

BOARD MEETING

DATE: WEDNESDAY 1 FEBRUARY 2017

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

VENUE: **HOWDEN PARK CENTRE, HOWDEN, LIVINGSTON
WEST LOTHIAN, EH54 6AE**



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 to the Corporate Services Manager within one month of them changing.

AGENDA

Agenda Item

Lead Member

Welcome to Members of the Public and the Press

Apologies for Absence

1. Items for Approval

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| 1.1. Minutes of the Previous Board Meeting held on 7 December 2016 | BH | * |
| 1.2. Running Action Note | BH | * |
| 1.3. Corporate Risk Register | DF | * |
| 1.4. Governance Committee and Integration Joint Board Membership | BH | * |
| 1.5. Healthcare Governance Committee - Revised Terms of Reference | JB | * |
| 1.6. Finance & Resources Committee - Minutes of 30 November 2016 | MH | * |
| 1.7. Healthcare Governance Committee - Minutes of 29 November 2016 | RW | * |
| 1.8. East Lothian Integration Joint Board - Minutes of 22 September, 24 November 2016 | DG | * |
| 1.9. Edinburgh Integration Joint Board - Minutes of 18 November 2016 | GW | * |
| 1.10. Midlothian Integration Joint Board - Minutes of 27 October 2016 | CJ | * |
| 1.11. West Lothian Integration Joint Board - Minutes of 29 November 2016 | MH | * |

2. Items for Discussion (subject to review of the items for approval) (9:35am - 12:00pm)

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| 2.1. Person Centred Culture | AMcM | * |
| 2.2. 2016-17 Financial Performance | SG | * |
| 2.3. 2017-18 Budget Allocation Principles and Process | SG | * |
| 2.4. Quality and Performance Improvement | AMcM | * |

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

For further information please contact Chris Graham, ☎ 35677, ✉ chris.graham@nhslothian.scot.nhs.uk

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| 2.5. Healthcare Associated Infection | DF * |
| 2.6. Sustainable Development Action Plan | JC p |
| 2.7. Redesign of Eye Services in Lothian | JC * |
3. **Next Development Session:** 1 March 2017 at 9:30 a.m. at the Scottish Health Service Centre, Crewe Road South, Edinburgh EH4 2LF
 4. **Next Board Meeting:** Wednesday 5 April 2017 at 9:30 a.m. at the Scottish Health Service Centre, Crewe Road South, Edinburgh EH4 2LF
 5. Resolution to take items in closed session
 6. Minutes of the Previous Private Meeting held on 7 December 2016 BH ®
 7. Commercial In Confidence: Commercial Agreement - Consort Healthcare BH ®
 8. Matters Arising
 9. Any Other Competent Business

Board Meetings in 2017

5 April 2017	SHSC
21 June 2017*	SHSC
2 August 2017	SHSC
4 October 2017	SHSC
6 December 2017	Chancellors Building, RIE

Development Sessions in 2017

1 March 2017	SHSC
17 May 2017	SHSC
19 July 2017	Chancellors Building, RIE
6 September 2017	SHSC
1 November 2017	SHSC

*Annual Accounts Meeting

LOTHIAN NHS BOARD

Minutes of the Meeting of Lothian NHS Board held at 9.30am on Wednesday 7 December 2016 in the Boardroom, Waverley Gate, 2-4 Waterloo Place, Edinburgh.

Present:

Non-Executive Board Members: Mr B Houston (Chair); Mrs S Allan (Vice Chair); Mr M Ash; Councillor H Cartmill; Councillor D Grant; Councillor R Henderson; Mr M Hill; Ms C Hirst; Ms F Ireland; Mr P Johnston; Councillor C Johnstone; Mr A Joyce; Mrs J McDowell; Mrs A Mitchell; Mr P Murray; Mr J Oates; Mr G Walker; Professor M Whyte and Dr R Williams.

Executive and Corporate Directors: Mrs J Campbell (Acting Chief Officer); Mr J Crombie (Acting Chief Executive); Dr D Farquharson (Medical Director); Mrs S Goldsmith (Director of Finance); Professor A K McCallum (Director of Public Health & Health Policy); Professor A McMahan (Executive Director, Nursing, Midwifery & AHPS – Executive Lead REAS & Prison Healthcare) and Dr S Watson (Chief Quality Officer).

In Attendance: Mr C Briggs (Associate Director, Strategic Planning); Mrs C Harris (Head of Communications); Mr A Jackson (Assistant Director of Healthcare Planning); Mrs R Kelly (Associate Director of HR Policy); Ms J Morrison (Head of Patient Experience); Ms F Mitchell (Director, Women and Children's Service); Mr A Payne (Corporate Governance Manager) and Mr D Weir (Corporate Services Manager).

Apologies for absence were received from Mrs K Blair, Mrs J Butler and Mr T Davison.

Welcome and Introduction

The Chairman welcomed members of the public and press to the Board meeting. He also welcomed a number of Edinburgh Napier University students who were in the public gallery. He commented that most of the students were from overseas and were taking their Masters Degree at Edinburgh Napier University. There were attending the Board as one of their modules was about clinical governance so attending the meeting enabled them to see quality being taken seriously at Board level and how data was used to inform the process. He advised that the students as always were accompanied by Ms L Campbell who was a former Royal Infirmary of Edinburgh Director of Nursing.

42. Valedictory Comments Mr G Walker

42.1 The Chairman advised that this would be Mr Walker's last formal Board meeting before he demitted office at the end of January 2017. The Chairman commented that Mr Walker had provided extra ordinary service to the Board itself and to its other committees including as Chair of the Integration Joint Board. He had made a sterling contribution particularly as Chair of the Finance and Resources Committee with it being noted that his partnership as a Non Executive Director with Mrs Goldsmith as an Executive Director of NHS Lothian was an exemplar of how effective governance worked.

42.2 The Chairman commented that it had been a pleasure to have Mr Walker on the Board and that he had always brought positive energy to the proceedings in a number of different ways. It was noted that the Board had stretched the limits of the membership term for Mr Walker and it was no longer possible to extend his membership any further. It was noted that a formal occasion would be held to mark Mr Walker's departure.

43. Mr Peter Reith

43.1 The Chairman commented that Mr P Reith – Secretariat Manager would be retiring from the Board after 40 years service in various capacities. The Board wished to thank Mr Reith for his exemplary service and wished him all good wishes in his retirement.

Declaration of Financial and Non-Financial Interest

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

44. Items for Approval

44.1 The Chairman reminded members that the agenda for the current meeting had been circulated previously to allow Board members to scrutinise the papers and advise whether any items should move from the approval to the discussion section of the agenda. The Board agreed that item 1.4 'Primary Care Update' should be moved to the discussion section of the agenda.

44.2 The Chairman sought and received the approval of the Board to accept and agree the following recommendations contained in the previously circulated "For Approval" papers without further discussion with the exception of agenda 1.8 'Board Development Sessions' where it was agreed that the January 2017 Board Development Session was too early to hold a finance presentation. The development programme was agreed subject to this amendment being made.

44.3 Minutes of the Previous Board Meeting held on 5 October 2016 – Approved.

44.4 Running Action Note – Approved.

44.5 Corporate Risk Register – The Board accepted this paper as assurance that the corporate risk register contained all appropriate risks, which were contained in section 3.2 and set out in detail in appendix 1, and to inform assurance requirements.

44.6 The Board also acknowledged that as a system of control, the governance committees of the Board had been asked to assess the level of assurance provided to the committees with respect to plans in place to mitigate the risks pertinent to the

Board as set out in the quality and performance report and associated committee papers.

- 44.7 Health Promoting Health Service – The Board agreed the recommendations contained in 2.1 – 2.12 of the circulated paper.
- 44.8 Staff Governance Committee Terms of Reference – The Board approved the revised terms of reference for the Staff Governance Committee.
- 44.9 Appointment of Pharmacy Practices Committee Members – The Board approved the appointment of two deputy contractor pharmacist members, Mr Naveen Ramdeehul and Mr Philip Galt and one non contractor pharmacist member, Mr Alan Glauch to the Pharmacy Practices Committee. These appointments would be for a 4 year term, commencing from the date of approval from the Board.
- 44.10 Finance and Resources Committee – Minutes of 13 July and 14 September 2016 – Endorsed.
- 44.11 Healthcare Governance Committee – Minutes of 27 September 2016 – Endorsed.
- 44.12 Staff Governance Committee – Minutes of 26 October 2016 – Endorsed.
- 44.13 East Lothian Integration Joint Board – Minutes of 25 August 2016 – Endorsed.
- 44.14 Edinburgh Integration Joint Board – Minutes of 16 September 2016 – Endorsed.
- 44.15 Midlothian Integration Joint Board – Minutes of 18 August and 15 September 2016 – Endorsed.
- 44.16 West Lothian Integration Joint Board – Minutes of 18 October 2016 – Endorsed.
- 44.17 Review of Standing Financial Instructions – The Board approved the revised standing financial instructions.
- 44.18 Review of the Scheme of Delegation – The Board agreed the new principle within the scheme that the Director of Finance was authorised to approve any amendment to the scheme which might be required to keep it up to date with the management structure. The Board also approved the revised scheme.

Items for Discussion

45. Primary Care Update

- 45.1 The Board noted that the circulated paper had been produced by Mr D A Small, Joint Director East Lothian Health and Social Care Partnership who was unable to attend the Board meeting due to a prior commitment. It was agreed that Professor McMahon would speak to the paper on his behalf.

- 45.2 The Board noted that the paper detailed well rehearsed issues around primary care pressures prevalent both within NHS Lothian and the wider United Kingdom particularly in respect to access to primary care.
- 45.3 The Board noted that in recognition of the problems assailing primary care an IJB (Integrated Joint Board) hosted summit had been held on 29 September 2016 to develop a shared set of primary care priorities for the IJBs and NHS Lothian. It was noted that a report on the summit was in preparation and would be distributed to all attendees, the IJBs and to primary care teams across Lothian. It was noted that the Board was already aware of the commitment to invest £5m in primary care over the next 3 years.
- 45.4 The Board noted that the Medical Director designate would be take a lead role in determining the best way of investing the additional recurrent funding in terms of providing additional capacity and access to primary care. It was noted that the process would not just be around access to general practitioners but also about community nursing which was currently a stretched resource with there being significant Health Visitor turnover. Pressures in Health Visiting were being examined in partnership as this represented a key leadership role and had an impact on the ability to get people to stay within the community for treatment.
- 45.5 The Board noted that a statement had been made about the Scottish Government intention to provide resources for primary care although the detail of this had yet to be clarified. There was currently no information on the new general practitioner contract. The paper had therefore been drafted by making assumptions around known issues in Lothian like the fabric of premises and the difficulties around recruitment of general practitioners and wider staff members as well as the retention of general practitioners in respect of contractual issues.
- 45.6 The Board noted that Mr Small had asked that the Board take moderate assurance around the fact that discussions were being held to develop primary care within NHS Lothian.
- 45.7 The Board noted that a number of premises issues were being experienced and that a number of general practitioners were struggling with leases and partners leaving the business. A position paper would be submitted to the Finance and Resources Committee in June 2017 around the Boards position in respect of premises in order to obtain a consistent approach for when general practices got in to difficulties or practices were being wound up.
- 45.8 The Board noted that a similar East Lothian summit had engaged general practitioners who had shown a willingness to participate in discussions. It would be important that the Board recognised the desire of general practitioners for ongoing engagement when the primary care strategy was developed. The question was raised about how NHS Lothian was attempting to influence the new GP contract. In addition the point was made about the need to recognise planning considerations and the fact that Edinburgh was at the forefront of how general practitioners surgeries were provided in the future. A particular reference was made to the fact that housing developments impacted on the primary care position and needed to be considered and influenced by the Board in future. It was recognised that the establishment of cluster arrangements would be a useful tool

for NHS Lothian as it would take a view on how services should come together in future. The question was also raised about the need to take account of the extent that capital investment impacted on other practices. The point was made that Integration Joint Board Directions needed to discuss primary care requirements from an NHS Board perspective.

- 45.9 The Board were advised in terms of influencing policy that every attempt was made to do this through contacts and engagement with the Scottish Government through both professional and policy forums. At the summit meeting it has been agreed that NHS Lothian could not await any national direction and that there was a need to progress work locally. The Board Development Session in January 2017 would focus in the acute hospitals plan to ensure there was speak across into any emergent primary care strategy.
- 45.10 The Board were advised that an early leadership role for the Medical Director Designate would be part of the framework of developing an integrated view of the work including locality areas and to understand the challenges being faced by primary care. A Primary Care Programme Board would be chaired by Dr Gilles which would provide bridges to other strategic areas. The planning process in 2017 would take more of an overarching view of primary care development.
- 45.11 The Board noted that a similar paper had been discussed at the Healthcare Governance Committee the previous week where it had been noted that Health and Social Care Partnerships were also sighted on the agenda. The committee had taken limited assurance from the paper with a request that a further update be brought back to the next meeting addressing some concerns raised during debate. The Chairman commented that this was an important part of the process given the need for the Board to be assured of progress.
- 45.12 It was noted that there was a UK wide problem in recruiting general practitioners. It was further noted that the University of Edinburgh were planning to organise a summit around reenergising careers in general practice with a report expected to be available by summer 2017.
- 45.13 In terms of assurance the point was made that issues had to be considered around the availability of a programme for GP sustainability and that there was a need to see evidence of reduced sustainability risks. The point was made that until there was evidence of managing risks that it would be premature for the Board to accept the recommendation that moderate assurance could be taken. There was also a need to consider how effectively the system worked and linked with national work. It was noted there was some evidence that young doctors were not interested in becoming part of a GP partnership and owning premises and that there would be merit in considering a mixed GP economy in the future and this had been discussed at the Edinburgh IJB. The General Practitioner Subcommittee had produced a helpful report which took discussions forward and it would be beneficial to have acknowledgment that this report had received a good airing as part of the evidenced base for confirming that the views of local people were listened to.
- 45.14 The Chairman commented that from the views of the Board that he was assuming that limited assurance was being taken from the paper rather than moderate.

- 45.15 It was noted that following the GP summit meeting referred to earlier that IJB Chief Officers had undertaken to return to their geographical areas and identify priority proposal for the £5m of recurrent expenditure. It was stressed that any further proposals would take full account of the GP Subcommittee Report as well as any other national reports and available intelligence.
- 45.16 The Board were advised that early debate was underway around how to demonstrate additionality from the new resources in terms of improved access and how this should be measured in order to demonstrate a positive impact from the additional investment.
- 45.17 It was noted that in East Lothian a follow up to the summit meeting had been held. In that regard it was noted that integrated care fund initiatives had been positively received with negative aspects also being recognised. Engagement with GPs had been positive with a recognition that there might be a need to look at a different model in future.
- 45.18 The Board commented on the need to have a joined approach between primary care and secondary care. It was noted that discussions were already underway with the Medical Director Designate and senior planning colleagues. In terms of governance there was a need to map out and agree for the next financial year the work that needed to be undertaken. Part of this process would be to consider capital implications in terms of physical capacity. In that regard it was reported that the capital plan for the next 10 years was not affordable and there would be a need to look at priorities across both primary and secondary care. Moving forward it was felt that there would be a need to think out of the box and that this would involve the engagement of the third sector. Within the Health and Social Care Partnerships and the third sector there would be a need to develop an equal system for delivering new models and to ensure that this was evidenced and consequential impacts considered as the process moved forward.
- 45.19 The Board noted that Integration Joint Boards needed to be aware of opportunities for primary care development and to ensure appropriate links with the developing hospital plan. It was noted that high level discussions at Board level were required with the attendance of Chief Officers and other senior officers.
- 45.20 The Board received the circulated paper and agreed that it provided a limited degree of assurance and that there was a need to move and upscale progress moving forward.

46. Financial Performance and Forecast Outturn 2016/17

- 46.1 The Board received an update on the discussions that had been held at the Finance and Performance meeting the previous week. It was noted that 2 key issues had emerged through this debate. The Finance and Resources Committee had been concerned about the level of efficiency savings to be delivered by the year end within the context of being asked to accept moderate assurance. It was noted that the Finance and Resources Committee had been advised that the yearend forecast had been made based on financial planning meetings with Directors and senior managers and it was through the outcomes of these sessions

that it was believed that breakeven could be achieved at the end of the financial year. It was noted that in month 7 for the first time financial performance had been at breakeven.

- 46.2 The second issue of concern for the Finance and Resources Committee had been around the quality agenda in the medium to longer time frame and the need to focus on efficiency opportunities across the system and the need for a blanket approach. It was noted that the efficiency and productivity workplan would focus on this area with specific emphasis on any areas causing concern.
- 46.3 The Board discussed the possible impact of winter and the ability to retain the current position around minimum bank and agency usage. The importance of recognising issues around patient safety and quality were emphasised.
- 46.4 Discussion ensued around the management of the yearend financial position and how this related to Integration Joint Boards with specific emphasis on the use of the social care fund. The point was made that it would be important to see the impact of the social care fund on reducing delays. It was noted that this work remained work in progress and that efforts were being made to reach agreement with all 3 partners within each of the IJBs for financial allocations for 2017/18. It was noted that moving forward transparency around this process would be critical particularly in respect of set a side budgets and issues like the prescribing overspend.
- 46.5 A number of Board members commented that while they welcomed the assurance around breakeven at the end of the financial year that they would also seek assurance around any potential impacts on capacity. The Board were advised that the financial plan focussed on low to medium recovery plans and that consideration had not yet been given to high risk areas.
- 46.6 The Board were advised that there had been some discussions around the in year use of the social care fund and whether this had been utilised as anticipated. It was suggested that although there had been some confusion around the usage of the fund in the current year that it was anticipated that allocations in future would come with more clarity around utilisation and what this should be expected to deliver.
- 46.7 The Board received and noted the feedback from the Finance and Resources Committee's consideration of the moderate assurance provided on the achievement of financial balance by the yearend. The Board also supported the approach to the delivery of breakeven across IJBs through the distribution of NHS Lothian's corporately held flexibility.

47. Quality and Performance Improvement

- 47.1 The Board noted that each performance measure had been aligned to a nominated Board Committee for the purposes of assurance. Those committees were now seeking to answer the question around what assurance they took that actions described would deliver the outcomes required within an acceptable timescale when considering Director's reports. It was noted that a common grading approach

had been agreed by committee Chairs the details of which were summarised in the paper.

- 47.2 The Board noted that both the Health Care Governance Committee and the Acute Hospitals Committee had met recently and were now using the above process much more intensively with the committees focusing on areas of responsibility and accountability with a key focus around levels of assurance. It was noted that the Health Care Governance Committee at its recent meeting had focussed on Child and Adolescent Mental Health Services and psychiatry whilst the Acute Hospitals Committee had focussed on the 4 hour target, unscheduled care and stroke. Both committees had received presentations around the delivery of targets. It was noted however that until these processes were firmly embedded that the Board would continue to receive the currently circulated paper which it was recognised did result in some duplication albeit usefully so.
- 47.3 The Board commented that the narrative in the paper needed to be more relevant and timely. The performance team were looking at the revised need and level of information that would require to be provided once the new ways of working had settled down at committee level.
- 47.4 The Board noted that in outpatients and treatment time guarantee areas that performance had worsened. The Acute Hospitals Committee had been critical of the position in respect of outpatients. Cancer 31 and 62 day performance and returning diagnostics had also worsened. The position in urology, colorectal and gastroenterology services was explained to the Board.
- 47.5 It was noted that the delayed discharge position had been discussed in many forums and although performance had improved slightly in some partnerships this was still a significant area of concern in the move into winter.
- 47.6 The point was made that the measurement for patient experience was showing in one part of the paper as performance not yet met whilst under the risk register it was showing as green performance achievement. It was noted that such inconsistencies needed to be addressed.
- 47.7 The Acting Chief Executive commented that he took on board the point made and commented that there was a need to look at data and ensure that the same data sets and timeframes were being used to ensure consistency of numbers being reported to the Board.
- 47.8 The Board noted as a consequence of timing issues that the most recent minutes of the Healthcare Governance Committee were not available for the Board to consider. It was noted that these would have demonstrated that the new assurance framework was being adopted and the minutes themselves would be able to provide assurance to the Board around various aspects of performance. The point was made in response that the new process needed to work its way through the system in respect of work programmes. Until that assurance was available then the currently circulated performance paper would continue to be provided in order to complete the assurance cycle.

- 47.9 The point was made that there would be benefit in considering to what extent priority was given to the performance areas that were going in the wrong direction. In particular if performance was worsening against the rest of Scotland it would be important to reflect this through identification of local relative priorities. It was noted that the Risk Management Committee used the risk register to determine areas of particular focus for consideration by the committee.
- 47.10 The point was made that it was difficult to imagine how the Board could take assurance across respective committees given that all committees had different targets allocated to them. The point was made that this was part of the development of the process moving forward and had been reflected in the presentation made to the Acute Hospitals Committee as part of its process of exercising more scrutiny. It was agreed in principle that committees would report back on the degrees of confidence that they had around areas where they had a particular focus.
- 47.11 The Chair of the Audit Committee commented that when changes occurred month on month that were not significant that if these were evaluated on a month to month basis that this would not necessarily provide a true performance position. She commented that there was a need to actively track performance around timelines using appropriate data. The Board noted that a similar issue had been raised at the Healthcare Governance Committee in respect of Child and Adolescent Mental Health Services where the committee had agreed to focus on the longest wait and had accepted that so long as the remainder of performance stayed within agreed parameters that this would be accepted unless there was any issues around significant statistical change.
- 47.12 The Board questioned why it was being asked to accept the report of assurance that performance on 12 measures was currently being met when in fact 22 measures were not being met. It was agreed that this was a fair point and would be addressed in future iterations of the paper.
- 47.13 The Board noted that there was now an appropriate focus on areas not meeting targets despite people working as hard as they could to achieve required outcomes. It was noted that there was a need to ensure regular input and horizon scanning of upstream interventions to ensure that performance did not remain in the red category despite significant actions being taken. There was also a need to provide assurance around the quality programme and upstream interventions. Consideration also needed to be given to whether the Board required all the papers that it was currently receiving or whether these could be amalgamated into fewer publications.
- 47.14 The Board noted that transformational change took place through sustained and long term initiatives and that the Board should support transformation over time as it would not be possible to continue to do the same things and obtain the same outcomes.
- 47.15 The Chairman commented that there was a need to ensure that all stones had been turned over in respect of addressing performance and that if the Board could receive assurance that everything possible was being done then this represented a different nature of assurance.

- 47.16 The Board discussed the impact of health champion work like the bowel screening programme and other Government led initiatives and the impact that these had on the ability to sustain the acute sector. It was suggested that the relationship in respect of prevention and its impact on the service needed to be addressed. It was suggested that the natural place for these discussions to be held would be through the Strategic Planning Committee.
- 47.17 The Board noted that the Acute Hospitals Committee had discussed the broader criteria that was impacting on specifically the 4 hour target and had downgraded its assurance to limited assurance based on the fact that although it remained confident that everything possible was being done that some issues were outwith NHS Lothian's control as a consequence largely of national requirements.
- 47.18 The potential issue of unintended consequences of the Board delegating risk was discussed. It was noted that because the Board would not be seeing the level of detail that specific committee members would receive that some Board members might feel that they were not feeling as well informed as they might wish to be and that this represented a parallel risk. It was noted that this was a reasonable point and that consideration should be given around how to make data and assurances transparent to Board members.
- 47.19 The point was made around the need to consider NHS Lothian performance delivery against all other Health Boards and to also take the opportunity to learn lessons around good performance from elsewhere. The Board were advised that at management level information was looked at on a weekly basis to track performance across the whole of NHS Scotland. It was noted that a granularity of data had been used at the Acute Hospitals Committee around outpatients and treatment time guarantee discussions with it being noted that all Health Boards were experiencing capacity issues that were not sustainable. The Board noted that any increased opportunities to match against national performance would be taken as it was always the intention and focus to make sustained performance improvements.
- 47.20 The point was made about whether it would be appropriate for committees like the Healthcare Governance Committee to make recommendations to the Board about the level of assurance being provided and if there were exceptional issues causing concern despite the best efforts of staff then this should be highlighted. This process would mean that the Board would consider only issues of high concern and accept the recommendations of governance committees on the basis that these have been looked at in detail at committee level. The point was made that part of the issue was around the synchronisation of papers coming to the Board although the point was made that papers could be submitted to the next available Board meeting following committee consideration.
- 47.21 The point was made that once work programmes were established it would be possible for committees to publish their findings and that this would be used to ensure that there was no duplication of reporting at Board level. The Chairman commented that he felt that the process now represented a significant improvement and that issues were now being considered on a more holistic basis.

47.22 The Board noted the updated Performance Report.

48. NHS Lothian Quality Directorate Progress and Next Steps 2016/17

48.1 The Board were reminded that around 12 months previously discussion had been held around funding to undertake a significant transformational change in Lothian. The purpose of the paper before the Board was to report on what had been done since then and the impact of work as well as giving an indication of a work programme for the future. The purpose of the paper was to look to the Board for direction as well as detailing the scale of progress.

48.2 The Board noted that the Chief Quality Officer saw his role as being a catalyst for the management of continuous quality improvement and that this would require capacity, capability and a cultural willingness to engage.

48.3 The Board noted that early work had been to look at high performing organisations like Intermountain who invested in capacity and placed a strong focus on clinical teams as well as the scientific approach to quality and performance.

48.4 The approach in 2016 had tried to use these building blocks in Lothian. The resultant training programmes had purposely been designed for people who normally did not receive such opportunities. A leadership programme had been established with a first tranche of work having been undertaken in the summer with the second tranche just having recently been completed. A full evaluation of this work would be undertaken with lessons being learned from the first and second iterations of training opportunities. The Board were advised that the capacity training programme had been over subscribed and would be re-run in 2017 to meet demand and to offer opportunities to train people who worked on the frontline in order to develop a local ability to undertake quality work.

48.5 The Board were advised that the clinical quality programme process had decided to look at areas of the service that were under pressure. The intention was to take these services and make it easier to manage actions that would result in a quality improvement. Part of the process was to ensure easier access to information and to facilitate a better understanding of what the data meant. A key part of the ethos of the programme was to give people space to think and to provide project management support to move aspirations into reality. The Board noted that cancer, mental health and stroke were focuses in the initial phase and that continuous quality programmes had been established in these areas by supporting colleagues with the eventual hope that these services would become self sustaining. The intention was now to focus on a range of other services having learned the lessons from the initial phase.

48.6 The Board noted that future work was to provide services with tools they could use and to look at options for services to engage in different ways. The Clinical Change Forum process had been evaluated with feedback suggesting that colleagues who had presented felt they had benefitted from the support that they had received from Executive Director engagement and this had reflected in positive evaluation outcomes. The intention was that the programme for the forthcoming year would have a 50% focus in communities.

- 48.7 The Board were advised that for 2017/18 the intention was to use resources received from the Scottish Government and Scottish Enterprise to improve innovation capacity. There was a need to look at the current perceived barriers to innovation and to prior position Lothian at the hub of some innovative organisations. The whole process was reported as being around transformational change with it being accepted that to some extent progress could only be taken one step at a time.
- 48.8 The Board recognised the huge amount of information and detail available. In terms of updates and assurances it would be important to be able to reflect the impact at ward level to demonstrate improvements through innovation being reflected in the care and treatment of patients. It was noted that some of these issues were currently being addressed and that there was a monthly update meeting at the steering committee where a highlevel report was produced with significant detail sitting behind this. It was noted that this route was also providing input to the Healthcare Governance Committee in respect of improving the stroke performance outcomes.
- 48.9 The point was made in respect of a resource evaluation framework that part of the process should be qualitative in terms of the impact and added value that was being felt through the training process. It would be important for this process to assure the Board that the outputs for the investment made were reasonable. The suggestion was made that frontline teams were aware of the costs involved in providing care and that this was evidenced through the positive approach being adopted to realistic medicine.
- 48.10 The point was made in terms of process around improvements relating to cost savings that this was work in progress and not yet ready for workshop discussion. It was felt however that by teaching people to understand variation and the impact on resources the financial aspects of the agenda were already being considered.
- 48.11 The Chairman referred to the previous Board Development Session where the evidence of delivery had been exciting.
- 48.12 The transparency of the report was commended with the point being made that the 'Triple Aim' relationship was useful particularly in respect of the desire to improve the link in performance management reporting and to track this over time in respect of impacts achieved.
- 48.13 The point was made in respect of recommendation 2.3 of the paper about what updates and assurances would be required for the implementation of the quality management system going forward that the impact on finance would be important. It would be also important to demonstrate from the Boards perspective where the quality impact had been. The suggestion was made that this should be taken forward on a Scottish wide initiative basis supported by the National Services Scotland and Healthcare Improvement Scotland.
- 48.14 The point was made that a key question was how the Board would measure the dividend and the complexity of changing culture as well as continuing to look for improvement through innovative approaches. It was noted that the availability of

such outcomes would need to be explicit particularly if it was intended to convince the rest of Scotland of the benefit of the quality change approach.

- 48.15 The suggestion was made that it would be beneficial if a dedicated session could be arranged for Board members to look at the impact of delivering the programme as well as identifying what success would look like with a key focus around deliverability for future investment considerations. The point was made that although the logic for the clinical focus was understood that there would be benefit in also making the training available to non clinical colleagues given that progress was dependant upon everyone operating as a team. The Chief Quality Officer commented that he was happy to welcome the engagement of non clinical areas. He commented in respect of any potential roll out across the rest of Scotland that this would require to be approached carefully as there was a need to understand the level and depth of the programme before extolling its virtues to a wider audience. It was noted that National Education Scotland were considering the provision of training opportunities to middle management.
- 48.16 The Chief Quality Officer commented in respect of defining success that discussions were already underway in respect of the impact of the process through the Stroke Programme Board. It was suggested there was a need to use a multi dimensional approach to measuring impact with a challenge being to identify the areas where investment had the most impact.
- 48.17 Mr Johnston left the meeting.
- 48.18 The question was raised in respect of 2017 development and the snapshot being provided to the Board whether there was a funding shortfall that would be coming forward to the Board for investment consideration. It was felt that this question reiterated the need for the separate Board session as a lot of the answers would be quantitative rather than qualitative. There was also a need to consider the timing of the measurement framework as reporting on a month on month basis might camouflage some of the quantum leaps that might be made through the process.
- 48.19 The Board noted that the steering committee reported into the Corporate Management Team and that regular update reports could be provided to the Board if desired. The Board were advised in terms of financing that this was not an immediate issue and that the normal process of seeking resourcing through the normal financial budgetary setting process would be followed.
- 48.20 The Chairman congratulated the Chief Quality Officer on the paper and the informative response to Board members questions in particular welcomed the detail of actions already undertaken as well as the forward look into the next years programme.
- 48.21 The Board agreed the recommendations contained in the circulated paper.

49. Healthcare Associated Infection

- 49.1 The Board noted that the paper before them was the standard Healthcare Associated Infection report. The Board were reminded that it was a requirement of the Vale of Leven recommendations that the Board should be regularly sighted on Healthcare Associated Infection.
- 49.2 The Board were advised that the Clostridium Difficile incidences had reduced and that NHS Lothian was predicted to meet its target for the first time in a decade. It was noted that this had been achieved through strong multi professional working and that the revised antibiotic prescribing process had influenced the rate of C-Difficile.
- 49.3. It was noted that following the Clostridium Difficile outbreak at St John's Hospital that issues around the provision of antibiotics to the frail elderly was paying positive dividends and that there had been no reoccurrence of the incident and no reported C-Difficile cases in September 2016.
- 49.4 The Staphylococcus Aureus Bacteraemia position reflected a similar position across the rest of Scotland. It was noted that the use of invasive devices was a cause of bacteria. It was noted that the Staphylococcus position in the Western General Hospital had been the lowest recorded and this suggested progress was being made. One case of Staphylococcus had been reported in September.
- 49.5 The Board noted that 50% of cases of Hospital Associated Infection related to the community and in particular in respect of soft tissue infection. As previously reported to the Board there was a concern in respect of intravenous drug users.
- 49.6 The Board agreed the recommendations contained in the circulated paper.

50. Better Information, Better Decisions, Better Care

- 50.1 The Board were advised that as highlighted elsewhere on the agenda information was seen as a fundamental component of the quality management system. It was noted that in order to pursue this approach the Lothian Analytical Services had outlined the manner in which it would support clinical and managerial decision making in the organisation. The Board were advised that it was being suggested that the views of stakeholders be sought on the proposals around information provision although it had already been discussed with key parties during the early stages of its formation process. It was noted that moving forward the process would involve discussions with key clinicians and managers on how information needs were currently met and views on how they ought to be fulfilled in the future. This would allow both amendment and prioritisation to the strategy to be determined permitting the identification of necessary resources to support its implementation. It was also being proposed that the Strategic Planning Committee would oversee the further development and implementation of the proposals in the document.
- 50.2 The Board were advised that at this stage the document did not identify timelines, costing, prioritisations or actions and that these would be developed through the consultation process.

- 50.3 A comment was made that the paper was easy to read with the question being posed around links into the Health and Social Care Partnership as it was felt that single issues would be prevalent. Mr Jackson commented that this was already in place with social care and that people were working to improve information around the whole system. The paper had been shared with Chief Officers of the Integration Joint Boards as well as other organisational stakeholders. It was felt that it would be important that access to the whole range of data was available as widely as possible. The Board were advised that there was a real desire to share data warehouses and for an understanding to be developed on how far data reflected reality.
- 50.4 The point was made that there was a disconnect currently in respect of how information was held and conveyed to other parts of the organisation. The Board were advised that part of the work around the consultation process would be to have debate with clinicians about where they got their information from and who undertook the analysis of that in order that they could understand it more clearly and use it to make links within their own services. The intention would be to make as much information available centrally as possible.
- 50.5 The point was made that the actions around levels of confidentiality and who could access information required to be looked at with a view to making things as transparent as possible. The point was made if this direction of travel was accepted there would be a need to work with the Caldicot Guardian and information governance colleagues around the level of detail of information that could be released.
- 50.6 The point was made in respect of a holistic risk assessment that it would be important to understand the extent of common data that was available across the whole of the NHS which could be held centrally and in a way which did not duplicate the work detailed in the Lothian approach. The Board were advised that some of the analysts used within NHS Lothian were employed by the Information Services Division and were therefore familiar with national systems and were able to work on data to a greater degree of granularity than might normally be the case.
- 50.7 The point was made that previously a pilot had been undertaken on the use of the integrated resource framework using community health index linked data. It was noted that pilot work was being undertaken on behalf of ISD around clinical and radiological data.
- 50.8 The Board noted that whilst the value of data in managing the service was important it would also be critical to ensure that human dimensions were not forgotten. Interpretating data was a specific skill set which was immeasurable and it was for that reason that there was significant benefit in having data analysts embedded within management teams.
- 50.9 The point was made that there was a requirement to develop the analyst role into working with strategic planners within the IJB's as changes to services would come through IJB strategic plans and directions. It was noted that a recent initiative in East Lothian had been useful in identifying needs. The point was made that there was a need to consider how best to devolve analytical support whilst not

diminishing NHS Lothian's requirements. The Chairman commented that this should be part of the debate at the Strategic Planning Committee.

- 50.10 The point was made that a key function of analytical staff should be to act as strategic provocateurs in terms of strategic ownership.
- 50.11 The point was made that good data provided action levers to pull in areas like delayed discharges and that this type of work was vital to the functioning of IJB's. The connectivity to information technology was currently missing and it was important to recognise that data did not exist in isolation. It was agreed that it would be useful to see the importance of e-Health reflected in future iterations of the document. The Board were advised that the Director of e-Health had been asked to come back with a response on how best to support the process moving forward.
- 50.12 The Board agreed the recommendations contained in the circulated report and in particular the fact that the Strategic Planning Committee would act as the overview vehicle.

51. Person Centred Culture

- 51.1 The Board noted that the detailed report evidenced that improvements were being made including how responses were made to complaints, how lessons were learned and the investigatory process itself.
- 51.2 The Board noted that the Scottish Public Services Ombudsman (SPSO) self assessment process had been completed for all parts of the organisation and had been factored into the overall action plan. The Board noted that a response would be submitted to the SPSO advising that previous recommendations had been addressed to include the fact that visits had been made to exemplar organisations identified by the SPSO.
- 51.3 A specific area of response would be in respect of the improving position around the upholding of complaints which was now showing a positive trend. It was noted that previously concern had been expressed that the SPSO was upholding more complaints than NHS Lothian. A specific point would also be made in respect of prison complaints.
- 51.4 A specific exercise had been undertaken looking at the complaints processes in women and children's services, the Western General Hospital and prison health complaints.
- 51.5 A working group had been established under the Chairmanship of Mrs Hirst. Issues had emerged around the 'tell us 10 things' (TTT) process and this had been discussed at the Healthcare Governance Committee as well as the Audit and Risk Committee. A key issue was the capacity available to implement new guidelines from 1 April 2017. Consideration was being given to writing to the Scottish Government explaining how challenging this would be across Scotland. National concerns about the new complaints process were discussed with it being noted this was being piloted in Fife. A particular issue was that not all Health Boards used

Datix. There were anxieties across systems about the proposed implementation date with there being a need for an awareness raising process about what stage 1 local resolution looked like.

- 51.6 Reference was made to paragraph 3.1.2 in the paper in respect of 2 specific local measures aligned to the TTT survey programme. This issue had been discussed and amendments agreed by both the Healthcare Governance Committee and the Audit and Risk Committee.
- 51.7 The Board recognised that the complaints department were under pressure and were subject to high staff turnover rates. The point was made that the use of the term complaints was subjective and that the same level of scrutiny should be applied to concerns raised by patients and others. The Board were advised that for returns to Information Services Division that there were clear distinctions between complaints and other forms of contact with complaints data being the critical area of feedback. In addition it was important to recognise that some patients did not want to raise complaints formally although how complaints and other contacts were managed did not differentiate in terms of the Datix approach.
- 51.8 Ms Morrison commented that she was keen to work with Mrs Hirst and others on the requirements post 1 April 2017 and that this had been discussed with the communications department. Moving forward there was a desire to use case studies in the reporting process.
- 51.9 Mrs Hirst commented that the issue about raising concerns rather than complaints was well made and that additional resource was needed to look at learning and development as this was essentially where the work started after the complaint had been dealt with.
- 51.10 The point was made that a key issue raised by the SPSO was about sharing learning and that there would be benefits in presenting this process at the Clinical Change Forum.
- 51.11 The Board noted that the Audit Committee had agreed to change its risk appetite from 9 to 8.5. The Board agreed this approach.
- 51.12 The Board agreed the recommendations contained in the circulated paper with the inclusion of paragraph 3.1.2 in the paper which read as follows: - 'there are two specific local measures aligned to the TTT survey programme; the first is an overall response rate of 10% based on a calculation of the number of discharge and transfers from each ward area that participates in the survey and the number of completed surveys returned. This measure was agreed with the Nurse Director and the Associate Nurse Director / Chief Nurses as an initial measurement with an ambition to incrementally increase the response rate over time. The second measure was to achieve an average score of 9.5 out of 10 for question 10 where patients rate their overall care experience. Agreement in principle was made by the Healthcare Governance Committee at their May committee meeting to amend this so as it was in line with the National Persons Centred Health and Care Programme. This proposal had been to the December meeting of the Audit and Risk Committee with a view to recommend this amendment being made by the Board to approve this'.

52. Lothian Hospitals Plan

- 52.1 The Board noted that the Lothian Hospitals Plan had been alluded to in the primary care paper and that there was absolute connectivity in respect of planning links with IJB directions particularly in respect of unscheduled care.
- 52.2 The Board noted that the paper built on the extant Our Health, Our Care, Our Future and took this to a new level particularly around the previously identified strategic stakes in the ground. The paper brought a focus around consultation particularly as people would now have an interest around the detail of individual site provision.
- 52.3 Mr Briggs detailed the process in developing the Acute Hospitals Plan advising it would be discussed at the Strategic Planning Committee the following day.
- 52.4 The Board noted that strategic headlines were being developed for each site and this would primarily identify what each site would deliver.
- 52.5 A key issue was also around the role of the IJBs with it being noted that it had been a deliberate tact not to focus detail around delegated functions as it would be for IJBs to set the directions.
- 52.6 The consultation process was explained in detail particularly in respect of 'set aside' and medical issues. It was noted that in the new world there would be a need to engage clearly and closely with IJBs as the acute hospitals plan would impact significantly on their own strategic plans. It was noted that significant detail still required to be build in to the plan and that this would be discussed further at the Board Development day in January and it would be important to engage with IJBs before that event occurred.
- 52.7 The recommendations contained in the circulated paper were agreed.

53. Paediatric Programme Board Update

- 53.1 Mr Walker as Chair of the Paediatric Programme Board provided a positive progress report advising that Mr Hill was also involved with the Board. It was noted that the Programme Board had met on numerous occasions and was now meeting on a monthly basis. The Board noted that there had been a lot of progress made around paediatric care in Lothian and not just around the rota at St John's Hospital. It was noted that the appendix to the paper demonstrated progress on the 31 Royal College recommendations all of which were moving forward albeit yet not complete.
- 53.2 The Board noted that recruitment had formed an important part of the Programme Board work. The Board noted the successful recruitment drive that had secured the appointment of 6 consultant paediatricians against an advertised 8 posts. These consultants would work pan Lothian and all would participate in out of hours work at St John's Hospital as per the recommended model described at option 1 in the Royal Collage of Paediatrics and Child Heath Report. The Board also noted

the decision to readvertise 2 consultant paediatrician posts in order to secure the longterm future of 24 hours paediatric inpatient services at St John's Hospital.

- 53.3 In terms of readvertising the 2 consultant paediatrician posts it was noted there were a number of people finishing their training in August 2017 and that the advertisement would be placed to coincide with that event. The Board were advised that 2 advanced nurse practitioners had been recruited and were in training as it had been felt that this was a key resource.
- 53.4 The Board noted that the St John's rota was reasonably stable albeit it did still contain some fragility as some of the existing team were supporting the rota whilst new recruits came into the system. It was noted that this inevitably put pressure on individual members of staff. The Programme Board felt that the uncovered shifts were manageable and that there was now 3 external locums supporting the process.
- 53.5 Ms Mitchell commented that it was tribute to the St John's team that they had agreed to support the service from September to the end of January until extra recruitment could be put in place. Had this offer not been made the service would not have been sustainable.
- 53.6 The Chairman commented that significant progress was being made and that the position was in a much stronger position than had been the case two months previously albeit still not without risk.
- 53.7 The point was made that it was important to recognise that the whole process had not solely been a reaction to the St John's situation. The Programme Board had targeted clinicians from across Lothian and it was important to recognise that appointments had been undertaken on a joint basis.
- 53.8 Mr Walker commended the involvement and engagement of the management team lead by Ms Mitchell. Mrs Hirst commented that the system should actively celebrate the positive work and outcomes.
- 53.9 The question was raised about what lessons could be learned about making other services operate on a pan Lothian wide basis. Ms Mitchell commented that she felt that currently a significant number of services already operated in this way. She commented that there had always been a degree of flexibility between the Royal Hospital for Sick Children and St John's Hospital although this process had taken it to a new level.
- 53.10 Mr Walker commented that getting the correct people and participants involved in the process from the outset had been instrumental to its success. It had been key to ensure that all areas of the service had been represented and that this had led to an increased quality of debate.
- 53.11 Mr Hill pointed out to the Board that this was another area where Mr Walker had made a significant personal and individual input and that his personal approach had set the tone for the Programme Board and ensured its effectiveness and ongoing momentum.

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

54. Ensuring the Right Thing Happens in Practice

54.1 The Board noted that both the Chairman and Mrs Goldsmith had discussed the paper and felt that it was a significant and embracing approach about how to manage governance and processes within a large organisation. It would be important to be careful about how to take this forward in order not to lose momentum.

54.2 The Board noted that a key issue was around changing the organisational culture. The work had been progressed in response to an internal audit report which had conceded that good systems and policies were in place although it could not give assurance that staff were actually following policy. The Audit and Risk Committee had also been concerned about this issue and had been clear about the breadth of work that had been undertaken and had been keen that the Board was sighted on progress made.

54.3 The Board noted that the key issue was around culture and how to obtain assurance that operational policies were being followed. It was noted that there had been significant discussion around responsibilities in this area through the Corporate Management Team particularly in respect of the need to support staff to do the right things and to take risks where appropriate.

54.4 Mr Payne spoke to the circulated paper commenting that the ethos was to try and make it easy for people to do the correct thing. There was also a need to ensure that processes were systematically implemented and he felt that this demonstrated another example of a continuous improvement programme. It was noted that ongoing conversations were continuing in respect of the implementation process.

54.5 The Acting Chief Executive commented that this was a significant and huge piece of work and that a key issue would be to ensure that resource was available to support that described in the paper. He commented that it was part of his ambition to ensure that resources were available and leadership deployed to deliver on the recommendations and to recognise the implications of this.

54.6 Mrs McDowell commented that she commended the report to the Board as a good example of wide ranging work and felt that it should also be considered at the Staff Governance Committee. Mr Payne confirmed that this would be arranged. It was noted that the paper before the Board recorded significant assurance whereas the Audit and Risk Committee had only recorded a moderate level of assurance at their September meeting. Mr Payne commented that the level of assurance suggested in the Board paper was in respect of the fact that the action plan was being overseen and that the November debate at the Audit and Risk Committee had been around definition.

54.7 The point was made about when a policy was not mandatory. In response it was advised that all policies were expected to be followed although the mandatory ones were developed through a narrowing down of the criteria. Reference was made to Audit and Risk Committee discussions around the management of the sickness

policy. Mrs Butler commented that there were infrastructure issues about implementing the process and there was a need for assurance that the infrastructure was there to make it work otherwise benefits of the process would be minimised. Mr Payne commented that a lot of the issues around the implementation of the action plan was about ensuring an appropriate infrastructure was in place.

54.8 The Board were advised that the Healthcare Governance Committee and one of its subgroups had been raising issues around those covered in the paper for some time. It was accepted that the paper represented the beginning of a journey and was to be welcomed.

54.9 Ms Ireland as Chair of the Area Clinical Forum commented that the clinical policy group had raised these issues through the Healthcare Governance Committee. She commented that the infrastructure needed to be in play locally and that leadership was also needed to include aspects of e-health and communication in order to provide assurance around the implementation process. She commented that she felt that there was only a limited level of assurance at the moment.

54.10 The Chairman commented that there was a need to be clear about notions around assurance. He commented that the Board paper was focussed on the level of oversight provided particularly by the Corporate Management Team and the fact that progress was being made. At this stage the Board was not being asked to validate the content of the action plan.

54.11 The Chairman suggested that the important thing moving forward was how to progress and implement the recommendations contained in the circulated paper. He understood that the Corporate Management Team and the Audit and Risk Committee were excising oversight around the project. He commented that he did not feel that this was just a project but rather an overarching programme. He commented that it would be important to exercise oversight around the nature of the deployment without creating a huge corporate project.

54.12 The Board agreed that Mr Payne should conclude his dialogue with Corporate Management Team members and bring an update progress report to the Board at an appropriate point.

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

55. Date and Time of Next Meeting

55.1 The next meeting of Lothian NHS Board would be held at 9.30am on Wednesday 2 February 2017 at the Howden Park Centre, Livingstone.

56. Invoking of Standing Order 4.8

56.1 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.

RUNNING ACTION NOTE

Action Required	Lead	Due Date	Action Taken	Outcome
<u>Delayed Discharges</u>				
<ul style="list-style-type: none"> Provide more detail on the lack of availability of care packages, particularly identifying if the problem was a recruitment or a budget issue 	AMcM	Ongoing	<i>For IJB Chief Officers to address</i>	
<u>Healthcare Associated Infection</u>				
<ul style="list-style-type: none"> The Acting Chief Executive advised that he would take concerns about the process for and the number of impact assessments being undertaken away and bring back a recommendation for the next Board meeting 	JC	7 December 2016	<i>The Acting Chief Executive in discussion with various Executive Directors has identified that the ability to undertake an impact assessment should be a core part of any work stream that is recommending service change and redesign or the possible cessation of any service. To that extent this is a function that all staff involved in such processes need to be aware of and should have the skills to undertake such an assessment. The Director of Public Health and Health Policy and the Director of NMAHP's with his strategic planning responsibilities will work together to create training and support for those who frequently undertake such work, in order that we growth knowledge and capacity. This approach will be taken back through HCGC for assurance.</i>	

Action Required	Lead	Due Date	Action Taken	Outcome
Financial Position to 31 August 2016				
<ul style="list-style-type: none"> It was agreed that the Acting Chief Executive would invite Professor Sir Harry to a meeting of senior colleagues to discuss the review process and how best NHS Lothian could play into the Independent Review of Targets in Scotland's NHS to be chaired by Professor Sir Harry Burns. 	JC	7 December 2016	<i>Diary dates being discussed. Attendance at meeting to be confirmed.</i>	
Person Centred Culture				
<ul style="list-style-type: none"> The Nurse Director would arrange for the Internal Audit department to bring focus to complaints as part of the improvement process, this to be included in the work programme for the Internal Audit department in the forthcoming year. 	AMcM	2018/19 Plans	<i>Action Plan being progressed</i>	
NHS Lothian Quarterly Directorate Progress and Next Steps 2016/17				
<ul style="list-style-type: none"> To develop a specific information session for Board Members. 	SW	5 April 2017		

NHS Lothian

Board Meeting
1 February 2017

Medical Director

SUMMARY PAPER – NHS Lothian Corporate Risk Register

This paper aims to summarise the key points in the full paper.

The relevant paragraph in the full paper is referenced against each point.

<ul style="list-style-type: none"> Use the risks in the Corporate Risk Register to inform assurance requirements and provide context for papers and issues discussed on the Board agenda. 	2.1
<ul style="list-style-type: none"> There are 13 risks in total (set out in Table 1), with 5 risks at Very High and 8 at High, which were reviewed and reported to the December 2016 Board. 	3.2.1
<ul style="list-style-type: none"> The Patient Experience risk – Management of Complaints & Feedback has been increased to Very High 20 in Quarter 2 in response to the Scottish Public Services Ombudsman's requirement to improve the management of complaints. 	3.2.4
<ul style="list-style-type: none"> The reporting (Table 2) would suggest NHS Lothian is outwith risk appetite on corporate objectives where low risk appetite has been set and where medium appetite has been set. 	3.3.1

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12 January 2017
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NHS Lothian

Board
1 February 2017

Medical Director

NHS Lothian Corporate Risk Register

1 Purpose of the Report

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

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

2 Recommendations

The Board is recommended to:

- 2.1 Accept this paper as assurance that the Corporate Risk Register contains all appropriate risks, which are contained in section 3.2 and set out in detail in Appendix 1, and to inform assurance requirements
- 2.2 Acknowledge that as a system of control, the Governance committees of the Board have been asked to assess the level of assurance provided with respect to plans in place to mitigate the risks pertinent to the committee.

3 Discussion of Key Issues

- 3.1 As part of our systematic review process, the risk registers are updated on Datix on a quarterly basis at a corporate and an operational level. Risks are given an individual score out of 25; based on the 5 by 5 Australian/New Zealand risk scoring matrix used; 1 being the lowest level and 25 being the highest. The low, medium, high and very high scoring system currently used, is based on the same risk scoring matrix, remains unchanged.
- 3.2 This report sets out the Quarter 2 position. Quarter 3 will be reported to the April 2017 Board. Table 1 below provides a summary of the corporate risks and movement in risk grading over last 4 quarters. Appendix 1 provides additional details of each individual risk on the Corporate Risk Register. When a risk's adequacy of control is inadequate or uncertain, the rationale is stated on the individual risk.

3.2.1 There are 13 risks in total, with one risk: Patient Experience – Management of Complaints & Feedback, being increased from High to Very High (20) in Quarter 2; the top 5 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. **Achieving the Delayed Discharge targets at 2 and 4 weeks ***
4. **General Practice Sustainability**
5. Patient Experience – Management of Complaints & Feedback

* Outwith risk appetite as illustrated in Table 2 on page 4.

3.2.2 The Risk Management Steering Group (RMSG), through the executive lead for each risk, examined very high risks in detail to assess risk both individually and across risks. The review concluded that the four very high risks set out above in bold remained very high and the rationale was reported to the September Healthcare Governance Committee, September Audit & Risk Committee and October Board.

3.2.3 The Board needs to assure itself 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 relevant governance committees.

3.2.4 The Patient Experience risk – Management of Complaints & Feedback was increased to Very High 20 in Quarter 2, following a meeting with the Scottish Public Services Ombudsman (SPSO). The SPSO highlighted a number of areas that required improvement with respect to the management of complaints. A programme of improvement in response to the SPSO recommendations has been drawn up. The HCG Committee in September 2016 reviewed this risk and agreed it will continue to be a key item on its agenda to inform assurance requirements.

3.2.5 The General Practice Sustainability risk was discussed at the November 2016 HCG Committee and December 2016 Board, as there is moderate assurance that a comprehensive plan for GP sustainability is in place. When discussed at the November 2016 HCG, it was agreed that there was limited assurance that controls were in place to address this risk and there would be a further update at the meeting in January 2017, including impact on service provision supported by data if possible.

3.2.6 Delayed Discharges have been identified by HCG committee as a complex area that requires further discussion, acknowledging there is an assurance gap at present. The Chief Operating Officer was asked to bring back a paper to the January HCG Committee to inform assurance needs.

3.2.7 Financial Sustainability risk is overseen by the Finance & Resources Committee (F&R), Audit & Risk Committee and Board. Recovery plans have been submitted to both the F&R Committee and the Board, along with Board Development days. This risk remains very high in response to issues of financial sustainability. The rationale for this is set out in the detailed risk in Appendix 1.

3.2.8 Achieving the 4-hour Emergency Target risk. Should the current target continue to be met in a sustained manner, there will be a recommendation to reduce its risk score when reviewed in Quarter 3. This is to be presented to the April 2017 Board.

3.2.9 Nursing Workforce – Safe Staffing Levels risk was reduced in Quarter 2 from High 16 to Medium 9. The rationale for this is that the risk associated with safe staffing levels is reducing, with the exception of district nursing due to a range of interventions including the recruitment plan. This grading, however, is under review.

3.2.10 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	Initial Risk Level	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sept 2016
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)	High 12	Very High 20	Very High 20	Very High 20	Very High 20
3203	Achieving the 4 hour emergency target (Acute Services Committee) (Set out in Quality & Performance Improvement Report)	High 10	Very High 20	Very High 20	Very High 20	Very High 20
3726	Achieving the Delayed Discharge targets at 2 weeks (New areas for HCG Committee) (Set out in Quality & Performance Improvement Report)	Very High 20	Very High 20	Very High 20	Very High 20	Very High 20
3829	General Practice Sustainability (new risk – October 2015) (HCG Committee)	Very High 20	Very High 20	Very High 20	Very High 20	Very High 20
1076	Healthcare Associated Infection (HCG Committee) (Set out in Quality & Performance Improvement Report)	High 12	Very High 20	↓ High 16	High 16	High 16
3480	Patient Safety - Delivery of four SPSP Work streams. (HCG Committee & Acute Services Committee) (Set out in Quality & Performance Improvement Report)	High 16	High 16	High 16	High 16	High 16
3211	Achievement of National Waiting Times Targets (Acute Services Committee) (Set out in Quality & Performance Improvement Report)	High 12	High 16	High 16	High 16	High 16
3454	Patient Experience – Management of Complaints and Feedback (HCG Committee)	High 12	High 16	High 16	High 16	Very High 20

Datix ID	Risk Title	Initial Risk Level	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sept 2016
	(Set out in Quality & Performance Improvement Report)					
3527	Medical Workforce Sustainability (Workforce assessment reported to Board) (HCG Committee)	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)	High 15	High 16	High 16	High 16	High 16
3455	Health & Safety – Management of Violence & Aggression. (Reported at H&S Committee, via Staff Governance Committee)	Medium 9	High 15	High 15	High 15	High 15
3828	Nursing Workforce – Safe Staffing Levels (HCG Committee)	High 12	High 12	High 12	High 16	↓ Medium 9
3328	Roadway / Traffic Management (Risk placed back on the Corporate Risk Register December 2015) (Reported at H&S Committee, via Staff Governance Committee)	High 12	High 12	High 12	High 12	High 12

3.3 Risk Appetite Reporting Framework

NHS Lothian's Risk Appetite Statement is:-

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

Risk Appetite relates to the level of risk the Board is willing to accept to achieve its corporate objectives and measures has been identified as set out in Table 2 to provide a mechanism for assessing the delivery of these objectives.

Table 2

	Current Status	Current Position	Data Report
Corporate Objective 2 – Improve the Quality & Safety of Healthcare (LDP 2015-16 - 2.2 Deliver Safe Care) Low Risk Appetite			
<ul style="list-style-type: none"> Scotland target to reduce acute hospital mortality ratios by 10% with a tolerance of 15-20% by Dec 2018 ¹ All sites within HS limits & <=1 	Green	0.82	Quality & Performance Improvement Report (HCG Committee)

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

	Current Status	Current Position	Data Report
<ul style="list-style-type: none"> Achieve 95% harm free care with a tolerance of 93-95% by Dec 2015 	Green	99.7%	Patient Safety Programme Annual Report (July) (HCG Committee)
<ul style="list-style-type: none"> Achieve 184 or fewer SAB by March 2016 with a tolerance of 95% against target. n=193 to 184 	Red	185	Quality & Performance Improvement Report (HCG Committee)
<ul style="list-style-type: none"> Achieve 262 or fewer C.Diff by March 2016 with a tolerance of 95% against target. n=275 to 262 	Green	165	Quality & Performance Improvement Report (HCG Committee)
<ul style="list-style-type: none"> Reduce falls with harm by 20% with a tolerance of 15-20% by Dec 2015 	Green	20%	Quality & Performance Improvement Report (HCG Committee)
Corporate Objective 2 – Improve the Quality & Safety of Healthcare (LDP 2015-16 - 2.1 Deliver Person-centred Care) Low Risk Appetite			
<ul style="list-style-type: none"> Patients would rate out of 10 their care experience as 9.5, with a tolerance of 9 	Red	8.96	Quality & Performance Improvement Report (HCG Committee)
<ul style="list-style-type: none"> 90% of staff would recommend NHS Lothian as a good/very good place to work by Dec 2015 with a tolerance of 93-95% 	Red	74%	iMatters first report. Frequency of reporting to be confirmed. Staff Governance Committee)
<ul style="list-style-type: none"> Staff absence below 4% with a 5% tolerance (4-4.2%) 	Red	5.20%	Quality & Performance Improvement Report Staff Governance Committee)
Corporate Objective 2 – Improve the Quality & Safety of Healthcare (LDP 2015-16 - 2.4 Scheduled Care & Waiting Times) Low Risk Appetite			
<ul style="list-style-type: none"> 90% of patients of planned/elective patients commence treatment within 18 weeks with a tolerance of 85-90% 	Red	79.9%	Quality & Performance Improvement Report (Acute Hospitals Committee)
<ul style="list-style-type: none"> 95% of patients have a 62 day cancer referral to treatment with a tolerance of 90-95% 	Red	82.5%	Quality & Performance Improvement Report (Acute Hospitals Committee)
Corporate Objective 2 – Improve the Quality & Safety of Healthcare (LDP 2015-16 - 2.3 Appropriate Unscheduled Care) Low Risk Appetite			
<ul style="list-style-type: none"> 98% of patients are waiting less than 4 hours from arrival to admission by Sept 2014 with tolerance of 93-98% 	Red	92.4%	Quality & Performance Improvement Report (Acute Hospitals Committee)
<ul style="list-style-type: none"> No patients will wait no more than 14 days to be discharged by April 2015 with an appetite of 14 days, and a tolerance of 15 days * 	Red	240	Quality & Performance Improvement Report (HCG Committee)
<ul style="list-style-type: none"> No of all patients admitted to hospital with an initial diagnosis of stroke should receive the appropriate 	Green	80.0%	Quality & Performance Improvement Report for management actions (Acute Hospitals Committee)

	Current Status	Current Position	Data Report
elements of the stroke care bundle, with an appetite of 80% and a tolerance of 75%.			
Corporate Objective 1 – Protect & Improve the Health of the Population. Medium Risk Appetite			
<ul style="list-style-type: none"> Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% SIMD areas, with a 10% tolerance (36-40%). (Target = 293 minimum per quarter). 	Red	211	Quality & Performance Improvement Report (HCG Committee)
<ul style="list-style-type: none"> At least 80% of women in each SIMD percentile will be booked for antenatal care by 12th week of gestation, with a 10% tolerance (69.3-77%) 	Green	Lowest SIMD is SIMD 4 – 87.2%	Quality & Performance Improvement Report (HCG Committee)
Corporate Objective 3 – Secure Value & Financial Sustainability (LDP 2015-16 – 3.1 Financial Planning) Medium Risk Appetite			
<ul style="list-style-type: none"> In the preceding month, the monthly overspend against the total core budget for the month is not more than 0.5% 	Green	£212k underspend at period 8 equating to 0.2%	Period 8 Finance Report
<ul style="list-style-type: none"> For the year to date, the overspend against the total core budget for the year to date is not more than 0.1% 	Red	£5,034k overspent for the year to date, equating to 0.5%	Period 8 Finance Report

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

3.3.1 The above table reporting would suggest NHS Lothian is outwith risk appetite on corporate objectives where low risk appetite has been set and where medium appetite has been set.

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
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12 January 2016
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List of Appendices

Appendix 1: Summary of Corporate Risk Register

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
1076	2: Improve the quality and safety of health care	Healthcare Associated Infection	<p>Healthcare Associated Infection: There is a risk of patients developing an infection as a consequence of healthcare interventions; this can lead to an extended stay in hospital, increased mortality and morbidity and further treatment requirements. Support to the clinical teams and service deliverables is currently being impacted due to staffing within the service. This is a combination of staff moves, sickness and absence and ratio of trainees. Due to the level of trainees within the service and a reduction in available IPCN numbers there is an increased frequency in weekend working for the remaining staff. This has an impact on their availability for other duties throughout the week.</p>	<p>Leadership and Governance: In April 2016, the NHSL infection services integration was launched. The new NHSL Infection Service, encompasses all specialist clinical/medical, nursing and pharmaceutical aspects of infection. The aim is to offer a coherent, clinically excellent and efficient approach to improve the quality of NHSL care of patients with, or at risk of, infection whilst ensuring cost-effectiveness of service by 'delivering more for less'. The proposal strongly supports the Scottish Governments' 'Vision 2020' that aims to improve the nation's health whilst providing integrated health and social care. The integrated service project board consists of key professional stream representatives and these are: Head of Infection Prevention and Control Service, Lead Infection Prevention and Control Nurse, Infection Control Doctor, Senior Consultant Microbiologist and Virologist, Chair Antimicrobial Management Team, Senior Consultant Infectious Diseases. Work will progress in 2016 to develop the roles and responsibilities and deliverables of the integrated service. The service reflects the move to Geographical Structure as currently is the standard for the Infection Prevention and Control Team and the wider NHS Lothian services and departments.</p> <p>The committee structure was reviewed in 2015 and this has been updated to reflect the introduction of the Integrated Service. NHS Lothian Infection Committee is supported by the regional acute services committees and the CHP Infection Prevention and Control Committee. The CHP Committee will require a review in future as Integrated Joint Boards become more established. The NHS Lothian Infection Committee reports to the Board through Healthcare Governance Committee. Lothian Infection Control Advisory Committee receives the reports from the committee along with reports from the public health and environmental aspects. It has been suggested that LICAC's role should be reviewed in 2016/17 to reflect the changes and assess the future role and responsibilities. In addition to LICAC and local committees, Infection Prevention and Control routinely report at a senior management level to CMG and bi-monthly board papers.</p> <p>Within the NHS Lothian Infection Prevention & Control team, there are 4 geographical regions (Edinburgh North, Edinburgh South, Mid & East and West Lothian) established with responsibility for both acute and community settings within their remits. This will be reviewed at a later date with the move of RHSC to RIE site.</p> <p>A review of the current workload across the regions is being undertaken to provide temporary changes to work streams to accommodate the current staffing position within the service. There have been 2 resignations (Sept. 2016), 1 member of staff on long term absence and of the remaining 14.2 WTE Band 6 IPCNs in post 6 are trainees. There are also 2 staff anticipated maternity leave commencing in February 2017.</p> <p>Following publication of the national HAI Standards Document in February 2015, NHS Lothian IPCT has developed an HAI Strategy summarising the roles and responsibilities for the various levels across the organisation. This document has been approved by the Board and has been cascaded to the Site Directors and Associate Nurse Directors to inform their Infection Control Committee's work plans.</p> <p>Education:</p> <ul style="list-style-type: none"> There is a HAI Education Strategy which has recently been reviewed and updated version published in August 2015. The Strategy defines the training and education requirements for staff of all disciplines across the organisation. It will next be due for review in August 2017. HAI education is within Corporate Induction and mandatory update programme. Other packages are available through LearnPro. IPCT provide support for NES Cleanliness Champions Programme accessible to all staff to increase an understanding of Infection Prevention and Control Precautions. 	<p>Risk Reviewed September 2016:</p> <p>The risk has been updated to include current staffing challenges which has arisen as a consequence of staff moves and sickness and absence within the service.</p> <p>Control measures updated to include a review of the work streams and relocation of staff to assist the management of the staffing issues and reduce the impact to services.</p> <p>Actions have been added to reflect the work stream review, recruitment and training of staff.</p> <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	David Farquharson	Fiona Cameron	Healthcare Governance Committee

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
				<p>Controls Continued:</p> <p>In addition local and ad hoc sessions are provided at each of the sites as and when required.</p> <p>Incidents/Outbreaks:</p> <ul style="list-style-type: none"> • IPCNs work collaboratively with clinical and non clinical services to communicate risk, support improvement and escalate concerns as appropriate. A Problem Assessment Group (PAG) or Incident Management Teams (IMT) is convened to investigate and manage any significant event or outbreak. These teams are supported by the wider multi-disciplinary team and any external stakeholders as appropriate. The Communications Team provide support to manage public release of information as required. • With the exception of 2 Public Holidays (Christmas Day and New Years Day) the Infection Prevention and Control Service provides a single point of contact duty nurse 7 days per week between 0830-1600hrs facilitating access to Infection Prevention and Control advice for clinical teams. Support out with these hours and on the two noted Public Holidays support is available from the duty medical microbiologist/virologist. <p>Surveillance:</p> <ul style="list-style-type: none"> • IT systems are in place to allow IPCNs to monitor incidence, trends and patterns of HAI within their clinical remits. Weekly and Monthly reports with progress made against HEAT Targets are shared with clinical teams and senior management and are widely available on the Intranet. • Enhanced investigation and surveillance is carried out of all SAB and CDI incidences. From April 2016 enhanced surveillance on ECB became mandatory. An SBAR Report is provided to clinical and senior management teams where 2 or more cases are identified within the same clinical area within a defined timescale. • Incidences where patients have CDI and SAB noted on their death certificate are reviewed in conjunction with clinical teams. The reviews are published on DATIX and are available to site management teams. <p>As part of the work stream review a proposal has been submitted to discontinue voluntary fracture neck of femur surgical site infection surveillance. The infection rates have been below 1% for over 3 years.</p> <p>Antimicrobial Stewardship:</p> <ul style="list-style-type: none"> • The Antimicrobial Management Team are responsible for the review and development of the Antimicrobial Prescribing Guidelines. They also provide oversight of antimicrobial use and compliance with guidelines and report findings to clinical teams to help drive improvement. Summary Reports are also provided to Clinical Management Team. <p>Policies and Guideline:</p> <ul style="list-style-type: none"> • NHS Lothian has adopted the National Infection Prevention and Control Manual and has an ongoing programme of 2 yearly policy and development review for Lothian specific Infection Control policies. • The audits were updated in 2015 to those within the National Manual. Audit results are posted through the patient safety programme QIDs system, allowing clinical areas to directly enter data onto database and obtain reports to monitor own trends and patterns. This is an area of continued focus and improvement to support the clinical teams more effectively in 2016. 							

			<p>Controls Continued:</p> <p>Decontamination:</p> <ul style="list-style-type: none"> • There is a Decontamination Steering Group to progress/monitor actions associated with reusable surgical, dental and podiatry equipment. <p>Procurement of Equipment:</p> <ul style="list-style-type: none"> • NHS Lothian's Procurement Strategy in support of the Efficiency and Productivity Programme and the Medical Devices Committee oversee the purchase of procurement and the supply of equipment and medical devices with input from the IPCT. <p>Healthcare Associated Infection System for Controlling Risk In the Built Environment(HAI SCRIBE): IPCT, facilities and clinical teams work collaboratively to implement current national standards and guidance in new builds, refurbishments and maintenance programmes</p>															
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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 combined with difficulties in recruiting and retaining general practitioners, staffing and premises difficulties. 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 successfully fill practice vacancies; - ability to cover planned or unplanned absence from practice; - ability to safely cover care homes; and <p>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 eg secondary care, referrals, costs <p>As a result of these pressures practices may choose to return their GMS contracts to the NHS Board.</p>	<ol style="list-style-type: none"> 1. PCCO maintain a list of restrictions to identify potential and actual pressures on the system – this is shared with HSCPs and taken to PCJMG monthly. 2. Closure position set out in regulatory framework. 3. Ability to assign patients through PSD. 4. HSCP development of risk register for general practice. 5. "Buddy practices" through business continuity arrangements. 6. PCJMG review the position monthly with practices experiencing most difficulties. 7. Primary Care propositions in strategic plan – updates reported to Board and Strategic Planning Committee. 8. Risk reflected on IJBs and PCCO Risk Registers. 9. Primary Care Summit on 29 September 2016 to agree a joint set of priorities for primary care (NHS Lothian and the IJBs). 10. NHS Lothian proposed investment of £5m over three years from 2017/18 to address the key pressures. 	<p>Risk Reviewed: November 2016</p> <p>Description & Controls in place updated.</p> <p>Risk Grade/Rating remains Very High/20</p>	Inadequate; control is not designed to properly manage the risk and further controls and measures are required.	Very High 20	High 16	David Farquharson	David Small	Healthcare Governance Committee

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>NHS Scotland is operating in a strategic context of increasing challenges and a real term reduction in resources. Local authority partners also face similar challenges. All NHS Boards will need to re-design how they carry out their functions, so that there is no unacceptable drop in the standard of public services. The focus of attention should be on 100% of activity, not just the annual 3% efficiency target.</p> <p>On 2 April 2014 the Board considered its draft Strategic Plan - "Our Health, Our Care, Our Future". Within that there is a projection that £400m worth of efficiencies will need to be delivered over the next 10 years.</p> <p>If the Board and management fail to systematically and robustly respond to this challenge now it will simply store up significant problems for future years. This will limit the Board's options in the future with regard to what it can and cannot do.</p>	<p>The Board has already established a financial governance framework and systems of financial control.</p> <p>NHS Lothian is currently reliant on non-recurring efficiency savings. A detailed Action Plan, attached to this risk, is in place and is regularly reviewed by the Senior Finance Team.</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 September 2016:</p> <p>The Q1 review reports that, if the identified efficiency schemes are achieved and non-recurring funding is utilised, then the Board expects to achieve financial balance in 2016/17.</p> <p>However, current plans show that financial balance will not be achieved in 2017/18, Service managers are being encouraged to think long term and the Finance Director plans many sessions across all the main NHS Lothian sites to present the financial position to service managers and clinicians.</p> <p>The key focus for 2017/18 will be to support the Board to deliver a medium term Financial Plan that identifies how NHS Lothian achieves recurring financial balance.</p> <p>Risk grading/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	Susan Goldsmith	Craig Marriott	Finance & Resource Committee

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
3203	2: Improve the quality and safety of health care	Unscheduled Care: 4 hour Performance	<p>There is a risk that patients are not seen in a timely manner that require emergency care as required by the Emergency Care standard of 95% resulting in sub optimal care experience and outcome.</p>	<p>A range of governance controls are in place for Unscheduled Care notably:</p> <ul style="list-style-type: none"> - Bi monthly NHS Lothian Board oversee performance and the strategic direction for Unscheduled Care across the NHS Lothian Board area. -The bi-monthly Acute Hospitals Committee as well as formal SMT meetings. Both are chaired by Chief Officer ; NHS Lothian University Hospitals & Support Services.. - The Unscheduled Care Programme Group (Executive Leads for CEC and NHS Lothian) meets on a weekly basis. - Monthly SMG and SMT meetings in place for acute services in Lothian - Further weekly briefings to the Scottish Government on performance across the 4 main acute sites (RHSC, RIE, WGH, SJ H <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</p> <p>A number of performance metrics are considered and reviewed, 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 - Winter Planning - Length of Stay (LOS) - Cancellation of Elective Procedures - Finance <p>Adherence to national guidance/ recommendations</p> <p>Plethora of work now focussed around the Scottish Government's 6 <i>Essential Actions</i> initiative to support achievement of 95% target (stretch target of 98%) for 4 hour performance.</p>	<p>Risk Reviewed: October 2016: Risk Grade/Rating remains Very High/20</p> <p>Work continues in line with the Scottish Governments 6 Essential Actions initiative. Boards now involved in taking forward set of actions (per site) to support a step change in performance. Priority interventions will focus 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 <p>The above has been absorbed as part of approach to winter planning, led by NHS Lothian UCC Committee. The approved Winter Plan outlines the approach to supporting performance over the winter period and beyond. This reflects a number of actions namely:</p> <ul style="list-style-type: none"> • Winter Readiness plans in place for each site • Plans will have a focus on discharge capacity as well as bed capacity • Clear measures in terms of escalation procedures • Measures to counter any demand following the extended 4 day break during the festive period. • A focus on DD and POC to ensuring sustainable performance throughout the winter period liaising closely with IJB partner organisations. • Agreed data set to assist with developing a wider capacity plan across all health & social care areas <p>Winter Planning Board has been changed to NHS Lothian UCC Committee and will meet monthly throughout the calendar year. Winter Preparedness will be on the Agenda seasonally, however notable improvements through planning will be embedded as systems to promote sustainable access performance and mitigate risk. This year's process was developed following a 2015/16 winter planning de-brief which is the platform for the next iteration of winter planning during 2016-17.</p> <p>The Winter Planning Board was established 2016/17 as NHS Lothian Unscheduled Care Committee to enhance performance as a collaborative response all year round.</p>	Adequate but partially effective: control is properly designed but not being implemented properly	Very High 20	Low 1	Jim Crombie	Angela Tuohy	Acute Services Committee

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
3726	2: Improve the quality and safety of health care	Unscheduled Care: Delayed Discharge	<p>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>	<p>A range of 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 Unscheduled Care Programme Group (Executive Leads for CEC and NHS Lothian) meets on a fortnightly basis</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>NHS Lothian strategy to improve unscheduled care performance and delayed discharge is being delivered under the umbrella of the Scottish Government's 6 Essential Actions initiative.</p>	<p>Risk Reviewed: October 2016: 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 Dynamic Discharge White Board Meetings being rolled out across the whole system in collaboration with Scottish Government Improvement • Enhanced cover for Day Bed suite to protect elective capacity • Extending Hospital to Home capacity • 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 • Discharge Hubs in the Royal Infirmary of Edinburgh, the Western General Hospital and St John's Hospital • Orthopaedic Pathway Review <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 data set to assist with developing a wider capacity plan that covers all health and social care areas • Further planning capabilities have been enhanced following the 2015/16 winter de-brief process • Health and social Care Partnerships are embracing the Integration agenda and working collaboratively to mitigate risk to patients due to poor performance and have put joint plans in place to support 	Adequate but partially effective; control is properly designed but not being implemented properly	Very High 20	Low 1	Jim Crombie	Angela Tuohy	Acute Services 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
3480	Improve the quality and safety of health care	Delivery of SPSP Work Programme	There is a risk that NHS Lothian does not reliably implement the 4 workstreams of the Patient Safety Programme leading to potential patient harm	<ul style="list-style-type: none"> The Quality Report, reported to the Board monthly, contains a range of measures that impact and relate to patient safety. 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 which includes 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. Programme Managers have been given access to national outcome data by Board which enables boards to see whether they are outliers and escalate concern and risk as appropriate Access to Adverse Event Improvement Plan in place monitored via HCG Site Based Quarterly Reports including Patient Safety Data (QIDS) sent monthly. Single System medicines reconciliation group. 	<p>Risk Reviewed October 2016:</p> <ul style="list-style-type: none"> Annual report presented to November Healthcare Governance Committee. Positive progress identified across all four workstreams. However reduction in outcomes in cardiac arrests, pressure ulcers and falls remains areas for improvement and have plans in place to contribute to improved outcomes in these areas. 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 17% with the 3 major sites having a lower rate than the Scottish rate. Work is ongoing within current resources to improve cardiac arrest rate. However, given our rate is lower than Scotland, it is not expected to be able to meet the 50% target NHS Lothian is on the HIS risk register for MCQIC Paeds and Neonatal. 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 NHS Lothian was on the HIS Suicide Risk Register with respect to timely reviewing of suicides and has been removed since last reporting. A recovery plan was agreed at the May and update reported in September Healthcare Governance Committee and current performance is improving. <p>Risk grade/rating remains High/16 based on unmet actions for key safety priorities and currently a risk on the HIS risk register for MCQIC Paeds and Neonatal Services.</p>	Adequate but partially effective; control is properly designed but not being implemented properly	High 16	Medium 6	Dr David Farquharson	Jo Bennett	Healthcare Governance Committee

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
3211	2: Improve the quality and safety of health care	Achievement of National Waiting Times Targets	<p>There is a risk of:</p> <p>Inability to meet national waiting times targets for a number of reasons due to lack of core capacity, demand exceeds capacity or resources are not optimally utilised</p> <p>Withdrawal from independent sector April 2016 sees a deteriorating performance for some specialties</p> <p>Financial overspend due to reliance on ad hoc additional capacity – i.e waiting list initiatives/ locums; and risk of not achieving Value for Money.</p> <p>Lack of robust management process and staff capability to deliver consistent management of waiting lists.</p> <p>Adverse publicity relating to failure to meet waiting times targets.</p>	<p>Delivering for Patients II- a detailed Demand, Capacity, Activity and Queue (DCAQ) process undertaken providing a consistent approach across all acute services, giving detailed understand of capacity gaps and has efficiency opportunities identified and monitored.</p> <p>Weekly scheduled reviews between this Director and Directors of Operations and further underpinned by a TTG group, with performance reported to CMT and Acute Hospitals Committee.</p> <p>These reviews consider:</p> <ul style="list-style-type: none"> • Performance against trajectory across a range of measures (including waiting time standards) • Finance • Governance position, in terms of adherence to national guidance and local access policy/SOPs <p>Monthly Access and Governance Meeting to review adherence to National Guidance and local access policy/SOPs. Underpinned by regular staff training and updates easily accessible on intranet relating to SOPs</p> <p>Use of Non Recurring Scottish Government funding to target services at highest risk of excluding, diagnosing, treating cancers and services with the longest waiting times.</p>	<p>Risk Reviewed September 2016:</p> <p>Controls in place updated.</p> <p>Risk Grade/Rating remains High/16</p>	Satisfactory: controls adequately designed to manage risk and working as intended	High 16	Low 1	Jim Crombie	Jacquie Campbell	Acute Services Committee

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
3454	2: Improve the quality and safety of health care	Management of Complaints and Feedback	There is a risk that the quality of patient experience is compromised due to staff attitudes and lack of reliable engagement of patients/families in their care. 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 and waiting times. This includes the management of and learning from complaints.	<ul style="list-style-type: none"> NHS Lothian Board approved in full the Listening and Learning form Feedback and Complaints report (Jan 2015) that agreed to a devolved approach to complaints and feedback. The 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 National Person Centred Health & Care Collaborative has been concluded and work is being undertaken nationally to embed patient experience into the existing quality improvement programmes with a particular focus on real time patient feedback. Tell us Ten Things questionnaire was reviewed in November 2014 and aligned to the "5 Must dos". Patient experience data feedback to the service on a monthly basis at service and site level to inform improvement planning. TTT is live on 3 acute hospitals and will be reviewed on the 13 April with the Lothian Professional Nurses Committee. Regular reports on Complaints management through Datix Dashboards and reports. Monthly meetings of the Complaints & Improvement Committee. 	<p>Risk Reviewed & Controls Updated October 2016</p> <ul style="list-style-type: none"> Regular reports to the Healthcare Governance Committee that brings together complaints performance and patient experience reports. Additional reports have been submitted to the Audit & Risk Committee and the Board. Both complaints and patient experience are part of the monthly quality and performance reporting arrangements. Devolved complaints process now in place: WGH, DATCC, Women's services, RIE, REAS, East Lothian HSCP, Midlothian HSCP & Edinburgh HSCP/ Meetings with the clinical teams planned to discuss local arrangements and performance Weekly performance reports shared with clinical teams Agreement to have the PE Team contact details on all correspondence Telephone lines now open from 9am – 4pm Work ongoing to support the complaints and feedback systems within the 2 prisons encouraging early resolution and the devolved complaints function. Met with the Director of Patient Opinion. Quality Assurance Group ToR agreed and first meeting being arranged. Complaints improvement work commissioned directly by the RIE & WGH sites. Programme of improvement work to support the Scottish Public Services Ombudsman activity following August meeting with SPSO. Specialist in complaints management is contributing to the Daring to be Great Nov programme Recruiting to current vacancies <p>Risk Grade/Rating increased to Very High/20 following the meeting with SPSO</p>	Inadequate; control is not designed to manage the risk and further controls & measures required to manage the risk	Very High 20	Medium 6	Alex McMahon	Jeannette Morrison	Healthcare Governance Committee

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
3527	3: Secure value and financial sustainability	Medical Workforce Sustainability	<p>There is a risk that workforce supply pressures in conjunction with activity pressures will result in service sustainability and/or NHS Lothian's ability to achieve its corporate objectives, (i.e. Treatment Time Guarantees (TTG)). Risks occur across the medical workforce (trained and trainees) and non-medical elements of the workforce who could substitute for medical staff.</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>	<ul style="list-style-type: none"> •In response to a request from the SEAT Planning Board, a medical workforce risk assessment tool has been developed and implemented across all specialties. The assessments are fed back to local Clinical Directors and their Clinical Management Teams. They use these to inform their own service/workforce plans to minimise risk. •For the risks that require a Board or Regional response the findings are fed back to the SEAT Regional Medical Workforce Group. This group will co-ordinate actions across Boards within SEAT and feed into the national medical workforce planning processes co-ordinated by NES/SG. •A report is taken to each Board meeting updating the actions taken to minimise medical workforce risks in order to support service sustainability and address capacity issues within priority areas. The main challenges have been in Paediatrics, Obstetrics and Gynaecology, Anaesthetics, Radiology and Medicine for the Elderly. •For those specialties at high risk, local workforce plans and solutions which minimise risk have been developed and are monitored closely through existing management structures. •A Medical Workforce Group has been established who are looking at medical workforce issues in Ophthalmology and Radiology. The group will also be looking at the Greenway Report on 'Shape of Training' and how this framework should support changes to the medical staffing model. 	<p>Risk Reviewed October 2016</p> <p>A recent review of trained doctor establishments show significant improvements in recruitment from 2 years ago with an overall establishment gap of 5%. There remain challenges in particular at the St Johns Site within Ophthalmology, Respiratory and General Medicine. Within Paediatrics there are 13wte posts under recruitment to provide additional capacity at both RHSC and St John's sites in line with the recommendations of RCPC review. Recruitment to GP posts within independent practices continues to be very challenging, recruitment to permanent salaried Board employed GP posts has been relatively successful however recruitment to fixed term posts has thus far been unsuccessful.</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	Dr David Farquharson	Nick McAlister	Staff Governance Committee

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
3189	3. Secure Value of Financial Sustainability	Facilities Fit for Purpose	Insufficient funding, difficulty in obtaining capital investment, continued deterioration of the fabric and infrastructure within identified sites, failure to maintain current standards and positive HEI reporting. Possible failure to comply with statutory legislation, reputation at risk.	<ul style="list-style-type: none"> The reported backlog maintenance as at 1st May 2015 and reported in the Property Asset Management Strategy (PAMS) 2015 is now £67.4m which includes a 13% uplift for inflation which has been applied nationally. The PAMS describes the action which will be taken to reduce the figure, which includes estate rationalisation, capital investment and Re-provision projects.. The financial plan for 2015/16 has allowed for a further £3m BLM allocation for 2015/16, thereafter the allocation has been reduced to £2.5m. Programmes of works are being confirmed for the next three financial years. The capital plan for 2015/16 has a number of capital projects which will improve the physical condition of the estate and reduce backlog maintenance. The programme of works will continue to address high and significant risks. The programme continues into the financial year 2015/16. The allocation for this financial £3m has been committed. A procurement and implementation strategy was approved in early November 2012, which described how this funding would safely expended. An update of the PAMS each year will log the affect upon the backlog maintenance and compliance figure. <ul style="list-style-type: none"> Regular updates are provided to the Capital Steering Group and Capital Investment Group A Project Board has been set up to review the programme and amended subject to the monitoring processes put in place to measure performance. A series of planned re-provision covering significant sites in Lothian will reduce the burden considerably over the next 4-5 years. 	<p>Risk Reviewed September 2016</p> <p>No change from previous update.</p> <p>The Programme of works for 2016/17 has been agreed and currently progressing. The allocation for the works is £2.5m for the current financial year . The programme of works concentrates on high and significant risk areas including fire precaution works at all sites, mechanical and electrical plant replacement, legionella, HEI, building fabric.</p> <p>Programme of works will be prepared for future years.</p> <p>A review of the current risks and re-categorisation of the risks dependent on use of property is currently ongoing and reviewed regularly.</p> <p>Scottish Government has now agreed that BLM should not be reported on vacant properties which have been declared surplus. As a result the BLM items highlighted in a number of vacant properties will now be archived.</p> <p>Surveys have recently been carried out on WG, Edington, Belhaven and a few community properties – this information will be update the BLM for these sites. Further surveys will be undertaken this financial year.</p> <p>The disposal programme , capital investment projects will contribute in reducing the overall backlog maintenance liability for the Board.</p> <p>The disposal programme for 16/17 also includes the disposal of 15 Craiglea Place, 162 & 163 Craiglea Drive, 151 Morningside Drive and 63 Morningside Drive.</p> <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	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 September 2016:</p> <p>Feedback from the majority of the 12 local Health and Safety Committees into the main NHSL H+S Committee at the end of August, by way of the quarterly reporting system, clearly evidences current significant risk control failings, including and in particular, provision of V+A training. It is therefore suggested that the risk level still remains as "High".</p> <p>Risk Grade/Rating remains High/15.</p>	Adequate but partially effective: control is properly designed but not being implemented properly	High 15	Medium 6	Dr David Farquharson	Ian Wilson	Staff Governance Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Notes	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3828	2.2 Deliver Safe Care	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.</p> <p>Risks occur across the nursing and midwifery workforce where additional capacity is opened to facilitate delivery of other corporate targets (e.g HEAT target 4 hour wait) or where patients have a greater level of acuity than the funded establishment is based upon.</p> <p>Service sustainability risks are high within theatres and anaesthetics, critical care and in health visiting owing to lower levels of workforce supply.</p> <p>Risks arise from the high use of supplementary staffing to counteract shortfalls.</p> <p>The impact of any of these situations potentially compromise the safety of the patient care delivered with consequent impact on length of stay, patient experience and long term</p>	<p>The Performance Monitoring meetings continue, led by the Nurse Director and Deputy Finance Director. An effective agency embargo has been in place from 15 May 2016. Theatres and Anaesthetics, Critical Care and complex care packages for adults in the community have continued exemption pending work to establish a national critical care / theatres bank and national exclusion of NHS staff from agency placement.</p> <p>Service areas are investing in technological solutions to manage some patients that would previously have had 1:1 care for falls / wandering.</p> <p>A recruitment plan, including open days and external recruitment events has been established with success in reducing the establishment gap. Increased numbers of training places for the Health Visiting and District Nursing specialist qualification have been funded and recruited to. Recruitment of HV completing course and newly qualified graduate nurses will reduce establishment gap significantly.</p> <p>A calendar to ensure the annual use of the nationally accredited workforce tools has been developed.</p> <p>eRostering and SafeCare Live tools are being rolled out to all nursing and midwifery wards, community teams and departments to provide real time information for local decision making around the deployment of the available staffing.</p> <p>Datix reports are escalated on a weekly basis for all adverse events with staffing issues identified as a major or contributory factor and these are reviewed by the senior management team at the PSEAG.</p> <p>National arrangements for bank for critical care and theatres being developed.</p>	<p>Risk Reviewed October 2016:</p> <p>The risk with the exception of District Nursing the likelihood is reducing to possible from likely although the impact would remain moderate (until the improvements can be sustained)</p> <p>Risk Grade/Rating decreased: Medium/9</p>	Satisfactory: controls adequately designed to manage risk and working as intended	Medium 9	Low 2	Alex McMahon	Fiona Ireland	Healthcare Governance Committee

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
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 across NHS Lothian sites	<ul style="list-style-type: none"> Traffic surveys have been conducted across all hospital sites, and action plans have been prepared. Higher risks have been prioritised and actions taken where funding has permitted. Actions include: <ul style="list-style-type: none"> segregation of vehicle and pedestrian traffic where possible; risk assessing and controlling reversing manoeuvres for drivers and vehicles under NHS control creation of protected walk ways where possible; development and use of one way systems where possible use of barriers and entry systems to control traffic where possible drop-off areas and disabled spaces; additional parking attendants. Interim measures have been put in place to prevent illegal and inappropriate parking including temporary barriers and bollards. RIE Site Campus Group has been put in place to co-ordinate the re-provision of DCN & RHSC, including impact on activity on traffic management. Action plans have been revisited on a number of hospital sites and has resulted in additional high risk works being undertaken Banks man arrangements in place on high volume high risk delivery areas, Risk assessments and procedures are being developed and reviewed all areas where risk has been identified – a more robust risk assessment process has been developed NHSL fleet vehicles fitted with reversing cameras and audible alarms. Traffic Management training in place along with regular refreshers. Work Place Transport policy available and reviewed within agreed time scales. Escalation process in place should congestion become an issue Site traffic management groups to review all sites established. Action plans developed from the above groups and implemented monitored and reviewed by Traffic Management Review Groups Capital proposals to introduce engineered solutions for in-patient sites. High Risk Capital proposals funded. Reviews regularly carried out as to effectiveness of plans and operational procedures Site walk rounds in place conducted by site stakeholders Improved monitoring systems in place – formally recorded Known areas of people v vehicle conflict segregation measures put in place to avoid risk of injury due to contact where reasonable and practicable to do so <p>Rationale for Adequacy of Controls: There are ongoing issues with traffic management and potential for pedestrians to stray into Facilities type areas. Proposals have been prepared and costed for each site. These will have to be approved before works can commence. The plans have been provided to capital to incorporate into master plans and this is reflected in the Adequacy of Controls</p> <p>Local TM Groups will continue to apply simple and low cost actions and repairs/improvements where approvals and budgets allow.</p>	<p>Risk Reviewed & Action ID6326 updated September 2016:</p> <p>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.</p> <p>Applications have been submitted to extend the TRO at the REH and introduce a TRO at the AAH. Funding has now been approved to undertake the works required to comply with the TRO requirements. Works will commence early October.</p> <p>The resurfacing of car park P (main visitors car park) is now complete and is subject to final snagging. This will now provide additional traffic management controls due to the relining of spaces etc. .</p> <p>Funding has now been approved to undertake high risk items at the WGH - works will be to alter the road layout at Turner House which will reduce the speed of traffic. This is understood to be the highest risk on the WGH site. Cycle path works are due for completion in November 2017.</p> <p>Traffic Management works are due to commence at Whitburn, Health Centre, Liberton Hospital, PAPE and Midlothian Community Hospital. .</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

GOVERNANCE COMMITTEE AND INTEGRATION JOINT BOARD MEMBERSHIP

1 Purpose of the Report

- 1.1 The purpose of this report is to invite the Board to agree the following appointments to Committees.
- 1.2 Any member wishing additional information should contact the Chairman in advance of the meeting.

2 Recommendations

- 2.1 The Board is invited to confirm the following Non-Executive Board Member appointments to the NHS Lothian Governance Committees and to the Integration Joint Boards.

3 Governance Committees

- 3.1 Finance and Resources Committee: Martin Hill to replace George Walker as chair and Peter Murray to join the Committee both with effect from 1 February 2017.
- 3.2 Acute Hospitals Committee: Moira Whyte and Harry Cartmill to join the Committee with effect from 1 February 2017.
- 3.3 Staff Governance Committee: Alison Mitchell to replace Alex Joyce as chair with effect from 1 February 2017.

4 Integration Joint Boards

- 4.1 East Lothian Integration Joint Board: Peter Murray to assume the role as lead NHS member, and Moira Whyte to join as Member both with effect from 1 April 2017. Mike Ash to leave the IJB on 31 March 2017.
- 4.2 Edinburgh Integration Joint Board: Carolyn Hirst to join the IJB as lead NHS member and Mike Ash to join as Member both with effect from 1 February 2017. Kay Blair to leave the IJB on 31 December 2016.
- 4.3 Edinburgh Integrated Children's Services Board: Carolyn Hirst to join the group with effect from 1 February 2017. Kay Blair to leave the group from 31 December 2016.

5 Key Risk

- 5.1 The appointments ensure that there is adequate Non-Executive representation on the Governance Committees and that NHS Lothian is adequately represented on the Integration Joint Boards.

6 Risk Register

- 6.1 There are no implications for NHS Lothian's Risk Register.

7 Impact on Inequality, Including Health Inequalities

7.1 Not required as this is an administrative matter.

8 Involving People

8.1 The members and Committee Chairs involved have been consulted by the Chairman.

9 Resource Implications

9.1 There are no resource implications.

Bryony Pillath

Committee Administrator

24 January 2017

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**COMMITTEE MEMBERSHIP AND TERMS OF REFERENCE
- HEALTHCARE GOVERNANCE COMMITTEE****1 Purpose of the Report**

- 1.1 The purpose of this report is to invite the Board to approve the amended terms of reference for the Healthcare Governance Committee (HCG), approved by the HCG in November 2016. Within the Board's Standing Orders, the approval of committee terms of reference is a matter that is reserved to the Board.

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

2 Recommendations

The Board is asked to:

- 2.1 Agree the recommendation from the Healthcare Governance Committee to amend its terms of reference. The changes are being proposed to support the integration agenda, and the ongoing project to Ensure the Right Thing Happens in Practice Every Time with respect to clinical policies.

3 Discussion of Key Issues

- 3.1 The Board agreed the current Terms of Reference (ToR) of the Healthcare Governance Committee in July 2013. The amended terms of reference is in Appendix 1.
- 3.2 In the light of the integration agenda, the Committee held a workshop on 16th March 2016, to consider the implications for the Healthcare Governance Committee. One of the requirements of the integration regulations is to ensure that members of the integration joint boards are involved in the oversight of integration functions. An outcome from the workshop was that the committee's membership should include one voting member from each Integration Joint Board (IJB).
- 3.3 The March 2016 HCG Committee supported the changes in the development and dissemination of clinical policies and any other recommendations arising from work being taken forward under the 'Ensure the Right Thing Happens in Practice Every Time' workstream.

3.3.1 The “*Action Plan Towards Ensuring the Right Thing Happens in Practice Every Time*” has been developed and involves a range of actions that aim to improve how the organisation develops, approves, and then systematically and effectively implements its policies and procedures. One of the actions (no 5) is concerned with standardising the role of groups/ committees and individuals with regard to approving policies for implementation. There is a piece of work already underway to review how the various types of clinical policies are approved.

3.4 The Board amended its Standing Orders in October 2016, so that one of its “Matters Reserved to the Board” is:

“Other Organisational Policy

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

3.5 With the above measure in place, the intention is to simplify and clarify the process of approving Board policies, and allow the bulk of this to be determined by the Healthcare Governance Committee. With that aim, the following has been added to the attached Terms of Reference (Appendix 1):-

“The Board authorises the HCG Committee to determine the processes for the approval of Board policies, except for the following types of policy:

- *Policies that are reserved for approval by the Board through its Standing Orders.*
- *Human Resources Policies*
- *Finance Policies.”*

3.6 The above measure will enable the HCG committee to agree the most appropriate process to approve policies, and support a general effort to improve consistency in approach to policies. The Committee will receive proposals at a later date with regard to the approval of policies.

3.7 The Associate Director of Quality Improvement & Safety and the Corporate Governance Manager have reviewed the rest of the terms of reference, and made a small number of minor amendments to bring them up to date. They were approved by HCG in November 2016 prior to submission to the Board.

4 Key Risks

4.1 None known.

5 Risk Register

5.1 There are no implications for NHS Lothian’s Risk Register.

6 Impact on Inequality, Including Health Inequalities

6.1 This is an administrative matter and has no impact on Inequalities.

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

7.1 The amended Terms of Reference have been agreed by the Healthcare Governance Committee, which has as its members lay representatives.

8 Resource Implications

8.1 There are no resource implications arising from these recommendations.

Jo Bennett
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10 January 2017
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List of Appendices

Appendix 1: Amended HCG Terms of Reference

HEALTHCARE GOVERNANCE COMMITTEE

Remit:

The Healthcare Governance Committee is to provide assurance to the Board that the quality of all aspects of care in NHS Lothian is person-centred, safe, effective, equitable and maintained to a high standard.

The Committee will also provide assurance to the Board that NHS Lothian meets its responsibilities with respect to:-

- Scottish Health Council Participation Standards
- Volunteers/Carers
- Information Governance
- Protection of Vulnerable People including children, adults, offenders
- Relevant Statutory Equality Duties.

The Board authorises the Committee to investigate any activity within its terms of reference, to request any Board member or employee to attend a Committee meeting, and request a written report or seek any information it requires. The Board directs all employees to co-operate with any Committee request.

The Board has established a Staff Governance Committee. The Healthcare Governance Committee shall seek assurance from the Staff Governance Committee on any staff governance issues that are pertinent to the discharge of the remit of the Healthcare Governance Committee.

The Board authorises the Committee to determine the processes for the approval of Board policies, except for the following types of policy:

- Policies that are reserved for approval by the Board through its Standing Orders.
- Human Resources Policies
- Finance Policies.

Membership:

The Board shall appoint all Committee members.

The Board shall ensure that the Committee's membership includes an adequate range of skills and experience that will allow the Committee to effectively discharge its responsibilities.

Five of the members shall be non-executive members of the Board, one of whom shall be appointed as chair of the Committee. If the Committee chair is not available for a meeting, another non-executive shall become the chair.

The Board should also appoint a voting member from each Integration Joint Board (IJB) who will be nominated by their IJB.

The Joint Directors of Health & Social Care will provide assurance to both the Healthcare Governance Committee and their respective IJB.

The Board shall appoint further Committee members as it sees fit, and this can include individuals who are not members of the Board. The Board will invite nominations for Committee membership from key stakeholders such as the Lothian Partnership Forum, the Area Clinical Forum and representatives of patients and the public. These members will not be counted when determining whether the Committee is in quorum (see below). However in all other respects they will have the same rights as the non-executive Committee members with regard to their role as a Committee member.

The Chairman of Lothian NHS Board cannot be a member of the Committee. All Board members have access to the Committee papers.

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

- Medical Director
- Nurse Director
- Director of Public Health & Public Health Policy
- Chairs/Co Chairs of the Acute Services Clinical Management Group (Associate Medical and Nurse Director Acute Services)
- Representatives from each Health & Social Care Partnership (H&SCP) Senior Management Team (General Manager/Clinical Director/Chief Nurse)
- Chief Quality Officer
- Associate Director for Quality Improvement & Safety.

However, only the Committee members are entitled to be present at meetings, and it is for those members to decide if non-members should attend for a particular meeting or agenda items.

Committee members are entitled to discuss matters directly with the Chair of the Committee and Chair of Lothian NHS Board. Members also have a right of access to the Accountable Officer where they feel that this is necessary.

The Chair of the Committee may:

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

Frequency of Meetings:

The Committee will meet at least every two months.

Quorum:

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

There may be occasions when due to the unavailability of the above non-executive members, the Board Chairman will ask other non-executive members of Lothian NHS Board to act as members of the Committee so that quorum is achieved. Such occasions will be drawn to the attention of Lothian NHS Board, when subsequently adopting the Committee minutes, and the Board will be asked to approve the membership of the Committee meeting as having been appropriate and in quorum.

