BOARD MEETING

DATE: **WEDNESDAY 2 AUGUST 2017**

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

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

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

AGENDA

Item		Lead	
	Welcome to Members of the Public and the Press		
	Apologies for Absence		
1.	**Items for Approval**		
1.1.	Minutes of the Previous Board Meeting held on 21 June 2017	**BH**	*
1.2.	Running Action Note	**BH**	*
1.3.	Corporate Risk Register	**AMcM**	*
1.4.	Healthcare Governance Committee - Minutes of 11 July 2017	**RW**	*
1.5.	Acute Hospitals Committee – Minutes of 4 July 2017	**KB**	*
1.6.	Staff Governance Committee – Minutes of 31 May 2017	**AM**	*
1.7.	Strategic Planning Committee – Minutes of 8 June 2017	**BH**	*
1.8.	Audit & Risk Committee – Minutes of 19 June 2017	**CH**	*
1.9.	West Lothian Integration Joint Board - Minutes 27 June 2017	**MH**	*
1.10.	Edinburgh Integration Joint Board - Minutes 16 June & 14 July 2017	**CH**	*
1.11.	Midlothian Integration Joint Board - Minutes 29 April 2017	**JO**	*
1.12.	Reference Committee Chair	**AKM**	*
2.	**Items for Discussion** (subject to review of the items for approval)		
2.1.	Scheduled Care Access Performance, 2017/18 Trajectories and Allocation of Funding	**JC**	*
2.2.	Paediatric Programme Board Update	**JC**	*
2.3.	2017/18 Financial Performance - 30th June 2017	**SG**	*
2.4.	Quality and Performance Improvement	**SW**	*

3.	**Resolution To Take Items in Closed Session**	**BH**	**v**
4.	Minutes of the Previous Private Meeting held on 21 June 2017	**BH**	**®***
5.	Matters Arising	**BH**	**v**
6.	East of Scotland Regional Delivery Plan Update on Formulation of the Draft Plan	**TD**	**®p**
7.	Update and Future Plans for Quality Management System	**SW**	**®p**
8.	Any Other Competent Business	**BH**	**v**

9. Next Development Session:
Wednesday 6 September 2017 at 9:30 a.m. at the Scottish Health Service Centre, Crewe Road South, Edinburgh EH4 2LF

10. Next Board Meeting:
Wednesday 4 October 2017 at 9:30 a.m. at the Scottish Health Service Centre, Crewe Road South, Edinburgh EH4 2LF

Board Meetings in 2017

4 October 2017	Scottish Health Service Centre
6 December 2017	Scottish Health Service Centre

Development Sessions in 2017

6 September 2017	Scottish Health Service Centre
1 November 2017	Scottish Health Service Centre

DRAFT

1.1

LOTHIAN NHS BOARD

Minutes of the Meeting of Lothian NHS Board held at 9.30am on Wednesday 21 June 2017 in the Waterloo Suite, Apex Waterloo Hotel, Waterloo Place, Edinburgh, EH1 4BA.

Present:

Non-Executive Board Members: Mr B Houston (Chair); Mrs S Allan (Vice Chair); Mr M Ash; Mrs K Blair; Mr M Hill; Ms C Hirst; Ms F Ireland; Mrs A Mitchell; Mr P Murray; Mr J Oates; Professor M Whyte; Mrs L Williams and Dr R Williams.

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

In Attendance: Mrs R Kelly (Associate Director of Human Resources – representing Mrs J Butler); Ms J McLean (Acting Director of Regional Planning – South East & Tayside – for item 2.1 Regional Planning) and Mr D Weir (Corporate Services Manager).

Apologies for absence were received from Mrs J Butler and Mr A Joyce.

Welcome and Introduction

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

He commented that none of the 4 Local Authority Stakeholder members would be attending the meeting as they had not yet been formally appointed by the Cabinet Secretary. He however welcomed Councillor D Milligan who would be present in the public gallery to the meeting advising that he was the Midlothian nominated representative on the Board and would take his seat at the table once Cabinet Secretary approval had been received.

The Chairman provided the Board with an update on the recruitment process to vacant Board member places advising that this was due to conclude by the end of the following week. He was confident that suitably qualified appointees would be made.

The Chairman welcomed Ms J McLean – Acting Director of Regional Planning (South East & Tayside) who was attending the meeting to support the Chief Executive in the presentation on item 2.1 Regional Planning. He also welcomed Dr Donald Waters who was shadowing Ms C Hirst at the meeting. Dr Waters was Ms Hirst's Paired Learning Partner.

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.

10. Items for Approval

10.1 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. There had been no such notifications.

10.2 The Chairman sought and received the approval of the Board to accept and agree the following recommendations contained in the previously circulated "For Approval" paper without further discussion:-

10.3 Minutes of the previous Board meeting held on 5 April 2017 - Approved.

10.4 Running Action Note – Approved.

10.5 Corporate Risk Register – The Board accepted the new access to treatment patient risk on the corporate risk register. The Board also accepted significant 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. The Board accepted that as a system of control the governance committees of the Board had confirmed they were assessing the levels of assurance provided with respect to plans in place to mitigate the risks pertinent to the committee.

10.6 Proposed Amendments to Section 4 of the Standing Financial Instructions – External Audit – the Board reviewed and approved the proposed amendments to the Standing Financial Instructions at appendix 1 as recommended by the Audit and Risk Committee.

10.7 Final Report on 2016 Measles Outbreak in Lothian **-** The Board noted and agreed the recommendations contained in the circulated paper.

10.8 Vaccination Transformation Programme (VTP) - The Board supported the programme and the overall aim to provide an immunisation service which was person centred, safe and effective by at least maintaining, and ideally improving, uptake and reducing variation. The Board also noted and supported that this was a 3 year programme with no change to be undertake to current models including in general practice until a delivery model had been identified and put in place which was safe and sustainable.

10.9 Committee Memberships and Midlothian Integration Joint Board Appointments - The Board confirmed the following appointments to NHS Lothian's committee and the Integration Joint Boards.

NHS Lothian Committees

- Audit and Risk Committee – to confirm Michael Ash as Chair
- Remuneration Committee – to confirm Alison Mitchell as a member
- Organ Donation Sub-group – to confirm Kay Blair as Chair
- Pharmacy Practices Committee – to confirm Fiona O'Donnell as Chair
- To confirm Derek Milligan as Deputy Chair
- To appoint Shahzad Aziz as deputy contractor member

Midlothian Integration Joint Board

- To appoint John Oates as Chair / Vice Chair
- To appoint Tracey Gillies as member

10.10 Finance and Resources Committee – minutes of 15 March and 10 May 2017 – Endorsed.

10.11 NHS Lothian Patient's Private Funds – Annual Accounts 2016/17 – The Board agreed the Boards Patient's Private Funds accounts for the year ending 31 March 2017 and agreed that the Chairman and Chief Executive sign the 'Statement of Lothian NHS Board Members Responsibilities' on the Boards behalf. It was also agreed that the Director of Finance and the Chief Executive sign the 'abstract of receipts and payments' (SFR 19.). The Board approved the draft Patient Private Funds Accounts for the year ending 31 March 2017.

10.12 Healthcare Governance Committee – Minutes of 14 March 2017 – Endorsed.

10.13 Acute Hospitals Committee – Minutes of 30 May 2017 – Endorsed.

10.14 Staff Governance Committee – Minutes of 29 March 2017 – Endorsed.

10.15 Strategic Planning Committee – Minutes of 13 April 2017 – Endorsed.

10.16 Audit and Risk Committee – Minutes of 24 April 2017 – Endorsed.

10.17 West Lothian Integration Joint Board – Minutes of 14 March & 20 April 2017 – Endorsed.

10.18 East Lothian Integration Joint Board – Minutes of 23 February & 30 March 2017 – Endorsed.

10.19 Edinburgh Integration Joint Board – Minutes of 24 March & 28 April 2017 – Endorsed.

10.20 Midlothian Integration Joint Board – Minutes of 9 February & 16 March 2017 – Endorsed.

Items for Discussion

11. Regional Delivery Plan

11.1 The Chairman welcomed to the meeting Ms J McLean Acting Director of Regional Planning (South East & Tayside) Group who was attending to support the Chief Executive on this item.

11.2 The Board received an update on progress in achieving the regional delivery plan the first draft of which was due to the Scottish Government at the end of September 2017. It was noted that this would only leave one Board meeting prior to the anticipated submission date and that the draft regional plan would come forward to the October Board meeting. The final plan required to be submitted by March 2018 with the scope of this being anticipated to extend into a 5 – 10 year timeframe. In that regard the March 2018 submission would in effect not be a final plan but would provide a good exploration of future intentions. The process of producing the regional plan had been discussed with other NHS colleagues and the Scottish Government. At present a series of discussions and dialogues were being held with statutory bodies with an interest in the regional planning process and this included 22 Health Boards and 33 local councils.

11.3 The Board were advised that it was important to recognise that the planning process was not starting from a blank canvas as regional planning had been underway for at least 15 years in the NHS in Scotland with the South East and Tayside Regional Planning Group having been established in 2004. It was noted that as a tertiary provider NHS Lothian provided a range of services across the region and into the wider Scottish NHS with examples of this being provided. The Board were advised that the previous regional planning approach had focussed on tertiary services and an example of a recent innovative approach to forensic services for people in Police custody was provided. It was also noted that the Regional Perinatal Unit and the Regional Eating Disorders Unit were hosted by NHS Lothian.

11.4 The Board were advised that a number of senior clinicians held contracts over two Health Boards and a workstream was underway to encourage those post holders to opt for NHS Lothian as their region of choice.

11.5 It was reported that the previous scope of regional planning had been around tertiary small specialist services where critical mass was an important issue. The new process would encompass a whole system approach and would represent a big step up from the previous approach both in terms of scope, scale and pace.

11.6 Ms McLean provided the Board with a Powerpoint presentation setting out the context of the regional planning requirements. Copies of the presentation were circulated at the meeting.

11.7 The Board were advised that a collaborative approach was being used to add value given that all parts of the Scottish NHS were struggling to some degree or another with sustainability. It was noted that there was significant literature available in this area with the Nuffield and Kings Foundations being prominent contributors. The Board were advised that a master class session was being arranged in October entitled ‘Placed – Based Systems of Care: Early lessons from England Sustainability

and Transformation Plans'. The session would set out the rationale for placed based systems of care drawing on the work of the Kings Fund. It would describe how these systems were being developed in England through sustainability and transformation plans. Issues to be covered would include governance, leadership, stakeholder engagement and the need to work through 'systems within systems'.

11.8 A point was made that the proposals represented an exciting and huge challenge and there was a need to ensure that good outcomes were delivered and measured rather than the process being another talking shop.

11.9 The point was further made that the staff were inundated with initiatives and there would be a need to make this process real for them in order to secure enthusiastic engagement. The question was also posed about the level of backing from politicians for local initiatives.

11.10 The Chief Executive commented that staff engagement was a real challenge and that people were already stretched. He commented that the challenge for the organisational development agenda was to consider to what extent IJB Chief Officers and clinicians felt this was a priority. He commented if aspects of the workstream were not adding value then it would be important to cease these. If local work provided a solution to current issues then this would be encouraged although if this were not possible then there would be a need to look at potential regional solutions. An example of a regional solution to a local problem was the use of digital health technology for radiology. The Chief Executive commented that he was keen to make sure that the whole process was real and he would rather focus on 10 large areas of development that might make an impact rather than a myriad of smaller less deliverable projects.

11.11 The Board noted in terms of political cover that this issue had not yet been tested although there was nothing in existing plans that represented a major area of political contention. It was advised that a regional prioritised capital framework was being developed and that this might represent a first area where these issues might arise. The point was made that by utilising £2.5bn of resource across Scotland that opportunities would be available to do things more innovatively.

11.12 The point was made from a practical view point that catering services should be discussed as a regional service given that it was one of the key shared functions. It was noted that local decisions could be informed by regional discussion and this would require to be supported through a strong communication strategy. The point was made that governance issues would be tested further once concrete proposals were in place.

11.13 The question was raised that whilst the position was reasonably clear around acute services and corporate functions that it was less clear around the IJB relationship and what was expected from them to inform the regional plan as well as what IJBs would want to inform their local plans. The point was made that it would be essential not to have a hierarchical authority in the regional role. The Nuffield report had looked at initiatives around alternatives to admissions and had concluded that whilst some areas worked and avoided cost other areas had not worked and had in fact increased costs. There was emergent work around this area.

11.14 The comment was made that the timescale for the development of the regional plan was tight and it was questioned how the voices of the user would be obtained. It was noted that the process for obtaining user views had not yet been worked out although it was pointed out that there was already significant public engagement around IJB strategic plans and other areas and it would be important to benefit from shared learning. An example was provided in respect of the Regional Interventional Cardiology Initiative where the use of patient groups who actually used cardiac services had been taken into account in developing the service and this was the type of approach that would be deployed moving forward.

11.15 It was pointed that that the visibility of pace was not immediately evident and there was a need to articulate this in a way that explained the bespoke nature of changes and how this would produce benefit in order to avoid misinterpretation. It would be important to find ways to highlight that the solution was not about an additional influx of funding but about doing things differently to provide the best possible services for the resource available. The Chief Executive commented that whilst this would not happen immediately there would be a need to ensure that messages were adequately communicated.

11.16 The Chairman commented that this would be an ongoing workstream and suggested that it should feature as a standing update item on the Board agenda. The Chief Executive commented that major issues around capital / estates would manifest themselves towards the Finance and Resources Committee. It was agreed that an update report would be provided to the August Board prior to the draft regional plan being considered at the October Board meeting.

11.17 The point was made that in governance terms it was important to recognise the potential for change although the point was made that NHS Lothian was required to deliver on its Local Delivery Plan (LDP). The question was raised about where the governance priority would sit. The Board were advised that the hypothesis needed to be that it would deliver on its LDP albeit that it did not currently have a balanced budget, the necessary capacity nor a sustainable workforce. In that respect work was occurring across 3 Health Boards and 6 IJBs. The priority would therefore be to deliver the LDP and where this was not possible locally to use regional collaboration to assist the delivery process. This should be seen as an enabling process rather than additional bureaucracy.

11.18 The Board noted the update report on regional planning and agreed to receive further reports at its meeting in August and October.

12. 2017-18 Local Delivery Plan (LDP) Feedback and Arrangements for NHS Lothian 2017 Annual Review

12.1 The Board noted that the Local Delivery Plan was the key governance issue and that it was running in parallel with the regional planning process. The feedback from the Scottish Government to the draft LDP was set out in the circulated paper with it being noted that the process was still fluid around finances and workforce.

12.2 The arrangements for the Ministerial Annual Review to be held on 29 September 2017 were explained in detail to the Board. It was agreed as part of the process that

Non Executive Board members would receive briefing in advance and any issues raised at the previous year's annual review process would be fed back to the meeting. The Board Development Session on 6 September would be used to feedback on preparation to date and to garner any questions that might be asked and to agree who would feedback on these.

12.3 The Chairman commented given that the Board had been through the detailed substance of the LDP at a previous meeting that the recommendation was therefore to note the additional work and the Governments response.

12.4 The point was made in respect of recommendation 2.5 in the paper whether there was a need from an LDP perspective to play in patient led costing. The Director of Finance commented that patient led costing was an important tool to provide an ability to compare what good looked like and also to start to address unwarranted variation and waste. NHS Lothian was the only Health Board in Scotland developing PLICS a patient level innovation costing system and that the Information Services Division of NHS National Services Scotland were working on a national system with a meeting scheduled for August to look at the appropriate utilisation of resource to make informed choices. Further work was however needed around patient led costing.

12.5 The Chairman reported that the previous discussion represented a major part of the debate at Health Board Chairs meetings in terms of how best to invest resource and the positive role that good data played in the process.

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

13. Quality and Performance Improvement

13.1 The Board noted that it was proposed to review the purpose of the report and to flag up key issues which if felt to be appropriate could be further developed by the relevant Board Committee Chairs. There was a keenness to improve the report to make it more useable and relevant to Board members.

13.2 The Board noted that there had been improving performance around the cardiac arrest rate; child and adolescent mental health services and stroke bundles as well as complaints. It was noted in terms of the complaints statistics that there had been a change in the way that the Government scored complaints and that this would reflect in future reports following discussion with the relevant Board Committee Chairs.

13.3 The point was made that in its current format some Board members found it difficult to identify the areas that needed attention. The Board were advised that the Chief Quality Officer had attended a recent meeting hosted by the Chairman of the Board Committee Chairs where a detailed discussion had been held about the structure of the Board report and levels of information that should be reported at Board and Board Committee level. It was reported that analytical services were in the process of developing a dashboard metrix which would result in a consistency of approach being adopted. In September it was anticipated that a dashboard tool should be available for trialling a more consistent approach backed up by paper reporting. The

variability of the text in the report had been discussed and technical ways of stripping out data and replacing it with new more relevant data were being looked at.

13.4 The point was made that whilst the Board was seeing the data what was not evident was the actions being taken to provide governance assurance as only half of the story was being presented. It was felt that it would be useful through Committee Chairs and others to determine whether the correct metrix was being used to drive the major issues affecting the Board.

13.5 In terms of exceptional areas of performance and actions delegated to the Board Committees it was suggested that there would be benefit in reporting back to the Board assurance from the Committees as this would provide an additional level of governance. The Board commented that this was an approach worth exploring whilst recognising that it would not provide a 100% fit.

13.6 An alternative approach was suggested whereby reports would be brought to the Board on an exception basis on targets not being met. The Chief Quality Officer advised that the Board should determine the data that it wanted to receive and suggested that the proposed dashboard approach would provide an opportunity to supply high level data with an opportunity to drill down into the detail for those interested in doing so. The Chief Quality Officer would attend the Board Committee Chairs meeting in September to discuss in further detail. In the meantime the Board would continue to receive paper based reports.

13.7 The Board were advised from a quality perspective that the outcome achieved by the independent sector where used were rigorously monitored to provide an appropriate governance oversight. In terms of how this fitted with the quality agenda it was noted that it was easy to define a narrow set of services provided by external providers whilst this was less possible for the NHS because the breadth of services delivered.

13.8 The point was made in respect of regional planning how assurance could be taken around the benefits of initiatives like detect cancer early and well-men clinics and if rolled out how these would impact on the working of the preventive agenda. The background to these and similar initiatives was provided to the Board. Outcomes were generally reported at the Healthcare Governance Committee although separate reports could be provided by the Director of Public Health and Health Policy on an individual Board member basis. In terms of the economic gradient these initiatives tended to be taken up by the more affluent sectors of the population. An update was provided on the Gamechanger project where health checks were provided to men to coincide with football matches and had resulted in a high uptake. It was reported that there were a number of innovative projects underway. The point was made that in theory financial viability was helped in the longer term if more money was spent on prevention and primary care. The point was made that currently there was a lack of clarity around the benefit of such initiatives in terms of additional and global scale. Reference was made to the previous Board Development Session where an initiative around providing financial assistance to pregnant women had been discussed with the issue being how to make such initiatives sustainable given the significant positive outcomes generated and the fact that the investment level was not significant. There was a need therefore in the planning process to think through in more detail issues around sustainability.

13.9 The point was made that inevitably attention was focussed on the areas where performance was not being met. The point was made that there might be benefit in looking at areas where targets were being met or exceeded and to determine whether lessons could be learned. It was agreed that this was an issue that would benefit from further discussion at the Board Committee Chairs meeting.

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

14. 2017/18 Financial Performance – 31 May 2017

14.1 The Board were advised that there were two main aspects to report the first of which was performance for month 2 of the financial year and whether this was inline with what had been expected. The second main issue was to report that there still remained a £22m financial gap that needed to be addressed.

14.2 The Board were advised that although the results were marginally better than might have been anticipated they were still based on a £22m gap and this was not a positive position. There had been a general deterioration in the financial position across NHS Scotland over the previous 4 years. As discussed earlier in the meeting national and regional meetings were being held to discuss how to move to a more sustainable financial position.

14.3 The Board were advised of the main drivers contributing to the overspend with it being noted that there was a specific issue around Junior Doctors where despite work being undertaken the expected financial improvement had not yet materialised. In the previous year there had been an improvement in the nursing position although the first two months of the current year had demonstrated a slight deterioration with it being agreed that this was an area that required ongoing robust management as a result of the pressures in the system. Data was not available in respect of prescribing for the first two months although it was anticipated that this would continue to be a pressure. There was a need for a quality approach to prescribing led by primary care rather than pharmacists and currently insufficient traction was being received for the £2m investment although it was hoped that this would improve in the second half of the financial year.

14.4 The Board were advised in respect of the £22m financial gap that national and regional work was underway in order to identify non recurrent solutions to fund the gap in advance of the NHS Scotland system moving to a more sustainable position. Regionally a 3 to 5 year approach was being taken with it having been agreed that each workstream would be allocated a financial target to deliver within an ever reducing financial envelope and that to support this work initiatives from South of the Border were being examined. It would be important to base targets on benchmarks that were deliverable.

14.5 The Board were advised that the National Directors of Finance Group were looking at other funding sources available to the public sector and that this process was about to conclude. Internally finance colleagues were looking at any opportunities for non recurrency that could support the overall financial position. The Board were advised that the month 2 financial position was a concern and that there was a need to move to the quarter 1 financial review discussions with Directors and senior

managers to identify what contributions could be made to the bottom line to reach a breakeven position. It was noted that nationally whilst a number of Health Boards would be able to achieve breakeven that the position was less clear for others including Lothian where it would be important not to end up as an outlier by moving into the end of the financial year with a deficit. The Director of Finance commented that she was not raising significant alarm at this point although she stressed the need to work through the financial position as had been the case in previous years.

14.6 In terms of human resource controls in place to address the junior doctors position it was noted that a recovery plan had been instigated although this had only achieved £0.5m of the anticipated £2.554m of savings and this was a concern. It was pointed out however that most parts of the system in terms of the delivery of financial savings tended to produce these towards the end of the year. The Board was advised that there were a small number of areas where there were concerns that financial recovery plans were not in place and the quarter 1 financial review and the revised approach to performance management would ensure that appropriate dialogue was held around these areas.

14.7 The Board were advised in terms of the junior doctors position that there were currently gaps in the rotas and that temporary posts were being used to provide additional hours. The service had been supported by an expansion in the clinical development fellow posts and this was seen as a positive enhancement. The point was made however that there was a need to bring the system under control and that new approaches were being taken to additional hours through bank and agency. Role monitoring was underway as was a stronger system of managerial control.

14.8 The question was raised at what point the financial position would start to raise significant concern as it was felt that the Board was not working within its remit if it did not have plans to pull back the £22m deficit. The Board were advised that the NHS in Scotland was out of recurrent balance and that this had been discussed as a concern by Board Chairs and Chief Executives. The point was made however that the solution was not just held within Health Boards where delivery of 1–2% efficiency savings could be made per annum. To deliver 5% would require a bridging solution and whilst that position was reached there was need to continue debate around sustainability at regional and national level. The local finance department were working to maintain a balance whilst national discussions continued with it being important that steps were not taken that would impact on service delivery. The key current focus was to hold the line whilst a more national/ regional sustainable position was delivered. The Chairman commented that this pattern had emerged over a few years and that this might be one of the reasons for not sounding alarm bells at this point. The point was made that in terms of NHS Lothian specificity that there might be an opportunity to reflect on this position through the forthcoming annual review process.

14.9 The Board were advised by the Chief Executive that the letter of response from the Scottish Government in respect of the LDP was clear around the financial deficit and the need to balance the books. Structural financial issues were being looked at nationally with it being important to recognise that some choices would be best made on a national level although this would require policy decisions to be made. It was important to take assurance from the ongoing national discussions and to stay in touch with other large Boards who were in a similar financial position. The Board

were advised that the key to the process was the forthcoming quarter 1 financial review and that if at the end of this there was no amelioration of the financial position nor an indication of potential breakeven then there would be a need to escalate this position. The quarter 1 financial position would conclude at the end of August and at that point the options available to NHS Lothian would be clearer.

14.10 The Board were advised that a report on the review undertaken by Sir Harry Burns was expected to report in the future and once this was available a brief overview of what it contained would be brought to the Board.

14.11 The Board were advised that the Finance and Resources Committee were discussing the alignment of the financial planning process with risks and targets with there being a need for this process to be more implicit than it currently was.

14.12 The point was made whilst there was assurance around the rigorous approach being taken to the financial position whether it would be possible if a sustainable position could not be reached to approach the Scottish Government with the support of other Health Boards. The Chairman felt that the door was open to that kind of approach as most Boards were in the same position. The financial position across NHS Scotland was a known quantum.

14.13 The Board were reminded that over recent years there had been a number of Boards who had found it difficult to reach a breakeven position and a small number had received brokerage with this information being in the public domain. NHS Lothian 5 years previously had borrowed £10m to bridge the waiting times crisis and that that loan had been repaid.

14.14 The Board were advised that there was a move towards adopting a longer term financial strategy and that the regional delivery plan would need to support sustainable delivery although it was important not to underestimate the difficulty of this challenge. The suggestion was made that for Board papers it would be important to capture from a governance perspective issues that required to be prioritised.

14.15 The Chairman commented that a key part of the issue was about being clear about where the system needed to get to. There was a need to look forward and to use increased knowledge to understand the longer term view otherwise the system would continue to take short term decisions to balance the books which might compromise the longer term objective and vice versa.

14.16 The Board were advised that if a position arose where an unavoidable overspend was being forecast then this would require detailed discussion at Board level and escalation to the Scottish Government although the intention was to not reach this position. It was important however to recognise that forecasting in the short to medium term demonstrated that the financial position would worsen and that there was no prospect of additional finance being made available although at the General Election the main national political parties had stated there was a need to provide more funding to the NHS. It was noted that each 1% increase in the pay bill represented £8.5m for NHS Lothian.

14.17 The Board agreed the recommendations agreed in the circulated paper.

15. Scheduled Care Access Performance, 2017/18 Trajectories and Allocation of Funding

15.1 The Board were advised that the proposals in the paper were predicated on patients and patient safety being at the heart of services provided. The paper also characterised the work of clinicians who were coming forward with suggestions for service improvement.

15.2 The Board were advised that the end of March position had been attained through the continuation of waiting list initiatives at the same level as 2015/16, use of the Golden Jubilee National Hospital, the use of non recurring funding used to purchase additional capacity in the independent sector and medical locums.

15.3 The Board noted that as at March 2017 the number of outpatients waiting in excess of 12 weeks for a new appointment was under trajectory at 15,487. This was mainly due to the 'back loaded' phasing of independent sector activity as well as other activities issues reported to the Board. In relation to TTG, the Board noted that orthopaedics and urology were the key specialties that were significantly above trajectory and were the main drivers of the variance between performance and trajectory. All other services were in line with trajectory with the exception of cleft palate and neurosurgery.

15.4 The Board were advised that for the current year it was proposed to use the same methodology and that proposals had been developed using the same level of waiting list initiatives, the use of the Golden Jubilee National Hospital and specific locums. The trajectories were detailed in the circulated paper with it being noted that the list of patients waiting more than 12 weeks was growing.

15.5 The Board were advised that as demand for some services significantly exceeded capacity that waits for new routine outpatient appointments would continue to rise and that as a consequence of this a workstream was underway looking at how to manage patients with long waits. A clinical triage process was being proposed and this was explained in detail to the Board. The impact of sub specialty queues was also explained with it being noted that a significant workstream had been undertaken around how to communicate with patients who were on the long wait list which included signposting patients to the ref-help services as well as useful contact links. The approach taken had been an honest and open dialogue with patients who were on the waiting list.

15.6 The Board were provided with an update on the process around the identification and assessing of clinical risk with particular reference to key outpatients services. The Boards performance in relation to other Health Boards was also detailed with it being noted that this would be part of the ongoing performance process.

15.7 The Board were advised that at the end of May the Cabinet Secretary had announced non recurrent funding of £50m to support access performance with NHS Lothian's share of this additional resource expected to be £7.378m. The Scottish Government expectations in relation to the use of this funding was that it should be deployed across the whole patient pathway and that trajectories would be developed

showing a progressive improvement in performance to March 2018 and that patients waiting a long time were to be treated. The March 2017 position would be used as the baseline for this trajectory. Improvement plans should take account of regional capacity in order to minimise the requirement for the use of the independent sector. The NHS Lothian proposal was that this non recurring allocation would be used to treat patients assessed at highest risk and that this might not always be the longest waiting patients.

15.8 The Board were advised that work was underway to develop a suite of options to utilise the additional allocation with there being a need to recognise that given the capacity issue there might be a requirement to use the independent sector moving forward. In particular work was underway with NHS 24 to develop an administrative and clinical triage model, this would support keeping in touch with longer waiting patients and would be piloted in Gastroenterology and Endoscopy. The work on the options for the use of the additional funding would continue over the course of June and July with proposals being brought back to the August Board meeting. The patient centred approach was reiterated.

15.9 The point was made that the patient journey started in primary care and there was a need for reassurance that when looking at investment programmes that primary care was included. Reference was made to previous issues around GP vascular surgery referrals. The point was made that the Scottish Government sponsored modernising outpatients programme was a whole system approach which would look at patient pathways in a way that did not make the position for primary care more onerous.

15.10 The question was raised in respect of triage and staffing whether the necessary tools were available to measure the robustness of triage and its effectiveness as well as ensuring that patients did not fall through the net. The Board were advised that whilst no specific tools had been developed it would be down to individual clinical teams to monitor and prioritise patients and processes of keeping in touch with patients triaged as routine. Details of the ongoing engagement process with patients would be reported to the Board in August.

15.11 The Board were advised that one of the impacts of stopping the use of the independent sector at the end of March 2017 had been a loss of quick access to these services because part of the independent sector infrastructure had been dismantled. Work was underway regionally and with colleagues from procurement to obtain the best price for independent sector usage when utilising the additional non recurrent support.

15.12 Dr Watson left the meeting.

15.13 The point was made that there was a need to look at the prioritisation process around managing conditions that were not life threatening. There was also a need to consider using available resources to develop capacity and innovation in the private and public sector. The Board were advised that each service was looking internally at ways of optimising and increasing capacity. Work was underway to look at options for sustainability moving forward.

15.14 The Board agreed the approach was correct and would be welcomed by patients, families and clinicians. The benefits being evidenced from the theatre utilisation review were welcomed in terms of outcome and utilisation rates.

15.15 The Board agreed the recommendations contained in the circulated paper. In respect of recommendations 2.6 and 2.7 it was agreed to record that these had been discussed and supported.

16. Equality and Human Rights Update

16.1 The Board noted that the circulated report was a summary of progress and work on NHS Lothian's Equality and Rights Outcomes Report which was published in 2013 after approval by the Board on 27 March 2013. The public sector equality duties set out the minimum standards that required to be reached. It was noted that as part of meeting that duty there was a requirement to publish reports every 4 years. It was noted that the circulated documents had been published at the beginning of May pending final approval by the Board at its current meeting.

16.2 The Board agreed the recommendations contained in the circulated paper as well as approving the circulated report for publication.

17. Primary Care Update

17.1 The Board were advised that primary care was an area of concern for the Board with not all of the issues being restricted to general practice. It was noted that there were challenges around primary care both from a UK and Scotland wide perspective with the localised constraints being explained.

17.2 The Board noted that GP practices in Lothian continued to experience rising patient demand from a growing and aging population and from the drive to provide care in community settings as an alternative to hospital admission. It was noted that this experience was replicated in most parts of Scotland and affected both in and out of hours services. There was a recognition of the need to support primary care services and in particular general practice in the development of new models of care and to supplement the primary care transformation monies with recurrent investment which had led to the provision of recurrent investment of £2m in 2017/18 with a further £3m in 2018/19 and 2019/20.

17.3 The Board noted that 2 NHS Lothian primary care summits had been held with the format of these being shared with the Board. It was noted that the focus had been to identify issues that people were content to share as best practice. A third summit would be arranged and would investigate progress being made.

17.4 The process around restricted GP lists was explained as was the process adopted when patients were allocated into a practice. It was noted that part of the desired outcomes from the ongoing work in primary care was to see a reduction in restricted lists and a reduction in assignments to primary care. This should make it possible to register directly with a general practice.

17.5 The Board were advised that 2C GP practices were directly managed by the Board and that in some instances this was the preferred method of service delivery and that not all such practices were in crisis. It was noted that some practices moved to section 2C status for particular issues then moved back out into contractual arrangements once these had been resolved. It was noted that within Lothian there were a number of practices making plans to expand and this should be regarded as a positive move. It was noted that work had been undertaken around out of hours care and the development of an urgent care model.

17.6 The Board noted that primary care was a complex area and given the overview of issues being tackled the Healthcare Governance Committee had only been able to take limited assurance at the moment in respect of the ability to increase capacity. The Chairman commented that there was a need to be more explicit in Board papers about the level of assurance being taken by the Board Governance Committees in general.

17.7 The point was made that with increased capacity potentially came bids for increased capital infrastructure. There was a view expressed that this should be part of the NHS capital programme with the process including partners. The Board were advised in terms of thinking out of the box that consideration was being given to the development of joint assets. In the shorter term however there was a need to look at the issues that needed to be resolved quickly and thereafter look at capital issues and this work was already underway with the 4 Lothian partnerships. The point was made that there was a lead in time for capital projects which might be elongated if it included the engagement of community planning partnerships. This issue would need to be a consideration for the medium to longer term.

17.8 There needed to be some consideration around what the ideal model of capital investment would be in the future given that there did not appear to be a strategic solution for GPs. The suggestion was made that this needed to be part of the regional approach being sponsored by the Scottish Government. There was a view that engagement with the public in future should be based on a different model. The Board were advised that in Lothian there was a need to describe what primary care needed to deliver over the next 5-10 years and then consider the capital infrastructure needed to deliver this. Work was underway with GP practice colleagues to develop this vision.

17.9 Dr Williams concurred with these views and reported that he felt a section 2C contract represented a real opportunity to do things differently and that some practices in Edinburgh were already taking the benefit of these opportunities. He felt there was a need to look at section 2C practices to employ GPs to work innovatively and collegiately. The current GP contract was not felt to be fit for purpose. The Gamechanger Practice approach in Leith was discussed.

17.10 The Board were advised that through the Primary Care Programme Board the intention was to move to a position of initial stabilisation through the development of proposals to support practices. There was a need to continue with the ground work to obtain a fit for purpose model. Dr Williams welcomed the approach commenting that it needed to be done locally as professionally a number of GPs felt that the contractual model was the correct one moving forward.

17.11 The Board were advised that in terms of local authority planning arrangements that Section 75 planning issues needed to be discussed and brought to the table with housing providers in terms of contributions to support GP and other infrastructure requirements created as a result of increased housing developments.

17.12 The point was made that within the context of a 5 year output that there was a need to link into the regional debate and other work as the differing strategic timescales needed to be considered.

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

18. Annual Report and Accounts for the Year Ending 31 March 2017

18.1 The Board noted that the draft annual accounts were subject to separate confidential circulation with the Board papers as they could not be presented in any public domain until laid before Parliament. This had been confirmed by officers within the Scottish Government Health and Social Care Directorate. Copies had also been circulated to members of the Audit Committee for their meeting held on 19 June 2017.

18.2 The Board noted that the Audit Committee at their meeting held on 19 June 2017 had considered and agreed that there was sufficient assurance to recommend the adoption of the annual accounts to the NHS Lothian Board.

18.3 Members of the Board approved and adopted the annual accounts for the year ending 31 March 2017.

18.4 Members of the Board authorised the designated signatories (Chief Executive and Director of Finance) to sign the annual report and accounts on behalf of the Board were indicated in the document. Members of the Board also authorised the Chief Executive's signature on the representation letter to the Auditors on behalf of the Board.

18.5 The point was made that in the Auditors report more mention could have been made around the inability to achieve some performance levels with there being a need to be clearer around the financial implications and Government expectations. The Chair of the Audit Committee advised that auditors would meet with the Audit and Risk Committee in private without Executive Directors present at a date in the future and this issue could be raised at that point.

19. Next Development Session

19.1 The Board noted that the next Board Development Session would be held on Wednesday 19 July 2017 at 9.30am at the Scottish Health Service, Crewe Road South, Edinburgh EH4 2LF.

20. Date and Time of Next Meeting

20.1 The next meeting of Lothian NHS Board would be held at 9.30am on Wednesday 2 August 2017 in the Scottish Health Services Centre, Crewe Road, Edinburgh.

21. Invoking of Standing Order 4.8

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

LOTHIAN NHS BOARD MEETING

1.2

RUNNING ACTION NOTE

Action Required	Lead	Due Date	Action Taken / Outcome	Outcome
Delayed Discharges				
• 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	*For IJB Chief Officers to address*	
Person Centred Culture				
• 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	*Action Plan being progressed*	
Regional Delivery Plan				
• Update reports on regional planning to be received August and October Board meetings.	**TD**	02/08/17 & 04/10/17	*On August Agenda*	

NHS LOTHIAN

1.3

Board
2 August 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 Acknowledge the corporate risks are undergoing review to improve the expression of risk, controls and actions.

