 with approval to progress to OBC confirmed early 2018 where the CIG asked that further consideration be given to regional demand and planning for growth during development of OBC. Although not within the scope of the National Elective Centres Programme the East Region Ophthalmology Group continues to take forward the work to plan on a regional basis and will continue to feed into the Elective Centres Group.

3.3.2 Initial assessment of do nothing and the proposed solution

The following section will assess the advantages and disadvantages of the proposed solution and compare these with the do nothing option to determine the preferred solution.

The table below summarises the do nothing and proposed solution for comparison;

Table 37: Summary of do nothing and proposed solution

Strategic Scope of Option:	Do Nothing/ Do minimum	SJH Short Stay Elective Centre
Service provision:	<i>Insufficient capacity to meet future demand for elective and emergency care in the South-East of Scotland</i>	<i>Sufficient capacity available to meet future demand relocation and redesign of these elective services will release theatre capacity (and other physical space) for complex elective, cancer surgery and emergency care also.</i>
Service arrangements:	<p><i>An increased reliance on either Golden Jubilee National Hospital or the use of the private sector with longer waiting times for our patients and the requirement to travel out-with the region.</i></p> <p><i>An inability to separate elective and unscheduled activity and a high number of avoidable cancellations will continue. .</i></p>	<p><i>Avoidance of an increase in patients travelling for treatment or premium rates for treatment in the private sector.</i></p> <p><i>Separating a large proportion of elective capacity which will reduce disruption to planned activity and improve patient experience.</i></p>
Service provider and workforce arrangements:	<p><i>Without investment in capacity to deliver services, predicted increases in demand will not be met and TTG position will worsen.</i></p> <p><i>Inefficiencies in terms of staffing resource and loss of funded capacity due to disruption of service during seasonal pressures.</i></p>	<p><i>Forecast demand can be met with sustained delivery of waiting time guarantee ensuring patients are treated more quickly reducing complications associated with long waits.</i></p> <p><i>Supports efficiencies in terms of staffing resource and enables services with workforce challenges across the region to collaborate and deliver short stay elective care within a</i></p>

		<i>centralised resource.</i>
Supporting assets:	<p><i>Limits scope to develop and dedicate existing assets as per the LHP in order to deliver growing complex elective and emergency activity.</i></p> <p><i>Service delivery is dispersed across a number of sites and existing accommodation/estate cannot be used flexibly</i></p>	<p><i>Provision of a modern bespoke facility fit for purpose centralising day case and short stay elective activity to maximise efficiency and optimise resource usage.</i></p>
Public & service user expectations:	<p><i>Unable to meet service user expectations with longer waits for elective surgery, a reliance on the private sector or GJNH resulting in patients travelling out with the region for non complex elective care.</i></p>	<p><i>Purpose designed modern facility locally which benefits the population of Lothian and the region if required and benefits the community of West Lothian in terms of development, health infrastructure and employment opportunities. Improved quality of care and clinical outcomes through treatment in a specialist centre within expected waiting times.</i></p>

The Short Stay model at St John's will enable centralisation of short stay elective care for Lothian and for the South East as required and improve access to treatment for patients in Lothian and the region if required. Positioned in West Lothian the centre has potential to enable planning based on population across multiple boards as outlined in the National Clinical Strategy.

The short stay model at SJH will enable the separation of some elements of elective and emergency capacity though the use of dedicated beds, theatres and staff on the SJH campus.

The St John's Short Stay Elective Centre provides a significant opportunity for the community to benefit both from an enhanced service within West Lothian and in terms economic advantages reap benefits from investment made locally. Projected demographic growth and a significant number of new homes planned in Livingston area also present a workforce opportunity.

SJH Short Stay Elective Centre fits neatly with the LHP strategic direction for the site, as an elective care centre for Lothian, and for the South-East Scotland region and there is opportunity to develop in accordance with the site masterplan additional theatre and supporting accommodation in modern facilities.

There is also potential on site to augment existing car parking and opportunities for improvement in public transport links.

The St John's Short Stay Elective Centre, in building only 1 new centre, actually meets the ministerial commitment to deliver 2 elective centres in Lothian one in Edinburgh and one in Livingston. Centralising day case activity at SJH will release theatre space and inpatient beds to cope with remaining workload/ growth/ repatriation for orthopaedics without requiring the case to be made for a second new building (Elective Centre) but alternatively establishing an orthopaedic facility functioning as an 'elective centre' within current footprint at the RIE.

Table 38:

	Do Nothing: As existing arrangements	Proposed Solution: St John's Short Stay Elective Centre
Advantages (Strengths & Opportunities)	<p>This option offers no advantages or opportunities.</p>	<p>Provides additional capacity for forecast growth, repatriation of patients from the private sector and GJNH.</p> <p>Allows centralisation of short stay and day case activity across 5 specialties in Lothian and a 'top operating model' for short stay and provides the opportunity for utilisation by the East region also.</p> <p>Planning based on population</p> <p>Meets ministerial commitment to invest in 1 centre in Livingston.</p> <p>Opportunities Public Transport links could be improved.</p> <p>Projected demographic growth and number of new homes planned in Livingston area presents workforce opportunity.</p> <p>NHS owned property with potential to expand.</p> <p>Frees up prime in-patient and theatre space on 'hot' sites for complex and emergency workload.</p> <p>Enables creation of an Orthopaedic 'Elective Centre' at the RIE within existing footprint.</p> <p>Sustained delivery of TTG and reduces the risk of cancellation by separating scheduled and unscheduled flows.</p> <p>A more affordable model with the elimination of private sector costs.</p>
Disadvantages (Weaknesses & Threats)	<p>Provides no additional capacity to meet growing demand</p> <p>Offers poor patient experience with patients waiting longer or cancellations on day of surgery due to unscheduled care pressures.</p> <p>Does not enable centralisation of Day Case and short stay and facilitate efficient models of care</p> <p>Will result in increased pressure on waiting times.</p> <p>Does not eliminate the use of the private sector and indeed reliance may increase with associated increase in costs.</p>	<p>This option has no disadvantages</p>

	Continue to provide a fragmented short stay service utilising prime in-patient 7 theatre capacity on 'hot' sites.	
Investment Objectives		
1) Increase service capacity and sustainability to meet demand through centralisation of short stay elective care in an elective care centre for Lothian and for the South-East Scotland region releasing capacity for growth in other areas at the RIE & WGH. (complex and emergency workload)	Does not meet investment objective	Fully meets investment objective
2) Provide additional theatre and supporting accommodation in modern facilities to improve the patient experience, maximise efficiency and optimise resource usage.	Does not meet investment objective	Fully meets investment objective
3) Improve access to short stay elective care in NHS Lothian and provide safe, timely, effective, patient centred care locally. IV. Provide elective care within acceptable waiting times for the population of Lothian and the East region if required. V. Provide elective care in NHS facilities in the East and remove the need for independent sector or out of area support. VI. Ensure that people who use the service have positive experiences	Does not meet investment objective	Fully meets investment objective
4) Improve service performance, reducing cancellations and improving outcomes and flow, through the separation of some elements of elective and emergency capacity and the use of dedicated beds, theatres and staff.	Does not meet investment objective	Fully meets investment objective
Affordability	Reliance of private sector unaffordable	Revenue funding model for Elective Centres to be agreed.
Preferred / Possible / Rejected	Rejected	Preferred Solution

The 'do nothing' option does not meet the needs of the region or address the ministerial commitment for two elective centres for the South East, one in Livingston and one in Edinburgh .On the basis of the above the preferred strategic and service

solution is the development of a Short Stay Elective Centre at SJH in Livingston. It is the only option of the list of 4 initially identified proposed as a solution for consideration by the region and it meets all of the investment objectives.

This solution will be taken forward to OBC where the implementation of the solution will be further developed. It is proposed that as part of ongoing development a full range of options will be properly tested and costed based on the agreed SoA, subject to agreement with SG CIG. These options indicatively being:

- Stand alone new build - tested on different parts of site potentially.
- Linked new build – again potentially different site options.
- Mix of refurbishment and extension in most functionally suitable area(s).

3.4 Indicative costs

The indicative capital costs for the short-listed option are shown below. A more detailed breakdown of the preferred solution is included in Appendix 6.

Table 39: Indicative Capital Costs for Shortlisted Options

Costs In £ Millions	Do Minimum (£m)	SJH Short Stay Elective Centre (£m)
Creation of SJH Short Stay Elective Centre	-	67.17
Whole of life Capital Costs	9.50	73.77
Whole of life Operating Costs	576.35	1113.47
Total Cost Over Lifecycle (25 Years)	585.85	1187.24
Estimated Net Present Value of Costs	420.44	864.45

Do minimum options include refurbishments within the existing sites, which the elective procedures are currently undertaken, to allow for the clearance of current backlog maintenance. Also included are costs to extend the life of the existing facilities through undertaking work identified as being necessary.

These high level assumptions are considered reasonable for Initial Agreement, based on what is currently understood about current and proposed service models. These assumptions will be refined through the Outline Business Case process.

Although the high level assessment of costs for the ‘Do Minimum’ option indicates less capital and revenue expenditure than the short stay elective care centre option, ‘Do Minimum’ does not meet any of the investment objectives previously laid out.

3.3 Design quality Objectives

The project will use the Achieving Excellent Design Evaluation Toolkit (AEDET) to assess design quality throughout the procurement and design process and as part of the Post Project Evaluation.

An initial AEDET workshop was undertaken on the 4th June 2018 with key stakeholders and facilitated by Health Facilities Scotland and Architecture and Design Scotland and NHS clinical & non clinical stakeholders from all 3 boards in the region were in attendance.

The objectives of the workshop were to:

- Review the existing building and set a benchmark score under 3 main areas – Functionality, Build Quality & Impact split into 10 sections with a number of statements in each section.
- For each of the 10 sections to identify priority statements which need to be addressed as a priority as the design develops.
- Generate target scores for each section.

A summary of the benchmark and target scores for each of the 10 sections is shown below:

Category	Benchmark	Target
Use	1.4	4.5
Access	1.9	4.4
Space	2.0	4.5
Performance	2.0	4.2
Engineering	TBC	3.4
Construction	–	4.0
Character & Innovation	2.3	4.2
Form and Materials	2.0	4.6
Staff and Patient Environment	1.8	4.5
Urban and Social Integration	3.3	4.5

The existing arrangements for day surgery and elective care across NHS Lothian's 3 sites, SJH, RIE and the WGH scored particularly poorly for use, access, space, performance, staff and patient environment with a range of 1.4 to 2.0.

The Construction section was not scored as a benchmark because it is not relevant for the existing building.

The priority statements agreed at the workshop were:

Section	Priority Statements
Use	<p>Overall the design is capable of handling the projected throughput.</p> <p>Workflows and logistics are arranged optimally</p>
Access	<p>There is adequate parking for visitors/ staff cars/ disabled people.</p> <p>There is good access from available public transport including any on-site roads.</p>
Space	<p>There is adequate storage space.</p> <p>Any necessary isolation and segregation of spaces is achieved.</p>
Performance	<p>The building and grounds are easy to clean.</p> <p>Access to daylight, views of nature and outdoor space are robustly detailed.</p>
Engineering	None identified.
Construction	Not scored at workshop
Character and Innovation	The design provides a clear strategy for future adaptation and expansion.
Form and Materials	<p>The design has a human scale and feels welcoming.</p> <p>Entrances are obvious and logical in relation to likely points of arrival on site.</p>
Staff and Patient Environment	<p>The design reflects the dignity of patients and allows for appropriate levels of privacy.</p> <p>The design is clearly understandable and wayfinding is intuitive.</p>
Urban and Social Integration	There is a clear vision behind the design, its setting and outdoor spaces.

The output of the first AEDET Workshop with benchmark and target scores is included as Appendix 5.

NHS Scotland Design Assessment Process (NDAP)

As part of the NHS Scotland Design Assessment Process (NDAP), two workshop sessions were held to develop the Design Statement for the project. The sessions were facilitated by Architecture Scotland and the first NDAP workshop took place on the 4th June with the second workshop taking place on the 22 June 2018 to further develop the design statement.

These sessions had representation from clinical and non clinical staff from all 3 boards in the region. The workshops included only 1 service user. NHS Lothian is now in a position to describe the proposed clinical model and identify the affected population & communities and will plan engagement with the public to demonstrate support for the proposal moving forward to OBC and a session with service users to seek their view on the design statement will be integral to this plan.

Scotland and Architecture Scotland submitted a `supported and verified` NDAP report at IA stage to the Scottish Capital Investment Group on **DATE TBC.**

3.4 Engagement with Stakeholders

This section provides a summary of the range of stakeholders affected by this proposal and provides details of what engagement has taken place confirming the level of support for the proposal.

NHS Lothian has had an initial discussion the Scottish Health Council (SHC) regarding the approach to involving, engaging and consulting with patients and the public as we work towards OBC.

There was an acknowledgement from NHS Lothian that engagement with the public has been minimal to date but both the SCH and NHS Lothian noted that there is a public awareness of the ministerial commitment in 2015 to develop 6 elective centres across the country, 1 of which in Livingston. The announcement in 2015 set out a position to develop the elective centres, but the services that will be delivered from these and the potential impact (positive or negative) has yet to be determined.

NHS Lothian has received numerous enquiries regarding the timeline for delivery of the Livingston and Edinburgh centre.

As part of the Lothian Hospitals Plan (LHP) the 4 Integrated Joint Boards have been consulted on the future direction for the SJH site as an elective care centre. NHS Lothian keeps the Lothian Hospitals Plan under constant review through the NHS Lothian Strategic Planning Committee. Regular updates are provided individually to IJBs through their Strategic Planning Groups.

As NHS Lothian is now in the position to describe a proposed clinical model and identify the affected population & communities NHS Lothian will plan engagement with the public to demonstrate support for the proposal moving forward to OBC. A communication & engagement plan will be developed with the SHC to ensure good stakeholder communication and a regional approach incorporated if required.

A High Level Impact Assessment will be undertaken to assess potential impacts on health equality and consider how identified impacts may be addressed and this will inform the clinical model, service arrangements and design of the facility.

In terms of major service change, the normal process of the Scottish Health Council providing a view would be towards the end of the engagement phase, and ahead of any potential consultation. From the SHC perspective the decision to provide an elective centre appears to have been made. However, the services provided from this and the potential impact on patients accessing the centre is not clear. This is a factor that the Scottish Health Council would always consider when providing a view on any proposed change.

There is an expectation further engagement will take place, including the impact assessment before the Scottish Health Council will consider providing a view on this. The decision on whether a proposed change constitutes major service change is ultimately a ministerial one, so it may also be beneficial for this discuss to be taken forward by the National Programme Board and the Scottish Government to gain their understanding in respect of the Elective Centres Programme given the circumstances.

The table below summarises the key stakeholders and governance involved to date:

Table 40:

Stakeholder / Governance Group:	Engagement that has taken place	Confirmed support for the proposal
<i>NHS Lothian</i>	<p><i>This proposal supports the delivery of the Lothian Hospitals Plan, which involved upwards of 500 senior clinical and managerial staff over the course of a year.</i></p> <p><i>NHS Lothian is fully supportive of this proposal, with Jacquie Campbell Chief Officer Acute and Jim Crombie, Deputy Chief Executive, taking the lead role in its development. This proposal is also incorporated into our Property and Asset Management Strategy and Annual Operational Plan. All of which have received NHS Lothian Board approval.</i></p>	<p><i>This is in line with the Lothian Hospitals Plan, which was adopted by NHSL's Board, and Acute Hospitals Committee, in January 2017.</i></p> <p><i>The final draft of the IA will be put forward for approval to NHS Lothian Finance & Resources Committee (F&R) 25 July 2018</i></p>
<i>Specialty Services in Scope of proposal</i>	<i>Initial surgical engagement events outlining the Elective Centre proposal were held in February and April 2017, and built on feedback from clinicians received during the development of the Lothian Hospitals</i>	<i>The IA has been</i>

	<p><i>Plan.</i></p> <p><i>An Elective Strategy Programme Board was established in June 2017 chaired by Brian Cook, and supported by NHS Lothian's Head of Implementation, Lothian Hospitals Plan.</i></p> <p><i>Both managerial and clinical colleagues are represented on this board and have been actively involved in the process of developing the 'short stay' clinical model.</i></p> <p><i>Clinical leads for the 5 specialties in scope have agreed jointly with the Programme Board Chair & Strategic Planning the 'basket' of short stay procedures to be centralised in an elective centre and are committed to ongoing development of the clinical model to deliver best in class.</i></p>	<p><i>shared with the Elective strategy Programme Board 2 June 2018 and Acute SMT 19 June 2018.</i></p>
<p><i>Staff & Staff Partnership</i></p>	<p><i>Staff affected by this proposal include: Medical, Nursing, Theatre including ODP, Support Services, ODP, Managerial. Representatives of which sit on the Elective strategy Programme Board.</i></p> <p><i>Involving staff partnership through the LHP conversations.</i></p>	<p><i>An Integrated Impact Assessment (IIA) is planned for September 2018 and Staff representatives and Staff Partnership will be invited to participate.</i></p>
<p><i>4 Integrated Joint Boards in Lothian</i></p>	<p><i>Integrated Joint Boards have been advised of the plans through discussion around the NHS Lothian Hospitals Plan and potential future use of the SJH site. West Lothian IJB are represented on the SJH & RIE Site Masterplanning Groups.</i></p>	<p><i>NHS Lothian keeps the Lothian Hospitals Plan under constant review through the Strategic Planning Committee. Regular updates are provided individually to IJBs through their Strategic Planning Groups.</i></p> <p><i>The final draft of the IA will be shared</i></p>

		<i>with IJB Chief Officers before submission to CIG August 2018.</i>
<i>East Region Health and Social Care Delivery Plan Programme Board – Acute Workstream</i>	<p><i><u>Acute Workstream</u>: Chief Executive Lead , Paul Hawkins CEO NHS Fife, Planning Lead Jan McLean SEAT</i></p> <p><i>Sub Groups;</i></p> <p><i><u>Elective Centres Group</u>- Chair Jacquie Campbell, NHS Lothian Planning Lead ,Colin Briggs NHS Lothian. Regular weekly Elective Centre Teleconference with representation from all 3 boards.</i></p> <p><i><u>Orthopaedics Group</u>- Chair Jim Crombie, NHS Lothian, Planning Lead Jann Gardner, NHS Fife and a number of Orthopaedic Regional Workshops.</i></p> <p><i><u>Urology Group</u> – Chair Brian Cook NHS Lothian</i></p> <p><i>Planning Lead Jan McLean SEAT</i></p>	<i>A draft of the IA was shared with the East Region Programme Board 11 May 2018 and a final draft shared before submission to the CIG 30 August 2018.</i>
<i>NHS Fife</i>	<p><i>NHS Fife have been represented on the Elective Centres Group which has met every two weeks since early 2018. In addition local discussions have taken place with NHS Fife</i></p> <p><i>NHS Fife confirmed no requirement for ‘short stay’ elective centre capacity in a regional centre.</i></p>	<i>The final draft of the IA will be shared for agreement with the East Region Programme Board 30 August 2018 before submission to the CIG.</i>
<i>NHS Borders</i>	<p><i>NHS Borders have been represented on the Elective Centres Group which has met every two weeks since early 2018. In addition local discussions have taken place with NHS Borders.</i></p> <p><i>NHS Fife confirmed no requirement for ‘short stay’ elective centre capacity in a regional centre.</i></p>	<i>The final draft of the IA will be shared for agreement with the East Region Programme Board 30 August 2018 before submission to the CIG.</i>

<p><i>National Elective Centres Programme Board</i></p>	<p><i>The National Elective Centres Programme Board has been informed regularly informed of the East region intention through project updates.</i></p> <p><i>An Advisory Group to benchmark all Elective Centre IAs will review this proposal.</i></p>	<p><i>An Advisory Group reviewed and commented on the draft IA (1 May 18)</i></p> <p><i>The final draft of the IA will be put forward for approval to The National Elective Centres Programme Board DATE 2018.</i></p>
<p><i>Scottish Health Council</i></p>	<p><i>Major Change -There is an expectation further engagement will take place, including the impact assessment before the Scottish Health Council will consider providing a view on this.</i></p>	<p><i>NHS Lothian will plan engagement with the public to demonstrate support for the proposal moving forward to OBC.</i></p> <p><i>A communication & engagement plan will be developed with a regional approach if required.</i></p> <p><i>A High Level Impact Assessment will be undertaken September 2018.</i></p>
<p><i>Patients / service users</i></p>	<p><i>NHS Lothian Elective Strategy Programme Board is working to agree standardised pathways and protocols for the basket of procedures in-scope. These will clarify which tasks should be done and by whom. Patient and family representatives will be involved in this work to ensure that improving the things that matter to patients is a priority alongside a commitment to improve the efficiency and quality of care.</i></p>	<p><i>A stakeholder group with service users to be established.</i></p>
<p><i>General public</i></p>	<p><i>The general public will be affected by this proposal as potential service users or carers or by being neighbours of the proposed future</i></p>	<p><i>NHS Lothian keep the Lothian Hospitals Plan under constant review</i></p>

	<p><i>facility.</i></p> <p><i>A Communication and Engagement Plan will be developed with the Scottish Health Council to ensure good Stakeholder communication.</i></p>	<p><i>through the Strategic Planning Committee. This includes close working with NHSL's IJB partners when appropriate.</i></p> <p><i>A Communication and Engagement Plan will be shared with Scottish Health Council September 2019.</i></p>
<p><i>Other key stakeholders</i></p>	<p><u><i>University of Edinburgh</i></u></p> <p><i>Support sought for students, University staff working in the new facility and current research activities plus future research/collaborative plans.</i></p> <p><i>Initial discussions have taken place with senior clinical and managerial staff in the University to outline the proposal</i></p> <p><u><i>NHS Education Scotland</i></u></p> <p><i>Regional/ national approach to workforce planning required.</i></p>	<p><i>Represented on Elective Strategy Development Board.</i></p>

4 Commercial, Financial and Management Cases

4.1 The Commercial Case

4.1.1 Procurement Route

In order to deliver the project in accordance with current NHS Scotland construction procurement policy, it is anticipated that Frameworks Scotland 2 (FS2), or its successor, will be the best option via traditional Capital Funding. This procurement route appoints a single contractor to act as sole point of responsibility for the management and delivery of an integrated design and construction project on time, within budget and fit for purpose.

Frameworks Scotland has been used successfully by NHS Lothian for a number of years and there is a clear organisational understanding of the process for appointment of the Principal Supply Chain Partner (PSCP), including appointments at St John's Hospital for ward upgrades, refurbishments and infrastructure.

With regard to Consultant appointments Thomson Gray has already been appointed as the lead advisor for the project and will therefore undertake the Consultant duties of Project Manager, Cost Advisor & Supervisor. The only required Consultant appointment will be the CDM Advisor.

A High Level Information Pack (HLIP) will be issued by NHS Lothian to the PSCP's on the Framework in line with outline programme.

Expressions of interest will be invited from the PSCPs and there will then be an evaluation followed by interviews and presentations by the PSCP's. Appointment will be made on the basis of the highest scoring PSCP on a Quality / Cost evaluation.

It is anticipated that this process will commence in autumn 2018, with the appointed PSCP inputting from the OBC Stage through to completion in order to optimise programming and achieve best value from the process.

4.2 The Financial Case

The Financial Case considers the affordability of the scheme. This section sets out all associated capital and revenue costs, assesses the affordability of the preferred option and considers the impact on NHS Lothian's financial sustainability. In order to make this assessment financial modelling has been undertaken to identify projected costs; including estimates for:

- Capital costs for options considered (including construction and equipment);
- Non-recurring revenue costs associated with the project;
- Additional clinical costs based on activity requirements as identified in the strategic case.
- Taking these factors into account the summary position outlined below:

Table 41: Summary of Capital Costs

Project Costs	Creation of Elective Care Centre (£m)
Capital Costs	65.97
Project Team Costs	1.20
Total Costs	67.17

Table 42: Summary of Recurring Revenue Costs

Project Costs	Creation of Elective Care Centre			
	2020		2026	
	WTE	(£m)	WTE	(£m)
Clinical Staff	190.67	11.13	259.84	15.09
Support Staff	9.24	0.27	12.76	0.37
Non Pays	0.00	5.99	0.00	7.80
Total Clinical Costs	199.91	17.39	272.60	23.26
Property Costs	-	2.02	-	2.02
Depreciation	-	1.91	-	1.91
Total Non Clinical Costs	0.00	3.93	0.00	3.93
Total Revenue Costs	199.91	21.32	272.60	27.19

4.2.1 Capital Costs

The total capital cost comprises the construction costs provided by quantity surveyors and is included in detail in Appendix 6.

Assumptions

Capital funding is assumed to be traditional capital funding, through the Capital Resource Limit, therefore no borrowing costs are included. VAT on construction costs is assumed to be irrecoverable, with the exception of professional fees and PSCP mark up. Estimates of VAT recoverability on other costs will be reviewed by VAT advisors during the OBC. Equipment costs are based on 15% of construction costs and construction costs are based on 2018 building regulations.

Total Capital Costs

The overall capital cost for the preferred option amounts to £67.17m. These costs are detailed below. Table 43: Total Capital Costs

Project Costs	Creation of Elective Care Centre (£m)
Construction	31.54
Professional Fees	4.10
Other Costs	0.71
Equipment	5.45
Costed Risk Register	9.78
Inflation	4.34
VAT	10.05
Sub Total	65.97
Project Team Costs	1.20
Total Costs	67.17

4.2.2 Revenue Costs

At this stage the revenue implications of the project have been modelled on the basis of the activity requirements described in the strategic case. No offset is recognised in relation to resource transfer from existing facilities. Further work will be undertaken as part of the OBC to determine the extent to which resources from other Hospital Campi will be releasable in line with proposed activity transfers. In order to establish the scope of potential releases, additional modelling will be undertaken to assess the options for utilisation of the facilities vacated. It is anticipated that this modelling may result in the development of further business cases in relation to elective capacity.

Assumptions

Workforce calculations have been modelled on NHS Lothian methodology which includes allowances for employer costs; leave cover and enhanced payments for out of hours working. Non pay costs have been modelled based on ward benchmarking and current theatre cost per case data. Increases in property costs reflect the increase in the size of the St John's Campus as a result of the project. Depreciation costs have been based on 40 years for the building; 10 years for equipment and 5 years for IT.

Table 44: Recurring Costs of Clinical Model

Area & Category	2020		2026	
	WTE	(£m)	WTE	(£m)
Theatre Increase:				
Theatre team	58.88	1.71	79.21	2.31
Medical staff	56.25	6.76	75.67	9.10
Recovery staff	14.72	0.46	19.8	0.62
Support staff	9.24	0.27	12.76	0.37
Non Pays	-	5.50	-	7.11
Total Increase Theatres	139.09	14.70	187.44	19.51
Ward Increase:				
Nursing	52.25	1.86	72.00	2.59
Support staff	8.57	0.32	13.16	0.48
Non Pays	-	0.51	-	0.68
Total Increase Wards	60.82	2.69	85.16	3.75
Total Elective Centre Expansion	199.91	17.39	272.59	23.26

Accounting Treatment

Treatment of capital costs will be in line with the requirements of the Capital Accounting Manual. Detailed accounting treatment will be determined through the development of the OBC.

4.2.3 Statement of Affordability

The capital costs detailed above are assumed to be traditionally funded through a Scottish Government Health Department allocation through the Capital Resource Limit (CRL).

Revenue cost forecasts are currently estimates and will require detailed costing through the OBC/FBC process. This will inform the requirement for efficiencies and other funding sources to be identified. Whilst there is no revenue funding model agreed to fund forecast increases in activity this will continue to be articulated as a risk to delivery of a SSEC.

4.3 The Management Case

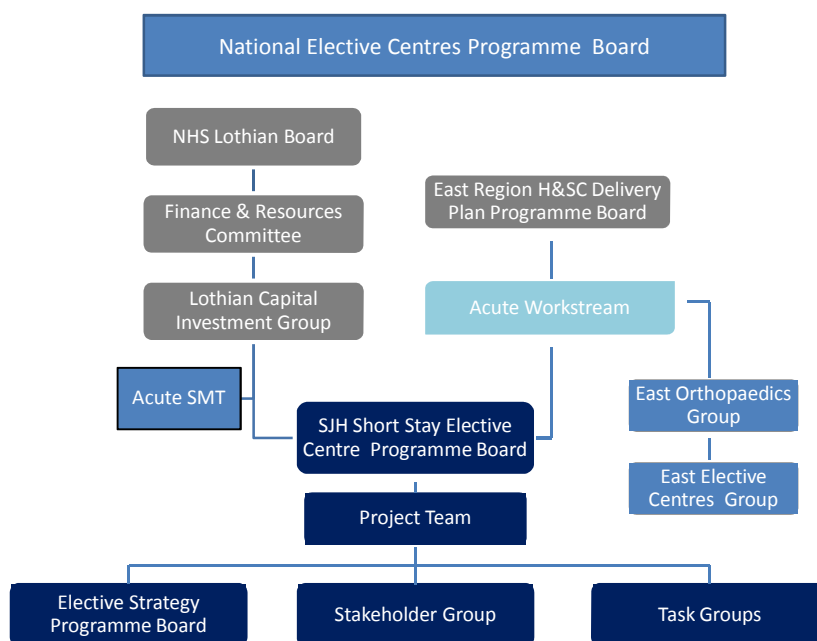
4.3.1 Summary of Governance support for the proposal

Table 28 in section 3.4 includes how members of the proposal's governance arrangements have been involved in its development to date and will continue to support.

4.3.2 Readiness to proceed

A benefits register and initial high level risk register are included earlier in this document.

Diagram 2: Project Reporting Structure



Project Reporting Structure

The organisational structure shown in Diagram 2 will be used for the duration of the project.

The roles & responsibilities of the bodies integral to the project are:

Programme Sponsor

NHSL Project Sponsor is Jacquie Campbell, Chief Officer Acute Services and will have a dual role as chair of the Regional Elective Centres Group.

Programme Board

The remit of the Programme Board is:

- To assist the Project Owner with the decision-making process and ongoing implementation of the project.
- To assist the Project Owner with preparing to meet the assurance needs of the Finance & Resources Committee, as well as any further enquiries from Lothian NHS Board with regard to the project.

It is envisaged that the Programme Board will be brought formally into existence by the end of May 2018. The Board will meet every 6 weeks. The membership will include regional representation, in addition to representation from Capital Planning, Finance, Partnership and Senior Management from the services in scope.

Stakeholder Board

The principal remit of the Stakeholder Board is:

- To inform stakeholder groups and organisations of progress of the project and related service development.

- To provide stakeholders with a forum to discuss service issues pertinent to the delivery of the project.
- To provide a forum for patient and public involvement

Project Team

The remit of the Project Team is to co-ordinate the delivery of the project from the design stage through to construction.

NHS Lothian Elective Strategy Programme Board

NHS Lothian Elective Strategy Board chaired by Brian Cook, Medical Director Acute Services will provide the platform for clinically led proposals for the development of Elective Care to be considered and agreed. Its remit includes the consideration of future workforce challenges and the role of technology in future service delivery.

Task Groups

A number of Task Groups will be formed to undertake the detailed pieces of work required to take the project forward.

East Region Health & Social Care Delivery Programme Board

Whilst the proposal will follow the internal governance of the host board the role of this group will be to provide regional approval.

Capabilities of those taking forward the Project

Project Director - Ian Graham, Director of Capital Planning NHS Lothian

Senior Capital Planning Project Manager - To be recruited.

Programme Manager - A Strategic Programme Manager Catherine Kelly from NHS Lothian's Strategic Planning team has been identified to support delivery of this programme.

External Specialist Advisors

Thomson Gray has been employed as lead advisor for the project.

Legal advice for the Project will be obtained from the Central Legal Office.

Project Plan

A detailed Project Plan will be produced for the OBC. At this stage, the Board is aiming to achieve the milestones shown below:

Table 45: Key Milestones

Key Milestones	Date
Finalise Programme Board/Stakeholder Board/Project Team structure	March 2018
Initial AEDET Workshop/ NDAP Part 2	22 June 2018
Initial Agreement Approved (at single issue CIG end of September date TBC)	September 2018

First Programme Board following approval of IA	September 2018
Appointment of Principal Supply Chain Partner (PSCP)	January 2019
Appointment of Construction, Design and Management (CDM Advisor)	January 2019
Short Stay Centre' Outline Business Case (OBC) Completed	April 2019
Obtain Planning in Principle consent from West Lothian Council	April 2019
Short Stay Centre' Full Business Case (FBC) Completed	December 2019/ January 2020
Short Stay Centre' Construction Commencement	Early 2020
Short Stay Centre' Construction Completion and Handover Begins	July 2021
'Short Stay Centre' Occupancy / service commencement	Dec 2021/ January 2022

An ambitious time line responding to the ministerial commitment that elective centres across the country would be operational by 2021 was outlined as part of the national programme and reviewed by HFS early in this process. The time line above has been extended to reflect significant delays encountered whilst progressing the IA to the CIG for approval. It remains ambitious and assumes there will not be similar delay at subsequent stages of governance.

5 Conclusion

The strategic assessment scored this proposal 15.52 (weighted score) out of a possible maximum score of 20.

The Strategic Assessment carried out for this proposal can be seen on page 21.

This proposal is one of the key priorities in sustaining the East Region clinical model. The region has agreed that the provision of elective care which meets TTG is both a service and strategic priority and this reaffirms the need for change.

This proposal remains a priority for the East Region. As referred to earlier in this document the East Region HSCDP has identified other key capital priorities including the need to address poor accommodation at the Tower Block VHK the Princess Alexandra Eye Pavilion, The Edinburgh Cancer Centre for the South East of Scotland.

Investment in Elective Centres remains a priority for the Scottish Government as the national programme progress submission of IAs across Scotland.

Appendix 1 Re-provision of Orthopaedic Services in NHS Fife

Background

NHS Fife is a full participant in all aspects of the East of Scotland Health and Social Care Delivery Plan, including both the orthopaedic and elective centre workstreams which are most relevant to the case for investment in elective centres. The regional orthopaedic workstream has made clear the importance to the region of sustaining Fife's orthopaedic service and reinforced the importance of capital investment in Fife to ensure sustainability.

NHS Fife provides their core elective Orthopaedic service from the Victoria Hospital Kirkcaldy (VHK) site. VHK is a modern district general hospital (DGH) providing services for the c.370,000 population of Fife. Orthopaedic services are a key building block of any DGH clinical model, as they provide key elective services as well as being core to unscheduled care services.

Fife's elective orthopaedic services are currently provided from a not fit for purpose facility, "the tower block". The issues of sustainability of physical facilities are such that there are concerns that this could affect the sustainability of the orthopaedic service generally. The NHS Fife Orthopaedic service provides a patient-focussed service with excellent patient outcomes and has upper quartile performance across a range of measures when benchmarked against other services in Scotland and the UK.

The Initial Agreement (IA) for the Re-provision of Elective Orthopaedic Services in Fife is expressly focussed on how best to sustain current activity and performance levels. As a by-product, the case is clear that additional elective capacity can be provided by a combination of additional theatre capacity and the productive opportunities provided by a new physical environment.

Case for Change

Despite the condition and functionality of the existing elective orthopaedic facility in Fife, the productivity and throughput of the orthopaedic service is upper quartile in Scotland. The existing service consists of 2 laminar flow theatres and a dedicated 24 bed ward. The provision of daycase and short stay theatres is not provided at VHK but is carried out in the Short Stay Unit in Queen Margaret Hospital, Dunfermline (QMH). Short stay surgery – for example, shoulder surgery - will be provided in QMH. This separation of short-stay from complex inpatient parallels the case for the SJH elective centre, and similarly capacity is created at VHK by the use of QMH. However, what is also clear is that the transfer of short-stay activity to SJH would be counter to the effort to ensure sustainability of a thriving orthopaedic service in Fife.

Changes in the population demographics across the South-East of Scotland project an increased demand for the elective Orthopaedic arthroplasty service and this proposal is designed to provide a sustainable solution for the elective Orthopaedic service in Fife and across the region into the future.

Consideration was made to the refurbishing and upgrading of the tower block to ensure a safe patient environment. The condition and clinical functionality of the tower block is unsustainable over the longer term and the estimated capital cost to deal with significant clinical backlog within the tower block is £25m, of which £20m relates to repairing the external fabric which has reached the end of its life.

Opportunities

In reviewing the current arrangements and considering the need for change in this proposal, potential opportunities were highlighted. The opportunities were based on the planning assumptions, agreed across the region in the Orthopaedic workstream, that the local Orthopaedic Service continues to serve the population of Fife in terms of Orthopaedic arthroplasty services with no requirement for regional services to supplement local services.

The IA further cements the sustainability of the service by providing an additional theatre and additional ten inpatient beds.

DCAQ

NHS Fife has an established process to carry out Demand and Capacity management for clinical services. The DCAQ analysis for the elective Orthopaedic Service shows that the current capacity in Fife is insufficient with benchmarking measures showing;

- (1) a high theatre utilisation for the last 3 years, with all three years above 95% utilisation;
- (2) a utilisation of non-core capacity, (waiting list sessions, GJNH, or other providers) to meet TTG, and;
- (3) Fife has one of the lowest inpatient average length of stay in Scotland (behind GJNH) for both THR and TKR.

In addition to the capacity issues, the IA also took into account the population change in demand which would increase the number of theatre sessions required for arthroplasty by 33% up to 2035. This increase provides the evidence for an additional third inpatient theatre for elective Orthopaedics based on the requirement for an additional 526 theatre sessions running at 85% utilisation.

Option Appraisal

An options appraisal was undertaken with key stakeholders and the preferred option is *to provide a new-build facility at VHK to meet the current requirements together with added capacity for future demand projections*. The anticipated cost for this option is outlined in the table below.

Description	Cost (£)
Capital cost	£27,072,000
Whole life capital costs (30 years)	£13,497,600
Whole life operating costs	£12,432,000
Estimated net present value of costs	£28,857,111

Conclusion

This proposal is a key priority for NHS Fife, and indeed the region, to ensure the sustainable provision of a robust and high-performing Orthopaedic service over the longer term that will continue to meet Fife's demand into the future. The ability to sustain this service is a critical component of a resilient DGH model which in turn sustains the regional clinical model.

Appendix 2

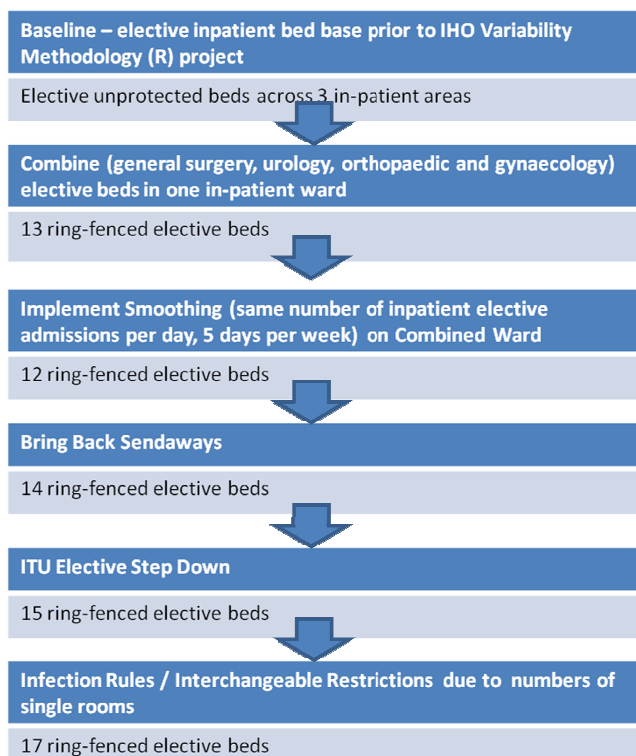
NHS Borders Inpatient Demand and Elective Ring-Fenced Facility

NHS Borders has agreed a new operating model for theatres and surgical flow following extensive work with the Institute of Healthcare Optimisation (IHO). This involves the creation of a ring-fenced inpatient elective facility for all orthopaedic, general surgery and gynaecology inpatients. The model requires 17 ring-fenced elective inpatient beds. During the winter period it has not been possible to protect these beds and a high-level of unscheduled medical activity has required the beds to be used for unscheduled medical patients. This has led to significant elective inpatient cancellations throughout the winter period. Should these beds be truly ring-fenced NHS Borders is able to accommodate all inpatient electives locally (with the exception of highly specialised procedures which are already provided by NHS Lothian) - essential in maintaining the clinical and financial sustainability of the Borders General Hospital.

In order to protect these beds NHS Borders requires £750k of capital investment to convert an area in the hospital to provide a dedicated elective ring-fenced facility. It should be noted that this capital sum would provide 2 6-bedded bays plus 5 single rooms. The capital requirement to create all single rooms would be at a significantly higher capital cost but could mean that the occupancy rate could be increased.

Attached is the Board Report, agreed in 2016, which explains the modelling used in greater detail. The following information explains the assumptions used in creating a 17-bedded facility.

Capacity based on all elective in-patients across all surgical specialties (Orthopaedic, Gynaecology and General Surgery) to Borders General Hospital



Each bed saved increases access for approximately 80 additional admissions per year**

17 beds based on 2 x 6 bedded bays and 5 single rooms. If future facility has more single/interchangeable beds this would release capacity to meet future demand, approximately 2 beds (additional 160 admissions per year).

**Assuming 80% occupancy and a 3.5 day average length of stay

Demand and Capacity Growth Assumptions

Specialty	2017	2021 (0.8% Growth)	2026 (1.9% Growth)	2031 (2.6% Growth)	2036 (2.8% Growth)
ENT	50	51	51	52	52
General Surgery	260	263	265	267	268
Gynaecology	139	141	142	143	143
Orthopaedics	588	650	670	698	723
Urology	166	168	170	171	171
Total Cases	1218	1273	1298	1331	1357
Occupied Bed Days (ALOS = 3.5 Days)	4,210	4,457	4,544	4,660	4,751
Required Beds (80% Occupancy, 50 Weeks)	15.0	15.9	16.2	16.6	17.0

Notes:

Growth Assumptions - assumes that demand for joint replacements (hip and knee) increases in line with ISD East Region predictions. All other procedures are based on population estimates from National Records of Scotland. NHS Borders is working alongside ISD to calculate growth projections at procedure-level.

Occupancy - 80% occupancy has been applied using queuing theory - the higher the occupancy rate in the elective inpatient facility the greater the likelihood of failure rate to admit to the elective area. To protect the occupancy of the elective area over the weekend, the daily smoothing target (number of elective patients admitted each day – Monday to Friday) is increased at the end of the week to keep occupancy higher so as to protect elective in-patient beds. 80% occupancy also reflects the challenges in gender placement and infection control constraints. This model is based on 2 6-bedded bays and 5 side rooms.

Days/Weeks of the Year - Elective operating is based on a 5 day week (Monday to Friday) working 50 weeks per year. We modelled smoothing elective inpatient admissions (based on local demand) over 5 days, 6 days and 7 days. The gain to the service in smoothing over 6 days and 7 days was one bed but would require significant staffing investment – the cost benefit analysis did not justify moving beyond 5 days of operating.

Theatre Utilisation Assumptions - NHS Borders has applied the Institute of Healthcare Optimisation Variability Methodology(R) commissioned by the Scottish Government to support separation of elective and emergency theatre demand. The project is based on right sizing the emergency theatre capacity based on the maximum clinical waiting time a patient can safely wait for their emergency surgery based on local demand. Consideration was given to several scenarios against the wait time for emergency theatre cases, emergency theatre utilisation, non-compliance rates and days between non-compliance events. Patient care, resource utilisation and service specific consideration were considered when agreeing the model for implementation. Having right sized the emergency theatre capacity to meet demand, there will be considerably less disruption in elective theatres to increase utilisation. In addition there is a Theatre Efficiency and Scheduling Project with an aim to fully optimise elective theatres.

Average Length of Stay – An Average Length of Stay of 3.5 days was based on all patients in the local dataset submitted for modelling who were elective inpatients from any specialty. It is based on “actual” length of stay. No assumptions have been built into this figure. That said, there may be productivity gains in work progressing locally to reduce delays and improve patient pathways.

Appendix 3

Sizing up a Short Stay Elective Centre (SSEC) & providing assurance regarding Orthopaedic Capacity Requirements in Lothian.

Background & Purpose

East Region Short Stay Elective Centre, (SSEC) St John's Hospital will support growth in short stay (up to 48 hours) elective procedures across a number of specialties, and act as an 'enabler' whereby elective capacity is released on acute sites across the region to support expansion of complex inpatient surgical services and repatriation of work currently delivered out with the region.

In NHS Lothian a basket of procedures suitable for a short stay centre have been identified across 5 key specialties

1. Colorectal
2. General Surgery
3. Gynaecology
4. Orthopaedics
5. Urology

The following summary will;

- Describe the capacity required at SJH to deliver the 'short stay' clinical model proposed, for the 5 specialties in scope, using 2016 activity to evidence present requirement and ISD forecast activity for requirement in 2026.
- Provide assurance that a short stay model will enable the release of sufficient capacity in terms of theatre sessions and beds to deliver a sustainable Orthopaedic service in Lothian.

Structure & Highlights

This summary is in 5 sections;

1. Volume of procedures in scope translated into number of operating theatres & beds required at a SJH 'short stay' based on 2016 activity (ISD patients aged 16 or over by board of residence).

8.2 Theatres Required at 90% Theatre Utilisation (NTIG target)

15.82 Day Case Beds (Monday to Friday closing Sat 2pm) with 95% Occupancy

23.25 In-Patient Beds with 85% Occupancy

2. Requirements in terms of theatres & beds by 2026 to accommodate growth based on 3 year (2014-16) average forecasts of selected IPDC procedures for patients aged 16 or over applied to future population projections (NRS 2014 Base).

<i>10.5 Theatres Required at 90% Theatre Utilisation (NTIG target)</i>
<i>17.98 Day Case Beds (Monday to Friday closing Sat 2pm) with 95% Occupancy</i>
<i>38.41 In-Patient Beds with 85% Occupancy</i>

3. Requirements in terms of theatres & beds by 2026 to accommodate growth based on 5 year (2012-16) average forecasts of selected IPDC procedures for patients aged 16 or over applied to future population projections (NRS 2014 Base).

<i>11 Theatres Required at 90% Theatre Utilisation (NTIG target)</i>
<i>19.41 Day Case Beds (Monday to Friday closing Sat 2pm) with 95% Occupancy</i>
<i>37.91 In-Patient Beds with 85% Occupancy</i>

4. Testing the hypothesis – releasing capacity for current gap, forecast growth and repatriation.

a) and b) Theatre and Bed Capacity Released by Site

<i>Site</i>	<i>Theatres sessions released per day</i>	<i>Day-Case Beds (DC)</i>	<i>In-Patient Beds (IP)</i>
RIE	5.89	4.47	8.05
WGH	3.59	3.96	5.57
SJH	3.70	4.68	3.29
Total	13.18	13.11	16.91

- c) In Orthopaedics there is sufficient evidence that the capacity released at the RIE will enable Lothian to meet current gap, future demand and repatriation of patients in both theatre and bed capacity.

Assuming a Short Stay Centre is supported the table below summarises the Lothian position in terms of elective and planned trauma capacity in 2025 versus requirements to meet orthopaedic elective demand locally.

	Future capacity assuming a short stay centre @ SJH is supported	Versus 2025 Requirements
Theatre sessions	100	99
IP Beds	66.2	74.3
DC Beds	20	15.8

The calculations above show a deficit in Orthopaedic IP beds and excess DC beds. There is also some work to be taken to finalise the bed requirements for major trauma. The exact configuration of DC and IP beds will be known once this work has been completed.

For Beds there is an absolute requirement to have orthopaedic elective beds protected (ring fenced) and this was a principle discussed and agreed through the regional orthopaedic group.

- d) Requires further work to establish requirements of other elective specialties on each site, however early analysis indicates that sufficient theatre and bed capacity will be available. Awaiting further data from ISD to complete work.
- e) NHS Fife completed an assessment of future requirement which indicates they will have sufficient capacity assuming upgrade of some existing orthopaedic facilities and expansion of 1 additional theatre.
- f) Similarly NHS Borders capacity analysis indicates sufficient theatre capacity but likely capital requirement to ring fence surgical beds and secure elective activity.

5. Modelling Assumptions

There is a need to define efficient/optimum capacity utilisation of the proposed 'short stay' centre, working within a target operating model. The National Elective Centres Top Operating Model Group is expected to bring forward a raft of key benchmarks and actions to be taken by Boards, and these will be key in further developing this proposal.

In the interim a number of modelling assumptions have been applied in order to model capacity requirements and are included in this paper.

6. Activity Forecasts

ISD has supported the production of activity forecasts

Section 1

Volume of procedures in scope (1,2107) translated into number of operating theatres & beds required at a SJH 'short stay' based on 2016 activity (ISD patients aged 16 or over by board of residence). To deliver the volume of selected IPDC procedures in scope (based on 2016 activity of patients aged 16 or over by board of residence) and applying an average theatre time to each of the 5 specialties but not accommodating growth the following theatres are required at SJH;

Specialty	Lothian Residents treated in all locations for in scope elective procedures with 0,1 & 2 day LOS (ISD 2016 Activity includes GJNH & Murrayfield but excludes other providers and all activity with 3 and more days LOS)	Daycases	1,2 day LOS	Average theatre time (mins)	Estimated Theatre time (Hours)	Number of theatres
Orthopaedics	2588	1747	841	81	3,494	2.00
General Surgery	2066	1027	1039	87	2,996	1.71
Gynae	3489	2446	1043	48	2,791	1.59
Urology	3061	1885	1176	52	2,653	1.52
Colorectal	903	532	371	61	918	0.52
Total		7637	4470		12,852	7.34
Theatres Required at 90% Theatre Utilisation as per NTIG						8.2

To deliver the volume of selected IPDC procedures in scope (based on 2016 activity of patients aged 16 or over by board of residence) and applying an average DC and IP length of stay to each of the 5 specialties but not accommodating growth the following Day Case and In-Patient beds are required are required at SJH by specialty;

Gynaecology	Number of Procedures (on all sites incl SJH)	Length of Stay	Beds (50 weeks a year 5 days a week for day case 5.5 days for IP)	IP Occupancy 85% Day Case 95 %
Day Case	2446	0.5	4.89	4.92
In-Patient (0,1,2 Day LoS)	1043	1.33	5.04	5.30

General Surgery	Number of Procedures (on all sites incl SJH)	Length of Stay	Beds (50 weeks a year 5 days a week for day case 5.5 days for IP)	IP Occupancy 85% Day Case 95 %
Day Case	1027	0.5	2.05	2.16
In-Patient (0,1,2 Day LoS)	1039	1.39	5.25	5.51

Colorectal	Number of Procedures (on all sites incl SJH)	Length of Stay	Beds (50 weeks a year 5 days a week for day case 5.5 days for IP)	IP Occupancy 85% Day Case 95 %
Day Case	532	0.5	1.06	1.12
In-Patient (0,1,2 Day LoS)	371	1.49	2.01	2.11

Urology	Number of Procedures (on all sites incl SJH)	Length of Stay	Beds (50 weeks a year 5 days a week for day case 5.5 days for IP)	IP Occupancy 85% Day Case 95 %
Day Case	1885	0.5	3.77	3.96
In-Patient (0,1,2 Day LoS)	1176	1.35	5.77	6.06

Orthopaedics	Number of Procedures (on all sites incl SJH)	Length of Stay	Beds (50 weeks a year 5 days a week for day case 5.5 days for IP)	IP Occupancy 85% Day Case 95 %
Day Case	1747	0.5	3.49	3.67
In-Patient (0,1,2 Day LoS)	841	1.33	4.07	4.27

Totals for IP & DC beds for all 5 specialties in scope based on 2016 activity are as follows;

Total Day-case Beds 95% Occupancy	
	15.82
Total In- Patient Beds 85% Occupancy	
	23.25

Section 2

Requirements in terms of theatres & beds by 2026 to accommodate growth based on 3 year (2014-16) average forecasts of selected IPDC procedures for patients aged 16 or over applied to future population projections (NRS 2014 Base).

