BOARD MEETING

DATE: WEDNESDAY 3 FEBRUARY 2016

TIME: 9:30 A.M. - 12:00 P.M.

VENUE: BOARDROOM, WAVERLEY GATE, 2-4 WATERLOO PLACE, EDINBURGH EH1 3EG

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

AGENDA

Agenda Item		Lead Member
	Welcome to Members of the Public and the Press	
	Apologies for Absence	
1.	**Items for Approval**	
1.1.	Minutes of the Previous Board Meeting held on 2 December 2015	**BH** *
1.2.	Running Action Note	**BH** *
1.3.	Review of Standing Financial Instructions	**SG** *
1.4.	NHS Lothian Health and Safety Policy (Reviewed)	**AB** *
1.5.	Acute Hospitals Committee - Minutes of 30 November 2015	**KB** *
1.6.	Finance & Resources Committee - Minutes of 25 November & 22 December 2015	**GW** *
1.7.	Healthcare Governance Committee - Minutes of 24 November 2015	**RW** *
1.8.	Strategic Planning Committee - Minutes of 10 December 2015	**BH** *
1.9.	East Lothian Integration Joint Board - Minutes of 27 August, 24 September, 29 October & 26 November 2015	**DG** *
1.10.	Edinburgh Integration Joint Board - Minutes of 25 September, 16 October & 20 November 2015	**GW** *
1.11.	Midlothian Integration Joint Board - Minutes of 20 August & 29 October 2015	**PJ** *
1.12.	West Lothian Integration Joint Board - Minutes of 8 December 2015	**FT** *
2.	**Items for Discussion** (subject to review of the items for approval) *(9:35am - 12:00pm)*	
2.1.	Financial Position to December 2015 and Update to Year End Forecast	**SG** *
2.2.	Integration Joint Boards - Summary of Financial Assurance Process	**SG** *
2.3.	Performance Management	**AMcM** *

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

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2.4.	Quality Report	**DF/AMcM**	*
2.5.	Corporate Risk Register	**DF**	*
2.6.	Healthcare Associated Infection	**DF**	*
2.7.	Whole System Pathways and Discharge from Hospital Improvements Edinburgh	**RMcC-G**	*
2.8.	Royal College of Paediatrics and Child Health Review of Medical Paediatric Inpatient Services in Lothian - Update	**JC**	*

3. **Next Development Session:** 2 March 2016 at 9:30 a.m. in the Boardroom, Waverley Gate.

4. **Next Board Meeting:** Wednesday 6 April 2016 at 9:30 a.m. in the Boardroom, Waverley Gate.

5. Resolution to take items in closed session

6. Minutes of the Previous Private Meeting held on 2 December 2015   **BH** ®

7. Matters Arising

    7.1. Update on the 2016/17 Financial Planning Process   **SG** ®

8. Any Other Competent Business

Board Meetings in 2016	**Development Sessions in 2016**
	2 March 2016
6 April 2016	4 May 2016
22 June 2016	20 July 2016
3 August 2016	7 September 2016
5 October 2016	2 November 2016
7 December 2016	

LOTHIAN NHS BOARD

Minutes of the Meeting of Lothian NHS Board held at 9.30am on Wednesday 2 December 2015, in the Boardroom, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG

Present:

Non-Executive Board Members: Mr B Houston (Chair); Mrs S Allan (Vice Chair); Mr M Ash; Mrs K Blair; Councillor D Grant; Councillor R Henderson; Mr M Hill; Ms C Hirst; Mr P Johnston; Mr A Joyce; Mrs A Meiklejohn; Mrs A Mitchell; Mr J Oates; Mr G Walker and Dr R Williams.

Executive and Corporate Directors: Mr T Davison (Chief Executive); Mr J Crombie (Chief Officer: University Hospitals and Support Services Division); Dr D Farquharson (Medical Director); Mrs S Goldsmith (Director of Finance); Ms M Johnson (Executive Nurse Director); Professor A K McCallum (Director of Public Health and Health Policy) and Professor A McMahon (Director of Strategic Planning, Performance Reporting and Information).

In Attendance: Mr D Weir (Corporate Services Manager).

Apologies for absence were received from, Mr A Boyter, Dr M Bryce, Professor J Iredale, Mrs J McDowell and Councillor F Toner.

Valedictory Remarks

The Chairman advised that this would be the final Board meeting for Dr Bryce who's term of office on the Board had expired and for Ms Johnson and Professor Iredale who had been appointed to new roles outwith Lothian.

The Board recorded its thanks to colleagues and wished them well in new ventures.

Declaration of Financial and Non-Financial Interest

The Chair 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.

59.   Items for Approval

59.1   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. No such requests had been made.

59.2 The Chairman sought and received the approval of the Board to accept and agree the following recommendations contained in the previously circulated 'For Approval' papers without further discussion.

59.3 <u>Minutes of the Board meeting held on 7 October 2015</u> – Approved.

59.4 <u>Running Action Note</u> – Approved.

59.5 <u>Board Development Sessions 2016</u> – It was agreed that the provisional programme of development sessions for 2016 be approved with the proviso that the programme might be subject to variation by agreement with Board during the year dependant upon emerging issues throughout the year.

59.6 <u>Committee Memberships and Terms of Reference</u> – The Board agreed the appointments to committees listed in paragraph 1.1 of the paper and agreed the amended terms of reference for the Strategic Planning Committee as detailed in appendix 2 of the paper.

59.7 <u>South East Scotland Research Ethics Committees – Annual Reports 2014-2015</u> – The Board approved the South East Scotland Research Ethics Committees Reports for 2014-2015.

59.8 <u>Integration Joint Boards Strategic Plans and Acute Hospitals Plan Update</u> – The Board noted that the 4 Integration Joint Boards (IJBs) were working to finalise strategic commissioning plans which would result in sets of 'directions' to NHS Lothian (and the respective local authorities) on the delivery of services over a 3 year period commencing 2016/17. The Board also noted that an Acute Hospitals plan was in development and would need to be informed by the IJB plan. It was agreed that the final plans and directions would be considered by the Strategic Planning Committee on behalf of the NHS Lothian Board and it was confirmed that the final plans with the Strategic Planning Committee's recommendations on implications for NHS Lothian would be presented to the April Board meeting for homologation.

59.9 <u>Acute Hospitals Committee – Minutes of 1 April 2015</u> – Endorsed.

59.10 <u>Healthcare Governance Committee – Minutes of 22 September 2015</u> – Endorsed.

59.11 <u>Strategic Planning Committee – Minutes of 8 October 2015</u> – Endorsed.

59.12 <u>West Lothian Integration Joint Board – Minutes of 20 October 2015</u> – Endorsed.

60. Items for Discussion

61. Agenda Re-ordering

61.1 The Chairman sought and received the approval of the Board to reorder the agenda to take agenda items 2.5 'Refocusing Performance Reporting'; 2.2 'Performance Management' and 2.4 'NHS Lothian Performance Delivery 2015/16' in that order.

61.2 The Board noted that there were a number of papers on the Board agenda under the umbrella topic of Governance. A further review of the Governance process was under way and would include the Board Committee process. This work would

continue into the New Year and would produce rational improvements in the way the Board conducted its business.

62. 2015 Annual Review Letter

62.1   The Board noted the generally positive letter from the Cabinet Secretary to the Chairman summarising the outcome of the annual review meeting held on 3 August 2015.

62.2   The Chief Executive advised that he and his counterpart from another Scottish Health Board had met with the Cabinet Secretary the previous day to discuss in particular the delayed discharge position where progress had been less than hoped. At the meeting the winter plan had been discussed with it being noted that the winter period would be a significant challenge for the system.

62.3   The Board were referred to paragraph 29 of the annual review letter which stated that NHS Lothian remained fully committed to meeting its financial responsibilities in 2015/16 and beyond. The Chief Executive commented whilst that was still the aspiration that financial performance had deteriorated in the previous 2 months and if this continued then there would be a need to get in to a dialogue about choices in relation to capacity and cost. He stressed however that he remained hopeful around the financial position although it still represented a significant challenge. The Chief Executive commented if the financial position continued to deteriorate then it would be his responsibility as Accountable Officer to escalate this to the Scottish Government Health and Social Care Directorate (SGHSCB). In any event the financial position would be discussed at the mid year review meeting with the SGHSCD in January 2016.

63. Refocusing Reporting Performance

63.1   The Board were reminded of previous debate about recasting Board papers in light of current performance. It was reported that performance reporting had been refocused in line with best practice elsewhere and to meet the organisational needs. It was noted that separate performance and quality reports and associated papers to the Board, Corporate Management Team (CMT) and the Acute Senior Management Team would be replaced with a single report based around the 6 dimensions of quality.

63.2   It was noted that the new reporting framework would be aligned with a shift towards Board committees taking a lead role for the monitoring and governance of targets and standards as appropriate from the first quarter in 2016/17. The Board version of the report would focus on narrative from lead Directors to highlight responses required from the Board as well as actions that would be needed to mitigate areas of concern. It was noted that the new focus would link with Integration Joint Boards (IJB) performance reporting requirements with some IJBs having already established a Performance Committee. Comparative performance against peers would also be included in future reports.

63.3   The Board noted that work had started around the development of an information plan which would look at how to identify issues of quality. This would be covered in further detail later in the meeting.

63.4 It was agreed that the proposed standard approach was appropriate for the Board and Committees in governance terms although assurance was sought that data would not become contaminated through iterations of transactions. It was noted that the proposed focus was on building and improving on existing data.

63.5 The Acute Hospitals Committee had received a presentation on a deep dive data diagnostic review undertaken by an external body which had looked at the granularity of data to help drive forward financial and other performance improvements. It had been felt at the Committee that patient experience should be embedded into both the information and e-health strategies. The Board noted that the e-health strategy was being refreshed and would chime with the information strategy. Data could be provided down to clinical levels and the process moving forward was about how to build on that to accommodate the needs of both the Board and IJBs.

63.6 The Board noted that the external review report had been positive about the information NHS Lothian held. The key issue was that the data was not being used or presented as effectively as it could be. The fact that information was available down to clinical level was welcomed. It was reported that the CMT had agreed that the Information Group would start to get into the detail needed to refocus the Board papers and provide business units with the level of data that they needed. It was anticipated from the beginning of April 2016 that reporting would be done differently and would reflect the outcome of clinical discussions. The Board were advised that clinical data could be used to drive the organisations core values and address equity issues.

63.7 The Chairman commented that the proposals played directly into the proposed quality improvement process and referenced positive discussion at the recent Board Chairs meeting where an interesting presentation had been received from the Information Services Division which was part of NHS National Services Scotland.

63.8 The Board agreed the refocused arrangements for reporting the organisations performance against key measures, underpinned by the principles highlighted in the circulated paper.

64. Performance Management

64.1 The Board noted the amendments made to the report as an initial step to meet the recommendations outlined in the 'refocusing performance reporting' paper previously discussed. The report provided data against targets and standards on performance against trends benchmarked against other Boards. The Board were advised that other Health Boards were experiencing similar challenges to NHS Lothian.

64.2 Update reports were provided in respect of delayed discharges where performance was plateauing in Edinburgh but not reducing. Plans were in place to improve the position which had been reported at the previously referenced meeting with the SGHSCD. An update was provided on Child and Adolescent Mental Health Services (CAMHS) and psychological therapies which had been subject to work by Meridian with the final report due later in the month. A specific feedback event on CAMHS would be held on 15 December 2015. Scottish Government Mental Health

Innovation funding might be used to bolster CAMHS performance through the overview group.

64.3 The Board welcomed the revised report which was felt to be more visibly readable. The suggestion was made that further value could be added if comment was made about poor areas of performance and steps being taken to mitigate this. It was noted this would develop through the Board Committee assurance process which would feedback actions to the Board.

64.4 The point was made that the performance report tended to focus on the same issues and there was a need to look at Lothian as part of the Scottish landscape as in some instances service redesign was required on a national basis. The Board noted in terms of the clinical strategy that the SGHSCD were considering whether the Lothian model could be rationalised across the country as there was a need to look at how to deliver services in future. This issue had been discussed at National Chair and Chief Executives meetings in respect of delivering outcomes through excellence by using smaller teams for better results.

64.5 The need to recognise the whole patient journey and primary care components of this was acknowledged. It was reported that the 6 dimensions of quality approach would be a potential means of providing such feedback.