2.2 Accept significant 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.

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

3 Discussion of Key Issues

3.1 The Board in June 2017 accepted a number of changes to the risk register which are illustrated in Appendix 1. These include:-

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

All the corporate risks are undergoing review which includes the above and will be completed by October 2017. The aim of the review is to improve clarity of expression of risks, controls and actions to maximise effectiveness of the process which was an Audit & Risk Committee agreed risk management objective for 2017/18. Table 1 below illustrates progress with this review.

Table 1

Datix ID	Risk Title	
3600	The scale or quality of the Board's services is reduced in the future due to failure to respond to the financial challenge.	Risk has been reviewed and approved by the Finance & Resources Committee in July 2017
3203	Unscheduled Care: 4 hour Performance	Risk to be reviewed
3726	Timely Discharge of Inpatients (Previously Unscheduled Care: Delayed Discharge)	Risk agreed at June 2017 Board
3829	GP Workforce Sustainability	Risk agreed at June 2017 Board
3211	Access to Treatment – Organisation Risk (Previously Achievement of National Waiting Times)	Risk agreed at June 2017 Board
4191	Access to Treatment Risk – Patient (New Risk May 17)	Risk agreed at June 2017 Board and also reviewed by HCG in July 2017
3454	Management of Complaints and Feedback	Risk reviewed and grading reduced
1076	Healthcare Associated Infection	Risk to be reviewed.
3480	Delivery of SPSP Work Programme	Risk to be reviewed
3527	Medical Workforce Sustainability	Revised risk currently in draft
3189	Facilities Fit for Purpose	Risk to be reviewed
3455	Management of Violence & Aggression.	Risk to be reviewed
3828	Nursing Workforce – Safe Staffing Levels	Risk reviewed
3328	Roadways/ Traffic Management	Risk to be reviewed

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

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

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

* Outwith risk appetite as illustrated in Table 3.

3.3.1 The Board and Governance committees of the Board need to assure themselves that adequate improvement plans are in place to attend to the corporate risks pertinent to the committee. These plans are set out in the Quality & Performance paper presented to the Board and papers that are considered at the relevant governance committees. Governance Committees continue to seek assurance on risks pertinent to the committee and level of assurance along with the summary of risks and grading is set out below in Table 2.

3.3.2 The Patient Experience risk – Management of Complaints & Feedback has been reviewed. This includes a reduction in risk grading from Very High 20 to High 16 due to moderate assurance being accepted by HCG in March and July 2017, and improved performance in 11 out of 12 months prior to a new complaints process being implemented.

3.3.3 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 2

Datix ID	Risk Title	Assurance Review Date	Initial Risk Level	Jul-Sept 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017
3600	The scale or quality of the Board's services is reduced in the future due to failure to respond to the financial challenge. **(Finance & Resources Committee)**	March 2017 No assurance with respect to financial balance 2017/18. July F&R considered the revised risk and accepted limited assurance.	High 12	Very High 20	Very High 20	Very High 20	Very High 20
3203	Unscheduled Care: 4 hour Performance **(Acute Services Committee)** (Set out in Quality & Performance Improvement Report)	February 2017 Moderate Assurance; Members approved the recommendations laid out in the paper and accepted moderate assurance, but asked for more detail in the next paper on the greater impact of the measures taken to manage unscheduled care. Paper received and moderate assurance	High 10	Very High 20	Very High 20	Very High 20	Very High 20

Datix ID	Risk Title	Assurance Review Date	Initial Risk Level	Jul-Sept 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017
		accepted due to performance over the last 4 quarters.					
3726	Timely Discharge of Inpatients (Previously Unscheduled Care: Delayed Discharge) **(HCG Committee)** (Set out in Quality & Performance Improvement Report)	January 2017 Limited assurance. No clear improvement plans in place to mitigate the risk. A plan to be presented at the September meeting to inform assurance.	Very High 20	Very High 20	Very High 20	Very High 20	Very High 20
3829	GP Workforce Sustainability **(HCG Committee)**	March 2017. Limited assurance. No clear improvement plans in place at March 2017. Plans presented in May 2017. Due to limited assurance, Chief Officers asked to come back with an update to September meeting with a verbal update in July 2017.	Very High 20	Very High 20	Very High 20	Very High 20	Very High 20
3211	Access to Treatment – Organisation Risk (Previously Achievement of National Waiting Times) **(Acute Services Committee)** (Set out in Quality & Performance Improvement Report)	July 2017 Limited Assurance. The Committee was impressed with the work in progress but also disappointed that performance remained of concern with the volume of patients waiting over 12 weeks. Recognition that systems of control were in place was accepted. Update provided to HCG in July 2017. Continues to be limited and update to come regularly.	High 12	High 16	High 16	⇧ Very High 20	Very High 20
4191	Access to Treatment Risk – Patient (New Risk May 17)		Very High 20				Very High 20
3454	Management of Complaints and Feedback **(HCG Committee)** (Set out in Quality & Performance Improvement Report)	July 2017. Moderate assurance with respect to a plan being in place, but need assurance that the plan will lead to an improvement and asked for an update every 2nd meeting.	High 12	High 16	Very High 20	Very High 20	⇩ High 16
1076	Healthcare Associated Infection **(HCG Committee)** (Set out in Quality & Performance Improvement Report)	July 2017. Overall moderate assurance due to SAB infections, but significant with respect to CDI HEAT target achievement. Committee asked for the risk grading to be reviewed in light of current performance.	High 12	High 16	High 16	High 16	High 16

Datix ID	Risk Title	Assurance Review Date	Initial Risk Level	Jul-Sept 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017
3480	Delivery of SPSP Work Programme **(HCG Committee & Acute Services Committee)** (Set out in Quality & Performance Improvement Report)	July 2017 Significant assurance received with the exception of the management of deteriorating patients. Committee in March. Review presented to HCG July 2017. Significant assurance re robustness of the review, limited re actions that will lead to an improvement as changes not tested at scale.	High 16	High 16	High 16	High 16	High 16
3527	Medical Workforce Sustainability **(Staff Governance Committee)**	March 2017 Moderate Assurance that all reasonable steps are being taken to address the risks. Paper requested for 26th July meeting.	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)**	To be assessed.	High 15	High 16	High 16	High 16	High 16
3455	Management of Violence & Aggression. (Reported at H&S Committee, **via Staff Governance Committee**)	March 2017 Limited Assurance. Pending the review of the management of violence and aggression commissioned by Medical Director. Findings of review to be considered by Staff Governance on 26th July 2017 and inform the management of this risk.	Medium 9	High 15	High 15	High 15	High 15
3828	Nursing Workforce – Safe Staffing Levels **(Staff Governance Committee)**	March 2017 Moderate assurance that systems are in place to manage this risk as and this risk will be regularly reviewed particularly with respect to District nursing.	High 12	Medium 9	Medium 9	Medium 9	Medium 9
3328	Roadways/ Traffic Management (Risk placed back on the Corporate Risk Register December 2015) (Reported at H&S Committee, **via Staff Governance Committee**)	March 2017 Moderate Assurance that issues are regularly reviewed, managed and improvements developed as supported by recent audits. Further report requested for 26th July meeting.	High 12	High 12	High 12	High 12	High 12

3.4 Risk Appetite Reporting Framework

NHS Lothian's Risk Appetite Statement is:-

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

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

Table 3

	Current Status	**Current Position**	**Data Report**
Corporate Objective 3 – Improve Quality, Safety & Experience Across the Organisation (LDP 2016-17 - 2.3 Deliver Safe Care) **Low Risk Appetite**			
• Scotland target to reduce acute hospital mortality ratios by 10% with a tolerance of 15-20% by Dec 2018 [1] All sites within HS limits & <=1	Green	0.87	Quality & Performance Improvement Report (HCG Committee)
• Achieve 95% harm free care with a tolerance of 93-95% by Dec 2015	Green	99.9%	Patient Safety Programme Annual Report (Jan 2017) (HCG Committee)
• Achieve 184 or fewer SAB by March 2018 with a tolerance of 95% against target. n=193 to 184	Red	49	Quality & Performance Improvement Report (HCG Committee)
• Achieve 262 or fewer C.Diff by March 2018 with a tolerance of 95% against target. n=275 to 262	Green	43	Quality & Performance Improvement Report (HCG Committee)
• Reduce falls with harm by 20% with a tolerance of 15-20% by March 2017	Green	53%	Quality & Performance Improvement Report (HCG Committee)
Corporate Objective 3 – Improve Quality, Safety & Experience Across the Organisation (LDP 2016-17 - 2.4 Deliver Person-centred Care) **Low Risk Appetite**			
• Patients would rate out of 10 their care experience as 9, with a tolerance of 8.5	Amber	8.80	Quality & Performance Improvement Report (HCG Committee)
• 90% of staff would recommend NHS Lothian as a good/very good place to work by Dec 2015 with a tolerance of 93-95%	Red	74%	iMatters first report. Frequency of reporting to be confirmed. (Staff Governance Committee)
• Staff absence below 4% with a 5% tolerance (4.2%)	Red	5.08%	Quality & Performance Improvement Report (Staff Governance Committee)
Corporate Objective 3 – Improve Quality, Safety & Experience Across the Organisation (LDP 2016-17 -			

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

	Current Status	Current Position	Data Report
2.7 Scheduled Care & Waiting Times) **Low Risk Appetite**			
• 90% of patients of planned/elective patients commence treatment within 18 weeks with a tolerance of 85-90%	Red	81.1%	Quality & Performance Improvement Report (Acute Hospitals Committee)
• 95% of patients have a 62-day cancer referral to treatment with a tolerance of 90-95%	Amber	91.7%	Quality & Performance Improvement Report (Acute Hospitals Committee)
Corporate Objective 3 – Improve Quality, Safety & Experience Across the Organisation (LDP 2016-17 - 2.8 Appropriate Unscheduled Care) **Low Risk Appetite**			
• 98% of patients are waiting less than 4 hours from arrival to admission by Sept 2014 with tolerance of 93-98%	Amber	95.7%	Quality & Performance Improvement Report (Acute Hospitals Committee)
• No patients will wait more than 14 days to be discharged by April 2015 with an appetite of 14 days, and a tolerance of 15 days *	Red	213	Quality & Performance Improvement Report (HCG Committee)
• No of all patients admitted to hospital with an initial diagnosis of stroke should receive the appropriate elements of the stroke care bundle, with an appetite of 80% and a tolerance of 75%.	Red	65.6%	Quality & Performance Improvement Report for management actions (Acute Hospitals Committee)
Corporate Objective 1 – Protect & Improve the Health of the Population. **Medium Risk Appetite**			
• Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% SIMD areas, with a 10% tolerance (36-40%). (Target = 293 minimum per quarter).	Red	203	Quality & Performance Improvement Report (HCG Committee)
• At least 80% of women in each SIMD percentile will be booked for antenatal care by 12th week of gestation, with a 10% tolerance (69.3-77%) •	Green	Lowest SIMD is SIMD 4 – 81.4%	Quality & Performance Improvement Report (HCG Committee)
Corporate Objective 5 – Achieve Greater Financial Sustainability & Value (LDP 2016-17 – 3.1 Financial Planning) **Medium Risk Appetite**			
• In the preceding month, the monthly overspend against the total core budget for the month is not more than 0.5%	Red	£3,237k overspend at period 2 equating to 2.9%	Period 2 Finance Report (Finance & Resources Committee)
• For the year to date, the overspend against the total core budget for the year to date is not more than 0.1%	Red	£4,826k overspend for the year-to-date, equating to 2.1%	Period 2 Finance Report (Finance & Resources Committee)

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

3.4.1 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
Associate Director for Quality Improvement & Safety
18 July 2017
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List of Appendices

Appendix 1: Summary of Corporate Risk Register

Corporate Risk Register

Appendix 1

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3600	3: Secure Value & Financial Sustainability	The scale or quality of the Board's services is reduced in the future due to failure to respond to the financial challenge.	There is a risk that the Board does not systematically and robustly respond to the financial challenge to achieve its strategic plan. This could be due to a combination of: uncertainty about the level of resource availability in future years, the known demographic pressure which brings major potential service costs and increasing costs of new treatment options, e.g. new drugs, leading to a reduction in the scale or quality of services. NOTE: During the last few years, NHS Lothian has been reliant on non-recurring efficiency savings, which has exacerbated the requirement to implement plans which produce recurring savings.	The Board has established a financial governance framework and systems of financial control. Finance and Resources Committee provides oversight and assurance to the Board. Quarterly review meetings take place, where acute services COO, site/service directors in acute, REAS and joint directors in Primary Care are required to update the Director of Finance on their current financial position including achieve delivery of efficiency schemes. Rationale for Adequacy of Control: A combination of uncertainty about the level of resource availability in future years combined with known demographic pressure which brings major potential service costs, requires a significant service redesign response. The extent of this is not yet known, nor tested.	Risk Reviewed: April-June 2017 As at 19 June 2017, NHS Lothian has submitted a 2017/18 LDP (Local Delivery Plan) to the Scottish Government with a £22m funding gap. The medium term financial plan will have a renewed focus on the national opportunities identified via the national Value and Sustainability work streams. The positive impact on finance from the Quality initiatives work on reducing unwarranted variation and waste will also be reflected in the plan. The Board has agreed to produce a medium term strategic financial plan, with the specific aim of identifying a plan for the Board to return to recurring financial balance. The National Health and Social Care Delivery Plan has requested that Regional service models are enhanced to support delivery of recurring financial balance. The Board is committed to working with regional partners to deliver this aim. Risk Grade/Rating remains Very High 20	Inadequate; control is not designed to manage the risk and further controls & measures required to manage the risk	Very High 20	Medium 6	Director of Finance	Deputy Director of Finance	Finance & Resource Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3203	2: Improve the quality and safety of health care	Unscheduled Care: 4 hour Performance	There is a risk that 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.	A range of governance controls are in place for Unscheduled Care notably: - 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; NHSL 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 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 A number of performance metrics are considered and reviewed, including: - 4 hour Emergency Care Standard and performance against trajectory - 8 and 12 hour breaches - Attendance and admissions - Delayed Discharge (see Corporate Risk ID 3726) - Boarding of Patients - Winter Planning - Length of Stay (LOS) - Cancellation of Elective Procedures - Finance Adherence to national guidance/ recommendations Plethora of work now focussed around the Scottish Government's *6 Essential Actions* initiative to support achievement of 95% target (stretch target of 98%) for 4 hour performance.	**Risk Reviewed for period April-June 2017. (Normal Quarterly Update, Overall Risk still be reviewed)** Updates highlighted below Risk Grade/Rating remains Very High/20 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: • Clinical Leadership • Escalation procedures • Site safety and flow huddles • Workforce capacity • Basic Building blocks models • Proactive discharge • Flow through ED/ Acute Receiving • Smooth admission/ discharge profiling • Effective capacity and Demand models being developed re in /out , BBB methodology • Patients not beds principle • Daily Dynamic Discharge/check, chase, challenge methodology rolled out across the acute sites • Plan to roll out across the whole system and partnerships campus's The above has been absorbed as part of approach to winter planning, led by NHSL UCC Committee. The approved Winter Plan outlined the approach to supporting performance over the winter period and beyond. This reflected a number of actions namely: • Winter Readiness plans established for each site • Plans focused on discharge capacity as well as bed capacity • Clear measures in terms of escalation procedures • Measures to counter any demand unmatched to support winter and patient flow • A focus on DD and POC to ensuring sustainable performance throughout the winter period liaising closely with IJB partner organisations. • Weekly teleconference with IJBs • Each partnership has trajectories in place to support reduction in DD • Agreed data set to assist with developing a wider capacity plan across all health & social care areas Winter Planning Board has been changed to NHSL 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 and debrief from winter is planned for May 2017. NHS Lothian achieved 94% performance against the standard for the quarter January-March 2017. The Winter Planning Board was established 2016/17 as NHS Lothian Unscheduled Care Committee to enhance performance as a collaborative response all year round.	Adequate but partially effective; control is properly designed but not being implemented properly	Very High 20	Low 1	Chief Operating Officer (Acting)	To be confirmed	Acute Services Committee

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3726	2: Improve the quality and safety of health care	Timely Discharges of Inpatients	There is a risk that patients are not being discharged in a timely manner resulting in sub optimal patient flow impacting on poor patient, staff experience and outcome of care.	A range of management/governance controls are in place for Unscheduled Care notably: NHS Lothian Board (bi monthly) oversee performance and the strategic direction for Delayed Discharges across the Lothian Board area. The bi-monthly Acute Hospitals Committee as well as formal SMT and SMG meetings. Further weekly briefings to the Scottish Government on performance across the 4 main acute sites (data analysis from EDISON NHS Lothian's Winter Planning Project Board is now established as the NHSL Unscheduled Care Committee in collaboration with the Integrated Joint Boards Integrated Joint Boards will report via the Deputy Chief Executive to Scottish Government on the delivery of key targets which include Delayed Discharges and actions in response to performance. Delayed discharges are examined and addressed through a range of mechanisms by IJBs which include: • Performance Management. Each Partnership has a trajectory relating to DD performance and these are reported through the Deputy Chief Executive • Oversight of specific programmes established to mitigate this risk for example Edinburgh Flow Board and/or Strategic Plan Programme Board (East Lothian)	Risk Reviewed: April – June 2017 Risk Grade/Rating remains Very High/20 Action to help tackle DD across NHS Lothian include: • Criteria led discharge pilots • Downstream hospitals to have admission and discharge quotas similar to main acute sites. • A capacity and demand exercise is being implemented re hours of care at home required across the City of Edinburgh and other councils • Locality based Services (hubs) being developed to support pulling patients out of hospital and promoting prevention of admission and reducing delayed discharges • Evidence Based Daily Dynamic Discharge is rolled out across the whole system in collaboration with Scottish Government Improvement Team • Extending Hospital to Home and HAH 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 • Weekly teleconference with the IJB Chief Officers, chaired by WLH&SCP Chief Officer and Deputy Chief Executive • Joint Venture with CEC to create additional models of interim care capacity – Gylemuir/Liberton • Discharge Hubs in the Royal Infirmary of Edinburgh, the Western General Hospital and St John's Hospital • Orthopaedic Pathway Review 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: • Development of robust site winter readiness plans • Focus on Capacity and Demand in relation to beds and hours or care requirements • Clear measures in terms of escalation procedures • Counter any demand as a result of the extended 4 day break during the festive period. • Focus on DD and POC liaising with IJB Partner organisations to support patient flow and sustainable performance throughout the winter period. • Agreed Trajectories in place for each partnership and being monitored to support capacity to meet demand • 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	Medium 9	Deputy Chief Executive	Director of West Lothian H&SCP/Chief Operating Officer (Acting)	Acute Hospitals Committee in partnership with IJBs

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3829	2: Improve the quality and safety of health care	GP Workforce Sustainability	There is a risk that the Board will be unable to meets its duty to provide access to primary medical services for its population due to increasing population combined with difficulties in recruiting and retaining general practitioners, other staff and premises difficulties (e.g. leases). This may affect: • ability of practices to accept new patients (restricted lists); • patients not being able to register with the practice of their choice; • ability to cover planned or unplanned absence from practice; • ability to safely cover care homes; and difficulties in one practice may impact on neighbouring practices/populations, occur at short notice with the result that practices are unable to provide services in their current form to existing patients; • other parts of the health and social care system e.g. secondary care, referrals, costs As a result of these pressures practices may choose to return their GMS contracts to the NHS Board who may in turn not be able to successfully fill practice vacancies or recruit sufficient medical staff to run the practice under 2c (direct provision) arrangements	Governance and performance monitoring • Regular updates reported to Healthcare Governance Committee • NHS Lothian Board Strategic plan, HSCP primary care transformation plans and reports to Board and Strategic Planning Committee. • Establishment of the Primary Care Investment and Re-design Board which will oversee implementation of local plans and measure associated improvement across NHS Lothian. • The risk is highlighted on all HSCP risk registers with local controls and actions in place and on the East Lothian IJB risk register as host IJB for the Primary Care Contractor Organisation (PCCO) Core prevention and detection controls • PCCO maintain a list of restrictions to identify potential and actual pressures on the system which is shared with HSCPs and taken to the Primary Care Joint Management Group (PCJMG) monthly. • PCJMG review the position monthly with practices experiencing most difficulties to ensure a consistent approach across the HSCPs and advise on contractual implications. • Ability to assign patients to alternative practices through Practitioner Services Division (PSD). • "Buddy practices" through business continuity arrangements can assist with cover for short-term difficulties. Rationale for Adequacy of Controls - remains inadequate as HSCP transformational plans are still at developmental stage and GP retention and recruitment is a national issue (see Medical workforce risk. Risk grading therefore remains very high/20).	Risk reviewed for period April-June 2017 • Healthcare governance committee received an update in May 2017 and confirmed limited assurance. An update will be presented to NHS Lothian Board in June 2017. • All HSCPs developing transformational plans for Primary Care based on agreed, joint priorities and a second Lothian-wide Primary Care summit was held on 4 May and reported to May HCG. • NHS Lothian proposed investment of £5m over three years from 2017/18 to address the key pressures are reflected in HSCP integration plans along with the additional national funding in 2017/18 for Primary Care Transformation, funding to increase provision of clinical pharmacist posts in General Practice to provide alternatives to GP consultations for medicines and prescribing related issues. • Further work on GP recruitment including: ➢ Testing the recruitment market (using Google clicks or a social media campaign to identify where GPs might come from before running a more visible, targeted campaign to recruit) ➢ Promotion of Edinburgh and Lothians as good place to work ➢ Provision of local contacts to discuss job opportunities ➢ GP practice recruitment micro site	Inadequate; control is not designed to properly manage the risk and further controls and measures are required.	Very High 20	High 16	Medical Director	Joint Director, East Lothian H&SCP	Healthcare Governance Committee

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3211	2. Improve patient pathways and shift the balance of care	Access to Treatment Risk – Organisation Risk (Previously Achievement of National Waiting Times)	There is a risk that NHS Lothian will fail to achieve waiting times targets for inpatient / day case and outpatient appointments, including the overall Referral To Treatment target, due to a combination of demand significantly exceeding capacity for specific specialties and suboptimal use of available capacity, resulting in compromised patient safety and potential reputational damage.	Governance & performance monitoring • Weekly Acute Services Senior Management Group (SMG) meeting • Monthly Acute Services Senior Management Team meeting- monthly outturn and forecast position • Performance reporting at Corporate Management Team (CMT) • NHS Lothian Board Performance Reporting • Performance Reporting and Assurance to Acute Hospital Committee • Monthly access and Governance Committee, to ensure compliance with Board SOPs relating to waiting times. Core prevention and detection controls • Establishment of the Delivering for Patients Group to monitor performance and work with individual specialties to delivery efficiency improvements against key performance indicators on a quarterly basis • Scope for improvement identified with recommendations made to specialties e.g. target of 10% DNA rate; theatre session used target of 81 %, cancellation rate 8.9%; for every 10 PAs recommendation of 6 DCCs directly attributed to clinic or theatre. Rational for adequacy of controls Some controls are in place and additional controls currently being designed and as such, overall control is inadequate. Controls and actions are now being reviewed quarterly at Acute SMT to ensure any areas of concern are highlighted and actioned. Risk remains high while demand continues to exceed available capacity.	Risk Reviewed Apr-June 2017: <u>Ongoing Actions</u> • Weekly Acute SMG monitors TTG, RTT, long waits, cancer performance, theatre performance and recovery options on a weekly basis, with monthly deep dives into theatre and cancer performance. • Monthly Acute SMT has sight of Access & Governance minutes, to monitor ongoing actions and escalate as appropriate. • Performance is also reported to, and monitored by, Acute CMT. • Performance is also monitored by the Board and Acute Hospitals Committee, using the Quality & Performance pro forma format. A considerable amount of work is being undertaken by the Performance Reporting team, in conjunction with Acute divisional management, to streamline the pro formas making them easier to use and improving their relevance to the performance improvement process at service level. <u>Additional Actions</u> • Implementation of a Theatres Improvement Programme – a significant programme with multiple work streams (Pre-assessment, HSDU, Booking and Scheduling, Workforce) to improve theatre efficiency. • Establishment of an Outpatient Programme Board that focuses on demand management, clinic optimisation and modernisation. Risk Grade/Rating is Very High/20	Inadequate – control not designed to properly manage risk; further controls required	Very High 20	Medium 4	Deputy Chief Executive	Chief Operating Officer (Acting)	Acute Services Committee

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4191	2. Improve patient pathways and shift the balance of care	Access to Treatment Risk - Patient	There is a risk that patients will wait longer than described in the relevant national standard due to demand exceeding capacity for in-patient / day case and outpatient services within specific specialties. Clinical risk is identified in two dimensions: 1) the probability that due to length of wait the patient's condition deteriorates; 2) the probability that due to the length of wait significant diagnosis is delayed.	• Service developed trajectories, that are used to monitor performance, early indications of pressures, and opportunities to improve efficiencies/productivity. • A re-invigorated Delivering for Patients (DfP) programme provides a framework for learning and sharing good practice through a programme of quarterly reviews. • New referrals are clinically triaged, a process which categorises patients as Urgent Suspicion of Cancer (USOC), Urgent or Routine. Within each of these categories, patients are triaged into the most appropriate sub-specialty queue, each of which is associated with a different level of clinical risk. • A revised communications strategy has been established to ensure that both patients and referrers are appropriately informed of the length of waits. • If the patient's condition changes, referrals can be escalated by the GP by re-referring under a higher category of urgency. There is an expectation that the GP would communicate this to the patient at the time of re-referral. • Specific controls are in place for patients referred with a suspicion of cancer. Trackers are employed to follow patients through their cancer pathways, with reporting tools and processes in place which trigger action to investigate / escalate if patients are highlighted as potentially breaching their 31-day and / or 62-day targets. Trackers undergo ongoing training, and have access to clear escalation guidance on how to deal with (potential) breachers. Rational for adequacy of controls Some controls are in place and additional controls currently being designed and as such, overall control is inadequate. Controls and actions are now being reviewed quarterly at Acute CMG to ensure any areas of concern are highlighted and actioned. Risk remains high while demand continues to exceed available capacity.	New Risk May 2017: <u>Ongoing Actions</u> • DfP quarterly reviews are supported by more regular meetings with service management teams and clinicians to develop and implement improvement ideas, and to facilitate links to the Outpatients and Theatre improvement programmes. Running action notes are kept at each service meeting, and regularly reviewed by service management teams and the DfP core group. • Significant redesign and improvement work is being undertaken through the Outpatient Programme Board and through the Theatre Improvement Programme Board, to help mitigate some of the increasing waiting time pressures and clinical risks. • Revised communications strategy includes an "added to outpatient waiting list" letter, which informs patients that their referral has been received, and that some service waits are above the 12-week standard. Current waiting times are also published on *RefHelp*, making them available to GPs at the time of referral. It has been agreed (March 2017) that a link to *RefHelp* waiting time information will be included in letters to patients, allowing them to check service waiting times regularly. • Information on the projected length of wait throughout a patient's pathway is communicated clearly to patients at clinical appointments throughout their cancer journey. <u>Additional Actions</u> • There are some ongoing issues with resilience with regard to cross-cover among trackers during periods of absence and / or annual leave and these are being addressed robustly with, in the first instance, an in-depth review of current cancer tracking arrangements. • Executive Medical Director and Interim Chief Officer have developed risk matrix for specialties under waiting time pressures, and will work with NHS Grampian to develop a clinician led framework for risk analysis to help prioritise resources. Risk is very high while demand exceeds available capacity and as such Risk Grade/Rating is Very High/20	Inadequate – control not designed to properly manage risk; further controls required	Very High 20	Medium 4	Deputy Chief Executive	Chief Operating Officer (Acting)	Acute Services Committee

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3454	2: Improve the quality and safety of health care	Management of Complaints and Feedback	There is a risk that learning from complaints and feedback is not effective due to lack of reliable implementation of processes (for management of complaints and feedback) leading to the quality of patient experience being compromised and adverse effect on public confidence and expectation of our services. It is also acknowledged that a number of other corporate risks impact on this risk such as the processes and experience of unscheduled care, patient safety, primary care and waiting times.	<u>Governance and performance monitoring</u> • Routine reporting of complaints and patient experience to every Board meeting • Regular reports to the Healthcare Governance Committee - complaints and patient experience reports. • Additional reports are submitted to the Audit and Risk Committee • Monthly quality and performance reporting arrangements include complaints and patient experience <u>Core prevention and detection</u> • The complaints improvement project board, chaired by the Executive Nurse Director oversees implementation of the new complaints handling model for management and learning from complaints as part of a wider improvement project to improve patient experience • Feedback and improvement quality assurance working group meets monthly, chaired by Non-executive Director and is overseeing implementation of the SPSP action plan • Corporate Management Team and Executive Nurse Directors group review and respond to weekly/monthly reports Complaints management information available on DATIX dashboard at all levels enabling management teams to monitor and take appropriate action. Weekly performance reports on complaints shared with clinical teams. Patient experience data is fed back on a monthly basis at service and site level to inform improvement planning and is available via Tableau Dashboard. Rationale for inadequate controls: Governance processes and improvement plans are in place but yet to be fully implemented.	Risk Reviewed for period April-June 2017 A new complaints handling procedure is in place from 1 April 2017 which introduces a 3-stage approach: 1) front line resolution, 2) Investigation and 3) SPSO. • Complaints Improvement Project Board now in place chaired by the Executive Nurse Director. • Stakeholder engagement from across the organisation seeking feedback on a new delivery model to support the new CHP. • Feedback & Improvement Quality Assurance Working Group meet monthly chaired by Non Executive and has overseen the implementation of SPSO action plan. Further meeting with the new Ombudsman update on progress – 26 July 2017. • Complaints and patient experience reports was given moderate assurance by the HCG committee – Jan '17. • Discussions are being undertaken with independent contractors to explore how new model can be implemented in Primary Care • Ongoing support, training and awareness raising within services to increase confidence and capability in managing complaints • Work ongoing to support the complaints and feedback systems within the 2 prisons encouraging early resolution. • Services are being supported to test a range of approaches including Care Opinion, Tell us 10 things and Care assurance standards • Tell us Ten things questionnaire has been aligned with "5 must dos with me" and is being tested in 3 acute sites with adults, children and young people Risk Grade/Rating reduced from Very High/20 to High/16 Rationale for this – moderate assurance given at March and July HCG committee. Performance improved 11 out of the last 12 months (before the new CHP was implemented). SPSO cases reduced by half – currently 31 (28.06.17) Complaints Improvement Project Board in place. Blended approach to patient feedback (TTT , Care Opinion / CAS)	Inadequate; control is not designed to manage the risk and further controls & measures required to manage the risk	High 16	Medium 6	Executive Director Nursing, Midwivery & AHP's	Head of Patient Experience	Healthcare Governance Committee

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1076	2: Improve the quality and safety of health care	Healthcare Associated Infection	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. There are additional streams of mandatory work from SGHD and HPS being introduced over 2017/18. These include SSI surveillance programmes for Colorectal and Vascular Surgery, increased surveillance time frames and data requirements within existing programmes for CSection and Hip Arthroplasty. In addition following the introduction of ECB surveillance in 2016 this is now to be extended to all Gram Negative Bacteraemia. The MRSA screening programme continues with compliance measured against clinical risk assessment with 24hours of admission. Concerns have been raised re the quality of The electronic data collection for MRSA CRA and this has now commenced manual validation for 4 months until a review of electronic systems can be completed. This has a further impact on resource pressures. Clinical Risk assessment for CPE is being added to surveillance programme and will include areas not previously covered by MRSA protocols eg Maternity services and Paediatric services. CPE key performance indicators are anticipated to be similar to those of MRSA	Development of the NHSL Infection Service, encompassing all specialist clinical/medical, nursing and pharmaceutical aspects of infection continues. 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 integration of services 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 team 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. The progress against the plans to expand of the IPCT Geographical Structure to include medical representatives has made limited progress due to lack of appropriately qualified medical personnel. Support is currently still sourced through the current ICD any local projects and developments are on hold until the teams are more reliably established. The single point of contact whilst it is to be tested at WGH the default will be to forward any calls for medical teams to the relevant services duty rooms NHS Lothian Infection Concerns have been escalated to the HAI Executive Lead regards the Local Committees implementation and reliability as a means to deliver the intended clinical ownership The Lothian Acute services and LICAC will be kept appraised of the situation but this also requires to be managed through the Acute Services management team. 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. The review of It LICAC's role has been postponed to allow the work to be undertaken in the IJB s and HSCP. 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. A review of CHP Committee has commenced with Edinburgh HSCP and Integrated Joint Board. The aim is to share the work developed there with the other Lothian IJBs and HSCB to develop structured governance and reporting mechanisms for IPC aspects across the Lothian services. A gaps analysis of support to HSCP is being undertaken with the HPT to develop a clearer understanding of current support and gaps in service support. The current 4 geographical regions (Edinburgh North, Edinburgh South, Mid & East and West Lothian) within the Infection Prevention & Control team have responsibility for both acute and NHS Lothian community hospital settings within their remits. Work has commenced to review the structure with the move of RHSC which is the major component of South Region to RIE site. A review of the current workload across the regions is ongoing as the service cannot sustain existing work streams and integrate the new work programmes into business as usual within the current workforce establishment. The HAI Strategy summarises the roles and responsibilities for the various levels across the organisation. This document was approved by the Board and disseminated to the Site Directors and Associate Nurse Directors to inform their Infection Control Committee's work plans. This strategy will be reviewed and updated in 2017/18 Education: • The HAI Education Strategy (Aug 2015) defines the training and education requirements for staff of all disciplines across the organisation. It will next be due for review in August 2017.	Risk Reviewed for period Apr-June 2017: (Normal Quarterly Update, Overall Risk still be reviewed) Risk register has been reviewed and updated. Additional actions have been added to support the introduction of the new work streams which are challenging within current resource availability and demands on service Risk Grade/Rating remains High 16 with the successful achievement of LDP for CDI and the level of current pressures form outbreaks and incidents. However it should be noted that the situation can change at any time	Adequate but partially effective; control is properly designed but not being implemented properly	High 16	Medium 4	Medical Director	Head of Infection Control Service	Healthcare Governance Committee

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			None of these additional work streams are resourced. There is a risk that there will be significant gaps in information and data collated within the SSI as there are challenges within clinical resources who are essential in contributing to the surveillance protocol and data collection. The increased ownership and clinical engagement that was anticipated with the introduction of Local ICC has not been delivered. Local Management teams have chosen to integrate the ICC into other managerial meetings. This has resulted in limited opportunity for management to review performance on HAI related matters or develop any meaningful dialogue for improvement and/or prevention. The implementation of the NHS Lothian Infection Services structure remains a work in progress. Currently medical resources have not permitted allocation of an appropriately experienced or qualified ICD per region. There are suggestions this role can be allocated to Registers rather than Consultants. This could potentially post a clinical risk and could impact on the pressures on the nursing team and the current ICD post holder. In addition it is proposed the single point of contact be implemented but at present there is no clear resource of how this will be manned by the other speciality fields of the service such as AMT, Microbiology and Virology. The plan is to establish the single point of contact and test at WGH. However this has its limitations and could cause confusion with clinical teams.	• HAI education is within Corporate Induction and mandatory update programme. Compliance with mandatory training is undertaken by line managers as part of staff appraisal and personal development plans. Compliance is reported through dashboards giving managers oversight of service and individual compliance. Information is also available to managers in Empower/PWA system. Other packages are available through LearnPro and can be identified as part of staff PDP based on area of work. . IPCT provide reactive education as and when required as an outcome from investigations of incidents. As part of commitment to staff education it is planned IPCT will schedule a minimum of 4 update sessions which will be available to book through Empower/PWA • Following NHS Lothian pilot of the new NES SICEP programme which replaces the Cleanliness Champion Programme NES will commence roll out over the summer of 2017. The update to the education strategy will incorporate the change to the national SIPCEP programme Incidents/Outbreaks: • IPCNs work collaboratively with clinical and non clinical services to communicate risk, support improvement and escalate concerns as appropriate. Risks are identified through a number of routes such as snapshot audits, clinical visits and reviews of patients and HAI SCRIBE for risks associated with building works. Feedback is a combination of immediate verbal feedback, written SBAR and reports. IPCNs are part of local QITs and information on audits and HAI rates are reported to the site infection committees. A Problem Assessment Group (PAG) or Incident Management Team (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 Surveillance: • 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 , CDI incidences and ECB. ICNet is software surveillance tools which imports positive results and also has an alert set to notify team of increased incidence. 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. There is also mandatory surveillance undertaken for Surgical Site Infections within Obstetrics for C Sections and Orthopaedics for Hip Arthroplasty. High risk organisms are also monitored through electronic surveillance e.g. MDR and XDRs. In addition to local reporting for SAB/CDI to infection control committees, HCG Committee and Clinical Management Group, mandatory surveillance is also reported to HPS who provide quarterly reports collating information from across Scotland. Increased incidence would instigate a problem assessment group and incident investigation would commence of required						

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			Support to the clinical teams and service deliverables are currently being impacted due to staffing within the service. This is a combination of, the ratio of trainees to trained IPCNs, sickness and absence including 2 staff on Maternity leave. 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. In addition there is an expectation from clinical teams that the IPCT will extend into the HSCP remit as these areas become established. This will further deplete availability of resources	Controls Continued: • A review of the process for case reviews following Incidences where patients have CDI and SAB noted on their death certificate has been completed. These are now part of the DATIX SAE process and are led by clinical and site management teams. • Voluntary surveillance for facture neck of femur surgical site infection was discontinued to release some resources for the new mandatory programmes. However the resource release has had minimal impact as this was light surveillance and the 2 new programmes of Colorectal and Vascular Surgery are full surveillance. Work to develop the data collection is ongoing but is challenging as MDT support is proving difficult to establish. The use of electronic surveillance will capture some aspects but not all the extended components required in the data collection. Following discussions with HPS there will be a year implementation phase where data validation will not mandate all fields. HPS reports will not be published in the first year but will be available to support Boards in sharing information on data collected • Work is ongoing with our external providers for the ICNet software to install an HL7 feed which will help improve real time data available to team Antimicrobial Stewardship: • The Antimicrobial Management Team is 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. Funding for the AMT Audit Nurses is being sourced elsewhere to continue these posts. A work plan and reporting mechanisms for data is being developed Policies and Guideline: • 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 reported 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 2017. Decontamination: • There is a Decontamination Steering Group to progress/monitor actions associated with reusable surgical, dental and podiatry equipment. This is chaired by the Director of Public Health. An operational group is being established to support local delivery led by Aria Tyrothoulakis Procurement of Equipment: • 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. 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. There is a dedicated resource of 1 WTE Band 7 IPCN to support major projects.						