To deliver the volume of selected procedures predicted in 2026 (15,308) based on 3 year (2014-16) average forecasts of selected IPDC procedures for patients aged 16 or over applied to future population projections (NRS 2014 Base) and applying an average theatre time to each of the 5 specialties the following theatres are required at SJH;

Specialty	ISD Forecast Demand of in scope procedures by 2026 based on 3 year average (incl los 3+ days)	ISD Forecast Demand of in scope procedures by 2026 based on 3 year average (Excluding 3+ days)	Daycases	1,2 day LOS	Average theatre time (mins)	Estimated Theatre time (Hours)	Number of theatres
Orthopaedics	3772	3551	1972	1579	81	4,794	2.74
General Surgery	3093	2925	1446	1479	87	4,241	2.42
Gynae	4157	3863	2397	1466	48	3,090	1.77
Urology	4156	3788	2128	1660	52	3,283	1.88
Colorectal	1253	1181	618	563	61	1,201	0.69
Total			8561	6747		16,609	9.49
Theatres Required at 95% uptake Theatre Utilisation as per NTIG							10.5

To deliver the volume of selected procedures predicted in 2026 based on 3 year (2014-16) average forecasts of selected IPDC procedures for patients aged 16 or over applied to future population projections (NRS 2014 Base) and applying an average theatre time to each of the 5 specialties the following IP & DC beds are required at SJH by specialty;

Gynaecology	Number of Procedures (on all sites incl SJH)	Length of Stay	Beds (50 weeks a year 5 days a week for day case 5.5 days for IP)	IP Occupancy 85% Day Case 95 %
Day Case	2397	0.5	4.79	5.03
In-Patient (0,1,2 Day LoS)	1466	1.33	7.09	8.15

General Surgery	Number of Procedures (on all sites incl SJH)	Length of Stay	Beds (50 weeks a year 5 days a week for day case 5.5 days for IP)	IP Occupancy 85% Day Case 95 %
Day Case	1446	0.5	2.89	3.04
In-Patient (0,1,2 Day LoS)	1479	1.39	7.48	8.60

Colorectal	Number of Procedures (on all sites incl SJH)	Length of Stay	Beds (50 weeks a year 5 days a week for day case 5.5 days for IP)	IP Occupancy 85% Day Case 95 %
Day Case	618	0.5	1.24	1.30
In-Patient (0,1,2 Day LoS)	563	1.49	3.05	3.51

Urology	Number of Procedures (on all sites incl SJH)	Length of Stay	Beds (50 weeks a year 5 days a week for day case 5.5 days for IP)	IP Occupancy 85% Day Case 95 %
Day Case	2128	0.5	4.26	4.47
In-Patient (0,1,2 Day LoS)	1660	1.35	8.15	9.37

Orthopaedics	Number of Procedures (on all sites incl SJH)	Length of Stay	Beds (50 weeks a year 5 days a week for day case 5.5 days for IP)	IP Occupancy 85% Day Case 95 %
Day Case	1972	0.5	3.94	4.14
In-Patient (0,1,2 Day LoS)	1579	1.33	7.64	8.78

Totals for IP & DC beds for all 5 specialties in scope by 2026 based on 3 year average forecasts are as follows;

Total Daycase Beds 95% Occupancy	17.98
Total In Patient Beds 85% Occupancy	38.41

Section 3

Requirements in terms of theatres & beds by 2026 to accommodate growth based on 5 year (2012-16) average forecasts of selected IPDC procedures for patients aged 16 or over applied to future population projections (NRS 2014 Base).

To deliver the volume of selected procedures predicted (15,898) in 2026 based on 5 year (2012-16) average forecasts of selected IPDC procedures for patients aged 16 or over applied to future population projections (NRS 2014 Base) and applying an average theatre time to each of the 5 specialties the following theatres are required at SJH;

Specialty	ISD Forecast Demand of in scope procedures by 2026 based on 5 year average (incl los 3+ days)	ISD Forecast Demand of in scope procedures by 2026 based on 5 year average (Excluding 3+ days)	Daycases	1,2 day LOS	Average theatre time (mins)	Estimated Theatre time (Hours)	Number of theatres
Orthopaedics	3930	3701	2657	1044	81	4,996	2.86
General Surgery	3301	3117	1574	1543	87	4,520	2.58
Gynae	4359	3962	2588	1374	48	3,170	1.81
Urology	4256	3894	2187	1707	52	3,375	1.93
Colorectal	1316	1224	675	549	61	1,244	0.71
Total			9681	6217		17,305	9.89
Theatres Required at 90% uptake Theatre Utilisation as per NTIG							11.0

To deliver the volume of selected procedures predicted in 2026 based on 5 year (2012-16) average forecasts of selected IPDC procedures for patients aged 16 or over applied to future population projections (NRS 2014 Base) and applying an average theatre time to each of the 5 specialties the following DC & IP beds are required at SJH;

Gynaecology	Number of Procedures (on all sites incl SJH)	Length of Stay	Beds (50 weeks a year 5 days a week for day case 5.5 days for IP)	IP Occupancy 85% Day Case 95 %
Day Case	2588	0.5	5.18	5.43
In-Patient (0,1,2 Day LoS)	1374	1.33	6.65	7.64

General Surgery	Number of Procedures (on all sites incl SJH)	Length of Stay	Beds (50 weeks a year 5 days a week for day case 5.5 days for IP)	IP Occupancy 85% Day Case 95 %
Day Case	1574	0.5	3.15	3.31
In-Patient (0,1,2 Day LoS)	1543	1.39	7.80	8.97

Colorectal	Number of Procedures (on all sites incl SJH)	Length of Stay	Beds (50 weeks a year 5 days a week for day case 5.5 days for IP)	IP Occupancy 85% Day Case 95 %
Day Case	675	0.5	1.35	1.42
In-Patient (0,1,2 Day LoS)	549	1.49	2.97	3.42

Urology	Number of Procedures (on all sites incl SJH)	Length of Stay	Beds (50 weeks a year 5 days a week for day case 5.5 days for IP)	IP Occupancy 85% Day Case 95 %
Day Case	2187	0.5	4.37	4.59
In-Patient (0,1,2 Day LoS)	1707	1.35	8.38	9.64

Orthopaedics	Number of Procedures (on all sites incl SJH)	Length of Stay	Beds (50 weeks a year 5 days a week for day case 5.5 days for IP)	IP Occupancy 85% Day Case 95 %
Day Case	2219	0.5	4.44	4.66
In-Patient (0,1,2 Day LoS)	1482	1.33	7.17	8.24

Totals for IP & DC beds for all 5 specialties in scope by 2026 based on 5 year average forecasts are as follows;

Total Day-case Beds 95% Occupancy	
	19.41
Total In-Patient Beds 85% Occupancy	
	37.91

Section 4- Testing the hypothesis – releasing capacity for current gap, forecast growth and repatriation.

a) *Theatre Capacity that will be released;*

At the RIE

Based on 2016 activity (patients aged 16 or over by board of residence) for selected IPDC procedures within 5 key specialties and applying an average theatre time to each of the 5 specialties the number of theatre session released at the RIE if we move selected procedures (4,318) in the 5 specialties to SJH are;

In scope procedures by Specialty at RIE	Total procedures (2016 Activity by board of residence)	Daycases	0,1,2-day stay	Average theatre time	Estimated Theatre time (Hours)	Number of theatre sessions released per day	Number of Theatres Released
Orthopaedics	1600	960	640	81	2,160	2.47	1.2
General Surgery	1260	408	852	87	1,827	2.09	1.0
Gynae	1458	869	589	48	1,166	1.33	0.7
Urology		0	0	52	-	0.00	0.0
Colorectal		0	0	61	-	0.00	0.0
Totals	4318	2237	2081		5,153	5.89	2.9

At the WGH

Based on 2016 activity (patients aged 16 or over by board of residence) for selected IPDC procedures within 5 key specialties and applying an average theatre time to each of the 5 specialties the number of theatre sessions released at the WGH if we move selected procedures (3,386) across 2 specialties to SJH assuming are;

In scope procedures by Specialty at WGH	Total procedures (2016 Activity by board of residence)	Daycases	0,1,2-day stay	Average theatre time	Estimated Theatre time (Hours)	Number of theatre sessions released per week	Number of Theatres Released
Orthopaedics	0	0	0	81	-	0.00	
General Surgery	204	132	72	87	296	0.34	0.2
Gynae	0	0	0	48	-	0.00	0
Urology	2573	1570	1003	52	2,230	2.55	1.3
Colorectal	609	276	333	61	619	0.71	0.4
Total	3386	1978	1408		3,145	3.59	1.8

At SJH

Based on 2016 activity (patients aged 16 or over by board of residence) for selected IPDC procedures (3,163) within 5 key specialties and applying an average theatre time to each of the 5 specialties the number of theatre sessions released at the WGH if we move selected procedures in the 5 specialties to SJH are;

Specialty at SJH	Total procedures (2016 Activity by board of residence)	Daycases	0,1,2-day stay	Average theatre time	Estimated Theatre time (Hours)	Number of theatre sessions released per week	Number of Theatres Released
Orthopaedics	645	537	108	81	871	1.00	0.5
General Surgery	429	315	114	87	622	0.71	0.4
Gynae	1546	1116	430	48	1,237	1.41	0.7
Urology	319	179	140	52	276	0.32	0.2
Colorectal	224	192	32	61	228	0.26	0.1
Total	3163	2339	824		3,234	3.70	1.8

At Roodlands

This is not viewed as a capacity gain since reprovision of Roodlands in the new East Lothian Community Hospital will involve a change to the model of care delivered and there will be no general anaesthetic theatres available from the end of 2019. The 'short stay' model at SJH provides a solution for this activity and avoids additional pressure on the other acute sites.

b) Day Case & In-Patient Bed Capacity Released by Site

RIE	Number of Procedures (all specialties)	Length of Stay	Beds (50 weeks a year 5 days a week for day case 7 days for IP)
Day Case	2237	0.5	4.47
Gynae IP (0,1,2 Day LoS)	589	1.33	2.24
General Surgery (0,1,2 Day LoS)	852	1.39	3.38
Ortho In-Patient (0,1,2 Day LoS)	640	1.33	2.43

WGH	Number of Procedures (all specialties)	Length of Stay	Beds (50 weeks a year 5 days a week for day case 7 days for IP)
Day Case	1978	0.5	3.96
Colorectal (0,1,2 Day LoS)	333	1.49	1.42
General Surgery (0,1,2 Day LoS)	72	1.39	0.29
Urology (0,1,2 Day LoS)	1003	1.35	3.87

SJH	Number of Procedures (all specialties)	Length of Stay	Beds (50 weeks a year 5 days a week for day case 7 days for IP)
Day Case (all specialties)	2339	0.5	4.68
Orthopaedics(0,1,2 Day LoS)	108	1.33	0.41
Colorectal(0,1,2 Day LoS)	32	1.49	0.14
Urology (0,1,2 Day LoS)	140	1.35	0.54
Gynae (0,1,2 Day LoS)	430	1.33	1.63

General Surgery (0,1,2 Day LoS)	144	1.39	0.57
------------------------------------	-----	------	------

Summarised below;

RIE DC BEDS	4.47
RIE IP BEDS	8.05
WGH DC BEDS	3.96
WGH IP BEDS	5.57
SJH DC BEDS	4.68
SJH IP BEDS	3.29

The working hypothesis is that releasing this capacity will be sufficient for the individual services to meet their current and future complex surgical demand.

- c) Assessment of such has been completed for orthopaedics and although calculations to date show a small deficit in Orthopaedic IP beds and excess DC beds by 2025 the initial assessment demonstrates that there is sufficient theatre and bed capacity for future requirements at the RIE without the requirement for a second elective centre in Edinburgh.

There is some work to be taken to finalise the bed requirements for major trauma and this is a priority for the East Major Trauma Network.

The table below show current capacity for orthopaedics;

Current capacity for Elective Orthopaedic's and Planned Trauma	2016
Theatre sessions per week	59 @ RIE + 8 @ SJH= 67 <u>sessions for a mix of planned trauma and elective</u>
Elective IP Beds	51 @ RIE
DC Beds	15 (SJH & RIE used for elective and planned trauma)

The table below shows the capacity required now to meet orthopaedic elective and panned trauma based on 2016 activity and allow repatriation from GJNH;

Capacity requirements to meet TTG & repatriate from GJNH	2016
--	------

Theatre sessions	77.1
Elective IP Beds	49.4
DC Beds	15.1

The table below shows, using ISD forecasts for orthopaedic short stay activity and primary hips and knees, the capacity NHS Lothian requires by 2025 to support Lothian Orthopaedic elective activity & planned trauma to be delivered within the region.

Capacity requirements for elective & planned trauma forecast activity	2025 Requirements
Theatre sessions a week	98.8
Elective IP Beds	74.3
DC Beds	15.8

Assuming a SSEC is supported we will release 8 IP beds and 4.5 DC beds plus 29.45 theatre sessions a week across the 5 specialties at the RIE. There are also currently 2 unfunded sessions a week at the RIE on a Friday.

As part of the SSEC modelling outlined previously in this document the SSEC will provide an additional 30 sessions a week, 7.2 IP beds, 4.4 DC beds for Orthopaedic short stay activity.

So assuming there's a short stay elective centre at SJH the table below shows the future capacity requirements versus future capacity;

	Future capacity assuming a short stay centre @ SJH is supported	Versus 2025 Requirements
Theatre sessions	59 @ RIE + 2 unfunded at RIE + 8@ SJH + 30 @ EC =100	99
IP Beds	59 beds @ RIE + 7.2 @ EC = 66.2	74.3
DC Beds	20 (for elective & planned trauma)	15.8

The critical issue in future provision will be the ability to protect orthopaedic capacity at RIE for elective inpatient work – in essence, creating an orthopaedic elective centre within the current footprint of the hospital which is not impacted by unscheduled care admissions and this was a principle discussed and agreed through the regional orthopaedic group.

- d) Further analysis is required with ISD to establish forecasts for the other specialties in order to evidence future capacity requirements however early analysis indicates that sufficient theatre and bed capacity will be available.
- e) NHS Fife completed an assessment of future requirements which indicates they will have sufficient capacity, assuming refurbishment of theatres and commissioning of one additional theatre, to allow the needs of NHS Fife met within NHS Fife.
- f) NHS Borders have concluded they have capacity to accommodate all surgical work within existing footprint but would support the centralisation of some low volume, high complexity cases some of which are already undertaken in NHS Lothian (e.g. revision arthroplasty) NHS Borders capacity analysis indicates sufficient theatre capacity but likely capital requirement to ring fence surgical beds and secure elective activity.

Section 5 – Modelling Assumptions

Category	Assumption	Description
Theatres		
Annual planned template	50 weeks	Assumes theatres will be utilised every week excluding public holidays (subject to assumption on uptake noted separately) Requires that workforce will be planned with prospective cover (surgeons, anaesthetists, theatre team, etc.)
Operating Time per Session	3.5 hours	3.5 hours available operating time per standard half day list
Operating Time per day	7 hours	Based on 2 lists per day
Operating Lists per theatre	10 /week	Based on 2 lists per day x 5 days (Mon-Fri)
Overall Theatre Utilisation	90%	Based on NTIG target utilisation (excludes any cancelled sessions)
Average procedure time	variable	Modelled using time patient enters/leaves theatre. ORSOS dataset 2017.
BADS Gains	Not applied	Efficiency gains from the BADS log has not yet been incorporated.
Bed Capacity		
Average Length of Stay – Day Cases	0.5	Assumes that throughput per DSU bed will be 2 cases per day
Average Length of Stay – Inpatients	Variable	Modelled using current average by specialty for in scope procedures.
IP Bed Occupancy	85%	Modelled using optimum IP bed occupancy
DC Occupancy	95%	Modelled using NHS Lothian target DC bed utilisation

Section 6 – Activity Forecasts

NHS Lothian Activity Forecasts for selected short stay procedures:

'grouped' elective procedures with specialty

For patients aged 16+

Treated as an IP or DC by HBR

Out-Patients not included

Includes 4 specialties (General Surgery (incl sub specialty colorectal) Gynaecology, Orthopaedics & Urology)

Forecasts from 2017 to 2039 using the 3 year (2014-16) & 5 year (2012-2016) average rate applied to future population projections (NRS 2014 base)

The forecasts have been applied to all procedures including stays over 2 days. The percentage within 2 days is shown and for planning purposes only this has been included.

The forecasts are limited to HBR as they are population based. Descriptive have been used alongside the forecasts to determine where Lothian residents are being treated and where this activity would be repatriated in the future. All GJNH & private activity has been repatriated in modelling.

Benefits Register

1. SJH Short Stay Elective Centre

2. Prioritisation

1 Fairly insignificant - 5. Vital
(RAG)

Ref No.	Benefit	Assessment	As measured by:	Baseline Value	Target Value	Relative Importance
1	Improved Access to Treatment - Sustained delivery of waiting time guarantee ensuring patients are treated more quickly reducing complications associated with long waits.	Quantitatively via performance indicators	TTG Position. The proportion of adults waiting longer than 12 weeks for treatment from agreement to treat.		100%	5
2	Repatriation of non specialist activity from the GJNH and from the independent sector providing more local access for NHS patients and less distance to travel for SE patients.	Quantitatively via reporting	via Activity & Financial Reporting		100%	4
3	Achieve greater financial sustainability and value by building local capacity reducing the risk of an increasing reliance on the private sector and the resulting financial impact.	Quantitatively	via Activity & Financial Reporting Reduction of cost per case and elimination of private sector.			5
4	Increase the proportion of elective procedures conducted as day case.	Quantitatively	BADS Data			4
5	Improves Patient Experience & meets patient expectation - Provision of a modern bespoke facility to meet the needs of the patient and the service. An elective centre designed with the patient journey at the forefront will ensure a sustainable and person centred healthcare service.	Quantitatively via QOL	The proportion of adults who meet TTG / assess their journey as good / cancellation rates			5
6	Improved quality of care and clinical outcome through treatment in a specialist centre using appropriate equipment and information technology enabling effective diagnosis and treatment					4
7	An opportunity to collaborate with universities and industry to optimise training, research and innovation.					3
8	Achievement of a Top Operating Model at SJH	Quantitative	performance against TOM targets			5
9	Separating a large proportion of elective capacity which will reduce disruption to planned activity and improve patient experience.		cancellation rates			5
10	Relocation and redesign of these elective services will release theatre capacity (and other physical space) for complex elective, cancer surgery and emergency care.	Quantitative	Accomodate forecast growth in the remaining surgical specialties at the wGH and RIE			5
11	Hospital- acquired infections can be reduced by the provision of protected elective wards and avoiding admissions from the emergency department and transfers from within/outside the hospital.	Quantitative	HAI			3
12	Improved training for medical staff. The separation of emergency and elective surgical care can facilitate protected and concentrated medical training.					3
13	Enables services with workforce challenges across the region to collaborate and deliver short stay elective care within a centralised resource.	Quantitative				5
14	Provide an enhanced service within West Lothian. A significant opportunity for the community to benefit both strategically and operationally from the investment.					3
15	Improve recruitment and retention at SJH as staff work in expert teams and in accommodation which is fit for purpose.					3
16	Shift the balance of care from hospital to a community setting by reducing the impact of longer waits for elective care on the wider system as patients contact GP whilst awaiting an appointment/treatment or access emergency care.					3

Scale / RAG	Importance
1	Fairly insignificant
2	↓
3	Moderately important
4	↓
5	Vital

Benchmark

Functionality

Use	Weight	Score	Notes
A.01 The prime functional requirements of the brief are satisfied	1	2	YES
A.02 The design facilitates the care model	1	2	YES
A.03 Overall the design is capable of handling the projected throughput	2	1	YES
A.04 Work flows and logistics are arranged optimally	2	1	YES
A.05 The design is sufficiently flexible to respond to clinical /service change and to enable expansion	1	1	YES
A.06 Where possible spaces are standardised and flexible in use patterns	1	2	YES
A.07 The design facilitates both security and supervision	1	2	YES
A.08 The design facilitates health promotion and equality for staff, patients and local community	1	1	YES
A.09 The design is sufficiently adaptable to external changes e.g. Climate, Technology	1	1	YES
A.10 The benchmarks in the Design Statement in relation to building USE are met	0		

Access	Weight	Score	Notes
B.01 There is good access from available public transport including any on- site roads	2	2	YES
B.02 There is adequate parking for visitors/ staff cars/ disabled people	2	1	YES
B.03 The approach and access for ambulances is appropriately provided	1	4	YES
B.04 Service vehicle circulation is well considered and does not inappropriately impact on users and staff	1	2	YES
B.05 Pedestrian access is obvious, pleasant and suitable for wheelchair/ disabled/ impaired sight patients	1	1	YES
B.06 Outdoor spaces wherever appropriate are usable, with safe lighting indicating paths, ramps, steps etc.	1	2	YES
B.07 Active travel is encouraged and connections to local green routes and spaces enhanced	1	2	YES
B.08 Car parking and drop-off should not visually dominate entrances or green routes	1	2	YES
B.09 The benchmarks in the Design Statement in relation to building ACCESS are met	0		

Space	Weight	Score	Notes
C.01 The design achieves appropriate space standards	1	2	YES
C.02 The ratio of usable space to total area is good	1	3	YES
C.03 The circulation distances travelled by staff, patients and visitors is minimised by the layout	1	3	YES
C.04 Any necessary isolation and segregation of spaces is achieved	2	1	YES
C.05 The design maximises opportunities for space to encourage informal social interaction & wellbeing	1	4	YES
C.06 There is adequate storage space	2	1	YES
C.07 The grounds provided spaces for informal/ formal therapeutic health activities	1	2	
C.08 The relationships between internal spaces and the outdoor environment work well	1	2	
C.09 The benchmarks in the Design Statement in relation to building SPACE are met	0		

Build Quality

Performance	Weight	Score	Notes
D.01 The building and grounds are easy to operate	1	2	
D.02 The building and grounds are easy to clean and maintain	1	3	
D.03 The building and grounds have appropriately durable finishes and components	1	2	
D.04 The building and grounds will weather and age well	1	2	
D.05 Access to daylight, views of nature and outdoor space are robustly detailed	1	1	
D.06 The design maximises the opportunities for sustainability e.g. waste reduction and biodiversity	1	2	
D.07 The design minimises maintenance and simplifies this where it will be required	1	2	
D.08 The benchmarks in the Design Statement in relation to PERFORMANCE are met	0		

Engineering	Weight	Score	Notes
E.01 The engineering systems are well designed, flexible and efficient in use	1		
E.02 The engineering systems exploit any benefits from standardisation and prefabrication where relevant	1		
E.03 The engineering systems are energy efficient	1		
E.04 There are emergency backup systems that are designed to minimise disruption	1		
E.05 During construction disruption to essential services is minimised	1		
E.06 During maintenance disruption to essential healthcare services is minimised	1		
E.07 The design layout contributes to efficient zoning and energy use reduction	1		

Construction	Weight	Score	Notes
F.01 If phased planning and construction are necessary the various stages are well organised	0		
F.02 Temporary construction work is minimised	0		
F.03 The impact of the building process on continuing healthcare provision is minimised	0		
F.04 The building and grounds can be readily maintained	0		
F.05 The construction is robust	0		
F.06 Construction allows easy access to engineering systems for maintenance, replacement & expansion	0		
F.07 The construction exploits opportunities from standardisation and prefabrication where relevant	0		
F.08 The construction maximises the opportunities for sustainability e.g. waste and traffic reduction	0		
F.09 The construction contributes to being a good neighbour	0		
F.10 Infection control risks for options, design and construction recorded/ minimised using HAI Scribe	0		

Impact

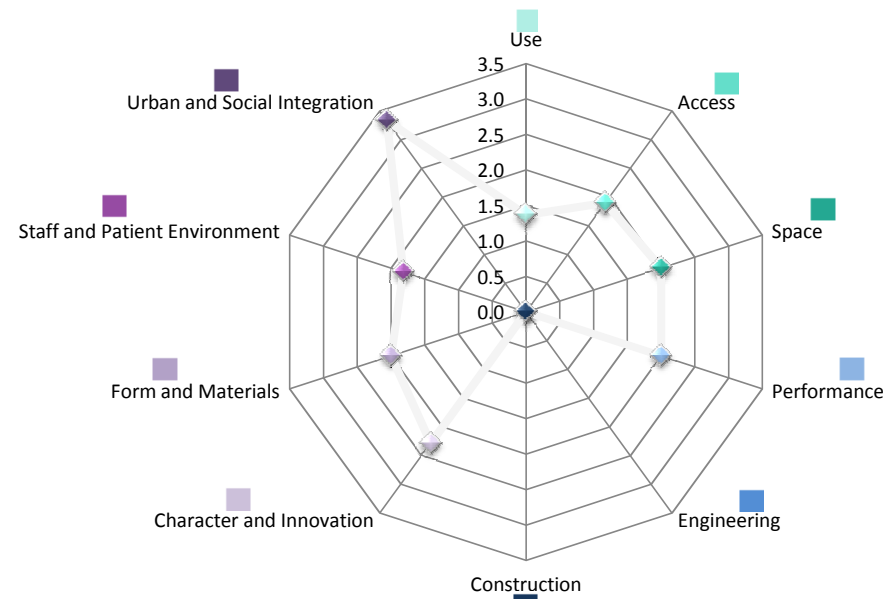
Character and Innovation	Weight	Score	Notes
G.01 There are clear ideas behind the design of the building and grounds	1	3	
G.02 The building and grounds are interesting to look at and move around in	1	3	
G.03 The building, grounds and arts design contribute to the local setting	1	2	
G.04 The design appropriately expresses the values of the NHS	1	2	
G.05 The project is likely to influence future designs	1	3	
G.06 The design provides a clear strategy for future adaptation and expansion	1	1	YES
G.07 The building, grounds and arts design contribute to well being and a sustainable therapeutic strategy	1	2	
G.08 The benchmarks in the Design Statement in relation to CHARACTER & INNOVATION are met	0		

Form and Materials	Weight	Score	Notes
H.01 The design has a human scale and feels welcoming	2	2	
H.02 The design contributes to local microclimate, maximising sunlight and shelter from prevailing winds	1	2	
H.03 Entrances are obvious and logical in relation to likely points of arrival on site	2	1	
H.04 The external materials and detailing appear to be of high quality and are maintainable	1	2	
H.05 The external colours and textures seem appropriate and attractive for the local setting	1	3	
H.06 The design maximises the site opportunities and enhances a sense of place	1	3	
H.07 The benchmarks in the Design Statement in relation to FORM & MATERIALS are met	0		

Staff and Patient Environment	Weight	Score	Notes
I.01 The design reflects the dignity of patients and allows for appropriate levels of privacy	2	2	
I.02 The design maximises the opportunities for daylight/ views of green natural landscape or elements	1	2	
I.03 The design maximises the opportunities for access to usable outdoor space	1	2	
I.04 There are high levels of both comfort and control of comfort	1	2	
I.05 The design is clearly understandable and wayfinding is intuitive	2	1	
I.06 The interior of the building is attractive in appearance	1	2	
I.07 There are good bath/ toilet and other facilities for patients	1	1	
I.08 There are good facilities for staff with convenient places to work and relax without being on demand	1	3	
I.09 There are good opportunities for staff, patients, visitors to use outdoors to recuperate/ relax	1	2	
I.10 The benchmarks in the Design Statement in relation to STAFF & PATIENT ENVIRONMENT are met	0		

Urban and Social Integration	Weight	Score	Notes
J.01 The height, volume and skyline of the building relate well to the surrounding environment	1	4	
J.02 The facility contributes positively to its locality	1	4	
J.03 The hard and soft landscape contribute positively to the locality	1	3	
J.04 The overall design contributes positively to neighbourhood and is sensitive to passers-by	1	3	
J.05 There is a clear vision behind the design, its setting and outdoor spaces	2	3	
J.06 The benchmarks in the Design Statement in relation to INTEGRATION are met	0		

AEDET Refresh Benchmark Summary



Category	Score
Use	1.4
Access	1.9
Space	2.0
Performance	2.0
Engineering	0.0
Construction	0.0
Character and Innovation	2.3
Form and Materials	2.0
Staff and Patient Environment	1.8
Urban and Social Integration	3.3

Weighting	=	Target
2	=>	5 - 6
1	>	3 - 4
0	<	3

1.0 Introduction

This report is an overview of the context at St. John's Hospital (SJH) for proposed new Elective Care facilities.

A detailed Schedule of Accommodation (SoA) and associated flow and adjacency diagrams have been developed to illustrate relevant proposals. This information provides the basis for a high-level cost plan for the new Elective Care Centre and is based on a new build solution that can be either completely stand-alone or link into the existing hospital communication network.

These are included in Appendix A to this report.

Section 5.0 below highlights the longer-term potential to improve existing site zoning and clinical adjacencies. The incorporation of the new Elective Care Centre at SJH could be a catalyst to support these long-term aspirations to improve the efficiency, flexibility and sustainability of the site.

Feasibility studies have previously been carried out to review the potential to expand imaging, theatre, day surgery and inpatient areas on site. It is anticipated that the new Elective Care facilities could potentially be more efficient by locating the expanded imaging and out-patient requirements within the existing footprint facilitated by reconfiguration of part of the existing theatre department which is adjacent to the existing imaging department.

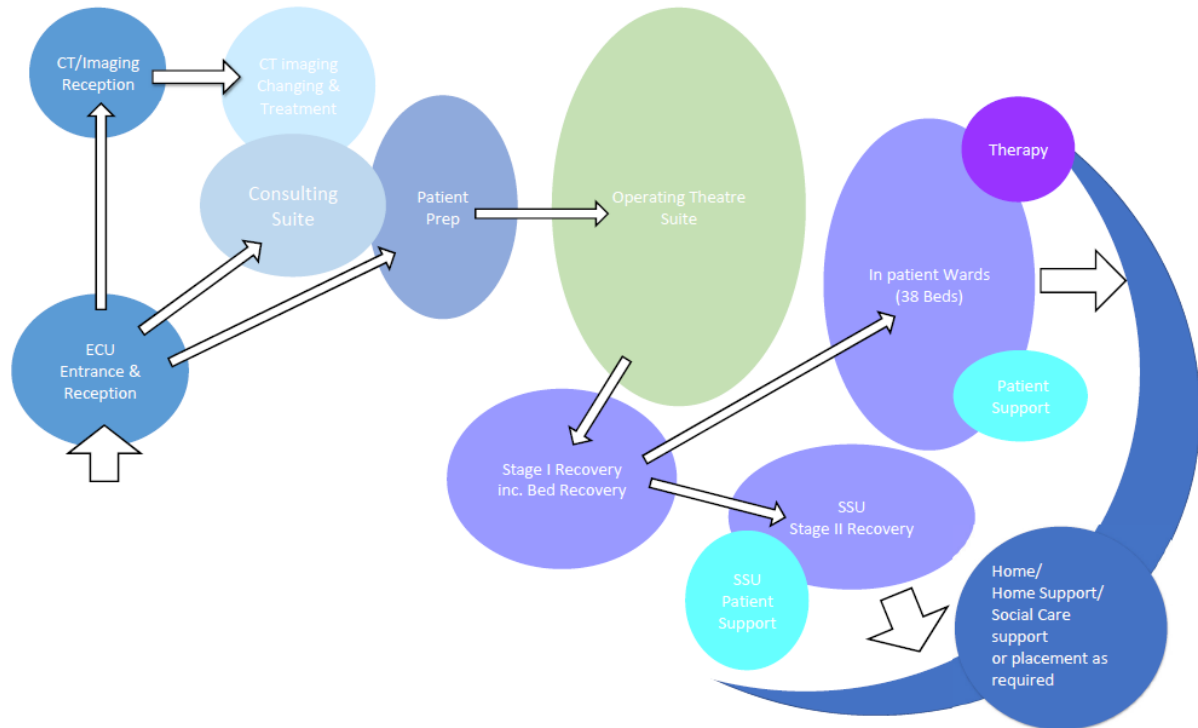
It is proposed that as part of ongoing development a full range of options will be properly tested and costed based on the agreed SoA, subject to agreement with SG CIG. These options indicatively being:

- Stand-alone new build - tested on different parts of site potentially.
- Linked new build – again potentially different site options.
- Mix of refurbishment and extension in most functionally suitable area(s).

2.0 Elective Care Centre – The proposed building model

The SoA developed is based on the briefed requirements for the proposed operation model to meet the activity associated with a wide range of short stay elective procedures. It includes provision for admission, theatres, imaging, inpatient and out-patient areas to support these requirements and with flows and adjacencies to facilitate flexible and efficient working practices within a patient centred environment.

The diagram below reflects this model in its basic form. More detailed adjacency and flow diagrams based on the SoA are included in the appendices to this document.



3.0 Context

St. John’s is one of three Acute Hospital sites for NHS Lothian with the others at the Western General Hospital and Little France – The Royal Infirmary of Edinburgh.

NHS Lothian has made a commitment to the continuation of this distribution of acute services for the people of Edinburgh and the Lothians and in doing so reinforces the sustainability of the St. John’s site for the longer term. The St John’s site will continue to deliver acute services well into the 21st century.

St John's Hospital is the main general hospital in Livingston, West Lothian. Located in the Howden area of the town, it serves Livingston, West Edinburgh, and the wider West Lothian region. St John's is home to a wide ranging of services and including a busy accident and emergency department and has special status as a teaching hospital for the University of Edinburgh Medical School.

Bangour General Hospital, near Dechmont to the north of Livingston, was the main hospital in the West Lothian area from 1939. Bangour had been built as an annexe of the village hospital, which had specialised in psychiatry. The Livingston Development Corporation (LDC), which oversaw the development of the new town of Livingston from 1962, had planned to move the general hospital to Livingston from around 1974. The new hospital was opened in 1989, by Her Majesty the Queen. Bangour General Hospital was closed in the early 1990s

Howden Health Centre, is located within the hospital grounds, but predates the hospital by several years. It is a community health centre and provides a range of health services for the local population. As well as accommodating a large NHS medical practice, there is a Family Planning clinic,

Genito-urinary Medicine clinic, Community Pharmacy, District Nursing team, and Health Visitor team based in the building.

St John's Hospital is very well linked by public transport in the area, with most buses within Livingston calling at St John's at some point on their route. It has links with Uphall, Broxburn, all parts of Livingston, Pumpherston, Mid Calder, East Calder, Edinburgh, Edinburgh Airport, Edinburgh Royal Infirmary, Ocean Terminal, Linlithgow and Bathgate. The hospital site is 1.5 miles from Livingston North train station, which provides links to Bathgate, Edinburgh, Airdrie, and Glasgow via the Airdrie-Bathgate line.

Car parking on site is extensive with both public and staff areas, but at times it can be particularly busy and there are ongoing initiatives to improve this and supported by green travel plans.

A very high level zonal masterplan for the site was developed to underpin a previous Programme Initial Agreement for site development. Masterplans have to remain flexible and be fine-tuned on a regular basis to cater for change which is a certainty in the lifespan of such a large and complex site.

Ongoing development and refinement of the site masterplan will:

- Build consensus for a future vision – allowing new ideas and proposals relating to facilities and services to be developed, debated and if appropriate pursued.
- Support planned redevelopment – preventing poor investment decisions.
- Deliver a clear strategy for future change and set out the parameters for more detailed decision-making.
- Support effective cost-planning.
- Unlock opportunity.
- Support long-term business case development and sustainable investment.

4.0 Site Constraints

The current site is constrained by a lack of clearly identified expansion space for additional clinical accommodation within the existing configuration or for the provision of decant space to support ongoing service development and reconfiguration.

Available car parking capacity is also a major constraining factor on the existing site configuration to the effective operations of the site and is recognised to impact upon patients, visitors and staff. In addition, the increased recognition of ensuring safe site traffic management within all sites in NHS Lothian further adds to the importance and value of an effective Masterplan development process on the SJH campus.

5.0 Site Zoning

The site is effectively zoned into: the main hospital building; service and support areas to this including ambulance and service access; car parking – patients / visitor zones and staff zones; staff residencies (though most now converted to other use); former nursery; Howden Health Centre; Diabetic and associated Ophthalmology ambulatory facility; estates support and including boiler house.

This current zoning is effective in the longer term as it helps support a sustainable framework for future developments on site. Although there are significant constraints and particularly around car parking and identified expansion zones as noted above, there are also opportunities in the reconfiguration of the staff residences and associated nursery along with maximising the effectiveness of new build in the limited area available.

There is real potential to develop and refine this zoning approach across the main building by targeting new build and refurbishment projects in such a way as to make the overall building more operationally effective and potentially contribute to revenue efficiencies in a number of ways.

The recent conversion of Ward 20 to an Eyes and Hands Day case department reinforces the potential to have an ambulatory zone directly above the main entrance. There is further potential to convert other areas to support this type of function in this zone of the building.

The identified new build options to have an Elective Centre to the rear of the main building can provide opportunities for more contiguous and therefore flexible wards together with the option to reconfigure the existing theatre department to provide an expansion zone for imaging services in the ideal location close to A+E and OPD.

Part of the strategy to facilitate increased clinical provision within the main hospital building in the medium to long term is to relocate non-clinical accommodation to the residences / nursery zone. It is anticipated that the requirements for displaced services can be accommodated on this part of the site with some remodelling of internal layouts to accommodate the specific use requirements.

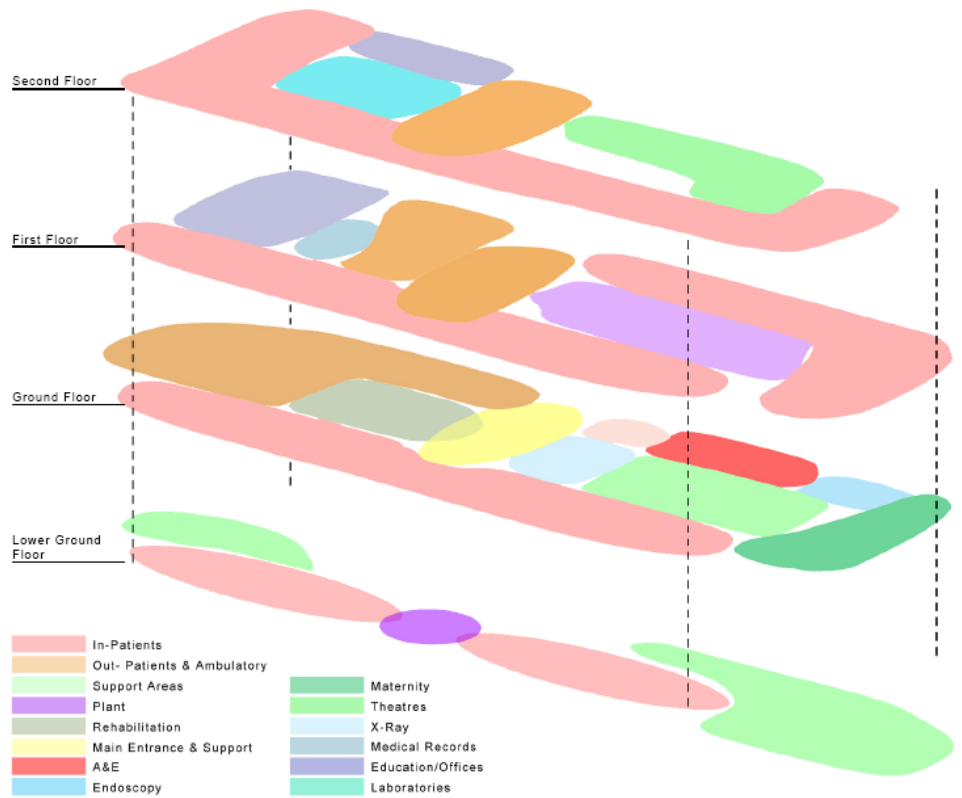
The proposed zoning also generally drives a split across the site with “hotter” more acute activity concentrated in the East side of the building and OPD / Ambulatory functions to the West side of the building.



6.0 Clinical Services on Site

A variety of services are currently delivered from site and include:

- Accident and Emergency
- Burns
- Cardiology
- Dermatology
- Ear, Nose and Throat
- Endocrinology
- Gastroenterology
- General medicine
- General surgery
- Gynaecology
- Haematology
- Maxillofacial surgery
- Mental Health
- Nephrology
- Neurology
- Obstetrics
- Ophthalmology
- Orthopaedics
- Paediatrics
- Plastic surgery
- Renal dialysis
- Respiratory medicine
- Rheumatology
- Surgical paediatrics



8.0 Backlog maintenance and Minor Works

There are various backlog maintenance works and minor works projects that need to be progressed within the next few years. Many of these are in progress with phased upgrades and replacement of key components from car parking to flooring.

9.0 Sustainability

The driver to underpin the future sustainability of the St John’s Hospital site needs to be implemented at different levels but fundamentally the facility needs to be able to support clinical services sustainably for the communities of West Lothian.

The development of the masterplan is the vehicle which, with ongoing refinement and periodic updates, provides the framework for investment decisions.

The boiler plant replacement in conjunction with new build and major refurbishment of existing areas are major opportunities to significantly improve the environmental performance and

associated running costs of the estate, contributing both to carbon reduction and also to the internal environment conditions for all the building users.

The potential developments on site will provide NHS Lothian with an opportunity to drive their continual aim of delivering sustainable service provision for all their patients. Although these issues are currently affecting the site this development will only incorporate improvements where applicable i.e. progressing with some of the infrastructure backlog.

Appendices:

Appendix A

Schedule of Accommodation

Appendix B

Adjacencies and Flow Diagrams

Appendix C

Cost Plan and Optimism Bias

Appendix A

Schedule of Accommodation

Project: NHSL - SJH Elective Care Centre

Doc Ref 1429 SJH Elective Care Centre

This Version:

Created by:

Name: Maureen Doherty

Role: Associate

Date: 06.03.18

Checked by:

Name: David Mason

Role: Director

Signed: _____

Date: 07.03.18

Revision	Date of Issue	Status/Purpose of Issue	Revision Notes
A	07.03.18	For Comment	First Issue
B	12.03.18	For Comment	Imaging rooms added
C	13.03.18	For Comment	Admission consulting rooms added. Bed and trolley numbers amended as per CK e-mail 13.03.18
D	14.04.18	For Costing	Summary departmental areas added. Car parking, plant and communication area requirements added.
E	15.04.18	For costing	Allowance for Linkages reduced and notes added.

Produced by:

 **Core Associates**
Architecture | Masterplanning | Strategic Consulting

Summary

Sub Dept/Area	Net	Planning +(5%)	Engineering (3%)	Circ (%)	Sub Tot	Total	
Operating Theatres							
Entrance Reception Waiting	92.5	97.13	2.9	25%	24.3	124.3	
Patient Prep Areas	376	394.80	11.8	25%	98.7	505.3	
Operating Room Suite	1379.0	1447.95	43.4	25%	362.0	1853.4	
Support Facilities (Theatres)	287.0	301.35	9.0	25%	75.3	385.7	
Stage I Recovery	163.5	171.68	5.2	25%	42.9	219.7	
Staff Support Facilities	92.0	96.60	2.9	25%	24.2	123.6	
Shared Office Support Clinical	50.0	52.50	1.6	25%	13.1	67.2	Shared with SSU. Scheduled within "Office Support Accom"
Shared Office Support Admin	30.0	31.50	0.9	25%	7.9	40.3	Shared with SSU. Scheduled within "Office Support Accom"
Sub Total	2440.0	2562.0	76.9	1.8	640.5	3319.7	

ONE OPERATING THEATRE

125.4

168.5

<u>SSU</u>							
Trolley areas (Day Case Stage II Recovery)	240	252.00	7.6	35%	88.2	347.8	
Bed Area Facilities (23 hr case recovery)	66.5	69.83	2.1	35%	24.4	96.4	
Patient Support Facilities	34.5	36.23	1.1	35%	12.7	50.0	
Back up Storage	40	42.00	1.3	35%	14.7	58.0	
Utilities	39.5	41.48	1.2	35%	14.5	57.2	
Office Admin & Staff Support	9	9.45	0.3	35%	3.3	13.0	Other Office Accom Scheduled within "Office Support Accom" within Theatres.
Optional Accom	0	0.00	0.0	35%	0.0	0.0	
Sub Total	429.5	451.0	13.5	2.45	157.8	622.3	

<u>Anaesthetic</u>							
General Accom	11.5	12.08	0.4	25%	3.0	15.5	
Shared Office Support Clinical	99.5	104.48	3.1	25%	26.1	133.7	Scheduled within "Office Support Accom"
Shared Office Support Admin	16.5	17.33	0.5	25%	4.3	22.2	
Sub Total						171.4	

<u>38 bed Inpatient Ward</u>							
Bed Area Facilities	912	957.60	28.7	35%	335.2	1321.5	
Patient Support Facilities	74	77.70	2.3	35%	27.2	107.2	
Back up Storage	80	84.00	2.5	35%	29.4	115.9	
Utilities	53	55.65	1.7	35%	19.5	76.8	
Office & Admin	12	12.60	0.4	35%	4.4	17.4	
Optional Accom	0	0.00	0.0	35%	0.0	0.0	
Shared Office Support Clinical	60	63.00	1.9	25%	15.8	80.6	Scheduled within "Office Support Accom" Circ % dependant on location.
Shared Office Support Admin	30	31.50	0.9	25%	7.9	40.3	
Sub Total	1131.0	1187.6	35.6	2.1	415.6	1759.8	

<u>Ward Support Clusters</u>							
Shared Ward Support Facilities	46.5	48.83	1.5	33%	16.1	66.4	Odd Circ %
Sub Total						66.4	

<u>Office Support Accommodation</u>							
Seminar / Education Room/ MDT	30	31.50	0.9	25%	7.9	40.3	Circ depends on location
Staff Support and Welfare - Clinical	158	165.90	5.0	25%	41.5	212.4	
Staff Support and Welfare - Admin	32	33.60	1.0	25%	8.4	43.0	
Sub Total						295.7	

Site Specific Allowances for integration with existing site						
Car Parking Calculation						NB: No standards available from West Lothian Council - standards used from other local authorities
Staff - 1 space per 3 staff	WTE	272	Assume	on duty	90	30 Spaces
Patients / Visitors - 1 space per 2 beds	Beds	57				29 Spaces
Patients / Visitors - 1 space per consulting room	Rooms	21				21 Spaces
Assumed loss of parking due to development						70 Replacement spaces - based on notional footprint zone on existing rear car parking
Total						150 Total number of additional and replacement spaces to be provided in a new decked car park (<u>not</u> including any lost in proposed new car park location)
Links to existing building						
Linkage to hospital street via existing accommodation - refurbishment			Area Allowance	Over 3 levels		180.0 Allowance based on interdepartmental links only but passing through existing accommodation.
Replacement of displaced accommodation - new build			Area Allowance			180.0 Gross area allowance based on like for like replacement of displaced area for links.

Operating Theatres & Short Stay Surgical Unit (SSU)

Operating Theatres	No	Area sqm	Tot Area sqm	Comments
--------------------	----	-------------	-----------------	----------

Entrance, Reception & External Waiting Areas			"External Zone"	
Entrance lobby: controlled access	1			Within circulation allowance
Reception area (2 staff)	1	11	11.0	
Waiting area: 30 persons including 3 wheelchair users	1	49.5	49.5	
Interview / Quiet Room	2	9	18.0	
Patient/Visitor Toilets	2	2.5	5.0	
WC & hand wash: accessible, wheelchair assisted	2	4.5	9.0	
			92.5	

Patient Preparation Areas			"Transitional Zone"	
Staff Base	1	8	8.0	Supervising whole "transitional zone" including consulting rooms, changing areas, ambulant & trolley waiting areas
Changing rooms	8	4	32.0	As rooms to support confidential discussion if necessary
Consulting room (Small)	11	6	66.0	As rooms to support confidential discussion if necessary
Consulting room/Examination	8	13.5	108.0	Located to admissions side to provide flexibility for admission and "out patient" activity
Consulting room/Examination	2	16.5	33.0	Located to admissions side to provide flexibility for admission and "out patient" activity
En-suite toilet	2	4.5	9.0	En-suite to 2 x large consulting/ examination rooms
Secondary Waiting Areas: 15 Persons	2	30	60.0	Split Male/Female
Trolley waiting area (Adult)	4	10	40.0	
Locked area for storage of patients bags on trolley	1	6	6.0	Space for 2 x "baggage trolleys" in a secure area
WC & hand wash: accessible, wheelchair assisted	2	4.5	9.0	
Visitors & patients wc: Ambulant user	2	2.5	5.0	
			376.0	

Operating Room Suite				"Internal Zone"
Operating theatre: general	11	55	605.0	
Operating theatre: Laminar Flow	0	55	0.0	Room Area TBC for laminar if required.
Anaesthetic room	11	19	209.0	
Scrub-up & gowning room: 3 places	11	11	121.0	May be shared between 2 theatres (But same space required per theatre)
Preparation room (Daily Use Store)	11	12	132.0	
Exit/parking bay: theatre, 1 bed/ trolley	11	12	132.0	May be shared between 2 theatres (But same space required per theatre) This area should include identified "dictation space" with IT access
Store: equipment, local to theatre	6	8	48.0	Shared between 2 theatres
Dirty utility	11	12	132.0	
Sub-Total			1,379.0	

Support Facilities (Theatres)				"Internal Zone"
Theatre Management Office: 2 staff	0	13.5	0.0	Scheduled separately under "Office Support Accom" to review overall provision
Service room: equipment	1	21	21.0	For Med Physics use with gases - may be excluded if close to med physics dept.
Parking bay: mobile x-ray & ultrasound unit	2	5	10.0	
Parking bay: resuscitation trolley	2	1	2.0	
Parking bay: Fibre optic bronchoscope light source trolley & emergency scopes	0	4	0.0	TBA - emergency scopes still required?
Store: bulk supplies	1	100	100.0	Utilising mechanical storage system to optimise storage space. Needs to include a desk area for the store person
Store: clinical equipment	1	50	50.0	Utilising mechanical storage system to optimise storage space. Needs to include a desk area for the store person
Store: CSSD "Overflow"	1	20	20.0	Actual area subject to CSSD location and FM model
Store: linen	1	6	6.0	Store or linen exchange trolley options
Store: ready to use medical gas cylinders	1	4	4.0	
CSSD Handling Area ("Clean In")	1	10	10.0	Actual area subject to CSSD location and FM model
CSSD Handling Area ("Dirty Out")	1	10	10.0	Actual area subject to CSSD location and FM model
Hold: disposal	1	20	20.0	Subject to FM model
DSR	2	10	20.0	Consider size of cleaning equipment for 11 theatres. TBA
Switchgear room	1	5	5.0	
UPS & IT hub room	1	9	9.0	
Sub-Total			287.0	

Stage 1 Recovery				"Internal Zone"
Recovery room: post-anaesthetic, 4 places With clinical support	1	38.5	38.5	
Recovery bay: post anaesthetic, 2 places	4	20	80.0	
Staff/nurse base, 2 Staff	1	8	8.0	
Clean utility	1	14	14.0	
Dirty utility: bedpan disposal & urine test	1	12	12.0	
Parking bay: resuscitation trolley	1	1	1.0	
DSR	1	10	10.0	
			163.5	

Staff support facilities				"Transitional Zone"
Rest & dining room with beverage & snack preparation bay: 20 staff	0	28	0.0	Scheduled separately under "Office Support Accom" to review overall provision
Hot desk area (4 persons)	0	18	0.0	Scheduled separately under "Office Support Accom" to review overall provision
Staff changing room including boot change: 40 places Lockers, coat rail, racks	1	30	30.0	Male staff (Split to be confirmed)
Staff changing room including boot change: 40 places Lockers, coat rail, racks	1	30	30.0	Female staff (Split to be confirmed)
Utility: footwear washing	2	4	8.0	1 For Male staff, 1 For Female staff
WC Wheelchair user	2	4.5	9.0	1 For Male staff, 1 For Female staff. Can we justify not providing - all medical theatre staff expected to be fully ambulant?
Shower: ambulant (non patient)	6	2.5	15.0	
Staff WCs	0			Scheduled separately under "Office Support Accom" to review overall provision
Sub Total			92.0	

Total Net			
Planning	5%		119.5
			2509.5
Engineering	3%		75.3
Circulation	25%		627.4
			Based on HBN 26
Total			3212.2

Short Stay Surgical Unit (SSU)	No	Area sqm	Total sqm	Comments

Trolley Area Facilities (Day Case Stage 2 Recovery)				"External Discharge Zone"
Staff base	1	8	8	
Trolley space	16	13.5	216	
Touch Down Space	3	2	6	(as per HBN 04-01)
Patient Ensuite WC & hand wash: accessible, wheelchair assisted	4.0	4.5	18.0	
Sub-Total			240	

Bed Area Facilities (23 Hour Case Recovery)				"External Discharge Zone"
Acute single bedroom (excl family support space)	3	16.5	49.5	In addition to 38 "Ward Beds" confirm 18 + 3 allocation. Note also reduced bedroom size to 16.5sqm - TBC.
Patients en-suite as per HBN 00-02	3	5	15	
Touch Down Space	1	2	2	(as per HBN 04-01)
Sub-Total			66.5	

Patient Support Facilities (SSU)				"External Discharge Zone"
Interview room	1	10	10	
Resuscitation trolley parking bay: 1 trolley	1	2	2	
Pantry/Beverage making area	1	12	12	
Store cupboard	1	5.0	5.0	
Ward Food trolley parking bay	1	1.5	1.5	
Wheelchair bay	1	4	4	
Sub-Total			34.5	

Backup Storage (SSU)				"External Discharge Zone"
Linen Store	1	12	12	
Clean Utility Room	1	16.0	16.0	
Large Eqpt Store	1	12	12	Subject to Eqpt Model
Sub-Total			40	

Utilities (SSU)				"External Discharge Zone"
Dirty utility/Sluice/Test Room	2	8	16	
Hand Wash Station	1	1.5	1.5	At entrance to unit
Disposal hold	1	12	12	
DSR	1	10	10	
Staff WC/WHB	0	4.5	0	Scheduled separately under "Office Support Accom" to review overall provision
Sub-Total			39.5	

Office, Administrative Services & Staff Support (SSU)				"External Discharge Zone"
Reception - 2 position - open	0	8	0	No provision at present
Charge Nurse/Sister's Office	1	9	9	
Hot Desking (3 Places)	0	13.5	0	
Staff Locker bay	0	1.5	0	Assumes centralised changing. Scheduled separately under "Office Support Accom" to review overall provision
Staff WCs	0	2	0	Scheduled separately under "Office Support Accom" to review overall provision
Sub-Total			9	

38 Bed In-Patient Ward (3 x 8 No Bed Clusters and 2 x 7 Bed)	No	Area sqm	Tot Area sqm	Comments
--	----	-------------	-----------------	----------

Bed area facilities				
Acute single bedroom (incl family & clinical support space)	38	19	722	(100% Single rooms) POD lockers in all rooms.
Patients en-suite as per HBN 00-02	38	5	190	
Sub-Total			912	

Patient support facilities				
Interview room	1	10	10	
Resuscitation trolley parking bay: 1 trolley	2	2	4	Defibrillator co-located
Pantry/Beverage making area	2	12	24	
Wheelchair bay	2	4	8	
Staff base	2	8	16	
Touch Down Spaces	6	2	12	(as per HBN 04-01)
Sub-Total			74.0	

Backup Storage				
Linen Store	2	12	24	
Clean Utility Room	2	16	32	
Large Eqpt Store	2	12	24	
Sub-Total			80	

Utilities				
Dirty utility/Sluice/Test Room	2	8	16	
Hand Wash Station	2	1.5	3	
Disposal Hold	2	12	24	
Domestic Service Room	1	10	10	
Sub-Total			53	

Office and Administrative Services				
Reception - 2 position - open	0	8	0	No provision at moment. Will Staff Base act as reception point?
Charge Nurse/Sister's Office	1	9	9	
Clinical Hot Desking Room (5 Places)	0	17.5	0	Scheduled separately under "Office Support Accom" to review overall provision
Waiting Area - 10 person plus 1 wheelchair user	0	16.5	0	Assumed for visitors. No provision at moment.
Staff Locker bay	2	1.5	3	Assumes centralised changing. Scheduled separately under "Office Support Accom" to review overall provision.
Sub-Total			12	

Optional Accommodation and Services				
Socialisation Space	0	12	0	No provision at moment.