Functions:

The Committee will require assurance from management and reach conclusions on level of assurance through:

- Monitoring and reviewing outcomes and processes across NHS Lothian, and taking action to ensure that the appropriate structures, processes and controls are in place and operating effectively
- Enabling co-ordination and whole system learning activities across NHS Lothian, especially the sharing of good practice
- Delegating authority to groups or sub-committees to undertake the detailed consideration and resolution of specific matters on behalf of the Committee
- Ensuring there is an annual workplan for the discharge of its remit, and that there is an annual report on its activities
- Ensuring that any required action is undertaken swiftly in order to provide reassurance to the Board and the public
- Informing the development of Board strategies.

The Committee shall seek assurance on the following:

1. The quality of care of services as set out in the NHS Lothian Strategic Clinical Framework (2012-20) is regularly monitored, reported and reviewed, including issues of quality and safety including Unscheduled Care and Waiting Times
2. Continuous improvement of clinical care drives decision-making about the provision, organisation and management of services
3. Medicines Management, including the management of Controlled Drugs
4. There is a systematic and documented approach for the production, implementation and evaluation of clinical policies
5. Clinical care delivered across NHS Lothian meets NHS, HIS and other relevant standards and that unacceptable clinical practice will be detected and addressed
6. Effective quality assurance and quality improvement systems are in place covering all aspects of service delivery
7. An open and transparent culture exists with respect to the reporting, investigation and corrective action taken following adverse events, reviews, fatal accident inquiries, ombudsman reports or other internal or external reports
8. Complaints and patient feedback are handled in accordance with national standards/guidance, and lessons learned from their investigation and resolution,

including reports from the Scottish Public Sector Ombudsman and Mental Welfare Commission

9. All individuals engaged by the Board to carry out its functions and services are appropriately trained to develop the skills and competencies required to deliver the care needed; that continuing personal and professional development and lifelong learning are supported; and that there are mechanisms for developmental training and assessment where necessary
10. High-quality research and development, teaching and training are supported in partnership with other public or private sector bodies, and meet relevant guidance/governance standards, and complies with Research Framework for Health & Community Care
11. Information governance across NHS Lothian meets NHS HIS and other relevant standards, and that unacceptable practice will be detected and addressed, including Codes of Practice on openness and related strategy processes all applied and monitored
12. Ensure implementation of relevant directives and other instructions from Scottish Government with respect to mutuality and equality governance including human rights legislation, including health inequalities in the population
13. The protection of vulnerable adults (adults, children, offenders) complies with legislative and national standards
14. The HCG Committee's remit is addressed in a systematic and documented manner through clear policies and procedures, and adequate and effective systems of internal control.

The discharge of the above functions must have due regard to the law that the Board must observe. A list of the law (although not exhaustive) that is pertinent to the Healthcare Governance Committee is set out below.

- NHS (Scotland) Act 1978, Sections 2-2CB, 9, 12H, 25-28, Sch1 (7)
<http://www.legislation.gov.uk/ukpga/1978/29/contents>
- Access to Health Records Act 1990
<http://www.legislation.gov.uk/ukpga/1990/23/contents>
- Access to Medical Reports Act 1988
<http://www.legislation.gov.uk/ukpga/1988/28/contents>
- Equality Act 2010 (with regard to the provision of care)
<http://www.legislation.gov.uk/ukpga/2010/15/part/3/crossheading/provision-of-services-etc>
- Adult Support and Protection (Scotland) Act 2007
<http://www.legislation.gov.uk/asp/2007/10/contents>
- Children (Scotland) Act 1995
<http://www.legislation.gov.uk/ukpga/1995/36/contents>
- Civil Contingencies Act 2004
<http://www.legislation.gov.uk/ukpga/2004/36/contents>
- Patients Rights (Scotland) Act 2011
<http://www.legislation.gov.uk/asp/2011/5/contents>
- Scottish Public Services Ombudsman Act 2002
<http://www.legislation.gov.uk/asp/2002/11/contents>
- Mental Health (Care and Treatment) (Scotland) Act 2003

<http://www.legislation.gov.uk/asp/2003/13/contents>

- Patients Rights (Treatment Time Guarantee) (Scotland) Regulations 2012

<http://www.legislation.gov.uk/ssi/2012/110/contents/made>

- Public Health Act 2008

<http://www.legislation.gov.uk/asp/2008/5/contents>

- Infectious Diseases (Notification) Act 1889

<http://www.legislation.gov.uk/ukpga/Vict/52-53/72/contents>

- The Public Health (Notification of Infectious Diseases) (Scotland) Regulations 1988, as amended

<http://www.legislation.gov.uk/uksi/1989/2250/contents/made>

- Regulation of Care (Scotland) Act 2001

<http://www.legislation.gov.uk/asp/2001/8/contents>

- Public Services Reform Act 2010 (sections 99-100)

<http://www.legislation.gov.uk/asp/2010/8/part/5/chapter/5>

- Adults with Incapacity (Scotland) Act 2000

<http://www.legislation.gov.uk/asp/2000/4/contents>

- Public Records Scotland (Act) 2011

<http://www.legislation.gov.uk/asp/2011/12/contents>

- Freedom of Information Act (Scotland) 2002

<http://www.legislation.gov.uk/asp/2002/13/contents>

- Human Tissues (Scotland) Act 2006

<http://www.legislation.gov.uk/asp/2006/4/contents>

- Scottish Commission for Human Rights Act 2006

<http://www.legislation.gov.uk/asp/2006/16/contents>

- Misuse of Drugs Act 1971

<http://www.legislation.gov.uk/ukpga/1971/38/contents>

- Medicines Act 1968

<http://www.legislation.gov.uk/ukpga/1968/67/contents>

- Protection of Vulnerable Groups (Scotland) Act 2007

<http://www.legislation.gov.uk/asp/2007/14/contents>

- Human Fertilisation and Embryology Acts 1990 & 2008

1990 - <http://www.legislation.gov.uk/ukpga/1990/37/contents>

2008 - <http://www.legislation.gov.uk/ukpga/2008/22/contents>

- The Abortion (Scotland) Regulations 1991

<http://www.legislation.gov.uk/uksi/1991/460/contents/made>

- Mental Health (Care and Treatment) (Scotland) Act 2003

<http://www.legislation.gov.uk/asp/2003/13/contents>

- Medical Act 1983

<http://www.legislation.gov.uk/ukpga/1983/54/contents>

- Public Bodies (Joint Working)(Scotland) Act 2014

<http://www.legislation.gov.uk/asp/2014/9/contents>

- Mental Health (Scotland) Act 2015

<http://www.legislation.gov.uk/asp/2015/9/contents>

- Extensive legislation relating to Information Governance

- CELs, HDLs, MELs, CMO Letters, CNO Letters

Reporting Arrangements:

The Committee will report to the Board by means of submission of minutes to the next available Board meeting.

The Chair of the Committee will present an annual report on the discharge of these terms of reference to the Audit & Risk Committee, to inform the Board's annual review of the effectiveness of its systems of risk management and internal control. This will be a source of assurance for the NHS Lothian Governance Statement (for the annual accounts).

The Chair of the Committee will prepare a summary document to accompany the minutes from each committee meeting.

The Committee shall prepare and present an annual report on its activities to the Board.

The Committee shall contribute towards the summary performance report that goes to the Board.

The Board may require the Committee to review its own effectiveness, as part of a wider review of the Board effectiveness.

FINANCE & RESOURCES COMMITTEE

Minutes of the Meeting of the Finance & Resources Committee held at 9:30am on Wednesday 30 November 2016 in Meeting Room 7, Waverley Gate, 2-4 Waterloo Place, Edinburgh.

Present: Mr G Walker (Chair); Mrs K Blair (from minute 42.5); Mrs S Goldsmith; Councillor R Henderson; Mr M Hill; Mr B Houston; Mr P Johnston; Professor A McMahon and Mrs L Williams.

In Attendance: Mrs J Butler (Interim Director of Human Resources and Organisational Development); Mrs J Campbell (Acting Chief Officer); Ms E Clemente (Trainee); Mr J Crombie (Acting Chief Executive); Ms G Cunningham (Operational Manager, Royal Infirmary of Edinburgh)(for minute 44); Mr B Currie (Project Director - Royal Hospital for Sick Children & Dept of Clinical Neurosciences); Mr I Graham (Director of Capital Planning & Projects); Ms C Harris (Communications Manager); Ms S Knight (Trainee); Ms K Imrie (Programme Manager - Redesign & Reprovision Ophthalmology)(for minute 45); Mr C Marriott (Deputy Director of Finance); Mr A Milne (Project Director, Major Hub Initiatives); Mr P Reith (Secretariat Manager) and Mr A Tyrothoulakis (Service Director)(for minute 47).

Apologies for absence were received from: Mr T Davison, Dr D Farquharson and Professor M Whyte.

The Chair welcomed Ms S Knight and Ms E Clemente to the meeting as observers. The Chair also advised the Committee that this was the last meeting of the Finance & Resources Committee for the Secretariat Manager, Peter Reith. The Committee endorsed the Chair's appreciation of the work Mr Reith had done for the Committee over a number of years.

The Chair also advised the Committee that his term of office as a member of Lothian NHS Board ended on 31 January on 2017 and that the Board Chairman would be proposing Mr M Hill as Chair of the Committee to the Board.

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. Mrs Goldsmith, Councillor Henderson, Mr Hill, Mr Johnston and Mr Walker all declared a non-financial interest in agenda item 8.3 "Additional Beds, Acute Medical Unit, Royal Infirmary of Edinburgh" in their capacity as members of an Integration Joint Board.

The Committee noted that such interest did not preclude the members for fully participating in decisions on this matter.

35. Minutes of the Previous Meeting

- 35.1 The Minutes of the previous meeting held on 14 September 2016 were approved as a correct record.

36. Running Action Note

- 36.1 The Committee received the circulated running action note detailing outstanding matters arising, together with the actions taken and the outcomes. Mrs Goldsmith advised the Committee that work on GP Prescribing had started but was still ongoing. Mr Marriott advised that a meeting was being held that day to review this work and it was hoped to have a status position available for the January meeting of the Committee.

37. Matters Arising

- 37.1 Members' Development Session - Mrs Goldsmith advised that work was being undertaken to explore what required to be included in these sessions and it was proposed that a workshop be held in early 2017 looking at 3 or 4 areas. The Committee agreed to this proposal and noted that members would be consulted on dates.

SG

- 37.2 Meeting of All Audit Committee Chairs and Integration Joint Board Chief Financial Officers - the Committee noted that the Audit Committee Chair and the Integration Joint Board Chief Financial Officers had met and had commissioned the Chief Internal Auditor to undertake some work on the relationship between the Governance Committees and the Integration Joint Boards.

- 37.3 Cancer Centre Visit - Mr Graham advised the Committee that this visit had been held on 12 October 2016 and a strategic assessment had been drafted for submission to the Strategic Planning Committee in December. It was noted that that the situation in respect of Ward 4 at the Western General Hospital had been escalated because of significant patient safety issues identified during the course of a Patient Safety Visit. Mrs Campbell advised that she had met with the staff and work was underway to identify interim solutions. The Committee noted that a 2008 decision on work in the area had not been implemented and Mr Crombie advised this was a complex issue as any work undertaken in the Centre had a significant impact on the ability to treat cancer patients. It was noted that the visit by Committee members had been very helpful. Mrs Goldsmith advised that NHS Lothian had been asked to submit a strategic assessment to Scottish Government because of the high level of investment proposed. It was noted that this issue would be considered at the December Strategic Planning Committee and it was agreed that a letter of concern should be communicated to that meeting from the Finance & Resources Committee. The Committee also agreed that regular updates should be submitted to the Committee on the position in respect of the Cancer Centre.

JCa

38. Payment Verification Protocols in Primary Care

- 38.1 Mrs Goldsmith introduced a circulated report providing the Committee with sight of the revised payment verification protocols issued by Scottish Government in May 2016 via the Directors Letter DL(2016)11.

- 38.2 The Committee noted that the purpose of this report was to provide assurance to the Committee that there had been nothing improper in payments made to Primary Care contractors.
- 38.3 Mr Hill questioned why such a report came to the Finance & Resources Committee rather than the Audit & Risk Committee and Mrs Goldsmith explained that the Finance & Resources Committee was responsible for scrutinising expenditure.
- 38.4 The Chair referred to correspondence to be considered at the next Private Board meeting regarding the way in which rental was reimbursed to general practices. Mrs Goldsmith advised that such payments were not covered by this report and were being reviewed by the Nurse Director and Interim Director of Human Resources & Organisational Development for consideration at the Board.
- 38.5 The Committee accepted that this issue was being appropriately handled and:
- Accepted the report as assurance that the Directors Letter DL(2016)11 had been distributed to the Audit & Risk Committee as required;
 - Took assurance that a system of post payment verification had been undertaken by Practitioner Services Division in line with the Partnership agreement, practitioner verification protocols in Directors Letter DL(2016)11 and that payment verification managers confirmed payments made to family health services practitioners (General Medical Practitioners, General Dental Practitioners, Community Pharmacists and Optometrists), were in line with relevant regulations;
 - Took assurance that a review of this process and of the detailed payment verification reports provided by payment verification managers from Practitioner Services Division including Finance on behalf of NHS Lothian by way of a meeting with the relevant payment verification managers;
 - Took assurance that payments made to family health service practitioners, as detailed in the quarterly payment verification reports were reported throughout the financial year to the Finance & Resources Committee;
 - Took assurance that the Practitioner Services Division and Primary Care contractor organisations were addressing any issues that arose with particular contractors as agreed at the quarterly meetings.

39. Commercial Agreement - Domestic Services

- 39.1 The Committee noted a report of progress in relation to the return of domestic services at the Royal Infirmary of Edinburgh from the Private Finance Initiative provider to NHS Lothian in-house provision.
- 39.2 Mrs Goldsmith advised that there was agreement in principal from Scottish Government who had identified a funding source to return domestic services at the Royal Infirmary of Edinburgh from the Private Finance Initiative provider to NHS Lothian in-house provision.
- 39.3 It was noted that the figures included the costs of employer's contributions and staff would be able to choose whether to move pension schemes.

39.4 The Committee agreed to endorse the agreement and delegate authority to the Director of Finance for signature of the supplemental agreement required to effect of this change and payment of the compensation sum.

39.5 The Committee noted that this was anticipated to be broadly revenue neutral once the University of Edinburgh contribution was factored in and site wide efficiencies were maximised.

40. Financial Performance and Forecast Outturn 2016/187

40.1 Mr Marriott introduced a circulated report providing an overview of the financial position at period 7 and an update to the predicted year end forecast based on the latest financial information. The Committee noted that in period 7, NHS Lothian had under spent by £1.72m bringing the year to date position to £5.246m overspend against the revenue resource limit. There will still pressures across the system and action was being proposed to the Acute Senior Management Team in respect of junior doctors costs.

40.2 Mr Marriott advised that whilst there were still some risks in the recovery plan and some asset sales had still to be achieved he had good confidence that a breakeven position would be achieved by the end of the financial year. In response to the question from the Chairman in respect of the junior doctors' issue Mr Marriott advised that in previous years gaps with the numbers of junior doctors had been filled with locums and other posts. Whilst there was now a full establishment of junior doctors there was still some support of funding being paid and a paper was being taken to the Acute Senior Management Team proposing action on this.

40.3 Mrs Campbell advised that Finance was undertaking a significant piece of work on this and an update would be given to the January Finance & Resources Committee.

40.4 Some concern was expressed at the level of achievement of the recovery plan and Mrs Goldsmith advised that the position was slightly improved compared to previous years. Mr Marriott advised that he would include more detail of the recovery plan in the report to the January meeting of the Committee. Mr Marriott advised that he had written to each Integration Joint Board on the issue of holding reserves for 2017/18 and seeking clarification as to where the reserves stood in respect of achieving financial balance.

40.5 Mrs Goldsmith commented that there was a question as to whether Integration Joint Boards should carry reserves when the NHS was funding pressures.

40.6 Mr Johnston commented that, in Midlothian, the outturn did not show money being used to fund other activities and all of the resources were being used appropriately.

40.7 Mrs Goldsmith advised that it was appropriate that all 3 parties; Local Authorities, Integration Joint Boards and the NHS understood how the finances were being handled.

40.8 The Committee noted that this challenge had a financial consequence which was difficult to measure within the accuracy, however based on 45,966 lost bed days to delays in total for the first half of the year, and applying the cost of £167.00 (representing the daily rate direct cost for geriatric long-stay facilities in Lothian, excluding medical staffing) the resource impact in the first 6 months was estimated at £7.66m.

40.9 Councillor Henderson asked if the issue with prescribing costs was related to volume or cost and Mr Marriott advised that work was currently underway analysing the differences between GP practices prescribing practices.

40.10 Mr Hill asked if this work could include how the pressure was managed amongst practices and Mr Marriott undertook to include this in the analysis.

CM

40.11 The Committee noted that a workshop on this issue was being arranged with the Integration Joint Boards.

40.12 The Committee agreed to accept the report and:

- Note that the accumulative financial position at period 7 showed an NHS Lothian overspend of £5.2m, with an in-month under spend for October of £1.7m arising from the application of non-recurrent flexibility. Based on the latest information, NHS Lothian was still in a position to provide moderate assurance on the achievement of financial balance by the year end;
- Consider the current breakeven forecast which remained reliant on the delivery of the number of recovery actions and corporate schemes which were not all demonstrating delivery at this stage, and agreed any additional remedial action required;
- Agreed the approach to supporting the delivery of breakeven across Integration Joint Boards through the distribution of NHS Lothian's corporately held flexibility.

41. Financial Plan 2017/18

41.1 Mrs Goldsmith introduced the circulated financial plan for 2017/18 setting out an initial assessment of the 2017/18 financial position based on the current forecast outturn, anticipated growth and assumptions around additional resources.

41.2 The Committee noted that once the total 2017/18 additional resources were deducted from the total projected 2017/18 costs there was a financial gap of £66.834m. Financial recovery actions identified to date would reduce this by £15.947m to a financial plan gap of £50.887m.

41.3 Mrs Goldsmith explained that NHS Lothian's carry forward costs were higher than other health systems because of the NRAC gap which was taking NHS Lothian out of balance with other Health Boards.

41.4 The base uplift of 1.7% was likely to be equally divided between health and social care and the current model showed that NHS Lothian was £18m out of line with NRAC assessments.

41.5 The Chair thanked Mrs Goldsmith and commented on the clarity of the report.

41.6 Mr Houston advised that he was not surprised with the forecast and expressed the hope that, based on previous experience, balance could be achieved.

41.7 Mr Hill questioned whether there needed to be an analysis about what constituted discretionary and mandatory expenditure.

- 41.8 Mrs Goldsmith advised that the greatest pressures were in the business units and work was underway to see what could be done on a regional basis.
- 41.9 The Chair commented that the range of scenarios was broader than the paper itself and noted that service changes had not been achieved within the acute sector in 2016/17.
- 41.10 Mr Crombie advised that service change was what the relationship with the Integration Joint Boards and the acute sector would lead to.
- 41.11 The Committee agreed to:
- Acknowledge that, based on information currently available, NHS Lothian was not able to provide any assurance on its ability to deliver a balanced financial plan in 2017/18 at this time;
 - Considered the requirement to deliver £67m of savings in 2017/18 to close the financial plan gap, based on existing assumptions. This gap comprised an anticipated £122m of additional costs for 2017/18 against an assumed £55m of additional resource, half of which was internally generated;
 - Recognised the assumed additional allocations from the Scottish Government remained a planning assumption and risk, and would not be confirmed until the Scottish spending review was announced in December;
 - Endorsed the application of non-recurring resources as a source of funds in 2017/18;
 - Considered the implications for the growth of the recurring gap in 2018/19;
 - Reviewed the financial plan in the context of the 4 Integration Joint Boards.

42. Phase 2 Royal Edinburgh Redevelopment

- 42.1 Professor McMahon advised the Committee that Phase 1 of the Royal Edinburgh Hospital Redevelopment would receive the handover of keys on Monday 5 December and advised that Mr Milne, Project Director, would give a presentation on Phase 2 which would also touch on Phase 3.
- 42.2 Mr Milne showed members the site plan together with the proposed layout of clinical areas and detailing the services to be included in Phase 2 in Mackinnon House, the facilities management building and the Integrated Rehabilitation and Transitional Unit.
- 42.3 The Committee noted that the revenue impact of Phase 2 would be an annual increase of £863,000. The outline Business Case would be submitted to the March meeting of the Committee.
- 42.4 The Chair questioned why the Committee would accept additional revenue consequences of any business case in the current financial climate and Mrs Goldsmith explained that as NHS Lothian was currently provide services in inappropriate facilities these had to be reprovided in new facilities which would inevitably cost more in revenue.
- 42.5 Mrs Blair arrived at the meeting.

- 42.6 Mr Hill commented that the closure and sale of the Astley Ainslie Hospital would help the position along with other service changes.
- 42.7 Councillor Henderson commented that a number of voluntary organisations currently based at the Astley Ainslie Hospital would need to be relocated and this would have to be taken into account.
- 42.8 The Chair thanked Mr Milne for his presentation which would be electronically circulated to members and the Committee noted the position in respect of Phase 2 of the Royal Edinburgh Hospital Redevelopment.

43. Royal Edinburgh Hospital Phase 1

- 43.1 Professor McMahon introduced a circulated report seeking approval for the upgrading of anti-ligature measures at the Royal Edinburgh Hospital Phase 1.
- 43.2 The Committee noted that recent visits by the Health & Safety Executive to the existing areas of the Royal Edinburgh Hospital had led to recommendations that certain areas were upgraded to reduce suicide risk. The recommendations from the Health & Safety Executive were being applied to mental health inpatient areas across the NHS Lothian estate. Reviews of facilities had concluded that although buildings might have been constructed in accordance with relevant design guidance, further measures might be appropriate to reduce clinical risk.
- 43.3 Professor McMahon advised the Committee that whilst approval was being sought for funding for the anti-ligature measures up to value of £645,000, it was possible that the work might cost less than this.
- 43.4 Councillor Henderson queried the source of funding for this and Mrs Goldsmith advised that this would come from the capital budget which would then be reconfigured.
- 43.5 Professor McMahon advised that the position would be audited and anti-ligature requirements would be examined with a balanced risk tolerance.
- 43.6 Mrs Goldsmith advised that the Acting Chief Executive had asked Internal Audit to review this position to see what lessons could be learned.
- 43.7 The Committee agreed to:
- Note the scope of anti-ligature variations as requested by the service;
 - Approve funding for the anti-ligature measures up to the value of £645,000, noting that the contractor was currently finalising pricing and programming of the works;
 - Note that the anti-ligature work proposed for the Royal Edinburgh Hospital Phase 1 was part of an ongoing piece of work across NHS Lothian supported by the Corporate Management Team and the Audit & Risk Committee.

44. Additional Beds, Acute Medical Unit, Royal Infirmary of Edinburgh

- 44.1 Mrs Campbell introduced a circulated report recommending approval of the Business Case for an additional 8 beds within the Acute Medical Unit at the Royal Infirmary of Edinburgh.

- 44.2 Mrs Campbell explained that these were front door beds to avoid admissions and allow patients to be discharged home as soon as possible.
- 44.3 Ms Cunningham went through the report and advised that the report would also be presenting to all 4 Integration Joint Boards because of the capital and revenue implications.
- 44.4 Mr Hill queried where the funding for the proposed capital investment would come from and Mrs Goldsmith advised that the Lothian Capital Investment Group had discussed this because it had been NHS Lothian policy for some time and because of the long lead in time for any work with Consort. It had been recognised that the Integration Joint Boards would be part of the dialogue.
- 44.5 Mrs Campbell emphasised that because of the pressures on the admitting unit it was not working properly and the additional 8 beds would help to remedy this.
- 44.6 Mr Johnston asked how this fitted in with the policy of shifting the balance of care from the acute to the primary care sector and Ms Cunningham advised that the purpose was to prevent admissions to hospital.
- 44.7 Mr Crombie advised that the acute sector was seeing increases in attendance at acute hospitals and a group had been set up to study this issue with Integration Joint Board involvement but attendances were continuing to increase and the Integration Joint Boards provide units were not providing a means to prevent this.
- 44.8 The Chair advised the Committee that because the Integration Joint Boards had not yet been consulted he could not support the Business Case at this time as the governance requirements had not been met.
- 44.9 Mr Johnston agreed that the Integration Joint Boards had not had an opportunity to discuss this and to produce their plans. He wanted a whole picture discussion of the ways in which the balance of care could be shifted. He could not therefore support the outline Business Case as he had not had an opportunity to discuss it with his Integration Joint Board partners.
- 44.10 Mr Houston commented that it was a shame that this was a problem which was not being resolved and he emphasised the need to take a holistic view of a system-wide problem.
- 44.11 Mr Hill commented that the Committee had to take some ownership of the issue and there was a need to urgently put in place a more complete and cohesive Business Case that took account of the Integration Joint Boards.
- 44.12 Professor McMahon suggested that there should be time to put the Business Case to the March meeting of the Committee once it had been discussed by the Integration Joint Boards.
- 44.13 Mr Crombie emphasised to the Committee that this was a patient safety issue and accepted that it was incumbent on NHS Lothian to work with Integration Joint Board colleagues to produce the viable plans.

- 44.14 The Committee agreed to continue consideration of the Business Case for additional beds, Acute Medical Unit, Royal Infirmary of Edinburgh to the March meeting to allow time for the Integration Joint Boards to be consulted.
- 44.15 The Chair emphasised the need for the governance around business cases involving Integration Joint Boards and delegated areas of responsibility to be fully reviewed. **SG**
- 44.16 Mrs Goldsmith advised the Committee that in order to ensure that no time was lost she would authorise the initial design work and discussions with Consort on her authority on the grounds of patient safety.
- 44.17 The Committee noted the position.

45. Redesign of Eye Services in NHS Lothian including the Re provision of the Princess Alexandra Eye Pavilion

- 45.1 Mrs Campbell introduced a circulated report seeking approval for the revised initial agreement for the proposed redesign of eye services and associated re provision of the Princess Alexandra Eye Pavilion.
- 45.2 Ms Imrie explained that the original initial agreement had been approved in July 2015 and submitted to the Scottish Capital Investment Group. However, due to the imminent changes to the Scottish Capital Investment Group and, in particular the new format of initial assessments, it was not approved at that point but there had been acknowledgment that there was a good case for funding. Following extensive work with the Scottish Government a revised initial agreement had been prepared following the new draft guidance.
- 45.3 The Committee noted that the Scottish Government had asked for a regional solution but that this was not possible within the timescale and an exercise was ongoing looking at cross-boundary flow. The Committee noted that the existing building was causing the Scottish Fire Service significant concerns in terms of safety.
- 45.4 Members commented on the clarity and readability of the new format for initial agreements and the Committee agreed to:
- Note and approve the revised initial agreement;
 - Note the recommended preferred option of a traditionally capital funded new build eye hospital on the Edinburgh Bio Quarter site at a total capital cost of £59.59m including projects team costs;
 - Note the expansion option to establish a collaboration/clinical research facility within the new hospital at an additional capital cost of £5.73m;
 - Note that the initial agreement did not include any provision of additional capacity to assist neighbouring Health Boards with future demand pressures for cataract surgery.
- 45.5 The Scottish Government Access Team was currently developing projections for this. A decision had been take to bring this initial agreement forward and not wait to align resubmission with the South East Scotland strategy for future sustainable elective services. There was concern that any delay to agreeing that strategy and confirming the

plans could significantly extend the project timetable which could have a detrimental impact on the service due to the deteriorating condition of the existing facility.

- Note that the proposal assumed ongoing continuation of the current service level agreement with the NHS Golden Jubilee Hospital for circa 2,200 cataract see ad treat procedures per year as per current guidance from the Scottish Government Access Support Team and the interim NHS Lothian Chief Executive;
- That following approval of the initial agreement the associated land purchase at the Edinburgh Bio Quarter site should be progressed and funded in advance of the outline Business Case submission;
- Note the proposal in the context of the letters of 15 November 2016 from the Health & Performance and Delivery Directorate Access Support Division and the actions required of Boards to ensure focus of sustainable ophthalmology services;
- Note that completion of the NHS Scotland design assessment process with service user and staff input was now a requirement at initial agreement stage.
- Following a meeting on 15 November 2016 with the Director of Design for Architecture - Scotland it had been confirmed that the NHS Scotland Design Assessment process should be a 2 part process, where at first key specifications were identified and secondly images were added to further validate these in a session with stakeholders. Part 1 took place on 25 November and Part 2 would be scheduled for January 2017. It might be the case that the Scottish Capital Investment Group would wish to see the full validated design statement before they considered the case. If so, there could be a potential delay with the case being considered at the Scottish Capital Investment Group meeting in March 2017 instead of January 2017.

46. Royal Hospital for Sick Children and Department of Clinical Neurosciences, Little France Anticipated Completion Date.

- 46.1 Mr Currie introduced a circulated report giving an update on progress of the works and in particular demonstrating the evaluation process undertaken by the project team of 2 revised "anticipated completion date" scenarios recently received from IHSL (the special purpose vehicle).
- 46.2 The Committee noted the recently proposed anticipated completion date and agreed to support the Programme Board's decision to reject an alternative anticipated first phase completion date which sought to modify the agreement between the Board and IHSL.

47. Business Case for a New CT Scanning Suite at the Western General Hospital

- 47.1 Mr Tyrothoulakis introduced a circulated report seeking approval for the Business Case for the new CT Scanning Suite at the Western General Hospital.
- 47.2 Mr Tyrothoulakis explained that there was some expectation that Scottish Government funding would help reduce the revenue consequences of the new CT Scanning Suite.
- 47.3 Mrs Blair advised that she was very supportive of the proposal and Mr Hill asked whether the existing scanner would be suitable for relocation when the Department of Clinical Neurosciences relocated to the new building on the Little France site.

- 47.4 Mr Tyrothoulakis advised that as the scanners had a life span of 10 years it would not be cost effective to move the old CT scanner to Little France for such a limited time.
- 47.5 The Chair commented that it was important in Business Cases that it be made clear whether figures were net or gross.
- 47.6 The Committee agreed to:
- Note that the proposal had been approved by the Senior Management Team and the Lothian Capital and Investment Group;
 - Approve the expenditure of £2.624,830 in capital and noted that this would require an additional £323,713 in revenue for the new CT Scanning Suite.

48. East Lothian Community Hospital Combined Outline Business Case and Full Business Case Addendum

- 48.1 Mr Milne introduced a circulated report presenting the combined outlined Business Case and full Business Case Addendum for East Lothian Community Hospital project. He advised that the addendum outlined briefly the changes since the combined Business Case was presently to, and agreed by, the Board in particular detailing the financial changes recorded at financial close.
- 48.2 Mr Milne advised the Committee that the total average unitary charge over total life contract had reduced in comparison to the combined Business Case from £181m to £164m, mainly due to reduction in swap rates quoted in OBC and FBC.
- 48.3 The Committee agreed to:
- Note that financial close was achieved on 23 September 2016;
 - Approve the combined Business Case Addendum and agree its submission to Lothian NHS Board and Scottish Government Health and Social Care Directorates.

49. Property and Asset Management Investment Programme 2016/17 Business Case Monitor

- 49.1 Mr Graham introduced a circulated report providing the Committee with a detailed overview of the major capital projects.
- 49.2 Mr Graham advised that a number of reports in the respect of primary care premises would be coming to the Committee in due course.
- 49.3 The Committee noted that the Royal Hospital for Sick Children was currently on the market looking for early offers in 2017.
- 49.4 The Committee also noted that the Bangour Village Hospital appeal had started the day before and the demolition of the Royal Victoria Hospital was about to start.
- 49.5 It was also noted that the ward 20 project at St John's Hospital had come in under the approved budget.

49.6 Mr Graham advised the Committee that a new issue of the Scottish Capital Investment manual had been released and a session would be organised to keep Committee members apprised of its content. **IG**

49.7 The Committee agreed to note the updated 5 year property and asset management investment programme and spend to date including updated project budgets.

50. Property and Asset Management Investment Programme 2016/17

50.1 Mr Graham introduced a circulated report giving a detailed overview of the major capital projects.

50.2 The Committee agreed to note the progress in performance to date for each of the projects and the associated key risks and issues.

51. Date of Next Meeting

51.1 It was noted that the next meeting of the Finance & Resources Committee would be held on Wednesday 18 January 2017 at 9:30am in Meeting Room 7, Waverley Gate, 2-4 Waterloo Place, Edinburgh.

HEALTHCARE GOVERNANCE COMMITTEE

Minutes of the meeting of the Healthcare Governance Committee held at 9:00 on Tuesday 29 November 2016 in Meeting Room 7, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present: Dr R. Williams, Non-Executive Board Member (chair); Ms S. Allan, Non-Executive Board Member; Ms N. Gormley, Patient and Public Representative; Ms C. Hirst, Non-Executive Board Member; Mr A. Joyce, Employee Director, Non-Executive Board Member; Mr J. Oates, Non-Executive Board Member; Mr A. Sharp, Patient and Public Representative.

In Attendance: Ms M. Barton, Head of Health, West Lothian; Ms J. Bennett, Associate Director for Quality Improvement and Safety; Ms F. Cameron, Head of Infection Control; Ms J. Campbell, Acting Chief Officer, Acute Services; Mr N. Clater, Senior Manager, Mental Health (item 7.4); Ms E. Clemente, Finance Trainee (observing); Dr D. Clutterbuck, Consultant (item 42.5); Dr B. Cook, Medical Director, Acute Services; Dr A. Coull, Consultant in Stroke Medicine (item 43.3); Mr J. Crombie, Acting Chief Executive; Ms K. Dimmock, Information Analyst (observing); Dr P. Graham, Consultant Clinical Psychologist (item 37.1); Dr B. Hacking, Consultant Clinical Psychologist (item 37.1); Ms S. Knight, Finance Trainee (observing); Mr R. Mackie, Senior Information Analyst (observing); Professor A. McCallum, Director of Public Health and Health Policy; Ms T. McKigen, Associate Director of Operations (item 43.2); Professor A. McMahon, Nurse Director; Ms J. Morrison, Head of Patient Experience; Ms C. Myles, Chief Nurse, Midlothian Health and Social Care Partnership; Ms B. Pillath, Committee Administrator (minutes); Mr D. Small, Chief Officer, East Lothian Integration Joint Board; Professor A. Timoney, Director of Pharmacy; Ms M. Wilson, Chief Nurse, Edinburgh Health and Social Care Partnership.

Apologies: Ms P. Eccles, Partnership Representative; Ms W. Fairgrieve, Partnership Representative; Dr D. Farquharson, Medical Director; Ms C. Harris, Head of Communications; Dr S. Watson, Chief Quality Officer.

Chair's Welcome and Introductions

Dr Williams 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.

35. Patient Story

35.1 Professor McMahon read out a letter from the family member of a patient diagnosed with vascular dementia and Lewy bodies dementia. The family had had a very good relationship with the consultant and the CPN and communication had been excellent in arranging respite care and a package of care at home.

35.2 It was agreed that the Chair would meet with Professor McMahon and the two patient representatives to discuss how the Committee could make better use of the patient story.

36. Minutes from Previous Meeting (27 September 2016)

36.1 The minutes from the meeting held on 27 September 2016 were approved as a correct record.

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

37. Matters Arising

37.1 Access to Adult Psychological Therapies

37.1.1 The Chair welcomed Dr Hacking and Dr Graham to the meeting and they gave a presentation. The Chair thanked them for providing assurance and an improvement plan in an area that had been a concern. In response to a question from Ms Allan, Dr Graham advised that it was expected that increasing referral numbers would stabilise at 60%; this was the staff model the team were working towards and was also the HIS benchmark.

37.1.2 Work was in progress on giving behavioural support in care homes for which there was currently limited funding in Edinburgh which it was hoped would be extended. There were plans to give support to West Lothian care homes also. This work would be self-sustaining once was training completed. It was hoped to also promote this in acute services.

37.2 CAMHS Psychological Therapies Update and Action Plan

37.2.1 Professor McMahon presented the previously circulated paper. The report highlighted progress made in improving access to services by reducing the long waiting list and improving compliance with the 18 week target.

37.2.2 The Committee supported the proposal in the paper that the initial focus would be on those patients who had been waiting the longest, which would mean that the 18 week access target would not be met initially. All referrals would be triaged to ensure urgent cases were assessed as soon as possible.

37.2.3 An update on progress would be submitted to the Committee each meeting, with a full interim report in March 2017 and a final report in September 2017 where the target was expected to have been achieved. **AMcM**

38. Emerging Issues

38.1 Access to New Medicines

38.1.1 Professor Timoney advised that a report on access to new medicines had made 28 recommendations. There would be a further update once a response had been received from the Scottish Government.

39. Committee Effectiveness

39.1 Corporate Risk Register

39.1.1 A paper had been previously circulated. Ms Bennett noted that there had been an increase in the risk category for GP sustainability. There had been a reduction in risk category for nursing workforce as there had been successful recruitment to date, a series of recruitment days had been arranged, and bank staff were being used. Vacancies had reduced from 7% to 5% and a plan was in place for ensuring sustainability.

39.2 Quality and Performance Report

39.2.1 Following new guidelines for Committees recording the level of assurance achieved on each area of the remit, Members went through each item in the Quality and Performance report and indicated the level of assurance received. This was the first time any Committee had been through the report in this way, and feedback on the approach was welcomed.

39.2.2 Healthcare Associated Infection *Staphylococcus aureus* Bacteraemia – moderate assurance achieved due to the focus on this area, the improvement plan in place, and reduction of risk level from very high to high risk.

39.2.3 48 hour GP access – as this standard was drawn from a two yearly survey it was agreed that the Committee would propose to the Board that this target be removed from reporting cognisant of possible changes to this standard in 2017. For wider GP sustainability there was limited assurance although it was noted that a paper would be submitted to the Board in December 2016 asking for confirmation that there was moderate assurance that a comprehensive plan for GP sustainability was in place. **JB**

39.2.4 Child and Adolescent Mental Health Service (CAMHS) – following the paper received by the Committee there was limited assurance and an update would be received at each meeting with formal reports in March and September 2017.

39.2.5 Drug and Alcohol Waiting Times – it was recognised that performance had improved and an improvement plan to reduce waiting times was in place, but it was felt that due to concerns regarding an increase in patients and a reduction of funding there was limited assurance and a paper would be submitted to the next meeting on the IJB action plans and the response to the reduction in funding. **AMcM**

39.2.6 Psychological therapies – due to the focus in this area and the paper received by the Committee it was agreed there was moderate assurance.

39.2.7 Delayed discharges – this was a new area for the Committee which had not yet been discussed formally so assurance level could not be assessed. The plans for each of the IJBs had been laid out in the report. Ms Campbell would bring a paper to the next meeting. **JC**

- 39.2.8 Complaints 3 day acknowledgment and 20 day response rates – as the Committee was well sighted on this area, controls and action plans were in place and there had been improvement, it was agreed there was moderate assurance.
- 39.2.9 Detect cancer early GP scan – there was good work in this area and compliance was better than the average for Scotland. Work was required to ensure this was sustainable and there was concern that funding may be reduced in the future, but the Committee was significantly assured.
- 39.2.10 Dementia post diagnosis support – the level of assurance could not yet be assessed as the report was still in development and had not yet been received by the Committee.
- 39.2.11 Tell us Ten Things inpatient survey – there was limited assurance that this was being met.

39.3 Update to Terms of Reference

- 39.3.1 Following the recent Healthcare Governance Committee workshop in October 2016 the Committee terms of reference had been updated to reflect the changes regarding the Integration Joint Boards and to ensure the relevant representatives were in attendance at meetings. The Committee accepted the revised draft which had been previously circulated.

39.4 Healthcare Governance Assurance – Primary and Community Care

- 39.4.1 The previously circulated paper was a report on the decisions made at the Healthcare Governance Committee workshop held in February 2016 and formally asked the Committee to close the Internal Audit response. Members accepted this with the exception of one outstanding action which would be taken forward by the Integration Joint Board Chief Officers.

40. Edinburgh Health and Social Care Partnership Update

- 40.1 Ms Wilson presented the previously circulated paper. In response to a question about reporting of HAI standards Ms Wilson advised that this was part of the agenda for the Integration Joint Boards and a focus for community hospitals and care homes.
- 40.2 Professor McCallum noted that assurance on the Edinburgh Access Practice and Sexual Health service which covered the whole of Lothian but was hosted by Edinburgh Integration Joint Board would have been helpful. Ms Wilson noted that there needed to be agreement as to how to report on these areas as it was difficult to be comprehensive and give detail on all areas. It was agreed that separate papers could be submitted for the hosted services.
- 40.3 It was agreed that the report was useful and Ms Bennett noted that in the next report there would be more on patient experience. The recommendations were accepted.

41. Person Centred Culture

41.1 Person Centred Culture Update

- 41.1.1 Ms Morrison spoke to the previously circulated paper. The Risk Management Committee would discuss the proposal to reduce the internal target for positive responses to the Tell us Ten Things survey from 95% to 90% in line with the national target.
- 41.1.2 The action plan to meet the recommendations from the Listening and Learning report had now been concluded as ongoing actions had been added to the SPSO action plan and would be discussed as part of the working group.
- 41.1.3 Ms Hirst noted that there a new complaints handling procedure for NHS Scotland had been laid out in DL(2016)19 and would take effect from April 2017. This would be a big change and would be discussed at the working group. Once the national reporting framework had been issued this would be submitted to the Healthcare Governance Committee and to the Board.
- 41.1.4 Ms Morrison noted that an engagement event with GP practice managers groups regarding use of templates, recording, and early resolution of complaints, had been positive.
- 41.1.5 Members accepted the recommendations in the report.

42. **Safe Care**

42.1 GP Sustainability Action Plan

- 42.1.1 Mr Small spoke to the previously circulated paper. It was noted that the situation was not improving and this was reflected in the growing number of practices with restrictions. A technical issue in the Quality Outcome Framework (QOF) regarding financial difficulties in starting or expanding practices had been raised; currently there was a funding allowance for new practices. There would be an update at the next report on the new GP contracts.
- 42.1.2 In response to a question about monitoring of data on size of list, impact, complaints and GP vacancies in practices with restrictions Mr Small noted that as GP practices held their own vacancy and complaints information this was not currently collected centrally.
- 42.1.3 It was agreed that there was limited assurance that controls were in place in terms of sustaining primary care and that there would be a further update at the next meeting including impact data if possible. **DS**

42.2 Healthcare Associated Infection Progress Report

- 42.2.1 Ms Cameron spoke to the previously circulated paper. It was noted that the recent Healthcare Environment Inspectorate visit to St John's Hospital had resulted in a positive report with no requirements or recommendations. The Chair noted that the HAI risk had been reduced from 'very high' to 'high' on the Corporate Risk Register. Members accepted the recommendations laid out in the paper.

42.3 HIS Older People in Acute Hospitals Inspection Report

42.3.1 The report from the Unannounced Care of Older People in Acute Hospitals Inspections of the Royal Infirmary on 30 August 2016 had been previously circulated. Areas of good practice had been identified and an action plan was being developed to meet the recommendations.

42.4 Mental Welfare Commission Perinatal Report

42.4.1 The Chair welcomed Mr Clater to the meeting and he spoke to the previously circulated paper. The action plan included 20 actions from three reports on the perinatal unit; the Serious Adverse Event (SAE) report, the Mental Welfare Commission (MWC) report and the Procurator Fiscal's (PF) report. The actions from the SAE report were in progress and reports were due to the MWC and PF in March 2017. An external service review would also report in March 2017.

42.4.2 One recommendation suggested that mothers with babies up to the age of 12 months be treated in the unit instead of up to 6 months as currently. The Perinatal standards are up to 6 months and increasing this would result in capacity issues.

42.4.3 Members were comfortable that an action plan was in place and expected a further update after March 2017. **JF**

42.5 Pre Exposure Prophylaxis for HIV

42.5.1 The Chair welcomed Dr Clutterbuck to the meeting and he spoke to the previously circulated paper. The paper had been discussed at the Area Drug and Therapeutics Committee, which supported the approach suggested in the paper with a recommendation that that advice be sought from the Central Legal Office regarding providing advice to patients about drugs not available from the NHS. This requirement was superseded by the release of the Scottish Government guidance which supported this approach.

42.5.2 The Committee supported the recommendations in the paper.

42.6 Radiation Incident Report

42.6.1 A paper had been previously circulated regarding an incident where a patient received twice the required dose of radiation. The patient had symptom relief and there was no adverse effect. The patient later died of underlying cancer. An investigation was required to be carried out as a result of the overdose, and resulted in 18 recommendations to be responded to within 3 months. An action plan was in place.

42.6.2 One issue raised was regarding the retention of training records; currently records were kept showing when relevant training had been signed off, but records of each training event leading up to sign off were not kept. Other Boards also did not keep these records, so staff moving to Lothian from other Boards would not have this.

42.6.3 Members were assured that the action plan covered the recommendations made. There would be an update to the Committee once the actions were completed. **BC**

42.7 Scottish Information Commissioner Report and Action Plan

42.7.1 Professor McCallum spoke to the previously circulated paper which gave an update on actions following an audit by the Scottish Information Commissioner in October 2016 which found limited assurance of compliance. An action plan was in place to meet the recommendations and there had been improvement in compliance with information governance mandatory training. There would be a further visit from the Commissioner in December 2016 to review improvements made.

42.7.2 Members approved the recommendations laid out in the paper.

42.8 Vulnerable People Steering Group Action Plan

42.8.1 The terms of reference, minutes and action plan of this new group had been previously circulated for information. The Committee noted these and agreed to receive minutes from this group.

43. Effective Care

43.1 Capacity Analysis

43.1.1 Members deferred this item to the next meeting due to shortage of time to discuss the paper fully. **BP**

43.2 Prison Healthcare Update

43.2.1 The Chair welcomed Ms McKigen to the meeting and she talked to the previously circulated paper. Professor McCallum noted that there was a gap between need and resource in terms of IT systems, mental health, addictions, vaccinations and screening, but that the service was in a good position.

43.2.2 In response to the increasing age of the prison population changes had been made to prison halls to improve access to wheelchairs. Social care needs were currently being met by an agency and there was an arrangement with hospices.

43.2.3 The recommendations laid out in the paper were accepted. It was agreed that there would be more of a focus on patient outcomes in future reports.

43.3 Stroke Care Programme Annual Report

43.3.1 A paper had been previously circulated. The Chair welcomed Dr Coull to the meeting and he gave a presentation.

43.3.2 Ms Hirst noted that a common theme in a number of services was the stress and impact of recruitment problems and wanted reassurance that there was the resource and systems of organisation in place for dealing with stress. Mr Joyce noted that stress management systems in place were under-used and that this was discussed

regularly at the Staff Governance Committee. Professor McMahon noted that 'iMatter' was being used to identify possible stress reductions for instance regarding technology and resource. Staff may be referred or may self refer to the Occupational Health Service and the new Head of Occupational Health was hoping to be proactive in this area.

- 43.3.3 Members were interested to see the use of quality improvement methodology using data in this service as an example of the quality improvement system being developed by the Board. A further update in the future would show whether this had been successful.
- 43.3.4 Ms Gormley agreed that having shared goals with patients would be welcomed by patients. Dr Coull advised that the service would focus on how to engage early on with patients and their families about goals which were meaningful to them.
- 43.3.5 The Chair requested a further update in 6 months' time which would focus on patient data. **DF**

44. Exception Reporting Only

Members noted the following papers for information:

- 44.1 Research and Development Annual Report;
- 44.2 Scottish Intercollegiate Guidelines Network Annual Report;
- 44.3 Emergency Planning Annual Report;
- 44.4 Scottish Intensive Care Society Audit Group (SICSAG) Annual Report;
- 44.5 Organ Donation Annual Report;
- 44.6 Nursing Revalidation Update;
- 44.7 Litigation Annual Report;
- 44.8 Heart Disease Strategy Programme Board Annual Report;
- 44.9 Scottish Trauma Audit Group Annual Report;
- 44.10 Tissue Viability Annual Report;
- 44.11 Regional Eating Disorders Unit Progress Report;
- 44.12 Lothian Immunisation Co-ordinating Group Annual Report.

45. Other Minutes: Exception Reporting Only

Members noted the minutes from the following meetings for information:

- 45.1 Area Drug and Therapeutics Committee, 7 October 2016;
- 45.2 Clinical Management Group, 9 August, 13 September, 11 October 2016;
- 45.3 Health and Safety Committee, 31 May, 30 August 2016;
- 45.4 Acute Hospitals Committee, 6 September 2016;
- 45.5 Clinical Policy, Documentation and Patient Information Group, 21 June, 21 July, 24 August 2016.

46. Date of Next Meeting

- 46.1 The next meeting of the Healthcare Governance Committee would take place at **9.00** on **Tuesday 17 January 2017** in **Meeting Room 7**, Second Floor, Waverley Gate.

- 46.2 Further meetings would take place on the following dates in 2017:
- Tuesday 14 March 2017;
 - Tuesday 9 May 2017;
 - Tuesday 11 July 2017;
 - Tuesday 12 September 2017;
 - Tuesday 14 November 2017.

East Lothian
Integration Joint Board



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

**THURSDAY 22 SEPTEMBER 2016
COUNCIL CHAMBER, TOWN HOUSE, HADDINGTON**

Voting Members Present:

Councillor S Akhtar
Councillor J Goodfellow
Councillor D Grant
Ms F Ireland
Mr A Joyce
Councillor J Williamson (*substitute)

Non-voting Members Present:

Ms F Duncan
Mr D Harvie
Mr D King
Ms A MacDonald
Mrs M McKay
Ms M McNeill
Mr D Small
Dr J Turvill
Mr A Wilson

ELC/NHS Officers Present:

Ms J Ogden-Smith
Mr B Davies

Clerk:

Ms F Currie

Apologies:

Mr M Ash
Councillor S Currie*
Mr P Murray
Dr R Fairclough
Dr A Flapan
Mr T Miller
Ms S Saunders
Mr E Stark

Declarations of Interest:

Danny Harvie intimated a possible conflict of interest for Item 8 as a result of his role as Director of ELCAP. David Small advised that the report dealt with proposals for the

model of service delivery rather than individual contracts and therefore he did not consider there to be a conflict of interest at this stage.

The Chair welcomed Fiona Ireland to the meeting following her appointment as the new NHS Lothian voting member replacing Alison Meiklejohn, and Councillor John Williamson who was substituting for Councillor Currie.

1. MINUTES OF THE MEETING OF THE EAST LoTHIAN INTEGRATION JOINT BOARD OF 25 AUGUST 2016

The minutes of the East Lothian Integration Joint Board meeting of 25 August 2016 were approved.

2. MATTERS ARISING FROM THE MINUTES OF THE MEETING ON 25 AUGUST 2016

The following matters arising from the minutes of the meeting held on 25 August were discussed:

Belhaven Hospital

Mr Small advised that he had written to potential members of the Belhaven Forum and it was anticipated that the first meeting of the group would take place in early October 2016.

3. CHAIR'S REPORT

The Chair reported on his attendance at one of the project update events for the East Lothian Community Hospital which had been hosted by NHS Lothian. He said that it had included both formal and informal sessions and had been well attended with a number of useful suggestions coming forward.

Margaret McKay had also attended the event as an observer and she referred to one very interesting point, not previously picked up, which had been raised by a member of the public. It identified that there was no provision in the plans for a play area/facility for children who were attending the Outpatients department or visiting patients on the wards. There were therapies for children but only for those receiving treatment. Mrs McKay said she had spoken to the architect who had agreed to review the plans and consider a suitable space. She emphasised that it should be seen an integral part of the Outpatients department not just an add-on and she urged the IJB to monitor its progress.

The Chair reminded members that the Primary Care Summit - 'Making Primary Care Fit for Purpose' - would take place on 29 September and 'The Big Conversation 2' on 3 October 2016. Both events would be held in Musselburgh.

4. ANNUAL ACCOUNTS 2015/16

The Chief Finance Officer had submitted the IJB's annual accounts for 2015/16.

David King advised members that, as a legally constituted body, the IJB was required to prepare annual accounts. He explained the layout of the document, the process for preparation and audit, and the requirement for the accounts to be signed by the Chair and Chief Officers.

In response to a question from Councillor Goodfellow, Mr King confirmed that, as the IJB had no actual financial resources in 2015/16, the only figures within the accounts related to the remuneration of the Chief Officer, specific payments to the Chair and Vice Chair (if any) and the fee paid to the external auditors.

Decision

The IJB agreed to accept the annual accounts for 2015/16.

5. ANNUAL AUDIT REPORT

The Chief Finance Officer had submitted the annual audit report to the IJB which had been prepared by KPMG.

Mr King presented the report. He confirmed that the auditors expected to issue an unqualified audit opinion and were satisfied in respect of each significant risk and audit focus area. They also made one recommendation: that the IJB should ensure that the process for financial planning for 2017/18 starts as soon as possible, and Mr King confirmed that this recommendation had been accepted.

Decision

The IJB agreed to note the contents of the report.

6. FINANCIAL ASSURANCE - UPDATE

The Chief Finance Officer had submitted a report to update the IJB on the current position of the financial assurance process for the 2016/17 budget setting process further to the paper presented to the IJB at its August meeting.

Mr King presented the report. He summarised the background to the financial assurance process to date and the outstanding issues which required to be addressed before the process for 2016/17 could be concluded. He reminded members that at the last meeting of the IJB they had considered proposals on the use of the Social Care Fund (SCF) and had agreed that half of the SCF should be used to address pressures and half to be used for 'additionality'.

Mr King outlined the discussions that had subsequently taken place to determine the options for 'additionality', the actual costs involved in addressing the areas of pressure and the nature of these, i.e. recurring and non-recurring. He referred members to the detail contained in his report and the recommendations. These included proposals to put before East Lothian Council, one of which would be a joint approach to the Scottish Government to discuss the costs of funding the living wage.

The members discussed the report at length focussing on certain key issues including funding of the living wage and at what stage independent care providers should be expected to absorb this cost, the best use of monies for 'additionality' and the lessons to be learned for future financial planning.

Responding to the issue of the living wage, Mr Small advised that all local authorities were at different stages of negotiating contracts and it was not reasonable to expect providers in East Lothian to fund the living wage based on prices agreed three years ago. However, he expected that for the future this would be included in the re-tendering process and that providers would be expected to take account of the increasing cost of the living wage. He added that the IJB was currently working through the consequences of policies that were put in place before it was constituted. He acknowledged the concerns of members and agreed that these issues would be looked at as part of the planning process for 2017/18.

Mr King confirmed that discussions with the Scottish Government would be done in conjunction with East Lothian Council. In addition, he said the issue had been raised at the IJB officers' network meetings and CoSLA had recognised this as a significant concern which required resolution. Mr Small added that the joint approach to the Scottish Government would likely take place in October if the Council agreed with the IJB proposals.

On the problem of delayed discharges, Mr Small acknowledged the importance of understanding and tackling the reasons for unplanned admissions to hospital as well as the services required to facilitate discharge. He advised that Carol Lumsden was undertaking work on this and that the IJB may want to consider reviewing its Directions for the coming year to move monies to alternative services. For the current year, he confirmed that £700,000 was the estimated cost of addressing the problem through additional home care services.

The Chair summed up the debate thanking members for their contributions and acknowledging the challenges facing the IJB in the short and longer term.

Decision

The IJB agreed:

- (i) To propose to East Lothian Council that:
 - a. The Social Care Fund should support an additional £800k to underpin the costs of implementing the living wage (from the element of the Fund originally proposed to provide 'additionality');
 - b. That the balance of c. £1m should be invested in home care commissioning budgets;
 - c. East Lothian Council should accept the residual financial risk in the Adult Wellbeing budget in 2016/17; and
 - d. East Lothian Council and the IJB should jointly approach the Scottish Government to discuss the costs of funding the living wage.
- (ii) To ask the Chief Officer, through discussion with ELC colleagues, to agree the impact of these proposals on the Adult Wellbeing budget along with an agreement on how the IJB can be assured of the 'additionality' achieved through the social care investments.

7. DELAYED DISCHARGES

The Chief Officer had submitted a report to update the Integration Joint Board (IJB) on performance on delayed discharges in East Lothian and to ask the IJB to agree further actions.

Mr Small presented the report. He informed members of recent changes to national data requirements for delayed discharges and highlighted the main change to reporting which had resulted in an increase in the number of clients/patients being captured at census. He advised that this had added between 15-25% to the reported figure from the previous reporting rules.

Mr Small drew members' attention to the individual results which showed an improvement in occupied bed days but an increase in the client/patient census figures for July & August 2016. He explained that the reasons for this increase related to a suspension of admissions to Tranent Care Home and a delay in accessing Care at Home services due the level of unmet hours. He hoped that the introduction of the living wage would assist the recruitment and retention of staff and that the September figures would show some improvement. He sought members' approval for the recommendations in the report which included proposals for the use of funds set aside for 'additionality'.

Mr Small responded to a number of questions from members on the changes to the reporting methodology, the reasons for unmet hours and the changing picture across the county.

Mrs McKay was sceptical about the ability of the living wage to solve the problem of unmet hours and wanted to know who should take the responsibility of investigating the other factors that motivate and maintain a workforce. She stated that carers and service users were seeking continuity and to be treated as human beings and while some providers achieved this others did not. She also queried who would be responsible for ensuring that the appropriate learning and support was given to staff to achieve this level of service.

Bryan Davies advised that the next item on the agenda would look at how future contracts could address these challenges.

Alison MacDonald suggested that there needed to be a better understanding of why people were being admitted to hospital in the first place. She added that this may require professionals to consider a different approach to assessments and care planning.

Fiona Ireland referred to the use of 'additionality' monies for Care at Home, which had been discussed in the last item, and asked whether the IJB should consider alternative models of care to enable earlier discharge.

The Chair noted the changing reporting methodology and that, despite a previously improving picture, there had been an increase in numbers over the past couple of months. He advised members that there would be a further update later in the year.

Decision

The IJB agreed:

- (i) To note the recent worsening trend on performance; and
- (ii) That the resources identified by the Chief Officer to improve performance should be deployed in procuring additional capacity in home care.

8. DEVELOPING SPECIALIST AND CARE AT HOME SUPPORT SERVICES

The Chief Officer had submitted a report to update the IJB on the Project; Developing Specialist Support and Care at Home Services for Adults and Children in East Lothian and to seek the IJB's agreement to the model of care.

Mr Davies presented the report providing a detailed review of the background to the project. He outlined key aspects of the framework including the models of care delivery, the stakeholder engagement process, night time support, improving capacity, incentivising and sustaining quality services and improving community resources.

Responding to questions from members, Mr Davies provided advice on the scoping and evidence gathering work undertaken, the challenges of reducing staff travelling time, the importance of communication with stakeholders and the risk that this project may destabilise the care services market. He also outlined the expectations for staff training and proposals for measuring the performance of individual providers.

Mr Small confirmed that if the IJB agreed the recommendations officers would prepare a detailed Direction which would cover the headings contained in the report.

Mrs McKay commented that there was often a level of anxiety about change, particularly where something was already working well. She said that many carers had indicated that they did not want any changes to areas of care that were working and therefore communication about the proposed new framework would be essential to allay these concerns. While she said that the aims of the report were laudable she had yet to get a sense of what would be different and the timetable for the changes. She added that in relation to flexibility the balance needed to lie with service users and not providers, as this may be the difference between whether or not someone had control over how they lived their life.

Mr Davies referred to some of the key aspects outlined in the report and acknowledged the point about communication. He said that the process was about working with service users and carers to celebrate what was working well and to ensure that improvements were made only where needed. He also agreed that flexibility should lie with service users.

Councillor Akhtar observed that the heart of the framework should be about the needs of individuals and it would be important to get that message across and reassure people that it was not about taking away existing services which worked for them.

Mr Small stated that there would be a mid-year progress report on Directions presented at the October meeting of the IJB, which could include suggestions on new Directions for 2017/18.

The Chair thanked Mr Davies for his report and previous presentation. He noted that there was a process to go through and that further updates would be provided.

Decision

The IJB agreed:

- (i) the model of care to be procured by East Lothian Council; and
- (ii) that a revised direction DO2a should be issued to East Lothian Council.

9. NOMINATION TO NHS Lothian Healthcare Governance Committee

The Chief Officer had submitted a report asking the Integration Joint Board (IJB) to agree the nomination to the NHS Lothian Healthcare Governance Committee.

Mr Small presented the report. He advised members that this had arisen from a review of the roles and remits of NHS Lothian committees following the introduction of IJBs. He said that there may be further requests for nominations to committees in future.

Decision

The IJB agreed to the nomination of Fiona Ireland to the NHS Lothian Healthcare Governance Committee.

SUMMARY OF PROCEEDINGS – EXEMPT INFORMATION

The Integration Joint Board agreed to exclude the public from the following business containing exempt information by virtue of paragraph 5.9.1 of its Standing Orders (the Integration Joint Board is still in the process of developing proposals or its position on certain matters).

Minutes of the Meetings of the IJB Audit & Risk Committee held on 23 March and 21 June 2016 (for noting)

The IJB agreed to note the minutes of the meetings of the IJB Audit & Risk Committee held on 23 March and 21 June 2016.

Signed

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Councillor Donald Grant
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 NOVEMBER 2016
ESK ROOMS, BRUNTON HALL, MUSSELBURGH**

Voting Members Present:

Councillor S Akhtar (Items 4 – 5)
Mr M Ash
Councillor S Currie
Councillor D Grant
Ms F Ireland (Items 3 – 5)
Mr A Joyce
Mr P Murray

Non-voting Members Present:

Dr R Fairclough
Mr D Harvie
Mr D King
Mrs M McKay
Ms M McNeill (Items 4 – 5)
Mr T Miller
Ms S Saunders (Items 3 – 5)
Mr D Small
Mr E Stark
Mr A Wilson

ELC/NHS Officers Present:

Ms J Ogden-Smith
Ms M Anderson

Clerk:

Ms F Currie

Apologies:

Ms A MacDonald
Dr J Turvill

Declarations of Interest:

None

1. MINUTES OF THE MEETING OF THE EAST LoTHIAN INTEGRATION JOINT BOARD OF 22 SEPTEMBER 2016

The minutes of the East Lothian Integration Joint Board meeting of 22 September 2016 were approved.

2. MATTERS ARISING FROM THE MINUTES OF THE MEETING ON 22 SEPTEMBER 2016

The following matters arising from the minutes of the meeting held on 22 September were discussed:

Item 7 - Delayed Discharges

Mr Small provided an update to members indicating that while delayed discharges had remained at 60 – 70 in September there had been some improvement in October and the figure currently stood at 28. He added that a report would be presented to the December meeting but it was important for members to note the improvement meantime.

Item 8 - Developing Specialist and Care at Home Services

Danny Harvie referred to the commitment to provide an update on progress and revised Directions for 2016/17. Mr Small confirmed that a report would be presented to the December meeting in the form of the update on directions.

3. CHAIR'S REPORT

The Chair reminded members of the importance of completing their Register of Interests forms. He asked the Clerk to issue a reminder e-mail and urged members to return outstanding forms as soon as possible.

The Chair reported on his attendance at 'The Big Conversation 2' event held in Musselburgh on 3 October. He praised the organisation of the event which had been structured around the characters from the IJB's Strategic Plan, all of which were played by actors. He added that a video of the event was available and a link would be e-mailed to the members.

Mike Ash also praised the event which had been attended mainly by those receiving or providing services and he encouraged members to view the video.

The Chair also reported on his attendance at a meeting of the Association of Community Councils on 9 November where he took part in a discussion on integration and the way forward for the Health & Social Care Partnership.

Lastly, the Chair advised members that he and David Small had attended a meeting of the Belhaven Forum on 15 November. It had been a busy meeting where a range of concerns had been discussed. The next meeting of the Forum was scheduled for January 2017 and in the meantime there would be a meeting with the GP group.

4. FINANCIAL ASSURANCE - UPDATE

David King provided a verbal update to the members on the outstanding issues relating financial assurance for 2016/17. He referred to the decisions taken at the September meeting in relation to use of the Social Care Fund (SCF) and advised members that subsequent discussions with East Lothian Council and NHS Lothian had been very positive. However, further meetings would be required before definitive answers could be provided in relation to the ongoing management of budget pressures and how best to spend the remaining funds for 'additionality'.

Mr Small added that the next step would be to focus on financial planning for 2017/18. Mr King agreed and advised that a report on financial planning for 2017/18 would be presented at the next meeting of the IJB in December.

In response to questions from members, Mr King agreed to provide clarification on whether money for 'additionality' could be carried forward to 2017/18. He also confirmed that the Integration Scheme provided guidance on how and who should address budget pressures.

Councillor Currie emphasised that 'additionality' should mean just that and that monies set down for the provision of additional services should not be used to fill funding gaps or to avoid cutting existing services as a result of budget pressures.

Richard Fairclough observed that using this money to prevent cuts in services ought to be preferable to seeing services reduced.

Mr Small reminded members that the IJB did not exist in a vacuum, that the Integration Scheme required them to manage budgets along with their Partners and that financial pressures are a shared responsibility.

Peter Murray also expressed concerns and added that it was essential that the IJB had detailed financial information in advance of the December meeting to allow members to make informed decisions.

The Chair referred to concerns raised at local and national level. He agreed that a report should be presented to the next meeting and that members should be given the opportunity to discuss these issues in detail before deciding how best to move forward.

Decision

The IJB agreed that a report would be presented to the next meeting, on 21 December 2016, at which members would be given the opportunity to discuss the matter in detail.

5. COCKENZIE HEALTH CENTRE – STANDARD BUSINESS CASE

The Chief Officer had submitted a report asking the IJB to support the current position with the Cockenzie Health Centre, Standard Business Case.

Miriam Anderson presented the report. She summarised the background to the project including the options considered, the preferred choice and the governance process to be completed before final approval of the business case. She advised that the proposals had taken into account plans for housing developments at Blindwells and other local sites, as well as the aspiration to deliver more GP training and additional

clinical and secondary care services on-site. Ms Anderson concluded that the proposed budget would provide an extension and upgrade to the existing accommodation but not a full refurbishment.

Responding to questions from members, Ms Anderson confirmed that the revenue gap related to the running costs of the building and not staffing and that the new extension would address capacity issues as well as staff concerns about lone working arrangements. She outlined the proposed timescale for completion of the project and indicated that there may be potential for a phased opening of the new facilities.

Mr Small acknowledged the need to invest in services to get the maximum benefit, as well as taking account of increases in population from future developments at Blindwells and elsewhere.

Ms Anderson replied to a question on the timing of public announcements about the project. She also confirmed that the objectives of the IJB's strategic plan had been taken into account within the proposals and referred to the provision of additional community space and treatment rooms and the GPs' aspiration to deliver as many services as possible at a local level.

The Chair thanked members for their contributions and added his own support for the proposals.

Decision

The IJB agreed to support progress of the case through NHS Lothian governance and discussed key issues including the revenue gap.

Signed

.....
Councillor Donald Grant
Chair of the East Lothian Integration Joint Board

Item 4.1 Minutes

1.9

Edinburgh Integration Joint Board

9.30 am, Friday 18 November 2016

Waverley Gate, Edinburgh

Present:

Board Members: George Walker (Chair), Shulah Allen, Councillor Elaine Aitken, Colin Beck, Carl Bickler, Sandra Blake, Wanda Fairgrieve, Christine Farquhar, Councillor Joan Griffiths, Councillor Ricky Henderson, Councillor Sandy Howat, Kirsten Hey, Angus McCann, Rob McCulloch-Graham, Ian McKay, Michelle Miller, Moira Pringle, Ella Simpson, Richard Williams, Maria Wilson and Councillor Norman Work.

Officers: Nikki Conway, Wendy Dale, Gavin King, Tim Montgomery, Allan McCartney, Katie McWilliam, Ross Murray.

In attendance: Stephen Rankin (Care Inspectorate).

Apologies: Alex Joyce and Andrew Coull.

1. Kay Blair

It was advised that Kay Blair had submitted her resignation from the Joint Board and this would take immediate effect.

Decision

- 1) To note that Kay Blair had resigned from the Joint Board with immediate effect.
- 2) That the Chair write to Kay Blair to express thanks for her contribution towards the work of the Joint Board.

2. Minutes

Decision

To approve the minute of the Edinburgh Integration Joint Board of 16 September 2016 as a correct record.

3. Sub-Group Minutes

Decision

- 1) To note the immediate concern of the Audit and Risk Committee Chair regarding audit capacity and that a proposal on resource be presented to the next meeting of the Joint Board.

- 2) To note that Kay Blair would require to be replaced as a member of the Audit and Risk Committee.
- 3) To note the minute of meeting of the Performance and Quality Sub Group of 23 September 2016.
- 4) To note the minute of meeting of the Strategic Planning Group of 30 September 2016.

4. Rolling Actions Log

The Rolling Actions Log for 18 November 2016 was presented.

Decision

- 1) To approve the closure of actions 1, 8, 9 and 13.1.
- 2) To note that action 3 (Acute/GP visits) was still outstanding and to request that this be progressed.
- 3) To otherwise note the outstanding actions.

(Reference – Rolling Actions Log – 18 November 2016, submitted.)

5. Winter Plan 2016-17 and proposal for future use of Liberton Hospital

Joint plans for ensuring sufficient capacity over winter 2016-17 and contingency in the event of severe weather were outlined.

An update was provided on plans and proposals for the future use of Gylemuir Interim Care Facility and Liberton Hospital.

Decision

- 1) To note progress with winter planning.
- 2) To agree the proposal to utilise Liberton Hospital for those awaiting packages of care, in the interim, whilst the plans to enhance community care were implemented.
- 3) To request that an analysis of the impact of the interim measures be presented to a future meeting of the Joint Board.
- 4) To request that any required directions and related financial information be presented to the next meeting of the Joint Board.

(References – minute of the Integration Joint Board 20 November 2015 (item 5) report by the IJB Chief Officer, submitted.)

6. Whole System Delays – Recent Trends

An overview was provided of performance in managing hospital discharge against Scottish Government targets. Key reasons for delay were explained, and a number of work streams aimed at reducing delays were outlined.

It was advised that work was underway to develop a whole-system overview on a phased basis to assist with identifying the causes of delayed discharge. A target to reduce the number of individuals awaiting discharge to 50 by the April 2017 census was stated.

Decision

- 1) To note that whilst the change in reporting methodology for delayed discharge had resulted in higher numbers, there had been a significant increase in delayed discharge since June 2016 to the October 2016 figure of 201.
- 2) To note that a comprehensive range of actions was in place to secure a reduction in the number of people delayed. This included the new Care at Home contract, which aimed to improve recruitment and retention of the home care workforce by offering a rate of pay that was competitive with alternative industries such as retail, customer services and the private care market.
- 3) To note that given the complexity of the issue, a self assessment of the current approach in Edinburgh to tackling delays in transfer of care had been carried out utilising the best practice guidance contained within the Joint Improvement Team “Self Assessment Tool for Partnerships” (updated 2015) and The National Institute for Health and Care Excellence guidelines (Dec 2015) for “Transition between inpatient hospital settings and community or care home settings for adults with social care needs”.
- 4) That a future Joint Board Development Session on admission avoidance be scheduled.

(References – minute of the Integration Joint Board 16 September 2016 (item 8); report by the IJB Chief Officer, submitted.)

7. Financial Position to September 2016

The forecast year end position for the Joint Board and an overview of the financial position for the six months to September 2016 was detailed. This showed a six-month overspend at £3.9m, equivalent to a year-end overspend of £10.1m.

The forecast of a breakeven position was reliant on reaching an agreed position with NHS Lothian.

Decision

- 1) To note the financial position at the end of September 2016 – a cumulative overspend of £3.9m.
- 2) To note the forecast of a breakeven position was reliant on reaching an agreed position with NHS Lothian.

(References – minute of the Integration Joint Board 16 September 2016 (item 6); report by the IJB Chief Officer, submitted.)

Declaration of Interests

Christine Farquhar declared a non-financial interest in the foregoing item as a director of a service provider and guardian of a recipient of a direct payment.

8. Financial Planning Update

The final budget offer for 2016/17 from the City of Edinburgh Council and an update on the financial planning process for 2017/18 was provided.

Decision

- 1) To accept the delegated budget for 2016/17 proposed by City of Edinburgh Council subject to the conditions in paragraph 11 of the report by the Chief Officer.
- 2) To note that a proposal would be presented to NHS Lothian Board on the distribution of additional non-recurring resources, following which an updated offer was expected.
- 3) To agree interim arrangements for financial planning arrangements for 2017/18 as a step towards a process led by the Joint Board.
- 4) To note the potential financial implications of the strategic plan, including the risks inherent in current funding assumptions.
- 5) To agree the principle of carry forward of Social Care Fund monies to support investment in 2017/18.
- 6) To approve, pending agreed business cases, the indicative allocation of the social care fund presented in table 4 of the report by the Chief Officer.
- 7) That future financial planning arrangements for 2017/18 address the identified funding gap regarding prescribing.

(References – minute of the Integration Joint Board 16 September 2016 (item 6); report by the IJB Chief Officer, submitted.)

9. District Nursing – Verbal Update

Maria Wilson provided a verbal update on the work of District Nurses in the Lothian area. It was advised that additional succession planning measures had been implemented to help deal with an ageing workforce. This included establishing additional trainee posts, a training course at Queen Margaret University and a short life working group to explore potential solutions.

Decision

- 1) To note the verbal update.
- 2) That a summary be circulated to members of the IJB.
- 3) To note the intention to report in detail to the next meeting of the Joint Board.

10. Deputations

The Joint Board had previously agreed at its meeting on 20 November 2015 to pilot deputations at the Joint Board and its committees for 12 months. A review of the pilot period and a proposal that the current approach was maintained and incorporated into the IJB Standing Orders as part of the next annual review in January 2017 was submitted.

Decision

- 1) To agree to maintain the current procedures for deputations to the Joint Board until it was incorporated as part of the next annual review of Standing Orders in January 2017.
- 2) That information on deputations that had failed to meet the criteria be provided to board members.
- 3) To explore how effective community engagement could be built into the processes of the Joint Board.

(References – minute of the Integration Joint Board 20 November 2015 (item 8); report by the IJB Chief Officer, submitted.)

11. Capacity and Demand – Care Homes

An update on the work being taken forward for care home capacity, as requested at the Joint Board Development Session on 19 August 2016, was provided.

Decision

To accept the Chief Officer's report as assurance that the Edinburgh Health & Social Care Partnership (EHSCP) was taking a whole system approach to improve the effective use of resources to improve pathways for people, and understood the care home landscape, with processes in place to determine the future capacity and demand requirements.

(Reference – report by the IJB Chief Officer, submitted.)

12. Royal Edinburgh Hospital Phase 1 - Managing Delayed Discharges and Community Infrastructure

An update was provided on the actions being taken to ensure that on opening in January 2017, Phase 1 of the Royal Edinburgh Hospital (REH) re-provision was able to manage admissions and discharges in equilibrium with the reduced bed capacity and for this to be sustained.

It was advised that without delays to discharge, the planned capacity of the REH would be in line with the accepted business case for Phase 1 which saw a reduction of 10 older people's mental health beds and 7 adult mental health beds.

Decision

- 1) That priority be given by Edinburgh Health and Social Care Partnership (EHSCP) and Royal Edinburgh and Associated Services (REAS) to ensure the required enhanced community infrastructure to prevent people from being admitted to hospital, reduce the length of admission and avoid delays at the point of discharge from hospital.
- 2) To note and support the work of the Royal Edinburgh Hospital Phase 1 Delivery Group chaired by Alex McMahon, Nurse Director and Executive Lead for REAS as detailed in Appendix 1 of the Chief Officer's report.
- 3) To note the actions being taken by the EHSCP and REAS partners to achieve sustainable pathways of care for adults and older people with mental health problems.
- 4) To support the Strategy, Planning and Quality Manager for Mental Health and Substance Misuse to urgently develop a Business Case which outlined the proposed developments, the timeline and the costs. This case would be submitted to the IJB Strategic Planning Group for scrutiny prior to submission to the IJB for approval.
- 5) To receive a further update at the Joint Board meeting in January 2017. This should include the most up-to-date RAG status of the Phase One implementation plan (as presented at appendix 1 in the Chief Officer's report).

(References – minute of the Integration Joint Board 16 September 2016 (item 9); report by the IJB Chief Officer, submitted.)

13. Performance and Quality Sub-Group

An overview of the activity of the Performance and Quality Sub-Group and the main topics for forthcoming meetings was detailed.

Decision

- 1) To note the progress being made by the Performance and Quality Sub-Group.
- 2) To consider the final draft of the annual performance report at a Joint Board Development Session prior to being presented for approval at a formal meeting.

(References – minute of the Integration Joint Board 13 May 2016 (item 12); report by the IJB Chief Officer, submitted.)



Midlothian Integration Joint Board

Date	Time	Venue
Thursday 27 October 2016	2pm	Conference Room, Melville Housing, The Corn Exchange, 200 High Street, Dalkeith, EH22 1AZ.

Present (voting members):

Cllr Catherine Johnstone (Chair)	Alex Joyce
Cllr Bob Constable	Alison McCallum
Cllr Derek Milligan	John Oates
Cllr Bryan Pottinger	

Present (non voting members):

Eibhlin McHugh (Chief Officer)	Alison White (Chief Social Work Officer)
David King (Chief Finance Officer)	Hamish Reid (GP/Clinical Director)
Caroline Myles (Chief Nurse)	Patsy Eccles (Staff side representative)
Marlene Gill (User/Carer)	Ruth McCabe (Third Sector)

In attendance:

Colin Briggs (Associate Director, Strategic Planning, NHS Lothian)	Jamie Megaw (Strategic Programme Manager)
Mike Broadway (Clerk)	

Apologies:

Peter Johnston (Vice Chair)	Dave Caesar (Medical Practitioner)
Aileen Currie (Staff side representative)	Margaret Kane (User/Carer)

Midlothian Integration Joint Board

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1. Welcome and introductions

The Chair, Catherine Johnstone, welcomed everyone to the Meeting of the Midlothian Integration Joint Board, in particular Colin Briggs, Associate Director, Strategic Planning, NHS Lothian.

2. Order of Business

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

3. Declarations of interest

No declarations of interest were received.

4. Minutes of Previous Meetings

The following Minutes of Meetings of the Midlothian Integration Joint Board were submitted and approved as correct records:

- Thursday 18 August 2016; and
- Thursday 15 September 2016.

5. Public Reports

Report No.	Report Title	Presented by:
5.1	NHS Lothian Hospital Plan	Colin Briggs

Executive Summary of Report

Colin Briggs, Associate Director, Strategic Planning, NHS Lothian provided the Board with a briefing on the development of the Lothian Hospital Plan.

Summary of discussion

The Board in discussing the proposed Plan welcomed the potential opportunities that it presented to adopt a different approach towards the provision of functions delegated to the IJBs but delivered in NHS Lothian Hospitals. It was noted that the intention was to present the proposed Plan to the NHS Board in December, following which there would be a period of public consultation.

Decision

The Board thanked Colin Briggs for his presentation.

Report No.	Report Title	Presented by:
5.2	Financial Assurance 2016/17	David King

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Executive Summary of Report

This report concerned the development of the MIJB's financial strategy and laid out the principles behind redesigning the delivery of services moving from specialist and institutional based services to a more generalist and community based model. The report explained that such a strategy would require a fundamental review of the current services and how they used their resources, which would in turn inform the transformation of services and deliver the efficiencies to allow the IJB to achieve its strategic goals. The Financial Strategy and the Strategic Plan would then work together to ensure the long term sustainability of health and care services in Midlothian.

Summary of discussion

The Chief Finance Officer in presenting the report highlighted that the real challenge for the MIJB was to deliver the national outcomes for its population within the financial resources available given that these resources were reducing in real terms and that the demand for the MIJB's functions were likely to increase in the coming years. The Board, in discussing the need for change, acknowledged the budgetary and demographic pressures that were likely to be faced, and the importance of working closely with NHS Lothian and Midlothian Council on a tripartite basis going forward.

Decision

The Board:

- **Noted the contents of the report;**
- **Agreed the approach to the development of the MIJB's financial strategy as detailed in the report;**
- **Agreed, in principle, the MIJB's lead role in the financial planning process for its delegated functions including the governance around any 'recovery' and efficiency plans; and**
- **Agreed that in 2017/18 the financial planning process would move to being a tripartite process with its two operational partners - NHS Lothian and Midlothian Council**

Report No.	Report Title	Presented by:
5.3	Update on Primary Care Developments in Midlothian	Jamie Megaw

Executive Summary of Report

This report updated the MIJB on a number of developments within primary care and specifically General Practice in Midlothian.

Summary of discussion

The Board, having heard from the Strategic Programme Manager, welcomed the

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Thursday 27 October 2016

developments that were taking place and acknowledged that they should hopefully go a long way to helping to address the current situation. It was acknowledged that given the projected growth for the area and also the anticipated changing population demographics, in order to ensure the longer term sustainability of the position, further work was likely to be required.

Decision

The Board:

- **Noted progress to establish a new practice in Newtongrange and the financial implications for the IJB**
- **Noted progress to establish the Midlothian Quality Cluster**
- **Noted the allocation of Midlothian Primary Care Transformation funding**
- **Noted the planned response to the national review on primary care out of hours services**
- **Noted and approved the proposal to develop a strategic programme and plan for primary care in Midlothian.**

Report No.	Report Title	Presented by:
5.4	Chief Officer's Report	Eibhlin McHugh

Executive Summary of Report

This report provided a summary of the key issues which had arisen over the past two months in health and social care, highlighting in particular service pressures as well as some recent service developments.

The report also recommended that John Oates, Non-Executive member of NHS Lothian be appointed as a member of the Midlothian IJB Audit and Risk Committee, replacing Alison McCallum, who had previously attended on a temporary basis.

Decision

The Board:

- **Noted the issues raised in the report;**
- **Agreed to approve the appointment of John Oates, Non-Executive member of NHS Lothian as a member of the Midlothian IJB Audit and Risk Committee; and**
- **Agreed to record thanks to Alison McCallum for her contributions to the work of the MIJB Audit and Risk Committee.**

Report No.	Report Title	Presented by:
5.5	Health and Social Care Services: Quality Improvement	Hamish Reid

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Executive Summary of Report

This report explained the changing approach to maintaining an overview of quality in health and care. A new structure, called the Midlothian Quality Improvement Team, had been put in place to identify areas of service delivery which required attention and make proposals regarding improvements. The report also made recommendations about how the MIJB would be kept informed about key issues of concern

Summary of discussion

Having heard from the Clinical Director, the Board discussed the proposals and the scope for user/carer and third sector representatives to be more involved in the quality improvement process.

Decision

The Board:

- To note and approve the establishment of the reformed QIT;
- To note the 2015/16 QIT annual report;
- To approve the future assurance model for QIT; and
- To approve the proposals for keeping the MIJB informed of the work of the QIT.

Report No.	Report Title	Presented by:
5.6	Directions	Eibhlin McHugh

Executive Summary of Report

This report provided a summary of the progress made by Midlothian Council and NHS Lothian in delivering the Directions set by the MIJB for 2016-17. The Directions were intended to provide further clarity about the key changes which need to be made in the delivery of health and care services in Midlothian as laid out in the Strategic Plan.

Summary of discussion

Having heard from the Chief Social Work Officer, the Board discussed the good progress that was being made in relation to the development of complex care housing and support; the expansion of wellbeing services; and the provision of mental health advice services. While timescales had slipped, plans for the reprovision of Liberton Hospital beds to Midlothian Community Hospital and enhanced community services were clear and robust. The provision of care home and care at home services had proved particularly difficult in the first 6 months of the year with a serious impact on delayed discharge, however a new Direction had been issued to Midlothian Council to undertake a full review of care at home.

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Decision

The Board:

- **Note the progress made in achieving the Directions as outlined in the report.**

6. Private Reports

In view of the nature of the business to be transacted, the Board agreed that the public be excluded from the meeting during discussion of the undernoted item, as contained in the Addendum hereto, as there might be disclosed exempt information as defined in paragraph 3 of Part I of Schedule 7A to the Local Government (Scotland) Act 1973:-

Performance Information – Noted.

7. Any other business

No additional business had been notified to the Chair in advance

8. Date of next meeting

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

- Thursday 17th November 2016 2pm Development Workshop –
Liberton/Midlothian Community
Hospital Developments
- Thursday 1st December 2016 2pm **Midlothian Integration Joint Board**

The meeting terminated at 4.27 pm.

MINUTE of MEETING of the WEST Lothian INTEGRATION JOINT BOARD held within STRATHBROCK PARTNERSHIP CENTRE, 189 (A) WEST MAIN STREET, BROXBURN EH52 5LH, on 29 NOVEMBER 2016.

Present

Voting Members – Danny Logue (Chair) Susan Goldsmith, Alex Joyce, Alison McCallum (substitute for Martin Hill), John McGinty, Anne McMillan, Frank Toner, Lynsay Williams.

Non-Voting Members – Ian Buchanan (Stakeholder Representative), Elaine Duncan (Professional Advisor), Jane Houston (Staff Representative), Mairead Hughes (Professional Advisor), Jane Kellock (Chief Social Work Officer), Mary-Denise McKernan (Stakeholder Representative), Martin Murray (Staff Representative), Patrick Welsh (Chief Finance Officer).

Apologies – Martin Hill (Vice-Chair), Jim Forrest (Director) and Marion Barton (Head of Health Services).

In Attendance – Carol Bebbington (Senior Manager Primary Care and Business Support), Alan Bell (Senior Manager, Communities and Information, WLC), James Millar (Standards Officer)

1. DECLARATIONS OF INTEREST

Danny Logue declared a non-financial interest as an employee of NHS Lothian.

Alison McCallum declared a non-financial interest as Director of Public Health and Health Policy, NHS Lothian.

2. MINUTE OF MEETING OF WEST Lothian INTEGRATION JOINT BOARD HELD ON TUESDAY 18 OCTOBER 2016

The West Lothian Integration Joint Board approved the minute of its meeting held on 18 October 2016.

3. MINUTE OF MEETING OF WEST Lothian INTEGRATION STRATEGIC PLANNING GROUP HELD ON 30 JUNE 2016

The West Lothian Integration Joint Board noted the minute of meeting of the Strategic Planning Group held on 30 June 2016.

4. MINUTE OF MEETING OF WEST Lothian INTEGRATION STRATEGIC PLANNING GROUP HELD ON 11 AUGUST 2016

The West Lothian Integration Joint Board noted the minute of meeting of the Strategic Planning Group held on 11 August 2016.

5. AUDIT, RISK AND GOVERNANCE COMMITTEE - MEMBERSHIP

The Board considered a report (copies of which had been circulated) by the Standards Officer concerning changes to the appointment of the Chair and members of the Audit Risk and Governance Committee.

The Standards Officer recalled that the Board had established its Audit, Risk and Governance Committee on 5 April 2016. It had agreed its remit and membership and had appointed its members at the same time.

The report went on to inform the Board of changes made to the health board's appointed members to the Board, and changes arising from the appointment of Danny Logue as Chair of the Board.

The Board was invited to:-

1. Note that Martin Hill had replaced Julie McDowell as the Chair of the Audit, Risk and Governance Committee.
2. Note that due to his appointment as Chair of the Board, Danny Logue could no longer be a member of the Committee.
3. Appoint a replacement for Danny Logue on the Committee, drawn from the voting members appointed by the Council.

Decision

To note the terms of the report; and

To appoint John McGinty as a replacement for Danny Logue on the Audit, Risk and Governance Committee.

6. ALCOHOL AND DRUGS PARTNERSHIP SERVICES AND FUNDING

The Board considered a report (copies of which had been circulated) by the Director advising of the £350k reduction in direct grant funding for Alcohol and Drugs Partnerships in 2016/17 and the proposed actions to bring commissioned service expenditure in line with available financial resources.

The current ADP Commissioning Plan 2015-2018 was attached as Appendix 1 to the report. It had been developed with the collaboration and support of all the partners. In line with the standard approach for strategic commissioning in the IJB, the plan was informed by an independent needs assessment.

The Board was informed that the Scottish Government draft budget published in December 2015 included a reduction in the combined drug and alcohol funding from £69.2 million in the current financial year to £53.8 million in 2016-17.

The Cabinet Secretary for Health wrote to Health Board Chief Executives in early January 2016 stating her expectation that existing services, resources

and outcomes would be maintained at 2015/16 levels and that increased Board baseline budgets were expected to go towards meeting the funding shortfall.

The Scottish Government had subsequently confirmed ADP funding allocations to NHS Boards for 2016-16 in a letter of 4 July, a copy of which was attached as Appendix 2. The result of that was that the ADP funding allocation for Lothian had reduced from £11.470 million to £8.887 million (23% reduction).

For West Lothian, the total budget reduction for commissioned services would be £350,000 in 2017/18.

The report explained that a series of stakeholder consultation events had been arranged to review the ADP commissioning plan with the objective of bringing investment in line with available resources from 1 April 2017. The process included engagement with service users.

The stakeholder consultations had focused on trying to establish a consensus around the mix of provision consistent with the strategic needs assessment and the revised budget. There had been a general agreement to the following changes in commissioned services:-

Therapeutic Support Service
Assertive Outreach and Criminal Justice Services
Services for Children and Young People Affected by Parental Substance Misuse
Recovery Service – Public Social Partnership
In-house provision

It was recommended that the Board:-

- Note the reduction of £350k from 2015/16 in the Scottish Government's direct grant funding to Alcohol and Drugs Partnerships in 2016/17.
- Note the consultation with stakeholders on the possible measures to achieve the budget reduction within the context of the current commissioning plan.
- Agree the following specific measures from 1 April 2017 in respect of commissioned services:-
 1. Renegotiate the current Therapeutic Support Service contract for a further year with a reduced budget saving of £11,533 on current expenditure
 2. Tender for the procurement of a service providing early intervention support for vulnerable adults using an assertive outreach model and treatment and recovery support for those involved in the criminal justice system, with a saving of £51,095 on current expenditure.
 3. Tender for the procurement of a service to focus on support for children and young people affected by parental substance misuse using a whole family holistic service model. It was proposed that the

service operated alongside in-house staff providing additional key working support to young people who were experiencing a wide range of problematic behaviours. The new service specification would be developed following a period of collaboration with stakeholders and service users with a saving of £42,865 on current expenditure.

4. Continue with the Recovery Service PSP but with a reduced budget, saving £42,426 on current expenditure.
5. Reduction of £102,081 on current budgets for in-house addictions services.

There followed a discussion concerning the potential impact of the proposed actions to bring commissioned service expenditure in line with available financial resources. It was acknowledged that the impact would be known at a later stage, but that work could start now to gather information with a view to writing to the Cabinet Secretary for Health and Sport. It was suggested that, by writing to the Cabinet Secretary, the IJB could seek clarity regarding her expectation that existing services, resources and outcomes could be maintained at 2015-16 levels. At the same time, the IJB would highlight concern for the risks associated with service users.

Decision

1. To note the terms of the report.
2. To agree the recommendations set out in Section B of the report; and
3. To agree to write to the Cabinet Secretary for Health and Sport, Shona Robison MSP seeking clarity regarding her expectation that existing services, resources and outcomes be maintained at 2015-16 levels, given that the Scottish Government funding allocation for 2016-17 had reduced by 23%.

7. OLDER PEOPLE COMMISSIONING PLAN

The Board considered a report (copies of which had been circulated) by the Director seeking approval for the strategic commissioning plan for Older People as presented in Appendix 1 to the report.

The Board was informed that a short life Working Group had been established to develop the three year commissioning plan for Older People

All care group commissioning plans followed a similar structure as follows:-

Section 1 gave an overview, setting out vision, values, aims and outcomes, and the approach taken.

Section 2 detailed the main recommendations arising from the Needs Assessment, locating these against existing strategies and policies and confirming whether they were to be addressed by specific commissioning intentions.

Section 3 detailed the specific commissioning commitments informed by the Needs Assessment, and provided information on the planned spend to meet these commitments.

Section 4 was titled Next Steps and detailed a number of strategic change proposals. The programmes of change were listed in the report.

The Board was invited to approve the strategic commissioning plan for Older People as presented in Appendix 1 to the report.

Decision

To approve the strategic commissioning plan for Older People as presented in Appendix 1 to the report.

8. FINANCIAL REPORT - UPDATE

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer providing an update on the financial performance in respect of the IJB's 2016/17 delegated resources based on the mid year monitoring position undertaken by NHS Lothian and West Lothian Council.

A table within the report showed the outturn forecast position, which was based on the 2016/17 monitoring exercise undertaken by NHS Lothian and West Lothian Council. Appendix 1 provided further detail on the forecast position shown. As shown in the table, an overspend of £2.428 million was forecast on the payment to the IJB and an overspend of £916,000 was forecast against the notional share of acute set aside resources attributed to West Lothian. This represented an increased overspend of £604,000 on NHS Lothian delegated functions compared to the position previously reported to the Board on 18 October 2016. A summary of key risks and service pressures had been identified and these were noted in the narrative against the relevant components of the delegated budget.

As part of the 2016/17 payment to the IJB from the council and NHS Lothian there were £3.895 million of budget savings identified. The monitoring undertaken estimated that £3.733 million of the target was achievable.

In addition, the share of acute set aside budget included a share of acute savings totalling £298,000 of which £199,000 was estimated to be achievable.

While in overall terms satisfactory progress was being made on the delivery of 2016/17 savings, it was vital that savings were fully achieved on a recurring basis.

The report provided a summarised budget position for 2016/17. An overspend of £3.344 million was projected, of which £2.428 million related to the NHS Lothian payment functions and £916,000 related to share of acute set aside.

It was recommended that the IJB:-

1. Note the forecast outturn for 2016/17 in respect of IJB delegated functions taking account of saving assumptions.
2. Note the action being undertaken by partner bodies in partnership with the IJB in respect of managing within available 2016/17 budget resources.
3. Note the position on 2017/18 budget planning.

Decision

To note the terms of the report.

9. PRIMARY CARE REPORT

The Board considered a report (copies of which had been circulated) by the Director providing an overview of the current challenges being experienced in Primary Care and the actions being taken to support and sustain service provision.

The paper outlined the current issues impacting on West Lothian practices and provided overview of the measures taken to support General Practice provision.

It was noted that were significant challenges in recruitment and retention to GP posts across the country for partner, salaried, locum, and out of hours' positions. Over £2 million of funding had been allocated to recruitment and retention projects across the country, as part of the Government's Primary Care Investment Fund.

The report then went on to provide commentary in relation to the following issues:-

- Scottish Government GP Recruitment and Retention Fund
- General Practice Education and Training
- NES Scotland Returner and NES Enhanced Induction Programmes
- Workforce
- Morale
- OOH Primary Medical Services
- Community Nursing
- Practice Nursing
- Changes to the GM Contract
- Practice Numbers
- List Expansion Grant Uplift Scheme
- Integrated Care Pharmacists
- DSkill Mix
- IT and eHealth
- Premises
- Risk Register
- Primary Care Summit

In relation to Primary Care Summit, it was proposed that West Lothian hold a local primary care summit to build on the emerging themes from the pan Lothian event and to look in more detail at the current issues affecting primary care in West Lothian. The main aims would be to identify local priorities and specific actions to support sustainability in general practice and to agree how these would be developed and delivered locally and to identify those priorities which would require wider engagement with NHS Lothian and the Scottish Government and how these would be taken forward. It was intended that the summit would be held on 22 February 2017 to enable the primary healthcare teams to fully participate.

The IJB was asked to:

- Note the contents of the report.
- Note the current challenges facing Primary Care.
- Support the management teams in their actions.
- Support the proposed Primary Care Summit event in February 2017.

Decision

1. To note the terms of the report.
2. To agree to support the management teams in their actions and to support the proposed Primary Care Summit event in February 2017.

10. RISK MANAGEMENT

The Board considered a report (copies of which had been circulated) by the Director providing an update on progress in relation to risk management.

The Board was informed that the Integration Scheme required that the IJB maintain a risk register and that the Director produced and agreed a list of the risks to be reported and monitored. As reported in May, a risk register had been set up using West Lothian Council's Covalent system, and the risks to be reported and monitored were listed in Appendix 1 to the report.

All of the risks had been scored for likelihood and impact. In report provided an explanation in relation to Appendix 1.

In terms of impact on objectives, the IJB risk had been mapped to the nine national health and wellbeing outcomes. Appendix 2 to the report outlined the results of that exercise.

The risks had been identified by the IJB Senior Management Team during a risk management session facilitated by West Lothian Council's risk manager. The methodology used was attached Appendix 3 to the Report.

The Panel was asked to:

1. note progress on risk management as set out in the report.
2. consider the risks identified, and the control measures in place to mitigate their impact.

Decision

To note the terms of the report.

11. CHIEF SOCIAL WORK OFFICER REPORT

The Board considered a report (copies of which had been circulated) by the Head of Social Policy attaching a copy of the Chief Social Work Officer's annual report for 2015-16.

The Chief Social Work Officer Report provided an overview of the role and responsibilities of the Chief Social Work Officer and outlined the governance arrangements that were in place in West Lothian. The report highlighted Council's statutory duties, the decisions that were delegated to the Chief Social Work Officer and gave a summary of service performance.

The Chief Social Work Officer concluded that the delivery of social work services was challenging and in light of the current economic situation the importance of delivering vital services to the most vulnerable and marginalised in our community would test our capacity, creativity and commitment over the forthcoming year. It was essential to continue to develop and improve services while constantly seeking to become more efficient. Social Policy was well placed to address these challenges and would continue to contribute significantly to the delivery of positive outcomes for the people of West Lothian.

The Board was asked to:-

1. note the contents of the Chief Social Work Officer's annual report for 2015-2016 and
2. note the submission of the report to the Scottish Government Chief Social Work Advisor.

Decision

1. To note the terms of the report.
2. To note that the Chief Social Work Officer's annual report would be submitted to the Scottish Government Chief Social Work Advisor.

12. PERFORMANCE REPORT

The Board considered a report (copies of which had been circulated) by the Director setting out the requirements for the Annual Performance Report and updating the Board on the current performance against the indicators

supporting the National Health and Wellbeing Outcomes.

The Board was informed that under the 2014 Public Bodies (Joint Working) (Scotland) Act, the IJB was required to publish an annual performance report setting out an assessment of performance in planning and carrying out the integration functions for which they were responsible. The 2014 Act obliged the IJB to publish their Performance Report covering the performance over the reporting year no later than four months after the end of the reporting year. Reporting years began on 1 April annually and therefore the Performance Report covering the period April 2016 to March 2017 was required to be published no later than end of July 2017.

It was noted that purpose of the performance report was to provide an overview of performance in planning and carrying out integrated functions and was produced for the benefit of the IJB and their communities.

Appendix 1 to the report set out the current West Lothian performance against the core integration indicators. Appendix 2 provided a time series for integration indicators and Appendix 3 provided benchmarking performance against other partnerships in Scotland.

Whilst the provisional data demonstrated that West Lothian was on par or better than Scottish average there were known challenges with regards to unscheduled care and reducing delayed discharge for which there was focussed improvement work in progress. Further analysis of the Health and Social Care Experience results was in progress to provide a better understanding of the issues and where interventions should be targeted to improve on these outcomes in particular in relation to the experience of care in general Practice, impact of services and support on improving or maintaining quality of life and support for carers to continue in their caring role.

It was proposed that officers commence preparation on the draft Annual Performance Report in order to build as full and accurate an assessment of how health and social care was being delivered for people and communities in West Lothian.

The Board was asked to:-

1. Note the contents of the report.
2. Note the requirements for the Annual Performance Report and agree the plan to development it.
3. Note the current performance report against the National Health and Wellbeing Outcomes.

Decision

To note the terms of the report.

13. HEALTH AND CARE GOVERNANCE

The Board considered a report (copies of which had been circulated) by the Director outlining arrangements being put in place to meet Health and Care Governance requirements as outlined in the Integration Scheme.

The report advised that the Audit, Risk and Governance Committee had considered a report in September 2016 providing an update on progress with implementation of the Integration Scheme since its approval in June 2015 and providing information on the steps proposed to complete outstanding actions. It noted that additional work was required to establish a Health and Care Governance Group in accordance with the Integration Scheme Regulations 2014.