64.6 Mr Walker commented that an end to end approach was needed in respect of delayed discharges and suggested that stating that the lack of care packages was the cause was too simplistic. He advised that the Slater Report had identified issues across the chain and he requested that the outcomes of the report come forward to a future Board meeting as it raised a number of pertinent issues. Mr Walker felt that rather than look at delayed discharges on a silo basis there was a need to get discharge processes in place from the point of admission.

64.7 The Board noted that the Slater Report had been discussed with the Chief Officer of the Edinburgh IJB with there being a need for a small number of key people being identified to agree a forward process in order to use the report meaningfully. It was felt to be important to pause and agree the process. Mr Walker advised he was comfortable for the Edinburgh IJB to help in the process and commented he would be happy to Chair a group of key stakeholders. He felt the will was present to improve upon the current position.

64.8 The Board noted that the Slater Report would be considered in more detail at a future Board meeting. The importance of triangulating data was acknowledged with it being noted that the IJB set aside budget was a territory where all patient flow issues would be related.

64.9 It was acknowledged that addressing the delayed discharge position represented a significant piece of work in different parts of the organisation in order to deliver improved outcomes. The view was expressed that there was a need for clarity around where responsibilities sat between IJBs and the Board. Future Board reports would require assurance that actions were being taken to improve the position.

64.10 The Board agreed the recommendations contained in the circulated paper subject to inclusion of the need to reference the establishment of the Delayed Discharge Working Group and other comments made at the meeting.

65.   NHS Lothian Performance Delivery 2015/16

65.1   The Board noted that a number of the issues reported in the circulated paper had been discussed under other performance reports. It was reported that the paper needed to be recast into the bigger performance report covering the 6 dimensions of quality.

65.2   The Local Delivery Plan Guidance (LDP) for 2016/17 was due imminently and for future years it would be important to reflect the roles of IJBs. It was not anticipated that in 2016/17 there would be a change to the HEAT targets (health improvement, efficiency, access to services and treatment). Consideration would be given on how best to report back to the Board on LDP delivery.

65.3   The Board noted that a midyear review meeting with the SGHSCD would be held on 25 January 2016 and a number of issues would be discussed at this meeting in terms of 2015/16 LDP actions. Update reports were provided to the Board on maternity; GIRFEC (Getting It Right For Every Child) and health visiting: person centred care; complaints and the acute and primary care interface.

65.4   An update was provided to the Board on the move to smoke free hospital grounds. Professor McCallum advised that the position was improving and was part of an ongoing process. All sites were in the process of training managers who would then work with more junior members of staff in order to support the no smoking policy in Lothian. It was noted that new legislation was going through Parliament to address the non public parts of sites.

65.5   The point was made that there would be a need to reflect on changes that would occur as a result of the new national Primary Care contract and the requirement to make sure ongoing work did not create tensions. Linkages with the recently published Out of Hours Report would need to be made. In addition IJBs needed to be engaged through targeted discussions about how to manage the implementation of the new GP contract.

65.6   The Chief Executive commented there was a need to consider the changing role of the Health Board given the emergence of IJBs and the potential impacts for Primary Care in terms of the coordination of services. It was anticipated that the Primary Care contract would remain a Health Board level responsibility. The Board noted that consideration of a raft of IJB issues would be discussed at the next Strategic Planning Committee meeting which would be run on a workshop basis with high level IJB input.

65.7   The Board noted there would be a need to consider IJB strategic plans and directions although the plans were not felt to be sufficiently detailed at the moment. The Chief Executive reported that the Board had a role in responding formally to the IJB strategic plans with the views of the Strategic Planning Committee coming forward for Board approval as part of this mechanism.

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

66. Review of Medical Paediatric Inpatient Services

66.1 The Board were reminded at its meeting on 7 October that it had formally agreed to appoint the Royal College of Paediatrics and Child Health (RCPCH) to review acute medical paediatric services in Lothian and the proposed stakeholder engagement plan. This review would cover services provided at both St Johns Hospital and the Royal Hospital for Sick Children.

66.2 The Board were advised that the RCPCH had been formally appointed and engaged. The agreed process would ensure effective engagement and the model detailed in the paper would ensure effective stakeholder input into the review process.

66.3 The Review process had started on 1 December 2015 and data was being transferred to the RCPCH to allow them to develop an understanding of the model of care and clinical pathway in place for inpatients, primary care and eventual discharge. Mr Crombie commented that he felt that the review process and engagement proposal were credible and commended the process to the Board.

66.4 The point was made that the RCPCH review referred to NHS Trusts with it being noted that it had been some time since they had existed in Scotland. In light of this the question was raised about whether there was confidence that the RCPCH understood the significant differences between paediatric process and provision between England and Scotland. Mr Crombie commented that this omission had been referred back to the RCPCH and telephone contact had been made with them to correlate the Scottish landscape. Mr Crombie was confident that the differences were understood.

66.5 The Board noted in respect of the engagement plan that this included Friends of the Royal Hospital for Sick Children and the St John's Stakeholder Group as well as others. A website would offer opportunities for full and wider engagement to feed into the review process.

66.6 Mr Johnston reminded the Board that he had been keen to ensure that the review process was clinically led and questioned what input would be received from staff on both hospital sites. It was reported that clinical teams had been fully engaged with and data sets were being validated by clinicians themselves. In addition models of care had been agreed and signed off by clinical leadership. It was confirmed that the Webinar System was being utilised.

66.7 The Chairman confirmed that a request from West Lothian Council for the St John's Stakeholder Group to be engaged in the review had been agreed. In addition the Council had requested that a series of public meetings be arranged and this would be fed back to the review team.

66.8 The point was made that the review needed to be comprehensive and the consultation process should include those who might feel disadvantaged. It was confirmed that the Lothian Medical Committee would be consulted and this would include West Lothian GPs. Mr Crombie advised that he would seek advice on whether GPs would welcome a focus group dedicated to their requirements similar to MSPs and this would be open to further consultation and negotiation.

66.9 The Board noted that the review process had been discussed by the Acute Hospitals Committee where the need for engagement with children had been stressed. It was noted that the Area Clinical Forum and St John's Stakeholder Group would ensure children were engaged. The need to include the voices of people from East and Midlothian in the review process was also stressed.

66.10 The Chief Executive commented that the review covered all inpatient facilities for the whole population of Lothian and therefore the views of Pan Lothian GPs would be important. It was reiterated that the review was not focussed on West Lothian but the whole of the Lothian population.

66.11 The Board agreed the recommendations contained in the circulated paper subject to the comments made at the Board meeting being addressed.

67. Financial Position to October 2015 and Year End Forecast

67.1 The Chairman advised that further discussion on the financial outlook for 2016/17 would be considered in more detail in private session later in the day.

67.2 The Board noted that the financial position had been well rehearsed at Board level. Previously the Board had approved a financial plan that demonstrated how balance could be achieved rather than a balanced plan. The Board were advised that currently the system was experiencing difficulties in delivering the financial plan. A detailed work in progress report would be discussed at the Finance and Resources Committee to look at ways of achieving financial balance through a variety of measures which were explained to the Board.

67.3 The Board were advised that the month 7 financial outturn had been disappointing and had represented a £2.75m in month pressure excluding non recurring issues which would impact on the ability to deliver year end financial balance. The Board noted that further additional financial recovery actions were underway. In addition further options were being discussed with the SGHSCD around how to achieve financial balance.

67.4 The Board whilst disappointed about the financial position were supportive of the actions being taken. It was noted that an external exercise looking at data had suggested there was potential to look at private provider costs and the question was raised about how quickly this could happen. Mr Crombie commented that the data used was questionable in the Lothian context as it related to English NHS tariffs. The Lothian cost profile for external use was in the lower quartile and this issue had been discussed at the Acute Hospitals Committee where the need to ensure value for money had been reiterated.

67.5 The Chief Executive commented that in the current year the emphasis has been around not 'boarding' patients and whenever possible not cancelling elective procedures. The rebooking of the elective programme had been put back until 11 January 2016 following the festive break. He reminded the Board that if the system could avoid cancellation of elective procedures then this reduced the reliance on the private sector.

67.6 The Board noted that there remained substantial undelivered recurring local reinvestment plans (LRP) and it was questioned whether this was slippage or

savings that were now not deliverable. Mrs Goldsmith commented that the position was fragile and that the delivery of LRP between now and the year end was her main cause of concern as this was an area outwith her control. She undertook to provide a risk assessed summary of LRP projects as this would be useful in making judgments about the financial plan for the following financial year. It was noted further discussion would be held around this issue in the private session to be held later in the day. The Board noted that NHS Lothian continued to have a £25m NRAC (National Resource Allocation Committee) gap. The point was made that difficult decisions would need to be taken to balance the books for the end of the financial year.

67.7 The Chief Executive reiterated the comments he had made under the paper on the annual review feedback and the opportunity for further discussion at the mid year review meeting with the SGHSCD subject to the outcomes of the November / December financial results. In any event as accountable officer he would be required to formally escalate any deterioration in the financial position to the SGHSCD. In the meantime the SGHSCD had been kept up to date on the position at officer level. The Board were reminded that further consideration of the financial position and actions would be discussed at the December Finance and Resources Committee, the Board Development Session in January 2016 and thereafter at the February 2016 Board meeting.

67.8 The Board noted and agreed the recommendations contained in the circulated paper.

68. Workforce Risk Assessment

68.1 The Board noted that in the previous month the format of the paper had changed to include an update on recruitment within the wider context.

68.2 The Board received an update report in terms of recruitment initiatives around old age rehabilitation psychiatry; Roodlands; Mother and Baby Unit and the Regional Eating Disorders Unit. It was noted that issues around primary care had been discussed in October and were summarised in the paper.

68.3 Attention was drawn to the section in the paper dealing with healthcare science staff who were a very important but often under recognised group of colleagues who's efforts were often hidden from the public and also in respect of being seen as a fulfilling career. Succession planning was difficult because of the complexity of posts and the low numbers of staff. Healthcare science staff would continue to be reported through the Board paper.

68.4 The report recalled that nursing had been extensively discussed at a recent Board Development Session. It was reported in Health Visiting in Midlothian that there were a number of challenges relating to age profile and the impact of special status arrangements. Challenges were being experienced in filling vacancies which had a potential impact on GIRFEC requirements. The Board noted significant work had been undertaken to mitigate the Health Visiting position including the provision of funding from the SGHSCD and NHS Lothian for training. An additional 18 posts had been provided. Vacancies continued to rise particularly in Midlothian. Work was being undertaken corporately with IJBs to consider how best to use the workforce and share risk and manage the workload. Local managers had met with Health

Visitors and partnership colleagues to look at workload and to seek volunteers to move work location to support the areas under most need. An update report would be submitted to the Corporate Management Team (CMT) in December proposing a corporate approach to cover the period the service was under duress.

68.5 It was reported that junior doctors in England had not taken industrial action the previous day although it was reported that a deep malaise was affecting the medical profession. It was suggested that any malaise felt by English doctors was likely to transfer into the Scottish context.

68.6 The Board noted that the agency and bank expenditure profile at St John's Hospital related mainly to psychiatry where it was difficult to recruit to permanent posts and also the provision of paediatric locum spend.

68.7 Assurance was sought in respect of the Midlothian Health Visitor position that children at risk would not be compromised by the current position. Ms Johnson commented that it was for Midlothian to give that assurance.

68.8 The point was made that although the report was comprehensive that their remained concerns about specialties that where difficult to recruit to. The point was made that trainees would be removed at Roodlands Hospital at the weekend at the end of January 2016 which would better meet training and supervision needs and support out of hours services at the Royal Infirmary of Edinburgh at the weekend. It was confirmed that this represented a safe model of care that had been discussed with the Chief Officer of the East Lothian IJB. It was noted in respect of the ever aging population and nursing capacity that people would continue to retire although jobs could change through skill mix and other opportunities. The Board commented it would be useful to have detail around various options to address this conundrum given that many nurses could retire at 55 years of age and because of the stressful nature of frontline work they tended not to stay on but seek alternative employment elsewhere. The same position was true for Health Visitors. There was a national debate underway to address aging workforce issues.

68.9 The point was made that the national out of hours review report provided opportunities around junior doctors and after this had been discussed at the CMT a paper detailing options would be brought back to the Board.