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3480	Improve the quality and safety of health care	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	• 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.	Risk Reviewed for Period Apr-Jun 2017 (Normal Quarterly Update, Overall Risk still be reviewed) • 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. • The Annual Report submitted to HCG provided significant assurance of patient safety measures (Essentials) however moderate assurance with respect to point of care priorities such as pressure ulcers, deteriorating patients, MCQIC and Paeds etc and as such there remains a patient safety risk to NHS Lothian. • <u>The HCG committee have approved a review of the management of deteriorating patients in March 2017 with an improvement plan based on finding going to the 11th July 2017 meeting. The review provided significant assurance with respect to the robustness of the review and areas for improvement. The HCG Committee accepted limited assurance that a potential impact on cardiac arrest rates will follow from the improvement plan, since the elements of it are as yet untested in Lothian at scale.</u> Risk grade/rating remains High/16 based on unmet actions for key safety priorities	Adequate but partially effective; control is properly designed but not being implemented properly	High 16	Medium 6	Medical Director	Associate Director for Quality Improvement & Safety	Healthcare Governance Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3527	3: Secure value and financial sustainability	Medical Workforce Sustainability	There is a risk that 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. 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.	A Lothian Workforce Planning & Development Board has been established and will meet for the first time in May. This board will coordinate work within all professional groups including the medical workforce. 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 the Staff Governance Committee when required, providing an update on areas of risk and providing an update of the actions taken to minimise medical workforce risks in order to support service sustainability and address capacity issues within priority areas. 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 being 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.	Risk Reviewed for period April-June 2017. Currently under review. A recent review of trained doctor establishments show significant improvements in recruitment from 2 years ago with an overall establishment gap of 4.3%. There remain challenges in particular at the St John's site within General Medicine(7.6wte), there also remain gaps. There has however been recruitment to 2wte Ophthalmology posts with successful candidates taking up posts in June/July. Recruitment to 8wte posts to provide additional capacity at both RHSC and St John's sites in line with the recommendations of RCPCH review has been partially successful with 6wte successfully appointed, there remains however 2wte vacancies. Recruitment to GP posts within independent practices continues to be very challenging, recruitment to permanent salaried Board employed GP posts has had some limited success however recruitment to fixed term posts has thus far been unsuccessful. There remain GP posts under recruitment. Whilst the position remains challenging NHS Lothian has the lowest percentage utilisation of supplementary staffing of any board in Scotland and SE Region continues to have high fill rates as part of annual recruitment. A recent update paper was taken to the Staff Governance Committee providing a detailed up date and the current risk rating was supported. Risk Grade/Rating remains High/16	Adequate but partially effective; control is properly designed but not being implemented properly	High 16	Low 2	Medical Director	Head of Workforce Planning	Staff Governance Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3189	3. Secure Value of Financial Sustainability	Facilities Fit for Purpose	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.	•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 2015/116. 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. - 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 reprovision covering significant sites in Lothian will reduce the burden considerably over the next 4-5 years.	Risk Reviewed for period April-June 2017 (Quarterly Review). To be reviewed. The 2016/17 Programme of works has now been completed and a number of projects completed. The allocation for 2016/17 of £2.5m. The programme of works concentrated on high and significant risk areas including fire precaution works at all sites, mechanical and electrical plant replacement, legionella, HEI, building fabric. The Backlog Maintenance items is currently being reviewed in the Estates Asset Management System (EAMS) which will be used to establish a programme of works for 2017/18 and future years. A review of the current risks and re-categorisation of the risks dependent on use of property, life expectancy of the property is reviewed and updated as required. 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. Further surveys have been undertaken at the Western General Hospital, St Michael's and Health Clinics. This information is currently being reviewed by Hard FM and will be uploaded on to EAMS. Further Surveys are currently being undertaken on Edinburgh Community Properties The disposal programme, capital investment projects will contribute in reducing the overall backlog maintenance liability for the Board. The disposal disposal of 15 Craiglea Place, 162 & 163 Craiglea Drive, 151 Morningside Drive and 63 Morningside Drive, were concluded at the end of March 2017 which reduced the BLM exposure. Risk Grade/Rating remains High 16	Adequate but partially effective; control is properly designed but not being implemented properly	High 16	Medium 4	Deputy Chief Executive	Director of Operations - Facilities	Finance & Resources Committee

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

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

3828	3. Improve Quality, Safety and Experience Across the Organisation	Nurse Workforce – Safe Staffing Levels	There is a risk that safe nurse staffing levels are not maintained as a consequence of additional activity, patient acuity and / or inability to recruit to specific posts, the subsequently high use of supplementary staffing to counteract shortfalls potentially leading to compromise of safe patient care impacting on length of stay and patient experience.	<u>Governance & Performance Monitoring</u>
				• Two Nursing and Midwifery Workforce meetings are being held (one for in patient areas and one for community nursing) alternate months. These provide a governance structure to monitor progress against agreed actions and through monthly review at the Nurse Directors Committee with Chief Nurses.
				• Safe Staffing Group which reports to Staff Governance Committee.
				
				<u>Core Prevention and Detection Controls</u>
				• Recruitment Group, Safe Staffing and Nursing Workforce Groups to plan requirements
				• The agency embargo remains with every use of agency subject to scrutiny by a senior nurse.
				• Recruitment meetings to oversee the implementation of the recruitment plan are being held monthly
				• Use of tools to ensure safe staffing levels:
				  • A calendar to ensure the annual use of the nationally accredited workload and workforce tools is in place to ascertain required establishment levels
				  • eRostering and SafeCare Live tools are being rolled out to all nursing and midwifery teams, community teams and departments to provide real time information for local decision making around the deployment of the available staffing.
				• Datix reports are escalated on a weekly basis for reports of staffing issues/shortages these are reviewed by the senior management team at the PSEAG. The supplementary staffing and rostering detail is annotated with this information to provide context and enable risk to be understood.
				• Tableau Dashboard in place provides data overview of staffing at all levels.
					Risk Reviewed for period April-June17
					
					<u>UPDATE</u>
					The controls have been updated and are producing sustained results.
					
					The risk, with the exception of District Nursing, is showing a sustained improvement in the establishment gap for 3 successive months. This supports the previous amendment of the likelihood reducing to possible from likely although the impact would remain moderate (until the improvements can be shown to be sustained in the longer term)
					
					<u>ACTIONS</u>
					A new agency supplier is being engaged to supply into the exempt areas of critical care / theatres and PICU where 3/12 block booking is in place pending the national arrangements for bank for critical care and theatres
					
					The infrastructure for the Theatres and Anaesthetics, Critical Care national bank is in place.
					
					Health visiting continues to show an improving picture with an additional 40 being trained in 17/18.
					
					Increased number of trainee District Nurses being engaged (up from 7 to 17) for the specialist practitioner qualification and an alternate modular approach being implemented with 22 candidates on the first cohort
					
					Work is underway to improve the efficiency of the community complex care service for adults, working with the home ventilation team to reduce use of agency nurses.
					
					Use of agency nursing in some areas i.e. critical care, SJH and WGH remain. Vacancies in some areas i.e. community and REAS remain challenging but focused recruitment days are planned.
					
					Draft risk assessment and guidelines for the use of 1:1 specialling are being tested in 4 pilot wards (evidence of reduced reliance on 1:1 in early phase of testing)
					
					iPad minis have been procured to enable RIE site to use full functionality of SafeCare live as a test of change
					
					The eRostering and SafeCare live tools roll out is 60% complete with 256 rosters (6638 nursing staff) actively using eRostering.
					
					Risk Grade/Rating remains: Medium/9
						Satisfactory; controls adequately designed to manage risk and working as intended	Medium 9	Low 2	Executive Director Nursing, Midwivery & AHP's	Assistant Director - Nursing Workforce & Business Support	Healthcare Governance Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3328	2: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	• 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: o segregation of vehicle and pedestrian traffic where possible; o risk assessing and controlling reversing manoeuvres for drivers and vehicles under NHSL control o creation of protected walk ways where possible; o development and use of one way systems where possible o use of barriers and entry systems to control traffic where possible o drop-off areas and disabled spaces; o 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 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 Local TM Groups will continue to apply simple and low cost actions and repairs/improvements where approvals and budgets allow.	Risk Reviewed for period April-June 2017. The Pan Lothian TM Plan is being updated monthly and tabled quarterly at each Heads of Service Meeting. This details the risks, controls and further actions required at each site. Applications have been submitted to extend the TRO at the REH and introduce a TRO at the AAH. Works now completed on both sites. Awaiting confirmation of the date for the TRO to be introduced The resurfacing of car park P at St John's Hospital (main visitors car park) is now complete and operational and has assisted with the implementation of traffic management controls. Additional works being considered for 2017/18. Works completed at the WGH to address the high risk items identified by the Traffic Management Group. – that is the alterations of the road network at Turner House. Cycle paths now completed on site. Traffic Management works are underway at Whitburn Health Centre. Works also completed at Liberton Hospital, PAEP and Midlothian Community Hospital. Additional works at St John's and WGH are being considered for funding in 2017/18. It has been agreed that Consort will undertake a traffic managment audit on the RIE site. Risk grade/rating remains unchanged - High/12	Inadequate; control is not designed to manage the risk and further controls & measures required to manage the risk	High 12	Medium 8	Deputy Chief Executive	Director of Operations - Facilities	Staff Governance Committee

HEALTHCARE GOVERNANCE COMMITTEE

Minutes of the meeting of the Healthcare Governance Committee held at 9:00 on Tuesday 11 July 2017 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 P. Eccles, Partnership Representative; Ms C. Hirst, Non-Executive Board Member; Ms F. Ireland, Non-Executive Board Member; Mr A. Joyce, Employee Director; Mr J. Oates, Non-Executive Board Member; Mr A. Sharp, Patient and Public Representative.

In Attendance: Ms J. Bennett, Associate Director for Quality Improvement and Safety; Mr J. Crombie, Deputy Chief Executive; Dr J. Dahine, Clinical Leadership Fellow (observing); Mr J. Forrest, Chief Officer, West Lothian Health and Social Care Partnership; Ms T. Gillies, Medical Director; Ms C. Harris, Head of Communications; Mr A. Jackson, Assistant Director of Healthcare Planning; Mr R. Mackie, Information Analyst; Professor A. McCallum, Director of Public Health and Health Policy; Ms E. McHugh, Chief Officer, Midlothian Health and Social Care Partnership; Ms M. McIlgorm, Chief Strategy and Performance Officer, Edinburgh Health and Social Care Partnership; Professor A. McMahon, Director of Strategic Planning; Ms J. Morrison, Head of Patient Experience; Dr E. O'Keefe, Public Health Dental Consultant (item 16.5); Ms B. Pillath, Committee Administrator; Professor A. Timoney, Director of Pharmacy; Dr S. Watson, Chief Quality Officer.

Apologies: Ms J. Campbell, Chief Officer, Acute Services; Dr B. Cook, Medical Director, Acute Services; Mr T. Davison, Chief Executive; Ms W. Fairgrieve, Partnership Representative; Ms N. Gormley, Patient and Public Representative; Mr B. Houston, Board Chairman; Mr R. McCulloch-Graham, Chief Officer, Edinburgh Health and Social Care Partnership; Ms C. Myles, Chief Nurse, Midlothian Health and Social Care Partnership; Mr D. Small, Chief Officer, East Lothian Health and Social Care Partnership; Mr P. Wynne, Chief Nurse, Edinburgh Health and Social Care Partnership.

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.

11. Patient Story

11.1 Mr Sharp read out a letter from a paediatrics consultant working at a hospital in Leeds to thank staff at the Royal Hospital for Sick Children in Edinburgh for their generous care of a cancer patient of his in the last few days of his life. The child had travelled to Edinburgh to see the premier of a new film at the Edinburgh Film Festival but as he was too ill to attend, staff at the RHSC had contacted the Film Festival and arranged for the patient to view the film in hospital and was visited by one of the animators.

11.2 Members agreed that that this story was an example of how far staff would go to give the best experience to their patients and a system for recording exceptionally positive incidents such as this currently being piloted at the Royal Infirmary of Edinburgh was discussed.

12. Minutes from Previous Meeting (9 May 2017)

12.1 The minutes from the meeting held on 9 May 2017 were approved as a correct record subject to one amendment in the attendance list.

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

13. Committee Effectiveness

13.1 Corporate Risk Register

13.1.1 A paper had been previously circulated. Ms Bennett highlighted the new risk added on the patient safety aspect of access to treatment, with actions for management of patients on the waiting list. The governance for this risk was within the remit of the Acute Hospitals Committee.

13.1.2 There was an explanation in the paper on what was meant by delayed discharges list. Each Integration Joint Board had GP sustainability and delayed discharge on their risk register, with slightly different detail due to the different situations in each area.

13.1.3 Board Members had welcomed the new column on the risk register showing the level of assurance accepted by the relevant governance committees for each item.

13.1.4 Members accepted the recommendations laid out in the paper.

13.2 Quality and Performance Improvement Report

13.2.1 A paper had been previously circulated. Most of the areas highlighted where the performance was outwith the risk appetite were covered on the Healthcare Governance Committee agenda and workplan. Ante-natal care and alcohol brief intervention performance were being monitored.

13.2.2 It was agreed that it would be useful if the data in the report could be used to prepare a summary of material to help direct focus on patient safety visits to clinical areas, so that concerns based on deteriorating performance could be discussed. Ms Bennett agreed to consider how this could be done.

13.2.3 Dr Watson noted that due to a change in the way complaints data would be measurements, this data would no longer be included in the Quality and Performance report as it would take time to re-establish the baseline data. Members would continue to receive an overview of complaints performance in the regular update from the patient experience team.

13.2.4 It was noted that improvement plans on delayed discharges would be requested from each Integration Joint Board and from Acute Services for the next meeting. **IJBs / JC**

13.2.5 Members accepted the recommendations laid out in the paper.

14. West Lothian Health and Social Care Partnership

14.1 Mr Forrest spoke to the previously circulated paper. There was discussion about the assurance routes for children's services. The paper had been written to only cover functions delegated to the Integration Joint Board. The governance route for adult services was included in the paper. The Health and Social Partnership was providing Children's Services on behalf of NHS Lothian, but it was not one of the delegated functions of the Integration Joint Board. Governance routes were in place for Children's Services through the Children's Services Strategic Planning Group which reported to both the Council and to NHS Lothian, but not to the Integration Joint Board, as this was not a delegated function.

14.2 It was agreed that the Healthcare Governance Committee required assurance on all services provided by the Health and Social Care Partnership on behalf of NHS Lothian, whether or not they were provided through the Integration Joint Board. It was suggested that future papers from all the Health and Social Care Partnerships should include all services. It was noted that in Edinburgh Children's Services were not provided by the Health and Social Care Partnership but run directly by NHS Lothian.

14.3 Members accepted the recommendations laid out in the paper. A meeting would be arranged between Dr Williams, Professor McMahon, Mr Forrest, Mr Crombie and Ms Bennett to clarify the governance structure between NHS Lothian, the Councils and the Integration Joint Boards, and the assurance required by the Healthcare Governance Committee. **JF**

15. Person Centred Culture

15.1 <u>Complaints and Feedback</u>

15.1 Ms Morrison spoke to the previously circulated paper which described the new systems of responding to complaints which was being implemented. Ms Hirst would attend the Nurse Director's Group on 12 July 2017 to explain the process to the Chief Nurses.

15.2 It was noted that the timescales given for implementation of the system were long at 2-5 years. Ms Morrison advised that the culture change required meant that full implementation would take a long time; this was known from experience in other areas such as review of serious adverse events. The new system would require front line staff to record any negative feedback locally on datix. Professor McMahon added that the new procedure was already in place and a lot of work had been done in the past 6 months and progress had been made, but it was expected that full staff awareness and compliance would take longer. It was agreed that the more detailed project timeline would be included in the next report to give assurance that step by step progress was being made. **AMcM**

15.3 Ms Morrison noted that the options appraisal for meeting the requirements of the new procedure was being drafted and there was engagement with nurse directors and front line staff so that their feedback could be taken into account. This would be submitted to the Corporate Management Team once complete.

15.4 Ms Eccles asked members to be aware of the additional work for front line staff that would result from the implementation of this policy. Staff were concerned about this and the systems needed to be made easy and quick to work.

15.5 Members accepted the recommendations laid out in the paper and accepted moderate assurance that a plan was in place to implement the new complaints management system.

15.2 Patient Experience

15.2.1 Ms Morrison spoke to the previously circulated paper. It had been agreed with the universities that student nurses would use do the Tell us Ten Things questionnaire with patients to enhance their communication skills. Fourth year medical students would also use these in their healthcare support worker roles. A number of stalls had been set up on each of the main sites on one day to collect feedback from patients and families; this had been a success with hundreds of people giving feedback, and it would be worth carrying this out more than once per year if resources allowed.

15.2.2 There were now a number of approaches in place for collecting feedback from patients; review of methods of collecting feedback used by other organisations had shown that the most successful used a range of methods to allow patients to respond in different ways.

15.2.3 A way of including patient feedback data in the performance report was being considered so that trends could be monitored.

15.2.4 In response to a question as to whether the data collected was being used to make improvements and whether improvements could be shown, Professor McMahon noted that some work had been done, in particular on noise at night, but more needed to be done. The importance of analysis of feedback and making changes was recognised and work was in progress with the Quality team on how to do this.

15.2.5 Members accepted the recommendations laid out in the paper and accepted moderate assurance that a process was in place for collecting patient feedback.

15.3 Integrated Impact Assessment

15.3.1 Professor McCallum spoke to the previously circulated paper. There was a policy in place that stated that an integrated impact assessment should be carried out on any new policy before it could be accepted, but there had not been a lead or a focus on ensuring that this was adhered to. The paper proposed a way of doing this. There was now an Equality Lead in post and 50 facilitators had been trained to help staff carry out the assessments.

15.3.2 It was noted that other work in progress on streamlining the approval process for policies would include the completion of an impact assessment as a requirement before approval could be given. It was agreed that policies and papers requiring an impact assessment that were submitted to the Committee should not be discussed or approved unless it had been carried out.

15.3.3 Mr Crombie noted that it was recognised that the previous approach to compliance had not been successful and it was felt that the new approach would improve compliance. Implementation would include education as staff had previously found this to be a burden. Implementation had just begun, and a paper would be brought back to the Committee giving a progress update in 6 months' time.

15.3.4 Members accepted the recommendations laid out in the paper and accepted limited assurance, recognising the work that had been done to date.

16. Safe Care

16.1 Waiting List Management

16.1.1 Mr Crombie spoke to the previously circulated paper which described the additional corporate risk of the patient safety impact on patients on the waiting list and the actions to manage these patients.

16.1.2 Members were supportive of the actions laid out in the paper and supported the need to be honest about the waiting time and make it clear when this was about funding and when there was a risk of increasing inequalities in the patient population and putting patients at risk.

16.1.3 In response to a question as to whether more sensitive local criteria were in place for assessing risk rather than relying on the 12 week target as a prompt, Ms Gillies advised that in some specialities there were effective care standards for some conditions but that these were not integrated in terms of reporting; at this stage it was felt that the focus should be on a process for ensuring patient safety and going into different criteria for each specialty would make this more difficult at this stage.

16.1.4 In order to manage patient expectations, current waiting times were now being published for all specialties to that GPs can inform patients at the time of referral how long they could expect to wait.

16.1.5 The chair noted that the concern of this Committee was the clinical risk and patient safety element whereas the waiting times performance risk was in the remit of the Acute Hospitals Committee. It was agreed that an update paper focussed specifically on the clinical impact would be submitted to the Committee in 6 months' time. **JCa**

16.2 Management of Deteriorating Patients, including Cardiac Arrest

16.2.1 Ms Gillies spoke to the previously circulated paper. The work described in the paper was the result of a request from the Healthcare Governance Committee for an analysis of the actions that would be required to achieve the target of 50% reduction

in cardiac arrests set by the Scottish Government. The paper concluded that a 50% reduction from an already low level of cardiac arrests would not be possible, although areas of improvement had been identified which would be carried out to make a smaller reduction.

16.2.2 Dr Watson noted that as the focus is shifted to ensure that only the sickest patients are cared for in hospital and those able are cared for at home, the acuity of hospital patients would increase, which would have an impact on the number of cardiac arrests as a percentage.

16.2.3 Members approved the recommendations laid out in the report and accepted significant assurance that every aspect of the process had been considered for possible improvement, and limited assurance that the target would be met, although members were comfortable with this outcome. An update focusing on progress made against the actions for improvement identified would be submitted to the Committee in 6 months' time.

16.3 GP and Primary Care Sustainability Action Plan

16.3.1 Ms Gillies gave a verbal update on the current situation. Appropriate measures for improvement were being discussed and a set of questions for staff working in practices was being developed so that their feedback could inform future actions. A full paper from all four Integration Joint Boards would be submitted to the next meeting as previously agreed. **IJBs**

16.4 Governance Arrangement for the use of Transvaginal Mesh

16.4.1 Ms Gillies spoke to the previously circulated paper and Members accepted significant assurance that the appropriate systems were in place for the use of this treatment.

16.5 Primary Care Dental Services

16.5 The chair welcomed Dr O'Keefe to the meeting and she spoke to the previously circulated paper. It was noted that data input on quality indicators was progressing but work was still to be done on improving the quality of the data.

16.5.1 National inspection of contracted primary care dental practices took place every 3 years. Primary care contract officers would with any dental practices not meeting requirements. Professor McCallum added that the new method of combined practice inspection worked well and was good for helping practices improve standards if they were willing to engage. A very small number of practices did not access support for improvement; the only sanctions available to the Board through the contract in these cases were financial, and not restrictive of practice. Of the 553 dentists in general practice only 1-2% caused concern. Private dental practices would be inspected by Healthcare Improvement Scotland using the same combined practice inspection model.

16.5.2 The dental institute and the public dental service were hosted by West Lothian Health and Social Care Partnership. Some General Dental Practitioners were completely independent and did only private work. General Dental Practitioners which had

contracts with NHS Lothian were independent contractors committed to 70-75% of work for NHS patients. NHS Lothian had a responsibility to influence these services which were treating its patients.

16.5.3 Members agreed to receive a regular update on Primary Care Dental Services as part of the governance structure; they had previously only received exception reporting. Members accepted moderate assurance on governance arrangements as there were a few areas where more work was needed, and asked for an update in 6 months' time. The recommendations laid out in the paper were accepted. **AMcC**

16.6 Healthcare Associated Infection Update

16.6.1 Ms Gillies spoke to the previously circulated paper. Since the improvement plan had been implemented there had been a continued reduction of incidents of *Staphylococcus aureus* Bacteraemia and *Clostridium difficile* Infection. Members agreed that consideration should be given for lowering the overall risk for Healthcare Associated Infection from its current categorisation of 'high'. It could be appropriate to keep the risk of infection associated with invasive devices at 'high' and lower the risk for other HAI.

16.6.2 Members accepted the recommendations laid out in the paper and accepted moderate assurance that actions were in place to mitigate the risks. The next update would be submitted at the meeting in November 2017.

16.7 Healthcare Associated Infection – Antibiotic Prescribing

16.7.1 Professor Timoney spoke to the previously circulated paper. Members accepted the recommendations laid out in the paper and accepted moderate assurance that actions were in place to mitigate the risks. An annual update was agreed. **AT**

16.8 Mental Welfare Commission Perinatal Report

16.8.1 Professor McMahon gave a verbal update on progress with the recommendations in the report and noted that there had been a recent transfer of management of this service. An action plan would be submitted to the next meeting in September 2017.

16.9 HM Inspectorate of Prisons Report – HMP Edinburgh

16.9.1 Professor McMahon spoke to the previously circulated paper. The inspection was of the prison as a whole, of which prison healthcare was one element. The report was positive overall with the communication between the Scottish Prison Service and NHS Lothian staff highlighted as positive. An internal exercise was also carried out at HMP Addiewell which highlighted areas of good practice.

16.9.2 A key risk was highlighted in access for prisoners to psychological therapies. A consultant psychologist would be appointed to work between the prisons. Most of the prison healthcare staff had some mental health training but further training would be offered to nursing staff.

16.9.3 The risk of removal of the counselling service was questioned; the increase in access to psychological therapies would mitigate this in some respects although the difference between the two services was recognised. There were also discussions with third sector organisations who currently provided counselling services to the prisons as to whether the service could be continued in a different format. The impact of a reduction in the service could be measured by the level of patient complaints.

16.9.4 The report noted a discrepancy as to whether the service was in line with the MMC drug administration recommendations; Professor McMahon confirmed that after investigation it was found that recommendations were adhered to.

16.9.5 It was agreed that prisoners had good access to physical health, psychological therapies and substance misuse services and there were a number of areas highlighted in the report as 'practice worth sharing'. Professor McMahon added that healthcare staff working in the prison were positive and enjoyed good career opportunities and providing holistic care to their patients.

16.9.6 Members accepted the recommendations laid out in the paper and accepted moderate assurance that the service was managed well.

16.10 Edinburgh Health and Social Care Partnership Inspection of Older People's Services

16.10.1 Ms McIlgorm spoke the previously circulated paper. The inspection had raised a number of significant concerns which were being considered urgently by the Chief Executives of NHS Lothian and the City of Edinburgh Council. A number of actions had been identified and were being progressed in agreed order of priority. This was also being discussed at the Integration Joint Board. The Care Inspectorate would work with the service through the process of improvement.

16.10.2 The quality of care in the areas inspected was found to be very high where patients had received care, but the concerns were to do with delays and organisation problems. This was difficult for staff who were going through a period of significant change.

16.10.3 The concerns raised in the report were associated with a combination of areas and assurance reporting would be to the Integration Joint Board, the Council, and NHS Lothian. The main issues relevant to the Healthcare Governance Committee were access to care. It was agreed that a proposal of which Committees should oversee which actions should be agreed by all relevant authorities and sent to the relevant Committees for assurance. There would also be an update at the next Healthcare Governance Committee on those actions relevant to its remit. **JCr / MMcI**

16.10.4 The other Health and Social Care Partnerships had considered the report to identify any areas for improvement also relevant to their own services. More work was needed on preparing staff for inspections and learning from their outcomes. The inspectorate looked at performance measures but also outcome measures; work was needed to build these into the system.

16.10.5 Members accepted the recommendations laid out in the paper.

16.11 West Lothian Health and Social Care Partnership Inspection of Children's Services

16.11.1 Mr Forrest gave a verbal update. The verbal feedback and draft report of the inspection received had been broadly positive with categories ranging from 'excellent' to one 'inadequate'. A number of areas of strength had been highlighted. There had been a focus on child sexual exploitation and some recommendations on looked after children processes. The full report would be published at the end of August 2017 and an action plan would then be brought to the Healthcare Governance Committee in September or November 2017. **JF**

17. Effective Care

17.1 Governance Arrangements for Services Transferring from REAS to Health and Social Care Partnerships

17.1.1 Professor McMahon spoke to the previously circulated paper. Members accepted moderate assurance on the governance process and accepted the recommendations laid out in the paper. A further update would be received at the next meeting. **AMcM**

17.2 Still Birth Process Review

17.2.1 Ms Gillies spoke to the previously circulated paper. Members accepted significant assurance that the review framework in place was robust and was adhered to. It was noted that there had also been a significant amount of work in maternity services on being open, communicating with patients about significant adverse events and making staff more confident in dealing with complaints.

18. Exception Reporting Only

18.1 Homecare Medicines Progress Update

18.1.1 Professor Timoney suggested that the Homecare Medicines Team would now report to the Area Drug and Therapeutics Committee and would not be required at the Healthcare Governance Committee now that a very good process was in place which had addressed previous concerns. This was agreed.

18.2 Members noted the following previously circulated papers for information:

18.2.1 HEI Inspection, Spire Murrayfield, 10-11 May 2017;
18.2.2 Better Blood Transfusion Annual Report;
18.2.3 Occupational Health Activity and Outcomes Data.

19. Other Minutes: Exception Reporting Only

Members noted the previously circulated minutes from the following meetings:

19.1 Area Drug and Therapeutics Committee, 2 June 2017;
19.2 Clinical Management Group, 11 April 2017;
19.3 Feedback and Quality Assurance Working Group, 26 April 2017, 20 June 2017;
19.4 Lothian Infection Control Advisory Committee, 6 June 2017;

19.5 Dental Division Executive, 2 March 2017, 18 May 2017;
19.6 Health and Safety Committee, 28 February 2017;
19.7 Public Protection Action Group, 24 May 2017;
19.8 Acute Hospitals Committee, 30 May 2017.

20. Date of Next Meeting

20.1 The next meeting of the Healthcare Governance Committee would take place at **9.00** on **Tuesday 12 September 2017** in **Meeting Room 7**, Second Floor, Waverley Gate.

20.2 Further meetings would take place on the following dates in 2017:
- Tuesday 14 November 2017.

NHS LOTHIAN

1.5

ACUTE HOSPITALS COMMITTEE

Minutes of the meeting of the Acute Hospitals Committee held at 14:00 on Tuesday 4 August 2017 in Meeting Room 7, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present: Ms K Blair, Non-Executive Board Member (chair); Ms T. Gillies, Medical Director; Ms F. Ireland, Non Executive Board Member; Professor A. McMahon, Nurse Director; Ms A. Mitchell, Non Executive Board Member; Mr J. Oates, Non Executive Board Member.

In Attendance: Ms S. Ballard-Smith, Nurse Director, Acute Services; Mr A. Bone, Assistant Head of Finance; Ms J. Campbell, Chief Officer, Acute Services; Dr B. Cook, Medical Director, Acute Services; Dr E. Doyle, Associate Divisional Medical Director (item 4.2); Mr D. Hood, General Manager, Western General Hospital (item 2.1); Mr A. Jackson, Associate Director, Strategic Planning; Ms R. Kelly, Associate Director of Human Resources; Mr S. Larson, Communications Manager; Dr Z. Maung, Consultant Haematologist (item 2.1); Ms F. Mitchell, Site Director, Royal Hospital for Sick Children (item 4.2); Ms B. Pillath, Committee Administrator (minutes); Ms C. Rostron, Associate Nurse Director (item 4.1).

Apologies: Mr A. Joyce, Employee Director, Non Executive Board Member; Mr C. Marriott, Deputy Director of Finance; Mr C. Stirling, Site Director, Western General Hospital; Mr A. Tyrothoulakis, Site Director, St John's Hospital.

Chair's Welcome and Introductions

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

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

1. Minutes from Previous Meeting (30 May 2017)

1.1 The minutes from the previous meeting were approved as a correct record.

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

2. Performance Assurance

2.1 Cancer Access Targets

2.1.1 The chair welcomed Dr Maung and Mr Hood to the meeting and they spoke to the previously circulated paper about the plan for improvement of performance against the 31 and 62 day cancer access targets. Mr Hood was confident that the plan for tracking would help improve performance by ensuring that the pathway was embedded and clear; currently there were a range of pathways in this complex

system including links with wider acute services. The tracking system included the pathway from the point that the patient was referred for diagnostic testing before referral to the cancer centre. This was an opportunity to standardise the process and ensure that cancer patients moved through the system at an appropriate rate and that delays were minimised.

2.1.2 Members noted that the drop in compliance with the 62 day target was disappointing. Mr Hood advised that most of those waiting longer were urology patients were there was a recognised demand and capacity gap due to staff shortages, and an action plan was in place to resolve this.

2.1.3 Ms Mitchell sought assurance that the actions being taken were the result of a whole system review and improvements would be sustainable in the long term. Ms Gillies confirmed that the group had considered not just delivery of the target but the whole patient journey before, during and after treatment and were creating a strategic aim which included strategic plans for the new Cancer building in the future. It also considered the whole South East Scotland Cancer Network (SCAN) and the contributions of other Boards to the service provided in Lothian.

2.1.4 The trigger for referring patients with urgent suspicion of cancer differed by tumour group, but many patients referred urgently on investigation did not have cancer. A process of downgrading referrals needed to be managed so as not to overwhelm the system, and this needed to be done in communication with the GP. It was very important that patients referrals were not downgraded in appropriately and processes were in place to monitor this.

2.1.5 In response to a question about the impact on individual patients of waiting longer, Mr Hood advised that the reason for each patient delay was considered individually and reported. There was a mixture of short delays of a few days and much longer delays. Some cases of very long delays could be treated as an adverse event if there were specific concerns.

2.1.6 Members noted that some other Health Boards were performing better on these targets. Mr Hood advised that NHS Lanarkshire was performing well and that a review of their process had taken place which highlighted some possible improvements to made in the Lothian process, including the relationship with the hospices.

2.1.7 In response to a question about how the clinicians reacted to the interventions being proposed, Dr Maung advised that anything that was seen to improve patient access to services was taken positively by clinicians. Mr Hood added that in addition to the access targets there quality performance indicators (QPI) for the service with detailed clinical measures for performance and quality; performance against these indicators was generally positive. After each audit action plans were put in place for each tumour group to ensure process and outcome for patients was as good as it could be.

2.1.8 In response to a question about overall trends of patients treated, Mr Hood confirmed that the actual numbers of patients treated was increasing over time so that as the percentage of patients treated within the access targets remained steady, the actual number of patients treated within the targets was higher. Ms Gillies added that there

were also increasing complexities in diagnoses with more stages of diagnostic testing to ensure patients were treated appropriately.

2.1.9 Members wished to know if the resources being put into this work were enough. Dr Hood advised that a quality project was currently in progress looking at one of the cancer pathways, and analytical staff from the Quality Team were supporting this work. Ms Campbell advised that a more streamlined managerial response was being developed to ensure the right people were involved at the right level.

2.1.10 Members accepted the recommendations laid out in the paper and accepted limited assurance for performance against the access targets, but recognised that work was in progress. It was agreed that a further update would be brought to the Committee at the meeting in November 2017 which would include a review of any improvement resulting from the measures taken. **TG**

2.2 Referral to Treatment Time

2.2.1 Ms Campbell advised that the referral to treatment performance was the total of the outpatient and inpatient treatment time guarantee performance about which an update had been given at the previous meeting.

2.3 Review of Winter Performance

2.3.1 A paper had been previously circulated which detailed the performance in winter 2016/17 and the plans for winter 2017/18. The West Lothian Health and Social Care Partnership Chief Officer Jim Forrest would chair the winter planning group, which would be named the Unscheduled Care Committee and would continue all year round with a focus on the whole system as opposed the previous focus on acute services only.

2.3.2 In response to a question about the sustainability of the four day weekends Ms Gillies advised that a national review of four day weekends for GPs was in progress and Sian Tucker, Clinical Director of the Lothian Unscheduled Care Service was involved in this. Some Boards used an enhanced service model to pay some GP practices to remain open over the bank holiday weekends.