The report contained a proposal for the Health and Care Governance Group to be chaired by a Board Member of the IJB and take membership from the Health Board, the Council and others, including

- Members of Senior Management Team
- Chief Social Work Officer
- Clinical Director
- Chief Nurse
- Allied Health Professional Lead
- Public Health Consultant
- Associate Medical Director Acute Services
- Associate Nurse Director Acute Services
- Service user and carer representative
- Third sector and independent sector representatives

Appendix 1 to the report was the proposed Terms of Reference for the Group.

The role of the Health and care Governance Group would be to consider matters relating to strategic plan development, clinical and care governance, risk management, service user feedback and complaints, care standards, education, learning, continuous improvement and inspection activity. The Group would provide advice to the Strategic Planning Group and Locality Planning Groups within the partnership and would consider the potential health and care governance impact of any service redesign or development proposals prior to their approval by the IJB.

The Integration Joint Board was asked to:-

1. Note the contents of the report.
2. Note the IJB responsibility for governance and assurance and discuss the proposed arrangements for Health and Care Governance
3. Consider the draft Terms of Reference for the Health and Care Governance Group and agree the membership.

Decision

1. To note the terms of the report.

2. To agree the proposed Terms of Reference for the Health and Care Governance Group as set out in Appendix 1 to the report.
3. To agree that Anne McMillan be appointed as Chair of the Group.

14. WORKPLAN

A copy of the Workplan had been circulated for information.

Decision

To note the Workplan.

DRAFT

Board Meeting
1 February 2017

Executive Nurse Director

SUMMARY PAPER – PERSON CENTRED CULTURE

This paper aims to summarise the key points in the full paper.

The relevant paragraph in the full paper is referenced against each point.

<ul style="list-style-type: none"> To note the range of information that is routinely presented via the Healthcare Governance Committee for assurance purposes. 	2.1 & 2.2
<ul style="list-style-type: none"> To note the comments and range of improvements that clinical staff are taking as a result of the Tell us Ten Things (TTT) Survey. 	3.1 & Appendix 1
<ul style="list-style-type: none"> To note the number of Patient Opinion posts received. 	3.2 & Chart A
<ul style="list-style-type: none"> Review the most recent increase in telephone calls received during November, the complaints and feedback activity and performance. 	3.4 & Charts 1 - 6
<ul style="list-style-type: none"> To note the different ways that complaints and feedback are received by the organisation and in particular the number of complaints made by prisoners and by email during November. 	Table 3
<ul style="list-style-type: none"> To note the ISD issues from the complaints / feedback, the first being treatment and the second highest being “staff” and third, waiting times. 	Table 5
<ul style="list-style-type: none"> To note the outcomes of complaints, in particular those complaints that are being upheld / partially upheld / not upheld. 	Table 6
<ul style="list-style-type: none"> To note the reduction in the number of complaint responses out with 20-days and the number of second episodes cases. 	Chart C & Table 8
<ul style="list-style-type: none"> To note work bring undertaken to prepare for the forth coming new Model Complaints Handling Guidance 	3.5.1 - 3
<ul style="list-style-type: none"> To note the number of SPSO cases that were opened / actioned / closed during September 	3.5.7 - 8
<ul style="list-style-type: none"> To acknowledge the ongoing implementation of the SPSO action plan and the support from the SPSO for NHS Lothian 	3.5.8 - 9

Jeannette Morrison
Head of Patient Experience
10 January 2017
Jeannette.morrison@nhslothian.scot.nhs.uk

NHS Lothian

NHS Lothian Board
01 February 2017

Executive Director, Nursing, Midwifery and Allied Healthcare Professionals

PERSON-CENTRED CULTURE

1 Purpose of the Report

- 1.1 The purpose of this report is to provide an update to the NHS Lothian Board, following the October Board meeting on the person centred culture agenda.

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

2 Recommendations

The Board is recommended to:

- 2.1 Note the Healthcare Governance (HCG) Committee receives a regular and detailed report at every committee meeting and assurance is provided via this committee.
- 2.2 Note the range of information that is routinely provided to the HCG committee which includes results from the Tell us Ten Things (TTT) in-patient experience survey, Patient Opinion (PO), complaints and feedback and work related to the Scottish Public Services Ombudsman (SPSO)

3 Discussion of Key Issues

NHS Lothian Patient Experience Survey

3.1 Tell us Ten Things

- 3.1.1 Tell us Ten Things" (TTT) is a local in-patient experience survey used within the Universities Hospital Services aligned to the "5 Must Do With Me" elements 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

- 3.1.2 TTT surveys are in place the following areas:

- 23 wards in the Royal Infirmary of Edinburgh (RIE),
- 30 wards in the Western General Hospital (WGH)

- 12 wards in St John's Hospital (SJH)
- 8 wards at Liberton Hospital
- 1 ward at the Princess Alexandra Eye Pavilion (PAEP)

3.1.3 The TTT surveys reports 2 specific measures. The first is an overall response return rate of 10% based on a calculation of the number of discharge and transfers from each ward area that participates in the survey against the number of completed surveys returned. The second measure is the outcome of question 10 where patients rate their overall care experience. The measure is an average score of 9.0 out of 10. This measure has changed from 9.5 to 9.0 out of 10 (with a risk tolerance of 8.5) following ratification at the December 2016 Board meeting.

3.1.4 The TTT database has experienced significant difficulties since the programme manager, whom solely devised the database, left the organisation in September 2016. The TTT database relied on Microsoft Access and is not supported by eHealth. Currently the TTT survey data can still be entered into the database however extraction of the data for reporting purposes is not functioning without critical error. IT analytic services and eHealth have been consulted to support a resolution. An option appraisal has been submitted by eHealth and the Head of Patient Experience and Executive Nurse Director are considering these options.

3.1.5 In the meantime the TTT survey data continues to be entered and stored in the TTT database. A manual extraction of this data, onto an excel spreadsheet, has been undertaken to produce a report for November 2016. This method is resource and time intensive and serves as an interim measure until a more seamless solution can be found.

3.1.6 The response return rate for November 2016 has dropped to 5.13% and this may be for a number of different reasons;

- The return address of the TTT survey changed from the main mall at the RIE to Waverley Gate in September 2016. It is thought this change over has had a negative impact on surveys reaching their desired location. Volunteer services have assisted in re-labelling over 12000 TTT surveys to improve upon this.
- The Patient Experience Team supports the TTT survey and currently has vacancies within the team and the Patient Experience Officer is due to start her post on the 16 January 2017.
- The implementation of the Care Assurance Standards (CAS) and its alternative patient experience survey associated with this model may have had some impact. At present there are in total 15 clinical areas, 5 on each of the three main sites of RIE, SJH and WGH. This may have begun to have a reduction in the overall return response rate of the TTT survey.

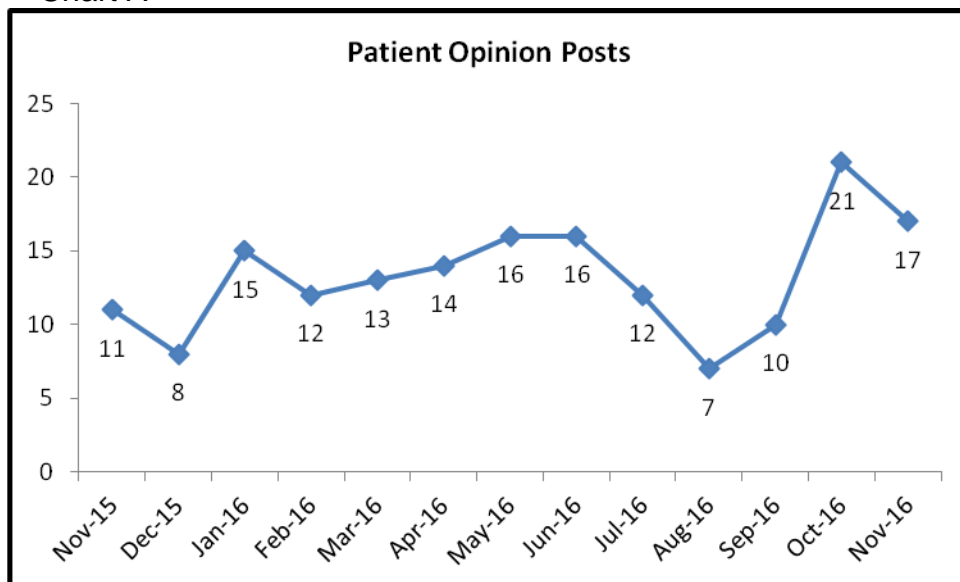
3.1.7 Senior Charge Nurses are encouraged to improve upon the response return rate and outcome measure of each question. Examples of good practice are shared. The final question of the TTT survey asks '*Is there anything else we could have done to improve your experience of our care?*' This patient feedback is included in ward monthly reports and informs local improvements.

3.2 Patient Opinion

3.2.1 Patient Opinion (PO) is a website that encourages people to give feedback on their healthcare experience. Chart A below identifies the stories that have been shared about NHS Lothian, in October there were 21 stories posted and in November there were 17 stories.

3.2.2 Following agreement at the Lothian Director of Nursing Committee the Associate Nurse Directors / Chief Nurses / Midwife now all receive their “own” PO alerts. The Head of Patient Experience and the AND for the Royal Infirmary of Edinburgh have agreed that a small number of senior charges nurses will respond directly to “their” feedback from Patient Opinion and are being supported to do this. This allows them to take action and ownership of this.

Chart A



3.2.3 Patient Opinion also offer the opportunity to provide a “visualisation” of the patient feedback via a “wordle”. From the 1 January 2016 until 30 November 2016 153 Stories have been shared and viewed 47,946 times to date. The 3 wordles shows the most popular tags for those stories as words, sized according to use. PO have recently changed this so that we can now see patient feedback from 3 questions:

What was good?



What could be improved?



How did you feel?



3.2.4 Patient Opinion apply a “criticality” rating to each of the stories that are posted and these are identified by the PO team. Table 2 below shows how these posts have been rated. It can be noted that the majority of these posts are not critical. Where they have been identified as “strongly critical” the Head of Patient Experiences sends them directly onto the relevant clinical management team, however due to the anonymous nature of PO it can be difficult for the clinical management teams to investigate unless the patient contacts us directly with their details. There was 1 “strongly critical” and there were 5 “not critical” (positive) postings in September.

Table 2

	Strongly critical	Moderately critical	Mildly critical	Minimally critical	Not critical
Oct	0	1	1	0	2
Nov	1	2	2	1	5
Dec	1	0	3	0	4
Jan	0	0	4	2	9
Feb	0	1	5	2	4
March	0	1	3	1	8

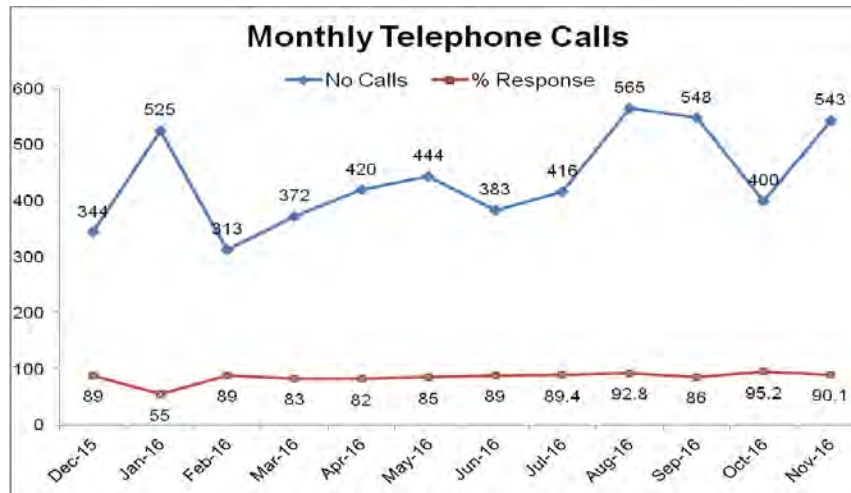
April	0	1	4	0	9
May	0	2	2	4	8
June	0	2	2	4	8
July	0	3	3	2	4
Aug	0	1	2	1	3
Sept	1	0	2	2	5
Oct	2	2	6	2	9
Nov	0	4	4	0	9
Total	5	20	43	21	87

3.4 Complaints and feedback - performance and activity

3.4.1 The number of telephone calls is now being reviewed on a monthly basis and Chart B below is the number of incoming calls received. During November, the team received 543 calls which is an increase of 26.34% from the previous month's inbound calls. They were able to respond to 90.1% of all calls received.

3.4.2 The average connected call duration during November 2016 was 4:42 minutes and this equates to 45:00 hours spent on the telephone during November. The team have been able to respond to 90.1% of these incoming calls which is a decrease of 5.1% on the previous month.

Chart B



3.3.3 Chart 1 reflects all contacts received into the Patient Experience Team. In November there were 441 contacts (compliments, comments, concerns and complaints), which is an increase of 5.67% from the previous month (416). Complaints remain the largest category of feedback (283) and this is an increase of 9 (3.18%) from October.

3.3.4 Chart 3 reflects the number of contacts that were acknowledged within 3 working days from receipt and performance is at 85%, this is a fall of 4% on the previous month.

3.3.5 Chart 4 reflects the number of complaints that were acknowledged within 3 working days from receipt and performance is at 81% which is a 6% decrease on October.

3.3.6 Chart 5 reflects all contacts responded to within 20 working days and the performance in November was 75% which is an increase of 3% on October.

3.3.7 Chart 6 reflects the number of complaints responded to within 20 working days and the performance in November was 70% which is an increase of 6% on October.

Chart 1

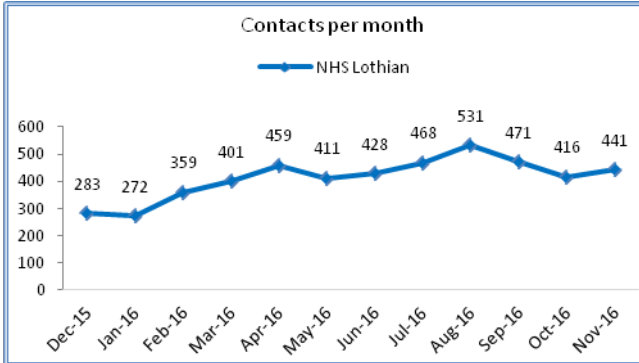


Chart 2

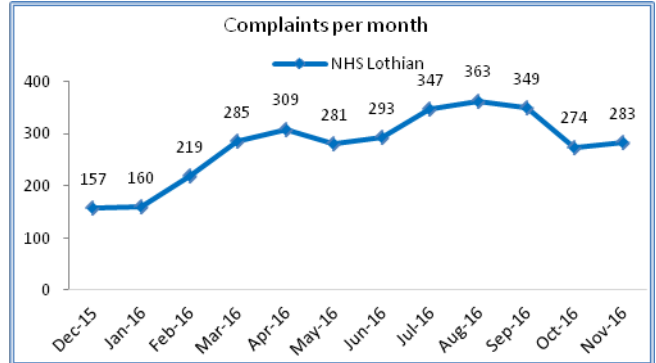


Chart 3

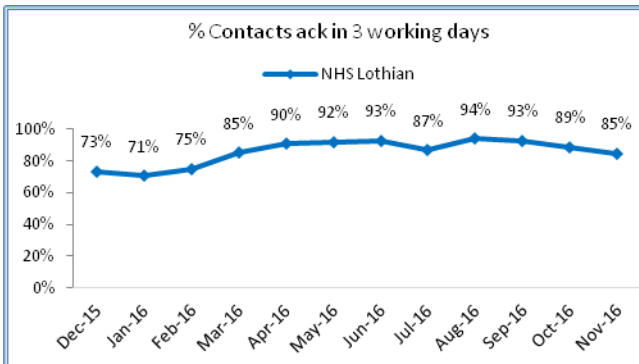


Chart 4

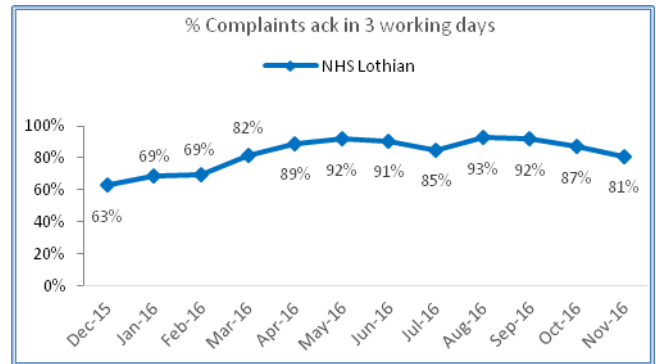


Chart 5

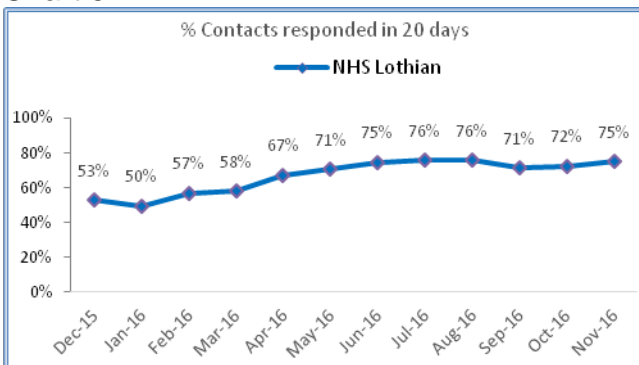
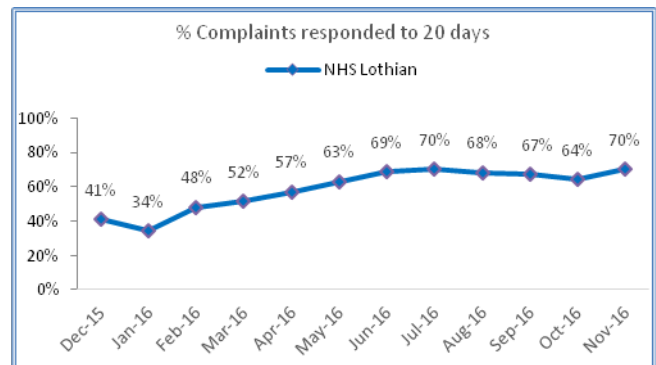


Chart 6



3.3.8 Table 3 demonstrates that during November there was one complaint received from via the ward. We now receive the majority of correspondence electronically (n=317, up from 171), of which 94 complaints were made by email. The majority of feedback received during November were complaints (n=590). There continues to be discussion as to the definition of a complaint and a concern. Whilst this is a subjective decision taken by the Patient Experience Team, we encourage the clinical teams to discuss with us if they think we have incorrectly categorised a complaint / concern. This definition will form part of the revised model complaints handling process that is currently being led by the Scottish Public Services Ombudsman.

Table 3. Method of complaint and Type

November 2016	Complaint	Concern	Enquiry	Feedback	Comments	Compliment	Total
Comments card	16	5	0	1	1	9	32
email	176	59	13	10	4	55	317
In person	1	4	0	0	0	0	5
Letter	79	22	11	0	3	45	160
Other	1	0	0	0	0	3	4
Prison complaint form	205	33	1	0	0	3	242
Telephone call	109	27	4	3	0	8	151
via Advocacy Service	2	0	0	0	0	0	2
via Ward	1	0	0	0	0	0	1
Web complaints form	0	0	0	1	1	0	2
Total	590	150	29	15	9	123	916

3.4.9 Following the introduction of the risk assessment tool, table 4 below demonstrates the assessments made against all complaints and concerns.

Table 4. Complaints by Month and Level of Risk

Month and Year	Negligible	Minor	Moderate	Major	Extreme	Total
Apr 2016	51	90	21	4	0	166
May 2016	124	141	43	11	0	319
Jun 2016	146	153	47	9	1	356
Jul 2016	144	150	45	9	0	348
Aug 2016	231	97	44	7	1	380
Sep 2016	221	126	30	12	0	389
Oct 2016	192	119	29	4	1	345
Nov 2016	174	132	44	1	0	351
Total	1283	1008	303	57	3	2654

3.4.10 Table 5 demonstrates the issues that have been recorded using the ISD codes for the month of November. The majority of issues raised concerned Treatment (41.92%), followed by Staff (30.61%) and Waiting Times (20.32%). There is a concern that as NHS Lothian manages its Treatment Time Guarantee (TTG) this may be reflected in the number of complaints regarding waiting times. These top 3 issues have been consistently observed since 2010/11. ISD codes are generally only applied to complaints and not other categories of feedback.

Table 5. Complaints by ISD Issues

November 2016	complaint	concern	enquiry	feedback	compliment	Total
Staff	101	12	1	2	0	116
Waiting times for	70	7	0	0	0	77
Delays in/at	8	0	0	0	0	8
Environment / domestic	9	4	0	0	0	13
Procedural issues	1	0	0	0	0	1
Treatment	146	9	1	0	3	159
Other	4	1	0	0	0	5
Total	339	33	2	2	3	379

3.4.11 Table 6 demonstrates that there were 6 complaints received in November where the complainant chose to withdraw the complaint. There were 129 complaints / concerns / enquiries / comments that were not upheld (44.48%). There were 79 complaints / concerns that were upheld representing 27.24% of the month's outcomes.

Table 6. Complaint Types by Outcome

November 2016	Complaint	Concern	Enquiry	Feedback	Comments	Total
Conciliation	5	1	1	0	0	7
Consent not received	2	1	0	0	0	3
Irresolvable - other	3	0	1	0	0	4
Transferred to another unit	1	0	2	0	2	5
Withdrawn	6	4	0	1	0	11
Upheld	67	8	3	1	0	79
Partly Upheld	45	7	0	0	0	52
Not Upheld	108	15	5	0	1	129
Total	237	36	12	2	3	290

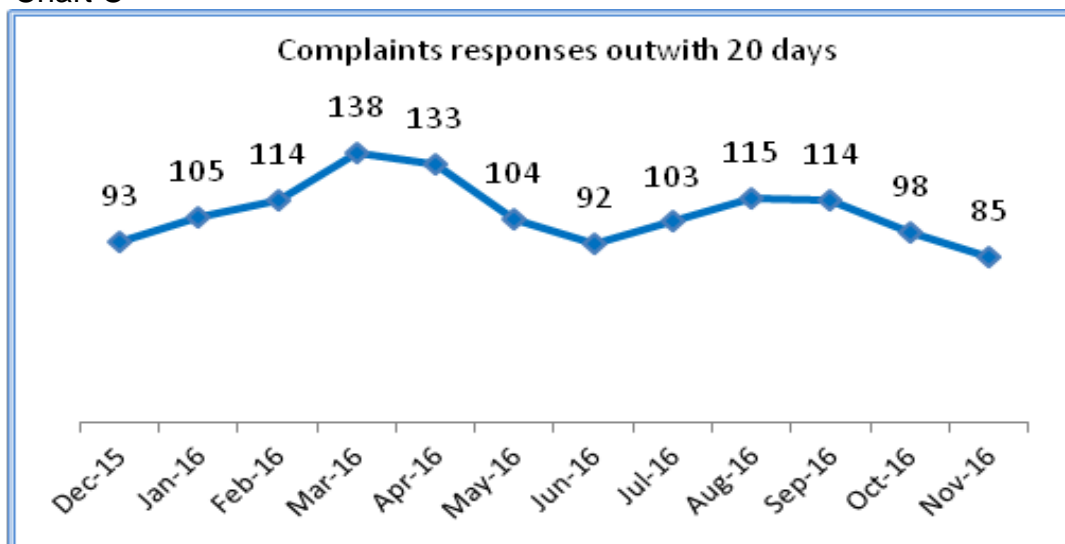
3.4.12 Table 7 identifies the information extracted from DATIX showing the actions that have been taken as a result of complaints and feedback during November. The actions recorded below are taken from the National Reference data files maintained by ISD. In many instances this data has not been recorded and the Patient Experience Team are working with the clinical teams to ensure this information is included at the end of the complaint investigation. Specific actions relating to individual complaints are held at a local level.

Table 7. Action Taken and Type

November 2016	Complaint	Concern	Enquiry	Feedback	Comments	Compliment	Total
Action plan instigated	2	1	0	0	0	0	3
Changes to system	1	0	0	0	0	0	1
Communication	38	6	2	0	0	0	46
Conduct issues addressed	4	0	0	0	0	0	4
Improvements made to service access	4	0	1	0	0	0	5
Learning points identified by service/senior managers and shared with teams	19	3	0	0	0	0	22
No Action Required	178	15	5	1	1	5	205
Policy or procedure review	1	1	0	0	0	0	2
Staff education and/or training identified	0	1	0	0	0	0	1
Total	247	27	8	1	1	5	289

3.4.13 The Patient Experience have been monitoring the number of complaints over 20 days and chart C below demonstrates the total number of complaints recorded over 20 days, although this varies on a day to day basis. This information has not previously been reported to the committee and also forms part of the weekly reports sent to the clinical teams.

Chart C



3.4.14 The Patient Experience Team monitor the number of reopened cases and table 8 demonstrates these cases. This information forms part of the weekly reports with the clinical teams and we are working with the service to see how we can reduce this number by getting the complaints response “right the first time”.

Table 8. Reopened cases (second episode)

November 2016	complaint	concern	enquiry	Total
Apr 2016	19	3	2	24
May 2016	13	3	1	17
Jun 2016	26	3	0	29
Jul 2016	29	2	2	33
Aug 2016	41	5	2	48
Sep 2016	26	1	0	27
Oct 2016	30	3	3	36
Nov 2016	41	8	4	53
Total	225	28	14	267

3.5 Scottish Public Services Ombudsman

NHS Scotland Model Complaints Procedure

3.5.1 In October the SPSO published the new model complaints handling procedure for the NHS in Scotland, which is due to be implemented in April 2017. This revised procedure is intended to support a more consistent person-centred approach to complaints handling across NHSScotland and will bring the NHS in line with other public sector organisations by introducing a 2 stage complaints process:

- Early / local resolution – 5 working days
- Complaint investigation – 20 working days

3.5.2 The procedure reflects the broader ambition for the NHS in Scotland to be an open, learning organisation that listens and acts when unintended harm is caused. The procedure complements the Duty of Candour provisions in the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act, and the development of a national approach to reviewing and learning from adverse events. It is also complemented by the Apologies (Scotland) Act 2016, which is intended to encourage apologies being made, by making it clear that apologising is not the same as admitting liability.

3.5.3 As part of our local preparations, an action plan has been developed and this includes the update of our NHS Lothian Complaints and Feedback Policy and operational procedure. In addition to this Jim Crombie, Acting Chief Executive has written to Jason Leitch, Clinical Director Scottish Government to raise some concerns that have been identified ahead of the implementation date (Appendix 1).

Other SPSO Publications

3.5.4 On 21 December 2016 the SPSO published an investigation report relating to the care of a patient who was admitted to Accident & Emergency (A&E) Dept at the Royal Infirmary of Edinburgh after being found at the bottom of a flight of stairs with a suspected head injury. He was assessed as having a reduced level of consciousness but this was attributed to intoxication. It was therefore decided that he would be observed in A&E overnight to ensure his symptoms improved. The patient was discharged the following morning and was collected by his mother, who found him to be confused and disorientated. After her discussion with reception staff, she was assured that he was medically fit to leave. On their return home, the patient's mother remained concerned about his condition, so they attended A&E at Wishaw General Hospital, where a CT scan was carried out. This indicated that the patient had suffered a brain haemorrhage. He was then transferred to the Southern General Hospital for emergency surgery. The patient's sister complained that her brother had failed to receive appropriate treatment for his head injury at the Royal Infirmary of Edinburgh and that he should not have been discharged, given his condition. The board apologised for failing to provide a correct diagnosis and accepted that they had wrongly attributed signs of disorientation and incoherence to intoxication rather than a developing bleed on the brain. The board stressed that assessing patients who have head injuries but are also intoxicated can be very difficult.

3.5.5 During the SPSO investigation, the complaints reviewer took independent medical advice on the patient's treatment from consultants in both emergency medicine and neurosurgery. The advice received was that, under Scottish Intercollegiate Guidelines Network (SIGN) guidance, the patient should have received a CT scan on admission to the Royal Infirmary of Edinburgh based on his recorded symptoms and that it was not reasonable to attribute those symptoms to intoxication in the circumstances. The SPSO investigation also highlighted a poor level of record-keeping for the patient's admission and made 4 recommendations:

- apologise to the patient and his sister for the failings identified in this report;

- review the procedure for the management of patients with a head injury to bring it in line with SIGN guidance;
- carry out an audit of a sample of recent cases of this kind, to ensure they are being dealt with appropriately; and
- carry out a root cause analysis to identify why the medical and nursing staff on duty did not follow the systems in place.

3.5.6 Following the publication of this report, the clinical team are working through the recommendations and a new Clinical Governance forum has been created for the

	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
RIE	1	1	1	0	3	0	5	3	0	14
WGH	0	0	0	1	2	1	2	1	0	7
STJ	2	0	1	2	0	1	0	0	0	6
DTACC	0	0	0	1	0	0	0	0	0	1
Children Services	3	0	0	0	2	1	0	1	0	7
Women Services	0	0	0	0	0	0	0	0	0	0
REAS	2	0	2	0	0	2	3	2	1	12
Edinburgh HSCP	0	0	0	0	1	0	0	0	0	1
East Lothian HSCP	0	0	1	0	0	0	0	0	0	1
Midlothian HSCP	0	0	0	0	0	0	0	0	0	0
West Lothian HSCP	0	0	0	1	1	0	1	0	0	3
Independent Contractors	0	0	0	1	1	1	1	1	1	6
Outpatient and Associated Services	0	0	0	1	0	0	2	4	0	7
Total	8	1	5	7	10	6	14	12	2	65

Emergency Department. This will review cases such as this in a multi-disciplinary forum to ensure learning from such events is disseminated through the department in a coordinated fashion. The recommendations from the SPSO will be taken forward by this group. The feedback so far have also been shared with clinical leads.

NHS Lothian Data - SPSO

3.5.7 The SPSO opened the following cases (1 April – 31 December 2016)

3.5.8 The SPSO closed the following cases (1 April – 31 December 2016)

	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
RIE	1	0	3	4	0	1	2	3	0	14

WGH	1	0	1	0	1	1	1	3	0	8
STJ	1	0	0	0	0	0	0	0	2	3
DTACC	1	0	0	1	1	0	0	0	0	3
Children Services	1	0	0	1	0	0	0	1	0	3
Women Services	1	0	0	0	0	1	0	0	1	3
REAS	4	0	1	1	5	1	3	2	1	18
Edinburgh HSCP	0	0	0	0	0	0	0	0	0	0
East Lothian HSCP	1	0	0	0	0	1	0	0	0	2
Midlothian HSCP	0	0	0	0	0	0	0	0	0	0
West Lothian HSCP	0	0	0	0	0	0	0	1	1	2
Independent Contractors	0	0	0	0	2	0	1	1	1	5
Outpatient and Associated Services	0	0	0	0	1	0	2	2	1	6
Total	11	0	5	7	10	5	9	13	7	67

Although the SPSO closed 13 cases in November, one case was a GP complaint. Below is the outcome that NHS Lothian took regarding the complaints.

	Upheld	Partly Upheld	Not Upheld	Total
RIE			3	3
WGH	1		2	2
REAS	1	1		2
RHSC		1		1
WLHSCP			1	1
Outpatient and Associated Services	1		1	2
Total	3	2	6	12

SPSO Support for NHS Lothian

- 3.5.8 Following the meeting in August with the SPSO, Professor Alex McMahon has written to Jim Martin, Ombudsman and has provided an update on the range of actions that have been taken (Appendix 2).
- 3.5.9 In December the Patient Experience Team met with Kerry Flinn from the SPSO Learning and Improvement Unit (LIU) to discuss what further support can be provided by them. It has been agreed via the Associate Nurse Directors that the Maternity Unit and the staff from Royal Hospital Sick Children will be pilot areas in conjunction with the staff Patient Experience Team. The focus of this work will be identifying improved complaints processes and will be linked to the new model complaints procedure. Staff events are being planned for February / March.

SPSO Action Plan

- 3.5.10 Senior project manager time, from the Efficiency & Productivity department, has been allocated to provide project support to the Patient Experience team regarding the SPSO agreed actions. The E&P team supports departments, through critical thinking, with the planning and delivery of change. Therefore, within the scope is the development of a framework, which includes the direction, actions, timescales and measurements of the change project. Simultaneously, the E&P team recognises the urgency of the focussed programme of work and can offer support in the actual delivery, eg. providing hands-on support on actions identified. The urgency of the focussed programme is recognised at executive level, as the post is financially supported by the director of finance, Susan Goldsmith. Currently, the Patient Experience team has vacancies within the team, a proportion of which supports the funding of the E&P senior project manager.
- 3.5.11 In addition to the specific actions set out in the plan there is an important element concerning “relationship management” between the SPSO and NHS Lothian. The Chairman has been meeting regularly with Mr Martin, Ombudsman to keep him updated of our work. In addition to this, NHS Lothian has visited Wheatley Housing Association, NHS Greater Glasgow & Clyde and Police Scotland to see how these organisations implement their complaints and feedback processes. It is also important to recognise that this is an ambitious cultural improvement programme that will require all staff at all levels of the organisation to take a responsibility and contribute to the improvement plan.

3.6 Programme Governance

- 3.6.1 The Executive Lead for this work is Professor Alex McMahon, Executive Nurse Director. This work also report through to the Healthcare Governance Committee on a monthly basis along with patient experience data reported through the Performance and Quality Report. More recently, the Complaints and Feedback Quality Assurance Working Group, chaired by Carolyn Hirst, Non Executive Director oversees this work.

4 Key Risks

- 4.1 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.
- 4.2 As we move forward with the transition to the new devolved service there is a risk that the performance of patient experience feedback (Complaints, concerns, comments and compliments) deteriorate. The committee have been prepared for this and we hope that we have now moved passed this and seeing the improvements sustained. The Patient Experience Team are supporting the clinical teams with their performance.
- 4.3 As already highlighted the short term sickness within the team remains a challenge. However, 4 members of the staff have left during September / October and this is causing some challenges that we are trying to mitigate through the short term use of bank staff.

5 Risk Register

- 5.1 Enabling a person centred approach within all work streams including complaints management which is on the revised Corporate Risk Register. The risk was escalated to High / 20 in October 2016, following the meeting with the SPSO.

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.

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 This work has brought together the previous person centred team and CRaFT. The Patient Experience Team was remodelled on existing resources and was delivered by Organisational Change process, supported by HR and partnership.
- 8.2 During 2015/16 it can be seen that not only the number of telephone calls has increased as has the number of complaints / comments / concerns on the previous year. Consideration will need to be given to the resource to support this key function as the ability to contain or reduce the work of the team is out-with their gift.
- 8.3 As we work through the individual actions it is anticipated that this will require additional resource and this is currently being identified.

Jeannette Morrison
Head of Patient Experience
9 January 2017
Jeannette.morrison@nhslothian.scot.nhs.uk

List of Appendices:-

- Appendix 1: Patient feedback and examples of local improvements
Appendix 2: NHS Lothian to Jason Leitch, Clinical Director, Scottish Government

Appendix 1

Examples of positive patient feedback:

- *I had exemplary experience, was treated with skill and empathy.*
- *Absolutely nothing, the care delivered was excellent and all medical staff very approachable. Thank you again.*
- *This has been completed on behalf of a patient by her close family. The care and attention given was always professional. The staff are dedicated to looking after the patients, ensuring their dignity and well being at all times. As relations we were made to feel welcome at all times and kept informed each step of the way.*

Examples of negative patient feedback:

- *I know staff have to communicate but could they remember that patients are trying to sleep, perhaps not feeling too good and don't appreciate lots of chatter through the night!*
- *My bowel problem meant that the food on offer was not always suitable for me, too fibrous. The food replacement does not agree with me either, perhaps someone could look into this as I can't be the only patient with this problem.*
- *Whilst it was very easy to differentiate between nursing/caring staff with uniform, I found it impossible to tell the difference between registrars, junior doctors and students as names and positions were covered by aprons and there was no real continuity with doctors.*

Examples of local improvements:

- Ward 21 and Ward 9 SJH – A trial is underway whereby volunteers are assisting patients to complete the TTT surveys. This trial commenced mid November and it is too early at this stage to confirm the impact of this test of change.
- In-patients at the PAEP are given TTT survey either on admission/prior to discharge and monitored daily by the nurse in charge. This method has consistently seen good response return rates.

3.1.8 The results of the TTT survey consistently reveal there is a negative impact on patient experience through noise at night. The Executive Nurse Director is leading on a collaborative which will look at addressing this issue throughout the organisation to improve upon patient experience. The first meeting is due to take place at the end of January 2017.

Private & Confidential

Jason Leitch
National Clinical Director
Scottish Government
St Andrews House
Regent Road
Edinburgh
EH1 3DG

Date: 14 December 2016
Our Ref: JC/JM/EW
Your Ref: DL (2016) 19
Enquiries: Patient Experience Team
Direct Line: 0131 536 3370
Email: feedback@nhslothian.scot.nhs.uk

Dear Jason



Thank you for the Director's Letter (2016) 19 "The NHS Scotland Model Complaints Handling Procedure".

Since receiving the new complaints procedure we have taken a number of actions in preparation for implementation which includes:

- Circulating this to all our Directors and Associate Nurse Directors and this has been on the agenda for a number of the meetings
- Presented the new procedure to the NHS Lothian Board at their meeting on 7 December
- Presented the new procedure to the NHS Lothian Healthcare Governance at their committee meeting on 29 November
- Working with Communications to update our intranet and internet sites
- Presented the new procedure to a number of primary care colleagues including the West Lothian Practice Managers Network Meeting
- Discussed this in detail with our Non Executive "Complaints Champion" at our (Complaints) Feedback and Improvement Quality Assurance Working Group

I am mindful that there was a presentation given to the NHS Boards Chief Executive Meeting and the Scottish Executive Nurse Directors Meeting a few months ago.

As part of our internal conversations I did want to bring to your attention a number of concerns that we have identified that may hinder our ability to implement this for 1 April 2017:

- The need for national definitions to be agreed by ISD to allow data to be submitted quarterly to ISD
- Concerns regarding the ability for DATIX to be amended by the company to allow to record the information in a way that is in line with the new procedure

- Primary care contractors

I understand that the DATIX Users Group discussed this at their national meeting on the 28 November and they too raised some concerns. However, to help us with the implementation, I am aware that NHS Fife is participating in a pilot of the new procedure and we hope that any outcomes and learning could be shared that will assist us with our local implementation.

I would like to reassure you that we are working hard with our implementation plan but did want to raise our concerns with you ahead of the implementation date, however I do wonder if other health boards have raised any concerns and whether you are considering any amendment to the implementation date?

If you would like any further details or to discuss this further please do not hesitate to contact Alex McMahon, Executive Nurse Director or Jeannette Morrison, Head of Patient Experience (jeannette.morrison@nhslothian.scot.nhs.uk or 0131 465 5658)

Yours sincerely

A handwritten signature in black ink, appearing to read 'JIM CROMBIE', written over a faint, light-colored signature line.

JIM CROMBIE
Acting Chief Executive

Board Meeting
1 February 2017

Director of Finance

2016/17 Financial Performance and Forecast Outturn

1 Purpose of the Report

- 1.1 The purpose of this report is to provide the Board with an overview of the financial position at period 9 and an update to the predicted year-end forecast based on the latest financial information.
- 1.2 Any member wishing additional information should contact the Executive Lead in advance of the meeting.

2 Recommendations

- 2.1 Members of the Board are asked to accept the paper and:
 - Note that the cumulative financial position at period 9 shows an NHS Lothian overspend of £4.8m, with an in-month under spend for December of £0.2m. Based on the latest information, NHS Lothian is still in a position to provide **moderate assurance** on the achievement of financial balance by the year-end;
 - Consider the current breakeven forecast which remains reliant on the delivery of a number of recovery actions from operational and corporate schemes.

3 Discussion of Key Issues

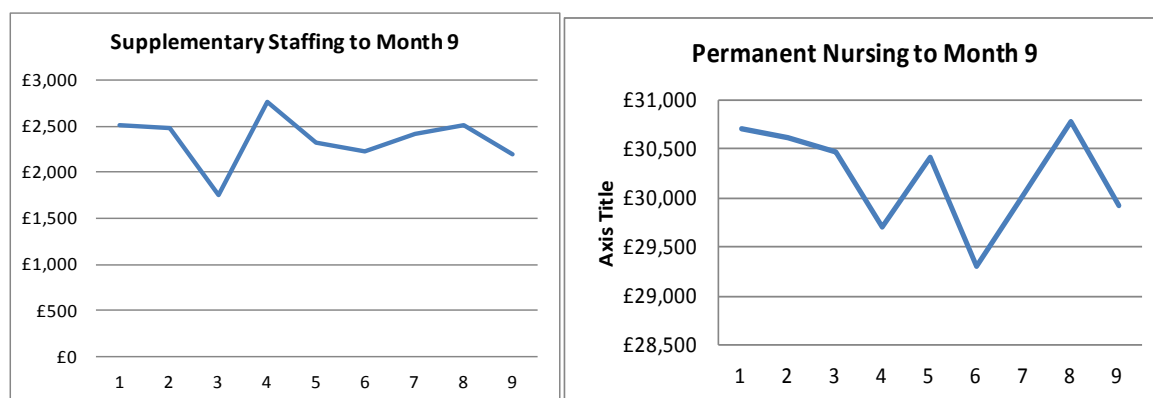
Financial Position as at December 2016

- 3.1 In period 9, NHS Lothian under spent by £229k, bringing the year to date position to £4,805k overspend against the Revenue Resource Limit.
- 3.2 The year-to-date financial position continues to benefit from the release of the additional NRAC funding of £6m and the reserves flexibility identified at month 8. The in month benefit of these two sources is £1.1m, and £9.8m year to date.
- 3.3 Table 1 shows a summary of the monthly trend and year to date position. A detailed analysis by expenditure type and business unit is shown in Appendix 1 and by operational unit in Appendix 2.
- 3.4 Appendix 3 shows a summary of the financial position by Integrated Joint Board. This also shows the element of Acute Non Delegated functions and corporate elements, reconciling to the year to date variance.

Table 1: Financial Position to 31st December 2016

	Mth 1	Mth 2	Mth 3	Mth 4	Mth 5	Mth 6	Mth 7	Mth 8	Mth 9	YTD
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Pay	(1,511)	(1,184)	48	(765)	(7)	(629)	(255)	(1,080)	(425)	(5,808)
Non Pay	1,283	(736)	(1,194)	(247)	(391)	(153)	411	(1,354)	1,508	(872)
GP Prescribing	(284)	(387)	(505)	(1,743)	(1,188)	(1,357)	(291)	548	(2,253)	(7,461)
Income	369	42	414	352	(188)	143	94	1,069	479	2,774
Efficiency Savings (15/16 c/fwd)	(1,477)	(544)	(375)	(667)	(513)	(22)	694	(162)	(168)	(3,234)
	(1,620)	(2,809)	(1,612)	(3,070)	(2,287)	(2,018)	653	(979)	(859)	(14,601)
Reserves Flexibility	0	0	1,500	500	3,368	1,074	1,074	1,192	1,088	9,796
Total	(1,620)	(2,809)	(112)	(2,570)	1,081	(944)	1,727	213	229	(4,805)

- 3.5 The Efficiency Savings shown in Table 1 represents the balance of the unmet efficiency target carried forward from 15/16. Year to date, this contributes £3.2m to the overspend. The Business Units continue to realign budgets in an effort to reduce this balance.
- 3.6 Junior Medical costs continue to be a significant area of overspend for the organisation with the cumulative overspend position now in excess of £4m. There is an expectation that there will be a reduction in spend in the coming months with a tightening of controls over supplementary Junior Medical staffing that is expected to maintain the outturn forecast at £5.2m overspent.
- 3.7 Nursing costs in month 9 are showing a £500k improvement on the expenditure trend to date and reporting a small in-month underspend taking the year to date overspend position to £3.1m. Both supplementary and permanent nursing are showing a reduction in expenditure for December, reflecting the reduced activity during the festive period.



- 3.8 Primary Care Prescribing overspent in the month by £2.3m taking the year to date position to £7.5m overspend. GP prescribing volumes were high for November, based on the information received on Chemist Declared Volumes, compared to the budget phasing for November. This has a slight impact on the growth estimated for the forecast position, which is now estimated to be £8.6m at this stage. A fuller report on prescribing issues is provided to the Finances and Resources committee under separate cover.

- 3.9 Non pay this month overall shows an improvement on trend which, like nursing, has been impacted by the reduced level of activity which is evident on the Drugs and Medical Supplies line reporting an in month underspend. In addition energy costs have benefited from a milder December and is reflected in a £555k underspend reported on Property Costs. Realignment of budgets within E-health between Administration, Equipment and Other budget headings mean that these lines should be reviewed collectively. The most significant driver of the overspend on Administration Costs for the year to date relates to the estimated cost of Provisions currently reporting an overspend of £840k.
- 3.10 The current forecast shows that a breakeven outturn is contingent on the delivery of savings of £27.5m in the operational units for the year, of which £15.9m has already been achieved. Table 2 breaks this down by Business Unit.

Table 2 – Efficiency savings achievement 2016/17

	Current Year Plans £k	Delivered April - December £k	Year end Forecast £k
Corporate Areas	5,521	3,642	4,937
Facilities	4,944	1,669	4,303
University Hospital Serv	9,966	4,102	7,635
REAS	560	420	560
East Lothian Partnership	1,965	943	1,965
Edinburgh Partnership	5,538	2,822	3,948
Mid Lothian Partnership	1,643	653	1,643
West Lothian Partnership	3,233	1,626	2,436
Grand Total	33,369	15,879	27,428

- 3.11 The delivery of operational efficiency savings is currently running at over £2m per month. On a straight extrapolation on the current trend, this would bring the year end achievement to approximately £23m. Additional savings beyond current levels are anticipated before the year end, including the profits from asset disposals (including Corstorphine) of over £2m, additional savings in UHSS of £2m, and further benefits within Prescribing of circa £0.5m.
- 3.12 Whilst the achievement of the forecast savings will support the delivery of a balanced outturn, some of these schemes will deliver on a non-recurrent basis. This impacts on the baseline gap moving into the new financial year, highlighted in the financial planning paper (discussed separately).

Year end Forecast

- 3.13 The year end forecast has been updated based on the financial position at month 9 and shows a projected operational overspend of £15,630k, an improvement of £490k on the Month 8 forecast This position continues to be dependent on the agreed recovery actions to reduce expenditure and corporate flexibility delivering as planned.
- 3.14 A breakeven position remains achievable, with corporate reserves of £9,630k and additional NRAC of £6m offsetting the operational overspend. This outturn is reviewed monthly based on the most current information available.

4 Key Risks

- 4.1 Non delivery of recovery actions by individual Business Units to the value required to meet the forecast delivery is one of the main risks continuing to face the organisation. This risk reduces however as progress is made towards the year end.
- 4.2 Included within the forecast are a number of assumptions regarding capital receipts and further allocations of additional DEL £5m; ODEL allocation £4.5m and a PPRS allocation of £6.5m. Discussions with the Scottish Government continue in order to gain assurance on the availability and value of these funding sources to support NHS Lothian's financial position and ability to break even.

5 Risk Register

- 5.1 There is nothing further to add to the Risk Register at this stage, although this will be reassessed on a monthly basis.

6 Impact on Inequality, Including Health Inequalities

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

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

- 7.1 The implementation of the financial plan and the delivery of a breakeven outturn will 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

17 January 2017

susan.goldsmith@nhslothian.scot.nhs.uk

List of Appendices

Appendix 1 - NHS Lothian Income & Expenditure Summary 31st December 2016

Appendix 2 – NHS Lothian Summary by Operational Unit to 31st December 2016

Appendix 3 - NHS Lothian Income & Expenditure Summary to December 2016 by IJB

Appendix 1

NHS Lothian Income & Expenditure Summary to December 2016

Description	Annual Budget (£k)	YTD Budget (£k)	YTD Actuals (£k)	YTD Variance (£k)	Period Variance (£k)
Medical & Dental	247,536	184,974	188,616	(3,642)	(461)
Nursing	391,457	290,775	293,953	(3,178)	156
Administrative Services	88,689	64,996	64,701	295	111
Allied Health Professionals	62,803	46,599	46,101	498	45
Health Science Services	38,021	28,411	27,197	1,214	104
Management	9,110	6,864	6,449	416	(57)
Support Services	52,726	39,572	41,574	(2,002)	(320)
Medical & Dental Support	10,001	7,365	7,834	(469)	(54)
Other Therapeutic	27,552	20,515	19,609	906	89
Personal & Social Care	2,775	2,104	2,006	99	4
Other Pay	(3,898)	(3,980)	(3,981)	1	(39)
Emergency Services	35	35	39	(3)	(2)
Pay	926,807	688,229	694,096	(5,866)	(425)
Drugs	122,380	91,789	90,928	860	194
Medical Supplies	88,814	67,395	70,163	(2,767)	130
Maintenance Costs	5,399	3,953	5,006	(1,053)	(66)
Property Costs	39,493	28,619	25,179	3,440	552
Equipment Costs	28,231	22,565	24,721	(2,156)	528
Transport Costs	9,661	7,433	7,646	(213)	80
Administration Costs	183,383	59,104	61,069	(1,966)	(1,207)
Ancillary Costs	11,436	8,595	9,217	(622)	40
Other	(4,523)	(20,496)	(21,780)	1,285	266
Service Agreement Patient Serv	113,882	88,742	88,328	414	275
Non-pay	598,155	357,699	360,476	(2,777)	792
Gms2 Expenditure	120,521	89,689	89,572	117	57
Other Primary Care Expenditure	87	65	87	(22)	(3)
Pharmaceuticals	146,818	109,613	117,074	(7,461)	(2,253)
Primary Care	267,428	199,369	206,733	(7,365)	(2,199)
Fhs Non Discret Allocation	(1,353)	(1,004)	(949)	(54)	2
Bad Debts	0	0	49	(49)	(8)
Other	(1,353)	(1,004)	(901)	(103)	(6)
Income	(1,866,019)	(205,469)	(208,214)	2,746	479
Income	(1,866,019)	(205,469)	(208,214)	2,746	479
Depreciation	4,000	2,000	0	2,000	667
Capital Charges	4,000	2,000	0	2,000	667
Rrl	(3)	(3)	(1)	(2)	0
Revenue Resource Limit	(3)	(3)	(1)	(2)	0
Savings Target Non-pay	(4,123)	(3,233)	0	(3,233)	(168)
CORE POSITION	(75,107)	1,037,590	1,052,189	(14,600)	(859)
Additional Reserves Flexibility	9,795	9,795	0	9,795	1,088
TOTAL	(65,312)	1,047,385	1,052,189	(4,805)	229

NB. The above table relates to Core Services only. There is £65.312 m of Non Core Budget not shown above that balances the annual budget to zero.

Appendix 3

NHS Lothian Income & Expenditure Summary to December 2016 by IJB

		East Lothian IJB	Edinburgh IJB	Mid Lothian IJB	West Lothian IJB	Acute Non Delegated	CHP Non Delegated	Corporate Non Delegated	Total
Delegated	Core	(1,348)	(2,383)	(895)	(1,430)	0	0	0	(6,056)
	Corporate	5	24	4	9	0	0	0	42
	Hosted	219	960	234	530	0	0	0	1,943
Delegated Total:		(1,125)	(1,399)	(656)	(892)	0	0	0	(4,071)
Non Delegated	Acute	0	0	0	0	(3,928)	0	(4,139)	(8,067)
	CHP	0	0	0	0	0	(2,414)	0	(2,414)
	Corporate	0	0	0	0	0	0	10,556	10,556
Non Delegated Total:		0	0	0	0	(3,928)	(2,414)	6,417	76
Set Aside	Acute	(87)	(513)	(114)	(219)	124	0	0	(809)
Grand Total		(1,212)	(1,912)	(770)	(1,111)	(3,804)	(2,414)	6,417	(4,805)

BUDGET ALLOCATION PRINCIPLES AND PROCESS 2017/18

1 Purpose of the Report

- 1.1 The purpose of this report is to provide the Board with potential options for the distribution of additional 2017/18 resources, the consequential impact on the efficiency requirement for Business Units, and the basis of the 17/18 Health Budget offer to the Integration Joint Boards (IJBs).
- 1.2 Any member wishing additional information on the detail of this paper should contact the Executive Lead prior to the meeting.

2 Recommendations

2.1 The Board is asked to:

- **Agree** the key principles set out in this paper for distributing uplift;
- **Discuss** the options as shown which attempt to apply these principles;
- **Agree** the recommendation to implement option 1. This will then form the basis of the health component of the budget letter to IJBs;
- **Note** that it will not be possible to finally test the shift in the balance of resources to Primary and Community Care until Scottish Government allocations are finalised;
- **Note** the timescale for finalising the NHS Lothian Financial Plan for 17/18 as a key component of the Local Development Plan approval in April.

3 Discussion of Key Issues

Scottish Government Budget 2017/18

- 3.1 The Scottish Government draft budget was announced on 15th December. This announcement revised the baseline uplift to 1.5% for territorial boards, of which 1.1% will form a transfer to Social Care to support continued delivery of the living wage, leaving a net uplift of 0.4% within Boards.
- 3.2 To reflect this additional support provided through the NHS, Local Authorities have been given the flexibility to reduce their contribution to the IJBs by their relative share of £80m. Discussions are taking place with the Lothian Local Authorities to understand their financial planning assumptions.

- 3.3 In addition, funding of £50m for NRAC parity across Scotland was identified along with £128m of transformational funds, in the main for Primary Care and Mental Health services. At this stage the SG have not confirmed how this money should be deployed, although some of this resource is an extension of existing programmes and may already be assumed in plans. Our plan currently assumes that any new resources under the transformation heading will be matched by additional costs. An indicative breakdown is shown in Table 1 below:

Table 1 – Summary of SGHD Draft Budget

	Territorial Boards £m	Special Boards £m	To be distributed £m	SG Budget £m	NHSL (assumed in plan) £m
Excluding Social Care	36	13		49	5.4
Social Care	100			100	14.2
Base Uplift @ 1.5%	136	13	0	149	19.6
NRAC			50	50	19
PC and GP services			72	72	
Mental Health			25	25	
Transformational Change			25	25	
Trauma Networks			5	5	
	136	13	177	326	38.6

- 3.4 The SG has indicated that Boards will require to deliver at least a 5% savings target and drive efficiencies underpinning principles of Value and Sustainability. There is a requirement to produce detailed plans to minimise waste, reduce variation, standardise and to share including:
- Implementation of the Effective Prescribing programme;
 - A quality & cost assessed improvement plan to respond to Productive Opportunities identified from benchmarked performance;
 - Reducing medical & nursing agency and locum expenditure as part of a national drive to reduce this spend by at least 25% in-year, and;
 - Implementation of opportunities identified by the national Shared Services Programme.
- 3.5 At present the Board is assuming that it will receive £19m of NRAC funding – relating to further demographic change during 16/17. This, along with the net £5.4m of uplift (after the adjustment for the Social Care Fund) leaves NHS Lothian with a total growth figure of £24.4m for 2017/18.

Financial Planning 2017/18

- 3.6 As previously reported the approach taken for 2017/18 financial planning is consistent with last year's methodology and intends to strengthen the link between business unit plans and delivery of financial balance through the development of individual forecasts and specific action plans at business unit

level. The approach also recognises the Board's role in relation to the preparation of budgets for Integration Joint Boards.

The current Financial Plan presented to the F&R Committee on the 18th of January showed a gap of £51,528k and is shown in Appendix 1. This recognised the carry forward baseline gap and anticipated additional costs in 17/18 offset by the additional £19m NRAC, base uplift of £5.4m and other identified flexibility. Table 2 provides a summary of the plan with key values.

Table 2 – Projected 2017/18 Financial Plan Summary

	Recurring £000's	Non Recurring £000's	NHS Lothian Total £000's	Percentage of recurring budget %
Gross Baseline Pressures	(62,689)		(62,689)	
Additional 16/17 NRAC	6,000		6,000	
Baseline Carry Forward Pressures	(56,689)		(56,689)	
Additional Costs, Growth, Uplifts & Commitments	(71,070)		(71,070)	
Total Projected 17/18 Costs	(127,759)	0	(127,759)	
Additional 17/18 Resources from Scottish Government	24,400		24,400	
Recurring Gap	(103,359)		(103,359)	(6.7%)
Release of Internal Resources	13,306	14,000	27,306	
Financial Gap Before Recovery Actions	(114,453)	14,000	(76,053)	(5.0%)
Financial Recovery Actions Identified	24,525		24,525	
Financial Plan Gap	(89,928)	14,000	(51,528)	(3.4%)

3.7 The carry forward pressures moving into the new financial year is comprised of historical pressures existing prior to the 2016/17 financial year, and a series of additional cost pressures arising in 16/17 which were funded in the current year as part of the financial plan on a non-recurrent basis only. These costs total £33.8m and include the following:

- Primary Care Prescribing Uplift £7m
 - SMC/Acute Drugs £13m
 - RHSC New Build £2m
 - Acute Pressures £5.9m
 - UNPACS Pressures (MH/LD) £3m
 - REAS MH Cost pressures £3m
- £33.8m

3.8 On the basis that these cost pressures have been agreed previously by the Board as priority for funding, funding solutions again need to be found and have been assumed as part of the 17/18 plan. Note that the £3m investment into REAS Mental Health still leaves a cost pressure within West Lothian Mental Health services which requires further review.

3.9 Table 3 below provides further detail on key areas of additional cost estimates contained within the £71m shown within Table 2. It should be noted that these are not agreed budget allocations supported in the plan, with the exception of estimates supported for funding under Option 1.

Table 3 – Additional cost from Projected Uplifts and Commitments

Projected Costs, Uplifts & Commitments	£000's
1% Pay Uplift	10,532
Apprenticeship Levy	3,624
Discretionary Points	1,084
2% General Non-Pay Uplift	6,420
Investment in Primary Care Services	2,000
8% Acute Medicine Growth	8,005
8% GP Prescribing Growth	11,496
Other Business Unit Growth (Insulin Pumps, R&D Costs, ECMO, Catering)	7,429
Agreed Business Cases (including RHSC, REH & MH Re provision)	3,050
Other Policy Changes (IVF Cycles, Safe Staffing Levels & BBV Funding)	2,391
Service Developments (AMU, New Insulin Pumps, CTScan, Neonatal Patient Monitoring System, Quality Programme, Paediatric Review, REACT Expansion)	3,038
Access Targets	12,000
Total	71,070

Application of available resources including Key Principles

3.10 The distribution of the available resources should consider the following key principles:

- The importance of maintaining integrity of pay budgets through an equitable application of budget uplift to meet pay awards;
- A need to use recurrent resources against recurrent costs as far as possible, particularly in relation to the baseline recurrent gap;
- A recognition that there will be certain national costs which are inevitable such as the Apprenticeship Levy and Rates;
- Under the arrangements for financial planning there is an expectation that all Business Units will plan to deliver financial balance against their budgets and therefore there needs to be recognition of the relative efficiency challenge across operational units;
- Protection of the IJB budgets as per the Scottish Government direction, particularly in relation to Primary Care and Mental Health;
- A reasonable balance of risk for NHS Lothian in the context of its breakeven target;
- Demonstrating a shift in the balance of resources from Acute Services to Primary and Community Care.

3.11 In addition to the uplift from the Budget statement, NHS Lothian has identified resources, both recurrent and non-recurrent, to be applied against costs in 2017/18. A total of £57.7m has been identified (which includes uplift, NRAC and internal funding) with £43.7m considered recurrent and £14m non-recurrent.

3.12 Table 4 below sets out the elements of resource included within the £57.7m. Identifying the most appropriate use of these funds in the new financial year is a core component of agreeing the financial plan, acknowledging the principles

noted above. Further detail on the resources is shown in Table 4 below, with a number of propositions offered for the use of the resource.

Table 4 – Available Resources and proposals for utilisation

		Recurring £k	Non Recurring £k	Total £k	Application of Funds
NRAC & Reserves Recurring	NRAC 16/17	6,000		6,000	Baseline Pressures, making the 16/17 Financial Plan Allocations recurring
	NRAC 17/18	19,000		19,000	
	Reserves	8,306		8,306	
	Total	33,306	0	33,306	
Other Recurring Funding	ODEL Benefits	5,000		5,000	Fund 17/18 Pay Award
	Base Uplift @ 0.4%	5,400		5,400	
	Total	10,400	0	10,400	
Non Recurring Funding	Year End Management		10,000	10,000	Options presented for discussion and agreement
	Additional DEL		4,000	4,000	
	Total	0	14,000	14,000	
Total Additional Resource		43,706	14,000	57,706	

3.13 **NRAC and Reserves** – In 2016/17 NHS Lothian received £6m of recurring funding towards NRAC parity. In the current year this is being used to offset the corporate position and is not specifically committed on a recurrent basis.

In addition, NHS Lothian currently anticipates a further £19m of NRAC funding, bringing the Board to within £12m of parity. These NRAC allocations relate to demographic growth in 16/17.

Additional flexibility from Reserves of £8.3m would bring this to a total of £33.3m of recurrent resources, which could be set against the recurrent cost pressures from 16/17 set out in section 3.7 of this report, thus reducing the baseline recurrent gap (with a balance from available Reserves).

Modelling of options later in this paper assume that this resource would be used on this basis. Note that the use of Reserves as shown would deplete this resource to circa £10m on a recurrent basis (which is not currently included in the plan).

3.14 **Other recurrent funding** – In addition to the above, a further £10.4m of recurring funding has been identified. This comprises the £5.4m of uplift (at 0.4%) and a further £5m from ODEL (Other Departmental Expenditure Limit Funding). It is further proposed that this recurrent resource be utilised for pay awards.

3.15 **Non-recurrent Funding** – The remainder of resource (£14m) identified in the Financial plan is all internally generated and non-recurrent in nature. Three options are proposed for the distribution of this non recurring flexibility and include the following:

- Option 1 – Distribution of £5.4m to Primary Care Prescribing (representing the shortfall within the 2016/17 financial plan) to equalise the Prescribing

gap for 16/17 to circa 2% across Partnerships, with the balance allocated to SMC/Acute drugs growth in 2017/18;

- Option 2 - Distribution of £5.4m to Primary Care Prescribing as above with the balance also allocated to GP prescribing to meet the anticipated gap next year;
- Option 3 – Again distributing the £5.4m to Primary Care Prescribing as above with the balance to offset recurrent gaps in budgets arising from historical non-delivery of efficiency savings schemes.

3.16 The impact on the in-year financial gap before Financial Recovery Plans for each area is shown in Table 5 below. The impact of uplift on opening budget is shown in Appendices 2-4 for these three options.

Table 5 – Impact of Funding Options on in-year gap

	% GAP BEFORE FINANCIAL RECOVERY PLANS		
	OPTION 1	OPTION 2	OPTION 3
NHSL	(5.0%)	(5.0%)	(5.0%)
UHSS Total	(6.4%)	(7.7%)	(6.6%)
Reas	(1.9%)	(1.9%)	(1.6%)
East Lothian Partnership	(2.8%)	(1.1%)	(2.8%)
Edinburgh Partnership	(3.4%)	(2.0%)	(2.7%)
Midlothian Partnership	(2.0%)	(0.5%)	(2.0%)
West Lothian Hsc Partnership	(3.6%)	(1.6%)	(3.6%)
Facilities And Consort	(4.3%)	(4.3%)	(4.3%)
Corporate Departments Total	(3.9%)	(3.9%)	(3.9%)

3.17 These options are not exhaustive, but intend to illustrate the impact of the distribution of resource on Business Units, and the challenge remaining to achieve balance. In particular it demonstrates that in all options the balance of risk remains with NHS Lothian across Acute Services, Facilities and Corporate Departments. For this reason it is recommended that option 1 is implemented.

3.18 The development of the Financial Plan is ongoing and will be refined and updated before the next version of the plan is presented to the Finance & Resources Committee in March.

3.19 Some of the figures contained within this report are still to be confirmed, including growth forecasts (particularly in acute and primary care drugs) and anticipated NRAC funding. The figures as shown are expected to evolve in the coming weeks, and therefore the proposals would be considered indicative at this stage.

4 Next Steps

4.1 Following the Board meeting, and subject to its agreement to the principles and recommended option, it is proposed to issue budget allocation letters by mid-February. This will be in line with Council budget setting timescales.

4.2 In parallel discussions will continue with all Business Units, and with the Executive Team to assess how financial balance might be achieved for 17/18, and to start the development of a longer term financial strategy for the next 3 to 5 years.

4.3 Progress on the Financial Plan and Strategy, will be presented, and discussed at both the Board Seminar and Finance and Resources Committee in March prior to a one year Local Development Plan (LDP) being submitted in draft to Scottish Government subject to final endorsement by the Board in April.

5 Risks and Assumptions

5.1 Whilst every effort has been made to ensure all likely additional costs and national, regional and local priorities for investment have been incorporated into the financial plan at this time, there remain a number of inherent uncertainties and associated risks. The financial planning process is an ongoing and iterative cycle, and it is not possible to fully identify all financial risks facing individual service areas, nor the wider organisation at this stage.

6 Risk Register

6.1 The Risk register will be considered as part of the conclusion of the financial planning process and any changes will be made at this point based on the outcome.

7 Impact on Inequality, Including Health Inequalities

7.1 The implications for health inequalities or general equality and diversity issues arising directly from the issues and recommendations in this paper have yet to be assessed. Such issues will be the cornerstone of longer term planning to be undertaken beyond 2017/18, in partnership with IJBs.

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

8.1 The financial planning process and development of efficiency plans will build on existing relationships across the organisation.

9 Resource Implications

9.1 The resource implications are set out above.

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Director of Finance
25th January 2017
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Appendix 1 – 2017/18 Financial Plan by Business Unit & Department
Appendix 2 – Distribution of Non Recurring Flexibility - Impact of Option 1
Appendix 3 – Distribution of Non Recurring Flexibility - Impact of Option 2
Appendix 4 – Distribution of Non Recurring Flexibility - Impact of Option 3

Appendix 1 – Financial Plan by Business Unit

	NHS Lothian Total £000's	UHSS Total £000's	Reas £000's	East Lothian Partnership £000's	Edinburgh Partnership £000's	Midlothian Partnership £000's	West Lothian Hsc Partnership £000's	Facilities And Consort £000's	Corporate Departments Total £000's	Strategic Total £000's	Inc + Assoc Hlthcare Purchases £000's	Research & Teaching Reserves £000's	
FULL YEAR RECURRING BUDGET	1,536,033	633,678	62,326	79,209	268,732	55,371	121,477	151,712	79,517	23,284	12,995	0	47,734
BASELINE PRESSURES 17/18	(56,689)	(38,460)	(3,334)	(1,382)	(2,141)	(680)	(2,623)	196	(1,760)	2,400	(6,791)	(1,134)	(981)
PROJECTED EXP, UPLIFTS & COMMITMENTS	(71,070)	(34,892)	(1,352)	(2,593)	(8,083)	(1,535)	(4,644)	(7,600)	(1,757)	(196)	(260)	(1,600)	(6,559)
TOTAL PROJECTED 17/18 COSTS	(127,759)	(73,351)	(4,686)	(3,975)	(10,224)	(2,215)	(7,268)	(7,404)	(3,516)	2,204	(7,051)	(2,734)	(7,540)
ADDITIONAL RECURRING RESOURCES	24,400	0	0	0	0	0	0	0	0	0	0	0	24,400
17/18 COSTS NET OF RECURRING RESOURCES	(103,359)	(73,351)	(4,686)	(3,975)	(10,224)	(2,215)	(7,268)	(7,404)	(3,516)	2,204	(7,051)	(2,734)	16,860
PERCENTAGE OF RECURRING BUDGET	(6.7%)	(11.6%)	(7.5%)	(5.0%)	(3.8%)	(4.0%)	(6.0%)	(4.9%)	(4.4%)	9.5%	(54.3%)		
ADDITIONAL INTERNAL RESOURCES	27,306	20,900	3,000	0	0	0	0	0	0	185	2,815	0	406
GAP BEFORE RECOVERY PLAN	(76,053)	(52,451)	(1,686)	(3,975)	(10,224)	(2,215)	(7,268)	(7,404)	(3,516)	2,389	(4,236)	(2,734)	17,266
PERCENTAGE OF RECURRING BUDGET	(5.0%)	(8.3%)	(2.7%)	(5.0%)	(3.8%)	(4.0%)	(6.0%)	(4.9%)	(4.4%)	10.3%	(32.6%)		
FINANCIAL RECOVERY PLANS IDENTIFIED	24,525	8,530		2,596	2,813	2,004	2,465	4,990	1,128	0			
FINANCIAL PLAN GAP AFTER RECOVERIES	(51,528)	(43,922)	(1,686)	(1,379)	(7,411)	(211)	(4,803)	(2,414)	(2,389)	2,389	(4,236)	(2,734)	17,266
PERCENTAGE OF RECURRING BUDGET	(3.4%)	(6.9%)	(2.7%)	(1.7%)	(2.8%)	(0.4%)	(4.0%)	(1.6%)	(3.0%)	10.3%	(32.6%)		36.2%

Appendix 2 – Distribution of Non Recurring Flexibility - Impact of Option 1

	NHS Lothian Total £000's	UHSS Total £000's	Reas £000's	East Lothian Partnership £000's	Edinburgh Partnership £000's	Midlothian Partnership £000's	West Lothian Hsc Partnership £000's	Facilities And Consort £000's	Corporate Departments Total £000's	Strategic Total £000's	Inc + Assoc Hlthcare Purchases £000's	Research & Teaching Reserves £000's	£000's
IMPACT ON BUDGET													
OPENING BUDGET 2017/18	1,561,033	654,578	65,326	80,145	272,341	56,188	123,096	151,712	79,517	23,469	15,810	0	38,853
ADDITIONAL ADULT SOCIAL CARE	14,220			1,760	8,150	1,450	2,860						
RECURRING BASE UPLIFT & ODEL	10,400	5,895	784	402	807	176	570	1,052	845	0	0	0	(132)
NON RECURRING NHSL RESOURCES	14,000	8,004	0	1,458	505	989	2,492	0	0	0	0	0	552
PROPOSED 17/18 BUDGET INCREASE	38,620	13,900	784	3,620	9,463	2,615	5,922	1,052	845	0	0	0	420
PROPOSED BUDGET 17/18	1,599,653	668,478	66,109	83,765	281,803	58,802	129,018	152,764	80,361	23,469	15,810	0	39,273
PERCENTAGE INCREASE	2.5%	2.1%	1.2%	4.5%	3.5%	4.7%	4.8%	0.7%	1.1%	0.0%	0.0%	0.0%	1.1%

Appendix 3 – Distribution of Non Recurring Flexibility - Impact of Option 2

IMPACT ON BUDGET	NHS Lothian Total £000's	UHSS Total £000's	Reas £000's	East Lothian Partnership £000's	Edinburgh Partnership £000's	Midlothian Partnership £000's	West Lothian Hsc Partnership £000's	Facilities And Consort £000's	Corporate Departments Total £000's	Strategic Total £000's	Inc + Assoc Hlthcare Purchases £000's	Research & Teaching Reserves £000's	£000's
	OPENING BUDGET 2017/18	1,561,033	654,578	65,326	80,145	272,341	56,188	123,096	151,712	79,517	23,469	15,810	0
ADDITIONAL ADULT SOCIAL CARE	14,220			1,760	8,150	1,450	2,860						
RECURRING BASE UPLIFT & ODEL	10,400	5,895	784	402	807	176	570	1,052	845	0	0	0	(132)
NON RECURRING NHSL RESOURCES	14,000	0	0	2,853	4,406	1,839	4,902	0	0	0	0	0	0
PROPOSED 17/18 BUDGET INCREASE	38,620	5,895	784	5,015	13,363	3,465	8,332	1,052	845	0	0	0	(132)
PROPOSED BUDGET 17/18	1,599,652	660,474	66,109	85,159	285,704	59,652	131,428	152,764	80,361	23,469	15,810	0	38,721
PERCENTAGE INCREASE	2.5%	0.9%	1.2%	6.3%	4.9%	6.2%	6.8%	0.7%	1.1%	0.0%	0.0%	0.0%	-0.3%

Appendix 4 – Distribution of Non Recurring Flexibility - Impact of Option 3

	NHS Lothian Total £000's	UHSS Total £000's	Reas £000's	East Lothian Partnership £000's	Edinburgh Partnership £000's	Midlothian Partnership £000's	West Lothian Hsc Partnership £000's	Facilities And Consort £000's	Corporate Departments Total £000's	Strategic Total £000's	Inc + Assoc Hlthcare Purchases £000's	Research & Teaching Reserves £000's	£000's
IMPACT ON BUDGET													
OPENING BUDGET 2017/18	1,561,033	654,578	65,326	80,145	272,341	56,188	123,096	151,712	79,517	23,469	15,810	0	38,853
ADDITIONAL ADULT SOCIAL CARE	14,220			1,760	8,150	1,450	2,860						
RECURRING BASE UPLIFT & ODEL	10,400	5,895	784	402	807	176	570	1,052	845	0	0	0	(132)
NON RECURRING NHSL RESOURCES	14,000	6,548	176	1,458	2,337	989	2,492	0	0	0	0	0	0
PROPOSED 17/18 BUDGET INCREASE	38,620	12,444	960	3,620	11,295	2,615	5,922	1,052	845	0	0	0	(132)
PROPOSED BUDGET 17/18	1,599,652	667,022	66,285	83,765	283,635	58,802	129,018	152,764	80,361	23,469	15,810	0	38,721
PERCENTAGE INCREASE	2.5%	1.9%	1.5%	4.5%	4.1%	4.7%	4.8%	0.7%	1.1%	0.0%	0.0%	0.0%	-0.3%

SUMMARY PAPER: QUALITY AND PERFORMANCE IMPROVEMENT

This paper aims to summarise the key points in the full paper.

The relevant paragraph in the full paper is referenced against each point.

<ul style="list-style-type: none"> that performance on 14 measures considered across the Board, including those relating to the Hospital Scorecard, are currently met with 21 not met. It is not possible to assess performance on dementia post-diagnostic support; 	5.1
<ul style="list-style-type: none"> Committees have commenced their programme of assurance. To date, 10 have been considered with significant, moderate and limited assurance reached on 1, 5 and 4 instances respectively. On no occasion was 'no assurance' concluded. 	5.2
<ul style="list-style-type: none"> It is recommended that revision of measures considered in the report is deferred until national consideration has occurred on initial report of the National Review of Targets and Indicators for Health and Social Care, led by Sir Harry Burns, due spring 2017. 	4.4
<ul style="list-style-type: none"> Performance data is available for the first time for Dementia Post Diagnostic Support; 	4.7

NHS Lothian

Board Meeting
1 February 2017

Executive Director, Nursing, Midwifery and AHPs

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. Matters relating to the monitoring and assurance process should be directed towards the Executive Director, Nursing, Midwifery and AHPs.

2 Recommendations

- 2.1 The Committee is invited to accept:
 - 2.1.1 that performance on 14 measures considered across the Board, including those relating to the Hospital Scorecard, are currently met with 21 not met. It is not yet possible to assess performance on dementia post-diagnostic support;
 - 2.1.2 that Board Committees have commenced their programme of assurance. To date, 10 measures have been considered with significant, moderate and limited assurance reached on 1, 5 and 4 instances respectively. On no occasion was 'no assurance' concluded; and
 - 2.1.3 that any revision to measures for 2016/7 is deferred until national consideration has occurred on initial report of National Review of Targets and Indicators for Health and Social Care, led by Sir Harry Burns, due spring 2017.

3 Process

- 3.1 This paper draws together those measures agreed by the Board from across the performance and quality spectrum. Where an expectation has not been achieved, a completed proforma has been provided by the responsible director to allow the issue to be explored in more depth by providing an explanation of current performance and a timescale for improvement as well as detailing underlying actions.
- 3.2 Each measure has been aligned to a nominated board committee for the purposes of assurance. The finalised list is shown in Table A and those committees are now seeking to answer the following question when considering proforma or Directors' reports;

“What assurance do you take that the actions described will deliver the outcomes you require within an acceptable timescale?”

- 3.3 A common grading approach has been agreed by Committee Chairs and is summarised, alongside possible actions, in Table B.

Table A – 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>	

Table B – Adopted Assurance Gradings

Level of Assurance	Definition	Most likely course of action by the Board or committee
Significant	The Board can take reasonable assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There is an insignificant amount of residual risk.	If there are no issues at all, the Board or committee may not require any further report until the next scheduled periodic review of the subject, or if circumstances materially change. In the event of there being any residual actions to address, the Board or committee may ask for assurance that they have been completed at a later date agreed with the relevant director, or it may not require that assurance.
Moderate	The Board can take reasonable assurance from the systems of control in place and any further proposed management actions to manage the risk (s). It may be judged that there is a moderate level of residual risk, possibly arising from the review of the proposed management actions.	The Board or committee will ask the director to provide assurance at an agreed later date that the remedial actions have been completed. The timescale for this assurance will depend on the level of residual risk. If the actions arise from a review conducted by an independent source (e.g. internal audit, or an external regulator), the committee may prefer to take assurance from that source's follow-up process, rather than require the director to produce an additional report.
Limited	The Board can take some assurance from the systems of control in place to manage the risk (s), but there remains a significant amount of residual risk which requires action to be taken.	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.
None	The Board cannot take any assurance from the information that has been provided. There remains an unacceptable amount of residual risk.	The Board or committee will ask the director to provide a further paper at its next meeting, and will monitor the situation until it is satisfied that the level of assurance has been improved. Additionally the chair of the meeting will notify the Chief Executive of the issue.
Not assessed yet	This simply means that the Board or committee has not received a report on the subject as yet. In order to cover all aspects of its remit, the Board or committee should agree a forward schedule of when reports on each subject should be received (perhaps within their statement of assurance needs), recognising the relative significance and risk of each subject.	

4 Notable Updates

4.1 There are a number of recent changes and data issues across the measures reported through the Quality and Performance Improvement Reporting Process. These are reported below.

Board Committees' Assurance Process

4.2 This is the first cycle of reports where the Board has received a summary of the assurance levels attained by both Healthcare Governance and Acute Hospital Committees. Dates for these board committees in 2017 have been aligned as far

as possible with meetings of the Board itself to support timely passage of assurance levels attained. Arrangements for the Staff Governance Committee and their oversight of Staff Absence are in train. Areas where a level of assurance has been reached are summarised in Table C.

- 4.3 Following discussion at the Board and its committees, a programme of assurance is under development to set out a timetable for establishing assurance levels for Quality and Performance Improvement measures both across the Board and the health board management structure. This is to be explored with chairs of the relevant board committees before the next board meeting.

Selection of Quality and Performance Improvement Measures for 2016/7

- 4.4 Members will be aware that Scottish Government priorities set out in Local Delivery Plan guidance have informed the selection of measures in this and preceding reports. With the ongoing National Review of Targets and Indicators for Health and Social Care, led by Sir Harry Burns, the Government has opted to defer any revisions to national measures until its initial report in the spring. Accordingly it is recommended that areas considered within NHS Lothian's Quality and Performance Improvement framework are similarly unaltered until the review's proposals have been considered nationally.

Engagement Process

- 4.5 The reporting team has shared a work-plan covering 2017 in response to points raised at the engagement events and workshops in the latter part of last year. As a result committee members should expect ongoing development of proforma over this period as implementation occurs. A copy of the work-plan is available on request to those who have not received it as an event attendee.
- 4.6 Additional events are to occur with those in the acute structure over February and March. The proposition of a dashboard to enable interrogation of levels of performance will be explored at these meetings, along with a test ("beta") version under development for waiting times.

Dementia Post Diagnostic Support

- 4.7 To date, performance information has not been available for one of the Quality and Performance Improvement measures. Following a national study considering dementia diagnosis rates, ISD released a summary of performance across Scotland on Post Diagnostic Support for Dementia for 2014/5. Performance at Board level is available in this report and is in the process of being broken down to IJB level.
- 4.8 Despite the availability of performance reports on this standard, as ISD's publication points out, no desired level of performance has been articulated nationally. Without this comparator it is not possible to assess whether performance has met the standard or not. This is currently being explored further as well as whether an alternative comparator can be adopted.

5 Recent Performance

- 5.1 Against the measures considered, most recent information demonstrates that NHS Lothian met 14 of the 36 measures considered, whilst 21 were not met. As detailed above, it is not possible to make an assessment on Dementia Post-Diagnostic Support.
- 5.2 Board committees have concluded levels of assurance for those areas that they have considered to date. These assessments are set out both in Table 1 and in the individual proforma for the measure. Table C below sets out the assessments by board committee. To date, 10 have been considered with significant, moderate and limited assurance being reached on 1, 5 and 4 instances respectively. On no occasion was 'no assurance' concluded;

Table C – Assessed Levels of Assurance

			Assurance Level				
			Not yet assessed	None	Limited	Moderate	Significant
Board	Met	14	-	-	-	-	-
	Not Met	21	-	-	-	-	-
Acute Hospitals Committee	Met	10	9	0	0	1	0
	Not Met	8	7	0	1	0	0
Healthcare Governance Committee	Met	4	4	0	0	0	0
	Not Met	12	4	0	3	4	1
Staff Governance Committee	Met	0	-	-	-	-	-
	Not Met	1	-	-	-	-	-

6 Exceptions Proformas (for Areas where Performance Target/Standard is 'Not Met', or 'TBC')

Cardiac Arrest

Healthcare Quality Domain: Safe

For reporting at February 2017 meetings

Target/Standard:
 • 50% reduction in Cardiac Arrests with Chest Compressions Rate by December 2017 from February 2013 (1.9 per 1,000), baseline.

Responsible Director[s]: Medical Director

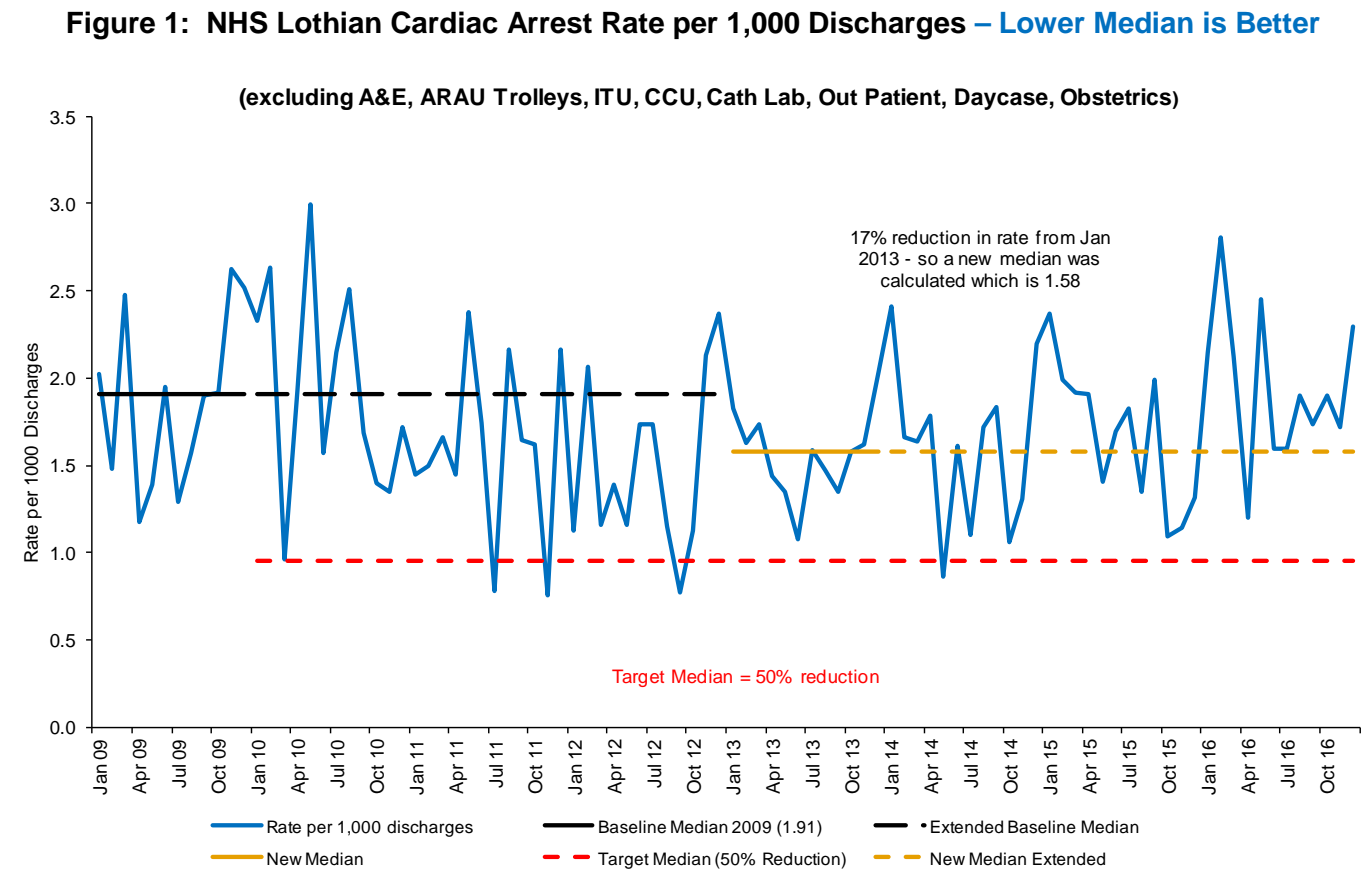
NHS Lothian Performance:-

Committee Assurance Level	Date Assurance Level Assigned	Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
To be reviewed	To be reviewed	Not Met	Not Applicable	Not Applicable	Not Applicable	0.95 per 1,000 (median; max)	1.58 per 1,000 (median)	Dec 2016	2222 Database	Yes	Yes	DF

Summary for Committee to note or agree

• NHS Lothian has achieved a 17% reduction and the median is 1.58 which is below the Scottish median of 1.61 and across Scotland the reduction has been 17%. This reduction has been sustained.

Recent Performance – 17% against Standard



Timescale for Improvement

HIS evaluating improvement goal.

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Local cardiac arrest reviews using a structured tool and development of the database.	December 2016	Organisational learning & identification of themes for targeted improvements and a sustained reduction in cardiac arrests. MDT engagement to identify themes & actions for improvement	Changes in process and increase the days between cardiac arrest in a number of wards with 6 of the pilot wards achieving greater than 300 days between.	Pilot initiated and exploring best practice from other boards. Cardiac Arrest feedback being provided to teams to inform improvement plans. Review of unplanned admissions to ICU being undertaken and feedback to individual consultants to inform Deteriorating Patient Project Plan.
Aim: 95% of people with physiological deterioration in acute care will have a structured response. Implementation of the Structured Response Tool (in conjunction with education within Deteriorating Patient work-stream).	April 2016	The tool has demonstrated that it supports reliable communication, decision making and management of deteriorating patients by clinical teams, as well as enabling learning from events which informs the improvement process	Testing in surgery RIE & oncology has demonstrated improved early recognition and appropriate management of deterioration with improved documentation. Considering adoption of structured response tool within the context of paper-lite and based on service feedback.	Rolled out April/May 2016 as part of NEWS implementation for acute sites. Monthly monitoring and reporting to the service. Complete for NEWS. Further testing of structured response tool taking place in Oncology, Stroke Medicine and Surgery. Testing paper-lite response at Acute Receiving Unit at WGH.
NEWS chart implementation. (In conjunction with Deteriorating Patient work-stream & Education team). NEWS is evidence based to be sensitive to early physiological deterioration and to trigger an appropriate graded response with a reduction in cardiac arrests and mortality. NEWS replaces the current SEWS chart.	April 2016	Adopting the National standardised chart which is used in all Boards including SAS in Scotland to reduce variation and improve communication. Linked to the Structured Response Tool to support timely identification & management of deterioration by facilitating accurate recording of observations with appropriate early escalation & graded response.	Alignment with national approach. Ensures consistency for patients moving across Boards. Provides greater sensitivity and support for patients deteriorating.	Rolled out in April/May 2016 for Acute sites – complete. Planning rollout in inpatient sites in Primary Care. <ul style="list-style-type: none"> Royal Edinburgh Hospital – complete Astley Ainslie Hospital –12th Sept - complete Murray Park –5th Sept - complete HBCCC –28th Sept - complete
Implementation of sepsis screening and management using NEWS, sepsis boxes, education, training and simulation.	Dec 2016	To improve the recognition and management of sepsis to reduce mortality from sepsis. As part of our scoping work in 2015 70% of patients in NHS Lothian who deteriorated had sepsis.	ISD % unadjusted sepsis mortality has shown a statistically significant reduction in RIE from 28% to 15%, SJH has remained stable but there has been an increase at WGH from 10% -13% however it is well below the Scottish median of 21% and WGH has a low HSMR	SEPSIS bundle rollout continues and plans in place to further test, implement and monitor. NHS Lothian has been chosen as a national pilot for SEPSIS management in primary care working with Lothian Unscheduled Care Service. Second national learning session was in November – has place in testing phase.
In NHS Lothian pilot areas >80% of patients have advanced conditions and are at risk of deterioration and dying & 51% of cohort died within 12 months. Development of anticipatory care planning with patients and families nearing the end of their lives to discuss potential future deterioration & facilitate shared decision making with reliable documentation. This is informed by policy context and baseline data including cardiac arrest reviews which demonstrate need for 'upstream' engagement with patients & families. Prototyping of a structured review and testing implementation is taking place. Evolving themes include the need for concurrent MDT communication skills education & patient/carer engagement in the testing & implementation.	Prototyping phase with September 2016	<ul style="list-style-type: none"> Avoidance of cardiopulmonary resuscitation for patients who either do not want or will not have a good outcome to CPR; Person centred decision making and optimal engagement with patients and families with effective communication of these decisions; Clear communication of plan for deterioration to facilitate a bespoke Structured Response in the event of deterioration; Timely transition to end of life care; Support appropriate identification of patients with anticipatory care planning needs; Closely linked with Deteriorating patient work-stream and the development of the Structured Response Tool. 	Data from small tests in 8 MoE/Stroke wards (c.200 patients) demonstrate sustained improvement in documented discussions with patients & their families regarding future wishes & plan for further deterioration. (>80% of patients have documented AnCP/future wishes discussion). In test areas data demonstrates improved access to Key Information Summary on admission & improved AnCP information within discharge documentation.	Prototyping testing with input from AnCP forum including expert palliative care, primary & secondary care input. Next steps include MDT communication skills workshops and test of structured review tool within MAU & an oncology ward. December 2016
Exploring electronic observation systems including electronic track & trigger.	Dec 2016	NHS Fife has demonstrated a reduction in Cardiac arrests since implementation of track & trigger system as one aspect of their improvement programme.	Timely access to data to inform improvement. With respect to response to deterioration at a ward level	Bought hardware, e.g. monitors. Exploring how it interfaces with TRAK to provide timely data to the service. This will require investment and needs to be assessed against other interventions to manage deteriorating patients through the deteriorating patient working group.

Comments

Reasons for Current Performance

The Cardiac Arrest rate for the three major acute hospitals is low, and below the Scottish rate. All three sites are approximately the same rate and do not give cause for concern. The HIS 50% reduction from our low baseline rate by December 2017 was ambitious and we now predict that our cardiac arrest rate could be reduced by a further 10% by 2020 within current resources available. In order for us to achieve this, identification and management of deterioration and greater numbers of earlier anticipatory care plans will need to be in place reliably in the above plans across all three acute sites.

Healthcare Acquired Infection – *Staphylococcus aureus* Bacteraemia (SAB)

Healthcare Quality Domain: Safe

For reporting at February 2017 meetings

Target/Standard: NHS Boards' rate of *Staphylococcus aureus* Bacteraemia (including MRSA) (SAB) cases are 0.24 or less per 1,000 acute occupied bed days.

Responsible Director[s]: Medical Director

NHS Lothian Performance:-

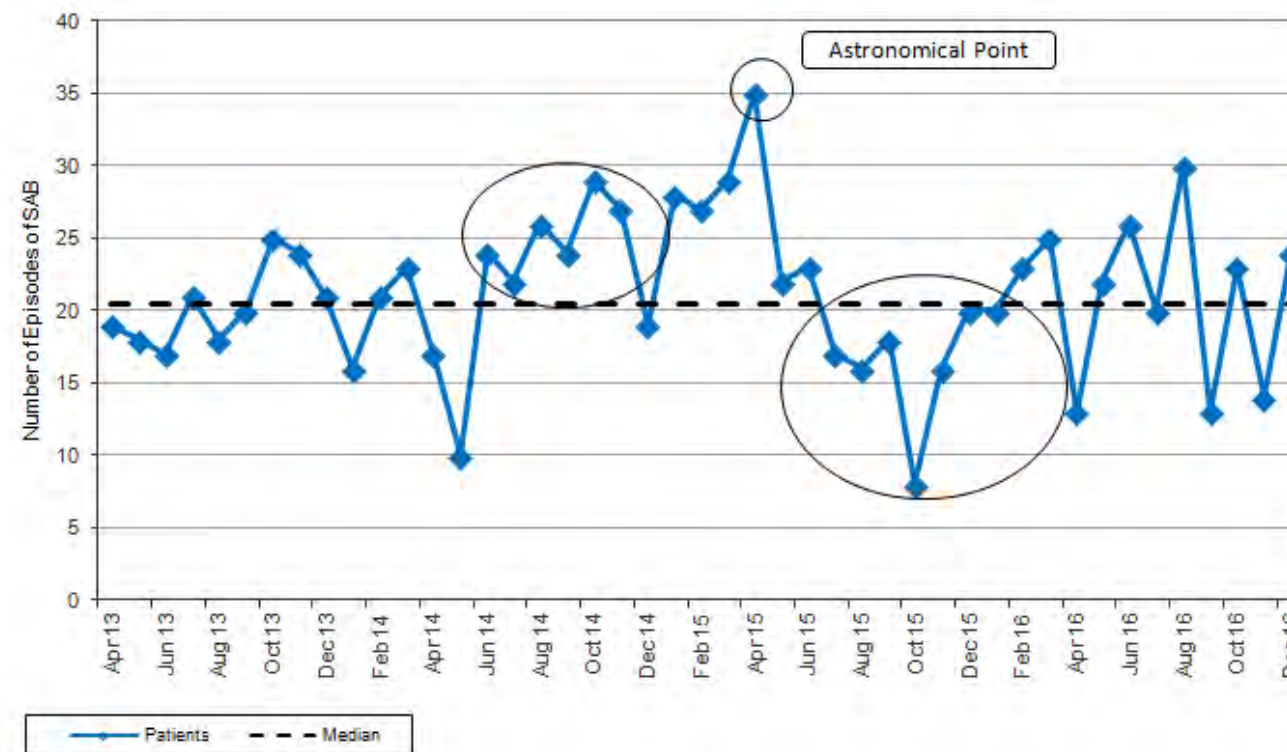
Committee Assurance Level	Date Assurance Level Assigned	Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
Moderate	Nov 16	Not Met	No Change	Equal	Jul – Sep 16	0.24 (max) (<184)	0.31 (185)	Dec 16	Infection Prevention and Control Team	Yes	Yes	DF

Summary for Committee to note or agree

- Performance target is for reporting year 1st April 2016 - 31st March 2017 incl. The reported rate above is based on 9 months of data.
- SAB incidence across NHS Lothian remains within the current warning limits but has not demonstrated **sustained** improvement.
- **Since April 2016 NHS Lothian has seen between 1 and 3 SABs per month where diabetic foot infections have been concurrent diagnoses.**
- Health Protection Scotland published quarter 3 data (July – September 16), indicated NHS Lothian *S. aureus* bacteraemia incidence (predominantly due to MSSA bacteraemia), rate of **0.33** was the same as the overall NHS Scotland *Staphylococcus aureus* Bacteraemia incidence.