68.10 The Chief Executive commented that issues around Health Visiting and named person legislation issue would be addressed later in the meeting. The point was made that the out of hour's service had been delegated to IJBs with the Board remaining responsible for children's services. Discussion was under way to look at innovative approaches to Health Visiting with there being a need to consider what could be integrated and whether it was possible to use people with different skill sets who might be able to develop into these roles. The point was made however that under the legislation that the named person needed to be a Health Visitor.

68.11 The Board noted that the Healthcare Governance Committee had asked for a paper to be produced for its next meeting providing assurance that patient safety was not being compromised by the current Health Visiting position. The question was raised about whether a process was in place to build up the resilience of the workforce. In response it was agreed this could be looked at for Health Visiting in terms of supervision for Health Visitors in respect of child protection.

68.12   The Board agreed the recommendations contained in the circulated report.

69.   Quality Report

69.1   The Board noted that the quality report overlapped with a number of other items elsewhere on the agenda including Healthcare Associated Infection which would be reported on separately.

69.2   The Board were advised that the previous discussion about refocusing performance reporting would include the quality report as part of this process. It was reported from the current Board report that readmission data was achieving green performance status and this would continue to be monitored. The Patient Experience Programme on all 3 acute sites was reported upon and needed further development. It was noted that the HSMR (hospital standardised mortality rates) figure was reassuring and reflected work undertaken around sepsis, deteriorating patients and cardiac arrests. Update reports were also provided on complaints and stroke performance which was improving.

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

70.   Corporate Risk Register

70.1   The Board were reminded that at the last meeting it had been agreed to include primary care medical staffing on the corporate risk register and that this had been actioned. The Board agreed that following a review process around transport management which had concluded that the risk could not be fully managed at divisional or executive level that this should be reinstated onto the corporate risk register.

70.2   It was noted that the Audit and Risk Committee on 7 December 2015 would discuss what to do about performance that was outwith the risk appetite against objectives and targets. The Chairman commented that this plugged directly into development of overall performance reporting and the review of governance processes. He felt that risk management needed to be directly related to performance management and reporting.

70.3   Dr Williams commented that the primary care workforce should feature as a very high corporate risk and he was unsure whether robust work was being undertaken to mitigate this position. It was noted that the paper would be updated to address what had been put in place in terms of effectively managing risk in this area.

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

71.   Healthcare Associated Infection (HAI) Strategy Improvement Plan and Performance Update

71.1   The Board noted for this meeting that HAI was a discussion item in order to demonstrate to the Board the actions being taken to address the position. It was reported that the Board paper comprised of 3 separate sections with the papers having been discussed in detail at the Healthcare Governance Committee.

71.2   The Board received an update on current performance on staphylococcus aureus bacteraemia where the target was to achieve a rate of 0.24 per 1000 bed days (≤ 184 incidences) by March 2016 with a current achievement rate of 0.30. In respect of clostridium difficile infection the target was to achieve a rate of 0.32 per 1000 bed days (≤ 262 incidences) by March 2016 with a current rate of 0.43 which equated to 207 incidences. In was noted in respect of clostridium difficile that with a fair wind although the target would not be met that the position would represent an improvement on the previous years position. It was noted that infection control leadership had improved since the appointment to the vacant medical position.

71.3   The Board were advised that an unannounced Healthcare Environment Inspectorate visit had occurred earlier in the day at the Royal Hospital for Sick Children the outcome of which would be reported to the Board in due course.

71.4   It was reported that Healthcare Improvement Scotland set out the standards for HAI and NHS Lothian had matched governance, operational work and the improvement plan to these standards as detailed in the report circulated to the Board. An update was provided on ongoing work around the improvement plan to reduce the number of infections across NHS Lothian. It was reported that good general precautions were in place as was the ability to react to specific adverse events.

71.5   The Board were advised in terms of the improvement plan that a lot of collaborative work was underway around issues like data management and there would be a need to continue to support staff to progress these workstreams. Updates were provided around work underway within the Infection Control Advisory Committee and the Scottish Patient Safety Programme.

71.6   The Healthcare Governance Committee were well sighted on HAI issues and received updates on performance. There was a concern despite the obvious input that there was not currently evidence of improvement. The Healthcare Governance Committee had expressed a need to see improvement within 6 months.

71.7   The point was made that the improvement plan still lacked detail about who would take actions and to what timescale with assurances being sought around more specific directions. The report was also felt to lack narrative around areas where performance was not as good as it should be as well as there being no detail behind the activity data. The Board were advised that governance arrangements were moving to a geographical and site based model for Infection Control Committees with significant activity being undertaken at these levels to address the points raised. Ms Johnson commented that actions could be timetabled to reflect the specificity of the new system to provide more granularity.

71.8   Mr Walker commented that he was concerned about the proposal to use the richness of scrutiny by Committee. He noted there had been a number of Board papers coming forward without recognition that issues had been discussed at Committee levels. He felt this was an ongoing generic issue and that Committee discussions should be referenced in Board papers otherwise context would be lost and there might be a disconnect between the minutes of the Board Committees and papers coming forward to the Board. The Chairman suggested that this would play into phase 2 of the governance review in respect of the chain between committees, the Board and IJBs which needed to be clearly defined to provide an audit trail.

71.9   The question was posed to what extent NHS Lothian used self audit as part of its quality assurance process. In response it was advised that a previous Western General Hospital Inspection report had demonstrated that despite having a process in place that the inspection outcome suggested this was less than effective. In response to this NHS Lothian had instituted its own process of unannounced inspections with the outcomes reporting to Mr Crombie and the Acute Senior Management Team. There was evidence that this approach was raising standards particularly in respect of issues raised by the external team. The Board noted this approach was now part of routine business. The Associate Director of Nursing post had been redefined to reflect these requirements.

71.10   The Board agreed the recommendations in the previously circulated paper subject to issues around the granularity of data being addressed and issues about linkages with discussions at Board committees being expanded and explained in future papers (this was a generic issue and not specific to HAI).

72.   Getting it Right for Ever Child (GIRFEC) – Update & Scottish Government Progress Update

72.1   The Board noted that the issues around Health Visiting challenges which had been discussed earlier in the agenda were pertinent in this area. It was reported in respect of GIRFEC that the named person for children needed to be a Health Visitor. Vacancies and recruitment to these posts remained fluid with discussions ongoing with the 4 IJBS to manage the position and future provision. The Board were advised that a meeting with the Chief Nursing Officer of the SGHSCD had been arranged to discuss further. The Board were reminded that at the previous development session nursing workforce issues had been discussed in detail. The paper before the Board set out a process of how to move forward with work in this area and the local action plans which needed updated to confirm milestones and pathways of action by whom and when. Issues around Health Visiting availability had already been highlighted at the NHS Lothian Risk Management Committee and raised with the SGHSCD to minimise disruption in complying with the GIRFEC requirements.

72.2   In terms of the impact of inequality there was a concern that resources could be spent that did not result in a reduction in inequalities for children and families particularly in respect of looked after accommodated children in poor and deprived areas. It was noted that the focus of Health Visitors should be in areas where there was anxiety about the spread and depth of workload. The suggestion was made that there was a need to focus wider around social care, education and community planning. It was noted that work around child and adolescent mental health services was already addressing such issues.

72.3   The importance of ensuring that children had a comprehensive and structured assessment by an appropriately qualified member of staff was stressed to avoid missing issues that might subsequently prove to be important. It was estimated that between 25 – 30% of children were not ready to start school at the prescribed age.

72.4   The suggestion was made that resources provided by the SGHSCD should be used to make Health Visiting posts more attractive by making core aspects more desirable. It was noted that the grading of Health Visitor posts was an issue and

was different from the position in England. The Board noted the benefits of working locally through Community Planning Partnerships.

72.5   The Board agreed the recommendations contained the circulated paper.

73.   Integration and Governance of Children's Services in NHS Lothian

73.1   The Board were advised that the paper was before them to note the Governance arrangements around children's services in NHS Lothian. It was noted that there were different arrangements in place for different areas. As previously discussed Health Visiting would require a pan Lothian approach with robust governance needed through the proposed interim corporate management approach. The point was made as arrangements developed it would be important the Board was kept updated and aware of its changing responsibilities.   Through the CAMHS discussions there had been a proposal that the service might locate to the Royal Hospital for Sick Children when it moved to Little France. Discussions would continue on how this would happen.

73.2   The Board noted the paper and took assurance from the Governance arrangements in place.

74.   Integration of Children's Services in Midlothian

74.1   The Board noted that the circulated paper advised of the proposed development of closer partnership working between NHS Lothian and Midlothian Council Education and Children's Services.

74.2   The Board noted that Midlothian Council had previously restructured itself following an adverse report around Children's Services and Councillor Johnston was keen not to lose the benefit of these arrangements.

74.3   The Board noted and agreed the recommendations contained in the circulated paper and in particular the proposal not to seek to include Children's Services in the integration arrangement in Midlothian.

75.   Date and Time of Next Meeting

75.1   The next meeting of the Board would be held between 9.30am – 12.30pm on Wednesday 3 February 2016 in the Board Room, Waverley Gate, 2-4 Waterloo Place, Edinburgh EH1 3EG.

76.   Invoking Standing Order 4.8

76.1   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.

Action Required	Lead	Due Date	Action Taken	Outcome
Workforce Risk Assessment				
• Further consideration is needed in a future paper around overall developments, staffing, culture & values and their impact on individual areas including service redesign.	**AB**	Autumn 2014	*This work will be undertaken in the HR&OD Strategy which will come to the Board following consideration by the Staff Governance Committee.*	**In progress**
• The Medical Director and Director of Human Resources & Organisational Development would take away the points raised and come back with proposals about how scope the job offer to candidates to make the posts as attractive as possible.	**AB/DF**	TBC	*A paper on recruitment will be discussed at the Staff Governance Committee and then taken to the Board*	**In Progress**
Financial Position				
• Finances / LRP to be discussed at a future development session.	**SG**	Ongoing	*Further detailed review and discussion at F & R Committee and future Board Development Sessions.*	**In progress**
Integration Update (25/06/14)				
• Update report to future Board meetings.	**AMcM**	Ongoing		
			Regular reports provided to the Board	
Revised Corporate Communications Strategy (25/06/14)				
• Arrange further discussion either at a development session or at a future Board meeting.	**AB**	Ongoing	*Paper to future Board meeting.*	
Delayed Discharges (05/08/2015)				
• 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		

Action Required	Lead	Due Date	Action Taken	Outcome
Consent Agenda (05/08/2015)				
• Bring forward proposals for a review of the Consent Agenda process.	**BH**	September 2015	*Process of evaluation underway*	
Review of Medical Paediatric Inpatient Services (02/12/2015)				
	JC	Mid 2016	*Update reports to Board future meetings*	
Workforce Risk Assessment (02/12/2015)				
• The Slater Report to be considered in more detail at a future Board meeting.	**AMcM/JC**			
Review of Medical Paediatric Inpatient Services (05/08/2015)				
• The national Out of Hours Review Report would be discussed at the Corporate Management Team and thereafter brought back to the Board.	**JC**	Mid 2016	*Update reports to Board future meetings*	

NHS LOTHIAN

Board Meeting
3 February 2016

Director of Finance

SUMMARY PAPER – REVIEW OF STANDING FINANCIAL INSTRUCTIONS

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

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

• The purpose of this report is to invite the Board to review and approve the attached revised Standing Financial Instructions ("SFIs"). The Board has within its Standing Orders reserved the authority to approve its SFIs. The Board approved the current SFIs in November 2012 and this is its scheduled review	1.1
• Relevant managers and other employees within a direct role in carrying out specific sections of the SFIs, as well as colleagues from local authorities on the integration working group were asked to review the content as part of this exercise. The Audit & Risk Committee reviewed the revised draft on 2 December and agreed that the changes were appropriate. Following the Committee's meeting, the draft was placed on the policy consultation zone to give the wider organisation a final opportunity to comment, and this elicited further feedback which has been fed into this final draft. The Deputy Director of Finance, Director of Finance and the Chair of the Audit & Risk Committee have all confirmed that they are content with the final amendments.	7.1
• In terms of practical effect the most significant change is due to the Public Bodies (Joint Working) (Scotland) Act 2014 and the establishment of the Integration Joint Boards. The Board is required, as part of its annual financial planning process, to make a "payment" to and set aside resources for each integration joint board. The integration joint board will thereafter issue directions to the Board to implement is strategic plan, and those directions will be accompanied with the financial resources to do so. Additional text has been added to Sections 1, 2, 5 and 8 of the SFIs to recognise the Act.	3.2
• Further miscellaneous amendments have been made as a result of this review, to improve the clarity, quality and currency of the SFIs.	3.3-3.7
• It is recommended that the Board approve these revised SFIs.	2.1

Alan Payne
Corporate Governance Manager
12 January 2016
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NHS LOTHIAN

Board Meeting
3 February 2016

Director of Finance

REVIEW OF THE STANDING FINANCIAL INSTRUCTIONS

1   Purpose of the Report

1.1   The purpose of this report is to invite the Board to review and approve the attached revised Standing Financial Instructions ("SFIs"). The Board has within its Standing Orders reserved the authority to approve its SFIs.   The Board approved the current SFIs in November 2012 and this is its scheduled review.