2.3.3 In response to a question about the measures taken that had resulted in improved performance during winter 2016/17, Ms Campbell advised that initiatives introduced had included improved communication with known patients and use of near patient testing for infections at the Emergency Department which allowed an early decision as to whether an isolation cubicle was required as opposed to the previous system of isolating all patients with symptoms of a possible infection; this released capacity in the Emergency Department.

2.3.4 The problem of recruitment of staff for enhanced winter services was discussed. Ms Ireland noted that staff were available to take up these extra posts if recruitment was started early enough, for instance in July for the coming winter. Although it was noted that there were difficulties with shortages of available staff in particular areas.

2.3.5 The Communications plan advising members of the public about winter services was well established; more works was being done on how social media could be used more following successes in other Boards in this area.

2.3.6 When asked about the confidence level for reducing the inflow of patients to hospital services during the winter, Ms Campbell advised that this would be achieved by creating capacity differently in the community rather than using hospital beds, and that more would be achieved now that there was a more mature relationship between the Integration Joint Boards, and conversations about this had started.

2.3.7 Members accepted the recommendations laid out in the paper and accepted moderate assurance that plans were in place for unscheduled care.

2.4 Quality and Performance Report

2.4.1 A paper had been previously circulated. Members noted their frustration with the large amount of information but lack of summarisation to key points in the report. Mr Jackson advised that discussions were in progress as to how the layout of the report could be improved, noting that Committees did not seek assurance from this report but could use the assurance levels noted to inform them on which areas to receive more detailed papers on so that assurance could be taken on actions in place for improvement.

2.4.2 Ms Gillies noted that one area of limited assurance highlighted in the report was the failure to meet the target for reduction of cardiac arrests. A detailed paper on this would be discussed at the Healthcare Governance Committee on 11 July 2017 and this could be circulated to the Acute Hospitals Committee for information. **BP**

2.4.3 Members noted that the addition the blue highlighted text showing new additions to the report was an improvement but highlighted areas where there had been no change. It was agreed that it would be helpful if chances in assurance levels could be summarised in the covering paper.

2.4.4 Members accepted the recommendations laid out in the paper.

3. Corporate Governance

3.1 General Medical Council Visit

3.1.1 A paper had been previously circulated regarding the General Medical Council visit to the University of Edinburgh medical school in October 2017. A full round of inspections was carried out every five years. This would be an opportunity to improve the governance of medical education. Ms Gillies advised that the paper offered significant assurance that robust information had been submitted to the GMC prior to the visit which showed areas of good practice but recognised that there would some areas where work was in progress that may be highlighted by the GMC.

3.1.2 It was agreed that the staff development aspect of the visit should also be discussed at the Staff Governance Committee along with training and development for the other

staff groups and Ms Kelly agreed discuss with Ms Butler. The clinical governance aspect was also relevant to the Acute Hospitals Committee. **RK**

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

3.2 Access and Governance Update

3.2.1 Mr Jackson spoke to the previously circulated paper. It had been agreed that there would be an update on this every six months. There were no significant risks to report.

3.2.2 Members accepted the recommendations laid out in the paper and would receive a further update in 6 months time. **AJ**

3.3 AHC Annual Report – Feedback from Audit and Risk Committee

3.3.1 Ms Campbell noted that the Chair of the Audit and Risk Committee had written to make a few recommendations following submission of the Acute Hospitals Committee Annual Report. These included ensuring that the terms of reference reflected the assurance sought. This would be discussed at the Acute Hospitals Committee workshop planned. There would also be a meeting with the Chair of the Audit and Risk Committee and the chairs of the other Board committees.

4. Clinical Governance

4.1 Western General Hospital Patient Engagement and Experience

4.1.1 A paper had been previously circulated and Ms Rostron gave a presentation on the work done at the Western General Hospital to improve patient engagement and patient experience. Members received the presentation positively and commended the encouraging improvements made. Professor McMahon noted that many of the areas work presented were also taking place on the other sites and learning from patient experience was being taken seriously as a good way to improve services.

4.1.2 Dr Cook noted that this work gave a good positive message showing how the acute structure could work and how important qualitative improvements could be made instead of solely focussing on performance targets.

4.2 Paediatrics Programme Board Update

4.2.1 The Chair welcomed Ms Mitchell and Dr Doyle to the meeting and they spoke to the previously circulated paper. Since the previous meeting a decision had been made to indefinitely close the children's inpatient service at St John's Hospital, retaining a seven day per week 8am – 8pm outpatient service. The pathway of referral had been agreed and the process for patients would be the same as before with children requiring admission to hospital being transported to the Royal Hospital for Sick Children either by ambulance or patient transport which had been agreed with the Scottish Ambulance Service.

4.2.2 A meeting had taken place that day with West Lothian Council members at which there was constructive conversation and West Lothian Council expressed the wish to work with NHS Lothian to maintain a sustainable service and had asked to be involved early in any decision making so that they could manage the expectations of their constituents. There was a need to ensure that all stakeholders were involved so that concerns could be raised and discussed.

4.2.3 The paper laid out two options for a proposal to review NHS Lothian's progress against the recommendations made by the Royal College of Paediatrics and Child Health for the chosen option 1. Following discussion, members agreed to endorse option B laid out in the paper which was for an internal review to be carried with input from external experts including the RCPCH. Members favoured this option due to: the need to have a resolution as soon as possible and the likely 3-6 month delay associated with a full review by the RCPCH; the need for a review by experts who understood the Scottish context, as lack of expertise here had been a feature of the original review. The Paediatrics Programme Board would finalise the details and make arrangements with the RCPCH.

4.2.4 The possibility of one member of the RCPCH contributing to an earlier internal review had been discussed with the RCPCH and this being carried out by the lead from the previous review was a possibility which be advantageous as they would already understand the background. Another external expert with understanding of the Scottish context would also be important.

4.2.5 The purpose of the review would be to ensure that all possible actions had been taken by NHS Lothian towards achieving option 1, rather than obtaining an opinion on future decisions. It was agreed that the cabinet secretary would also be consulted on the remit of the review. **JC**

4.2.6 Members accepted the recommendations laid out in the paper and favoured the proposed option B for a review against the recommendations made by the RCPCH.

5. Fiscal Governance

5.1 <u>Divisional Financial Performance</u>

5.1.1 Mr Bone spoke to the previously circulated paper. It was noted that the financial situation had deteriorated compared to the previous year but this had been expected. Processes were in place to escalate and promote recovery work.

5.1.2 Members accepted the recommendations laid out in the paper agreed that time would be allocated for a more detailed discussion and presentation at the next meeting. **CM**

6. Date of Next Meeting

6.1 The next meeting of the Acute Hospitals Committee would take place at **14.00** on **Tuesday 29 August 2017** in **Meeting Room 7**, Second Floor, Waverley Gate.

6.2 Further meetings would take place on the following dates in 2017:
- Tuesday 7 November 2017.

NHS LOTHIAN

1.6

STAFF GOVERNANCE COMMITTEE

Minutes of a Meeting of the Staff Governance Committee held at 9:30am on Wednesday 31 May 2017 in Meeting Room 7, Waverley Gate, 2-4 Waterloo Place, Edinburgh.

Present: Mrs A Mitchell (Chair); Mr J Oates; Miss F Ireland; Ms H Fitzgerald; Mr S McLaughlin; Mrs J Butler; Professor A McMahon (from 9.45am) and Miss T Gillies.

In Attendance:
Mr J Crombie (Deputy Chief Executive); Mrs R Kelly (Associate Director of Human Resources); Mr I Wilson (Head of Health and Safety); Ms J Gaskell (Head of Employee Relations - CH(C)Ps, Item 1); Mr M McKelvie (HR Information Systems Manager, Item 1); Ms A Langsley (Education & Employee Development, Item 9) and Mr C Graham (Board Secretariat).

Apologies for Absence were received from Mr B Houston; Mr A Joyce; Dr A Leckie and Mr T Davison.

Declaration of Financial and Non-Financial Interest

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

1. Sickness Absence *(Example of Healthy Organisational Culture)*

The Chair welcomed Ms Gaskell and Mr McKelvie to the meeting. It was noted that the presentation would also cover agenda item 6 relating to Sickness Absence.

1.1 Ms Gaskell reported on the two prong approach being used for absence management at the moment. It was recognised that NHS Lothian was doing quite well against other boards but was still not meeting the 4% target. This year the focus is on absence management actions to improve the absence rate but also to look at health and wellbeing of staff to try and prevent absence in the first instance. Part of this includes the introduction of local targets for absence management which are more realistic and the use of more sophisticated tableau information than before. The HR Relationship Leads are taking the dashboards out to managers. The plan is to check on progress later in the year and monitor the effect on absence levels.

1.2 Mr McKelvie showed the Committee the revised dashboards and explained the changes and the new functionality available. This included changes to the absence reason graph which now allows for drilling down to directorate level and expanded parameters to provide more information. It was noted that the information used to default to hours lost but now defaulted to actual episodes. Work was still ongoing to address the use of the ‘unknown’ reason. Mr McKelvie drew the Committee’s attention to the level priority tab which rated absences as high, medium and low priority. The Committee noted that 80% of absences came under low priority.

1.3 There was discussion on criteria; tolerance levels; statistical analysis; outliers and guidance. It was recognised that the 4% target would be difficult for a lot of areas and this new approach with local targets allowed departments to manage their own sickness absence targets; look at monthly monitoring against the previous year and view the total financial cost of lost resource.

1.4 Ms Gaskell added that the tableau dashboards did not take long to understand and they are extremely helpful for managers, who need to have an account to set up tableau. Mrs Butler reported that the feedback from the tableau team was that the workforce dashboards are well used but there was still work to do to have all managers set up with access. It was noted that staff side access was being established and partnership leads were using them which was very positive.

1.5 Mr McKelvie stated that there had been a reasonable amount of feedback on these new tabs and how to improve them and display information differently. Mr Oates asked about the work on the unknown category of sickness absence. Mr McKelvie said that there is frequent contact with all management teams and departments using this reason and sometimes the use of the unknown category was down to internal processes and absence recording protocols.

1.6 Miss Ireland added that in relation to the unknown category a lot was also to do with the language used in the options provided and some guidance around that was needed. It was noted that this was a national system so could not be changed but guidance or a 'crib sheet' could be developed along with an electronic list of options in alphabetical order. Ms Gaskell agreed to look into this further.

1.7 The final new tab covered short term and long term absence; this showed comparisons of averages against the previous year and looked at age profile, but only for teams with five or more staff. Ms Gaskell stated that this linked to health and wellbeing and helped to target conversations with staff.

1.8 The Chair stated that this was a very valid and robust piece work and asked about a formal review schedule. Mr McKelvie reported that it was intended to get a group together to receive input from users and tiers of management. There was to be further leads roll outs in June with checks in July and August to see who was using the dashboards.

1.9 Ms Gaskell confirmed that it would be appropriate for an update to come back to the Staff Governance Committee at the start of next year, this would allow for time for services to work with the HR team and for managers to meet with teams and work on setting appropriate sickness absence target levels.

1.10 Mrs Butler drew the Committee's attention to the significant work undertaken by the occupational health team to streamline process and improve turnaround times of referrals so that staff are now receiving an appointment following referral much quicker compared to the same time period last year. . This work was to be commended and occupational health should be invited to come to a future meeting to show the Committee its work.

1.11 The Committee noted the tools being developed and the work undertaken by Human Resources and Occupational Health Services to support the managers with absence management. The Committee agreed to take moderate assurance as recommended in the sickness absence paper.

The Chair thanked Ms Gaskell and Mr McKelvie and they left the meeting.

2. Minutes of the Previous Meeting

2.1 The Minutes of the Staff Governance Committee Meeting held on 29 March 2017 were approved as a correct record.

3. Matters Arising

3.1 Staff Governance Arrangements for the IJBs - Mrs Butler confirmed that correspondence was sent to each of the IJB chairs to confirm arrangements. East Lothian, Midlothian and Edinburgh had written back confirming they were content with the arrangement for the Committee to provide oversight of NHS Board employment matters in relation to integration functions. The West Lothian response remained outstanding and Mr Butler would follow this up.

JB

3.2 Equality and Rights Progress - The Committee noted that all information was now published on the Internet as required by the end of April 2017. Within HR and OD a sub group has been set up to take forward the actions required in relation to staff around the equality and diversity agenda. The first meeting of the group has taken place and an Action Plan would come to the July meeting.

RK

3.3 Workforce Planning and Development Programme Board – Terms of Reference - Mrs Butler reported that Terms of Reference had now been amended and the programme board had met for the first time. It was hoped to have the delivery plan for the group ready in early August.

4. Corporate Risk Register

4.1 3328 Roadways/Traffic Management - Mr Crombie gave an update on ongoing work at both St John's Hospital and the Royal Infirmary of Edinburgh. Testing of new arrangements at St John's Hospital would take place in July and August to reduce congestion and improve traffic management. At the Royal Infirmary a short life working group had been set up with partnership colleagues to look at overcrowding of car parks. The group would meet in June. The Committee noted that focus would remain on non car options as additional parking from a capital and planning view point would be restricted. Mr Crombie would bring back updates as appropriate.

4.2 3455 Management of Violence and Aggression - Miss Gillies informed the Committee that the review had been commissioned and completed in draft. The two areas being looked at were violence and aggression incident reporting and level and type of harm. Mr Oates asked about non attendance at violence and aggression training sessions and how this was being tackled.

4.2.1 Miss Gillies stated that this would not be addressed until after the review had concluded. Options could include making training more bespoke to incidents in specific areas and also looking at freeing people from work to attend the training. Mr McLauchlan added that it would be interesting to see a break down of those who did not turn up and reasons given. Miss Gillies said there would be a need to look at training in areas that found it difficult to release people and maybe consider having the training on different sites or having shorter sessions. It was acknowledged that the biggest challenge was of course clinical pressures.

4.2.2 Miss Gillies would bring the review report to the next Staff Governance Committee meeting.

TG

4.3 3527 Medical Workforce Sustainability - Miss Gillies gave an update on progress with the rolling recruitment cycle for specialties and core training programmes. It was noted the NES fill rates were awaited and that Clinical Development Fellows recruitment had been completed.

4.3.1 Miss Gillies also reported that at a UK level next year it was expected that there would be more foundation posts available than graduates to fill them. This was an UK wide issue and it was important that NHS Lothian maintains its quality education programmes to be seen as an attractive place to come and work. As substantive posts become hard to fill consideration was being given to the development of alternatives to filling posts and the acceleration of the development of other posts and staff groups.

4.3.2 There was now a longer lead in time and the number of filled foundation places will not be known until spring 2018. The Committee noted that there were overarching plans being developed at Scottish and UK level looking to better match supply to demand.

4.3.3 Miss Gillies pointed out that there was an inability to influence anything at UK wide level, what NHS Lothian can influence is the working environment and quality of training provided. Lothian can be seen as place deliver good foundation training in a wide breadth of specialities and has better fill rates to date than the rest of Scotland and this was the biggest thing we can concentrate on.

4.3.4 Miss Gillies would bring an update on the GMC Visit to a future Staff Governance Committee meeting.

TG

4.4 Staff Governance Workplan and Assurance Statement - Mrs Kelly introduced the report providing the Committee with the Staff Governance Workplan for 2017/18 and the Committee's updated Statement of Assurance. It was noted that as previously requested this was now based on Everyone Matters: 2020 Workforce Vision. Mrs Kelly pointed out that there were still some dates to be added against what comes annually to the Committee. Appendix 2 of the report showed the mapping exercise of moving the Statement of Assurance from the Staff Governance Standard across to Everyone Matters. The Chair stated that the mapping exercise had been very helpful and it was important that the Committee's Workplan covered all essential areas across the full year.

4.4.1 The Committee agreed to approve the updated Staff Governance Workplan for 2017/18 and confirmed the updated Statement of Assurance.

5. Healthy Organisational Culture

5.1 iMatter Update – Mrs Kelly highlighted that as of May 2017, the NHS Scotland response rate was 62%, compared to 65% for NHS Lothian. The Employee Engagement Index (EEI) for NHS Scotland was 75% compared to 76% for NHS Lothian.

5.2 The Committee noted the vast improvement within Estates & Facilities where the response rate for the last National Staff Survey had been 18% compared to the response rate for iMatter of almost 60%. Whilst this did not meet the target the improvement work to get this increase was to be commended. The work within the health and social care partnerships was also noted. East Lothian, West Lothian and Midlothian were now rolling out iMatters. There had been a delay within Edinburgh

around structure, which was now resolved and the questionnaires would go out shortly and in time to meet the Scottish Government target of December 2017 for full roll out.

5.3 There was discussion on the table showing the detailed results for 2016 and 2017 for all NHS Lothian Directorates. It was agreed that this table should include due dates for the various aspects of the system. Mrs Butler would look at adding these for future reports.

JB/RK

5.4 The Committee agreed to the recommended significant assurance level.

6. Sickness Absence

6.1 Covered under item 1 above.

7. Whistleblowing Monitoring Report

7.1 Mrs Kelly reported that Whistleblowing training for manager and staff side was now underway with the initial pilot session taking place on 15 May. There had been helpful feedback from this session which had been used to amend the training programme. It was now planned for the training to be rolled out from 20 June with 15 sessions being held.

7.2 In terms of Whistleblowing case numbers, Mrs Kelly stated that since monitoring of returns started there had been 9 cases and these had been themed into issues in Appendix 1 of the report. It was noted that the previously identified emerging theme differentiating what was a grievance and what was Whistleblowing continued. A manager's checklist was being developed as an aide memoire for managers to use to make the distinction between a grievance or a Whistleblowing concern..

7.3 The Chair asked if the level of information provided in the report was what the Committee would expect. Ms Fitzgerald asked about providing details on outcomes, learning, actions and impact to make the information more meaningful. The Chair stated that it had been agreed to keep the report high level to maintain confidentiality. Mr Crombie asked what the Freedom of Information regulations were around Whistleblowing. Mrs Kelly stated that the number of cases can be provided but no detail or information can be shared as this was confidential and personally identifiable. Miss Gillies asked for clarification on the point at which a case is considered concluded. Mrs Butler confirmed that this would be at the point the individual bringing the case had been written to.

7.4 The Committee agreed the moderate assurance level requested; confirmed the format of the monitoring report was acceptable and supported the actions taken around Whistleblowing. Mrs Kelly would bring update reports to future Staff Governance Committee meetings.

8. Health and Safety Update

8.1 Miss Gillies reported that she had now chaired her first health and safety committee meeting. At the meeting there had been discussion on the future of the committee and whether this was as a governance or management committee. The focus for the rest of 2017 would be on changing the committee to make sure discussion feeds through the level of assurance which the Staff Governance Committee requires. This would include more provision of assurance around risk and more narrative around things considered at local committee level. It was hoped to bring much clearer actions following

discussions on risk to Staff Governance and the Committee would start to see information coming through as part of regular reporting.

8.2 The Chair stated that this would be a major change of focus for the health and safety committee. Mr Crombie added that whilst this would not be sorted out at one meeting, the proposals outlined by Miss Gillies would be very helpful. Miss Gillies assured the Committee that the format of the future minutes received by the Staff Governance Committee would show levels of assurance against risk discussed. The Chair welcomed this progress with the new approach to the way the health and safety committee would be working and looked forward to receiving a report outlining future proposals in more detail at the next meeting.

TG

9. Fire Safety – Mandatory Training Compliance

9.1 Ms Langsley reported that two years ago the compliance rate had been 46%. Since then there had been a month on month increase and sustained improvement but this was not yet hitting the 80% compliance target. Actions to sustain this improvement and training models were being considered. It was accepted that the current model for practical fire training was inefficient and did not meet the needs of service. There were issues around accessing training, courses being booked up as soon as dates were released but then having a high rate of people who did not turn up (40%). Scoping work to look at training was underway and this would consider things such as location, duration and whether team training would be more efficient. There was discussion on the challenges faced within the Facilities directorate across all mandatory training areas. It was noted that as an interim plan Facilities had received approval to use DVDs for fire training with an expectation of hitting the 80% compliance target.

9.2 Ms Langsley also informed the Committee that a new fire code memorandum was expected on the delivery fire safety training. It was hoped that a report on overall compliance could be brought to the July Staff Governance Committee meeting; this would also include a Facilities compliance update; information on a revised model for the face to face elements of fire training and recommend a level of assurance for the Committee to take.

AL/JB

10. Sustainable Workforce

10.1 Workforce Report - Mrs Kelly presented the report; this was the second time the report had been produced in this format. It was noted that there were a number of things contained within the report that linked to the Staff Governance Committee agenda items.

10.1.1 The Chair asked for more background on the KSF review statistic. Mrs Butler stated that the figure had remained at 30% for two or three years but was now at 42%. Whilst this was still not great it did show improvement. Ms Langsley added that different models and approaches were being considered and that the KSF Team was delivering guidance sessions around a simplified KSF version that is completed on paper. This work was part of the HR&OD Quality Improvement Programme.

10.1.2 Mrs Butler highlighted the challenges of the system and reported that the system would only be in place until March 2018 but it was not clear what would be replacing this, although discussions were ongoing with NHS Education about potential options..

10.1.3 The Committee discussed the recruitment activity information. Professor McMahon highlighted nursing recruitment and in particular the success of site specific recruitment. It was noted that as there was only one nursing output from universities per year, the situation was that there were more jobs than candidates. The Board was doing proportionately well to attract people and the nursing vacancy rate was down from 7-5% over the last 18 months. Mr Crombie added that there was optimism on campuses around nurse recruitment; however speciality areas such as paediatric care remained challenged to recruit appropriate staff.

10.1.4 Discussion moved onto HR Enquiries and the accessibility of information. Mrs Butler stated that information was available through the HR Online website and the option for telephone contact was still present. The FAQs section of HR Online was regularly reviewed. The Committee noted that NHS Lothian was the first in Scotland to adopt this service model of having an HR enquiry service and online presence and that this was being considered for the regional model moving forward.

10.1.5 The Chair asked about the length of time employee investigations took. Mrs Butler pointed out that the biggest limiting factor was asking people to do investigations whilst still doing their day jobs. The investigations were also becoming increasingly complex. There was now a triage system in place with an employee relations case monitoring team. Whilst there was still work to be done, unless there was a move to a system of dedicated investigators it was difficult to see how the process would speed up.

10.1.6 The Committee agreed that it would be helpful if the data from the report could be mapped in future against papers being received by the Committee. There could be a standard report that is flexible according to the agenda. Mrs Kelly would look at developing this ahead of the next meeting.

RK

10.2 Safe Staffing Levels - Professor McMahon stated that ensuring all areas have safe staffing levels had been part of the SNP manifesto commitment at the last election. It was noted that this applied to all areas, not just acute.

10.2.1 The Committee noted that the programme board chaired by Professor Fiona McQueen, Scotland's Chief Nursing Officer, had met twice so far and was looking to consult with other boards on how best to move this agenda forward. Mrs Butler and Professor McMahon both sat on the programme board. There was also a local group set up to mirror the programme board.

10.2.2 One area being considered was the negative impact of twelve hours shifts on both staff and patients. The development of roles at Bands 2, 3 and 4 was also being looked at along with the recruitment into posts when added value is offered and on a Pan Lothian case by case approach.

10.2.3 The Committee discussed the legislation around safe staffing levels and the unknowns and financial impact involved. Professor McMahon stated that an outcome from consultation may be that it would be for boards to define safe staffing levels locally. Mr Crombie added that it would be helpful to understand the impact pre and post any legislation. The Chair pointed out that any model would have to flex accordingly with patients' acuity.

10.2.4 There was also discussion on the regional recruitment and retention, where nursing was seeing competition for staff and the current pressures within critical care and theatres. Professor McMahon agreed to bring a paper with more detail to the next meeting for consideration.

AMcM

11. Other items

11.1 Staff Governance Monitoring Framework - Mrs Kelly informed the Committee of the requirement for the Staff Governance Monitoring Framework report to be provided to the Scottish Government on an annual basis. It was noted that for this year's report evidence to support the Board's assessment was not being requested. The timing of this year's request had made completion of the return difficult but the information from the local partnership forums had now been pulled together and the proposed return had been through the Lothian Partnership Forum. Examples of good practice were included along with basic information such as eKSF and PIN guideline compliance. There were also examples of the work done around Whistleblowing and sickness absence included.

11.1.1 In relation to the position statement on Healthy Working Lives (HWL), the Committee were concerned that this did not show NHS Lothian in the best position. Miss Ireland reminded the Committee that NHS Lothian Headquarters at Waverley Gate should be showing leadership around HWL and had previously held the Gold Award only to lose this status.

11.1.2 Mrs Butler stated that a clear point to refresh the head quarters HWL group would be once the staff from Pentland House had moved to Waverley Gate. There would have to be Corporate Directors leadership and buy in to achieve the Gold Award once more.

11.1.3 The Committee noted the excellent work undertaken between St John's Hospital and the West Lothian HSCP in this area, where the work is lead by two partnership representatives.

11.1.4 The Committee also discussed the apparent lack of an Equal Opportunities Policy. . Mrs Kelly confirmed that this was now covered in the Board's Equality, Diversity and Human Rights policy so did not need to be separated out.

11.1.5 The Committee agreed that the return should now be submitted to the Scottish Government.

RK

11.2 Staff Governance Annual Report - Mrs Kelly reported that in line with the other Board Governance committees; the format of the Annual Report for this year had changed substantially. The Committee were being asked to review the statement of assurance around the work of the Staff Governance Committee and highlight any issues that need to be raised in the governance statement report to the Board.

11.2.1 There was discussion on the change of committee chair and the work involved with the move to Everyone Matters meaning quite a large transition for the Committee this year. It was agreed that although there were areas for improvement there was nothing that felt like a significant control weakness to be raised in the governance statement.

11.2.2 The Committee agreed that the Chair should now sign off the Annual Report for inclusion in the Board's Annual Report and Accounts.

AM/RK

12. For Information and Noting

12.1 The Committee noted the following items:

- Health and Safety Committee Minutes 28/02/17
- Lothian Partnership Forum Minutes 28/03/17

13. Date of Next Meeting

13.1 It was noted that the next meeting of the committee would be held on Wednesday 26 July 2017 at 9.30am in meeting room 7, Waverley Gate, 2-4 Waterloo Place, Edinburgh.

DRAFT

1.7

STRATEGIC PLANNING COMMITTEE

Minutes of the meeting of the Strategic Planning Committee held at 9.30 on Thursday 8 June 2017 in Meeting Room 7, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present: Mr M. Hill, Non-Executive Board Member (chair); Mr M. Ash, Non-Executive Board Member; Ms S. Goldsmith, Director of Finance; Ms F. Ireland, Non-Executive Board Member; Mr A. Joyce, Employee Director, Non-Executive Board Member; Professor A. McCallum, Director of Public Health; Professor A. McMahon, Executive Nurse Director; Mr P. Murray, Non-Executive Board Member.

In Attendance: Ms J. Anderson, Partnership Representative; Mr C. Briggs, Associate Director, Strategic Planning; Ms J. Campbell, Interim Chief Officer, Acute Services; Mr J. Crombie, Deputy Chief Executive; Ms S. Egan, Associate Director, Strategic Planning; Mr R. McCulloch-Graham, Chief Officer, Edinburgh Health and Social Care Partnership; Ms E. McHugh, Chief Officer, Midlothian Health and Social Care Partnership; Ms M. McIlgorm, Interim Chief Nurse, Edinburgh Health and Social Care Partnership; Ms B. Pillath, Committee Administrator (minutes); Mr D. Small, Chief Officer, East Lothian Health and Social Care Partnership.

Apologies: Mr B. Houston, Board Chairman; Ms T. Gillies, Medical Director; Professor M. Whyte, Non-Executive Board Member.

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

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

1. Minutes and Actions from Previous Meeting (13 April 2017)

1.1 The minutes from the meeting held on 13 April 2017 were approved as a correct record.

2. The People's Health

2.1 Edinburgh Children's Service Plan

2.1.1 Ms Egan spoke to the previously circulated paper. The completed Midlothian Integration Joint Board Children's Services Plan was now included in the papers, as this had not been ready at the previous meeting. The draft Edinburgh Integration Joint Board Children's Services Plan was included in the papers but had not yet been signed off by the City of Edinburgh Council. This was due to delays in setting up Committees following the council elections. The plan was due to be signed off by the Strategic Planning Committee before being submitted to the Scottish Government on 30 June 2017.

2.1.2 Members approved the Midlothian plan. Members agreed with the content of the Edinburgh plan as it was in line with the strategic direction and previously stated aspirations for children's services, but recognised that it had not yet been reviewed by the Council and adding that they would expect to see an action plan included to show how resources would cover implementation of the plan.

2.1.3 Members accepted the other recommendations (2.2 and 2.3) laid out in the paper.

3. Integration

3.1 Integration Joint Board Directions

3.1.1 A paper had been previously circulated giving a broad analysis of the directions received from the Integration Joint Boards and an outline of the process for implementation.

3.1.2 Enough information was needed to allow an opinion to be given on whether a service remains central or becomes a community service and the cost implications of both options. Ms Goldsmith noted that detailed information on the hospitals plan and directions in terms of activity and capital was needed before financial meaning could be given to the changes and further discussion was needed with the Integration Joint Boards. Professor McMahon noted that the planning interface between Finance, Strategic Planning and the Integration Joint Boards was now robust and important decisions were taking place in these fora.

3.1.3 A paper would go to the Finance and Resources Committee in July 2017 from the Strategic Planning Team on the capital plan and timescales. Action plans which would align with capital, revenue, resources were in progress and activity plans would be presented at the meeting in October 2017. **CB**

3.1.4 There needed to be a process for joint capital planning with the Councils for areas that were both Council and NHS responsibility. As services became integrated there would be more joint planning. The Integration Joint Boards would be in a good position to make proposals as they had the information from both the Council and the NHS. Arrangements would be made by the IJB Strategic Planning Committees and overseen by the Finance and Resources Committee for capital processes. This process should include ensuring spending priorities were matched with capital.

3.1.5 Members accepted the recommendations laid out in the paper. A paper giving examples of progress made on the directions and a paper on capital planning processes would be brought to the next meeting. **CB**

3.2 Inspection of Older People's Services in Edinburgh

3.2.1 A paper on the inspection report had been previously circulated. Mr McCulloch-Graham gave a presentation on the recommendations and action plan. Mr McCulloch-Graham noted that closer working between the Council and NHS Lothian was needed to speed up the time taken for assessment for care packages. General managers were now managing both hospital and community social workers and

social care teams which should improve team working. Joint management for occupational therapists was also planned.

3.2.2 There would be local advertising through the council for home care workers; NHS Lothian home care workers were paid a larger salary than other organisations and recruitment from Greece, Spain and Italy would be encouraged with accommodation offered for 6 months and training and career development opportunities.

3.2.3 Members accepted the recommendations laid out in the paper.

4. Lothian Hospitals Plan

4.1 Royal Edinburgh Hospital Phase 1

4.1.1 A paper had been previously circulated. Professor McMahon noted that the Brain Injury Unit had been successfully transferred to the new building and the four old age psychiatry wards were on schedule to move.

4.1.2 It had not been possible to procure capacity in the community to safely move the adult acute section into the new building as the number of beds needed to be reduced from 12 to 7. The occupancy of the ward was 105% including patients out on pass. The staffing requirement was being considered. Work was ongoing to secure the community capacity so that the move could be made as soon as possible.

4.1.3 Members accepted the recommendations laid out in the paper.

4.2 Royal Edinburgh Hospital Phase 2

4.2.1 A paper had been previously circulated. A decision had been made to combine the original phases 2 and 3 of the project and funding for this would be supported by the Scottish Government. The outline business case updated with the current timescales would be submitted to the Finance and Resources Committee. It would also need approval from all Integration Joint Boards.

4.2.2 This phase would cover functions delegated to the Integration Joint Boards including learning disabilities where there was a high cost per patient. Spend was currently over the PCNRAC score but this varied across Integration Joint Boards so needed to be reconciled. This included looking at Council spend as well as NHS Lothian spend.

4.2.3 The new model of care was a shift from 76 beds to 38 beds with more patients cared for at home. Currently it was cheaper to look after patients in hospital than at home, but the cost of care in the community could be reduced by service redesign; it was felt that this could be achieved and plans were underway in all Integration Joint Boards. It was noted that this was a good opportunity to modernise and improve services.

4.2.4 Housing environment was key to reducing the cost of care in the community and discussions were in progress. Some properties designed for patients with care packages had been secured to reduce the need for isolated 24 hour care packages.

4.2.5 Members accepted the recommendations laid out in the paper. It was agreed that the business case would be submitted to this Committee for discussion of the strategic case. **AMcM**

4.3 Regionalisation

4.3.1 Mr Briggs gave a presentation on the early discussions on regionalisation of services. There needed to be a mood of consensus and evaluation of which areas would be best to build on existing regional working. There needed to be engagement between Boards and with the public including informal engagement early on between different Boards. It was noted that some collaborative working between Boards had been going on for a number of years in particular areas.

4.3.2 Forums of Chief Executives of the different Boards were being set up to discuss challenges including processes leading to shared services. Regular briefings at the Strategic Planning Committee would ensure there was oversight of developments. It was agreed that an event between strategic planning committees in all Boards and IJBs could be helpful before March 2018.

4.3.3 Public engagement would be important to show the change as positive for all so that it would not be seen as resulting in winners and losers. There also needed to be mature engagement with the workforce. A national workforce plan was in development for regional joint roles and sustainability.

4.3.4 Members accepted the recommendations laid out in the paper.

5. Pan Lothian Business

5.1 Information Plan

5.1.1 The Chair welcomed Mr Jackson to the meeting and he gave a presentation. Members were assured that there was an improvement plan in place and noted progress made on the short term priorities. Mr Jackson agreed that a plan for engagement with timescales needed to be developed. Members asked for more detail on where the problems were, what information needs there were and how they fitted in with the systems already in place. Mr Jackson agreed to bring a more detailed plan to the Committee at the meeting in October 2017. **AJ**

6. Date of Next Meeting

6.1 The next meeting of this group would take place at **9.30** on **Thursday 10 August 2017** in **Meeting Room 7**, second floor, Waverley Gate.

6.2 Further meetings in 2017 would take place on the following dates:
- Thursday 12 October 2017;
- Thursday 14 December 2017.

NHS LOTHIAN

1.8

AUDIT AND RISK COMMITTEE

Minutes of the Audit and Risk Committee Meeting held at 9.00 am on Monday, 19 June 2017 in Meeting Room 7, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present: Mr M Ash (Chair), Non-Executive Board Member; Ms C. Hirst, Non-Executive Board Member; and Mr P. Murray, Non-Executive Board Member.

In Attendance: Ms J. Bennett, Associate Director for Quality Improvement and Safety; Mr C Brown, Scott Moncrieff; Ms J Brown, Chief Internal Auditor; Mr J Crombie, Deputy Chief Executive; Mr D Eardley, Scott Moncrieff; Ms S. Goldsmith, Director of Finance; Ms D. Howard, Head of Financial Services; Ms R Kelly (for item 6.4); Professor A McCallum, Director of Public Health and Health Policy; Professor A McMahon, Executive Director for Nursing, Mr C. Marriott, Deputy Director of Finance; Mr J. Old, Financial Controller; Mr A. Payne, Corporate Governance Manager; Ms L. Baird, Committee Administrator; Mr M Lavender, Scott Moncrieff; Mr P Clark, Internal Auditor; Ms S Knight, Management Trainee; Ms E Clemente, Management Trainee and Mr O Campbell, Business Manager.

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

10. Staff Governance Committee Annual Report 2016/17

10.1 Ms Kelly drew the Committee's attention to the key areas within the Staff Governance Committee's Annual Report 2016/17. She highlighted the review of the Committee effectiveness and revisions to its terms of reference and remit. Ms Kelly explained that the Staff Governance Committee is putting more emphasis on scrutiny, and that its assurance needs are now expressed in terms of Everyone Matters rather than the Staff Governance Standard. She highlighted that the Committee did not identify anything to be included in the Governance Statement. She also advised that the new format of the committee annual report was helpful.

10.2 Members noted the limited assurance assigned to violence and aggression. Ms Kelly advised that work with violence and aggression training at ward level remained ongoing. Future initiatives included providing training within wards to address the issue of staff being available to attend training. She advised that fire training was another area of focus.

10.3 The Committee agreed to accept the report as a source of assurance to support the Governance Statement.

Ms Kelly left the Meeting.

11. Internal Audit (Assurance)

11.1 Internal audit Progress Report (June 2017) – Ms Brown gave an overview of the report. She highlighted a revision to the timeframe for the review of planning following a duplication of audits in the 2016/17 and 2017/18 audit plans. The planned audit on Corporate Governance had been removed from the plan and re-scoped. Ms Brown explained that this audit will be replaced with an advisory exercise where the internal auditors shall prepare an integration assurance map from the perspective of the Board.