Sub-Total			0	
------------------	--	--	----------	--

Total Net			1131.0	
Planning	5%		56.55	
			1187.6	
Engineering	3%		35.6	
Circulation	35%		415.6	
Total			1638.8	

Support Clusters

Shared Ward Support Facilities	No	Area sqm	Tot Area sqm	
Seminar / Education Room/ MDT	0	40.0	0.0	Currently scheduled at 30m2 in staff / office support
Workstations x 6	0	27.0	0.0	Scheduled separately under "Office Support Accom" to review overall provision
Therapy / AHP / Multi Purpose Assess / Treatment	1	30.0	30.0	On site physio department too remote? TBA
Consultant Office (6 Place)	0	27.5	0.0	Scheduled separately under "Office Support Accom" to review overall provision
Patient Disabled WC	2	4.5	9.0	(Associated with therapy area). TBA (See notes above).
Visitor WC (Ambulant)	0	2.5	0.0	No provision at moment
Visitor WC (Disabled)	0	4.5	0.0	No provision at moment
Staff WC/wash	0	2.5	0.0	No provision at moment. 2 No Staff WCs already allocated to In patient Ward area.
Printer/Admin/Store	1	6.0	6.0	
OOH Catering Store (Fridge)	1	1.5	1.5	
Domestic Service Room	0	10.0	0.0	No provision at the moment. 1 No DSR scheduled within In-Patient Ward Accom.
Sub Total			46.5	

Total Net			46.5	
Planning	5%		2.325	
			48.8	
Engineering	3%		1.5	
Circulation	33%		16.1	
Total			66.4	

Notes

Office & Staff Support/Welfare

Shared Office Support Facilities - Clinical				
	No	Area sqm	Tot Area sqm	
Seminar / Education Room/ MDT	1	30.0	30.0	Optional
<u>Theatres/SSU</u>				
Theatre Management Office: 2 staff	1	13.5	13.5	
Hot desk area (4 persons)	1	20	20.0	Theatres
Hot Desking (3 Places)	1	16.5	16.5	SSU
			50.0	
<u>Anaesthetists</u>				
Office: 1 staff, open plan	11	5.5	60.5	TBA Clinical or Admin? Or Both? Serving Anaes only?
Trainees Office: 6 person	1	30	30.0	Hot desks for trainee or speciality doctors
Break-out / interview room	1	9	9.0	
			99.5	
<u>In Patient Wards</u>				
Consultant Office (6 Place)	2	30.0	60.0	12 places in total? TBA
<u>CT Scanning</u>				
WC Wheelchair user & changing / shower	0	4.5	0.0	No provision at moment - assume all clinical staff require to be fully ambulant? TBA. Area requires to be revised if required - 7.5sqm?
<u>Clinical Staff Support and Welfare</u>				
Staff WC/wash	10	2.5	25.0	2 No Theatres; 2 No SSU; 2 No In Patient Wards 2 No Anaesthetists 2 No CT Scanning
Staff WC/WHB	1	4.5	4.5	Located within SSU. No provision for wheelchair accessible size WC as all staff in this area need to be fully ambulant to carry out duties.
Staff Locker Bays (outwith Theatres)	1	1.5	1.5	Located within SSU.
Staff Locker Bays (outwith Theatres)	2	1.5	3.0	Located within In patient Wards
Rest & dining room with beverage & snack preparation bay: 20 staff	2	56.0	112.0	Scheduled within Theatre Accomm. Shared with all ECU staff? Other local provision?
Store: general & stationery	1	6	6.0	Located within Anaes.
Store: general & stationery	1	6	6.0	Located within In patient Wards
			158.0	
Sub Total			397.5	

Shared Office Support Facilities - Administration				
<u>Theatres/SSU</u>				
Workstations x 6	1	30.0	30.0	
<u>Anaesthetists</u>				
Admin Office: 3 person	1	16.5	16.5	
<u>In Patient Wards</u>				
Workstations x 6	1	30.0	30.0	

CT Scanning				
Hot desk office: 3 places	1	16.5	16.5	Note that other office accommodation is listed within the CT department. This is not considered to be office accommodation that can be readily shared with other departments or located outwith the CT Scanning area.
Office Staff Support and Welfare				
Staff WC/wash	2	2.5	5.0	
Staff WC/ wash; wheelchair user	1	4.5	4.5	
Staff Restroom/Kitchen	0			No provision unless shared with Clinical Staff. Other amenities on site? Advise numbers required to serve if added.
Printer/Photocopier/Stationery Store	1	6.0	6.0	
			32.0	
Sub Total			108.5	

Total Net			506.0	
Planning	5%		25.3	
			531.3	
Engineering	3%		15.9	
Circulation	25%		132.8	
Total			680.1	

Notes:

The office accommodation listed above is intended to be used across all Elective Care Unit sub-departments and has been scheduled separately to allow easier accounting and highlight potential to share.

CT Scanning & Imaging	No	Area sqm	Tot Area sqm	Comments
-----------------------	----	-------------	-----------------	----------

Main entrance, reception & waiting facilities				
Sub-reception/administration/records area: 2 reception	1	10	10	
Waiting area: 10 places, incl. 1 wheelchair place	1	16.5	16.5	
Visitors & patients wc: Disabled/wheelchair user	1	4.5	4.5	
Supt Office (2 person)	1	13	13	Should be located adjacent to modalities
Store Rooms	1	6	6	
Linen store	1	2	2	
Cardiac arrest/emergency trolley bay	1	1	1	
Sub Total			53	

CT Treatment/Changing				
Assisted patient changing cubicle	1	3.5	3.5	En-suite to the CT room
Ambulant patients changing cubicle	1	1.5	1.5	En-suite to the CT room
Patients/staff belongings locker bay	1	2	2	
Visitors & patients wc: Disabled/wheelchair user	1	4.5	4.5	
CT Prep Room	1	11	11	Two sided access with patient on trolley
CT scanner room	1	50	50	HBN size 40 - but requirement for separate access increases area required
Lead apron & protection gear holding area	1	0.5	0.5	
Control room: serving CT room	1	16	16	
Reporting area	1	12	12	
Sub Total			101	

General X Ray & Ultrasound Treatment/Changing				
Ambulant patients pass through changing cubicle	4	2.5	10	
Disabled/wheelchair patients changing cubicle	4	4.5	18	
Patients en-suite wc: Disabled/wheelchair user	4	4.5	18	

General Ultrasound examination room	2	16	32	
Imaging room: conventional, general x-ray	2	30	60	
Daylight processing & viewing area	1	21	21	Serving two imaging rooms. (Source schedule listed 30sqm but 21sqm from ADB source) Requirement tbc based on proposed processing technology.
Sub Total			159	

Support/utility accommodation				
Chilled water supply generator plant room	1		0	TBA (to be included in plant allowance)
Engineering /Technical room	1	20	20	TBA
Dirty Utility	1	9	9	
Clean Utility	1	12	12	
General store	1	10	10	
Equipment store	1	6	6	
Cardiac arrest/emergency trolley bay	1	1	1	
Linen Trolley Bay	1	2	2	
DSR	1	10	10	
Disposal hold	1	10	10	
IT Node	1	7	7	
Sub Total			87	

Staff Support Facilities				
WC Wheelchair user & changing / shower	0	4.5	0.0	No provision at moment - are all Clinical CT Staff required to be fully ambulant?
WC & wash: ambulant	0	2	0.0	Scheduled separately under "Office Support Accom" to review overall provision
Sub Total			0.0	

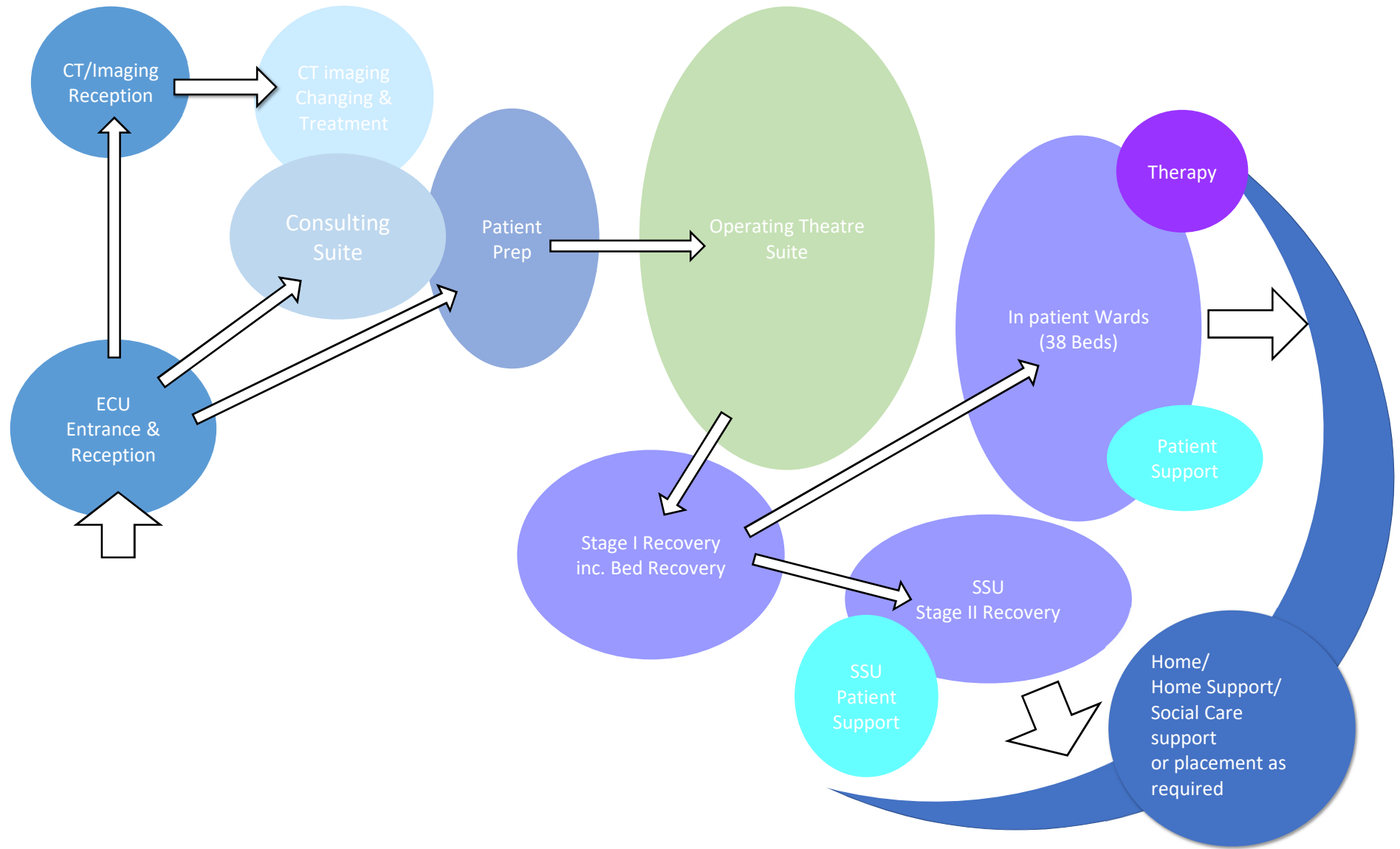
Administration facilities				
Office: 1 place with large meeting area	1	16	16	Doubles as meeting/case review area
Office: 1 place (Reporting)	1	9	9	
Office: 2 place	1	13.5	13.5	Office manager and departmental secretary
Office: 1 place	1	9	9	PACS Manager (Supports training)
Superintendent radiographers office: 1 place	1	9	9	
Hot desk office: 3 places	0	13.5	0	Scheduled separately under "Office Support Accom" to review overall flexible office provision
Sub Total			56.5	

Total Net				
Planning	5%		22.8	
			479.3	
Engineering	3%		14.4	
Circulation	32%		153.4	
Total			647.1	

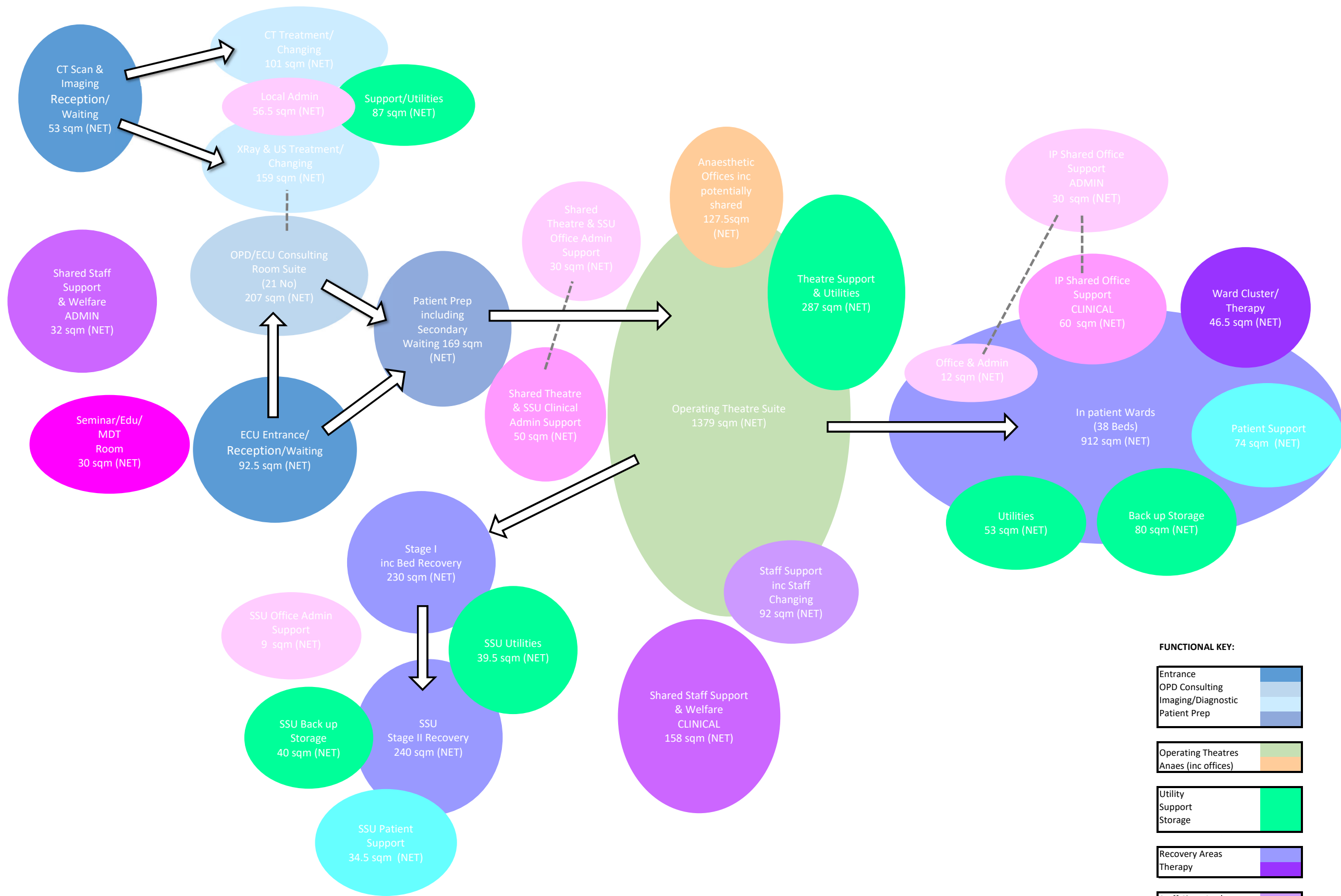
Notes

Appendix B

Adjacencies and Flow Diagrams



Principal Clinical Flows



Sub Departmental Adjacencies & Clinical Flows

Appendix C

Cost Plan and Optimism Bias

St John's Short Stay Elective Centre

11 Theatre Extension

NHS Lothian

Cost Estimate No. 1
15 March 2018



THOMSON GRAY
CONSTRUCTION CONSULTANTS

Contents



	Page
1.0 INTRODUCTION	3
2.0 KEY FACTS	4
3.0 COST SUMMARY	5
4.0 COST DETAIL	6
5.0 BENCHMARKING	7

Prepared by: RL

Checked by: JSG

Date: 15.03.18

1.0 Introduction

- 1.1** This estimate has been prepared to assess the likely construction cost of providing 11 new theatres, 38 beds, new imaging and associated support accommodation as appropriate and create a new short stay elective centre at St John's Hospital in Livingston. It is likely that some internal reconfiguration will be required to suit linkages for clinical adjacencies and horizontal evacuation. The works will likely displace existing parking and together with the need for additional parking spaces associated with the new facilities this will result in the requirement for additional car parking provision within the site.
- 1.2** The estimate is based on the schedule of accommodation version E dated 15.03.18, prepared by Core Associates to inform the estimate. A high level block diagram has also been prepared to illustrate the potential clinical flows and supplement the SOA.
- 1.3** Costs assume the appointment of a main contractor through Health Facilities Scotland Frameworks Scotland 2 initiative through a competitive tendering process.
- 1.4** We have assumed the following:
- Works will be completed in a single phase
 - Inflation to mid point construction - currently assumed 2Q 2021
 - Costs assume 150nr additional carparking spaces
 - The SOA assumes 5% planning, 3% engineering, 10% vertical / inter departmental circulation, between 25% - 35% circulation and 20% plant
 - Group 2 and 3 equipment allowance included at 15%
 - Optimism Bias workshop carried out 13.03.18 assessing OB at 21.2%
 - Programme assumes 18 months design development and procurement; 24 months construction
- 1.5** A list of exclusions is included within Section 2.0

2.0 Key Facts

Client	NHS Lothian Waverly Gate 2-4 Waterloo Place Edinburgh EH1 3EG	Architect	Core Associates The Mews 12 Fortrose Street Glasgow G11 5LP
---------------	---	------------------	---

Lead Advisor	Thomson Gray Prospect House 5 Thistle Street Edinburgh EH2 1DF	Status of Estimate	Feasibility
		Base Date	1st Quarter 2018

Basis of Estimate 1429 SJH Elective Care Centre SOA - Rev E
OB calculation 13.03.18

Summary of Costs

	Total
Construction	£ 31,544,403
Professional Fees	£ 4,100,772
Other Costs	£ 712,903
Equipment	£ 5,453,712
Inflation	£ 4,338,959
Optimism Bias / Risk	£ 9,783,959
VAT	£ 10,051,343
TOTAL	£ 65,986,052
SAY	£ 66,000,000

Programme 24 months construction

Preliminaries 12%

Optimism Bias 21%

Exclusions Site abnormals (asbestos; contamination; ground conditions)
Inflation beyond 2Q2021
Displaced accommodation / decants beyond area identified in 4.0

GIFA 8,972m²

3.0 Elemental Summary

Element	Quantity	Unit	Rate	Total (£)
Construction Costs (refer section 4.0 for detail)		item		28,934,403
Internal refurbishment and reconfiguration for horizontal evacuation etc	180	m2	1,800.00	324,000
Displaced accommodation	180	m2	2,700.00	486,000
Landscaping including road reconfiguration		item		300,000
New carparking (150 decked spaces)	150	nr	10,000.00	1,500,000
Sub-Total				31,544,403
Add On Costs				
Professional Fees	13%	item		4,100,772
Other costs - surveys / IT / domestics / estates	2%	item		712,903
Equipment - Group 2+3 client direct	15%	item		5,453,712
Inflation [1Q18 base date (318) to 2Q2021 (351)]	10.38%	item		4,338,959
Optimism Bias	21.20%	item		9,783,959
VAT	20%	item		11,186,942
VAT Recovery (on fees and 5% of construction total)		item	-	1,135,598
TOTAL				65,986,052
SAY				66,000,000

GIFA

8,972 m²



4.0 Construction Cost Estimate Detail

Description	Quantity	Unit	Rate	£
Schedule of Accommodation				
Entrance Reception	124	m2	2,200	273,460
Patient Prep	505	m2	3,100	1,565,500
Operating Theatres	1,853	m2	3,600	6,670,800
Support	386	m2	3,100	1,196,600
Stage 1 Recovery	220	m2	3,100	682,000
Staff Support	124	m2	2,000	248,000
Shared Support Facilities	67	m2	3,100	207,700
Shared Office	40	m2	2,000	80,000
SSU	622	m2	3,100	1,928,200
Anaesthetic	171	m2	3,400	581,400
Inpatient Bed Ward (38 beds)	1,759	m2	2,500	4,397,500
Ward Support Clusters	66	m2	2,200	145,200
Office Support Accommodation	295	m2	2,000	590,000
CT Scanner Reception / Waiting	75	m2	2,200	165,000
CT Treatment	143	m2	3,400	486,200
General X-Ray & Ultra Sound Treatment	225	m2	3,400	765,000
Support	123	m2	3,100	381,300
Admin facilities - local to dept	80	m2	2,000	160,000
Staff Support	22	m2	2,200	48,400
Distributed Plant	1,381	m2	1,600	2,209,600
Inter Departmental / Vertical Circulation	691	m2	1,600	1,105,600
Sub Total	8,972			23,887,460
Preliminaries	12%	Item		2,866,495
BREEAM Allowance	3%	Item		802,619
Design Contingency	5%	Item		1,377,829
Total				28,934,403

Rate /m2 **3,225**



5.0 Benchmarking

PROJECT DESCRIPTIONS	ELECTIVE CARE CENTRE				
BENCHMARK PROJECTS - Adjusted for Inflation to 1Q18 / Location Factor (Scotland)	BENCHMARK PROJECTS - HEALTHCARE				Mean Average
	Nottingham single storey building housing 4 elective orthopaedic theatres with associate recovery services	Lister - 3 storey building to create a new elective admissions lounge with 2 day surgery theatres and associated services	Arrowe Park - New build extension to create surgical elective centre incl admissions, pre-op assessment and 2 theatres	Burnley - 2 storey new build urgent care centre including 14 inpatient beds	
Procurement	P21+ NEC3	P21+ NEC3	P21 NEC3	P21+ NEC3	
Original Base Date	3Q13	1Q13	3Q09	4Q12	
Area (m2)	2,774	5,235	1,820	2,772	
Substructure	£158	£111	£208	£132	£152.25
Superstructure	£839	£610	£662	£762	£718.25
Finishes	£164	£146	£162	£146	£154.50
FF&E	£39	£33	£107	£41	£55.00
M&E	£1,788	£1,122	£857	£956	£1,180.75
External works	£159	£62	£115	£200	£134.00
Preliminaries	£400	£370	£280	£367	£354.25
Contingencies	£130	£124	£120	£74	£112.00
prime cost benchmark	£3,677	£2,578	£2,511	£2,678	£2,861.00
Pricing adjustments					£0.00
- Uplift April 2016 Building Standards upgrade for Section 6 compliance (2%)	£74	£52	£50	£54	£57.22
- Allowance BREEM Excellent (3%)	incl	£79	£77	£82	£59.42
Adjusted tender price data	£3,751	£2,708	£2,638	£2,814	£2,977.64
Intelligent prime cost benchmark (mean of above)	£2,978				

Elective Estimates

Board	Project	Type	Area	Rate /m2	Total
Lothian	PAEP – Ophthalmology; includes 4 theatres and re-provision of hospital	New Build	10,451	£3,000	£31.3m
Highland	Ophthalmology and Orthopaedics; 3 theatres	New Build	5,000	£3,100	£15.5m
Fife	Orthopaedics; 3 theatres	New Build	5,920	£3,050	£18m
Tayside	6 Theatres and 48 beds - General, Orthopaedics etc	New Build	TBA	TBA	£19m
GJ	Phase 1 – Ophthalmology, 6 theatre extension	New Build	2,450	£3,300	£8.1m
GJ	Phase 2 - Orthopaedics; 10 – 12 theatres ??	New Build	TBC	£2,950 - £3,250	TBA
Lothian	St John's – 11 theatres, 38 beds and additional imaging	New Build	8,972	£3,225	£28.9m

Notes Costs exclude fees, risk, inflation beyond 1Q 2018, VAT etc
PAEP excludes public realm works and collaboration space
Base index 1Q 2018

Lowest % Upper Bound	13%
Mid %	40%
Upper %	80%

		Option 1 Phased programme		Option 2		Option 3	
		Yes/No	Score	Yes/No	Score	Yes/No	Score
Build complexity							
<i>Choose 1 category</i>							
<i>Length of Build</i>	< 2 years	0.50%	x	0.50%	0	0	0
	2 to 4 years	2.00%		0	0	0	0
	Over 4 years	5.00%		0	0	0	0
<i>Choose 1 category</i>							
<i>Number of phases</i>	1 or 2 Phases	0.50%	x	0.50%	0	0	0
	3 or 4 Phases	2.00%		0	0	0	0
	More than 4 Phases	5.00%		0	0	0	0
<i>Choose 1 Category</i>							
<i>Number of sites involved (i.e. before and after change)</i>	Single site*	2.00%	x	2.00%	0	0	0
	2 Site	2.00%		0	0	0	0
	More than 2 site	5.00%		0	0	0	0
* Single site means new build is on same site as existing facilities							
Location							
<i>Choose 1 Category</i>							
<i>New site - Green field</i>	New build	3.00%		0	0	0	0
	New site - Brown Field	8.00%		0	0	0	0
	Existing site	5.00%		0	0	0	0
or							
<i>Existing site</i>	Less than 15% refurb	6.00%	x	6.00%	0	0	0
	15% - 50% refurb	10.00%		0	0	0	0
	Over 50% refurb	16.00%		0	0	0	0
Scope of scheme							
<i>Choose 1 category</i>							
<i>Facilities Management</i>	Hard FM only or no FM	0.00%		0	0	0	0
	Hard and soft FM	2.00%	x	2.00%	0	0	0
<i>Choose 1 category</i>							
<i>Equipment</i>	Group 1 & 2 only	0.50%		0	0	0	0
	major Medical equipment	1.50%		0	0	0	0
	All equipment included	5.00%	x	5.00%	0	0	0
<i>Choose 1 category</i>							
<i>IT</i>	No IT implications	0.00%		0	0	0	0
	Infrastructure	1.50%		0	0	0	0
	Infrastructure & systems	5.00%	x	5.00%	0	0	0
<i>Choose more than 1 category if applicable</i>							
<i>External Stakeholders</i>	1 or 2 local NHS organisations	1.00%	x	1.00%	0	0	0
	3 or more NHS organisations	4.00%		0	0	0	0
	Universities/Private/Voluntary sector/Local government	8.00%		0	0	0	0
Service changes - relates to service delivery e.g NSFs							
<i>Choose 1 category</i>							
<i>Stable environment, i.e. no change to service Identified changes not quantified Longer time frame service changes</i>		5.00%		0	0	0	0
		10.00%	x	10.00%	0	0	0
		20.00%		0	0	0	0
Gateway							
<i>Choose 1 category</i>							
<i>RPA Score</i>	Low	0.00%	x	0.00%	0	0	0
	Medium	2.00%		0	0	0	0
	High	5.00%		0	0	0	0
Actual % Upper Bound for this project				32.00%	0.00%	0.00%	0.00%

NHSL -ST JOHNS ECC

Fesibility Stage 21 February 2018				
Contributory Factor to Upper Bound	% Factor Contribut es	% Mitigation	% Factor Contributes after mitigation	Explanation for rate of mitigation
Progress with Planning Approval	4	0%	4.0	Not progressed
Other Regulatory	4	0%	4.0	Not progressed
Depth of surveying of site/ground information	3	50%	1.5	Site information limited. Detailed surveys still to be undertaken.
Detail of design	4	10%	3.6	Block plan prepared. Contractor/design team still to be appointed.
Innovative project/design (i.e. has this type of project/design been undertaken before)	3	50%	1.5	National elective strategy underway. Service in early stages of redesign work.
Design complexity	4	75%	1.0	11 theatres, 35 beds - similar to other elective centres
Likely variations from Standard Contract	2	100%	0.0	NEC3 Engineering and Construction Contract will be used. HFS framework agreement in place
Design Team capabilities	3	75%	0.8	Appointment under HFS Frameworks 2 still to be made.
Contractors' capabilities (excluding design team covered above)	2	75%	0.5	5 PSCP's are on framework from which selection will be made.
Contractor Involvement	2	100%	0.0	Will be heavy involvement in design as part of Frameworks 2 process.
Client capability and capacity (NB do not double count with design team capabilities)	6	40%	3.6	Project at early stage. Key members of team to be confirmed
Robustness of Output Specification	25	25%	18.8	Output specifications likely to be similar to other elective centres. Subject to comment and revision.
Involvement of Stakeholders, including Public and Patient Involvement	5	25%	3.8	Site information limited. Detailed surveys still to be undertaken.
Agreement to output specification by stakeholders	5	25%	3.8	Output specifications likely to be similar to other elective centres. Subject to comment and revision.
New service or traditional	3	80%	0.6	One of the central elements of the project will be to improve throughput however service is not new.
Local community consent	3	0%	3.0	Not progressed
Stable policy environment	20	25%	15.0	Position re regional delivery of services still subject to change. Funding to be clarified.
Likely competition in the market for the project	2	50%	1.0	5 PSCP's on framework. Interest through HFS established.
Total contributing factors	100		66.3	
Upper bound			32.0%	
Optimism Bias following mitigation			21.2%	

For information, not for completion

Contributory Factor to Upper Bound	% Factor Contributes	Stage	Mitigation Factor
Progress with Planning Approval	4	SOC	Opened discussion with planning authority, some engagement
		OBC	Outline consent in place, with any Planning Conditions and requirements for Section 106 or similar
		FBC	Full Consent in place. Judicial Review period passed.
Other Regulatory	4	SOC	Degree of sign off from Fire Authority, HSE, transport authorities, local government etc.
		OBC	
		FBC	
Depth of surveying of site/ground information	3	SOC	Desktop study undertaken of own site.
		OBC	Investigations undertaken, historical records examined.
		FBC	Full survey of conditions, site services and topographics.
Detail of design	4	SOC	Concept/masterplan/DCP
		OBC	1:500s agreed and selected 1:200s.
		FBC	All 1:200s in place, key 1:50s (depends on procurement route)
Innovative project/design (i.e. has this type of project/design been undertaken before)	3	SOC	Yes/no
		OBC	
		FBC	
Design complexity	4	SOC	This might include complex M&E solutions (requires further development)
		OBC	
		FBC	
Likely variations from Standard Contract	2	SOC	No contract chosen.
		OBC	Yes/no with measurement of scale of variations
		FBC	
Design Team capabilities	3	SOC	Previous relevant experience of individuals involved. Capacity
		OBC	
		FBC	
Contractors' capabilities (excluding design team covered above)	2	SOC	Previous relevant experience of individuals involved. Capacity. Track record of delivery.
		OBC	
		FBC	
Contractor Involvement	2	SOC	Buildability. Opportunity to influence design.
		OBC	
		FBC	
Client capability and capacity (NB do not double count with design team capabilities)	6	SOC	Degree of team in place with relevant experience.
		OBC	Full team in place for procurement.
		FBC	Robust implementation plan in place.
Robustness of Output Specification	25	SOC	Definition of scope and extent of services. Degree of outstanding decisions.
		OBC	
		FBC	
Involvement of Stakeholders, including Public and Patient Involvement	5	SOC	Scope of stakeholders to be involved. Plan in place to engage.
		OBC	Implementation of Plan
		FBC	Involvement demonstrated.
Agreement to output specification by stakeholders	5	SOC	Letters of support from clinicians, Trade Unions, staff groups, patient representatives/groups.
		OBC	
		FBC	
New service or traditional	3	SOC	Assessment of how innovative/new service model is at national/regional/local level. Has this ever been tried before?
		OBC	
		FBC	
Local community consent	3	SOC	Consideration of traffic noise/existence of protestors or pressure groups
		OBC	
		FBC	
Stable policy environment	20	SOC	Degree to which new policy/standards are applicable depending upon which stage is reached.
		OBC	
		FBC	
Likely competition in the market for the project	2	SOC	Degree project has been marketed.
		OBC	Evidence of market interest.
		FBC	Mitigated.
TOTAL	100		

Board Meeting
1st August 2018

Director of Finance

FINANCIAL POSITION TO JUNE 2018 AND 2018/19 FINANCIAL PLAN

1 Purpose of the Report

- 1.1 This paper provides an update to the Board on the financial position at Period 3 based on the latest financial information.
- 1.2 Any member wishing additional information on the detail of this paper should contact the Director of Finance prior to the meeting.

2 Recommendations

- 2.1 The Board is recommended to:
 - **Accept** this report as a source of significant assurance that the Finance & Resources (F&R) Committee has received and accepted a report which sets out the financial position at month 3 of NHS Lothian with detail on the relevant issues, and;
 - **Accept** that only **limited assurance** remains in place at this stage for the achievement of breakeven by the year end, based on the month 3 position. The F&R Committee has accepted this level of assurance.

3 Discussion of Key Issues

- 3.1 The F&R Committee received a paper on the Period 3 financial position and a comparison to the 2018/19 Financial Plan at its meeting of the 25th July. The F&R paper highlighted an in year overspend of £2.5m after three months of the year.
- 3.2 It was also reported that this year to date position compared favourably against the 18/19 Financial Plan, however the statutory requirement to breakeven remained a challenge and a cause for concern as the drivers for the overspend from the prior year had continued into 2018/19. Further detail on the financial position is provided in Table 1 below.

Table 1 : 18/19 Financial Plan comparison to Current Position

Business Unit	M3 YTD Variance	M3 YTD Variance: Prorate for 12 Months	18/19 FP Variance	Movement
	£'000	£'000	£'000	£'000
University Hosp Support Serv	(5,082)	(20,328)	(23,447)	3,119
Reas	(748)	(2,993)	(1,510)	(1,483)
East Lothian Partnership	63	252	(576)	828
Edinburgh Partnership	(1,239)	(4,955)	(4,440)	(514)
Midlothian Partnership	18	73	(691)	764
West Lothian Hsc Partnership	544	2,175	(1,259)	3,433
Directorate Of Primary Care	(71)	(282)	(252)	(31)
Facilities And Consort	(22)	(89)	69	(158)
Corporate Services	504	2,014	(862)	2,877
Inc + Assoc Hlthcare Purchases	1,173	4,691	883	3,807
Strategic Services	(157)	(628)	2,284	(2,912)
Research + Teaching	(170)	(682)	(1,823)	1,142
Reserves	2,715	10,860	10,149	711
Grand Total	(2,473)	(9,892)	(21,475)	11,583

3.3 Based on the information presented on the current financial position the Committee agreed that it had limited assurance at this stage that the Board will achieve a breakeven outturn in 2018/19, and that the output of the Quarter 1 review currently being undertaken would consider any update to this assurance level.

3.4 As part of the Quarter 1 review process review meetings will be held between Finance and Business Unit leads. At these meetings a detailed review of the year to date position, further actions to control and reduce spend in both current and future years and the implications for the forecast year end outturn, will be discussed. Output from these meetings will form part of the updated to the Board from the September F&R Committee meeting.

4 Key Risks

4.1 As noted previously, only 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 new implications for health inequalities or general equality and diversity issues arising directly from the issues and recommendations in this paper. Any actions arising from issues discussed in this paper may need consideration in the context of an impact assessment.

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 The financial results deal principally with the financial governance on operational management of existing resources and no resource implications arise specifically from this report.

Susan Goldsmith

Director of Finance

25th July 2018

susan.goldsmith@nhslothian.scot.nhs.uk

NHS Lothian Mandatory Climate Change Report and Sustainable Development Action Plan**1 Purpose of the Report**

- 1.1 The purpose of this report is to recommend that the Board note the content of and endorse the mandatory Climate Change Report for 2016 to 2017 and the Sustainable Development Action SDAP 2017-2018.

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

2 Recommendations

- 2.1 The Board note and endorse the mandatory Climate Change Report (16-17) and the NHS Lothian Sustainable Development Action Plan (17-18).

3 Discussion of Key Issues

- 3.1 NHS Lothian Board received a report in February 2017 which summarised the first mandatory Climate Change Report submitted in November 2016 in line with the Climate Change Act Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015. The three Climate Change Duties of public bodies are:

Mitigation – reducing green house gas emissions

Adaptation – adapting to the impacts of a changing climate

Acting sustainably – has sustainable development as a core value

- 3.2 The Climate Change Report (CCR) to the Scottish Government for 2017 was prepared by the Sustainable Development Management Group and submitted by the Facilities Directorate Senior Project Manager for Energy and Environment via an on line reporting tool. There are 5 main sections to the climate change report including: profile of the reporting body, governance, management and strategy; emissions, target and projects; adaptation; procurement. A full PDF version can be made available on request.
- 3.3 The key changes from last submission made in the section on governance, management and strategy are as follows. The governance chart now includes Integrated Joint Boards as their climate change reporting requirements were set out in guidance issued in 2016¹.
- 3.4 A key requirement of the Climate Change Report is that organisations have Climate Change (Environmental Sustainability) embedded in corporate objectives, strategic and operational planning. Appendix 3 gives an overview of the structure of responsibilities within NHS Lothian. In the current CCR there is explicit reference to the NHS Lothian Property and Asset Management Strategy which has sections on Energy Utilisation and Sustainability.

3.5 The Sustainable Development Action Plan is a key component of the CCR developed and overseen by the Sustainable Development Management Group and is being updated as part of NHS Lothian's Climate Change Duty.

- 3.6 Six key areas of action
- Travel
 - Procurement
 - Facilities Management
 - Workforce
 - Community engagement
 - Buildings

3.7 The CCR requires NHS Lothian to report on Carbon emissions which arise directly from facilities and its own fleet transport (Scope 1) and those which are indirect including electricity generated off site and business mileage from employee vehicles (Scope 2).

3.8 The table below shows the changes in carbon emissions from baseline and from last year.

	Tons of Carbon Dioxide	Tons of Carbon Dioxide		Million kwh
	Scope 1	Scope 2	Total	
Baseline 07 08	47,875	42,228	90,103	338.1
Year 8 15/16	42,531	41,289	83,820	307.6
Current year 9 16/17	43,338	35,841	79,180	309.9
Difference from baseline	-4,537	-6,387	-10,924	-28.2
% difference from baseline	-9.5%	-15.1%	-12.1%	-8.3%
Difference from 15/16	807	-5,448	-4,641	+2.3
% difference from 15/16	1.9%	-13.2%	-5.5%	-0.32%

Top 5 Priorities 2017 ⁱⁱ	
1	Retain the international quality management standard, The Carbon Trust Standard, now held continually for 8 years
2	St John's hospital infrastructure upgrade using Carbon and Energy Fund £6.55million capital injection received from Scottish Government – Full Business Case approved and implementation now commenced.
3	Western General Hospital, develop site master plan including infrastructure upgrade – Energy Option Appraisal commissioned in November 2017 with completion by March 2018. Present FM contract with SSE expires August 2018 and will be extended for 3 years to allow time for outcome of the energy option appraisal and site master plan. Based on the NHS Lothian submitted an Expression of Interest to the Low Carbon Infrastructure Transition Plan and an Initial Agreement for the proposals is in preparation for Finance and Resources Committee in July.
4	Implement the metering strategy coupled with SystemsLink IM and T system to modernise and streamline the management of data for better energy efficiency and financial management of utilities.
5	Royal Infirmary of Edinburgh: planning and programme of investment to prioritise a replacement of CHP system to increase availability from present 30% to a better design of system to achieve at least 85% availability and load matching with site heat and power requirements. Developments need to give consideration to developments on the BioQuarter.

- 3.9 As part of the CCR, organisations are required to submit their top 5 priorities for change. The NHS Lothian report submitted the following top 5 priorities which are based on the potential for resource efficiency cost and carbon saving:
- 3.10 Taken together the energy systems on SJH, RIE (which is a pass through cost to NHS Lothian as part of the PFI) and WGH account for 61 % of NHS Lothian energy usage, 63% of the carbon emissions and accounted for a spend of £9.3million of NHSL's total for gas and electricity of £15.5million.
- 3.11 In respect of the proposals for the energy system at SJH, guaranteed cost savings are £942,000 per year which after unitary payment and other charges leaves a revenue benefit to NHSL of £462,000 per year. On site energy consumed will actually increase as 90% of the hospital's electricity will be generated on site but this will deliver CO2 savings of 2,649 tonnes per year or 21% of St John's current total.
- 3.12 The masterplan for the WGH is still in development and it is not possible to determine future energy savings. The WGH already has a CHP installation and so savings potential is less than for St John's. The priority is to upgrade the infrastructure which has reached the end of its life with a sustainable and low carbon option. Simply by de-steaming the site heat distribution would save at least 5 million kWh of gas supply.
- 3.13 NHS Lothian Metering Strategy (led by Bill Newton) seeks to modernise the existing utility metering stock with a view to utilising their quantitative data to reduce energy consumption and associated emissions. There are currently just under a thousand utility meters across NHS Lothian and over 25% of these are now "connected" meters capable of providing half hour consumption data into NHS Lothian's energy monitoring system. This is an essential investment for NHSL and demonstrates an excellent business commitment
- 3.14 At the RIE there are potential savings of 1million kWh of electricity if the CHP operation was optimised, with current energy tariff at £106/MWh this is equivalent to a value of

£106,000. A major investment to redesign the CHP system could potentially save 15million kWh of heat and power with a value in the region of £500,000. This latter value varies greatly from year to year because it is influenced by the variability of Energy Supply Markets and Government policies.

3.15 Other key aspects of the MCC report to note are

- Best Practice Examples: Transport Manager Iain Sneddon won the Sustainable Leadership Award for embedding sustainability in the planning of NHS Lothian transport and fleet management and wider departmental planning. For interest, the Lothian transportation of patients to Golden Jubilee Hospital covers in excess of 100,000 miles per year, the largest mileage of any of the fleet, with one of the highest rates of CO2 emissions. Reducing the journey or vehicle size has the potential to significantly reduce the carbon cost of NHS Lothian transport services. It highlights a key challenge for the NHS in balancing sustainability and access to services.
- The inclusion of reference to the food waste audit work at SJH in the Best Practice section of the report. SJH Catering Department have enhanced their recording of waste in order to have a clear knowledge of how and where food waste is generated and whether this is potentially avoidable or not and if avoidable to control. Unavoidable waste includes waste from fresh food preparation such as peelings and plate waste from food served to patients. For example, on a single day the catering department would know that of 284kg of food waste, 189kg of this was unavoidable and 95kg considered avoidable and can be looked at in terms of reducing this further.
- That the submission has drawn attention to the need for an expert external audit of waste information with a view to developing a robust waste information strategy and system.
- A review of pharmacy waste from community settings shows a steady increase from 15/16 45,130 kgs; 16/17 47,240 kgs with the figure for 17/18 projected to be 47,66k kg. Given that medicines represent both a significant proportion of NHS Lothian budget and pharmaceutical products along with medical equipment are estimated to account for around 25% of the health service carbon foot print, reducing pharmaceutical waste account is a key intervention for sustainability and savings.
- An established key underlying principle for the primary care prescribing efficiency (Sustainability and Value) programme is - to reduce avoidable waste. As yet (unlike the catering service), it is not clear at present what percentage of pharmaceutical waste is unavoidable, for example due to discontinuation through adverse effects, untimely deterioration in condition or death. As part of this sustainability programme both patients and prescribers are encouraged to be thoughtful in order to reduce inappropriate production of waste. This can be addressed in many ways including addressing polypharmacy reviews, patient adherence and review of processes and systems. All of which are embedded in the current programme. In addition NHS Lothian launched a campaign to the public in October 2017 through community pharmacies in which patients are encouraged to only order what they need. An audit of 10 pharmacies returns from patients over a period of one week has been carried out and whilst this did include information about the costs of waste medication, the sample size was

considered too small to allow costs to be reported. A further small audit locally is seeking to identify the reasons for returns. This will help inform further work programmes. The year end position (2017-18) for primary care prescribing shows a 2.5% drop in volume of items from previous year despite the increase in weight of waste.

- NHS Lothian has favourably self assessed its energy strategy against framework provided in a model for international businessⁱⁱⁱ. (See Appendix 2) This self assessment identified the importance of NHS Lothian tracking its development of the use of renewables in terms of income, cost and proportion of energy utilisation.
- The Sustainable Development Management Group has reviewed the report of the Scottish (Managed) Sustainable Health Network (SMaSH) report on Scope 3 emissions in the health sector: the case for action and the Public Health England report on Securing healthy returns and table of potential savings to 2020 for sustainability interventions. The review of these reports will be used to update the SDAP.

3.16 Other key issues in the development of Sustainability within NHS Scotland to note are:

The shift from the Good Corporate Citizenship model underpinning sustainable development to the wider framework United Nations 17 goals for Sustainable Development.

4 Key Risks

- 4.1 Financial – there are no financial risks arising from this programme although associated risks arise from changes in Government policy on taxation and incentive schemes.
- 4.2 Delivery – NHS resources concentrate on direct patient care, the delivery of this programme requires sufficient input from staff across many activities and departments.
- 4.3 Technical – actions/guidance on sustainability and climate change are constantly evolving, this year's solutions may be significantly different next year.

5 Risk Register

- 5.1 There are currently no risks for the NHS Lothian Risk Register.

6 Impact on Inequality, Including Health Inequalities

The NHS Lothian Sustainable Development Action Plan includes actions which directly address inequalities: community engagement and fuel poverty.

As the SDAP approach evolves to address the United Nations Goals for sustainability the impact on reducing inequalities should be greater.

It also includes plans to roll out the use of Integrated Impact Assessment which combines environmental, health and equality diversity impact assessment.

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

7.1 This section must be completed where appropriate: For all papers proposing strategies/policies or service change, evidence must be presented on how legal duties of involvement have been met and how the outputs from informing, engaging and consulting have been used.

8 Resource Implications

8.1 The reduction in carbon emissions through reduced energy consumption, waste reduction and recycling and reduction of travel all have potential to improve cost efficiency.

8.2 For the current and coming year NHS Lothian will be investing £6.75million of capital to achieve savings of £980k revenue and 2,800 tonnes of CO2 emissions. The bulk of this is at St John's hospital where the revenue savings will fund a unitary payment of £480k, and there is also an additional capital outlay of £200k at other sites as part of an ongoing programme with associated revenue savings of £40k.

Jane Hopton
Programme Director Facilities

Charlie Halpin
Senior Project Manager Sustainable
and Technical Development

June 2018

jane.hopton@nhslothian.scot.nhs.uk

charlie.halpin@nhslothian.scot.nhs.uk

<http://www.keepsotlandbeautiful.org/sustainability-climate-change/sustainable-scotland-network/climate-change-reporting/>

List of Appendices

Appendix 1: Annual tCO2e – By Source baseline to current year

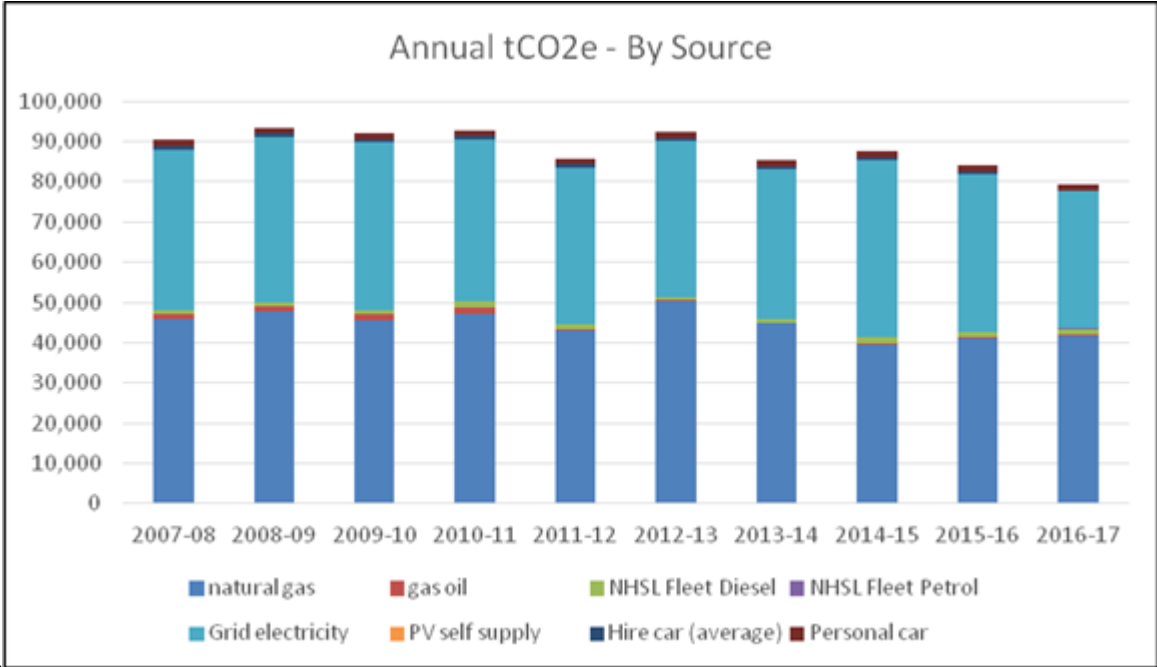
Appendix 2 NHS Lothian Self Assessment HBR Energy Strategy Checklist (Winston, A; Favaloro G; Healy Tim. Energy Strategy for the C suite, Harvard Business Review January to February 2017 p 139 – 146.)

ⁱ <https://www.keepsotlandbeautiful.org/media/1559952/ijb-cc-reporting-master-guidance-final-v12.pdf>

This guidance indicates that IJBs are not expected to submit the full climate change report but are expected to complete sections as far as possible but focus on Part 7: Recommended Reporting: Reporting on Wider Influence –Where applicable, IJBs are strongly encouraged to complete this section of the report which will also be considered as part of the assessment of individual and sector progress and activity.

ⁱⁱ *The top 5 objectives for last year (2016) were as follows: retention of the internationally recognised Carbon Trust Standard; upgrade the St John's Hospital energy infrastructure – estimated to reduce carbon emissions by 5000 tonnes and energy costs by £800K; upgrade energy systems at the Western General Hospital; minimise the energy consumption of the process of commissioning new builds to avoid double running costs; seek to ensure a sustainable design for East Lothian Community Hospital.*

Appendix 1 Annual tCO2e – By Source baseline to current year



ⁱⁱⁱ Winston, A; Favaloro G; Healy Tim. Energy Strategy for the C suite, Harvard Business Review January to February 2017 p 139 – 146.