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

2   Recommendations

         The Board is recommended to:

2.1   Review and approve the attached SFIs for implementation with immediate effect.

3   Discussion of Key Issues

3.1   The Corporate Governance Manager started the review of the SFIs on 7 October, by allocating each section to the relevant managers and providing guidance on matters to be considered.

3.2   In terms of practical effect the most significant change is due to the Public Bodies (Joint Working) (Scotland) Act 2014 and the establishment of the Integration Joint Boards. The Board is required, as part of its annual financial planning process, to make a "payment" to and set aside resources for each Integration Joint Board. The Integration Joint Board will thereafter issue directions to the Board to implement is strategic plan, and those directions will be accompanied with the financial resources to do so. Additional text has been added to Sections 1, 2, 5 and 8 of the SFIs to recognise the Act.

3.3   Following discussion with the Associate Director of Procurement, Section 7 (non-pay expenditure) has been amended to clear up a matter which was causing confusion in practice. It is standard practice for the Board (and other NHS Boards) to undertake competitive tendering for all supplies of £50,000 and over. If for whatever reason it is decided not to invite competitive tenders for such supplies, then the tender waiver process should apply.

3.4   The current section on tender waivers effectively implies that there is a requirement to place all supplies over £25,000 to competitive tender. Consequently supplies between £25,000 and £49,999 are getting unnecessarily drawn into the tender waiver provisions.

3.5	The Associate Director of Procurement has advised that the decision as to what to do for supplies for £25,001-£49,999 is a matter of professional judgement, where consideration is given to the type of supply and the associated risks. They may run a competitive tender for high risk supplies, as the tender process will naturally produce a robust contract on the Board's terms. To address this matter a new paragraph has been added at 7.16 directing employees simply to contact procurement, and the waiver section has been amended to clarify it only relates to supplies over £49,999.

3.6	The sections on internal audit (3) and external audit (4) have been substantively revised. The revised text better reflects what happens in practice rather than making any changes to practice.

3.7	In addition to the above some further minor edits have been made throughout the SFIs. These types of edits are routinely generated by this type of review and, essentially have been made to improve the quality of the text and to reflect current terminology and practice.

## 4	Key Risks

4.1	The Board's is required to have a set of SFIs. If the SFIs do not adequately reflect what needs to happen, then the Board may not effectively discharge its responsibilities for financial governance.

## 5	Risk Register

5.1	There is no entry on a risk register as this review has proceeded as scheduled.

## 6	Impact on Inequality, Including Health Inequalities

6.1	The content of the SFIs, and the proposed changes to them, have no identifiable specific impact on a particular group or groups of people which would require an integrated impact assessment to be carried out.

## 7	Involving People

7.1	Relevant managers and other employees within a direct role in carrying out specific sections of the SFIs, as well as colleagues from local authorities on the integration working group were asked to review the content as part of this exercise. The Audit & Risk Committee reviewed the revised draft on 2 December and agreed that the changes were appropriate. Following the Committee's meeting, the draft was placed on the policy consultation zone to give the wider organisation a final opportunity to comment, and this elicited further feedback which has been fed into this final draft. The Deputy Director of Finance, Director of Finance and the Chair of the Audit & Risk Committee have all confirmed that they are content with the final amendments.

## 8	Resource Implications

8.1	There are no resource implications to making these amendments, other than potentially benefits to productivity from keeping the content relevant.

Alan Payne
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12 January 2016
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Appendix 1: Proposed Revised Standing Financial Instructions

Appendix 3 to the NHS Lothian Standing Orders

STANDING FINANCIAL INSTRUCTIONS

CONTENTS

1 INTRODUCTION

General

1.1 These Standing Financial Instructions (SFIs) form part of the NHS Lothian Standing Orders.

1.2 The SFIs explain the financial responsibilities to be observed by Lothian NHS Board ("the Board") and its employees. They cover all activities, including when the Board is carrying out functions as directed by the integration joint boards that it is a constituent authority of. The SFIs should be used with the Standing Orders and the Scheme of Delegation (Annex 4 of the Standing Orders).

1.3 The principles underlying this document are:-

    1.3.1 The Board shall carry out its functions in line with relevant law and shall also comply with any Directions or guidance issued by the Scottish Ministers and comply with integration joint board directions.

    1.3.2 The Board shall conduct its activities in an open and accountable manner. Its activities and performance will be auditable.

    1.3.3 The Board shall perform its activities within the available financial resources.

    1.3.4 The Board shall conduct its activities in a manner that is cost effective and demonstrably secures value-for-money.

1.4 To achieve the above, _**all**_ employees must observe these SFIs and the above principles.

1.5 For budget holders and their staff, this will mean:-

    1.5.1 Agreeing their budget, and performing their duties strictly within that budget.

    1.5.2 Following all of the Board's approved policies and procedures.

    1.5.3 Acting within their levels of delegated authority.

1.6 Failure to comply with these SFIs is a disciplinary matter, which could result in dismissal.

1.7 The Director of Finance shall:-

    1.7.1 Approve all financial procedures and working practices.

    1.7.2 Provide advice and support where there is any difficulties regarding the interpretation or application of the SFIs.

Terminology

    1.7.3   "NHS Lothian" means all elements of the NHS under the auspices of Lothian NHS Board.

    1.7.4   "Board" and "Health Board" mean Lothian NHS Board, the common name of Lothian Health Board.

    1.7.5   "Budget" means a resource, expressed in financial terms, proposed by the Board for the purpose of carrying out, for a specific period, any or all of the functions of the Health Board.

    1.7.6   "Budget Holder" means the director or employee with delegated authority to manage finances (Income and Expenditure) for a specific area of the organisation.

    1.7.7   "Chief Executive" means the chief officer of the Health Board.

    1.7.8   "Director of Finance" means the chief financial officer of the Health Board.

    1.7.9   "Legal Adviser" means the properly qualified person appointed by the Health Board to provide legal advice.

    1.7.10   "Integration Joint Board" means a public body created under Section 9 of the Public Bodies Joint Working (Scotland) Act 2014, which the Board has delegated some functions to through an integration scheme.

    1.7.11   "Integration functions" mean the functions that the Health Board has delegated to an Integration Joint Board through the relevant integration scheme.

    1.7.12   "Integration Scheme" means the scheme prepared by the Health Board and the local authority, and approved by the Scottish Ministers, for the local authority area under Section 1(2) of the Public Bodies Joint Working (Scotland) Act 2014.

    1.7.13   "Edinburgh and Lothians Health Foundation" is the common name for registered charity called The Lothian Health Board Endowment Fund. The members of the Board are trustees of the charity, and it is administered under the relevant sections of the National Health Service (Scotland) Act 1978 and in line with the Charities and Trustee Investment (Scotland) Act 2005.   The trustees are responsible for the general control and management of the charity, and they do so at arms-length from the conduct of the business of the Board.

1.8   Wherever the title Chief Executive, Director of Finance, or other nominated officer is used in these instructions, it shall be deemed to include anyone who has been authorised to represent them.

1.9   Wherever the term "employee" is used and where the context permits it shall be deemed to include employees of third parties contracted to the Health Board when

acting on behalf of the Health Board, e.g. agency staff, locums, employees of service providers.

1.10   All budget holders shall be provided with a summary of these SFIs with instructions as to where the full version can be located. Budget holders are expected to comply with the SFIs whilst discharging their responsibilities and to ensure that employees in their area of responsibility are aware of the SFIs, and how the SFIs affect the conduct of their duties.

1.11   The Board shall review these SFIs no longer than 3 years after the date of their approval.

2 KEY RESPONSIBILITIES FOR FINANCIAL GOVERNANCE

The Board & The Audit & Risk Committee

2.1   The Board shall approve these SFIs and the Scheme of Delegation.

2.2   The Board shall ensure and be assured that the SFIs and Scheme of Delegation are complied with at all times.

2.3   The Board shall agree the terms of reference for the Audit & Risk Committee which, amongst other things, shall include:-

2.3.1   Overall assurance on corporate governance, internal control and risk management, including regularly reviewing these SFIs and the Scheme of Delegation, and make a recommendation to the Board for their approval.

2.3.2   Financial reporting.

2.3.3   The internal audit and external audit functions.

2.4   The Audit & Risk Committee's terms of reference shall conform with extant Scottish Government instructions and other guidance on good practice.

2.5   The Board shall perform its functions within the total funds allocated by the Cabinet Secretary.

The Chief Executive (Accountable Officer)

2.6   The Chief Executive is the Accountable Officer for the organisation. As such, the Chief Executive is responsible and accountable for funds entrusted to the Board and is accountable, through NHS Scotland's Principal Accountable Officer, to the Scottish Parliament. This responsibility is detailed in the Accountable Officer memorandum.

2.7   The Chief Executive has overall executive responsibility for the Board's activities, and shall ensure that the Board's meets its financial targets.

2.8   The Chief Executive shall ensure that an integration joint board shall have such information as it may reasonably require for the purposes of:

a)   Preparing its Strategic Plan or a replacement Strategic Plan
b)   Carrying out a review of the effectiveness of its Strategic Plan
c)   Preparing its Performance Report
d)   Determining whether to give a direction to the Board, and what the content of that direction should be.
e)   To provide information as may be required by the content of a particular direction.

2.9   The Chief Executive shall ensure that all directors and relevant employees are notified of and understand their responsibilities within these SFIs.

The Director of Finance

2.10   The Director of Finance shall:-

2.10.1   implement the Board's financial policies and co-ordinate any action necessary to further those policies;

2.10.2   maintain an adequate and effective system of internal financial control. This shall include developing and implementing financial procedures that are consistent with the principles of internal control;

2.10.3   ensure that sufficient records are kept to show and explain the Board's transactions, and carry out its statutory duties;

2.10.4   be able to present the financial position of the Board, with reasonable accuracy, at any time;

2.10.5   provide financial advice to the Board and its directors and employees; and

2.10.6   propose accounting policies consistent with Scottish Government and Treasury guidance, financial reporting standards, and generally accepted accounting practice.

2.11   On behalf of the Chief Executive, the Director of Finance is also responsible for:-

2.11.1   ensuring arrangements are adequate to review, evaluate and report on the effectiveness of internal control including the establishment of an effective internal audit function (in accordance with the internal audit standards applicable to NHS bodies and the Scottish Government's Audit Committee Handbook); and

2.11.2   designating an officer as the Fraud Liaison Officer to work with NHS Scotland Counter Fraud Services and co-ordinate the reporting of frauds and thefts.

2.12   The Director of Finance is entitled without necessarily giving prior notice to require and receive:-

2.12.1   access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature;

2.12.2   access at all reasonable times to any land, premises or employee of the health board;

2.12.3   the production of any cash, stores or other property of the health board under an employee's control; and

2.12.4   explanations concerning any matter under investigation.

All Directors and Employees

2.13   All directors and employees, individually and working together, are responsible for:

2.13.1   Keeping the property of the Board secure, and to apply appropriate routine security practices as may be determined by the Board. This includes:-

a.   ensuring that the assets within their area of responsibility are included within the appropriate asset register (see Section 9);

b.   ensuring that asset records/registers are kept up-to-date;

c.   performing verification exercises to confirm the existence and condition of the assets, and the completeness of the appropriate asset register; and

d.   following any prescribed procedures to notify the organisation of any theft, loss or damage to assets.