Recent Performance – Rates against Standard

Figure 1: SABs progress against Local Delivery Plan – NHS Lothian – Number of SAB Episodes per Month Source: Infection Prevention and Control Team



Timescale for Improvement The trends and patterns will be monitored and remedial actions taken as required

Actions Planned and Outcome				
Action	Due By	Planned Benefit	Actual Benefit	Status
<p>Development of more detailed action plan in conjunction with Quality Improvement.</p> <p>Responsible Person(s): Lead Infection Prevention and Control Nurse/Patient Safety Programme Manager / Clinical Management Group</p>	February 2016	<p>A multidisciplinary approach is essential to the prevention of <i>Staphylococcus aureus</i> Bacteraemia. The detailed action plan includes contributions from clinical teams if this is to be effective.</p> <p>All staff involved in insertion, maintenance and interventions utilising invasive lines have a role to play in prevention of healthcare associated infections.</p>		Complete
<p>Infection Prevention and Control to improve quality of information reported to clinical and senior teams in relation to SAB.</p> <p>Responsible Person(s): Head of Service Infection Prevention and Control</p>	First report issued Dec. 2015	<p>Previous reporting only reported the number of SABs in each area, enhanced surveillance aims to identify source.</p> <p>Feedback from enhanced surveillance will engage clinical teams more in the review of cases which has previously predominately been undertaken by Infection Control. A multidisciplinary approach is better able to differentiate between preventable and non preventable infection</p> <p>Enhanced surveillance will raise awareness of cause/ source in order that clinical teams can target local actions to reduce healthcare associated SABs such as those related to invasive devices.</p> <p>Through multidisciplinary discussion the number of SAB categorised as "source unknown" should drop enabling more opportunities for intervention having identified the most likely source and reason for the bacteraemia.</p>	<p>Feedback from enhanced surveillance raises awareness of cause/ source in order that clinical teams can target local actions to reduce healthcare associated SABs such as those related to invasive devices.</p> <p>Report has been positively received by clinical teams</p>	Complete
<p>Additional resources to support education and clinical practice to work with clinical teams in the reduction of invasive device related SABs.</p> <p>Quality Improvement and education of all staff involved in the care of invasive devices is essential to ensure safe practice.</p> <p>The two staff appointed must deliver local education to improve practice in areas with highest incidence of device related infection.</p> <p>Responsible Person(s): Head of Education and Employment / Patient Safety Programme Manager / Practice Education Facilitator / Quality Improvement Facilitator</p>	<p>Staff appointed Nov. 2015</p> <p>Nov 2016</p>	<p>Temporary funding from Quality Improvement and Education Department has resourced 1 WTE each within their respective teams for 1 year</p>	<p>2 staff appointed on temporary contracts. They are undertaking review of current practice to support the development of targeted education at clinical level</p>	Staff appointments Complete
<p>Through education and patient safety ensure all levels of staff involved in insertion, maintenance and use of invasive lines deliver safe and effective practice and demonstrate competency and compliance in use of asepsis.</p> <p>Essential all medical staff as well as nursing staff are appropriately trained and competent in the handling of lines.</p> <p>Responsible Person(s): Head of Education and Employment / Patient Safety Programme Manager / Associate Medical Directors / Associate Nurse Directors. / Senior Charge Nurse / Consultants</p>	Nov. 2016	<p>Evidence of education and improvement in the management of invasive lines.</p>	<p>Education is progressing. There is a focus on areas that have been identified within the enhanced SAB reviews as having device related SABs</p> <p>Multidisciplinary working group established at WGH to review and standardise education and training resources, competency frameworks and standard operating procedures for the insertion and maintenance of invasive devices.</p> <p>It is anticipated that once pilot work complete at WGH, this will be adopted across all sites as best practice.</p>	March 2017
<p>Shared learning and practices from areas where invasive lines infection rates are low should be developed through quality improvement teams.</p> <p>Responsible Person(s): Quality Improvement Teams</p>	Dec. 2016	<p>RIE ITU demonstrates extremely low line related infections and have consistently ensured education of staff to reduce and prevent incidents. Clinical areas should learn from areas where there is good practice.</p>	<p>The data is reported to local infection control committees and quality improvement teams to facilitate local actions</p>	Complete
<p>A review of skin preparation products to ensure the correct product CA2CSKIN is being utilised supported by updated communication and education.</p> <p>Responsible Person(s): Senior Charge Nurses /</p>	June 2016	<p>There remains confusion regarding which skin preparation product should be used. Lothian advocates the use of Clinell Alcoholic 2% Chlorhexidine wipes. It has been observed in practice that CA2C200 for equipment are being used in areas for use on skin and invasive devices removal rather than the correct CA2CSKIN</p>	<p>Practice of using antimicrobial lock solutions e.g. taurolock has been reviewed as part of epic3 guidelines as routine use of device is not advised. Use in clearly defined clinical areas maybe beneficial.</p>	Complete

<p>Consultants / Procurement / Stores Top Up</p> <p>Standardise transparent dressings utilised for invasive vascular devices to ensure compliance with best guidelines</p> <p>Establish a quality improvement project to consider the efficacy and benefit of using antimicrobial lock solutions e.g. taurolock.</p> <p>Responsible Person(s): Quality Improvement /Procurement</p>		<p>product. This may partly arise through too many products being made available at ward level to select from and thereby using the wrong product for the wrong purpose.</p>	<p>The appropriate dressing type is available to order or through top up. Clinical teams are responsible for ensuring that the appropriate dressings are used</p>	
<p>Catheter care should be reviewed and catheter use needs to be discouraged when not absolutely necessary and access to alternatives explored.</p> <p>Roll out of SPSP CAUTI Bundle to areas reporting catheter associated infections using the Pareto charts to prioritise implementation.</p> <p>Responsible Person(s): Patient Safety Programme Manager/Clinical Nurse Managers/Senior Charge Nurses</p>	<p>March 2017</p>	<p>The SPSP CAUTI reduction work has shown a reduction in the number of short term catheters inserted and the time to removal in the pilot ward at RIE. The catheter passport has been introduced across the board and catheter alternatives are being advocated. This would benefit SAB and E coli bacteraemia incidence.</p>	<p>The HPS initial report demonstrated that 7.9% of ECB had a urinary catheter as source. Urinary Catheters account for approximately 2% of SAB, therefore the impact of CAUTI Bundle may have limited impact on reduction of overall SAB incidence.</p> <p>It is anticipated that the inclusion of CAUTI as a key part of the Care Assurance Standards (CAS) project will improve use of the catheter passport and CAUTI bundles.</p>	
<p>Improve compliance with National MRSA Screening Clinical Risk Assessment ensuring decolonisation/suppression therapy is implemented where clinically indicated.</p> <p>Responsible Person(s): Lead Infection Prevention and Control Nurse / TRAK Management Board / Associate Nurse Directors / Senior Charge Nurse</p>	<p>April 2017</p>	<p>With the introduction of Paperlite System and the transition of nursing risk assessment documentation, infection control risk assessment which covers MRSA is covered within document highlighting patients who are admitted with MRSA which will automatically develop associated action plan which will direct patient to be isolation and transmission based precautions utilised. Whilst MRSA SABs are low it is important that we do not become compliant. Currently IPCT participating in research project carried out by Glasgow Caledonian University to identify barriers to screening compliance.</p>	<p>The upgrade to TRAK to include the HAI risk assessment has been completed. However the unintended consequence has disrupted the extract of information required for MRSA CRA which is submitted to HPS.</p> <p>Discussions with IT to address disruption in capability Previous IT issues now resolved, and MRSA CRA compliance data has been extracted and reported to HPS. Some improvement in compliance noted.</p>	
<p>Evaluate the impact of routine decolonisation to reduce the incidence of Hickman and PortaCath related SAB should be considered with a view to implementation in other units with high central line use.</p> <p>Responsible Person(s): Quality Improvement Teams / Clinical Teams / Microbiology</p>	<p>Oct 2016</p>	<p>Decolonisation is being used in the renal unit as a strategy to prevent dialysis line SAB and possibly could be used as a strategy to prevent Hickman line and PortaCath related SAB also.</p>	<p>A multidisciplinary SLWG is being established at WGH to address strategies to reduce a disproportionately higher incidence of line related SAB at WGH site. A range of strategies to reduce tunnelled line related SAB will be considered. Completion date has been amended to accommodate the additional work</p>	<p>Ongoing, needs to be rolled out to other sites (RIE, RHSC & SJH)</p>
<p>Review of blood culture sampling practice and education for front door areas</p> <p>Test of Change within Emergency Department at the RIE on the effectiveness of grab bag approach to blood culture sampling. Grab bags would contain all equipment required for safe sampling and a reminder message outlining what is best practice within the pack.</p> <p>Responsible Person(s): Clinical Nurse Manager / Clinical Lead RIE ED / All Medical Staff</p> <p>Ensure education of all staff undertaking blood culture to ensure competency and safe practice.</p> <p>Responsible Person(s): Clinical Lead / All Medical Staff / Clinical Nurse Manager / Phlebotomists</p> <p>Review blood culture contamination rates as a standing item discussed weekly at ward safety briefs and at departmental M&M meetings, Ensure feedback and education of staff with poor technique, reducing the risk of contaminated samples.</p> <p>Responsible Person(s): Clinical Lead / Clinical Nurse Manager</p>	<p>Oct. 2016</p>	<p>Improved quality of sampling reduces the risk of contamination. This contamination can be interpreted as infection, resulting in patients receiving additional treatment and extended stay and over reporting of actual infection rates.</p> <p>These interventions are designed to improve blood culture taking and reduce wastage of laboratory time and resource in working up contaminated samples. They are labour intensive to deliver and therefore this creates an additional cost.</p>		
<p>Introduction of the Visual Phlebitis scoring as part of the patient</p>	<p>March 2017</p>	<p>Early recognition of phlebitis can prompt staff to remove the cannula</p>	<p>Education and improvement work to support implementation</p>	

<p>safety bundle.</p> <p>Responsible Person(s): Patient Safety Programme Manager / Senior Charge Nurses</p>		<p>and reduce the risk of progression to SAB associated with Peripheral Vascular Cannulas (PVC). PVC is identified as one of the key preventable sources and reduction in these could support move to achieving of 0.24 rates in 2016/17.</p> <p>Episodes of venflon associated soft tissue infection are unacceptably common in Lothian. Optimal management of all invasive devices is essential. Where there is evidence of infection they should be removed and antimicrobial treatment commenced appropriately</p>	<p>of VIP continues across the acute hospital sites.</p>	
<p>Raise awareness of risks associated with unsafe injection practices with People Who Inject Drugs (PWIDs).</p> <p>Frontline clinical teams to ensure opportunities for education to PWIDs when presenting within acute setting.</p> <p>Responsible Person(s): Associate Medical Directors / Associate Nurse Directors</p>	<p>December 2016</p>	<p>In the current HEAT target year there have been 17 incidences where PWIDs have developed SAB as either direct or contributing factor from recreational use of IV drugs.</p> <p>Preventative strategy through harm reduction services to provide information leaflets written jointly by NHS Lothian staff and Scottish Drugs Forum, education regarding safe injecting, use of filters, skin preparation, optimising wound care within needle exchanges and outreach centres and buses.</p> <p>Identify PWID on admission to acute services and promote information leaflets as a preventative strategy. Provide information to PWID SAB patients prior to discharge to minimise risk of further SAB associated with injecting practice.</p>	<p>Selling of Novel Psychoactive Substances is illegal throughout the UK.</p> <p>Greater use of an educational leaflet on acute sites written jointly by NHS Lothian and Scottish Drugs Forum explaining how S aureus infections arise from drug injecting is being considered.</p>	
<p>Comments</p>				
<p>Reasons for Current Performance: Staphylococcus aureus bacteraemia is a serious condition with a reported mortality rate of about 30%. Published mandatory data shows that the analysis of longer term trends showed no national increase or decrease in the SAB rate. However, there was a decrease in the number of patients with MRSA and an increase in the number of patients with MSSA in Scotland. No NHS boards were above normal variation this quarter (SAB, MRSA or MSSA) when analysing long-term trends over the past three years.</p>				

48 Hour GP Access

Healthcare Quality Domain: Timely

For reporting at **February 2017** meetings

Target/Standard:

1. **At least 90%** of people should have 48-hour access to the appropriate healthcare professional (HCP);
2. **At least 90%** of people should be able to book an appointment with a GP more than 48 hours in advance.

Responsible Director[s]: Chief Officer – East Lothian IJB

NHS Lothian Performance:-

Committee Assurance Level	Date Assurance Level Assigned	Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
1. TBC	TBC	Not Met	Improving	Worse	2015/16	90% (min)	85.0%	2015/16	National Health and Care Experience survey ¹ [proxy measure]	No	No	DS
2. TBC	TBC	Not Met	Deteriorating	Worse	2015/16	90% (min)	75.0%	2015/16	National Health and Care Experience survey [proxy measure]	No	No	DS

Summary for Committee to note or agree

- Following the removal of the 48 hour access indicators from the Quality Outcomes Framework (QOF) for 2015-2016 there is no longer local monitoring of 48 hour access to GP services. Access for NHS Lothian practices is instead assessed through the two-yearly and centrally delivered National Health and Care Experience survey. The survey results for 2015/16 do not directly address the issue of whether 90% has been achieved, but does provide useful information on satisfaction with access. The Healthcare Governance Committee received a report at its meeting on 26th July on this subject. The national report showed a declining positive % for satisfaction with overall arrangements for getting to see a doctor from 85% in 2011/12 to 73% in 2015/16. This is 1% higher than the Scotland figure. In contrast to the overall decline in satisfaction, satisfaction in getting to see or speak to a doctor or nurse within 2 days rose from 84% to 85%. However on most measures relating to this area there has been a decline in satisfaction.

Web link to full report: <http://www.gov.scot/Topics/Statistics/Browse/Health/GPPatientExperienceSurvey/HACE2015-16>

Recent Performance – Numbers against Standard

Table 1: Results from National Health and Care Experience survey - Higher % is Better

	2009/10	2011/12	2013/14	2015/16
48-hour GP access	90.0%	84.0%	85.0%	85.0%
Advance booking	77.0%	80.0%	77.0%	75.0%

¹ <http://www.gov.scot/Topics/Statistics/Browse/Health/GPPatientExperienceSurvey/HACE2015-16>

Timescale for Improvement

A trajectory has not been agreed with SGHD.

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Summary of 15/16 survey results to next Board meeting.	August 2016	To provide an alternative source of data to describe any delays in access to Primary Care services.		

Comments**Reasons for Current Performance**

As 48 hour access to GP services no longer features in the Quality Outcomes Framework with the evolutionary change of the GP Contract, there is no longer any local monitoring of 48 hour access. Alternative, but not directly comparable data is available through the National Health and Care Experience survey. The most recent report shows declining satisfaction with access. This correlates with the increase in GP practices in Lothian experiencing difficulty in recruiting and retaining staff (a phenomenon being experienced across Scotland) and the introduction by some practices of restrictions on new patient registrations. There is unlikely to be any significant improvement in this position until the new GP contract is introduced in autumn 2017.

Four Hour Unscheduled Care

Healthcare Quality Domain: Timely

For reporting at **February 2017** meetings

Target/Standard: 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%.

Responsible Director[s]: Chief Officer – NHS Lothian University Hospitals & Support Services

Performance:-

Committee Assurance Level	Date Assurance Level Assigned	Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
Limited	Dec 16	Not Met	Deteriorating	Better	Nov 2016	95% (min)	92.4%	Dec 16	Management Information	Yes	Yes	JC

Summary for Committee to note or agree

93.1%% ytd, 91.8 % mtd Inclusive of WGH (16.01.17)

Winter planning well underway with Winter plans finalised and additions to in relation to improving patient flow across the system
Investment in virtual ward models of care such as HAH, H2H and D2 Assess, across the partnerships and system

Local Service Improvement teams are taking forward a number of diverse improvement activities including daily dynamic discharge and a check chase challenge approach to planning discharge from hospital

Edinburgh locality model continues to evolve; focusing on admission avoidance and ensuring timely discharge from hospital.

Weekly teleconference with the IJB Chief Officers and COO and acute teams to discuss pressures and performance with a view to enacting actions to support mitigation of risk

Recent Performance – Numbers over 4 hour standard

Figure 1: Trend in A&E Performance – Higher % is Better



Timescale for Improvement

Various actions for improvement with timescales outlined in table below.

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
<p>Deliver on Lothian's winter plan that includes reducing elective bed pressures in January to support unscheduled capacity, enhancing weekend services and strengthening services that manage increased winter demand and support flow. The plan builds on the need for whole system working across acute, primary and social care services. Working with Integrated Health Boards will help promote primary care services and move away from hospital admission being considered as the 'default' position.</p> <p>Focus on care in the community models is evidenced such as HAH virtual wards and H2H support for patients requiring POC</p>	<ul style="list-style-type: none"> Final Site and IJB Winter Plans completed Oct-16 Winter funding now allocated and targeted at a number of flow improvement service developments. Weekly teleconference with the IJB and UCC Committee/winter programme board monthly Revised plans discussed to support patient flow 	Improved patient flow and improved 4-hour performance.	<p>TBC as services are embedded in.</p> <p>To date performance is better than this time last year</p> <p>Early part of winter so monitoring sustainability.</p>	<p>Winter planning progressing on each of the three acute sites. This includes a focus on early discharge through strengthening Discharge Hubs resources, reshaping how 'boarded' patients are cared for at RIE and WGH with senior nurses and clinicians allocated to this group. The development of a Winter ward at WGH. There is a focus on extending our virtual wards via HAH and increasing our hospital to home teams. The Winter plan also includes increasing Respiratory capacity system-wide, strengthening out of hours medical cover and a number of funded tests of change aimed at improving flow.</p>
<p>Implement national 6 essential actions unscheduled care toolkit on all three acute sites. These are integral to planning and delivery unscheduled care services, including winter.</p>	<ul style="list-style-type: none"> Programme initiation now complete Oct-16 Embedding S,G Methodology re In Out Balance and capacity requirements by speciality on our acute sites 	Improved 4-hour performance.	<p>July was highest performing month for 4-hour performance in 5 years</p> <p>TBC re sustainability of performance over winter.</p>	<p>Service improvement teams established on all sites and focussing on rollout of Daily Dynamic Discharge (DDD) at RIE, WGH, and SJH this November and increasing pre-noon discharge across each of the sites.</p>
<p>Implement recommendations from the Deloitte report around Frailty pathways and Length of Stay.</p>	<ul style="list-style-type: none"> NHS Lothian Frailty Programme Board established August 2016 Performance reporting sub group first meeting Oct-16. 	<p>Improved admission avoidance and discharge.</p> <p>Improved 4-hour performance.</p> <p>Flow centre embedded in system and is signposting to alternative pathways re clinics, HAH etc</p>	<p>Programme Board currently scoping planned benefits</p> <p>Flow Centre was pivotal this year in the Hogmanay Plan and moving patients across Lothian.</p>	<p>Programme Board met in October. Work underway to develop Frailty Dashboard to evidence impact of improvement work.</p> <p>Focus on reducing delayed discharges across Lothian. Each health and social care partnership has trajectories in place to support taking their own patients out of hospital in a timely way.</p> <p>RIE has increased Geriatrician cover in the Acute Medical Unit to cover the whole unit from Nov-16.</p> <p>WGH has an interim care ward opened for winter which is GP led.</p>
<p>Implement SEFAL work stream shifting discharge curve to earlier in the day and avoiding more unnecessary admissions.</p>	<ul style="list-style-type: none"> Flow Centre operational since summer 2016 Emergency Bed Bureau and transport services have amalgamated to reduce batching of attendances Out patients is part of this service too and is signposting appropriate patients to outpatient slots 	Improved 4-hour performance	<p>TBC re sustainability of performance over winter as new services are bedded in</p> <p>Worked well for the Hogmanay Plan</p>	<p>Work between ED and Flow Centre underway to encourage Primary Care use of Centre. Advanced Nurse Triage service invested in for winter. This will give the GPs access to appropriate advice and signage to appropriate pathways for patients</p> <p>Work underway to encourage more GPs to use Flow Centre as referral route.</p> <p>GPS are using the flow centre well. Care home referrals from all localities are reviewed by the HAH teams to assist with prevention of attendances and admissions</p> <p>Flow Centre open day Dec-16.</p>

Comments

Reasons for Current Performance

Higher volume of unscheduled attendances throughout December/January at peak times and an increase in acuity of patients which impacts on ability to maintain 4-hour performance. Delayed discharges still a pressure on capacity across the whole system. Integrated approach to try and alleviate this situation. Performance is better to date than last year at this time but monitoring of sustainability is ongoing. 6th Jan 2016 performance was 83.5%. Same date 2017 was 90.36 %

Child & Adolescent Mental Health Services (CAMHS)

Healthcare Quality Domain: Timely

For reporting at **February 2017** meetings

National Target/Standard:-

No child or young person will wait longer than 18 weeks from referral to treatment in a specialist CAMHS from December 2014. This target should be delivered for at least 90% of patients.

Responsible Director[s]: Nurse Director

NHS Lothian Performance:-

Committee Assurance Level	Date Assurance Level Assigned	Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
Limited	Nov 16	Not Met	Deteriorating	Worse	Sep 16 (Mthly)	90% (min)	48.7%	Dec 16	Management Information	Yes	Yes	AMcM

Summary for Committee to note or agree

Local Target/Standard:-

The CAMHS Recovery Plan has been in place since September 2016. This focuses on removing the longest waits from the waiting list for treatment. The figures to date demonstrate that the recovery plan is delivering as anticipated so far.

Achievement of the 18 week standard will not happen until the longest waits have been treated and removed from the waiting list.

Recent Performance – Performance against 18 Week Standard

Figure 1: All Teams - Percentage of children and young people seen within 18 weeks for first treatment – Higher % is Better



Figure 2: All Teams - Number of children and young people waiting over 18 weeks – Lower Count is Better

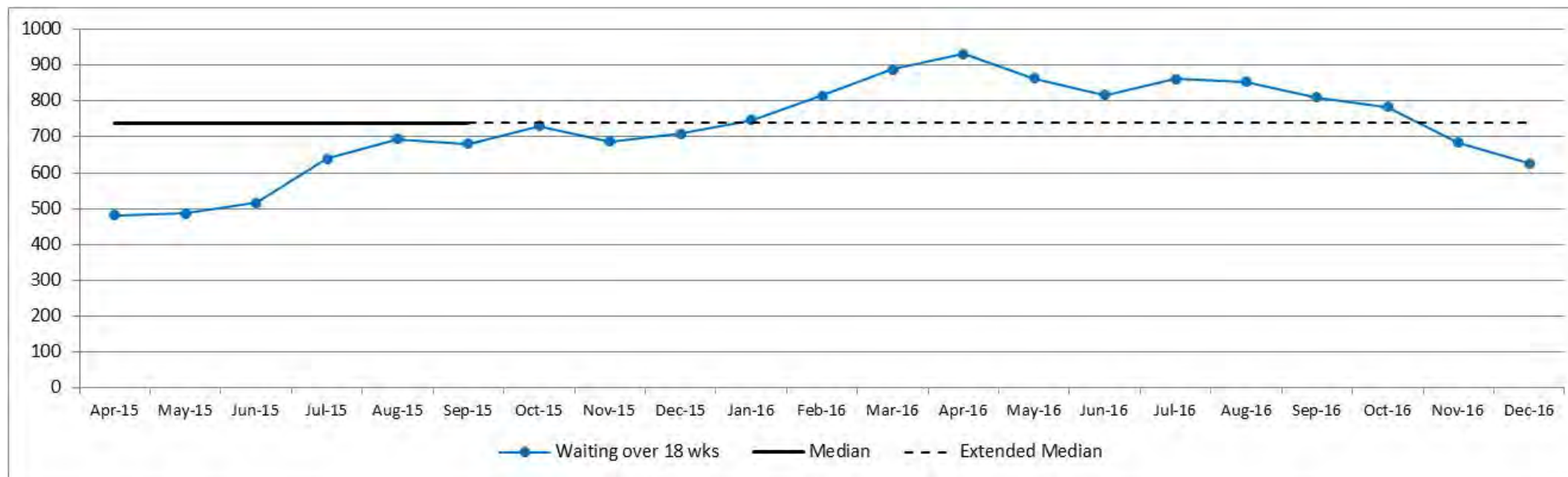


Figure 3: Generic Teams - Number of children and young people seen for 1st treatment – Higher Count is Better

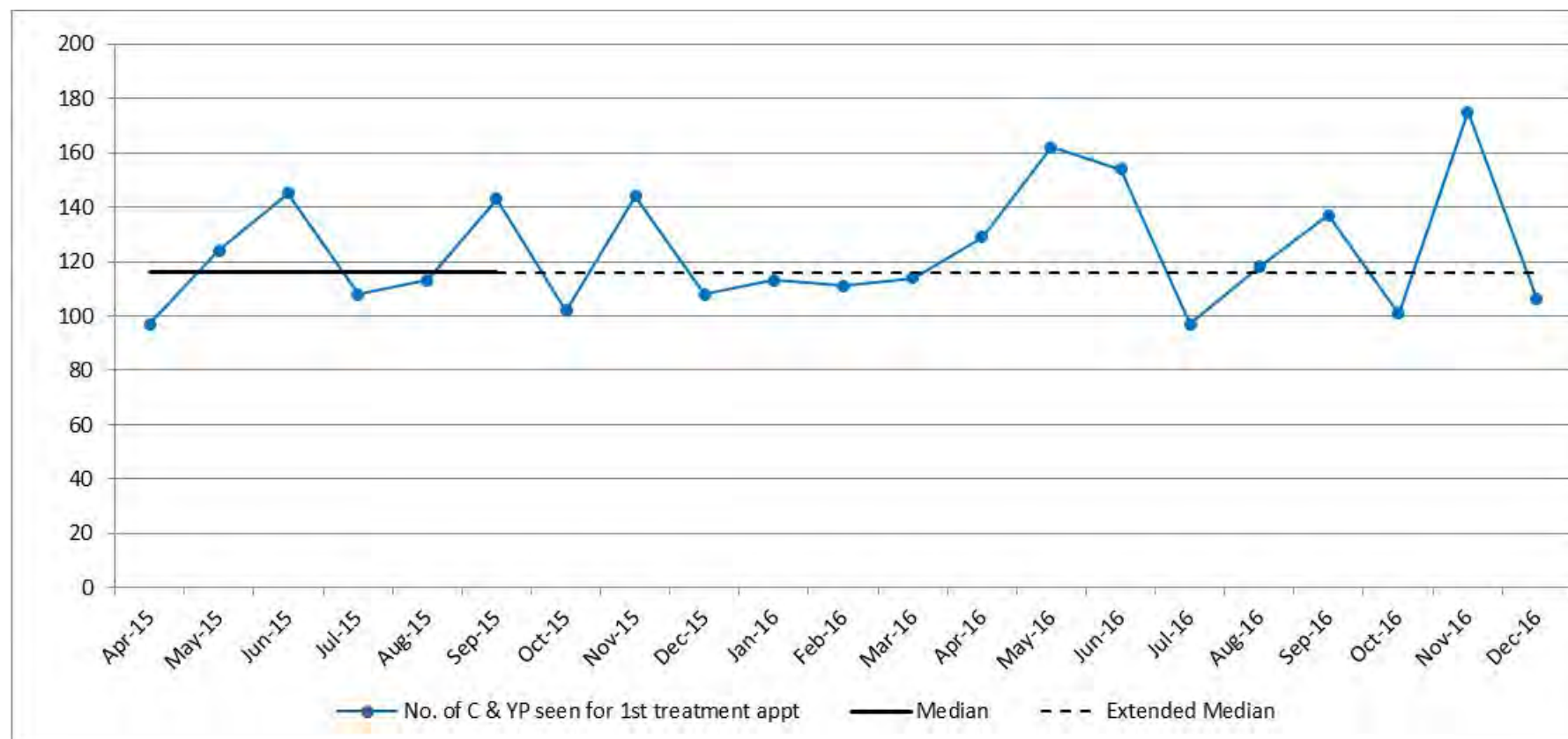


Figure 4: Generic Teams - Number of children and young people seen for 1st treatment waiting over 18 weeks when seen – Higher Count is Better

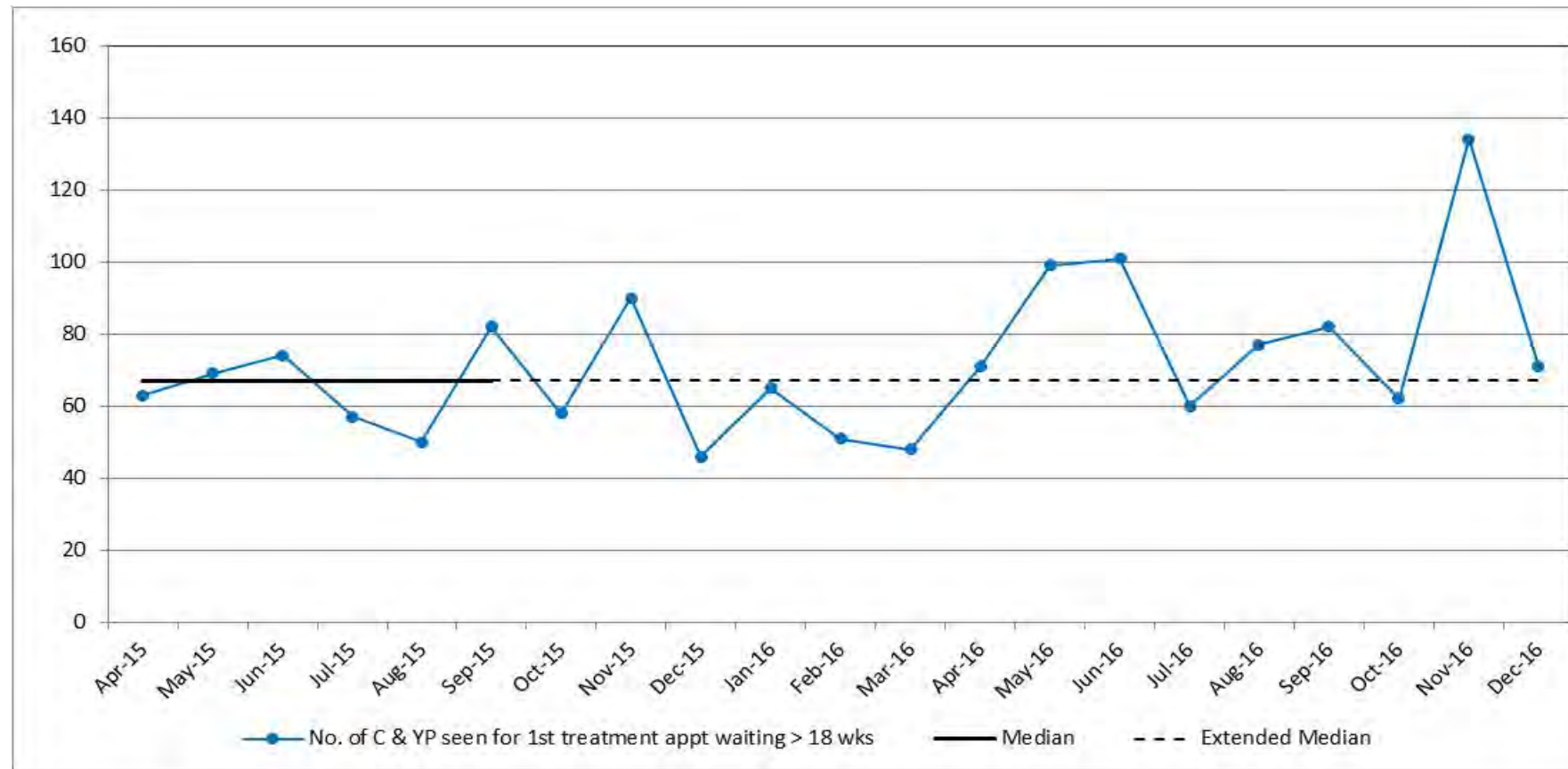


Figure 5: Generic Teams - Number of children and young people waiting over 18 weeks – Lower Count is Better

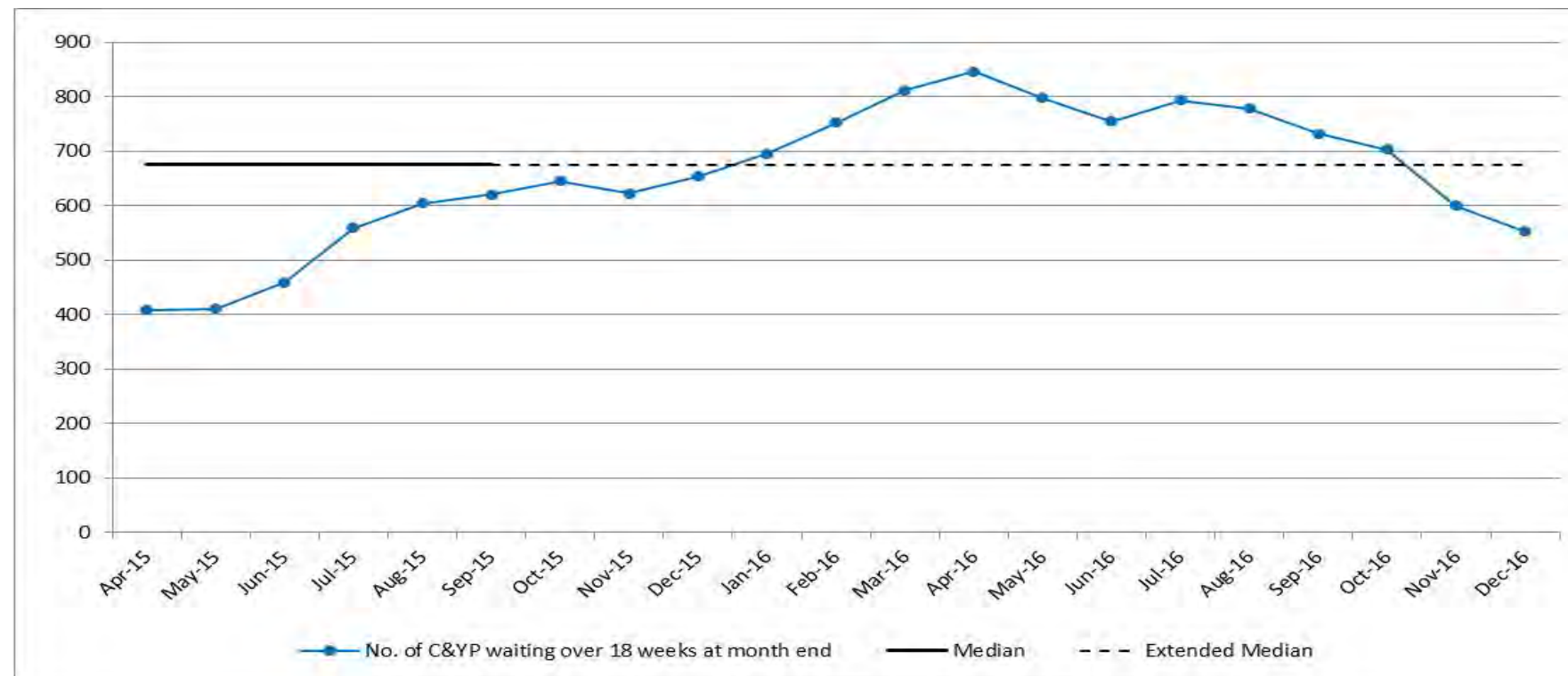


Figure 6: Generic Teams - Referrals by month

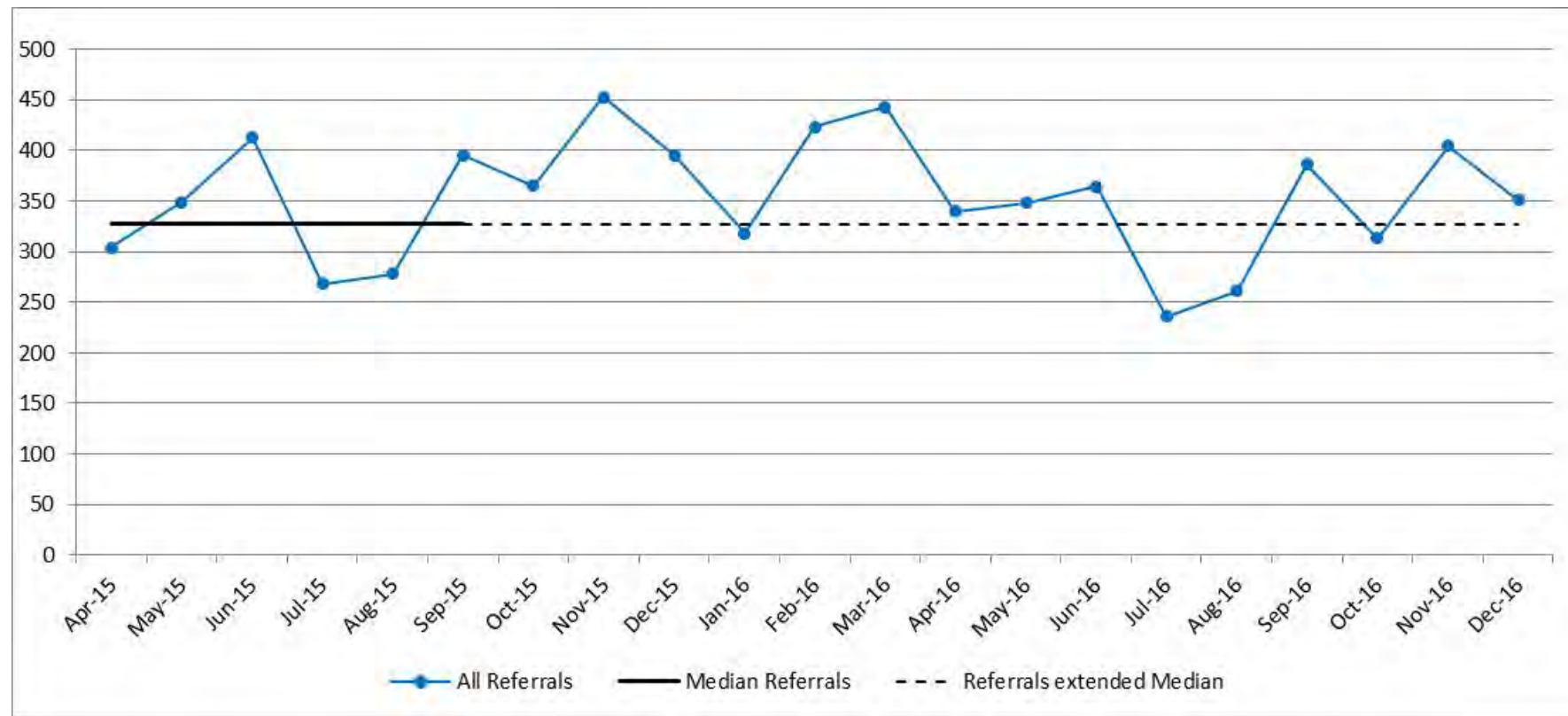


Figure 7: Generic Teams - Accepted referrals rate by month

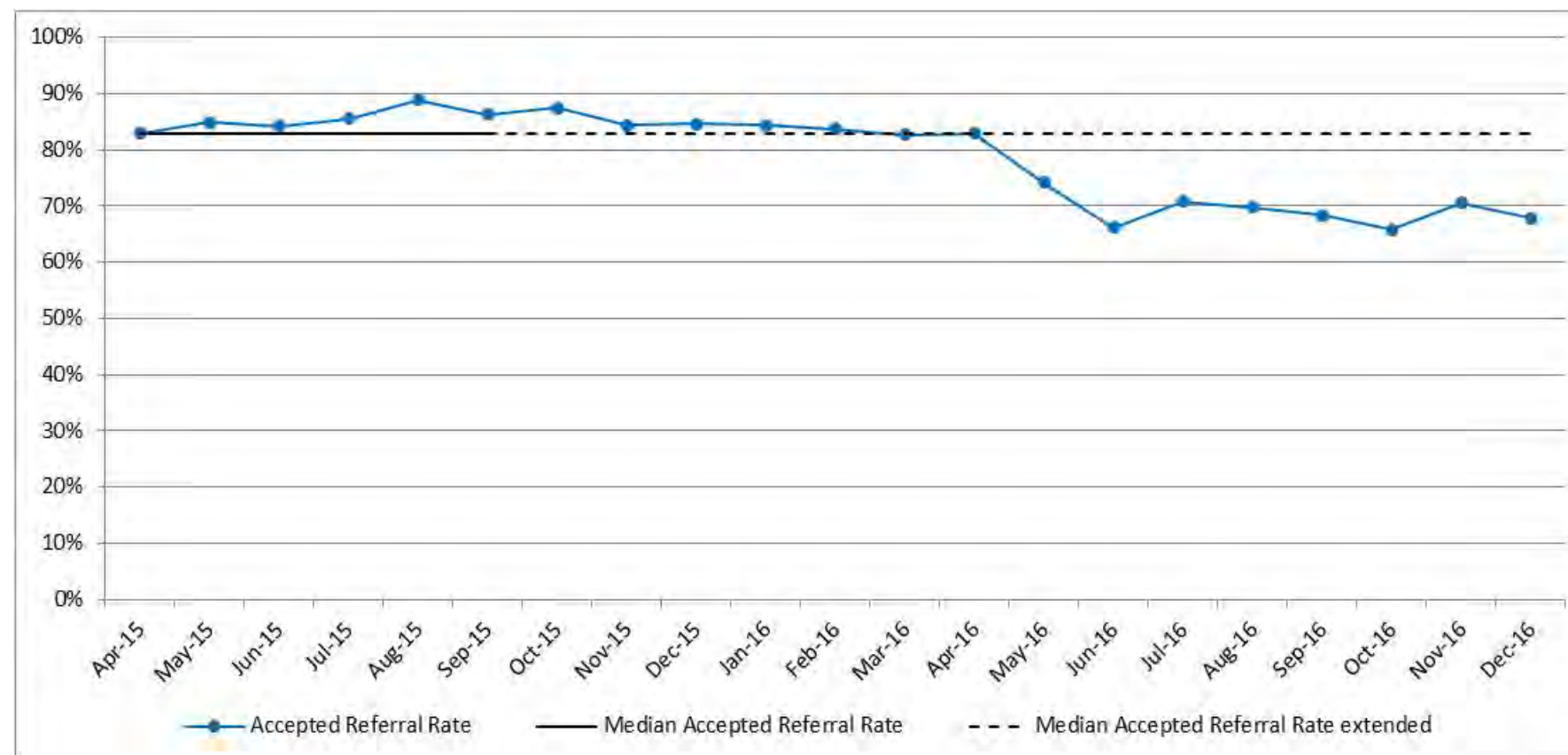
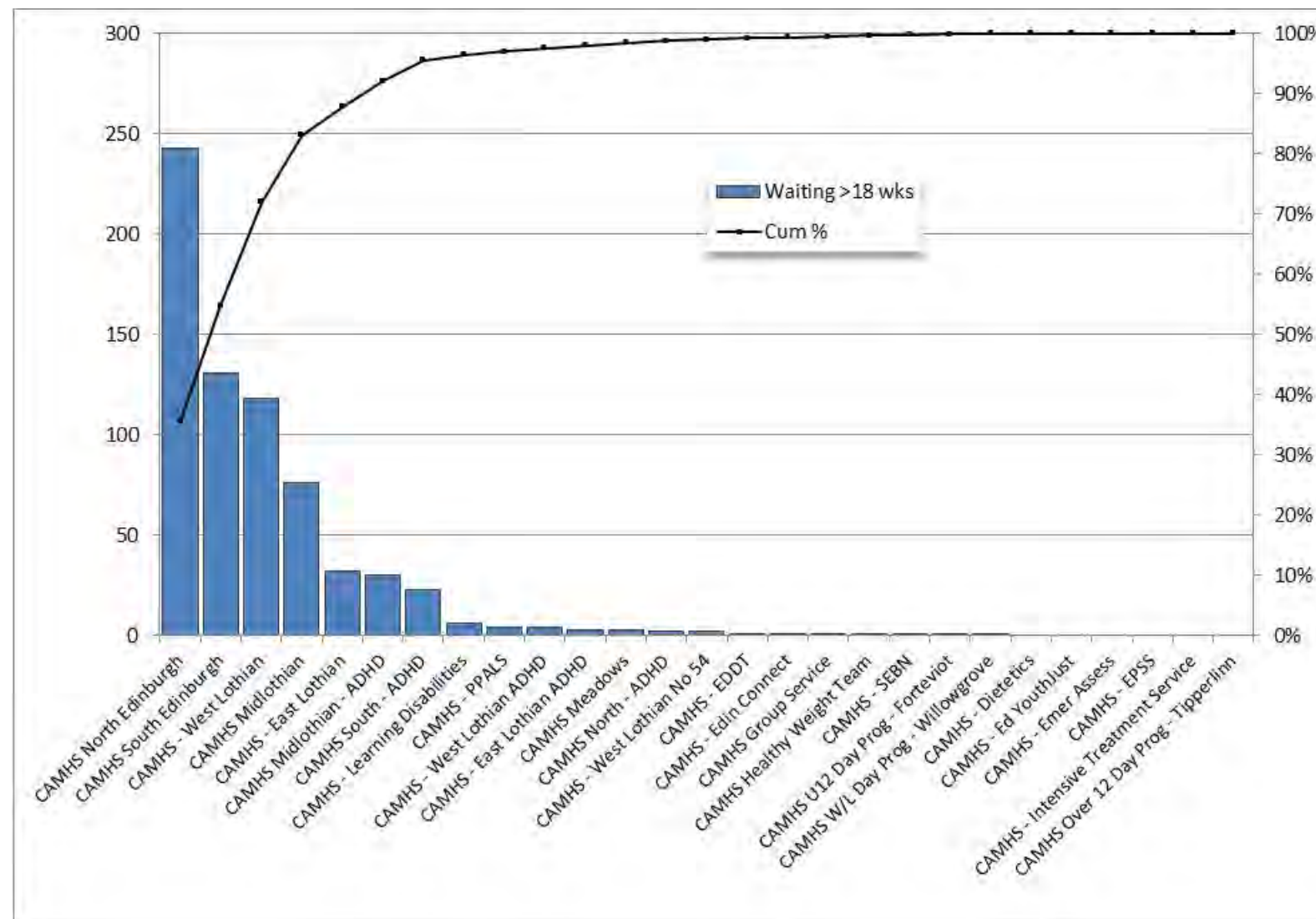


Figure 8: Pareto – children & young people waiting >18 weeks per team – Lower Count is Better



Timescale for Improvement

The impact of the recovery plan on those waiting over 18 weeks is anticipated to continue to impact on the achievement of the national standard until such time as the long waits are removed. Each of the 5 generic CAMHS teams operate separate waiting lists and analysis shows that each team will achieve 18 weeks at slightly different times.

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Development of a single implementation plan for the introduction of Patient Focused Booking across CAMHS for Choice (Assessment) Appointment.	Delayed as impacted by TRAK 2016 upgrade	Reduction in DNA and CNA appointments and therefore reducing loss of capacity through non attended appointments. Improved compliance with waiting times rules related to reasonable offer, unavailability and clock resets	Minimise risks associated with introduction of Text Reminders, improved capacity planning and compliance with waiting time rules	Amber
Development of an implementation plan for the introduction of Text Reminder system for CAMHS which minimises Clinical Risk	Delayed as impacted by TRAK 2016 upgrade	Reduction in DNA and CNA appointments and therefore reducing loss of capacity through non attended appointments. Reduces the Clinical Risk associated with potential breaches of patient confidentiality.		Amber
Completion of updated Demand Capacity Activity Queue (DCAQ), for CAMHS whose data is recorded and reported from TRAK. Completed for all teams ongoing discussion measuring capacity.	End January 2017	Confirm the DCAQ for each service enabling monitoring of agreed capacity against demand. Confirmation that there is sufficient capacity in each of the teams to support 18 weeks on and ongoing basis.		Amber

Introduction of revised Triage "Team Method" across all teams following the East Lothian Pilot.	Complete	Improvement in management of demand to allow reduction in the number of Choice Clinics with time converted to Treatment Clinics.	All teams have been able to reduce their Choice Assessment Clinics by at least 30% as at November 2016	Green
Reduce the community development role of CMHW in CAMHS teams for 1 school year to increase direct clinical capacity to focus on long waits.	Implemented	Provide additional capacity to reduce long waits. Risks of stopping community capacity building being managed.	Additional treatment slots have been released.	Green
Further productivity gains identified and being explored with a view to supporting recurrent achievement of the 18 weeks target following removal of the "backlog".	31 March 2017	Improved use of clinical capacity and achievement of recurrent balance.		Amber

Comments

Capacity has been released as a result of the actions in the agreed Recovery Plan being implemented. Changes to job plans will be modelled through the recovery plan in January 2017 and presented to CAMHS Executive in due course.

Reasons for Current Performance

Teams have been asked to focus on patients waiting longest. It was anticipated that this will have some impact on the 18 weeks target performance in the short term.

Mitigating Actions

Staffing recruited using the Mental Health Innovation funding (£278,000) and Building Capacity Funding (£210,000 from July 16/17 increasing to £334,000 in subsequent years), will prioritise those children and young people who have waited the longest. All additional nursing staff are in post.

Some changes to current work practices and the implementation of proven quality improvement test of change has identified additional capacity in existing teams to target longest waits.

Cancer – 62-day

Healthcare Quality Domain: Timely

For reporting at **February 2017** meetings

Target/Standard:

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).

Responsible Director[s]: Chief Officer – NHS Lothian University Hospitals & Support Services

Performance:-

Committee Assurance Level	Date Assurance Level Assigned	Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
To be reviewed	To be reviewed	Not Met	Improving	Better	Jul – Sep 2016	95% (min)	82.5%	Dec 2016	Management Information	Yes	Yes	JC

Summary for Committee to note or agree

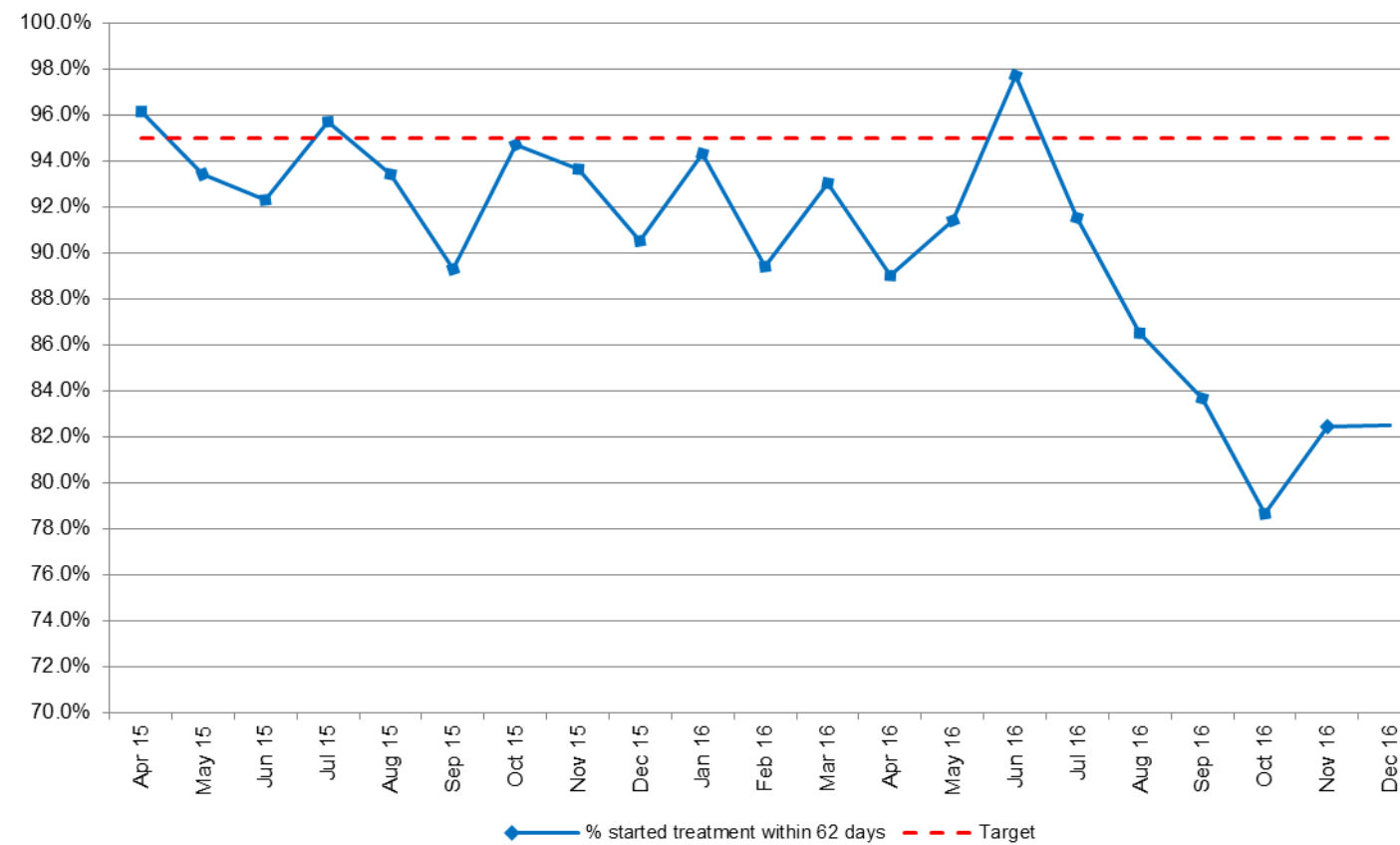
- Performance in November saw an improvement with overall compliance at 82.5%, up from 78.7% last month.
- Many tumour groups continued to see challenges on the 62 day pathway with 5 tumour sites not achieving the standard. With 5 tumour sites achieving 100%.
- Performance was most challenging in Urology where performance declined to 40.7%.

Recent Performance – Percentages achieved towards standard

Table 1: 62-Day Performance – Higher % is Better

Cancer Type	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16
All Cancer types	96.1%	93.4%	92.3%	95.7%	93.4%	89.3%	94.7%	93.6%	90.5%	94.3%	89.4%	93.0%	89.0%	91.4%	97.7%	91.5%	86.5%	83.7%	78.7%	82.5%	82.5%
Breast (screened excluded)	100.0%	100.0%	96.8%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Breast (screened only)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	96.7%
Cervical (screened excluded)	n/a	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	n/a	100.0%	n/a	100.0%	n/a	n/a	n/a	n/a
Cervical (screened only)	100.0%	n/a	100.0%	100.0%	n/a	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	n/a	n/a	0.0%	n/a	0.0%	n/a	0.0%
Colorectal (screened excluded)	91.7%	100.0%	84.2%	93.8%	85.7%	90.9%	94.4%	86.7%	84.2%	88.2%	80.0%	91.3%	77.8%	80.0%	100.0%	60.0%	53.3%	77.3%	69.2%	68.8%	62.5%
Colorectal (screened only)	100.0%	100.0%	71.4%	100.0%	50.0%	75.0%	81.8%	80.0%	33.3%	83.3%	66.7%	80.0%	40.0%	60.0%	75.0%	80.0%	50.0%	66.7%	80.0%	63.6%	85.7%
Head & Neck	100.0%	66.7%	87.5%	66.7%	100.0%	75.0%	100.0%	87.5%	100.0%	50.0%	0.0%	100.0%	80.0%	75.0%	50.0%	75.0%	66.7%	100.0%	75.0%	100.0%	100.0%
Lung	93.3%	93.3%	100.0%	100.0%	100.0%	78.9%	100.0%	100.0%	89.5%	100.0%	94.7%	100.0%	100.0%	95.5%	100.0%	100.0%	94.7%	94.7%	72.7%	100.0%	100.0%
Lymphoma	100.0%	100.0%	71.4%	100.0%	80.0%	85.7%	75.0%	100.0%	100.0%	100.0%	100.0%	60.0%	n/a	80.0%	100.0%	80.0%	83.3%	66.7%	71.4%	50.0%	80.0%
Melanoma	100.0%	100.0%	83.3%	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	100.0%	83.3%	100.0%	100.0%	100.0%	100.0%	80.0%	100.0%	100.0%	100.0%
Neurological – Brain and Central Nervous System (CNS)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Ovarian	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	100.0%	n/a	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	n/a	100.0%
Sarcoma	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Upper Gastro-Intestinal (GI)	100.0%	83.3%	83.3%	92.9%	100.0%	86.7%	88.9%	81.8%	83.3%	100.0%	90.9%	100.0%	85.7%	100.0%	100.0%	100.0%	90.0%	87.5%	50.0%	75.0%	50.0%
Urological	85.2%	78.6%	92.3%	73.7%	85.2%	77.8%	88.6%	82.4%	78.3%	88.9%	77.8%	80.6%	76.9%	76.9%	96.2%	78.3%	58.8%	53.8%	52.9%	40.7%	60.0%

Figure 1: 62-Day Performance – Higher % is Better



Timescale for Improvement

An improvement trajectory has not been agreed with Scottish Government however additional weekly monitoring of performance is being introduced which will continue until there are two successive quarters of performance above 95%.

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Introduction of daily review meeting with Urology and Colorectal trackers with management support	January 2017	Reduce risk of preventable delays in patient pathway and earlier escalation of potential delays or capacity constraints which may cause a breach against target	Improvement in compliance	On going
Increase in access to urology first Outpatient appointment	December 2016	Increase of 6 new urology slots per week will allow quicker first assessment.	Improvement in compliance	New templates now in place
Change to administration process – allow cancer trackers within urology access rights to book patients direct into OP appointment	December 2016	Reduce step in administrative process for urology.	Improved compliance	On going
Identification of ‘bottle necks’ in pathway to target potential improvement and redesign work	January 2017	By identifying where actual problem exists will allow management team to direct support review practice to improve service and pathway	Improved compliance and access for patients	Mapping exercise for urology complete. Analysis underway.
Additional private sector capacity being introduced for urology/colorectal/GI	January 2017	Reducing delays to OP and to procedures for patients	Improvement in compliance	Activity being directed to private sector
Introduction of 0.5wte Cancer waiting times service role to provide increase in scrutiny, support and training for trackers	February 2017	Improved training and competence for trackers to maximise patient pathway and increase reliability in data provision.	Improvement in compliance	Commence in February
Implementation of Robotic Prostatectomy	Implementation on site by July 2016. Training for NHS Lothian and	Investment in regional service with national and charitable funding to improve clinical outcomes and support the sustainability of the urology	Implementing not yet complete.	Robot was delivered July 16 to date over 50 procedures have been performed. No net increase, but reduced length of stay.

	NHS Fife Surgeons to be completed by Spring 2017.	prostatectomy service.		<p>We continue the implementation programme for robot to increase capacity for prostatectomy surgery and address existing delay.</p> <p>COMPLETE: ACTION NOW CLOSED.</p>
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Comments

Reasons for Current Performance

Continuing capacity pressures within Urology remain the most significant contributing factor to the performance decline. Colorectal and Upper GI performance continues to be affected by capacity pressures within these services – most specifically relating to endoscopy and colonoscopy capacity. Pressures in these areas are linked to rising numbers of OP referrals on the service which have put pressure on the overall available capacity within the pathway for these tumour groups. Ceasing of private sector capacity earlier in 2016, now restarted, has added to capacity pressures on these services which is mirrored in TTG and OP performance challenges.

The problems within the urological pathway have been well documented nationally and are referenced in the new national cancer strategy which references a forthcoming national review on urology services and planned Government investment in robotic prostatectomy within NHS Lothian as one of 3 centres in Scotland. An additional urologist took up an appointment in August 2016. One further Consultant retiral in November as added to a compromised service. An interview held 16 December saw a replacement appointment made but the successful applicant will not start until mid 2017.

Mitigating Actions

There is an increased scrutiny of weekly CWT reporting process by CSM and ASM to ensure early escalation of delays and appropriate action for urology, colorectal and GI patients.

Within Urology newly recruited cancer trackers continue to receive training and support. The continued poor performance in November was twofold – tracker issues and Consultant vacancy resulting in reduced capacity for appointments both contributed to the down-turn in performance.

Within Colorectal, majority of breaches of patients occur from patients not from screening programme and there is a delay for initial outpatient appointment. The number of new and review appointments for patients being tracked, to ensure timely management of result outcomes is maintained

Ongoing work with Endoscopy management team to improve access for Urgent Suspicion of Cancer scope referrals to ensure 14 day maximum wait. Particular focus on combi (upper and lower GI) patients and bowel screeners

Additional activity around robust review of the theatre matrix (with clinical input) to ensure timely scheduling of surgery to deliver maximum 31 day wait from Decision To Treat is also in place to ensure no preventable delays for patients on the cancer pathway for the theatre element of the patient pathway.

Additional senior management scrutiny of cancer performance and structure is also being undertaken.

Diagnosics – Gastroenterology/ Urology Diagnosics

Healthcare Quality Domain: Timely

For reporting at February 2017 meetings

Target/Standard:

A six week maximum waiting time for eight key diagnostic tests (four for Gastroenterology/ Urology Diagnosics, and four for Radiology (one of which covers data for Vascular Labs - please see separate proformas for Radiology and for Vascular Labs data)), from 31st March 2009.

Responsible Director[s]: Chief Officer – NHS Lothian University Hospitals & Support Services

NHS Lothian Performance:-

Committee Assurance Level	Date Assurance Level Assigned	Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated Since Last Report?	Narrative Updated since Last Report?	Lead Director
To be reviewed	To be reviewed	Not Met	Improving	Worse	Sep 16 (Mthly)	0 (max)	2,250 N.b. This figure is represented in Table 2 . (It is made up of the Totals in Table 1, for the relevant reporting date only, on each of the three Diagnosics proformas, summed– as together these cover the eight Standard tests.)	Dec 2016	Management Information	Yes	Yes	JC

Summary for Committee to note or agree

- Analysis of demand and capacity has identified a gap in capacity for patients referred for endoscopy procedures;
- Patients referred via the Bowel Cancer Screening Programme or as an urgent patient with suspicion of cancer are being prioritised. This cohort of patients are generally receiving an appointment within 14 days from referral but this is impacting on the ability to see routine patients within 6 weeks;
- Improvement in the Flexible cystoscopy performance is notable.

Key Diagnostic Tests - Gastroenterology/ Urology Diagnosics

The four diagnostic tests in Gastroenterology/Urology Diagnosics are Colonoscopy, Upper Endoscopy, Flexible Sigmoidoscopy (Lower Endoscopy - excluding Colonoscopy) and Flexible Cystoscopy.

Recent Performance: Numbers against Standard

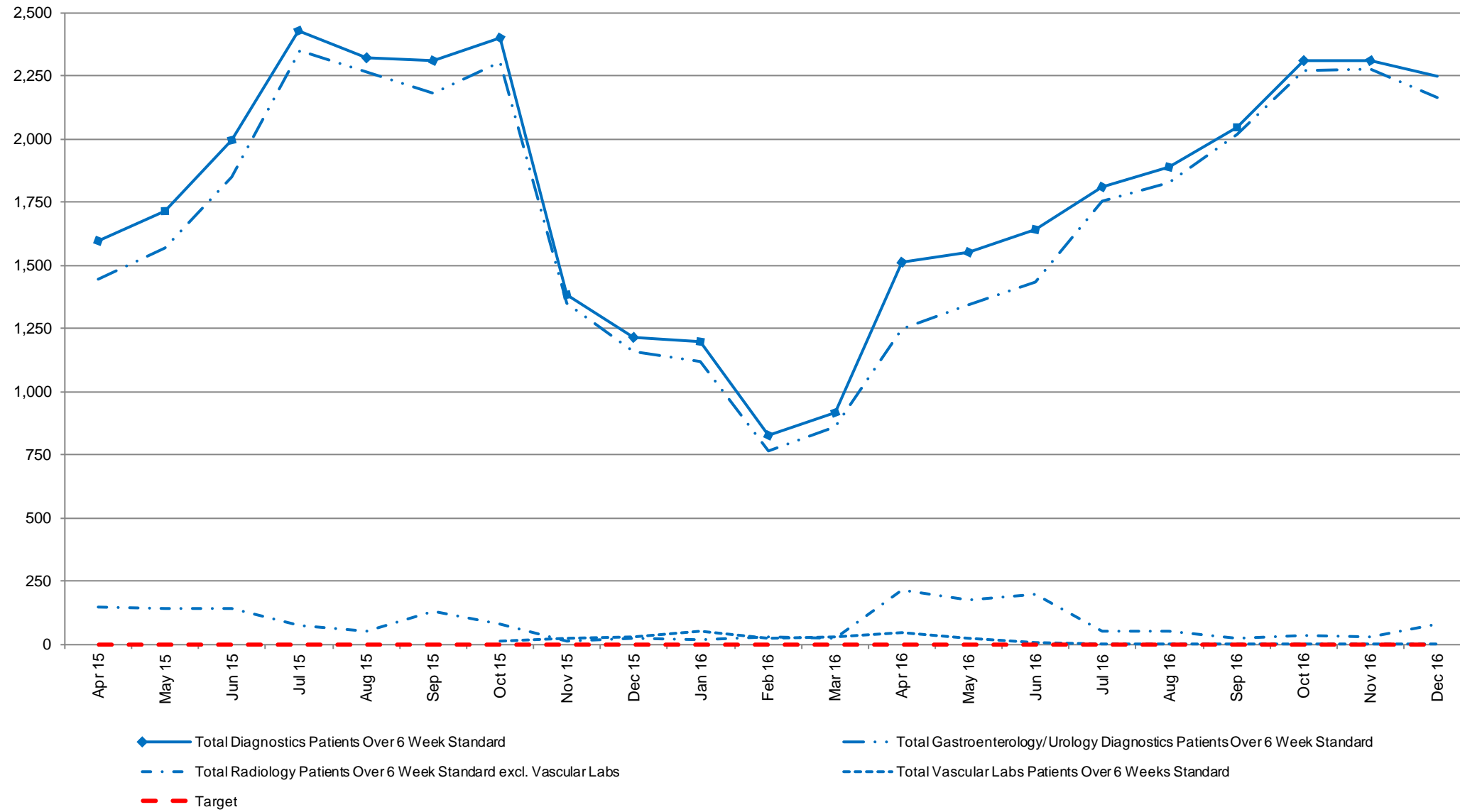
Table 1: Gastroenterology/ Urology Diagnosics - Numbers over 6 Week Standard – Lower Count is Better

	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16
Upper Endoscopy	654	761	841	978	846	778	850	592	497	504	389	433	552	567	620	730	710	792	922	873	786
Colonoscopy	285	303	421	654	674	680	639	406	457	418	210	229	448	507	568	682	716	742	767	780	746
Flexible Sigmoidoscopy (Lower Endoscopy)	262	284	294	310	278	235	246	171	162	173	142	162	209	198	192	244	347	391	395	375	308
Flexible Cystoscopy	247	224	296	410	470	487	571	179	46	28	27	37	43	73	56	99	55	95	186	247	326
Total	1,448	1,572	1,852	2,352	2,268	2,180	2,306	1,348	1,162	1,123	768	861	1,252	1,345	1,436	1,755	1,828	2,020	2,270	2,275	2,166

Table 2: Numbers (Total) Over 6 Week Standard – Lower Count is Better

	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16
Total	1,594	1,716	1,994	2,428	2,320	2,310	2,398	1,383	1,213	1,195	826	915	1,513	1,549	1,640	1,810	1,887	2,047	2,308	2,308	2,250

Figure 1: Diagnostics - Numbers over 6 Week Standard – Lower Count is Better



Timescale for Improvement

Recent DCAQ work has supported the development of a trajectory until end of March 2017.

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Continue to support evening lists via NHS	January onwards	This number has reduced since end of April to 14 per month due to staff availability	14 additional slots per month	Evening lists are in place although subject to staff availability.
To maximise use of Regional Endoscopy unit (REU) at QMH for routine repeats. Introduce Patient Focus Booking for this unit	Commence May 2016	Increase use of REU ensuring identifiable capacity for planned repeats Patient focus booking is good for patients and reduces short notice CNAs and DNAs	Example of one weeks activity at REU under the new system Booked Capacity 90.1% DNA Rate (Points) 2.7% DNA Rate (patients) 3.6% Actual Utilisation 87.7% which is a much improved position	PFB implemented and being measured and monitored on a weekly basis.

Introduce the full time nurse validation and telephone screening model for repeat endoscopies.	1 st June 2016	45% reduction in total numbers validated then telephone screened was achieved within NHS Lanarkshire, same model we are implementing. This was largely driven by patient choice. These patients may historically have been DNAs and therefore ensuring capacity is maximised	Safe managed reduction in planned repeat list by clinical validation and telephone pre-assessment screening. Patients most in need of early scope identified, reduction in DNA more efficient use of capacity. Since start of new process there has been a 37% reduction of patients contacted and a further 8.5% have had follow-up dates deferred based on current clinical guidelines.	Weekly monitoring ongoing
Progress Faecal Calprotectin workstream to reduce demand on the service	July 2016	Significant reduction in referral to Gastroenterology Outpatients and ultimately reduction in endoscopy procedure	To be seen in demand analysis	Pathways have been agreed with stakeholders (GPs) and sign-off has taken place in early November. Some actions required to achieve full roll-out including labs equipment which has been purchased and will arrive in January 2017. Roll-out to commence Feb 2017.
Implement Nurse-Led Faecal Calprotectin clinics for backlog of Gastroenterology patients	January 2017	Significant reduction in current waiting list for Gastroenterology Outpatients - when negative test results received patient can be managed in primary care. Ultimately a reduction in endoscopy procedures.	To be seen as project commences	In progress –nursing and lab support secured. Clinical triage of patients underway to identify suitable cohort.
Band 2 contacting pts in the evening to confirm attendance at procedure	May 2016 onwards	Reduction in DNAs More efficient use of capacity	Already significant improvement seen in Roodlands historically very high DNAs now weekly report of 95- 100% attendance. Problem remains where small numbers of patients confirm attendance on phone week prior to scope and then still fail to attend GP letter being agreed to inform GPs.	Ongoing as DNA reduction has been noted. Additional resource being allocated in Dec to confirm all appts as traditionally high DNA rate in December.
Review of Nurse Endoscopist workloads and recruitment of further Nurse Endoscopist	Dec 2016	Work ongoing to maximise capacity of existing Nurse Endoscopists. One further post recruited to with individual taking up post in early December.	Aim to increase fixed lists for Nurse Endoscopists while retaining flexibility for backfill	Ongoing work by Service Team to ensure Nurse Endoscopists are fully utilised
Introduction of Patient Focused Booking for all Endoscopy procedures	February 2017	Patient Focus Booking has been shown to reduce short notice CNAs and DNAs	Reduction in DNA rate which can currently vary from site to site (average 10%)	Currently being planned by Booking and Service Team and due to commence in Feb 2017.
External capacity secured for 900 Endoscopy procedures	Nov 2016 – March 2017	Reduction in number of routine patients waiting over 12 weeks for an Endoscopy procedure	Anticipated reduction by 900 patients	Capacity secured and streaming has commenced with 120 patients due to be seen in December.
Housekeeping of longest waiters that have been identified as suitable for external provider is being carried out by EPO before patient details are sent to external providers in order to fill available capacity. Prior to putting this action in place 25% of patients transferred to Spire Healthcare were returned.	February 2017	Cleanse the waiting list of all patients who no longer require appointment or have multiple entries.		This action has just commenced and will be monitored weekly.
Weekly meeting with waiting list office to maximise capacity and highlight booking issues earlier	May 2016	Increase utilisation/reduced DNAs improved communication closer working between service and booking team	Early escalation of issues, close working with booking team. Changes as a result of meeting – introduction of telephoning reminder relay evening service, reduction in last minute booking creation of consultant list to manage urgents, training and familiarisation by senior endoscopy nurses to the booking team resulting in greater knowledge of service and fewer errors	Weekly meetings now routinely taking place. ACTION NOW CLOSED
Introduce a pt letter that advises direct access pts that they have been added to waiting list for procedure	On Hold	Reduce DNA rate improved patient experience with better communication	-	This action no longer required due to the implementation of Patient Focused Booking for all sites. ACTION NOW CLOSED

Comments - Gastroenterology/Urology Diagnostics

The withdrawal from private sector since 1st April 2016 has resulted in a deteriorating position for Endoscopy where demand outstrips core provision. Additional pressure on capacity from high volume of Urgent Suspicion of Cancer patients taking priority. There has now been capacity identified for 900 Endoscopy procedures between November 2016 – March 2017 which will result in a substantial reduction of patients waiting over 12 weeks.

Reasons for Current Performance

Demand continues to outstrip capacity and referral rates continue to rise. Reduced volunteers (both nursing and operators) for Waiting list initiatives on both evenings and weekends.

Mitigating Actions

Continue to maximise utilisation of internal core resource. Reviews of referrals continue to be completed to ensure patients on waiting lists remain clinically appropriate. Additional work is ongoing to review overall endoscopy room utilisation to maximise utilisation of core funded capacity. To compensate for the DNA rate, a number of lists are being overbooked to support full use of the available capacity. Telephone initiatives, use of nurse validation and introduction of Patient Focus Booking with return patients being streamed to REU. Ongoing work by Service Team to continuously monitor Nurse Endoscopist job plans to increase fixed sessions and look at flexibility.

Diagnostics - Radiology

Healthcare Quality Domain: Timely

For reporting at **February 2017** meetings

Target/Standard:
 A **six week maximum** waiting time for eight key diagnostic tests (four for Gastroenterology/Urology Diagnostics, and four for Radiology (one of which covers data for Vascular Labs from 31st March 2009. Please see separate proformas for Gastroenterology/Urology Diagnostics and for Vascular Labs data).

Responsible Director[s]: Chief Officer – NHS Lothian University Hospitals & Support Services

NHS Lothian Performance:-

Committee Assurance Level	Date Assurance Level Assigned	Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
To be reviewed	To be reviewed	Not Met	Improving	Worse	Sep 16 (Mthly)	0 (max)	<p style="text-align: center;">2,250</p> N.b. This figure is represented in Table 2 . (It is made up of the Totals in Table 1, for the relevant reporting date only, on each of the three Diagnostics proformas, summed– as together these cover the eight Standard tests.)	Dec 2016	Management Information	Yes	Yes	JC

Summary for Committee to note or agree

We are continuing to take actions to reduce waiting times for key radiology tests.

Key Diagnostic Tests - Radiology

The four diagnostic tests in Radiology are Computed Tomography (CT), Magnetic Resonance Imaging (MRI), Barium Studies and Ultrasound.

Recent Performance: Numbers against Standard

Table 1: Radiology - Numbers over 6 Week Standard² – Lower Count is Better

	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16
MRI	108	123	106	60	38	111	77	6	11	12	17	16	204	172	176	45	43	22	28	20	68
CT	15	8	6	12	9	9	3	2	6	2	5	6	7	3	19	5	7	4	8	4	3
General Ultrasound	23	13	30	4	5	10	1	5	5	3	9	3	3	3	3	5	5	1	2	9	9
Barium Studies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Total³	146	144	142	76	52	130	81	13	22	17	31	25	214	178	198	55	55	27	38	33	80

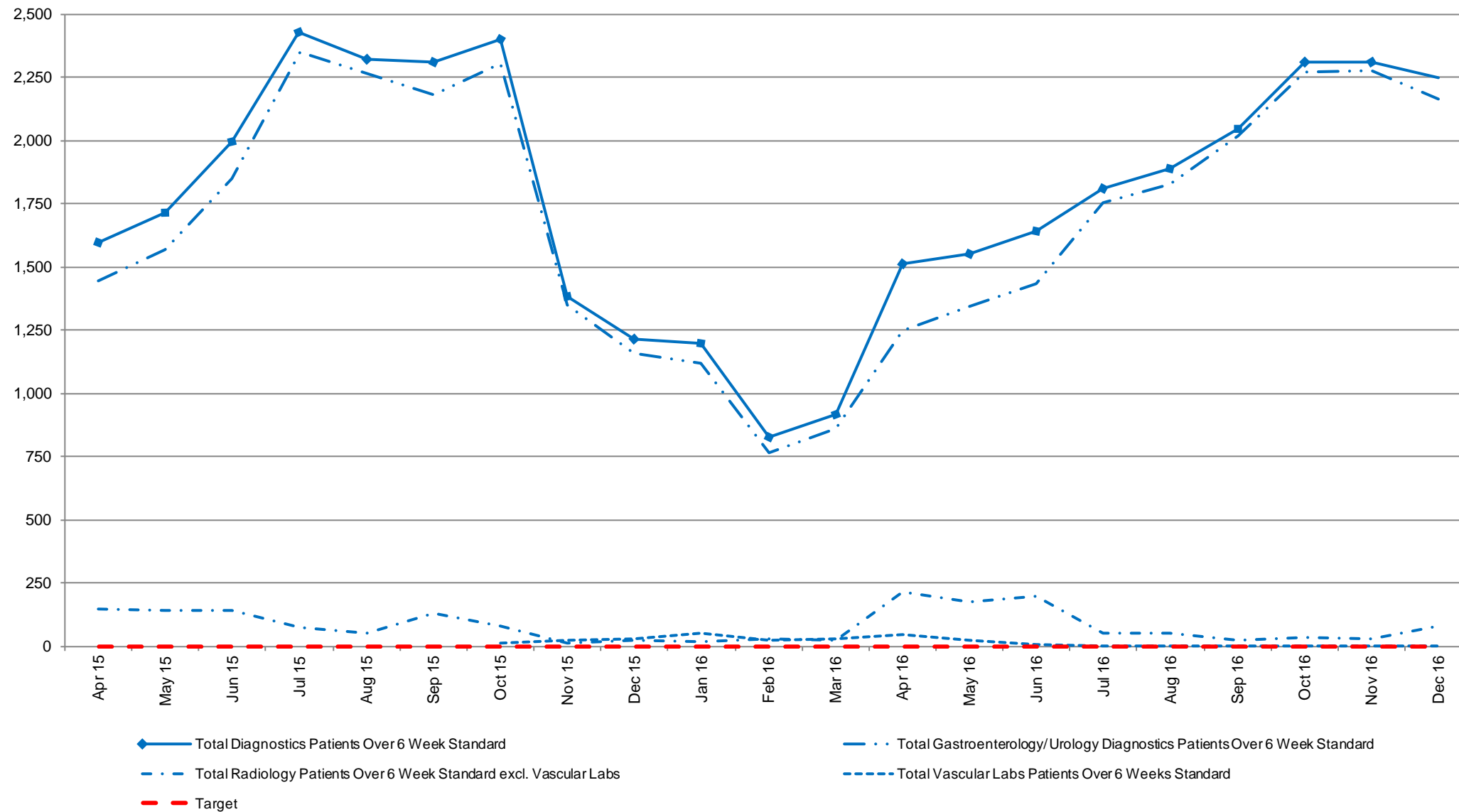
Table 2: Numbers (Total) Over 6 Week Standard – Lower Count is Better

	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16
Total	1,594	1,716	1,994	2,428	2,320	2,310	2,398	1,383	1,213	1,195	826	915	1,513	1,549	1,640	1,810	1,887	2,047	2,308	2,308	2,250

² From Oct 15 inclusive onwards, Vascular Labs figures are not included in 'General Ultrasound' but are reported on the separate Vascular Labs proforma;

³ Minus Vascular Labs, from Oct 15 inclusive onwards.

Figure 1: All Diagnostics - Numbers over 6 Week Standard – Lower Count is Better



Timescale for Improvement against Target/Standard - Radiology

1st December to 31st March 2017

Actions Planned and Outcome - Radiology

Action	Due By	Planned Benefit	Actual Benefit	Status
External provision of CT and MRI –10 CT and 19 MRI mobile van days	End of March 2017	700 patient examinations per month	Sustain TTG	Implemented
Patients requiring MRI L. Spine invited to attend GJNH	End of March 2017	40-50 patient examinations per month	Sustain TTG	Implemented
Patients appointed to The Edinburgh Clinic for CT Colon	End of January 2017	25 patient examinations per month	Sustain TTG	Implemented
Reduce reporting beyond 6 weeks (weekly report to consultants to highlight long waits and overall position)	End of March 2017	Improved scan to report times	Sustain TTG	Implemented

Comments - Radiology

For Current Performance

79 patient Radiology examinations tripping the 6 weeks referral to unverified report at end Dec 16.
 67 are MRI. Extra internal MRI sessions arranged in January to reduce and timely reporting. Lost internal and external sessions due to public holidays and specialist leave.
 3 CT and 9 US case complexity/delay in reporting.

Diagnostics – Vascular Laboratory

Healthcare Quality Domain: Timely

For reporting at **February 2017** meetings

Target/Standard:

A **six week maximum** waiting time for eight key diagnostic tests (four for Gastroenterology/Urology Diagnostics, and four for Radiology (one of which covers data for the Vascular Laboratory. Please see separate proformas for Gastroenterology/Urology Diagnostics and for Radiology data)), from 31st March 2009.

Responsible Director[s]: Chief Officer – NHS Lothian University Hospitals & Support Services

NHS Lothian Performance:-

Committee Assurance Level	Date Assurance Level Assigned	Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
To be reviewed	To be reviewed	Not Met	Improving	Worse	Sep 16 (Mthly)	0 (max)	<p>2,250</p> <p>N.b. This figure is represented in Table 2. (It is made up of the Totals in Table 1, for the relevant reporting date only, on each of the three Diagnostics proformas, summed– as together these cover the eight Standard tests.)</p>	Dec 2016	Management Information	Yes	Yes	JC

Summary for Committee to note or agree

- A national shortage of Healthcare Scientists (HCS) has resulted in a vacancy being unfilled and a reduction in service capacity;
- The service has increased productivity, and in May 2016 brought in HCS staff from out with NHS Lothian to support a reduction in waiting times;
- The service is also prioritising training to develop the HCS workforce and to support the service in the longer term;
- Unfortunately one member of the team has handed in their notice which will adversely affect performance. We have shortlisted 4 applicants for the vacant post and the interview is scheduled for Friday 27th January.

Key Diagnostic Tests - Vascular Labs

The diagnostic test for **Vascular Labs** was previously included in General Ultrasound (until September 2015 inclusive).

Recent Performance: Numbers against Standard

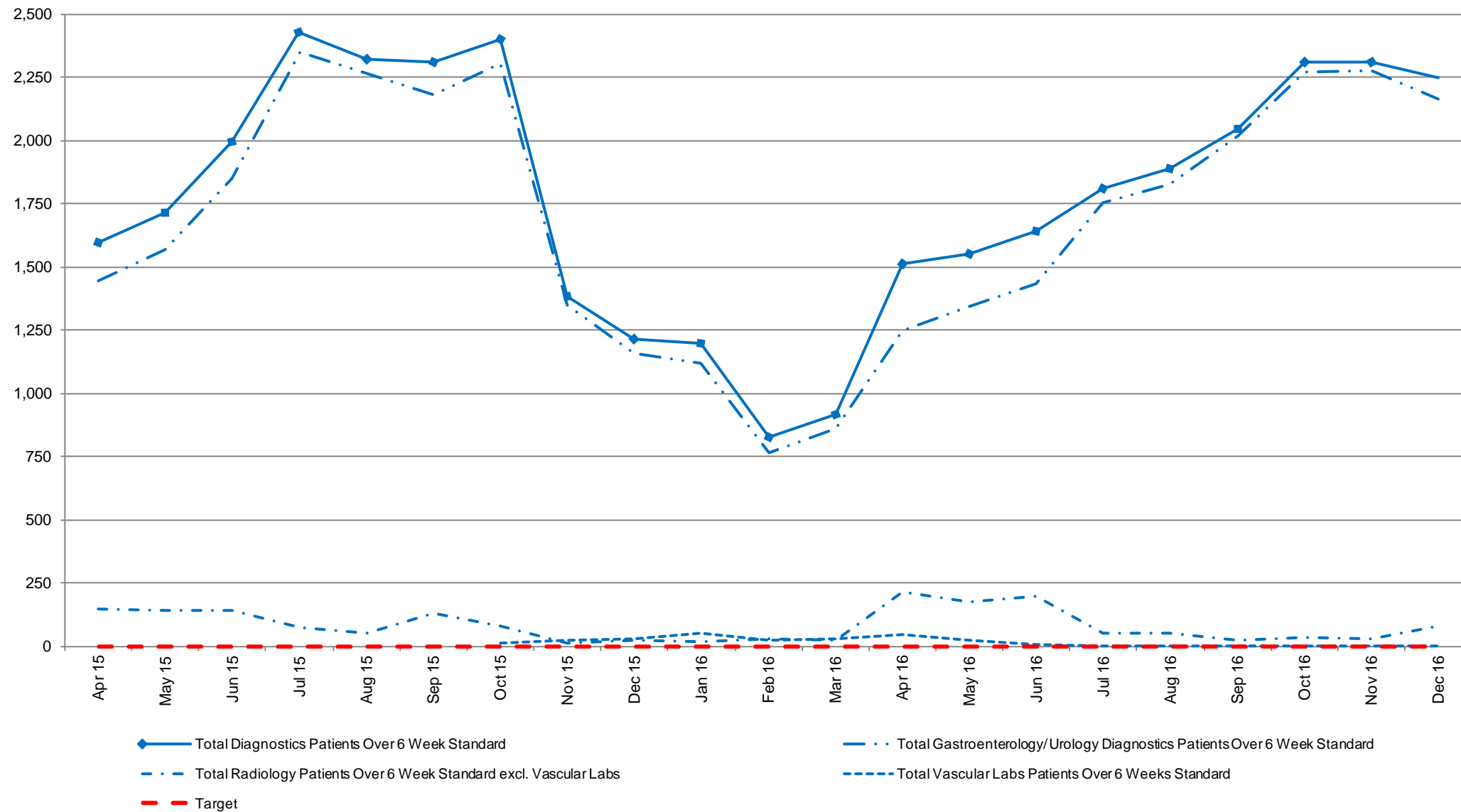
Table 1: Vascular Labs - Numbers over 6 Week Standard – Lower Count is Better

	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16
Vascular Labs	11	22	29	55	27	29	47	26	6	0	4	0	0	0	4

Table 2: Numbers (Total) Over 6 Week Standard – Lower Count is Better

	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16
Total	1,594	1,716	1,994	2,428	2,320	2,310	2,398	1,383	1,213	1,195	826	915	1,513	1,549	1,640	1,810	1,887	2,047	2,308	2,308	2,250

Figure 1: All Diagnostics - Numbers over 6 Week Standard – Lower Count is Better



Timescale for Improvement against Target/Standard - Vascular Laboratory

This continues in light of the capacity shortfall as a result of the national shortage of HCS.

Actions Planned and Outcome - Vascular Laboratory

Action	Due By	Planned Benefit	Actual Benefit	Status
Service advertising replacement 1.2 band posts	End of January 2017	Reduction in patients waiting over 6 weeks after appointment	To be evaluated once change has come into effect	4 Candidates shortlisted and interviews scheduled for 27 th January.
Increase productivity by increasing patient facing direct clinical care workload and offering overtime to staff	End of January 2017	Increase capacity in vascular laboratory	As planned	Overtime is now routinely offered to staff to increase capacity
Review of Nurse-Led Vascular Access Service	End of January 2017	Increase capacity in Nurse-Led Vascular Access New Patient Clinics	As planned	Discuss further with Manager of Nurse-Led Vascular Access Service

Comments - Vascular Labs

Reasons for Current Performance

A national shortage of Healthcare Scientists (HCS) has resulted in a vacancy being unfilled and a reduction in capacity. The position within the Vascular Lab is improving but there is an issue with the way in which the data are reported and this is being followed up with Andy Jackson's team. Nurse-Led Vascular Access Clinics now appear as part of the Vascular Lab data (US performed during this clinic) due to a recent change in how referrals are generated for these clinics. In December, there were 3 referrals waiting more than 6 weeks for these clinics - the Nurse-Led Vascular Access Team are also short staffed at the moment.

Drug & Alcohol Waiting Times

Healthcare Quality Domain: Timely

For reporting at **February 2017** meetings

Target/Standard:

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 **90%** of clients will **wait no longer than 3 weeks** from referral received to appropriate drug or alcohol treatment that supports their recovery (90%).

Responsible Director[s]: Nurse Director

NHS Lothian Performance:-

Committee Assurance Level	Date Assurance Level Assigned	Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
Limited	Nov 16	Not Met	Improving	Worse	Jul – Sep 16	90% (min)	85.4%	Jul – Sep 16	ISD	Yes	Yes	AMcM

Summary for Committee to note or agree

All services in the area (NHS, Council & 3rd Sector)

- The Lothian wide figure is still below target by just over 6% but remains at a consistent level over the last 2 quarters.
- On a geographical basis services in Midlothian, East Lothian and West Lothian partnerships continue to exceed the target;
- Edinburgh's performance is similar to the last quarter but still below target.

NHS Lothian Substance Misuse Services Only

- Lothian NHS SMS as a whole continue on a rising trend and as at June showed their highest in the last 5 quarters at 81%
- NHSL SMS Services in East and Midlothian continue to meet / exceed the target;
- Within Edinburgh NHSL SMS services remain consistent with Q4 last year at 75%.
- West Lothian NHSL SMS services have continued to show an improving trend in the last 5 quarters from 38% to just under 83% in Q1 for this year. Performance in West Lothian has reduced in month which will show in next Quarters figures
- Plans are being implemented in Edinburgh and West Lothian to enhance productivity and capacity within the teams; The productivity plans are under pressure due to numbers of staff moving to permanent contracts given ongoing uncertainty about what the 23% reduction will look like in reality.

Recent Performance – Numbers Against LDP Target

Table 1: % Seen within 3 Weeks – Higher % is Better

	Jun 15	Sep 15	Dec 15	Mar 16	Jun 16	Sep 16
NHS Lothian	83.5%	82.9%	79.9%	84.0%	84.1%	85.4%
Edinburgh City Alcohol & Drug Partnership (ADP)	80.7%	81.1%	75.6%	77.4%	77.7%	81.7%
Midlothian and East Lothian ADP (MELDAP)	91.9%	94.8%	94.0%	96.3%	97.2%	97.4%
East Lothian	91.5%	95.0%	90.5%	97.2%	95.6%	96.9%
Midlothian	92.4%	94.5%	98.0%	95.4%	98.5%	97.9%
West Lothian ADP	85.8%	80.0%	82.4%	93.2%	91.2%	87.3%

Timescale for Improvement

Discussions ongoing with the three ADPs and four IJBs about what the likely available funds for the remainder of this financial year and next will look like. Significant reductions still expected which will impact n ability to deliver 3 week target

The review of residential services is ongoing and the impact on services will be addressed as part of this review

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Substance Misuse Collaborative	31 st January 2017	Clarity on 17/18 funding and impact on service delivery both in community and NHS commissioning of services	Impact assessment of patient care/meeting drug treatment target	RED

The Lothian Substance Misuse Collaborative, the three ADPs and the four IJBs are working to take proposals forward to each organisation's Board to highlight what is required to meet the access target in each area and ensure sustainable services. ADPs are drawing together risk assessments on the impact on service delivery of the 23% reduction in ADP funding and these will be agreed through local IJB governance structures.

In addition NHS Lothian, the ADPs and the Health and Social Care Partnerships have agreed to progress the recommendations from a piece of commissioned work completed by McMillan Rome. The report and proposed next steps have been circulated to service leads. The Lothian Wide Substance Misuse Collaborative Group has set up several task groups to progress the detail of each recommendation. This was further discussed and refined at November Collaborative Meeting and leads identified.

Initial outcomes discussed in December and further work is ongoing to identify risks and mitigations to each task. Savings have been identified but not to the level of 23% required

Comments**Reasons for Current Performance**

Substance Misuse Directorate (SMD) performance in the City of Edinburgh has been below 90% for some months and pulls the average for all services in NHS Lothian down (across health, social care and the voluntary sector). There have been pressures in other areas, but these have been short term and resolved.

Reasons for the pressures in the city are:-

1. Short term contracts for EADP funded posts, which constitute the majority of staff – these results in high levels of staff turnover, whose caseloads need to be absorbed by remaining staff, who are then unable to take on new cases from the waiting list. There are currently a number of vacant posts and agreement to recruit is required from EADP. The current funding stream for temporary posts is only until end November due to the impact of the 23% reduction and if this is applied across all areas then these posts will not be funded.
2. Contracting budgets –23% reduction applied by SG. Whist ADP reserves have been cushioning this reduction till now there is an ongoing shortfall until the end of the financial year
3. Bottlenecks in the patient pathway, reducing capacity for discharge to primary care, which reduces the SMD capacity to take on new cases. Several GP practices in the city are receiving direct support from HSCPs as they have excess activity for the resources available to them. Approximately 30% of GP practices currently have restricted lists.

The SMD SMT is continuing to use the productivity work to maximise capacity in local services. Improvements have been seen but this will be hampered by staff reductions

Inpatient & Day Case (IPDC) Treatment Time Guarantee (TTG)

Healthcare Quality Domain: Timely

For reporting at **February 2017** meetings

Target/Standard: 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.

Responsible Director[s]: Chief Officer – NHS Lothian University Hospitals & Support Services

NHS Lothian Performance:-

Committee Assurance Level	Date Assurance Level Assigned	Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
To be reviewed	To be reviewed	Not Met	Deteriorating	Better	Sep 16 (Mthly)	0 (max)	1,318	Dec 16	Management Information	Yes	Yes	JC

Summary for Committee to note or agree

Use of independent sector ceased from April 1 2016; internal capacity is unable to fully cover this previous activity which will impact on performance. Details of DCAQ work including efficiency improvements that we are undertaking are described below.

Recent Performance – Numbers beyond Standard

Figure 1: Treatment Time Guarantee Patients waiting beyond standard at month end – Lower Count is Better



Table 1: Treatment Time Guarantee Patients waiting beyond standard at month end – Lower Count is Better

	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16
Urology	137	123	92	104	133	143	116	76	33	23	37	59	122	136	182	221	296	386	398	458	490
Orthopaedic Surgery	88	86	60	55	62	40	32	24	25	28	42	52	73	52	32	47	77	105	119	226	326
Vascular Surgery	48	39	18	29	21	15	18	9	12	25	30	51	51	71	59	67	45	117	155	128	138
General Surgery	1	0	1	2	1	0	1	2	1	13	16	21	18	5	3	4	14	10	38	87	134
Ear Nose and Throat	42	46	34	31	30	33	30	20	2	0	3	4	10	9	5	7	17	21	31	41	57
Maxillofacial	39	38	33	13	28	19	13	15	4	16	18	31	37	37	18	13	17	28	43	40	34
Neurosurgery	6	12	14	8	6	5	0	6	14	24	39	35	45	53	54	46	42	43	35	36	29
Others	139	132	97	105	117	90	67	41	36	32	36	36	48	53	46	58	75	81	91	98	110
Total	500	476	349	347	398	345	277	193	127	161	221	289	404	416	399	463	583	791	910	1,114	1,318

Table 2: Treatment Time Guarantee Patients seen beyond 12 weeks

	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16
TTG Seen	476	463	389	314	314	368	293	276	207	163	219	297	297	404	398	318	402	373	454	500	444

Figures on Inpatient list size and unavailability are shown in the following table (Table 3). The use of unavailability and choice codes in Lothian remains low.

Table 3: List Size and Unavailability

	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16
Total List Size (TTG)	8,941	8,692	8,642	8,421	8,599	8,826	8,820	8,944	9,140	9,216	9,809	8,814	8,625	8,628	8,856	9,031	8,948	9,271	9,202	9,351	9,630
Available	7,911	7,644	7,453	7,264	7,543	7,907	8,070	7,952	8,081	8,518	8,332	7,949	7,727	7,623	7,668	7,902	7,954	8,374	8,441	8,442	8,589
Unavailable	1,030	1,048	1,189	1,157	1,056	919	750	992	1,059	698	757	865	898	1,005	1,188	1,129	994	897	761	909	1,041
Percentage Unavailable	11.5%	12.1%	13.8%	13.7%	12.3%	10.4%	8.5%	11.1%	11.6%	7.6%	7.7%	9.8%	10.4%	11.6%	13.4%	12.5%	11.1%	9.7%	8.3%	9.7%	10.8%
Non-TTG	1,180	1,244	1,246	1,187	1,048	1,023	1,013	1,012	1,069	1,110	1,090	1,063	976	1,073	1,091	1,064	1,096	1,147	1,167	1,220	1,174

Timescale for Improvement

Following recent DCAQ work a trajectory has been developed for TTG until end of March 2017.

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Detailed review of Acute Services' available capacity and demand undertaken to inform our future capacity plans and financial planning process. This Demand, Capacity, Activity and Queue exercise has examined service performance against key performance indicators and identify scope for improvement with recommendations to specialties. Work has now moved from data collection and analysis to performance improvement monitoring. Actual activity against core capacity now implemented.	Initial output completed end Jan 2016. Quarterly meetings established with each service. First series of meetings held April 2016, second series of meetings held end July 2016. Next series of meetings scheduled November 2016. A further series of meetings scheduled for February 2017	Improved performance against agreed efficiency targets, example improved Day Case rate. This is to ensure that this remains a key area of focus for Service Management Teams	Once implemented fully this will enable teams to identify improvement opportunities where capacity can be maximised.	Quarterly meetings established with services to monitor performance.

Implementation of a Theatres Improvement Programme – a significant programme with multiple work streams to improve theatre efficiency.	Full implementation by December 2016	Overall improved theatre efficiency Reducing cancellations Redesigning pre-op assessment	The programme is on track to be implemented fully by December 2016 No delivered benefits can be claimed at this point as the work-streams are now being established.	Benefits realisation paper with detailed KPIs for the programme to be approved at TIP Board (20/01) and paper to be submitted to F&R in February. HSDU PID completed describing timelines and deliverables Workforce project team meetings underway focusing on staffing levels and skill mix of staff, future staffing training and development as well as recruitment and retention requirements Scot PFA: Partial testing of the Patient urgency classification system is now underway at WGH Booking and Scheduling – Initial project scoping is actively underway before a Project Brief can be created for this project.
Theatre matrix meetings established on all sites. Facilitates optimum use of sessions through 'pick up' of cancelled lists due to leave and optimise use of hours within sessions. Service review of all booked theatre lists one week in advance to ensure optimum booking and theatre efficiency.	Fully implemented by October 2016	Maximise theatre utilisation Delivery of a sustainable workforce	Increased theatre utilisation / increase in hours used / reduction in DNAs & CNAs	Established Weekly Theatre Matrix meeting routine practice in all specialties. Weekly waiting times meeting with E Health Waiting list office – established Programme of work signed off at the Programme Board, Good progress of individual workstreams.
Establish extent to which specialties plan routine elective patients requiring to be preoperatively assessed are appointed no later than week 4 of their journey – ensure consistent approach is taken.	Next two Specialities for implementation by End April 2017	Confidence that all patients on the waiting list are fit for surgery. Ensuring larger pool of patients prepped and ready to fill vacant theatre slots at short notice.	All patients on the IPWL are fit and ready, for surgery. Provides a pool of patients that we can contact for backfill / short notice cancellation. Detect early signs of pre / post of care.	Implemented in H&N by agreed deadline. A roll out programme of specialities is being established throughout 2017. Colorectal and Urology are the next two specialities for review and implementation with.
Development of trajectories and detailed actions maximising internal capacity; New trajectories build up from, DCAQ work. Process endorsed by SG early May. Trajectories now developed until End March 2017.	End July 2016.	Optimise internal capacity and maintain focus on delivery of TTG	Once implemented fully this will enable teams to identify improvement opportunities where capacity can be maximised.	Trajectories developed and monitoring of activity-v- capacity undergoing as part of the quarterly reviews

Comments

Reasons for Current Performance

Demand for services is greater than core capacity

Cessation of independent sector 1st April 2016. Agreement to use Independent Sector for the specialties under pressure and with the longest waiting time and to improve the position up to end of March 2017 from November 2016

As services have been clearing backlog of patients, if patients are cancelled either by patient or by hospital, they remain on waiting list as already >than 12 weeks, as unavailability cannot be applied.

Performance target is for 12 weeks, therefore if late cancellation due to hospital reason i.e. bed pressures, urgent cases etc there is limited ability to re book within 12 week TTG date.

Lack of willingness to undertake waiting list initiatives in some specialties or within theatre teams.

Sickness absence/ vacancies in some specialties reducing ability to use all scheduled sessions.

Oral Maxillofacial Surgery continues to be under extreme pressure and fails to meet TTG month on month. This is due to various factors, high number of urgent cancer cases which are hugely complex requiring 3 sessions of theatre for each patient, insufficient dedicated theatre time for all the consultants. There has also been sickness absence of 2 consultants in a specialty which only has 6 consultants in the team

Urology decline in performance is multifactorial, primarily due to reduced access to weekend capacity and Consultant vacancy due to retiral... Locum Consultant appointed for December, with advert for full time Locum for 9 months being placed. Consultant vacancy actively being recruited to (Interviews 16/12/16) and weekend waiting list initiatives (when capacity allows) being undertaken

Orthopaedics decline in performance is a result of combination of factors, Increase in demand being explored, high volume of elective cancellations due to bed pressures, and some cancellations due to theatre instrumentation issues

Outpatients

Healthcare Quality Domain: Timely

For reporting at **February 2017** meetings

Target/Standard: From 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. (The target is 95% with a stretch target of 100%).

Responsible Director[s]: Executive Director: Chief Officer

NHS Lothian Performance:-

Committee Assurance Level	Date Assurance Level Assigned	Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
To be reviewed	To be reviewed	Not Met	Deteriorating	Worse	Sep 16 (Mthly)	95% (min)	67.6% (19,211)	Dec 16	Management Information	Yes	Yes	JC

Summary for Committee to note or agree

The software issue impacting on reporting at the Dental Institute has been effectively addressed. Patients there are now included, with updated figures presented from March 2016.

Use of independent sector ceased from April 1 2016; internal capacity is unable to fully cover this previous activity which will impact on performance. Details of DCAQ work including efficiency improvements that we are undertaking are described below. Use of independent Sector recommenced in November 2016 and is in place until March 2017.