APPENDIX 2 NHS Lothian Self Assessment HBR Energy Strategy Checklist

<p>1. Start with a corporate level mandate</p>	<p>There is a clear leadership and governance structure and the Deputy Chief Executive is the Sustainability Champion. There is an opportunity to develop more specific and focussed corporate objectives on sustainability in the coming year. The UN Goals for Sustainability which are most relevant to health care and public health will be implicit in corporate objectives, however there is the potential to agree objectives which extend the “triple aim” to include environmental sustainability. The review of Securing Health returns referred to in the paper makes a start at identifying the win-win-win of actions which offer an environmental benefit, financial savings and contribute to improvements in health.</p>
<p>2 Integrate energy into the company’s vision and operations</p>	
<p>Questions such as</p>	
<p>Assess firms internal and external energy impacts</p>	<p>We have an accurate measure of costs, consumptions, CO2 emissions and the proportion of total NHSL budget. This has become a legislative requirement under CRC, EUETS and CCR</p>
<p>How much energy does out firm use and what does it cost?</p>	<p>We use annually 220 million kWh of natural gas costing £5.1million, 92 million kWh of electricity costing £10.4million and 1 million kWh of oil costing £54k</p>
<p>What impact does this spending have on key financial indicators such as cost of goods sold?</p>	<p>Any savings on utilities can be fed through to NHSL’s cost recovery programme and in theory is ultimately available for patient care.</p>
<p>Are we capitalizing on opportunities to use renewable?</p>	<p>We adopt renewables where affordable and usually within new build projects. Photovoltaics are in place at Royal Victoria Building, Royal Edinburgh Building, new RHSC/DCN. Ground source heat pumps are installed at Royal Victoria building and at Dalkeith Health Centre. Biomass is currently being installed at new East Lothian Community Hospital. Higher levels of spend are found within the low carbon technology of Combined Heat and Power which is installed at Royal Infirmary, Western General, Royal Edinburgh Building, Musselburgh PCC and in implementation at</p>

	St John's.
What is our carbon footprint	We report every year our Scope 1 and 2 emissions, these have reduced over 10 years from 94,000 to 79,000 tonnes.
What is the carbon foot print of our suppliers	We don't know, we do know that the footprint for supply of drugs and medicines to the NHS is about double the scope 1 and 2 emissions quoted above.
How do we compare with competitors	We compare well with our peers, having been earlier to invest in low carbon technologies over many years.
Do we have aggressive targets for energy and emissions	We have a "basic" target which is not aggressive and also a "stretch" target which is aggressive because it relies on major financial investment which is a challenge to the NHS and its priorities for funding.
Targets for use of renewable?	No specific target
Integration into strategic plans and processes ?	Energy and carbon management are a major part of the Board's Sustainable Development Action Plan with support from Health Facilities Scotland
Connect procurement of energy with management of its use	NHS Lothian have been pro-active in this regard in the past, having worked up proposals with private sector partners, but have had to accept Scottish Government policy that procurement of supplies is via Scottish Procurement where a Risk Management Group is not in favour of this method. One notable exception is that NHSL are on the point of signing a contract with Vital Energy for an "Energy Performance Guarantee" at St John's hospital.
3.Track energy at all levels	NHSL has a full time Energy and Environment Manager, although this is less than recommended, in the past where number WTE was linked to utilities expenditure. At the time it was 1WTE per £million.
Have good systems for accessing energy data quickly in a way that provides actionable information	We have adopted a forward looking business approach which embraces new technology on automatic metering and compilation of energy / financial management.
Energy signature of key equipment and functions	The NHS has a tool for this SHTM 2027 EnCO2de, but it needs to be updated

Compare energy use at similar sites and plants	National reporting via Health Facilities Scotland enables this and quarterly comparative data tables are received by NHSL
Predict impact of changes in energy prices	Advised by Guidance notes from Scottish Procurement, NHSL acknowledges these and translates them in to the impact for NHSL.
Zoom out to look at supply chains	Procurement colleagues are required to consider environmental impact and contribute actively to the Sustainable Development Management Group and its plan.
PFI providers	PFI Providers are patchy with regard to provision of useful information. Only 1 of NHSL's present PFI providers is presently sending NHSL a good quality report (Robertson FM)
Look downstream at customer use	Not easily applicable to NHS Lothian, though work on fuel poverty could be considered as relevant.
4. Shift to renewable and to other advanced energy technologies	
Experiment with alternative technologies	NHSL has a number of renewable installs and also LZCT (low zero carbon technology), but there are problems with lack of resources to get the best out of them. For example NHSL presently has been unable to resource the achievement of RHI payments for Dalkeith HC ground source heat pump. Where these systems lie under control of PFI providers there seems to be a lack of incentive to make them work efficiently.
Financing options re renewable – depended on national procurement??	Weakness in grasping opportunities under financial management at Scottish Government level where NHS is unable to take advantage of same opportunities as rest of public sector, i.e. local authorities and universities.
Insulation from threat of carbon regulations	Consider if these are still focused on reducing co2 emissions from fossil fuels rather than switch to renewable.
5.Engage key stakeholders	
Engage with governments to influence energy and environmental regulations which affect their business	Yes HFS do this on our behalf. NHS Lothian is with SG Capital Investment Group in relation to SJH project and soon in relation to WGH. There are

	opportunities for learning from both these projects and may well render long term benefits.
Engagement with clean energy markets and providers	PFI providers – on the case but not easy. Scottish Procurement allow for quality under assessment of bids and not solely on cost. National utility contracts offer opportunities for purchase of green energy but problematic for NHS Board if more expensive.
Engagement with providers of new technologies - energy storage, optimisation of purchases from grid versus on site power generation	Needs further consideration. In terms of our strategic framework it would make more sense to think of these types of things as advanced energy technologies. The CEF contract at St John's is a prime example of engaging with the private sector and allow them to show initiative and innovation to obtain best value and resulting in guaranteed energy savings – a “win win”. Momentum on this agenda depends to some extent on encouragement from Scottish Government, and after several years there are only 3 projects of this type in Scotland. For NHSL there is an opportunity at the Western General and its immediate requirement to invest in infrastructure and where innovation is much needed.
Engagement with customers, communities, investors and partners	Engagement with Local Authority / Community is good but not in terms of specific collaborations or projects. Engagement with private sector utility companies has good examples, SSE at WGH and Vital at St John's. Engagement with PFI's is patchy, with only one of several that is really making a significant contribution. Engagement with staff has worked over short periods but needs a longer lasting commitment to behavioural change.

Executive Director, Nursing, Midwifery and Allied Health Professionals

PATIENT EXPERIENCE

1 Purpose of the Report

- 1.1 The purpose of this report is to recommend that NHS Lothian Board notes the range of work across complaints & feedback and patient experience activities across NHS Lothian in respect of the Annual Report. In particular the Business Case that was approved by the Corporate Management Team in June that supports the redesign and implementation of the revised complaints handling procedure.

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 Patient Experience Annual Report 2017/8 (Appendix 1) that has been to and signed off by the Healthcare Governance Committee and endorse the work being undertaken with particular reference to the implementation of the new Complaints Handling Procedure from 1 April 2017.
- 2.2 Support the next steps of the complaints and feedback Business Case.
- 2.3 Note the range of work being done to support the patient experience agenda via Tell Us Ten Things (TTT), Care Opinion (CO) and the Care Assurance Standards (CAS)

3 Discussion of Key Issues

Patient Experience Annual Report

- 3.1.1 In accordance with the Patients Rights (Feedback, comments, concerns and complaints (Scotland) Directions 2017 NHS bodies have a responsibility to gather and review information about our services. We are required to provide an annual report (Appendix 1) that is based on the nine key performance indicators as identified in the Complaints Handling Procedure (CHP).
- 3.1.2 The annual report reflects those key performance indicators and has a number of contributions from staff who are undertaking patient experience activities across the organisation. Boards no longer submit quarterly complaints data to ISD and they have confirmed that they will produce a summary report from the collated data taken from all NHS Boards. ISD will publish the new non-official annual release on their website. The annual report has also been shared with Scottish Government, Healthcare Improvement Scotland, Patient Advice and Support Services and the Scottish Public Services Ombudsman.

- 3.1.3 The annual report will be shared amongst staff across the organisation via the intranet and will be made available to the public via the NHS Lothian internet site.
- 3.1.4 The highlights from the report are:
- total number of contacts has increased from the previous year
 - NHS Lothian has worked hard to improve relationships with the SPSO who were key in development of the NHS Lothian Complaints Toolkit
 - Proposed continued roll out of CAS (Care Assurance Standards) programme to a further 73 wards. A business case has been prepared; this will require significant investment and support.

Complaints and Feedback Business Case

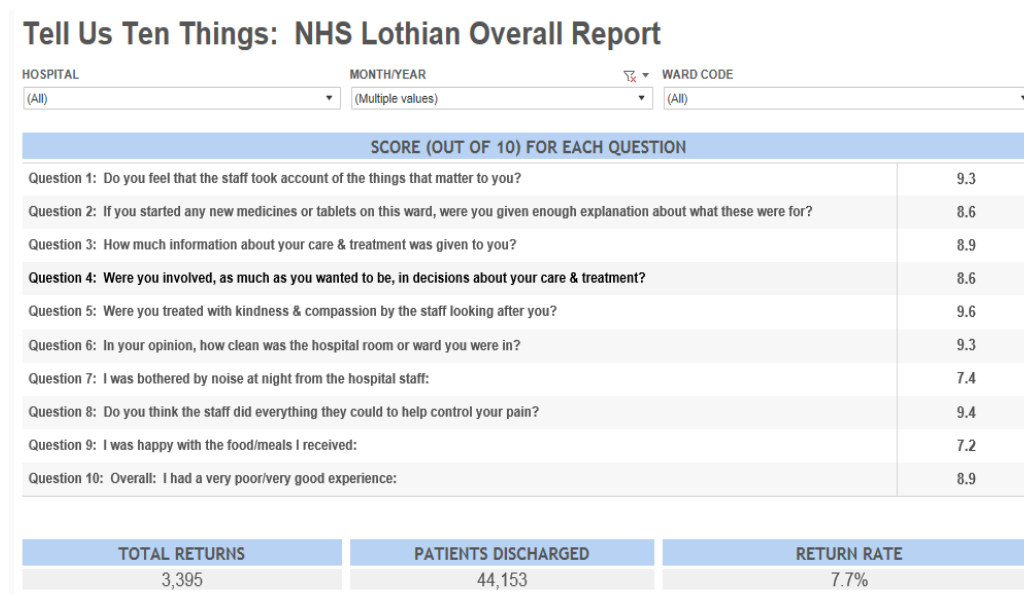
- 3.2.1 Further to previous updates to the Healthcare Governance Committee, the Business Case was approved by the Corporate Management Team (CMT) at their June meeting. An implementation plan is being developed and this will involve preparing new job descriptions and reviewing existing ones. This is being done along with the clinical services, Partnership and Workforce Organisational Change.
- 3.2.2 This work has been overseen by a Programme Board that has been chaired by the Executive Director for Nursing and has been supported by a senior project manager from the Sustainability & Value Team. In addition the Board Chairman and the Complaints Champion (a Non Executive Director) via the Feedback and Improvement Quality Assurance Working Group are supportive of this work. This work has also been supported by Partnership.
- 3.2.3 A stakeholder group was established and met in November 2017 and it was agreed that there would be a “hybrid model” for complaints and feedback across the organisation:
- Stage 1 complaints – devolved to the service
 - Stage 2 & SPSO – centrally co-ordinated and managed via the Patient Experience Team
- 3.2.4 The Business Case identified 3 workforce options for consideration:
1. Status Quo
 2. A fully devolved model
 3. A Hybrid Model (Stage 1 complaints – devolved to the service and Stage 2 & SPSO – centrally co-ordinated and managed via the Patient Experience Team – the preferred structure)
- 3.2.5 The Hybrid Model continues to ensure that there is local ownership for complaints and feedback whilst providing centralised support that will be based part-time in Waverley Gate and part time in the service. Feedback from stakeholders in the service has consistently asked for resource to be available to them in the service. This option also provides central co-ordination and oversight for those complaints that are serious and complex as well as all the SPSO activity. CMT have agreed to provide additional funding to support this preferred structure. This option will address the independent feedback assessment from the SPSO and allow NHS Lothian to adhere to the new CHP and report on the KPIs. However, there is a concern regarding reduction of local ownership of complaints. It does allow for local ownership of the Stage 1 complaints, encouraging early local resolution.

Furthermore, it will allow a more robust investigation process for Stage 2 and the SPSO complaints. This proposal is being submitted to the Workforce Organisational Change Group for their July meeting.

Tell us Ten Things (TTT)

- 3.3.1 Tell Us Ten Things, NHS Lothian’s in-patient experience survey, is currently being used across key hospital sites: the Royal Infirmary of Edinburgh, the Western General Hospital, St. John’s Hospital, Princess Alexandra Eye Pavilion, and the Royal Hospital for Sick Children. More recently, this has been piloted in Midlothian Health & Social Care Partnership (Bonnyrigg Community Hospital).
- 3.3.2 Tell Us Ten Things has 2 measures. Measure 1: an overall questionnaire response return rate. This increased from 7.4% at the beginning of April 2017 to 9.4% at the beginning of April 2018. The response rate at the end of April 2018 has further increased to beyond 14% at the time of writing. Measure 2: care measure scores (10 being the most positive and maximum score) for each of the questions asked (see Figure 1 below). The overall care score at question 10 was 8.8 as at the beginning of April 2017, and 8.7 as at beginning of April 2018. The data for both of the care measures over the year period from April 2017 to end March 2018 is noted at Figure 1. Further reporting information around TTT is detailed at Appendix 2.

Figure 1



Source: Tableau TTT Database (Data from 1.4.17 to 31.3.18)

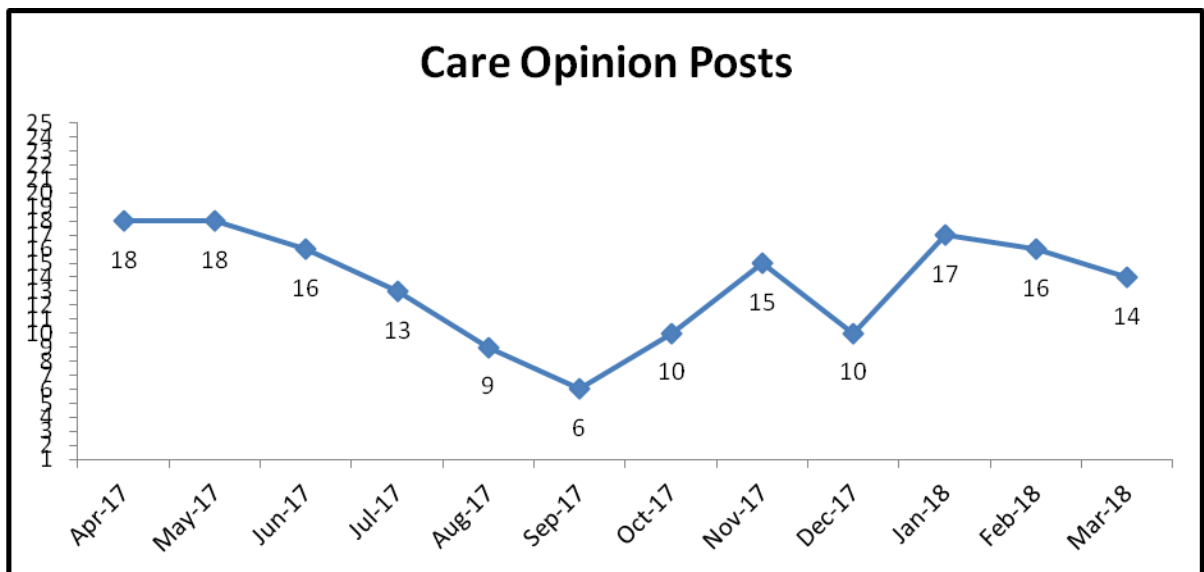
- 3.3.3 There have been a number of actions undertaken to improve upon feedback and the TTT measures. The Patient Experience Team continue to visit a number of wards across all sites involved; discussing feedback and encouraging teams to encourage patients to provide feedback. The current response rates of feedback received for Tell Us Ten Things are discussed, and learning from wider sharing of this feedback across the organisation. Discussions with Charge Nurses, Deputy Charge Nurses and Staff Nurses are very encouraging across all of the main sites, with individual areas also demonstrating additional projects being undertaken within their specialties to help generate specific feedback to further support the feedback loop and learning cycle; such feedback is being shared within NHS Lothian’s Learning Group in relation to patient experience and has also been highlighted within the Patient Experience Annual Report.

3.3.4 Reporting aspects of the TTT dashboard have very recently been improved and implemented, further to consultation with the ward areas at site visits; at the click of only a few buttons, staff at ward and management level can now download reports to support discussions within teams and to share within their ward areas. The ease of use of the new reporting aspect will hopefully encourage further feedback, monitoring, learning, change, implementation of change, and the sharing of feedback more widely within teams and across NHS Lothian to inform patients and to help support staff engagement and morale.

Care Opinion

3.4.1 Through the Care Opinion patients are encouraged by staff to give feedback on their healthcare experience. Figure 2 below highlights the number stories that have been posted in relation to NHS Lothian. From 1 April - 31 March, 162 stories have been shared in comparison to 168 stories from the same period previously. The 162 stories received and recorded below have been viewed on Care Opinion 57,718 times. Further CO story and reporting details are included at Appendix 3.

Figure 2



Source: Care Opinion (1st April '17 to 31st March '18)

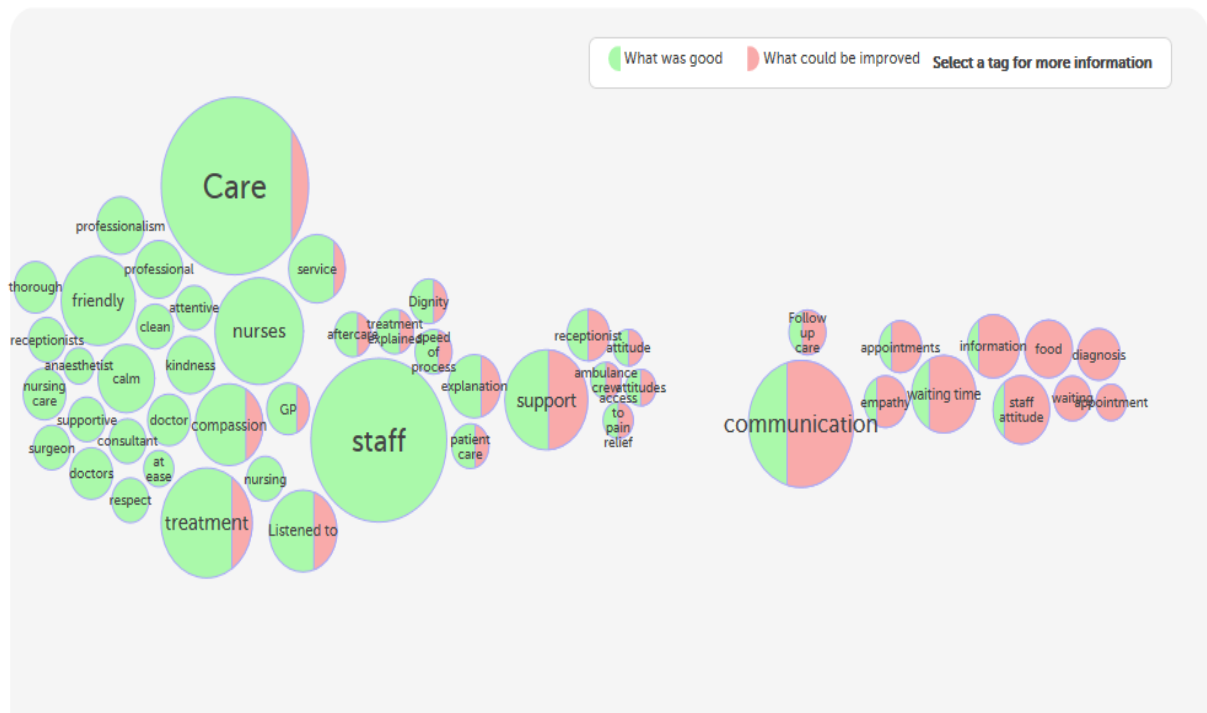
3.4.2 Care Opinion also offers the opportunity to provide a “visualisation” of the patient feedback via “tag bubbles”. Figure 3 below shows the most popular tags for NHS Lothian stories as bubbles. The bubbles are split according to how often the tag is used to highlight "what was good" (green), or "what could be improved" (red).

Figure 3

NHS Lothian

Created by Patient Experience Team, NHS Lothian on 24 April 2018

About: Interactive Tag Bubbles - All stories about NHS Lothian submitted between 01/04/2017 and 31/03/2018



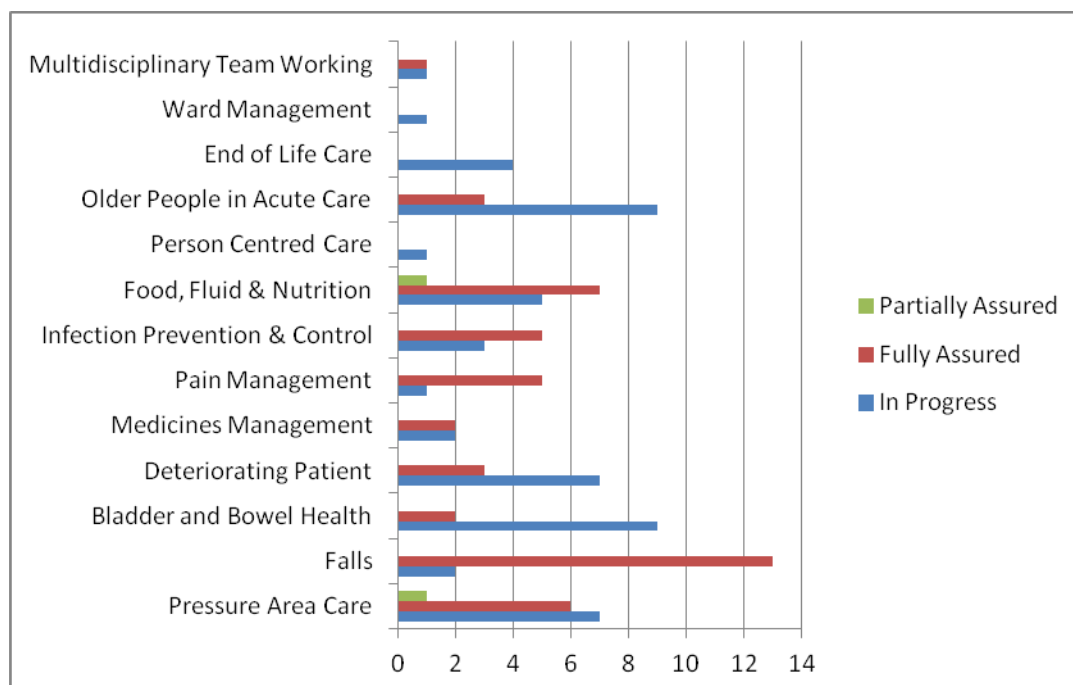
Source: Care Opinion (1st April '17 to 31st March '18)

3.4.3 Further work is being undertaken by the Patient Experience Team to raise awareness and promote the use of CO throughout the organisation; presentations within 'Excellence in Care' Days, 1-1 meetings with Clinical Nurse Managers and Senior Charge Nurses as well as Speech and Language Therapy and Intensive Care. The response to discussions around promoting CO to generate further feedback has been extremely positive and encouraging across the organisation and the Patient Experience Team continue to support teams and specialties to promote CO and encourage feedback on an increasingly steady basis.

Care Assurance Standards

3.5.1 The Care Assurance Standards Programme continues to be implemented across the 34 wards on the three adult acute sites (RIE-11; WGH-14; SJH-9). The programme has a strong focus on person-centred care and examination of patient experience. Each participating ward is working its way through 13 standards of practice. Figure 4 identifies current progress with implementation and assurance, which now stands at 47 standards being fully assured (RIE - 7; SJH - 21; WGH - 19) and 52 in progress.

Figure 4 NHS Lothian progress with assurance of standards (June 2018)



3.5.2 The CAS Programme integrates monitoring of eight Person Centred Nursing Key Performance Indicators (PC-KPIs), which involves patient survey data and patient stories. Since January 2017, 220 patient stories and 4,460 surveys have been collected. Patients report positive experience of relationships with staff, teamwork and care delivery, whilst seeking improvements in some aspects of the environments of care, staffing (especially at night) and noise levels at night. The overall trend of achievement of the KPIs from the patient survey demonstrates some consistency in terms of patients are least likely to report that nurses always have time to spend with them, however even where this KPI is comparatively low they report a strong sense of safety and confidence in the care that is being delivered to them

3.5.3 A business case for continued roll-out of the CAS Programme across all adult inpatient wards and community hospitals has been submitted to Prof Alex McMahon and is being considered at Board level. It is estimated that there are a further 73 wards to be involved. This will require significant investment in facilitation and administrative support.

4 Key Risks

4.1.1 This is an ambitious cultural programme and as such to achieve a person centred culture it needs to be woven into all aspects of NHS Lothian activity and measurement frameworks.

4.1.2 As a new structure to implement the Hybrid Model will be needed this redesign it should be noted that this will affect complaints performance across the organisation. Support from senior managers, employee relations and partnership will be required through the transition period until a new structure is in place, in the short/medium terms this does bring about uncertainty and a risk of stress for the staff involved. There is also a concern that it will be challenging to fill new posts given that these require a level of expertise and experience.

5 Risk Register

- 5.1 Enabling a person centred approach within all work streams including complaints management which is on the Corporate Risk Register. The risk has recently been reduced due to the number of actions and improvements that are taking place to improve performance and support the new CHP.

6 Impact on Inequality, Including Health Inequalities

- 6.1 The principles of this agenda will see the person at the centre and therefore all aspects of inequalities will be embedded in the core values of the work programmes agreed. An integrated impact assessment (IIA) took place in February 2018.

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

- 7.1 The agenda for person-centredness has at its core involving people and as this work progresses patients, carers and staff are central.

8 Resource Implications

- 8.1 The additional resources that have been requested as part of the Business Case have been approved by CMT at their June meeting.

Jeannette Morrison

Head of Patient Experience

23 July 2018

Jeannette.morrison@nhslothian.scot.nhs.uk

List of Appendices

Appendix 1: Patient Experience Annual Report

Appendix 2: Tell us Ten Things Report

Appendix 3: Care Opinion

Patient Experience Team incorporating complaints and feedback

Annual Report 2017 – 2018



Contents

Executive Summary	Page 3
Introduction	Page 4
Complaints and Feedback key performance indicators	Page 8
Patient Experience and other sources of feedback	Page 19
Conclusion	Page 40

Executive Summary

It has been another busy year for NHS Lothian during the period 1 April 2017 to 31 March 2018, particularly with the introduction of the new Complaints Handling Procedure (CHP). This annual report will focus on NHS Lothian's work preparing for and implementing the new CHP and the 9 key performance indicators by which NHS Boards and service providers should measure and report performance.

The Patient Experience Team has been supported during this by the Sustainability and Value (S&V) Team, who have provided project management support to the Patient Experience Team and the wider organisation in the redesign of NHS Lothian's CHP.

The project has two key objectives, the first being to implement the revised CHP and the second is to demonstrate that NHS Lothian is an organisation that values and learns from complaints, concerns, compliments and feedback (further details on this work are described later in this report).

As an organisation, we continue to focus our improvements and activity on the patients and people who use our services and we do this in a variety of different ways. The examples shared within this report focus us on delivering services based on the person. This is all the more so, when we look back on the work we have done in respect of our complaints and feedback activity as we strive to be a listening, learning and improving organisation.

Last year's annual report (2016/7) focused on the work collaborative work with the Scottish Public Services Ombudsman (SPSO) and this positive work has continued throughout this year. NHS Lothian has worked hard to improve relationships and the SPSO were key in development of the NHS Lothian Complaints Toolkit (available on the NHS Lothian intranet site). This toolkit provides comprehensive guidance and support to all staff involved in the management of complaints, in particular the investigation element of the process. This is a positive step forward however it is acknowledged that there is still work more work for the organisation to do to ensure that we are more robust in our processes.

The 'person-centred' themes continue to be core of our organisational values:

1. Care and Compassion
2. Dignity and Respect
3. Quality
4. Teamwork
5. Openness, Honesty and Responsibility

NHS Lothian promotes that these values should be applied to all colleagues, patients, carers and relatives. NHS Lothian hopes that you find this report informative, interesting and people focussed.

Looking forward, I anticipate this will be another busy year for us all.

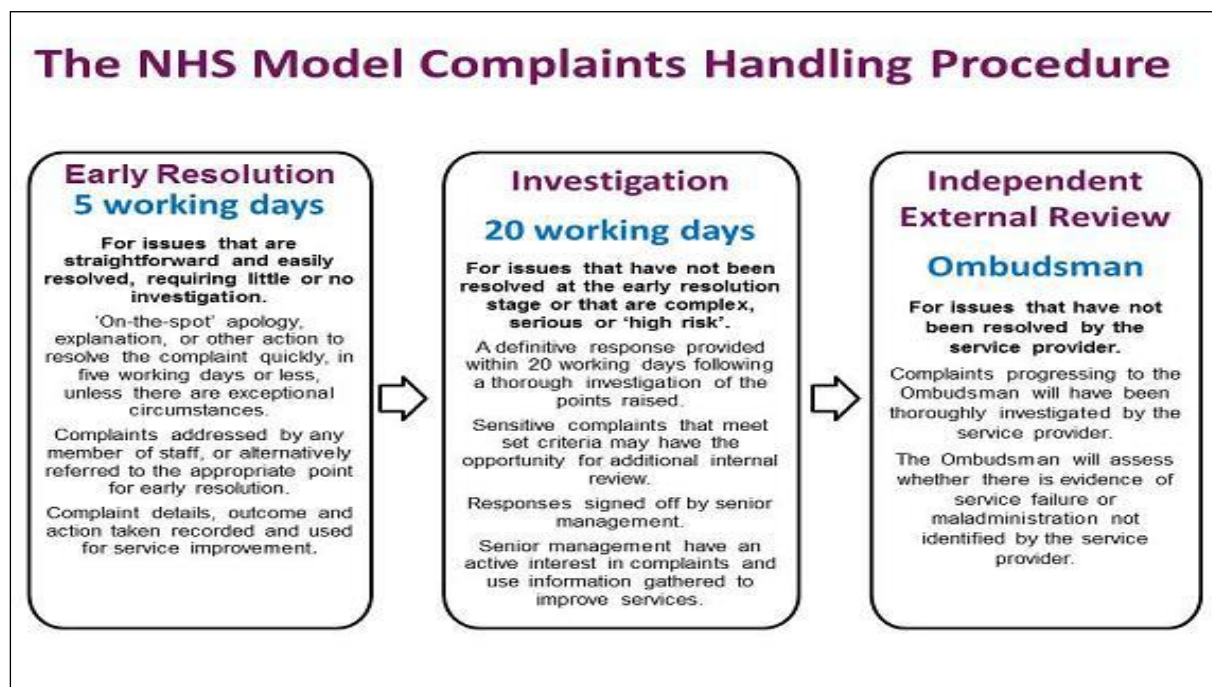
Finally, I would just like to say thank you to all the patients and staff who have helped with the development of this annual report and for sharing their experiences with us.

Introduction

The new CHP was implemented in NHS Lothian on 1 April 2017 and approved by the Board in April. The CHP supports a more consistently person-centred approach to complaints handling. It defines a complaint and provides further clarity on feedback, comments and concerns. It is a three stage process with standard timescales, with clear emphasis on, where possible, early resolution.

The significant changes in the new CHP are as follows:

- Stage 1 (Complaint)- Early, local resolution- 5 working days
- Stage 2 (Complaint)- For the more complex, investigation- 20 working days
- Stage 3- Independent Investigation- Scottish Public Services Ombudsman



The new CHP provides clear roles and responsibilities along with good governance arrangements, standards for recording, monitoring, reporting learning and publicising. It encourages the sharing of complaints performance and lessons learnt throughout NHS Lothian.

The CHP details nine Key Performance Indicators (KPI's) that we are required to report on and further details on these are included in this report. The implementation and reporting of these new indicators has required us to modify the Datix Complaints module to allow us to capture the data and then report on the new KPI's.

Complaints Performance Indicators:

- Indicator One: Learning from complaints
- Indicator Two: Complaint process experience
- Indicator Three: Staff awareness and training
- Indicator Four: The total number of complaints received
- Indicator Five: Complaints closed at each stage
- Indicator Six: Complaints upheld, partially upheld and not upheld
- Indicator Seven: Average times
- Indicator Eight: Complaints closed within the timescales
- Indicator Nine: Number of cases where an extension is authorised

As part our preparations, the Patient Experience Team attended a range of meetings across the organisation to raise staff awareness about the new CHP and what the changes mean for staff. There was good support from the staff, especially for stage 1 complaints as this gave them the local ownership to take responsibility for resolving complaints for people quickly at a local level.

Complaints and Feedback Project Board

The Executive Nurse Director established a Complaints and Feedback Project Board. The membership of this was made up from staff across the organisation, the Patient Experience Team, Partnership and also included representation from the Scottish Public Services Ombudsman (SPSO).

The Project Board recognised that to successfully implement to the new CHP, this would require a reorganisation of resources and structures via an options appraisal process. The Project Board also recognised that there was lots of good work taking place across the organisation and they were keen to build on this. A staff survey was undertaken and one to one meetings took place throughout the year. The feedback reports were shared with the staff and the Project Board.

This feedback was used to generate an options appraisal on a new delivery model and at a stakeholder meeting it was agreed a hybrid model:

- Stage 1 complaints – devolved to the services
- Stage 2 complaints – centrally co-ordinated and managed by the Patient Experience Team

This new model has been further developed to support a new organisational structure for complaints and feedback across the organisation. A Business Case has been developed and approved by the Corporate Management Team which will provide additional finances to support complaints and feedback across the organisation. This will also include additional resource to support education and training for both complaints and feedback and wider patient experience activities. This work will continue for the year ahead as new job descriptions are developed and staff are supported via the Workforce Organisational Change Policy. It is hoped that by implementing this new structure will enhance our current activities and will address the issues of robust investigations as previously highlighted by the SPSO.

Working to address the learning objective an event took place “Let’s walk the talk- closing the learning feedback loop”. This brought together a range of staff involved with complaints and feedback to look at ways that we can learn from them. During the event there were a number of short presentations given. It became clear that we were keen to find out what frontline staff are doing at the moment in terms of collecting patient feedback, what they do with the learning at the moment, but also to get insight into the challenges that come up regarding collecting feedback and sharing the learning. Last but not least, participants were asked to think ‘blue sky’ regarding feedback and learning.



The participants shared some of the current ways of learning from feedback which included:

- Observations of care
- Patient stories
- Staff surveys including iMatter
- Person centred key performance indicators
- Patient questionnaires
- Other national surveys
- Carer and Advocacy organisations

The participants shared some of the current ways of learning from feedback they believed worked well:

- Patient and Carers questionnaires used in some areas
- Shared in multi-disciplinary monthly meeting
- Junior Doctors learn well from reflecting on “critical things”
- Acknowledging there is a balance between “protecting” & “sharing” culture
- Seeing things from patient’s view

The participants shared some of the current challenges to learning and sharing from feedback:

- Capturing patients’ feedback
- Communication within big multi-disciplinary team
- Psychological safety for staff “Personal attack”
- Time: done between other duties
- Prioritise when always “fire-fighting”
- Becomes burden vs. positive learning
- People answer individually – oversight for organisation?
- We need to **talk** more

The participants shared some of the “blue sky” thinking to making it easier to learn and share from feedback:

- Volunteers – to undertake feedback
- Educating/motivating students
- Being Positive
- Open & honest culture – drop defensiveness
- Celebration & learning events (sharing)
- Conferences & publications
- Hearing the patient’s voice from the patient
- Staff wanting to listen – all staff

This feedback has been used to develop an action plan and it has been agreed that we will ask the participants to contribute to a further workshop to help take this work forward.

Improving the Governance and Reporting Arrangements

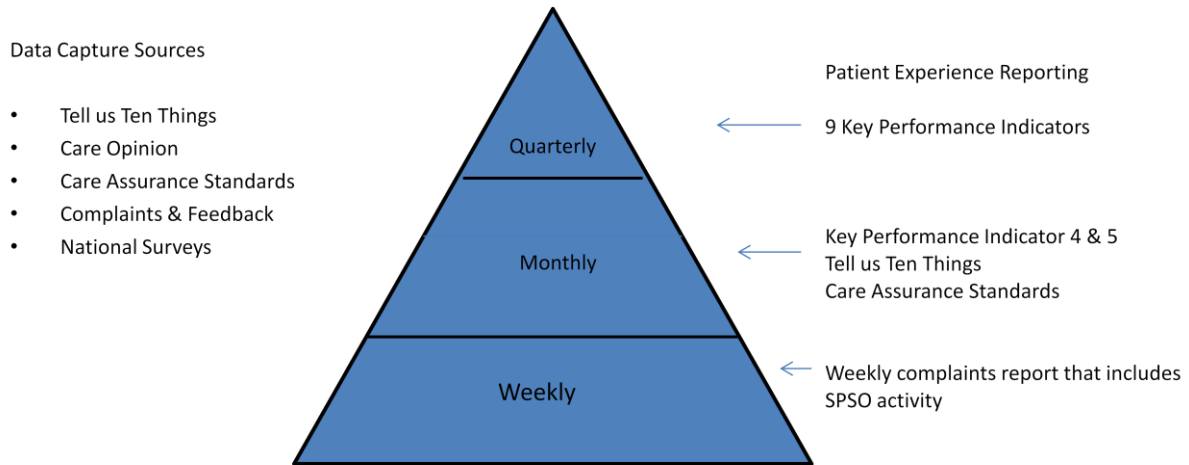
During this year accountability and governance has continued to be a key priority for the organisation and in particular the Executive Nurse Director as lead executive.

In January 2015, NHS Lothian approved a model for capturing and measuring patient experience that was based on best practice from Northumbria NHS Foundation Trust, who had been using

improvement methodology over a number of years using data to drive improvement in clinical areas. Due to the number of changes that have taken place across NHSScotland and in NHS Lothian a revised framework was developed and was approved by the Healthcare Governance Committee.

Diagram 1

Patient Experience Framework



This framework proposed that patient experience and feedback data was reported via:

- NHS Lothian Board
- Healthcare Governance Committee
- Quality Report
- “Real-time” information via both DATIX dashboard and Patient Experience Tableau

In last year’s annual report the role of the “Complaints Champion” was highlighted, this role is undertaken by one of our Non Executive Directors. Throughout the year the Complaints Champion has chaired a monthly oversight group. The members of this group include the Chairman, the Executive Nurse and Medical Directors, the Chief Quality Officer and the Head of Patient Experience. This group has a remit that includes short and medium term objectives and in addition to the Complaints and Feedback Project Board has also provided oversight for the preparations and implementation of the new Complaints Handling Procedure (CHP).

In addition to the Complaints Champion oversight group, the Healthcare Governance Committee receives regular reports on both complaints and patient experience feedback at every committee and this is followed by regular reporting to the NHS Lothian Board. This work has been presented to the Healthcare Governance Committee meetings throughout the year and the Committee have identified a moderate level of assurance.

More recently there has been an Internal Audit of complaints and feedback across the organisation. At the time of writing this report, the review remains a work in progress and the findings and recommendations will be shared with the Healthcare Governance Committee in due course.

In the previous Patient Experience Team’s Annual report it was highlighted that the Executive Nurse Director and the Head of Patient Experience had met with the Chief Quality Officer to discuss the

patient experience / complaints and feedback sources of data. As part of those discussions a number of documents that have been published by the Health Foundation were reviewed:

- Helping measure person-centred care, Evidence review, March 2014
- Measuring what really matters, Thought paper, April 2014
- Measuring patient experience, Evidence scan, June 2013

In June 2015, Jocelyn Cornwell, Chief Executive, The Point of Care Foundation published “Making sense and making use of patient experience data. All of these documents highlight the challenges of measurement. There are key messages throughout these documents:

- “there is no one ‘model’ for how patient experience work is undertaken. Much depends on local history, culture and context....
- clarity of role and good relationships with other teams (eg communications, patient and public involvement....) are critical success factors
- Patient experience teams are faced with gathering, reporting on, an increasing volume of data coming via a broader range of challenges and the “patient experience industry

Following the “Let’s walk the talk” workshop teams are finding themselves stretched and under enormous pressure but there was real enthusiasm to prioritise this work. This work will be taken forward during the year ahead.

The next section of the annual report will focus on the 9 key performance indicators.

Indicator One: Learning from complaints

Following the implementation of the new Complaints Handling Procedure in April 2017, Healthcare Governance did receive information on the themes that have been identified in complaints. For the purpose of this report the themes from stage 1 complaints have been separated from stage 2 complaints. Table 1 below identifies the themes from stage 1 complaints and stage 2 themes are included in Table 2.

‘Treatment’ continues to be the main cause that people are making complaints with the second highest cause being waiting times. NHS Lothian is aware of the difficulties the organisation is having trying to meet the waiting times target and improve the length of time some patients have to wait and there are some services that are causing more challenge eg Orthopaedics and Urology. During Quarter 3, the Treatment Time Guarantee letter has been amended to acknowledge and apologise to patients.

There are a number of actions being put in place to try to improve the complaints relating to waiting times:

- The Patient Experience Team try to resolve waiting times concerns quickly by contacting the relevant service member of clinical staff to make contact with the complainant so that they can explain the current waiting times. This has been particularly effective on the RIE site

Other examples of improvements/ changes include:

- A patient was discharged with pressure sores that they developed whilst in hospital. The investigation showed a lack of documentation. The ward has since developed a skin checklist for discharge. With consent of the patient’s family, this complaint was shared with ward staff, in particular the elements of poor documentation and skin checks. It was also shared more widely at the site Clinical Management Group as a ‘patient story’ and at the site Senior Charge Nurse meeting. The complainant has also offered to speak to different staff groups about the impact of this complaint on the patient’s family.

- The renal team received a complaint from a patient who was unaware of the full details of the procedure they were having because of language barriers. As a result the renal team have changed their process so that they also write to patients confirming procedure details i.e. don't just rely on face to face conversation. In addition they will offer translation in this letter if patient feels required.
- The renal ward also had a complaint about a lost Dictaphone that contained patient information. The ward used a Dictaphone for handover purposes but they have now changed this process so they do a verbal face to face handover.
- Orthopaedics identified an issue whereby patients were being told to bring all medication with them to their appointments. This was a standard letter and in most cases the consultants confirmed they didn't need patients to bring their medication. The orthopaedic management team are currently reviewing this letter.

Indicator Two: Complainant Process Experience

A process has been developed and is being tested to identify a 10% sample of closed cases to allow NHS Lothian to seek feedback from the complainant on their experiences of the complaints process. For the period 1 April – 28 February, 188 records have identified with 50 responses returned, year to date which equates to a 27% return rate. The questionnaire is anonymous and is not linked to the complaint file in any way. A standalone database has been developed to analyse the responses. Complainants are sent a covering letter, a copy of the questionnaire and stamped addressed envelope to return the questionnaires to Waverley Gate. A questionnaire has been developed based on the following key statements:

1. Finding information on how to submit a complaint was easy
2. Making my complaint was easy
3. It was easy to find out information about the NHS complaints procedure
4. The staff dealing with my complaint were professional, polite and courteous
5. The staff dealing with my complaint listened and understood my concerns
6. I was given an apology by the staff involved in dealing with my complaint
7. My complaint was handled in a timely manner and I was informed of any delays
8. All of my complaint points were answered and my response was easy to read and understand

Complainants have been given a multiple choice answer:

Agree	Neither agree or disagree	Disagree	Don't know	Not applicable
-------	---------------------------	----------	------------	----------------

The table below details the analysis (April – Feb) of those responses where complainants responded "Agree":

Question	Response
1. Finding information on how to submit a complaint was easy	64%
2. Making my complaint was easy	80%
3. It was easy to find out information about the NHS complaints procedure	56%
4. The staff dealing with my complaint were professional, polite and courteous	80%
5. The staff dealing with my complaint listened and understood my concerns	64%
6. I was given an apology by the staff involved in dealing with my complaint	72%
7. My complaint was handled in a timely manner and I was informed of any delays	60%
8. All of my complaint points were answered and my response was easy to read and understand	46%

In addition to the 8 questions the questionnaire also asks:

“If you disagree with any of these questions we would like to hear more details. Or if you have any other comments, please do share these with us here:”

Complainants also told us :

“I was most satisfied with the procedure, it was handled by post and concerned an excessively long wait for an expected letter. The letter arrived within a week of making the complaint. I was delighted. Thank you”

“I would have expected a written response to my complaint. I did receive a letter advising of a delay in response to my complaint, but it was some considerable time before a telephone message was left asking me to call. The call was sympathetic but I did not feel that the overall concern in my complaint was addressed. I would like it noted that I received an immediate & comprehensive response from the hospital via a consultant..”

“Whether the wrong telephone was a “typo” or a number no longer used, I don't know. It told me I was 2nd in queue, after 1/2 hour 1st in queue and after an hour I hung up. However I got a very nice phonecall after my complaint, apologizing for the issue, and that's what counts!”

Indicator Three: Staff awareness and training

There is currently no dedicated resource to provide training by the Patient Experience Team although the Business Case that is being developed has introduced a number of Team Leader roles. The purpose of these posts is to provide part time education and learning support across the organisation.

Since receiving the new CHP from Scottish Government/SPSO there have been a number of actions that the Patient Experience Team have taken to raise awareness of the new CHP across NHS Lothian. These include:

- Healthcare Governance Committees
- NHS Lothian Board meetings
- Corporate Management Team
- Foundation Doctors
- Newly Qualified Nurses
- AHP Leadership Event
- Preparation for (Nursing) Practice
- Excellence in Care programme

All of these sessions have focussed on raising awareness on the new CHP.

The Chief Executive wrote to all Executive Directors, since then the Executive Nurse Director and the Head of Patient Experience have been attending the Senior Team Meetings across the organisation, 4 Health & Social Care Partnerships and REAS. The letter asks that all Directors now have complaints as part of their personal and team objectives and to ensure that complaints and learning is incorporated into their senior team meeting. The purpose of these meetings was threefold:

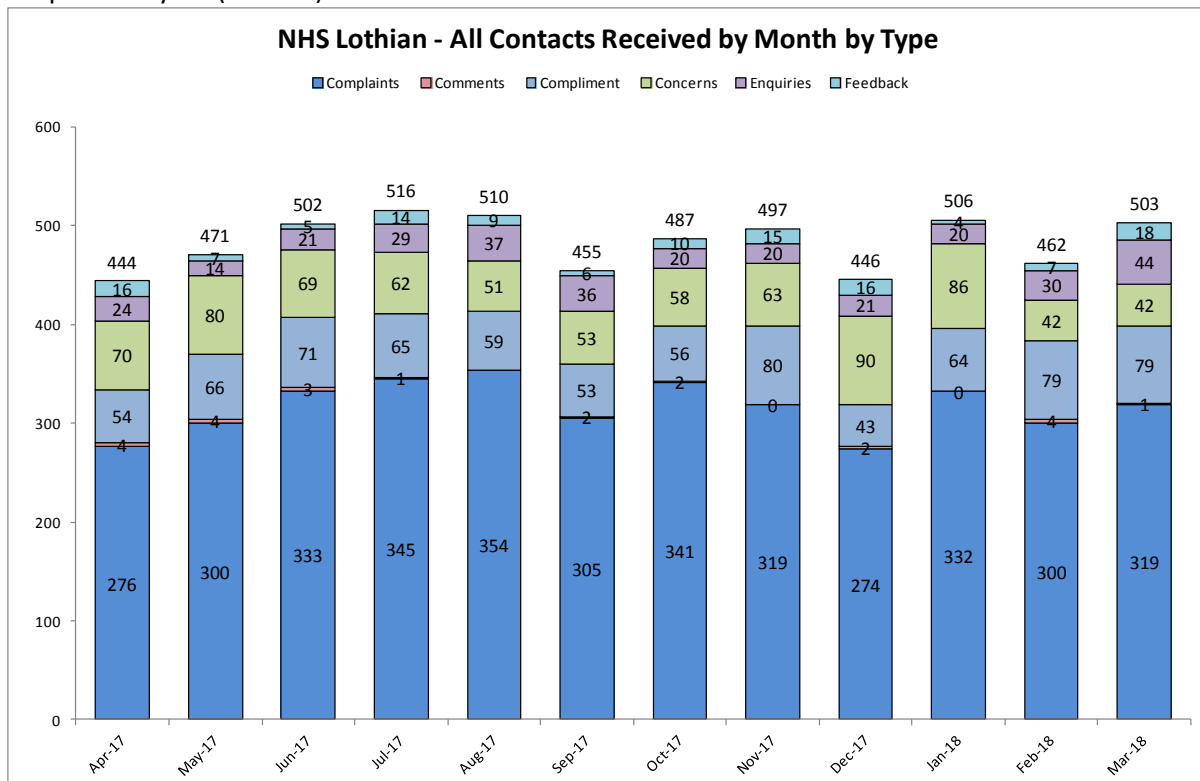
- To discuss the current complaints performance for each team
- To share the current SPSO cases for their areas
- To share the SPSO recommendations that have been made by them for the last 6 month period

Bespoke training continues to be provided on an ad hoc basis and the Patient Experience Team try to respond to as many requests as possible. During the year, PET worked with Edinburgh Health and Social Care Partnership. A number of half-day workshops were arranged that focussed on the new CHP and the investigation element of the complaint. Scenarios were given to the participants and they were asked to use the investigation template and prepare their response.

In addition to the 9 key performance indicators there are a number of local measures that as an organisation we will continue to report:

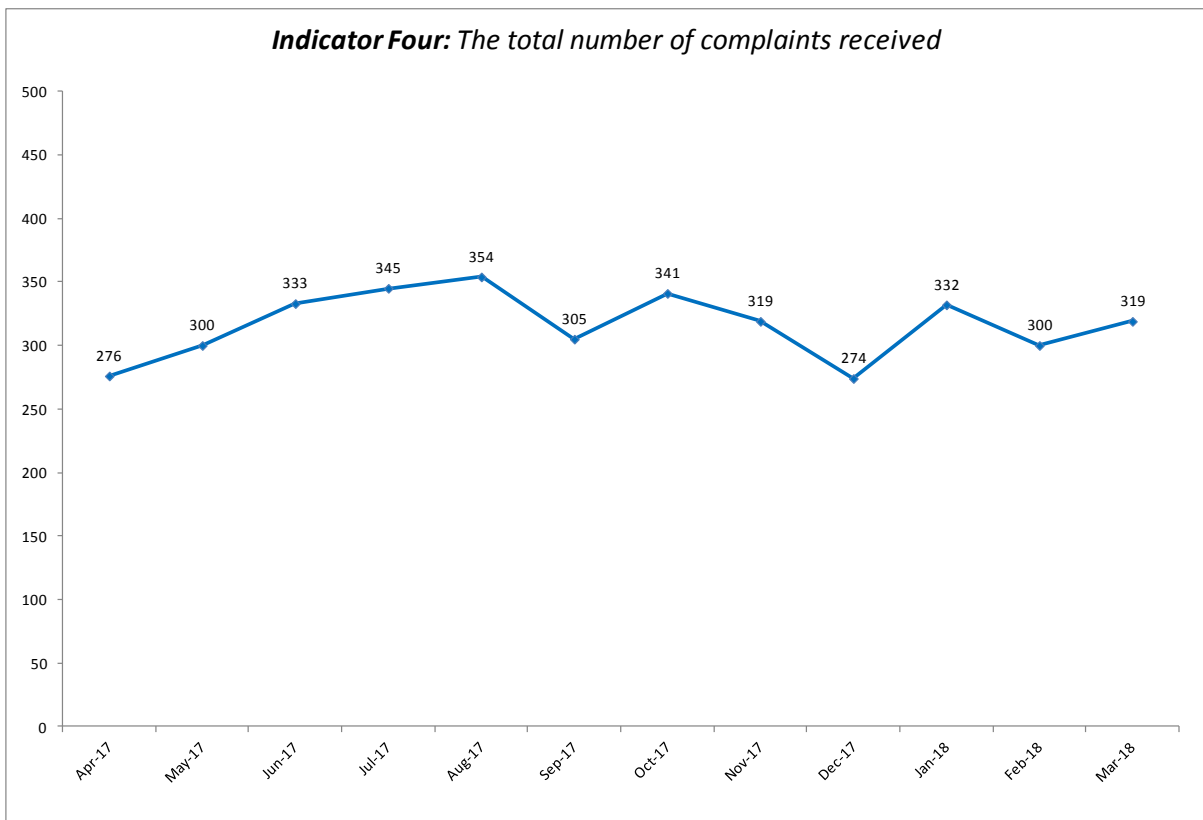
All contacts received

From the diagram below it can be seen that complaints continues to be the highest category of feedback (complaint, concern, comment, feedback, enquiry and compliment). July saw the highest number of contacts received (n=516) and August saw the highest number of complaints received (n=354) throughout the year. December saw the lowest number of both contacts and complaints received. There has been an overall rise in the number of contacts (n= 5799) we have received from the previous year (n=5486)



Indicator Four: The total number of complaints received

As already highlighted, August saw the highest number of complaints received (n=354) throughout the year and this demonstrated a 5 month on month increase. December saw the lowest number of complaints received.