2.13.2   avoiding loss;

2.13.3   securing Best Value in the use of resources; and

2.13.4   following these SFIs and any other policy or procedure that the Board may approve.

2.14   All budget holders shall ensure that:-

2.14.1   the Director of Finance receives all information that is required to prepare budgets;

2.14.2   budgets are only used for their stated purpose; and

2.14.3   budgets are never exceeded.

2.15   When a budget holder expects his expenditure will exceed his delegated budget, he must secure an increased budget, or seek explicit approval to overspend before doing so.

2.16   All NHS staff who commit NHS resources directly or indirectly must be impartial and honest in their conduct of business and all employees must remain beyond suspicion.

2.17   All employees shall observe the requirements of MEL (1994) 48, which sets out the Code of Conduct for all NHS staff. There are 3 crucial public service values which underpin the work of the health service:-

2.17.1   **Conduct**

There should be an absolute standard of honesty and integrity which should be the hallmark of all personal conduct in decisions affecting patients, staff and suppliers; in the use of information acquired in the course of NHS duties; in dealing with the assets of the NHS.

2.17.2 Accountability
Everything done by those who work in the NHS must be able to stand the test of parliamentary and public scrutiny, judgements on propriety and professional codes of conduct.

2.17.3 Openness
The Board should be open about its activities and plans so as to promote confidence between the component parts of NHS Lothian, other health organisations and its staff, patients and the public.

2.18   All employees shall:-

    2.18.1   ensure that the interest of patients remain paramount at all times;

    2.18.2   be impartial and honest in the conduct of their official business;

    2.18.3   use the public funds entrusted to them to the best advantage of the service, always ensuring value for money; and

    2.18.4   demonstrate appropriate ethical standards of personal conduct.

2.19   Furthermore all employees shall not:-

    2.19.1   abuse their official position for the personal gain or to the benefit of their family or friends;

    2.19.2   undertake outside employment that could compromise their NHS duties; and

    2.19.3   seek to advantage or further their private business or interest in the course of their official duties.

2.20   The Director of Finance shall publish supplementary guidance and procedures to ensure that the above principles are understood and applied in practice.

2.21   The Board shall approve a Code of Conduct for Board members, in accordance with the Ethical Standards in Public Life Act (2000). An integration joint board will also have its own Code of Conduct made under that Act, and any Board members or employees appointed to an integration joint board shall be required to observe that Code.

2.22   The Chief Executive shall establish procedures for voicing complaints or concerns about misadministration, breaches of the standards of conduct, suspicions of criminal behaviour (e.g. theft, fraud, bribery) and other concerns of an ethical nature.

2.23   All employees must protect themselves and the Board from any allegations of impropriety by seeking advice from their line manager, or from the appropriate contact point, whenever there is any doubt as to the interpretation of these standards.

3   INTERNAL AUDIT

3.1   Internal auditing is an independent, objective assurance and consulting activity designed to add value and improve the Board's operations. It helps the Board accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes.

3.2   A panel chaired by a non-executive Board member, preferably the Chair of the Audit & Risk Committee, shall select and appoint the Chief Internal Auditor. The Chair of the Audit & Risk Committee shall approve the composition of the panel. The Chief Internal Auditor shall lead the Board's internal audit function, and be responsible for appointments to the internal audit team.

3.3   The Chief Internal Auditor shall ensure that the internal audit function operates in accordance with the Public Sector Internal Audit Standards (PSIAS), and shall provide assurance, at least annually, to the Audit & Risk Committee that this is being achieved.

3.4   While maintaining independence, the Chief Internal Auditor's management reporting line is to the Director of Finance, who will undertake the Chief Internal Auditor's performance appraisal. Every year, the Chief Executive, Director of Finance and Chief Internal Auditor will review the management reporting line to assess whether the independence of the internal audit function remains intact. The Chief Internal Auditor shall report the results of this review to the Audit & Risk Committee. If necessary, the Chief Executive shall revise the Chief Internal Auditor's management reporting line to ensure independence is maintained.

3.5   All employees shall, at the request from the Chief Internal Auditor or another member of the internal audit function, provide:-

3.5.1   access to all records, documents, correspondence or information relating to any transactions or matters, including documents of a confidential nature;

3.5.2   access at all reasonable times to any land, premises or employee of the health board;

3.5.3   the production of any cash, stores or other property of the health board under an employee's control; and

3.5.4   explanations concerning any matter under review or investigation.

3.6   The Audit & Risk Committee shall normally invite the Chief Internal Auditor to attend Audit & Risk Committee meetings and any of its sub-committees. The Chief Internal Auditor shall have direct right of access to all Audit & Risk Committee members, the Chairman, NHS Board and the Chief Executive. The Chief Internal Auditor has the right to meet in private with any of these individuals.

3.7   The Chief Internal Auditor shall prepare a risk-based Strategic Internal Audit Plan and an Internal Audit Charter for consideration and approval by the Audit & Risk Committee before the start of the audit year.

3.8   The Chief Internal Auditor shall issue a draft terms of reference for consideration by the lead executive (Audit Sponsor) and the relevant operational staff for the area under review (key contacts) before each audit. These shall set out the scope, objectives, resources and timescales for the audit. The Chief Internal Auditor shall give the sponsor and key contacts adequate time to consider and respond to the draft terms of reference before it is finalised. After that time, the Chief Internal Auditor may elect to finalise the terms of reference. The Chief Internal Auditor shall issue the final terms of reference before the start of the audit fieldwork.

3.9   The Chief Internal Auditor shall issue the draft report for an audit to the audit sponsor, and the audit sponsor shall have two weeks to provide a response. The sponsor, or his or her representative, should respond either in writing or during a close-out meeting with Internal Audit. If an appropriate response is not received, the Chief Internal Auditor may elect to present the report without a response to the Audit & Risk Committee.   The Chief Internal Auditor shall develop an operational procedure for the distribution of all final reports, which will ensure that the Board's external auditor receives a copy of every report.

3.10   Management are responsible for ensuring that appropriate internal control systems exist within their own area (or parts thereof), and for deciding whether or not to accept and implement internal audit findings and recommendations. Where internal audit recommendations are not accepted, the audit sponsor should provide a comprehensive explanation to the Audit & Risk Committee, normally as part of the management response within the associated internal audit report.

3.11   Management must address issues raised in audit reports by the agreed target dates. The Chief Internal Auditor shall follow-up on the completion of management actions, and provide the Audit & Risk Committee with a progress report at each meeting setting out completion rates. The Audit & Risk Committee may invite the audit sponsor to attend meetings to respond to queries relating to outstanding internal audit recommendations for their area.

3.12   The Chief Internal Auditor shall prepare an Annual Internal Audit Report, in line with Public Sector Internal Audit Standards and any relevant Scottish Government directions, and present it to the Audit & Risk Committee to inform its review of the draft Governance Statement.

4   EXTERNAL AUDIT

4.1   The Auditor General for Scotland appoints the external auditor to the Board..

4.2   The appointed external auditor shall conduct their duties in line with what is required by law and Audit Scotland's Code of Audit Practice.

4.3   All employees are to provide the external auditor:

- ❖ Access at all reasonable times to any documents or information that the Board holds; and
- ❖ Any assistance, explanation, or information as the external auditor considers necessary

4.4   The Director of Finance shall prepare accounts and make arrangements to provide any information that the external auditor may require, so as to support the efficient conduct of the external audit.

4.5   The Audit & Risk Committee shall:

- ❖ Approve the remuneration of the external auditors within the range that Audit Scotland has set
- ❖ Examine any reason for the resignation or dismissal of the external auditor
- ❖ Review and confirm the external auditor's strategy and plans
- ❖ Receive and review the outputs from the work of the external auditor.
- ❖ Ensure that the external auditor has direct access to the Board Chairman and the Chair of the Audit & Risk Committee.
- ❖ Meet the external auditor once a year without the presence of management
- ❖ Annually appraise the performance of the external auditor and provide the results to Audit Scotland.
- ❖ Receive assurance that the external auditor has arrangements in place to maintain their independence and objectivity. This should include consideration as to whether any of the audit staff have any business interest with Lothian Health Board, or personal relationships with any of the Board employees, which could compromise independence and objectivity.
- ❖ If required, develop and recommend to the Board a policy on the provision of non-audit services by the external auditor. The Committee will also set out in its annual report whether such services have been provided during the year.

4.6   In the event that there is a problematic working relationship between the external auditor and the Board, the Chair of the Audit & Risk Committee shall advise the Board of the circumstances.

5   FINANCIAL MANAGEMENT

This section applies to both revenue and capital budgets.

Planning

5.1   The Scottish Government has set the following financial targets for all boards:-

5.1.1   To operate within the revenue resource limit.

5.1.2   To operate within the capital resource limit.

5.1.3   To operate within the cash requirement.

5.2   The Chief Executive shall produce a Local Delivery Plan. The Chief Executive shall submit a Plan for approval by the Board that takes into account financial targets and forecast limits of available resources. The Local Delivery Plan shall contain:-

5.2.1   a statement of the significant assumptions within the Plan; and

5.2.2   details of major changes in workload, delivery of services or resources required to achieve the plan.

5.3   Before the financial year begins, the Director of Finance shall prepare and present a financial plan to the Board. The report shall:-

5.3.1   show the total allocations received from the Scottish Government and their proposed uses, including any sums to be held in reserve;

5.3.2   be consistent with the Local Delivery Plan;

5.3.3   be consistent with the Board's financial targets;

5.3.4   identify potential risks;

5.3.5   identify funding and expenditure that is of a recurring nature; and

5.3.6   identify funding and expenditure that is of a non-recurring nature.

5.3.7   identify the proposed payments to each integration joint board for its integration functions; and

5.3.8   identify the proposed amounts which are to be set aside for each integration joint board for the integration functions carried out in large hospitals

5.4   The Director of Finance shall calculate the payments and set-aside for each integration joint board in line with the process described in the relevant integration scheme.

5.5   The Health Board shall approve the financial plan for the forthcoming financial year.

5.6   The Health Board shall approve the payments and set-aside for each integration joint board and the associated schedule of payments for the forthcoming financial year, in line with its financial plan.

5.7   Upon receipt of directions from the integration joint boards, the Director of Finance shall assess whether the effect of those directions requires a change to the financial plan.

5.8   The Director of Finance shall continuously review the financial plan, to ensure that it meets the Board's requirements and the delivery of financial targets.

5.9   The Director of Finance shall regularly update the Board on significant changes to the allocations and their uses.

5.10   The Director of Finance shall monitor the expenditure incurred in carrying out integration joint board directions against the funding given with each direction. The Director of Finance shall follow the processes described in the finance section of each integration scheme for any issues that may arise, and the results will inform the financial planning process for the following year.

5.11   The Director of Finance shall establish the systems for identifying and approving how the Board's capital allocation will be used. The approval of business cases shall be as described in the Scheme of Delegation.

5.12   The Director of Finance shall release capital funds allowing for project start dates and phasing.

Budgetary Control

5.13   The Board shall approve the opening budgets for each financial year on an annual basis. The Director of Finance shall review the directions of the integration joint boards. In the event that this review identifies a need to revise the opening budgets, then the Director of Finance shall present the revised opening budgets to the Board for approval.

5.14   The Chief Executive shall delegate the responsibility for budgetary control to designated budget holders. The Scheme of Delegation sets out the delegated authorities to take decisions and approve expenditure for certain posts.

5.15   Employees shall only act on their delegated authority when there is an approved budget in place to fund the decisions they make.

5.16   Delegation of budgetary responsibility shall be in writing and be accompanied by a clear definition of:-

        5.16.1 the amount of the budget;

        5.16.2 the purpose(s) of each budget heading;

5.16.3   what is expected to be delivered with the budget in terms of organisational performance; and

5.16.4   how the budget holder will report and account for his or her budgetary performance.

5.17   The Chief Executive may agree a virement procedure that would allow budget holders to transfer resources from one budget heading to another.

5.18   If the budget holder does not require the full amount of the budget delegated to him for the stated purpose (s), and virement is not exercised, then the amount not required shall revert back to the Chief Executive.