Recent Performance – Numbers beyond Standard

Table 1a: Trend in Outpatients over 12 weeks – Total - % – Higher % is Better

	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16
%* (Table 1b Total/Table 2 Total List Size)	92.6%	91.2%	91.7%	88.5%	86.7%	85.4%	85.3%	86.1%	85.1%	83.4%	83.5%	85.5%	84.0%	82.2%	81.5%	79.6%	75.8%	72.8%	70.6%	69.2%	67.6%

Figure 1: Trend in Outpatients over 12 weeks – Total - % (Table 1a) – Higher % is Better

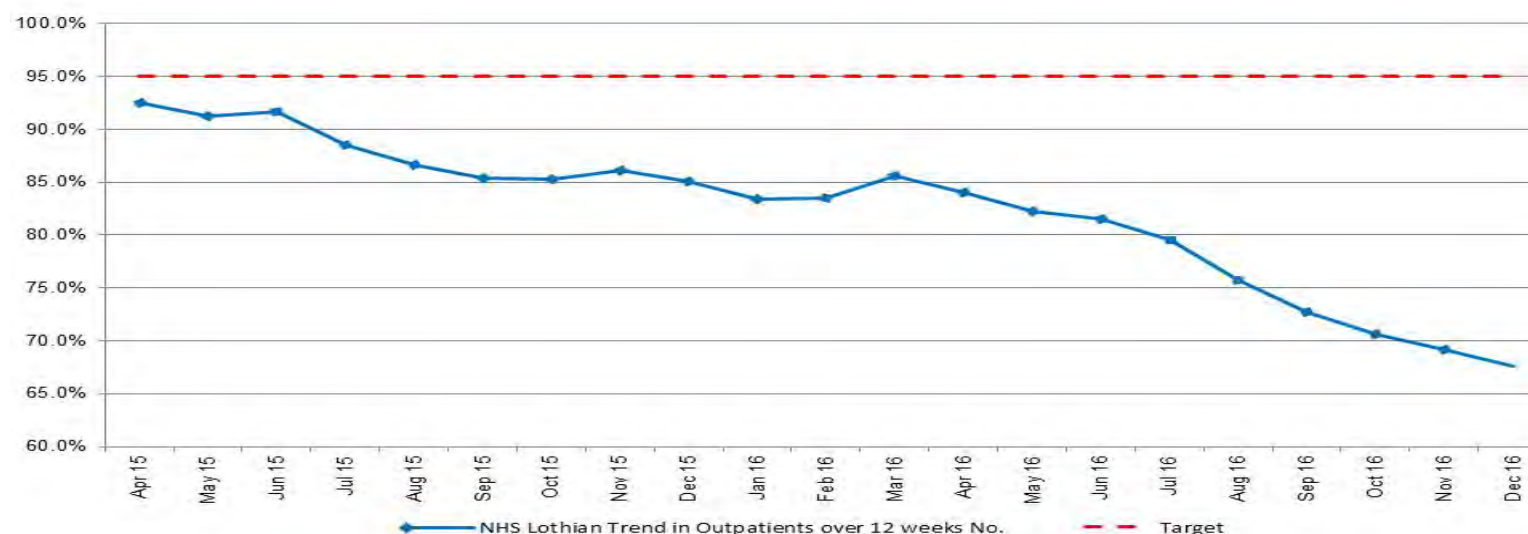


Figure 2: Trend in Outpatients over 12 weeks – Total - Numbers (Table 1b) – Lower Count is Better

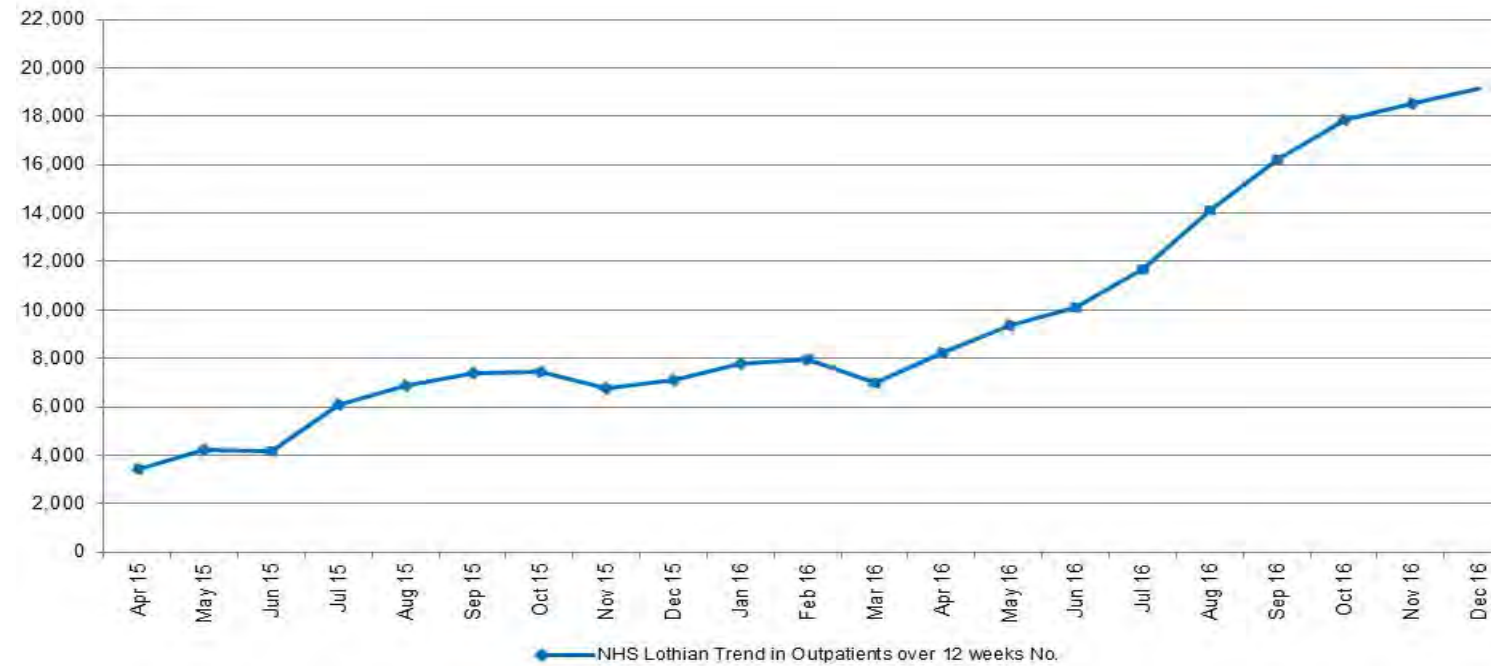


Table 1b: Trend in Outpatients over 12 weeks – Key Specialties – Lower Count is Better

	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16
GASTROENTEROLOGY	477	671	902	1,208	1,334	1,360	1,375	1,292	1,439	1,445	1,547	1,617	1,845	2,087	2,327	2,596	3,112	3,686	3,999	4,360	4,296
TRAUMA AND ORTHOPAEDIC SURGERY	515	665	558	912	1,291	1,623	1,847	1,982	2,165	2,366	2,166	1,916	2,201	2,255	2,321	2,660	2,927	2,977	3,078	3,176	3,213
GENERAL SURGERY (EXCL VASCULAR)	454	583	632	854	1,036	1,141	1,197	1,110	1,120	1,387	1,535	1,375	1,684	2,064	2,042	2,116	2,196	2,438	2,671	2,773	2,757
DERMATOLOGY	13	19	14	19	49	68	44	29	41	217	222	157	80	44	32	213	1,130	1,839	2,425	2,443	2,439
EAR, NOSE & THROAT (ENT)	431	504	541	872	1,093	1,040	681	478	373	394	390	345	492	596	827	921	1,072	1,155	1,239	1,490	1,869
VASCULAR SURGERY	21	23	21	28	93	182	281	293	308	341	326	296	333	339	362	447	578	667	795	964	1,103
GYNAECOLOGY	398	438	321	606	648	542	525	390	377	407	404	353	386	391	351	326	471	669	744	551	559
OPHTHALMOLOGY	256	266	216	283	379	446	583	481	524	322	308	178	180	254	193	200	350	512	565	461	534
UROLOGY	336	378	326	475	395	412	335	212	157	192	188	121	189	224	216	342	350	356	346	354	462
ORAL MEDICINE	2	2	25	59	48	65	91	89	104	126	159	167	231	298	344	401	316	319	348	346	350
OTHERS	564	712	636	771	567	549	532	423	534	628	741	511	639	852	1,120	1,489	1,666	1,647	1,680	1,662	1,629
TOTAL	3,467	4,261	4,192	6,087	6,933	7,428	7,491	6,779	7,142	7,825	7,986	7,036	8,260	9,404	10,135	11,711	14,168	16,265	17,890	18,580	19,211

Table 2: Outpatients List Size and Unavailability

	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16
Total List Size	46,547	48,672	50,243	53,046	52,040	50,788	50,850	48,845	47,999	47,199	48,434	48,681	51,574	52,886	54,777	57,280	58,481	59,696	60,854	60,339	59,377
Available	45,843	47,951	49,004	51,930	50,867	49,746	50,011	47,890	46,516	46,319	47,485	47,874	50,912	51,652	53,490	56,083	57,414	58,721	59,783	59,268	58,154
Unavailable	704	721	1,239	1,116	1,173	1,042	839	955	1,483	880	949	807	662	1,234	1,287	1,197	1,067	975	1,071	1,071	1,223
Percentage Unavailable	1.5%	1.5%	2.5%	2.1%	2.3%	2.1%	1.6%	2.0%	3.1%	1.9%	2.0%	1.7%	1.3%	2.3%	2.3%	2.1%	1.8%	1.6%	1.8%	1.8%	2.1%

Timescale for Improvement

Following recent DCAQ work an out-patient trajectory has been developed until end March 2017.

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
<p>Review of Acute Services' available capacity and demand undertaken to inform our future capacity plans and financial planning process. This Demand, Capacity, Activity and Queue (DCAQ) exercise examined service performance against key performance indicators and identify scope for improvement with recommendations to specialties.</p> <p>Move from data collection and analysis to performance monitoring and improvement trajectories.</p> <p>Cessation of independent sector capacity from April 2016, factored into DCAQ work</p> <p>Independent sector engagement for additional 'See and treat@ capacity recommenced in November 2016.</p>	<p>Initial output end Jan 2016.</p> <p>Programme of further work around performance monitoring –quarterly review process in place First series of review meetings undertaken April 16 and second round undertaken August and September. Next series of review meetings being established for November 16.</p>	<p>Improved performance against agreed efficiency targets, example reduced DNA rate.</p>	<p>Once implemented fully this will enable teams to identify improvement opportunities where capacity can be maximised.</p>	<p>Meetings with service managers currently taking place. Completed end of September 16.</p> <p>Further work on activity and capacity is being taken forward under the mantle of DfP (Delivering for Patients) with quarterly reviews due to re-start in February 2017.</p>
<p>In line with the National Towards Our Vision for 2020 Delivering Outpatient Integration Together Programme. Aim of the programme is manage flow through consistently and sustainably delivering a suite of changes.</p> <p>Progress following work streams;</p> <ul style="list-style-type: none"> Advice Only – Allows clinician to provide advice as an alternative to an outpatient appointment where appropriate and safe to do so. Accommodation Matrix – 'At a glance' view of physical clinic space which is used by Outpatient Service Manager and Clinical Service Managers to identify available staffed clinic space and facilitate clinic reconfiguration without additional resource, thus increasing capacity for both new and review patients. Return Patient List – Demand for return patients will be captured. Allowing return patients to be seen at clinically appropriate times. Capacity can be planned in advance; rescheduled return appointment through cancellation will decrease, protecting new patient slots. Template Harmonisation – process of reviewing clinic templates to ensure they reflect current practice and demand Review of the Refhelp service for GPs focusing on key specialties under significant pressure. GP and Specialist engagement in the review. Detail on waits per specialty to be made available to GPs so they are aware of length of wait prior to referring. Engagement with 'Leonardo' to progress 100 day project on primary and secondary care collaboration on future role of outpatients. 'The Modern Outpatient, a collaborative Approach' has been launched by SG and its implementation is being progressed through Outpatient Strategic Board. Clinical Board established to progress development of plan for 'Consultant to Consultant' referrals, establishing clear expectations for referral of patient to outpatients and review and progression of Refhelp. 	<p>Specific work streams have various local target dates but overall programme delivering by 2020.</p> <ul style="list-style-type: none"> Advice only - Established within some H&N areas and two paediatric areas OP Matrix - Established on SJH Site Return waiting lists implemented within some areas with high return demand i.e. ENT/General Surgery and Vascular Surgery. Template Harmonisation fully completed by March 2017 Template with key specialty waits to be made available to GPs by end of September 2016. This piece of work is currently being progressed, and it is envisaged that the information can be pulled through from Tableau to allow the reporting of Waiting Times. GP engagement sessions ongoing Engagement sessions with Practice Manager groups ongoing 	<p>Decrease in number of new outpatient appointments (better demand management).</p> <p>Achieve upper quartile for the return: new ratio.</p> <p>Decrease DNAs.</p> <p>Improve patient and referrer awareness of waits</p> <p>Clear NHS Lothian strategy development for Outpatient services</p>	<p>Advice only clinics set up within – able to Triage letters and provide GP / Patient with advice without attending the hospital.</p> <p>OP Matrix – identify clinic space & nursing during core times – reducing the need for WLI weekend / evening clinics</p> <p>Return waiting lists - able to manage return demand, – able to track pt journey to ensure no patients are missed. Reported weekly at WT meetings.</p> <p>Harmonisation – better patient / Dr experience – pt Triage outcomes are aligned to the correct appointment slot – reducing the need for further visits</p> <p>Ref Help – providing GP with essential advice before referring pt to hospital – reduce unnecessary referrals / ensuring referrals are suitable for acute site</p>	<p>Progressing each of these work streams through the outpatient operational group.</p> <p>Advice only in place in 17 specialties. Work ongoing to implement in other areas.</p> <p>Template Harmonisation In place for 7 specialties. 3 due to be completed by end of January. This is running later than planned due to TRAK upgrade and staffing issues within Health Records. Further 8 specialties in progress.</p> <p>Improved platform for RefHelp with enhanced navigation and search facilities now in process of being tested. Transition plan from current to new website being developed. Work is progressing well with the new RefHelp website, Sharing sessions with GPs commenced and being received positively. There is an ongoing technical challenge which will be addressed during 2017 when the roll out of IE11 is completed. New Ref Help requires IE11 to operate. A short term work-around is in place using Mozilla Firefox for those who require it.</p> <p>PRL implementation group for Ophthalmology now progressing implementation of planned review waiting lists, initially with 5 sub specialty queues.</p> <p>New outpatient wait lengths are now available on Ref Help and will be refreshed on a monthly basis.</p>
<p>Independent sector capacity for see and treat patients has been switched on at Spire Healthcare.</p> <p>Re-engagement with Medinet for Adult and Paediatric ENT and Dermatology</p>	<p>31st March 2017</p>	<p>Reduction in length of new outpatient waits.</p>		<p>50% of contract volume referrals have been transferred to Spire to date. 100% of referrals will be transferred by mid February to ensure full utilisation of contract capacity.</p> <p>First Dermatology clinic weekend commenced on 7th January and will run until 26th March. Capacity is available for 990 patients.</p> <p>Adult ENT clinics which are scheduled to will run from Roodlands are in planning stage. Expected to commence on 11th February and run until 15th March.</p>

				Paediatric ENT clinics being planned. Expected to run on 22- 24 February.
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Comments

Reasons for Current Performance

Demand greater than capacity.

Overall increase in demand of 2% but significant rises seen in General Surgery, Dermatology, Ophthalmology and Gastroenterology.

Return demand in some key specialties impacting on additional capacity- i.e. additional in house clinics required to manage return demand rather than new.

Cessation of independent sector capacity; however funding has been approved until end of March to reduce the waiting times for the most pressured specialties.

DCAQ exercise to identify any mismatch in outpatient demand and capacity and take actions to address this.

Implementing actions in line with National Programme of Outpatient Redesign.

Sickness absence/vacancies in some specialties. i.e Dermatology, urology

Psychological Therapies

Healthcare Quality Domain: Timely

For reporting at **February 2017** meetings

Target/Standard: 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.

Responsible Director[s]: Chief Officer - West Lothian IJB

NHS Lothian Performance:-

Committee Assurance Level	Date Assurance Level Assigned	Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
Moderate	Nov 16	Not Met	Improving	Worse	Sep 16 (Mthly)	90% (min)	73.1%	Dec 16	Management Information	Yes	No	JF

Summary for Committee to Note or Agree

Recent Performance – Percentages against Standard

Figure 1: Psychological Therapies: % of Patients seen within 18 wks for 1st Treatment

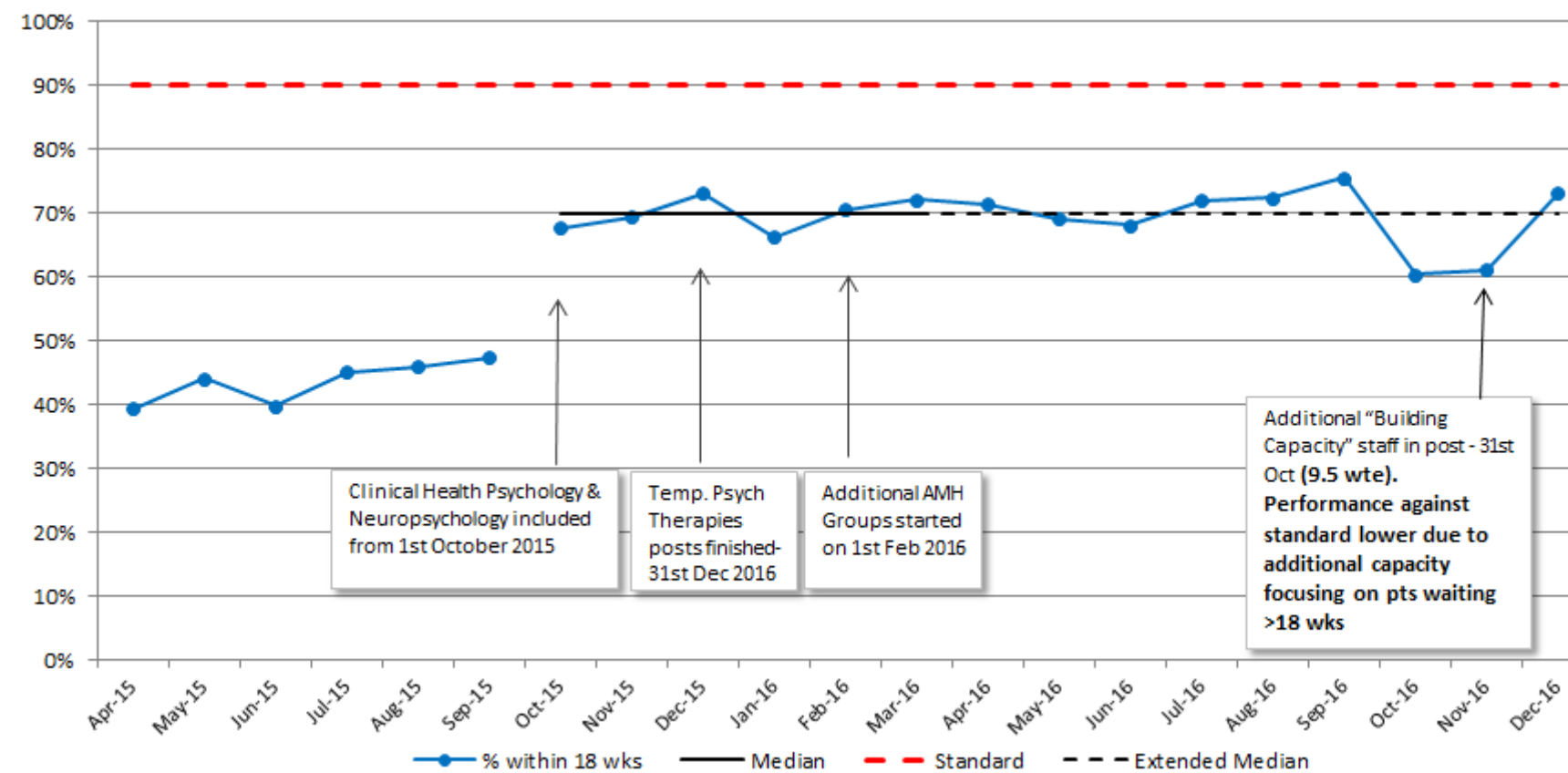


Figure 2: Psychological Therapies: Number of Patients waiting >18 wks at Month End by Month – Lower Count is Better

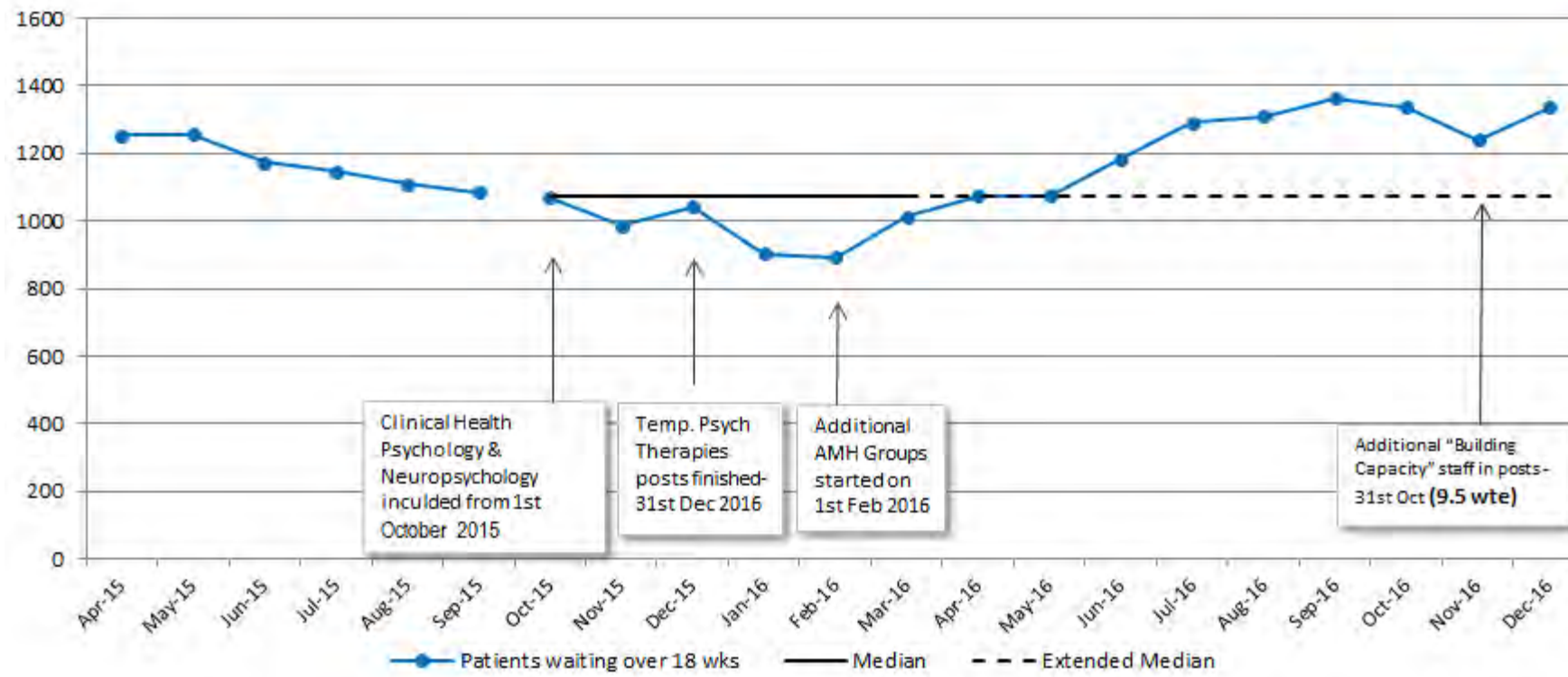


Figure 3: Referrals for Psychological Therapy (All Teams)

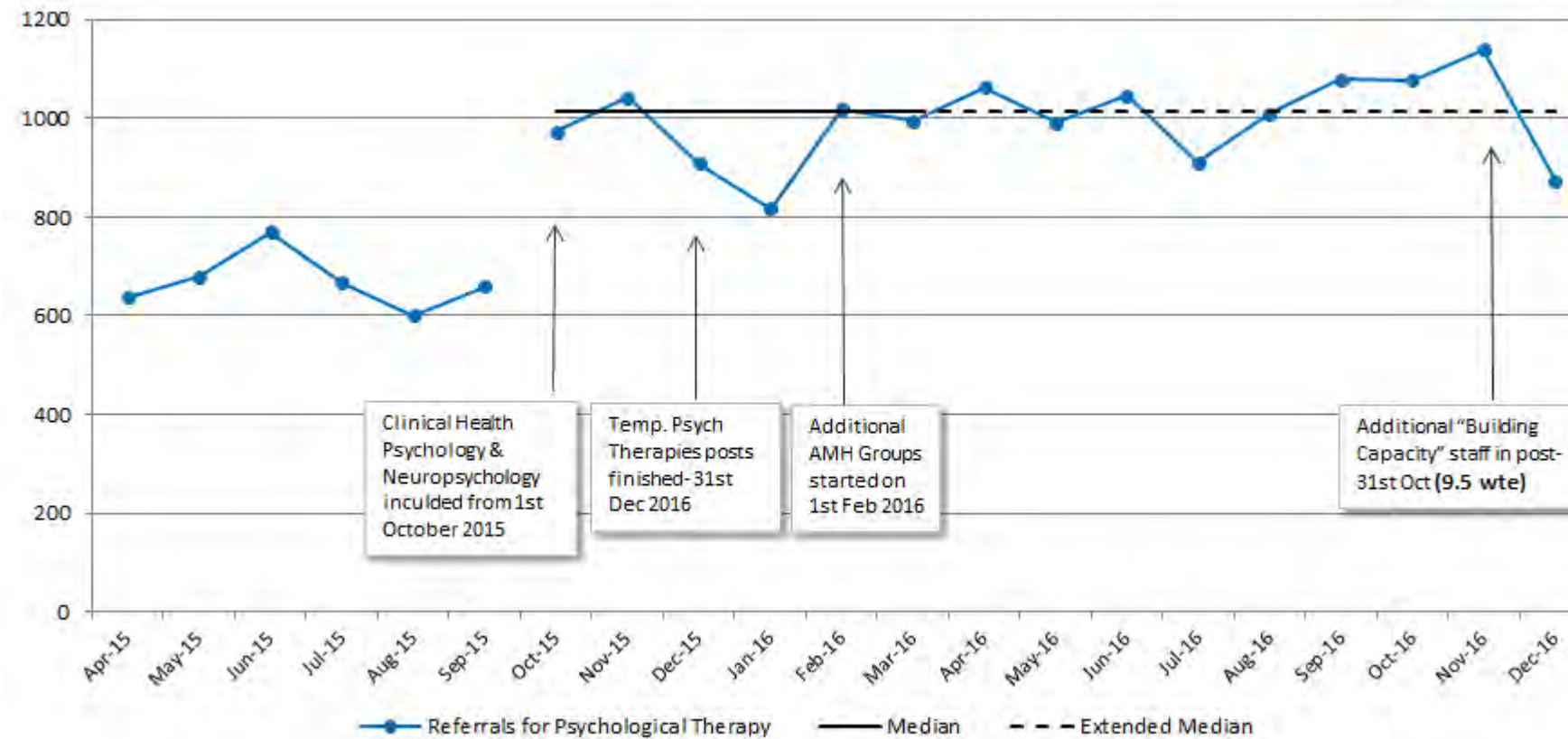


Figure 4: General Adult Services: Number of patients seen for 1st Treatment – Higher Count is Better

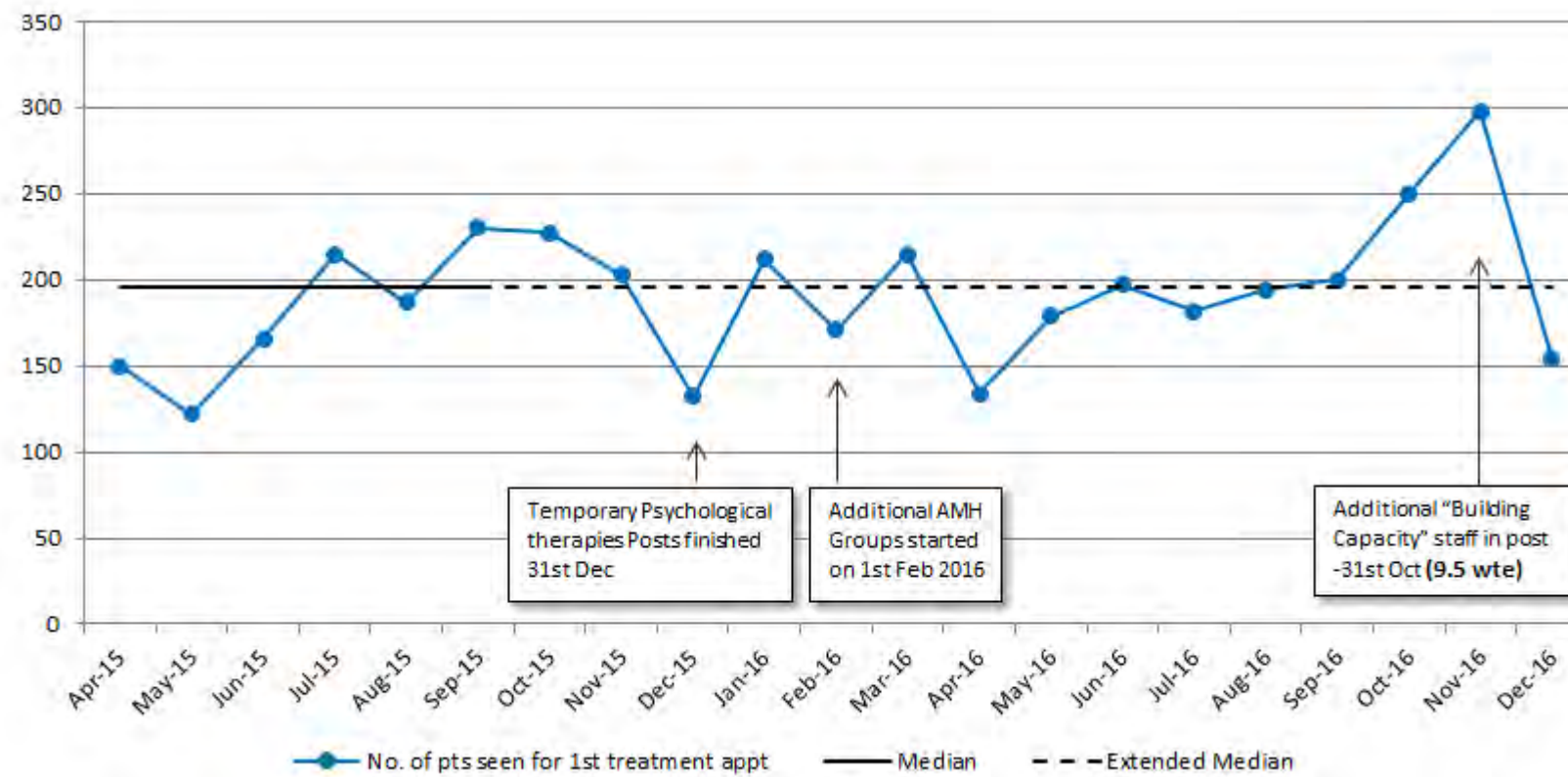


Figure 5: General Adult Services: Number of patients seen for 1st Treatment waiting >18 wks – Lower Count is Better

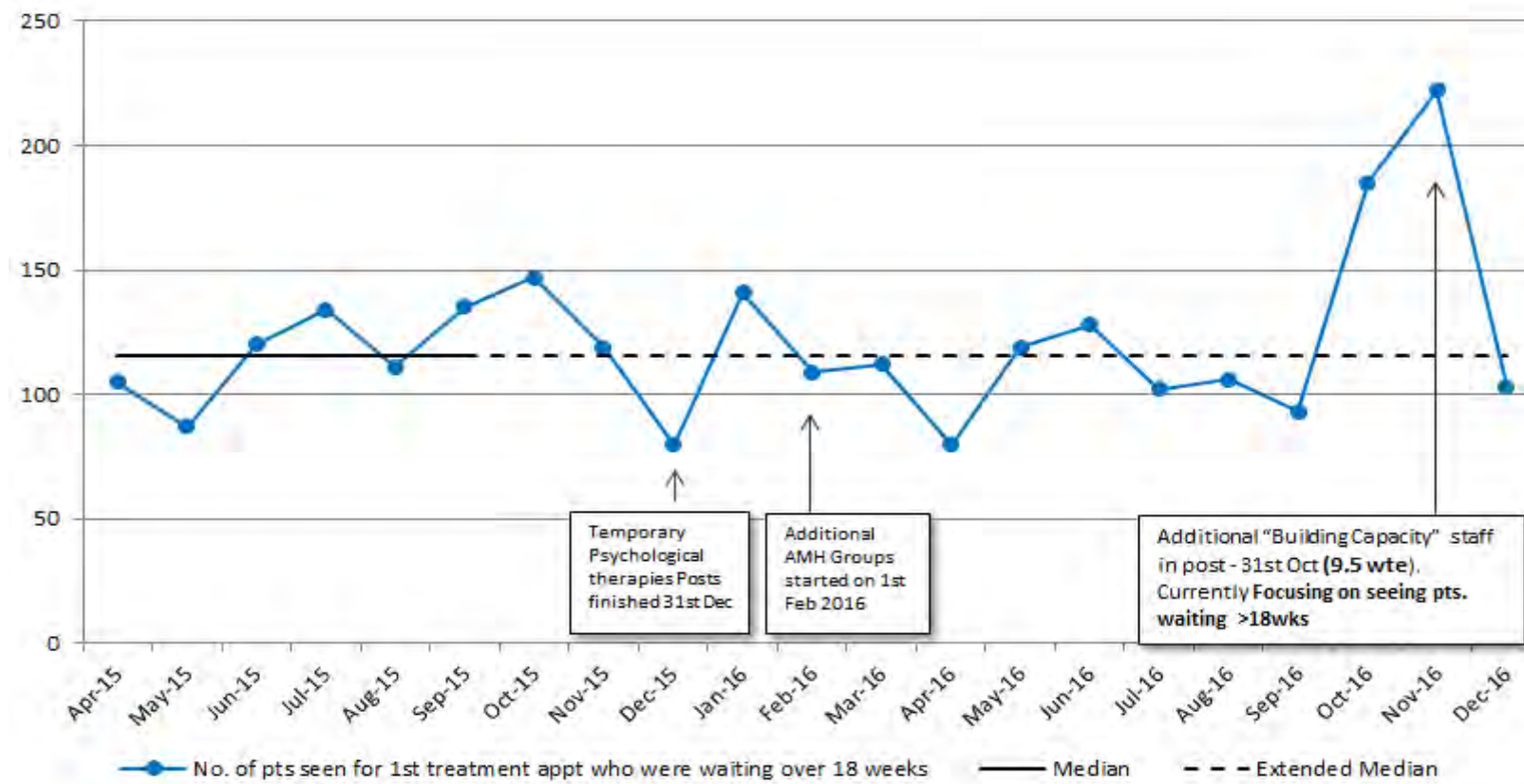


Figure 6: General Adult Services: Number of patients waiting >18 wks at Month End – Lower Count is Better

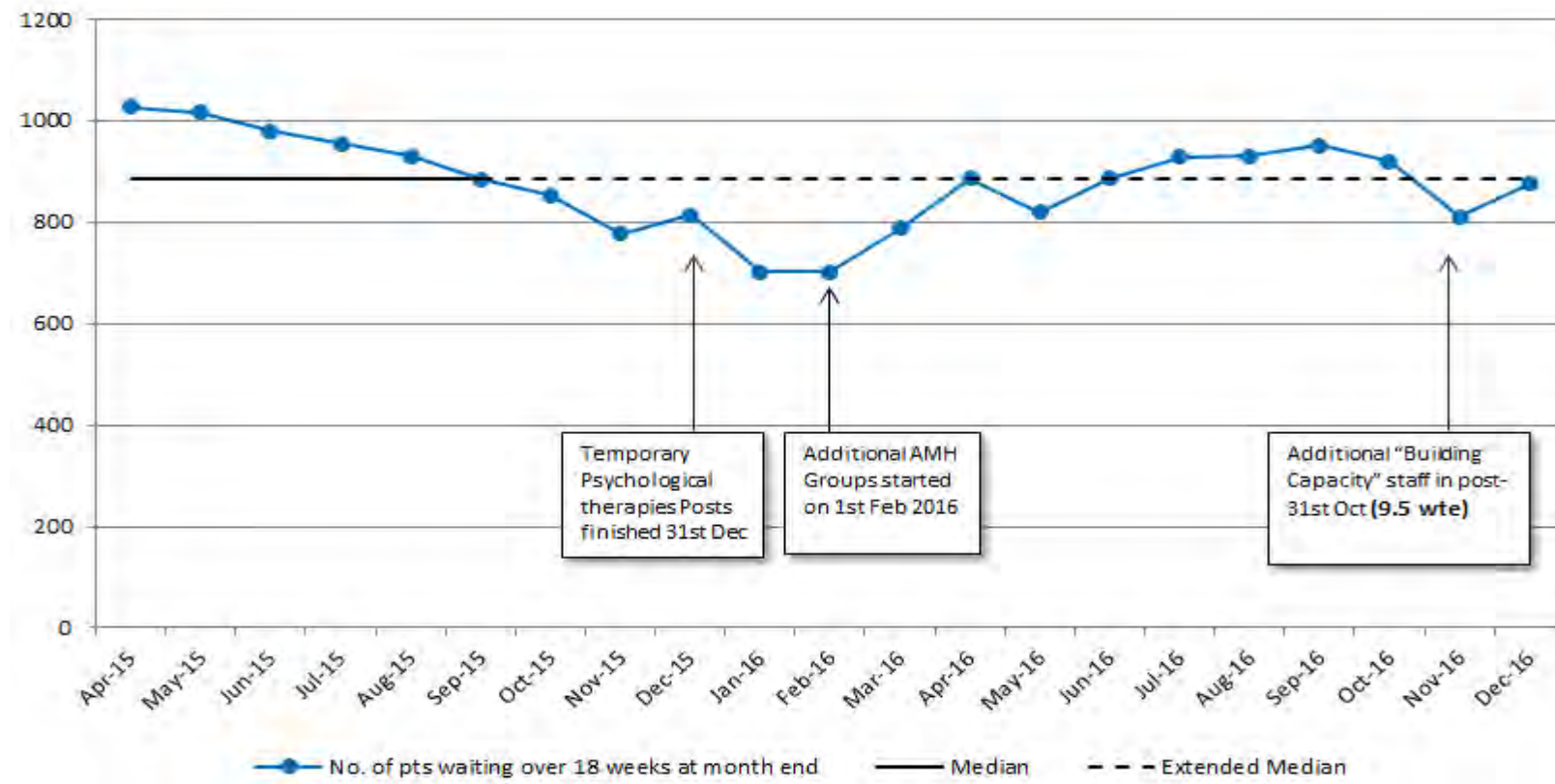


Figure 7: General Adult Services: Referrals for Psychological Therapies

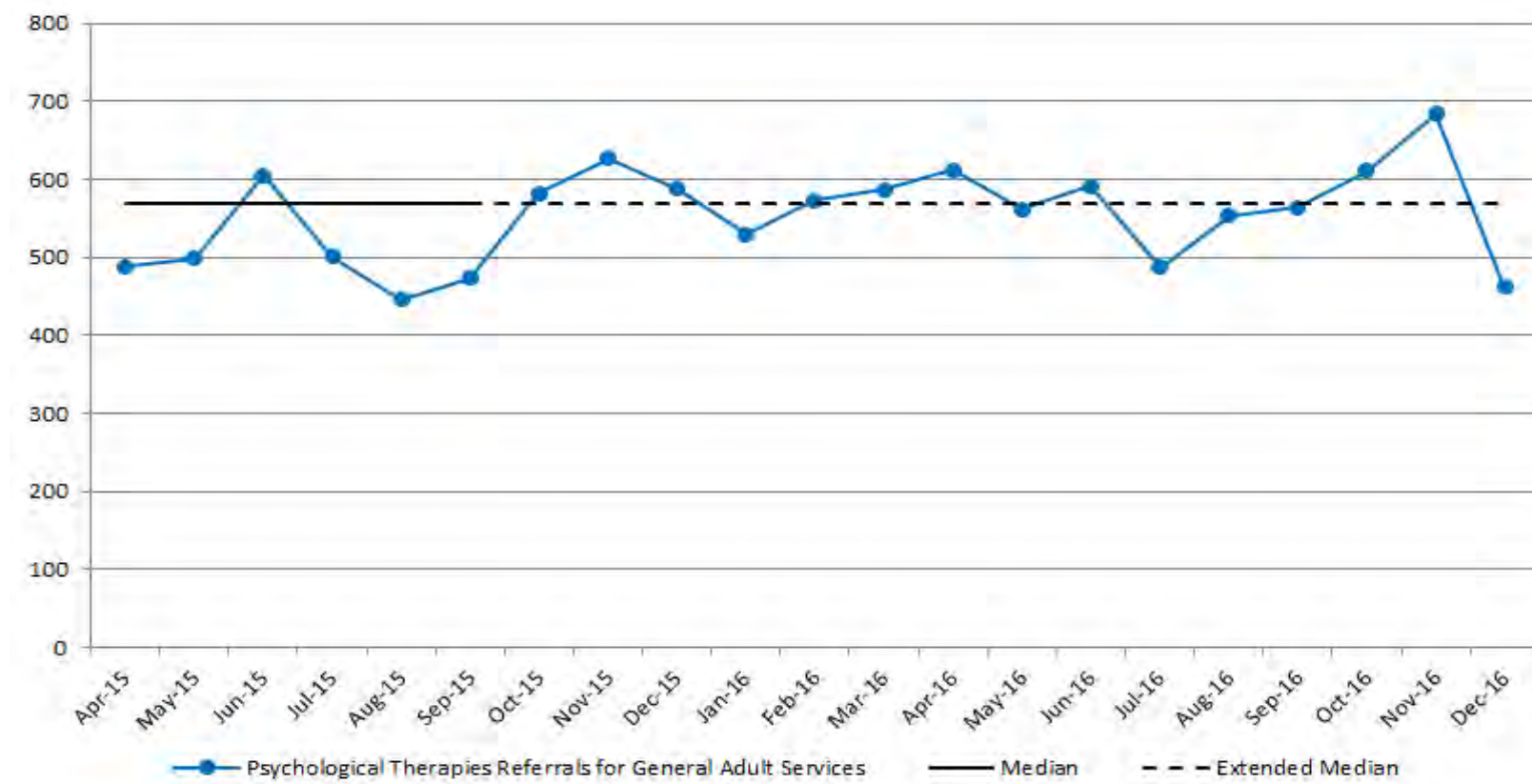
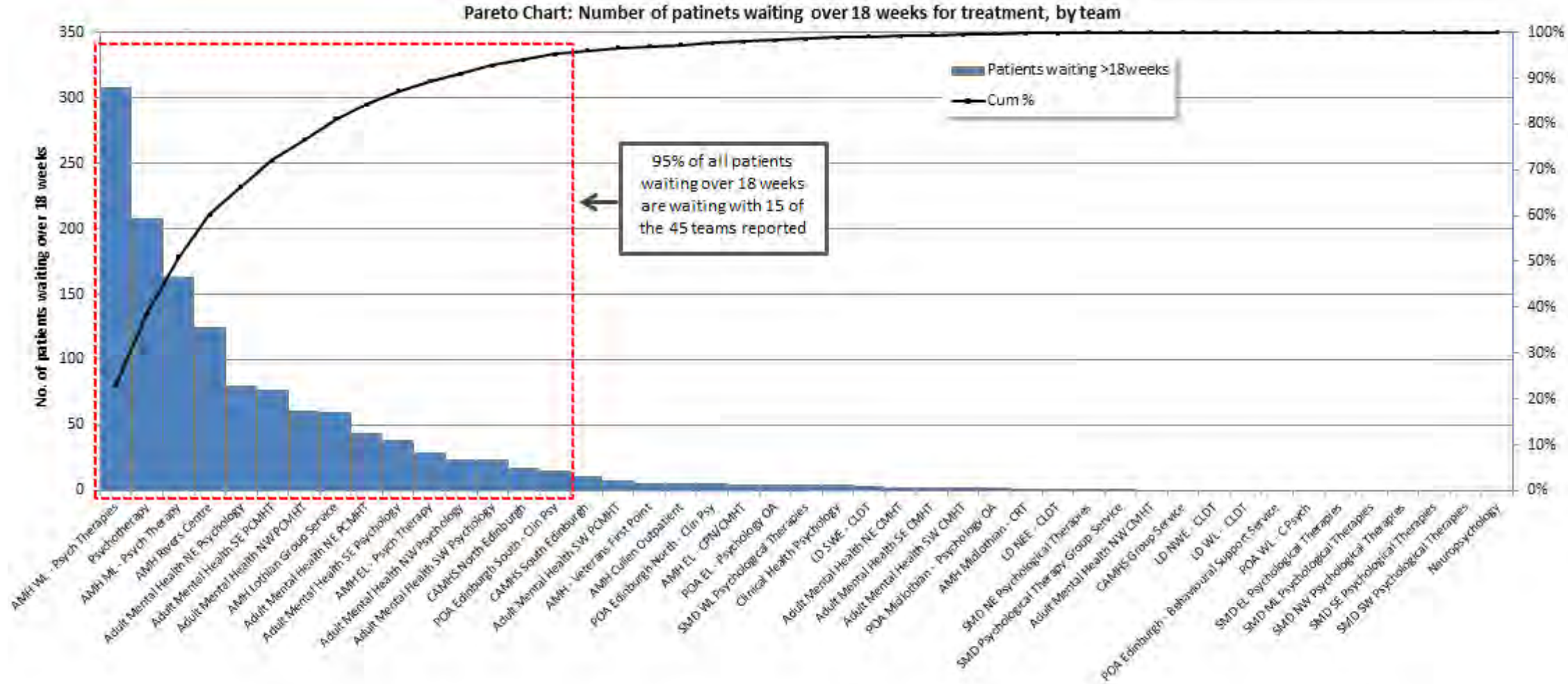


Figure 8: Pareto – Patients Waiting >18 Weeks Per Team – Lower Count is Better



Timescale for Improvement

The revised trajectory will be set by the end of July – this was delayed due to agreement being reached on the allocation of the “Building Capacity funding.”

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Updated Service Improvement plans for each service / team delivering psychological therapies.	Ongoing and reported and monitored via A12 Project Board.	Standardised reporting and monitoring and ability to escalate issues to Senior Management through the Project Board.	As per planned benefit.	Green
A single prioritised amendments / additions work-plan for TRAK with named analytical, data and system support staff from clinical services, e-health and planning.	Completed and being monitored via A12 Project Board.	Transparency of progress; alignment of TRAK work; reporting of progress formally to the Project Board enabling escalation and resolution of issues.	As per planned benefit.	Amber
Development of a single implementation plan for the introduction of Patient Focused Booking across all service delivering psychological therapies.	Original date was May 2016. Due to configuration issues now anticipated July 2016. Pilot started.	Reduction in DNA and CNA appointments and therefore reducing loss of capacity through non attended appointments. Improved compliance with waiting times rules related to reasonable offer, unavailability and clock resets.	Centralised service implemented at REH and booking for SW OPD. Agreed process for utilizing TRAK PFB with Edinburgh PCMH & Edinburgh Psychology Services Clinic Templates submitted to eHealth for PCMHTs & Psychology Staff training booked for end Nov/ Beginning Dec 2016.	Amber
Development of a single implementation plan for the introduction of Text Reminder system across	Expected implementation: June 2016.	Reduction in DNA and CNA appointments and therefore reducing loss of capacity through non	There continues to be a delay to the start of the pilot phase. The previous date was 31st August 2016 . The delay is due to issues with	Amber

all service delivering psychological therapies.	Delayed – anticipated delivery September 2016	attended appointments.	the TRAK 2016 upgrade which has delayed all scheduled work. The services participating in the 1 st test phase will be SE Edinburgh Psychology Service, West Lothian Psychological Therapies service, SMD Psychological Therapies Service.	
Agreement of norms per WTE for direct clinical contact (appointments) based on banding and role across teams delivering psychological Therapies. Improved reporting of expected versus actual activity.	Completed	Increased number of total appointments available for psychological therapies. Increase in new patient treatment appointments available each month	Detailed under 'Summary for Committee to Note'.	Green
Amendment of the Meridian work allocation tool within Psychological Therapies in Edinburgh only for job planning with nurses and AHP delivering formal Psychological Therapies within REAS.	1 st March 2016	Continue to maximise clinical capacity through forward planning of workload and ensuring appointments slots utilised.	Tool has been amended	Green
Completion of updated DCAQ for all general adult services.	Requires to be run again for each service.	Confirm the DCAQ for each service enabling monitoring of agreed capacity against demand and activity.		Green
Completion of remaining DCAQ for all services / teams whose data is recorded and reported from TRAK.	Completed	Confirm the DCAQ for each service enabling monitoring of agreed capacity against demand and activity.	Agreed capacity for each team in March 2016. Delivery against capacity monitored on weekly basis	Amber
Introduction of Lothian-wide Group Programme funded by Mental Innovation funding.	1 February 2016	Document and agree expected activity and monitor actual over monthly periods.	Group programme implemented, reducing numbers being treated on individual basis. Training established for leads to maintain group programme after funding stopped.	Green

Comments

Reasons for Current Performance

Incomplete data

A small number of specialists in patient services (Forensic services, Psychiatric Rehabilitation) delivering psychological therapies are still unable to report data due TRAK configuration, service configuration or extracts not being available from TRAK.

To mitigate - prioritised work-plan for TRAK and service / team improvement plans.

Reduced capacity: Adult Mental Health General Services ONLY

Revised DCAQ continues to highlight capacity issues for adult mental health services. DCAQ has consistently demonstrated a capacity gap in *General Adult Psychology Services* and as at Feb 16 that gap was 13.1 WTE. An additional 12 WTE are required to clear the queue of patients waiting. "Building Capacity" allocation has been agreed at 10.5 WTE Clinical staff for Adult mental Health General Services to be recruited on a permanent basis. 9.5 WTE Clinical Staff have been recruited to as of October 2016.

1.0 WTE Band 8a remains to be recruited to.

0.8 WTE band 7 has been recruited to CFS service from these funds.

Increased demand

Increase in demand due to the increasing efficacy and awareness of the positive contribution of psychological therapies to improving patients' outcomes.

To mitigate –

Updated DCAQ for all services / teams. Reviewing the range of psychological therapies available and ensuring delivery of those with the most robust evidence bases are prioritised and matched to those who will most benefit.

Building Capacity funding will be target at those who have waited longest in adult mental health services.

18 Weeks Referral to Treatment

Healthcare Quality Domain: Timely

For reporting at **February 2017** meetings

Target/Standard:

90% of planned/elective patients to commence treatment within 18 weeks of referral.

Responsible Director[s]: Chief Officer – NHS Lothian University Hospitals & Support Services

NHS Lothian Performance:-

Committee Assurance Level	Date Assurance Level Assigned	Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
To be reviewed	To be reviewed	Not Met	Deteriorating	Worse	Sep 16	90% (min)	79.9%	Dec 16	Management Information	Yes	No	JC

Summary for Committee to note or agree

Use of independent sector ceased from April 1 2016, however funding has been agreed till March 17 to target and support those specialities with the longest waiting times with ; internal capacity remains unable to fully cover this previous activity which will impact on overall RTT performance. Details of DCAQ work including efficiency improvements that we are undertaking are described in OP and IP/DC proformas.

Recent Performance – Percentages towards Standard

Figure 1: % of Patient Journeys within 18 Weeks – Higher % is Better

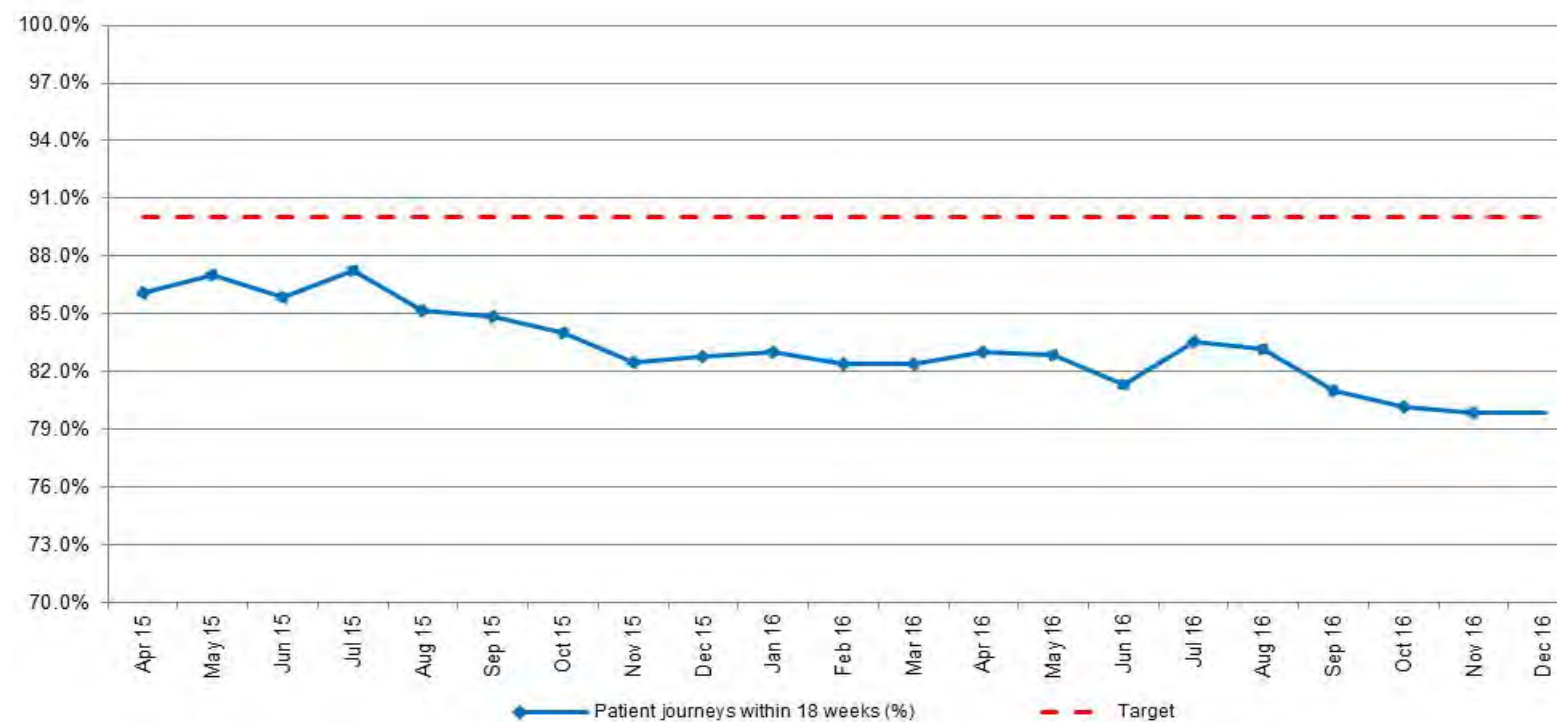


Table 1: Trend in 18 Week Performance and Measurement – Higher % is Better

	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16
Patient journeys within 18 weeks (%)	86.1%	87.0%	85.9%	87.3%	85.2%	84.9%	84.0%	82.5%	82.8%	83.0%	82.4%	82.4%	83.0%	82.9%	81.3%	83.6%	83.2%	81.0%	80.2%	79.9%	79.9%
Number of patient journeys within 18 weeks	12,446	12,417	13,795	13,297	12,631	13,820	13,642	13,000	13,133	11,931	12,396	12,791	13,157	13,067	13,303	11,213	13,080	11,498	11,307	12,485	10,409
Number of patient journeys over 18 weeks	2,001	1,849	2,265	1,941	2,201	2,449	2,604	2,749	2,720	2,443	2,647	2,736	2,688	2,703	3,061	2,197	2,632	2,691	2,785	3,146	2,614
Patient journeys that could be fully measured (%)	85.1%	85.7%	86.0%	84.8%	84.9%	86.7%	87.4%	86.3%	86.1%	86.8%	87.0%	87.1%	87.0%	87.0%	89.3%	87.3%	87.6%	87.0%	87.3%	87.2%	87.1%

Timescale for Improvement

None provided.

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Pursue significant programmes of work to improve efficiency and reduce patient waits for IP and OP access: Theatre Efficiency Programme; Demand and Capacity Programme, and Outpatient Redesign Programme.	DCAQ Phase1 - end of January 2016. Phase to monitoring of performance against key indicators started April 2016. Second round of performance meetings undertaken end July 16., scrutiny of progress against performance indicators , and monitoring of actual activity against baseline capacity Theatre programme- December 2016. Outpatient programme – 2020.	Improved performance against agreed efficiency targets, example improved Day Case rate. Improved demand management.	Refer to IPDC TTG and OP proformas.	Progressing individual work-streams. Refer to IPDC TTG and OP proformas.
Ensuring clinic outcome data is completed - Develop a monthly report that details by speciality and clinician clinic outcome completeness, supporting targeting improvement actions	First report December 2016	Clocks stop appropriately in line with clinical pathway.	-	Monthly monitoring of completeness data and impact of improvement actions

Comments

Reasons for Current Performance

Challenges within specific specialties as highlighted on the Outpatient and TTG proformas.

Surveillance Endoscopy

Healthcare Quality Domain: Timely

For reporting at **February 2017** meetings

Target/Standard: No patient should wait past their planned review date for a surveillance endoscopy.

Responsible Director[s]: Chief Officer – NHS Lothian University Hospitals & Support Services

NHS Lothian Performance:-

Committee Assurance Level	Date Assurance Level Assigned	Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
To be reviewed	To be reviewed	Not Met	Improving	Not Applicable	Not Applicable	0 (max)	3,966	Dec 2016	Management Information	Yes	Yes	JC

Summary for Committee to note or agree

- Surveillance scopes have continued to prove challenging;
- Activity in independent sector ceased 1 April 2016;
- Booking of the Regional Endoscopy Unit (REU) has transferred to External Provider Office;
- As well as reviewing options to increase capacity, the service has introduced a nurse led 'pre-assessment' process aimed at reducing demand. May 2016.

Recent Performance – Numbers Against Standard

Figure 1: Surveillance and Review Patients Overdue Appointment – Lower Count is Better

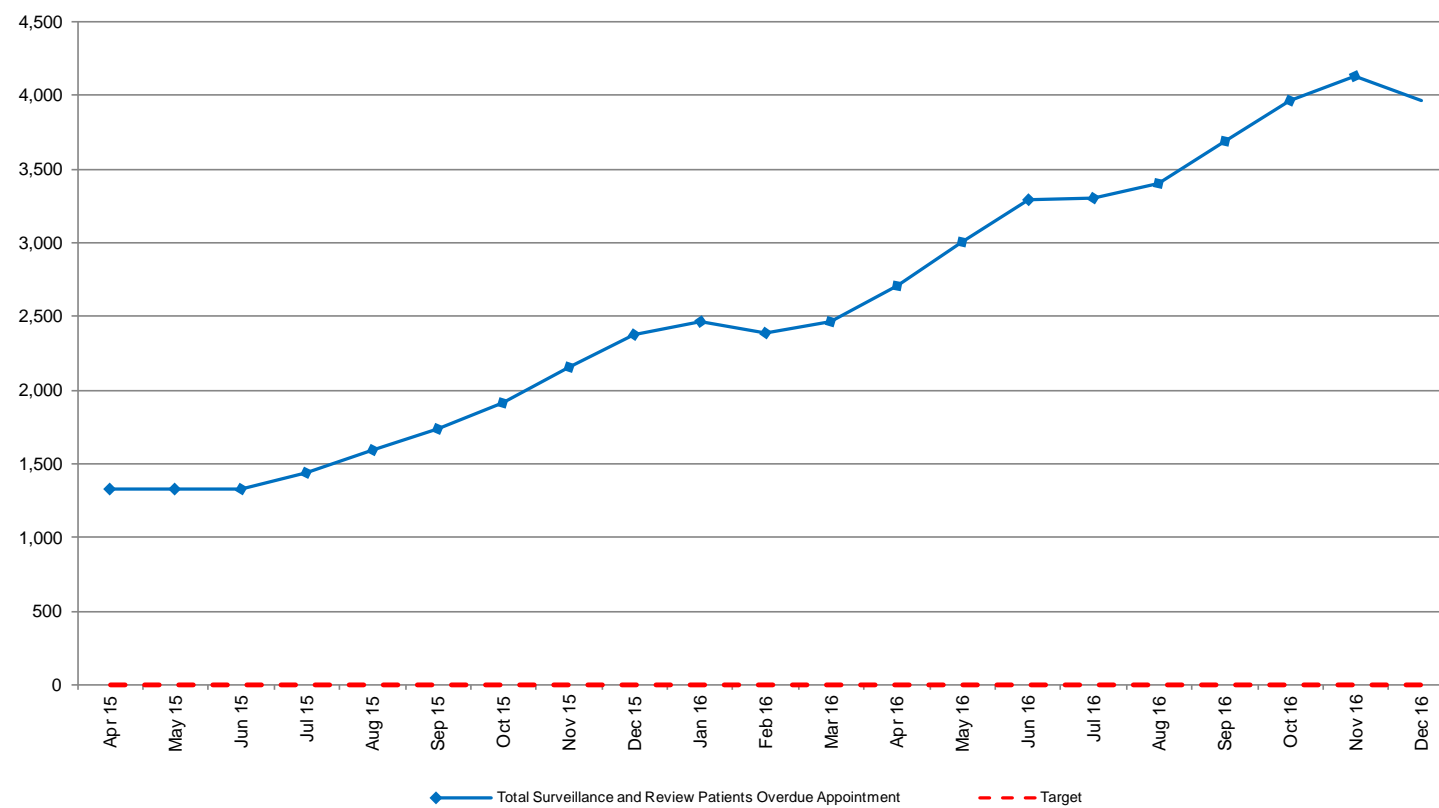


Table 1: Surveillance and Review Patients Overdue Appointment – Lower Count is Better

	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16
Colonoscopy	614	621	611	627	686	741	869	1,017	1,142	1,265	1,347	1,456	1,596	1,790	2,030	2,068	2,072	2,207	2,342	2,185	2507
Upper Endoscopy	320	326	307	340	369	404	436	497	546	597	605	602	637	666	730	734	748	789	826	824	776
Flexible Sigmoidoscopy	109	119	126	135	155	165	153	168	182	187	186	197	206	220	236	227	222	239	248	251	236
Flexible Cystoscopy	196	164	200	235	290	327	342	355	374	273	120	73	114	145	82	53	161	248	319	365	295
Other	93	104	100	105	98	106	111	127	138	142	133	139	162	186	212	226	203	210	231	507	152
Total	1,332	1,334	1,344	1,442	1,598	1,743	1,911	2,164	2,382	2,464	2,391	2,467	2,715	3,007	3,290	3,308	3,406	3,693	3,966	4,132	3,966

Timescale for Improvement

Timelines for various actions outlined below.

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Completion of DCAQ for Endoscopy to confirm overall gap in list capacity	Quarterly monitoring process throughout 2016/17	Accurate measure of available capacity vs demand for both surveillance and new diagnostics	-	Meetings due to recommence in February 2017
Transfer of booking of surveillance scopes by PFB at Regional Endoscopy Unit to EPO, providing a dedicated resource and maximising use of REU for routine surveillance patients.	May 2016	Increase use of REU ensuring identifiable capacity for planned repeats Patient Focused Booking is better for patients and reduces short notice CNAs and DNAs	Example of one weeks activity at REU under the new system Booked Capacity 90.1% DNA Rate (Points) 2.7% DNA Rate (patients) 3.6% Actual Utilisation 87.7% which is a much improved position	Transfer occurred in May. PFB implemented and being measured and monitored with a weekly report being produced.
Work continuing on additional flexi cystoscopy activity. Recent addition of Botox patients to Flexi Cysto waiting list has impacted position as has retiral of a Consultant and increase in number of combined Flexi Cysto and Botox cases being undertaken.	Continuous evaluation of new and backlog demand against now reduced capacity. Focus on reducing longest waits	Reducing backlog and longest waits.		Continuing to evaluate with waiting list staff on a weekly and monthly basis to identify any capacity challenges.
Nurse Led Validation system in place for all Repeat Endoscopies	1 st June 2016	45% reduction in total numbers validated then telephone screened was achieved within NHS Lanarkshire, same model we are implementing. This was largely driven by patient choice. These patients may historically have been DNAs and therefore ensuring capacity is maximised	Safe managed reduction in planned repeat list by clinical validation and telephone pre-assessment screening. Patients most in need of early scope identified, reduction in DNA more efficient use of capacity. Since start of new process 39% reduction of patients contacted and a further 8.5% have had follow-up dates deferred based on current clinical guidelines.	Weekly monitoring ongoing
50% of Weekend WLI capacity in January and February to be used for Urgent Surveillance patients.	January and February 2017	Increase in capacity for urgent Surveillance patients to reduce delay in waiting times. This patient group is seen as a clinical priority by Clinicians.	Reduction in waiting times for this patient cohort.	Continued review during January and February 2017

Comments

Reasons for Current Performance

Underlying capacity gap for endoscopy with additional demand pressures evident. Endoscopy units also balancing provision of urgent in-patient scoping to support in-patient flow and reduced length of stay.

Consultant vacancy in Urology service resulting in shortfalls in flexible cystoscopy sessions.

Previous poor utilisation of REU with high DNAs now improved by PFB process

Mitigating actions

New Consultant Urologist appointments commenced in May 2016 providing additional flexible cystoscopy capacity.

Continued focus on booking process for surveillance patients appointed to the Regional Endoscopy Unit to maximise uptake of capacity and reduce DNAs and cancellations.

Impact of model for 'pre-assessment' service for all surveillance patients requiring a procedure continues to be monitored.

Delayed Discharges – East Lothian Integrated Joint Board (IJB)

Healthcare Quality Domain: Effective

For reporting at **February 2017** meetings

Target/Standard: To **minimise delayed discharges over 3 days**, with a current national standard of **none over 14 days**

Responsible Director[s]: Chief Officer and Joint Directors

NHS Lothian Performance:-

Committee Assurance Level	Date Assurance Level Assigned	Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
To be reviewed	To be reviewed	Not Met	Deteriorating	Worse	Nov 16	0 (max)	240 (>3 days, excl. Code 9s ⁴ & 100s ⁵)	Dec 2016	Trak	Yes	Yes	DS
East Lothian IJB Performance							35 (14.6% of NHS Lothian Performance)					

Summary for Committee to note or agree

- East Lothian's performance had been steadily improving from a peak of 43 in 2014, reducing to between 15 to 25 at each monthly census until spring 2016. From then until August 2016 the number rose, in part due to new reporting rules, but mainly due to suspension of admissions to a large local care home and capacity problems with care at home providers. This figure peaked at 61 in August. Since then numbers have reduced and figures at the November census show 26 patients (Thursday 24th), with a delayed discharge. The care home in East Lothian, which had been closed to new admittances since early 2016, is being gradually returned to full capacity.
- East Lothian routinely had around 1,000 hours of unmet care at home demand each week due to capacity problems with providers. This had risen to 1,800 hours per week in September, but has reduced slightly to 1,750 hours. About 1/3 of this relates to hospital delayed discharges. Feedback from providers about capacity issues indicates that recruitment and annual leave were the key factors over the summer. The HSCP has implemented living wage for providers in October in order to improve recruitment and retention. The HSCP is also retendering the contracts in 2016/17 and will use this process to improve capacity and logistics. The HSCP is considering how IJB additionality will be applied to procuring additional capacity.
- The implementation by the East Lothian Health and Social Care Partnership of the Living Wage – contributes to having a stabilising effect on the workforce within home care sector providers, supports better staff retention.
- The increased use of Hospital at Home- which avoids hospital admissions and all the associated dangers of some individuals then becoming a delayed discharge. The hospital team has been increased by 20%, and prevents hospital admission many of which would become a delay 4-6 weeks after admission.
- Led by the Head of Older People and Access/Chief Nurse weekly session are held with relevant partnership staff, to finding solutions for all patients/clients with a delayed discharge, be they in hospital, waiting in step down units, interim placement, as well as our complex and reprovisioning delays (the code 9's and 100's)- the session is focused on actions and answers.
- Further improving the effectiveness and responsiveness of the Emergency Care Service, ELSIE (East Lothian Service for Integrated care for the Elderly).
- Increased experience with in the 'discharge hub' at Roodlands Hospital, that enables NHS Lothian and Adult Wellbeing to manage discharges, and monitor care home vacancies both with and increasingly out with the county.
- East Lothian has one remaining delayed discharged coded under the complex 9 code, and a discharge plan and pathway has been agreed in early January that will see the client placed in the community in March
Still to be implemented
- The ELHScP step down capacity has increased to 27 beds across two units.
- East Lothian validated number for December census was 41 against a trajectory target of 44. East Lothian continues to be below trajectory.

⁴ Code 9s are used for 'complex' cases - they are codes used when a partnership is unable, for reasons beyond their control, to secure a patient's safe, timely and appropriate discharge from hospital.

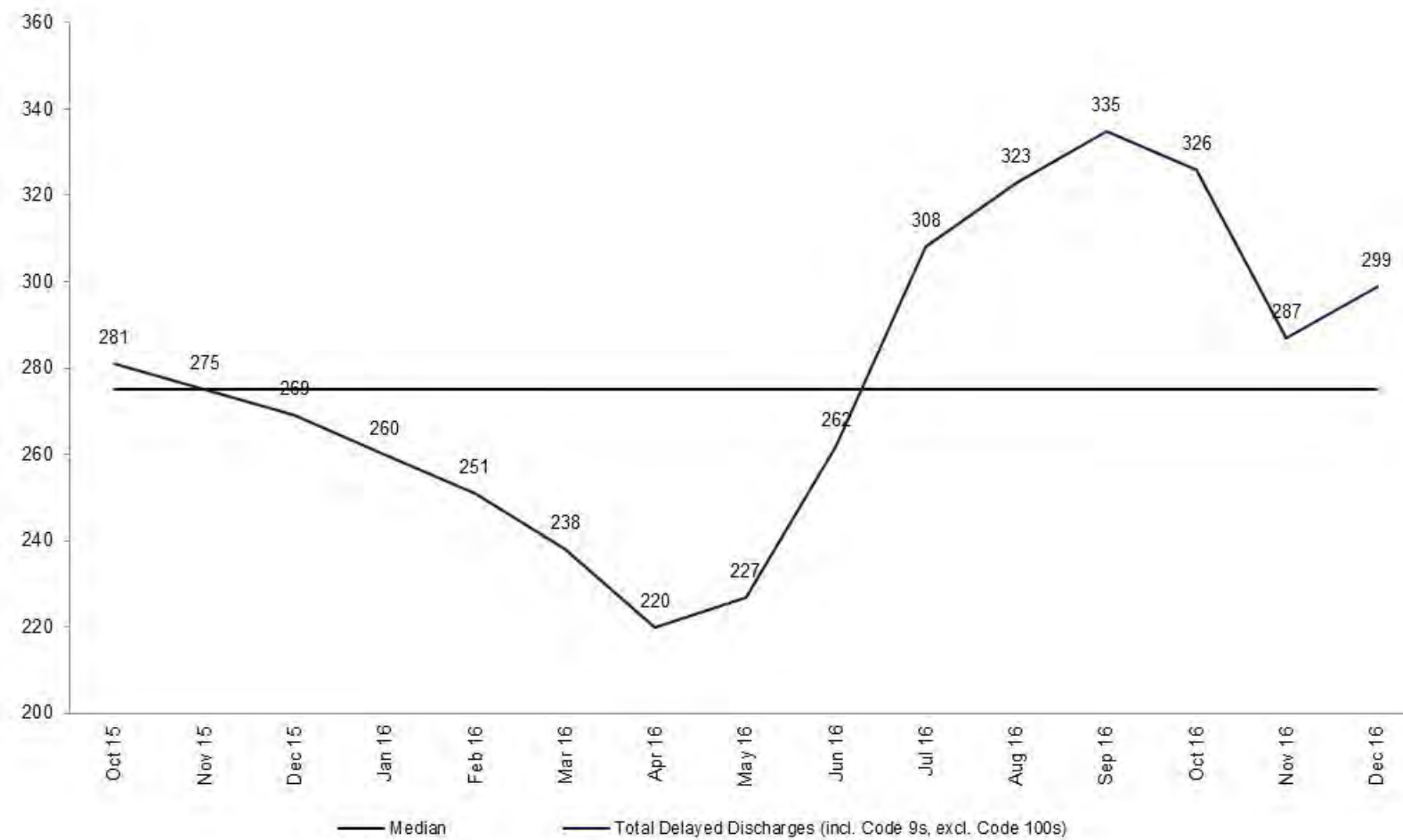
⁵ Code 100 is used for commissioning/re-provisioning.

Recent Performance – Delayed Discharges

Table 1: Census Return Data - Total Delayed Discharges (incl. delayed discharges <=3 days, >3days, and Code 9s; excl. Code 100s) – Lower Count is Better⁶

	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16
City of Edinburgh										198	192	201	225	198	203
East Lothian										40	61	60	41	26	47
Midlothian										24	27	34	21	22	22
West Lothian										40	38	38	36	41	26
Total Delayed Discharges (incl. Code 9s, excl. Code 100s)	281	275	269	260	251	238	220	227	262	308	323	335	326	287	299

Figure 1: Census Return Data - Total Delayed Discharges (incl. Code 9s, excl. Code 100s) – Lower Count is Better



⁶ New national definitions from July 2016 prevent a breakdown of delayed discharges by IJB, delay reason or length of delay being provided for prior to this point, on a comparable basis.

Figure 2: Census Return Data - Delayed Discharges >3 Days (excl. Code 9s & 100s) – Pre & Post-Definition Change– Lower Count is Better

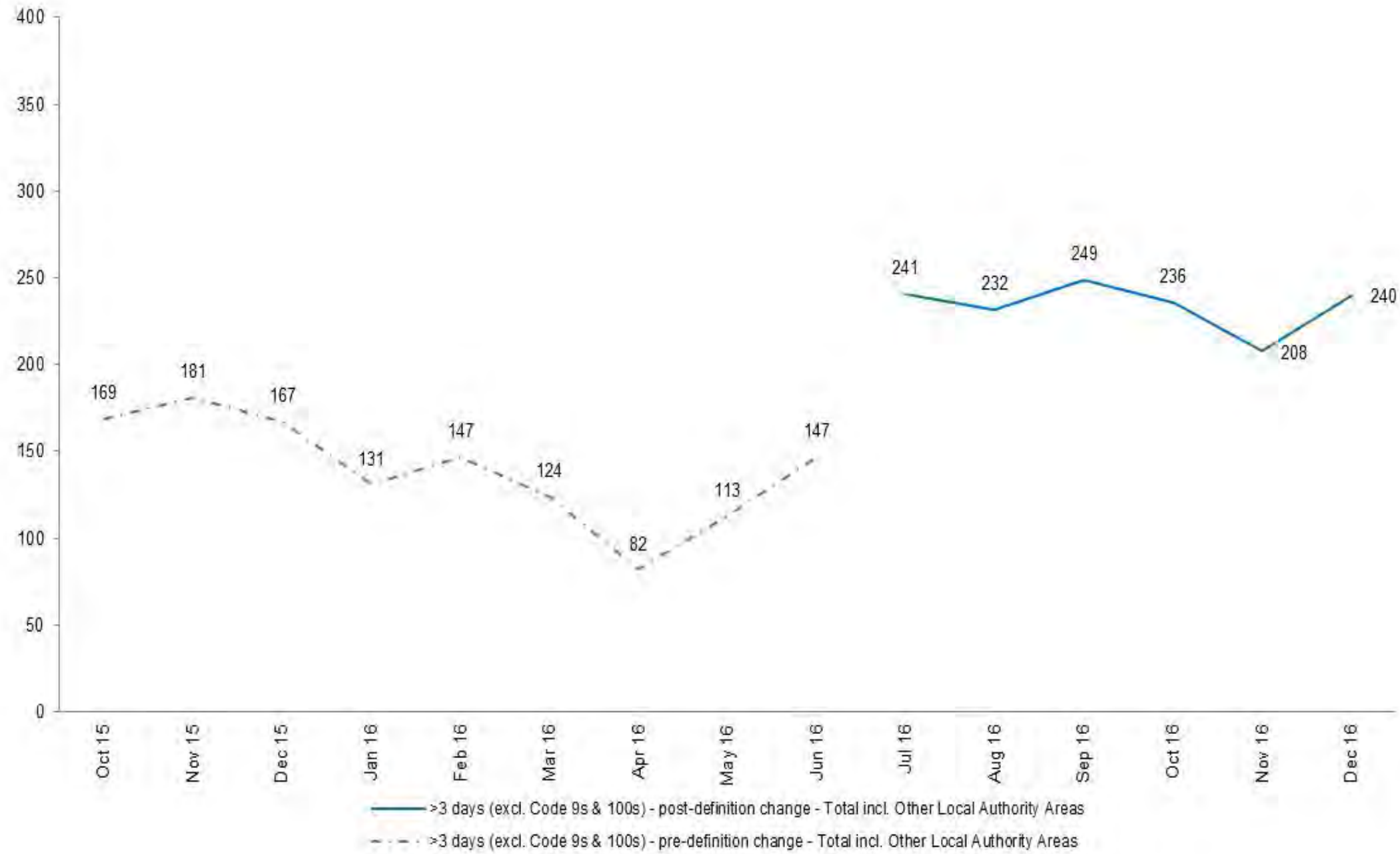


Table 2: Census Return Data - Delayed Discharges – New Methodology – Lower Count is Better

	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16
<=3 days (excl. Code 9s and 100s)						
City of Edinburgh	20	26	23	32	28	15
East Lothian	2	11	14	9	4	11
Midlothian	2	8	4	5	7	1
West Lothian	4	10	6	8	10	6
Total incl. Other Local Authority Areas	29	55	47	55	49	33
>3 days (excl. Code 9s and 100s)						
City of Edinburgh	153	144	155	168	148	170
East Lothian	35	47	44	31	21	35
Midlothian	15	13	25	12	13	17
West Lothian	33	23	23	23	26	17
Total incl. Other Local Authority Areas	241	232	249	236	208	240
Code 9s						
City of Edinburgh	25	22	23	25	22	18
East Lothian	3	3	2	1	1	1
Midlothian	7	6	5	4	2	4
West Lothian	3	5	9	5	5	3
Total incl. Other Local Authority Areas	38	36	39	35	30	26
Code 100s						
City of Edinburgh	23	23	27	23	25	27
East Lothian	3	5	4	2	2	1
Midlothian	4	3	3	5	5	4
West Lothian	4	6	6	5	5	6
Total incl. Other Local Authority Areas	34	37	40	35	37	38

Timescale for Improvement – East Lothian IJB

A trajectory had been proposed by East Lothian that cover all delayed discharges—those that are part of the monthly census and those that are excluded from the census, and is set out below:- whilst a trajectory has not been required to be agreed with SGHD, the numbers below are a suggested trajectory for East Lothian. However since July was significantly off trajectory it has been agreed that a revised trajectory is required. This is proposed in the table below. It should be noted that East Lothian is ahead of trajectory based on the December census (41 against a trajectory of 44).

Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	March 17	April 17
56	50	44	47	31	25	20

Actions Planned and Outcome – East Lothian IJB

Action	Due By	Planned Benefit	Actual Benefit	Status
East Lothian has funded additional capacity in Hospital to Home using delayed discharge fund.	Completed	Reductions in delayed discharge.	April 2015 total was 15	
East Lothian planning for implementation of living wage in home care	October 2016	Increase attractiveness of career in care and improve retention of staff.	Total numbers of delays have fallen to 42 on EDISON on 28/10/16	Implemented
East Lothian planning to invest c £1m of social care fund in purchasing additional capacity in care at home following introduction of living wage. Innovative procurement methods will be used to secure blocks of activity for people delayed in hospital.	October 2016	Increase capacity of care at home	To be determined	Being planned
Investment in ELSIE through Integrated Care Fund to provide 24/7 cover to prevent hospital admission.	tbc	Avoid admission and support rapid discharge	To be determined	Being planned
Retendering of current care at home framework	April 2017	Improve capacity of providers in tandem with Living Wage implementation.	To be determined	Project underway and specification under development
Introduction of second additional team in hospital to home service	October 2016	More care hours – 4 more complex packages	4 packages	Implemented
Introduction of third additional team in hospital to home service	November 2016	More care hours – 4 more complex packages		
Support care home to reopen	September/October 2017	Reduction in numbers waiting for care home by at least 11 (current number of vacancies)	N/A	Date to be confirmed – care home still under restrictions following most recent CI inspection
Consider bringing unused NHS or Council capacity into use.	tbc	Up to 10 residential care home places (but only 5 waiting at present – so not value for money)	N/A	Being considered

Comments – East Lothian IJB
Reasons for Current Performance

The key issue is capacity of care at home providers to meet demand. The actions above are mostly aimed at addressing this factor. The care home market is vulnerable in East Lothian, however, temporary cessation of admissions to one large care home has been reversed and patients/ clients who have this as one of their choices are being admitted on a phased basis. This will reduce the number of people waiting for care homes.

Delayed Discharges – Edinburgh Integrated Joint Board (IJB)

Healthcare Quality Domain: Effective

For reporting at **February 2017** meetings

Target/Standard: To minimise delayed discharges over 3 days, with none over 14 days, pending national clarity.

Responsible Director[s]: Chief Officer and Joint Directors

NHS Lothian Performance:-

Committee Assurance Level	Date Assurance Level Assigned	Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
To be reviewed	To be reviewed	Not Met	Deteriorating	Worse	Nov 16	0 (max)	240 (>3 days, excl. Code 9s ⁷ & 100s ⁸)	Dec 2016	Trak	Yes	Yes	RMG
Edinburgh IJB Performance							170 (70.8% of NHS Lothian Performance)					

Summary for Committee to note or agree

- Targets for the reduction of delayed discharge for the Edinburgh Partnership have been agreed up to April 2017 with the objective of achieving a level of 50 by the end of this period.
- A comprehensive programme of actions to address delayed discharge for Edinburgh residents is being overseen by the Patient Flow Programme Board, which meets on a monthly basis. The Board has specific work streams to support improvements in discharge and admission avoidance and in September a **whole system** self-assessment was undertaken to determine performance against best practice. This was intended to enable the Flow Board to review targets and oversee the improvement plan to be developed through the self-assessment process.
- The self-assessment event led to the identification of four further priority actions in the following main categories: performance dashboard, ICT strategy, procedures and practice issues for locality working and procedures and practice issues for hospital stays.

Recent Performance – Delayed Discharges

Table 1: Census Return Data - Total Delayed Discharges (incl. delayed discharges <=3 days, >3days, and Code 9s; excl. Code 100s) – Lower Count is Better⁹

	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16
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Total Delayed Discharges (incl. Code 9s, excl. Code 100s)	281	275	269	260	251	238	220	227	262	308	323	335	326	287	299

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⁸ Code 100 is used for commissioning/re-provisioning.

⁹ New national definitions from July 2016 prevent a breakdown of delayed discharges by IJB, delay reason or length of delay being provided for prior to this point, on a comparable basis.

Figure 1: Census Return Data - Total Delayed Discharges (incl. Code 9s, excl. Code 100s) – Lower Count is Better

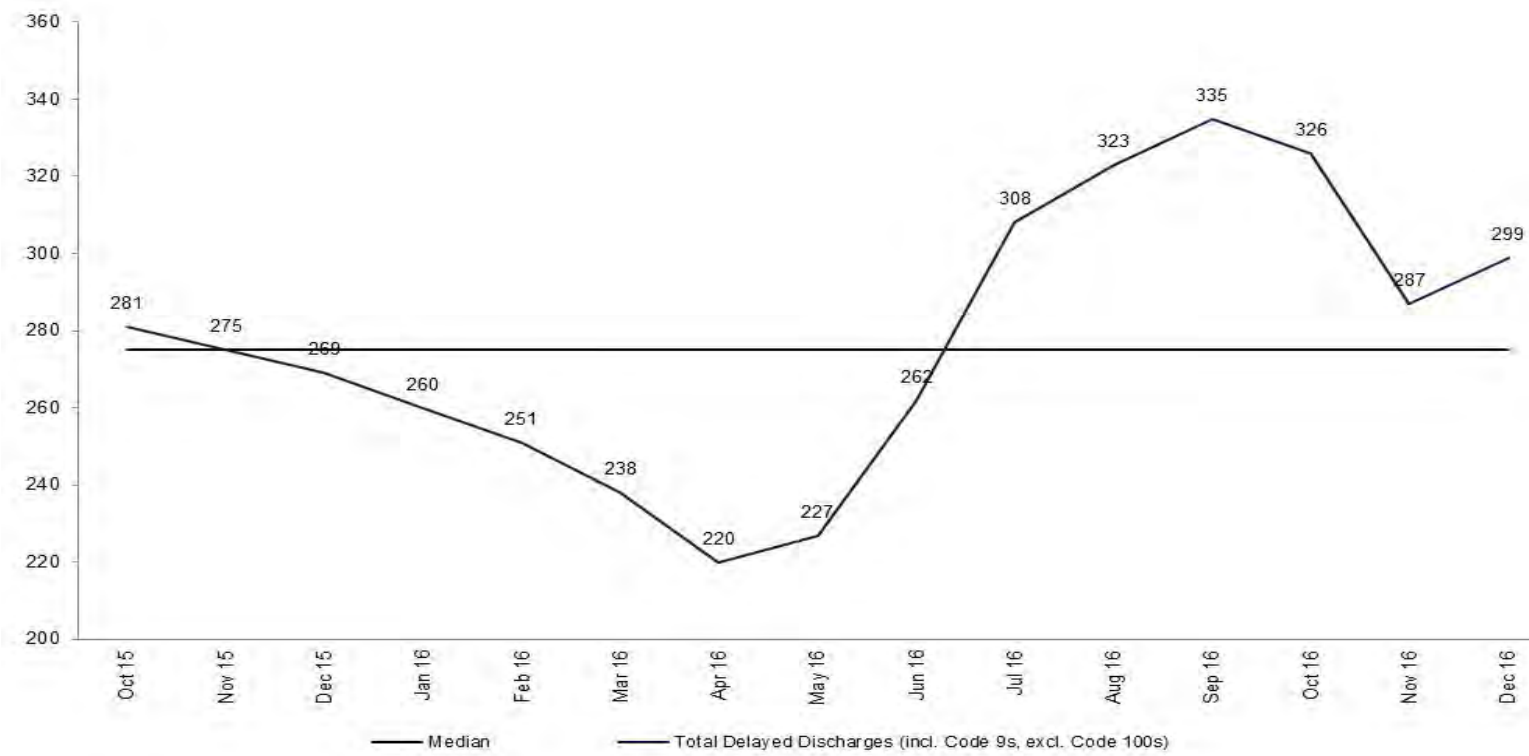


Figure 2: Census Return Data - Delayed Discharges >3 Days (excl. Code 9s & 100s) – Pre & Post-Definition Change – Lower Count is Better

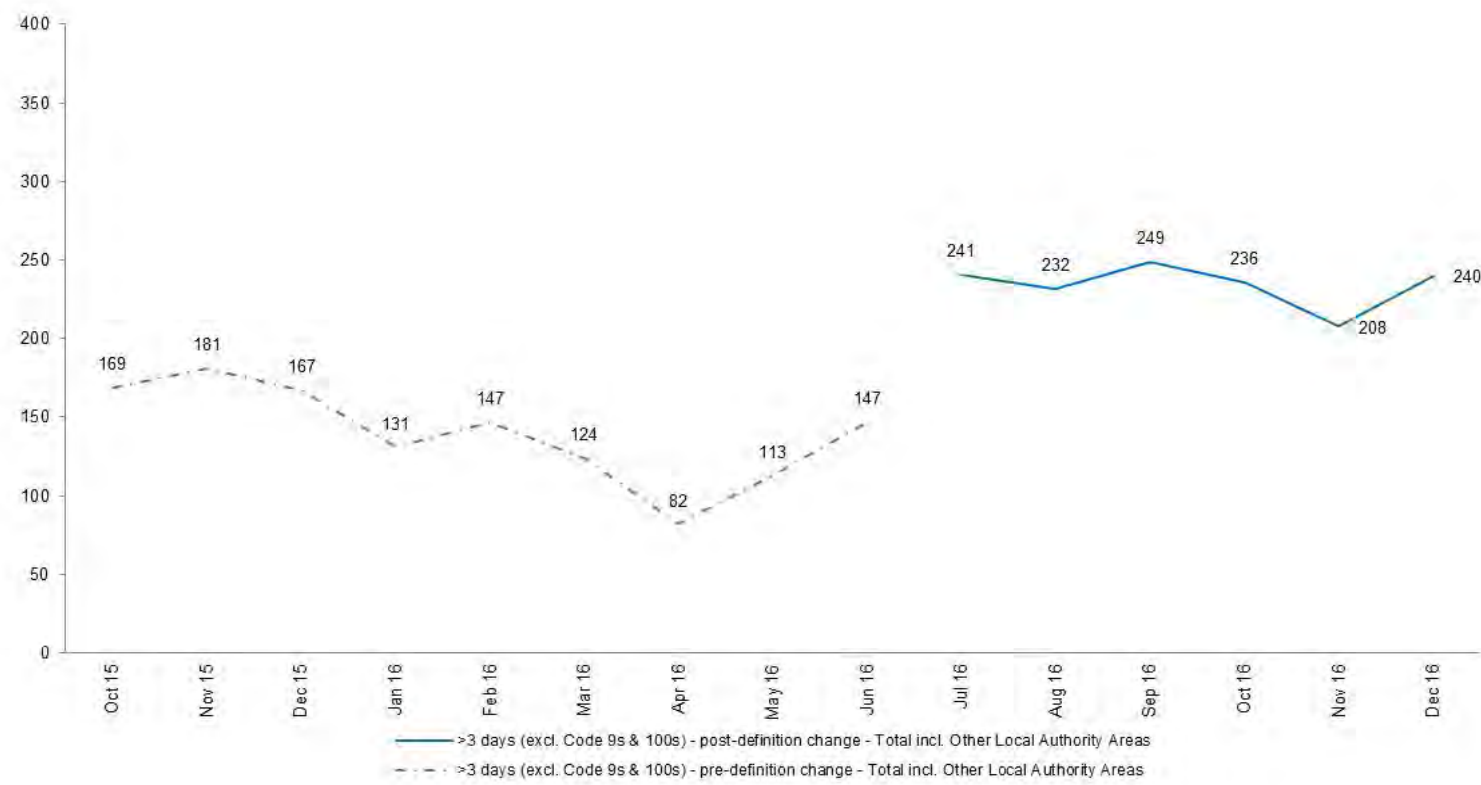


Table 2: Census Return Data - Delayed Discharges – New Methodology – Lower Count is Better

	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16
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Code 100s						
City of Edinburgh	23	23	27	23	25	27
East Lothian	3	5	4	2	2	1
Midlothian	4	3	3	5	5	4
West Lothian	4	6	6	5	5	6
Total incl. Other Local Authority Areas	34	37	40	35	37	38

Timescale for Improvement – Edinburgh IJB

A trajectory for the period to May 2016 was agreed with SGHD for the Edinburgh partnership, and set out below:-

Reportable Delays excluding x codes					>2 weeks (derived from all reportable delays excluding x codes)					>4 weeks (derived from all reportable delays excluding x codes)					All targets
Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jan 16	Feb 16	Mar 16	Apr 16	May 16	From June 16
118	100	80	55	50	64	46	26	1	0	36	33	15	0	0	TBD

Actions Planned and Outcome – Edinburgh IJB

Action	Due By	Planned Benefit	Actual Benefit	Status
Continued work on the work streams initiated following the key stakeholder event in March 2016: admission avoidance; rehabilitation and recovery; supporting discharge	Ongoing	Reductions in delayed discharge Reduced delays across the pathway Reduction in hospital admissions		Work is underway and progress is being closely monitored by the Patient Flow Programme Board. This includes: <ul style="list-style-type: none"> The discharge element is focusing on increasing capacity and flow with Elderly Care Assessment Teams, now working within all specialties; the Rapid Improvement Team, in place since 1 November, has been working with localities and partner providers to streamline referral and service matching processes, introduce joint workforce planning to build city-wide capacity, and improve communications and data quality Admission avoidance – ongoing work on the falls pathway and to provide GPs with support in relation to anticipatory care planning
Rehabilitation and recovery – phase 2: realignment of reablement provision to ensure effective use of the resource. This is part of the demand management work stream, being led by EY.	June 2016	With more effective targeting of the reablement service to people who are likely to benefit, it is anticipated that there will be a greater reduction in the level of support needed.	Average package reduction: 70% (target was 45%)	Work is proceeding on phase 2: <ul style="list-style-type: none"> work is underway to analyse the data to explore the volumes of reablement clients who are not eligible based on the existing criteria and the reasons for not meeting the criteria arrangements continue to develop the bridging service through a staff training programme
Increase capacity and responsiveness of care at home through the new contracts.	November 2016	New contactors must take work within a week. In house service being restructured to support this and to enhance reablement		The Rapid Improvement Team has been working to support partner providers as required, to avoid supplier failure. This work has already resulted in an in-principle agreement to reduce referral response from 7 days to 48 hours for locality partners, a reduction of 47% in the backlog of SMU referrals and a reduction in the waiting list for packages of care of over 100 people (17%).
Actions resulting from the whole system self assessment: performance dashboard, ICT strategy, procedures and practice issues for locality working and procedures and practice issues for hospital stays.	Ongoing	Improved flow and prevention of unnecessary hospital admission.		Work is ongoing to develop a performance overview of the whole system. Two operational managers (one locality manager and one hospital based manager) have been identified to become part of the project team and will identify the performance information they need to enable them to identify and address issues. Work to prepare for the full implementation of the MATTs and Hubs is underway. The aim is to implementation to begin early in the new year. Preparations include determining ICT requirements and this is being overseen by the ICT Steering Group.
Mental health – the aim is to eliminate delayed discharges for adults with incapacity who are going through the guardianship process and to accommodate reduced bed capacity for mental health patients	30 Jan 2017	Reduced delayed discharges for a) people with mental health problems and b) adults with incapacity		Current work includes: <ul style="list-style-type: none"> The provision of community services to offset the reduction of 7 acute beds in the Royal Edinburgh Building will be the priority for delivery between January and March 2017 Review of care packages at grades 5, 4 and 3 (reflecting levels of support needed) is underway to promote recovery and promote flow. Targets have been agreed to create one place per month between December and March 2017 through effective flow through the system. Work is underway to identify people aged 65+ who are suitable to move to the new capacity at Royston (15 beds). This work is being overseen by the Flow Board.

Comments – Edinburgh IJB

The number of reportable delays in Edinburgh decreased in November from 200 to 176.

The main reason for delay continues to be waiting for domiciliary care, but there are also a significant number of people waiting for a care home place. Recruitment of people to posts in the care sector remains a challenge within Edinburgh.

A self assessment of the current approach in Edinburgh to tackling delays in transfer of care has been undertaken, utilising the best practice guidance contained within the Joint Improvement Team “Self Assessment Tool for Partnerships” (updated 2015) and The National Institute for Health and Care Excellence guidelines (Dec 2015) for “Transition between inpatient hospital settings and community or care home settings for adults with social care needs”. The results of the self-assessment are forming the basis of further improvement actions as outlined above.

Reasons for Current Performance

Waiting for domiciliary care continues to be the most common reason for delay (69 people) followed by people waiting for care home place (64). Recruiting staff to posts in the care sector remains a challenge in Edinburgh.

Delayed Discharges – Midlothian Integrated Joint Board (IJB)

Healthcare Quality Domain: Effective

For reporting at **February 2017** meetings

Target/Standard: To minimise delayed discharges over 3 days, with none over 14 days, pending national clarity.

Responsible Director[s]: Chief Officer and Joint Directors

NHS Lothian Performance:-

Committee Assurance Level	Date Assurance Level Assigned	Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
To be reviewed	To be reviewed	Not Met	Deteriorating	Worse	Nov 16	0 (max)	240 (>3 days, excl. Code 9s ¹⁰ & 100s ¹¹)	Dec 2016	Trak	Yes	Yes	EM
Midlothian IJB Performance							17 (7.1% of NHS Lothian Performance)					

Summary for Committee to note or agree

- The performance within Midlothian remains off-target, but there has been an improvement in performance over the last month and weekly monitoring suggests that this improvement is being maintained in to 2017. There is still further work to be done and the recent investments to support Winter activity will continue to support work towards achieving a further reduction in delays. We continue to work towards reducing delays on acute sites by maximising the use of Midlothian Community Hospital, so whilst the overall number still remains high, we have ensured that patients are outwith acute settings to support the wider acute flow.

Recent Performance – Delayed Discharges

Table 1: Census Return Data - Total Delayed Discharges (incl. delayed discharges <=3 days, >3days, and Code 9s; excl. Code 100s) – Lower Count is Better¹²

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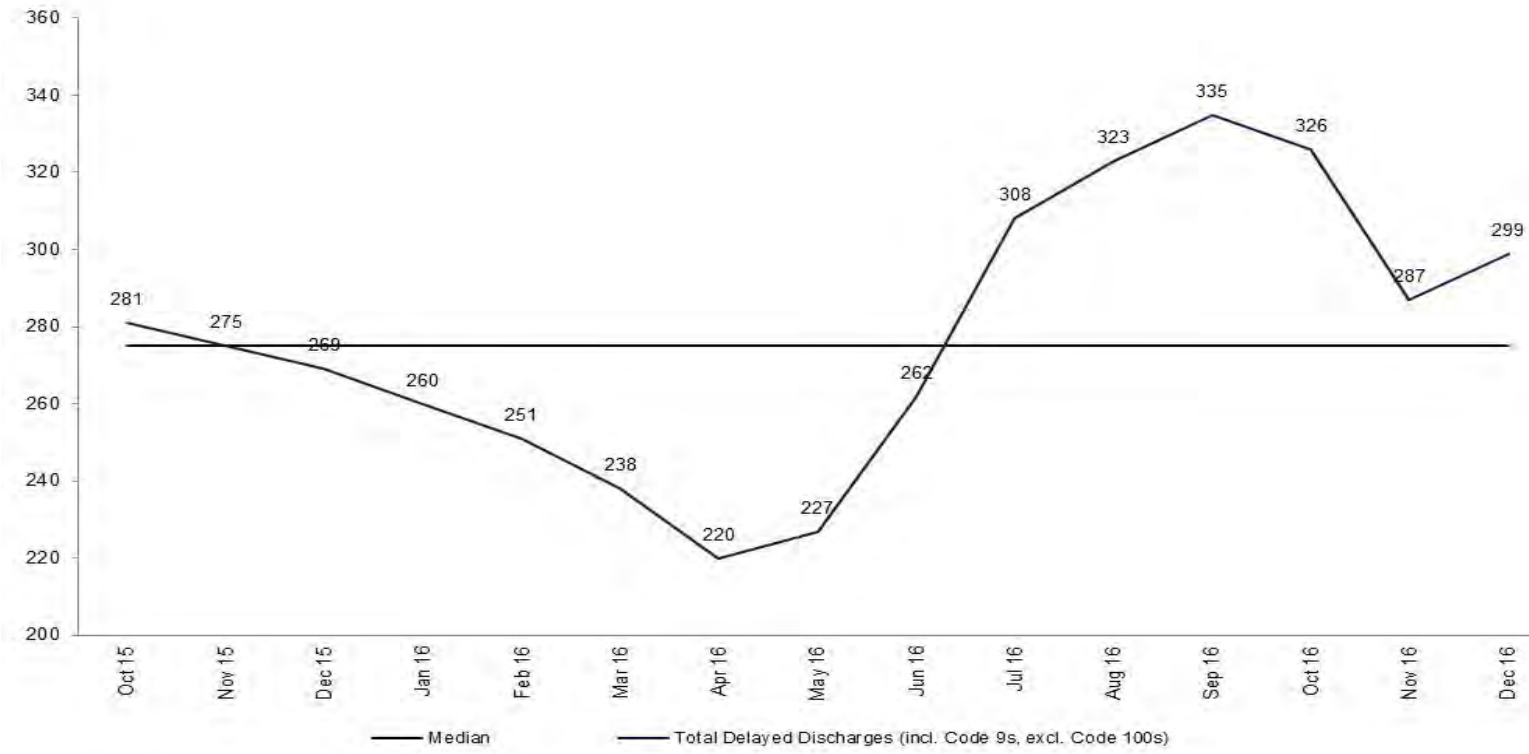


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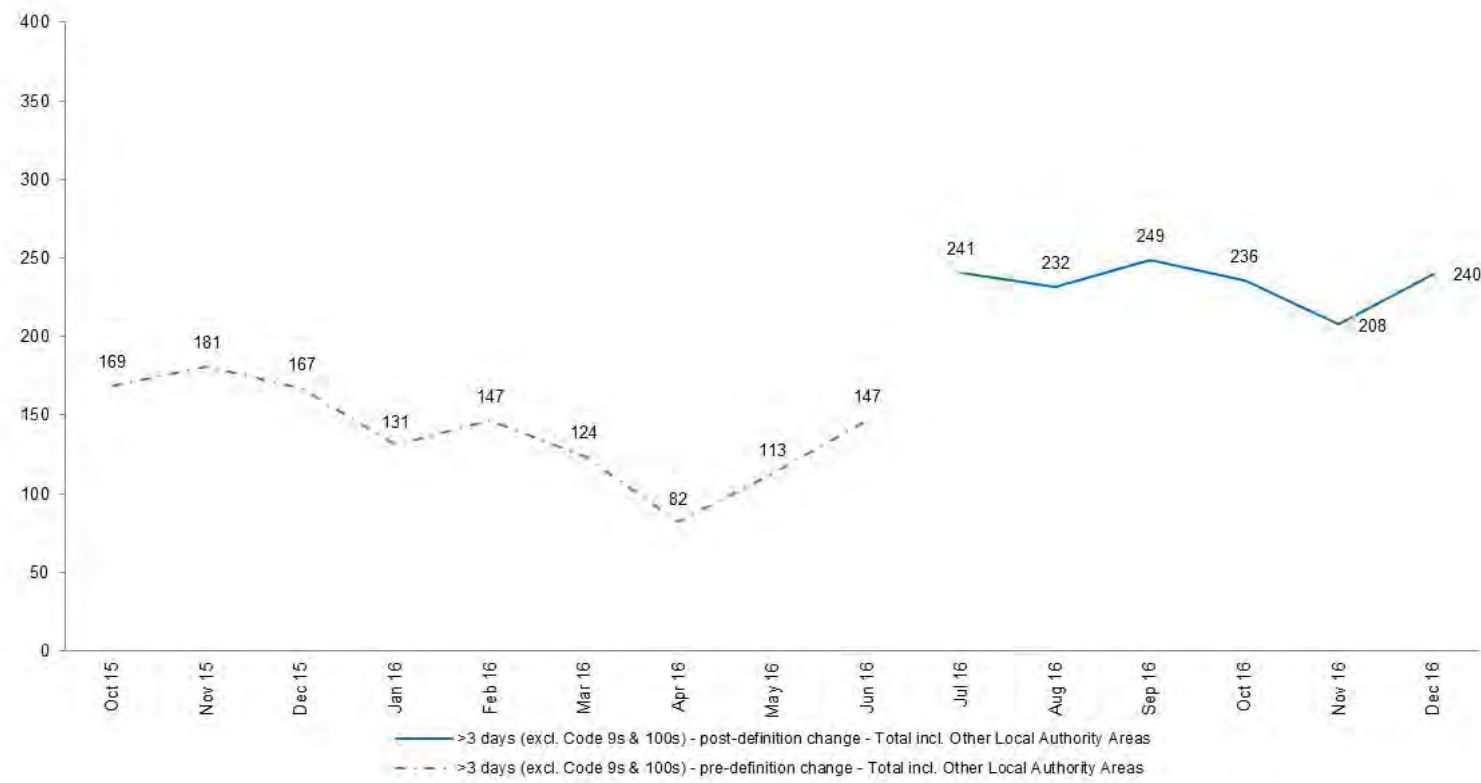


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West Lothian	4	6	6	5	5	6
Total incl. Other Local Authority Areas	34	37	40	35	37	38

Timescale for Improvement – Midlothian IJB

A trajectory has been agreed with SGHD and set out below (or please provide alternative information, if a trajectory has not been agreed):- The target for Midlothian has now been revised to reflect the ongoing pressures within care at home services and challenges in achieving discharge within agreed timescales.