11.1.1 Long term Staff illness continues to affect the capacity of the internal audit team. Ms Brown advised that she would explore the use of a modern apprentice to build resilience within the team and she is discussing this further with the Director of Finance.

11.1.2 Mr Ash asked if all the reds in the Internal Audit KPIs were attributable to sickness absence. Ms Brown explained that absence was a contributing factor, however there were still opportunities to improve the team's working practices.

11.2.3 The Chair stressed that it was important that management responses were provided in a timely manner, and Mr Crombie agreed to highlight this point with the management team. **JC**

11.1.4 The Committee agreed to accept the progress report and refer the following reports to the IJB audit & risk committees for their information:

- Sample testing of ABPI Data and compliance with NHS Lothian policies
- Budget Management & Financial Recovery Plan Monitoring

11.2 Whistle-Blowing Allegation into Contractor A (April 2017) – The audit following a whistle blowing allegations against contractor A. Ms Brown advised that the review of evidence in this exercise led to the conclusion that internal audit were unable to confirm whether or not fraud had taken place. The Committee was advised that the relationship with the supplier had been set up under old arrangements, however a new tender exercise has been launched for the supply.

11.2.1 The Committee agreed to accept the report.

11.3 Royal Edinburgh Hospital – Change in Specification Anti-Ligature – the audit had presented 4 significant issues. In response management would revise the policy bringing it in line with new guidance and consider the requirements for each patient grouping.

11.3.1 There were concerns that a number of NHS Lothian policies including the anti-ligature policy had been written to fulfil a requirement rather than there being sufficient regard to the practicalities of implementation. Mr Payne advised the Committee that he had met with the managers taking forward this work, and informed them of the new Procedure on Developing Policies which aims to address this point.

11.3.2 Prof. McMahon highlighted the need for clinical advice to inform such projects. Mr Ash highlighted that the project team also need to keep abreast of changes to relevant regulations.

11.3.3 The Committee agreed to accept the report subject to minor contextual changes to ensure that the background narrative of the audit was clear. Mr Ash confirmed that he would be happy to approve any minor changes to address this point. **JBr**

11.4 Sample Testing of ABPI Data and Compliance with NHS Lothian Policies (June 2017) – the report to make the Board aware of the receipt of payments from pharmaceutical companies was noted. Ms Brown highlighted that the work did not identify any evidence that the payments had inappropriately influenced prescribing or procurement practices. However the audit did highlight the need to take action to improve awareness and application of the Board's business conduct processes.

11.4.1 Mr Ash queried why a recommendation to introduce a standard form had not been accepted by management. Mr Payne explained that there will be a programme of work to take forward the implementation of business conduct, and this matter can be revisited if there is evidence that it would be beneficial.

11.4.3 The Committee agreed to accept the report.

11.5 Internal Audit Annual Report and Opinion 2016/17 (June 2017) – Ms Brown gave a brief overview of the report and work carried out by the internal Audit team in 2016/17. Overall Internal audit's work had indicated that NHS Lothian had a framework of controls that provides reasonable assurance.

11.5.1 The note against the flow of information and reports planned with the Integration Joint Boards (IJBs) had raised some debate, however the NHS Lothian view is that in the first instance the report should come to the NHS Lothian Audit and Risk Committee as it is prepared by the NHS Lothian Chief Internal Auditor and part of the NHS Lothian internal audit plan, and thereafter referred to the IJBs Audit and Risk Committees. Further discussion on this matter would take place at the next meeting of the Audit and Risk Chairs Group on 2 October 2017.

11.5.2 Mr Ash highlighted that most of the opinions were graded GREEN and this is a positive message. He thanked Ms Brown and the internal audit team for their work.

11.5.3 The Committee agreed to accept the report.

11.6 Reports with Green Ratings (June 2017) – the Committee accepted the Internal Audit Report on Reports with Green Ratings (June 2017).

11.7 Budget Management & Financial Recovery Plan Monitoring (June 2017) – the report covered three control objectives (two rated GREEN, one AMBER). The audit identified that there were opportunities to improve the system for measuring and monitoring the delivery of savings identified in financial recovery plans.

11.7.1 Mr Murray commented that if there is a point where the delivery of further efficiency savings are not possible, then this should be recognised. Mrs

Goldsmith advised that two years ago the approach was revised, in that budgets were not automatically adjusted to reflect target savings. It was recognised that managers had to manage the service and use their whole budget to do so, and were asked to find savings within that budget. It was important to capture the resource implications of all key issues and decisions, rather than focus on efficiency savings in isolation. However the team is taking a fresh look at the issue of efficiency.

11.7.2 Mr Marriott advised that horizon scanning shows that future funding will not match projected growth in expenditure. Work is currently underway to test the trajectories.

11.7.3 The Committee agreed that the Finance & Resources Committee was best placed to consider this issue, and Mr Ash agreed to raise this with the Chair of the Finance & Resources Committee. **MA**

11.7.4 The Committee noted that one of the actions had a target deadline of "ongoing", and agreed that this was not helpful. It is always possible to put a date to review the progress of an action. The Committee requested that for all future reports there is a definitive date for implementation. **JBr**

11.7.4 The Committee agreed to accept the report.

11.8 Follow-Up of Management Actions Report (June 2017) – since the previous report of April 2017 there had been 46 open actions brought forward, 9 new actions added to the tracker of the 54 actions, 17 had been closed. As at June 2017 38 actions were carried forward. Professor McCallum explained that the outstanding actions relating to business continuity planning were caused by timing issues. There was a difference between management carrying out the actions, and internal audit signing off the evidence of completion.

Mr Campbell entered the meeting.

11.8.1 The Committee agreed to accept the report and recognised the work carried out by Professor McMahon and his team to address the actions from the bank & agency audit.

12. Minutes and Actions from the Previous Meeting (24 April 2017)

12.1 The minutes and action note from the meeting held on 24 April 2017 were approved as a correct record.

13. Matters Arising

13.1 Matters arising from the Meeting of 24 April 2017 – The Committee accepted the update on the actions detailed within the Running Action Note. Mr Ash advised that he and Mr Murray shall meet with Jo Bennett to discuss reporting of performance against the Board's risk appetite and tolerances.

14. Risk Management (assurance)

14.1 NHS Lothian Corporate Risk Register

14.1.1 Ms Bennett highlighted that the risks of Delayed Discharges and GP sustainability had been reviewed. There also has been work relating to the IJBs systems of risk

management. The title of the delayed discharges risk has been changed to "Timely discharge of inpatients", and the controls now recognise the measures that the IJBs have in place.

14.1.2 The Healthcare Governance Committee has agreed limited assurance for both of these risks in terms of whether there are adequate plans in place to reduce these risks. The Committee shall be receiving further reports in July.

The Risk Management Steering Group reviewed the risk on achievement of national waiting times targets. This includes:-

- A change of name from Achievement of National Waiting Times to Access to Treatment (organisational risk), as it is more illustrative of the risk
- Strengthening of controls within the context of current performance
- The increase of this risk from High 16 to Very High 20 given the current performance.

The RMSG is recommending that an additional risk is added to the Corporate Risk Register which is a patient-focussed risk with respect to access to treatment rather than the organisational risk set out above. This risk is described as:-

Description
There is a risk that patients will wait longer than described in the relevant national standard due to demand exceeding capacity for in-patient/day case and outpatient services within specific specialties.

Clinical risk is identified in two dimensions:
1) the probability that due to length of wait the patient's condition deteriorates;
2) the probability that due to the length of wait significant diagnosis is delayed.

Ms Bennett advised that the Acute Hospitals Committee shall oversee this new risk.

14.1.3 Ms Bennett confirmed that all governance committees have reviewed the corporate risks under their remit and were pursuing the necessary actions. Mr Payne agreed to cross check the assurance levels stated in the corporate risk register to the assurances provided in the committee annual reports. **AP**

14.1.4 The Committee raised some queries on the detail of some risk entries. Mrs Goldsmith agreed to factor in regionalisation into the update of risk 3600 ("finance"). Ms Bennett advised that the issue of avoiding admissions is reflected in the narrative relating to delayed discharges

14.1.5 Members agreed it was important to share learning across both primary and secondary care sectors. Ms Hirst highlighted that it was important that the connection between the work of different committees was reflected and understood. She also highlighted that it was difficult to understand how the Board's risks compared to the national picture. While it was acknowledged that the NHS Chief Executives do take things forwarded nationally, and increasingly regionally, Ms Hirst did not think that the Board's corporate risk register was picking up that context. Mr Crombie and Professor McMahon agreed to consider this issue further. **JC/ AMcM**

14.1.6 Mr Ash invited Ms Bennett to undertake some work to compare the NHS Lothian risk register with that of other Boards. . **JB**

14.1.7 Mr Ash asked highlighted that the risk tolerance measure for delayed discharges was set at 14 days, and the report noted "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." He asked if this was appropriate. Ms Bennett highlighted that the Board wasn't achieving 14 days, and there was little value in re-setting the tolerance to 72 hours until it had. The Scottish Government is working towards 72 hours. Mr Crombie supported this position, as altering the measure could make the actual performance less clear.

14.1.8 The Committee noted that the June Board was being asked to accept the new access to treatment patient risk on the corporate risk register. The Committee accepted significant assurance that the corporate risk register contains all appropriate risks. The Committee also agreed that as part of a system of control, the governance committees of the Board had confirmed that they were assessing the levels of assurance provided with respect to plans in place to mitigate the risks pertinent to them.

14.2 Risk Management Annual Report 2016/17 – The Committee reviewed the summary of actions for 2016/17 and the priorities and aspirations for the coming year. Focus for the coming year would address feedback, learning and a review of the controls in place.

14.2.1 The Annual Report set out the process for identifying risk and improvement. The Committee accepted the report subject to including a timescale for the review of the risk register as referred to on page 4. **JBen**

15. General Corporate Governance (Assurance)

15.1 Introduction to the Committee Annual reports – Mr Payne introduced the 2016/17 revised annual report format and the Committee accepted the briefing detailed therein.

15.2 2016/17 Annual Report from the Healthcare Governance Committee - The Healthcare Governance Committee welcomed the revised annual report template. Ms Bennett highlighted that the Committee had been using assurance needs for a number of years, but did find the introduction of standard assurance levels very helpful. The report highlighted the issues of GP sustainability and delayed discharges. Ms Bennett advised she would provide an updated and summarised version of this report after the meeting. **JBen**

15.3 2016/17 Annual Report from the Finance and Resources Committee - Ms Goldsmith gave a brief overview of the report. She advised that the template was helpful, and did require a reflection on the business of the committee in relation to its terms of reference. She drew attention to two key issues; Financial sustainability and the approval of initial agreements for the eye pavilion and bridging project for the Cancer Centre in the absence of addition government funding.

15.3.1 The Committee agreed to accept the 2016/17 Annual report from the Finance and Resources Committee as a source of assurance to support the Governance Statement.

15.4 Information Governance Assurance Board Annual Report 2016/17 – the Committee noted the report and the actions carried out over the 2016/17 period detailed therein.

15.4.1 The Committee agreed to accept the report as a source of assurance to support the Governance Statement.

15.5 Acute Hospitals Committee Annual Report 2016/17 – Mr Campbell introduced the report. He advised that the template was helpful. The Acute Hospitals Committee acknowledges that further work is required on its assurance needs, and a workshop will be held to take this forward. That work will lead to the development of a medium term workplan for the Acute Hospitals Committee, taking into account its role in the oversight of performance management.

15.5.1 The Committee recognised the role that IJBs have on the functions and services which the Acute Hospitals Committee oversees, and the need for IJBs and the Acute Hospitals Committee to have effective working relationships. The Committee agreed that it is desirable to avoid duplicating governance activity, and agreed that the Acute Hospitals Committee should be asked to report back on how it intends to achieve this, and provide the required assurance to IJBs. **MA**

15.5.2 Members discussed information flow between primary and secondary care and how this would be made common practice. Mr Crombie advised that currently this is considered for specific services, however a major element of the eHealth strategy is to removed duplication. Prof. McCallum advised that the Information Governance Assurance Board is considering issues in this area.

15.5.3 The Committee agreed to accept the report as a source of assurance to support the Governance Statement.

Mr Campbell Left the meeting.

15.6 National Services Scotland Service Audit Reports 2016/17

15.6.1 No material issues had been raised therefore the Committee agreed to accept the reports from the service auditors as a source of significant assurance with respect to the systems of internal control relating to the National Single Instance financial ledger, practitioner services and the National IT Services contract.

15.7 Write-off of Research and Development 2016/17

15.7.1 Ms Howard advised the committee of the circumstances of the loss. NHS Lothian entered into a contract with a third party to carry out research & development, however the third party went into liquidation. NHS Lothian has filed a claim with the liquidator.

15.7.2 Ms Howard advised the Committee that a meeting has been arranged with the research & development management team to examine the processes for pre-contractual checks, as well as other matters relating to debt recovery.

15.7.3 Mr Ash highlighted that while recognising the issue is being examined, as a matter of general principle he would like greater assurance that the lessons from this are actually learned, and that colleagues in the relevant departments will do what they are required to do to avoid a recurrence. Mrs Goldsmith agreed to communicate this message to the Corporate Management Team. **SG**

The Committee confirmed that the Director of Finance may approach the SGHSCD for approval to write-off the debt.

15.8 Schedule of Losses – SFR 18.0

15.8.1 The Committee agreed to take a significant level of assurance on the internal losses controls and that the Board were continually reviewing and evaluating changes to improve the effective systems for internal financial controls.

15.8.2 Professor McMahon noted the high losses associated with Pharmacy stock and suggested that this is something that should be examined by the management team. **TG**

15.8.3 The Chair advised Ms Howard that for future reports, the percentage change column need not be provided, and Ms Howard agreed to remove it. **DH**

15.9 Edinburgh and Lothian's Health Foundation Annual Report and Accounts 2016/17

15.9.1 The Committee:

- Noted that the International Accounting Standard (IAS) 27 requires the consolidation of the Foundation Accounts into NHS Lothian financial statements and therefore the scrutiny of Audit Risk Committee of NHS Lothian.
- Noted that Trustee's Report and Financial Statements were reviewed and recommended for approval by Trustees by the Charitable Funds Committee (CFC) on 7 June 2017.
- Noted that the auditors (Scott Moncrieff) have no proposed financial adjustments to the Foundation Accounts and that these are unqualified.
- Noted that the Foundations' statutory accounts will be presented to Trustees on 21 June 2017 for approval.

15.10 Patients Private Funds Annual Accounts 2016/17

15.10.1 The Committee agreed to:

- Accept the management letter from Scott-Moncrieff as a source of significant assurance in relation to the draft annual accounts and the underlying systems of internal control.

- Recommend to the Board that the Chairman and Chief Executive sign the "Statement of Lothian NHS Board Members' Responsibilities" on the Board's behalf.

- Recommend to the Board that following the Board's consideration, the Director of Finance and the Chief Executive sign the "Abstract of receipts and Payments" (SFR19.0).

- Recommend to the Board that the Board approve the draft Patients' Private Funds accounts for the year ended 31 March 2017.

16. Counter Fraud (assurance)

16.1 Counter Fraud Activity

16.1.1 The Committee accepted the report as a briefing on the current status of counter fraud activity. The Committee agrees that the report provided a significant level of assurance that all cases of suspected fraud are accounted for and appropriate action is taken.

16.2 Counter Fraud Activity and Fraud Referrals and Operations for year Ending 31 March 2017

16.2.1 The Committee noted that there were a lot of cases relating to overseas patients. Prof. McCallum advised that the guidance on this subject is not very clear, and there will always be many cases.

16.2.2 Ms Hirst commented that she would like to see how NHS Lothian compares to other Boards. Mr Old advised that the 2016/17 Counter Fraud Services Annual Report is currently not available. He advised that NHS Lothian is consistently in the top two for the number of referrals, and does lead the way with regard to the identification of overseas patients.

16.2.3 Mr Ash advised that for future reports, he would find commentary more useful than the schedule that is provided in Appendix 1.

16.2.4 Mr Old agreed to address these points for the next annual report. **JO**

16.2.5 Mr Ash did note that in Appendix 1 the majority of incidents had "N/A" in the column relating to the value of loss or potential loss. Mr Old advised that the incident report often will not include details on the value, and for some cases due to their nature there is no attributable value. Mr Ash asked if there was anything that could be done to improve this, and Mrs Goldsmith agreed to follow it up in the management line. **SG**

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

Mr Old left the meeting.

17. Annual Accounts (decision)

17.1 Governance Statement

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

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

17.2 Management Representation Letter

17.2.1 The Committee reviewed the draft Representation Letter to the external auditors confirmed that the statements represented confirmation to the external auditors on matters arising during the course of their audit of the accounts for the year ended 31 March 2017, and agreed to recommend that the letter be signed by the Chief Executive of NHS Lothian.

17.3 NHS Lothian Annual Audit Report 2016/17

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

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

17.4 NHS Lothian Annual Accounts for Year End 31 March 2017

17.4.1 The Committee agreed to recommend to the Board that they adopt the Annual Accounts for the year ended 31st March 2017 and recommend to the Board to authorise the designated signatories to sign the Accounts on behalf of the Board.

17.4.2 Ms Hirst requested that Mrs Goldsmith review the narrative a final time for duplication of wording and noted that for future reports more sub-headings would ensure that it was digestible for members. **SG**

17.5 Audit Committee Annual Report and Assurance Statement 2016/17

17.5.1 The Committee approved the annual report and assurance statement 2016/17.

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

17.6.1 The Committee approved the letter to the Scottish Government Health & Social Care Assurance Board.

18 Date of Next Meeting

18.1 The next meeting of the Audit and Risk Committee would take place at **9.00** on **Monday 29 August 2017** in **Meeting Room 7, Second Floor, Waverley Gate**.

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within STRATHBROCK PARTNERSHIP CENTRE, 189 (A) WEST MAIN STREET, BROXBURN EH52 5LH, on 27 JUNE 2017.

Present –

Voting Members – Harry Cartmill (Chair), George Paul, Damian Timson, Martin Hill, Susan Goldsmith, Alex Joyce, Lynsay Williams.

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

Apologies – Bridget Meisak (WL Voluntary Sector Gateway) and Marion Barton (Head of Health Services).

In Attendance – Carol Mitchell (NHS Lothian), Carol Bebbington (Senior Manager Primary Care and Business Support), James Millar (Standards Officer), Lorna Kemp (Project Officer).

1. DECLARATIONS OF INTEREST

There were no declarations of interest made.

2. MINUTE OF MEETING OF WEST LOTHIAN INTEGRATION JOINT BOARD HELD ON THURSDAY 20 APRIL 2017

The West Lothian Integration Joint Board approved the minute of its meeting held on 20 April 2017.

3. MINUTE OF MEETING OF WEST LOTHIAN INTEGRATION STRATEGIC PLANNING GROUP HELD ON THURSDAY 02 MARCH 2017

The West Lothian Integration Joint Board noted the minute of the meeting of the Strategic Planning Group held on 2 March 2017.

4. MEMBERSHIP

The Board considered a report (copies of which had been circulated) by the Chief Officer concerning membership of the Board following the local government elections in May 2017.

The Chief Officer informed the Board that the Council had made

appointments to its committees and to outside bodies, including the Board. The four councillors appointed were Harry Cartmill, Dave King, George Paul and Damian Timson. Harry Cartmill had been selected to take the position of Chair, and then Vice-Chair in September.

The Board noted that two voting members from the four required to be appointed to the Board's Audit Risk and Governance Committee. It was for the Board to make those appointments.

The four new members would be required to comply with the Board's Code of Conduct and appropriate arrangements were in hand for that to be done.

It was recommended that the Board:-

1. note the appointment by West Lothian Council of Harry Cartmill, Dave King, George Paul and Damian Timson as voting members of the Board.

2. note the appointment of Harry Cartmill as Chair of the Board, and that on 21 September 2017 he would take the position of Vice-chair when a health board member would take the chair.

3. appoint two of the four to be members of the Audit Risk and Governance Committee, with immediate effect.

Decision

1. To note the terms of the report; and

2. To appoint Damian Timson and George Paul to the Audit Risk and Governance Committee, with immediate effect.

5. CONSIDERATION OF 2016/17 ANNUAL ACCOUNTS (UNAUDITED)

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer attaching the unaudited 2016/17 Annual Accounts.

The Chief Finance Officer advised that the Annual Accounts appended to the report detailed the IJBs financial position for 2016/17 taking account of the first financial year that health and social care functions and resources had been delegated to the IJB. The accounts also included a Management Commentary setting out the purpose and strategic aims of the IJB and the key messages on the IJB's planning and performance for the year 2016/17.

The Chief Finance Officer further advised that the audit fee setting process had been completed and EY had advised that the audit fee for 2016/17 would be £25,340. This expenditure had been taken account of in the financial position reported within the annual accounts.

The Board was informed that legislation required the Board to approve an

annual governance statement. Its purpose was to give assurance and demonstrate to service users, the West Lothian community and other stakeholders that the Board operated and carried out its statutory duties in accordance with the law and in accordance with principles and standards of good corporate governance. Once it was approved, the annual governance statement had to be signed by the Chair and the Director and then incorporated into the unaudited accounts and submitted to the Board's external auditors before 30 June.

It was noted that the draft annual governance statement was in the appendix to the report, starting at page 14.

It was recommended that the Board:

1. Consider the overall 2016/17 Annual Accounts prior to submission to Ernst and Young (EY) for audit.

2. Approve the draft governance statement for inclusion in the unaudited 2015/17 annual accounts submitted to EY.

Decision

1. To note the terms of the report; and

2. To approve the draft governance statement for inclusion in the unaudited 2016/17 annual accounts submitted to EY.

6. WEST LOTHIAN INTEGRATION JOINT BOARD RESERVES POLICY

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer providing a draft Reserves Policy for consideration and approval.

The report recalled that the IJB had approved the Financial Regulations at its meeting on 23 March 2016. These regulations laid out that the IJB may hold reserves and the Chief Finance Officer would prepare a policy to hold and manage any such reserves.

The Chief Finance Officer explained that, based on equivalent general reserve balances within a range of other public sector bodies, the Reserves Policy suggested a prudent level of general reserve would be 2% of the IJB revenue budget which would be equivalent to approximately £4.5 million. Any IJB reserves would be held via West Lothian Council as NHS Lothian did not have scope to hold reserves.

The Chief Finance Officer considered that the proposed 2% should be seen as an optimum level of reserves that would be built up over a period of time, recognising the difficult balance between prudent financial planning and challenging budget constraints. As per the 2016/17 Annual Accounts, the IJB did not have any resources through underspends on the delivery of delegated health and social care services in 2016/17 to put towards general reserves. Currently, there appeared to be limited scope to have resources available at the end of 2017/18 to create a reserve. It

was nonetheless important that the IJB had a Reserves Policy which supported the Financial Regulations and the financial governance framework that the IJB operated within.

It was recommended that the Board approve the draft Reserves Policy as set out in the appendix to the report.

Decision

To approve the draft Reserves Policy as set out in the appendix to the report.

7. PROPOSED FINANCIAL STRATEGY APPROACH

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer setting out an initial high level approach to medium term financial strategy for agreement. The Chief Finance Officer considered that such an approach would be required to assist the IJB in planning and prioritising future health and social care provision in West Lothian within future available resources.

The report recalled that at its meeting of 14 March 2017, the IJB agreed to direct partners to work in conjunction with the Director and Chief Finance Officer to prepare a medium term financial strategy for IJB delegated functions and that the proposed approach to this would be brought back to the Board for agreement at the June 2017 meeting.

As part of the 2017/18 Scottish Budget there was a requirement for NHS Boards to undertake three year financial planning and NHS Lothian were currently progressing initial work in relation to this. In terms of West Lothian Council, the council had undertaken medium term financial planning over a period and this was a standard approach. In addition, on 20 February 2017, the council had approved the preparation of a priority based revenue financial plan for the period 2018/19 to 2022/23.

While it was acknowledged that future funding for health and social care services remained uncertain, all indications were that public sector funding constraints would continue over the medium term. Therefore, it was important that assumptions were made for planning purposes on the level of funding likely and resulting savings required over the medium term.

It was noted that both NHS Lothian and Local Authorities would identify assumed funding availability for IJB health and social care functions as part of the funding assumptions on their overall budget resources over the financial planning period. This would be done in consultation with the IJB Chief Officer and Finance Officer.

Finance staff within Local Authorities and NHS Lothian would undertake the development of the financial planning process for both organisations in conjunction with the IJB Finance Officer. Ideally joint work on financial planning for 2018/19 and future year health and social care functions would be completed before the end of 2017 to provide time for savings to

be agreed and implemented prior to 1 April 2018.

The report went on to provide commentary on Development of Saving Options, Reporting of Medium Term Financial Strategy and Saving Options, and Subsequent Annual Budget Approval.

It was recommended that the Board:

1. Agree the approach to medium term financial planning for IJB delegated functions set out in the report.

2. Agree that the Chief Officer and Chief Finance Officer work with NHS Lothian and West Lothian Council officers to take forward financial planning for IJB delegated functions, based on the approach contained in the report.

The Chief Finance Officer and the Director then responded to questions raised by Board members.

The Board heard comments/suggestions made by members which concerned:- (i) building in flexibility to react to pressures, (ii) embedding engagement in financial planning and (iii) exploring meaningful ways to engage with the public.

Decision

To approve the recommendations by the Chief Finance Officer.

8. 2017/18 BUDGET UPDATE

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer providing an update on the IJB's 2017/18 delegated resources taking account of NHS Lothian's submission of the 2017/18 Local Delivery Plan and resulting updated level of delegated resources to the IJB.

The report recalled that the previous report on 2017/18 financial assurance presented to the IJB on 14 March 2017 reflected the approved council contribution to the IJB and a planned NHS Lothian contribution. Since then further refinement of the overall NHS Lothian budget had been undertaken and this had been reflected in the NHS Lothian Local Delivery Plan submitted to the Scottish Government. The current report updated the financial resources position based on the budget assumptions contained in the submitted Plan. The report also provided an update on the West Lothian contribution.

Based on the 2017/18 budget plans submitted to the Scottish Government, an updated allocation of resources to the IJB for delegated functions was provided by the NHS Lothian Director of Finance on 2 May 2017 and noted an updated allocation of £152.406 million for West Lothian and an estimated funding gap of £1.474 million (compared to the funding gap of £2.2 million previously reported to the IJB in March). The split of the funding and gap between the three elements of the NHS

Lothian contribution was set out in a table within the report.

The revised NHS Lothian allocation of £142.406 million did not reflect the Health and Social Care Fund resources of £9.990 million as this funding allocation was shown in the social care budget resources reflecting the Scottish Government requirement that this funding was used for social care/living wage purposes.

It was important to note that the level of budget funding would continue to move throughout the year as a result of normal accounting adjustments across budget lines and additional funding awarded during the year.

Saving plans of £2.550 million for 2017/18 were taken account of in arriving at the NHS Lothian budget contribution of £142.406 million.

There remained a gap to be addressed and, in terms of this gap, a number of areas were being considered by NHS Lothian, in partnership with IJBs, to identify options to manage within both the overall NHS Lothian budget and at a West Lothian IJB budget level.

West Lothian Council budget contribution was £69.396 million.

It was recommended that updated Directions be issued to NHS Lothian reflecting the updated financial resources.

The Chief Finance Officer considered that an important part of ongoing financial assurance would be regular updates to the Board on monitoring of spend against budget and the forecast outturn for the year. While NHS Lothian and West Lothian Council were operationally responsible for the delivery of functions within available resources, it would clearly be important for the Board to have oversight of the in year budget position as this influenced that strategic planning role of the Board.

It was recommended that the IJB:-

1. Note the updated financial assurance position on resources delegated to the IJB.

2. Agree that Directions be updated and re-issued by the IJB Chief Officer to NHS Lothian taking account of the 2017/19 budget plans submitted to the Scottish Government as part of the NHS Lothian 2017/18 Local Delivery Plan.

3. Note that financial assurance and monitoring of financial performance would be ongoing during the year and reported on a regular basis to the IJB.

Decision

To note the terms of the report; and

To agree that Directions be updated and re-issued as recommended by the Chief Finance Officer.

9. THE LOTHIAN HOSPITALS PLAN - PRESENTATION BY COLIN BRIGGS

Colin Briggs (Director, Strategic Planning, NHS Lothian) had been invited to attend the meeting to present an overview of the Lothian Hospitals Plan.

Colin presented a number of presentation slides, one of which set out the following challenges:-

- There's not enough money
- We can do too many things
- There are too many of one kind of person
- There aren't enough of the other kind of person

The presentation contained a slide providing a list of NHS functions which Integrated Joint Boards had responsibility for planning/commissioning from April 2016.

The IJB priorities were listed as follows:

- Reduction in institutional care
- Prevention, prevention, prevention
- Planned and anticipatory care – e.g. scheduled urgent, not emergency
- Coherent responses across health services (and sites)
- Coherence across primary acute interface
- Need for high quality and affordable care

The Board was informed of the strategic headlines for the following hospitals:-

Royal Edinburgh Hospital
St John's Hospital
Western General Hospital
Royal Infirmary of Edinburgh

There followed a question and answer session relating to the information presented.

Finally, the Chair thanked Colin for his informative presentation.

Decision

To note the presentation concerning the Lothian Hospitals Plan.

10. IJB ANNUAL PERFORMANCE REPORT 2016/17

The Board considered a report (copies of which had been circulated) by the Director presenting the draft Annual Performance Report 2016/17 which was to be published in July 2017.

The Board was informed that the Scottish Government had issued guidance in March 2016, stipulating the requirement for the IJB to publish an Annual Performance Report from 2016/17 onward. The report was to be published within four months of the end of the performance reporting period and was to be made accessible to the public.

It was noted that the Annual Performance Report had provided an opportunity to reflect on the year and to celebrate the achievements delivered by employees and partners. It also highlighted new ways of working with services which focused on maximising choice and control for individuals, families and carers, tackling inequalities, long term conditions and working alongside employees, partners, professionals, third sector and communities to bring about change.

An Executive Summary Leaflet was then tabled at the meeting.

It was recommended that the Integration Joint Board:-

1. note the contents of the report

2. note and comment on the Draft Annual Performance Report 2016/17

3. approve the Draft Annual Performance Report 2016/17 for publication

Questions raised by Board members were dealt with by the Senior Manager, Primary Care and Business Support.

Decision

1. To note the contents of the report.

2. To note the Executive Summary Leaflet (copies of which had been tabled).

3. To approve the Draft Annual performance Report 32016/17 for publication and to delegate to the Chief Officer to amend as appropriate following consideration by members.

11. IJB PERFORMANCE: BALANCED SCORECARD

The Board considered a report (copies of which had been circulated) by the Director presenting the draft Balanced Scorecard for performance monitoring.

The Senior Manager Primary Care and Business Support presented the report, advising that a balanced scorecard approach had been developed and that the scorecard measured organisational performance across four perspectives: Financial; Customer; Internal Processes; Learning and Growth.

In addition to the core measures for integration the scorecard incorporated some local measures and contextualising data to provide a broader picture of local performance. There was still a need to develop performance measures for thematic strategic commissioning plans and therefore the scorecard would evolve over time.

Finally, the report contained a proposal to bring the performance scorecard to the IJB on a 6 monthly basis to enable the Board to review performance.

The Integration Joint Board was asked to:-

1. Note the contents of the report.

2. Note and comment on the Draft Balanced Scorecard for performance monitoring

3. Approve the Balanced Scorecard and reporting frequency to the Board.

Questions raised by Board members were dealt with by the Senior Manager Primary Care and Business Support. In particular, the Board heard reasons why the scorecard should be brought on a 6 monthly basis, rather than on a more frequent basis.

Decision

1. To note the terms of the report and the draft Balanced Scorecard; and

2. To agree that the performance scorecard be brought to the Board on a 6 monthly basis to enable the Board to review performance.

12. HEALTH IMPROVEMENT PRIORITIES

The Board considered a report (copies of which had been circulated) by the Consultant in Public Health concerning the work of the Health Improvement and Health Inequalities Alliance, its priorities for future work, and the proposed activities to be funded in the next round of Health Improvement Fund projects from April 2018.

The Board was informed that the Health Improvement and Health Inequalities Alliance (HIHIA) had been in place in its current form since 2011. Its overall aim was ‘to improve the health and wellbeing of those who live and work in West Lothian and to address the gap between those with the best health outcomes and those with the poorest health outcomes’.

The role of the HIHIA was defined in its terms of reference, and this was summarised in the report.

It was noted that between January and April 2017, members of the

Alliance had collated evidence and data to inform the development of priorities for its future work. Findings were summarised in Appendix 1 (attached to the report) 'Priorities for Health Improvement in West Lothian.'

Following discussion and consideration of the evidence, the group had identified priorities, and further information on each of these was provided in Appendix 1.

The report went on to explain that HIHIA had been asked to provide recommendations to NHS Lothian for the next round of NHS Lothian Health Improvement Funding, from April 2018 to March 2021.

The overall priorities that had been set for this funding were:-

- Early years support and early interventions for children and young people.

- Social capital and community capacity building.

There would be a total of £213,268 available for West Lothian projects from April 2018. The responsibility for the funding sat with the NHS Lothian HIF Oversight Group but it had asked health improvement partnerships to recommend the priority activities and outcomes for the next round of projects. Projects would be commissioned to meet the agreed outcomes with support from NHS Lothian Procurement.

Based on the above considerations, HIHIA had recommended investment priorities for the Health Improvement Fund in west Lothian, and these were shown in a table within the report. These were directed towards the health improvement priorities.

Finally, the report provided details of consultation undertaken by members of the Alliance on three key questions.

The Board was invited to note and approve the proposed priorities.

Decision

To note the terms of the report and to approve the proposed priorities identified by HIHIA.

13. AUDIT SCOTLAND REPORT - SOCIAL WORK IN SCOTLAND

The Board considered a report (copies of which had been circulated) by the Head of Social Policy advising on the West Lothian position with regards to the recommendations resulting from the Audit Scotland report on the national audit of social work published in September 2016.

The report explained that the audit had been carried out to examine how effectively councils were planning to address financial and demographic pressures facing social work in Scotland. In particular to determine the extent of the financial and demographic pressures, the strategies councils

were utilising to address the pressures, the effectiveness of current governance arrangements and how councils were involving service users and carers in service planning.

The report found a number of key challenges, and these were summarised in the report.

The report made a range of recommendations that covered the following areas:-

- Social work strategy and service planning – transformative change in how services were delivered and funded was required.
- Governance and scrutiny arrangements – there should be in place robust governance arrangements that could measure and report of the efficiency and effectiveness of service delivery.
- Workforce – there should be a national, co-ordinated approach to addressing workforce issues.
- Service efficiency and effectiveness – to take a robust approach to disinvestment and to undertake a review of national eligibility criteria.

The Head of Social Policy advised that, whilst West Lothian was significantly affected by financial and demographic challenges, the council benefitted from its long-term financial management strategy. The West Lothian IJB had adopted a robust strategic commissioning approach which incorporated a number of key service redesign programmes aimed at transforming the way services were delivered across whole systems and was developing new approaches aimed at increasing community capacity.

The report provided the following appendices:-

Appendix 1 – Overview of Recommendations and West Lothian Position

Appendix 2 – Social Work in Scotland, Audit Scotland, September 2016.

The Head of Social Policy then responded to questions raised by Board Members. In addition, she undertook to link with the IJB Staff Representative (Martin Murray) concerning a timeframe for the OD Plan to be forward to the Strategic Planning Group.

The Board was asked to note the recommendations made by Audit Scotland and the West Lothian position.

Decision

To note the terms of the report.

14. CLINICAL GOVERNANCE

The Board considered a report (copies of which had been circulated) by the Clinical Director informing the Board of the current situation with regard to General Practice and Primary Care Services in West Lothian.

The Board was informed that West Lothian had 22 GP practices; currently 2 were operating restricted lists. This compared to 7 practices in Mid Lothian and 40 practices in Edinburgh. Over the previous year, West Lothian HSCP had successfully averted at least 4 further list closures by working with practices to provide support, promote a collaborative approach and avoid a domino effect. In many areas of West Lothian there was little overlap in practice boundaries, so it was particularly important for patients that lists remained open as patients did not have the option of an alternative practice where they could easily register.

The report advised that, over the previous 4 years, West Lothian HSCP had stepped in temporarily to manage 3 practices, where due to retirement or ill health the GPs had handed back their contract, however 2 had successfully been returned to independent contractor status and the patients from one small practice had been taken on by a neighbouring practice.

The report provided details of the loss of several GP partners at a large West Lothian practice in January 2016. With 11,500 patients the option of dispersal was not viable without destabilising neighbouring practices; however the challenge of re-provisioning GP services for such a large practice was considerable. The practice had come under HSCP management as of 1 April 2017 and service provision had been maintained at all times.