5.19   The Director of Finance shall devise and maintain systems of budgetary control. These will include:-

5.19.1   monthly financial reports to the Board in a form approved by the Board containing:-

a. net expenditure of the Board during the previous month and for the financial year-to-date; and
    on a quarterly basis, a forecast of the Board's expected net expenditure for the remainder of the year.

b. movements in working capital;

c. capital project spend and projected outturn against plan;

d. explanations of any material variances from plan;

e. details of any corrective action where necessary and the Chief Executive's and/or Director of Finance's view of whether such actions are sufficient to correct the situation;

5.19.2   the issue of timely, accurate and comprehensible advice and financial reports to each holder of a budget, including those responsible for capital schemes, covering the areas for which they are responsible;

5.19.3   investigation and reporting of variances from agreed budgets;

5.19.4   monitoring of management action to correct variances; and

5.19.5   ensuring that adequate training is delivered on an on-going basis to budget holders.

Monitoring

5.20   The Chief Executive shall submit any required monitoring forms to the Scottish Government.

5.21   The Director of Finance shall provide monthly reports in the form requested by the Cabinet Secretary showing the charge against the Board's resource limit on the last day of each month.

6   PAY EXPENDITURE

Funded Establishment

6.1   The manpower plans incorporated within the annual budget will form the funded establishment.

6.2   The funded establishment of any department may not be varied without the approval of the Chief Executive, or without the application of any control procedure that the Board may put in place.

6.3   Only the Remuneration Committee can vary the establishment for posts directly accountable to the Chief Executive.

6.4   The Board shall follow national policy, procedures and guidance for the determination of commencing pay rates, conditions of service, etc, for employees.

Staff Appointments

6.5   The term staff appointment can mean to engage, re-engage, or re-grade employees, either on a permanent or temporary nature, or agree to changes in any aspect of remuneration. The engagement of agency staff shall only occur in accordance with procedures established by the Board.

6.6   A director or employee may make a staff appointment if:-

   6.6.1   the organisation's approved procedures permits the person to do so; or

   6.6.2   the Remuneration Committee has approved the appointment (for posts directly accountable to the Chief Executive)

   and

   6.6.3   the appointment is within the limit of his approved budget and funded establishment.

Processing of Payroll

6.7   The Director of Finance is responsible for:-

   6.7.1   specifying timetables for submission of properly authorised time records and other notifications;

   6.7.2   the final determination of pay;

   6.7.3   making payment on agreed dates; and

   6.7.4   agreeing method of payment.

6.8   The Director of Finance shall issue instructions regarding:-

6.8.1   verification and documentation of data;

6.8.2   the timetable for receipt and preparation of payroll data and the payment of employees;

6.8.3   maintenance of subsidiary records for superannuation, income tax, national insurance and other authorised deductions from pay;

6.8.4   security and confidentiality of payroll information;

6.8.5   checks to be applied to completed payroll before and after payment;

6.8.6   authority to release payroll data under the provisions of the Data Protection Act;

6.8.7   methods of payment available to various categories of employee;

6.8.8   procedures for payment by cheque, bank credit, or cash to employees;

6.8.9   procedures for the recall of cheques and bank credits;

6.8.10   pay advances and their recovery;

6.8.11   verification, authorisation and payment of expenses;

6.8.12   maintenance of regular and independent reconciliation of pay control accounts; and

6.8.13   a system to ensure the recovery from leavers of sums of money and property due by them to the Health Board.

6.9   Nominated managers shall have delegated responsibility for:-

6.9.1   completing and submitting payroll documentation, and other notifications in accordance with agreed timetables and any instructions from the Director of Finance; and

6.9.2   completing and submitting termination forms in the prescribed form immediately upon knowing the effective date of an employee's resignation, termination or retirement. Where an employee fails to report for duty in circumstances that suggest they have left without notice, the Director of Finance must be informed immediately.

6.10   Regardless of the arrangements for providing the payroll service, the Director of Finance shall ensure that the chosen method is supported by appropriate (contracted) terms and conditions, adequate internal controls and audit review procedures and that suitable arrangements are made for the collection of payroll deductions and payment of these to appropriate bodies.

Contracts of Employment

6.11   The Board shall delegate responsibility to the Director of Human Resources and Organisational Development for:-

6.11.1   ensuring that all employees are issued with a contract of employment in a form approved by the Board and which complies with employment legislation and any extant national NHS policies; and

6.11.2   dealing with variations to, or termination of, contracts of employment.

7   NON-PAY EXPENDITURE

7.1   This section shall apply to both revenue and capital expenditure.

Choice, Requisitioning, Ordering, Receipt and Payment for Goods and Services

7.2   The Chief Executive shall designate a senior officer as the lead senior officer for procurement, and this person shall oversee the procurement of goods and services, to ensure there is an adequate approval of suppliers and their supplies based on cost and quality.

7.3   NSS National Procurement shall undertake procurement activity on a national basis on behalf of all NHS boards, and the Board shall implement these nationally negotiated contracts.

7.4   The Board shall operate within the processes established for the procurement of publicly funded construction work, Frameworks Scotland.

7.5   The Board shall comply with Public Contracts (Scotland) Regulations 2012 (and any subsequent relevant legislation) for any procurement it undertakes directly.

7.6   The Director of Finance shall be responsible for the prompt payment of accounts and claims. Payment of contract invoices shall be in accordance with contract terms, or otherwise, in accordance with national guidance.

7.7   All other aspects of procurement activity must follow the requirements of these Standing Orders and SFIs. The Board must approve any decision to depart from the requirements of this section.

7.8   The lead senior officer for procurement shall:-

7.8.1   Advise the Board regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained in accordance with the Public Contracts (Scotland) Regulations, as issued annually through Scottish Statutory Instrument.

7.8.2   Prepare comprehensive procedures for all aspects of procurement activity.

7.9   The following basic principles shall be generally applied:-

7.9.1   procurement activity satisfies all legal requirements;

7.9.2   adequate contracts are in place with approved suppliers for the supply of approved products and services;

7.9.3   Segregation of duties is applied throughout the process;

7.9.4   Adequate approval mechanisms are in place before orders are raised;

7.9.5   All deliveries are checked for completeness and accuracy, and confirmed before approval to pay is made; and

7.9.6   All payments made are in accordance with previously agreed terms, and what the Board has actually received.

7.10   All procurement on behalf of the Board must be made on an official order.   Official Orders must:-

7.10.1   be consecutively numbered;

7.10.2   be in a form approved by the lead senior officer for procurement;

7.10.3   state the Board's terms and conditions of trade;   and

7.10.4   only be issued following the authorisation of the relevant officer or officers described in the Scheme of Delegation, or officers with the necessary delegated authority on the Authorised Signatory Database.

7.11   The Board shall not make payments in advance of need.   However payment in advance of the receipt of goods or services is permitted in circumstances approved by the lead senior officer for procurement.   Examples of such instances are:-

7.11.1   Items such as conferences, courses and travel, foreign currency transactions, where payment is to be made at the time of booking, or where the use of the corporate purchasing card is deemed necessary.

7.11.2   Where payment in advance of complete delivery is a legal or contractual requirement, e.g. maintenance contracts, utilities, rates.

7.11.3   Where payment of in advance is necessary to support the provision of services/delivery of a project by external providers (e.g. grants to local authorities or voluntary bodies.)

7.12   The Director of Finance shall issue procedures on the use of petty cash which all employees shall follow.

Tendering and Contracting

7.13   Competitive tenders for the supply and disposal of all goods and services shall be invited unless:-

7.13.1   The Scheme of Delegation (Annex 4 of Standing Orders) permits otherwise.

7.13.2   The supply or disposal has been arranged by the National Services Scotland – National Procurement, Procurement Scotland, Office of Government Commerce, Hubco, or any other agreed collaborative procurement.

7.13.3   The supply has been arranged under a framework agreement such as Frameworks Scotland.

7.13.4   The supply has been arranged under the local framework arrangements (for smaller capital/construction schemes) that have been established by the Estates function.

7.13.5   The method of supply or disposal is subject to existing contractual obligations, and the Board is not free to put the matter out to tender.

7.13.6   The supply value (including VAT) is not greater than £25,000, and paragraph 7.15 below applies.

7.13.7   The supply value (including VAT) is greater than £49,999, and the Director of Finance has approved a decision to waive the requirement to tender (see paragraphs 7.16-7.20 below).

7.14   Tenders shall be issued in accordance with the Scheme of Delegation. The evaluation criteria and basis of scoring will be established prior to the issue of the tender. If it is proposed to accept a tender other than the lowest (or for disposals the highest) in the interests of Best Value, a formal record shall be retained of the reasons for doing so.

Supply of Value up to £25,000

7.15   Where the estimated expenditure is not greater than £25,000 (including VAT), then the following alternative arrangements should be followed by the budget holder:

Value of Supply	*Process to Follow*
£10,001 - £25,000	Competitive Quotation – at least two written quotations should be considered.
£2,501 - £10,000	One written quotation should be considered.
Under £2,501	There is no requirement to get quotations.

Supply of Value from £25,001 - £49,999

7.16   Where the estimated expenditure is within this range, employees should refer the matter to the lead senior officer for procurement who shall determine the most appropriate procurement process for the supply.

Supply of Value greater than £49,999 - Waiver of Tender Requirements

This section must be read in conjunction with the Board's Scheme of Delegation, in particular *Section 26 – Requirements for Market Testing and Tendering (Capital and Revenue)*.

7.17   Budget holders are expected to anticipate their procurement requirements in advance of when the supply is to be delivered, and routinely work with the Procurement Department to undertake the appropriate tendering and contracting as is required by the law and 7.13 above. However, the Director of Finance may waive the requirement to undertake tendering in the following circumstances:-

7.17.1   The timescale (from identification of need to the time of required delivery) genuinely precludes the appropriate form of market testing. This provision cannot be used if the limited timescale is due to a failure to anticipate the need for the supply.

7.17.2   The supply or disposal is for goods and services of a special nature or character in respect of which it is not possible or desirable to obtain competitive tenders.

7.17.3   Specialist expertise is required and is available from only one source.

7.17.4   The supply concerns a task that is essential to complete a piece of work, and arises as a consequence of a recently completed assignment, and engaging different suppliers for the new task would be inappropriate.

7.17.5   There is a clear benefit to be gained from maintaining continuity with an earlier project. However, in such cases the benefits of such continuity must outweigh any potential financial advantage to be gained by competitive tendering.

7.18   The lead senior officer for procurement shall prepare standard form to be used on every occasion to set out the reasons for a proposal to waiver formal tendering procedures, and which of the above clauses at 7.16 is being used.

7.19   The lead senior officer for procurement must confirm within that form whether the proposed waiver taken together with other associated procurement actions will breach the Public Contracts (Scotland) Regulations 2012 (and any subsequent relevant legislation). If the waiver would constitute a breach, then the waiver cannot proceed. (N.B. Para 1.3 of these SFIs requires the Board to follow the law.)

7.20   The Director of Finance must review the completed form before approving the waiver. The Director of Finance shall forward all waiver approvals to the lead senior officer for procurement. The lead senior officer for procurement shall maintain a waiver of tender register.

8   ADDITIONAL MATTERS FOR CAPITAL EXPENDITURE

Overall Arrangements for the Approval of the Capital Plan

8.1   The Board shall follow any extant national instructions on the approval of capital expenditure, such as the Scottish Capital Investment Manual. The authorisation process shall be described in the Scheme of Delegation.

8.2   The Chief Executive shall ensure that:-

8.2.1   the Board's Property and Asset Management Strategy is informed by the contents of the integration joint boards' strategic plans and the Board's strategic plan;

8.2.2   to implement the Property and Asset Management Strategy there is an adequate appraisal and approval process in place for determining capital expenditure priorities, which also considers the impact on revenue expenditure within the service arising from each proposal;

8.2.3   all stages of capital schemes are managed, and are delivered on time and to cost;

8.2.4   capital investment is not undertaken without confirmation that the necessary capital funding and approvals are in place; and

8.2.5   all revenue consequences from the scheme, including capital charges, are recognised, and the source of funding is identified in financial plans.

Implementing the Capital Programme

8.3   For every capital expenditure proposal the Chief Executive shall ensure:-

8.3.1   that a business case as required by the Scottish Capital Investment Manual (SCIM) is produced setting out:-

a.   an option appraisal of potential benefits and risks compared with known costs to determine the deliverable option with the highest ratio of benefits to costs in light of the risks; and

b.   appropriate project management and control arrangements; and

8.3.2   that the Director of Finance has assessed the costs and revenue consequences detailed in the business case.