May 2016	June 2016	July 2016	Aug 2016	Sept 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	March 2017	April 2017	May 2017
0	10	10	10	10	8	8	6	4	2	0	0	0

Actions Planned and Outcome – Midlothian IJB

Action	Due By	Planned Benefit	Actual Benefit	Status
Action Plan developed and being implemented to address under-performance by Care at Home provider	31 July 2016	Increase in care packages	No benefit delivered with existing provider	The actions have not yielded any benefits as the Provider is not able to take on further packages of care. The Provider has now handed back the service contract.
Increased capacity within Hospital Inreach Team to support improved discharge across acute and community sites	31 Aug 2016	Reduced length of stay and delays	Additional support for team to increase discharges	Member of staff has now been appointed and is supporting patient discharges
Appointment of 10 additional Care Support Workers within the Complex Care Team to increase capacity	30 Sept 2016	Additional 10 packages of care for complex discharges	To be monitored through Reablement systems (CRM2000)	Interviews completed and HR checks now being completed – only 5 workers appointed so further recruitment now underway.
Development of dementia and complex care beds within Partnership run Care Home to support increased choice for LA funded service users	30 Sept 2016	Reduced length of stay and delays, particularly for dementia patients	To be determined through service management	New staffing model being implemented within the Care Home to reflect changed focus of care. Interviews currently underway for staff following service review and NHS Lothian nursing staff (2.6wte) have now been appointed and will take up post in October and November.
Increased medical input to MERRIT (Hospital at Home) with further 0.6 wte doctor	30 Sept 2016	Increase in the number of patients accepted in to the service	To be monitored through MERRIT reporting processes	GP with 6 sessions now in post and increased medical cover to 1.1wte doctors per week.
Agreement being reached with alternative provider to consider options for delivering care at home service	30 Sept 2016	Stability within the service and planned increase in care packages	To be monitored through weekly contract management	Agreement reached with Carr Gomm to take on the Service from 6 November and to work towards developing a new model of care through a Public Social Partnership by April 2017.
Expansion of MERRIT (Hospital at Home) Service to enable growth in beds on virtual ward by 50% (10 to 15 beds)	31 Oct 2016	Increase in admission avoidance and more supported discharge	To be monitored through MERRIT reporting processes	Advanced Practitioner Physiotherapist will take up post on 6 February
Agreement to recruit additional nursing staff within MERRIT to support the expansion noted above.	31 Dec 2016	Increase in admission avoidance and more supported discharge	To be monitored through MERRIT reporting processes	Posts now being advertised – still ongoing
Appointment of staff to review care packages to identify additional capacity within the system	31 Dec 2016	Increased capacity through review process	To be monitored through Resource Panel	Staff now in place and actively reviewing care packages – additional capacity now being identified within the system.
Implementation of a 4 week pilot to divert all possible nursing home admissions to the Flow Centre and then to MERRIT to prevent admission to hospital	31 Dec 2016	Reduce admissions from Care Homes	Being monitored through the pilot	The full impact has still to be determined but early signs indicating a reduction in admissions
Increased use of Midlothian Community Hospital to support patient moves to downstream beds and relieving some of the pressures on acute sites	1 Nov 2016	Reduced number of patients delayed on acute sites	Significant reduction in patients who are delayed at RIE and WGH	This remains an effective model for reducing delays on acute sites and will be continued in 2017
Review of in-house service provision to increase capacity within Reablement through more effective use of the Complex Care service	15 Jan 2017	Increased capacity within homecare	33 service users moved to complex care	An additional 206 hours has been moved to the complex care service, releasing additional capacity within Reablement

Comments – Midlothian IJB
Reasons for Current Performance

The continued performance in Midlothian is below target and this is a reflection on the volume of patients who were delayed between September and December, which in part was due to issues with a care at home provider – there is work ongoing that is resulting in a reduction of this overall number, with a view to bringing it back in line with the trajectory. The new care at home provider, Carr Gomm, has now taken on the contract for the West of the County and this transition has gone well, with a view to additional staff joining the service, which will support more capacity within the Reablement Service and increase flow from the hospital. There is also further work underway to maximise in-house capacity through realignment of rota's and workload.

Delayed Discharges – West Lothian Integrated Joint Board (IJB)

Healthcare Quality Domain: Effective

For reporting at **February 2017** meetings

Target/Standard: To minimise delayed discharges over 3 days, with none over 14 days, pending national clarity.

Responsible Director[s]: Chief Officer and Joint Directors

NHS Lothian Performance:-

Committee Assurance Level	Date Assurance Level Assigned	Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
To be reviewed	To be reviewed	Not Met	Deteriorating	Worse	Nov 16	0 (max)	240 (>3 days, excl. Code 9s ¹³ & 100s ¹⁴)	Dec 2016	Trak	Yes	Yes	JF
West Lothian IJB Performance							17 (7.1% of NHS Lothian Performance)					

Summary for Committee to note or agree

- Target to reduce delayed discharge level is based on scheduled investments and anticipated benefits.
- A comprehensive programme of actions to address delayed discharge is incorporated within the West Lothian Frailty Programme which is focussed on improvements across the whole system of Health and Social Care. The Frailty Programme Board continues to monitor the programme and identify priorities for further work.
- Some improvement noted in Care at Home Contract provision which is being augmented with hospital to home/ community nursing teams to facilitate discharge and provide interim care until POC established.
- November census position has 26 standard delays over 3 days.
- We are continuing to review all delayed discharge cases to track the key issues and are addressing these within our unscheduled care plans
- We have put in additional MHO resource to Discharge Hub to focus on Code 9 delays.
- MDT support to focus on consistent application of Moving On Policy.
- Weekly meetings held to progress work plan and monitor performance.

Recent Performance – Delayed Discharges

Table 1: Census Return Data - Total Delayed Discharges (incl. delayed discharges <=3 days, >3days, and Code 9s; excl. Code 100s) – Lower Count is Better¹⁵

	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16
City of Edinburgh										198	192	201	225	198	203
East Lothian										40	61	60	41	26	47
Midlothian										24	27	34	21	22	22
West Lothian										40	38	38	36	41	26
Total Delayed Discharges (incl. Code 9s, excl. Code 100s)	281	275	269	260	251	238	220	227	262	308	323	335	326	287	299

¹³ Code 9s are used for 'complex' cases - they are codes used when a partnership is unable, for reasons beyond their control, to secure a patient's safe, timely and appropriate discharge from hospital.

¹⁴ Code 100 is used for commissioning/re-provisioning.

¹⁵ New national definitions from July 2016 prevent a breakdown of delayed discharges by IJB, delay reason or length of delay being provided for prior to this point, on a comparable basis.

Figure 1: Census Return Data - Total Delayed Discharges (incl. Code 9s, excl. Code 100s) – Lower Count is Better

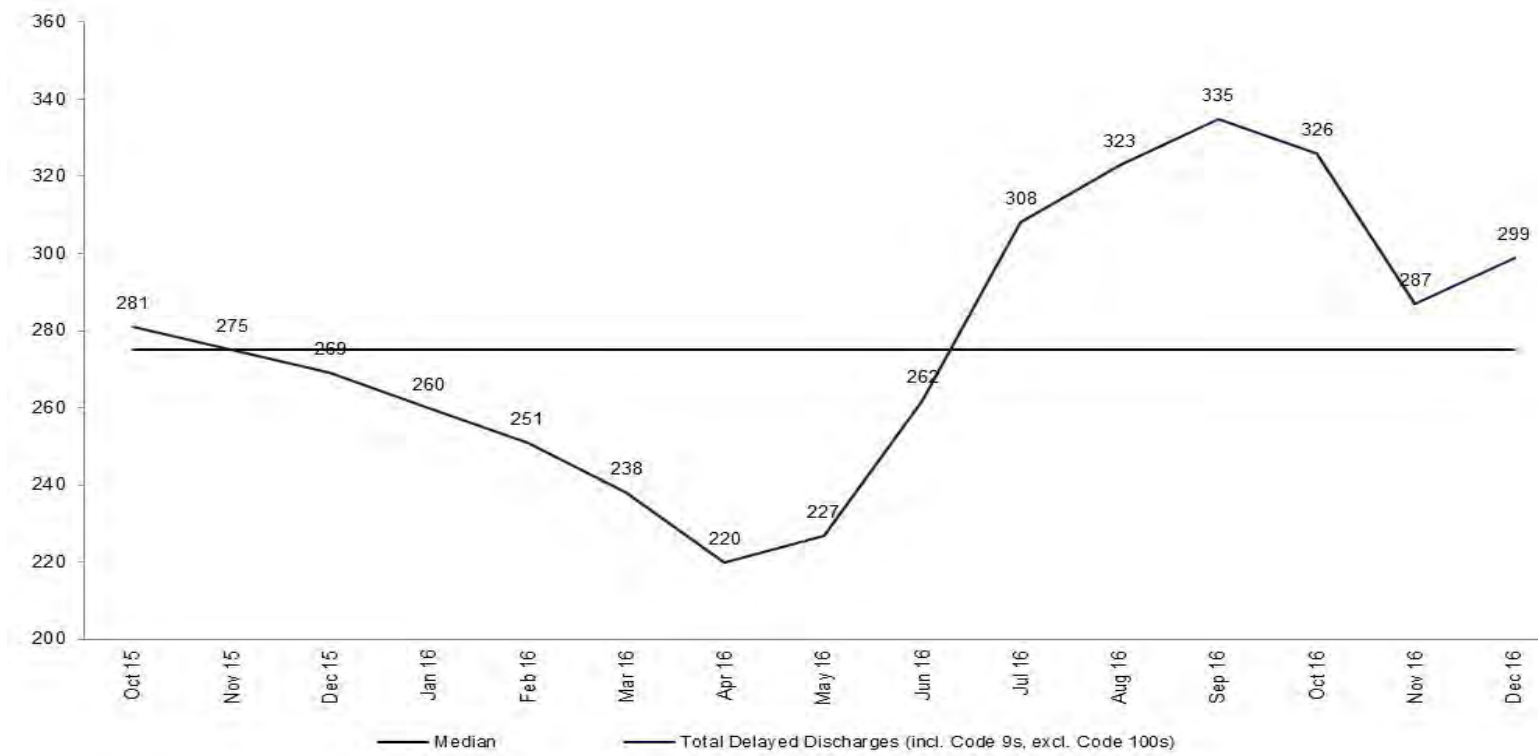


Figure 2: Census Return Data - Delayed Discharges >3 Days (excl. Code 9s & 100s) – Pre & Post-Definition Change – Lower Count is Better

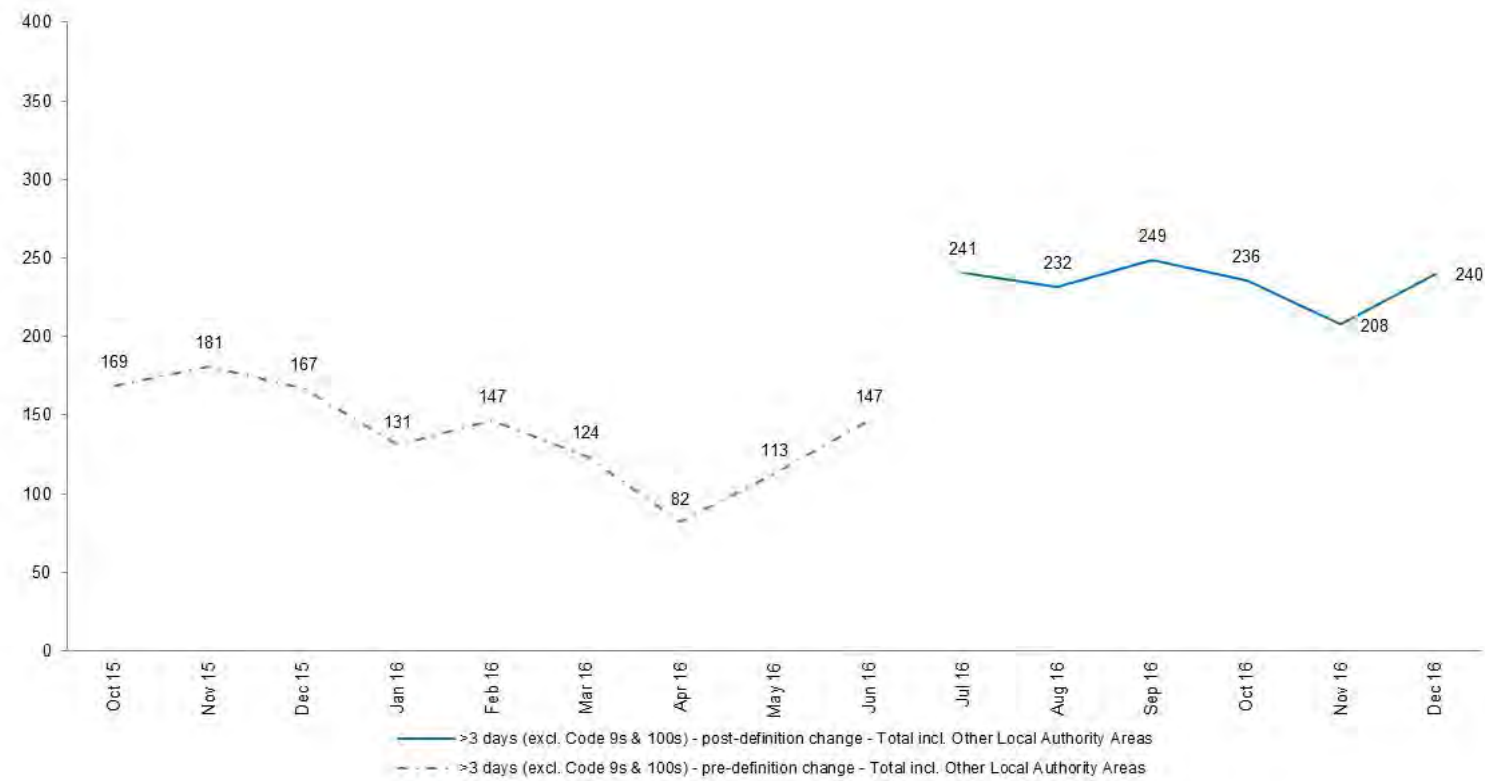


Table 2: Census Return Data - Delayed Discharges – New Methodology – Lower Count is Better

	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16
<=3 days (excl. Code 9s and 100s)						
City of Edinburgh	20	26	23	32	28	15
East Lothian	2	11	14	9	4	11
Midlothian	2	8	4	5	7	1
West Lothian	4	10	6	8	10	6
Total incl. Other Local Authority Areas	29	55	47	55	49	33
>3 days (excl. Code 9s and 100s)						
City of Edinburgh	153	144	155	168	148	170
East Lothian	35	47	44	31	21	35
Midlothian	15	13	25	12	13	17
West Lothian	33	23	23	23	26	17
Total incl. Other Local Authority Areas	241	232	249	236	208	240
Code 9s						
City of Edinburgh	25	22	23	25	22	18
East Lothian	3	3	2	1	1	1
Midlothian	7	6	5	4	2	4
West Lothian	3	5	9	5	5	3
Total incl. Other Local Authority Areas	38	36	39	35	30	26
Code 100s						
City of Edinburgh	23	23	27	23	25	27
East Lothian	3	5	4	2	2	1
Midlothian	4	3	3	5	5	4
West Lothian	4	6	6	5	5	6
Total incl. Other Local Authority Areas	34	37	40	35	37	38

Timescale for Improvement – West Lothian IJB

An official trajectory for West Lothian has not been agreed with the SGHD.

Local improvement targets would aim to achieve compliance by end of 2016.

Actions Planned and Outcome – West Lothian IJB

Action	Due By	Planned Benefit	Actual Benefit	Status
Established Frailty Programme with following aims <ul style="list-style-type: none"> To design a whole system model of care for frail elderly adults that meet overall IJB strategic priorities To reduce hospital admission and re-admission and minimise delayed discharge To contribute to the financial efficiencies of the IJB To identify areas of skills development to support the new model of care. 	March 2017	Reduction in emergency admission Reduction in delayed discharge.	Frailty programme work streams reviewed and priorities identified Delayed discharge clearly identified within the work stream Additional work stream on Intermediate Care commenced	Amber

Embedding of new Care at Home contract: Performance management of providers to meet terms of contract	Mar 2017	Increase capacity of Care at Home provision Reduction in delayed discharge	Care at Home Contract fully implemented from April 2016 Proportion of reablement capacity blocked with clients with unmet needs reduced as independent providers are providing more packages of care leading to increased capacity in Reablement and Crisis Care teams	Amber
Further development and expansion of REACT	Dec 2016	Reduction in emergency admission Reduction in delayed discharge	REACT providing acute care at home, good evidence of success in reducing admission and high level of patient and carer satisfaction. Development plan in progress within overall Frailty Programme and within unscheduled Care plan to extend provision over 7 days	Amber
Comprehensive needs assessment is in progress which will inform the IJB Commissioning Plan for Older People	Sept 2016	Clear identification of needs for older population	Needs Assessment will inform priorities for IJB and Commissioning Plan Priorities identified within Strategic Plan	Green
Review application of Choice and Moving On Policies to ensure consistent with Lothian and Government Guidance	December 2016	Patient moved to right destination 1 st time	Awareness sessions commenced with MDT	Green
Review Interim Care Home beds and need for intermediate care provision	December 2016	Establish optimum capacity and use of downstream beds Reduce average length of stay in interim care facility Establish requirements for intermediate care	Discussion progressed with WLC and Scottish Care to establish capacity Intermediate care work stream established in Frailty programme	Green
Provide addition MHO resource to Discharge Hub to focus on Code 9 delays	October 2016	Establish additional capacity for assessment and timeous activity to reduce delays for complex patients where possible	Ensure patients correctly coded and actions progressed to facilitate discharge process	Green

Comments – West Lothian IJB

Reasons for Current Performance

Current Capacity of Care at Home and Care Home provision continues to have impact.
We are actively working with providers to improve on time taken to arrange POC and have established team to support discharge whilst waiting on POC. This is having positive effect.
Local improvement actions implemented to focus on MDT approach and consistent application of moving on policies.
We are now looking at wrap around provision at home to support those waiting on care home to allow them to be discharged home

Staff Sickness Absence

Healthcare Quality Domain: Person Centred

For reporting at **February 2017** meetings

Target/Standard: 4% Staff Hours or Less Lost to Sickness

Responsible Director[s]: Director of Human Resources and Organisational Development

NHS Lothian Performance:-

Committee Assurance Level	Date Assurance Level Assigned	Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
To be reviewed (not yet provided to Board Committee)	To be reviewed (not yet provided to Board Committee)	Not Met	Deteriorating	Better	2016/17	4% (max)	5.20%	Nov 16	Scottish Workforce Information Standard System (SWISS) - Management Information.	Yes	Yes	JB

Summary for Committee to note or agree

- Performance remains slightly below standard but has decreased by 0.04% in month.

Recent Performance – % against Standard

Figure 1: NHS Lothian Staff Sickness Absence (% Staff Hours Lost) - Lower % is Better



Table 1: NHS Lothian Staff Sickness Absence (% Staff Hours Lost) - Lower % is Better

	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16
NHS Lothian	4.77%	4.67%	4.81%	4.93%	4.58%	4.82%	4.98%	5.12%	5.18%	5.41%	5.14%	5.12%	4.57%	4.54%	4.51%	4.50%	4.87%	4.86%	4.97%	5.20%

Timescale for Improvement

A trajectory has not been agreed with SGHD.

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Attendance Management Training Sessions continue to be held.	Ongoing			
Master Classes have also been held to assist managers in dealing with difficult conversations at work in the context of staff absence.	-			Completed
Targeted support has been put in place for absence hotspots i.e. Nursing Bands 1-5 and A&C Bands 1-4.	Ongoing			
Absence Review Panels have taken place to review how absence cases are being handled and provide further advice and guidance.	-			Completed
An Absence Dashboard available to all managers has been set up to facilitate effective performance monitoring.	-			Completed
As part of the Efficiency and Productivity Group a sickness absence project has been set up to focus on what could be put in place to assist with an improvement in absence levels. This will initially be focussed on the RIE but any successful improvements will be rolled out across NHS Lothian.	Ongoing			
An Internal Audit of Absence Management has recently taken place. The overall summary was that there are appropriate controls in place to manage sickness absence within the organisation with only a few control issues to be addressed which will now be taken forward.	January 2017			

Comments

Reasons for Current Performance

We continue to be challenged in achieving the 4% standard with the added dimension of an aging workforce. The HR function will continue to provide a range of technical support and governance frameworks to support the management of sickness absence, but ultimately it is the line managers who will need to ensure that they manage absence appropriately in their areas for the required reduction in absence to the 4% level to be achieved. Outlined above are some of the actions that are being undertaken to support managers currently with this task. In addition a paper will be presented to the Staff Governance Committee at their January meeting for further discussions about actions that can be taken to try to reduce the levels of sickness absence and any further actions will be outlined in future performance management reports.

Smoking Cessation

Healthcare Quality Domain: Equitable

For reporting at **February 2017** meetings

Target/Standard: NHS Boards to sustain and embed successful smoking quits, at 12 weeks post quit, in the 40% SIMD areas (60% in island areas).

Responsible Director[s]: Director of Public Health and Health Policy

Performance:-

Committee Assurance Level	Date Assurance Level Assigned	Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated Since Last Report?	Narrative Updated Since Last Report?	Lead Director
To be reviewed (was 'Met' at time of mtg)	To be reviewed (was 'Met' at time of mtg)	Not Met	Deteriorating	Better	2015/16	1,469 quits for 2016-17; 25% - ~367 quits (min) – to be achieved per quarter; 50% of each quarters' target to be achieved by Pharmacy & Non-Pharmacy respectively:-	211	Apr - Jun 2016	National Smoking Cessation database	No	No	AKM
						a. Pharmacy – 184 (50% of overall quarter Q1 target)	63					
						b. Non-Pharmacy – 184 (50% of overall quarter Q1 target)	148					

Summary for Committee to note or agree

- The target for Q1 2016-17 is 368 (184 for PCR Pharmacy and 'All Others' respectively).

Recent Performance – Numbers Achieved towards Standard

Table 1: Successful Quits in 40% most deprived areas for NHS Lothian for financial years 2015-16 & 2016-17 (For Quit Dates per Rolling 3 Months) - Higher is Better

Quit Dates	Jun 14	Sep 14	Dec 14	Mar 15	Jun 15	Sep 15	Dec 15	Mar 16	Jun 16	Sep 16	Dec 16	Mar 17
NHS Lothian Target (for financial year quarters)	442	441	441	441	293	293	293	293	368	367	367	367
NHS Lothian Total	251	244	276	368	304	315	234	314	211			
50% share of NHS Lothian Target (for financial year quarters) – for PCR Pharmacies; and for Non-Pharmacy & Prisons respectively	221	221	221	221	147	147	147	147	184	184	184	184
NHS Lothian Total – PCR Pharmacies only	27	55	81	139	94	86	79	121	63			
NHS Lothian Total – Non-Pharmacy & Prisons only	224	189	195	229	210	229	155	193	148			

Figure 1: Comparison of NHS Lothian Quarterly Smoking Cessation Outcomes Against Standards* incl. 50% Target Shares (HEAT for 2014/15 & LDP for 2015/16 & 2016/17) (Source: Smoking Cessation Database for 2014/15 & ISD for 2015/16) - Higher is Better

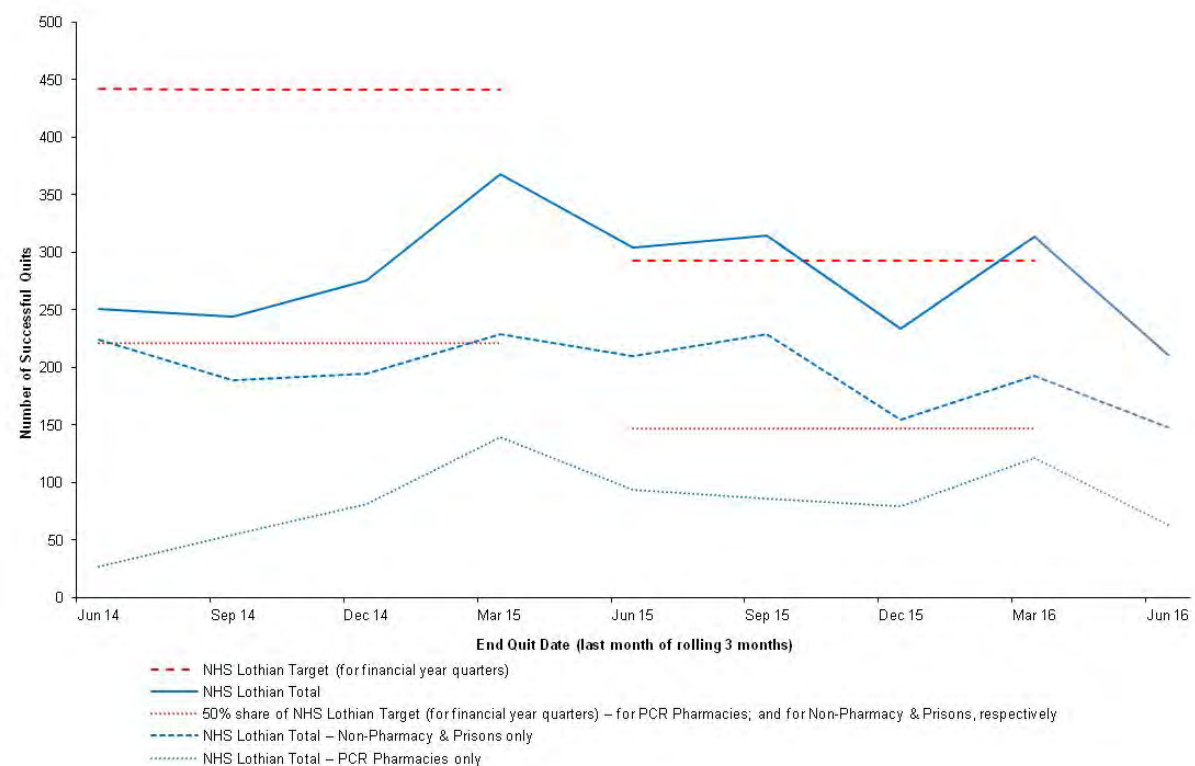
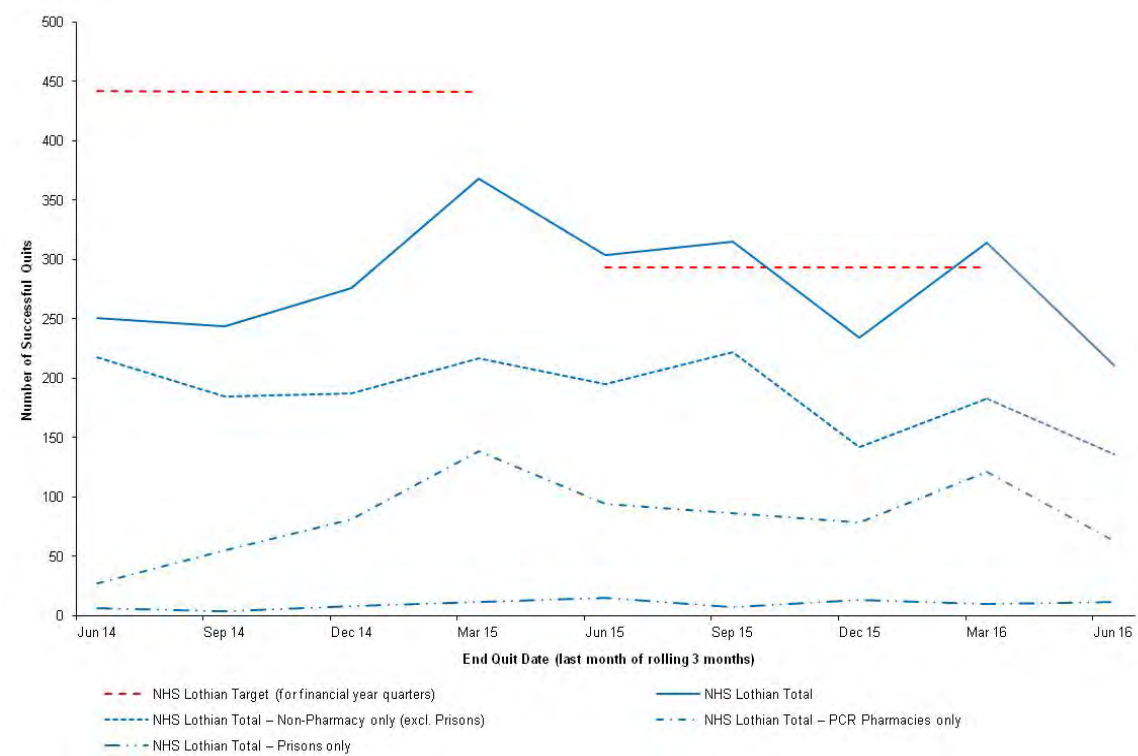


Figure 2: Comparison of NHS Lothian Quarterly Smoking Cessation Outcomes Against Standards* for Pharmacy, Non-Pharmacy & Prisons (HEAT for 2014/15 & LDP for 2015/16 & 2016/17) (Source: Smoking Cessation Database for 2014/15 & ISD for 2015/16) - Higher is Better



*Current standard is 'Successful Quits in 40% most deprived areas for NHS Lothian for financial year 2015-16 (For Quit Dates per Rolling 3 Months)'

Timescale for Improvement

A trajectory has been agreed with SGHD and set out below (or please provide alternative information, if a trajectory has not been agreed):-

Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
Figure	Figure	Figure	Figure	Figure	Figure	Figure	Figure	Figure	Figure	Figure	Figure	Figure

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
The core NHS service is entirely funded from a Scottish Government allocation. The service remains in the process of significant redesign to meet reductions in budget including a reduction in the Scottish Government allocation. As a consequence there has been disruption to staffing levels.				

Comments**Reasons for Current Performance**

The reduction in funding was coupled by a significant increase in the target which was introduced without discussion.

Mitigating Actions

A new service manager takes up post in December soon to take forward further improvements and will help optimise the outcomes the service can achieve against reduced funding.

Complaints: 3-Day & 20-Day Acknowledgement/Response Rate

Healthcare Quality Domain: Person Centred

For reporting at **February 2017** meetings

Target/Standard:

1. 3-Day Response [Acknowledgement] Rate – 100% formal acknowledgement within 3 working days;
2. 20-Day Response Rate – 80% of complaints responded to within 3 days.

Responsible Director[s]: Nurse Director

NHS Lothian Performance:-

Committee Assurance Level	Date Assurance Level Assigned	Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
3-Day: Moderate	Nov 16	Not Met	Deteriorating	Worse	2015/16	100% (min)	80.9%	Nov 2016	DATIX	Yes	Yes	AMcM
20-Day: Moderate	Nov 16	Not Met	Improving	Worse	2015/16	80% (min)	70.0%	Nov 2016		Yes	Yes	AMcM

Summary for Committee to note or agree

- There is no nationally agreed target for complaints. However we are required to submit data quarterly to Information Statistics Division and this data is published annually on their website.
- NHS Lothian has set a local stretch target of 80% for the 20 Day response rate.
- As the data is reviewed (extracted from DATIX) on a monthly basis it is anticipated that the previous months performance may be amended for accuracy.
- The denominator (number of complaints received) will change every month.
- Complaints account for 64 % of the team's activity in November 2016. Other types of feedback include concerns, comments, enquiries and compliments.

Recent Performance – Numbers against Target/Standard

Figure 1: NHS Lothian 3-Day Formal Complaints Acknowledgment Rate – Higher % is Better

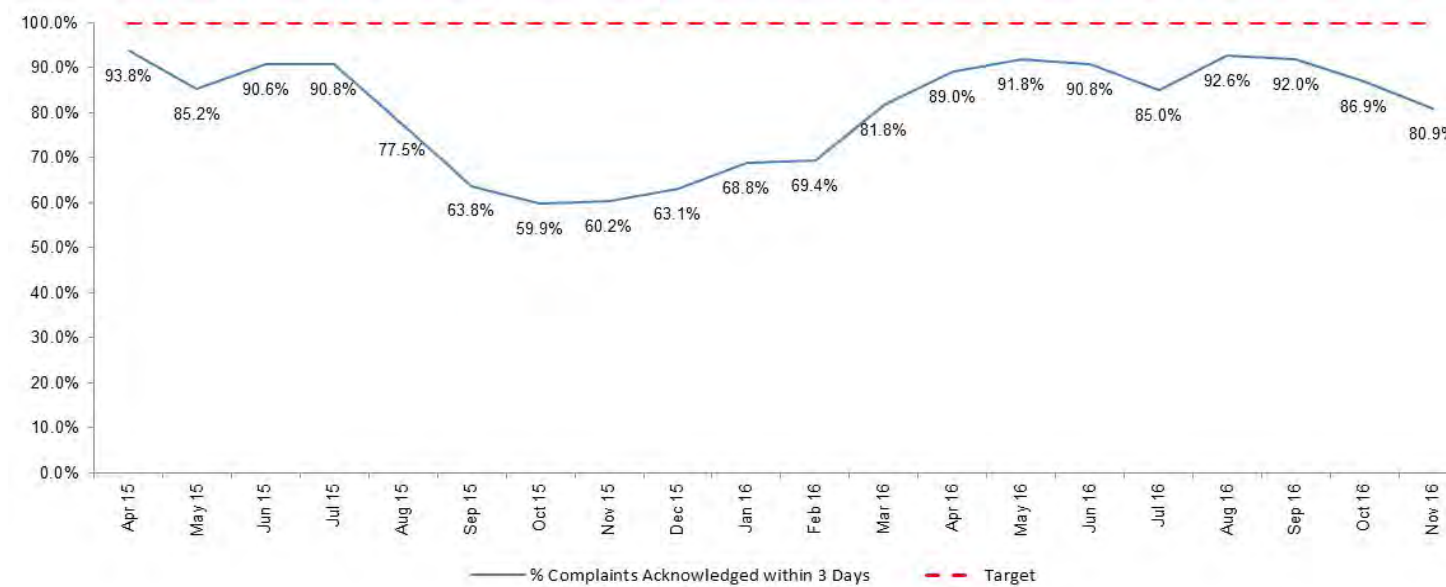
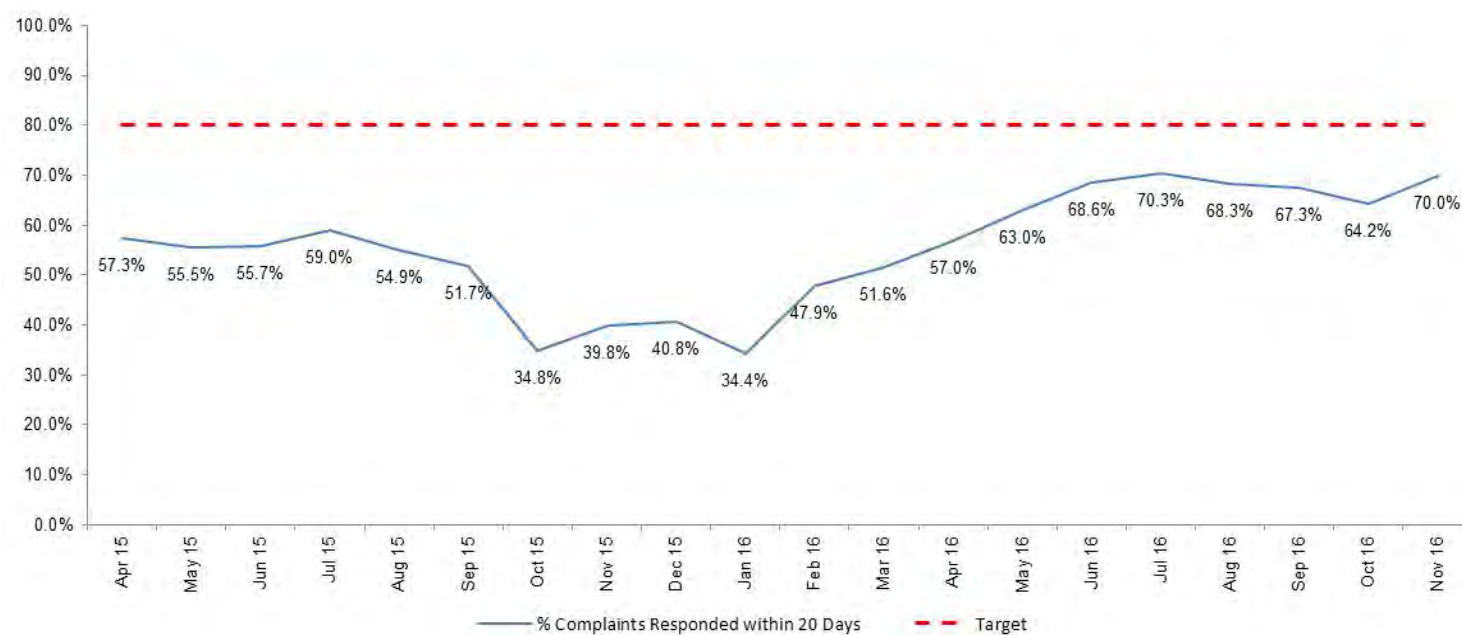


Figure 2: NHS Lothian 20-Day Complaints Response Rate – Higher % is Better



Timescale for Improvement

A trajectory has been agreed with SGHD and set out below:-

Measure	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
	Figure	Figure	Figure	Figure	Figure	Figure	Figure	Figure	Figure	Figure	Figure	Figure	Figure	Figure

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Patient Feedback paper went to April 2016 Board meeting included enhanced complaints information including themes.	Completed	Shared knowledge across organisation		
Reviewed targets with Executive Director. In the absence of national targets, targets have been set for 100% of complaints to be acknowledged within 3 days. 80% of complaints to be responded to within 20 working days.	Completed	Agree trajectory with LPNF- improved compliance with 20 working day response target		
Appoint to vacant posts.	Completed	Improved performance to meet targets		
Non-Executive appointed as Board Champion for complaints & feedback.	Completed			
Quality Assurance Committee met on 17 August and agreed to meet monthly until April 2017.	Completed	Continued improve performance, prioritisation of SPSO and Leadership support		
An improvement plan is being developed for all aspects of Scottish Public Services Ombudsman activity which will be discussed and agreed by the Patient Safety Action Group in August, Healthcare Governance Committee in Sept and the Board in October.	April 2017	Continued improved performance, reduction of premature contacts with SPSO, shared learning/ implementation of changes across the organisation.		
Appoint to vacant 2 WTE post	Jan 2017	Improve team performance to meet targets		

Comments

Reasons for Current Performance

Increase in complaints from October – November 2016 (274 complaints received in October 2016 and 283 complaints received in November 2016). There are ongoing meetings with the Prison Team to identify ways to support them with their early and local resolution as this will then have a positive impact on the overall acknowledgement response rate. Of the 53 complaints that were not acknowledged within 30days, 45 of those were from prisons. 2 WTE vacancies in the team. It is hoped that these will be recruited to in early February 2017. There was 6.9% sickness in the team during November in addition to annual leave and the vacancies,

Detect Cancer Early (DCE)

Healthcare Quality Domain: Person Centred

For reporting at **February 2017** meetings

Target/Standard: The DCE HEAT standard is for NHS Scotland to achieve a 25% improvement in the percentage of breast, colorectal and lung cancer cases (combined) diagnosed at stage 1. This is to be achieved by the combined calendar years of 2014/2015 and is the equivalent of a national rate of stage 1 diagnosis for breast, colorectal and lung cancer (combined) of 29.0%.

Responsible Director[s]: Director of Public Health & Public Policy

NHS Lothian Performance:-

Committee Assurance Level	Date Assurance Level Assigned	Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
Significant	Nov 16	Not Met	Improving	Better	2014 & 2015 (Combined Calendar Years)	29% (min)	27.1%	2014 & 2015	ISD	No	No	AKM

Summary for Committee to note or agree

NHS Lothian's performance over time against this target has been consistently above the All Scotland position and has followed a continued upwards trajectory in detection of stage 1 combined cases, as shown in the chart below. NHS Lothian has increased the percentage of breast, colorectal and lung cancers (combined) detected at stage 1 by 19.9% from the baseline years of 2010 & 2011 to the final reporting period of 2014 & 2015. Scotland as a whole saw an increase of 8.0% in the same period. In NHS Lothian over the 2014 & 2015 period 27.1% of breast, colorectal and lung cancers (combined) were detected at stage 1 compared with 25.1% for Scotland as a whole. NHS Lothian delivered the second highest percentage improvement of all the mainland Boards. However along with all other mainland Boards we fell short of the final targeted performance level of 29% of breast, colorectal and lung cancers (combined) being detected at stage 1.

We will not be in any position to update from a data perspective until June 2017. ISD release national annual figures. Or from a funding perspective, until we hear from Scottish Government on the outcome from the Board's cancer implementation submission – no date given for feedback from SG.

Recent Performance – Numbers Against LDP Target

Figure 1: Current Performance for NHS Scotland and NHS Lothian – Higher % is Better

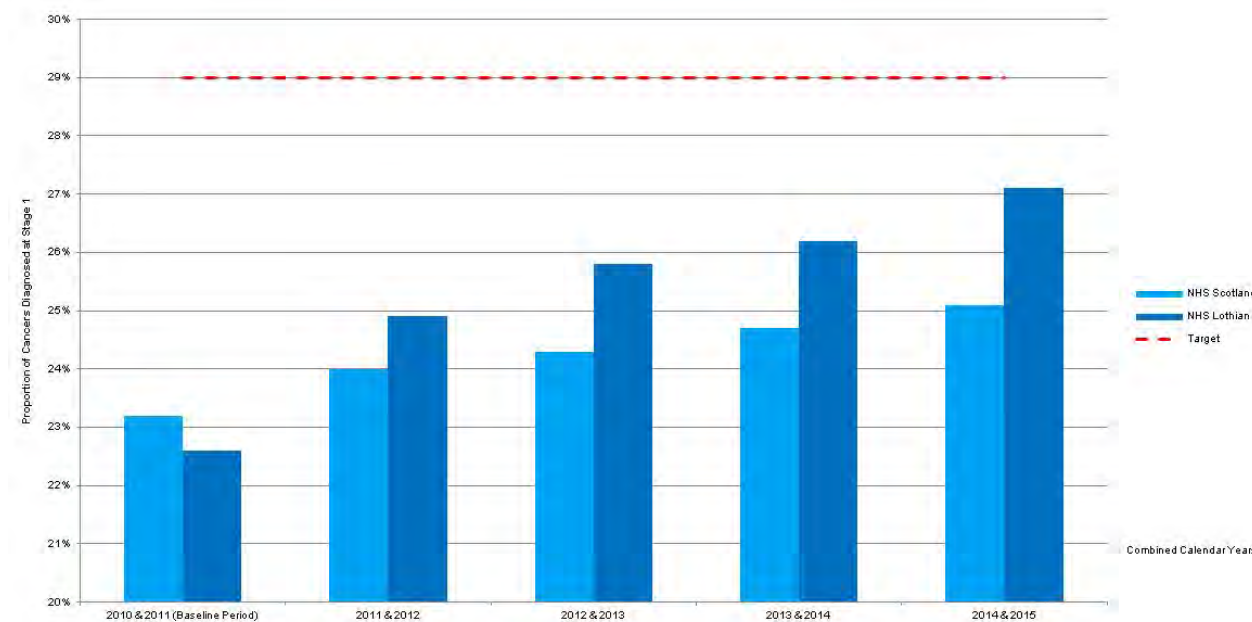


Table 1: Current Performance for NHS Scotland and NHS Lothian – Higher % is Better

	Combined Calendar Years				
	2010 & 2011 (Baseline Period)	2011 & 2012	2012 & 2013	2013 & 2014	2014 & 2015
NHS Scotland	23.2%	24.0%	24.3%	24.7%	25.1%
NHS Lothian	22.6%	24.9%	25.8%	26.2%	27.1%
Target	29.0%	29.0%	29.0%	29.0%	29.0%

Timescale for Improvement

A trajectory has been agreed with SGHD and set out below:-

	Baseline Period (2010 & 2011) – Actual Figure	Reporting Period 4 (2014 & 2015) – Target Figure
NHS Scotland	23.2%	29.0%
NHS Lothian	22.6%	29.0%

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Investment in the Lothian DCE programme in 2016/17	31/3/16 outcome awaited	Stage 1 detection performance improvement, particularly via the breast and bowel screening programmes.		Ongoing

Comments

NHS Lothian's programme is aligned to the 5 DCE work streams; public awareness, informed decision making in screening, primary care detection and referral behaviour, increasing diagnostic capacity, data evaluation and outcomes. Key initiatives during 2015/16 included rollout of digital mammography, policy changes to cervical age range and frequency changes, new referral pathways for lung cancer, multi-disciplinary audit, implementation of the bowel screening quality and outcomes framework (sQoF) and support for targeted social marketing (television and radio platforms, use of social media and field activity e.g. football matches and shopping centres).

Reasons for Current Performance

Mitigating Actions: Impact on colorectal performance across all Boards will be subject to the conclusion of the bowel screening QoF (March 2015). Discussions remain ongoing with finance colleagues concerning budgets for 2016/17 - lack of funds are likely to compromise NHS Lothian's future performance.

Dementia – East Lothian Integrated Joint Board (IJB)

Healthcare Quality Domain: Person Centred

For reporting at **February 2017** meetings

Target/Standard:
 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.

Responsible Director[s]: Chief Officer and Joint Directors

NHS Lothian Performance:-

Committee Assurance Level	Date Assurance Level Assigned	Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
To be reviewed	To be reviewed	TBC ¹⁶	Not Applicable	1. Worse 2. Worse	2014/15	TBC ¹⁷	1. 25% 2. 64%	2014/15	ISD	Yes	Yes	DS
		East Lothian IJB ¹⁸				1. Tbc 2. Tbc						

Summary for Committee to note or agree

ISD have published data against the standard for the first time on 24th January 2017. Data is reported at NHS Health Board level only against both elements of the standard (please see 'Target/Standard'. Performance against the Standard as a whole is also reported. Please note that the data reflects diagnosis on the year 2014/15.

Recent Performance – % against Standard

Table 1: NHS Board performance against the LDP Standard for financial year 2014/15 – Higher Rate is Better

Part 1:-	Estimated Incidence of Dementia ¹⁹	Number of People Referred to a PDS Service	% of New Diagnosed Incidences Referred to PDS	Part 2:-	Total Referred to PDS ²⁰	Delivered Successfully Against the Standard ²¹	% of Standard Achieved
NHS Lothian	2,391	609	25%		603	388	64%

¹⁶ ISD have stated "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." <https://www.isdscotland.org/Health-Topics/Mental-Health/Publications/2017-01-24/2017-01-24-DementiaPDS-Report.pdf>

¹⁷ Please see footnote 1.

¹⁸ For a case to be counted in an IJB, that case must have a patient postcode of residence within the IJB and have been included in a submission from the Health Board (HB), within whose bounds the IJB resides. E.g. if an NHS Lothian HB submission includes a patient with an Edinburgh postcode, they will be included in Edinburgh data – but if the same case was instead treated by a Borders IJB or was resident in a non-Lothian IJB but treated by Lothian, then they would not appear in IJB data. This is because there is currently no data on which IJB actually treats a patient, so the best approach available is to identify patients by IJB of residence unless they were definitely treated outside their local HB. In theory a patient might be resident in one IJB but treated by another within a HB –but it is currently assumed that this never happens as there is no way of verifying one way or another.

¹⁹ These incidence figures were derived from taking most up to date NRS population estimates for 2014/15 and applying rates as indicated in the cited research.

²⁰ Number of those referred for PDS, but excludes those currently undergoing PDS as uncertain at this point whether they will meet the requirements of the LDP Standard.

²¹ Those who have received 12 months PDS support or had PDS stopped due to patient death or move

Table 2: Rate of Referral to PDS in each month for those Diagnosed with Dementia - Source: ISD – Higher Rate is Better²²

	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16
NHS Lothian	7.4	8.0	9.7	8.6	8.2	8.9	11.3	11.3	11.2	10.5	10.4	12.7	11.0	11.1	10.3	8.3	9.0
East Lothian IJB	5.8	7.7	15.5	5.8	7.7	7.7	19.4	22.3	17.4	14.5	26.1	23.2	6.7	14.4	7.7	10.6	7.7
Edinburgh IJB	6.2	6.8	7.2	9.9	8.2	7.6	9.9	10.1	10.3	11.3	9.5	10.9	13.1	11.7	10.5	9.0	10.1
Midlothian IJB	14.0	14.0	21.0	12.8	11.7	12.8	11.7	16.3	16.3	4.7	9.3	16.3	4.6	9.3	8.1	6.9	9.3
West Lothian IJB	7.3	8.4	7.3	3.9	6.7	10.6	9.5	6.2	7.3	9.0	3.9	9.5	10.0	7.2	11.1	5.0	6.1

Figure 1: Rates of Referral to PDS in each month for NHS Lothian and IJBs, for those Diagnosed with Dementia - Source: ISD – Higher Rate is Better²³



²² The data previously published by ISD on the dementia standard reported the rate of referral for post diagnostic support based on 100,000 per population. The numerator for this was based on month of diagnosis rather than month of referral so there was always a lag time between month of publication and rate per month, with the rate continuing to increase for previous months in each subsequent publication. NHS Lothian's rate of referral for post diagnostic support was currently in line with the overall national rate; The rate was only published at Health Board level not by IJB/ locality level. This has been requested from ISD.

²³ Please see footnote 6.

Timescale for Improvement – East Lothian Integrated Joint Board (IJB)

A trajectory has not been set due to the proposed changes in the methodology in relation to measuring expected prevalence of dementia.

Actions Planned and Outcome – East Lothian Integrated Joint Board (IJB)

Action	Due By	Planned Benefit	Actual Benefit	Status
Improve capture of PDS being delivered by secondary care mental health services through the development of a questionnaire on TRAK to capture required data for ISD submission.	Completed	Increase reported rate of referral for PDS.	The reported rate has decreased compared with the preceding month, with the rate for June 16 at 5.8. Although the East Lothian rate has exceeded the Scottish average in many previous months, the June figure is below the Scottish and other Lothian rates.	Completed
Improve recording of diagnosis in TRAK. <ul style="list-style-type: none"> Procedures agreed and implemented with local teams Routine reports to feedback performance to teams in place 	Ongoing	Increased recording of all diagnoses to allow comparison of actual versus expected rates for diagnosis of dementia.	Initial Position for % of patients on older adult services caseloads (with at least 1 attended appointment with a consultant) who had a diagnosis of dementia recorded in TRAK in May 2015 was 21%. Position reported in January 16 was 75%.	Will continue to monitor recording
Awaiting further guidance from ISD to develop reporting of diagnosis and referral rate by Partnership area. (This was published on 24 th Jan 2017).	July 2016	<ul style="list-style-type: none"> Enable reporting of performance by IJB; Increase local ownership of performance and improvement planning. 		Awaiting ISD guidance
Awaiting ISD guidance to inform boards of proposed changes regarding the methodology of anticipated rates for diagnosis of dementia. (This was published on 24 th Jan 2017).	TBC (ISD)	<ul style="list-style-type: none"> Allow more accurate evaluation of performance against the standard at Board and partnership level. 		

Comments – East Lothian Integrated Joint Board (IJB)

Based on the most recently available data, East Lothian's rate for referral for Post Diagnostic Support (PDS*) is below the Lothian rate and the rate in two of the three HSCPs.

PDS referral rates still have a 4-month data lag as the February report only has figures available up to August 2016. There also remains some dubiety about the accuracy of the most recently available month's figure. The East Lothian data is also subject to high variability, fluctuating month on month, as demonstrated in the data table and the accompanying chart.

The data collected for ISD utilises the date of the dementia diagnosis as a proxy for the referral date and as such there is a lag time between the date of reporting and the actual "referrals" each month, so the numbers for any given month will increase as patients diagnosed are referred to the service in coming months.

Discussion is underway in the East Lothian Post Diagnostic Support Services Steering Group on current pressures on the service and potential approaches to improve performance.

East Lothian looks forward to future performance reporting at IJB level providing extra detail such as:

- Number of people expected to be diagnosed (in time period)
- Number of people having been diagnosed with dementia (in time period)
- Number of people offered PDS (in time period).

Reasons for Current Performance

Improving recording of diagnosis remains a priority.

*PDS service refers to the Alzheimer Scotland Support worker and other staff in East Lothian older adult services providing dementia post diagnostic support.

Dementia – Edinburgh Integration Joint Board (IJB)

Healthcare Quality Domain: Person Centred

For reporting at **February 2017** meetings

Target/Standard:
 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.

Responsible Director[s]: Chief Officer and Joint Directors

NHS Lothian Performance:-

Committee Assurance Level	Date Assurance Level Assigned	Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
To be reviewed	To be reviewed	TBC ²⁴	Not Applicable	1. Worse 2. Worse	2014/15	TBC ²⁵	1. 25% 2. 64%	2014/15	ISD	Yes	Yes	RMG
		Edinburgh IJB ²⁶				1. Tbc 2. Tbc						

Summary for Committee to note or agree

ISD have published data against the standard for the first time on 24th January 2017. Data is reported at NHS Health Board level only against both elements of the standard (please see 'Target/Standard'. Performance against the Standard as a whole is also reported. Please note that the data reflects diagnosis on the year 2014/15.

Recent Performance – % against Standard

Table 1: NHS Board performance against the LDP Standard for financial year 2014/15 – Higher Rate is Better

Part 1:-	Estimated Incidence of Dementia ²⁷	Number of People Referred to a PDS Service	% of New Diagnosed Incidences Referred to PDS	Part 2:-	Total Referred to PDS ²⁸	Delivered Successfully Against the Standard ²⁹	% of Standard Achieved
NHS Lothian	2,391	609	25%		603	388	64%

²⁴ ISD have stated "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." <https://www.isdscotland.org/Health-Topics/Mental-Health/Publications/2017-01-24/2017-01-24-DementiaPDS-Report.pdf>

²⁵ Please see footnote 1.

²⁶ For a case to be counted in an IJB, that case must have a patient postcode of residence within the IJB and have been included in a submission from the Health Board (HB), within whose bounds the IJB resides. E.g. if an NHS Lothian HB submission includes a patient with an Edinburgh postcode, they will be included in Edinburgh data – but if the same case was instead treated by a Borders IJB or was resident in a non-Lothian IJB but treated by Lothian, then they would not appear in IJB data. This is because there is currently no data on which IJB actually treats a patient, so the best approach available is to identify patients by IJB of residence unless they were definitely treated outside their local HB. In theory a patient might be resident in one IJB but treated by another within a HB –but it is currently assumed that this never happens as there is no way of verifying one way or another.

²⁷ These incidence figures were derived from taking most up to date NRS population estimates for 2014/15 and applying rates as indicated in the cited research

²⁸ Number of those referred for PDS, but excludes those currently undergoing PDS as uncertain at this point whether they will meet the requirements of the LDP Standard.

²⁹ Those who have received 12 months PDS support or had PDS stopped due to patient death or move

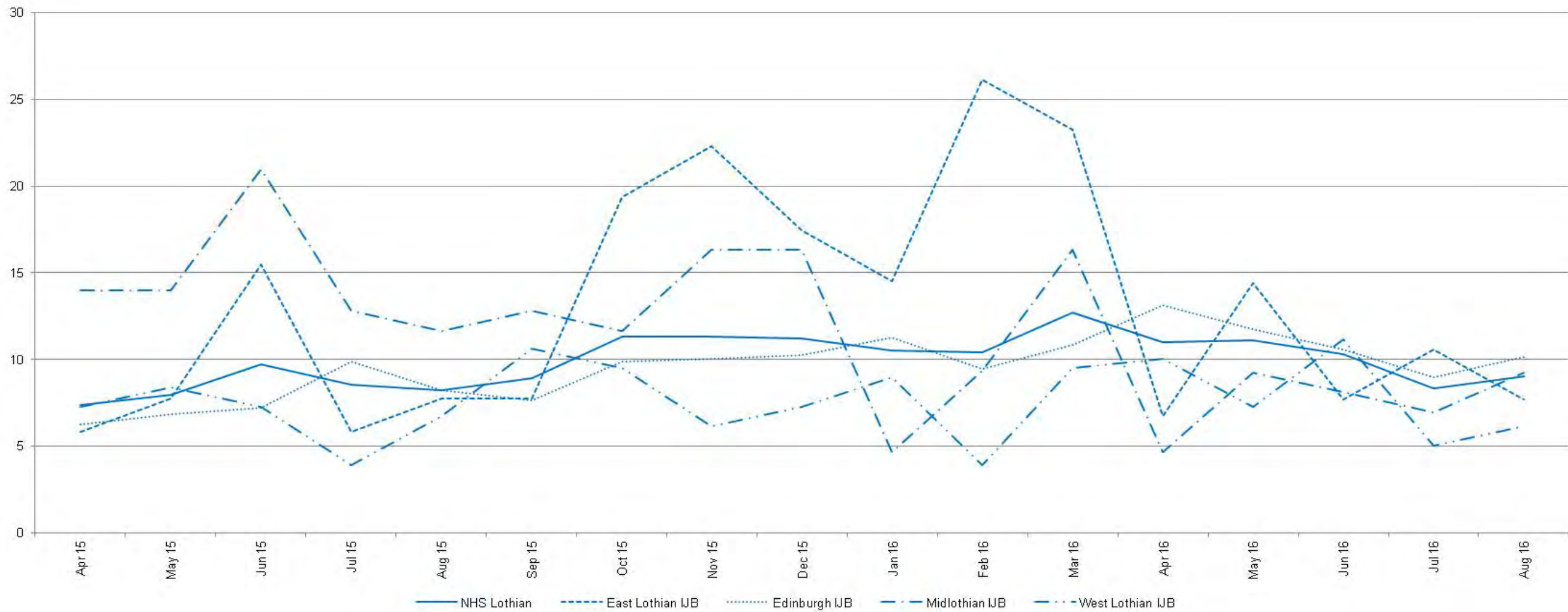
²⁹ The data previously published by ISD on the dementia standard reported the rate of referral for post diagnostic support based on 100,000 per population. The numerator for this was based on month of diagnosis rather than month of referral so there was always a lag time between month of publication and rate per month, with the rate continuing to increase for previous months in each subsequent publication. NHS Lothian's rate of referral for post diagnostic support was currently in line with the overall national rate; The rate was only published at Health Board level not by IJB/ locality level. This has been requested from ISD.

²⁹ Please see footnote 6.

Table 2: Rate of Referral to PDS in each month for those Diagnosed with Dementia - Source: ISD – Higher Rate is Better

	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16
NHS Lothian	7.4	8.0	9.7	8.6	8.2	8.9	11.3	11.3	11.2	10.5	10.4	12.7	11.0	11.1	10.3	8.3	9.0
East Lothian IJB	5.8	7.7	15.5	5.8	7.7	7.7	19.4	22.3	17.4	14.5	26.1	23.2	6.7	14.4	7.7	10.6	7.7
Edinburgh IJB	6.2	6.8	7.2	9.9	8.2	7.6	9.9	10.1	10.3	11.3	9.5	10.9	13.1	11.7	10.5	9.0	10.1
Midlothian IJB	14.0	14.0	21.0	12.8	11.7	12.8	11.7	16.3	16.3	4.7	9.3	16.3	4.6	9.3	8.1	6.9	9.3
West Lothian IJB	7.3	8.4	7.3	3.9	6.7	10.6	9.5	6.2	7.3	9.0	3.9	9.5	10.0	7.2	11.1	5.0	6.1

Figure 1: Rates of Referral to PDS in each month for NHS Lothian and IJBs, for those Diagnosed with Dementia - Source: ISD – Higher Rate is Better



Timescale for Improvement – Edinburgh Integrated Joint Board (IJB)

A trajectory has not been set due to the proposed changes in the methodology in relation to measuring expected prevalence of dementia.

Actions Planned and Outcome – Edinburgh Integrated Joint Board (IJB)

Action	Due By	Planned Benefit	Actual Benefit	Status
Improve capture of PDS being delivered by secondary care mental health services through the development of a questionnaire on TRAK to capture required data for ISD submission.	Completed	Increase reported rate of referral for PDS.	The reported rate has increased. For example our rate for August 15 was 0.7, following capture of additional data it is now 9.3 and our rate is comparable with the Scottish average across most months.	Completed
Improve recording of diagnosis in TRAK. <ul style="list-style-type: none"> Procedures agreed and implemented with local teams Routine reports to feedback performance to teams in place 	Ongoing	Increased recording of all diagnosis to allow comparison of actual versus expected rates for diagnosis of dementia.	Initial Position for % of patients on older adult services caseloads (with at least 1 attended appointment with a consultant) who had a diagnosis of dementia recorded in TRAK in May 2015 was 21%. Position reported in January 16 was 75%.	Will continue to monitor recording.
Awaiting further guidance from ISD to develop reporting of diagnosis and referral rate by Partnership area. (This was published on 24 th Jan 2017).	July 2016	<ul style="list-style-type: none"> Enable reporting of performance by IJB; Increase local ownership of performance and improvement planning. 		Awaiting ISD guidance
Awaiting ISD guidance to inform boards of proposed changes regarding the methodology of anticipated rates for diagnosis of dementia. (This was published on 24 th Jan 2017).	TBC (ISD)	<ul style="list-style-type: none"> Allow more accurate evaluation of performance against the standard at Board and partnership level. 		

Comments – Edinburgh Integrated Joint Board (IJB)

Linked to Edinburgh Health and Social Care Partnership Strategic Plan Action 23A – improving support for people with dementia.

Awaiting ISD guidance to report on Edinburgh rates and further develop reporting on rates within 4 Edinburgh locality areas.

As noted in the last report, post diagnostic support is mainly delivered through current 2 year contract with Alzheimer Scotland for Edinburgh Post Diagnostic Support Service which includes 6 WTE link workers based in each of the 4 partnership localities. Funded through the Integrated Care Fund until 31 March 2018 (contract £215,483 per annum). The funding source of Integrated Care Fund not yet confirmed beyond March 2018. Escalated to the IJB Risk Register. Process underway to determine how this function can be delivered going forward.

Once incidence data from national study is published by Scottish Government, in moving forward anticipated Edinburgh data measures should include:

- Expected number of people diagnosed
- Actual number of people diagnosed
- Number of people offered post diagnostic support
- People completing post diagnostic support as % of those offered
- Number of people waiting.

Reasons for Current Performance

In order to have understanding of current performance, it is recognised the need to continue to improve recording of diagnosis and remains a priority.

Dementia – Midlothian Integrated Joint Board (IJB)

Healthcare Quality Domain: Person Centred

For reporting at **February 2017** meetings

Target/Standard:
 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.

Responsible Director[s]: Chief Officer and Joint Directors

NHS Lothian Performance:-

Committee Assurance Level	Date Assurance Level Assigned	Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
To be reviewed	To be reviewed	TBC ³⁰	Not Applicable	1. Worse 2. Worse	2014/15	TBC ³¹	1. 25% 2. 64%	2014/15	ISD	Yes	Yes	EM
		Midlothian IJB ³²				1. Tbc 2. Tbc						

Summary for Committee to note or agree

ISD have published data against the standard for the first time on 24th January 2017. Data is reported at NHS Health Board level only against both elements of the standard (please see 'Target/Standard'. Performance against the Standard as a whole is also reported. Please note that the data reflects diagnosis on the year 2014/15.

Recent Performance – % against Standard

Table 1: NHS Board performance against the LDP Standard for financial year 2014/15 – Higher Rate is Better

Part 1:-	Estimated Incidence of Dementia ³³	Number of People Referred to a PDS Service	% of New Diagnosed Incidences Referred to PDS	Part 2:-	Total Referred to PDS ³⁴	Delivered Successfully Against the Standard ³⁵	% of Standard Achieved
NHS Lothian	2,391	609	25%		603	388	64%

³⁰ ISD have stated "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." <https://www.isdscotland.org/Health-Topics/Mental-Health/Publications/2017-01-24/2017-01-24-DementiaPDS-Report.pdf>

³¹ Please see footnote 1.

³² For a case to be counted in an IJB, that case must have a patient postcode of residence within the IJB and have been included in a submission from the Health Board (HB), within whose bounds the IJB resides. E.g. if an NHS Lothian HB submission includes a patient with an Edinburgh postcode, they will be included in Edinburgh data – but if the same case was instead treated by a Borders IJB or was resident in a non-Lothian IJB but treated by Lothian, then they would not appear in IJB data. This is because there is currently no data on which IJB actually treats a patient, so the best approach available is to identify patients by IJB of residence unless they were definitely treated outside their local HB. In theory a patient might be resident in one IJB but treated by another within a HB –but it is currently assumed that this never happens as there is no way of verifying one way or another.

³³ These incidence figures were derived from taking most up to date NRS population estimates for 2014/15 and applying rates as indicated in the cited research

³⁴ Number of those referred for PDS, but excludes those currently undergoing PDS as uncertain at this point whether they will meet the requirements of the LDP Standard.

³⁵ Those who have received 12 months PDS support or had PDS stopped due to patient death or move

³⁵ The data previously published by ISD on the dementia standard reported the rate of referral for post diagnostic support based on 100,000 per population. The numerator for this was based on month of diagnosis rather than month of referral so there was always a lag time between month of publication and rate per month, with the rate continuing to increase for previous months in each subsequent publication. NHS Lothian's rate of referral for post diagnostic support was currently in line with the overall national rate; The rate was only published at Health Board level not by IJB/ locality level. This has been requested from ISD.

³⁵ Please see footnote 6.

Table 2: Rate of Referral to PDS in each month for those Diagnosed with Dementia - Source: ISD – Higher Rate is Better

	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16
NHS Lothian	7.4	8.0	9.7	8.6	8.2	8.9	11.3	11.3	11.2	10.5	10.4	12.7	11.0	11.1	10.3	8.3	9.0
East Lothian IJB	5.8	7.7	15.5	5.8	7.7	7.7	19.4	22.3	17.4	14.5	26.1	23.2	6.7	14.4	7.7	10.6	7.7
Edinburgh IJB	6.2	6.8	7.2	9.9	8.2	7.6	9.9	10.1	10.3	11.3	9.5	10.9	13.1	11.7	10.5	9.0	10.1
Midlothian IJB	14.0	14.0	21.0	12.8	11.7	12.8	11.7	16.3	16.3	4.7	9.3	16.3	4.6	9.3	8.1	6.9	9.3
West Lothian IJB	7.3	8.4	7.3	3.9	6.7	10.6	9.5	6.2	7.3	9.0	3.9	9.5	10.0	7.2	11.1	5.0	6.1

Figure 1: Rates of Referral to PDS in each month for NHS Lothian and IJBs, for those Diagnosed with Dementia - Source: ISD – Higher Rate is Better



Timescale for Improvement – Midlothian Integrated Joint Board (IJB)

A trajectory has not been set due to the proposed changes in the methodology in relation to measuring expected prevalence of dementia.

Actions Planned and Outcome – Midlothian Integrated Joint Board (IJB)

Action	Due By	Planned Benefit	Actual Benefit	Status
Improve capture of PDS being delivered by secondary care mental health services through the development of a questionnaire on TRAK to capture required data for ISD submission.	Completed	Increase reported rate of referral for PDS.	The reported rate has increased. For example our rate for August 15 was 0.7, following capture of additional data it is now 9.3 and our rate is comparable with the Scottish average across most months.	Completed
Improve recording of diagnosis in TRAK. <ul style="list-style-type: none"> Procedures agreed and implemented with local teams Routine reports to feedback performance to teams in place 	Ongoing	Increased recording of all diagnosis to allow comparison of actual versus expected rates for diagnosis of dementia.	Initial Position for % of patients on older adult services caseloads (with at least 1 attended appointment with a consultant) who had a diagnosis of dementia recorded in TRAK in May 2015 was 21%. Position reported in January 16 was 75%.	Will continue to monitor recording
Awaiting further guidance from ISD to develop reporting of diagnosis and referral rate by Partnership area. (This was published on 24 th Jan 2017).	July 2016	<ul style="list-style-type: none"> Enable reporting of performance by IJB; Increase local ownership of performance and improvement planning. 		Awaiting ISD guidance
Awaiting ISD guidance to inform boards of proposed changes regarding the methodology of anticipated rates for diagnosis of dementia. (This was published on 24 th Jan 2017).	TBC (ISD)	<ul style="list-style-type: none"> Allow more accurate evaluation of performance against the standard at Board and partnership level. 		

Comments – Midlothian Integrated Joint Board (IJB)

The Single Dementia Service in Midlothian continues to provide support patients through the provision of post-diagnostic support, which is delivered as part of a multi-disciplinary team, including third sector partners and as part of the Scottish Government 5 & 8 Pillars Project. The model builds on effective partnership working between clinicians and support workers from Alzheimer Scotland as well as further input from dedicated dementia workers from the Volunteer Centre.

Reasons for Current Performance

Improving recording of diagnosis remains a priority and supported by the allocation of post-diagnostic support. Service redesign, staffing issues and the summer leave period are all factors which have impacted on delivery of PDS within the service. On a constructive note, integrating the PDS clinics within the single service has led to positive service development – offering improved channels of communication, increased flexibility and more seamless pathways to PDS support. Despite experiencing separate staffing pressures, the excellent provision provided by Alzheimer Scotland continues to offer a highly valued pathway to PDS in the community. Irrespective of which pathway is adopted, each patient/service user will have a post diagnostic support plan in place before the period of PDS comes to an end.

Dementia – West Lothian Integrated Joint Board (IJB)

Healthcare Quality Domain: Person Centred

For reporting at **February 2017** meetings

Target/Standard:
 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.

Responsible Director[s]: Chief Officer and Joint Directors

NHS Lothian Performance:-

Committee Assurance Level	Date Assurance Level Assigned	Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
To be reviewed	To be reviewed	TBC ³⁶	Not Applicable	1. Worse 2. Worse	2014/15	TBC ³⁷	1. 25% 2. 64%	2014/15	ISD	Yes	Yes	JF
		West Lothian IJB ³⁸				1. Tbc 2. Tbc						

Summary for Committee to note or agree

ISD have published data against the standard for the first time on 24th January 2017. Data is reported at NHS Health Board level only against both elements of the standard (please see 'Target/Standard'. Performance against the Standard as a whole is also reported. Please note that the data reflects diagnosis on the year 2014/15.

Recent Performance – % against Standard

Table 1: NHS Board performance against the LDP Standard for financial year 2014/15 – Higher Rate is Better

Part 1:-	Estimated Incidence of Dementia ³⁹	Number of People Referred to a PDS Service	% of New Diagnosed Incidences Referred to PDS	Part 2:-	Total Referred to PDS ⁴⁰	Delivered Successfully Against the Standard ⁴¹	% of Standard Achieved
NHS Lothian	2,391	609	25%		603	388	64%

³⁶ ISD have stated "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." <https://www.isdscotland.org/Health-Topics/Mental-Health/Publications/2017-01-24/2017-01-24-DementiaPDS-Report.pdf>

³⁷ Please see footnote 1.

³⁸ For a case to be counted in an IJB, that case must have a patient postcode of residence within the IJB and have been included in a submission from the Health Board (HB), within whose bounds the IJB resides. E.g. if an NHS Lothian HB submission includes a patient with an Edinburgh postcode, they will be included in Edinburgh data – but if the same case was instead treated by a Borders IJB or was resident in a non-Lothian IJB but treated by Lothian, then they would not appear in IJB data. This is because there is currently no data on which IJB actually treats a patient, so the best approach available is to identify patients by IJB of residence unless they were definitely treated outside their local HB. In theory a patient might be resident in one IJB but treated by another within a HB –but it is currently assumed that this never happens as there is no way of verifying one way or another.

³⁹ These incidence figures were derived from taking most up to date NRS population estimates for 2014/15 and applying rates as indicated in the cited research

⁴⁰ Number of those referred for PDS, but excludes those currently undergoing PDS as uncertain at this point whether they will meet the requirements of the LDP Standard.

⁴¹ Those who have received 12 months PDS support or had PDS stopped due to patient death or move

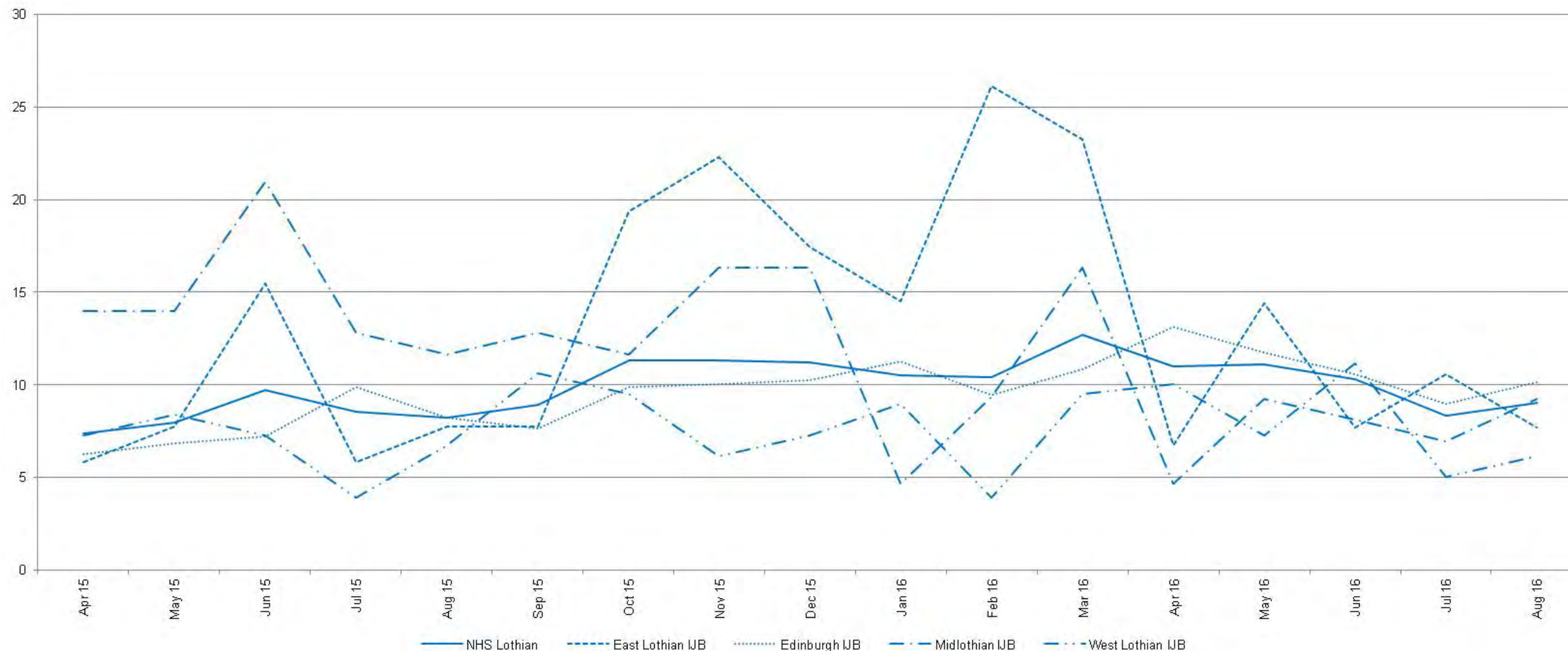
⁴¹ The data previously published by ISD on the dementia standard reported the rate of referral for post diagnostic support based on 100,000 per population. The numerator for this was based on month of diagnosis rather than month of referral so there was always a lag time between month of publication and rate per month, with the rate continuing to increase for previous months in each subsequent publication. NHS Lothian's rate of referral for post diagnostic support was currently in line with the overall national rate; The rate was only published at Health Board level not by IJB/ locality level. This has been requested from ISD.

⁴¹ Please see footnote 6.

Table 2: Rate of Referral to PDS in each month for those Diagnosed with Dementia - Source: ISD – Higher Rate is Better⁴²

	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16
NHS Lothian	7.4	8.0	9.7	8.6	8.2	8.9	11.3	11.3	11.2	10.5	10.4	12.7	11.0	11.1	10.3	8.3	9.0
East Lothian IJB	5.8	7.7	15.5	5.8	7.7	7.7	19.4	22.3	17.4	14.5	26.1	23.2	6.7	14.4	7.7	10.6	7.7
Edinburgh IJB	6.2	6.8	7.2	9.9	8.2	7.6	9.9	10.1	10.3	11.3	9.5	10.9	13.1	11.7	10.5	9.0	10.1
Midlothian IJB	14.0	14.0	21.0	12.8	11.7	12.8	11.7	16.3	16.3	4.7	9.3	16.3	4.6	9.3	8.1	6.9	9.3
West Lothian IJB	7.3	8.4	7.3	3.9	6.7	10.6	9.5	6.2	7.3	9.0	3.9	9.5	10.0	7.2	11.1	5.0	6.1

Figure 1: Rates of Referral to PDS in each month for NHS Lothian and IJBs, for those Diagnosed with Dementia - Source: ISD – Higher Rate is Better⁴³



Timescale for Improvement – West Lothian Integrated Joint Board (IJB)

A trajectory has not been set due to the proposed changes in the methodology in relation to measuring expected prevalence of dementia.

⁴² The data previously published by ISD on the dementia standard reported the rate of referral for post diagnostic support based on 100,000 per population. The numerator for this was based on month of diagnosis rather than month of referral so there was always a lag time between month of publication and rate per month, with the rate continuing to increase for previous months in each subsequent publication. NHS Lothian's rate of referral for post diagnostic support was currently in line with the overall national rate; The rate was only published at Health Board level not by IJB/ locality level. This has been requested from ISD.

⁴³ Please see footnote 6.

Actions Planned and Outcome – West Lothian Integrated Joint Board (IJB)

Action	Due By	Planned Benefit	Actual Benefit	Status
Improve capture of PDS being delivered by secondary care mental health services through the development of a questionnaire on TRAK to capture required data for ISD submission.	Completed	Increase reported rate of referral for PDS.	The reported rate in West Lothian has fluctuated quite significantly since April 2015. This has led, in most recent months, to the West Lothian rate sitting below both the NHS Lothian rate and the national rate. However, the most recent month has seen an increase in performance. Work continues as part of the Frail Elderly Programme in West Lothian to look at how PDS is delivered in West Lothian. It is anticipated that this will be concluded by the end of March 2017.	Completed
Improve recording of diagnosis in TRAK. <ul style="list-style-type: none"> Procedures agreed and implemented with local teams Routine reports to feedback performance to teams in place 	Ongoing	Increased recording of all diagnosis to allow comparison of actual versus expected rates for diagnosis of dementia.	Initial Position for % of patients on older adult services caseloads (with at least 1 attended appointment with a consultant) who had a diagnosis of dementia recorded in TRAK in May 2015 was 21%. Position reported in January 16 was 75%.	Will continue to monitor recording
Awaiting further guidance from ISD to develop reporting of diagnosis and referral rate by Partnership area. (This was published on 24 th Jan 2017).	July 2016	<ul style="list-style-type: none"> Enable reporting of performance by IJB; Increase local ownership of performance and improvement planning. 		Awaiting ISD guidance
Awaiting ISD guidance to inform boards of proposed changes regarding the methodology of anticipated rates for diagnosis of dementia. (This was published on 24 th Jan 2017).	TBC (ISD)	<ul style="list-style-type: none"> Allow more accurate evaluation of performance against the standard at Board and partnership level. 		

Comments – West Lothian Integrated Joint Board (IJB)

NHS Lothian's rate for referral for Post diagnostic support is currently favourable to the overall national rate. Within that West Lothian's performance has fluctuated but, in the most recent month reported, has shown an improvement. West Lothian IJB – through its Frail Elderly Programme – is looking at the delivery of post diagnostic support in West Lothian, particularly the model of delivery with a view to reducing waiting times and improving transition. This work is expected to be completed by April 2017. It is acknowledged that there are challenges with changing demographics and Scottish Government guidance on how PDS is to be delivered. At present, the model of delivery in West Lothian is a blended one with both NHS Lothian staff and a third sector organisation providing the link worker support.

Reasons for Current Performance

Improving recording of diagnosis remains a priority. As outlined above, there is greater scrutiny on post diagnostic support at present with a view to ensuring the model of delivery is fit for purpose going forward.

7 Risk Register

7.1 Not applicable.

8 Impact on Inequality, including Health Inequalities

8.1 The production of these updates do not have any direct impact on health inequalities but consideration may be required elsewhere in the delivery of the actions identified.

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

9.1 As the paper summarises trends in performance and identifies remedial action, no impact assessment or consultation is expected.

10 Resource Implications

10.1 The resource implications are directly related to the actions required specified in the proforma.

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Analytical Services

27th January 2017

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Appendices

Appendix 1 – Technical Document

Measure	Target/Standard	Source for Current Data
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).	Smoking Cessation Database
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.	Discovery
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.	Management Information
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.	Management Information
Delayed Discharges (over 3 days)	To minimise delayed discharges over 3 days, with a current national standard of none over 14 days.	TRAK
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.	NHS Lothian Infection Prevention and Control Team
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.	NHS Lothian Infection Prevention and Control Team
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%.	Management Information
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.	Management Information
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).	Management Information
Stroke Bundle (% receiving)	The stroke bundle covers four targets: 1. Percentage admitted to a Stroke Unit within 1 day of admission – 90%; 2. Percentage with swallow screen on day of admission – 90%; 3. Percentage with brain scan within 24 hours of admission – 90%; 4. And percentage of ischaemic stroke patients given aspirin within 1 day of admission – 95%.	Management Information
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.	Management Information
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.	Management Information
Referral to Treatment (18 Weeks)	90% of planned/elective patients to commence treatment within 18 weeks of referral.	Management Information
Diagnostics (6 weeks)	A six week maximum waiting time for eight key diagnostic tests (four for Endoscopy (a) & four for Radiology (b)) from 31 st March 2009.	Management Information
Surveillance Endoscopy (past due date)	No patient should wait past their planned review date for a surveillance endoscopy.	Management Information
IVF (12 months)	The Scottish Government have set a target that at least 90% of eligible patients will commence IVF treatment within 12 months. This is due for delivery by 31 March 2015.	Management Information
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%).	ISD Scotland
Detecting Cancer Early (% diagnosed)	The DCE HEAT standard is for NHS Scotland to achieve a 25% improvement in the percentage of breast, colorectal and lung cancer cases (combined) diagnosed at stage 1. This is to be achieved by the <u>combined</u> calendar years of 2014/2015 and is the equivalent of a national rate of stage 1 diagnosis for breast, colorectal and lung cancer (combined) of 29.0%.	ISD Scotland

Measure	Target/Standard	Source for Current Data
Staff Sickness Absence Levels (<=4%)	4% Staff Hours or Less Lost to Sickness	Management Information (SWISS)
Cardiac Arrest	50% reduction in Cardiac Arrests with Chest Compressions Rate by December 2015 from February 2013 (1	Management Information (Local Audits (Resuscitation Officer Database))
Falls with Harm	"Harm" is 'Moderate, Major Harm or Death'. Incidents are reported by staff using the DATIX system which records incidents that affect patients or staff. The category and degree of harm associated with each incident are also recorded. An increase in reporting of incidents is considered to be indicative of an improving safety culture and this is monitored in all Senior and Clinical Management Teams. Incidents associated with harm should not increase and this is the trend monitored at NHS Board level. 20% reduction in inpatient falls and associated harm, on a baseline median of 30 per month, by March 2016.	Management Information (Datix)
Hospital Standardised Mortality Ratios (HSMR)	HSMR is the ratio of observed deaths to expected deaths within 30 days of admission to hospital. If the HSMR for a hospital is less than 1, then fewer hospital deaths within 30 days of admission are occurring than expected. HSMRs are therefore used as system level 'warnings' for areas for further investigation. It must be emphasised that the quarter to quarter changes should be interpreted with caution. HSMRs cannot be compared between hospitals or boards; the comparison should only be against the expected number of deaths. There is some controversy about their use, but they remain widely used in this way.	ISD Scotland
48 Hour GP Access - access to healthcare profession; or GP appointment.	48 hour access or advance booking to an appropriate member of the GP team (90%) - Patients can speak with a doctor or nurse within 2 working days; or Patients are able to book an appointment 3 or more working days in advance.	Scottish Government
Alcohol Brief Interventions (ABIs)	Sustain and embed alcohol brief interventions in 3 priority settings (primary care, A&E, antenatal) and broad	Management Information
Hospital Scorecard - Standardised Surgical Readmission rate within 7 days	This is the emergency readmissions to a surgical specialty within 7 days of discharge as a rate per 1000 total admissions to a surgical specialty. This measure has been standardised by age, sex and deprivation (SIMD 2009).	ISD Scotland
Hospital Scorecard - Standardised Surgical Readmission rate within 28 days	As for 7 day readmissions.	ISD Scotland
Hospital Scorecard - Standardised Medical Readmission rate within 7 days	This is the emergency readmissions to a medical specialty within 7 days as a rate per 1000 total admissions to a medical specialty. This measure has been standardised by age, sex and deprivation (SIMD 2009).	ISD Scotland
Hospital Scorecard - Standardised Medical Readmission rate within 28 days	As for 7 day readmissions.	ISD Scotland
Hospital Scorecard - Average Surgical Length of Stay - Adjusted	Ratio of 'observed' length of stay over 'expected' length of stay. This indicator is case mix adjusted by HRG* and specialty. The expected length of stay is calculated by working out the average length of stay nationally (Scotland only) for each specialty and HRG combination. This is then multiplied by the total number of spells to get the expected length of stay. A hospital with a value above the national average (e.g. 1.01 will be 1% above the national average) and a hospital below the national average (e.g. 0.99 is 1% below the national average).	ISD Scotland
Hospital Scorecard - Average Medical Length of Stay - Adjusted	Ratio of observed length of stay over expected length of stay. This indicator is case mix adjusted by HRG* and specialty. The expected length of stay is calculated by working out the average length of stay nationally (Scotland only) for each specialty and HRG combination. This is then multiplied by the total number of spells to get the expected length of stay. A hospital with a value above the national average (e.g. 1.01 will be 1% above the national average) and a hospital below the national average (e.g. 0.99 is 1% below the national average).	ISD Scotland
Complaints (3-Day; & 20-Day)	3-Day Response [Acknowledgement] Rate – 100% formal acknowledgement within 3 working days; & 1. 20 Day Response Rate – 85% of complaints responded to within 3 days.	Management Information (Datix)
Dementia	1. To deliver expected rates of dementia diagnosis; 2. All people newly diagnosed with dementia will have a minimum of a year's worth of post-diagnostic support coordinated by a link worker, including the building of a person-centred support plan.	ISD Scotland

* 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.

SUMMARY PAPER – HEALTHCARE ASSOCIATED INFECTION (HAI)

This paper aims to summarise the key points in the full paper available to Board members at the meeting.

The relevant paragraph in the full paper is referenced against each point.

<ul style="list-style-type: none"> • <u>Local Delivery Plan Standards:</u> The 2016/2017 Local Delivery Plan Standards for NHS Lothian's <i>Staphylococcus aureus</i> Bacteraemia is to achieve a rate no higher than 0.24 per 1000 bed days (≤ 184 incidences) by March 2017. NHS Lothian's current rates for <i>Staphylococcus aureus</i> Bacteraemia incidence is 0.31 (n=161). 	3.1
<ul style="list-style-type: none"> • <u>Local Delivery Plan Standards :</u> The 2016/2017 Local Delivery Plan standard for <i>Clostridium difficile</i> Infection is to achieve a rate of no more than 0.32 per 1000 bed days (≤ 262 incidences NHS Lothian's current rate for <i>Clostridium difficile</i> Infection incidence is 0.29 (n=158). 	3.2
<ul style="list-style-type: none"> • <u>Health Protection Scotland Quarterly Epidemiological Data Scotland July to September (Q3) 2016</u> The report for Quarter 3 was published on 10th January 2017. <i>Clostridium difficile</i> Infection incidence reported as lower than Scottish average. <i>Staphylococcus aureus</i> Bacteraemia incidence is similar to Scottish average but is reported as statistically significant reduction from the same time 12 months earlier.. The full report is available at: http://www.hps.scot.nhs.uk/haic/sshaip/resourcedetail.aspx?id=3136 	3.3

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11/01/2017
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HEALTHCARE ASSOCIATED INFECTION (HAI) UPDATE

1 Purpose of the Report

- 1.1 The purpose of this report is to update the Board on progress toward achievement of Local Delivery Plan performance for Healthcare Associated Infection across NHS Lothian. All future HAI reports will be included within the Quality & Performance Improvement Report. Any member wishing additional information should contact the Medical Director in advance of the meeting.

2 Recommendations

- 2.1 The Board is recommended to:
- Accept this report as an update on Delivery Plan targets for the incidence of *Staphylococcus aureus* Bacteraemia and *Clostridium difficile* Infection
 - Note there is an improvement action plan for *Staphylococcus aureus* Bacteraemia within the Quality & Performance Improvement Report.

3 Discussion of Key Issues

The 2016/2017 Local Delivery Plan Standards for NHS Lothian's *Staphylococcus aureus* Bacteraemia is to achieve a rate no higher than 0.24 per 1000 acute occupied bed days (≤ 184 incidences) by March 2017. Lothian's current is 0.31 (n=161). Hospital data can be seen in table 1.

For *Clostridium difficile* Infection the 2016/2017 Local Delivery Plan standard is to achieve a rate of no more than 0.32 per 1,000 total occupied bed days (≤ 262 incidences). NHS Lothian current rate is 0.29 (n=158). Hospital data can be seen in table 1.

The current rate is data is for the 8 month period 1st April 2016 – 30th November 2016 collated within NHS Lothian. The publically available rate noted below in Section 3.1 and 3.2 is up to July-Sept 2016 and is collated and published by Health Protection Scotland for NHS Scotland which results in a delay in the data reporting period.

Table 1: Local Delivery Plan April 2016- March 2017

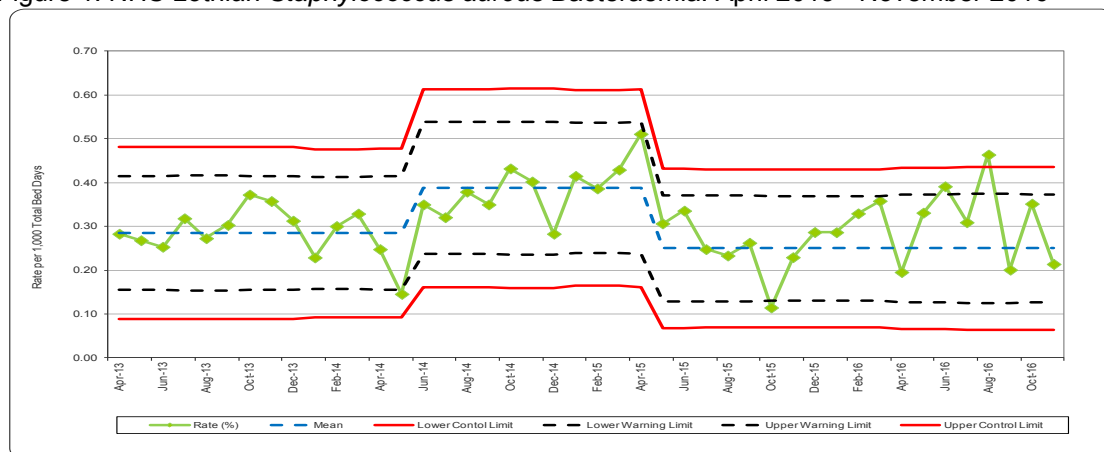
- The table shows the location where the sample (which identified infection) was collected. However this does not identify the source of the infection.
- The National Facilities Monitoring Tool is the source of data for the performance on cleaning compliance and estates monitoring.
- The Patient Safety Quality Improvement Data System is the source of data for the performance on hand hygiene monitoring.

	<i>Clostridium difficile</i> Infection		<i>Staphylococcus aureus</i> Bacteraemia		Cleaning Compliance	Estates Monitoring Compliance	Hand Hygiene Monitoring Compliance
	Number	Percentage	Number	Percentage	Percentage	Percentage	Percentage
April 2016- March 2017 Local Delivery Plan Standard	≤262		≤184		90%	90%	90%
Current Performance							
	<i>Clostridium difficile</i> Infection		<i>Staphylococcus aureus</i> Bacteraemia		Cleaning Compliance	Estates Monitoring Compliance	Hand Hygiene Monitoring Compliance
NHS Lothian	158	100	161	100	95.7%	96.1%	96.5
Royal Infirmary of Edinburgh	28	18	83	52	97.2%	99.0%	94.7
Western General Hospital	37	23	40	25	95.1%	93.1%	96.3
St John's Hospital	28	18	29	18	95.6%	94.7%	97.7
Liberton Hospital	1	1	1	1	97.2%	96.8%	97.5
Royal Hospital for Sick Children	0	0	7	4	95.0%	96.4%	96.4
Community Hospitals	2	1	1	1			
General Practices	59	37	0	0			
Unknown	3	2	0	0			

3.1 *Staphylococcus aureus* Bacteraemia

- The most up to date publically available data from Health Protection Scotland is the quarterly report from July to September 2016. This shows NHS Lothian's rate of 0.33 comparative with NHS Scotland rate. The report noted there was no annual increase or decrease (comparing the year-ending September 2015 with the year-ending September 2016) in overall *Staphylococcus aureus* Bacteraemia Scottish rate however during this period there was a 36.4% decrease in Meticillin Resistant *Staphylococcus aureus* rate and 8.1% increase in Meticillin Sensitive *Staphylococcus aureus* rate.
- *Staphylococcus aureus* Bacteraemia incidence across NHS Lothian remains within the current warning limits but has not demonstrated sustained improvement.. (Figure 1)

Figure 1: NHS Lothian *Staphylococcus aureus* Bacteraemia: April 2013 - November 2016



3.2 *Clostridium difficile* Infection

- The most up to date publically available data from Health Protection Scotland is the quarterly report from July to September 2016. The report indicates NHS Lothian’s rate of 0.25 was lower than that of NHS Scotland and NHS Greater Glasgow & Clyde rate. It noted yearly trends in patients aged 65 years and above (comparing year-ending September 2015 with year-ending September 2016) show that there were decreases in NHS Lothian and Scotland overall. It noted yearly trends in patients aged 15-64 years (comparing year-ending September 2015 with year-ending September 2016) show that there was a decrease in NHS Lothian while there was a small increase in Scotland overall.
- Figure 2 *Clostridium difficile* Infection incidence (as per Health Protection Scotland surveillance programme reporting criteria) in NHS Lothian for age group 15-64 years for November remains within the current warning limits but has shown an unexpected increase which is accounted for by 6 community cases and 6 healthcare associated cases (1 General Practices; 1 at St John’s Hospital; 1 at Western General Hospital; 3 at Royal Infirmary of Edinburgh).
- Figure 3 shows *Clostridium difficile* Infection incidence (as per Health Protection Scotland surveillance programme reporting criteria) in NHS Lothian for age 65 years and over indicates that the improvement in 2016 that has allowed recalculation of a lower mean incidence continues to be sustained. The data points for September, October and November 2016 are below the current mean.

Figure 2: NHS Lothian *Clostridium difficile* Infection – 15 to 64 years: April 2013 to November 2016

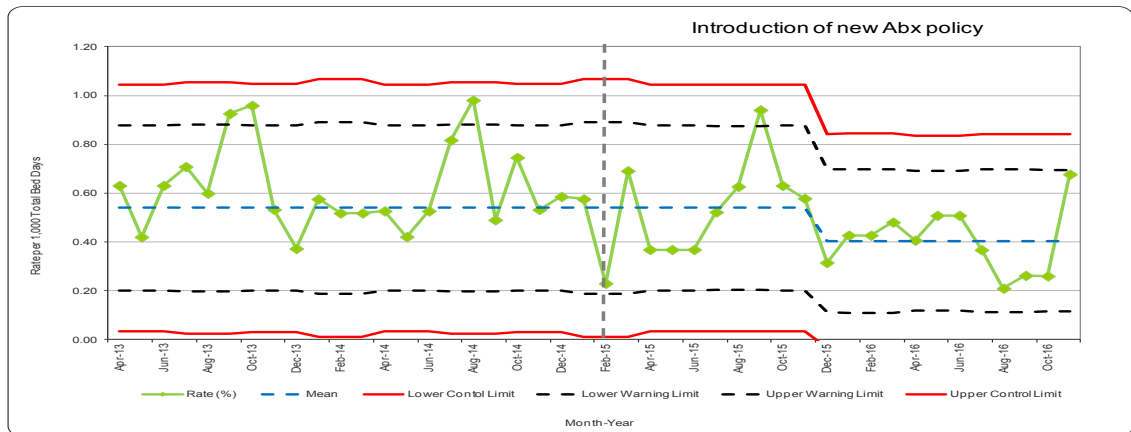


Figure 3: NHS Lothian *Clostridium difficile* Infection – 65 years and over: April 2013 to November 2016



3.3 *Health Protection Scotland Quarterly Epidemiological Data Scotland July to September (Q3) 2016*

The report for Quarter 3 was published on 10th January 2017. The Data is now beginning to capture NHS Lothian reduction in *Clostridium difficile* Infection incidence (now lower than Scottish average). *Staphylococcus aureus* Bacteraemia incidence is similar to Scottish average but is reported as statistically significant reduction from the same time 12 months earlier. Healthcare associated Surgical Site Infections are within satisfactory parameters. The full report is available at: <http://www.hps.scot.nhs.uk/haic/sshaip/resourcedetail.aspx?id=3136>

4 Key Risks

4.1 The key risks associated with the recommendations are:

- *Staphylococcus aureus* Bacteraemias require the patient to undergo additional interventions and prolonged courses of treatment which may extend stay in hospital and can be fatal.
- Over reliance on broad spectrum antibiotics (such as ciprofloxacin, co-amoxiclav, cephalosporins, Tazocin, meropenem) to manage infection is recognised as contributing to higher incidence of antibiotic resistant organisms and *Clostridium difficile* Infection.

5 Risk Register

The Healthcare Associated Infection Corporate Risk Register 1076 is currently graded high due to the reported incidence rates of *Staphylococcus aureus* Bacteraemia and *Clostridium difficile* Infection.

6 Impact on Inequality, Including Health Inequalities

6.1 Healthcare Associated Infection is more common in patients with co-morbidities as they require increased interventions and therefore have increased contact with healthcare services.

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

7.1 Patient public representatives are actively involved during the Healthcare Environment Inspectorate inspections. There is patient public representation on the Community and NHS Lothian Infection Control Committees as well as Lothian Infection Control Advisory Committee. Information leaflets are available to patients for a number of Healthcare Associated Infections including *Clostridium Difficile*. Patients are kept informed on by their clinical care teams.

8 Resource Implications

8.1 Infection Prevention and Control is an invest to save service. The excess cost of each episode of *Staphylococcus aureus* Bacteraemia and *Clostridium difficile* Infection is variable, depending on increased length of stay and additional treatment requirements.