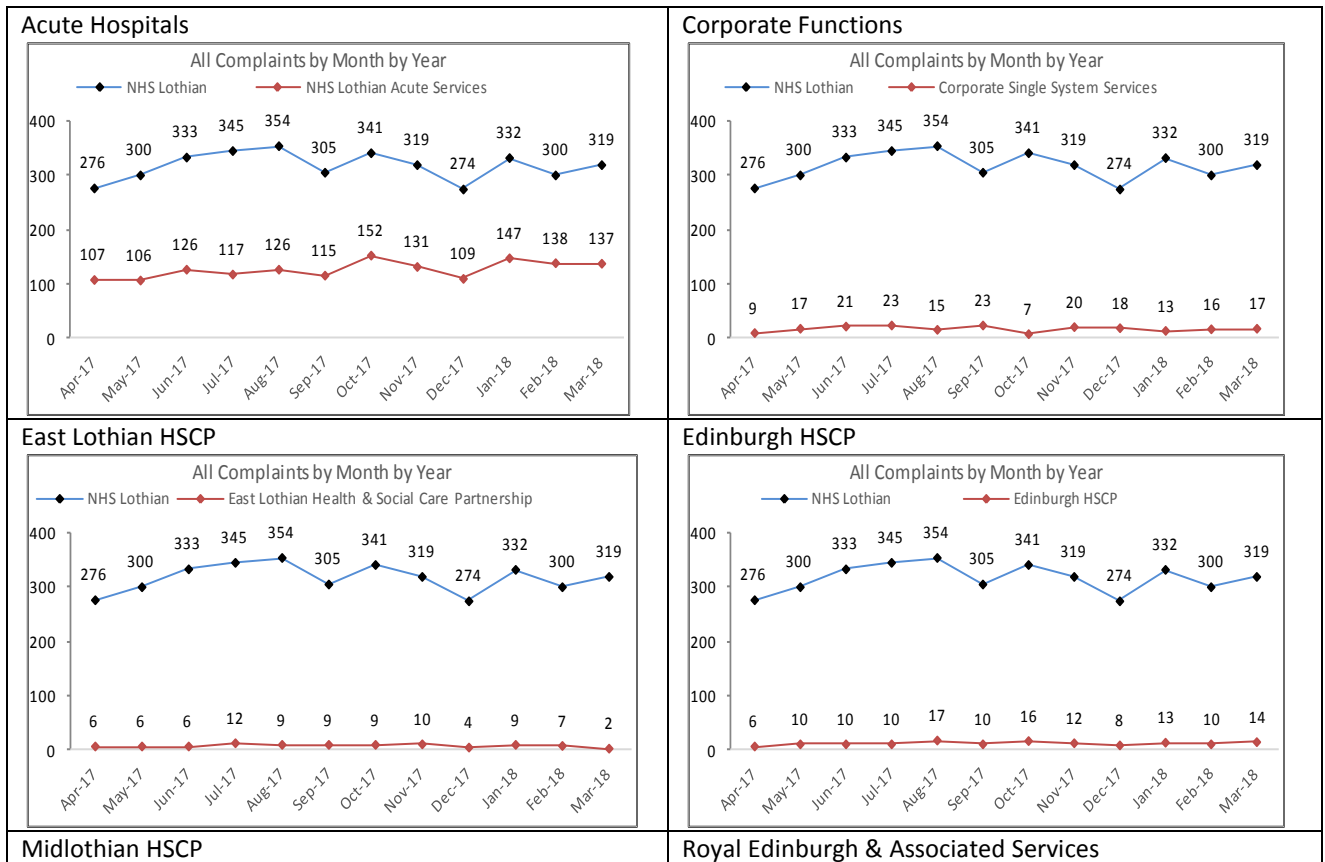


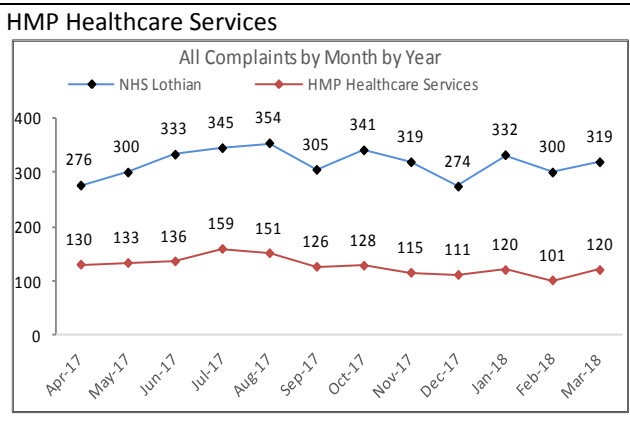
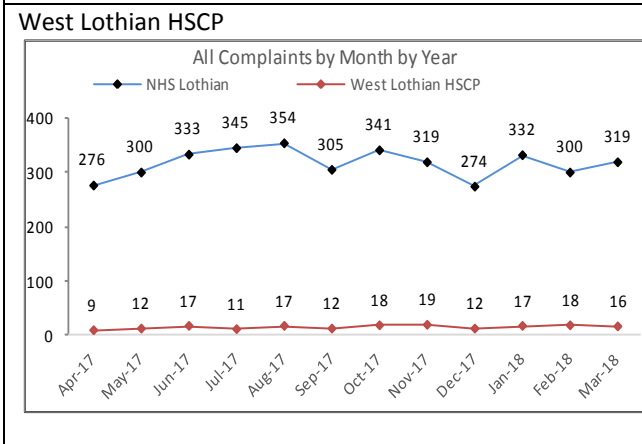
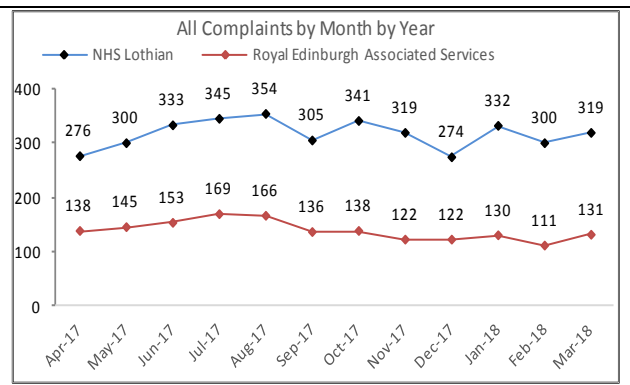
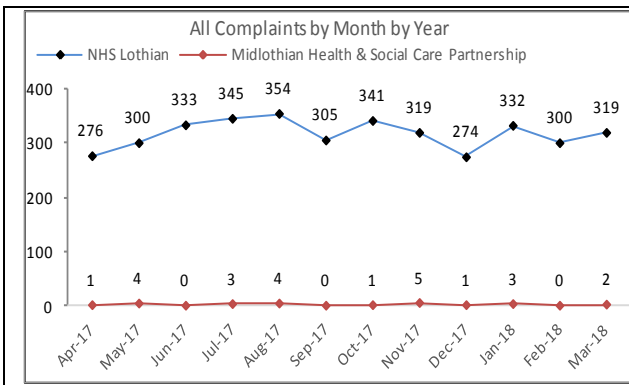
The table below shows the number of complaints (stage 1 and stage 2) split across the different senior management teams.

Royal Edinburgh and Associated Services represent 44% of all complaints correspondence

HMP Healthcare Services represent 40% of all complaints correspondence

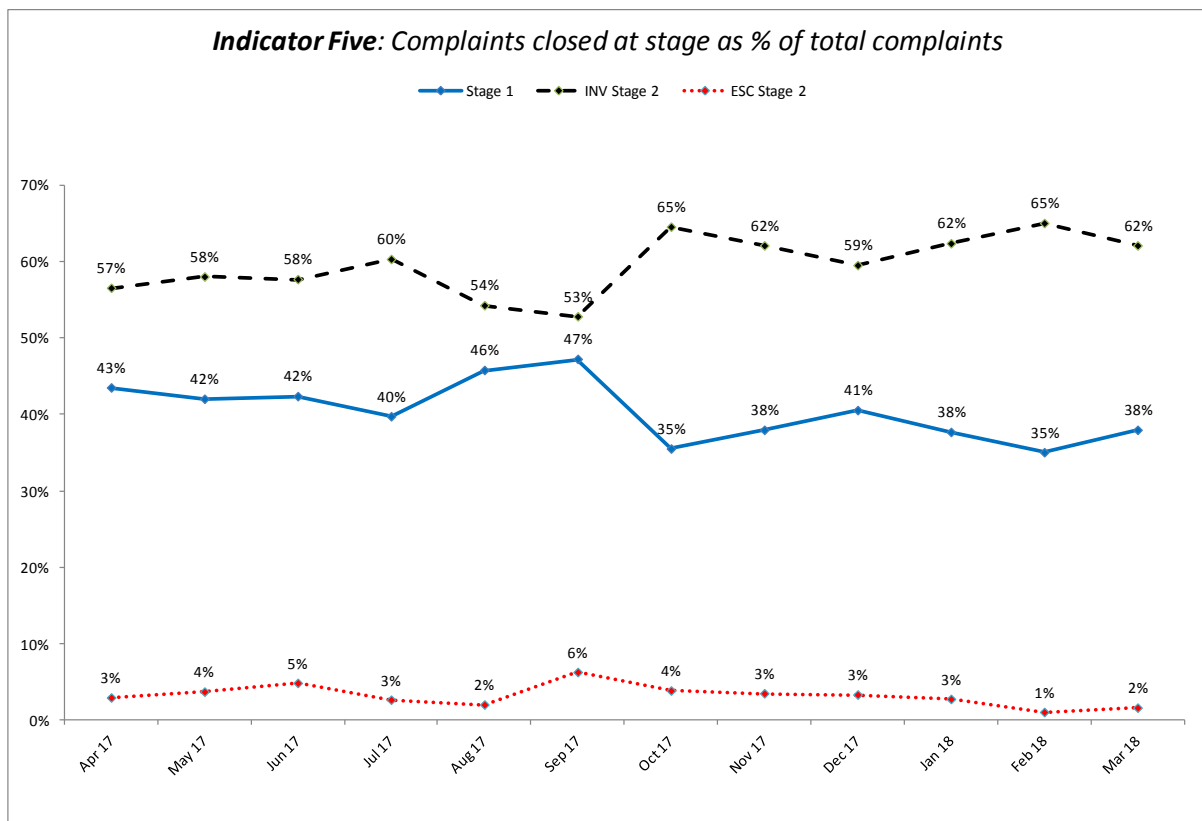
Acute Services represent 39% of all complaints correspondence



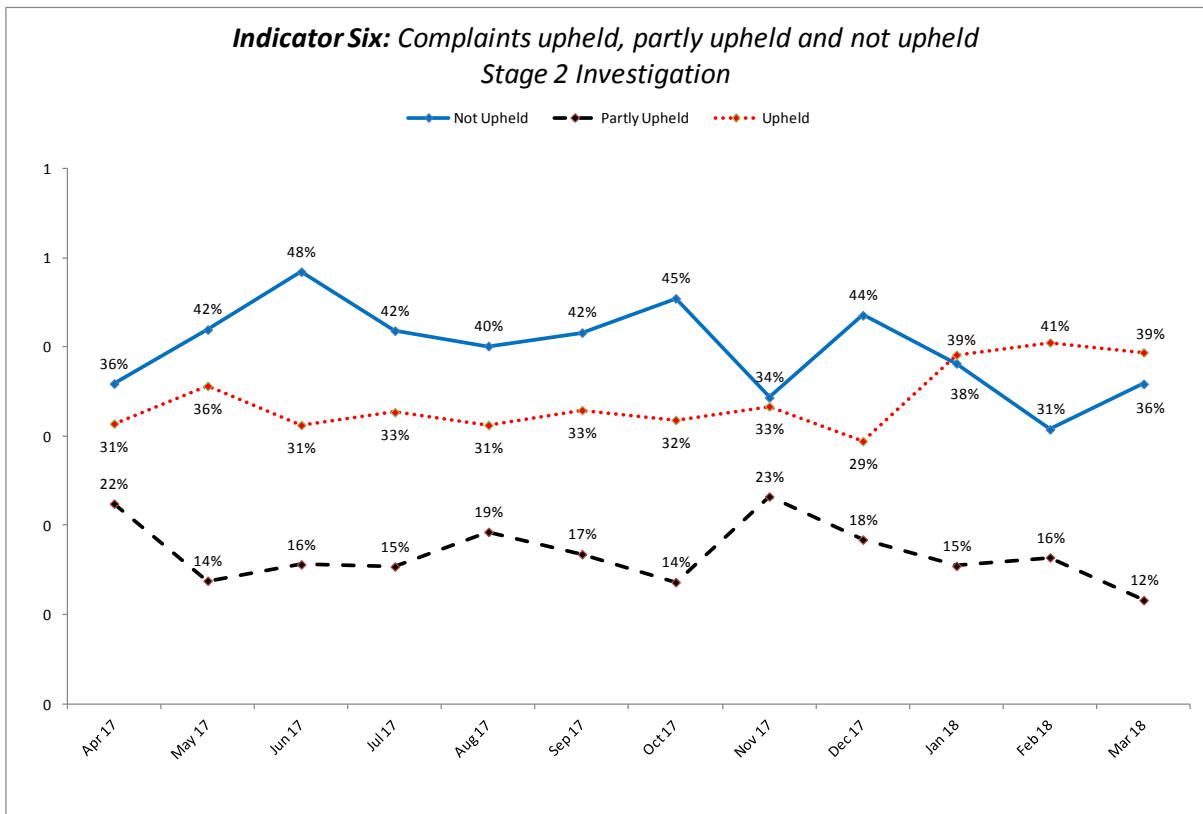
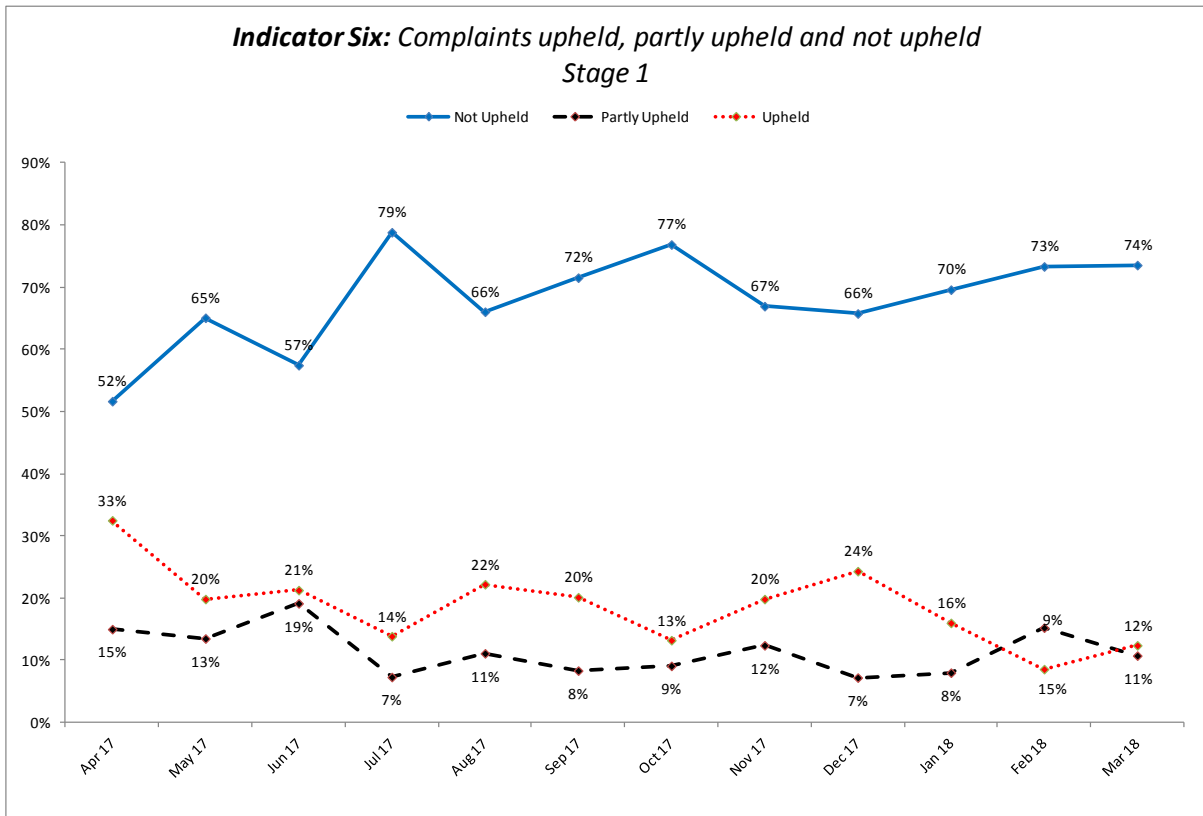


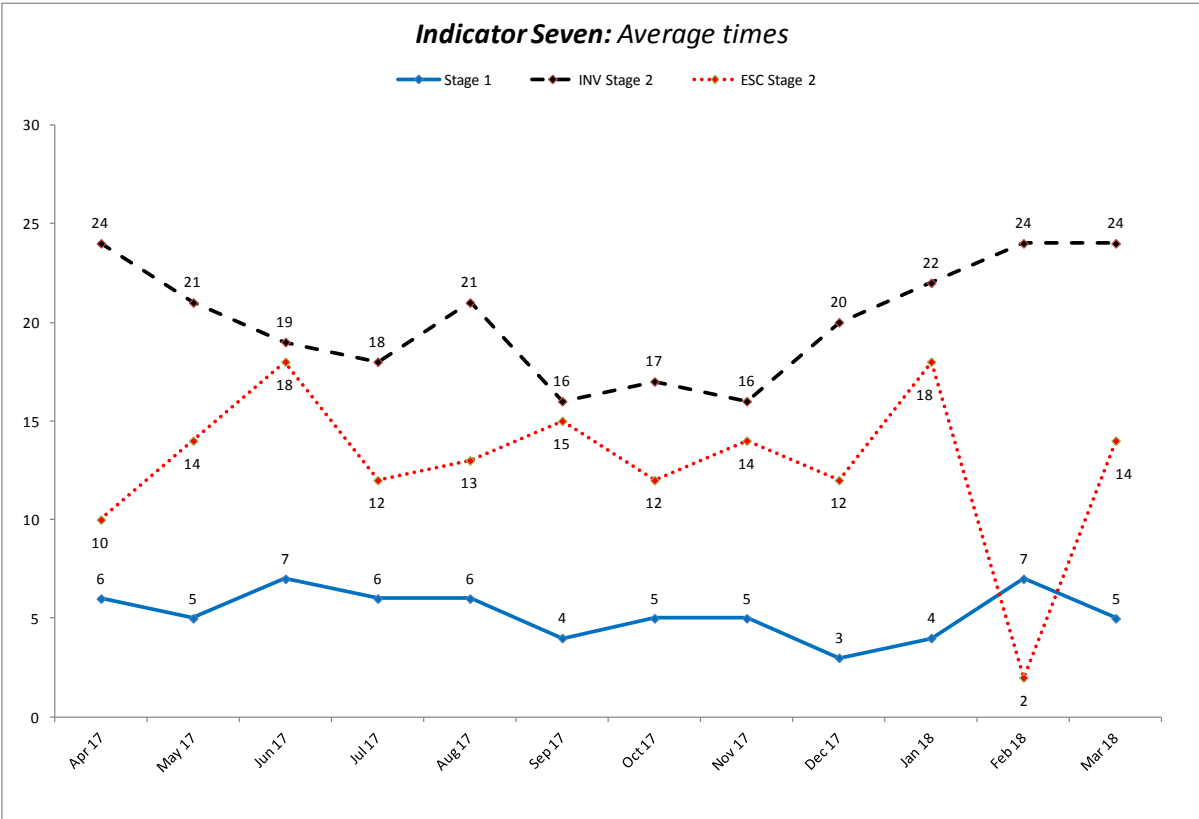
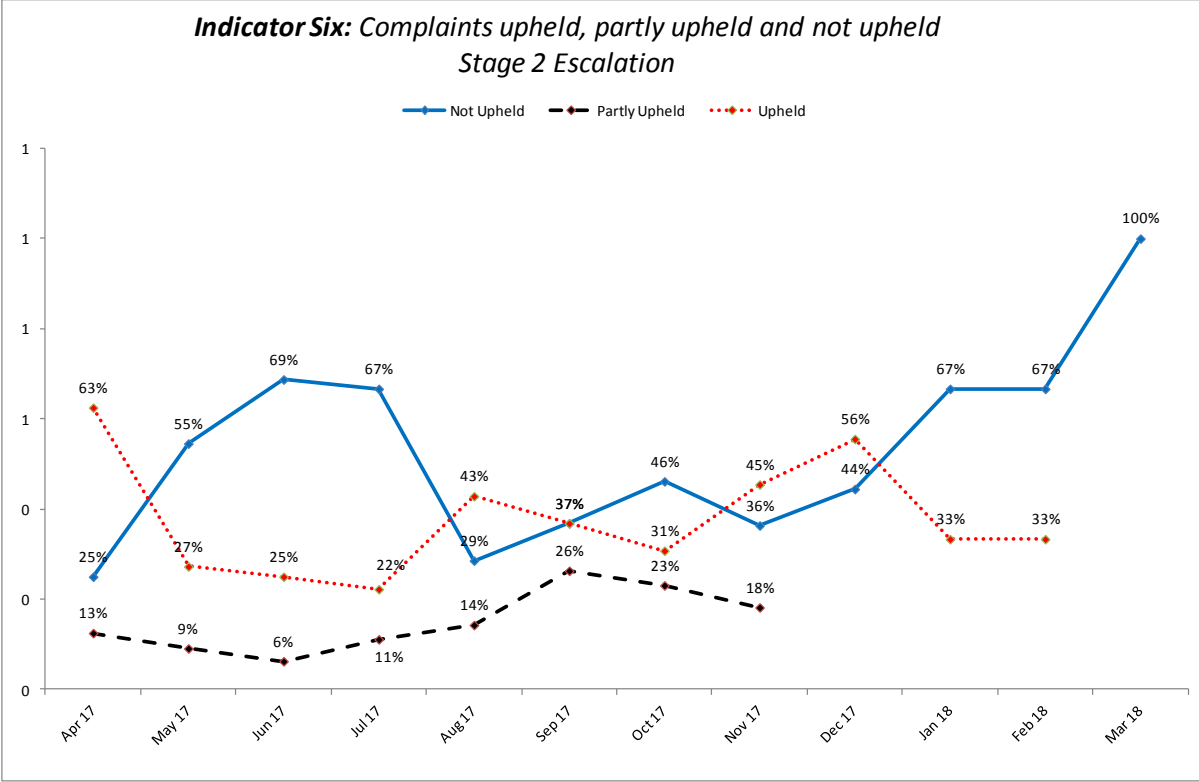
Indicator 5: Complaints closed at stage as % of total complaints

The chart below demonstrates that NHS Lothian has a varied response rate for stage 2 complaints ranging from 53% - 65%. The move to stage 1 complaints that need to be responded within 5 days is a new way of working for staff and therefore at this time we are not surprised to see the performance and hope that this will improve during the year ahead as staff become more familiar with the new timescales.



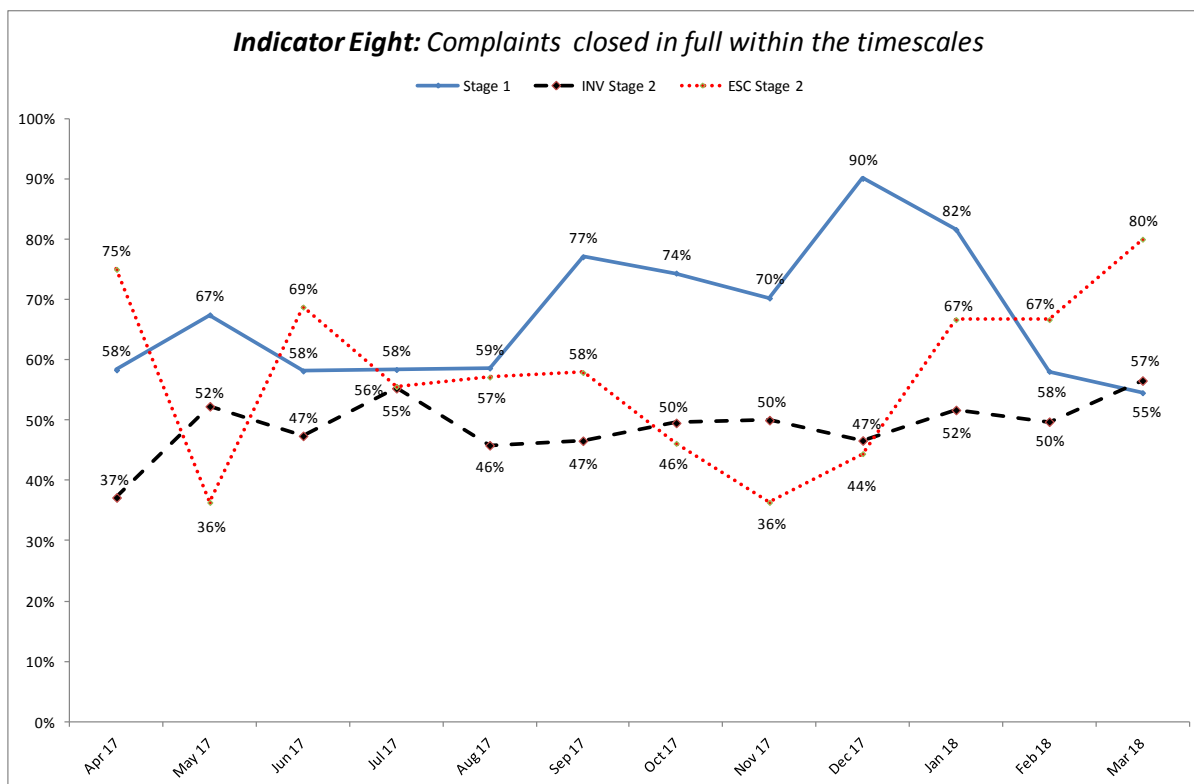
Indicator Six: Complaints upheld, partially upheld and not upheld





Indicator Eight: Complaints closed in full within the timescales

The model CHP requires complaints to be closed within 5 working days at stage one and 20 working days at stage two.



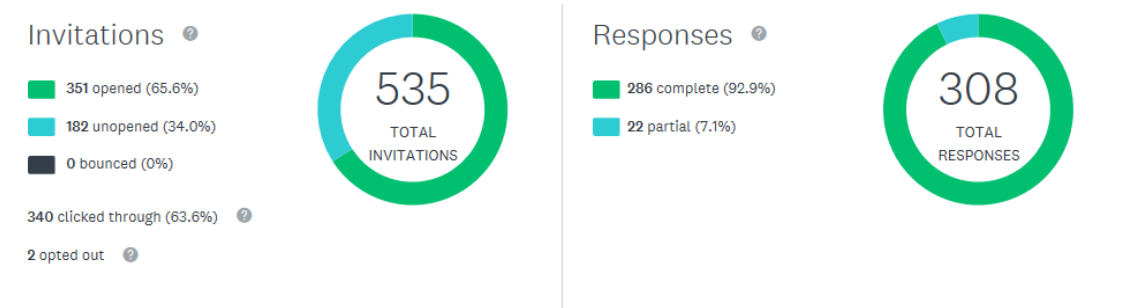
Indicator 9 continues to be a challenge for us as an organisation and we are working hard to ensure that we keep complainants up to date of any delays or requests for extensions to timescales.

Following the introduction of the new CHP and the key performance indicators we continue to report on the issues of the complaints as detailed in the table below. It can be seen that highest category is treatment, followed by staff and then waiting times. These are the same three issues as the previous year.

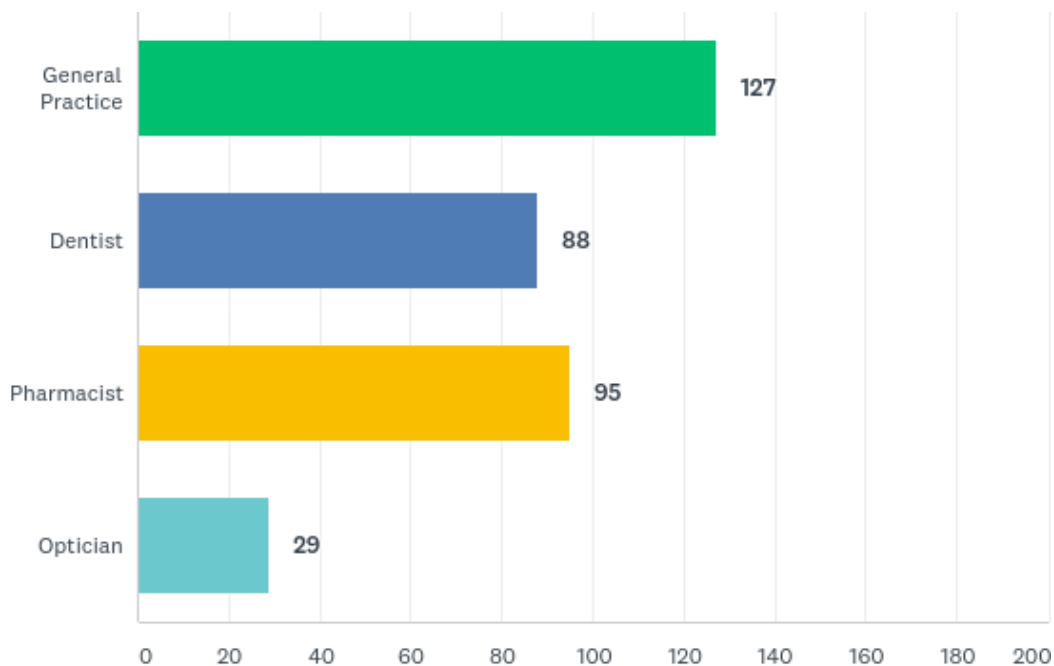
Complaints by First received (Month and year) and Issue type (ISD Issues)

Issue Types	Staff	Waiting times for	Environment / domestic	Procedural issues	Treatment	Total
Mar 2017	111	67	13	1	184	376
Apr 2017	90	60	21	1	155	327
May 2017	97	57	16	5	160	335
Jun 2017	115	79	18	4	150	366
Jul 2017	117	51	21	7	179	375
Aug 2017	135	65	17	2	168	387
Sep 2017	110	53	23	2	168	356
Oct 2017	114	72	15	2	179	382
Nov 2017	119	58	18	3	180	378
Dec 2017	96	48	26	2	146	318
Jan 2018	145	61	17	2	187	412
Feb 2018	128	70	14	1	173	386
Mar 2018	119	56	11	1	174	361
Total	1496	797	230	33	2203	4759

The following section of the annual report contains information from the Independent Contractors complaint returns. This year we took a different approach and used a survey monkey questionnaire. NHS Lothian invited 535 Independent Contractors to submit their Complaints Annual Returns via this route. A total of 308 responses were submitted (65.5%) electronically which calculated a completion rate of 93%.



Type of Provider



ANSWER CHOICES	RESPONSES
General Practice	38.37% 127
Dentist	26.59% 88
Pharmacist	28.70% 95
Optician	8.76% 29
Total Respondents: 331	

During the year ahead the Head of Patient Experience will work with colleagues across the Primary Care Contracts Team as well as the individual professional groups to look at ways of improving the return rates.

The responses are detailed below:

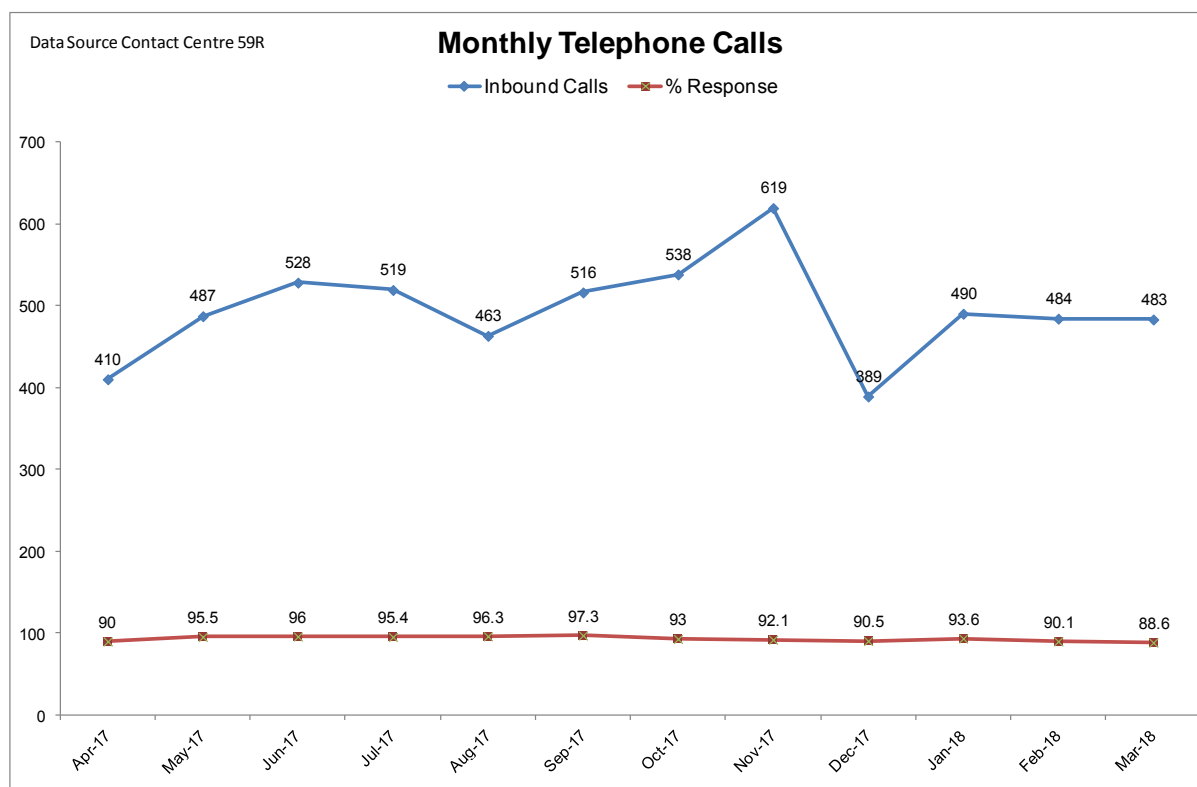
ANSWER CHOICES	AVERAGE NUMBER	TOTAL NUMBER	RESPONSES
1 Number of Stage 1 Complaints received	2	775	318
2 Number of Stage 1 Complaints closed	2	754	317
3 Number of Stage 1 Complaints closed within 5 days	2	653	313
4 Number of Stage 2 Complaints received	1	395	313
5 Number of Stage 2 Complaints closed	1	374	313
6 Number of Stage 2 Complaints closed within 20 days	1	321	311
7 Number of Complaints Upheld at Stage 1	1	232	310
8 Number of Complaints Partially Upheld at Stage 1	0	127	309
9 Number of Complaints Not Upheld at Stage 1	1	293	311
10 Number of Complaints at Stage 1 with and extension	0	13	310
11 Number of Complaints Upheld at Stage 2	0	111	310
12 Number of Complaints Partially Upheld at Stage 2	0	71	309
13 Number of Complaints Not Upheld at Stage 2	1	174	312
14 Number of Stage 1 Complaints Escalated to Stage 2	0	44	310
15 Average time (in working days) for full response to complaints at Stage 1	1	455	314
16 Average time (in working days) for full response to complaints at Stage 2	5	1,497	309
Total Respondents: 320			

NHS Lothian - Independent Contractors Annual Complaints Returns 2017/18

Complaint Issues Raised

	Responses	Answers
1 Delays in appointments/clinic	81.73%	246
2 Premises	72.76%	219
3 Patient Property	70.76%	213
4 Patient Privacy/Dignity	73.42%	221
5 Patient Records	73.09%	220
6 Patient Status/Discrimination	71.10%	214
7 Staff failure to follow procedure	75.42%	227
8 Staff Attitude and Behaviour	83.72%	252
9 Staff Communication - Oral/Written	77.74%	234
10 Complaint Handling	71.10%	214
11 Clinical Treatment	80.73%	243
12 Consent to Treatment	71.43%	215
13 Delays in receiving Test Results	71.10%	214
14 Other	78.07%	235
(Please explain if other)	60.13%	181
		301

We have developed a local indicator and record all telephone calls as detailed below.



Patient experience and other sources of feed back

We value and want to hear what people think about our services and we capture this information in a variety of different ways including: complaints, comments, concerns and compliments, Care Opinion or from patient surveys. By listening to what people have told us allows us to make improvements to our services.

This next section of this report will provide an overview of some of the work that staff across the organisation have been doing to make things better for our patients, families and carers and those people who use our services.

We continue to use a variety of different methods used to encourage and gather feedback which include:

At a ward level (micro) patients, carers and the public may give us feedback by:

- participating in our in-house patient experience survey, Tell Us Ten Things (TTT)
- making a complaint, concern, comment or compliment
- Care Opinion
- meeting with inspectors as part of Healthcare Improvement Scotland/Mental Welfare Commission inspections or visits
- Scottish Patient Safety Programme – walkabouts
- taking part in feedback initiatives (specific to ward/speciality areas)

The Role of the Patient Experience Team

The Patient Experience Team supports all the complaints and feedback activity across NHS Lothian. We provide a supportive role for people when they want to give us feedback via the complaints route or we are able to redirect them to the Patient Advice and Support Services (PASS) or one of the other advocacy services. When we receive correspondence we log this into our database (DATIX) and send onto the clinical teams to investigate so that we can prepare a response for the complainant. We provide a co-ordinating role for all the SPSO activity and act as a single point of contact.

We also support the Tell us Ten Things survey, Care Opinion, What Matters to You? as well as the national surveys that are undertaken.

Tell Us Ten Things

Tell Us Ten Things (TTT) is a NHS Lothian in-patient experience survey which aims to obtain feedback from patients' experiences to ensure we are providing safe, effective, compassionate and person-centred care. The TTT survey comprises of 10 validated questions using a Likert scale, and 1 qualitative question - *Is there anything else we could have done to improve your experience of your care?*

Following the revision of the TTT survey in November 2014, it was reviewed, in line with best practice, to focus on the patient's experience within the clinical area, including patient care and treatment, communication, information and the environment. The TTT survey is aligned to the "5 Must Dos" of the national Person Centred Health and Care Programme:

- **What matters to you?**
- **Who matters to you?**
- **What information do you need?**
- **Nothing about me without me**
- **Personalised contact**

The TTT survey is currently being used in the majority of general in-patient wards across key hospital sites in NHS Lothian: the Royal Infirmary of Edinburgh, the Western General Hospital, St John's Hospital, Princess Alexandra Eye Pavilion, the Royal Hospital of Sick Children, and more recently Midlothian Health & Social Care Partnership (Bonnyrigg Community Hospital).

The TTT survey is in paper format and patients are invited to complete the survey at the most suitable time during their in-patient stay. To ensure confidentiality the survey is sealed and is returned to the Patient Experience Team via the internal mail system.

A score is given to each possible response with the most positive response receiving a score of 10. The results are presented as an average score out of a possible maximum score of 10. If a patient does not answer a question or highlights it not to be relevant it is then excluded from the results summary.

The Tell Us Ten Things Survey questions are as follows:

1. Do you feel that staff took account of the things that matter to you?
2. If you started any new medicines or tablets on this ward, were you given enough explanation about what these were for?
3. How much information about your care or treatment was given to you?
4. Were you involved, as much as you wanted to be, in decisions about your care and treatment?
5. Were you treated with kindness and compassion by the staff looking after you?
6. In your opinion, how clean was the hospital room or ward you were in?
7. I was bothered by noise at night from hospital staff?
8. Do you think the staff did everything they could to help control your pain?
9. I was happy with the food/meals I received
10. Overall: I had a very poor/good experience?

The table below highlights some quotes from patients who participated in survey between April 2017 and March 2018, and have been mapped against the 5 “must dos”.

Who matters to you?	What matters to you?	What information do you need?	Nothing about me without me	Personalised contact
“All nursing staff, doctors & support including non-clinical staff were superb & the Napier University student excelled in caring, comforting, reassuring & delivering care to myself & others”.	“I experienced exceptional care and kindness during my stay on ward 33. All staff were friendly and approachable, happy at work, smiling and making me laugh. I also seen staff go over and above in providing care for their patients. All patients I spoke to highlighted how wonderful the staff and team are providing person centred care. Thank you”.	“I was treated with exemplary care and consideration and particularly appreciated being involved in discussions about my treatment”.	“Staff, in my opinion, were excellent. Very busy but not too busy to listen to problems and worries. All in all excellent service”.	“All staff were genuinely very friendly and caring throughout and were willing to go the extra mile despite being busy. This makes a big difference to the overall experience and is much appreciated”.
“Good work ethos, incredible teamwork, quality care, quality service, everyone mattered”.	“Noise level at night very disturbing but not caused by staff, equipment and buzzers very loud”.	“Maybe more explanation of my condition”.	“Staff, doctors and nurses were very attentive and I was made to feel very much at ease and very happy with the treatment I received”.	“The staff on my ward got me through one of the hardest experiences of my life so far”.
“Had a very good experience in the ward. All staff were excellent and treated me with respect and dignity. Couldn't fault anybody from cleaners, porters, nurse, doctors etc. All were excellent”.	“The food was the only issue but even this was cooked, warm and functional so it hasn't detracted from the max score of 10. The care, compassion and professionalism have been of the highest order. Many, many thanks!”.	“Access to Wi-Fi would made information gathering easier. More detailed post operative dietary advice would also be reassuring "eat a little often" is too generic and applies in different ways to different people”.	“Sometimes I didn't understand what was happening or planned. Sometimes poor communication. Nurses were all very good”.	“I was treated with complete dignity, respect and kindness. Staff at all levels and in all disciplines were excellent. My only added comment is that it would be good if patient could access Wi-Fi”.

Clinical Management Teams (CMTs) interpret the results to identify areas for improvement within action plans and reflect what they are doing well. Action plans include using various measures, for example, to reduce noise level at night. The results for April 2017 to March 2018 highlight that for this period, there has been an overall improvement in the reduction of noise at night

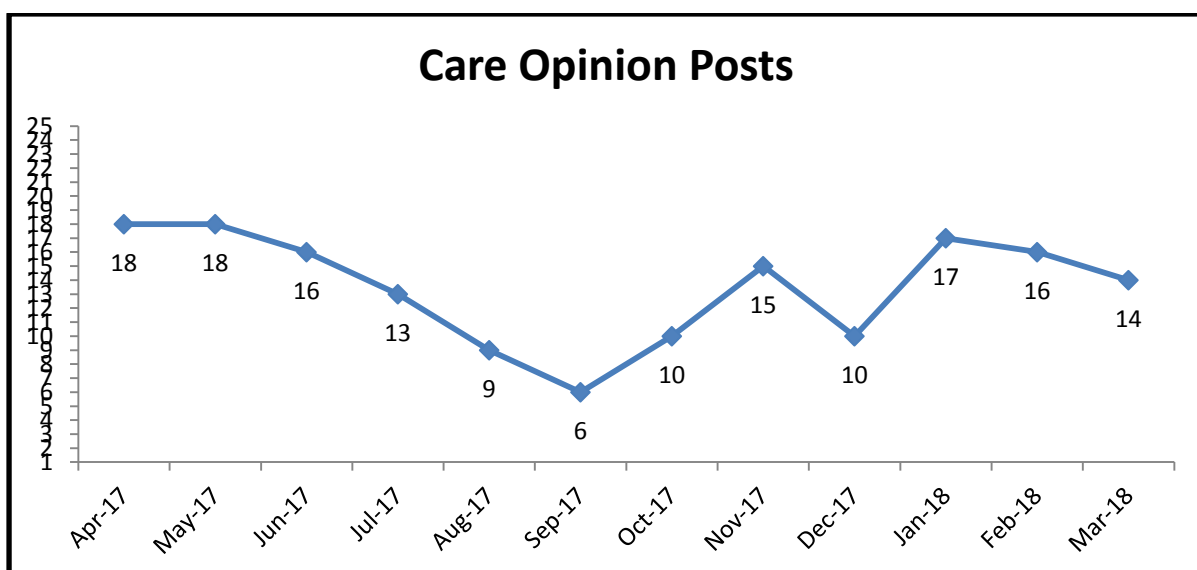
The Patient Experience Team continue to visit wards across all of the main sites involved in Tell Us 10 Things; discussing feedback and further encouraging teams to offer patients the surveys so that they can provide us with their feedback. We discussed the current response rates of feedback received in NHS Lothian for Tell Us Ten Things, and learning from and the wider sharing of feedback. Discussions with Charge Nurses and Deputy Charge nurses were very encouraging across all of the main sites, with individual areas demonstrating additional projects being undertaken by themselves within their specialty to help further support the feedback received and the learning cycle to allow improvements to health care to be shared more widely going forward.

Improvements are ongoing with the Tell Us Ten Things Tableau Dashboard. Senior Charge Nurses and other staff groups can now access the Tell Us Ten Things ward reports. To assist with the monitoring of feedback, learning, implementing change, and sharing feedback more widely within their teams, the Patient Experience Team are currently liaising with the 'Analytics Team' at Waverley Gate, to improve the use of the dashboard for users in terms of report generating function. This has now been updated to allow for reporting to be printed for each ward area at the click of a button.

The Patient Experience Team will continue to support all of the wards involved in TTT, share the learning and response rates, feedback developments widely with Senior Managers, Executives Directors and other service areas. In addition, the Executive Nurse Director previously wrote to the three Universities to ask for their support so that student nurses, during their placements, seek feedback from the patients by offering the Tell us Ten Things survey. It is hoped that this will a great opportunity for the students to engage with and develop their communication skills with patients and indeed the wider staff team and to support further improvements with the response rates.

Care Opinion

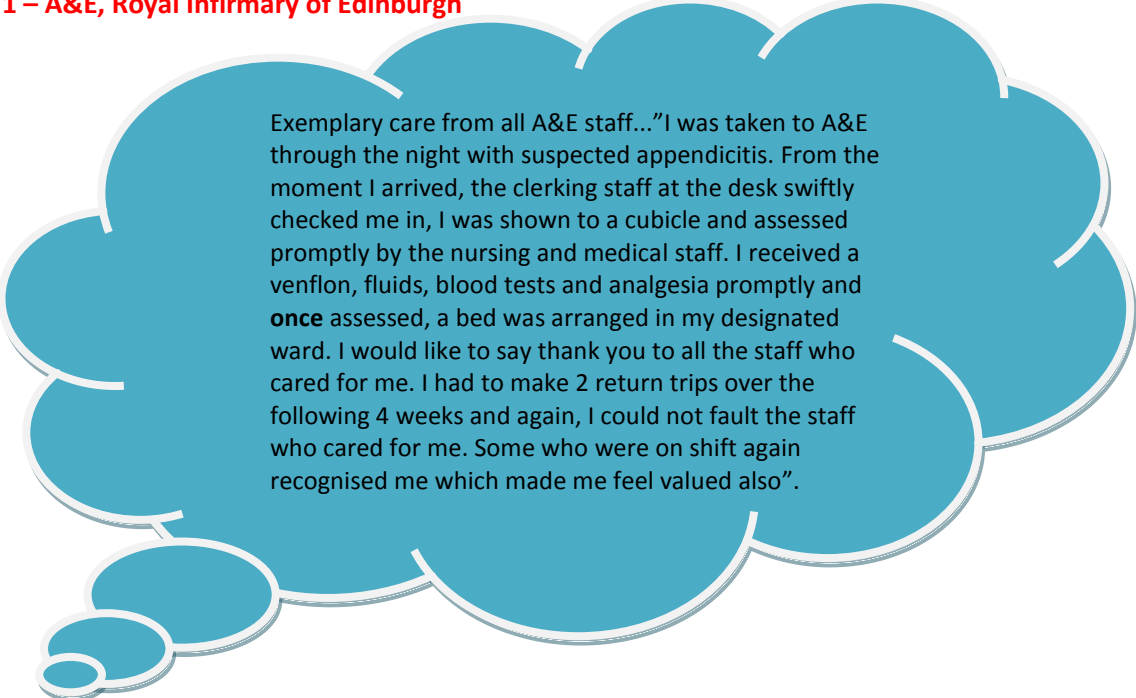
Care Opinion (CO) is a not for profit Organisation. It provides an electronic and anonymous method for patients, relatives, and staff to give us qualitative feedback about their healthcare experience. The diagram below highlights the number of stories that have been posted in relation to NHS Lothian from April 2017 to March 2018.



Source: Care Opinion, 2018

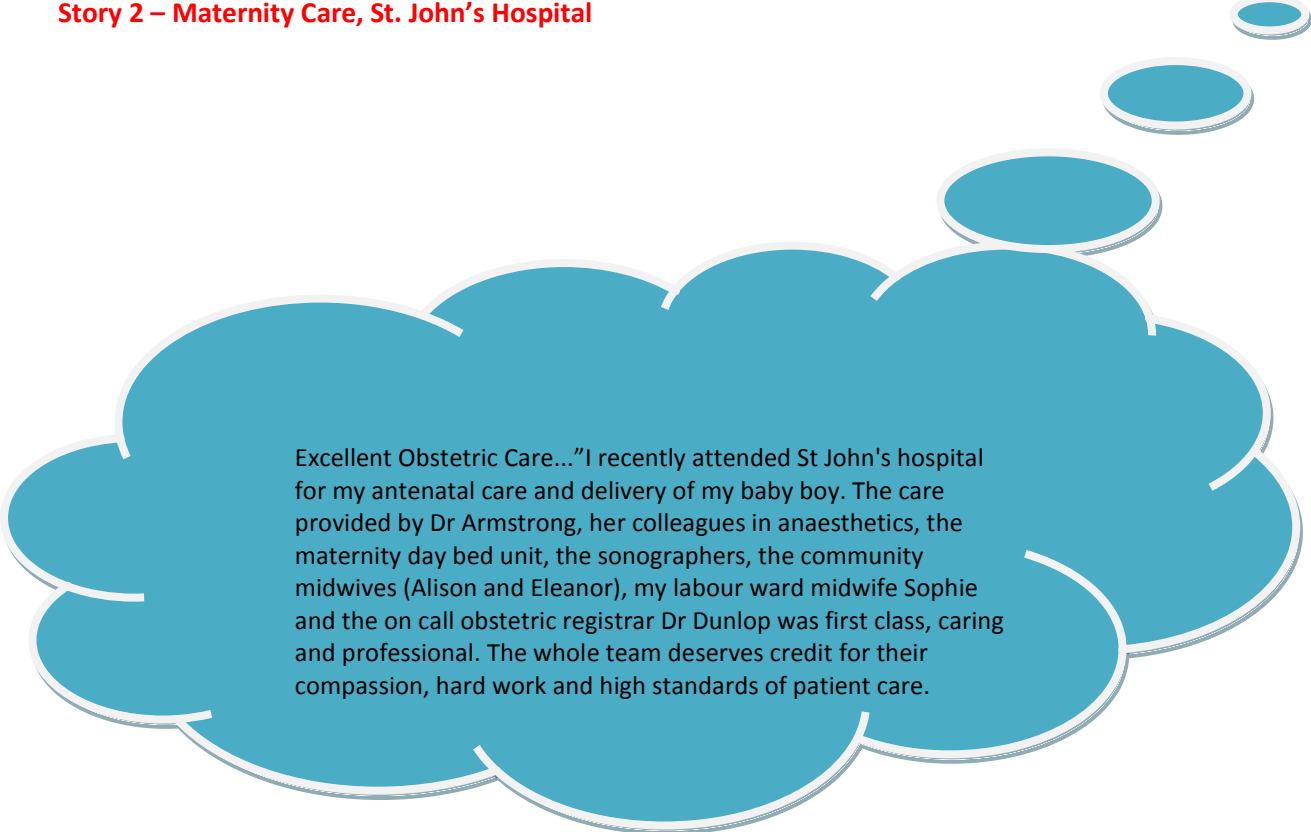
In general, most of the 162 communications received in the above period were compliments, and positive comments. The information comes to NHS Lothian anonymously and all postings are responded to. We have been working with a number of clinical areas who want to advertise CO in their clinical areas and we are supporting them to respond directly to these. Where the feedback is positive we thank the person for sharing their experiences with us and this feedback is then passed on to the relevant site or service so that they can share this feedback with the staff involved. Where the feedback is less positive or critical we will encourage the person to contact the Patient Experience Team directly to see if we can resolve their concerns. Feedback is shared with staff and any potential learning actioned. Example stories of the feedback on Care Opinion are highlighted below. The number of times in 2017 the stories on Care Opinion were viewed was 34,507 times which is a significant increase on previous years.

Story 1 – A&E, Royal Infirmary of Edinburgh



Exemplary care from all A&E staff..."I was taken to A&E through the night with suspected appendicitis. From the moment I arrived, the clerking staff at the desk swiftly checked me in, I was shown to a cubicle and assessed promptly by the nursing and medical staff. I received a venflon, fluids, blood tests and analgesia promptly and **once** assessed, a bed was arranged in my designated ward. I would like to say thank you to all the staff who cared for me. I had to make 2 return trips over the following 4 weeks and again, I could not fault the staff who cared for me. Some who were on shift again recognised me which made me feel valued also".

Story 2 – Maternity Care, St. John's Hospital



Excellent Obstetric Care..."I recently attended St John's hospital for my antenatal care and delivery of my baby boy. The care provided by Dr Armstrong, her colleagues in anaesthetics, the maternity day bed unit, the sonographers, the community midwives (Alison and Eleanor), my labour ward midwife Sophie and the on call obstetric registrar Dr Dunlop was first class, caring and professional. The whole team deserves credit for their compassion, hard work and high standards of patient care.

What Matters to You? day (“WMTYD”)

“Last year’s ‘What matters to you?’ day was a great success with almost 700 health and social care teams across Scotland making a special effort to have more person-centered conversations with the people they serve. In addition to this, more than 300 teams from 29 other countries joined the Scottish initiative” (Scottish Government, 2018).

NHS Lothian participated in the “What matters to you?” day on 6 June 2017. This was the third time NHS Lothian participated in this national event which was supported by Healthcare Improvement Scotland. The four acute hospital sites embraced the day and staff and patients engaged in a wide range of activities. Feedback from the day was very positive and we continue to advertise more widely ahead of the 2018 event to encourage more people to get involved.