Finally, it was noted that the 11,500 patient practice had been advertised and potentially suitable candidates had been identified to take on the practice on a standard GMS contract. Pending successful interview, it was hoped that the practice would return to GMS status in the near future.

The Board was asked to:

- note the contents of the report.
- be reassured that West Lothian HSCP were successfully maintaining service provision
- support innovative approaches to primary care service provision and assist in managing public expectati0ns.

Decision

1. To note the terms of the report; and
2. To agree to support innovative approaches to primary care service provision as recommended.

15. PRIMARY CARE REPORT

The Board considered a report (copies of which had been circulated) by the Director outlining the current issues and challenges being faced by General Practice which were affecting the sustainability of Primary Care provision and provided an overview of the measures being taken to support General Practice and the key priorities emerging from the West Lothian Primary Care Summit held on 22 February 2017.

The report provided commentary on population growth in the core development areas of Armadale, East Calder, Whitburn, Bathgate and Winchburgh.

It was noted that the List Expansion Grant Uplift Scheme (LEGUP) provided a short term financial incentive for practices to take on more patients and was managed by the Primary Care Contracts Organisation and overseen by the Primary Care Joint Management Group.

The report provided details of the West Lothian Primary Care Summit and the Expansion of the Primary Care Team.

The Board was recommended to:-

1. note the contents of the report

2. note the current issues and challenges in sustaining Primary Care Services in West Lothian

3. support the priorities identified through the partnership and the Primary Care Summit for further development.

    a) LEGUP support for list size growth

    b) Development of emergency fund to support practices in difficulty to maintain service provision

    c) Enhance the capacity of primary care teams with extended role practitioners to increase capacity and sustainability in primary care

    d) Develop marketing and recruitment strategy to support practices with recruitment

    e) Continue to support training of advanced nurse practitioners

    f) Expand REACT and develop Frailty Hub and Rapid Access Clinic

    g) Elderly Care Facilities Quality Care Programme

    h) Signposting and Support Hubs to promote self management and direct access to alternative services

    i) Invest in IT hardware and software to support direct patient care and information sharing

j) Advance health and social care integration through better joint working between primary and social care.

Decision

To note the terms of the report.

16. COMPLAINTS HANDLING PROCEDURES

The Board considered a report (copies of which had been circulated) by the Director attaching a Complaints Handling Procedure for adoption by the Board.

The Board was informed that the Scottish Public Services Ombudsman (SPSO) had written to all Chief Officers of IJBs asking them to adapt and adopt the model Complaints Handling Procedure. IJB's had been asked to submit their CHPs to the Complaints Standards Authority by 3 July 2017.

The model CHP had been introduced in 2012 with the aim of simplifying and improving complaints handling through a standardised system for complaints across public bodies. It had been developed with a working group of local authority complaint experts and in consultation with SOLACE, COSLA and other key stakeholders in the sector.

It was noted that complaints to the IJB would be directed through existing West Lothian Council systems. The definition of complaint was set out in the report.

Complaints would be recorded on the council's Customer Relationship Management (CRM) system as IJB complaints and a response would be co-ordinated by the IJB Project Officer.

The SPSO had asked that complaints statistics and identified improvement actions were regularly report to the IJB for review so that any systemic issues could be identified. Given the small number of complaints expected initially, it was recommended that complaints and identified improvement actions were reviewed by the Board on a six-monthly basis initially. This reporting interval would be regularly reviewed to ensure it was still appropriate.

It was recommended that the Board note the report and agree to:

1. Adopt the Complaints Handling Procedure and submit it to the Complains Standards Authority for feedback before 3 July 2017;

2. Review complaints performance and improvement actions on a six-monthly basis.

Decision

To approve the recommendations outlined in the report.

17. WORKPLAN

A copy of the Workplan had been circulated for information.

Decision

To note the Workplan.

Item 4.1 Minutes

Edinburgh Integration Joint Board

1.10

9.30 am, Friday 16 June 2017
Council Chambers, Edinburgh

Present:

Board Members: Carolyn Hirst (in the Chair), Shulah Allen, Mike Ash, Colin Beck, Carl Bickler, Andrew Coull, Wanda Fairgrieve, Christine Farquhar, Councillor Ricky Henderson, Kirsten Hey, Councillor Derek Howie, Alex Joyce, Rob McCulloch-Graham, Ian McKay, Councillor Claire Miller, Michelle Miller, Moira Pringle, Ella Simpson, Councillor Susan Webber, Richard Williams and Pat Wynne.

Officers: Colin Briggs, Eleanor Cunningham, Wendy Dale, Sarah Hughes-Jones, Allan McCartney, Ross Murray, Julie Tickle, David White, Kevin Wilbraham and Cathy Wilson.

Apologies: Angus McCann and George Walker.

1. Membership

The Chair expressed the Joint Board's thanks for the service of former board members who had not returned following the 2017 Local Government Election. She also welcomed the newly appointed Joint Board members.

2. Minutes

Decision

1) To approve the minute of the Joint Board of 24 March 2017 as a correct record.

2) To approve the minute of the Joint Board of 28 April 2017 as a correct record.

3. Sub-Group and Committee Minutes

Decision

To note the Sub-Group and Committee minutes.

4. Rolling Actions Log

The Rolling Actions Log for 16 June 2017 was presented.

Decision

1) To approve the closure of actions 4, 11 and 12.

2) To otherwise note the outstanding actions.

(Reference – Rolling Actions Log – 16 June 2017, submitted.)

5. Inspection of Older People's Services

An update was provided on the joint inspection of older people's services, which was carried out between October and December 2016 by the Care Inspectorate and Healthcare Improvement Scotland, and the improvement plan that had been developed to address the findings of the inspection. During discussion, the following points were raised:

- Options for the re-provision of Liberton Hospital and Gylemuir House Care Home would be considered at a future meeting of the Joint Board.
- A concern had been highlighted by the Professional Advisory Group that staff felt they had not had the opportunity to contribute to the improvement plan. The Chief Officer assured members that social work staff had been consulted at a recent workshop around the assessment process and that engagement with frontline staff would continue.
- The Chief Officer assured members that the third sector would be involved in implementing and monitoring the improvement plan going forward.
- It was anticipated that the improvement plan would evolve over time.

Decision

1) To note the findings of the inspection and resource implications required to take forward the improvements.

2) To note the progress made on the 17 recommendations made by the Care Inspectorate and in particular those that have been identified as a priority.

3) To agree that the IJB Performance and Quality Sub-Group would be the main governance group for monitoring progress relating to the action plan and that the Chief Officer submit recommendations to the Joint Board determining how actions would be attributed to each sub-group.

4) To agree that progress updates on improvement actions coming out of the Inspection of Older People's Services became a standing agenda item.

(References – minute of the Integration Joint Board 20 January 2017 (item 10); 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 workstreams aimed at reducing delays were outlined.

It was advised that work was ongoing with contracted care at home providers to help improve performance.

Decision

1) To note the improvement in performance in respect of delayed discharge.

2) To note the actions being taken to maintain that improvement.

(References – minute of the Integration Joint Board 24 March 2017 (item 5); report by the IJB Chief Officer, submitted.)

7. Primary Care Funding and Investment

Proposals for funding and investment into Primary Care were outlined.

Decision

1) To agree a programme of 'Stability and Transformation' injections into individual GP Practices during 2017/2018.

2) To agree the establishment of an Edinburgh primary care Linkworker network. This would be a Partnership led project which aimed to support more social prescribing.

3) To agree investment in additional management capacity to ensure effective implementation and robust evaluation.

4) To agree that the management of these investments would be made through the Edinburgh Health and Social Care Partnership (EHSCP) Primary Care Support Programme.

5) To agree the use of any non-recurring flexibility into an agreed group of technological investments (50/50 funding with practices) and to support development work by cluster groups.

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

Declaration of interests

Carl Bickler declared a non-financial interest in the above item as a General Practitioner.

Ella Simpson declared a non-financial interest in the above item due to EVOC's involvement in the Link Worker project.

Richard Williams declared a non-financial interest in the above item as a General Practitioner.

8. Expansion of the Acute Medical Unit at the Royal Infirmary of Edinburgh

An update on work between the four Lothian Joint Boards and NHS Lothian's Acute Services on the future shape and function of the Acute Medical Unit at the Royal Infirmary of Edinburgh was provided.

Decision

1) To note that NHS Lothian had approved capital funding to support the expansion of the Acute Medical Unit (AMU) at the Royal Infirmary of Edinburgh.

2) To agree the directions detailed in section 23 of the Chief Officer's report to use additional capacity over winter 2017/18 and working with officers of NHS Lothian to develop a sustainable model of care beyond this.

3) That the Professional Advisory Group be consulted throughout the process and sighted on future reports.

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

Declaration of interests

Andrew Coull declared a non-financial interest in the above item as the Clinical Director for Acute and General Medicine.

9. Responsibilities for Data and Information

The responsibilities of the Joint Board in relation to information governance were outlined. Progress to date, future considerations and current actions to ensure compliance were advised. It was confirmed that the Joint Board would be responsible for any monetary penalties imposed because of failure to comply.

Decision

1) To note progress made to date in relation to ensuring compliance with information governance legislation.

2) To approve the proposal to register the Joint Board with the UK Information Commissioner.

3) To note the intention to report to a future Joint Board meeting on General Data Protection Regulations requirements and responsibilities.

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

10. Actions to Support the Opening of the new Royal Edinburgh Building

An update on the move from the Royal Edinburgh Hospital to the new Royal Edinburgh Building, including details of measures to prevent admissions, reduce length of stay and facilitate discharge, was provided.

Decision

1) To note the progress made to facilitate the move for adults over 65 to the new Royal Edinburgh Building (REB) which had been assessed as having a RAG status of "green" and that progress around the transfer of patients was being monitored through the weekly delayed discharge meeting.

2) To note the progress made to reduce the number of people delayed in acute adult services and the growing risk of over occupancy of adult acute due to a risk in acute admissions and a delay in commissioning community capacity. The status of this work had a RAG assessment of "red".

3) To note that additional community capacity of between 12 and 15 places was required at Grade 4 or 5 to enable the move to the new Royal Edinburgh Hospital (REH) which had seven less acute beds on 31 August 2017 and to

maintain a bed occupancy within the new bed compliment of 90%. Maintaining the 90% occupancy is dependent on assuring a zero delayed discharge rate which is a risk without sustained additional community capacity.

4) To note that work was in progress to secure additional community capacity at Crighton Place for four Grade 4 community beds as set out in a previous report to the Joint Board on 24 March 2017. The occupancy date for this accommodation was planned for 31 August 2017.

5) To delegate authority to the Strategic Planning Group to approve the business case for the proposed development at Niddrie Mains to enable the partnership commission an additional nine Grade 5 places.

6) To note that the commissioning of the Niddrie Mains accommodation was being progressed in parallel to the business case process. Funding had been identified in the Joint Board's financial plan, however there was a risk that the places would not be available for occupation in time for the move to REB. The accommodation was not likely to be ready until end of September 2017, which would require a contingency plan to maintain a ward at the REH to accommodate Edinburgh patients whilst the additional community was being procured.

7) To note that a Public Information Notice was issued on Wednesday 7 June 2017 to identify market interest and shape the market for a longer term plan to provide additional supported accommodation. This would be the subject of further business case(s) which would be presented to the Strategic Planning Group in the first instance.

(References – minute of the Integration Joint Board 24 March 2017 (item 10); report by the IJB Chief Officer, submitted.)

11. Financial Position 2016/17

An update on the Joint Board's financial position for 2016/17 was provided.

Decision

To note that, subject to external audit review, the Joint Board had achieved a breakeven position for 2016/17.

(References – minute of the Integration Joint Board 24 March 2017 (item 8); report by the IJB Chief Officer, submitted.)

12. Annual Accounts 2017/18

The unaudited 2016/17 annual accounts for the Joint Board were presented for consideration before submission to the external auditors.

Decision

1) To note the draft financial statements submitted.

2) To note the proposed timescale for completion of the financial statements.

3) To note that support services to a value of £750,000 had been provided (page 24 of the Chief Officer's report). The final version would be amended before submission to external auditors.

(References – minute of the Integration Joint Board 16 September 2016 (item 7); report by the IJB Chief Officer, submitted.)

13. Integration Indicators

Proposals for measuring progress under integration were presented to members for approval. It was highlighted that the "balance of care" indicator would need to include a figure for the proportion of people supported by unpaid carers.

Decision

To approve the adoption of indicators and targets as a means of measuring progress under integration, in response to the invitation from the Ministerial Strategic Group for Health and Community Care.

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

14. Community Justice Outcome Improvement Plan 2017/18 – referral from the City of Edinburgh Council Health, Social Care and Housing Committee

The Health, Social Care and Housing Committee on 18 April 2017 considered a report which detailed the Community Justice Outcomes Improvement Plan 2017/18. The report was referred to the Joint Board for information.

Decision

1) To note the report referred to the Joint Board by the Health, Social Care and Housing Committee on the Community Justice Outcome Improvement Plan 2017/18.

2) To note that a further report would be presented to the next meeting of the Joint Board on 14 July 2017.

(References – minute of the Health, Social Care and Housing Committee 18 April 2017 (item 7); report by the Head of Safer and Stronger Communities and Chief Social Work Officer, submitted.)

15. Urgent Business

15.1 Schedule of meetings

To note that the frequency of board meetings had been amended to reflect the decision of the Joint Board at its March 2017 meeting. The next formal meeting would be on 14 July 2017 in the Main Council Chamber, City Chambers.

15.2 Code of Conduct Training

To note that a second training session on the Code of Conduct would take place on Monday 19 June 2017 at 2pm in the Mandela Room, City Chambers. It was recommended that all board members attend.

Item 4.1 Minutes

Edinburgh Integration Joint Board

9.30 am, Friday 14 July 2017
City Chambers, Edinburgh

Present:

Board Members:

Carolyn Hirst (in the Chair), Michael Ash, Shulah Allen, Colin Beck, Carl Bickler, Sandra Blake, Councillor Lezley Marion Cameron (substituting for Councillor Ricky Henderson), Christine Farquhar, Kirsten Hey, Councillor Derek Howie, Alex Joyce, Councillor Melanie Main (substituting for Councillor Claire Miller), Angus McCann, Michelle Miller, Moira Pringle, Councillor Alasdair Rankin, Richard Williams, Councillor Iain Whyte (substituting for Councillor Susan Webber).

Officers: Eleanor Cunningham, Wendy Dale, Allan McCartney, Jamie Macrae, Maria McIlgorm.

Apologies: Councillor Ricky Henderson, Rob McCulloch-Graham, Ian McKay, Councillor Claire Miller, Ella Simpson, Councillor Susan Webber, Pat Wynne.

1. Minutes

Decision

To approve the minute of the Joint Board of 16 June 2017 as a correct record.

2. Sub-Group and Committee Minutes and Updates

Updates were given on Sub-Group and Committee activity. During discussion about the Audit and Risk Committee, the lack of audit capacity was raised. It was noted that discussions have been held with the Chief Auditor and Chief Officer to consider how to increase capacity.

Decision

1) To note the Sub-Group and Committee minutes and updates.

2) To agree that the links between the various groups (including the Flow Board), and also with the Joint Board itself, would be discussed at a future development session.

3) To agree that the Risk Register provided to the Audit and Risk Committee would also be made available to all Board members.

3. Rolling Actions Log

The Rolling Actions Log for 14 July 2017 was presented.

Decision

1) To approve the closure of actions 2, 3, 4, 5, 6, 7, 9 and 11.

2) To otherwise note the outstanding actions.

(Reference – Rolling Actions Log – 14 July 2017, submitted.)

4. Inspection of Older People's Services – Improvement Actions

An update was provided on progress against the Improvement Plan implemented following the Inspection of Older People's Services.

Decision

To note progress against the Action Plan and that a further update would be provided at the August development session.

(Reference – minute of the Integration Joint Board 16 June 2017 (item 10))

5. Community Justice Outcomes Improvement Plan 2017/18

A brief outline of the Community Justice Outcomes Improvement Plan was provided. It was noted that funding for the services in the plan are ring-fenced.

Decision

1) To note the update on the Community Justice Outcomes Improvement Plan.

2) To agree that the Improvement Plan would be reported to the Joint Board annually.

(References – minute of the Integration Joint Board 16 June 2017 (item 14); report by the Head of Safer and Stronger Communities and Chief Social Work Officer, submitted.)

6. Whole System Delays – Recent Trends

An overview was provided of performance in managing hospital discharge against Scottish Government targets. It was acknowledged that performance was still off-trajectory. Discussion was focused on what additional information was required to provide the Joint Board with the necessary assurance. It was suggested this might include:

- SMART outcomes
- Staff recruitment and retention
- Links with the Flow Board

Decision

1) To note the performance in respect of delayed discharge.

2) To note the actions being taken to maintain that improvement.

3) To agree that board members would consider additional information to be included in future reports at the Development Session on 11 August 2017.

(References – minute of the Integration Joint Board 16 June 2017 (item 6); report by the IJB Chief Officer, submitted.)

7. Update on 2017/18 Financial Position

An update on the Joint Board's financial position for 2017/18 was provided. It was noted that the different financial performance management arrangements for the Council and NHS Lothian made it difficult to provide a consolidated Joint Board financial position at this stage. The report therefore outlined the key issues impacting on partnership services run by the Council, and the financial position of NHS services only.

Decision

1) To note that delegated services provided by NHS Lothian were reporting an overspend of £2.1m for the first two months of 2017/18, a variation of £1.0m from the financial plan trajectory.

2) To note that detailed financial information in respect of delegated services operated by the City of Edinburgh Council was not yet available.

3) To note that the emerging financial position for both NHS and Council services was of concern.

4) To agree that the next update would identify whether a balanced budget was anticipated and, if not, what early actions might be needed to address this.

(References – minute of the Integration Joint Board 16 June 2017 (item 11); report by the IJB Chief Officer, submitted.)

Declaration of interest

Christine Farquhar declared a non-financial interest in the above item as a guardian of an individual in receipt of Direct Payments and Chair of a learning disability provider.

8. Edinburgh Wellbeing Public Social Partnership

An update on the progress of the Edinburgh Mental Health and Wellbeing Public Social Partnership (PSPs) was provided. The Joint Board was assured that learning from previous PSPs had informed the development of the Edinburgh Health and Wellbeing PSPs. It was noted that the report would be presented to the Council's Finance and Resources Committee in September 2017.

Decision

1) To agree the continuation of four locality wellbeing Public Social Partnerships (PSPs) which would provide a range of social prescribing, meaningful activities and psychosocial and psychological support to people experiencing mental health problems.

2) To agree the continuation of four pivot partnerships for the provision of:

- Crisis partnership to support for People in Crisis 24/7/365
- Peer Collaborative to build capacity for peer working across the city
- Active and Green Partnership which would promote physical activity, physical health and the use of green spaces
- Mind Space Partnership which would provide a range of evidence based psychosocial, accredited counselling and psychological interventions.

3) To agree in principle the resource allocation set out in section 25 and governance arrangements set out in section 16, subject to approval by the City of Edinburgh Council Finance and Resources Committee to enter into agreements with providers.

4) To reflect the Joint Board's approval of the recommendations in the directions to the Council and NHS Lothian.

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

Declaration of interests

Shulah Allan declared a non-financial interest in the above item as Chair of Edinburgh Community Gardens.

Carolyn Hirst declared a non-financial interest in the above item as an occasional worker for Edinburgh Cyrenians.

9. The EIJB Annual Performance Report 2016-17

The first Annual Performance Report was presented to the Joint Board. Several points were raised relating to the content of the report and it was agreed that changes were required, noting the tight timescale to enable publication on 31 July 2017.

Decision

To agree that the report would be circulated to members for comments and additions prior to sign-off by the Chair and Vice Chair, and publication.

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

10. Independent Advocacy Services & Framework Agreement for Day Support Services for Adults with Learning Disabilities

The Joint Board was advised of two reports that had been considered by the City of Edinburgh Council on 29 June 2017:

- Independent Advocacy Services
- Framework Agreement for Day Support Services for Adults with Learning Disabilities

Decision

To note the reports and the decision by the City of Edinburgh Council to approve the recommendations as submitted.

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

11. Appointments to Committees and Sub-Groups

Members were notified of the City of Edinburgh Council's new appointments to the Joint Board following the 2017 Local Government Election and were asked to approve the membership of the Joint Board's Committees and Sub-Groups.

Decision

1) To note that the City of Edinburgh Council on 25 May 2017 agreed to appoint Councillors Ricky Henderson, Derek Howie, Claire Miller, Alasdair Rankin and Susan Webber to the Edinburgh Integration Joint Board as voting members.

2) To note that the Council agreed to nominate Councillor Ricky Henderson as Chair of the Joint Board at its 22 June 2017 meeting.

3) To agree the membership of the Committee and sub-groups (as listed at appendix 1 in the report).

4) To approve the revised terms of reference for the Performance and Quality Sub-Group (as listed at paragraph 20 in the report).

5) To appoint Councillor Howie as Vice Chair of the Performance and Quality Sub-Group.

(References – minutes of the City of Edinburgh Council 18 and 25 May 2017 (item 10); report by the IJB Chief Officer, submitted.)

12. Calendar of Meetings

Board members were asked to approve the calendar of meetings for 2017/18.

Decision

1) To agree the proposed schedule of meetings until August 2018.

2) To note that a report will be submitted in March 2018 with dates for the 2018/19 period.

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

13. Schedule of meetings

Decision

To note that the next meeting of the Joint Board would be a Development Session on 11 August 2017 in the Main Council Chamber. It was agreed that a Business Meeting to enable discussion of urgent business would follow the Development Session.

Minute of Meeting

1.11

Midlothian Integration Joint Board

Date	Time	Venue
Thursday 20 April 2017	2pm	Conference Room, Melville Housing, The Corn Exchange, 200 High Street, Dalkeith, EH22 1AZ.

Present (voting members):

Cllr Catherine Johnstone (Chair)	Alex Joyce
Cllr Bryan Pottinger	John Oates
	Mike Ash (substitute for Alison McCallum)

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)
Aileen Currie (Staff side representative)	Margaret Kane (User/Carer)
Keith Chapman (User/Carer)	Ruth McCabe (Third Sector)

In attendance:

Ewan Aitken (Cyrenians)	Fiona Huffer (NHS Lothian)
Allister Short (Head of Primary Care & Older People's Services)	Jamie Megaw (Strategic Programme Manager)
Mike Broadway (Clerk)	

Apologies:

Cllr Bob Constable	Cllr Derek Milligan
Peter Johnston (Vice Chair)	Alison McCallum
Dave Caesar (Medical Practitioner)	

Midlothian Integration Joint Board

Thursday 20 April 2017

1. Welcome and introductions

The Chair, Catherine Johnstone, welcomed everyone to this Meeting of the Midlothian Integration Joint Board in particular Ewan Aitken, who was taking over for Ruth McCabe as the Third Sector representative; Fiona Huffer, who would be acting as a substitute for Caroline Myles (Chief Nurse); and Mike Ash who was substituting for Alison McCallum.

The Board then joined the Chair in thanking Third Sector representative Ruth McCabe, for all her hard work in support of the Midlothian Integration Joint Board.

2. Order of Business

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

3. Declarations of interest

No declarations of interest were received.

4. Minutes of Previous Meetings

4.1 The Minutes of (i) Meeting of the Midlothian Integration Joint Board held on Thursday 9 February 2017 and (ii) Special Meeting of the Midlothian Integration Joint Board held on Thursday 16 March 2017 were submitted and approved as correct records.

4.2 Matters Arising from previous Minutes:

With regards to paragraph 4.3 of the Special Meeting of the Midlothian Integration Joint Board held on Thursday 16 March 2017, the Chief Officer confirmed that the 2017/18 Directions had been issued to both Midlothian Council and NHS Lothian and that dialogue regarding their implementation was ongoing with both organisations. An update on any issues would be fed back to the June Board meeting.

4.3 The Minutes of Meeting of the Midlothian Integration Joint Board Audit and Risk Committee held on Thursday 15 December 2016 was submitted and noted.

5. Public Reports

Report No.	Report Title	Presented by:
5.1	2017/18 Financial Recovery Programmes Outline	David King

Midlothian Integration Joint Board

Thursday 20 April 2017

Executive Summary of Report
With reference to paragraph 4.1 of the Special Meeting of 16 March 2017, there was submitted an update on the financial recovery plans that had been prepared by the IJB and its Partners for 2017/18 The report also considered if these plans impacted on the IJB's Strategic Plan and the outstanding recovery actions that had yet to be identified.

Summary of discussion
The Chief Finance Officer in presenting the report reminded Members that in accepting the budgetary propositions from Midlothian Council and NHS Lothian, it had been noted that these budgets contained a significant financial challenge in that they were underpinned by an assumption of c. £4.8m of recovery actions for which c. £2.8m of plans had been developed leaving a projected financial gap of c. £2.0. It was clear from the current analysis that the projected gap had yet to be closed and the Chief Officer and the Chief Financial Officer would require to bring back further information to the IJB at its June meeting. That said, the encouraging thing was that the current plans did not appear to adversely impact on the IJB's ability to deliver its Strategic Plan. The Board, in considering the current financial position and likely financial pressures, discussed the importance of affecting a positive shift in both expectations and also the models of service delivery in order to help deliver the savings required to close the projected financial gap. The protocols for sharing of additional NHS funding and the possible provision of current pan-Lothian services locally were also discussed.

Decision
The Board: • **Noted the contents of this report; and** • **Agreed to receive a further report on the recovery programmes at the MIJB's meeting in June.**

Action
Chief Finance Officer

Report No.	Report Title	Presented by:
5.2	Delayed Discharge and Integrated Care Fund Update	Allister Short

Executive Summary of Report
This report provided an update on the use of the Delayed Discharge and Integrated Care Fund (ICF) in Midlothian and laid out the proposed programme for 2017/18; details of which were set out in an appendix to the report.

Midlothian Integration Joint Board

Thursday 20 April 2017

Summary of discussion

The Head of Primary Care & Older People's Services reminded the Board that in recognition of the increasing pressures that were being experienced within Delayed Discharge and with the ambition to pump-prime transformational change within the (then new) partnerships the Scottish Government had made available additional funds for delayed discharge and for an Integrated Care fund. Although these funds were initially made available to the Health Boards, they now formed part of the delegated resource to the IJB and had also been made recurrent – that is permanently in the IJB's baseline. It had been agreed that the governance around these funds would be undertaken by the IJB and a three year programme was agreed by the then Shadow IJB in 2014. The value of these funds to Midlothian IJB was £432,000 for delayed discharge and £1,440,000 for the ICF and, fundamentally, this programme had been actioned along the lines of the original agreement.

The Board, in considering the Report, discussed the potential impacts arising from the living wage and how these pressures were being addressed.

Decision

The Board:

- **Noted the contents of this report; and**
- **Support the proposed use of the fund in 2017/18.**

Action

Head of Primary Care & Older People's Services/Chief Finance Officer

Report No.	Report Title	Presented by:
5.3	Social Care Fund - Update 2016/17 and proposition for 2017/18	David King

Executive Summary of Report

This report updated the IJB on the actual use of the social care fund in 2016/17 in comparison to the agreement and made a proposition for its use in 2017/18.

Summary of discussion

The Chief Finance Officer in presenting the report reminded the Board that as part of the 2016/17 financial settlement the Scottish Government had announced the creation of the social care fund. This was a resource which was to be allocated to integration authorities to support the development and delivery of social care. The IJB had agreed with Midlothian Council on the use of this social care fund as part of their acceptance of the 2016/17 budget and this agreement was further revised at the IJB's meeting in August 2016. The 2017/18 settlement included a second tranche of the social care fund which was largely designed to tackle the issues of the delivery of the living wage which had not been fully addressed from the 2016/17 allocation.

Midlothian Integration Joint Board

Thursday 20 April 2017

The Board, in considering the report, discussed the proposed use of the social care fund in 2017/18; details of which were set out in an appendix to the report.

Decision

The Board:

- **Note the contents of this report; and**
- **Support the proposed use of the social care fund in 2017/18.**

Action

Chief Finance Officer

Report No.	Report Title	Presented by:
5.4	Developing a three year financial strategy	David King

Executive Summary of Report

The purpose of this report was to lay out a projection of the financial challenges that would face the IJB over the three years commencing 2018/19 and consider how the IJB might manage that challenge whilst delivering the ambitions articulated in its financial plan.

Summary of discussion

The Chief Finance Officer reminded the Board that the principles and themes behind its financial strategy had been considered by the IJB at its meeting in October 2016. In principle, the IJB should have a three year financial plan which would articulate both what the resources available to the IJB were and would be and how these resources would be used to deliver the IJB's Strategic Plan. There were some clear steps that would support the delivery of a three year plan – multi-year financial plans from the partners and a clear, agreed baseline – that remain to be delivered but this should not be seen as a reason why the three year plan should not be developed

The Board, in discussing the potential financial challenges, considered how these challenges could be managed whilst supporting the delivery of the strategic plan and how those partners in the voluntary and other sectors could contribute to that process.

Decision

The Board:

- **Noted the content of the report.**

Action

Chief Finance Officer

Midlothian Integration Joint Board

Thursday 20 April 2017

Report No.	Report Title	Presented by:
5.5	Measuring Performance Under Integration	Jamie Megaw

Executive Summary of Report

With reference to paragraph 4.4 of the Special Meeting of 16 March 2017, there was submitted a report the purpose of which was to recommend that the IJB agree to the local improvement goals for the indicators agreed by the Ministerial Strategic Group for Health and Community Care in December 2016.

Summary of discussion

Having heard from the Strategic Programme Manager, the Board discussed the proposed local improvement goals, in particular whether the performance goal to reduce Occupied Bed Days should be 15% or 10% by April 2019; and also retention of the 4 hour treatment targets for A&E patients.

With regards the Occupied Bed Days it was felt that it would be best to opt for 10% target, but aspire to achieve 15% rather than go for the higher 15% target and if only 12-13% was achieve it br deemed a 'failure'. The 4 hour treatment targets for A&E patients drew considerable discussion, it being felt on balance that there was perhaps a need to get away from the apparent disproportionate pressure which it created.

Decision

After further discussion, the Board:

- **Approved the following local improvement goals:**
    - **Reduce unscheduled admissions by 5% by September 2018**
    - **By April 2018 over 95% of patients attending A&E via Ambulance are treated within 4 hours by April 2018**
    - **Maintain the current number of patients using A&E (ongoing).**
    - **Reduce the delayed discharge occupied bed days by 30% by April 2018**
    - **No patients in the RIE or WGH with a delayed discharge over 72 hours by April 2018**
    - **Reduce by 10% by April 2018 the number of OBD in the RIE/WGH during the last six months of life**
- **Agree that the performance goal to reduce Occupied Bed Days should be 10% by April 2019;**
- **Note the sixth proposed goal and that further information was required in Midlothian before the IJB could agree to it;**

- **Agree to receive an update on progress on a quarterly-basis; and**
- **Note that the Midlothian Health and Social Care Partnership (MLH&SC partnership) would receive monthly updates at their Joint Management Team (JMT) meeting.**

Action
Strategic Programme Manager

Report No.	Report Title	Presented by:
5.6	General Practice Strategic Programme - planned actions in 2017	Jamie Megaw

Executive Summary of Report

The purpose of this report was to inform the IJB of the intended focus of work in 2017/18 to progress the Midlothian General Practice Strategic Programme to support, stabilise and develop primary care services in Midlothian.

Summary of discussion

The Board, having heard from the Strategic Programme Manager discussed the considerable capacity and sustainability challenges facing General Practice. These were caused by a combination of patient factors, system factors and supply factors. In Midlothian over half the practices were operating with restricted lists as a result of increasing demand. The Strategic Programme improvement priorities, which were outlined in the report, aimed to support and stabilise general practice in Midlothian.

Decision

The Board:

- **Noted that General Practice remained under considerable pressure as a result of national and local factors and that priority should be given by the IJB to action that supports Practices to move to a sustainable position where services were resilient to current and future demand;**
- **Approved the actions that were planned in 2017 within the strategic programme;**
- **Agreed to the H&SCP and practices contacting patients in specific areas and inviting them to consider changing practices to either Loanhead or Newtongrange; and**
- **Agreed to the financial support to Loanhead with one LEGup funded from the H&SCP budget.**

Action
Strategic Programme Manager

Midlothian Integration Joint Board

Thursday 20 April 2017

Report No.	Report Title	Presented by:
5.7	Development of Midlothian Integration Joint Board	Eibhlin McHugh

Executive Summary of Report
The purpose of this report was to consider the developmental needs of the Midlothian IJB in the light of recent and imminent changes to Board membership and the Board's evolving ambitions in relation to its expanding responsibilities and realising its potential to meet the strategic and resource challenges that lie ahead.

Summary of discussion
The Board, having heard from the Chief Officer, welcomed the opportunity to review the development programme that had been provided and use the feedback gained from this exercise to develop a refreshed programme that would incorporate the needs of new and existing members as well as enabling the Board to revisit its ambitions and strengthen its capacity to provide strategic leadership and ensure that its governance arrangements were robust.

Decision
The Board noted: • **The requirement to review the Boards development programme to take account of its changing membership and refresh the current approach to development and support.** • **The Chair of the IJB will transfer to NHS Lothian for two years from August 2017.**

Action
Chief Officer

6. Private Reports

No private business to be discussed at this meeting.

7. Any other business

No additional business had been notified to the Chair in advance

8. Date of next meeting

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

- Thursday 25th May 2017 2pm Development Session
- Thursday 15th June 2017 2pm **Midlothian Integration Joint Board**

The meeting terminated at 4.10 pm.

NHS LOTHIAN

1.12

Board Meeting
2 August 2017

Director of Public Health and Health Policy

REFERENCE COMMITTEE CHAIR

1 Purpose of the Report

1.1 The purpose of this report is to invite the Board to agree the delegation of the appointment of the new Chair of the Reference Committee to the Chairman, pending the completion of all new Non-Executive appointments to Board Committees.

1.2 The appointee will replace Peter Johnston, whose term on the Board has now ended.

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

2 Recommendations

The Board is recommended to agree that the Chairman will take Chair's action to appoint a Non-Executive Director as Chair of the Reference Committee on the earliest possible occasion. If a Reference Committee were necessary before completion of the appointment process, the Chairman will either take on this role or identify a Non-Executive to undertake this function under a formal appointment is approved by the Board.

3. Discussion of Key Issues

3.1 The Reference Committee has the delegated authority from the Board for referral of disciplinary issues related to independent contractors under the National Health Services (Discipline Committees)(Scotland) Regulations 2006 as amended. The Committee may also make referrals to the NHS Tribunal or the relevant Professional Regulatory Body.

4 Key Risks

4.1 There is a key risk of a break in the operation of an effective governance arrangement if a Chair of the Reference Committee is not in place before the date of the next Reference Committee meeting.

5 Risk Register

5.1 There is no corresponding entry on the risk register – the appointment will address the issue.

6 Impact on Inequality, Including Health Inequalities

6.1 This is an administrative matter and has no impact on inequalities. The appointment reflects the application of the terms of a previously agreed Framework of Governance, and as such, no impact assessment has been performed.

7 Involving People

7.1 This section is not applicable.

8 Resource Implications

8.1 There are no resource implications arising from these recommendations.

Professor Alison McCallum
Director of Public Health and Health Policy
28 June 2017
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NHS LOTHIAN

2.1

NHS Lothian Board
02 August 2017

Deputy Chief Executive

SCHEDULED CARE ACCESS PERFORMANCE, 2017/18 TRAJECTORIES AND ALLOCATION OF FUNDING

1 Purpose of the Report

1.1 The purpose of this report is to provide the NHS Lothian Board with an updated position on NHS Lothian's Outpatient (OP) and Inpatient and Daycase (IPDC) Treatment Time Guarantee (TTG) performance, at end June 2017.

1.2 Provide detail of Outpatient and In-patient/Day case Trajectories for 2017/18.

1.3 An update on the process of clinical risk assessment of specialties, and the use of this process to allocate non recurring access performance funding from the Scottish Government.

2 Recommendations

2.1 The Board are asked to:

2.2 **Note** the June 2017 outpatient performance of 19,773 outpatients waiting over 12 weeks for a new appointment against a trajectory of 20,790.

2.3 **Note** the June 2017 In-Patient/Day Case (IPDC) performance of 1,361 patients waiting over 12 weeks for an IPDC procedure against a trajectory of 1,932.

2.5 **Note** the amended 2017/18 Out-Patient trajectory reflecting requested additional capacity for high risk specialties.

2.6 **Agree** the detailed investment profile against the available non recurring funding from the Scottish Government, along with the anticipated impact on performance.