8.4   The approval of a business case and inclusion in the Board's capital plan shall not constitute approval of the individual elements of expenditure on any scheme. The Chief Executive shall issue to the manager responsible for any scheme:-

8.4.1   specific authority to commit expenditure; and

8.4.2 following the required approval of the business case, authority to proceed to tender.

8.5 The Scheme of Delegation shall stipulate where delegated authority lies for:-

8.5.1 approval to accept a successful tender; and

8.5.2 where a national framework/ procurement process applies, authority to agree risks and timelines associated with a project in order to arrive at a target price.

8.6 The Director of Finance shall issue procedures governing the financial management of capital investment projects (e.g. including variations to contract, application of Frameworks Scotland) and valuation for accounting purposes.

Public Private Partnerships and other Non-Exchequer Funding

8.7 When the Scottish Government or Scottish Futures Trust directs the Board to use finance which is to be provided other than through its Allocations, the following procedures shall apply:-

8.7.1 The Director of Finance shall demonstrate that the use of public private partnerships represents value for money and implements the risk transfer to the private sector as laid out in Scottish Government or Scottish Futures Trust documentation.

8.7.2 Where the sum involved exceeds the Board's delegated limits, the business case must be referred to the Scottish Government for approval or treated as per current guidelines.

8.7.3 The Board shall specifically agree the proposal and specify which officers are authorised to agree and sign the relevant contractual documentation.

8.7.4 The selection of a contractor/finance company must be on the basis of competitive tendering or quotations.

Disposals of Assets

8.8 The Director of Finance shall issue procedures for the disposal of assets including condemnations. All disposals shall be in accordance with MEL (1996)7: Sale of surplus and obsolete goods and equipment.

8.9 There is a requirement to achieve Best Value for money when disposing of assets belonging to the Health Board. Competitive tendering should normally be undertaken.

8.10 When it is decided to dispose of a Health Board asset, the head of department or authorised deputy will determine and advise the Director of Finance of the estimated market value of the item, taking account of professional advice where appropriate.

8.11 All unserviceable articles shall be:-

8.11.1   Condemned or otherwise disposed of by an employee authorised for that purpose by the Director of Finance.

8.11.2   Recorded by the Condemning Officer in a form approved by the Director of Finance which will indicate whether the articles are to be converted, destroyed or otherwise disposed of. All entries shall be confirmed by the countersignature of a second employee authorised for the purpose by the Director of Finance.

Capital Accounting

8.12   The Director of Finance shall be notified when capital assets are sold, scrapped, lost or otherwise disposed of, and what the disposal proceeds were. The value of the assets shall be removed from the accounting records. Each disposal must be validated by reference to authorisation documents and invoices (where appropriate).

8.13   The Director of Finance shall approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.

8.14   The value of each asset shall be indexed and depreciated in accordance with methods specified by the Scottish Government.

8.15   The Director of Finance shall calculate capital charges, which will contributed to the total net expenditure that shall be debited against the general fund.

9   ASSET REGISTERS AND SECURITY OF ASSETS

9.1   The Chief Executive is responsible for the control of all assets. The Chief Executive shall establish a fixed asset register. The register shall hold the minimum data set required by the Scottish Government.

9.2   The Director of Finance shall:-

   9.2.1   devise the format of the fixed asset register and the methods for maintaining it; and

   9.2.2   arrange for a physical check of assets against the asset register to be conducted at least once a year, and ensure that any discrepancies are reported.

9.3   Additions to the fixed asset register must be clearly identified to an appropriate budget holder and be validated by reference to:-

   9.3.1   authorised agreements, architect's certificates, supplier's invoices and other documentary evidence in respect of purchases from third parties;

   9.3.2   stores, requisitions and wages records for own materials and labour including appropriate overheads; and

   9.3.3   lease agreements in respect of assets held under a finance lease and capitalised.

9.4   The Director of Finance shall approve the systems of control and procedures for the general security of assets. These shall include:-

   9.4.1   recording managerial responsibility for each asset;

   9.4.2   identification of additions and disposals;

   9.4.3   identification of all repairs and maintenance expenses;

   9.4.4   physical security of assets. Where practical, assets should be marked as Health Board property;

   9.4.5   periodic verification of the existence of, condition of, and title to, assets recorded; and

   9.4.6   identification and reporting of all costs associated with the retention of an asset.

9.5   The Chief Executive shall designate a senior officer as the Caldicott Guardian. The Caldicott Guardian shall establish the systems for the maintenance of an Information Asset Register, as part of the Board's system of Information Governance.

10   BANKING AND CASH HANDLING

10.1   The Director of Finance shall manage the Board's banking arrangements and advise the Board on the provision of banking services and operation of accounts.   This advice shall take into account guidance/Directions issued from time to time by the Scottish Government.

10.2   The Director of Finance shall ensure that the banking arrangements operate in accordance with the Scottish Government banking contract (GBS) and the Scottish Public Finance Manual.

10.3   The Board shall approve the banking arrangements. No employee may open a bank account for the Board's activities or in the Board's name, unless the Board has given explicit approval.

10.4   The Director of Finance shall:-

   10.4.1   establish separate bank accounts for non-exchequer funds;

   10.4.2   ensure payments made from bank or GBS accounts do not exceed the amount credited to the account, except where arrangements have been made;

   10.4.3   ensure money drawn from the Scottish Government against the Cash Requirement is required for approved expenditure only, and is drawn down only at the time of need;

   10.4.4   promptly bank of all monies received intact. Expenditure shall not be made from cash received that has not been banked, except under arrangements approved by the Director of Finance; and

   10.4.5   report to the Board all arrangements made with the Board's bankers for accounts to be overdrawn.

10.5   The Director of Finance shall prepare detailed instructions on the operation of bank and GBS accounts, which must include:-

   10.5.1   the conditions under which each bank and GBS account is to be operated;

   10.5.2   ensuring that the GBS account is used as the principal banker and that the amount of cleared funds held at any time within exchequer commercial bank accounts is limited to a maximum of £50,000 (of cleared funds).

   10.5.3   the limit to be applied to any overdraft;

   10.5.4   those authorised to sign cheques or other orders drawn on the Board's accounts; and

   10.5.5   the required controls for any system of electronic payment.

10.6   The Director of Finance shall:-

    10.6.1   approve the stationery for officially acknowledging or recording monies received or receivable, and keep this secure;

    10.6.2   provide adequate facilities and systems for employees whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin operated machines; and

    10.6.3   approve procedures for handling cash and negotiable securities on behalf of the Board.

10.7   Money in the custody of the Board shall not under any circumstances be used for the encashment of private cheques.

10.8   The holders of safe keys shall not accept unofficial funds for depositing in their safes unless such deposits are in special sealed envelopes or locked containers. It shall be made clear to the depositors that the Board is not to be held liable for any loss, and written indemnities must be obtained from the organisation or individuals absolving the Board from responsibility for any loss.

11 STORES

11.1 Stores, defined in terms of controlled stores and departmental stores (for immediate use), should be:-

11.1.1 kept to a minimum;

11.1.2 subject to annual stocktake; and

11.1.3 valued at the lower of cost and net realisable value.

11.2 The Chief Executive shall delegate the responsibility for the control of stores to officers throughout the organisation.

11.3 The Director of Finance shall set out procedures and systems to regulate the stores including records for receipt of goods, issues, and returns to stores, and losses.

11.4 The Director of Finance shall approve procedures for stocktaking, and there shall be a physical check covering all items in stock at least once a year.

11.5 The Chief Executive shall delegate the responsibility for the control of pharmaceutical stocks to an appropriately qualified member of the Directorate of Public Health.

11.6 The responsibility for security arrangements and the custody of keys for all stores and locations shall be clearly defined in writing by the designated manager/Director of Pharmacy.

11.7 Where a complete system of stock control is not justified, alternative arrangements shall require the approval of the Director of Finance or the Director of Pharmacy.

11.8 The designated Manager/Director of Pharmacy shall be responsible for a system approved by the Director of Finance for a review of slow moving and obsolete items and for condemnation, disposal, and replacement of all unserviceable articles. The designated Officer shall report to the Director of Finance any evidence of significant overstocking and of any negligence or malpractice (see also 15, Disposals and Condemnations, Losses and Special Payments). Procedures for the disposal of obsolete stock shall follow the procedures set out for disposal of all surplus and obsolete goods.

11.9 For goods supplied via central NHS warehouses, the Chief Executive shall identify those authorised to requisition and accept goods from the store. The authorised person shall check receipt against the delivery note before forwarding this to the Director of Finance who shall satisfy himself that the goods have been received before accepting the recharge.

12   INCOME, FEES AND CHARGES

General

12.1   The Director of Finance shall design and implement systems for the recording and collection of all monies due.

Fees and Charges

12.2   The Board shall follow the Scottish Government's guidance in setting prices for services.

12.3   The Director of Finance shall approve all fees and charges other than those determined by the Scottish Government or by statute.

12.4   All employees must inform the Director of Finance promptly of money due arising from transactions which they initiate/deal with, including all contracts, leases, tenancy agreements, private patient undertakings and other transactions.

12.5   The Director of Finance shall approve the level of rentals for newly acquired property and shall regularly review rental and other charges.

12.6   The Director of Finance shall be consulted about the pricing of goods and services offered for sale and nationally negotiated rates shall be observed.

12.7   Independent professional advice on matters of valuation may be taken as necessary.

Debt Recovery

12.8   The Director of Finance shall take appropriate recovery action on all outstanding debts, including write-off action after all reasonable steps have been taken to secure payments.

12.9   Income not received shall be dealt with in accordance with losses procedures.

12.10   Overpayments should be detected (or preferably prevented) by the Board's system of control and recovery initiated and taken to resolution.

13   SERVICE AGREEMENTS FOR PATIENT SERVICES

General

13.1   The role of the Board is to achieve long-term health gain for the resident population of Lothian. It pursues this through its strategic planning, public health and health promoting functions.

13.2   The Chief Executive shall negotiate service agreements for the provision of services to patients in accordance with any agreed plans, and for any non-contracted and unplanned activity.

13.3   The Director of Finance shall ensure all systems associated with service agreements operate in such a way as to maintain patient confidentiality, as agreed with the Board's Caldicott Guardian.

13.4   The Director of Finance shall ensure that all agreements satisfy the requirements of budgetary control and the Board's financial targets.

Where Lothian Board is the Provider

13.5   The Chief Executive shall ensure that service agreements for provision of services recover the costs borne by the Board, and minimise any risks to the Board.

13.6   The Director of Finance shall advise the Chief Executive regarding:-

13.6.1   costing and pricing of services;

13.6.2   payment terms and conditions; and

13.6.3   amendments to agreements.

13.7   The Director of Finance shall set charges for services, including non-contracted activity (cross-border) and unplanned activity ('UNPACS') (cross-Health Board boundary), in accordance with national guidelines.

13.8   The Director of Finance shall produce regular reports to the Board detailing actual and forecast income, linked to activity, with a detailed assessment of the impact of the variable elements of income.

Where the Service Provider is any other Organisation

13.9   The Director of Finance shall ensure that:-

13.9.1   service agreements placed are within the resources available to the organisation; and

13.9.2   providers are paid in accordance with the terms of the service agreement, and any relevant national guidance.

13.10 The Director of Finance shall review service concession agreements with third parties for elements containing leases. This is to ensure that the expenditure arising from these is properly accounted for under the requirements of the extant accounting standards.

14   RISK MANAGEMENT & INSURANCE

14.1   The Chief Executive shall ensure that the Board has a programme of risk management which will be approved and monitored by the Board and which complies with the standards issued by NHS Healthcare Improvement Scotland.

14.2   The programme of risk management shall include:-

14.2.1   a process for identifying and quantifying risks and potential liabilities;

14.2.2   engendering among all levels of staff a positive attitude towards the control of risk;

14.2.3   management processes to ensure all significant risks and potential liabilities are addressed including effective systems of internal control, cost effective insurance cover, and decisions on the acceptable level of retained risk;

14.2.4   contingency plans to offset the impact of adverse events;

14.2.5   audit arrangements including: internal audit, clinical audit, health and safety review; and

14.2.6   arrangements to review the risk management programme.