Why is it important to ask ‘what matters to you?’

Many staff do this as part of their everyday role, but often in conversations, as Stephen Covey famously said: “most people do not listen with the intent to understand; they listen with the intent to reply”. One of the main aims of ‘What matters to you?’ day is to help us develop greater intent to simply listen, to listen deeply and to understand. Why don’t we tend to listen well to others? Perhaps we are too busy or have our own opinions or views of the world that we are keen to share? Or any number of other reasons. ‘What matters to you?’ day is an opportunity to stop and think a little more about how we are listening, who we are listening too and what we are doing as a result.

Considering the timing and methods we use to collect feedback, ‘What matters to you’ day allows teams and individuals to fully understand the impact of their ‘What matters to you?’ conversations. In turn, this will support staff and patients to share further meaningful feedback that we can learn from and help to support positive patient experience, staff engagement and a person-centred culture for NHS Lothian. The Patient Experience Team will share experiences, and all feedback requested from areas around WMTYD, with NHS Lothian’s Learning Group, and also Healthcare Improvement Scotland.

National Surveys

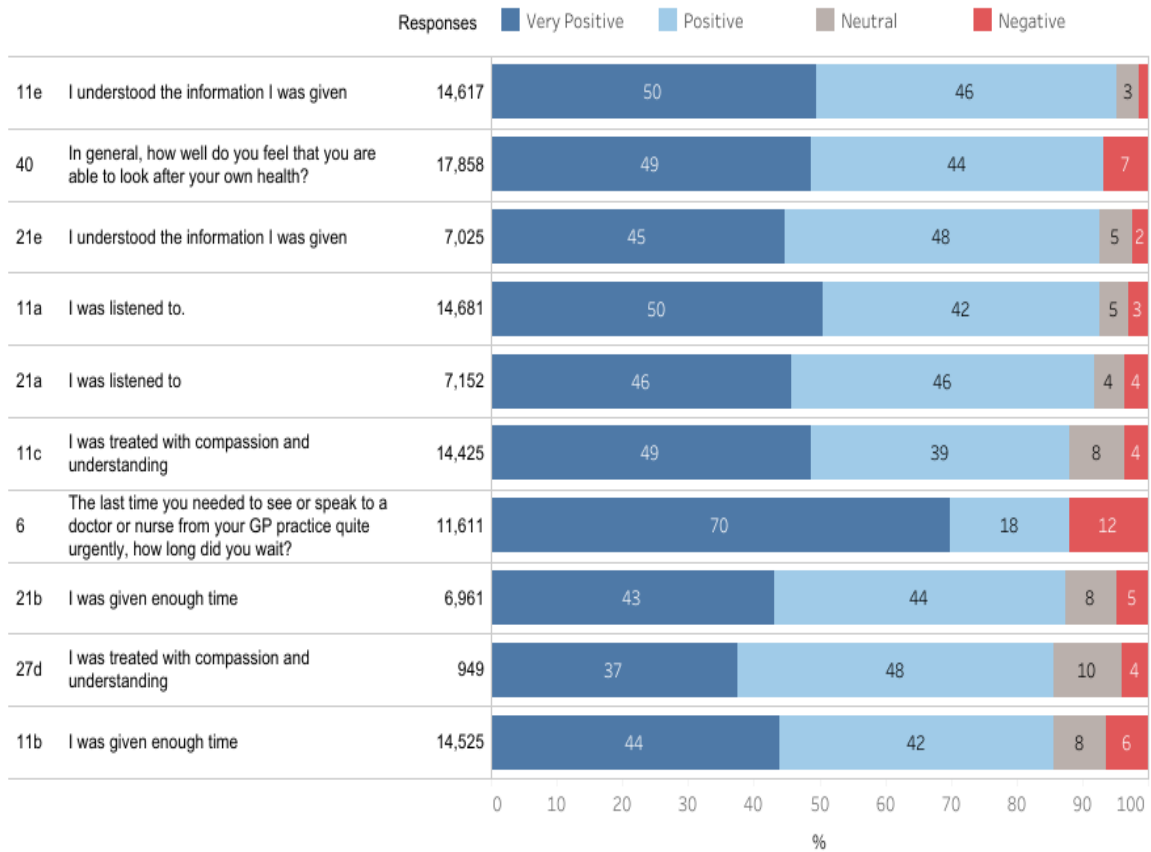
National Health and Care Experience Survey 2017/18

The Scottish Health and Care Experience Survey is a postal survey which was sent to a random sample of people who were registered with a GP in Scotland in October 2017. The survey has been run every two years since 2009. The survey asked about people’s experiences of accessing and using

their GP practice and other local healthcare services; receiving care, support and help with every day living, and caring responsibilities. The survey supports the principles underpinning the integration of health and care in Scotland outlined in The Public Bodies (Joint Working) (Scotland) Act 2014.

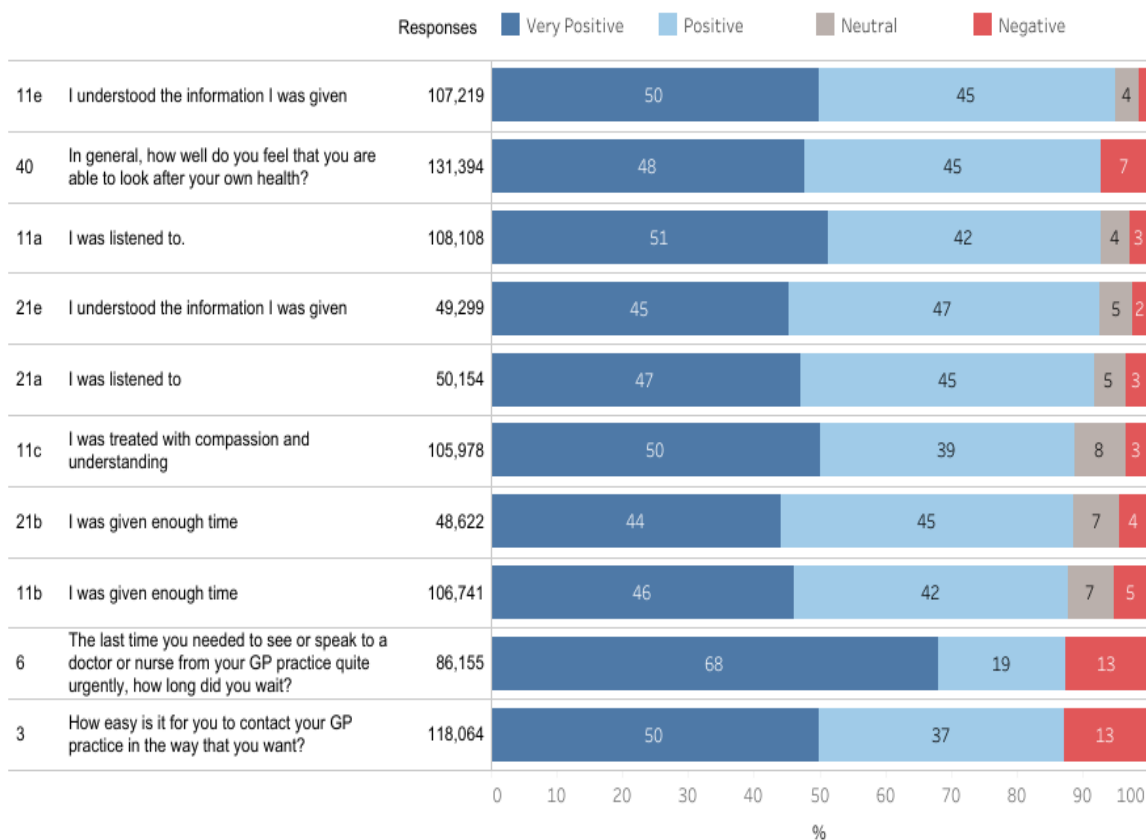
18,056 surveys for NHS Lothian were returned giving a response rate of 23% in comparison to NHS Scotland Board of 132,972 surveys returned with a response rate of 22%. Individual reports for each GP practice, GP Cluster, Health and Social Care Partnership and NHS Board are available via an online dashboard at: www.gov.scot/GPSurvey

The figure below shows the ‘Most Positive Experience Ratings’ for NHS Lothian



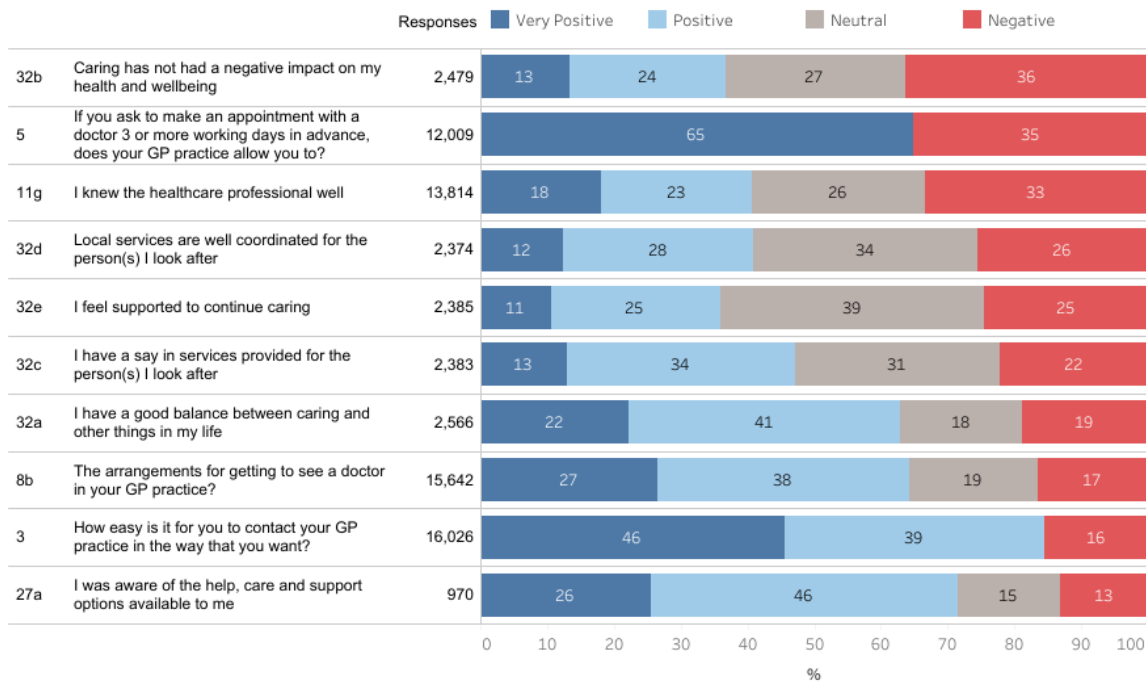
<http://www.gov.scot/GPSurvey>

The figure below shows the 'Most Positive Experience Ratings' for NHS Scotland as a comparison



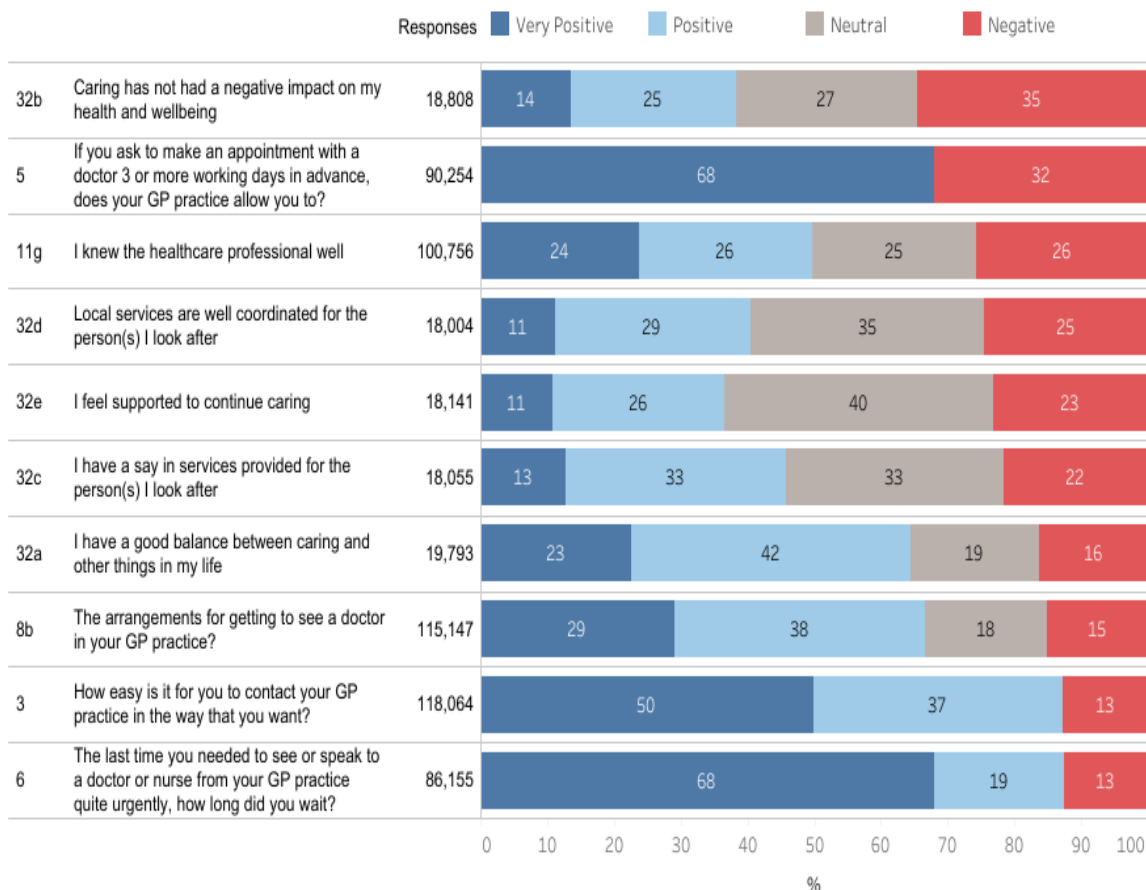
www.gov.scot/GPSurvey

The figure below shows the 'Most Negative Experience Ratings' for NHS Lothian



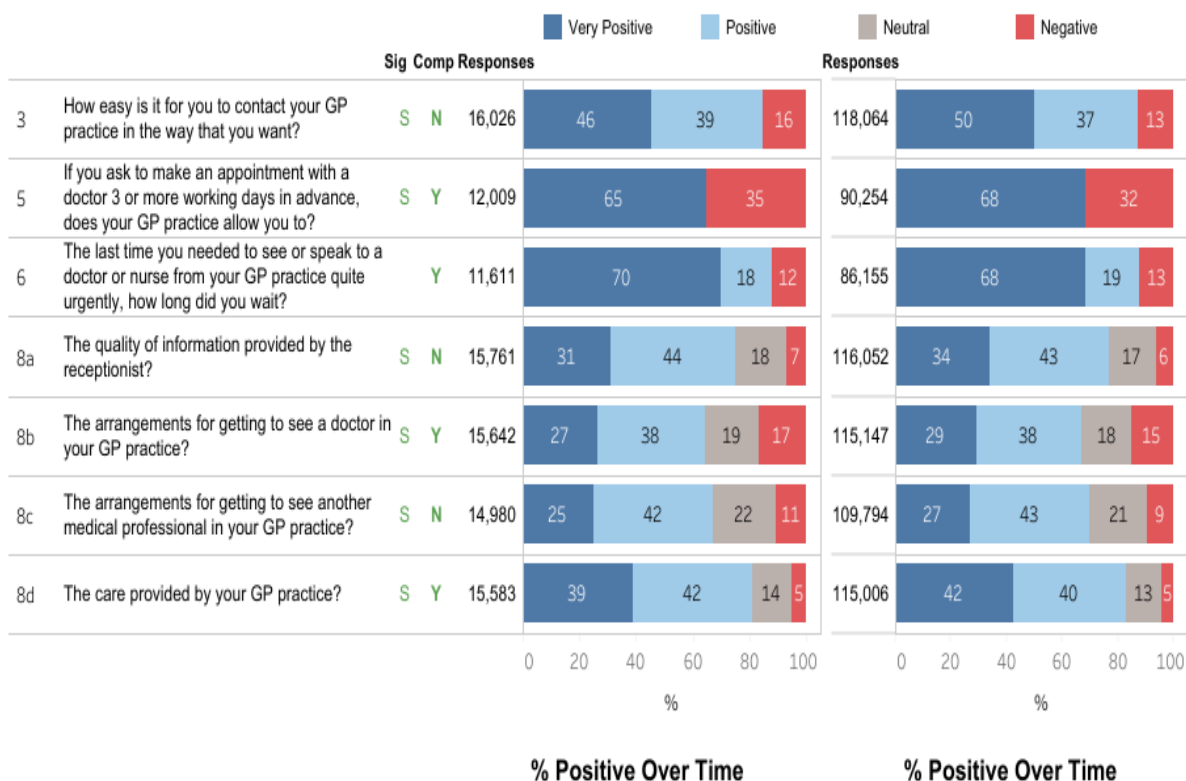
www.gov.scot/GPSurvey

The figure below shows the 'Most Negative Experience Ratings' for NHS Scotland as a comparison



www.gov.scot/GPSurvey

The figure below shows the 'Detailed Experience Ratings of GP Surgeries for NHS Lothian in comparison to NHS Scotland 2017/18



The Edinburgh response rate for the survey was favourable at 21%. Edinburgh Practices have received very positive feedback in the survey despite the pressures and difficulties within GP Practices.

Patient satisfaction is above national average in satisfaction with overall care and arranging to see a GP. There are areas of concern that require further analysis and focus notably carers feeling supported to continue to care. The survey responses will provide useful information to be discussed at Edinburgh Partnership Quality improvement group and will be shared with GP Cluster leads for consideration and discussion.

Healthcare Improvement Scotland Inspections

Healthcare Environment Inspection

Healthcare Improvement Scotland (HIS) completed an announced inspection of Ferryfield House (Edinburgh) in May 2017. During the inspection process the inspectors spoke to patients and visitors who were in the clinical areas and produced an overall positive report. This inspection was then followed by another announced inspection of St Michaels Community Hospital (Linlithgow) in September 2017; again as part of their processes they spoke with patients and visitors who spoke favourably about the environment. We use these reports and the patient feedback to encourage staff to continue to work to the required standards. The reports are shared in a variety of groups and committees and the staff welcome the feedback from the patients as this is often positive.

Older People in Acute Hospitals (OPAH)

In August 2017, HIS visited the Western General Hospital to inspect against the Older People in Acute Hospitals Standards. During the inspections HIS spoke with 15 patients and had 50 completed questionnaire returned. Through those discussions with patients we were able to give their opinions about the care they received while in hospital. Feedback from patients on their care received was mostly positive. The majority of patients felt their care and treatment were good and that they and their family and carers had been involved and listened to about their care and treatment. Patients told us:

- 'Frightened about coming into hospital, but need not have been, staff lovely, friendly'
- Have a good rapport with staff, get to know me and I them.'
- 'step by step explanation of what was wrong and what the treatment would be received.'

During the inspection, HIS received 55 completed questionnaires from patients. Of the 44 patients who completed the questionnaire, the results showed us:

- 48 patients agreed or strongly agreed 'Staff treated me or my belongings with consideration and respect'
- 46 patients agreed or strongly agreed 'I get help with washing, dressing and personal care if I need it', and
- 42 patients agreed or strongly agreed 'Staff always respond quickly if I need help'.

Patients also commented that:

- *'The staff noticed that I looked down and concerned and they take the time to talk and answer my questions. They keep you feeling up with a smile on their face. I cannot always remember information on my condition and treatment but staff do explain to my family.'*
- *'My visitors and family have been well looked after as have I. Thank you.'*
- *'Staff have always been caring and attend to me. They explain what they are doing. Sometimes they answer the buzzer quickly, other times it can take a bit longer.'*

Carer and visitor feedback

HIS received 15 completed questionnaires. Of the 15 responses :

- all 15 carers and relatives agreed or strongly agreed 'Visiting times suit me'
- 14 carers and relatives agreed or strongly agreed 'The ward is a welcoming place', and
- 12 carers and relatives agreed or strongly agreed 'Staff listen to my views and opinions about the care and treatment of the person I am visiting'.

Relatives and carers also commented that:

- *'Very professional and caring staff.'*
- *'The staff in ward 51 have taken great care of my father. They really do care and put 110% effort into their jobs. Thank you for being nurses.'*

Carers

A carer is someone who provides or intends to provide (e.g. after a change in circumstances) unpaid practical, physical, or emotional support to family members or friends due to physical or mental health conditions including frailty.

Unpaid carers often do not see themselves as carers because they may be a relation, partner or friend of the person being cared for. Our staff play a crucial role in both helping people to recognise themselves as carers, and then referring them to services where they can get support. This can make a huge difference to the health and wellbeing of both the carer and the person they care for.

The Carers (Scotland) Act 2016 came into force on 1 April 2018. The Act places new requirements on health boards and local authorities. Work was undertaken in preparation of the Act and a Project Officer has been appointed to implement the Act for NHS Lothian.

The key requirements of the Act for health boards focus around hospital discharge and how carers will be involved in this process. When a person is admitted to hospital, health boards must now

- **Identify** carers and young carers as early as possible
- **Involve** carers and young carers in discharge planning
- **Inform** carers and young carers about the services available to support them
- **Record** relevant information

NHS Lothian continues to recognise that many staff are juggling paid and unpaid caring roles.

1 in 7 of the working population is a carer so it could be anticipated nearly 3000 WTE NHS Lothian staff combine a paid caring role with that of an unpaid caring role which many staff will have been, are or will be in the future. By supporting this group of staff NHS Lothian recognises that it will help in the

- Retention of key staff with reduced recruitment & retraining costs
- Resilience of staff with increased health & productivity/reduced stress & sick leave
- Recruitment of talent to the workforce

NHS Lothian has been awarded Carer 'Established' rating (middle of three levels) up from Carer Positive and featured in the national Carer Positive Best Practice Booklet.

In June, the annual Carers Week took place and events taking place in this week were highlighted on NHS Lothian's social media channels. A staff member from NHS Lothian kindly volunteered to be a case study as they provided carer duties for a family member. This story was covered by STV News

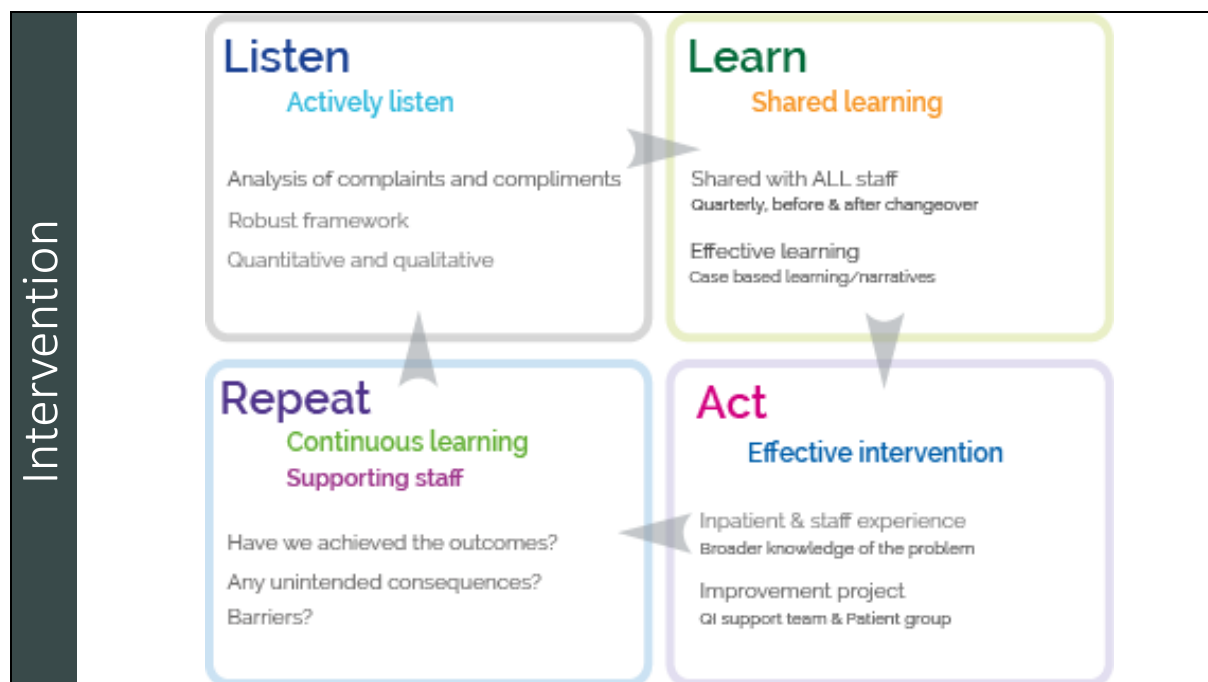
and Alex Joyce was interviewed. He explained what NHS Lothian does to support staff members who provide caring roles outside of work.

Emergency Department - Improving Patient Experience

The Emergency Department (ED) have been working locally to categorise all complaints and compliments received to identify patterns and common themes. This has allowed them to plan and implement change more effectively. In addition the ED team have been trialling “the happy faces stand” in the department. Early feedback would indicate that the data has shown that there is no clear link between the time patients have to wait or departmental crowding to the number of complaints or compliments we receive. This will remain a work in progress for the year ahead.

Medicine for the Elderly

The clinical team have presented at an international conference on “Learning from patient experience: Qualitative analysis of complaints to drive quality of care”. They were keen to have a better understanding of patient experience as it is paramount to the delivery of patient-centred care. These unique insights can identify areas for improvement to further strengthened the quality of care and a valuable source of patient experience are complaint letters. However the team felt that, rigorous and systematic analytical procedures to capture experience to facilitate learning are not well established. The team reviewed 14 complaints received from January 2016 to December 2017 relating to the department of acute and general medicine. This study examined the viewpoint of the complainant at the initial complaint.



Their data highlighted the importance of communication, partnership and shared decision making in shaping patients’ perception of care. Importantly, efforts that can promote reassuring care and personal capacity are crucial. It is hoped that the project will lead to a robust framework that can enable organisational learning from complaints and feedback.

Dementia Champions at Western General Hospital

There is work ongoing to raise the profile of dementia champions and give them a recognised role in the hospital, in particular to raise awareness for patients and carers. This work is ongoing as part of a larger project looking at care of people with dementia and older people across the hospital. Staff also wished to raise awareness and define their roles as Champions following a staff survey that

highlighted this would be beneficial. Staff spoke with patients and carers and realised that Champions need to be more visible to be able to provide advice and support.

A year on, there are regular monthly meetings for the Dementia Champions. There is an agreed role descriptor, and there are Dementia Champions in all clinical areas in the WGH have been highlighted. A badge has been designed to wear that is visible, and an awareness information stall was set up to support talking to patients, carers and staff about what is important when it comes to dementia. We intend to resurvey staff to see if improvements have been made and if further changes to make additional improvements can be further identified.

There are additional trainee Dementia Champions from the Western General Hospital currently undertaking the latest cohort for study; The Dementia Champions role is creating wider discussion within the hospital and information regarding this role has been included as part of the Newly Qualified Practitioner course.

Champions are challenged, supported and encouraged to be proactive in their roles to ensure ~~and~~ that they can support patients, ~~and~~ carers and staff to improve hospital stay, maintain communication within services and support timely discharge from hospital. They are planning to design a web page and newsletter to keep communication links throughout the hospital in relation to Dementia Care.

Adult Mental Health, Royal Edinburgh Hospital

The mental health team presented their poster presentation at a number of local staff sessions and the Daring to be Great conference in NHS Lothian. The focus of this work was to reduce the number of inappropriate missing person reports made to the police from Inpatient adult mental health services in Edinburgh. The Royal Edinburgh Hospital had the highest rate of missing person reports from NHS care in Scotland. Of the 4000 reports made annually to Edinburgh Police Division 18% are from NHS care and 10.5% of these were from the REH. 50% of the REH patients reported return to the ward within 3 hours, 44% self returning.

Between 2005-2015 there were 184 inpatient suicides across Scotland, 72% of these happened off the ward. Base line data was collected showing the rates of missing person reports made by inpatient mental health services, along with the details of where people were located, timescales and how they were returned to hospital. Regular meetings were held between the Police and Royal Edinburgh Hospital staff. Consultants revised the patient pass plans and changes were made. The completion of the pass plans were audited closely and have seen a steady increase in completion rates. Return to ward discussions were introduced with patients who had returned to the ward after being reported missing; these helped to ensure that this did not result in increasing the risk of harm by introducing new measures. A new Standard Operating Procedure has been introduced; this was presented at 6 awareness sessions for hospital staff that were held jointly by the NHS team and Police Scotland. Each area now have a specific own 'Missing Person Resource Folder'. The pass plans and return to ward discussions continue to be audited regularly, and NHS and Police liaison meetings will be held every 6-8 weeks where any difficult cases or issues can be discussed.

Since August 2017 we have seen a sustained and significant reduction in the number of missing person reports made. At the same time there has been no increase in harm to either patients or others.

Interpretation and Translation Services

There is a legal requirement in the UK to ensure that individuals whose first language is not English are not disadvantaged in terms of access to, and quality of health care received (Race Relations (Amendment) Act, 2000 and Scotland Act 1998).

All patients have a fundamental legal, ethical and moral right to determine what happens to their own bodies under the Equality Act 2010. For some patients, this can only be guaranteed if professional communication support is provided. To exercise this right, Health Service staff should establish effective communication, not just with the patient but with their significant other(s). The responsibility to offer and arrange this support lies with Health Service staff.

This service is now provided in-house via the NHS Lothian Interpretation and Translation service (ITS) based in the Comely Bank Centre.

NHS Lothian ITS ensures patients are supported with their communication when attending appointments with healthcare professionals. Interpreters provide an unbiased, professional service to both staff and patients, and enable equality of access to healthcare to all patients in Lothian. This includes deaf patients who communicate in British Sign Language. NHS Lothian also have a contract with an on-demand telephone interpreting provider to ensure support is available when there is not enough notice to provide a face-to-face interpreter or to cover the most rare languages. The role of the service is also to provide advice to staff on best practice when communicating with patients who have sight and/or hearing impairments and/or have language support needs, promoting equality and diversity as well as inclusivity.

Communication with patients and families about adverse events

Our ambition in NHS Lothian is to 'Being Open' with patients and families whenever an 'adverse event' occurs, and this has been part of our policy and procedures for managing adverse events for a number of years. It is often not possible to determine whether or not the harm could have been avoided until a review is carried out. For the purpose of 'Being Open' with patients and families, it is helpful to think of an adverse event as something unexpected and unwelcome occurring. It is NHS Lothian's ambition to ensure that the principles and process of 'Being Open' is followed whenever something unexpected and unwelcome happens.

'Being Open' is a process of actions and behaviours that are determined by the ten principles of Being Open and requires a culture which visibly encourages key behaviours, including:

- Honesty
- Openness
- Appropriate sharing of information
- A willingness to learn from experience and to change how the organisation functions

The organisational, statutory Duty of Candour which NHS Lothian is required to follow as from 1 April 2018 is therefore aligned with our Adverse Event management policy and procedure, within the broader principles of 'Being Open'. The statutory duty applies to a subset of adverse events and defined levels of harm. An event which activates the duty is defined as an individual who has received a health, social care or social work service has been the subject of an unintended or unexpected 'incident', and in the reasonable opinion of a registered healthcare professional has resulted in or could result in **significant harm** as defined by the Act **and the organisation was responsible for that harm** i.e. it is not a natural progression of disease or an unavoidable complication.

Duty of Candour requires us to:

Notify the person affected of the event (and/or family/relative if appropriate)

- Provide an apology
- Carry out a review into the circumstances leading to the event
- Offer and arrange a meeting with the person (and/or family/relative if appropriate)
- Provide the person affected with an account of the event

- Provide information about further steps taken
- Make available, or provide information about, support for persons affected by the event
- Prepare and publish an annual report on the Duty of Candour

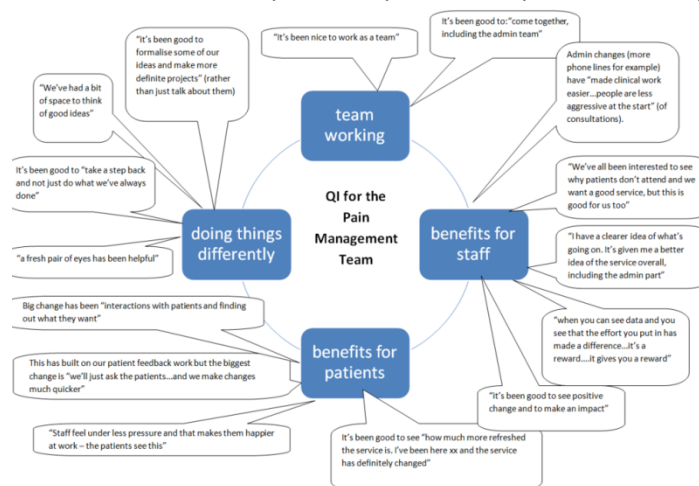
Patient Experience Improvement Work

NHS Lothian has a range of programmes focused on improving patient experience and outcomes of care. The improvement approach used in all these programmes requires baseline information to be collected from patients and staff to inform and drive improvement priorities.

These programmes are described in full on [QI Lothian website](http://qilothian.scot.nhs.uk) (qilothian.scot.nhs.uk) and seek to improve experience in a number of ways, such as:

- improving access to Endoscopy and Child & Adolescent Mental Health Services (CAMHS)
- improving safety and pain control in patients with a broken hip
- improving timely discharge of stroke patients based on experience of patients
- improving chronic pain services and pain management in general practice
- improving the transition from Child to Adult Mental Health Services
- improving access of housebound patients to medication reviews

Below are some examples of experience captured and response:



Ideas and Suggestions for CAMHS



Thank you all so much for your feedback. Your feedback is important to us so we can improve our service

Glasgow School of Art – Human-based Design

We have also been working with Glasgow School of Art to review our pathways with a fresh pair of eyes (Human-based design), and central to this is capturing experience of patients. The students visited the Edinburgh Cancer Centre and developed concepts and ideas of how to improve the outpatient services from the patient perspective.



As part of our Quality Academy, Health and Social Care staff build their capability to capture patient experience, and use to inform and test improvement work. This includes aspects of Health literacy and understanding its impact on current and future improvement work. There are many more examples of improvement work on our QI Lothian website that aim to improve experience.

Occupational Therapy Primary Care, Mental Health

Increasing numbers of adults are being diagnosed with adult ADHD in the UK. Often this is after many years of experiencing problems in carrying out everyday activities, which can cause difficulties in work, education and family life. Occupational Therapists working in primary care mental health in Edinburgh have been receiving increasing number of referrals to offer assessment and treatment to these newly diagnosed individuals.

This demand was leading to increased waiting times, as individuals were receiving individual treatment sessions over a number of weeks. Two members of the Occupational Therapy team researched treatment options to develop a pilot Adult ADHD group. This provides an alternative treatment option for the patient, as well as hopefully earlier treatment intervention, peer support and so improve the patient experience.

To the team's knowledge this was the first time a group of this kind had been developed in Scotland. The group has now run twice (over 9 weekly sessions) with a third currently ongoing. The group is offered to 20 people at a time. They have developed partnerships with local organisations such as Edinburgh Leisure, Alma project, Thistle Foundation, Into Work and Health All Round, to increase awareness of community resources available to support and improve participants day to day functioning.

Data gathered from the groups has found that participants found it useful and helpful, with good evidence that the quality of life for patients has improved through attending the group. Meeting and sharing experiences with other adults with ADHD has also been reported as a significant positive experience for participants.

Health Literacy at Corporate Induction: Newly Qualified Nurse Programme - Person Centred Care Planning

Health literacy is a session delivered on corporate induction to all new starts in the organisation. Health literacy is the ability to access, understand and use information for health. Crucially it is not just the ability to read, it requires a complex group of reading, listening, analytical and decision-making skills, and the ability to apply these skills to health situations. The session introduces NHS Lothian new starts to health literacy and tools to support them in the health workplace e.g. teach-back and other techniques

Person centred care is threaded throughout the newly qualified Nurse/Midwife (NQN/M) programme, examples include person centred care in care planning, mental health awareness, supporting and protecting people's rights with dementia. Emotional labour (how nurses need to think about their own well being in practice) and reflective learning are included to support these practitioners in this first year of practice. Since 1 January 2016 approximately 4851 NQN/M have completed the programme. The programme facilitates the NQN/M to complete Flying Start and to produce a small change project related their area of work.

Intensive Care Unit - Improving Patient Experience

The Intensive Care Unit at the Royal Infirmary of Edinburgh hold a Patient Experience Group, within Ward 118; collecting feedback, learning from patients experiences, engaging and supporting former patients, enhancing the patient's journey and improving bereavement care are the aims of the group.

ICU felt that this had to be a multi disciplinary team approach and looked for attendance across all specialities. The group commenced with a core few members, including Chaplaincy and Staff Nurses who remain in the group at this time. Some staff are now in different roles themselves including Critical Care Support Service Nurse and Lead Research Nurse's who have gone on to develop a support service for staff, patients and families and also ICU Steps - a support network in Edinburgh for former patients and their families.

ICU Patient Experience Group continues to meet 3-4 times a year and has good representation across the multi disciplinary teams. The meetings last 2 hours and on occasion external speakers also attend. ICU's current priorities are the development of a garden area for Critical Care patients to access, communication tools for patients, Healthy Working Lives, development of a Long Term Patient stay Area, maintaining various ways of collating and distributing patient and family feedback, and Maternal Critical Care follow-up. The Bereavement Team have developed into a separate group who still feed into the ICU Patient Experience Group; they are recognised for their excellent practice in follow-up with families post ICU death.

Modernising Outpatient Programme

Patient Initiated Follow Up, (PIFU)

This proposal stems from the results of an outpatient questionnaire in Cardiology. The purpose of the questionnaire was to identify whether return appointments could be managed in a different way. In summary: 183 patient questionnaires and 84 Consultant responses were completed over a 6 week period. The Consultant results showed that 21% of these appointments, (no F/U category excluded for obvious reasons), could be delivered in another way; of which 19% were identified as suitable for telephone consultation.

In terms of patient feedback, 32% felt the return appointment would have been as effective by remote consultation and 34% of patients reported that they would welcome the choice to have future return OP appointments by remote consultation.

Although not included as an option for managing returns on the questionnaire, PIFU was suggested as an alternative pathway to telephone consultations. PIFU replaces the current model for booking routine follow-up appointments by giving patients the option to re-engage if there is any change in their symptoms. Patients are signposted to the pathway for a pre-determined period of time and are advised on what symptom changes they should be aware of. The Cardiology service has agreed to pilot this pathway which was launched on 01/05/18. So far there are 6 Consultants taking part, and there is some discussion about using PIFU for managing ward discharges – as appropriate – too.

NHS Lothian is the first Board in Scotland to formalise the PIFU pathway.

From a UK national perspective this would also appear to be a 'first' as there is no evidence of other Boards using PIFU for the management of Cardiology patients. As a result, the implementation of this pathway is attracting considerable interest from other NHS Boards.

Since the launch of PIFU, expressions of interest have been received from the following services: Diabetes; ENT; GI; Plastics and Respiratory. All are keen to adopt the PIFU pathway as a key strand of local outpatient modernisation without waiting for the results of the Cardiology pilot.

Speech & Language Therapy - Patient Engagement and Participation

The Speech and Language Therapy Department has identified Patient Engagement and Participation (“PEP”) as a strategic objective with a high priority. A PEP Matrix and Toolkit have been developed to ensure all staff have the necessary knowledge and skills to engage in Patient Engagement. The matrix and toolkit can be used to gather feedback from patients, families, and our own staff as well as staff from partnership agencies. The matrix consists of a number of questions following the patient journey. The questions include:

- When are you asking?
- What are you asking about?
- Who are you asking?

A colour coded graph of different tools was developed that can be used and matched to the PEP Matrix. The Toolkit will provide a summary of the various tools available to engage in patient engagement as well as provide examples for each tool. Guidance is also provided on the importance of patient engagement and participation to improving health outcomes and to guide and monitor service improvements. Over the coming year Speech and Language Therapy hope to be able to showcase a number of our patient engagement and participation projects across all the teams and share our the patient feedback within the department and across the health board

Care Assurance Standards

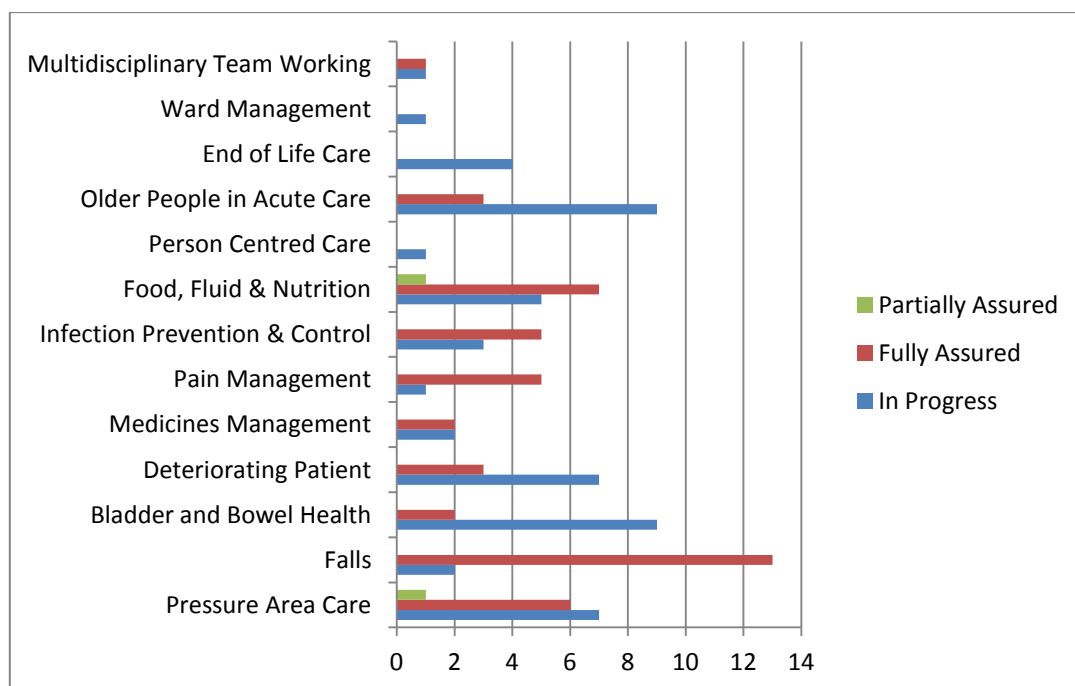
The **Care Assurance Standards** (CAS) Programme continues to be implemented across the 34 wards on the three adult acute sites (RIE–10; WGH–15; SJH–9).

There are two components to CAS Programme:

1. Assurance of 13 clinical and management standards (outlined in Figure 1)
2. Monitoring of eight person-centred nursing key performance indicators (outlined in 3.3.4).

Each participating ward is working its way through 13 standards of practice, which involves self assessment, action planning and developments in practice in conjunction with relevant specialists and a formal assurance process undertaken by members of the CAS Team and associated specialists linked to individual standards. Figure 1 identifies current progress with implementation and assurance, which now stands at 47 standards being fully assured (RIE – 7; SJH – 21; WGH - 19) and 52 in progress. Since the last report 9 new standards have been fully assured and many are now undergoing a six month review and re-assurance.

Figure 1 NHS Lothian progress with assurance of standards (June 2018)



A key component of the CAS Programme is a focus on person-centred care. This is threaded throughout each of the 13 standards and seeks evidence of person-centredness in assessment, planning, delivery and evaluation of care. In addition the use of the eight Person Centred Nursing Key Performance Indicators (PC-KPIs) (McCance et al. 2012) has provided feedback to ward teams in the form of patient survey data and patient stories.

The PC-KPIs are:

1. Consistent delivery of nursing care against identified need
2. Patient's confidence in the knowledge and skills of the nurse
3. Patient's sense of safety whilst under the care of the nurse
4. Patient involvement in decisions made about their nursing care
5. Time spent by nurses with the patient
6. Respect from the nurse for patient's preference and choice
7. Nurse's support for patients to care for themselves, where appropriate
8. Nurse's understanding of what is important to the patient

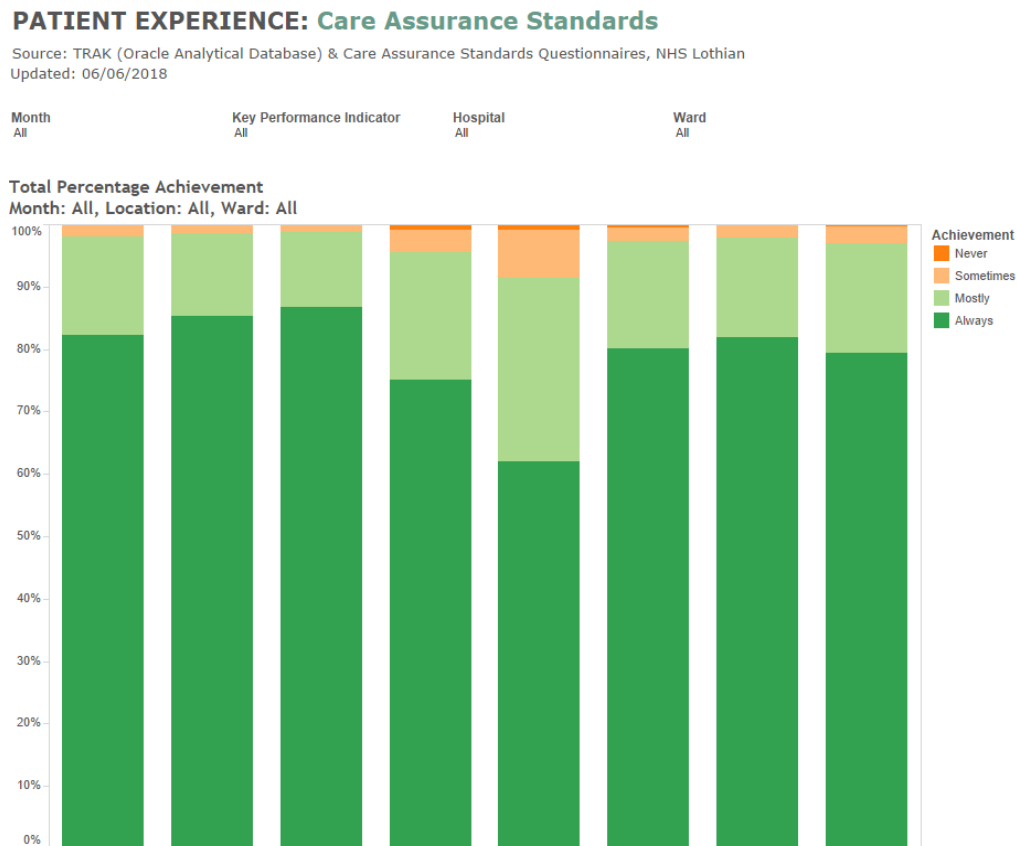
Since January 2017, 220 patient stories have been recorded in the CAS wards; 78 since the last report. Each story is fed back verbatim to the individual wards and then once three stories are recorded they are themed against the eight KPIs. All stories are reviewed by the CAS Lead and overarching themes and individual elements, where necessary, are identified and shared with relevant nursing professional leads. Themes from the most recent stories include:

Things that make a difference	Could be Better
<p>Relationships</p> <ul style="list-style-type: none"> • with other patients (makes it hard sometimes when they are discharged) • with staff – banter; laugh and a joke (lifts your spirits); <i>'staff are outgoing, humorous and caring to be honest with you'</i> • Staff with good humour • Seeing familiar faces when readmitted – staff recognising you <p>Teamwork</p> <ul style="list-style-type: none"> • Sense of teamwork in the particular ward (previous experience in other wards where have felt staff didn't gel) • <i>'it is not about individuals'</i> <p>Care</p> <ul style="list-style-type: none"> • Observing how nurses 'cope'/support other patients who present challenges (e.g. patient wanting to smoke in ward) • Sense that staff are really listening to you – and respond • Strong work ethic and dedication of the nursing team • Caring nurses – <i>'there is a definite ethos of care here and ...they really do seem to empathise and work with you'</i> • Caring doctors • Explanations about care make a big difference • Accommodation of families and sensitivity around personal circumstances <p>Food</p> <ul style="list-style-type: none"> • Tasty food (St John's) – also if want something not on the menu they will accommodate 	<p>Noise</p> <ul style="list-style-type: none"> • 'Disruptive patients' – challenge for nurses and other patients • Sleeping – due to activity in the ward at night <p>Staffing</p> <ul style="list-style-type: none"> • Turnover of staff during night – creates anxiety about need for specific treatment being given on time • Ward clearly understaffed – having to wait on response to buzzer (e.g. sitting on toilet for 10 minutes) • Staffing pressures clearly evident <p>Care</p> <ul style="list-style-type: none"> • Delay in receiving morning insulin (by 3 hours) as waiting for medical review • Nurses' general awareness of diabetes care • Being on a trolley in a corridor for 4 hours • Anxiety about being discharged too early • Attitudes of some staff (but a minority) <p>Environment</p> <ul style="list-style-type: none"> • Ward TV being on late at night (until midnight in one example) • Boredom – lack of anything to do when recovering <p>Other</p> <ul style="list-style-type: none"> • Potential waste – removing unused clean towels each day

<p>Other</p> <ul style="list-style-type: none"> • Being able to get out of the ward for a walk • Cleanliness 	
---	--

The KPI patient survey is hosted on the Tableau platform (Figure 2). This gives monthly updates on performance against the 8 KPIs at corporate, site and individual ward level. At the end of January 2018 4,460 surveys have been returned (832 since the last report). The average response rate across the organisation since the last report has been 6-10%, although this varies considerably between individual wards. Measures continue to be put in place to try and boost the response rate.

Figure 2 NHS Lothian CAS Wards (n=34) performance against Person Centred Key Performance Indicators (n=4,460)



The overall trend of achievement of the KPIs based on patients reporting each aspect of person-centred care was 'always' achieved is illustrated in Figure 3. The trend demonstrates some consistency in terms of patients are least likely to report that nurses always have time to spend with them, however even where this KPI is comparatively low they report a strong sense of safety and confidence in the care that is being delivered to them. During 2018 patients' reported experience of nurses always having time to spend with them has improved, with the exception of March, which may reflect the challenging weather conditions that impacted on staffing levels during that period.

Figure 3 NHS Lothian CAS Wards (n=34) time trend of performance against Person Centred Key Performance Indicators (Dec 2016 – May 2018) (n=4,460)

PATIENT EXPERIENCE: Care Assurance Standards

Source: TRAK (Oracle Analytical Database) & Care Assurance Standards Questionnaires, NHS Lothian
Updated: 06/06/2018

Achievement
Always

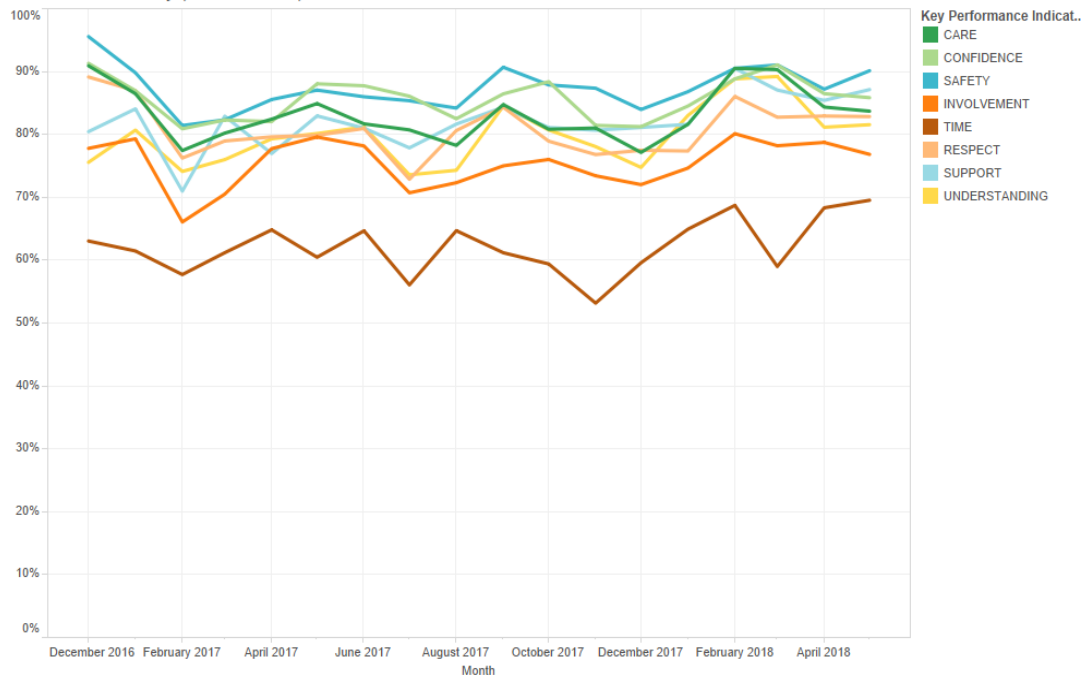
Key Performance Indicator
All

Hospital
All

Ward
All

Trend Over Time

Achievement: Always; Location: All, Ward: All



A business case for continued roll-out of the CAS Programme across all adult inpatient wards and community hospitals has been submitted to Prof Alex McMahon and is being considered at Board level. It is estimated that there are a further 73 wards to be involved. This will require significant investment in facilitation and administrative support.