3 Discussion of Key Issues

Current Performance - 2017/18

3.1 As of April 2017, no further new outpatients have been sent to independent sector providers. Although May and June 2017 outpatient performance is below trajectory, the increase in patients waiting over 12 weeks for an appointment is due to the ongoing deficit between demand and capacity. The 2017/18 outpatient trajectory and associated

performance is detailed in Table 1 below. Performance is expressed in terms of number of patients waiting over 12 weeks for a new outpatient appointment.

Table 1: 2017/18 Outpatient performance against trajectory

	Apr-17	May-17	Jun-17
Gastroenterology	3496	3745	3882
Trauma and Orthopaedic Surgery	2796	2823	3022
Dermatology	2090	2431	2843
General Surgery (excl. Vascular)	2742	2799	2759
Ear, Nose & Throat (ENT)	1572	1639	1586
Ophthalmology	960	1239	1360
Urology	790	1032	1277
Vascular Surgery	990	942	914
Neurology	234	256	351
Neurosurgery	266	261	279
Others	1375	1532	1500
TOTAL	17311	18699	19773
Trajectory	16542	18740	20790
Variance	769	-41	-1017

3.2 The key challenges remain within dermatology, gastroenterology, ophthalmology and urology.

3.3 The 2017/18 IPDC trajectory and associated performance is detailed in Table 2 below. Performance is expressed in terms of number of patients waiting over 12 weeks for an Inpatient or Daycase procedure.

Table 2: 2017/18 IPDC performance against trajectory

	Apr-17	**May-17**	**Jun-17**
Urology	574	579	529
Orthopaedic Surgery	344	342	310
General Surgery	151	104	106
Gynaecology	46	60	59
Vascular Surgery	117	76	46
Paediatric Surgery	42	40	41
Plastic Surgery	31	31	40
Others	195	215	230
TOTAL	**1,500**	**1,447**	**1,361**
Trajectory	1457	1648	1932
Variance	*43*	*-201*	*-571*

3.4 Services below trajectories are urology, orthopaedics, colorectal, general surgery and vascular.

Assessing Clinical Risk

3.5 Clinical risk has been identified in relation to two key dimensions:

- Probability that due to length of wait the patient condition deteriorates.
- Probability that due to length of wait significant diagnosis is delayed

3.6 The impact on length of wait and consequent impact on clinical risk has been assessed on a specialty basis and is presented below in Table 3.

Table 3.Clinical Risk Assessment

			Risk Rating			
Specialty	**The No. of weeks which 9 out of every 10 patients list had been seen in the (at 03/05/17)**	**Predicted No. of patients waiting > 12 weeks end of March 2018**	**Risk based on length of current length of wait for 90% of patients (at 03/05/17) (1-5)**	**Probability of clinical risk (e.g. cancer) (1-5)**	**Risk based on predicted volume waiting > 12 weeks at March 18. (1-5)**	**Risk score (3-15)**
GI Diagnostics*	25	2607	5*	5	5	15
Gastroenterology	68	6790	5	5	5	15
Colorectal	42	2345	4	4	3	11
ENT (paed)	52	935	5	3	2	10
Dermatology	24	4632	2	4	4	10
Vascular	47	1142	4	3	2	9
Urology Diagnostics*	19	761	4*	3	2*	9
Urology	19	2145	2	4	3	9
Orthopaedics	33	4,103	3	2	4	9
Ophthalmology	18	6375	2	2	5	9
General Surgery	27	2306	3	3	3	9
ENT (adult)	23	5333	2	2	5	9
Breast	4	0	1	4	1	6
Paed. General Surgery	-	5	1	3	1	5

**Score reflects 6 week target for diagnostics.*

Allocation of Access Funding 2017/18

3.7 As previously advised, the Scottish Government has made available additional funding of £7.4m against recovery of Access performance in 2017/18 to be released in two tranches (75% against initial plans; 25% balance in September).

3.8 The risk matrix detailed in section 3.6 formed the basis for prioritisation of resources against proposed action plans. Services were asked to consider options and tests of change that could offer sustainable solutions to capacity deficits.

3.9 Development of plans for investment against available funding has been undertaken as follows:

3.10 It has been agreed that all services will plan on the basis of ongoing use of waiting list initiatives at the levels provided in 2016/17 in order to consolidate activity levels delivered in that year. In addition, service management have reviewed options for increases to NHS capacity through fixed term and locum appointments, and through increases to waiting list initiatives. Plans are outlined in section 4, below.

3.11 A national procurement exercise is currently underway to consider options for cooperation across health boards to maximise pricing for additional capacity, it is anticipated that this process would support additional capacity by 1 October 2017. In advance of this process, NHS Lothian procurement colleagues have undertaken a mini-competition with local independent sector providers which has identified available capacity at Spire Healthcare and The Edinburgh Clinic. Capacity available is below volumes asked for with the exception of vascular. Pricing secured through this process is broadly in line with contracts awarded in October 2016 for work to end March and for which pricing represented an improvement on the previous nationally awarded tariffs.

3.12 In addition, it is proposed that Medinet are commissioned to provide initial volumes of outpatient capacity for Paediatric ENT and Dermatology pending the outcome of the national procurement work. These volumes are limited by value to £50,000 by contract to ensure compliance with appropriate regulations.

Revised 2017/18 Trajectories

3.13 The projected performance for 2017/18 is based on the continuation of Waiting List Initiatives (WLIs) at the same level as 2016/17, at a cost of circa £2m, use of Golden Jubilee National Hospital, as well as ongoing use of unfunded locums in ophthalmology.

3.14 Just as financial forecasts are presented at quarterly review and amended on a monthly basis, performance trajectories should be dynamic and revised in recognition of changes to demand and capacity on an ongoing basis. Developing a trajectory for 12 months ahead has an inherent risk as the only known demand and capacity is 12 weeks (demand) and 6 weeks (capacity) – the rest is based on historic patterns. Therefore, services have been asked to update their trajectories to reflect (a) the most up to date demand and capacity and (b) where it has been indicated that external capacity will be procured.

3.15 Projected performance is expressed in terms of numbers waiting over 12 weeks however it should be recognised that this is an indicator of overall increase in waiting list size and increasing length of wait, resulting in increased clinical risk.

3.16 Table 4 details the both the original trajectory submitted to Scottish Government detailing the anticipated OP performance and the revised trajectory, updated to reflect the proposed volume of external capacity to be procured.

Table 4- Projected Outpatients waiting greater than 12 weeks to March 2018

	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Original Outpatient Trajectory	29495	31725	33569	36164	37122	38780	40056
Revised Outpatient Trajectory	24692	25947	26170	28121	28048	28339	28051
Variance	-4803	-5778	-7399	-8043	-9074	-10441	-12005

3.17 The projected performance at end March 2018 is now 28,051 outpatients waiting greater than 12 weeks, a reduction of 12,005 patients. This is based on the continuation of existing locums, use of Golden Jubilee National Hospital, maintained levels of waiting list initiatives, and now includes the proposed volume of appointments to be procured in the main through investment in independent sector capacity. It is important to note this trajectory is only deliverable if all capacity sought is available and affordable.

3.18 Table 5 details the proposed adjustment made to the trajectories of the specialties where external capacity will be procured:

Table 5- Revised specialty Outpatient trajectories

		Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Endoscopy	Original Trajectory	3503	3890	4367	4904	5391	5868	6335
	Revised Trajectory	2972	3084	3333	3645	3907	4056	4195
	Variance	***-531***	***-806***	***-1034***	***-1259***	***-1484***	***-1812***	***-2140***
ENT	Original Trajectory	3046	3598	3836	4653	4928	5162	5333
	Revised Trajectory	1299	1301	1064	1581	1481	1340	1136
	Variance	***-1747***	***-2297***	***-2772***	***-3072***	***-3447***	***-3822***	***-4197***
Ophthalmology	Original Trajectory	3279	4459	4877	5484	5648	6038	6375
	Revised Trajectory	1250	1905	1822	2104	1943	1808	1620
	Variance	***-2029***	***-2554***	***-3055***	***-3380***	***-3705***	***-4230***	***-4755***
Gastroenterology	Original Trajectory	4359	4747	5190	5523	5907	6323	6790
	Revised Trajectory	3314	3688	3939	4313	4637	4861	5113
	Variance	***-1045***	***-1059***	***-1251***	***-1210***	***-1270***	***-1462***	***-1677***
Colorectal	Original Trajectory	2053	2118	2175	2248	2178	2285	2345
	Revised Trajectory	1812	1711	1476	1415	1268	1068	886
	Variance	***-241***	***-407***	***-699***	***-833***	***-910***	***-1217***	***-1459***
Paediatric ENT	Original Trajectory	885	890	895	920	925	930	935
	Revised Trajectory	1060	1020	960	920	860	800	740
	Variance	***175***	***130***	***65***	***0***	***-65***	***-130***	***-195***
Vascular	Original Trajectory	1135	1138	1140	1143	1146	1143	1142
	Revised Trajectory	728	588	448	307	167	56	0
	Variance	***-407***	***-550***	***-693***	***-836***	***-979***	***-1087***	***-1142***
Dermatology	Original Trajectory	4740	4678	4730	4709	4593	4694	4632
	Revised Trajectory	3990	4078	4130	4259	3993	4094	3882
	Variance	***-750***	***-600***	***-600***	***-450***	***-600***	***-600***	***-750***

4 Resource Implications

4.1 Appendix 1 outlines current plans against the available resources outlined above (£7.4m).

4.2 Plans identified by specialties for increased internal capacity are estimated at £3.1m. This includes continuation of existing waiting list initiatives across a range of specialties at a cost of circa £2.3m. In addition, the plans include actions to improve demand management in outpatients, and increases to internal capacity through additional waiting list initiatives in Vascular and Colorectal surgery, as well as the use of locums for Ophthalmology and adult ENT.

4.3 The process undertaken to identify pricing and volumes available with local independent sector providers is described in section 3.11 above. The total value of independent sector capacity sourced to date is £2.1m.

4.4 There is therefore a balance of £2.2m uncommitted at this stage. Volumes requested by specialties against prioritised high risk areas have an indicative value slightly above this level and it is expected that final contracts will be awarded within available resources. At present this equates to a target reduction in pricing of c.5% against estimates.

5 Risks and Assumptions

5.1 Table 7, below, outlines the risks associated with outpatient performance.

Table 7 – Summary of Key Risks

Risk	Mitigation
That patients condition deteriorates whilst awaiting an appointment/treatment in excess of 12 weeks	Prioritisation of any available funding to highest risk patient groups Pilot of keeping in touch with NHS 24 Focus on 31 and 62 day cancer performance, with enhanced management oversight
That the volume of patient enquiries and complaints rises due to increasing waits, impacting on Board reputation	Being open and honest with referrers and patients about current waiting times through 'RefHelp' waiting time information Pilot of keeping in touch with NHS 24
That the subspecialty queues that clinically have greatest risk are not directly impacted on by waiting list initiatives or any use of independent sector	Close working with clinical services to consider how patients are triaged to waiting list initiatives and independent sector, this may require creating capacity for higher risk patients through triaging lower risk patients to waiting list initiatives and independent sector
That additional activity will not deliver the predicted improvement in performance against Access standards e.g. substantive resignations/absences above norm	This will be monitored in line with the board's overall Waiting Times management. Weekly communication with SG colleagues
Activity required to deliver in line with trajectories will not be affordable within available resources.	Each element of activity has been budgeted based on previous pricing and confirmed plans are in line with available resources. A target saving has

Risk	Mitigation
	been set to ensure that contract awards do not exceed available funds. Actual spend against contracts will be monitored and plans revised to ensure that costs remain within budget.

6 Risk Register

6.1 Management of Access performance should remain a significant risk on the Division's Risk register.

7 Health and Other Inequalities

7.1 Individuals with poorer or limited access to primary care services are likely to find it more difficult to receive information about any deteriorating symptoms and may be more likely to delay seeking advice. There is a disadvantage to those with chronic non-malignant diseases requiring specialist care who will wait longer for diagnosis and may also wait longer for treatment to be stabilised if return outpatient waiting times are longer. Patients without sick pay who are unable to work will also be disadvantaged.

8 Involving People

8.1 The Board shares performance reporting against Access and other relevant targets with local partnership fora and makes its monthly monitoring information available under non routine FOI requests from other stakeholders.

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28/07/2017

Appendices to the report
Appendix 1 – Investment Plans

Appendix 1: Access Recovery Plan – Investment Profile

Directorate	Specialty	Provider	Contract	Start Date	NHS In House			Independent Sector			Total			Expenditure Total
					New OP	Scopes	IPDC	New OP	Scopes	IPDC	New OP	Scopes	IPDC	
NHS INTERNAL PLANS														
All Specialties	*All Specialties*	*NHS*	*ongoing WLI*	*01/04/17*	*17,898*		*1,170*				*17,898*	*0*	*1,170*	*£2,335,685*
Outpatients	Community Phlebotomy	NHS	Demand Mgt	01/09/17							0	0	0	£52,272
Outpatients	OP Pathway Redesign	NHS	Demand Mgt	01/09/17							0	0	0	£59,038
RIE	Vascular Surgery	NHS	In House	01/08/17	476						476	0	0	£41,577
SJH/Lauriston	Ophthalmology	NHS	Locums	01/08/17	3,500						3,500	0	0	£409,193
SJH/Lauriston	ENT (adult)	NHS	Locums	01/09/17	936		624				936	0	624	£140,322
WGH	Colorectal	NHS	In House WLI	01/10/17	192						192	0	0	£62,262
NHS INTERNAL PLANS					**23,002**	**0**	**1,794**	**0**	**0**	**0**	**23,002**	**0**	**1,794**	**£3,100,348**
INDEPENDENT SECTOR - IDENTIFIED CAPACITY														
RIE	Vascular Surgery	TEC	See & Treat	01/09/17				450			450	0	0	£710,000
Children	ENT (paed)	Medinet	See & Treat	01/09/17				217			217	0	0	£50,000
Outpatients	Dermatology	Medinet	See & Treat	01/09/17				217			217	0	0	£50,000
WGH	Colorectal	Spire	See & Treat	01/09/17				300			300	0	0	£260,000
SJH/Lauriston	GI Diagnostics	Spire	Diagnostics	01/09/17					900		0	900	0	£855,000
SJH/Lauriston	Gastroenterology	Spire	See & Treat	01/09/17				400			400	0	0	£128,000
INDEPENDENT SECTOR - IDENTIFIED CAPACITY					**0**	**0**	**0**	**1,585**	**900**	**0**	**1,585**	**900**	**0**	**£2,053,000**
INDEPENDENT SECTOR - TO BE SOURCED														
Children	ENT (paed)	Medinet or Equivalent	See & Treat	01/09/17				383			383	0	0	£88,000
Outpatients	Dermatology	Medinet or Equivalent	See & Treat	01/09/17				4,151			4,151	0	0	£954,640
WGH	Colorectal	Spire	See & Treat	01/09/17				300			300	0	0	£260,000
SJH/Lauriston	GI Diagnostics	Spire	Diagnostics	01/09/17					710		0	710	0	£674,500
SJH/Lauriston	Gastroenterology	Spire	See & Treat	01/09/17				600			600	0	0	£390,000
INDEPENDENT SECTOR - TO BE SOURCED					**0**	**0**	**0**	**5,434**	**710**	**0**	**5,434**	**710**	**0**	**£2,367,140**
Savings required to match available resources (equates to 5% reduction to estimated costs of unsourced capacity)														-£120,000
					23,002	0	1,794	7,018	1,610	0	30,020	1,610	1,794	£7,520,488

NHS LOTHIAN

NHS Lothian Board
02 August 2017

2.2

Deputy Chief Executive

PAEDIATRIC PROGRAMME BOARD UPDATE

1 Purpose of the Report

1.1 The purpose of this report is to update the Board on the cessation of the St John's Hospital (SJH) paediatric inpatient out of hours (OOH) service as of 07 July 2017 and the revised interim remit of the Paediatric Programme Board (PPB).

1.2 For the Board to consider the proposed format of the review of the actions taken against the Royal College of Paediatrics and Child Health (RCPCH) recommendations provided to NHS Lothian in 2016, in relation to a sustainable 24/7 workforce model.

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

2 Recommendations

The Board are recommended to;

2.1 **Support** the cessation of OOH paediatric inpatient provision as of 07 July 2017.

2.2 **Support** the draft "interim" remit of the PPB as endorsed by the Acute Hospitals Committee.

2.3 **Support** the format of the review of actions taken against the RCPCH recommendations, as endorsed by the Acute Hospitals Committee.

2.4 **Support** the current and anticipated staffing situation for the six months August 2017 to January 2018.

3 Discussion of Key Issues

Cessation of the OOH provision of paediatric inpatient services at SJH

3.1 On 21 June 2017 NHS Lothian Board received a paper detailing the actions taken to date in implementing the RCPCH's recommendations, with particular focus on the medical workforce. The paper also detailed both the PPB's and the Clinical Management Team's concern over the low level of resilience in the SJH OOH rota over the summer months and sought permission from the Board for the executive team to cease provision of the OOH service if the risk of an unmanaged collapse was deemed to be unacceptable.

3.2 Following the Board meeting, on 23 June 2017 the Chief Officer for Acute Services, along with other Executives and the Director and Associate Medical Director for Women's and Children's Services reviewed the rotas available at that time and took the decision to cease the OOH provision of paediatric inpatient services at SJH on the basis of patient safety. This decision was implemented on 07 July 2017.

3.3 The children's ward has continued to operate as an assessment and programmed investigation unit from Monday to Sunday from 08.00-20.00. This 7 day service is an extension of the originally anticipated 5 day service, and is reviewed on a weekly basis. It should be noted that parents are not being asked do to anything different. The majority of children, who currently attend the unit, continue to be cared for as normal. They are either referred by their GP for an urgent medical opinion or attend with a pre-arranged appointment for treatment, assessment, tests or minor day surgery.

3.4 Children are still being assessed and treated in the Emergency Department at SJH at night and during weekends. A paediatric consultant is available on site for twelve hours a day and on-call 24/7. If a child needs to be admitted to hospital a transfer to the Royal Hospital for Sick Children (RHSC), Edinburgh is arranged.

3.5 07 July 2017 to 24 July 2017 there have been 30 children transferred to the RHSC who would otherwise have been admitted to SJH as inpatients, an average of 1.7 per day. This is consistent with the average number of transfers during previous closures. There is close daily liaison between the clinical teams at SJH and RHSC. There have been some issues regarding interpretation and application of the pathway between SJH and RHSC for young people between the ages of 13-16 years. These pathways have been reinforced with all clinical staff involved on both sites. There have also been a small number of instances where transfer of children in from SJH to RHSC has been delayed due to pressures within the Scottish Ambulance Service, and this has been raised as an issue with them. Additional transport has been implemented via the flow centre based at SJH, to help with getting children home, for example, if parents do not have their own transport. This vehicle is available from midday to 11 pm, Monday to Friday, weekend cover is being explored.

3.6 Maternity and neonatal services at the hospital are unaffected.

3.7 Initial engagement with families who are frequent users of the in-patient service was undertaken, and a programme of local community engagement is being finalised.

Revised remit of the Paediatric Programme Board

3.8 Following the difficult decision to reduce the paediatric inpatient provision at SJH, the chair of the PPB discussed the remit of the PPB with the Deputy Chief Executive. From this discussion an interim remit for the PPB was drawn up.

3.9 At the PPB meeting on 29 June 2017 the draft interim remit was discussed, and agreed following a few amendments.

3.10 The Acute Hospitals endorsed this revised interim remit for the PPB on 04 July 2017 and a copy for information is attached as Appendix 1.

Format and terms of reference for the review of the actions against the RCPCH recommendations

3.11 Over one year has passed since the establishment of the PPB and there is a need to review the progress made against the RCPCH recommendations, with particular focus on the medical workforce element. It was agreed that this review should involve external scrutiny.

3.12 On 13 June 2017 the PPB drafted the initial terms of reference for the review. It was agreed that the review would need to consist of;

- Reviewing the assumptions and prerequisites that the RCPCH made when recommending option 1 (24 hour consultant and Tier 2 [middle grade] cover),
- Reviewing all actions taken to deliver option 1
- Assessing the impact of the actions
- Detailing any changes in circumstances throughout the process
- Identifying any additional actions that can be taken to implement option 1

3.13 On 04 July 2017 the Acute Hospitals Committee were asked to endorse one of the following options as to the format of the review.

Option A

3.14 The RCPCH alone would be asked to review the PPBs progress against their recommendations using the terms of reference for the review as outlined in 3.11 of this report. Input would be required from someone with the knowledge and understanding of the current Scottish paediatric workforce challenges. The output of this review would then immediately be fed back to NHS Lothian Board and Scottish Government.

Option B

3.15 The PPB would review their progress against the RCPCH recommendations in line with the terms of reference for the review as outlined in 3.11 of this report along with additional external input from the RCPCH, a Clinical Director in Paediatrics from another Scottish Health Board out with the South East region, a national workforce planning expert, and Finance colleagues.

3.16 The output of this review would then be scrutinised by the Acute Hospitals Committee, the NHS Lothian Board and then Scottish Government.

3.17 On 04 July 2017 the Acute Hospitals Committee agreed that Option B should be progressed.

3.18 A review team from the RCPCH will visit Lothian on 11 September 2017. This team will include two of the original RCPCH reviewers, including the Lead Reviewer, and a senior consultant paediatrician from out with South East Scotland. They will interview a number of staff most closely involved with the issues around implementing Option 1 including consultant paediatricians with commitments at St John's and RHSC, senior nursing staff and members of the Clinical Management Team. In advance of the visit the review team will consider a range of

documentation relating to the work undertaken over the last year in implementing Option 1.

The review will be limited to considering

- Reviewing the assumptions and prerequisites that the RCPCH made when recommending option 1 (24 hour consultant and Tier 2 [middle grade] cover),
- Reviewing all actions to deliver option 1
- Assessing the impact of the actions
- Detailing any changes in circumstances throughout the process
- Identifying any additional actions that can be taken to implement option 1and will not consider wider issues within the NHS Lothian paediatric service.

The report from this RCPCH review will be considered by a wider review group comprising the core PPB members, *a Clinical Director in Paediatrics from another Scottish Health Board out with the South East region, a national workforce planning expert and a senior member of the NHS Lothian Finance Department.*

3.19 The Deputy Chief Executive has asked the clinical leadership team to work with the PPB to develop criteria (and outcomes) to deliver a safe and sustainable inpatient service, thus defining the point at which the 24/7 inpatient service could be re-established. The criteria needed to include the following RCPCH recommendations;

- Appointment of eight new consultants with NHS Lothian-wide commitment
- Appointment of paediatric advanced nurse practitioners
- All St John's consultant and non-consultant career grade paediatricians to commit to job-planned resident out of hours shifts
- Improved allocation of trainee medical staff to the paediatric unit

Current and Anticipated Staffing Situation

3.20 It was noted at the PPB on 18 July 2017, that of the 477 out of hours shifts to be covered in a year at SJH (365 nights, 104 weekend days and eight public holiday day shifts), the current staffing availability (with paediatric competencies) would only provide 384 shifts. For the period from August 2017 to January 2018, this situation is insufficient to deliver the safe, robust and sustainable 24/7 paediatric inpatient service at St John's to which the Board is committed.

3.21 As of 27 July 2017, the August rota has 11 gaps

3.22 A third round of Consultant recruitment is underway to recruit the remaining two additional posts. Interview date is set for 1 September. It is anticipated, if recruitment is successful, candidates would not be in post before end December beginning of 2018.

3.23 There are, however, currently enough people with neonatal competencies to cover the neonatal out of hours rota with some resilience for unplanned absence, some flexibility and no need for locum usage.

4 Key Risks

4.1 That this period of reduced service and review, adds uncertainty that has an adverse impact of staff morale and causes uncertainty for the population of West Lothian.

5 Risk Register

5.1 There are no new risks for NHS Lothian Risk Register.

6 Impact on Inequality, Including Health Inequalities

6.1 An Integrated Impact Assessment will be required if a resident out of hours model cannot be sustained and a new model of service results in changes to pathways of care for children.

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

7.1 The RCPCH committed from the start to involving and engaging with patients, families, staff, the public, voluntary sector and political stakeholders and the detail of this is set out in their Report

7.2 In addition, NHS Lothian organised two public meetings in each of the four local Authority areas and the feedback from this was also submitted into the RCPCH review process.

7.3 All of the views gathered via the Review Team's visit, the online survey, the Focus Groups and the NHS Lothian Public meetings have informed the RCPCH's recommendations.

8 Resource Implications

8.1 The new posts agreed as a result of the RCPCH review – trainee nurse practitioners and consultants – are unfunded.

8.2 Once trained the nurse practitioners will become Band 8A rather than Band 7 and attract unsocial hours payments which will increase the financial gap for Children's Services.

Dr Edward Doyle
Associate Medical Director, Women's & Children's Services
27/07/2017

List of Appendices

Appendix 1: Paediatric Programme Board, DRAFT 'Interim' Remit

Appendix 1: Paediatric Programme Board, 'Interim' Remit

Paediatric Programme Board

'Interim' Remit

The guiding principle of the Paediatric programme Board is to support delivery of a high quality and outstanding paediatric service for all children throughout Lothian region based around RHSC and SJH. This will be a service that meets the need of children and families and meets the quality standards of modern paediatric care. The Board will be guided by the recommendations of the RCPCH review and take into account views of patient support groups and staff. The paediatric service will be sustainable, reliable, efficient and one that we can be proud of.

1. Deliver 'State of Programme' report for AHC, identifying status of each of the 31 RCPCH recommendations

2. To continue, where applicable' to support delivery of any outstanding recommendations from RCPCH Report

3. Review 'Interim' arrangements for Paediatric services at SJH and at RHSC and provide assurance to AHC that these are robust and provide risk assessed provision taking in to account the models of care endorsed by both the RCPCH and the consultant team at SJH

4. To provide assurance to AHC of visible Clinical Engagement throughout 'interim' period

5. Receive and scrutinise monthly 'sitreps' from Divisional Leadership Team on care/services provision monthly during this 'interim' period of altered provision

6. Make recommendations to the Acute Hospitals Committee regarding the format and terms of reference of the review of progress against the 31 RCPCH recommendations.

7. Define and monitor compliance against the criteria which will required to be met to allow reinstatement of OOH's inpatient services at SJH in a sustainable manner

8. Support, inform and agree NHS Lothian Board level briefings

NHS LOTHIAN

Board Meeting
2 August 2017

2.3

Director of Finance

2017/18 FINANCIAL PERFORMANCE – 30TH JUNE 2017

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 3 based on the latest financial information.

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 Members of the Board are asked to:

- **Consider** the financial position as at June 2017 which reports a deficit of £5.7m, after phasing in three months of the £10m reserves identified in the Financial Plan;

- **Note** that the reported overspend is slightly lower than the financial plan trajectory but this is not consistent across the Business Units. Although there is a relative improvement against the revised financial plan gap of £13m, this significant overspend position gives cause for concern and needs to be addressed for NHS Lothian to achieve its statutory financial target;

- **Acknowledge** that ongoing actions are being progressed to reduce the predicted financial plan deficit in order to achieve a year-end balanced position; however only limited assurance can be given of the achievement of breakeven at this time.

3 Discussion of Key Issues

2017/18 NHS Lothian Financial Plan

3.1 As at 30th June 2017 the Board's overspend against the Revenue Resource Limit is £5.7m. Financial performance did show an improvement in period 3 and the year to date position is an improvement on the expected outturn per the Financial Plan, based on a pro-rata share of the financial plan, adjusted for timing of planned efficiency savings.

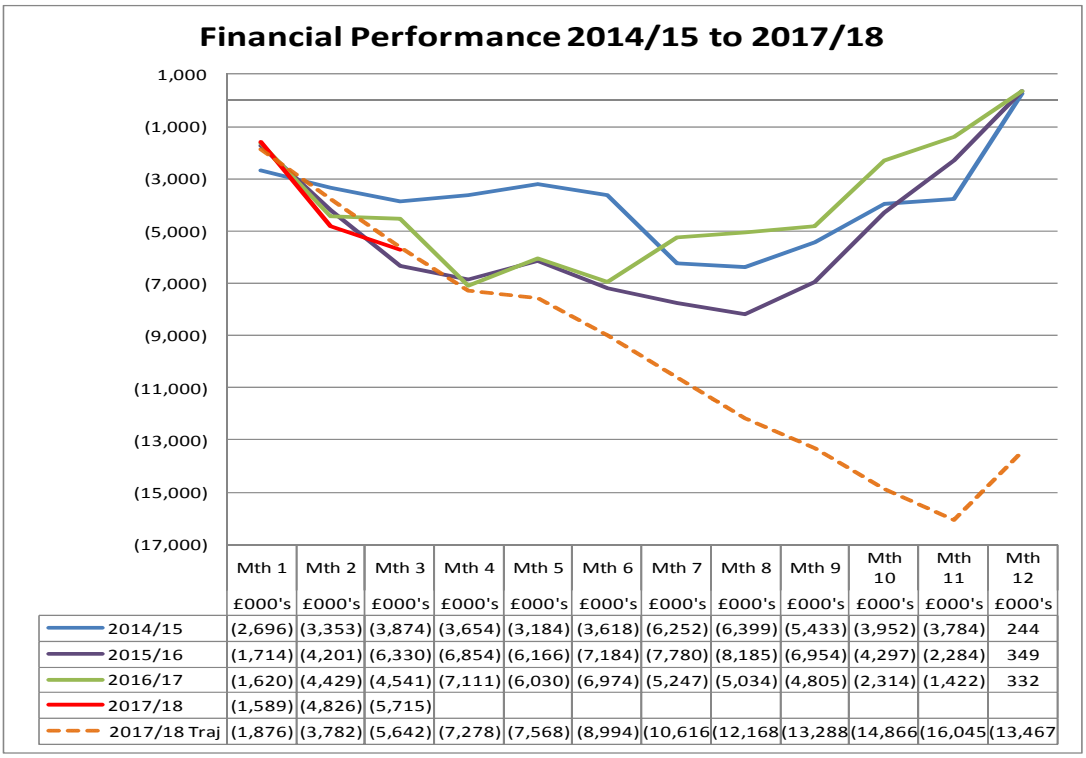
3.2 The 2017/18 LDP submitted to the Scottish Government presented a financial gap of £22.4m, however following the conclusion of the prior year a further £7m of in-year corporate flexibility and slippage from planned investments of £2m have reduced the financial plan gap to £13.4m.

3.3 Although the position is showing improvement, this is against an imbalanced plan and is not consistent across all the individual business units. Table 1 gives a summary comparison at month 3 compared to the Financial Plan and 16/17 outturn position by business unit, with more detail provided in Appendix 1. Despite this relative improvement in the period 3 position, the requirement for NHS Lothian to deliver against its statutory breakeven target remains, and in this context the overspend to date continues to give significant cause for concern.

Table 1: Comparison to Financial Plan

Business Unit	16/17 Year End Outturn £'000	Updated 17/18 Financial Plan £'000	Expected YTD M3 Outturn (revised FRP's) £'000	M3 YTD Outturn £'000	M3 YTD Comparison £'000
UHSS	(9,312)	(17,015)	(4,742)	(4,275)	467
REAS	(1,302)	(966)	(269)	(200)	69
East Lothian Partnership Total	(1,075)	(769)	(331)	(442)	(111)
Edinburgh Partnership Total	(1,698)	(4,206)	(1,292)	(1,386)	(95)
Midlothian Partnership Total	(1,518)	1,031	57	(282)	(338)
West Lothian Hsc Partnership Total	(770)	(565)	(482)	161	643
Facilities And Consort	239	1,036	(1,237)	(414)	823
Corporate Departments	1,520	(1,758)	(629)	511	1,140
Strategic Services	9,379	781	195	(487)	(682)
Inc + Assoc Hlthcare Purchases	(5,196)	111	28	253	226
Research & Teaching	(1,639)	(1,307)	(327)	(112)	215
Reserves (including additional flexibility)	11,704	10,252	2,563	959	(1,604)
Total	332	(13,376)	(6,466)	(5,715)	752

3.4 The chart below compares the cumulative run rate to previous years and also the LDP forecast trajectory for 17/18. The total overspend position to month 3 shows a slight deterioration in 2017/18 compared to other years but slightly better than forecast based on the trajectory.



	Mth 1 £000's	Mth 2 £000's	Mth 3 £000's	Mth 4 £000's	Mth 5 £000's	Mth 6 £000's	Mth 7 £000's	Mth 8 £000's	Mth 9 £000's	Mth 10 £000's	Mth 11 £000's	Mth 12 £000's
2014/15	(2,696)	(3,353)	(3,874)	(3,654)	(3,184)	(3,618)	(6,252)	(6,399)	(5,433)	(3,952)	(3,784)	244
2015/16	(1,714)	(4,201)	(6,330)	(6,854)	(6,166)	(7,184)	(7,780)	(8,185)	(6,954)	(4,297)	(2,284)	349
2016/17	(1,620)	(4,429)	(4,541)	(7,111)	(6,030)	(6,974)	(5,247)	(5,034)	(4,805)	(2,314)	(1,422)	332
2017/18	(1,589)	(4,826)	(5,715)									
2017/18 Traj	(1,876)	(3,782)	(5,642)	(7,278)	(7,568)	(8,994)	(10,616	(12,168	(13,288	(14,866	(16,045	(13,467

3.5 The Quarter 1 Review is a key early measure of the year end outturn and this exercise is progressed using information to period 3. Work is already underway and the Finance and Resources committee will be presented with an updated year-end forecast at its September meeting. At this stage and until this Q1 review has concluded, only limited assurance can be given on NHS Lothian's ability to achieve a year-end breakeven. The Q1 review will confirm whether assurance can be increased, reduced, or remain as limited.

Drivers of the Financial Position as at June 2017

3.6 An overspend of £889k for June takes the year to date position to £5,715k overspend against the Revenue Resource Limit. A summary of the position is shown in Table 2 below and in more detail in Appendix 2 and by operational unit in Appendix 3.

Table 2: Financial Position to 30th June 2017

	Mth 1	Mth 2	Mth 3	YTD
	£000	£000	£000	£000
Pay	(1,889)	(1,685)	225	(3,349)
Non Pay	1,289	(2,126)	(338)	(1,175)
GP Prescribing	(339)	(419)	(499)	(1,257)
Income	(289)	69	1,010	790
Legacy Efficiency Target	(361)	(743)	(579)	(1,683)
Total	**(1,589)**	**(4,904)**	**(181)**	**(6,674)**
Reserves Flexibility	0	1,667	(708)	959
Total	**(1,589)**	**(3,237)**	**(889)**	**(5,715)**

3.7 Year to date pay expenditure continues to be the most significant driver of the position, with Nursing (£1.76m over) and Medical staffing (£1.89m) being the key areas of overspend. The Apprenticeship Levy charge is also clearly having an impact on monthly pay variance, with £900k charged to areas to date.

- **Medical Staffing** – This is principally relating to junior medical staff, averaging £0.6m overspend per month. Acute SMT have discussed the issues around junior medical staff challenges at its July meeting and are actively taking actions to reduce expenditure. These actions include:-
  - Improved Workforce Modelling to allow for sustainable and efficiently staffed rotas
  - Improved Reporting and Monitoring
  - Increased Governance and tighter Controls for manpowers and supplementary staffing

- **Nursing** – Acute Services is £0.8m overspent to date, with the main issues in St John's Hospital (£300k overspent) and Western General Hospital sites (£270k), partially a result of sickness absence up to 9% for untrained nursing in these sites and the use of agency to cover vacancies, particularly within St John's Hospital. There is a key action to reduce sickness levels with a view to reducing reliance on bank and agency and a successful recruitment drive specifically to fill vacancies at St John's Hospital is also hoped to reduce the amount spent on supplementary staffing. Within Edinburgh (overspent by over £400k), there is a continuing nursing pressure arising from older peoples services driven by sickness absence along with Clinical Support Worker costs previously funded via unscheduled care monies which is no longer available. Edinburgh Partnership is reviewing this pressure with a view to finding a source of funds and agreeing a longer term solution.

3.8 **GP Prescribing** is reporting an overspend of £1.2m, and is broadly in line with financial plan forecasts of a £5m overspend. At this stage of the year only one month of actual data is currently available, and the position is based on extrapolation of trend information.

3.9 **Legacy LRP** – This presents as a £1.68m overspend for the year-to-date, and relates to historical non-achievement of efficiency savings that is still to be resolved. This is mainly within UHSS (£1,155k) and Edinburgh Partnership (£444k). The total annual value at present of these unachieved legacy savings is £7.2m, although this is expected to reduce throughout the year as financial recovery plans are delivered.

3.10 **Non Pay** - Main areas of non pay pressure relate to Drugs (£372k), Medical Supplies (£1,056k) and Admin costs (£785k). These areas remain quite volatile on a monthly basis but relate closely to activity levels. Work continues to link activity and case mix to non pay expenditure to allow a closer understanding and review of services.