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Board Meeting
1st February 2017

Director of Acute Services

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 and the Sustainable Development Action Plan.

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 and the NHS Lothian Sustainable Development Action Plan.

3 Discussion of Key Issues

- 3.1 Further to the Climate Change Act, on 23rd November 2015 the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015 came into force, requiring each public body which appears on the major player list to prepare a report on compliance with its climate change duties. 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 All major player public sector bodies were mandated to submit a Climate Change Report (CCR) to the Scottish Government by 30th of November 2016. The Climate Change Report for 2016 for NHS Lothian 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 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:

- 1 Retention of the internationally recognised Carbon Trust Standard
- 2 Upgrade the St John's Hospital energy infrastructure – estimated to reduce carbon emissions by 5000 tonnes and energy costs by up to £800k
- 3 Upgrade energy systems at the Western General Hospital
- 4 Minimise the energy consumption of the process of commissioning new builds to avoid double running costs

5 Seek to ensure a sustainable design for East Lothian Community Hospital.

- 3.4 For Climate Change Reporting it is clear that CO2 emissions arising from building energy is by far the largest source. These priorities reflect this position, whilst acknowledging as per paragraph 3.6 below that there are emissions arising from other aspects of the NHS and the Sustainable Development Action Plan takes a broader perspective.
- 3.5 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 1 gives an overview of the structure of responsibilities within NHS Lothian. The Sustainable Development Action Plan developed and overseen by the Sustainable Development Management Group is a key component of NHS Lothian Climate Change Duties.
- 3.6 The Sustainable Development Action Plan has been revised year on year from 2012 and follows the format developed by Health Facilities Scotland. It uses the framework offered by the Good Corporate Citizen Assessment Model and an understanding of the general profile of the carbon footprint of the NHS : NHS Scotland (2009/10) produces 2.63 million tonnes of carbon dioxide representing 3.6% of Scotland's total carbon footprint (2004) and accounts for 23% of Scotland's public sector emissions; 52% of carbon emissions from procurement of goods and services (half of this from pharmaceuticals and medical equipment); 23% from buildings and energy; 24% staff and patient travel. A copy of the current Sustainable Development Action Plan is in Appendix 2.
- 3.7 The six key areas of action in the plan are as follows:
- Travel
 - Procurement
 - Facilities Management
 - Workforce
 - Community engagement
 - Buildings

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 NHS Lothian Risk Register.

6 Impact on Inequality, Including Health Inequalities

- 6.1 The NHS Lothian Sustainable Development Action Plan includes actions which directly address health inequalities: community engagement and fuel poverty.
- 6.2 It also includes plans to roll out the use of Integrated Impact Assessment which combines environmental, health and equality and diversity impact assessment.

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

- 7.1 Spending bodies accountable to the Scottish Parliament, report on sustainability within the framework established by the Scottish Government. All designated Major Players (of which NHS Lothian is one) to submit an annual report to the Sustainable Scotland Network detailing compliance with the climate change duties imposed by the Act. The information returned by the Board is compiled into a national analysis report, published annually and superseding the prior requirement for public bodies to publish individual sustainability reports. Further information on the Act, along with copies of prior year national reports, can be found at the following resource:

<http://www.keepsotlandbeautiful.org/sustainability-climate-change/sustainable-scotland-network/climate-change-reporting/>

- 7.2 The Sustainable Development Action Plan includes actions to promote community engagement.
- 7.3 There are no specific duties to consult in relation to work on Climate Change and Sustainability.

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 £690k of SG Carbon reduction saving funding to achieve savings are 1,770 tonnes CO₂, 2.5million kWh energy and £162k per annum.
- 8.3 The business case for St John's Hospital energy upgrade will be funded by the Scottish Government and has potential to reduce energy consumption by 5,000 tonnes CO₂, 25million kWh energy and £800k per annum.

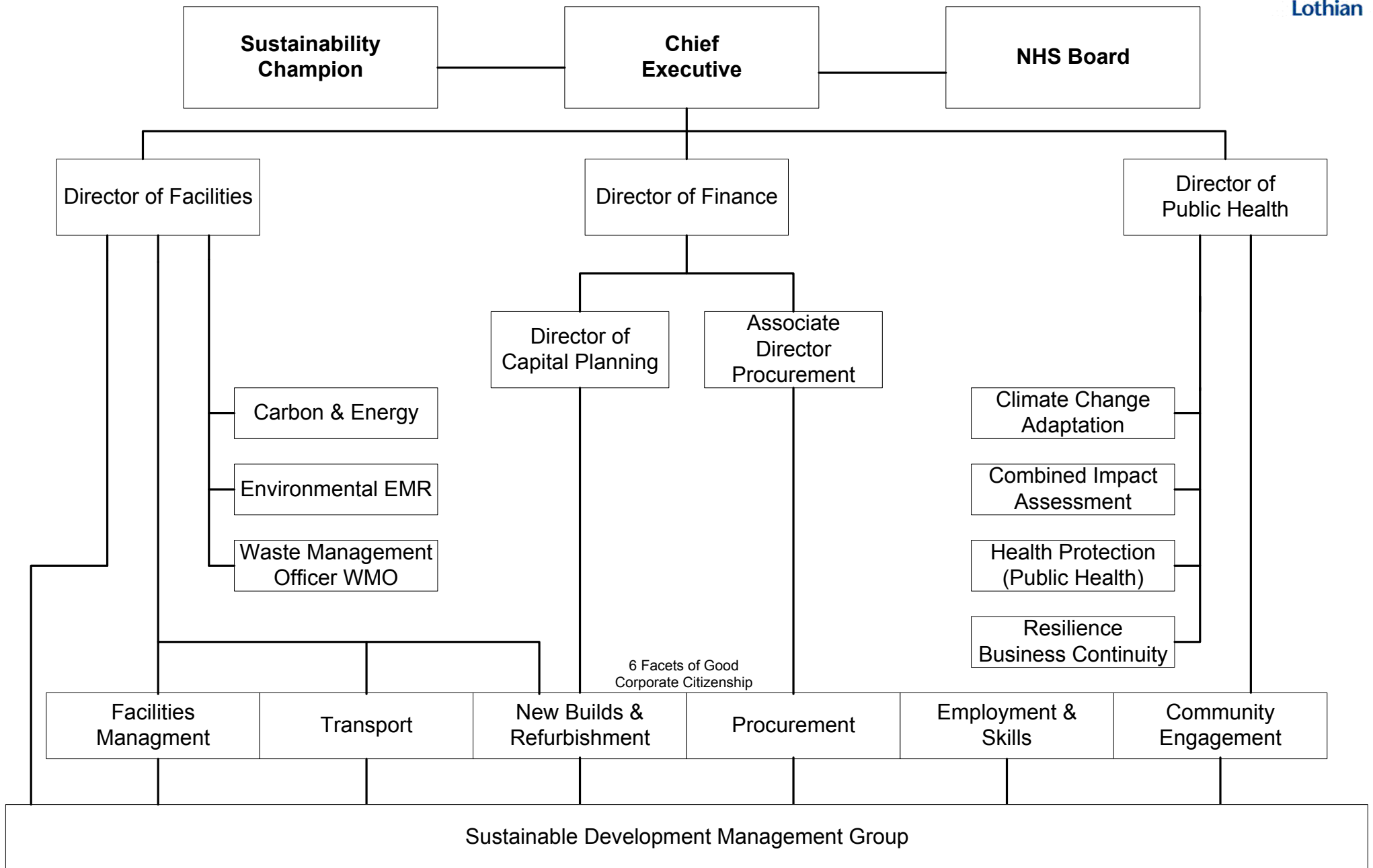
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20th January 2017
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List of Appendices

- Appendix 1: NHS Lothian Climate Change Duties/Sustainability : Governance Structure.
- Appendix 2: NHS Lothian Sustainable Development Action Plan.





Sustainable Development Action Plan 2016

Foreword

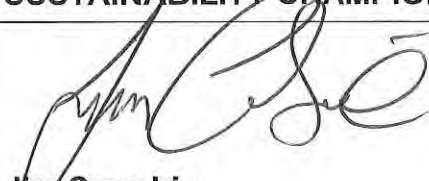

We are pleased to introduce NHS Lothian's updated Sustainable Development Action Plan (SDAP). In recent years we have seen increased and sustained rises in health spending and increasing focus on sustainability as the impacts of global climate change start to take effect. There is a need therefore to make sure that resources are targeted, priorities defined and addressed in order to make the best use of these resources, whilst ensuring that developments are sustainable and that our actions today do not limit our quality of life in the future.

This SDAP has therefore been developed to provide a meaningful and practical framework to support sustainable development, to enable the most effective use of organisational processes and resources and provide an environment which is consistent with the promotion of better health and greater equality of well being.

NHS Lothian is committed to supporting Scottish Government's strategy for Sustainable Development, the principle and objectives of its "Better Health Better Care" agenda, by developing an integrated approach to Health improvement and sustainable development. This SDAP incorporates the actions arising from the 2012 revision of the Sustainable development Strategy for NHS Scotland and also the wider sustainability challenges of the Good Corporate Citizenship Assessment Model (GCCAM).

Implementation of the SDAP involves everyone. Although the development of this plan has been led by NHS Lothian Facilities Directorate, the Sustainable Development Management Group has had input from across the organisation Procurement, Health Promotion and Public Health and interest and suggestions from clinical services are growing. Implementation has to be planned and supported in an effective way so that all concerned – everyone working in the service – can play their part in turning this action plan into reality..

We look forward to continuing to work with you all and encourage everyone who is involved with the provision of healthcare to rise to the challenge and make this action plan happen.

Name 1	Name 2
SUSTAINABILITY CHAMPION	EMPLOYEE DIRECTOR
 Jim Crombie Chief Officer	 Alex Joyce Director of Employee Relations

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Introduction

Background

The most common definition of sustainable development comes from the Brundtland report 'Our Common Future' (WCED, 1987) which outlined that it is the challenge of

Meeting the needs of the current generation without compromising on the needs of future generations

NHS Lothian is committed to ensuring a better environment consistent with the promotion of better health and greater equality of well being across society. The Sustainable Development Action Plan (SDAP) has been developed in line with our Sustainable Development Strategy and Policy. It seeks to ensure that NHS Lothian and its staff impacts on the environment are addressed, along with actions to resolve or minimise these impacts. NHS Lothian seeks to act in accordance with the sustainable development framework laid out by government and identify ways in which it can contribute to this by addressing sustainability both at a local and wider level.

Through the SDAP, NHS Lothian will:

- Demonstrate its commitment to building a sustainable future and in so doing taking action to change the way we use resources, plan and develop services and seize the economic and environmental opportunities that sustainable development presents.
- Promote a clear understanding of our commitment to sustainable development, the future targets, how the organisation can contribute corporately and how individuals can be energised within a corporate framework.

- Create a framework of understanding of our corporate starting point, the need to establish testing but achievable targets and the proposed outcomes.

Policy Context

Both the UK and Scottish Governments have made commitments to addressing the issue of sustainability. These have been outlined in their respective strategic documents the UK strategic framework “One future – different paths” and “Choosing our future” Scotland’s sustainable development strategy.

The common goal of which echoes the Bruntland report focusing on “*enabling all people throughout the world to satisfy their basic needs and enjoy a better quality of life without compromising the quality of life of future generations*”. (Scottish Government, 2005)

In line with this objective a Sustainable Development strategy for the NHS has also been derived broadening the scope of activity on sustainability within the NHS. This strategy sets out the overarching sustainability agenda for the NHS in Scotland. It also sets out the requirement for each NHS associated body to produce a comprehensive action plan with regards to sustainability.

Sustainable Development Policy

In accordance with the overarching government commitment to sustainability, the sustainable development strategy for the NHS and our own sustainable development strategy, NHS Lothian have produced a sustainable development policy. This aims to address the core issues surrounding sustainability in NHS Lothian. The policy that will be adhered to in relation to this commitment is as follows:

- Create, implement and deliver a Sustainable Development Action Plan (SDAP).
- Monitor and review the actions being undertaken in the SDAP to ensure the intended outcomes are achieved and develop further actions to create continuous improvement.
- Identify any barriers to the implementation of sustainable practices and act to resolve any conflicts.
- Train and motivate staff in line with the Sustainable Development Strategy and Policy in order to embed the concept of sustainability within working practices.
- Enable NHS Lothian to be an exemplar organisation for sustainable development
- Publicise the actions outlined within the SDAP in order to gain the support of staff, board members and the local community to embed sustainability in to our operational activities.
- Address the wider sustainability challenges raised by our use of the Good Corporate Citizenship Assessment Model (GCCAM).
- Create, implement and deliver a Carbon Management Plan
- Implement Corporate Greencode as our Environment Management System and plan a programme for its adoption throughout NHS Lothian's activities.
- Incorporate sustainability into our strategic and business planning
- Develop understanding of adaptation to Climate Change and its impact on Public Health, supporting national policy as it becomes clearer.

Management and Delivery of the Sustainable Development Action Plan

In order to ensure that there is effective and ongoing ownership of the SDAP, it is important to define a governance structure. The Board will adopt the following structure for management accountability.

The SDAP Programme Board

The SDAP requires to be incorporated into the Board's governance structure if it is to be successful. This will ensure that there is senior strategic ownership of the SDAP targets as well as operational ownership.

This will be achieved by the introduction of the following reporting structure:

Sponsor	Jim Crombie, Chief Officer – Sustainability Champion
Chair	George Curley, Director of Operations
Deputy Chair	Jane Hopton, Programme Director (Facilities)
Project Lead	Charlie Halpin, Senior Project Manager Sustainable and Technical Development
Public Health and Health Promotion	Dermot Gorman, Consultant in Public Health Elizabeth Oldcorn, Senior Health Promotion Specialist
Finance	Nick Bradbury, Capital Finance Manager
Procurement	Andy Hay, Procurement Planning Manager
Capital Programme	Andrew Milne, Project Director HUB Major Initiatives
Environment	Bill Newton, Energy and Environment Manager
Transport	Iain Sneddon, Transport Manager
Waste	Danny Gillan, Head of Soft Facilities Management
Employee Relations	Alex Joyce, Employee Relations and Partnership

The SDAP Programme Board will meet quarterly to review the progress of the plan and the performance of work teams in each of the main facets of sustainability. The Chair reports to the NHS Lothian Board. The key roles in the Programme Board are:

Chair: George Curley, Director of Operations and Jane Hopton, Programme Director

This role will support the Sustainability Champion / SDAP and have ultimate responsibility for strategic direction and for agreeing budgets out-with those allocated within the Boards Capital and revenue Budget setting processes. The implementation of the SDAP will be overseen by them through the governance structures embedded in the Board and as part of this SDAP.

Project Lead: Charlie Halpin, Senior Project Manager Sustainable and Technical Development

This role will support the Chair in the co-ordination of the project in terms of production, updates, delivery and implementation of the SDAP. Responsibilities will include succession planning within the Corporate management structure.

Strategic Leads

Various Strategic Leads will co-ordinate and manage the organisational and technical projects included in the SDAP, and for the six principal facets these are:

Transport	Iain Sneddon
Procurement	Andy Hay
Facilities Management	Robert Aitken
Employment / Skills	Alan Boyter (replacement to be confirmed)
Community Engagement	Dermot Gorman / Elizabeth Oldcorn
New Builds	Andrew Milne

Implementation

In order to address the implementation of the measures outlined in the SDAP, above, responsibility has been assigned to relevant individuals to oversee the actions within the outlined timescale.

Monitoring

NHS Lothian's Sustainable Development Management Group will regularly monitor progress on the action plan with the use of a traffic light progress system appended to the above programme and with continued communication across respective departments.

Review

NHS Lothian's Sustainable Development Management Group will review the progress and update the action plan at regular intervals. We will also increase our commitment to sustainability with the inclusion of new actions and desired outcomes.

Contact

For further information on the Sustainable Development Strategy, please contact your local Head of Department in the first instance.

Sustainable Development Action Plan (SDAP) – 2016

Transport

Area	Action	Responsibility	Proposed Outcome
Reduce Carbon Emissions from NHS Lothian fleet	Investment in appropriate 'green' fuels, target CO2 tag in vehicle selection.	I Sneddon	Reduced fleet vehicle emissions, use of alternative fuels and less reliance on traditional fuels.
	Develop reporting on fuel consumption, mileage and fleet vehicles		
	Investment and trials of electric vehicles	I Sneddon and Soft FM Managers	Reduced airborne pollution at local level and reduced CO2 emissions, work in partnership with local authorities to develop network of vehicle charging
	Target monthly reduction of mileage for the NHSL fleet, further develop speed limitation. Improve driving method, print outs from driving assessment	I Sneddon	Reduced fleet vehicle emissions and develop eco friendly driving skills amongst staff which will impact upon personal driving emissions. Reduced fleet vehicle emissions
Carbon emission from patients and staff travel	Undertake travel surveys, publish a Staff BusinessTravel Plan	B Swanson	Greater understanding of travel habits and barriers to change.
	Further develop the dedicated transport helpline as a hub to co-ordinate the transportation of patients, staff and goods, including real time access to information on public transport.	I Sneddon	Provide a direct point of contact to ensure efficient service and ease of access provided to patients, staff and suppliers Provide a more co-ordinated approach to patient transport across the public agencies within Lothian.

	Reduce taxi and courier use by adopting other means of transport, publish a procedure and policy for the use of taxis	I Sneddon	Reduced indirect emissions
	Continue to implement appropriate traffic management arrangements	G Curley	Creates a disincentive to both unnecessary car use and fly parking by commuters
	Work with partner agencies to encourage staff and visitors to use park and ride facilities.	I Sneddon	Reduced indirect emissions
	Promote new initiatives with CEC, the City Car Club and a Bike Club scheme for staff	I Sneddon	
Access by pedestrians and cyclists	Encourage the use of bicycles and the safe and secure storage within traffic management arrangements taking account of the Inland Revenue Document IR176 "Green Travel" (Feb 2003)	I Sneddon	Reduced vehicle emissions and providing means to participate in healthy activity resulting in higher levels of fitness and potentially less illness.
	Continue to develop linkages with local authorities and create leverage within the National Transport Strategy	I Sneddon	Integrated and locally accessible transport arrangements e.g. Health link – St John's Hospital to Royal Infirmary of Edinburgh Pilot Scheme.
Adaptation to Climate Change	Develop strategic plans for loss of transport systems due to adverse weather	SDMG and Business Continuity	Continuation of essential business, wellbeing of patients, staff and visitors

Procurement

Area	Action	Responsibility	Proposed Outcome
Sustainable procurement	Communicate sustainability policy to suppliers, employees and other key stakeholders and periodically report on progress in the public domain.	A Hay	Greater awareness and understanding of the policy adhered to by NHS Lothian and greater buy in.
	Continue to improve environmental purchasing and supply performance through the setting and annual review of appropriate objectives that are identified through the conduct of an environmental risk assessment and agreed through consultation with stakeholders.	A Hay	Improvement in environmental purchasing and supply performance, making it more sustainable.
	Ensure purchasing and supply activities contribute positively to our overarching Sustainability Policy and to our local community's Local Agenda 21 Plan.	A Hay	
	Create a green Procurement policy, develop key indicators and monitor progress	A Hay	Goods and services are procured in a sustainable manner
	Provide sufficient resource for successful implementation of the procurement policy and ensure employees engaged in purchasing activities have access to appropriate guidance and training.	A Hay	Ensures that the policy is understood and adhered to.
	Ensure sustainable procurement is embedded within the evaluation process of tenders	A Hay	Raises awareness amongst tenderers. Ensures that proposal meets with the requirements of NHS Lothian in terms of sustainability.
	Monitor involvement of local suppliers in the procurement process to ensure that they have a fair and equal opportunity to bid for contracts	A Hay	Potential increased use of local suppliers which reduces travel emissions and supports the local economy.

	Work in partnership with public-sector purchasing organisations and service providers, especially those operating within our local community.	A Hay	Better understanding of the local supply chain and how this can be used to support NHS Lothian.
Sustainable food	Assess and consult with local fresh food suppliers and incorporate within menus	Catering Manager Group	Use of locally sourced high quality ingredients which not only provide nutritional value to the patients but support local businesses.
	Procurement of catering and other supplies from local sources	A Hay	Use of locally sourced high quality ingredients which not only provide nutritional value to the patients but support local businesses.
	Engage with suppliers regarding minimisation of packaging and "take back" agreements.	A Hay	Reduce wastage and ensure disposal in appropriate form.
Waste minimisation	Set and respond to targets for waste minimisation such as 2% reduction target on food waste	Catering Managers Group	Reduced wastage
	Procurement of supplies a "green print" initiative to reduce paper use and increased use of recycled paper.	A Hay	Reduced wastage
	Make energy efficiency rating of products a priority based on EU energy labels A rated or better	A Hay	Improve energy usage by using most efficient products
Energy efficient equipment	Provide training regarding most efficient use of equipment	Facilities Managers	Improve energy usage by using efficient products in the correct way.
	Regularly check energy efficiency of existing equipment with the view to replacement or maintenance	Facilities Managers	Ensures removal of equipment which is faulty or is viable to be replaced by more efficient products.
	Ensure environmental considerations are integrated into the NHSL Procurement Strategy and procedures in accordance with Government and EC guidelines	A Hay	Improve energy efficiency of equipment and systems used and reduce overall life cycle costs

Suppliers	Specify and exercise a preference for environmentally preferable products that offer demonstrable value for money.	A Hay	Reduced energy usage and emissions.
	Define, maintain and implement, on the basis of wider Government guidance, a database of those substances and product types to be avoided at all costs or preferred where value for money can be demonstrated.	A Hay	Provides a full understanding of available products.
	Take account of whole-life costs in the evaluation of tenders, wherever practical.	Heads of Service	Reduce overall life cycle costs
	Maintain an environmental supply-chain programme that engages suppliers to improve their environmental awareness and the environmental performance of their activities and products.	A Hay	Enables NHS Lothian to be confident that products and services supplied adhere to guidance on environmental performance.
	Promote, monitor and report on environmental legislative compliance and pollution prevention within the supply chain.	A Hay	Raises awareness amongst suppliers. Promotes understanding and adoption of regulation where appropriate.
Adaptation to Climate Change	Develop strategic plans for loss of supplies due to adverse weather and impact on transport systems	SDMG and Business Continuity	Continuation of essential business, wellbeing of patients, staff and visitors

Facilities Management

Area	Action	Responsibility	Proposed Outcome
Energy and carbon – facilities	Obtain reaccreditation to quality management system The Carbon Trust Standard	C Halpin	Demonstrate NHSL's Corporate commitment to Carbon Management and sustainable development
	Investment in energy systems infrastructure at St John's within CEF to primarily replace ageing and inefficient boiler plant.	C Halpin	This project carries the most significant impact on CO2 emissions reduction for NHSL and has major financial benefit as well as energy and carbon efficiency.
	Develop business case for replacement of hard fm contract at Western general to embed low carbon and energy in to site masterplanning	C Halpin	Future proof low emissions and long term cost reduction
	Further development of energy efficiency investment programme in the "hard" estate taking advantage of STEEP, CRP and others.	C Halpin	Reduction of emissions, energy and cost
	Upgrade the energy and carbon M&T system to SystemsLink as advised by external audit	W Newton	Improved performance management, reduced man hours on data correlation and improved reporting formats
	Develop an automatic metering system to feed in to SystemsLink, adopting MeterRing from Elcomponent	W Newton	Improved performance management, reduced man hours on data correlation and improved reporting formats
	Develop a renewed Corporate programme to promote energy and carbon awareness	C Halpin	Increased awareness which leads to greater emissions reduction through actions of staff.
	Develop Corporate Greencode across all NHS Lothian sites, to provide Schedule of Environmental Aspects and Environmental Legislation Risk Register	W Newton	Improve management of the environmental impacts of the organization and comply with environmental legislation
	Update NHS Lothian Sustainability Development Policy	C Halpin	Improved sustainability and environmental governance

	Completion of Climate Change Reporting	C Halpin	Legislative compliance
Waste re-use and recycling	Review the final destination of waste streams to assess whether this can be improved including further potential for reuse within the organisation, recycling , segregation	D Gillan	Legislative compliance, divert waste away from landfill
	Creation of site waste management plans	D Gillan	Outlines a clear strategy for dealing with waste at site and those responsible. Enables waste to be better managed and reduced.
	Operating theatres, recycling of single use metal instruments, collected in reusable containers	D Gillan	Divert waste from incineration or landfill, reduce costs, recovery of metal
Waste production. Both clinical and non clinical	Re-emphasise to both Facilities and Clinical staff the need to ensure that clinical waste bins located in public areas/corridors remain locked at all times.	D Gillan	Avoid exposure to staff / patients / visitors
	Investigate any further improvement that can be made to controls to allow more efficient use of water including for example low flush toilets, auto stop taps etc	C Halpin	Reduced impact on resources
Water consumption	Investigation of the potential use of grey water use from renal dialysis machines	C Halpin	Reduction in water consumption through the re use of water from other sources.
	Investigation of borehole project to provide water and energy	C Halpin	Provision of both water and energy subsequently reducing emissions
Adaptation to Climate Change	Develop strategic plans for loss of buildings/parts of buildings due to adverse weather	SDMG and Business Continuity	Continuation of essential business, wellbeing of patients, staff and visitors

Employment and Skills

Area	Action	Responsibility	Proposed Outcome
Opportunities	Update and review equality and diversity procedures and policies on a regular basis	Ruth Kelly	
	Equality and Diversity impacts assessments carried out on every project undertaken	Project managers	Ensures the wider uptake of objectives on Sustainability
	Continued provision of NHS Estates Apprenticeship	N Lee	More sustainable workforce, improved career prospects
	Develop toolbox training with regards to environmental management (similar to that mandated for waste management)	W Newton	Ensure wider understanding by all of their individual responsibility to Environment and Sustainability
Flexible working	Compressed working hours which enable some staff the ability to shorten the working week.	Line managers	Provides greater flexibility for staff and reduces emissions by less frequent travel to the place of work.
	Identification of synergies between departments which enables them to be relocated to shared premises.	G Curley	Provides a more productive working environment, enables rationalization of the estate.
Healthy Workplace			Ensuring that staff are working in fit for purpose buildings
	Aim to achieve gold standard across sites in Scotland's health at work scheme carried out by healthy working lives	Janis Butler/Alastair Leckie	Greater awareness of environmental impact amongst NHS employees. Recognition and certification of effort in creating a healthy workplace. Encourage the development of systems to ensure a high standard across all sites.

Community Engagement

Area	Action	Responsibility	Proposed Outcome
Active travel	Smarter Choices, Smarter Places implemented at 2 NHS Lothian acute sites.	John Brennan/ D Gorman	Increased active travel amongst NHS Lothian staff.
	Developing active travel routes between NHS sites for staff, patients and visitors.	John Brennan/ D Gorman	Increased active travel amongst NHS Lothian staff, patients and visitors.
	Promote active travel opportunities across Lothian	John Brennan	Increased levels of active transport across Lothian
Green exercise	Develop participation in walkway initiatives in and around NHS sites with patients, staff and wider community.	E Oldcorn and others tbc	Increased use of NHS sites for walking amongst target groups.
	Work with Ramblers Scotland to develop the medal routes initiative	John Brennan	
	Fund and support Ageing Well projects across Lothian which includes walking groups for people aged 50+	Sue Muir	
	“Branching Out” – fund and support woodland activities and conservation work	Sheena Lowrie	Increased physical activity levels and health and wellbeing
Gardening	Increase the availability of therapeutic and community gardening opportunities for the community through engagement with voluntary sector (e.g. Cyrenians, Edinburgh and Lothian Greenspace Trust)	E Oldcorn	Increased health and well being, skills and engagement of members of the community involved in gardening.
	Development of an NHS Lothian Gardening strategy	Jane Campbell	

Fuel poverty	Raising awareness of fuel poverty and offering support to households through engagement with the voluntary sector (e.g. Changeworks, Home Energy Scotland) through training, events, stalls and other opportunities.	E Oldcorn	Increased uptake of advice services on home energy. Improved health, wellbeing and reduced expenditure on fuel.
Healthy Working Lives	Support for organisations working towards completion of the Gold HWL award which contains a mandatory requirement to undertake a practical initiative that would be beneficial to the environment	Health Promotion Workplace team	Organisations undertaking actions that will raise awareness of the environment and reduce further environmental harm.
Sustainable Food	Engaging with voluntary sector organisations to promote access to locally sourced food	Tracy McGillivray	Increased availability of locally sourced food.
	Support City of Edinburgh Council to implement 'Edible Edinburgh Sustainable Food City Plan		To support the submission of The City of Edinburgh Sustainable Food City Award.
Integrated Impact Assessment	Roll out use of Integrated Impact Assessment which combines environmental, health and equality and diversity impact assessment	Margaret Douglas	Environmental Environmental impacts of new projects and services taken in to consideration during planning, enabling actions to mitigate or prevent negative impacts to be incorporated

New Builds and Refurbishment

Area	Action	Responsibility	Proposed Outcome
Putting sustainable development principles at the heart of construction projects	Compliance now and in the future with local planning requirements and initiatives such as the Edinburgh Standards for Sustainable Building.	Capital Project Managers	Achieve standards on CO2 emission reduction through energy efficiency and renewable energy whilst maintaining other elements of sustainability.
	Procurement of new buildings to adopt the BREEAM Healthcare toolkit, SHTM EnCO2de and target renewables where applicable, Board Construction Requirements target BREEAM healthcare excellent (pragmatic) rating for all new build projects.	Capital Project Managers	Production of sustainable buildings that are fit for purpose. Acknowledgement of effort to create sustainable buildings.
	Hold sustainable development workshops and champion sustainability for new projects	Capital Project Managers	Ensures that all relevant individuals are aware of the importance of the sustainability agenda and its incorporation within construction projects. Drive sustainability as a key requirement in any construction project.
Carbon emissions from future site-wide energy use	Targets in relation to the use of low and zero carbon technologies (LZCT) for new build projects	Capital Project Managers	Ensure use of low and zero carbon technologies, LZCT, and subsequent reduction of CO2 emissions
Resource efficient and sustainable design	Consult with experts at Health Facilities Scotland to ensure resource efficient and sustainable design	Capital Project Managers	

Resource efficiency in construction	Continued requirement for larger projects that contractors to adhere to considerate contractors scheme and for smaller projects control of contractors.	Capital Project Managers	Ensures contractors not only comply with set standards but encourages best practice
Focus on green spaces and biodiversity	Appropriate landscaping and planting to protect and enhance the surrounding ecology.	Capital Project Managers	Limited damage to the natural surroundings from any building or construction work.
	Implement and follow biodiversity guidance provided by Health Facilities Scotland in 2007	Capital Project Managers	Positive environmental impacts for staff and patients
Regeneration and planning	Use of public/community art within buildings (Art Link or Cyrenians)	Capital Project Managers	Enhances the atmosphere within buildings for patients and staff. Can also link in with community projects.
	Ensure new builds enhance the surrounding neighbourhood	Capital Project Managers	Positive environmental impacts
Lifecycle Design	Ensure that new buildings adhere to the climate change adaptation strategy outlined by Scottish Government	Capital Project Managers	Buildings are future proofed against potential damage from the consequences of climate change such as extreme weather conditions.

Board Meeting
1st February 2017

Jacque Campbell, Interim Chief Officer

REDESIGN OF EYE SERVICES IN Lothian INCLUDING THE REPROVISION OF THE PRINCESS ALEXANDRA EYE PAVILION

This paper aims to summarise the key points in the full paper.

The relevant paragraph in the full paper is referenced against each point.

<ul style="list-style-type: none"> The revised Initial Agreement for the redesign of ophthalmology services including the re-provision of the Princess Alexandra Eye Pavilion was submitted to the Scottish Government Capital Investment team in December 2017 for consideration at the Capital Investment Group meeting on January 10th. The outcome is awaited. 	1.1
<ul style="list-style-type: none"> The recommended preferred option is a traditionally capital funded new build eye hospital on the Edinburgh BioQuarter site at a total capital cost of £59.59M including project costs 	2.2
<ul style="list-style-type: none"> The IA includes an expansion option to establish a Collaboration/Clinical Research Facility within the new hospital at an additional cost of £5.73M. 	2.3
<ul style="list-style-type: none"> Note that the IA does not include any provision of additional capacity to assist neighbouring Health Boards with future demand pressures for cataract surgery. The Scottish Government Access Team has recently released projections for this, and is being looked at with regional partners. A decision was taken to bring this IA forward and not wait to align re-submission with the South East Scotland strategy for future sustainable elective services. There is concern that any delay to agreeing that strategy and confirming the plans, could significantly extend the project timetable which could have a detrimental impact upon the service due to the deteriorating condition of the existing facility. 	2.4
<ul style="list-style-type: none"> Note that the proposal assumes ongoing continuation of the current Service Level Agreement with the NHS Golden Jubilee Hospital for circa 2500 cataract see and treat procedures per year. 	2.5
<ul style="list-style-type: none"> That following approval of the IA the associated land purchase at the Edinburgh BioQuarter site should be progressed and funded in advance of the Outline Business Case submission. 	2.6
<ul style="list-style-type: none"> Note the proposal is aligned to the Scottish Government aspirations for redesign and improvement in ophthalmology services as indicated in recent correspondence from the Scottish Government Health and Performance and Delivery Directorate Access Support Division. This requires action from Boards to ensure focus on sustainable Ophthalmology services. 	2.7

Kathleen Imrie
Programme Manager – Redesign/Re-provision – Eye Services
12th January 2017
Kathleen.imrie@nhslothian.scot.nhs.uk

NHS Lothian

Board Meeting
1st February 2017

Jacquie Campbell, Interim Chief Officer

REDESIGN OF EYE SERVICES IN NHS Lothian including the re-provision of the Princess Alexandra Eye Pavilion

1 Purpose of the Report

- 1.1 The purpose of this report is to advise the Board that the Corporate Management Team and Finance and Resources Committee approved the revised Initial Agreement for the proposed redesign of eye services and associated re-provision of the Princess Alexandra Eye Pavilion (PAEP) in November 2016 and that it was subsequently re-submitted to the Scottish Government Capital Investment Team for consideration at their January 10th 2017 meeting, the outcome of which is awaited.
- 1.2 Any member wishing additional information should contact the Executive Lead in advance of the meeting.

2 Recommendations

- 2.1 Note the revised IA
- 2.2 Note the recommended preferred option of a traditionally capital funded new build eye hospital on the Edinburgh BioQuarter site at a total capital cost of £59.59M including project team costs.
- 2.3 Note the expansion option to establish a Collaboration/Clinical Research Facility within the new hospital at an additional capital cost of £5.73M.
- 2.4 Note that the IA does not include any provision of additional capacity to assist neighbouring Health Boards with future demand pressures for cataract surgery. The Scottish Government Access Team has recently shared projections for this, and this is being looked at with regional partners. A decision was taken to bring this IA forward and not wait to align re-submission with the South East Scotland strategy for future sustainable elective services. There is concern that any delay to agreeing that strategy and confirming the plans, could significantly extend the project timetable which could have a detrimental impact upon the service due to the deteriorating condition of the existing facility.
- 2.5 Note that the proposal assumes ongoing continuation of the current Service Level Agreement with the NHS Golden Jubilee Hospital for circa 2500 cataract see and treat procedures per year.
- 2.6 That following approval of the IA the associated land purchase at the Edinburgh BioQuarter site should be progressed and funded in advance of the Outline Business Case submission.

- 2.7 Note the proposal in the context of the letters of 15th November 2016 from the Health and Performance and Delivery Directorate Access Support Division and the actions required of Boards to ensure focus on sustainable Ophthalmology services.
- 2.8 Note that completion of the NHS Scotland Design Assessment Process (NDAP) with service user and staff input is now a requirement at IA stage. Following a meeting on 15th November 2016 with the Director of Design for Architecture-Design Scotland it has been confirmed that NDAP should be a two part process, where at first key specifications are identified and secondly images are added to further validate these in a session with stakeholders. Part 1 took place on November 25th 2016. Part 2 is scheduled for 26th January 2017. It may be the case that the Scottish Capital Investment Group will wish to see the full validated design statement before they fully respond on the case. If so, there could be a potential short delay to their feedback.

3 Discussion of Key Issues

- 3.1 The original IA was approved in July 2015 and submitted to the Scottish Capital Investment Group. Due to the imminent changes to the Scottish Capital Investment Group and, in particular the new format of future IAs it was not approved at that point but there was acknowledgement that there was a good case for funding. Following extensive work with the Scottish Government a revised IA was prepared following the new draft guidance.
- 3.2 Ophthalmology is one of the largest outpatient services in Lothian and the principle site for service delivery is the PAEP. Across Lothian, between 2013 and 2030 demand is predicted to rise by 25% for outpatient services and by 40% for surgical treatment.
- 3.3 The PAEP building has identified £2.7m high priority backlog maintenance. There is frequent disruption to services from failing lifts, the roof and other key elements of the infrastructure which lead to a poor performing asset overall. From a service and safety position, although essential criteria are met, this is not viewed as a sustainable position for NHS Lothian and the building has reached the end of its economic life as a clinical facility. Service developments and demand have exacerbated the issues of an inefficient layout, limitations in terms of service user flows and external envelope deterioration.
- 3.4 Ten potential options were considered which, following options appraisal, were reduced to 4 potential sites for a new build. Detailed appraisal of the 4 potential sites saw relocation of the PAEP to the RIE/Edinburgh BioQuarter campus receiving the highest weighted score by far. The original 10 options, the review of those options, conclusions and the recommended preferred option were considered by staff and service users at an Initial Impact Assessment held in February 2016. Support for the preferred option was received. The Scottish Health Council confirmed their support for the option in July 2016.
- 3.5 The proposed preferred option is the relocation of the PAEP facility to a new build on the Edinburgh BioQuarter site with associated redesign of facilities to ensure the efficient delivery of services in the future and to meet increased demand. The estimated total capital cost of the facility is £59.59m including project team costs.
- 3.6 There is an associated opportunity to develop Collaboration/Clinical Research Facility facilities embedded within the new eye hospital at a further capital cost of £5.73m.
- 3.7 The benefits that this proposal would deliver are:

- 3.7.1 Sustainable ophthalmology services capable of meeting future patient demand.
 - 3.7.2 Purpose designed and flexible facilities to enable maximisation of current resources.
 - 3.7.3 A significant improvement in service user and carer experience.
 - 3.7.4 The ability to respond to digital imaging developments to aid diagnosis and review.
 - 3.7.5 An improvement in the functional NHS Lothian estate and a reduction in backlog maintenance.
- 3.8 The proposal was supported by the Corporate Management Team on 14th November 2016 and the Finance and Resources Committee on 30th November 2016.
- 3.9 Next Steps

Assuming approval to proceed to Outline Business Case is granted by February 2017 the following timescale is proposed.

Key Milestones	Date
Finalise Concept Reference Design	October 2016
Finalise Programme Board/Stakeholder Board/Project Team structure	December 2016
Initial Agreement approval	February 2017
Site Acquisition	March 2017
Appointment of PSCP	April 2017
Appointment of CDM Advisor	June 2017
Outline Business Case approval	January 2018
Obtain outline planning consent	January 2018
Full Business Case approval	January 2019
Construction Commences	January 2019
Construction completion	December 2020
Commence service	Spring 2021

4 Key Risks

- 4.1 The condition of the PAEP deteriorates further and continues to disrupt clinical service.
- 4.2 Delays in discussions and decisions surrounding the a) proposed Collaboration/Clinical Research Facility or b) proposed additional elective capacity in South East Scotland delay a decision on re providing the building.
- 4.3 The cumulative effective of delays, results in NHS Lothian being unable to meet future predicted demand and there are increases in capital costs.

5 Risk Register

- 5.1 There are no additional implications for NHS Lothian's risk register as a result of this paper.

6 Impact on Inequality, Including Health Inequalities

- 6.1 An impact assessment was carried out on 25th February 2016 with service users, staff and partnership representation. There was support for the proposed solution subject to ensuring that sufficient public transport was in place and that accessibility to the site for

service users and staff was adequately addressed. The action plan resulting from this session was approved and is lodged on the NHS Lothian web site.

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

7.1 See above - 6.1. The Scottish Health Council has approved a Communication and Engagement Plan to support the project.

8 Resource Implications

8.1 The resource implications are provided below:

Costs in £ millions	Do minimum	New Build			
		RIE/BioQuarter	Western General Hospital	St John's Hospital	City Centre
Re provision of PAEP	£3.6M	£58.4M	£62.1M	£54.9M	£65.5M
Collaboration/Clinical Research Space		£5.7M	£6.2M	£5.5M	£5.6M
OVERALL	£3.6M	£64.1M	£68.3M	£60.4M	£71.1M
Whole of life capital costs	£8.4M	£67.4M	£71.0M	£63.9M	£74.4M
Whole of life operating costs	£465.2M	£648.2M	£648.2M	£648.2M	£648.2M
Estimated Net Present Value of Costs	£310.5M	£478.9M	£482.3M	£475.5M	£485.7M

8.2 In addition to the capital costs project team costs of £1.2m are proposed bringing the total to £59.59m for re-provision of PAEP and £65.3m with the Collaboration/Clinical Research space included

Kathleen Imrie

Programme Manager – Redesign and Reprovision, Ophthalmology

11th January 2017

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List of Appendices

Appendix 1: Initial Agreement Version – 10.4 – Redesign of Eye Service in NHS Lothian including the reprovision of the Princess Alexandra Eye Pavilion with appendix 4 and 5 included.

Redesign of Eye Services in NHS Lothian including Re Provision of the Princess Alexandra Eye Pavilion

Initial Agreement - Version 10.4



Source: Oberlanders Architects initial first draft concept design – October 2016

Document Control

Title:	Initial Agreement: Redesign of Eye Services in NHS Lothian including re-provision of Princess Alexandra Eye Pavilion, Edinburgh
Owner:	Jacquie Campbell, Site Director, St Johns Hospital, Princess Alexandra Eye Pavilion, Lauriston Building & Interim Chief Officer – Acute Services

Version History

Version	Date	Author(s)	Comments
1, 3	10/07/2016	KI,CK	Updated SCIM guidance reviewed & IA template structure created. Supporting info gathered from 10 Questions Document.
4	30/9/2016	KI, NMcL	Further development of the above. Inclusion of some contributions as per Action Sheet issued 15/9/16
5	10/10/2016	KI, NMcL	Comments received at review session 5/10/16 – up to start of section 4.2 Further requests for info/feedback issued as discussed
6	14/10/2016	KI, NMcL,	Finance section developing separately to be incorporated in due course. Sent out as an attachment
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8	27/10/2016	KI, NMcL, CG, GW, NB	Note updated guidance on DTC elective centres (Borders & Fife) in covering e-mail. Clarity on Collaboration element required for costings. Capital Finance and Capital Project Teams to do final review of capital costs to ensure consistent presentation through document and reference to Thomson Gray report– rounding etc. Review of outpatient demand forecasts underway.
9	31/10/2016	KI, NMcL, CG, GW, NB, IFG	Capital Finance & Capital Projects to ensure alignment of costs across sections reflecting Thomson Gray revised cost option report – Nov 16.
10	2/11/2016	KI, NMcL, CG, GW, NB, IFG	Submitted to be reviewed by LCIG – 8/11/16. Sent to Partnership Team for comment prior to LCIG. Final copy issued to local CMT.
10.1	4/11/2016	KI, NMcL, CG, GW, NB, IFG	Row definitions in Table 7 copied to Table 13 so consistent.. 3.1.4.1.` 3500 m2` of clinical only space replaced with `6000 m2` to reflect building wide + LOTT. Appendix 3 – Thomson Gray's Appendix 1 Programme included. 3.1.5.2 – old assumption re paediatric services removed in line with rest of doc. Final copy issued to Corporate Management Group
10.2	16/11/2016	KI, NMcL, CG, GW, NB, IFG	Updated for approval from LCIG, Corporate Mgmt Committee, Clinical Management Team, Partnership Director. Ref to 15/11/16 correspondence from SG re Ophthalmology National Programme – section 3.1.7.5
10.3	21/11/2016	KI, NMcL, CG, GW, NB, IFG	Revenue costs updated by N Bradbury/O Notman to reflect future predicted inpatient costs. Tables:24,28,29.
10.4	1/12/2016	KI, NMcL, CG, GW, NB, IFG	F&R Committee support 30/11/16 noted. Section 4.5.5 updated re progress on NDAP. Section 1.3 updated re recent SG directive of management of return outpatient capacity – 15/11/16. Section 2.4.1 update from recent Scottish Fire Service inspection – 29/11/16

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	8	NDAP – NHS Scotland Design Assessment Process – to follow. Session 1 – held 25 th Nov '16. Session 2 – 26 th Jan '17	To follow

1. Executive Summary

- 1.1 The purpose of this Initial Agreement is to seek approval from the Scottish Government Capital Investment Group to develop an Outline Business Case to re-provide the Princess Alexandra Eye Pavilion, Edinburgh in a purpose designed and built Eye Hospital on the Royal Infirmary of Edinburgh/ Edinburgh BioQuarter site at a total capital cost of £59.59M.
- 1.2 The vision for ophthalmology services in NHS Lothian is to provide a safe, effective, high quality service for patients delivered in the right place at the right time. Where services can be provided within a community setting, closer to where service users live, they should be. Services within an adult eye hospital should be those that can only be effectively and efficiently be delivered there. An efficient ophthalmology model will be delivered by trained and skilled staff using appropriate equipment and information technology for effective diagnosis and treatment. This care should be provided in an environment that supports staff to provide an excellent experience and has modern facilities that meet the needs and expectations of service users, carers and staff well into the mid to late 21st century.
- 1.3 A key element of the vision is that services should be designed and maintained in a way that meets the needs of both new and existing chronic disease patients. There is a very significant number of existing and newly diagnosed patients with chronic eye disease and they have potentially blinding conditions. They may need urgent access to the service for treatment at any time and require regular review at pre-defined intervals. Also new patients, such as those requiring surgical treatment for non-blinding reversible conditions e.g. cataract, require access to services. Cataract surgery provides excellent outcomes in >95% of patients and has huge benefit for quality of life. Therefore the service must meet the needs of both, as is clinically appropriate, so as not to result in avoidable irreversible loss of vision. At a national level, it was announced in November 2016 that establishing effective management information for return ophthalmology patients was required of all NHS Boards to support access at clinically required intervals for return patients who have confirmed pathology.

Scope of proposal

- 1.4 This proposal covers:
 - The redesign of adult Ophthalmology services in NHS Lothian to meet user needs and expectation and to respond to the predicted increase in demand particularly those with chronic potentially blinding eye conditions. The redesign optimises the use of staff skills at all grades to ensure that patients are treated by the right person at the right time and releases valuable senior clinician time to manage the most complex aspects of care and decision making;
 - The provision of sufficient cataract assessment and surgical services to meet the needs of the local population up to and beyond 2030 in response to projected increases in demand due to demographic growth and patient expectation. On current advice from the Scottish Government Access Support Team the plan assumes that there is a continuation of the existing 3 year service level agreement between NHS Lothian and the NHS Golden Jubilee Hospital to provide capacity to see and treat 2556 NHS Lothian cataract patients per year;
 - The re provision of the Princess Alexandra Eye Pavilion (PAEP), Chalmers Street, Edinburgh in support of the above to address the issue of its poor condition,

suitability for future use, mounting backlog maintenance costs and that there would be a requirement to decant all services to address significant issues affecting the roof;

- A proposal to reap the opportunity benefits of collaboration with academic, research and development and industry sectors on the Edinburgh BioQuarter site. The capital cost of this is £5.73m.
- 1.5 The proposal does not include the recently proposed role that NHS Lothian could have in the evolving Scottish Government plans to ensure there is sufficient future elective capacity in South East Scotland for cataract assessment and treatment. At time of writing advice from the Scottish Government Access Support Team is that they continue to work on developing their projections including analysis of cross border flow across regions and that Boards should await the outcome of this exercise and not develop their own predictions of potential additional demand that might be required to support neighbouring Health Boards.
 - 1.6 Stakeholders including service users, carers and staff have been involved in developing the proposal which responds to and supports national and local general healthcare strategy and that which meets the needs of people with sensory impairment in Scotland. The Scottish Health Council has supported the proposal.
 - 1.7 External factors relating to the building itself and the need to plan responsibly for future demand and harness the benefits of technology support the proposal.
 - 1.8 Development and improvement of the existing service is held back by the poor functionality and design of the existing facility. Professional advice over the last decade has been that a plan should be drawn up to replace the building which is viewed to have come to the end of its useful life. Growing demand and the pace of technological advancement also drive the need for change.
 - 1.9 The objectives of investment are to provide sustainable, flexible and future proofed facilities that meet the needs of 21st century eye care using valuable resources as efficiently as possible. Service users and staff have fully informed the design quality objectives, with key focus on access to the service and site, improved layout and adjacency of facilities and improved general facilities. Each investment benefit has been quantified and a measure proposed to enable the realisation of the vision and plan to be a key focus. Risks, associated with the project and build and delivery of benefits are identified and mitigation plans in place.
 - 1.10 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 service moving forward. The main service change proposals will be to meet increased demand for outpatients, injection treatment and surgery and to use the opportunity to design and build efficient facilities to deliver that in the most cost effective way. The shortlist of options includes a new build facility on each of the main acute sites in Lothian (Royal Infirmary of Edinburgh/Edinburgh BioQuarter, Western General Hospital and St John's Hospital, Howden, Livingston) and a new Edinburgh city centre site. The indicative costs are:

Table 1

Costs in £ millions	Do minimum	New Build			
		RIE/BioQuarter	Western General Hospital	St John's Hospital	City Centre
Re provision of PAEP	£3.6M	£58.4M	£62.1M	£54.9M	£65.5M
Collaboration/Clinical Research Space		£5.7M	£6.2M	£5.5M	£5.6M
OVERALL	£3.6M	£64.1M	£68.3M	£60.4M	£71.1M
Whole of life capital costs	£8.4M	£67.4M	£71.0M	£63.9M	£74.4M
Whole of life operating costs	£465.2M	£648.2M	£648.2M	£648.2M	£648.2M
Estimated Net Present Value of Costs	£310.5M	£478.9M	£482.3M	£475.5M	£485.7M

- 1.11 The preferred strategic and service solution would be to re provide the hospital on the RIE/Edinburgh BioQuarter site, approximately 3.5 miles from the existing site and giving the benefits of being closer to emergency services and the infrastructure associated with a major teaching hospital, the University of Edinburgh Medical School and the opportunities for research and collaboration that would come as part of being on the BioQuarter site.
- 1.12 In order to deliver the project in accordance with current NHS Scotland construction procurement policy, it is anticipated that Frameworks Scotland 2 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.
- 1.13 A detailed Project Plan will be produced for the OBC. At this stage, the Board is aiming to achieve the milestones shown below:

Key Milestones	Date
Finalise Concept Reference Design	October 2016
Finalise Programme Board/Stakeholder Board/Project Team structure	December 2016
Initial Agreement approval	February 2017
Site Acquisition	March 2017
Appointment of PSCP	April 2017
Appointment of CDM Advisor	June 2017
Outline Business Case approval	January 2018
Obtain outline planning consent	January 2018
Full Business Case approval	January 2019
Construction Commences	January 2019
Construction completion	December 2020
Commence service	Spring 2021

- 1.14 Governance and project management arrangements are proposed and reflect the structures that have served NHS Lothian well as part of the new Child and Young Persons Hospital and the Department of Clinical Neurosciences.

2. The strategic background to the proposal?

2.1 Stakeholders affected by this proposal

2.1.1 This proposal has impacts on adults, children and young people and their carers who live in Lothian who require ophthalmology services and to adults, children and young people and carers who live in Fife, Borders, and Forth Valley for certain tertiary services. Also, as part of the Scottish Government strategy for future elective surgical services, this proposal (subject to appropriate consultation with affected populations) may impact upon a percentage of adults living in Fife, Borders and Forth Valley who may require to receive their surgical cataract treatment in the new proposed facility.

2.1.2 The proposal impacts upon clinical and support staff currently working at the Princess Alexandra Eye Pavilion, Chalmers Street, Edinburgh.

Table 2

Stakeholder Group:	Engagement that has taken place	Confirmed support for the proposal
NHS Lothian	NHS Lothian is fully supportive of this proposal, with Jim Crombie, Chief Officer and current Acting Chief Executive, taking the lead role in its development. This proposal is also incorporated into the NHS Lothian Strategic Plan ` Our Health, Our Care, Our Future (2014 – 2024)	Approved by the Finance and Resources Committee – NHS Lothian on 30th November 2016
Service or Department	The Clinical Management Team have collective responsibility for the delivery of Ophthalmology services in Lothian and has been actively involved in the process of developing options and plans for the proposal: J. Campbell, Site Director - St John's, PAEP & Lauriston and Interim Chief Officer, Acute Services, Dr J. Singh, Consultant Ophthalmologist & Clinical Director for Ophthalmology, G Wilkie, Acting Clinical Service Manager, Ophthalmology L Struthers, Clinical Nurse Manager, Ophthalmology	Approved by the Ophthalmology Clinical Management Team – November 16 th 2016.
Staff / Resource	Staff affected by this proposal include: Medical; Nursing; Theatre; Optometry; Orthoptic, Medical Photography & Imaging; Pharmacists, Ocular Prosthetic Technician; Reception; Records,	

	<p>Waiting List Office; Secretarial staff; Clinical Service Management Team and Facilities staff, Vision Support Team (provided by the RNIB).</p> <p>Staff representatives and Staff Partnership participated in an Integrated Impact Assessment (IIA) on February 25th 2016 which reviewed the long list of potential options for the service including `do nothing`, and presented a review of the options against 6 benefits criteria. At this the preferred option was proposed and supported.</p> <p>Staff highlighted the importance of good public transport services to the new site. Staff parking provision, especially for those working across sites, was important. There was a need for staff rest and catering facilities which are limited on the existing site. These were all noted in the resulting action plan which is being taken forward in tandem with the project.</p>	<p>There was support for the proposed solution</p> <p>The feedback from the Options Appraisal and IIA session was captured in the IIA report and actions to be taken forward summarised in the IIA Action Plan.</p> <p>This was sent out to all participants for comments/approval before being placed on NHSL's public web site.</p>
<p>NHS Borders, NHS Fife, NHS Forth Valley</p>	<p>Elements of service are provided on a regional basis to neighbouring Health Boards. NHS Fife, Borders and Forth Valley will be advised of the planned relocation of PAEP at the next Directors of Planning meeting in November 2016.</p> <p>The Scottish Government Access Support Team have asked NHS Lothian to develop plans to establish Diagnostic and Treatment Centres to support demand in excess of planned future capacity across the South East Region of Scotland. NHSL's Acting Chief Executive has been asked to lead a regional forum to discuss and agree this work.</p>	<p>Confirmed support for this proposal has been gained through the Diagnostic and Treatment Centre (DTC) Programme Board on 28th September 2016.</p>
<p>Scottish Health Council</p>	<p>A Major Change Template was sent to the Scottish Health Council on 7th July 2016 so that they could make an assessment. Also sent was:</p> <ul style="list-style-type: none"> The introductory presentation used at the Integrated Impact Assessment on Equality session held with service user and staff 	<p>The Scottish Health Council confirmed via letter dated 20th July 2016 that they agreed that the proposal did not meet the threshold for major change.</p>

	<p>representatives in February 2016</p> <ul style="list-style-type: none"> • The session report and resulting action plan • Options Appraisal summary report • Proposed Communications and Engagement Plan • A summary of `What is wrong with the existing PAEP building in relation to the delivery of patient services now and in the future` - for general information. <p>NHSL's recommendation was that this was not a major service change.</p>	<p>They recognised the engagement activities to date (service user survey, options appraisal and integrated impact assessment) and noted the support from service users and staff at the IIA for the preferred option. They supported our proposed future engagement plans and made some recommendations.</p> <p>They noted that they were aware that patients view the service in Lothian positively and that there was recognition of the need for change. They also noted concerns regarding public transport and accessibility at the proposed site and NHS Lothian's commitment to work with partners to address this.</p>
<p>Staff Partnership</p>	<p>Staff partnership representatives participated in the options review, the Integrated Impact Assessment, the AEDET review and the planned NDAP review. The Staff Partnership Director and local Staff Representative will be consulted on the final document in November 16 in tandem with the organisations internal governance route.</p>	<p>Partnership Director confirmed support on 7th November 2016.</p>

<p>Patients / service users</p>	<p>Service user and carer representatives participated in an Integrated Impact Assessment on February 25th 2016 which reviewed the long list of potential options for the service including `do nothing`, and presented a review of the options against 6 benefits criteria. At this the preferred option was proposed and supported.</p> <p>The service users and carers expressed concerns about public transport and the accessibility of the new site. A requirement for drop off facilities, some parking, and catering facilities was flagged. These were all noted in the resulting action plan which is being taken forward in tandem with the project.</p>	<p>The feedback from the Options Appraisal and IIA session was captured in the IIA report and actions to be taken forward summarised in the IIA Action Plan.</p> <p>This was sent out to all participants for comments/approval before being placed on NHSL's public web site. There was support for the proposed solution</p>
<p>General public</p>	<p>The general public will be affected by this proposal as potential service users or carers or by being neighbours of the existing or proposed future facility.</p> <p>The Scottish Health Council having reviewed the extent of change being proposed has advised that it is not major so no formal consultation exercise has been undertaken.</p> <p>However, Integrated Joint Boards have been advised of the plans through discussion around the emerging NHS Lothian Hospitals Plan.</p> <p>A Communication and Engagement Plan has been developed to ensure good Stakeholder communication.</p>	<p>Consultation on the NHS Lothian Hospital Plan is scheduled for January to March 2017.</p> <p>The Scottish Health Council have supported the proposed Communication and Engagement Plan and made additional recommendations.</p>
<p>Other key stakeholders</p>	<p><u>Community Optometry</u></p> <p>The nominated NHS Lothian lead for Community Optometry was on the original group that looked at the options and prepared the original IA.</p> <p><u>University of Edinburgh and NES.</u></p> <p>Support sought for students, University staff working in the PAEP and current research activities plus future research/collaborative plans</p>	<p>NHS Lothian's Community Optometry representative approved the proposal in 2015</p> <p>Dr C Elliott, College Registrar, College of Medicine, UoE confirmed strong support for both – October 2016</p>

2.2 NHS Scotland's strategic context

Table 3

NHS SCOTLAND Strategic Investment Priority:	How the proposal responds to this priority	As measured by:
Person Centred	Ensure that people who use health and social care services have positive experiences and their dignity respected (<i>Quality Outcome Indicator</i>)	Percentage of service users rating the care and support they get as excellent or good
	Improves the physical condition of the healthcare estate (SAFR KPI)	Proportion of estate categorised as either A or B for the Physical Condition appraisal facet
	Improves the quality of the healthcare estate (SAFR).	Proportion of estate categorised as either A or B for the Quality appraisal facet
	Improves people's opinions of the hospital environment (SAFR KPI)	Proportion of positive responses to the In-Patient Questionnaire
	Reduces the age of the healthcare estate (SAFR KPI).	Percentage of estate less than 50 years old
Safe	Improves statutory compliance (SAFR KPI)	Overall percentage compliance score from SCART
	Reduces backlog maintenance	Reduction in backlog maintenance costs
	Reduces significant and high risk backlog maintenance (SAFR KPI)	Significant & high risk backlog as a percentage of total backlog
Effective Quality of Care	Ensures the functional suitability of the healthcare estate (SAFR KPI)	Proportion of estate categorised either A or B for the Functional Suitability appraisal facet.
	Maintains clinically appropriate access for chronic disease patients requiring review/ treatment e.g. AntiVeg F drugs	Time between assessment and commencement of treatment. Number of patients reviewed within the clinically stipulated timescale.
	Maintains service access guarantees for elective patients	Percentage of patients seen within 12 weeks and treated within 12 weeks Percentage of patients seen and treated within 18 weeks.
	Increases level of staff engagement (<i>Quality Outcome Indicator</i>)	Percentage of staff who would recommend their workplace as a good place to work

Value & Sustainability	Optimises resource usage (SAFR)	Cost of Emergency admissions
	Improves accommodation space utilisation (SAFR)	Proportion of estate categorised as 'Fully Used' for the Space Utilisation appraisal facet.
	Optimises overall running of buildings (SAFR KPI)	Total occupancy cost of building
	Optimises property maintenance costs (SAFR)	Property maintenance cost £ per sq. m
	Optimises property management costs (SAFR)	Facilities management costs £ per sq. m
	Optimises energy usage costs (SAFR KPI)	Energy costs £ per sq. m
	Reduces financial burden of backlog maintenance (SAFR)	Reduces backlog maintenance costs. Facilities Condition Index
	Improves design quality in support of increased quality of care and value for money (SAFR KPI)	AEDET score improved/targets met
	Reduces carbon emissions and or energy consumption (HEAT /LDP)	% in CO2 and energy consumption

2.3 The strategies that this proposal directly responds to

2.3.1 The Scottish Government's vision for healthcare by 2020 (2011), the recently published National Clinical Strategy (2016) and NHS Lothian's Strategic Plan – 'Our Health, Our Care, Our Future (2014 – 2024') refers to the following which have a specific bearing on eye services:

- Predicted increase in population, particularly those aged 75 and over. Currently 33% of all eye outpatient attendances and 51% of all surgical treatments are for service users in this age group. In Lothian, it is predicted that there will be a 22.2% increase in the over 75 age group by 2020. Almost all 70 year olds and over will have a cataract which may or may not be causing them a vision issue but may do as it develops
- An increase in the prevalence of long term conditions such as diabetes and the associated increase in demand for eye services (both screening and treatment). Ophthalmology has a very significant number of chronic disease patients on regular and often life-long follow-up.
- That people should live longer, healthier lives at home and be supported in doing so. Maintaining good vision is a key factor in allowing people to continue living independently.
- Prevention, anticipation and preventative self management of conditions could avoid unplanned admission to hospital. Issues with vision frequently contribute to falls.
- Continued investment in public, not private healthcare is a core value. In recent years, NHS Lothian has required to use the private sector to ensure it could provide sufficient ophthalmology outpatient and surgical capacity to meet the 12 week access and maximum treatment guarantee introduced

through the Patient's Rights (Scotland) Act 2011. NHS Lothian ceased the use of the private sector in April 2016, and remains committed to this ethos. The predicted rise in demand will require further redesign and investment within ophthalmology to retain this position.

2.3.2 The 'See Hear', Strategic Framework for meeting the needs of people with sensory impairment in Scotland (2014) reflects that:

- Significant sight loss affects over 180,000 people in Scotland, one in 30 of the population. That is predicted to double by 2031. The majority are older people with more than one in two people aged over 90 having a significant sight loss. Evidence suggests that over 50% of sight loss is due to preventable and treatable causes.
- As people are living longer and the incidence of illness and disability increases with age, early detection, prevention or stabilisation of sight loss is a key factor. The impact on an older person who may already be finding it less easy to continue with their previous lifestyle can be very significant affecting their ability to continue an independent life.
- Sight impairment is a major contributory factor in falls and subsequent admissions to hospital, which in turn is a major contributory factor to admission to a care home facility. Reducing unplanned admissions to hospitals in NHS Lothian is a key strategic aim.

2.3.3 The proposal supports the Scottish Government led National Ophthalmology Work stream the key aims of which are: to extend ophthalmology staff competencies and capacity; to further develop shared care between community optometrists and secondary care; to use our data more effectively to plan services at sub-specialty level and to ensure the timing of access to services, where they are crucial, is appropriate for a patient's specific eye condition.

2.3.4 The Scottish Government has developed a national elective surgical strategy to ensure that future service provision will meet anticipated demand. They are still in the process of finalising their demand projections. NHS Lothian have been advised that they will have a role, as a regional centre, in meeting additional demand for NHS Lothian patients and additional demand for some Fife, Borders and Forth Valley patients. The acting Chief Executive is chairing a Programme Board and leading the approach to this for the South East of Scotland.

2.3.5 The need to re-provide the accommodation for eye services due to the condition of the PAEP building forms part of the Lothian Hospital's plan that is being developed to ensure that there is a clear site development plan for each of the 4 main NHS hospital campuses.

2.3.6 In tandem, with this proposal plans are being taken forward to expand cataract services (outpatient, diagnostic and surgical treatment) at St John's Hospital in Livingston with building work commencing in January 2017. Recently additional services have been developed in St John's for patients diagnosed with acute macular degeneration requiring regular anti veg F injections to the eye. This proposal takes into consideration how that capacity will form part of the service solution for the future.

2.4 External factors that influence this proposal

2.4.1 Building related – Table 4

	External factor	Aspect	Evidence
1	Legislative	Fire	Issued with an Improvement Notice in November 2014 and have actioned improvements. From a service and safety perspective this is not a sustainable Health and Safety position for NHSL Board. Follow-up visit from Scottish Fire Service – 29/11/16 – further future actions required.
2	Legislative	Disability Discrimination Act 2010	A general DDA assessment indicates poor access, layout and infrastructure which lead to problems for the service client group in particular. This is not a sustainable position for NHSL Board.
3	Legislative	Co2 emissions	Building produces 62% more CO2 emissions than a comparable modern building
4	Legislative	HEI and Building standards for provision of toilet facilities	Inpatient ward has shared toilet facilities
5	Locality change	The use of the local area around the existing facility for `health` has decreased. Residential and economic use has increased.	In planning terms - this has constrained planning and parking developments

2.4.2 Service Related Table 5

	External factor	Aspect	Evidence
1	Demographics	Growth in demand, especially for chronic eye disease services (assessment and treatment) and removal of cataracts	Local and national predictions of growth. Scottish Govt predictions on growth in cataract demand as confirmed week beginning 24 th October 2016.
2	Legislative & Economic	Patient Bill of Rights (Scotland) Act 2011 – Treatment Time Guarantee	Use of locum medical staff to provide required level of capacity. Demand growth due to demographics – see above
3	Technology	Digital imaging has become the accepted diagnostic tool and this is set to increase with developments in technology.	Considerable rise in demand No more expansion space so patients undergo tests in same room at same time.

	External factor	Aspect	Evidence
4	Commercial factors	Research, Development, Clinical Trials and commercialisation	Limited potential to engage with University, Research and potential commercial partners to trial/improve treatment for service users. Evidence from Scottish Enterprise and industry (26 th April 2016 – see Appendix 5) of the benefits of collaborative working and facilities within a bespoke new facility.

Building Related

2.4.3 The existing PAEP building has reached the end of its economic life as a clinical facility. The service developments in ophthalmology and demand for services have exacerbated the issues of an inefficient layout, limitations with lifts and external envelope deterioration. Major improvements to address backlog maintenance and meet statutory standards will require service decant. Such works will not facilitate significant improvements in space utilisation and service provision due to structural and layout constraints.

Service Related

Demographics

2.4.4 The demographic profile of ophthalmology patients using NHS Lothian services in 2014/15 is below. This is particularly relevant to service planning in light of predicted increased life expectancy by 2030 and the proportion of our patients in their elder years. **Table 6**

Age range	Outpatients	Day Cases	Inpatients
0 – 19 years	8,540	230	34
20 – 39 years	10,243	123	80
40 – 59 years	18,999	646	236
60 - 75 years	24,959	2533	356
75 – 85+ years	30,852	4061	288
Golden Jubilee (age bands not available at time of analysis)	733	487	0
Total	94,326	8080	994

Source: TRAK Oracle analysis undertaken by NHSL Analytical Services on 1/10/2015. IRS732

Future Demand Forecasts

2.4.5 NHS Lothian has undertaken projections for future demand in ophthalmology. The table below shows:

- a) the NHS Lothian wide total predicted demand for inpatients and day case surgery. The plan for this involves developing Ward 20 at St John`s and re-providing the PAEP so needs to be viewed in a service wide context. The detail of this plan can be seen in Table 18.

- b) the future predicted demand for outpatient services at the PAEP only which would need to be taken into account in the future re-provision of that site.

Table 7 – Estimates of future demand for Ophthalmology relevant to this proposal

	2013	2020	2025	2030
Inpatient demand – Lothian-wide	964	1054	1143	1240
Day Surgery demand – Lothian wide	7312	8244	9303	10352
Combined Inpatient and day case demand – Lothian wide	8276	9298	10446	11592
New outpatients – PAEP only	22798	24,744	26,617	28,524
Review outpatients – PAEP only	44636	48,446	52,114	55,847
Total outpatients – PAEP only	67,434	73,189	78,731	84,371

Source: NHS Lothian Analytical Services. Please see notes in section 3.1.8

- 2.4.6 This represents a projected 25% increase in demand for new and for review outpatients between the baseline year of 2013 and 2030, and a corresponding 41.6% rise in demand for inpatient and surgical day case services, of which approximately 80% is estimated to be for cataract surgery.
- 2.4.7 The Scottish Government have recently also projected a very significant increase in demand by 2030. At time of writing they are still in the process of refining their estimates for a range of elective procedures.

Patient Bill of Rights (Scotland) Act 2011

- 2.4.8 Under the Patient Rights (Scotland) Act 2011 all patients have a legal right and guarantee that their treatment will commence within 12 weeks of agreeing to that treatment with their clinician. In recent years very significant numbers of Lothian residents have received treatment in the local private sector to ensure this obligation was met due to there being insufficient capacity to achieve this within existing services. This is not a sustainable solution due to the cost. Several plans have been put in place to increase NHS capacity and at time of writing NHS Lothian is no longer using the local private sector for ophthalmology surgical treatments such as cataracts. It does continue to send approximately 213 patients per month to receive their assessment and surgical treatment at the NHS Golden Jubilee Hospital, Clydebank. To ensure that NHS Lothian is capable of meeting current and future demand it needs to improve the efficiency and throughput of ophthalmology theatres which is not feasible in the current facilities at PAEP and ensure that there are sufficient staffed theatre sessions available to deliver the required service. NHS Scotland has announced a £200m investment in facilities to provide future projected demand for diagnosis and treatment. Included in this is cataracts and NHS Lothian has been asked to take on a South East Regional role to develop a solution to meet demand beyond capacity in the region. This proposal assumes that there will be a requirement to increase capacity in the facility to sustain services for the Lothian population and Borders, Fife, and potentially Forth Valley. This proposal does not directly address that potential additional demand as the Access Support Team confirmed on 21st October 2016 that their preference is that Boards await their refined projections rather than generate their own locally derived figures.

Technology

- 2.4.9 When the PAEP was originally designed and built it included a number of dark rooms which were used to develop photographs taken of the eye in clinic. Ophthalmic imaging has been revolutionised within the last decade with the development of digital imaging equipment capable of giving much improved information for clinicians on the anatomy and function of the eye and presence of disease and its progression.
- 2.4.10 Within PAEP there are now 4 Optical Coherence Tomography (OCT) machines recently networked to workstations throughout the building but located in available space that may not support patient flow. The demand for images (particularly OCT) has grown extremely quickly from 13,000 in 2013 to 21,000 for the 12 months ending March 2016. Ophthalmic Technicians have been recruited to operate these machines on a full time basis. Demand is expected to continue to rise in line with the increased use of AntiVeg F drugs which require very regular imaging follow-up.
- 2.4.11 Each OCT machine requires sufficient space for a patient, carer and member of staff to use it plus good quality ventilation is required. PAEP has very limited space for Digital Imaging and currently there is one imaging room with 3 separate pieces of diagnostic equipment which frequently has 3 patients, their carer and a member of staff at each (see image below). This delivers a poor quality of service in terms of dignity and confidentiality. The future of ophthalmic imaging will rely on ever improving and evolving diagnostic imaging equipment. There is no expansion space at PAEP to accommodate that.



Figure 1 - Main Medical Photography and Diagnostic area, Eye Outpatients

Commercial factors

Existing site

- 2.4.12 The existing building sits within a campus of three healthcare buildings divided by a public highway (but linked by a tunnel). The Lauriston Building is focussed on Outpatients and includes a Blood Donor Centre. The Chalmers Centre is a recently refurbished and extended listed building again for outpatients. The

surrounding area has been developed in recent years and sits at the western edge of the Quartermile development – an economic development masterplan for housing, commerce and academia. High value commercial interest in the existing site for alternative uses will be mitigated by planning constraints and the linked health facilities.

- 2.4.13 The limitations of the existing building, lead to poor appraisal for redevelopment for the existing services, but suggest alternative uses will be viable. This could include provision of support accommodation to the existing health and social care requirements in the central area.

Suggested option

- 2.4.14 The potential development of the Edinburgh BioQuarter, adjacent to the Royal Infirmary of Edinburgh, has been identified within the campus masterplan, jointly commissioned by Scottish Enterprise, University of Edinburgh, City of Edinburgh Council and NHS Lothian. The site offers a new build opportunity unencumbered by existing facilities, but within the parameters of a leading science park focused on leveraging commercial, research and healthcare opportunities. The development will require investment in public realm and infrastructure commensurate with such a campus, but with the added advantage of shared buildings such as multi storey car parking.
- 2.4.15 The key enabler is the innovative opportunity to develop “collaboration space” within the new facility to bring industry, research and healthcare professionals into appropriate space. Whilst including a “traditional” Clinical Research Facility, for which the University of Edinburgh have indicated funding, the concept will be designed to meet the requirements of industry and translational medicine as well as for research. Part of the Edinburgh BioQuarter partners’ vision is to include collaboration space across all their buildings.

3. The case for change

3.1 Current arrangements

3.1.1 Services Affected by this proposal

- 3.1.1.1 The services and activities affected by this proposal are ophthalmology services to adults, children and young people who are existing or future patients in Lothian and who are or will be treated at the PAEP. These services are summarised below:

Emergency eye care and injury care and treatment in response to referrals from Community Optometrists, General Practitioners or Emergency Departments
Emergency surgery and treatment for Vitreo-retinal disease including retinal detachment and eye trauma
Diagnosis, treatment and review for patients with chronic diseases such as age related macular degeneration, diabetes, diabetic macular oedema and glaucoma.

Assessment and surgical treatment for the removal of cataracts
Diagnosis and treatment of corneal eye disease including corneal graft
Treatment and surgery for adult or child squints
Specialist neuro-ophthalmology care for visual disorders such as optic neuropathy as a result of brain tumours or stroke
Specialist surgery around eyelid/tear ducts for cysts, tumours and abnormalities
Treatment for general eye conditions
Children's services – other than those planned to go to the new Edinburgh Children's Hospital in 2018 (inpatient beds, theatres)

3.1.1.2 PAEP is the principal ophthalmology site in Lothian. Also affected would be the activity which in the 2014/15 activity below would previously have been undertaken by private healthcare organisations in NHS facilities at the weekend or through local external healthcare providers. This is no longer the case as additional capacity has been put in place at PAEP plus 213 patients per month (2556 per year) currently receive treatment at the NHS Golden Jubilee Hospital.

3.1.1.3 Additional outpatient and theatre capacity is planned for West Lothian through the redevelopment of Ward 20.

3.1.1.4 The Diabetic Retinopathy Screening service to the local area and the Lothian-wide screening booking service will relocate to the Lauriston Building, Lauriston Place, Edinburgh using the vacated Lothian Optometry and Treatment accommodation.

3.1.2 Location of services and activity

3.1.2.1 A full analysis of the 2014/15 service was undertaken to respond to the data need for the Equality Integrated Impact Assessment undertaken in February 2016. It is this data that follows in the next 2 tables as it is consistent with that shared with the service users and staff at that session. Equivalent 2015/16 data is now available from Tableau.

Table 8

2014/15	Outpatients	Day cases	Inpatients
Princess Alexandra Eye Pavilion	72,674	3877	930
St Johns Hospital, Livingston	15,362	881	30
Royal Hospital for Sick Children	470	197	22
Other NHS Lothian	2241	3	0
Golden Jubilee Hospital, Glasgow	733	487	0
External surgeons/staff in NHS Lothian hospital facilities	925	519	3
External provider - Edinburgh	1921	2115	13
	94,326	8079	998

Source: TRAK Oracle analysis undertaken by NHSL Analytical Services on 1/10/2015. IRS732

3.1.3 Location of Service Users and associated catchment areas

3.1.3.1 The location of service users and their catchment areas for the full year 2014/15 is below:

Table 9

Locality of residence based on postcode	Outpatient	Day Case	Inpatients
Edinburgh	55.5%	53%	49.7%
West Lothian	14.1%	9.9%	23%
East- Lothian	11.8%	13.2%	9.8%
Mid Lothian	10%	10.4%	9.8%
Non-Lothian Health Boards	7.7%	7.1%	7.1%
Golden Jubilee (post codes not available for analysis)	0.8%	6%	0

Source: TRAK Oracle analysis undertaken by NHSL Analytical Services on 1/10/2015. IRS732

3.1.4 Functional size and description of existing facility

3.1.4.1 The Princess Alexandra Eye Pavilion (PAEP), Chalmers Street, Edinburgh opened in 1969. It is a tower block design consisting of seven floors of clinical and supporting facilities and office accommodation (5898m²). It was originally designed to provide 72 inpatient beds, 1 operating theatre and one outpatient department supported by medical photography with dark rooms for film processing and development. Now there are 20 Day Case Surgery chairs, 12 inpatients beds plus 4 recovery bays and 3 operating theatres. There are 5 individual outpatient areas supported by Ophthalmic Imaging and photographic services using largely digital imaging technology. The table below summarises the current accommodation use.

Figure 2 – The hospital entrance



A key issue for service users and carers is the restricted access the current site gives to the hospital entrance.



Figures 3, 4 and 5 above: Outpatient Consultation rooms and waiting areas in the main Eye Outpatient Department

Figure 6 below: The main stairwell linking the 3 main outpatient floors, the ward, day bed suite, theatres and support accommodation. The alternative to the 2 lifts and the main evacuation route for patients and staff.



Below – the patient journey to theatre and back.

Patients travel in groups of 5 to 6, gowned and marked for surgery. They leave from the Day Surgery Ward, Level 2 (entrance on left of image), and travel using one of the 2 lifts in the building to Level 5 Theatres. They share the lifts with all outpatients, staff, supplies, waste, and movement of surgical instruments, facilities and workmen.

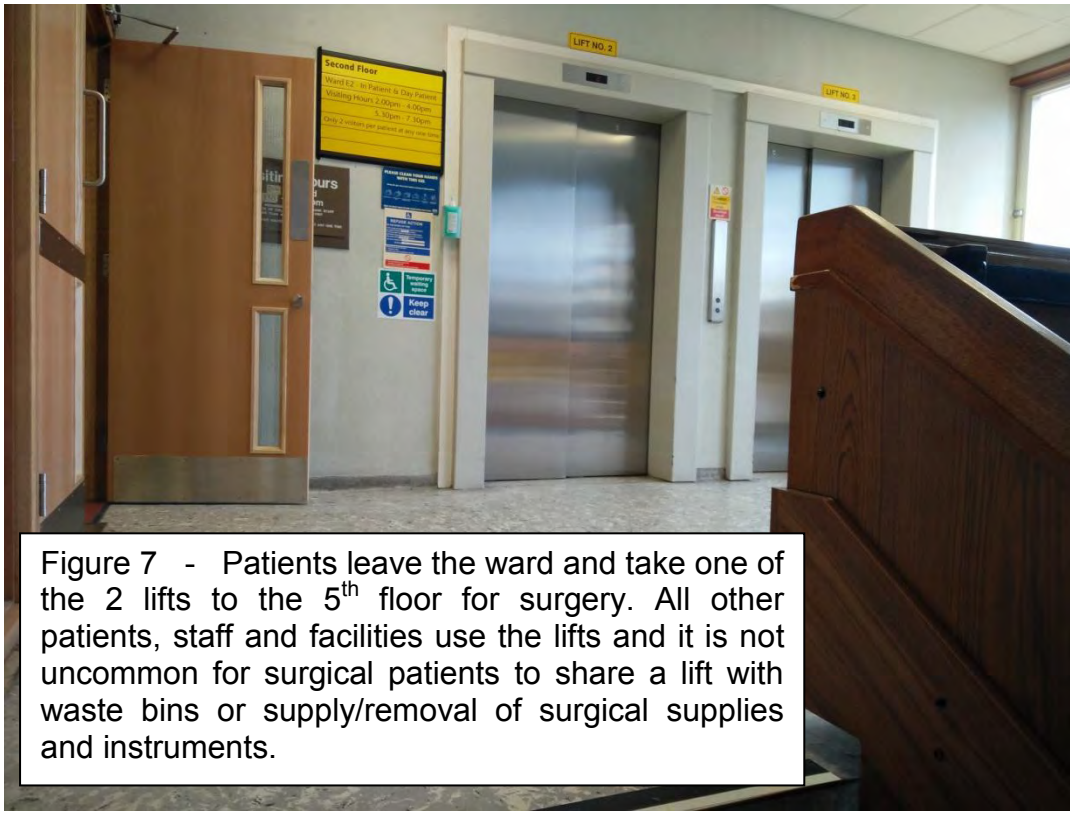


Figure 7 - Patients leave the ward and take one of the 2 lifts to the 5th floor for surgery. All other patients, staff and facilities use the lifts and it is not uncommon for surgical patients to share a lift with waste bins or supply/removal of surgical supplies and instruments.



Figure 8 - The pre-operative wait area. Note the unavoidable overflow of theatre storage into the main theatre corridor. Patients walk past the storage and supplies on their way to the operating theatre for their procedure.



Figure 9 - Leaving theatre and the post operative area moving past equipment and supplies



Figure 10 - Along the narrow theatre corridor, passing the main electrical switch cupboard, back to the lift on the stairwell

	Accommodation provided
Lower Ground	Health Records library and staff. Secretarial Team. Staff changing rooms, staff room, University Lecture Theatre, Linen, gases and general facilities storage and team. Plant Rooms
Ground	Acute Referral Centre (6 rooms) and reception Main Outpatient Department (19 rooms)and reception Fields Department (5 rooms) Orthoptic Department (4 rooms) and reception Medical Photography and Imaging (2 rooms) Pharmacy, Cashier, Play Room + Management Offices Ocular Prosthetist – consultation and workshop
First Floor	Medical staff offices (21 consultants, 5 associate specialists, 13 medical trainees Waiting List Office, Research Room Medical Photography store and office, University Library and Wet Lab teaching and education facility
Second Floor	Ward reception 12 inpatient beds plus 3 beds of day patients requiring recovery. 20 day surgery chairs (pre and post surgery) day room, treatment room
Third Floor	Acute Macular Degeneration Outpatient Department (4 rooms), reception, waiting area AMD OCT Imaging room Pre injection room and Clean Room for IVT injections Records Store/Office. Low Visual Aids store Electro-diagnostics testing and reporting room Vision Support Service (RNIB) Diabetic Retinopathy Screening – Photographs and Fields (2 rooms) + OCT Room and wait area. NHS Lothian Diabetic Screening Appointments Hub and management
Fourth Floor	Cataract and Corneal Clinic + other clinics (7 rooms) and reception 4 Cataract and Corneal biometry and vision test bays (space for 4) Lasers (3 rooms) Waiting area Minor Surgical room
Fifth Floor	1 immediate pre-op waiting area (8 chairs) 3 operating theatres (2 suitable for general anaesthetic patients) 1 staff room, Store, Theatre office
Annexe - Lower Gnd , Lauriston Building	Lothian Optometry Teach and Treat Centre (NES funded) Waiting area 6 consulting/diagnostic rooms

3.1.5 Care pathways and patterns of working

Patients requiring rapid or emergency treatment

- 3.1.5.1 Acute presentations include retinal detachment, acute glaucoma, corneal infection, injuries or the sudden loss of vision. These are all potentially blinding conditions.
- 3.1.5.2 Patients are referred to the service by their Community Optometrist, GP, through a visit to the Emergency Department or from other hospitals across the South East of Scotland. PAEP is a tertiary referral centre for certain sub-specialties receiving urgent cases from Lothian, the Borders, Fife, Stirling and Falkirk. The sub-specialties include Vitreo-retinal Surgery (VR), Corneal Surgery, Glaucoma, Macular retinopathy, Diabetes, Neuro-ophthalmology and Paediatric Ophthalmology.
- 3.1.5.3 Urgent cases are reviewed at the Acute Referral Centre (ARC) at PAEP and within urgent appointment slots in clinics at St Johns Hospital. ARC is a mainly consultant led service supported by Associate Specialist Doctors and Nurse Specialists. ARC sees and treats 13,000 patients per year. It is open 5 days per week.
- 3.1.5.4 50% of VR cases present as an emergency or are urgent such as retinal detachment. Advanced micro-surgical techniques are used for this surgery which is normally required within 48 hours of on-set of symptoms. Dedicated theatre sessions are available for VR surgery and additional operating sessions are opened up, as required, including at the weekend to manage patients within a clinically appropriate timescale.

Referrals and Diagnosis

- 3.1.5.5 The majority of referrals are made electronically and are triaged by consultants to the most appropriate sub-specialty team. The patient is then sent an appointment for an outpatient consultation.
- 3.1.5.6 As well as giving a detailed history, most patients undergo a wide range of diagnostic tests as part of their initial visit to allow the clinician to make a diagnosis.
- 3.1.5.7 Photography and imaging play a very significant role in the diagnosis and review of ophthalmology patients. Increasingly digital imaging of the eye is undertaken which gives a more accurate diagnosis and baseline image of the eye to assess the impact of treatment more effectively. The use of an Ocular Coherence Tomography test (OCT) has increased very considerably over recent years. This service is delivered mainly out of a single Medical Photography Room due to shortage of space in the main Outpatient Department.

Treatment

- 3.1.5.8 Treatment can be in the form of prescribed medicines, laser treatment, intra-vitreous injection of drugs into the eye or surgery.
- 3.1.5.9 Over 30,000 pharmacy items were dispensed from the PAEP Pharmacy during 2014/15.

- 3.1.5.10 Laser treatment is used to reduce eye pressure in glaucoma patients and prevent small blood vessels in the eye leaking or blocking leading to sight loss in diabetic patients with more advanced retinopathy or maculopathy. It is also used to carry out capsulotomy if, after cataract surgery, the remaining membrane at the back of the eye thickens or clouds over and needs to be reduced. This can be quite common. Approximately 2000 planned laser treatments are carried out per year at PAEP not including emergencies or laser undertaken as part of an outpatient consultation where the urgent need was identified.
- 3.1.5.11 Following the licensing of AntiVeg F drugs for a range of chronic eye conditions, demand for intra vitreal injections (into the eye) has risen dramatically. It has been necessary to increase the capacity for these from 80 per week in 2013 to 174 per week (7378 per year) in 2016. 10 sessions per week are provided at PAEP (2 delivered by Locums) and 3 at St Johns Hospital in a newly established clean room staffed with Nurse Specialists. Patients have courses of monthly injections with essential regular review of the amount of fluid in the eye. The need for injections may run for several years. Conditions can often be stabilised for some time before then worsening, leading in many cases to sight loss. The growth in the use of these drugs looks set to continue and already there are suggestions that the range of conditions for which they will be licensed is due to increase following successful trials e.g. dry macular degeneration. Of those patients with macular disease approximately 10% have the wet form; 90% dry. The cost of these drugs currently can be up to £90,000 per week which means any extension in the range of conditions treated in this way is a significant service development for NHS Scotland requiring drug funding, sufficient clean room facilities and suitably trained staff to support delivery.
- 3.1.5.12 9000 day case patients and inpatients received treatment in 2014/15. 6120 of the surgical treatments were cataract operations at differing levels of complexity and these are mostly undertaken under local anaesthetic. 98% of cataract procedures were undertaken as day cases in 2014/15. Approximately 50% of patients who have a cataract procedure undertaken in one eye return to have the procedure carried out on their second eye. Non-cataract surgical activity includes: trabulectomy, Vitreo-retinal, corneal, strabismus and ocular surgery.
- 3.1.5.13 Day Chair spaces at PAEP were increased from 12 to 20 in June 2015 to accommodate extra day patients treated when the length of both morning and afternoon theatre sessions was extended. The percentage of all surgical cases carried out as a day case over the past few years is detailed below. In 2014, 89% of all surgical cases in or on behalf of NHS Lothian by other providers were undertaken as a day case. The current level is 92%.

Table 10

	All Lothian		
	2012/13	2013/14	2014/15
Day Cases	6299	7875	8079
Inpatients	967	1011	998
Day Cases/ Inpatients	7266	8886	9077
% Day Case	86.69%	88.62%	89.00%

Source: TRAK Oracle analysis undertaken by NHSL Analytical Services on 1/10/2015. IRS732

- 3.1.5.14 When the PAEP was built in 1969 there were 72 inpatient beds which, with advances in methods of surgical treatment, are now reduced to 12. The average length of an inpatient stay is recorded as a median of 1.8 days in 2014/15.

3.1.5.15 The main reasons for patients having an overnight stay are a mixture of pre and post ophthalmic surgical requirements, medical ophthalmology reasons or unavoidable social reasons such as distance travelled.

Follow-up of chronic disease patients

3.1.5.16 Patients are followed up according to their condition and treatment course and discharged where possible. There are a very significant number of chronic condition patients whose follow-up will be life-long and whose treatment aim will be to maintain or stabilise their sight for as long as is possible. Regular access to review and testing is essential for the majority of these patients so that deterioration can be identified and treatment provided in a timely way to prevent sight deterioration or loss. The provision of these services has a significant impact on quality of life and maintaining independence for a large number of service users.

3.1.6 Service Performance Data

3.1.6.1 The key performance indicators are listed in **Table 11** below

	Key Performance Indicator	Relevance of KPI	Target	Current	Improvement Required
New Outpatient	Maximum wait from referral to appointment	How quickly patients are seen	84 days	Up to 140 days (specific sub specialities)	100% within 84 days
	Did not attend rate	Wasted capacity	10%	12%	2%
	New to Return ratio	In some circumstances a high ratio can indicate that patients are being asked to attend more often than their condition requires.	N/A	1:1.79	N/A
	Wait from diagnosis of macular degeneration to assessment for treatment	Adherence to protocol	14 days max	14 – 21 days	100% within 14 days
	Wait between assessment for AntiVeg F treatment and commencement	Adherence to protocol	14 days max	7 – 21 days	100% within 14 days
Return Outpatient	Under development by SG Access Support Team	Ensure clinically important review periods are not affected	TBC	Target to be agreed	Yes
Surgical Treatment	Maximum wait from agreement to surgery	How long patients wait to be treated	84 days	84 days	
	Theatre cancellations	How efficiently theatre capacity is used	9.2%	11.2%	2%
	Utilisation of funded theatres	As above	95%	87%	8%
	Percentage of all cases performed as a day case	Patients not admitted to a bed unnecessarily. An indication of efficiency	98%	92%	6%
	Average number of surgical cases per session (all)	Efficient use of surgical time	TBC	4.11	TBC
	Average number of cataract surgical cases per session	Efficient use of surgical time	7 - 8	5 - 6	Yes
	Infection rate per X surgical procedures	Governance and safety			
Bed occupancy		TBA	72%	Yes	

3.1.7 Existing Service Capacity

3.1.7.1 For 3 years, NHS Lothian has used the services of Medinet and the local private healthcare sector in Edinburgh to maintain patient treatment time guarantees.

3.1.7.2 In response to this NHS Lothian has provided additional resource to increase surgical capacity within PAEP. All morning and afternoon theatre sessions were extended by 30 minutes operating time in July 2015 to allow for an additional 1 cataract in all cataract lists and an additional 1 cataract in 50% of specialist surgical lists. In summer 2015 a minor operations theatre was upgraded to make it suitable for ocular plastic and cyst removal lists. The sessions freed in main theatre from December 2015 were converted into a weekly cataract and a corneal list. Together these provided capacity for 1323 procedures and assisted in the withdrawal from the local private sector. For 2016/17 a service level agreement is in place for 2592 cataract patients per year to be seen and treated at the NHS Golden Jubilee Hospital (GNJH) in Clydebank.

Core service capacity as at July 2016 – All Lothian plus Golden Jubilee NHS Hospital. Table 12

	New Outpatient	Return OP	Surgery	IVT
Cyst	792	0		
EDV	220	44		
Uveitis	0	738		
Botox	82	168		
Strabismus	676	676	126	
Corneal	861	3561	84	
Laser	189	511		
Thyroid	126	294		
DMO injection				294
Optometry teach & treat	1032	176		
Glaucoma	1368	8010	168	
Oculoplastic	596	1318	378	
Medical Retinal	168	1280		
Cataract	3444	273	5274	
Surgical Retinal	432	2022	504	
IVT injection				6208
Diabetic	898	4500		
Paediatric	2142	3457		
Macular Assessment	604	2932		
Neuro -ophthalmology	888	1171		
General	2163	7659		
ARC	352	176		
Acute Ref Clinic	7168	4094		
GJNH Cataract	2592		2556	
	26,793	43,060	6534	6502

Source: Capacity was taken directly from electronic job planning software (Zircadian) and the Patient Administration System (TRAK) with nurse and AHP capacity added. Outpatient clinic templates were extracted from the Patient Administration System (TRAK). Inpatient and day case theatre sessions were taken from the electronic theatre management system (ORSOS). Notes: Surgical cataract capacity is calculated above on an average of 6 cataracts per list.

- 3.1.7.3 A range of efficiency measures have been identified across the organisation to maximise the use of this available job planned capacity such as reducing did not attend rates for outpatients and improving utilisation of theatre time and use of theatre lists during leave periods where prospective cover is feasible within job plans.

Additional capacity planned for St Johns Hospital – 2017

- 3.1.7.4 NHS Lothian is currently planning a development of Ward 20 at St Johns Hospital, Howden, Livingston. This will provide a new location for the cataract assessment clinics at St Johns and the 5 existing theatre sessions per week. It will allow the number of cataract assessments per week to be increased in due course and an additional 3 ophthalmology theatre sessions will be provided per week. The need to staff these has been taken account of in job plans for recently appointed clinicians. Once in place this will provide additional capacity for 904 surgical treatments per year the majority of which will be cataract surgery.

The National Ophthalmology Workstream and action to deliver sustainable Ophthalmology Services

- 3.1.7.5 NHS Lothian ophthalmology services are full contributors to the National Ophthalmology Workstream which is led by the Scottish Government Access Support Team. The aim is to share and harness best practice to enable services to utilise available capacity optimally on a sustainable basis. This is being taken forward through a series of peer review visits, sharing of innovative good practice and benchmarking data. A benchmarking dashboard is being developed which will be used to capture and report upon the Benefits Realisation Register (Appendix 1).

The Scottish Government wrote to NHS Boards in November 2016 emphasising the need for this work to be prioritised and the structure within which this would be managed and reported going forward. An important, and welcome focus will be given to establish effective information to allow return outpatients to be more rigorously managed to ensure adequate and timely follow-up. Boards will be required to put in place systems that give focus to follow up timescales in a similar way to that in place for the management of new patient access to the service.

A key recommendation from the June 2016 peer review is that the service should aspire to deliver `a minimum of one cataract surgery every 30 minutes, including turn-around time, and a minimum of eight in a four hour theatre session`. The current actual number is an average of 5.5 due to: the number of training lists; distance between the day ward and the theatre floor; because there is no scope to make the theatre process more efficient (double scrubbing) due to the constraints of the accommodation and safe pace of surgery for some clinicians. This proposal is to provide all theatres with the facility to have a routine high volume throughput of up to 8 cases per session to maximise existing theatre sessions.

3.1.8 Service Demand

3.1.8.1 The summary of projected demand for the service can be seen below. **Table 13**

Demand	2013	2020	2025	2030
Inpatient demand – Lothian-wide	964	1054	1143	1240
Day Surgery demand – Lothian wide	7312	8244	9303	10352
Combined Inpatient and day case demand – Lothian wide	8276	9298	10446	11592
New outpatients – PAEP only	22798	24,744	26,617	28,524
Review outpatients – PAEP only	44636	48,446	52,114	55,847
Total outpatients – PAEP only	67,434	73,189	78,731	84,371

Source: NHS Lothian Analytical Services.

Method used to calculate future demand

- 3.1.8.2 Services bed model. This takes 2013 inpatient and day case activity from the TRAK Patient Administration System as a baseline and adjusts it for waiting list imbalances, independent sector use for elective activity and demographic change. Outpatient activity used outpatient activity held in TRAK that was flagged to be returned nationally on the SMR00 scheme for both attendances and those that did not attend. New outpatient was also adjusted for demographic change although not for waiting list changes. The resulting new outpatient forecast is used to calculate the anticipated return demand by applying the 2013 new to return ratio.
- 3.1.8.3 It should be noted the activity sourced through SMR00 data as a baseline for projections understates actual outpatient activity for 2013 when compared with Tableau. A further analysis is underway to understand the difference. As SMR00 is currently used for costing purposes it is thought that the proportional difference in demand forecasts should be still relevant.
- 3.1.8.4 Demand for return outpatient services is not subject to an access target and data on this demand is limited at this point though the Scottish Government Access Team are proposing future focus on this. Extensive overbooking of clinics is the way in which the service manages the new outpatient and return outpatient demand though this is not sustainable and relies on staff good will.
- 3.1.8.5 The Scottish Government recently announced a £200m investment in Diagnostic & Treatment Centres across Scotland in response to predictions of future demand for elective services. This includes future provision of cataract surgery. Two of these centres are proposed to be sited in NHS Lothian (St Johns and the Royal Infirmary of Edinburgh BioQuarter site). NHS Lothian have been advised to expect that as well as providing sufficient service to meet future growth in Lothian it should plan on the basis that it would become the focus for provision of service to meet additional growth (beyond that delivered locally) in Fife, Borders and potentially, Forth Valley. The Scottish Government Access Support Team have indicated that they are still working on the model for demand forecasts for all elective pressures and this includes cataracts across Scotland (NHS Lothian, Borders, Fife and FVHB being relevant to our plans). They estimate clarifying these plans over the next 6 months so that NHS Boards will be in a position to submit any associated Initial Agreements for associated capital by March/April 2017.

3.1.9 **Service Providers affected by this proposal**

- 3.1.9.1 The NHS employs all clinical, non clinical and facilities staff who provide the service.
- 3.1.9.2 Services provided at the New Royal Hospital for Children and Young People and the Department of Clinical Neurosciences that rely on ophthalmological support from the clinical team based at PAEP.
- 3.1.9.3 The National Scottish Diabetic Screening Service supports 35,000 service users in Lothian. The Lothian wide booking hub for the service and the local city centre screening site (one of 19 sites across Lothian) is based at PAEP and will move to the Lauriston Building.
- 3.1.9.4 The Scottish Ambulance Service transfer urgent patients from other hospital emergency departments and provide a patient transport service for outpatients to and from the site.
- 3.1.9.5 Community Optometrists and General Practitioners refer patients to the hospital. A small number of Community Optometrist have sessional commitments supporting outpatient clinics for which they hold an NHS contract.
- 3.1.9.6 The Royal National Institute for the Blind operates a Vision Support Centre within the building.
- 3.1.9.7 The University of Edinburgh employs medical trainees based in or on rotation to PAEP.
- 3.1.9.8 National Education Scotland (NES) fund the Lothian Optometry Teach and Treat Centre which would relocate with the service.

3.1.10 **Condition and performance of the existing asset affected by this proposal**

3.1.10.1 The current building has identified £2.7m of high priority backlog maintenance (£3.3m overall BLM metric) and frequent disruption to services from failing lifts, roof and other key elements of the infrastructure lead to a poor performing asset overall. To improve the state, some upgrading work has been necessary over the past couple of years and this has included the following:

- The ward was decorated and upgraded for new fire requirements in summer 2013
- A programme of redecoration (painting and flooring, installation of sinks and some replacement cabinetry) has been undertaken in some areas and in particular in the Eye Outpatient Department which was particularly in need of upgrade because it did not meet current standards.
- The Minor Surgical Theatre has been upgraded to extend its potential
- Replacement of fire doors in main stairwell is almost complete
- Basic improvements to sanitary ware in changing areas.
- New OCT room for Diabetic Screening plus wait area.
- Data cabling has been upgraded to support a server and imaging equipment to work over a network to workstations in clinic rooms.

3.1.10.2 There are limitations to the extent of upgrade beyond cosmetic that we can carry out due to the shape, design and condition of the building. Already recently

upgraded rooms have been damaged by water ingress through the south west wall (the same aspect that results in the theatre roof problem).

3.1.10.3 Although all possible reasonable changes have been made to the building to fulfil the requirement PAEP still falls short of the standards in some areas. There is only one short-term disabled care space at the front of the building and no provision to park for the duration of an appointment. Internal access throughout the building is affected by the need to place chairs for waiting in corridors. Some consulting and testing rooms are very small and present problems to patients using a wheelchair and staff providing the service. There is no disabled toilet provision on one of the administrative floors despite it accommodating up to 50 staff.