Conclusion

Reflecting on the year, it has been a very busy one and the momentum continues as we continue to implement the new CHP, work through with the Business Case and continue the work focused on organisational learning from Complaints and Feedback.

We would like to say thank you to all the patients and the people who have given us feedback and we hope that this report highlights just some of the range of activities and improvements we have taken to improve our services. We would also like to say thank you to our staff who work hard to deliver care that is safe, effective and person centred and this remains a priority for us for the year ahead.

Tell Us Ten Things: Overall Report

Month: April 2017, May 2017, June 2017 and 9 more



Hospital
All

Month/ Year
Multiple values

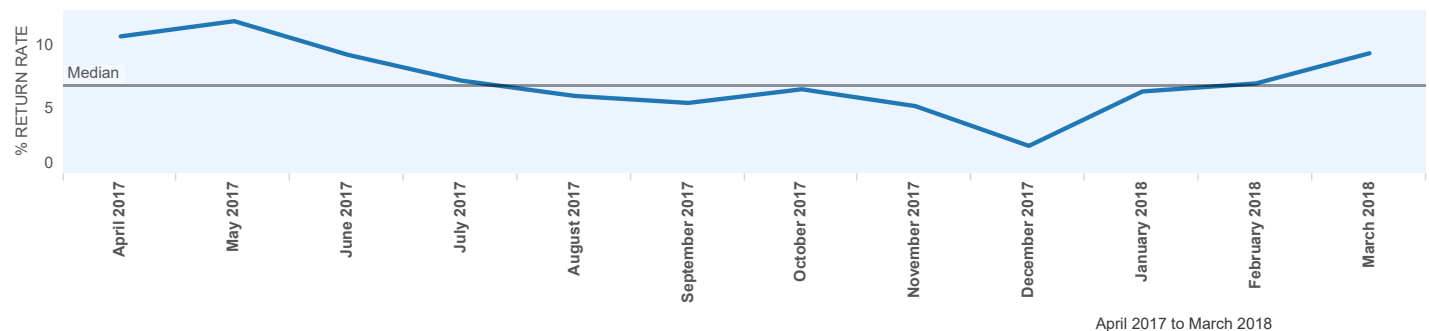
Ward Code
All

SCORE (OUT OF 10) FOR EACH QUESTION

Question 1: Do you feel that the staff took account of the things that matter to you?	9.3
Question 2: If you started any new medicines or tablets on this ward, were you given enough explanation about what these were for?	8.6
Question 3: How much information about your care & treatment was given to you?	8.8
Question 4: Were you involved, as much as you wanted to be, in decisions about your care & treatment?	8.6
Question 5: Were you treated with kindness & compassion by the staff looking after you?	9.6
Question 6: In your opinion, how clean was the hospital room or ward you were in?	9.2
Question 7: I was bothered by noise at night from the hospital staff:	7.5
Question 8: Do you think the staff did everything they could to help control your pain?	9.4
Question 9: I was happy with the food/meals I received:	7.1
Question 10: Overall: I had a very poor/very good experience:	8.9

PATIENTS DISCHARGED	TOTAL RETURNS	RETURN RATE
38,575	2,996	7.8%

Return rate over time



April 2017 to March 2018

Results by individual question

Month: April 2017, May 2017, June 2017 and 9 more

Question 1: Do you feel that the staff took account of the things that matter to you?



Question 2: If you started any new medicines or tablets on this ward, were you given enough explanation about what these were for?



Question 3: How much information about your care & treatment was given to you?



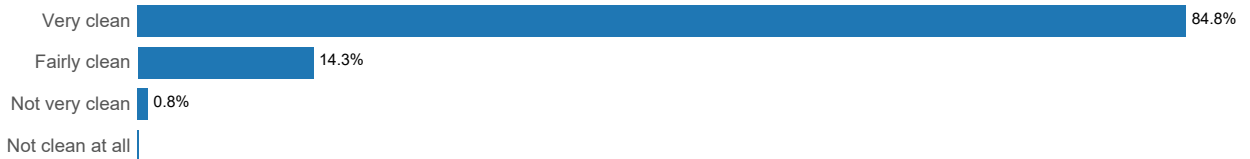
Question 4: Were you involved, as much as you wanted to be, in decisions about your care & treatment?



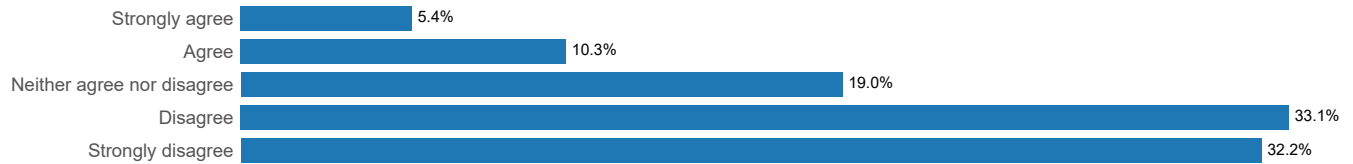
Question 5: Were you treated with kindness & compassion by the staff looking after you?



Question 6: In your opinion, how clean was the hospital room or ward you were in?



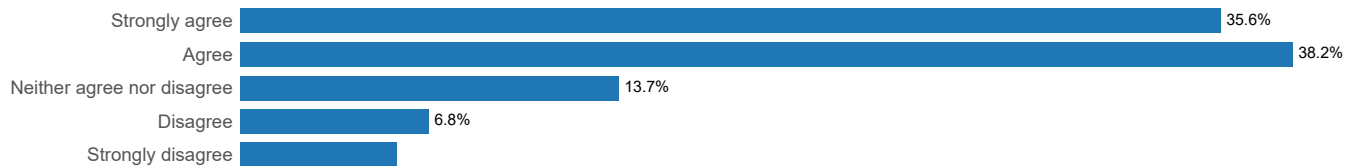
Question 7: I was bothered by noise at night from the hospital staff:



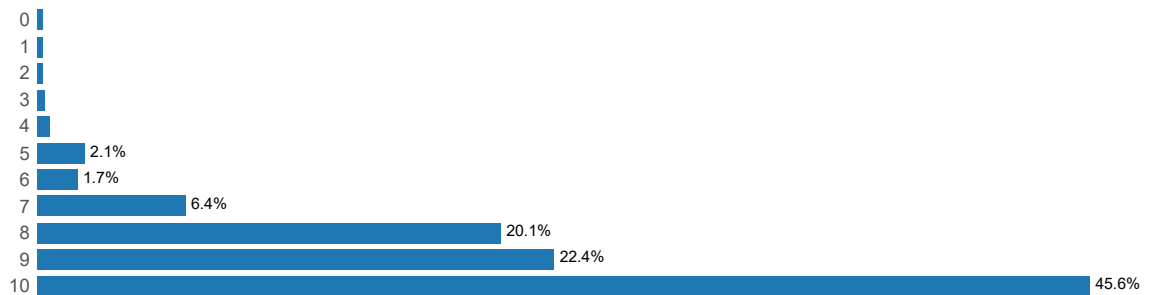
Question 8: Do you think the staff did everything they could to help control your pain?



Question 9: I was happy with the food/meals I received:

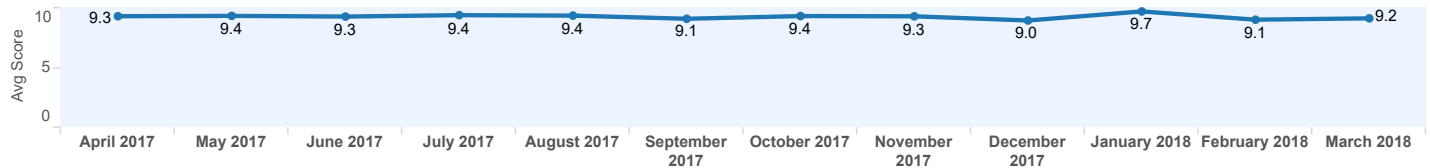


Question 10: Overall: I had a very poor/very good experience:

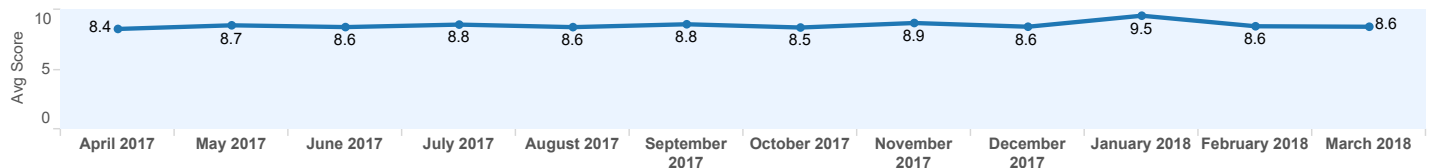


Trends in Average Question Scores

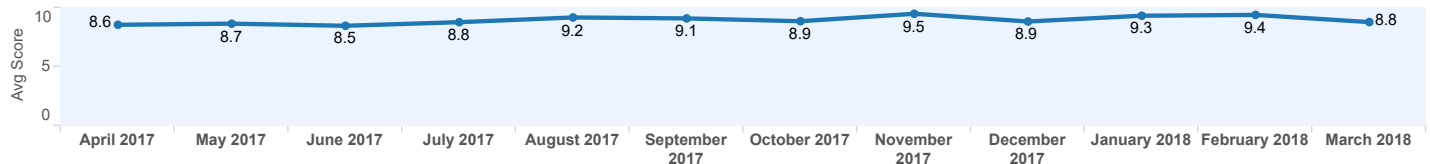
Question 1: Do you feel that the staff took account of the things that matter to you?



Question 2: If you started any new medicines or tablets on this ward, were you given enough explanation about what these were for?



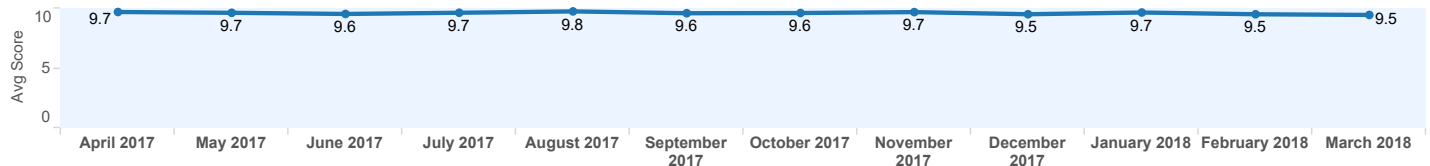
Question 3: How much information about your care & treatment was given to you?



Question 4: Were you involved, as much as you wanted to be, in decisions about your care & treatment?



Question 5: Were you treated with kindness & compassion by the staff looking after you?



Question 6: In your opinion, how clean was the hospital room or ward you were in?



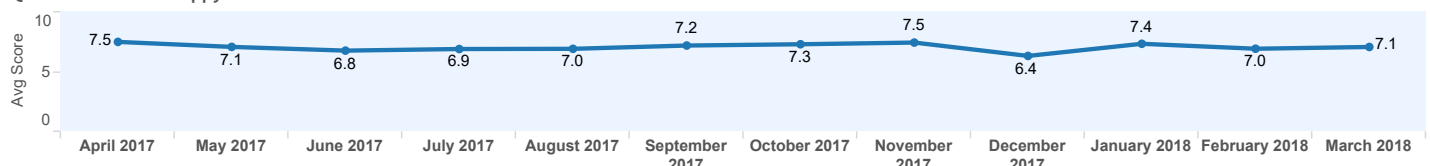
Question 7: I was bothered by noise at night from the hospital staff:



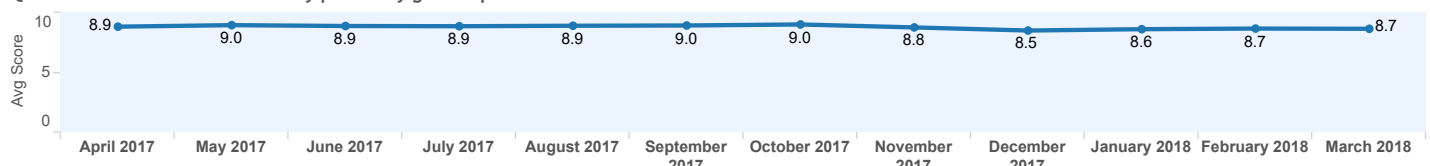
Question 8: Do you think the staff did everything they could to help control your pain?



Question 9: I was happy with the food/meals I received:



Question 10: Overall: I had a very poor/very good experience:





Stories in summary

About this report

This report shows summary information about a selection of stories published on Care Opinion.

It was created on **26 June 2018**.

Which postings are included?

This report shows stories in the **NHS Lothian** subscription, which includes All stories about NHS Lothian.

The report is also filtered to show only All stories about NHS Lothian submitted between 01/04/2017 and 31/03/2018

Frequently asked questions

How is story criticality rated?

Story criticality is rated by our moderations at the time each story is moderated. It is a measure of how critical the most critical part of a story is, according to a criterion-based system. Criticality is rated in order to support our filtered email alerting system for staff, and is not intended for publication.

What do the story counts mean?

To the right of an organisation/service you will see a count. This tells you the number of stories listed in the report about that organisation or service (including any services run by that organisation/service).

What does "most popular" mean?

The most popular stories are those which have been read most often per day, since publication. This measure does produce a small bias towards more recent stories, but at least it is simple to understand.

Why might unexpected services appear in my report?

The services listed in the report depend on the stories that are included, and that depends on how you have filtered the report. So, for example, if you have filtered only according to where authors live, you may find they have used services some distance away.

Sharing and reuse

Contributors to Care Opinion want their stories to get to those who can use them to make a difference, so we encourage you to share this information with others.

Postings submitted via Care Opinion itself can be shared subject to a **Creative Commons** licence. You can copy, distribute and display postings, and use them in your own work, so long as you credit the source.

Material submitted via NHS Choices is licenced under **Crown Copyright**.

About Care Opinion

Care Opinion is a not-for-profit social enterprise which enables people to share the story of their care, and perhaps help care services make changes.

For more information, contact us via: <https://www.careopinion.org.uk>

This report summarises **162** stories

To date, the stories in this report have been viewed on Care Opinion **57,718** times in all

These are the three most popular stories, out of all the stories included in this report

You can click the story title to see the story online

Great Patient Experience

Posted by **Strong Spine Open Heart** as the patient 5 months ago

I should firstly say thank you to the cervical screening process for picking up that something had changed so quickly, and to NHS Lothian for giving me an appointment so quickly. I think it is an amazing preventative service and I feel so lucky that it exists.

I had to go for a Colposcopy procedure at the Royal Infirmary of Edinburgh. I was quite nervous as I didn't really know what was happening.

As soon as I was taken through for my...

How not to give a patient bad news

Posted by **Jane A Doe** as a service user 9 months ago

I had an Endometrial biopsy at Gynae Outpatients, Simpson Centre for Reproductive Health, Royal Infirmary of Edinburgh: The doctor promised to write to me directly at my home address within two weeks.

Despite their promise, I was phoned by their Secretary, 8 days later to offer me an appointment with the doctor for my biopsy results 5 days after that at Gynae Outpatients at the RIE. The Secretary did offer to call me back as was out and...

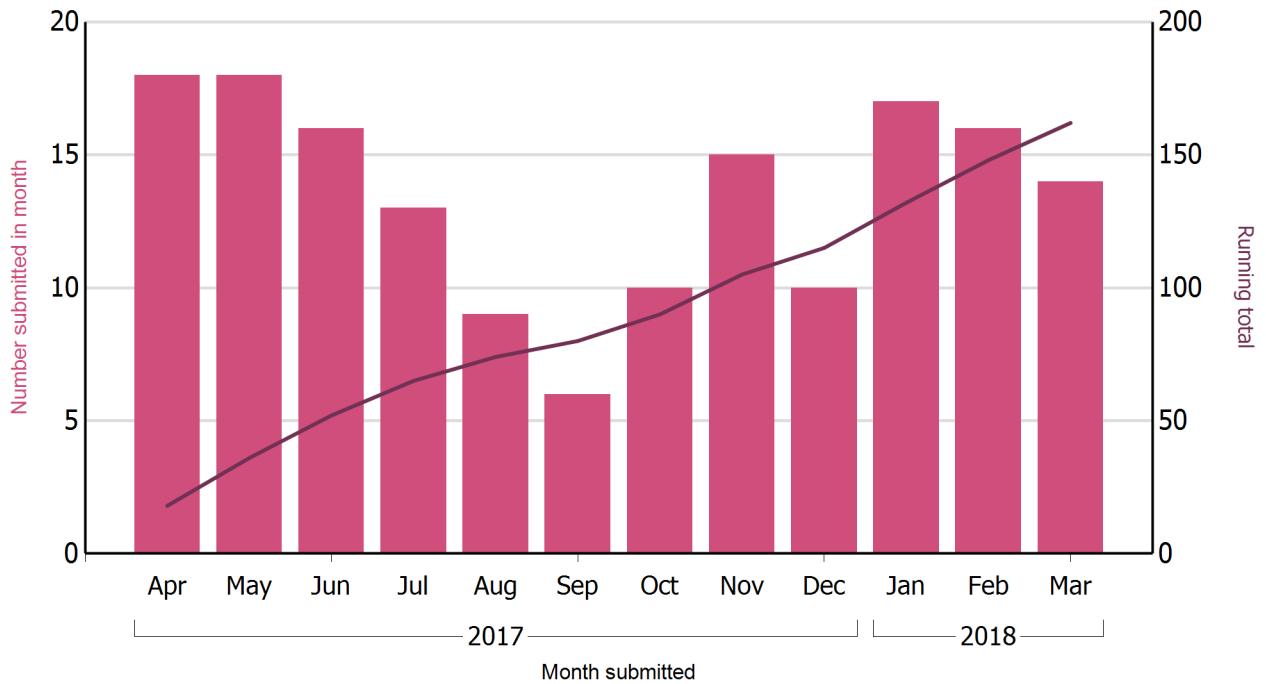
Excellence of NHS Scotland

Posted by **Scarecrow** as the patient 11 months ago

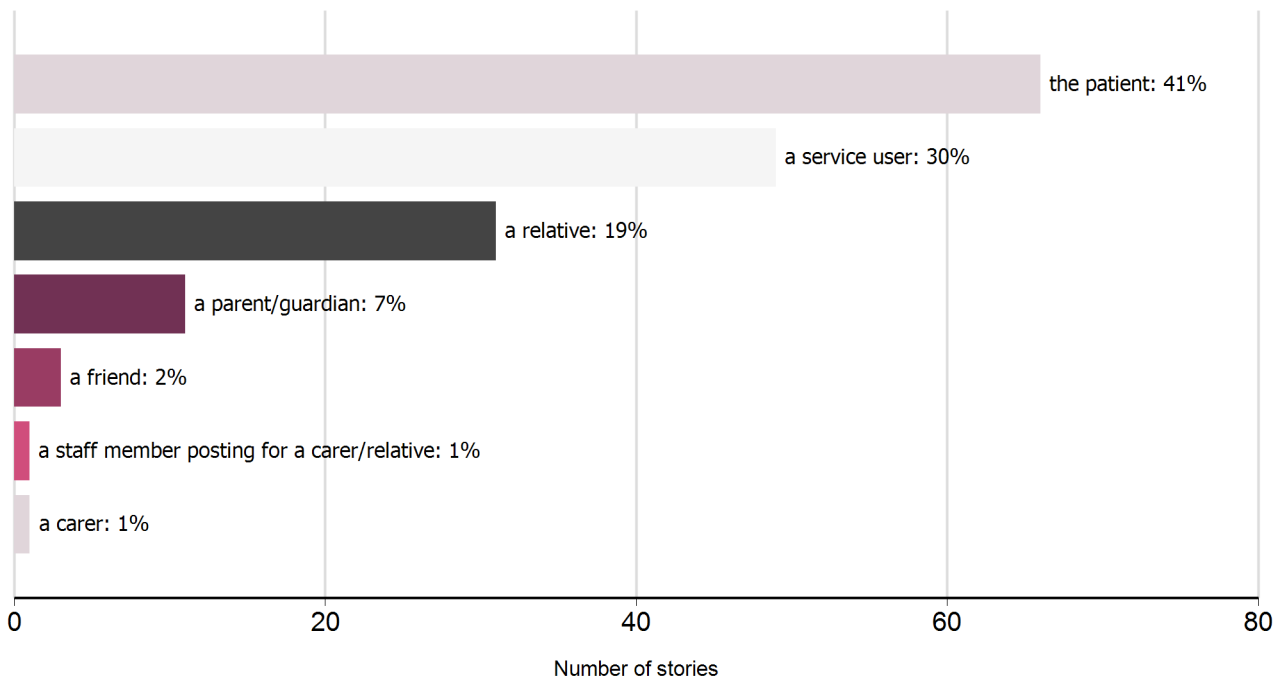
My relapsed Non-Hodgkin's Lymphoma was diagnosed, as fate would have it, the week we moved from London to the Scottish Borders. Since then the swift efficiency, the excellence of communication and the outstanding expertise, care and resources provided by NHS Scotland have been amazing:

- My new GP surgery in Chirnside forwarded my information to the Borders General Hospital on the day of receipt. The following day the hospital telephoned to...

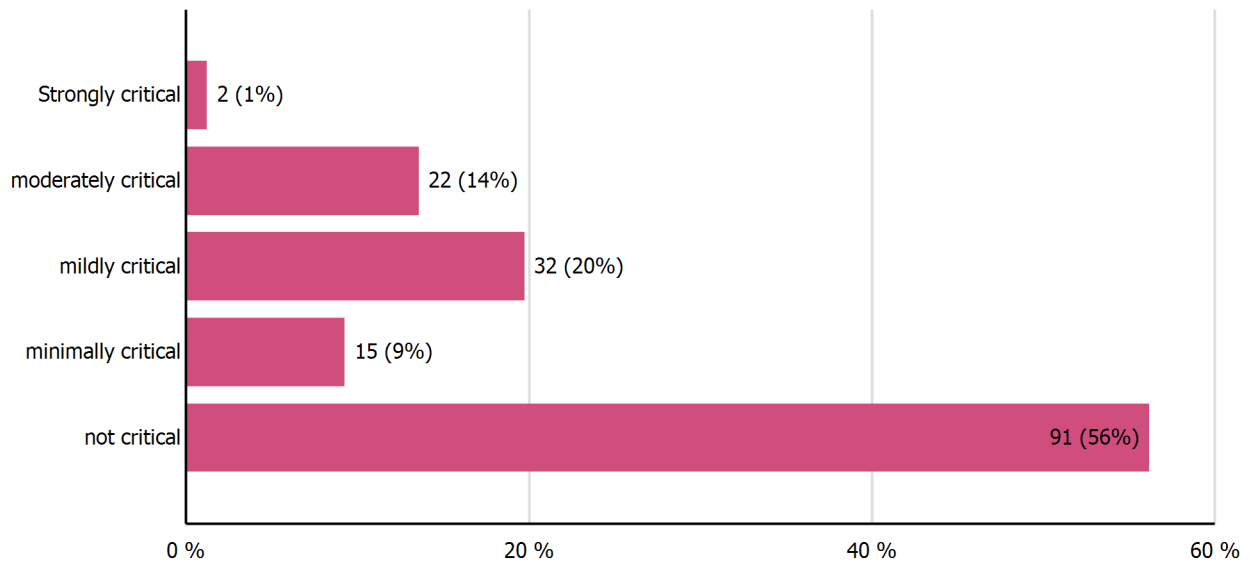
When these stories were told



How the authors of these stories identify themselves











How moderators have rated the criticality of these stories



NB: criticality scores are assigned by moderators (not the public) to stories to support our alerting service. They are assigned *per story* not *per service*, so may reflect criticism of services other than your own. We provide them here purely for information, with these caveats in mind.

Where these stories have come from

NHS Lothian	125	
Unknown	9	
NHS Borders	9	
NHS Fife	8	
NHS Grampian	4	
NHS Forth Valley	4	
NHS Tayside	2	
NHS Lanarkshire	1	

Most common tags added by authors to these stories

<i>What's good?</i>		<i>What could be improved?</i>		<i>Feelings</i>	
Care	44	communication	16	thank you	28
staff	40	support	7	cared for	14
nurses	17	waiting time	7	anxious	9
treatment	15	staff attitude	6	grateful	8
friendly	12	food	5	reassured	8
communication	8	information	5	frustrated	7
compassion	8	diagnosis	4	supported	7
support	8	appointments	3	disgusted	6
calm	7	Care	3	happy	6

Listened to	7	empathy	3	reassuring	6
		Listened to	3	relaxed	6
		treatment	3	worried	6
		waiting	3		

Services the stories are about	Number of stories	Latest story
NHS Lothian	162	30/03/2018
Astley Ainslie Hospital	2	10/07/2017
Rehabilitation	1	05/06/2017
Ballenden House	2	22/06/2017
Ferryfield House	2	08/01/2018
General practices in Lothian	6	24/02/2018
Inchkeith House	1	21/10/2017
Lauriston Building	4	13/12/2017
Leith Community Treatment Centre	2	20/10/2017
Radiology	1	20/10/2017
Liberton Hospital	1	17/04/2017
Lothian Community Services	1	08/11/2017
Princess Alexandra Eye Pavillion	2	03/01/2018
Roodlands General Hospital	1	19/06/2017
General Surgery	1	19/06/2017
Royal Edinburgh Hospital	3	09/10/2017
General Psychiatry	2	09/10/2017
Royal Hospital for Sick Children (Edinburgh)	9	20/03/2018
Accident & Emergency	1	18/06/2017
Cardiology	1	08/06/2017
Ear, Nose & Throat	2	17/12/2017
Neurology	1	08/06/2017
Paediatrics	2	23/02/2018
Plastic Surgery & Burns	1	05/08/2017
Royal Infirmary of Edinburgh at Little France	58	30/03/2018
Accident & Emergency	11	30/03/2018
Acute Medical Unit	1	07/11/2017
Cardiac Surgery	1	26/01/2018
Cardiology	5	11/01/2018
Clinical haematology	1	29/07/2017
Day Case Unit	5	19/01/2018
Gastroenterology	1	25/01/2018
General Medicine	4	19/03/2018

General Surgery	7	13/03/2018
Gynaecology	6	29/03/2018
High Dependency Unit	1	21/01/2018
Maternity care	1	04/11/2017
Medicine for the Elderly	2	19/06/2017
Pain management	1	13/02/2018
Reproductive Health (Simpson Centre)	1	31/08/2017
Respiratory Medicine	2	22/04/2017
Sleep Medicine	2	06/03/2018
Thoracic Surgery	1	11/02/2018
Trauma and Orthopaedics	6	25/03/2018
Xrays and scans	2	03/02/2018
South East Scotland Breast Screening Centre	5	26/02/2018
St John's Hospital	24	24/02/2018
Accident & Emergency	4	24/02/2018
Adolescent Psychiatry	1	09/06/2017
Cancer services	1	27/07/2017
Clinical haematology	1	27/07/2017
Dental	1	05/06/2017
Ear, Nose & Throat	1	18/12/2017
General Medicine	1	26/05/2017
General Psychiatry	1	29/08/2017
General Surgery	2	18/12/2017
Gynaecology	1	20/05/2017
Maternity care	3	08/01/2018
Mental health	1	13/10/2017
Paediatrics	1	28/11/2017
Plastic Surgery & Burns	1	17/06/2017
Respiratory Medicine	2	17/11/2017
Trauma & orthopaedics	2	31/01/2018
X-rays & Scans	1	03/02/2018
Tippethill Hospital	4	08/03/2018
Western General Hospital	36	24/03/2018
Clinical haematology	1	29/07/2017
Gastroenterology	5	09/02/2018
General Medicine	3	30/01/2018
General Surgery	3	24/03/2018
Intensive Care	1	29/07/2017
Medical Oncology	5	13/03/2018
Minor Injuries Clinic	2	12/03/2018
Neurosciences (DCN)	4	29/01/2018

Neurology	1	01/05/2017
Neurosurgery	3	29/01/2018
Radiotherapy	2	24/03/2018
Urology	8	04/02/2018

**APPROVAL OF A REFRESHED STRATEGIC VISION
FOR VOLUNTEERING ACROSS Lothian****1. Purpose of the Report**

- 1.1. The purpose of this report is to seek the Board's endorsement of the new strategic plan for volunteering across NHS Lothian 2018-23 which has been developed and consulted upon over the last 18 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. Approve the refreshed strategic vision of volunteering across Lothian (2018-2023).

3. Discussion of Key Issues**3.1. Background**

- 3.1.1. Volunteers work side-by-side with paid staff, complementing their work and adding value to it. Volunteers can also add a personal touch, which can make the world of a difference to many patients' experience. Currently, there are in excess of 700 NHS Lothian volunteers supporting patient services. This does not include all the volunteers supported through other organisations (such as RVS, Red Cross, Therapet, etc) who support patients across Lothian.

- 3.1.2. The Volunteering in NHS Scotland Programme is focused on working towards three key outcomes.

- Volunteering contributes to Scotland's health
- There is a sustainable and inclusive infrastructure for volunteering
- The positive contribution of volunteering is recognised

- 3.1.3. The Scottish Government in 'A Nation with Ambition. The Government's programme for Scotland 2017-18'¹ has stated that:

"will be bold in realising our vision for volunteering and the role volunteers can play in shaping the lives of their communities. Volunteering is transformational: for the volunteer, for the beneficiary and for communities. We will do more to support groups currently facing barriers to engaging in

¹ <http://www.gov.scot/Resource/0052/00524214.pdf>

their communities, including disabled people, older people and people out of work. Building on positive trends for youth volunteering, we will work with young people throughout the Year of Young People 2018 to better understand opportunities and motivations and ensure young people can contribute on issues that matter to them” (page 110)

3.2. Lothian context

3.2.1. Volunteering in Lothian sits under the Executive Nurse Director and reports to Healthcare Governance Committee. Operationally there are Volunteer Service Managers responsible currently for site specific volunteering activity.

3.2.2. In response to the Lampard Report (Themes and Lessons Learnt from NHS Investigations into Matters Relating to Jimmy Savile) the Scottish Government published strategic guidance in April 2018 concerning the management of volunteers deployed in NHS settings who are not directly recruited, managed or trained by NHS Boards. This guidance highlights the importance of robust governance around volunteering to ensure the risks are mitigated. The refreshed strategy includes a role to specifically work with the 3rd sector, and will take forward work to identify all organisations supporting volunteers in NHS Lothian and formalise these arrangements with SLAs or volunteer agreements.

3.2.3. Edinburgh and Lothians Health Foundation funded an external organisation to support the development of the new strategy for volunteering. This enabled a broad range of engagement across the organisation including three focus groups with volunteers. The conclusions of this work found that there is a strong rationale for a more strategic and business-driven approach to volunteering in NHS Lothian.

The report noted that to date there has been a lack of strategic direction on volunteering both at the NHS Scotland and NHS Lothian levels and particularly observed that there is no reference to ‘volunteer’ or ‘volunteering’ in NHS Lothian: Our Health, Our Care, Our Future Strategic Plan 2014-2024.

The refreshed strategy for NHS Lothian addresses both the national outcomes and the requirement to adopt a new approach to volunteering locally.

3.3. NHS Lothian’s refreshed Strategy for Volunteering “Volunteering Well”

3.3.1. The vision for NHS Lothian volunteers is that

- Volunteers will enhance the experiences of people using the services of NHS Lothian, and their unique perspectives on hospital life will help shape the care provided.
- Volunteers will have a personally rewarding experience and know that their contribution is valued and has made a difference.
- Our approach to volunteering will strengthen our contribution to the life of our local community.

3.3.2. The vision will be achieved through 10 strategic objectives

- Embed volunteer leadership at board and senior management levels
- Establish a positive volunteering culture across NHS Lothian
- Identify volunteering needs, now and into the future

- Reset our Volunteering Management Systems and Processes
 - Develop and implement a needs-based volunteer recruitment strategy
 - Standardise our volunteer learning and development protocols
 - Build a system of evaluation for Quality Improvement
 - Build a robust and sustainable funding and resource framework
 - Strengthen and build upon our partnership working
 - Gain a reputation for excellence in volunteering
- 3.3.3. The strategy will focus volunteering efforts where there can be greatest impact and in areas of greatest need and will seek to broaden the recruitment of volunteers to have a greater social impact and where it is more appropriate the team will signpost people to alternate opportunities (around work placement and employability opportunities).
- 3.3.4. The strategy is developed around key work strands (see appendix) and will adopt a refreshed alignment of staffing with workstreams rather than sites. A group to oversee the implementation of the refreshed strategy will be established chaired by Deputy Director, Corporate Nursing.

4 Key Risks

- 4.1 The key risk to NHS Lothian of continuing to operate volunteering services without refreshing the strategy and consequently the systems and processes is that as an organisation we will fail to realise the benefits for staff and patients that volunteers can bring; fail to meet the Scottish Government's ambition for volunteering and fail to capitalise on the opportunities to offer social mobility to the wider population.

5 Risk Register

- 5.1 There are no specific risks recorded on the corporate risk register relating to volunteering

6 Impact on Inequality, Including Health Inequalities

- 6.1 An Integrated Impact Assessment was completed on 5 July 2018. There were no material issues identified. Operational details around recruitment and reimbursement may be off putting to some groups and will be addressed as part of the action plan.

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

- 7.1 The draft strategy has been discussed with the following groups:

- Volunteers
- Area Clinical Forum
- Lothian Area Nursing and Midwifery Committee
- Nurse Directors Group
- Local TSIs (Third Sector Interface)
- National lead for volunteering
- H&SC Partnership Directors

- Strategic Planning Committee
- CMT
- Healthcare Governance Committee

8 Resource Implications

- 8.1 Delivering the strategy will utilise the existing resources and committed monies from Edinburgh and Lothian Health Foundation and other charitable organisations such as the Pears Foundation and potentially the Big Lottery in conjunction with HelpForce.

Alison Jarvis

Community Nursing Programme Manager

18 July 2018

Appendix 1: NHS Lothian Volunteering Strategy: 2018-23. 'Volunteering Well'

NHS Lothian Volunteering Strategy 2018 – 2023

“Volunteering Well”

*‘Volunteering is transformational:
for the volunteer, for the beneficiary
and for communities’.¹*

¹ A Nation with Ambition, The Government’s Programme for Scotland 2017-2018

Vision, Key Principles and Strategic Objectives

1. Introduction

NHS Lothian has a proud history of volunteers being involved in supporting patients and staff for more than 80 years when the 'RIE Ladies Extension Appeal Committee' (the RIEVs) had their inaugural meeting at the City Chambers². Volunteers make a unique and valuable contribution to patients, carers, visitors and staff across NHS Lothian and it should be recognised that volunteers along with those employed by the Board are an essential resource in helping us achieve our goals.

This volunteering strategy is designed as the blue-print for achieving the full potential of volunteering for NHS Lothian, the community which it is a part of and the individual and organisations that make up the community. It is founded on a system wide review of current practice, undertaken by Volunteer Scotland (add link to intranet when we get to that point) and subsequent stakeholder engagement and focus group work.

Through the Volunteering Strategy 2018-2022, NHS Lothian will extend more opportunities to a wider volunteer population and will become a hub for individuals seeking to invest time, talent and commitment for the benefit of the local health economy. The strategy will help us become an exemplar of best practice in Scotland. It will offer focussed youth volunteering programmes in parallel with community activity, in patient and peer support volunteering roles. The management of volunteers will be enhanced to ensure that the opportunities offered deliver a personally rewarding experience for every volunteer and make a measureable difference to patients and colleagues across a range of services.

This strategy represents a step change in how we will recruit and manage volunteers, adopting fresh approaches to branding, technology, role design, staff and community engagement and communications. This means that our volunteer activity is targeted, scalable and sustainable for the long-term. The visibility and leadership of volunteering will be enhanced with specific roles developed to deliver a partnership working with specialist voluntary organisations and the youth volunteering programme.

² <https://nursingbadges.wordpress.com/2011/01/31/royal-infirmary-of-edinburgh-volunteers-rievs/>

2. NHS Lothian Volunteer Vision

The Volunteer Vision builds upon NHS Scotland's Volunteering Programme key outcomes and is intended to have an threefold impact; to enhance the experience of the people using our services, to benefit those participating in volunteering activities and to have an impact on the wider community.



NHS Lothian will focus volunteering efforts where there can be greatest impact and in areas of greatest need, either to support the efficiency and effectiveness of NHS Lothian services or to improve the patient experience. Some programmes will focus on social gain and positive outcomes for the volunteers. The Youth Volunteering Programme will run in parallel with all other volunteering and there are elements where the activities will overlap and elements where specific models will be applied for different groups.

The Volunteer Services will signpost to more appropriate opportunities where alternative options offer a better outcome for the interested party. This will mainly be around employability where work experience or supported activities via one of the many third sector organisations will better meet the needs of the volunteer.

3. The 4 Key Principles and 10 Aims & Objectives for Excellence in Volunteering in NHS Lothian 2018 - 23

Supported Volunteering Roles

- Volunteer roles will be co-designed with staff to match local needs. Volunteers will be recruited, inducted and have support and training / skills development throughout their engagement by:-
 - Standardising our volunteer learning and development protocols
 - Establishing a positive and safe volunteering culture across NHS Lothian

will be Focussed and Invested In,

- Through Edinburgh & Lothians Health Foundation, Edinburgh Childrens Hospital Charity and other sources we will invest in volunteering activity which will be targeted where need and impact is greatest to improve the efficiency and effectiveness of NHS Lothian's services and the experience of patients by :-
 - Identifying volunteering needs, now and into the future.
 - Developing and implementing a needs-based volunteer recruitment strategy
 - Building a robust and sustainable funding and resource framework
 - Maximising the information recorded on the Volunteer Information System

Delivered in Teams

- The organisation will support both in house and third part volunteering models. All volunteering will be 'owned' across the whole organisation and the contribution of volunteers to the team will be recognised, valued and respected by the organisation.
 - Embedding volunteer leadership at board and senior management levels
 - Strengthening and build upon our partnership working

for positive Impact and Outcomes

- Volunteering activity will be robustly designed, monitored and evaluated to measure impact for both patients and services and the volunteers who will have a rewarding experience contributing to their personal development and wellbeing outcomes
 - Building a system of evaluation for Quality Improvement
 - Gaining (and promoting) a reputation for excellence in volunteering

4. The Volunteering Programmes

Employability

Short term “work experience” / “preparation for employment”

Signposting

Signpost to HR or to VCE hub at REH and other 3rd sector groups

In Patient

Youth Programme

For 16 to 25 year olds in acute hospital sites a 3 year programme with a commitment of 5 to 6 hours per month competing modules of contribution

Adult Programme

demand led volunteering, matching volunteers to roles, shop window to advertise opportunities. 3rd party bridging support for specific projects

Community

Youth Programme

Areas ‘adopted’ by a local school / youth group for a long-term relationship. Working alongside activities co-ordinators delivering regular sessions

Adult Programme

In partnership with 3rd sector organisations to deliver outcomes for patients. Partnership relationship manager to ensure governance

Lived Experience

Mental Health, healthy behaviours, diet & exercise, smoking, drugs, alcohol and sexual behaviours

Peer Support

Breast feeding , substance misuse, disease specific support ADULT
Breastfeeding support
substance misuse specific
disease support

5. Making It Happen

The actions and the funding streams to deliver the 10 objectives are detailed in the tables below.

1. Embedding volunteer leadership at board and senior management levels
<ol style="list-style-type: none">1. Form a Volunteer Strategy Implementation Group to provide leadership and ensure active delivery of the strategy (see roles and responsibility below), chaired by a Board 'champion', and including representation from the corporate management team, staff, third sector, volunteers and possibly key delivery partners(s)2. Include information about local volunteering activities and stories of high impact volunteering, where individual's (patient, carer, staff, volunteer) experience has been enhanced to Board members on Executive walk rounds3. Utilise opportunities to present to Board / Corporate Management Teams / Nurse Directors' Group / IJBs to raise the profile that volunteering brings4. Establish more robust reporting mechanisms and communications strategy including production of a regular news feed via facebook or a blog/twitter/ newsletter and updates in the Chairman's commentary for the Annual Review
2. Establishing a positive and safe volunteering culture across NHS Lothian
<ol style="list-style-type: none">1. Provide a clear definition of volunteering and its role in NHS Lothian2. Build a culture that recognises and celebrates the role and contribution of volunteers e.g. recognising long volunteering service; attaining 'Volunteer Friendly'³ status3. Establish 'volunteer hubs' with dedicated space for volunteers to network, share learning/best practice and to attract new people to volunteer4. Create Volunteer Ambassadors within the volunteering community to support new volunteers5. Inspire staff confidence in volunteers as part of relationship building campaign, engaging clinical and non-clinical staff at all levels and across NHS Lothian to involve volunteers in wards and departments and support them to champion and celebrate the role of volunteers6. Ensure that all volunteers (whether directly or indirectly engaged) have been through a robust recruitment and induction process7. Create a highly visible volunteering identity e.g. with volunteers wearing identifiable 'uniform' – tabards or t-shirts8. Celebrate and communicate the impact and learning internally and externally

³ Volunteer Friendly (Scotland) is funded by Big Lottery through the Supporting Voluntary Action Programme administered by Scottish Council for Voluntary Organisations.

9. Enhance volunteers' role as a key constituent in supporting the strategic aims of NHS Lothian through volunteering, quality, patient and public involvement and fundraising

3. Identifying volunteer needs, now and into the future

1. Work with staff to identify opportunities for volunteering roles to enhance patient experience and maximise the impact on patient outcomes
2. Scope out and establish the optimum number of volunteers required to ensure each volunteering roles is covered and sustained support to services is provided
3. Establish systems that enable services to be bold, including through the Young Volunteers Programme, in testing new and innovative volunteering projects, that are subsequently, described, approved, resourced and rolled out
4. Identify opportunities for current and former patients to create either 'peer support' networks (e.g. similar to the network established with heart patients) or groups for new patients to learn from lived experience

4. Maximising the information recorded on the Volunteer Information System

- 1 Develop electronic systems / an app for matching volunteers to appropriate roles across NHS Lothian
- 2 Measure the contribution and recognise the contribution made by volunteers by tracking volunteers time, activity and progress in delivering role outcomes
- 3 Enable re-engagement of volunteers who have had to dial down their commitment
- 4 Learn from others to ensure that we are utilising potential opportunities to improve patient experience and the quality of care
- 5 Reflect principles of the national Volunteering Framework once published

5. Developing and implementing a needs-based volunteer recruitment strategy

- 1 Move to a 'demand' led service where volunteering opportunities are largely determined by NHS Lothian staff, recognising that volunteers never replace staff roles
- 2 Develop multi-media channels to extend recruitment to new and hard-to-reach audiences
- 3 Enhance the website, design a more 'engaging' volunteer section with clear demand led volunteering opportunities
- 4 Introduce recruitment campaigns / recruitment cycle, target recruitment to appropriate audiences for priority volunteering roles whilst maintaining the simplicity and safety of a more swift application process
- 5 Engage local business, education, voluntary and community sectors as sources of volunteering recruitment
- 6 Increase the brand and visibility of volunteering to drive recruitment including the use of social media

- 7 Reflect our core values across the volunteering cycle, starting with recruitment
- 8 Acknowledge the requirements to enable “one off” entertainment volunteer contacts whilst maintaining the safety of patients and staff

6. Standardising our volunteer learning and development protocols

- 1 Tailor and enhance the induction programme for volunteers, using a variety of a flexible and multi-media approaches to support learning that ensure volunteers, patients and staff are kept safe
- 2 Empower volunteers to progress in their roles proportionate to their knowledge, skill and experience
- 3 Facilitate knowledge exchange and support amongst the volunteer community within NHS Lothian and beyond

7. Building a system of evaluation for Quality Improvement

- 1 Introduce Key Performance Indicators and utilise existing patient experience data to demonstrate the impact of volunteering
- 2 Use evaluation data to drive the quality of the volunteering experience by establishing regular stakeholder surveys to capture experience from patients and their carers, staff, active volunteers and those that leave to build on what works well and address what works less well
- 3 Harness volunteers’ unique insights as a driver to improving patient care
- 4 Quantify the impact / productivity gain including (where appropriate) the economic value of contribution

8. Building a robust and sustainable funding and resource framework

1. Recruit a new Programme Manager for Volunteering / Head of Volunteering
2. Appoint a permanent Volunteering Administrator
3. Appoint a Young Volunteer Programme Manager
4. Realign the workload of the Volunteer Service Managers to work more effectively and do what only they can do
5. Identify and proactively compete for sources of funding and other investment to meet resourcing needs for an ambitious volunteering programme, re-prioritising as necessary to respond flexibly to new funding opportunities

9. Strengthen and Build upon our Partnership Working

- 1 Appoint an External Relationship-Manager to build relationships with partners, recognising the expertise and opportunities from 3rd sector organisations
- 2 Develop formal partner engagement protocols / Service Level Agreements for all third party providers of volunteers to ensure appropriate governance to support and protect both patients and volunteers

- | |
|---|
| 3 Working in partnership with different groups or organisations to develop a range of opportunities for people interested in volunteering e.g. providing 'taster' opportunities |
|---|

10. Gaining a reputation for Excellence in Volunteering
--

- | |
|--|
| 1 Develop a more robust communication strategy that <ul style="list-style-type: none">○ proactively communicates the quality and impact of volunteering at NHS Lothian using a variety of different media including production of a regular news feed via facebook or a blog/twitter/ newsletter○ Articulates what makes volunteering at NHS Lothian unique○ Promotes NHS Lothian as an opinion former in defining best practice in NHS volunteering○ Markets NHS Lothian as the locally and nationally recognised 'Go To' provider for best practice in NHS volunteering |
|--|

6. Governance and Staffing

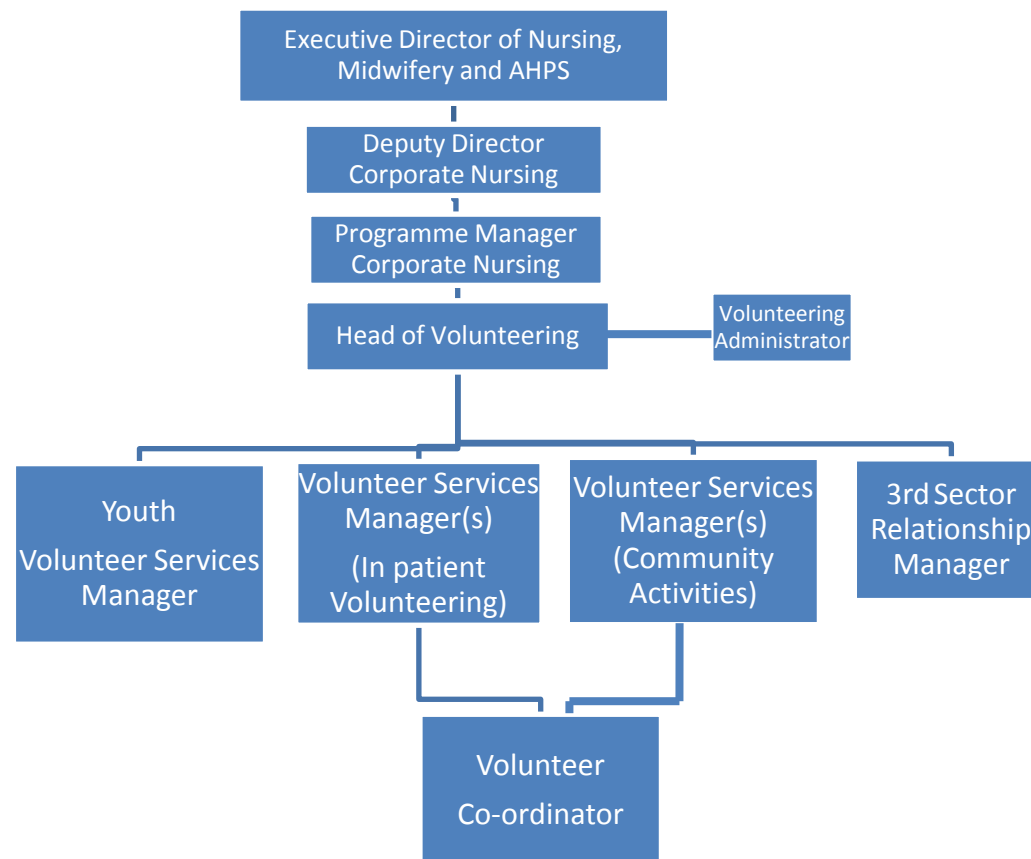
Within NHS Lothian the governance for Volunteering sits with the HealthCare Governance Committee and operationally under the Executive Director for Nursing, Midwifery and AHPs.

This strategy relies on a refreshed staffing structure to support the various workstreams and a Head of Volunteering to drive forward the ambitious plans and will ensure that the Board is compliant with the guidance issued by the Scottish Governments Healthcare Quality and Improvement Directorate "CLEAR PATHWAY: Supporting the safe, effective and person-centred involvement of volunteers from the third sector in NHS settings".

7. Funding the Volunteering Strategy

There is a core NHS funded establishment, corporately and in Edinburgh H&SCP, which together with contributions from the Edinburgh Children Hospital Charity fund the current staffing arrangements. The Edinburgh and Lothians Health Foundation (ELHF) have funded the Royal Edinburgh Volunteers Hub for the last 10 years and this commitment together with a commitment for the next 5 years will support the growth of roles to support this ambitious strategy. The Youth Volunteering Programme is being funded, in year 1, by the Pears Foundation. Future years funding will be from the ELHF allocation.

Source of Funding	Current Commitment	Proposed Commitment
NHS – Corporate	2 wte Volunteer Services Managers (plus top up for ECHC VSM)	2 wte Volunteer Services Managers
NHS – non recurring funding	0.4 wte Voluntary Services Co-ordinator (RHSC)	
NHS – Edinburgh H&SCP	1 wte Volunteer Services Manager	1 wte Volunteer Services Manager
Edinburgh Children’s Hospital Charity fund	0.6 wte Volunteer Services Manager 0.6 wte Deputy VSM	0.6 wte Volunteer Services Manager 0.6 wte Voluntary Services Co-ordinator
Pears Foundation	Nil	1 wte Youth Volunteering Manager
Edinburgh and Lothian Health Foundation	Volunteer Hub @ REH (£100k)	Volunteer Hub @ REH (£100k) 1 wte Head of Volunteering 1 wte 3 rd Sector Relationship Mgr 1 wte Volunteering Administrator 1 wte Youth Volunteering Manager (from year 2)



Chief Officer, Acute Services

UNSCHEDULED CARE PERFORMANCE**1 Purpose of the Report**

- 1.1 The purpose of this report is to update the Board on the current performance across the adult acute hospitals and to describe the actions being taken to mitigate areas of concern.
- 1.2 Any member wishing additional information should contact the Executive Lead in advance of the meeting.

2 Recommendations

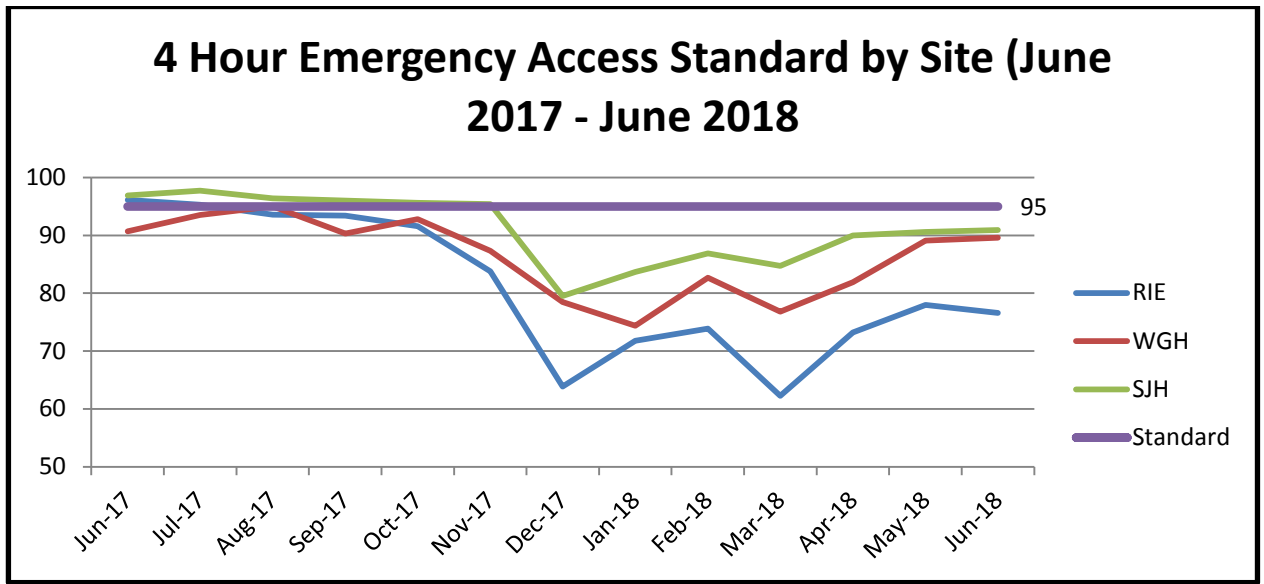
The Board is asked to:

- 2.1 **Note** the performance detailed in paragraphs 3.1 to 3.12.
- 2.2 **Accept** this report as a source of moderate assurance that mechanisms are in place across all three adult acute sites to monitor performance against unscheduled care, and to support staff to design and implement a comprehensive programme of improvement actions.
- 2.3 **Note** the actions being taken to respond to the challenges associated with unscheduled care in paragraphs 3.13 to 3.32.
- 2.4 **Accept** this report as a source of moderate assurance that the Unscheduled Care Committee is developing a robust winter strategy in response to learning from previous winter initiatives, as well as supporting new initiatives to continuously improve the winter planning processes as described in paragraphs 3.33 to 3.35.