Efficiency & Productivity

3.11 The financial plan presented recovery actions totalling £25.5m, however work has continued to identify further local efficiencies and the total planned savings has increased to £28.5m, with many of the schemes planning to deliver later in the financial year. The main improvement is the inclusion of an additional £2.6m local prescribing initiatives within Edinburgh Partnership. The anticipated delivery at month 3 was £3.3m of which £2m was achieved. Table 3 below shows this position by Business Unit and presents those areas that are behind the projected savings trajectory.

Table 3: Financial Recovery Plan Delivery

	17/18 Total Planned Savings £k	YTD Planned £k	YTD Achieved £k	Shortfall in Delivery YTD £k
Corporate Services	768	167	117	(50)
East Lothian Partnership	1,140	146	139	(7)
Edinburgh Partnership	6,105	536	262	(274)
Midlothian Partnership	1,100	74	98	24
West Lothian Hsc Partnership	2,621	314	385	71
Facilities And Consort	7,235	313	303	(9)
Reas	20	5	5	0
Recharges	120	30	30	0
University Hosp Support Serv	9,381	1,677	644	(1,033)
	28,489	**3,262**	**1,983**	**(1,279)**

Integrated Joint Boards Year to Date Position

3.12 All four Integrated IJBs are presenting an overspend position at month 3; this is in both Core and Set Aside budgets. The pressures in GP prescribing and nursing mentioned above are impacting on the position. Appendix 4 provides more detail by IJB. The variance does not include any costs in relation to central administration or facilities for which no charge has been made to the IJBs.

4 Key Risks

4.1 Non delivery of recovery actions by individual Business Units to the value required identified in the financial plan is one of the main risks continuing to face the organisation. This risk reduces however as progress is made towards the year end.

5 Risk Register

5.1 There is nothing further to add to the Risk Register at this stage, although this will be reassessed following the Quarter 1 review.

6 Impact on Inequality, Including Health Inequalities

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

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

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

8 Resource Implications

8.1 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
21st July 2017
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List of Appendices

Appendix 1 - Comparison of Financial Plan to Month 3 Position
Appendix 2 - NHS Lothian Income & Expenditure Summary 30th June 2017
Appendix 3 – NHS Lothian Summary by Operational Unit to 30th June 2017
Appendix 4 – Month 3 Position by IJB

Appendix 1

Comparison of Financial Plan to Month 3 Position

Business Unit	16/17 Year End Outturn £'000	17/18 Financial Plan £'000	Expected YTD M3 Outturn (revised FRP's) £'000	M3 YTD Outturn £'000	M3 YTD Comparison £'000
Acute Divisional Management	(4,898)	(3,753)	(1,126)	(1,858)	(732)
Diagnostics, A+T, Crit Care	(4,330)	(5,140)	(1,298)	(1,022)	275
Luhs Ahp Services	(222)	(298)	(74)	(45)	29
Outpatients And Assoc Services	(178)	(1,590)	(381)	130	510
Royal Infirmary Edinburgh Site	(99)	(2,501)	(673)	(2)	670
St Johns Hospital Site	(2,004)	(2,358)	(604)	(1,038)	(434)
Western General Hospital Site	1,520	263	(127)	(105)	22
Women + Children Services	900	(1,638)	(459)	(334)	125
UHSS Total	**(9,312)**	**(17,015)**	**(4,742)**	**(4,275)**	**467**
East Lothian Partnership Total	**(1,075)**	(769)	**(331)**	**(442)**	**(111)**
Edinburgh Partnership Total	**(1,698)**	(4,206)	**(1,292)**	**(1,386)**	**(95)**
Midlothian Partnership Total	**(1,518)**	1,031	**57**	**(282)**	**(338)**
West Lothian Hsc Partnership Total	**(770)**	**(565)**	**(482)**	**161**	**643**
REAS Total	**(1,302)**	**(966)**	**(269)**	**(200)**	**69**
Facilities Management	1,309	3,759	(652)	(836)	(184)
Facilities Pfi Contract	(1,070)	(2,724)	(585)	422	1,007
Facilities And Consort Total	**239**	**1,036**	**(1,237)**	**(414)**	**823**
Chief Executive Management Cst	(15)	20	5	(7)	(12)
Chief Quality Officer Dept	36	(457)	(114)	(14)	100
Ehealth	(696)	(671)	(145)	(188)	(43)
Finance	447	226	7	179	172
Human Resources	289	(414)	(104)	162	266
Medical Directors Office	296	(23)	(6)	66	72
Nursing	96	(171)	(59)	136	195
Pharmacy	802	38	(109)	60	169
Planning	186	(89)	(26)	82	108
Public Health	78	(217)	(78)	37	114
Corporate Departments Total	**1,520**	**(1,758)**	**(629)**	**511**	**1,140**
Finance General	(180)	(261)	(65)	4	69
Programmes	36	(1,375)	(344)	(96)	248
Property & Asset Management	8,808	4,433	1,108	(2)	(1,110)
Provisions & Claims	715	(2,017)	(504)	(394)	110
Strategic Services Total	**9,379**	**781**	**195**	**(487)**	**(682)**
Inc + Assoc Hlthcare Purchases	**(5,196)**	**111**	**28**	**253**	**226**
Research & Teaching	**(1,639)**	**(1,307)**	**(327)**	**(112)**	**215**
Reserves	**11,704**	**10,252**	**2,563**	**959**	**(1,604)**
Total	**332**	**(13,376)**	**(6,466)**	**(5,715)**	**752**

Appendix 2

NHS Lothian Income & Expenditure Summary to June 2017

Description	Annual Budget (£k)	YTD Budget (£k)	YTD Actuals (£k)	YTD Variance (£k)	Period Variance (£k)
Medical & Dental	244,753	62,463	64,352	(1,889)	(743)
Nursing	388,318	97,432	99,192	(1,760)	(131)
Administrative Services	95,944	23,126	22,889	237	335
Allied Health Professionals	62,471	15,735	15,925	(190)	128
Health Science Services	37,326	9,428	9,037	391	208
Management	9,074	2,290	2,033	257	115
Support Services	59,178	14,303	14,835	(532)	(97)
Medical & Dental Support	11,503	2,876	2,953	(78)	(25)
Other Therapeutic	26,905	7,171	7,023	149	173
Personal & Social Care	3,215	815	808	6	32
Other Pay	(5,499)	(4,636)	(4,694)	58	229
Pay	**933,189**	**231,004**	**234,354**	**(3,350)**	**225**
Drugs	119,911	29,938	30,310	(372)	(136)
Medical Supplies	85,373	21,796	22,852	(1,056)	(1,052)
Maintenance Costs	5,283	1,184	1,291	(106)	(9)
Property Costs	39,385	9,634	9,034	601	80
Equipment Costs	27,015	6,051	6,291	(239)	0
Transport Costs	8,806	2,231	2,065	166	208
Administration Costs	127,106	18,504	19,290	(785)	(522)
Ancillary Costs	11,500	2,881	2,724	157	58
Other	11,162	(17,901)	(17,898)	(3)	(40)
Service Agreement Patient Serv	104,429	26,962	26,548	414	860
Savings Target Non-pay	(7,222)	(1,683)	0	(1,683)	(579)
Non-pay	**532,747**	**99,599**	**102,506**	**(2,906)**	**(1,133)**
Gms2 Expenditure	123,043	28,927	28,866	61	227
Other Primary Care Expenditure	87	22	29	(8)	(5)
Pharmaceuticals	156,149	38,312	39,569	(1,257)	(499)
Primary Care	**279,282**	**67,262**	**68,465**	**(1,203)**	**(276)**
Fhs Non Discret Allocation	(1,338)	(330)	(325)	(5)	(7)
Bad Debts	0	0	(1)	1	1
Other	**(1,338)**	**(330)**	**(326)**	**(4)**	**(6)**
Income	**(1,781,910)**	**(75,683)**	**(76,473)**	**790**	**1,010**
CORE POSITION	**(38,030)**	**321,852**	**328,526**	**(6,673)**	**(181)**
Additional Reserves Flexibility	959	959	0	959	(708)
TOTAL	**(37,072)**	**322,811**	**328,526**	**(5,715)**	**(889)**

NB. The above table relates to Core Services only. There is £37.072 m of Non Core Budget not shown above that balances the annual budget to zero.

Appendix 3
NHS Lothian Summary by Operational Unit to June 2017

Description	University Hosp Support Serv (£k)	Reas (£k)	East Lothian Partnership (£k)	Edinburgh Partnership (£k)	Midlothian Partnership (£k)	West Lothian Hsc Partnership (£k)	Facilities And Consort (£k)	Corporate Services (£k)	Strategic Services (£k)	Inc + Assoc Hlthcare Purchases (£k)	Reserves (£k)	Research + Teaching (£k)	Total (£k)
Annual Budget	**674,270**	**78,419**	**84,799**	**297,491**	**63,207**	**139,164**	**147,957**	**97,994**	**6,895**	**(1,639,405)**	**23,753**	**(11,615)**	**(37,072)**
Medical & Dental	(1,552)	8	(318)	36	(15)	89	(0)	(47)	(15)	0	0	(75)	**(1,889)**
Nursing	(753)	(185)	(42)	(414)	(202)	(105)	(6)	(20)	(85)	0	0	52	**(1,760)**
Administrative Services	130	(33)	19	(79)	(4)	41	(39)	145	(11)	0	0	69	**237**
Allied Health Professionals	(223)	(37)	35	(41)	13	70	(7)	3	(1)	0	0	(3)	**(190)**
Health Science Services	207	(2)	4	87	0	4	0	8	25	0	0	58	**391**
Management	17	1	20	81	1	1	21	126	(16)	0	0	6	**257**
Support Services	(54)	49	(7)	12	(0)	(11)	(445)	(27)	(50)	0	0	1	**(532)**
Medical & Dental Support	(128)	0	0	0	0	64	0	(14)	0	0	0	0	**(78)**
Other Therapeutic	21	(8)	22	(13)	0	57	0	67	0	0	0	4	**149**
Personal & Social Care	(22)	(33)	8	0	(7)	0	(0)	57	0	0	0	3	**6**
Other Pay	(33)	(4)	(19)	(18)	(4)	(0)	(25)	160	0	(0)	0	0	**58**
Pay	**(2,390)**	**(243)**	**(278)**	**(348)**	**(218)**	**210**	**(503)**	**458**	**(153)**	**(0)**	**0**	**116**	**(3,350)**
Drugs	(322)	0	(32)	0	(9)	16	(3)	1	(23)	0	0	(1)	**(372)**
Medical Supplies	(680)	(13)	(43)	(273)	(26)	(43)	13	15	(0)	0	0	(6)	**(1,056)**
Maintenance Costs	(87)	(58)	(7)	(8)	6	(46)	106	(8)	(3)	0	0	(0)	**(106)**
Property Costs	(8)	3	(2)	77	(4)	52	488	(2)	(2)	0	0	(0)	**601**
Equipment Costs	(143)	18	(2)	(55)	(14)	6	(19)	(47)	16	0	0	(0)	**(239)**
Transport Costs	(16)	(21)	(25)	66	11	11	167	(17)	(5)	(5)	0	1	**166**
Administration Costs	175	13	138	(24)	(20)	202	(938)	76	(327)	(0)	0	(80)	**(785)**
Ancillary Costs	43	(2)	(3)	(22)	(6)	3	155	(9)	(1)	0	0	(1)	**157**
Other	11	1	98	52	0	(67)	32	(130)	0	0	0	0	**(3)**
Service Agreement Patient Serv	(7)	219	(32)	36	(44)	102	0	59	229	33	0	(182)	**414**
Savings Target Non-pay	(1,155)	(41)	(0)	(444)	16	(1)	0	(57)	(1)	0	0	0	**(1,683)**
Non-pay	**(2,188)**	**120**	**89**	**(594)**	**(90)**	**234**	**1**	**(121)**	**(116)**	**28**	**0**	**(269)**	**(2,906)**
Gms2 Expenditure	(14)	(4)	(39)	300	9	(190)	0	(0)	0	0	0	0	**61**
Ncl Expenditure	0	0	1	0	0	0	0	0	0	0	0	0	**1**
Other Primary Care Expenditure	(8)	0	0	0	0	0	0	0	0	0	0	0	**(8)**
Pharmaceuticals	0	(70)	(155)	(770)	(48)	(214)	0	0	0	0	0	0	**(1,257)**
Primary Care	**(22)**	**(74)**	**(193)**	**(470)**	**(39)**	**(405)**	**0**	**(0)**	**0**	**0**	**0**	**0**	**(1,203)**
Other	**1**	**0**	**0**	**(4)**	**0**	**(1)**	**(0)**	**0**	**0**	**0**	**0**	**0**	**(4)**
Income	**324**	**(3)**	**(61)**	**31**	**65**	**122**	**89**	**174**	**(219)**	**226**	**0**	**41**	**790**
CORE POSITION	**(4,275)**	**(200)**	**(442)**	**(1,386)**	**(282)**	**161**	**(414)**	**511**	**(487)**	**253**	**0**	**(112)**	**(6,673)**
Additional Reserves Flexibility	0	0	0	0	0	0	0	0	0	0	959	0	**959**
TOTAL	**(4,275)**	**(200)**	**(442)**	**(1,386)**	**(282)**	**161**	**(414)**	**511**	**(487)**	**253**	**959**	**(112)**	**(5,715)**

NB. The above table relates to Core Services only. There is £37.072 m of Non Core Budget not shown above that balances the annual budget to zero

Appendix 4

Month 3 Position by IJB

Status	Allocation	YTD Variance ('000)	East Lothian IJB - YTD Variance (£'000)	Edinburgh IJB - YTD Variance (£'000)	Mid Lothian IJB - YTD Variance (£'000)	West Lothian IJB - YTD Variance (£'000)	Acute Non Delegated - YTD Variance (£'000)	CHP Non Delegated - YTD Variance (£'000)	Corporate Non Delegated - YTD Variance (£'000)
Annual Budget		**(37,072)**	**102,240**	**447,677**	**89,462**	**163,025**	**496,062**	**42,111**	**(1,377,649)**
Delegated	Core	(1,869)	(311)	(1,348)	(117)	(88)	0	(4)	0
	Corporate	1	0	1	0	0	0	0	0
	Hosted	269	7	221	24	16	0	0	0
	Total	**(1,599)**	**(304)**	**(1,126)**	**(93)**	**(72)**	**0**	**(4)**	**0**
Non Delegated	Acute	(2,318)	0	0	0	0	(2,318)	0	0
	CHP	(421)	0	0	0	0	0	(421)	0
	Core	(0)	0	0	0	0	0	(0)	0
	Corporate	572	0	0	0	0	0	0	572
	Total	**(2,166)**	**0**	**0**	**0**	**0**	**(2,318)**	**(421)**	**572**
Set Aside	Total	(1,950)	(216)	(1,033)	(181)	(493)	(26)	0	0
Grand Total		**(5,715)**	**(520)**	**(2,159)**	**(274)**	**(565)**	**(2,344)**	**(425)**	**572**

NHS LOTHIAN

Board Meeting
2nd August 2017

2.4

Chief Quality Officer

QUALITY AND PERFORMANCE IMPROVEMENT

1 Purpose of the Report

1.1 This report provides an update on the most recently available information on NHS Lothian's position against a range of quality and performance improvement measures.

1.2 Any member wishing additional information on a particular measure should contact the specific lead director identified, having accessed the self-service pack initially. Matters relating to the monitoring and assurance process should be directed towards the Chief Quality Officer.

2 Recommendations

2.1 The Board is invited to:

2.1.1 Approve the trial of the "lighter documentation" approach to the reporting of quality and performance improvement.

2.1.2 Accept that performance on 14 measures considered across the Board, including those relating to the Hospital Scorecard, are currently met with 19 not met. It is not possible to assess performance on Dementia Post-Diagnostic Support or Complaints stage 1 or 2; and

2.1.3 Accept Board Committees are continuing with the enhanced programme of assurance agreed, with a provisional timetable for remaining measures outlined in this paper. To date, 17 measures have been considered with significant, moderate and limited assurance most recently reached in 2, 8 and 8 instances respectively (one measure was given two assurance levels). On no occasion was 'no assurance' concluded.

3 Trial of Lighter Documentation Approach

3.1 Since the adoption of the Quality and Performance Improvement paper at the end of 2015, the Board and governance committees have been presented with proformas for those areas where standards are not met.

3.2 Whilst the original intention has been for these proforma to be used to assist committees to derive assurance, members quickly moved to seek supplementary papers or presentations, underpinned by a programme of assurance (Table A). Consequentially these supplementary papers have become the basis of deriving levels of assurance and no instance could be identified when any of the 183 proforma submitted between January and June this year had been used for this purpose.

3.3 Moreover members were highlighted the challenges in identifying the key elements of information in the proformas. Accordingly, having discussed the matter with Board members, the Chief Quality Officer is supporting a trial of a lighter documentation approach. This will provide the Board with an overview across all measures with its governance committees continuing to receive detailed papers on topics as determined by the Programme of Assurance. **Proformas will not be provided** to any meeting under this arrangement but members will be able to access detail on individual measures in a self-service pack available online (please see 3.6).

Table A – Provisional Assurance Timetable for New Items

	Healthcare Governance	Acute Hospitals Committee
July	Complaints HAI Antenatal	31 Day and 62 Day Cancer
August		Cardiac Arrest
September	Dementia	
October		IVF
November	No new items proposed	
December		Hospital Scorecard (Readmissions, Length of Stay, HSMR)
TBC	48-Hour GP Access	Surveillance Diagnostics - Vascular

3.4 It has been recognised, given the importance of data for decision making, that this self-service pack element features appropriately in papers presented as part of the Programme of Assurance. Therefore support will be given in this regard as these papers are drawn up.

3.5 The self-service pack is available through this link. The pack will develop over the next few months from the existing proforma to an excel file and ultimately, as described at June's Board meeting, to a dashboard.

3.6 These changes are set out in the following table and it is recommended that the Board approve this trial.

Table B – Summary of Lighter Approach Trial

Committee	Previous Approach	Lighter Approach
Board	• Overview for all measures • Assurance Summary • Proformas where not met	• Overview for all measures • Assurance Summary • ~~Proformas where not met~~ • Self-Service Pack
Governance Committee	• Overview for all measures • Assurance Summary • Detailed Measure Paper • Proformas where not met	• Overview for all measures • Assurance Summary • Detailed Measure Paper • ~~Proformas where not met~~ • Self-Service Pack

4 Recent Performance

4.1 Against the measures considered, most recent information demonstrates that NHS Lothian met 14 of the 36 measures considered, whilst 19 were not met. As detailed above, it is not possible to make an assessment on Dementia Post-Diagnostic Support or Complaints Stage 1 or 2.

4.2 Board committees have been delegated the responsibility for seeking assurance for the measures contained in this report, seeking to conclude levels of assurance for those areas that they have examined, by considering "*What assurance do you take that the actions described will deliver the outcomes you require within an acceptable timescale?*"

4.3 The assessments made to date are set out both in Tables C and 1. 17 measures have been considered with significant, moderate and limited assurance being reached most recently in 2, 8 and 8 instances respectively (one measure was given two assurance levels). On no occasion was 'no assurance' concluded;

4.4 The delegation of measures to governance committee and detail behind assurance gradings are available in the appendix.

Table C – Assessed Levels of Assurance

			Assurance Levels				
	Measures		**Not yet assessed**	**None**	**Limited**	**Moderate**	**Significant**
Board	Met	14	-	-	-	-	-
	Not Met	19	-	-	-	-	-
Acute Hospitals Committee	Met	9	8	0	0	1	0
	Not Met	9*	2*	0	5**	4*	0
Healthcare Governance Committee	Met	5	4	0	0	1	0
	Not Met	9	3	0	3	1	2
Staff Governance Committee	Met	0	-	-	-	-	-
	Not Met	1	-	-	-	1	-

*The Diagnostic measure has been separated out in terms of assurance levels so that although there are 9 measures currently Not Met for the Acute Hospitals Committee the diagnostics measure has been split into 3 (i.e. there are two more levels than measures).

**One of these assurance levels was granted by the Healthcare Governance Committee following relevant review and discussion and with the awareness of the Acute Hospitals Committee.

Table 1: Summary of Latest Reported Position

Measure[1]	Healthcare Quality Domain[2]	Type[3]	Assurance Committee	Committee Assurance Level	Date Assurance Level Assigned	Performance Against Target/Standard[4]	Trend[5]	Published NHS Lothian vs. Scotland[6]	Date of Published NHS Lothian vs. Scotland[7]	Target/Standard	Latest Performance	Reporting Date	Lead Director
Cardiac Arrest (per 1,000 discharges)	Safe	Quality	Acute Hospitals (AHC)	Limited	Jul 17	Not Met	No Change	Not Applicable	Not Applicable	0.95 per 1,000 discharges (median)	1.76 (median)	Jun 17 (Mthly)	TG
Falls With Harm (per 1,000 occupied bed days)		Quality	Healthcare Governance (HGC)	To be reviewed (was 'Met' at time of mtg)	To be reviewed (was 'Met' at time of mtg)	Met		Not Applicable	Not Applicable	0.31 per 1,000 occupied bed days (median)	0.18 (median)	Jun 17 (Mthly)	TG
Healthcare Acquired Infection - CDI (rate per 1,000 bed days, aged 15+)		LDP	HGC	Moderate	Jul 17	Met		Worse	Mar 17 (Quarterly)	0.32 (max) (<=262)	0.21 (rate) 43 (incidences)	Jun 17 (Mthly)	TG
Healthcare Acquired Infection - SAB (rate per 1,000 acute bed days)		LDP	HGC	Moderate	Jul 17	Not Met	No Change	Better	Mar 17 (Quarterly)	0.24 (max) (<=184)	0.25 (rate) 49 (incidences)	Jun 17 (Mthly)	TG
Hospital Standardised Mortality Ratios (HSMR) (within limits)		Quality	AHC	TBC	TBC	Met		Not Applicable	Not Applicable	1 All sites within HS Limits	NHS L 0.87 / RIE 0.83 / SJH 0.91 / WGH 0.74	Dec 16 (Qtrly)	TG
48 Hour GP Access – access to healthcare prof	Timely	LDP	HGC	TBC	TBC	Met		Worse	2015/16	90% (min)	91.5%	2015/16	DS
48 Hour GP Access – GP appt		LDP	HGC	TBC	TBC	Not Met	Deteriorating	Worse	2015/16	90% (min)	74.8%	2015/16	DS
Four hour Unscheduled Care (% <=4 hrs)		LDP	AHC	Moderate	Feb 17	Met		Better	May 17 (Monthly)	95.0% stretch to 98.0%	95.7%	Jun 17 (Mthly)	JC
Alcohol Brief Interventions (ABIs) (Number)		LDP	HGC	To be reviewed (was 'Met' at time of mtg)	To be reviewed (was 'Met' at time of mtg)	Met		Better	2016/17	9,757 (Annual) 2,440 (per Quarter)	22,291	Mar 17 (Qtrly)	AMcM
CAMHs[8] (<=18 wks)		LDP	HGC	Limited	Mar 17	Not Met	Improving	Worse	Mar 17 (Quarterly)	90.0% (min)	62.8%	Jun 17 (Mthly)	AMcM
Cancer (<=31-day) (% treated)		LDP	AHC	Limited	Jul 17	Not Met	Deteriorating	Worse	Mar 17 (Quarterly)	95.0% (min)	93.0%	May 17 (Mthly)	JC
Cancer (<=62-day) (% treated)		LDP	AHC	Limited	Jul 17	Not Met	Improving	Better	Mar 17 (Quarterly)	95.0% (min)	91.7%	May 17 (Mthly)	JC
Diagnostics (<=6 wks) - Gastroenterology/ Urology Diagnostics			AHC	Limited	May 17	Not Met	Deteriorating	Worse	Mar 17 (At month end)	0 (max)	3,038	Jun 17 (Mthly)	JC
Diagnostics (<=6 wks) - Radiology/Imaging			AHC	Moderate	May 17								
Diagnostics (<=6 wks) – Vascular Labs			AHC	To be reviewed	To be reviewed								
Drug & Alcohol Waiting Times (% <=3 wks) - Edinburgh IJB		LDP	HGC	Limited	Mar 17	Not Met	Deteriorating	Worse	Mar 17 (Quarterly)	90.0% (min)	83.4%	Mar 17 (Qtrly)	RMG
Drug & Alcohol Waiting Times (% <=3 wks) - Midlothian & East Lothian IJB (MELDAP)		LDP	HGC										EWDS
Drug & Alcohol Waiting Times (% <=3 wks) - West Lothian IJB		LDP	HGC										JF
IPDC Treatment Time Guarantee (<=12 wks)		LDP	AHC	Moderate	May 17	Not Met	Deteriorating	Worse	Mar 17 (Quarterly)	0 (max)	81.2% 1,361	Jun 17 (Mthly)	JC
IVF (% <=12 months)		LDP	AHC	TBC	TBC	Met		Equal	Mar 17 (Quarterly)	90.0% (min)	100.0%	Jun 17 (Mthly)	JC
Outpatients (<=12 weeks)		LDP	AHC	Moderate	May 17	Not Met	Deteriorating	Worse	Mar 17 (at month end)	95.0% (min)	68.5% 19,773	Jun 17 (Mthly)	JC
Psychological Therapies (% <=18 wks)		LDP	HGC	Significant	May 17	Not Met	Improving	Worse	Mar 17 (Quarterly)	90.0% (min)	67.5%	Jun 17 (Mthly)	JF
Referral to Treatment (% <=18 wks)		LDP	AHC	Limited	Feb 17	Not Met	Improving	Worse	Mar 17 (Monthly)	90.0% (min)	81.1%	Jun 17 (Mthly)	JC
Stroke Bundle (% receiving)		Quality	AHC	Moderate	Nov 16	Not Met	Deteriorating	Not Applicable	Not Applicable	80.0% (min)	65.6%	Apr 17 (Mthly)	JC
Planned Repeat Surveillance Endoscopy (past due date)[9]			AHC	To be reviewed	To be reviewed	Not Met	Deteriorating	Not Applicable	Not Applicable	0 (max)	4,497	Jun 17 (Mthly)	JC
Delayed Discharges (>3 days) – East Lothian IJB	Effective		HGC	To be reviewed	To be reviewed	Not Met	Deteriorating	Worse	May 17 (Monthly)	0 (max)	213	Jun 17 (Mthly)	DS
Delayed Discharges (>3 days) – Edinburgh IJB			HGC										RMG
Delayed Discharges (>3 days) – Midlothian IJB			HGC										EM
Delayed Discharges (>3 days) – West Lothian IJB			HGC										JF
Hospital Scorecard – Standardised Surgical Readmission rate within 7 days	Efficient	Quality	AHC	TBC	TBC	Met		Not Applicable	Not Applicable	All NHS L Sites (RIE; SJH & WGH), Within Hospital Scorecard Limits	NHS L 26.26 / RIE 30.99 / SJH 29.31 / WGH 22.09	Oct - Dec 16 (Qtrly)	TG
Hospital Scorecard – Standardised Surgical Readmission rate within 28 days		Quality	AHC	TBC	TBC	Met					NHS L 44.00 / RIE 54.71 / SJH 43.89 / WGH 40.31		TG
Hospital Scorecard – Standardised Medical Readmission rate within 7 days		Quality	AHC	TBC	TBC	Met					NHS L 52.09 / RIE 55.19 / SJH 54.16 / WGH 51.27		TG
Hospital Scorecard – Standardised Medical Readmission rate within 28 days		Quality	AHC	TBC	TBC	Met					NHS L 106.82 / RIE 115.78 / SJH 117.34 / WGH 102.38		TG
Hospital Scorecard – Average Surgical Length of Stay - Adjusted		Quality	AHC	TBC	TBC	Met					NHS L 0.97 / RIE 0.92 / SJH 0.85 / WGH 1.12		TG
Hospital Scorecard – Average Medical Length of Stay - Adjusted		Quality	AHC	TBC	TBC	Met					NHS L 1.23 / RIE 0.89 / SJH 1.26 / WGH 1.36		TG
Staff Sickness Absence Levels (<=4%)		LDP	Staff Governance	Moderate	Mar 17	Not Met	Deteriorating	Better	2016/17	4.0% (max)	5.08%	May 17 (Mthly)	JB
Early Access to Antenatal Care (% <=12 wks)	Equitable	LDP	HGC	To be reviewed (was 'Met' at time of mtg)	To be reviewed (was 'Met' at time of mtg)	Met		Better	2015/16	80.0% min for each SIMD[10] quintile	81.4%	Apr 17 (Mthly)	AMcM
Smoking Cessation (quits)		LDP	HGC	To be reviewed (was 'Met' at time of mtg)	To be reviewed (was 'Met' at time of mtg)	Not Met	Deteriorating	Better	2015/16	404 (min for this quarter)	203	Dec 16 (Qtrly)	AKM
Complaints - Stage 1 (%<=5-day)	Person-Centred	Quality	HGC	TBC	TBC	TBC[11]	TBC	TBC	TBC	TBC[11]	60.5%	May 17 (Mthly)	AMcM
Complaints - Stage 2 (%<=20-day)		Quality	HGC	TBC	TBC	TBC[11]	TBC	TBC	TBC	TBC[11]	70.5%	May 17 (Mthly)	AMcM
Detect Cancer Early (% diagnosed)		LDP	HGC	Significant	Nov 16	Not Met	Improving	Better	2014 & 2015 (Combined Calendar Years)	29.0% (min)	26.9%	2015 & 2016 (Combined Calendar Years)	AKM
Dementia – East Lothian IJB		LDP	HGC	To be reviewed	To be reviewed	TBC[12]	Not Applicable	Part 1. Worse; Part 2. Worse	2014/15	TBC[12] (exptd diag rate + 1 Year (min) PDS)	Part 1: 25.5% / Part 2: 64.3%	2014/15 (TBC)	DS
Dementia – Edinburgh IJB		LDP	HGC			TBC[12]							RMG
Dementia – Midlothian IJB		LDP	HGC			TBC[12]							EM
Dementia – West Lothian IJB		LDP	HGC			TBC[12]							JF
Patient Experience (9.0/10 – Overall Experience)		Quality	HGC	Limited	Nov 16	Not Met	Improving	Not Applicable	Not Applicable	9 (out of 10)	8.80	May 17 (Mthly)	AMcM

Notes

1. Much of this reporting uses management information and is therefore subject to change;
2. 6 Domains of Healthcare Quality http://www.ahrq.gov/professionals/quality-patient-safety/talkingquality/create/sixdomains.html
3. This describes the standard type – 'LDP' target/standards are Local Delivery Plan (previously HEAT), target/standards; Quality standards were originally reported under a separate Quality Paper.
4. Performance Against Target/Standard – describes where Latest Performance meets or does not meet Target.
5. Trend - describes Improvement, No Change or Deterioration for Latest Performance, where Performance Against Target/Standard is 'Not Met', against an average of the last two relevant reported data points. Cardiac Arrest and HAI measures (as applicable) use HIS run chart assessment to ascertain trend. (Black cells indicate that a Standard is 'Met' so a Trend is not available).
6. Published NHS Lothian vs. Scotland – describes most recent published Lothian position against the most recent (directly comparable) published Scotland position to comply with Official Statistics' requirements - either for rates (incl. %) or against NRAC share. These may refer to different time periods than Latest Performance.
7. Date of Published NHS Lothian vs. Scotland – describes most recent published Lothian position against the most recent (directly comparable) published Scotland position to comply with Official Statistics' requirements - either for rates (incl. %) or against NRAC share. These may refer to different time periods than Latest Performance.
8. Abbreviations – CAMHS - Child and Adolescent Mental Health Services; CDI- Clostridium difficile Infection; SAB Staphylococcus aureus Bacteraemia; IPDC – Inpatient and Day-case; IVF – In Vitro Fertilisation
9. Note that the Planned Repeat Surveillance Endoscopy proforma has now been added to Diagnostics (<=6 wks) - Gastroenterology/ Urology Diagnostics
10. SIMD - Scottish Index of Multiple Deprivation, http://www.gov.scot/Topics/Statistics/SIMD
11. From the start of April 2017 there has been a national change on assessment of the complaints process. As no historical data is available for the proposed metrics, data will only be available covering April onward. Furthermore as a new measure, there will be an absence of comparative data initially in order to consider performance against that elsewhere.
12. ISD have stated in their publication of 24/1/17 "there is no specific threshold or target in which NHS Boards are expected to be attaining to as the PDS services are still within their infancy and it is anticipated there is likely further developments required". Please also see relevant IJB level Proforma below (in Section 6 Exception Proformas).
http://www.isdscotland.org/Health-Topics/Mental-Health/Publications/2017-01-24/2017-01-24-DementiaPDS-Summary.pdf?

7 Risk Register

7.1 Not applicable.

8 Impact on Inequality, including Health Inequalities

8.1 The production of this update do not have any direct impact on health inequalities but consideration may be required elsewhere in the delivery of the actions identified.

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

9.1 As the paper summarises performance, no impact assessment or consultation is expected.

10 Resource Implications

10.1 The resource implications related to the assurance programme would be considered by Board Committees are consider items under the Programme of Assurance.

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28th July 2017
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Appendices

Appendix 1 – Alignment of Measures to Board Committee

Appendix 2 – Adopted Assurance Gradings

Appendix 1 – Alignment of Measures to Board Committee

	Acute Hospitals	Healthcare Governance	Staff Governance
Effective		Delayed Discharges	
Efficient	*Hospital Length of Stay (2)* Hospital Readmission Rate (4)		*Staff Sickness Absence*
Equitable		*Early Access to Antenatal Care* Smoking Cessation	
Person-Centred		*Complaints (2)* Detecting Cancer Early *Dementia Post Diagnostic Support* Patient Experience	
Safe	*Cardiac Arrest Incidence* Hospital Standardised Mortality Ratio	*Falls with Harm* Healthcare Acquired Infection (2)	
Timely	*4 hr Unscheduled Care Wait* Cancer Waits (2) *Diagnostic Waits* Inpatient and Daycase Waits *IVF Waits* Outpatient Waits *Referral to Treatment Wait* Stroke Bundle Compliance *Surveillance Endoscopies Overdue*	*Access to General Practice (2)* Alcohol Brief Interventions *CAMHS Waits* Drug & Alcohol Waiting Time *Psychological Therapy Waits*	

Appendix 2 – Adopted Assurance Gradings

Definition	Most likely course of action by the Board or committee
LEVEL – SIGNIFICANT The Board can take reasonable assurance that the system of control achieves or will achieve the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all. Examples of when significant assurance can be taken are: • The purpose is quite narrowly defined, and it is relatively easy to be comprehensively assured. • There is little evidence of system failure and the system appears to be robust and sustainable. • The committee is provided with evidence from several different sources to support its conclusion.	If there are no issues at all, the Board or committee may not require a further report until the next scheduled periodic review of the subject, or if circumstances materially change. In the event of there being any residual actions to address, the Board or committee may ask for assurance that they have been completed at a later date agreed with the relevant director, or it may not require that assurance.
LEVEL – MODERATE The Board can take reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk. Moderate assurance can be taken where: • In most respects the "purpose" is being achieved. • There are some areas where further action is required, and the residual risk is greater than "insignificant". • Where the report includes a proposed remedial action plan, the committee considers it to be credible and acceptable	The Board or committee will ask the director to provide assurance at an agreed later date that the remedial actions have been completed. The timescale for this assurance will depend on the level of residual risk. If the actions arise from a review conducted by an independent source (e.g. internal audit, or an external regulator), the committee may prefer to take assurance from that source's follow-up process, rather than require the director to produce an additional report.
LEVEL – LIMITED The Board can take some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk which requires action to be taken. Examples of when limited assurance can be taken are: • There are known material weaknesses in key areas. • It is known that there will have to be changes to the system (e.g. due to a change in the law) and the impact has not b • een assessed and planned for. • The report has provided incomplete information, and not covered the whole purpose of the report. • The proposed action plan to address areas of identified residual risk is not comprehensive or credible or deliverable.	The Board or committee will ask the director to provide a further paper at its next meeting, and will monitor the situation until it is satisfied that the level of assurance has been improved.
LEVEL – NONE The Board cannot take any assurance from the information that has been provided. There remains a significant amount of residual risk.	The Board or committee will ask the director to provide a further paper at its next meeting, and will monitor the situation until it is satisfied that the level of assurance has been improved. Additionally the chair of the meeting will notify the Chief Executive of the issue.
NOT ASSESSED YET This simply means that the Board or committee has not received a report on the subject as yet. In order to cover all aspects of its remit, the Board or committee should agree a forward schedule of when reports on each subject should be received (perhaps within their statement of assurance needs), recognising the relative significance and risk of each subject.	