IM&T Infrastructure

3.1.10.4 Until recently, NHS Lothian was the only ophthalmology service in Scotland not to operate a digital imaging service by which clinicians could view images remotely from the equipment they were captured on or via print out. The data cabling throughout the building was upgraded from Category 3 to Category 6 in 2014/15 as an essential requirement to support digital networking. Associated with this work, a new switch room and remote server was installed. The server will be due for upgrade in 4 years.

3.1.10.5 Key medical equipment within the PAEP building

Table 14

Item	Number of machines	Replacement value each
Optical Coherence Tomography	4	£80 - £120k
Colour Fundus Camera	1	£49k
Fields Analyser	4	£47k
Pentacam	1	£86k
Slit Lamps		£15k
Phaco –emulsification machines for cataract removal	3	On contract
Microscope for detailed Vitreous Retinal surgery	1	£102k

Fleet and Transport

3.1.10.6 Consultants with cross-site responsibility and other staff with a disability or carer/ dependant responsibilities may be allocated a parking pass for the site which is shared with Chalmers Hospital and the Lauriston Building.

3.1.10.7 The Scottish Ambulance Transport service supports patients attending outpatient clinics and who require rapid access to service.

3.1.10.8 The standard delivery and uplift of laundry, sterile instruments, medical gases, supplies, drugs, stationery, general and clinical waste applies.

3.1.11 **Public and Service user feedback/views of the service**

3.1.11.1 An analysis of all complaints and feedback for the 17 months between September 2013 and May 2015 was undertaken. The full analysis was shared with the service users and staff who attended the Integrated Impact Assessment and was sent to the Scottish Health Council. The main themes are summarised below:

- Communication issues.
- Specific issues relating to a patient's clinical experience or outcome.
- Delays within clinics, particularly where multiple tests were required sometimes on different floors of the building.
- Staff attitude and language skills.
- Delays in agreeing replacement appointments for chronic disease patients whose appointment was rescheduled either at theirs or the services request.
- Poor quality of the environment and facilities.

Other aspects are observed to frustrate service users, carers and staff though they are not registered in formal feedback. This was supported through discussion at the Integrated Impact Assessment and AEDET review (See Appendix 7). These included:

- No available car parking for relatives taking service users to the service.
- Only one, short term drop off parking bay at front of the building.
- Patients gowned and marked for surgery sharing one of only 2 lifts with other patients, staff, support services. Lack of dignity.
- Lifts being out of action – patients having to use stairs.
- A lack of appointment capacity to see return patients.
- Appointments letters issued with the wrong clinic description on them.
- Limited and unreliable access to refreshments/beverages.
- Cramped waiting areas in corridors.
- Queuing out onto the stairwell for reception due to design of building.
- Poor general condition of the building fabric.
- Poor signage/misleading signage.
- Not being informed about delays in clinic and the reason for them.
- Not being informed in advance that appointments may involve waits between tests and their consultation.

3.1.11.2 The service has recently introduced a survey for all day surgery and inpatients to complete called 'Tell Us Ten Things'. Ward E2 & Day Surgery Unit in PAEP has been participating in this for 3 months. Below is a summary of the return for July. There were 378 discharges from Ward E2 & Day Surgery Unit of which 205 service users completed the survey. Patients have options to rate each question e.g: Yes completely, Yes to some extent, No etc. Score are then collated into an overall response which gives staff feedback to focus upon. A high score reflects good feedback and a low one poor. The questions focus on the care given and not the building/facility but do give an indication of how service users rate the inpatient and day surgery service in general.

Table 15

	Question	Score out of a maximum of 10.0
1	Do you feel that the staff took account of the things that matter to you?	9.98
2	If you started any new medicines or tablets on this ward, were you given enough explanation about what these were for?	9.83
3	How much information about your care & treatment was given to you	9.56
4	Were you involved, as much as you wanted to be, in decision about your care & treatment?	9.68
5	Were you treated with kindness and compassion?	10:00
6	In your opinion, how clean was the hospital room or ward you were in?	9.73
7	I was bothered by noise at night from hospital staff:	8.72
8	Do you think the staff did everything they could to help control your pain?	9.92
9	I was happy with the food/meals I received:	6.93
10	Overall: I had a very poor/very good experience	9.48

3.1.11.3 The Scottish Council response in July 2016 to the proposed re-provision noted that they were aware that patients view the service positively and that there was recognition of the need for change. They also noted the concerns that service users and carers have regarding public transport and accessibility at the new site and NHS Lothian's commitment to address this.

3.1.11.4 In conclusion, with regard to building and designing a new facility this gives clarity on what expectations the public, service users and carers have of a new facility. Key areas would be:

- Good public transport facilities
- improved access for patients to the building itself and for there to be somewhere that relatives could park, even for a short period, whilst they settle the service user safely within the building. Also, some provision for local longer term parking should the appointment be a long one.
- Dignified and appropriate reception and waiting experience where there is room to sit and wait without being in the corridor.
- Access to available refreshment in the form of a hot beverage or light snack that maintains them whilst they wait.
- Departments and test facilities co-located and not on separate floors.
- A separate wait area and route for those awaiting surgery where they are not mixing, whilst gowned and marked for surgery, in one of only 2 lifts with other patients, staff moving through the building.

3.1.12 **The need for the service to continue**

3.1.12.1 NHS Lothian provides ophthalmology services to a population of more than 800,000. In 2014/15 it provided 94,000 outpatient appointments, 8000 day surgery treatments and treated 998 patients as inpatients. The principal site for service delivery is the PAEP which is the subject of this proposal.

3.2 Issues with the current situation - Table 16

The following is a full list of the main issues causing the need for change, the effect that these issues are having and an assessment of why, through this proposal, it is believed action is required now.

	Cause of the need for change:	Effect of the cause on the organisation:	Why action now:
1	Future service Demand	The inpatient ward, day bed area and theatre were all deemed to be over-utilised as part of the space utilisation assessment. The toilet facilities are shared. Day Surgery has recently increased from 12 chairs to 20. We predict in future we may need to accommodate up to 32 patients AM or PM. No further expansion is feasible due to restrictions in space.	The need to plan for a sustainable service in the future. Time from Initial Agreement to occupation of a new facility will take circa 4 years.
		NHS Lothian must provide treatment to all Lothian residents within the Treatment Time Guarantee.	NHS Lothian will fail to provide treatment for all patients in the future unless this is planned for. Timescale from Initial Agreement to occupation will be circa 4 years.
		Because people are living longer, demand for eye services will increase. The service not only needs staff with the right skills and training to meet this increase but it will need sufficient accommodation to cope. Pressure on existing accommodation and services will inevitably increase. The Scottish Government are predicting significant demand for cataract surgery and NHS Lothian's own modelling suggests a 25% increase in demand for outpatient services and a 41% increase in demand for inpatient/day surgery treatment between 2013 and 2030	There is a need to plan to provide a sustainable service for the future.
		The Scottish Government patient Access Support Team has indicated that NHS Lothian should ready itself to provide service to meet demand from Fife, Borders and Forth Valley where that is predicted to exceed their local service provision. Confirmation of what level of additional capacity would be required is awaited.	The Scottish Government Access Support Team has requested that we plan to be one of the regional centres for cataract as part of their Diagnostic and Elective Surgery sustainability plan.

	Cause of the need for change:	Effect of the cause on the organisation:	Why action now:
2	Ineffective service arrangements	<p>The small size of Theatre 3 means that only cases requiring a local anaesthetic can be scheduled there and it is not suitable for any patients with mobility issues. There is no scope for any development of the Theatre floor as all available space is being utilised.</p> <p>PAEP theatres complete 4 to 6 cataracts per cataract operating list due to the distance between the ward on the second floor and the 5th floor, the capacity of the pre-surgical holding area and the theatres on the 5th floor and the layout and size of the 3 operating theatres. Other Units average 7 cataracts per list because they have facilities that support the flow of patients through the Unit and can do `double scrubbing`. This is where a second team of scrub nurses has access to a `preparation room` to prepare for the next case and will immediately begin set up for the next case once the surgeon has completed surgery. The surgeon de-scrubs, completes the post-operation paperwork and re-scrubs and is straight away ready to continue operating. The layout of the theatres in PAEP means that there is not sufficient space to do this and retain the operating theatres.</p> <p>The clinical team are of the view that, if this facility was in place, each cataract surgical list could treat as many as 8 patients. Running below potential efficiency.</p> <p>Ideally, the service would wish to be closer to a main Emergency Department to limit the distance that patients need to travel when emergency treatment or surgery is required. Should emergency help be required for inpatients, 999 is called to request and ambulance to take patients to the Edinburgh Royal Infirmary Emergency Department.</p>	<p>Current and future demand makes it not sustainable to have to select specific cases for this smaller, less supported theatre.</p> <p>National guidance is that throughput should be 1 routine cataract per 30 minutes including turnaround. This is not achievable in PAEP due to the layout/space restrictions on the theatre level.. Need to maximise use of existing resource to achieve Treatment Time Guarantees.</p> <p>Demand is forecast to increase.</p> <p>Access to service could be improved for a proportion of patients if the service is located closer to an emergency department.</p>

	Cause of the need for change:	Effect of the cause on the organisation:	Why action now:
3	Service arrangements are not person centred .	In the ward that was converted into the Cataract Assessment Unit, 3 or 4 patients can be undergoing testing in one open area (previously an open ward) Patient histories are taken and there is little scope for maintaining privacy.	Poor patient experience
		The Day Surgery Unit admitting area and inpatient ward are on the 2 nd floor. The operating theatres are on the 5 th floor. Patients travel to theatre via the main stairwell landing, in groups of 4 or 5 and take one of the 2 lifts that service the building. They are gowned with eyes marked for surgery and are understandably a little anxious. On their journey they are mixing with the transfer of supplies, domestic and clinical waste, food staff, patients, relatives and workmen. Frequently patients need to wait for the lift to return because the lift is full and on its way to the service basement.	Poor patient experience
		The minor surgery theatre is on the 4 th floor and has no dedicated waiting area. Patients sit, gowned and ready, alongside outpatients, their relatives or carers.	Poor patient experience
		The main Ophthalmic Imaging service is delivered in one 19.4 sq metre room. There are 3 large pieces of imaging equipment, tables and computer terminals in the room. With 3 patients, 3 carers and a member of staff – there can be 9 (sometimes 10) people in this area at the same time. This is a poor experience for patients affecting privacy and dignity. Patient confidentiality can be compromised by relatives and carers overhearing conversations between staff and patients and having visible access to their images. Flow of patients has to be interrupted where an individual patients undergoing a test has a special need. To expand laterally within the building would reduce the number of outpatient rooms or the Acute Referral Unit which would limit the numbers of patients that could be seen.	Poor patient experience

		Effect of the cause on the organisation:	Why action now:
		<p>Patient and carer amenities are limited and do not meet 21st century expectations There is one `no waiting - disabled access bay` at the front of the building and no other car or vehicle access other than for 2 ambulances. This needs to be strictly policed due to the need to maintain access for emergency vehicles. There are no parking spaces available to patients or relatives outside the PAEP other than short term city centre metered parking.</p> <p>Throughout the building heating and ventilation is poor, resulting in poor comfort for patients and staff. The ceiling heating system operates poorly and is difficult to control resulting in extremes of cold or heat.</p> <p>There is limited opportunity to ensure equality of service for disabled patients due to the building layout and the room sizes. There is no refreshment and appropriate seating area despite the fact that patients can be in the building for a number of hours undergoing the necessary tests. One `hole in the wall` style kiosk outlet serves the entire building.</p>	<p>There is a need to plan to provide suitable facilities for the future.</p> <p>Future facilities must meet current and future DDA requirements.</p>
4	Accommodation has high levels of backlog maintenance	There is £2.7M of high priority backlog maintenance required for the building. It would be necessary to decant services to have the roof repaired and it is not clear how sufficient decant space could be made available to re-provide the whole hospital.	There is a need to improve the quality of the estate.
5	Accommodation has poor functionality	The original wards have been minimally adapted to form outpatient areas on floors 3 and 4. As demand for outpatient services has increased the service has had to adapt to use all consulting rooms on all floors as flexibly as possible. This means that patients can need to visit several floors as part of their visit to get their necessary tests and their consultation. For many of the elderly or disabled patients and their carers this is a frustrating situation.	<p>No scope exists to re-organise parts of the service to improve the experience.</p> <p>Demand is increasing.</p>

Effect of the cause on the organisation:	Why action now:
Over the past decade, opportunities to convert smaller rooms and store cupboards into useable consulting or diagnostic space have been taken This now means that some of the consulting rooms are very small. They don't meet current standards and, given that ophthalmology uses a lot of equipment, they can be very restrictive for patients and staff.	Poor patient and staff experience. Do not meet current recommended standards. Not DDA compliant
As patient numbers have expanded the need for waiting space has too. Five of the waiting areas are in corridors outside the consulting rooms. This prevents wheelchair access, gives a poor experience to the patients and their carers, it is a difficult environment for staff to work in and, poses a fire evacuation risk. .	Poor patient experience. Exhausted options to improve within current layout. Not DDA compliant and would not aid evacuation in a fire situation
The 2 lifts are aged and subject to frequent breakdown. As the majority of patients and all support services rely on these 2 lifts, this can cause considerable operational and service continuity issues.	Risk to continuity of service Poor patient experience
15 flights of stairs link the patient service areas of the building and, even for a relatively fit patient, stairs are not an ideal option. Staff use the stairs continually to leave the lifts free for patients, ambulance personnel and the movement of supplies and services. The stairs are steep and the banister to the open stairwell is low. The stairs are steep and there have been falls. A kickboard has recently been fitted to the gap between the steps and the lower banister to improve safety for young children. Gripper strips have now been added to all steps.	Risk of falls.
The poor condition of the flat roof, prevailing wind and rain has resulted in water entering the theatres. They then need to close for repair. Elective surgery has been cancelled on 4 occasions in the past 18 months. Repairs, cleaning and subsequent `sign off` by the infection control team can take a theatre out of action for 4 days. Temporary repairs give a temporary solution but are not addressing the source of the problem.	Disruption for patients. Decant would be necessary to repair the roof robustly. Not a sustainable situation given the pressures on the service

		Effect of the cause on the organisation:	Why action now:
		Fire Evacuation routes are limited and the secondary stair is very steep	Future fire safety regulations must be met
		The building is not fully DDA compliant. Discriminating between the experience of service users	DDA requirements should be met
		The building is inefficient to run. The building emits 62% more CO2 than a comparable modern building would.	Targets for CO2 emissions should be met
		There is no expansion space to accommodate increased use of digital imaging ophthalmic equipment. The drive to use this technology and the need to accommodate it is a current pressure	Need to plan to accommodate these inevitable developments in the future
6	Service arrangements do not support the workforce	Staff frequently work in areas where the temperature is circa 28 to 30°C with all available windows open. The job descriptions of posts advertised to work in the building state that staff must be able to cope with extremes of temperature due to their being little means to regulate it. The ward and theatres can often be cold. There is one small staff room with basic kitchen facilities in basement and one in theatres serving the whole hospital. Changing areas are now too small for numbers and we are allowing staff to change elsewhere to manage this.	There is a need to plan to provide suitable facilities for the future, especially as staff numbers will continue to increase.
7	Research and Development	There is no opportunity within the existing building to develop space to enhance relationships and services with research and commercial interests in Ophthalmology.	Identified demand for collaboration space can be incorporated in a new build

3.3 Investment Objectives

3.3.1 Investment Objectives - high level. Table 17

Effect of the cause on the organisation:	What needs to be achieved to overcome this need? (Investment Objectives)
Existing capacity is unable to cope with future projections on demand	<p>Improve service capacity to achieve national standards for quality and access</p> <p>Develop a shared care model between hospital and community optometry to appropriately support chronic disease patients</p>
Inefficient service performance due to the design/ layout and functionality of the existing space	Improve and modernise facilities to improve the patient experience, maximise efficiency and optimise resource usage
Service is not meeting current or future user requirements	<p>Meet user requirements as clinically appropriate</p> <p>Ensure that people who use service have positive experiences</p>
High level of backlog maintenance associated with PAEP building and some non-compliance with DDA 2010 and future fire regulations	<p>Re-provide facility in a suitable modern building. A reduction in backlog maintenance costs</p> <p>Improve the estates condition, quality, and age.</p> <p>Improve the functional suitability of the Healthcare Estate</p>

3.3.2 How has NHS Lothian challenged itself about the proposed design of future services to meet the investment objectives?

3.3.2.1 From the beginning of discussions on re-provision of the PAEP it has been agreed by all that this would not be a `lift and lay` proposal but that there was a real opportunity not only to provide modern facilities that meet current required and acceptable standards but to focus on re-design of workforce and facilities and consider future benefits that developments in digital technology will bring. Where feasible many of those developments are being tested or introduced currently.

3.3.2.2 For aspects of service where, other than growth in demand, no significant change is foreseen in the method of delivery, accommodation requirements have not routinely been lifted for that growth in terms of number of rooms. It is anticipated that efficiencies will result from better co-location of services and by having rooms of the appropriate size so their use can be flexible. Currently there are 12 inpatient beds plus 4 trolley beds used to recover day patients who may have required a general anaesthetic. Despite increase in demand and the direct correlation between a rise in cataract surgery and the number of retinal

detachments which will require a bed prior to and after surgery, the proposal is not to increase that number. We believe this is achievable because bed occupancy is not optimum currently, there will be a further move to increase the proportion of surgery carried out as a day case and improvement in admission and discharge arrangements.

- 3.3.2.3 A small amount of additional teaching space is proposed to take account of changes required of teaching centres that now require us to use surgical simulation equipment (EyeSi Surgical Simulators) to provide adequate training and practice for doctors in training. Currently we are planning for up to 3 simulators to be housed in the unit collocated with the Wet Laboratory training facility.

There are 3 key areas where re-design of services specifically has impact upon the accommodation requirement, capital cost and revenue costs of this proposal. These are:

- Chronic eye disease such as glaucoma, patients with acute macular degeneration and those receiving regular injections of drugs (antiveg F) to maintain vision
- cataract removal
- advances in digital imaging as a key tool for diagnosis and monitoring of patients.

Chronic eye disease

- 3.3.2.4 By far the largest group of patients who receive services at PAEP are within this category. As stated in the strategic section of this document, a key element of the vision for this service is that it should meet the needs of both new and existing chronic disease patients. This very significant number of existing and newly diagnosed patients with chronic eye disease have potentially blinding conditions and the key objective is to provide services that don't result in irreversible loss of vision where that is potentially avoidable. Long term and regular review at pre-determined intervals is often required to ensure that appropriate treatment is given when needed. This regular review is routinely provided in a traditional consultation with a doctor in the hospital and much of the services resource is utilised this way. However, with increasing demand, alternative ways of delivering this service are being explored.

Glaucoma – patients requiring regular review but regarded as `stable`

- 3.3.2.5 The Scottish Government has funded a pilot project in Lothian through the National Ophthalmology Workstream which has allowed an audit of glaucoma patients to review options to redesign how services are used to support stable glaucoma patients. The audit has yet to complete and to publish its findings but it is hoped that this will demonstrate that a cohort of stable chronic disease patients could be supported in the community if rapid re-entry to the service could be achieved.
- 3.3.2.6 A real pressure in the delivery of service to Glaucoma patients is the availability of fields tests and this is the main contributor to service user feedback re frustration about delays within clinics. A fifth fields room has been incorporated into the schedule of accommodation.

Acute Macular degeneration and patients receiving regular injections of drugs (antiveg F) to maintain vision

Macular Assessment reviews

- 3.3.2.7 Until recently, all return patients were seen by a consultant who personally performed the OCT test and discussed the results with the patient. The recent investment in ophthalmic imaging staff, modern data cabling, switch and server facilities, ophthalmic imaging equipment, monitors and software has allowed for the introduction of `virtual clinics`. In these clinics the patient attends as before and is reviewed by a nurse and has their OCT undertaken by a technician. The consultant reviews their digital image in a dedicated `virtual clinic` and then confirms the next steps. This development will, in time, allow us to redesign how the macular clinical team work to free up resource for pressure areas such as meeting the protocol for assessment of new patients. Sufficient outpatient rooms to see the patients have been included in the accommodation schedule to meet the growth, plus a Virtual Clinic hub area is planned to support the review of scans. From a revenue cost perspective, it is assumed that no additional medical resource will be required to cope with the rise in demand but additional nursing costs and imaging technician costs will be incurred.

Treatment for Macular Disease and support for patients on AntiVeg F treatment

- 3.3.2.8 Patients with macular degeneration and increasingly patients with other conditions such as diabetes are being treated with antiveg F drugs which are injected into the eye (IVT) in a clean room environment. It is crucially important that these patients have regular review as described above. In most centres including Lothian, the injections have been delivered by the medical team. Across the UK and in Scotland increasingly trained advanced nurse practitioners are delivering this service releasing the medical sessions back to other service pressures. PAEP currently provides 10 sessions of IVT per week. The licensing of these drugs for diabetic macular oedema and the estimated growth in demand plus the likely licensing of the treatment for new conditions such as dry macular degeneration have led us to ensure we have sufficient clean room facilities to future proof this area. We would propose that a second clean room is staffed from 2020 when the proposed new hospital is opened. The third potential clean room will be used as a clinic room at that time but be sized to accommodate future use as a clean room when required. The current high costs of drugs used in this service make it an area of service that requires good planning. The service is looking to invest in software which will allow improved forecasting of future demand to facilitate this.

Assessment and surgical treatment to remove cataracts

- 3.3.2.9 Patients, such as those requiring surgical treatment for non-blinding reversible conditions e.g. cataract, require access to services. Cataract surgery provides excellent outcomes in >95% of patients and has huge benefit for quality of life.
- 3.3.2.10 Cataract surgery makes up approximately 80% percent of the current surgical treatment provided in Lothian and it is in cataract services that future demand requires us to provide as efficient services as possible. It should be noted that whilst many cataract operations could be regarded as simple (Category 1 and 2) they can also be complex e.g. Category 3. Much is to be learned from throughput in the private sector and areas where simpler cases are streamed deliberately to achieve a higher throughput e.g. Elective Centres.

- 3.3.2.11 Further afield, the service provided by the Aravind Centre in India serves as an important reminder of just what throughput can be achieved – circa 20 cataract procedures per session. They operate an open area where patients are laid out next to each other in an open theatre and with a large team of nurses carrying out every activity other than the surgery itself. The surgeon moves from patient to patient without scrubbing or a safety `surgical pause` and does not physically touch the eye. In terms of throughput this is undoubtedly impressive. Recent discussion with the Ophthalmology National Redesign team though suggests that it may be some time before such a service would be considered culturally acceptable in this country and the advice is that we should aspire to best in class in the UK.
- 3.3.2.12 At the NHS Golden Jubilee Hospital we understand that one surgeon is achieving 10 – 12 cases in 2 sessions per week whilst working between two operating theatres. In terms of surgeon's time this is efficient but would require a doubling of operating theatres per clinician which in terms of capital costs would increase expense. The favoured model is to provide a purpose designed flow, with a clean and scrub room attached to each theatre to allow `double scrubbing` ensure that the changeover time between cases is minimised. It is believed that this could increase throughput by appropriately trained and skilled surgeons to 8 per service list and 7 per training list. This proposal includes operating theatres which would be specifically designed and supported to maximise throughput of more routine cataracts (Classified CC1 and CC2). It is theoretical that, should the flow be honed appropriately in this environment that some lists could contain 9 cataracts but this is yet to be proven. In support of this increased flow through theatres, additional day chair spaces and associated change and wait and discharge areas have been incorporated into the design. The high volume theatre/s will require sufficient CC1 and CC2 cases to maximise its potential.
- 3.3.2.13 The Scottish Government National Ophthalmology Work stream has undertaken a series of peer reviews across Scottish NHS Boards. The recommendation resulting from Lothian's review in June 2016 is that it should be looking to provide in the future a throughput of 8 cataracts in a four hour theatre session. This cannot be supported in theatres in PAEP but it is a key assumption that this will be regarded as the norm in a new facility providing surgeons with the appropriate skills can be recruited.
- 3.3.2.14 NHS Lothian will continue to review what if any alternative models could bring about greater efficiency. A visit to Sunderland Eye Hospital is planned for November 2016 because it has been delivering a high volume cataract service for over a decade. A clinician who formerly worked at Moorfields Eye Hospital in London has also contributed to the design of the plans.
- 3.3.2.15 This proposal includes an increase in the number of operating theatres from 3 to 4 and an increase in Day Surgery Unit chairs from 20 to 32 to support a high volume cataract flow environment. At the point of relocation, should the service level agreement with Golden Jubilee remain in place, one of the theatres would be mothballed until demand exceeds the potential capacity of the 3. Should the NHSL capacity at the Golden Jubilee be revisited then current demand projections show that the 4th theatre would be utilised from relocation and would be fully utilised by 2030. This is illustrated below in Table 18 Any additional demand from Fife, Borders or Forth Valley would be additional to this.
- 3.3.2.16 As stated earlier in the proposal, we await confirmation from the Scottish Government regarding whether NHS Lothian will be asked to provide additional cataract services for Fife,

Borders and Forth Valley residents. Once the requirements are quantified a view would need to be taken on how that demand could be accommodated within the 4 planned operating theatres and associated day surgery accommodation. In theory, a 5th operating theatre could be physically sited on the second floor in the current design if inpatient facilities were relocated on the second floor. There would be implications for the currently proposed `collaboration space` on that floor.

Linking future demand for eye surgery in Lothian with planned capacity

3.3.2.17 The following table details how NHS Lothian intends to utilise current surgical capacity, future additional capacity at St John's Hospital through the Ward 20 development and future improved throughput in cataract lists at the new and more efficient PAEP facility to address expected demand.

Table 18 Linking future demand for surgery and planned capacity.

	Site		16/17	17/18	18/19	19/20	2020	2025	2030
Capacity	PAEP	Current core cataract @ 6 per list	4386	4386	4386	4386	4386	4386	4386
		Current core non-cataract	1113	1113	1113	1113	1113	1113	1113
	St Johns	Current core cataract @ 6 per list	888	888	888	888	888	888	888
		Current core non-cataract	147	147	147	147	147	147	147
	St Johns Wd 20	Additional efficiency through core cataract lists + 1 per list	0	148	148	148	148	148	148
	St Johns Wd 20	Additional cataracts through additional sessions	0	714	714	714	714	714	714
	St Johns Wd 20	Additional non-cataracts through additional sessions	0	42	42	42	42	42	42
	New PAEP	Additional efficiency through core cataract lists + 1 per list					731	731	731
		NHSL capacity	6534	7438	7438	7438	8169	8169	8169
	Golden Jubilee	3 year Service Level Agreement from 16/17 onwards. Advised this will now remain.	2556	2556	2556	2556	2556	2556	2556
		Total available capacity	9090	9994	9994	9994	10725	10725	10725
Demand		Total NHSL only demand					9298	10446	11592
		Potential additional demand from Fife, Borders, Forth Valley Health Board					TBC	TBC	TBC
Capacity vs Demand		Difference					1427	279	-867
		Difference should the GJNH SLA be revisited in future with NHS Lothian requiring to provide all required capacity					-1129	-2277	-3423

3.3.2.18 **Developments in Digital imaging**

The proposal includes a deliberate expansion of the accommodation providing support to the diagnosis and onward monitoring of patients with eye disease. This is seen as necessary to provide a suitable environment of `one patient per room per test`, to allow improved throughput of patients and accommodate additional imaging staff necessary to cope with demand. The range of digital equipment available in diagnosis will inevitably expand and it will be important that the proposed facility is capable of accommodating that.

3.4 **Measurable benefits to be gained from addressing these needs**

3.4.1 The above investment objectives and the Strategic Assessment (Appendix 4) have informed the development of a Benefits Register (Appendix1). 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. As required, this includes the resulting reduction in backlog maintenance and, as the cost of the proposal is above the £4m investment threshold, it includes anticipated benefits to the Community. A proposed assessment method has been assigned to each proposed benefit as required.

3.4.2 Each identified benefit has been prioritised using the following categories:

Scale / RAG	Relative Importance
1	Fairly insignificant
2	↕
3	Moderately important
4	↕
5	Vital

3.5 **Risks, Constraints and Dependencies**

3.5.1 An assessment of the risks associated with the project was undertaken in July 2016. Identified risks, ranking and actions for mitigation can be seen in Appendix 2 – Risk Register.

4. The preferred strategic/service solution

4.1 The do nothing and do minimum options

Table 19

Strategic Scope of Option:	Do Nothing and Do Minimum
Service provision:	Insufficient capacity to meet future demand for outpatients or treatment.
Service arrangements:	An increased reliance on either Golden Jubilee or a return to the use of the private sector
Service provider and workforce arrangements:	Without investment in staff to deliver services, predicted increases in demand will not be met.
Supporting assets:	The condition of the building will deteriorate further. In particular the condition of the roof means a full repair, with associate decant of services will become unavoidable.
Public & service user expectations:	Perpetuate a poor environment with limited facilities.

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 service moving forward.

4.2 Service Change Proposals

4.2.1 NHS Lothian is of the view that there has been a sufficient level of engagement to gain support for an identified proposed solution i.e. a new build with preference that it be located at the RIE/Edinburgh BioQuarter site. The following summarises the decision making process followed.

4.2.2 A long list of options was generated in May 2015 and subject to an internal review against 6 benefits criteria by a small group of representatives from staff, staff partnership, estates, service management, capital and finance and community optometry. A weighting of 35% was attributed to the potential for `improved quality of patient care and clinical effectiveness`. Before embarking on the scoring the service reflected on what their definition of `improvement` would be. See below.

- **Facilities fit for the future.** Purpose designed and sized to cope with increasing demand. Based on methodical redesign of each key service pathway informed by service user and clinical guidance. Modern infrastructure to support developments in diagnostic imaging and treatment
- **Space** to design smoother patient journeys, efficiency and effectiveness and to expand digital eye imaging
- Improved proximity to **emergency services** desirable
- **Research space** so that we can recruit more patients into clinical trials, leading to better treatments and, ultimately greater clinical effectiveness

- **Co-location with good research and teaching facilities** makes us more attractive. Need to attract and retain **the best clinical staff**
- **Reduced travel** between sites increases available clinical time.

4.2.3 Initially 9 potential options were considered as part of a long list. These were:

1. Do nothing
2. Do minimum to existing building
3. Major refurbishment of existing building
4. Relocation to existing Lauriston Building, Lauriston Place
5. New build and relocation to Royal Infirmary of Edinburgh/Edinburgh BioQuarter Campus
6. New build and relocation to Western General Hospital Campus, Crewe Road
7. New build and relocation to St Johns Hospital at Howden, Livingston
8. New build at the New Royal Edinburgh Campus, Morningside Edinburgh
9. New build, City Centre site – unspecified.

4.2.4 The results of the initial review can be seen in the following table and from this the highest scoring option was a new build on the RIE/Edinburgh BioQuarter site.

Table 20 - Initial Options appraisal outcome

	1	2	3	4	5	6		
	Improved Quality of Care or Clinical Effectiveness	Accessibility	Quality of Physical Environment	Sustainability	Deliverability	Least disruption	Weighted score	Rank
Weighting	35	15	20	10	10	10		
Do nothing	0	7	3	0	0	1	175	9
Do minimum	3	7	4	2	4	2	370	8
Major refurbish	5	7	5	4	4	0	460	7
Lauriston	5	7	7	7	5	6	600	5
New build – RIE/BioQuarter	10	8	10	9	8	9	930	1
New build – WGH Campus	6	5	9	8	4	9	675	4
New build – St Johns Campus	7	6	9	8	3	8	705	2
New build – Royal Edinburgh	5	4	8	8	2	9	585	6
New build – City Centre	5	7	10	9	3	9	690	3

4.2.5 A further ranking was carried out in December 2015 to further test and capture the rationale for the ranking allocated.

4.2.6 The proposed solution identified is to relocate to a purpose designed new build on the Royal Infirmary of Edinburgh/ Edinburgh BioQuarter site. The rationale for this is:

- The weighted score ranked first in the options exercise
- There is sufficient land available and a potential site identified.
- There would be improved proximity to an Emergency Department, the Children and Young people's Hospital and the Department of Clinical Neurosciences –
- The site has an established public transport infrastructure and is approximately 3 miles from the existing site
- Appropriate drop off/service user and relative access to a new build should be feasible
- Co-location with the research activities on the campus would enable Ophthalmology in Lothian to retain and attract the best calibre of medical staff for patient care
- The Scottish Government has announced plans to establish an Elective Centre on the site which will include facilities for cataract surgery.
- Closer proximity to the University Of Edinburgh Medical School will support the training and development of ophthalmology trainee medical staff.
- Scottish Enterprise and the University of Edinburgh are very supportive.

Wider sharing of this process and the recommendations was required to ensure there was appropriate support. The appraisal process and results were later presented to a wider group including service users and staff in February 2016. At the same time an Integrated Impact Equality Assessment was undertaken on the preferred option. At that session, the 9 options were discussed along with the benefit criteria and the options presented in the following 3 categories

4.2.7 Do nothing, do minimum, major refurbishment of existing Princess Alexandra Eye Pavilion

- Issues with the building are major in particular the roof fabric and services
- Site restrictions re layout and tower arrangement
- Decant. No obvious place for this. Costs of establishing temporary facilities would be significant
- Does not address any of the clinical improvements/advantages
- No scope to improve service user, relative or carer access e.g. drop off facility
- All options scored low when weighted benefits criteria were applied.

4.2.8 Relocation to the Lauriston Building

- Blood Transfusion Service due to vacate basement sections of building in 2017
- Architects were commissioned to look at feasibility of service move
- Cannot fit even 3 operating theatres and wards on one floor – loss of efficiency
- Cannot fit outpatients and associated diagnostics on same floor – loss of efficiency
- Parts of the service would need to be spread across floors
- No scope to improve drop off facility for relatives and patients

- Lifts – will not currently accommodate beds
- A service would require to move out to release sufficient space
- Existing backlog maintenance on building is high
- Does not address any of the clinical improvements/advantages

4.2.9 New build options

- Environment should theoretically be comparable
- Need sufficient space to plan an efficient service layout
- Closer proximity to an Emergency Department – preferable
- Accessibility – need a good public transport infrastructure. Ideally limit additional travel to the majority of NHSL patients
- Sustainability – closer links with research and university would be advantageous for collaboration on new treatments, general service development, training and recruitment
- Disruption – services can be maintained at the existing site throughout construction and commissioning
- A new city centre site would likely have a considerable cost element for land purchase.

4.2.10 The four main NHS Lothian campuses were considered. Already Site Master Plans for these sites are in development for consultation with Integrated Joint Boards and Public. These contain options for other service developments and it is unlikely that there would be sufficient space to accommodate a new Eye Hospital. A common theme is the lack of available space on these sites.

4.2.11 The Royal Infirmary of Edinburgh/Edinburgh BioQuarter site is a collaboration between Scottish Enterprise, University of Edinburgh, City of Edinburgh Council and NHS Lothian as part of a £600m joint venture to offer specialist accommodation for academic, commercial and healthcare activity. It consists of 100 acres of land at Little France, Edinburgh and is already an established healthcare and academic campus. Already on site are: Royal Infirmary of Edinburgh a 900 bed acute healthcare facility, University of Edinburgh Medical School, Anne Rowling Regenerative Neurology Clinic, Queens Medical Research Institute, Scottish Centre for Regenerative Medicine, Building Nine (incubator facilities for 15 life sciences start up companies). Research facilities existing and planned include the Centre for Clinical Brain Sciences, Scottish Centre for Regenerative Medicine, Clinical Research Imaging Centre, The Farr Institute and the Edinburgh Wellcome Clinical Research Facility. The new Royal Hospital for Sick Children and the new Department of Clinical Neurosciences is under construction with occupation scheduled for 2018.

Table 21

Strategic Scope of Option:	Do Nothing/ Do minimum	Proposed solution
Service provision:	Insufficient capacity to meet future demand for outpatients or treatment.	Sufficient capacity available to meet future demand
Service arrangements:	An increased reliance on either Golden Jubilee or a return to the use of the private sector	Avoidance of an increase in patients travelling for treatment or premium rates for treatment in the private sector
Service provider and workforce arrangements:	Without investment in staff to deliver services, predicted increases in demand will not be met.	Predicted increases in demand can be met
Supporting assets:	The condition of the building will deteriorate further. In particular the condition of the roof means a full repair, with associate decant of services will become unavoidable.	A new a modern building is provided with a corresponding decrease in backlog maintenance
Public & service user expectations:	Perpetuate a poor environment with limited facilities.	Purpose designed facility with modern facilities.

4.2.12 There was support at the Integrated Impact Assessment for the preferred option as can be seen in the report (see link).

A Major Change template was then prepared and submitted to the Scottish Health Council in July 2016 and they responded to this later that month with support for the proposal and confirmation that based upon our description of the change, they did not view it as `major` which would have required a period of consultation.

4.3 Indicative Costs for the shortlisted options

The indicative capital costs for each of the short-listed options are shown below. A more detailed breakdown of costs is given in Appendix 3

Table 22

Costs in £ millions	Do minimum	New Build			
		RIE/BioQuarter	Western General Hospital	St John's Hospital	City Centre
Re provision of PAEP	£3.6M	£58.4M	£62.1M	£54.9M	£65.5M
Collaboration/Clinical Research Space		£5.7M	£6.2M	£5.5M	£5.6M
OVERALL	£3.6M	£64.1M	£68.3M	£60.4M	£71.1M
Whole of life capital costs	£8.4M	£67.4M	£71.0M	£63.9M	£74.4M
Whole of life operating costs	£465.2M	£648.2M	£648.2M	£648.2M	£648.2M
Estimated Net Present Value of Costs	£310.5M	£478.9M	£482.3M	£475.5M	£485.7M

Source: Thomson Gray, Cost Option Appraisal – November 2016. NHSL Capital Finance Team.

4.4 The Preferred Solution

4.4.1 The preferred solution is to relocate service from PAEP to a new building on the Edinburgh BioQuarter site. A summary of the rationale for that proposal is below:

- The proposal has the support of representative service users, carers, staff, the Scottish Health Council and all other key stakeholders.
- There is sufficient land available and a potential site has been identified.
- It would give Improved proximity to an emergency department, Children's Hospital and Neurosciences.
- There is an established public transport infrastructure and the move is approximately 3.5 miles from the current site.
- Relocation to the site would strengthen access to clinical studies and research.
- It would enable improved access to clinical studies and research which will be good for patient services and will attract and retain the best calibre of medical staff for patient care.
- The Scottish Govt has announced plans to build an Elective Centre on the RIE/Bio Quarter site. Ophthalmology staff will need to support the cataract surgery element of that.
- The proximity to University of Edinburgh Medical School and its resources will – support the training and development of ophthalmology trainees.
- Scottish Enterprise and the University of Edinburgh are very supportive and are keen to begin discussion soon.

4.5 Design Quality Objectives

4.5.1 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 held on 26th August 2016 facilitated by Health Facilities Scotland and involving service users and NHS clinical & non clinical service users. The objectives of the workshop were to:

- Review the existing building and set a benchmark score under 3 main areas – Impact, Build Quality & Functionality 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.

4.5.2 A summary of the benchmark and target scores for each of the 10 sections is shown below:

Category	Benchmark	Target
Use	1.2	4.5
Access	1.7	4.4
Space	1.3	4.4
Performance	1.2	4.5
Engineering	1.8	3.3
Construction	0.0	4.2
Character & Innovation	1.6	4.4
Form and Materials	1.8	4.6
Staff and Patient Environment	1.7	4.5
Urban and Social Integration	2.0	4.5

4.5.3 The Construction section was not scored as a benchmark because it is not relevant for the existing building. For all of the other sections the existing building scored very poorly with a range of 1.2 to 2.0.

4.5.4 The priority statements agreed at the workshop were:

Section	Priority Statements
Use	<p>The design facilitates the care model</p> <p>The design is sufficiently flexible to respond to clinical/service change and to enable expansion.</p>
Access	<p>There is adequate parking for visitors/ staff cars/ disabled people.</p> <p>Pedestrian access is obvious, pleasant and suitable for wheelchair/ disabled/ impaired sight patients.</p>
Space	<p>The circulation distances travelled by staff, patients and visitors is minimised by the layout.</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>The external materials and detailing appear to be of highest quality and are maintainable.</p>
Staff and Patient Environment	The design reflects the dignity of patients and allows for appropriate levels of privacy.
	There are good facilities for staff with convenient spaces to work and relax without being on demand.
Urban and Social Integration	There is a clear vision behind the design, its setting and outdoor spaces.

4.5.5 The first element of the design process, i.e. to develop the Design Statement for the project as part of the NHS Scotland Design Assessment Process (NDAP), was held on November 25th 2016. Heather Chapple, Director of Architecture Scotland is currently compiling the output of that session and a follow-up session, to reach consensus on images that support the statements generated in the first session, has been scheduled for January 26th 2017. This and the third element of the design process, the Self Assessment Process, will be complete by the end of January though the first stage of NDAP and the Self Assessment Process will be available in December if required.

5.0 Readiness to Proceed

5.1 The Commercial Case

5.1.1 Procurement Route

5.1.1.1 In order to deliver the project in accordance with current NHS Scotland construction procurement policy, it is anticipated that Frameworks Scotland 2 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.

5.1.1.2 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).

5.1.1.3 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.

5.1.1.4 A High Level Information Pack (HLIP) will be issued by NHS Lothian to the PSCP's on the Framework inviting expressions of interest. There will then be an evaluation and shortlisting process after which a reduced number of PSCP's with the relevant experience and supply chain will be invited to make a second stage submission. This will be followed by interviews and presentations by the shortlisted PSCP's. Appointment will be made on the basis of the highest scoring PSCP on a Quality / Cost evaluation.

5.1.1.5 It is anticipated that this process will commence in spring 2016, with the appointed PSCP inputting from the OBC Stage through to completion in order to optimise programming and achieve best value from the process.

BioQuarter Infrastructure

- 5.1.1.6 In order to facilitate the development of the NHS Lothian development site that will include provision for the relocated Eye Pavilion, there are a series of infrastructure upgrades required.
- 5.1.1.7 Transport – The existing junction at Little France Drive/Dalkeith Road will require an upgrade to the junction layout and traffic signals as outlined in detail in the Transport Statement prepared by Sweco. This junction amendment will include the construction of a new access to the Bioquarter development via a service road.
- 5.1.1.8 The new service road will be required to provide vehicle and servicing access to the NHS site away from Little France Drive. The service road is to pass around the western boundary of the NHS site and then run parallel with the existing canal, eventually meeting with the proposed development at MOB2 and the Strategic Pedestrian Link through the Bioquarter.
- 5.1.1.9 A temporary location for bus halts on both sides of Little France Drive is likely to be required close to the NHS Lothian development site.
- 5.1.1.10 Utilities – The existing utilities located parallel with Little France Drive are to be relocated to allow the building line facing Little France Drive to be set at a dimension from the existing kerbline that will allow the future tram route to be constructed as advised in the Transport Statement prepared by Sweco. All existing utilities including foul and surface water sewers are to be relocated northwards.
- 5.1.1.11 Building service connections will be taken from the relocated utilities on the northern boundary and new utility connections will be taken along the service road route.
- 5.1.1.12 Surface water drainage will discharge towards Little France Drive with a restricted discharge equivalent to 4 l/s/Ha. The surface water then discharges to the water environment via a surface water basin constructed to the east of the Bioquarter development site. This will provide sufficient levels of treatment for roofs and minor hardstanding, but service yard areas are likely to require an additional level of source treatment to comply with General Binding Rules 10 and 11 (SEPA Controlled Activity Regulations).
- 5.1.1.13 Foul water will discharge to the relocated foul sewer running parallel with Little France Drive. Applications should be made via a licensed provider for consent to discharge to both foul and surface water sewers for the specific proposed buildings and associated hardstanding areas.
- 5.1.1.14 There is a flood study being developed currently by Arup to define the extent of flooding and associated mitigation in relation to the Bioquarter development. Early information indicates that there is no flood risk associated with the area of site being considered by NHS Lothian, but the findings of this report are being concluded and will be issued to confirm or otherwise the requirement for compensatory storage.

Land Acquisition

- 5.1.1.15 The Edinburgh BioQuarter partners, including the existing land owners, University of Edinburgh and Scottish Enterprise, have agreed a set of “Land Principles” for the sale and purchase of land to enable the delivery of the campus masterplan. There are willing parties,

an aligned planning position, and an opportunity to conclude transfers efficiently upon approval of the initial agreement or such other milestone as required.

5.1.1.16 Values and development costs are reflective of the location and aspirations of a public realm and infrastructure to support the vision of the Edinburgh BioQuarter. This includes the opportunity to benefit of shared buildings and services; for example, car parking and combined heat and power plant.

5.1.2 Timetable

A high level project plan is detailed in 5.3.6.

5.2 The Financial Case

5.2.1 Introduction

5.2.1.1 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 finances. In order to make this assessment an overall affordability model has been developed covering all aspects of projected costs including estimates for:

- Capital costs for options considered (including construction and equipment);
- Non-recurring revenue costs associated with the project;
- Recurring revenue costs (pay and non-pay) associated with existing services i.e. baseline costs;
- Changes to revenue costs associated with service redesign as a direct result of the development.

5.2.1.2 Taking all the above into account the summary position is shown below:

Table 23: Summary of Capital Costs

	Do minimum £m	Proposed Option £m
Total Capital Costs	3.56	58.39
Project Team costs		1.20
Sub total	3.56	59.59
Expansion Option		
Collaboration/Clinical Research Facility Space		5.73
Total including expansion option	3.56	65.32

Table 24: Summary of Recurring Revenue Costs

	Baseline £m	Do minimum £m	Proposed Option	
			2020 £m	2030 £m
Clinical costs				
Pay	7.07	7.84	8.62	9.43
Drugs (not IVT)	1.58	1.75	1.93	2.11
IVT Clinics	3.80	3.80	8.60	8.60
Theatres	1.85	1.85	2.15	3.72
Other Services	2.36	2.40	2.44	2.49
Clinical costs sub-total	16.65	17.64	23.75	26.35
Property Costs	0.96	1.20	2.34	2.36
Total revenue costs	17.61	18.84	26.09	28.71

Non recurring revenue costs of £0.2m, comprising double running, decant and small equipment are anticipated for the preferred option.

The clinical research facility is assumed to be self-funding. The revenue costs for the collaboration space will be clarified at OBC stage.

5.2.2 Capital Costs

5.2.2.1 Capital Cost Components

The total capital cost comprises the construction costs provided by quantity surveyors (or estimates of backlog maintenance for `do minimum`) plus all other costs directly related to the development (mainly relating to equipment and fees).

5.2.2.2 Assumptions

A number of assumptions have been made in relation to the capital costs. These are set out below:

Table 25

Cost	Assumption
Funding	Funding assumed to be traditional capital funding, through the Capital Resource Limit, therefore no borrowing costs included
VAT	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	Equipment costs are based on 15% of construction cost.
Risk Register	Risk Register has been costed by the Quantity Surveyor
Building Regulations	Construction costs are based on 2016 Building Regulations

5.2.2.3 Total Capital Costs

The overall capital cost for the preferred option amounts to £59.59m before expansion options. The proposal to include a Clinical Research and collaboration space, would increase the total capital costs to £65.32m. These costs are detailed below:

Table 26: Total Capital Costs

	Do Minimum £m	Proposed Option £m
Backlog Maintenance	2.7	
Construction		26.93
Site Acquisition		0.90
Professional Fees	0.32	3.82
Other Costs		0.71
Equipment		5.46
Costed Risk Register		6.95
Inflation		(0.17)
VAT	0.54	8.87
Sub Total	3.56	53.47
Edinburgh BioQuarter Enabling		4.93
Project Team Costs		1.20
Total	3.56	59.59
Collaboration/Clinical Research Facility Space		5.73
Total including Expansion Option	3.56	65.32

Source: 1. Thomson Gray Cost Option Appraisal – November 2016. 2. NHSL Capital Finance Team.

NB. At this stage no assumption is made in the above regarding financial contribution from Partners towards the Collaboration/Clinical Research Facility. This will be explored as part of the OBC.

5.2.2.4 Capital Receipts

In the event of the current PAEP site being declared surplus, the future of the site will be considered through the NHS Lothian Property Rationalisation Strategy. In line with Scottish Government directions, where the Net Book Value of capital receipts are returned to the Scottish Government to support the health capital investment programme, no proceeds for the sale have been included as a source of funding.

5.2.3 Revenue Costs

- 5.2.3.1 In order to confirm the revenue implications of the project, it is necessary to establish the baseline costs of the current service, particularly workforce, for the existing service model. The baseline costs are then compared to the estimated costs of the new models of care to assess the financial implications.
- 5.2.3.2 To support this process, a number of assumptions have been agreed in relation to the different cost categories. These will be revised and clarified throughout the Outline Business Case (OBC) and Full Business Case (FBC) process.

Table 27

Cost	Assumption
Workforce	Calculated based on agreed NHS Lothian methodology including allowances for on-costs, enhancements, sick leave, public holidays and annual leave. Workforce increased are based on forecast demand growth.
Non-Pay	Variable non-pay costs assumed to increase in line with demand forecasts
Facilities	Changes in staffing reflect the overall increase in the size of the building
Independent Sector	Assumed no independent sector use as part of the do minimum/ re-provision scenarios
Depreciation	Building – 60 years. Equipment 10 years, IT – 5 years

5.2.4 Service Model Costs

- 5.2.4.1 The clinical and support costs for the overall Ophthalmology service have been estimated based on current costs, and amended for known changes as part of the `do minimum` and re-provision scenarios. The table below summarises the increase in costs arising from these estimates.
- 5.2.4.2 Do minimum costs take into account increases in demand that can be met by the current model up to 2020. Estimates for the proposed option reflect forecast demand at 2020 and 2030, to show the potential full cost of the facility.

Table 28 – Service Model Costs

	Baseline £m	Do minimum £m	Proposed Option	
			2020 £m	2030 £m
Nursing	2.52	2.80	2.80	3.37
Medical and Admin	4.54	5.04	5.04	6.06
Drugs	1.58	1.75	1.75	2.11
Medical Photography	0.65	0.69	0.69	0.78
IVT Clinics	3.80	3.80	8.60	8.60
Externally funded Services	1.71	1.71	1.71	1.71
Sub total	14.80	15.79	20.59	22.63
Theatres	1.85	1.85	1.85	3.72
Total	16.65	17.64	22.44	26.35

- 5.2.4.3 The estimated costs above assume no immediate increase from the Do Minimum to day one in a re- provided facility, based on demand forecasts. The exception is IVT treatments, where two additional rooms in a re-provided facility will immediately enable a significant increase in activity.
- 5.2.4.4 Forecasts indicate that an additional high volume cataract theatre will be required in 2030, and the costs for this have been reflected above.

5.2.4.5 Estimated costs reflect known changes in demand and service models, however are necessarily undertaken at a high level at Initial Agreement stage and are indicative only. Detailed costings of proposed service models will be undertaken at OBC stage.

5.2.5 Property Costs

5.2.5.1 An outline of the changes in both running costs and depreciation is summarised below:

Table 29 – Property Costs

Service	Baseline Budget £m	Do minimum £m	Proposed Option £m
Portering	0.02	0.02	0.02
Domestics	0.16	0.16	0.28
Maintenance	0.08	0.24	0.08
Catering	0.02	0.02	0.03
Utilities	0.13	0.13	0.13
Laundry	0.01	0.01	0.02
Rates	0.09	0.18	0.42
Sub Total	0.52	0.76	0.98
Depreciation	0.44	0.44	1.38
Total Property Costs	0.96	1.20	2.36

5.2.5.2 The major increases in property costs relate to rates and depreciation. Rates have been estimated on similar properties, and the Do Minimum option includes a prudent assessment of an increase in rates due to the up and coming rates review.

5.2.6 Non- recurring Costs

Decant and `Double Running Costs`

5.2.6.1 Costs will be incurred in order to complete the move from the current building to the preferred solution, while double running costs are also anticipated during this period. These costs have been estimated at £0.2m based on similar schemes.

5.2.7 Accounting Treatment

5.2.7.1 As the project is assumed to be traditionally funded through the Capital Resource Limit, assets will be on balance sheet for both the Board and the Scottish Government and depreciated over their useful economic life.

5.2.8 Statement of Affordability

5.2.8.1 The capital costs outlined will require a specific CRL allocation from the Scottish Government Health and Social Care budget. A programme for the preferred option is included in section 5.3.1.6 to inform the phasing of the spend.

5.2.8.2 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.

5.3 Management Case

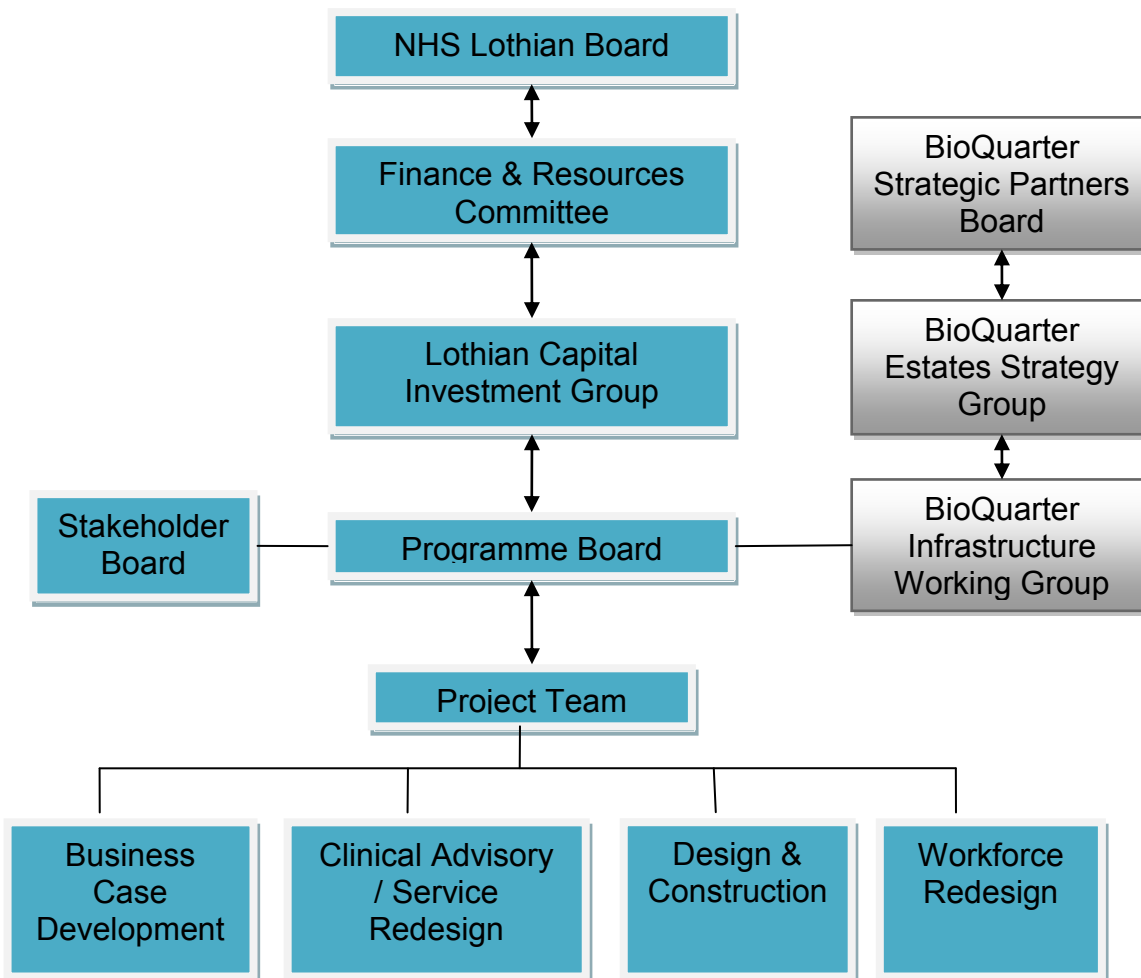
5.3.1 Introduction

5.3.1.1 This section of the case addresses:

- The governance arrangements for the project,
- The capabilities of those taking forward the project,
- Use of external advisors
- A high level project plan.

5.3.2 Project Management Arrangements

5.3.2.1 The organisation and reporting structure for the project are shown below:



5.3.3 Project Reporting Structure

5.3.3.1 The organisational structure shown above will be used for the duration of the project. The roles & responsibilities of the bodies integral to the project are:

Programme Board

5.3.3.2 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.

5.3.3.3 It is envisaged that the Programme Board will be brought formally into existence by the end of 2016. The Board will meet every two months. The membership will include the NHSL Project Sponsor, in addition to representation from Capital Planning, Finance, Partnership and Senior Management from the service.

Stakeholder Board

5.3.3.4 The principal remit of the Stakeholder Board is:

- To inform PAEP stakeholder groups and organisations of progress of the redesign & re-provision project and related developments in PAEP services.
- To provide PAEP stakeholders with a forum to discuss service issues pertinent to the delivery of the project.

Project Team

5.3.3.5 The remit of the Project Team is to co-ordinate the delivery of the project from the design stage through to construction. At this stage the team meets on a monthly basis together with external advisors. The principal task of the team to this point has been to co-ordinate the composition of the Initial Agreement including the Reference Design.

Task Groups

5.3.3.6 A number of Task Groups will be formed to undertake the detailed pieces of work required to take the project forward. The groups shown in the structure give an indication of how this will be structured.

BioQuarter Infrastructure

5.3.3.7 NHS Lothian is working with Scottish Enterprise, University of Edinburgh and City of Edinburgh Council to deliver the infrastructure on the preferred site. The project structure for this element of the project is as follows:

5.3.4 Capabilities of those taking forward the Project

Project Director

- 5.3.4.1 Brian Currie is an experienced construction professional, project manager and chartered architect with over 30 years experience in the property and construction sectors in Scotland.

Senior Capital Planning Project Manager

- 5.3.4.2 Neil McLennan is an experienced health service manager with 19 years experience in the NHS. He has worked as a Senior Capital Projects Manager in NHS Lothian on the RHSC/DCN Project for 9 years and prior to that in NHS Highland for 7 years on a number of projects at Raigmore Hospital in Inverness.

Programme Manager

- 5.3.4.3 Kathleen Imrie is an experienced health service manager with 30 years experience in the NHS including senior roles in operational management, planning, contracting, commissioning and service modernisation. This includes 5 years as Head of Commissioning for the Royal Infirmary of Edinburgh Little France project. She is a certified Lean Practitioner and has led a number of healthcare modernisation/redesign projects as part of the Lean in Lothian Programme.

5.3.5 External Specialist Advisors

- 5.3.5.1 Thomson Gray have been employed as lead advisor for the project and Oberlanders Architects have been employed to produce a Concept Reference Design.
- 5.3.5.2 As detailed in the Commercial Case it is anticipated at this stage that the new building will be procured using Frameworks Scotland 2 and that the Principal Supply Chain Partner and CDM Advisor will be appointed using this process. Thomson Gray will carry out the other Consultant roles specified under Frameworks Scotland 2.
- 5.3.5.3 Legal advice for the Project will be obtained from the Central Legal Office.

5.3.6 Project Plan

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

Key Milestones	Date
Finalise Concept Reference Design	October 2016
Finalise Programme Board/Stakeholder Board/Project Team structure	December 2016
Initial Agreement approval	February 2017
Site Acquisition	March 2017
Appointment of PSCP	April 2017
Appointment of CDM Advisor	June 2017
Outline Business Case approval	January 2018
Obtain outline planning consent	January 2018
Full Business Case approval	January 2019
Construction Commences	January 2019
Construction completion	December 2020
Commence service	Spring 2021

5.3.7 Strategic Assessment Template

5.3.7.1 The strategic assessment scored this proposal 23 out of a possible maximum score of 25. This highlights the need for change.

5.3.7.2 The Strategic Assessment carried out for this proposal can be seen in Appendix 4

Benefits Register						
1. Identification						2. Prioritisation (RAG)
Ref No.	Benefit	Assessment	As measured by:	Baseline Value	Target Value	Relative Importance
1	The ability to reduce transfer time to the Ophthalmology service for a large number of patients presenting as an `emergency` at the RIE Emergency Department.	Quantitative	Improved patient experience. Reduction in time taken.	3.5 miles	Proximal site	3
2	Provide adequate drop off/disabled parking adjacent to the facility plus available parking for patients/relatives nearby.	Qualitative	Survey of users Complaints received	No drop off facility available	6 spaces available	4
3	Clear separation of the patient experience from the movement of goods and services.	Qualitative	Improved experience for patients, relatives and staff.	No separation	Separation	3
4	Sufficient appropriately sized/ designed/staffed consultation and examination facilities to support 25% increase in demand for outpatient services	Quantitative	No. of outpatients seen.			5
			Access performance against 12 wk outpatient target and 18wk RTT	Up to 104 weeks for sub specialties	100% within 84 days	5

Benefits Register

1. Identification						2. Prioritisation (RAG)
Ref No.	Benefit	Assessment	As measured by:	Baseline Value	Target Value	Relative Importance
5	Bringing 5 outpatient areas together, co-located with the Ophthalmic Imaging Suite to provide a smoother flow and experience for patients through the stages of diagnosis and consultation.	Qualitative & Quantitative	Distance travelled by patients/staff. Overall appointment time. Survey of service users to gauge satisfaction	5 separate outpatient departments	2 outpatient departments	4
6	All facilities designed to accommodate service users with a disability. Reduced number of reception areas, introduction of a Help Desk, Purpose designed waiting areas with a refreshment/catering facility	Qualitative	Adherence with DDA Patient satisfaction	Not fully DDA compliant	Full DDA compliance	5
7	Creation of an Ophthalmic Imaging Suite incorporating all imaging and photography, provided in an appropriate environment with dignity for patients	Qualitative	Patient satisfaction	3 patients undergoing diagnostic tests simultaneously in one room.	1 patient per test per room	4

Benefits Register						
1. Identification						2. Prioritisation (RAG)
Ref No.	Benefit	Assessment	As measured by:	Baseline Value	Target Value	Relative Importance
8	Sufficient pre injection and IVT clean rooms, assessment and imaging facilities to regularly review patients on AntiVeg F treatment.	Quantitative	No. of sessions/IVT slots available per week.	10 sessions /160 slots	20 sessions/ 320 slots	5
			Length of wait between new patient diagnosis and first injection of treatment course	14 – 21 days	14 days maximum	5
			Wait between request for repeat injection and injection date	7 – 21 days	14 days maximum	5
9	Sufficient capacity to deal with future estimated growth in existing patient cohort and future potential extension to dry AMD patients	Quantitative	No. of sessions/IVT slots available per week.	10 sessions /160 slots	Potential for up to 30 sessions/ 480 slots if convert clinic room to clean room	5
10	<u>Community Optometrists</u> a future `shared care` model capable of supporting chronic disease patients who require regular review	Quantitative	Percentage of stable chronic disease patients supported in a shared care model	0%	% estimated from audit to be added	3

Benefits Register

1. Identification						2. Prioritisation (RAG)
Ref No.	Benefit	Assessment	As measured by:	Baseline Value	Target Value	Relative Importance
11	Sufficient Day Surgery spaces to cope with increased demand and to further increase the percentage of surgery performed as day case	Quantitative	No. of available day surgery chairs	20 chairs	32 Chairs	5
			% of all surgery performed as a day case	92%	98%	4
	Sufficient theatre capacity designed to support `double scrubbing` to maximise efficiency and throughput	Quantitative	No. of routine cataract cases performed per list	4 – 6 per list	7 – 8 per list	4
	Placement of Day Surgery Unit and Theatres on same floor adjacent to each other to improve flow and turnaround	Quantitative	Time from leaving day surgery area to arriving in theatre suite	10 – 15 mins	1 – 2 mins	3
	Co-locating the Day Surgery Unit and Theatres on the same level	Qualitative & Quantitative	Distance between admission point and surgery	X metres	X metres	3
12	Modern inpatient ward beds with single rooms and en-suite facilities	Qualitative	Improved patient experience. Standards met re single sex accommodation.	Shared toilet facilities	En-suite toilet facilities	4
13	Provide an effective and efficient workforce to support services for decades to come and able to meet the predicted demand.	Quantitative	Sustainable services	Current level of service sustainability	2020 then future level of service sustainability	5

Benefits Register

1. Identification						2. Prioritisation (RAG)
Ref No.	Benefit	Assessment	As measured by:	Baseline Value	Target Value	Relative Importance
14	Appropriate change, catering, rest, education and training facilities commensurate with a modern healthcare facility	Qualitative	Staff Survey	High level of dissatisfaction	Improved satisfaction	4
15	Digital infrastructure and Wireless network supported by appropriately sized servers, front end technology and modern equipment. Sustainable and appropriate systems are in place to support all key functions and facilitate developments in communication	Quantitative	Increased potential for e-communication with Community Optometry and, for the future, with patients. Education and advice only feedback to the Community. Safe and secure image sharing between Community and hospital Adult Eye Services. Palm held/trolley pc access to TRAK Patient Administration system (Computers on Wheels)	Low level of digital infrastructure Efficiency benefits	Improved level of digital infrastructure. Efficiency benefits	5
16	A new modern Adult Eye Hospital for Lothian will contribute to improving the functional suitability of the wider NHS Lothian estate and will reduce backlog maintenance	Quantitative	Level of backlog maintenance. Rate of C02 emissions	£2.7M backlog maintenance C02 emission at + 62% in current building in comparison to a modern building	£0.0 backlog maintenance and point of occupation An estimated 62% reduction in C02 emission	4

Benefits Register						
1. Identification						2. Prioritisation (RAG)
Ref No.	Benefit	Assessment	As measured by:	Baseline Value	Target Value	Relative Importance
17	Co-location with established, excellent research and teaching facilities to become a centre for clinical excellence in Ophthalmology supported by first class modern teaching and research facilities	Qualitative & Quantitative	Survey of student satisfaction. Recruitment and retention success	Survey results Low number of applicants responding to advertised vacancies	Improved levels of student satisfaction and trainees wishing to work in Lothian High number of applicants responding to advertised vacancies	4
18	Relocation to the BioQuarter site will provide greater opportunity for patients to be attracted to take part in clinical trials, leading to better treatments	Quantitative	No of trials No of patients recruited into trials Level of research funding attracted	No of trials No of patients recruited into trials Level of research funding attracted	No of trials No of patients recruited into trials Level of research funding attracted	4
19	Community benefits There will be a link between opportunities presented by the New Eye Hospital project and the local community in a similar way to that seen with the new RHSC and DCN	Quantitative	No of new entrant jobs No of training opportunities/ graduates and apprenticeships Support to local business – SME and 3 rd sector. Community engagement activities	TBC	TBC	4

Appendix 2 – Risk Analysis and Management Plan

RISK REGISTER	
Project Title	PAEP
Date Created	14-Jun-16
Date Updated	15-Jul-16
Risk Champion	

Ref No:	Risk Description	Prior to Mitigation			Mitigation
		Probability (1-5)	Impact (1-5)	Risk Rating (1-25)	
1	Stakeholder Identification/Change May fail to identify appropriate Stakeholders or stakeholders change	3	3	9	Stakeholder Board established. Running audit trail of decisions
2	Inadequate Stakeholder Engagement May fail to engage with Stakeholders or stakeholders are unable to dedicate adequate time	2	3	6	Identify key stakeholders and negotiate appropriate time
3	Conflicting Aspirations Stakeholders may have contradictory aspirations	4	3	12	Programme Board established to manage/make decisions

4	Professional Advisers May not involve appropriate Professional expertise, (Design, Construction, Commercial, Clinical, Expert Advisers such as Infection Control)	3	3	9	Managed in line with SCIM and relevant capital management guidelines
5	Programme May fail to adequately determine the overall programme	5	4	20	Clarity on SG plans for Elective Centre and 'Collaboration Space' being sought
6	Capital/Revenue Costs May fail to establish Financial Parameters, (Capital, Revenue) or inadequate assessment is made	3	4	12	Clear financial accountability through Project Board
7	Scope May fail to define appropriately the Clinical Need	3	4	12	Work directly with users ensuring sign off where required. NHSL Information Team to advise on future demand forecasts.
8	Availability of Operational Revenue Funding There may be insufficient revenue funds to deliver the full Clinical Requirement	5	5	25	Requirements to be established through robust business case development.
9	Delays Approval process - ensuring prompt approval to maintain programme	4	3	12	Role of Programme Board and Director
10	Management of Expectations Planned facilities do not meet expectations of public, staff, clinicians, NHS and Council strategies, etc. Reputation & Service Delivery Impact.	3	3	9	Stakeholder engagement and participation in decision making
11	Records Storage Digitising images - too much/little storage space provided.	3	3	9	E-Health Business Case to be established to support move to paperless or

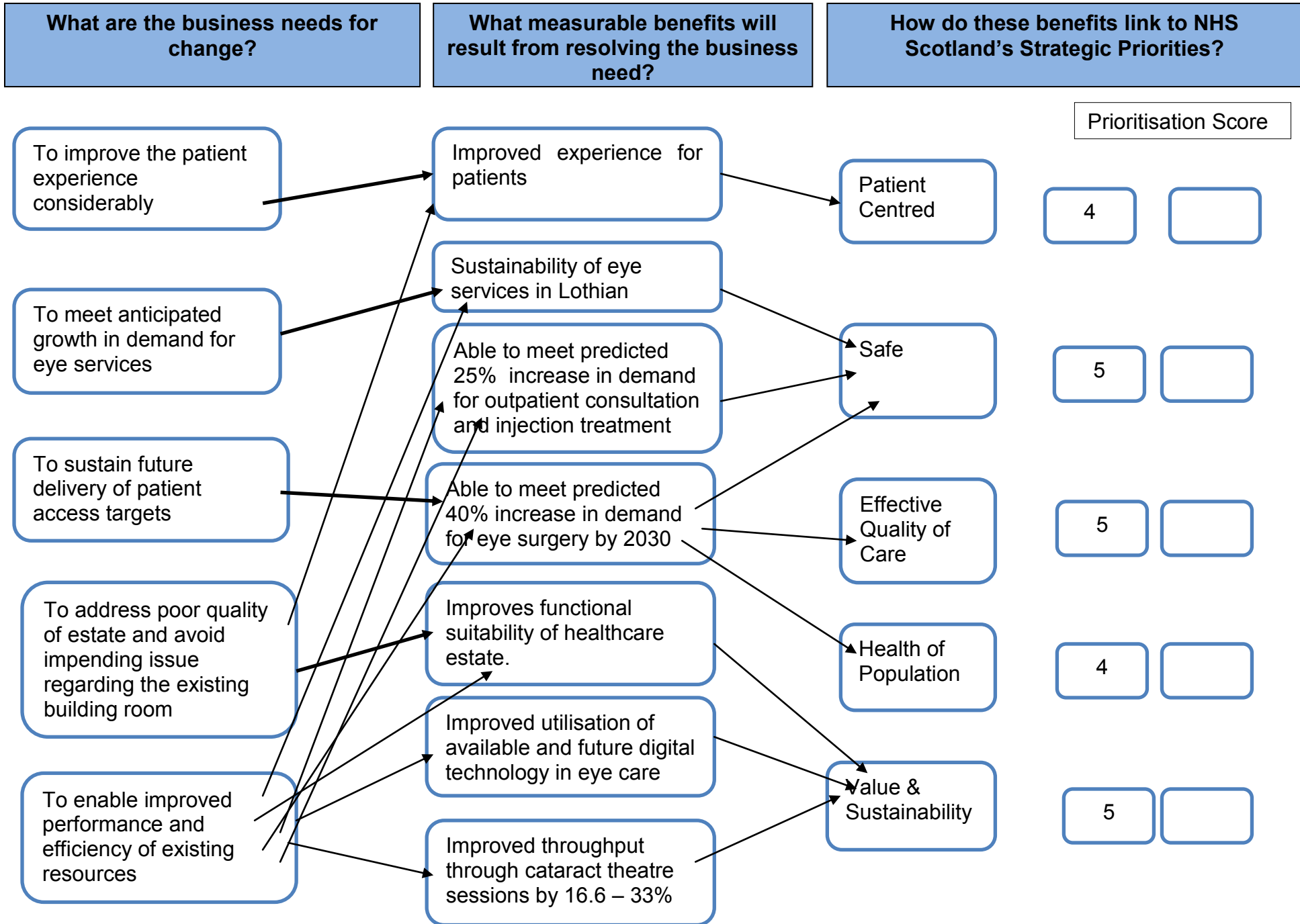
					paperlite.
12	Unclear Roles & Responsibilities Unclear definition of roles, responsibilities and communication routes/paths.	4	3	12	Project structure and resources to be proposed/ agreed following approval of IA.
13	Vacation By Service of Existing Site May fail to deliver as per expectation.	3	3	9	TBA
14	Planning Permission May fail to acquire detailed Planning Permission	2	4	8	Discussion ongoing via BioQuarter partners
15	Future Change The Requirement Statement may fail to keep abreast with future Clinical Practices	3	3	9	Requirements to be kept under regular review
16	Change of Scope The Requirement Statement may be subject to uncontrolled Scope Creep	3	3	9	Programme Board to agree any change if required.
17	Design Changes There may be changes to Clinical regulations or other related legislation	2	3	6	Closely monitored throughout project lifetime
18	Budget Costs - Site Conditions The Options may fail to identify and address Site constraints, (environmental concerns, ground conditions, public access, car parking, transport).	2	3	6	Programme Board to review
19	Construction Costs Construction market changes significantly and costs increase	4	4	16	Programme Board to review
20	Workforce Planning NHS Lothian may fail to effectively plan future staff requirements	2	3	6	Programme Board to review

21	Recruitment & Retention NHS Clients may fail to attract appropriately skilled staff	3	4	12	Recruitment and Retention plan including succession planning
22	Business Case Completion Lack of clarity / lack of resource (Funds, time or people) to complete the Business Case Documents effectively / timeously.	4	4	16	Once IA approved necessary resources to be identified.
23	Costs Costs of discharging conditions of Planning Consent may be greater than allowance provided for	2	3	6	Programme Board to review
24	Statutory Approvals Failure or delay in obtaining planning approval/building warrant/SEPA/Environmental or any other required approvals. Delay to start on site. Time and Cost Impact.	3	3	9	Programme Board to review
25	Project Management NHSL may not have the experience or availability to manage the Project	2	4	8	Expertise exists within NHSL
26	Costs NHSL approach to Cost Planning may not be effective	1	3	3	Project Board to review
27	Equipment May not conduct Equipment Planning effectively	3	3	9	Project Board to review
28	Design Inadequacy The Design may fail to support the Brief	2	2	4	Detailed plans developed through Clinical Output Briefs. Sign off as appropriate throughout the project.
29	Design Inadequacy May fail to maintain a consistent interpretation of guidance/standards	3	3	9	Project Board to review

30	Project Plan The Project Plan does not adequately reflect required tasks & timescales & does not align with associated projects - Elective Centre etc.	4	4	16	Following approval of IA a full programme to be developed. Project Board to monitor impact of any changes e.g. Elective Centre
31	Planning Permission Local objection may influence Planning Permissions (increase number of visitors/pressure on car parking)	3	3	9	Project Board to review
32	Regulatory Compliance The Design may not comply with local Planning Regulations (Unlikely due to design guide document/early consultation)	1	1	1	Project Board to review
33	Regulatory Compliance May fail to comply with Environmental Regulations	2	2	4	Project Board to review
34	Regulatory Compliance May fail to comply with Traffic Planning Regulations	2	2	4	Project Board to review
35	Regulatory Compliance May fail to comply with Section 106 Approval	2	2	4	Project Board to review
36	Regulatory Compliance May fail to comply with Utilities Regulations	2	2	4	Project Board to review
37	Scope Risk of failing to define whether the new build will be an eye unit with additional electives at the appropriate time.	4	5	20	Clarity sought as soon as possible. Discussion began with SG in August 2016. Any need to include additional demand from SE Scotland will require to be scoped in addition
38	Scope Risk of failing to agree appropriate Collaboration space at the	3	3	9	Definition of proposed requirement and how and by whom it will be used to

	appropriate time.				be incorporated into IA.
39	Existing Facility Problems with existing facility (roof leaks etc) severely impact on required completion date of new build.	4	5	20	Maintain existing roof condition and repair as required. Monitor any increased level of deterioration.
40	Scope Risk of failing to agree location of inpatient beds & associated theatre at the appropriate time	3	5	15	Options appraisal carried out in August 2016. Outcome – inpatient beds remain in IA.
41	Building Size / Configuration New clinical pathways still not tested which may impact on schedule of accommodation.	2	3	6	Conduct small tests of change where possible to test theories. Look to other services for experience.
42	Building Size / Configuration Lack of data on outpatient utilisation which has potential impact on required space. (Particularly with regard to macular services).	2	3	6	Conduct clinic space utilisation exercise and build in forecasts for key services.
43	Building Size / Configuration Visits to other sites not carried out to give perspective on planning.	2	3	6	Develop an appropriate programme of focussed visits to review specific designs. Full report back to Project Board.
44	Scope (Link to RIE) Risk that scope is increased to include physical link between new build and RIE. Due to physical constraints this would be unaffordable.	2	3	6	Costed options appraisal vs benefits

45	<p>Political Environment The impact of the UK's decision to withdraw from the EU and the related possibility of a further referendum on Scottish independence may adversely impact on the delivery of the project.</p>	3	3	9	Under review
46	<p>Capital Resource There may be insufficient capital resource available to NHS Lothian to deliver the project timeously.</p>	3	3	9	Secure appropriate resource through robust business case



Ophthalmology Service Reprovision (Princess Alexandria Eye Pavilion)

Scope of “collaboration space” as part of the Edinburgh BioQuarter (EBQ)

A. Context

The development of a business case for the reprovision of ophthalmology services to EBQ coincides with a revision of the EBQ masterplan which facilitates a much greater degree of collocation and adjacencies between NHS, University and commercial interests at the campus adjoining the Royal Infirmary of Edinburgh.

In order to capitalise on such proximities the partners have proposed a concept to encourage collaboration within the buildings themselves, and a reprovided Eye Pavilion may be an early enabler to prove this approach.

The EBQ masterplan for the area is being developed but includes an assumption of public / retail space within buildings and readily accessible public realm linking the buildings on the site. The synergy or incorporation of these concepts and collaboration space can be explored to offer greater cost efficiency in the build costs.

This paper sets out the draft methodology and a draft specification being considered within the operational service briefing which in turn will be developed into a design brief.

B. Objective

Collaboration space in this context is the provision of an appropriately sized and located area within the design for the new Eye Pavilion which will facilitate a cooperative arrangement between EBQ partners and potential industry parties active in the area of ophthalmology; working towards a common goal through the transfer of knowledge and experiences.

For the EBQ partners, this collaboration space must support the EBQ vision¹ and demonstrate real advantages of locating at EBQ.

C. Proposed Developments

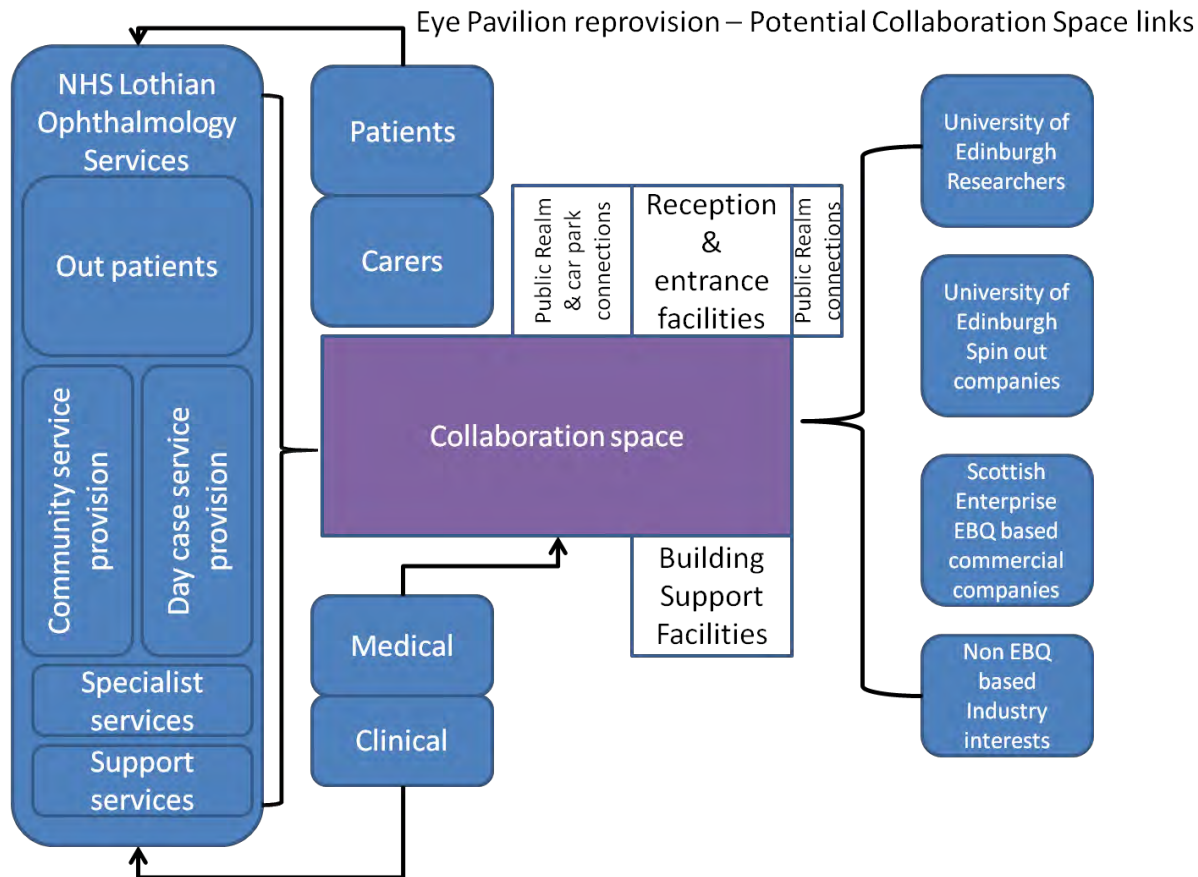
Initial interaction with the University of Edinburgh and Scottish Enterprise around the potential development of a new Eye Pavilion at Edinburgh BioQuarter suggested benefits of fit for purpose and appropriately located Clinical Research Facilities and a broader Collaboration Space within the new development. Leveraging clinical research from “bedside through bench to manufacture” is a key economic driver for the City of Edinburgh and Scotland.

Clinical Research Facility (CRF) has been scoped in partnership with University of Edinburgh and a separate initial Schedule of Accommodation has been developed with costings for a facility at the EBQ campus. Preliminary offer of £500,000 has been made towards the cost of the CRF by the University. Further dialogue and design development will be undertaken as the business case is progressed.

¹ Vision prepared for EBQ masterplan

Scottish Enterprise facilitated engagement with key industry players in April 2016 – see end note below¹.

Initial feasibility work as part of the concept reference design has assumed a space of approximately 10% of the footprint. Within this, the briefed requirement for the CRF takes 50% of the collaboration space allowance. The space will work to the following relationships but also forms “soft expansion” for clinical services should the need arise.



The flexibility this approach offers allows for re allocation of uses across the EBQ campus to reflect needs amongst the partners and industry. Initial benefits to be realised of this space include:

Community Benefits – the accessibility of the EBQ / collaboration space(s) could derive economic and local benefits to support the shift of care and improve (local) health outcomes.

Scientific and commercialisation opportunities for NHS Lothian / NHS Scotland could include, for example, data research. Links with other developments to be investigated.

Industry interests - Scottish Enterprise² have a consultancy procurement pending which can support identifying market interests which may influence the collaboration space.

EBQ developments in research – University of Edinburgh interests in related fields complementary to Ophthalmology. Specification or brief for other collaborative opportunities on EBQ to be shared and / or provided in other EBQ (UoE) buildings.

² Provisional schedule of work / interests prepared by SE.

Scottish Government (H&SCD) - identified the principle of investigating the added benefit of local, regional and national Ophthalmology service demands as part of the business case.

It is planned to continuously refine the footprint and operating model for collaboration space and clinical research as the design is developed and concepts refined to minimise the capital and revenue costs and maximise the value for money. This will be undertaken in conjunction with our EBQ partners and industry.

Iain F Graham MSc FRICS

Director of Capital Planning and Projects, NHS Lothian

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Princess Alexandra Eye Pavilion Dinner Summary, April 26th 2016

Guests

Douglas Anderson, Founder and VP of Global Advocacy, Optos

Dr. Alec McLean, CEO, Lamellar Biomedical

Ken Sutherland, President, Toshiba Medical Visualization Systems Europe

Andrew Fowlie, Innovation Team and Health Innovation Partnership, Scottish Government Health and Social Care Directorates

Princess Alexandra Eye Pavilion Clinicians:

Dr. Jas Singh, Clinical Director Ophthalmology, PAEP

Prof. Baljean Dhillon, Hon. Consultant Ophthalmic Surgeon, PAEP, NES Professor of Clinical Ophthalmology, University of Edinburgh

Dr. Andrew Tatham, Consultant Ophthalmic Surgeon, PAEP, Edinburgh NHS Scotland Research Fellow
University of Edinburgh

NHS Lothian:

Jim Crombie, Chief Officer: NHS Lothian University Hospitals & Support Services

Iain Graham, Director of Capital Planning and Projects

Scottish Enterprise:

Julia Brown, Director, Life and Chemical Sciences team

Andrew Henderson, Senior Manager, Life and Chemical Sciences team

Jane Pritchard, Life and Chemical Sciences team

Andrew Staines, Sector Innovation team

Discussion Summary

The evening began with brief talks to set the scene around plans for the Princess Alexandra Eye Pavilion. Beginning with Jim Crombie and Iain Graham from NHS Lothian, who described the journey of the last 2.5 years this resulted in the decision to re-provision the PAEP at the Edinburgh BioQuarter (EBQ), in order to fulfil the aspirations of the new facility.

Prof. Baljean Dhillon then described the goal of collaborating with Industry and the facility's future three strategic R&D themes of:

- i) Multimodal diagnostics in retina/neurodegeneration
- ii) Novel therapies for inherited retinal disease
- iii) Mining big data: retinal predictors of systemic disease

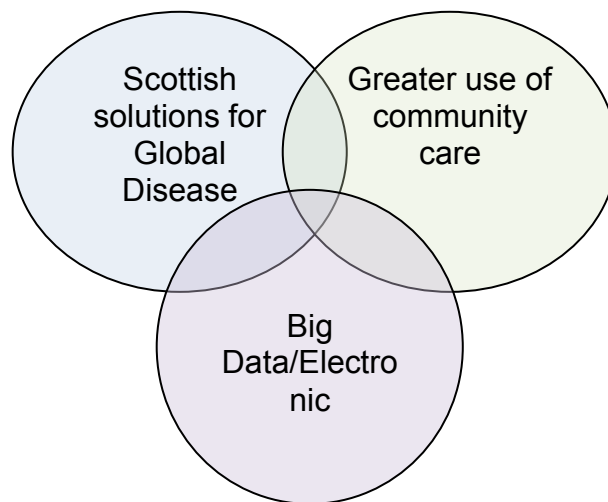
Finally Andrew Henderson (SE) opened a round-table discussion on the opportunities that the new facility might represent, how companies might be involved and what the critical elements might be. The results of this discussion are summarized below:

Aspirations:

At the beginning, the need for aspiration and trying out new and innovative ideas was described. With a focus on the patient at the centre of the new initiative; its aspirations would be:

- 1) The highest clinical service delivered to patients efficiently.
- 2) A world leading centre of applied research.
- 3) A hub for innovation beneficial to the Scottish economy.

Opportunities:



- **Ophthalmic disorders are a global issue:** Scotland is a small market/country with an increasing incidence of eye disease but this is only a reflection of the greater increase in eye pathology on a global scale.
 - Test Bed Scotland/Sandpitting³
 - The potential of a Scottish lead centre for Ophthalmic Clinical trials in the UK and beyond.
 - Innovation in the developing world
 - Reverse engineering-making technology simpler e.g. Malawi remote eye exams
 - Optos in Sierra Leone-Ebola uveitis.

³ <https://www.epsrc.ac.uk/funding/howtoapply/routes/network/ideas/whatisasandpit/>

- **Extension of service delivery into primary care and at-home care:** ‘Use of the whole care pyramid’.
 - Whilst delivery globally is similar funding models vary according to the country, though the trend to unify the health and social care is driven by the global funding crisis.
 - In the US the linkage between primary and tertiary healthcare is broken. Preventative care is not insurance funded but paid for by the patient themselves. However, Scottish links to primary care are good, and better than those found elsewhere in Europe.
 - In Scotland there is a clear eye health care pathway. Scottish primary care is largely conducted by the Optometry business community where CPD uptake is high (currently use space in the PAEP to train).
 - This primary healthcare service is under-utilised and there is an opportunity to make greater use of this sector for service delivery. This model could also be exported for example to emerging markets (see opportunity 1).
 - A small decrease in primary healthcare over-referral would have significant effects on the tertiary care service. Shifting a balance of 95% to 96% of healthcare delivered by primary healthcare would create a drop of 20% in tertiary care demand (5% to 4%).
 - For the big three diseases: Glaucoma, AMD, Diabetic retinopathy a robust dataset is needed for analysis but this could be done in the community.
 - This process innovation could represent a real opportunity.
 - Could solve the problem of a ‘hidden’ patient population, particularly the elderly.
- **Big Data/Electronic Records**
 - Big data is a real resource used by the US eye institutes: for example, Shiley Eye Institute, UCSD. There are electronic record systems for eye data in the US and the trend for greater use is being driven by US legislation. However any electronic system would have cost implications.
 - Benefits include:
 - Patient selection for clinical trials; greater ability to stratify patient populations (Precision medicine).
 - Longitudinal analysis possible; this is good for patient management and clinical trial analysis. Additionally, software is available with algorithms for risk analysis enabling clinician decisions and patient understanding.
 - Facilitates ‘virtual clinics’ whereby clinician sees fewer patients and relies on data collected by other staff e.g. imaging. Some virtual clinics of this kind already exist at the PAEP. This frees up clinician time and reduces costs. This is also critical for any shift in service delivery to the community since as mentioned previously a robust data set is required.
 - The waste in resources whereby patients are referred to specialist clinics without the required imaging data could be avoided (the example of a specialist clinic in Liverpool was quoted).
 - Analysis of eye data can be used as an indicator of wider health issues, for example, neurological or cardiovascular, so there is an opportunity to increase cross medical disciplinary collaborations.
 - This could potentially be an asset; the ‘Edinburgh Screening Technology’

Critical Requirements

- Need to define a **vision**-‘What is world class?’ There is a need to understand the features and benefits of existing ‘world-class’ centres and successful local initiatives.
- **Leadership**- need an identifiable, key individual leading the facility and actively promoting it and themselves on a global scale. Companies will go to see KOLs. Examples of this include Bascom Palmer Institute, and Chris Mason, face of UCL Regenerative Medicine
- **Capacity**: Space and clinical resource. The space might be significant e.g. the Optos trial in Iceland allowed 10 machines and thus a throughput of 600 patients in 1 week. See also the example of the Shiley Eye Institute.
- **Data Linkage**: It would appear that, currently, ophthalmic data systems are isolated from other record- or imaging systems; more integrated systems might better support cross-disciplinary collaboration for example in diabetes care or neurology.
- **Access**: The example given by Lamellar Biomedical illustrated how important access to NHS staff and facilities was to SMEs and could be an attractive feature of a new facility.
- **Cultural change** needed. Incentives can drive this. Example of behaviours at EBQ given where a cultural change on Industry engagement has led to an exponential increase in Industry collaboration and repeat business.
- **Differential interactions** between SMEs vs. large companies. Not all companies are the same:
 - SMEs seek expertise and specialist equipment not research conducted by PhD students. Large companies appreciate PhD training with students embedded in their companies, this generates clearer IP ownership e.g. EngD trainees in Toshiba.
 - Protracted IP negotiations can affect SMEs disproportionately. This can make/break a start up. Large companies are less intimidated by legal negotiations and less financially affected by a delay in IP acquisition: they may prefer to have greater certainty around a robust IP position.
 - Large companies are seeking long term relationships with institutions; it is not about the money (and they really do not appreciate being seen as ‘meal tickets’). SMEs were proposed to be *perhaps* more innovative.
- **Proximity issues**: There is a need to understand in greater detail the differing degrees of proximity needed. For example, the high incidence of elderly people in the patient cohort makes proximity a greater issue due to access/mobility. Recent experience at the CRIC and the PAEP of using equipment sited elsewhere has shown patient recruitment problems, suggesting that where companies need direct access to patients (eg for trialling new devices), they might refer to be part of the PAEP. However, for other activities, eg R&D programmes, accommodation at other location on BioQuarter may be preferred.
- **Logistics**: there are opportunities for innovative solutions for transport for patients afforded by the new site.
- **Funding**
 - The budget for NHS future proofing is insufficient. The amount of NHS funds available for supporting investment in future care models would be a challenge, as the service is coping with the ‘everyday tsunami’ of service demands

- In addition, the actions behind the focus of serving the local patient population of NHS Lothian and the goal of global innovation do not entirely overlap. There is an element of economic development in the additional activities.
- This facility would need to go beyond the NHS for further funding. There could be potential for EU/multi-partner funding, similar to SCRM. Phil Luthert, Director of Moorfields, has indicated the need for more than one funding stream.
- No similar EU facility was identified with the same service plan ambitions so this could be 'stealing a trick'.
- EU 2020 funding available for developing exports for the developing world.
- **Training :**
 - Previous experience for Optos demonstrated a substantial reduction in over referral through training.
 - In addition, the future is in cross-sectorial opportunities and thus a cross-sector education would be beneficial.
 - Skills and a pipeline of talent are a significant anchoring factor for larger companies in Scotland.
- **Promotion:** attraction of an Ophthalmology conference would promote the new facility (perhaps something similar to the Aspen symposia). Not only is Edinburgh a major tourist/conference venue but hotel and conference development is planned for the EBQ site so there is a need to ensure the ophthalmic centre is part of the programme.

Barriers to Innovation

- **Need for a streamlined process;** particularly for access to IP, "standard" contracting (often less of an issue for larger companies), access to clinicians (who often do not have time/capacity to engage)
- **Exchanging data between public/private entities** may have issues that will affect access to big data by companies and the transfer between primary to tertiary healthcare in Scotland. Using data across clinical specialities would need infrastructure.
- **Data isolation from medical other disciplines;** to date Ophthalmic teams work independently from other specialists.
- **IP;** difficulties in IP release from certain research institutions. In addition, for larger companies placing staff and equipment in institutions alongside competitors the issue of protecting Intellectual assets can be an issue, though this has obviously been overcome for other institutes e.g. Iceland.
- Need to generate **KOLs;** often no Scottish KOLs on stage.
- **Access:** The lack of an Interface equivalent was noted for NHS Access.
- **Demonstrating the benefit:** Adoption across Health and social care; difficult for a company to get data. Currently no social care impact included as part of the assessment.

Best Practice

Examples of best practice mentioned at the dinner include:

Shiley Eye Institute:

Trialling New Equipment: Companies donate free equipment into the institute for clinicians to trial. This enables clinicians to have access to cutting edge equipment and companies to have clinicians using their prototypes. This has implications for staff morale but also attracts the best clinical staff to work there. This requires both time and clinical resource.

Clinical Trials: Patients attending clinics at the Institute are given a 'passport' to ongoing clinical trials. Once they have seen their physician they are taken to a mirror suite with dedicated staff where the additional clinical testing takes place. Generic ethical approvals cover the additional tests.

[Anne Rowling Centre at Edinburgh](#); combines clinics with academic research on MS, in addition to interacting with Industry, for example, Optos. Significant funding has enabled more flexibility in the use of clinician resource.

Edinburgh Complex Fluid Partnership: This group providing expertise (at the postdoctoral level upwards) holds Industry days to advertise their capabilities complete with speed dating sessions to build collaborations.

Access to NHS for SMEs: Lamellar Biomedical presented a Scottish example of how access to clinicians and facilities can enable SMEs to progress product development:

Lamellar approached the Beatson with solution to Xerostomia (dry mouth) associated with radiology treatment of cancer patients; a significant unmet need with poor health outcomes. Input from Beatson clinicians shaped and altered the therapy strategy to the unmet clinical need. The Beatson co-sponsored the study which was significant as this opened up access to clinicians and the CRUK clinical trials unit. NHS GGC facilitated access and contracting. The result is that they are now in Phase I trials.

Note Lamellar also found working with the HIP and SLA useful for NHS access; they also have trials in cystic fibrosis and are working on Ophthalmologic treatments with the Department of Vision Science at Glasgow Caledonian University.

Next Steps

A short paper presenting the outline business case is to be presented this summer. The new facility is proposed to be running 2020/21.

1. Establishment of a cross-domain advisory panel. This could then support the team at NHS Lothian in drafting of the outline business case.
2. Support for evidence generation to engage a broader Scottish Government audience including the case for economic development. This would help demonstrate why the NHS needs to create more than just a provision of essential patient services.
 - a. Calculation of the current cost of care as a baseline for comparison with proposed improvements

- b. In cases where there is adoption across Health and Social care services, it is difficult for a company to get effective data for this. Currently there is no social care impact in assessments but for this project it could be done perhaps through SHTG engagement. This would attract SMEs, and an economic impact assessment would be good for this project.
3. Creation of a 'marketing brochure' led by the NHS Lothian team; a pitch of the aspirations of the new PAEP to broaden buy in and gain traction. 'Other relevant companies would be interested in being involved'.

**Princess Alexandra Eye Pavilion Reprovision
Departmental Schedule Summary Version 4**

Ref	Department	Net Area	Circ	Circ Plan & Eng		Total Area
				%	Area	
1	ARC	219.5	30.0	39.7	87.0	306.5
2	LOTT	74.5	30.0	39.7	29.5	104.0
3a	EOPD	747.0	30.0	39.7	296.2	1,043.2
3b	Paediatric Eye Services	215.5	30.0	39.7	85.4	300.9
4a	Main Entrance	105.0	30.0	39.7	41.6	146.6
4b	Pharmacy	52.0	30.0	39.7	20.6	72.6
5	Ocular Prosthesis	27.0	25.0	34.4	9.3	36.3
6	Day Surgery Unit	319.0	30.0	39.7	126.5	445.5
7	In-patient Ward & Shared Support with Day Surgery Unit	573.0	35.0	44.9	257.3	830.3
8	Macular Service	352.5	30.0	39.7	139.8	492.3
10	Electro Physio Lab	21.0	30.0	39.7	8.3	29.3
11	Vision Support	34.5	30.0	39.7	13.7	48.2
12	Cataract Assessment & Pre-Assessment Outpatients	202.5	30.0	39.7	80.3	282.8
13	Laser	92.5	30.0	39.7	36.7	129.2
14	Minor Operations	42.0	25.0	34.4	14.4	56.4
15	Theatres & Anaesthetic	889.0	25.0	34.4	305.8	1,194.8
16a	Health Records	130.0	25.0	34.4	44.7	174.7
16b	Waiting List Admin	56.6	25.0	34.4	19.5	76.1
16c	Secretarial Admin	75.0	25.0	34.4	25.8	100.8
16d	OPD Admin & Clerical	9.0	25.0	34.4	3.1	12.1
16e	Consultant Offices	197.3	25.0	34.4	67.9	265.2
16f	Education & Teaching	167.5	25.0	34.4	57.6	225.1
17	Management & Support	112.0	25.0	34.4	38.5	150.5
18a	Staff Facilities - Changing/Showers, Restrooms & WCs	212.0	25.0	34.4	72.9	284.9
18b	Soft FM	165.0	25.0	34.4	56.8	221.8
20	Adult Orthoptic and Fields Service	187.1	30.0	39.7	74.2	261.3
21	Medical Photography & Ophthalmic Imaging	152.6	30.0	39.7	60.5	213.1
22	Ambulance Entrance	19.5	30.0	39.7	7.7	27.2
23	E-Health Infrastructure	85.0	30.0	39.7	33.7	118.7
Total Internal Floor Area		5,535.1			2,115.4	7,650.5
Plant				23.3		1,785.0
Communications				10.0		943.6
OVERALL FLOOR AREA						10,379.1