3 Discussion of Key Issues**Unscheduled Care Performance January – June 2018**

- 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.
- 3.2 NHS Lothian reported compliance to this standard of 83.2% for the month of June 2018. Exhibit 1a, below, demonstrates performance against the standard by Site (June 2017 – July 2018). Exhibit 1b beneath shows compliance against this standard, NHS Lothian 2015 – 2018.

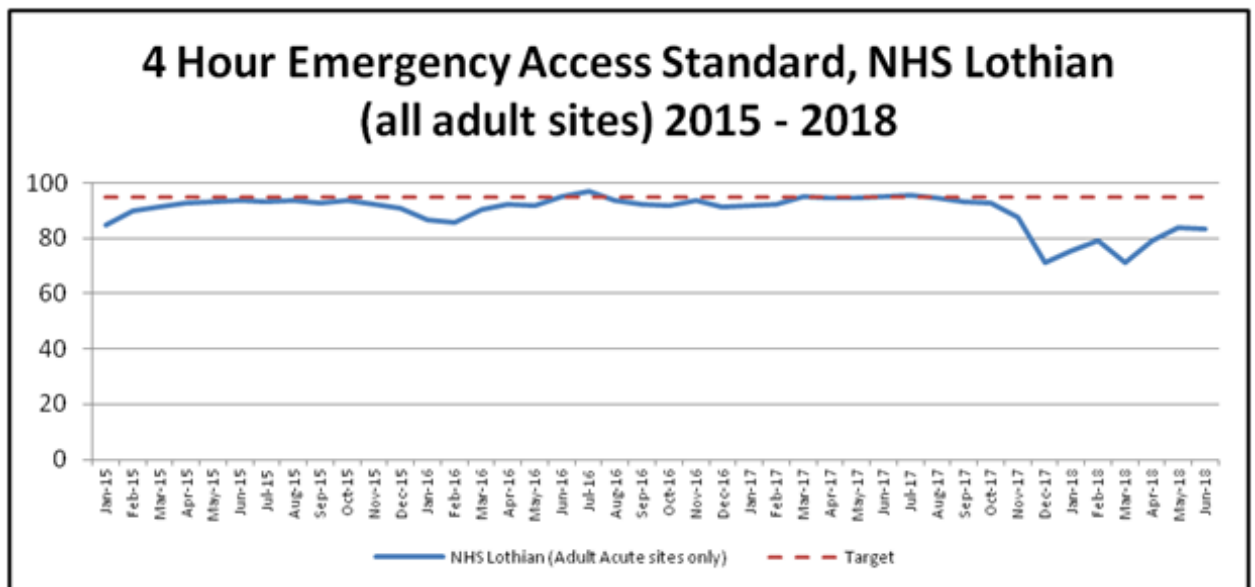
Exhibit 1a – Performance against the 4-hour emergency access standard by Site (June 2017 – July 2018),



As shown in Exhibit 1a above there have been signs of recovery in performance from all adult sites:

- The RIE has improved from 75.3% (January 2018) to 76.6% (June 2017);
- The WGH has improved from 74.4% (January 2018) to 89.6% (June 2017);
- SJH has improved from 83.7% (January 2018) to 90.9% (June 2017).

Exhibit 1b – Performance against the 4-hour emergency access standard, NHS Lothian (all adult sites) 2015 - 2018,

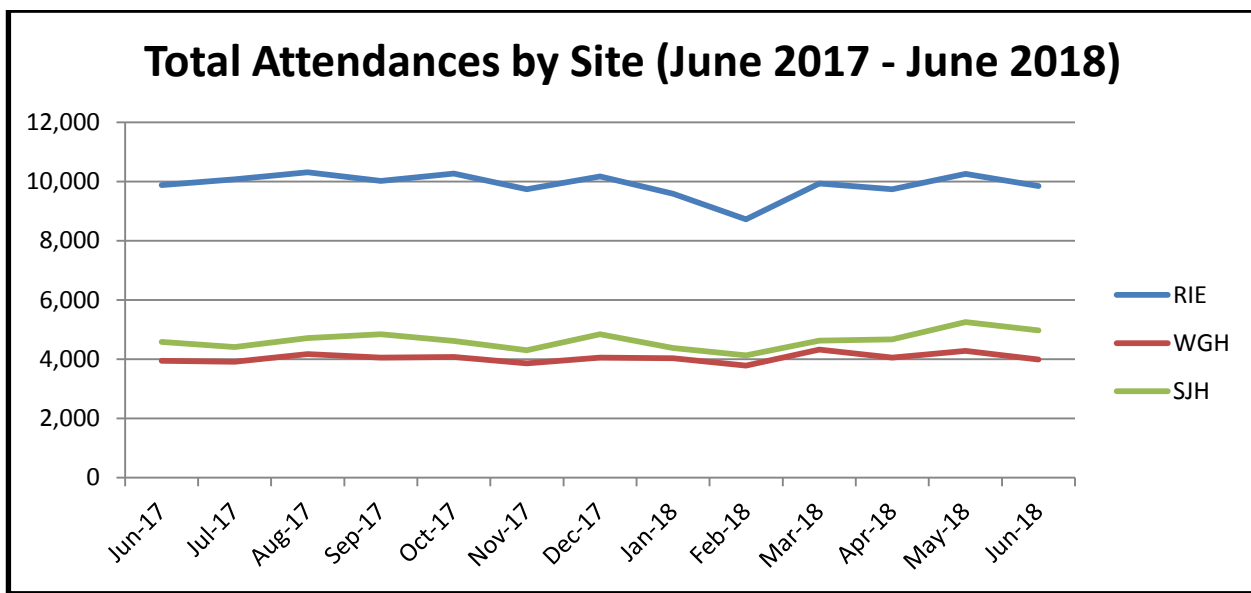


3.3 Performance against the 4-hour emergency access standard is influenced by a range of factors including, but not limited to;

- 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 cancellations during the period of January 2018 to March 2018 were on average 201 per week. This performance improved and stabilised during the period of April 2018 to July 2018 where there were fewer cancellations, on average 109 per week.
- 3.5 Attendances at the front door are high despite the conclusion of winter arrangements which further adds to crowding at ED departments and reinforces the need for focused actions at the front door and anticipatory care pathways. Exhibit 2a below, shows the number of Total ED Attendances by Site (June 2017 – June 2018) while Exhibit 2b beneath shows Total ED Attendances, NHS Lothian (all adult sites) 2015 - 2018.

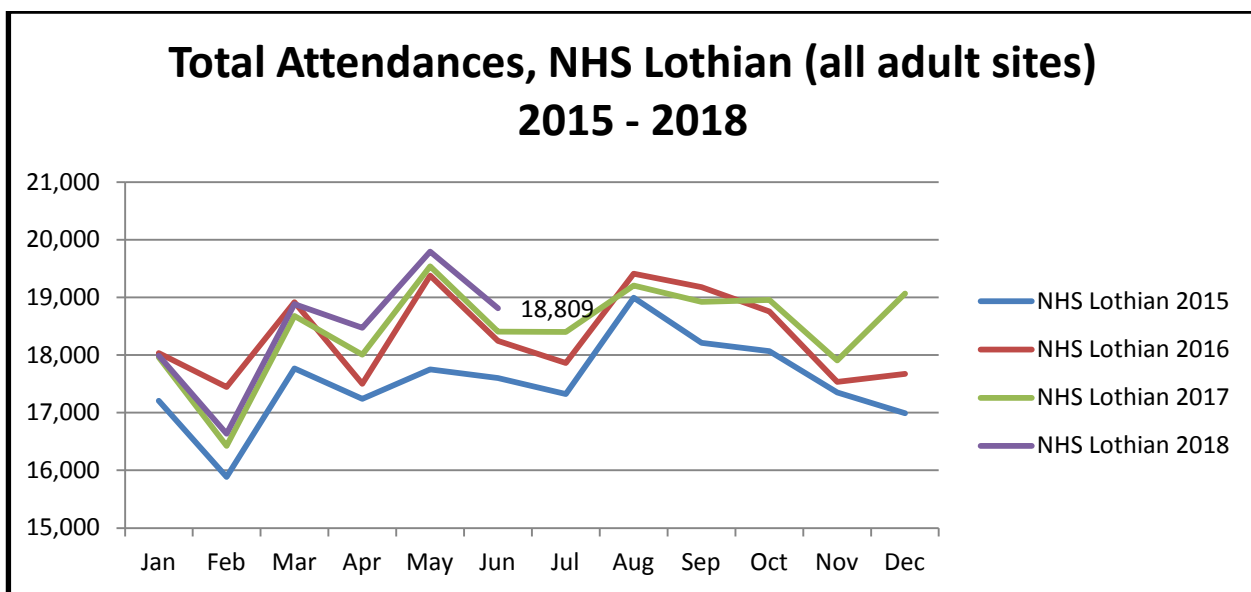
Exhibit 2a – Total ED Attendances by Site (June 2017 – June 2018),



As shown in Exhibit 2a above, attendances in 2 out of the 3 adult acute sites, increased since January 2018:

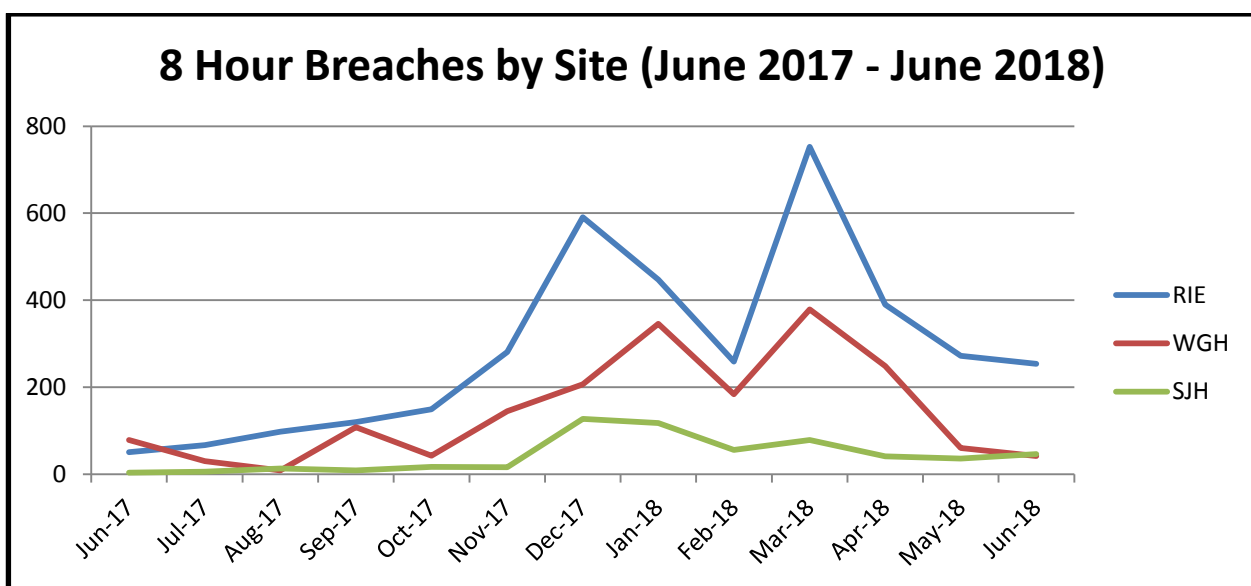
- The RIE recorded 9587 attendances in January 2018 as against 9841 June 2018 (+2.64%);
- The WGH recorded 4029 attendances in January 2018 against 3991 in June 2018 (-1%);
- Attendances at SJH saw the highest increase amongst the adult sites having recorded 4375 in January 2018 and 4977 in June 2018 (+13.8%).

Exhibit 2b – Total ED Attendances, NHS Lothian (all adult sites) 2015 – 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 breaches throughout the year. These long waits have a direct impact on patient experience and safety, and add to ED crowding. As shown from the exhibits below there has been a significant improvement in performance since January 2018. Exhibit 4a and 4b replicate this data across the 12 hour breaches marker.

Exhibit 3a - Total 8 Hour Breaches by Site (June 2017 – June 2018),



Breaching performance has improved since the peak in March 2017. This peak in February/March 2018 was attributed to a number of factors including but not limited to:

- Poor compliance against the 4 hour standard;
- High numbers of attendances;
- Standard winter pressures;
- Adverse weather warnings.

Despite this, 8 hour breach performance has improved across all adult sites:

- The RIE reduced its 8 hour breach performance by 43% (Jan 2018, 447 vs. June 2018 254);
- The WGH improved performance by 87% (Jan 2018, 346 vs. June 2018, 42);
- SJH also improved performance by 87% reducing breach performance from 118 (Jan 2018) to 46 (June 2018).

Exhibit 3b – Total 8 Hour Breaches by Site (Jan 2015 – June 2018),

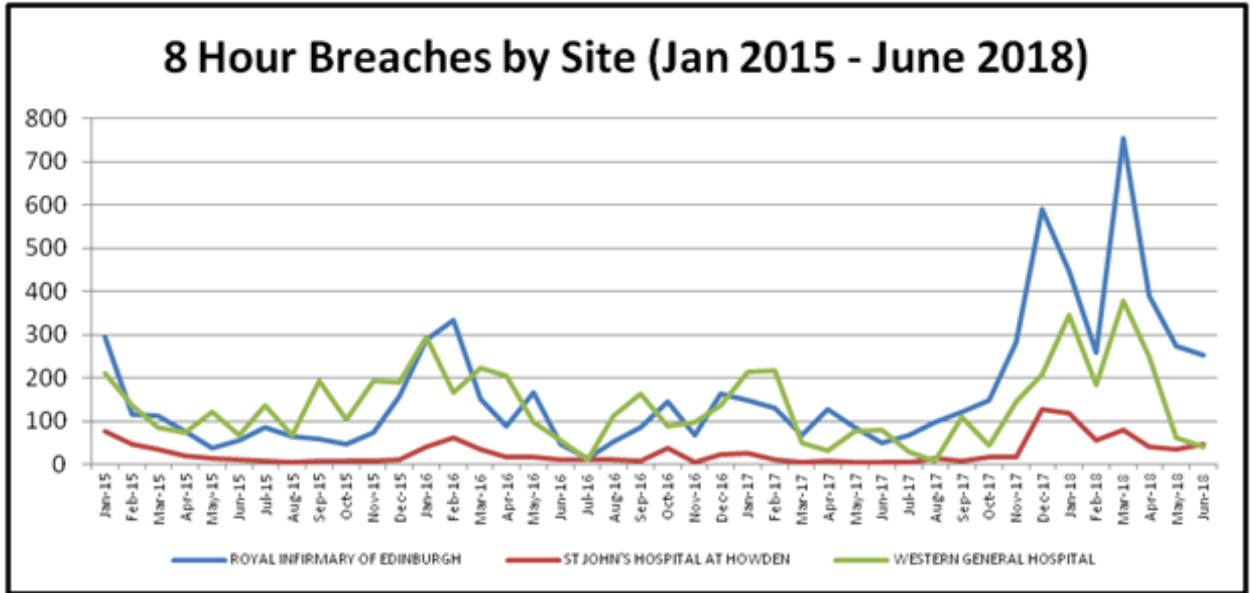


Exhibit 4a - Total 12 Hour Breaches by Site (June 2017 – June 2018),

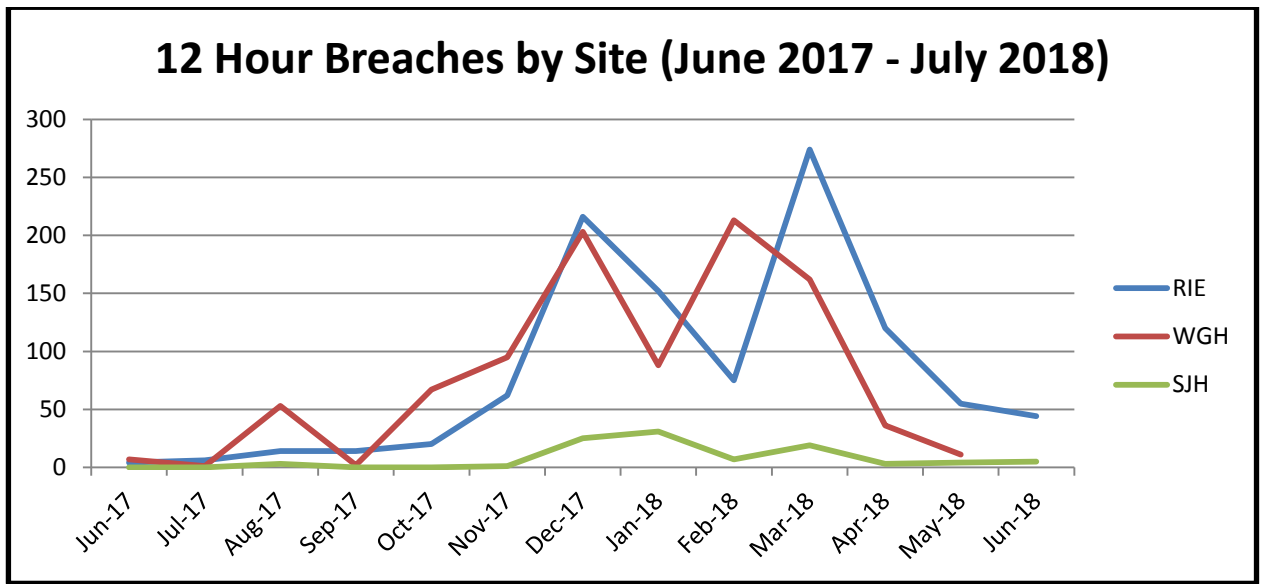
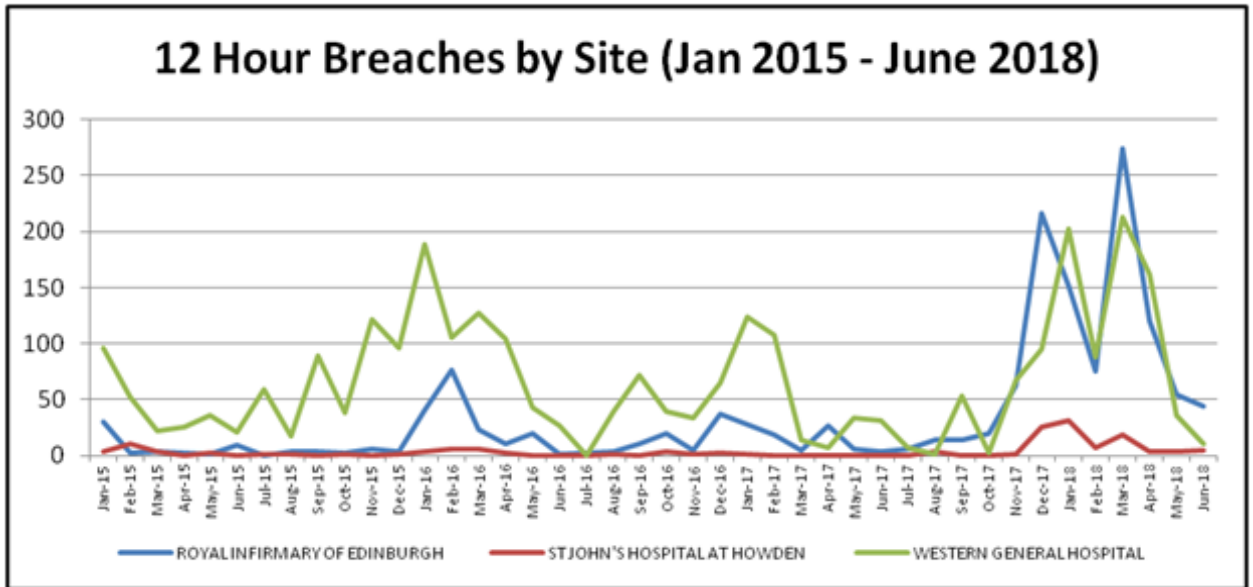


Exhibit 4b – Total 12 Hour Breaches by Site (Jan 2015 – June 2018),



3.7 While there is an improvement in breach performance across 8 and 12 hour performance, above, admissions appear to have stabilised as shown in Exhibit 5a and 5b.

Exhibit 5a – Total Number of Emergency Unplanned Admissions, by Site (June 2017 – June 2018),

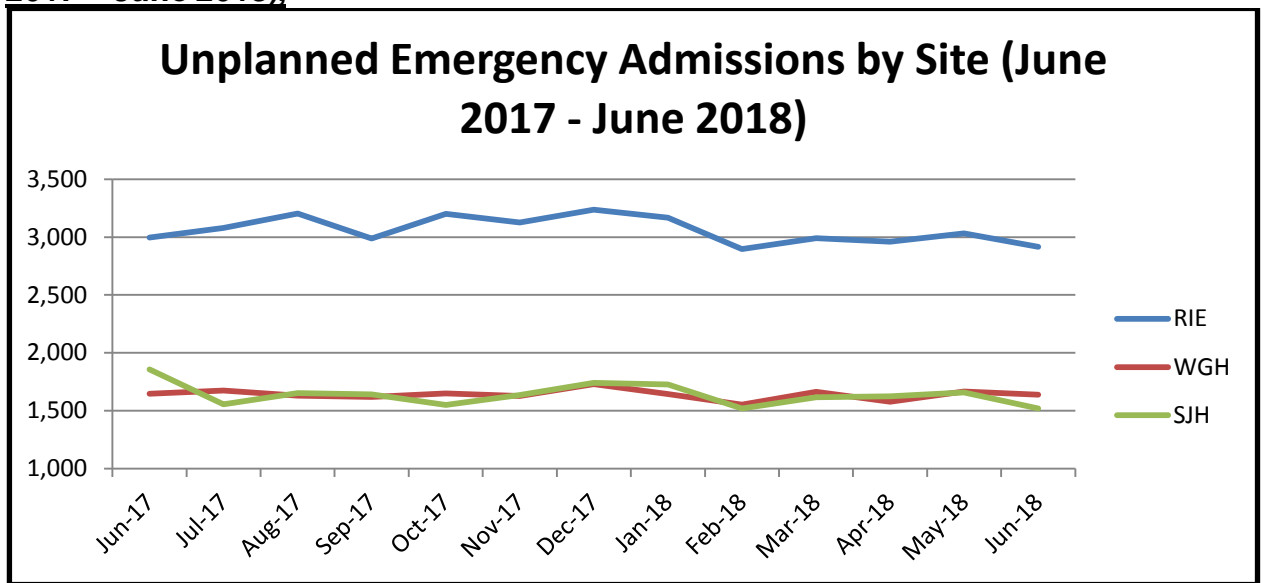
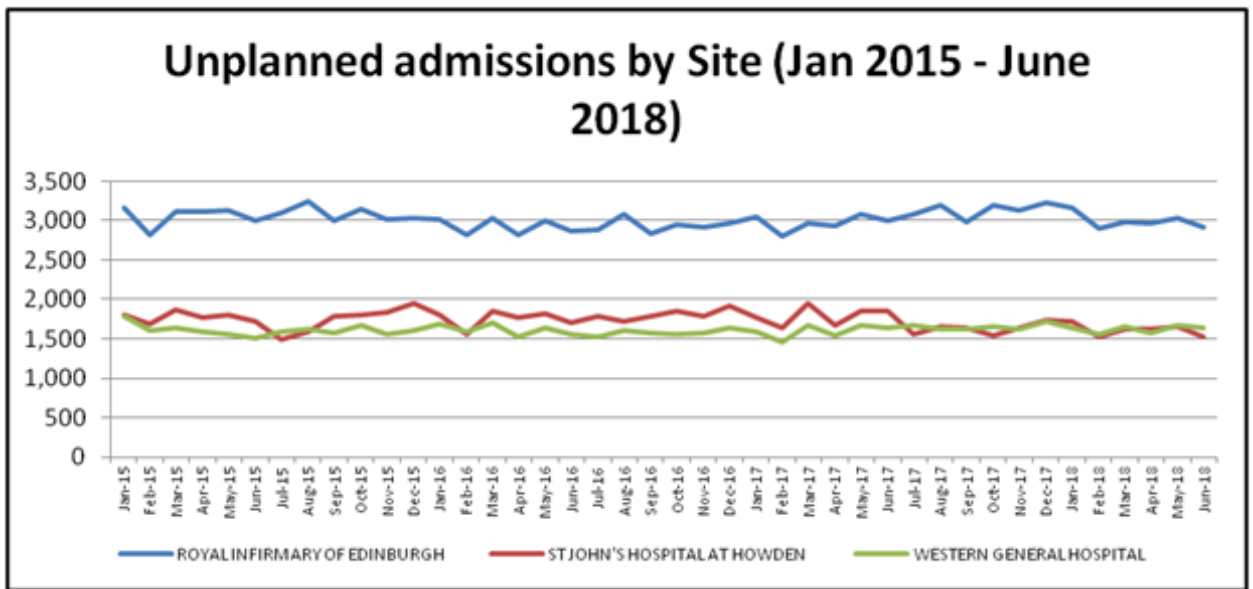
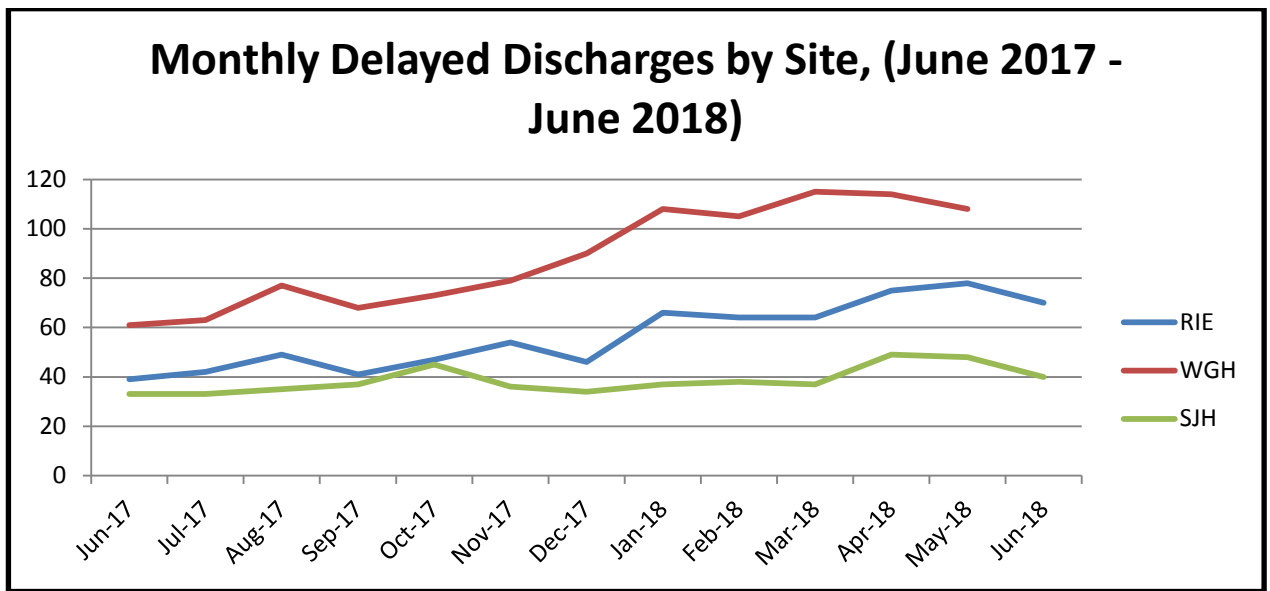


Exhibit 5b – Total Number of Emergency Unplanned Admissions by Site (Jan 2015 – June 2018),



3.8 There continues to be high levels of delayed discharges across all three adult sites. Exhibit 6a below shows the average number of delays by site June 2017 – June 2018.

Exhibit 6a – Average Number of patients delayed in their discharge by site (June 2017 – June 2018),



3.9 The delayed discharges performance continues to cause 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.

Governance

- 3.10 Site-based teams report regularly to the Unscheduled Care Committee. This is chaired by the Chief Officer of the West Lothian IJB and has a representative membership drawn from across NHS Lothian, IJBs and other health sector partners, underpinning the cross-cutting commitment to a whole system approach to improvement.
- 3.11 The Unscheduled Care Committee has recently been remodelled to gain maximum benefit from the expertise of the membership, and to prioritise delivery against focused actions. As such the Terms of Reference for the Committee have been redeveloped and endorsed by the Chair, Jim Forrest (West Lothian H&SCP) and by Jacquie Campbell (Chief Officer, Acute Services).
- 3.12 The Committee focus is now concentrated in three discrete areas: performance, improvement and planning. Members monitor key performance metrics, the 6EA programme, and forward planning to ensure the embedding of continuous improvement. The Committee also acts as a forum to disseminate good practice, spread key work streams and critique improvement work as part of the continuous improvement cycle. Progress from this committee against winter planning is detailed in sections 3.33 – 3.35.

Improvement Actions

- 3.13 Across Acute and the H&SCPs there are a number of initiatives and plans in place to respond to the challenges that are associated with unscheduled care performance.
- 3.14 Newly established Quadrumvirate teams have begun working, more formally alongside Acute teams and 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.
- 3.15 Sustained effort is required to address the growing impact of delayed discharges upon the health and care settings. Planning throughout the summer months has been focused 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.
- 3.16 Starting June 13th 2018, changes were made to triaging minor injuries in the Emergency Department (ED) at the RIE. Information relating to the definition of a minor injury was obtained from the Minor Injuries Clinic at WGH and the ED at SJH to ensure parity across the three acute sites. All activity has since been recorded and reported on a daily and weekly basis with the aim of establishing a consistent method of reporting minor injuries flow which would in turn effect the long term quality improvement measures required. This study has also led to a review of the current ENP staffing model to match presentation patterns. Using the current resources available, it would be possible to stagger staff more in line with the presentation patterns throughout

the day and night meaning that there is less of a queue going into the night and more manageable for the night shift ENP. These are being considered in the next phase of this improvement work.

3.17 To respond to the upcoming Edinburgh Fringe Festival and with it the risk of increased presentations, a proposal has been agreed to undertake a test of change throughout the Festival period, where appropriate Minor activity is directed towards the WGH instead of RIE, from NHS24. To support this; an additional Advanced Nurse Practitioner (ANP) is rostered for WGH Tuesday- Sunday, which will increase their manpower to 4 ANPs per day. The impact of the proposal would be to adjust some of the activity coming from NHS24, with a view that all appropriate Minors should attend the WGH, within hours of operating. Early analysis is demonstrating that this would be an additional 10 patients per day. It is envisaged that the following benefits should occur:

- Patients being seen more timeously and at the correct place;
- Reduced overcrowding at RIE ED;
- Smoothing of activity between RIE and WGH.

The following metrics will be looked at during this test of change in August:

- Attendance figures between RIE and WGH including analysis of triage categories;
- NHS24 activity for both RIE and WGH;
- 4 hour performance for both RIE and WGH;
- Recording of any dates/ times where either RIE or WGH departments became overcrowded.

3.18 An Ambulatory Care Improvement Board at the RIE has been established to lead on the expansion of ambulatory care across the site. With this expansion, an alternative area has been created operating out of OPD 6 to cope with the additional demand expected. With the introduction of the Ambulatory Care (AC) clinic, a seven day service will be provided to patients attending ED within the hours 09.00 and 16.00 who are identified as being suitable to be cared for within one of the defined AC pathways as a planned return. The AC clinic has a dedicated clinic template showing new and return attendances. There is an existing workstream within the Medical Specialities Programme Board to develop a Lothian wide strategic direction for ambulatory care which will have input from local improvement work.

3.19 A designated consultant with clinical responsibilities in both emergency and acute medicine has been identified to lead and develop the AC service with support from two dedicated medical staff. There is a dedicated nursing team for the service. Monitoring of the attendance figures and observance of the application of the 4 hour Emergency Care Standard is completed on a bi monthly basis and discussed at the Emergency Access and Performance meeting. Pathways are being finalised within this new clinic setting to be approved in due course.

3.20 A proposed Short Stay Observation Unit is currently being scoped at the RIE which would allow for appropriate and effective monitoring of patients who require a period of observation greater than 4hrs due to condition specific guidelines. It is envisaged this would ultimately improve patient experience. There would also be an improvement in quality measures (as per 6 Essential Actions plan) by reducing ED crowding and allowing space to observe the remaining patients still in the Emergency Department.

- 3.21 The Home First Practitioner service continues to promote admission avoidance and involves a team of experienced nurses, located within the Emergency Department (ED) and the Acute Medical Unit, from existing NHS Lothian staff. They screen patients who attend ED at point of triage in addition to referrals from all staff within ED, SOU and AMU. The service now operates 7 days per week, from 7am to 7pm. currently, 45% of patients referred to the team are discharged home.
- 3.22 The WGH are currently undertaking a number of small scale test of change initiatives which will be evaluated through analysis of changes in overall unscheduled care performance standards. These test of changes are:
- The use of complex discharge co-ordinator to work with localities/H&SCP and focus on long length of stay patients. Evaluative metrics are centred around length of stay improvements;
 - Improved process for supporting the wards to pull patients earlier in the day to increase the use of the discharge lounge usage;
 - The use of a CRT Discharge facilitator to expedite discharges for patients that are deemed to be able to be managed out with an Acute setting. Early data shows that length of stay and readmission rates are positively impacted by the pilot.
- 3.23 There are a number of small/medium scale test of changes being piloted throughout West Lothian to build an evidence base for further evaluation. These are:
- Introduction of a dedicated flow coordinator role within the ED to improve overall flow through the department at SJH;
 - Refresh of Daily Dynamic Discharge in medical and rehabilitation wards throughout SJH;
 - Transition to Flow Centre: Phase 1- Urgent GP referrals with West Lothian will go via the flow centre from 30th July 2018. Using agreed criteria, patients will be directed to the most appropriate service and if required, transport booked;
 - Further improvements to managing frailty throughout the inpatient stay through dedicated frailty nurses who screen all admissions to medicine aged 65+ in an attempt to complete positive geriatrics assessment where required.
- 3.24 Edinburgh IJB (EIJB) has agreed a plan for the short, medium and longer term in relation to addressing its significant challenges which relate to delays in the discharge of people from an acute facility, as well as address the equally important challenge of ensuring sufficient community capacity to maintain people's independence at home or in a homely setting.
- 3.25 There are a wide range of actions being undertaken in relation to the IJB's agreed plan which aim to address these challenges and these continue to develop and be tested. Work in this area includes:
- Multi-Agency Triage Teams in each Locality meeting daily to address flow, prevent admissions or ensure timely discharge following treatment where possible,;
 - 3rd sector involvement in prevention admission and timely discharge with the support of wider community resources;
 - A Hospital at Home model in place and soon to be tested across the City.

- 3.26 In addition, the new leadership team have recently put in place a Delayed Discharge Oversight Group – Chaired by the Chief Officer – which will review current actions, including conscience of the work currently being undertaken by Carnall Fararr, and set out a detailed Action Plan. This will be taken to the IJB for approval and actions, resources and impact will be reported into the IJB structure. The Oversight Group draws on operational experience from across the HSCP and from the Acute Hospitals and REAS as well as drawing on health and care intelligence data to support decision making.
- 3.27 Moreover, a Delayed Discharge lead has been put in place by the Partnership to lead delivery of the actions and wider resources relating to this will also be scoped. A significant issue in relation to the EH&SCP's performance is the well known challenge of availability of care at home capacity within the care market, recognising this the partnership has in place a Sustainable Community Support Programme which has undertaken analysis of the care at home market and its potential to grow capacity to meet more demand. The additional funding being made available to the HSCP by the City of Edinburgh Council, NHS Lothian and the IJB will fund this as part of the wider package of measures highlighted elsewhere.
- 3.28 In East Lothian H&SCP the number of patients becoming delayed is reducing while the rate at which the partnership reacts continues to improve. From c.12 being added to the delays list weekly from May 2016 to May 2018 this has now reduced to 8. The improvement is down to continued efforts to maintain services such as Hospital at Home, Hospital to Home and Discharge to Assess.
- 3.29 The introduction of weekly collaborative meetings across the partnership has greatly improved understanding and the ability to offer joint working and shared solutions. This has in turn enabled patients to return home quicker than has historically been the norm. Work continues to look at the wider Social Care at Home hours outstanding – this has seen on year on year reduction of 33% (May 2017 – May 2018).
- 3.30 In Midlothian, challenges with care home places have been exacerbated in recent weeks through care home closures however Springfield Bank Care Inspectorate Improvement notice was lifted last week (week commencing 9th July) which will create much needed additional capacity. It is anticipated that a phased increase will take place which will improve bed availability.
- 3.31 Midlothian are also using a Quality Improvement Programme to develop tests of change throughout 2018; successful tests will be scaled up across Midlothian. These programmes include:
- Data-led partnership with Practices and British Red Cross to assess and support up to 1400 estimated to have mild frailty.;
 - Frailty MDMs with General Practice, District Nurses, Social Work, Occupational Therapy, MERRIT, Red Cross, Day Centre;
 - Potential to use data in A&E with the Home First Practitioner;
 - Potential to use data to develop an in-hours pathway from SAS to General Practice for patients identified with frailty. We don't have the data for frailty but as a proxy there are 40 A&E attendances a month in-hours by patients aged 75+. Two-thirds result in a hospital admission and as a result this population represents a key work stream for Midlothian.
- 3.32 In relation to improving delays within the partnership Daily Delayed Discharge meetings continue to be used as a forum to address the issue in an MDT while additional meetings

have been put in place with care at home external providers to maximise carer capacity.

- 3.33 In addition to the quadrumvirate team, the General Managers and Associate Medical Directors at the RIE are working together with the Midlothian H&SCP strategic planning group. This is in an effort to participate in collaborative, solution focused meetings which agree joint objectives for service provision taking into account current unscheduled care performance and specific barriers to service delivery.

Winter Planning 2018/2019

- 3.33 The Winter planning process has started earlier this year with a refreshed approach to developing the Winter Strategy. The planning phase is primarily concerned with producing a fully appraised Winter Strategy that is able to demonstrate safe, effective, patient centred care for patients with the best outcomes for relatives and staff. The Winter Strategy will have an emphasis upon realising the impact of any funded winter scheme and clear metrics are being considered alongside the rationale for funding.

- 3.34 The approved approach includes:
- Table top exercise with open discussion against each bids and application of a weightings framework to each bid against a criteria of:
 - Links with Scottish Government 6 Essential Action Programme;
 - Ministerial Steering Group Indicators
 - Areas of greatest impact/evidence to date.
 - Application of live weightings to create a prioritised list of winter bids that fit within financial constraints/unscheduled care winter funding for 2018-2019;
 - The forging of key linkages with Resilience planning work streams at this early planning phase.

- 3.35 The deadline for winter submissions was a number of weeks ago and the Unscheduled Care Committee have collated together in excess of 80 bids for monies attributed to the delivery of our Winter 2018/2019 Strategy. A prioritisation meeting is scheduled for the 31st July. At this meeting the provisional rank and priority of each bid will be agreed before returning to the Unscheduled Care Committee for endorsement or further investigation. The participants include representation from Acute, Therapies, each H&SCP and the 6 Essential Action, Service Improvement Team. A proposal for funding in accordance to this process will be brought back to the NHS Lothian Board in October 2018.

4 Key Risks

- 4.1 Failure to meet the 4 hour standard 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 There are no resource implications associated with this paper.

Jacquie Campbell
Chief Officer, Acute Services
23/07/2018

Board Meeting
1st August 2018

Chief Quality Officer

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 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
 - 2.1.2 Note 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, 13, 12 and 1 instances respectively.
 - 2.1.3 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. The views of those committee members who responded to the survey monkey questionnaire are now being used to inform changes to the reporting process.
- 3.2 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.

Table A – Summary of Lighter Approach Trial

Committee	Previous Approach	Lighter Approach
Board	<ul style="list-style-type: none"> • Overview for all measures • Assurance Summary • Proformas where not met 	<ul style="list-style-type: none"> • Overview for all measures • Assurance Summary • Proformas where not met • <u>Self-Service Pack</u>
Governance Committee	<ul style="list-style-type: none"> • Overview for all measures • Assurance Summary • Detailed Measure Paper • Proformas where not met 	<ul style="list-style-type: none"> • 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 on previous occasions, 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 34 have been considered with significant, moderate, limited and no assurance being reached on 8, 13, 12 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	8	3	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)	Jun 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)	Jun 18 (Mthly)	TG	
Healthcare Acquired Infection - CDI (rate per 1,000 bed days, aged 15+)		LDP	HGC	Moderate	Mar 18	Met		Worse	Mar 18 (Quarterly)	0.32 (max) (<=262)	0.21 (rate) 41 (incidences)	Jun 18 (Mthly)	TG	
Healthcare Acquired Infection - SAB (rate per 1,000 acute bed days)		LDP	HGC	Moderate	Mar 18	Not Met	No Change	Better	Mar 18 (Quarterly)	0.24 (max) (<=184)	0.30 (rate) 57 (incidences)	Jun 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		Equal	Mar-18	90% (min)	93.0%	Mar 18	DS	
48 Hour GP Access – GP appt		LDP	HGC	TBC	TBC	Not Met	Deteriorating	Worse	Mar-18	90% (min)	65.0%	Mar 18	DS	
Four hour Unscheduled Care (% <=4 hrs)		LDP	AHC	Limited	Jun 18	Not Met	Improving	Worse	May 18 (Monthly)	95.0% stretch to 98.0%	85.5%	Jun 18 (Mthly)	JC	
Alcohol Brief Interventions (ABIs) (Number)		LDP	HGC	Moderate	Mar-18	Met		Better	Mar-18	9,738 (Annual) 2,435 (per Quarter)	15,205	Mar 18 (Qtrly)	AMcM	
CAMHS ⁸ (<=18 wks)		LDP	HGC	Limited	Mar 18	Not Met	Improving	Worse	Mar 18 (Quarterly)	90.0% (min)	60.9%	Jun 18 (Mthly)	AMcM	
Cancer (<=31-day) (% treated)		LDP	AHC	Limited	Nov 17	Not Met	Improving	Worse	Mar 18 (Quarterly)	95.0% (min)	91.9%	May 18 (Mthly)	JC	
Cancer (<=62-day) (% treated)		LDP	AHC	Limited	Nov 17	Not Met	Deteriorating	Better	Mar 18 (Quarterly)	95.0% (min)	80.7%	May 18 (Mthly)	JC	
Diagnostics (<=6 wks) - Gastroenterology/ Urology Diagnostics			AHC	Limited	Aug 17									
Diagnostics (<=6 wks) - Radiology/Imaging			AHC	Moderate	May 17	Not Met	Deteriorating	Worse	Mar 18 (At month end)	0 (max)	4,467	Jun 18 (Mthly)	JC	
Diagnostics (<=6 wks) – Vascular Labs			AHC	Limited	Apr-18									
Drug & Alcohol Waiting Times (% <=3 wks) - Edinburgh UB		LDP	HGC											JP
Drug & Alcohol Waiting Times (% <=3 wks) - Midlothian & East Lothian UB (MELDAP)		LDP	HGC	Limited	Sep 17	Not Met	Improving	Worse	Mar 18 (Quarterly)	90.0% (min)	79.9%	Mar 18 (Qtrly)	EM/DS	
Drug & Alcohol Waiting Times (% <=3 wks) - West Lothian UB		LDP	HGC											JF
IPDC Treatment Time Guarantee (<=12 wks)		LDP	AHC	Moderate	May 17	Not Met	Improving	Better	Mar 18 (Quarterly)	0 (max)	75.7% 2,317	May 18 (Mthly)	JC	
IVF (% <=12 months)		LDP	AHC	Significant	Apr 18	Met		Equal	Mar 18 (Quarterly)	90.0% (min)	100.0%	May 18 (Mthly)	JC	
Outpatients (<=12 weeks)	LDP	AHC	Moderate	May 17	Not Met	Deteriorating	Worse	Mar 18 (at month end)	95.0% (min)	65.0% 23,478	May 18 (Mthly)	JC		
Psychological Therapies (% <=18 wks)	LDP	HGC	Limited	Sep 17	Not Met	Deteriorating	Worse	Mar 18 (Quarterly)	90.0% (min)	69.0%	Jun 18 (Mthly)	JF		
Referral to Treatment (% <=18 wks)	LDP	AHC	Limited	Feb 17	Not Met	Improving	Worse	Mar 18 (Monthly)	90.0% (min)	75.0%	Jun 18 (Mthly)	JC		
Stroke Bundle (% receiving)	Quality	AHC	Moderate	Nov 16	Met		Not Applicable	Not Applicable	80.0% (min)	80.3%	Apr 18 (Mthly)	JC		
Planned Repeat Surveillance Endoscopy (past due date)		AHC	Limited	Aug 17	Not Met	Improving	Not Applicable	Not Applicable	0 (max)	4,037	Jun 18 (Mthly)	JC		
Delayed Discharges (>3 days) – East Lothian UB	Effective		HGC										DS	
Delayed Discharges (>3 days) – Edinburgh UB			HGC	Limited	Sep 17	Not Met	Deteriorating	Worse	May 18 (Monthly)	0 (max)	281	Jun 18 (Mthly)	JP	
Delayed Discharges (>3 days) – Midlothian UB			HGC										EM	
Delayed Discharges (>3 days) – West Lothian UB			HGC										JF	
Hospital Scorecard – Standardised Surgical Readmission rate within 7 days	Efficient	Quality	AHC	Significant	Feb 18	Met		Not Applicable	Not Applicable		NHS L 27.25 RIE 33.48 SJH 24.69 WGH 24.04	Dec-17 (Qtrly)	TG	
Hospital Scorecard – Standardised Surgical Readmission rate within 28 days		Quality	AHC	Significant	Feb 18	Met					47.66 60.39 37.32 47.93		TG	
Hospital Scorecard – Standardised Medical Readmission rate within 7 days		Quality	AHC	Significant	Feb 18	Met					56.83 58.11 63.74 65.81		TG	
Hospital Scorecard – Standardised Medical Readmission rate within 28 days		Quality	AHC	Significant	Feb 18	Met					123.35 132.10 130.10 123.22		TG	
Hospital Scorecard – Average Surgical Length of Stay - Adjusted		Quality	AHC	Significant	Feb 18	Met					0.96 0.94 0.86 1.03		TG	
Hospital Scorecard – Average Medical Length of Stay - Adjusted		Quality	AHC	Significant	Feb 18	Met					1.15 0.86 1.38 1.42		TG	
Staff Sickness Absence Levels (<=4%)	LDP	Staff Governance	Moderate	Mar 17	Not Met	Deteriorating	Better	Mar-18	4.0% (max)	4.90%	May 18 (Mthly)	JB		
Early Access to Antenatal Care (% <=12 wks)	Equitable	LDP	HGC	Moderate	Mar-18	Met		Better	Mar-17	80.0% min for each SIMD ⁹ quintile	90.2%	Apr 18 (Mthly)	AMcM	
Smoking Cessation (quits)		LDP	HGC	To be reviewed	To be reviewed	Not Met	Deteriorating	Worse	Mar-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 ¹⁰	54.5%	Mar 18 (Mthly)	AMcM	
Complaints - Stage 2 (%<=20-day)		Quality	HGC	Moderate	Nov 17	TBC ¹⁰	Improving	TBC	TBC	TBC ¹⁰	54.5%	Mar 18 (Mthly)	AMcM	
Detect Cancer Early (% diagnosed)		LDP	HGC	Significant	Nov 16	Not Met	Improving	Better	2015 & 2016 (Combined Calendar Years)	29.0% (min)	26.9%	2015 & 2016 (Combined Calendar Years)	AKM	
Dementia – East Lothian UB		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 UB		LDP	HGC			TBC ¹¹								EM
Dementia – Midlothian UB	LDP	HGC	TBC ¹¹			JF								
Dementia – West Lothian UB	LDP	HGC	TBC ¹¹											
Patient Experience (9.0/10 – Overall Experience)	Quality	HGC	Moderate	Nov 17	Not Met	Improving	Not Applicable	Not Applicable	9 (out of 10)	8.70	Mar 18 (Mthly)	AMcM		

Notes

- Much of this reporting uses management information and is therefore subject to change;
- 6 Domains of Healthcare Quality <http://www.nhs.uk/healthcare-quality-professionals/quality-patient-safety/talkingquality/create/sixdomains.html>
- 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.
- Performance Against Target/Standard – describes where Latest Performance meets or does not meet Target.
- 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).
- 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.
- 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.
- 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
- SIMD - Scottish Index of Multiple Deprivation, <http://www.gov.scot/Topics/Statistics/SIMD>
- 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.
- 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.

Andrew Jackson, Ryan Mackie and Dan Adams

Analytical Services

20th July 2018

Analysts.PerformanceReporting@nhsllothian.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	<i>Hospital Length of Stay (2)</i> <i>Hospital Readmission Rate (4)</i>		<i>Staff Sickness Absence</i>
Equitable		<i>Early Access to Antenatal Care</i> <i>Smoking Cessation</i>	
Person-Centred		<i>Complaints (2)</i> <i>Detecting Cancer Early</i> <i>Dementia Post Diagnostic Support</i> <i>Patient Experience</i>	
Safe	<i>Cardiac Arrest Incidence</i> <i>Hospital Standardised Mortality Ratio</i>	<i>Falls with Harm</i> <i>Healthcare Acquired Infection (2)</i>	
Timely	<i>4 hr Unscheduled Care Wait</i> <i>Cancer Waits (2)</i> <i>Diagnostic Waits</i> <i>Inpatient and Daycase Waits</i> <i>IVF Waits</i> <i>Outpatient Waits</i> <i>Referral to Treatment Wait</i> <i>Stroke Bundle Compliance</i> <i>Surveillance Endoscopies Overdue</i>	<i>Access to General Practice (2)</i> <i>Alcohol Brief Interventions</i> <i>CAMHS Waits</i> <i>Drug & Alcohol Waiting Time</i> <i>Psychological Therapy Waits</i>	

Appendix 2 – Adopted Assurance Gradings

Definition	Most likely course of action by the Board or committee
<p>LEVEL – SIGNIFICANT</p> <p>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.</p> <p>Examples of when significant assurance can be taken are:</p> <ul style="list-style-type: none"> • 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. 	<p>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.</p> <p>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.</p>
<p>LEVEL – MODERATE</p> <p>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.</p> <p>Moderate assurance can be taken where:</p> <ul style="list-style-type: none"> • 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 	<p>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.</p> <p>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.</p>
<p>LEVEL – LIMITED</p> <p>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.</p> <p>Examples of when limited assurance can be taken are:</p> <ul style="list-style-type: none"> • 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 been 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. 	<p>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.</p>
<p>LEVEL – NONE</p> <p>The Board cannot take any assurance from the information that has been provided. There remains a significant amount of residual risk.</p>	<p>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.</p> <p>Additionally the chair of the meeting will notify the Chief Executive of the issue.</p>
<p>NOT ASSESSED YET</p> <p>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.</p>	

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.
Diagnosics (6 weeks)	A six week maximum waiting time for eight key diagnostic tests (four for Endoscopy (a) & four for Radiology (b)) from 3 rd 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.
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 "Harm" is "Moderate, Major Harm or Death". Incidents are reported by staff using the DATRIX 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.
Falls with Harm	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.
Hospital Standardised Mortality Ratios (HSMR)	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.
48 Hour GP Access - access to healthcare profession; or GP appointment.	Sustain and embed alcohol brief interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings.
Alcohol Brief Interventions (ABIs)	This is the emergency readmissions to a surgical speciality within 7 days of discharge as a rate per 1000 total admissions to a surgical speciality. This measure has been standardised by age, sex and deprivation (SIMD 2009).
Hospital Scorecard - Standardised Surgical Readmission rate within 7 days	As for 7 day readmissions.
Hospital Scorecard - Standardised Surgical Readmission rate within 28 days	This is the emergency readmissions to a medical speciality within 7 days as a rate per 1000 total admissions to a medical speciality. This measure has been standardised by age, sex and deprivation (SIMD 2009).
Hospital Scorecard - Standardised Medical Readmission rate within 7 days	As for 7 day readmissions.
Hospital Scorecard - Standardised Medical Readmission rate within 28 days	Ratio of 'observed' length of stay over 'expected' length of stay. This indicator is case mix adjusted by HRG* and speciality. The expected length of stay is calculated by working out the average length of stay nationally (Scotland only) for each speciality 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 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 speciality. The expected length of stay is calculated by working out the average length of stay nationally (Scotland only) for each speciality 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	Stage 1 - Early, local resolution - 5 working days. Stage 2 - For the complex, serious investigation - 20 working days. Target %s TBD.
Complaints (Stage 1 & Stage 2)	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.
Dementia	

N.b. Source for Current Data - with the exception of 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.