14.3   An annual risk management report shall be prepared confirming whether adequate and effective risk management systems were in place throughout the year, and will highlight any areas of material risk. This shall be used as a source of assurance and will inform the content of the Governance Statement.

14.4   The Director of Finance shall ensure that insurance arrangements exist in accordance with the risk management programme.

14.5   The Edinburgh and Lothians Health Foundation is responsible for establishing its own risk management arrangements.

15   INFORMATION TECHNOLOGY

15.1   The Chief Executive shall designate a senior officer as the lead senior officer for ehealth, who shall also be the designated Senior Information Risk Owner (SIRO) (as defined by the Department of Health, *The Caldicott Guardian Manual* 2010). ehealth is the use of information, computers and telecommunications in support of meeting the needs of patients and health of citizens. The lead senior officer for ehealth is only responsible for those systems that are supported by the ehealth directorate.

15.2   The lead senior officer for ehealth shall ensure that there is an NHS Lothian ehealth strategy. The lead senior officer for ehealth shall ensure that there is effective engagement with healthcare professionals to inform the development and implementation of the ehealth strategy.

15.3   Executive directors shall ensure that the ehealth directorate has planning input to all new/refurbishment build projects to ensure that they incorporate the latest technologies to deliver the required services, but also ensure their compatibility with the existing NHS Lothian infrastructure.

15.4   The lead senior officer for ehealth shall ensure that on the acquisition of any new computer hardware or software Health Board procurement guidelines have been adhered to and adequate option appraisals undertaken.

15.5   In the case of computer systems which are proposed general applications (i.e. normally those applications which the majority of NHS organisations wish to sponsor jointly) all responsible directors and employees will send to the lead senior officer for ehealth:-

15.5.1   details of the outline design of the system;

15.5.2   contract details and/or standard contract conditions; and

15.5.3   in the case of packages acquired either from a commercial organisation, from the NHS, or from another public sector organisation, the operational requirement.

15.6   The lead senior officer for ehealth shall draw up an IT Security Policy and Standards document and ensure that it is effectively communicated to all members of staff of the Health Board. This will require to be approved by the Board's Caldicott Guardian.

15.7   The lead senior officer for ehealth shall draw up business continuity plans to ensure minimal disruption to business operations in the event of an interruption in the operation of Health Board IT/IS systems that are supported by the ehealth directorate.

15.8   The Director of Finance, who is responsible for the accuracy and security of computerised financial data of the Board, shall:-

15.8.1   devise and implement any necessary procedures to ensure adequate protection of the Board's data, programs and computer hardware for which

he/she is responsible from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 1998;

15.8.2   ensure that adequate controls exist over data entry, processing, storage, transmission and output to ensure the security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;

15.8.3   ensure that, in the appropriate environments, adequate controls exist such that the computer operation is separated from development, maintenance and amendment; and

15.8.4   ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as he/she may consider necessary are being carried out.

15.9   The Director of Finance shall ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested before implementation. Where this is undertaken by another organisation, assurances of adequacy will be obtained from them before implementation.

15.10   The Director of Finance shall ensure that for contracts for computer services for financial applications with another body, the Health Board shall periodically seek assurances that adequate controls are in operation.

15.11   Where computer systems have an impact on corporate financial systems the Director of Finance shall ensure that:-

15.11.1   systems acquisition, development and maintenance are in line with corporate policies such as an eHealth Strategy;

15.11.2   data produced for use with financial systems is adequate, accurate, complete and timely, and that a management (audit) trail exists;

15.11.3   Finance staff have access to such data; and

15.11.4   such computer audit reviews as are considered necessary are being carried out.

15.12   For all other IT systems not currently supported by ehealth or the responsibility of the Director of Finance (as defined above), the executive director with lead responsibility for the system shall ensure that the requirements of this section are applied to that system.

16   RETENTION OF DOCUMENTS

16.1   The Chief Executive shall be responsible for maintaining archives for all documents in accordance with the NHS Code of Practice on Records Management.

16.2   The documents held in archives shall be capable of retrieval by authorised persons.

16.3   Documents held under the Code shall only be destroyed at the express instigation of the Chief Executive, and records shall be maintained of documents so destroyed.

17   PRIMARY CARE CONTRACTORS

17.1   In these SFIs and all other Board documentation, Primary Care contractor means:-

   17.1.1   an independent provider of healthcare who is registered to provide general dental, medical, ophthalmic or pharmaceutical services under the National Health Service in the United Kingdom (UK); or

   17.1.2   an employee of an National Health Service organisation in the UK who is registered to provide general dental, medical, ophthalmic or pharmaceutical services under the National Health Service in the UK.

17.2   The General Manager, Primary Care Contracts, shall devise and implement systems to control the registers of those who are entitled to provide general dental, medical, ophthalmic or pharmaceutical services under the National Health Service in Lothian. Systems shall include criteria for entry to and deletions from the registers.

17.3   The Director of Finance shall agree the Service Level Agreement (s) with NHS National Services Scotland for:-

   17.3.1   the development, documentation and maintenance of systems for the verification, recording and receipt of NHS income collected by or on behalf of primary care contractors; and

   17.3.2   the development, documentation and maintenance of systems for the verification, recording and payment of NHS expenditure incurred by or on behalf of primary care contractors.

17.4   The agreements at paragraph 17.3 shall comply with guidance issued from time to time by the Scottish Government. In particular they shall take account of any national systems for the processing of income and expenditure associated with primary care contractors.

17.5   The Director of Finance shall ensure that all transactions conducted for or on behalf of primary care contractors by the Board shall be subject to these SFIs.

18   LOSSES AND SPECIAL PAYMENTS

18.1   The Director of Finance shall issue procedures on the recording of and accounting for losses and special payments, to meet the requirements of the Scottish Public Finance Manual. These procedures shall include the steps to be taken where the loss may have been caused by a criminal act.

18.2   The Scheme of Delegation shall describe the process for the approval of the write-off of losses and making of special payments.

18.3   The Director of Finance shall be authorised to take any necessary steps to safeguard the Board's interests in bankruptcies and company liquidations.

18.4   For any loss, the Director of Finance should consider whether any insurance claim can be made.

18.5   The Director of Finance shall maintain a Losses and Special Payments Register in which write-off action is recorded.

19   THEFT, FRAUD OR ANY OTHER FINANCIAL OR LEGAL IRREGULARITIES

19.1   Whenever any matter arises which involves, or is thought to involve, fraud, theft or other irregularity, the Director of Finance (the Board's designated Counter Fraud Champion) or the Board's designated Fraud Liaison Officer should be notified immediately.   The Director of Finance shall ensure that guidance and contact information is made widely available throughout NHS Lothian.

19.2   The Board shall work in partnership with NHS Scotland Counter Fraud Services towards the prevention and detection of fraud and other irregularities. The Board will assist in any necessary investigations, and comply with any reporting requirements. The Board and NHS Scotland Counter Fraud Services will work together in accordance with the terms of a partnership agreement. Following discussion with Counter Fraud Services, the Board may also report cases of fraud to the Police.

19.3   The Fraud Liaison Officer shall facilitate the collation and reporting of returns in the event of thefts (of NHS property only). However, the local operational manager is responsible for reporting thefts to the police, securing the area, and notifying the Fraud Liaison Officer (via the adverse event module on DATIX). The manager shall complete any required returns.

19.4   The Fraud Liaison Officer shall make information on frauds and thefts available for reporting, including for SFR 18 and supporting schedules.

19.5   The Director of Finance shall ensure comprehensive reports of frauds and thefts are available to the external auditor, and the Scottish Government as necessary. However, NHS Scotland Counter Fraud Services is responsible for nationally reporting fraud and other irregularities.

19.6   In the event of a loss through fraud or theft, the local manager is responsible for taking any necessary remedial action to prevent its recurrence, by reviewing the adequacy of the relevant systems of control. No such action should be taken however if it would prove prejudicial to the effective prosecution of the case.

20   ANNUAL ACCOUNTS AND REPORTS

20.1   The Director of Finance shall prepare and submit financial returns and reports to the Cabinet Secretary.   This will be consistent with any guidance issued by the Scottish Government and the Treasury, the Board's accounting policies, and generally accepted accounting practice.

20.2   The Audit & Risk Committee shall review the annual accounts prior to them submitted to the Board for approval.

20.3   The Chief Executive shall ensure that there is a formal record of the presentation of the annual accounts to the Board.

20.4   The Board shall publish an annual report, in accordance with the Scottish Government's guidelines on local accountability and requirements.

20.5   The Board shall present its annual report at a public meeting.

21   PATIENTS' PROPERTY

21.1   The Board has a responsibility to provide safe custody for money and other personal property (hereafter referred to as "property") handed in by patients, in the possession of unconscious or confused patients, or found in the possession of patients dying in hospital or dead on arrival.

21.2   The Chief Executive shall ensure that patients or their guardians, as appropriate, are informed before or at admission, by:-

21.2.1   notices and information booklets;

21.2.2   hospitals admission documentation and property records; and

21.2.3   the oral advice of administrative and nursing staff responsible for admissions, that the Board will not accept responsibility or liability for patients' property brought into Health Service premises, unless it is handed in for safe custody and a copy of an official patients' property record is obtained as a receipt.

21.3   The Director of Finance shall issue procedures on the collection, custody, recording, safekeeping, and disposal of patients' property (including instructions on the disposal of the property of deceased patients and of patients transferred to other premises) for all staff whose duty is to administer, in any way, the property of patients. Due care should be exercised in the management of a patient's money in order to maximise the benefits to the patient.

21.4   Where patients' property or income is received for specific purposes and held for safekeeping the property or income shall be used only for that purpose, unless any variation is approved by the donor or patient in writing.

21.5   The Director of Finance shall prepare an abstract of receipts and payments of patients' private funds in the form laid down by the Scottish Government. This abstract shall be audited independently and presented to the Audit & Risk Committee annually, with the auditor in attendance at the meeting. The Committee is delegated the responsibility to review and recommend the approval of the abstract and draft management representation letter, to the Board. The abstract, the management representation letter, and the associated audit report must be received and approved by the Board.

22   FUNDS HELD ON TRUST (Endowments)

22.1   Members of Health Boards become Trustees of the charity known as the "Edinburgh and Lothians Health Foundation" ex officio by reason of their Board appointment. The appointment as Trustee is legally distinct from the appointment as a Board member. The Trustees collectively are an unincorporated body distinct from Lothian NHS Board.

22.2   The responsibilities of the trustees shall be discharged separately from the responsibilities of members of Lothian NHS Board and its employees. The trustees shall be accountable to the Office of the Scottish Charities Regulator for all charitable funds held on trust.

22.3   The over-riding principle is that the integrity of each trust must be maintained and statutory and trust obligations met. Materiality must be assessed separately from Exchequer activities and funds. The Trustees shall separately approve a Charter and other policies and procedures as required to discharge their responsibilities as trustees.

22.4   These SFIs shall apply to the management of funds held on trust, unless the trustees instruct otherwise.

22.5   The Director of Finance shall prepare annual accounts for funds held in trust, to be audited independently and presented annually to the Trustees.

22.6   The Chair of the Trustees of the Edinburgh and Lothians Health Foundation shall ensure that the Trustees have a programme of risk management which will be approved and monitored by the Trustees, and which complies with the standards set out by the Office of the Scottish Charity Regulator and the Charities SORP.

NHS LOTHIAN

Board Meeting
3 February 2016.

Director of Human Resources & Organisational Development

SUMMARY PAPER – NHS LOTHIAN HEALTH & SAFETY POLICY (REVIEWED)

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

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

Chief Officer(s) & Health and Social Care Partnership Joint Directors: • These sections have been included to reflect what the Chief Officer(s) and Joint Directors will now be responsible for: "Health and Social Care Partnerships within NHS Lothian, involve both NHS Healthcare staff and staff from local Councils. Both groups of staff may be working on premises controlled by either NHS Lothian or the Local Council. Consequently, mutual co-operation is required between both employers to ensure that all statutory provisions are complied with. Where appropriate, joint Policies or 'safe working procedures' will be devised. Partnership Joint Directors will be responsible for ensuring that this Health and Safety Policy and any related policies are implemented throughout their area of responsibility".	4.2 and 6.4
• Now contains an example of a local departmental Template that will allow local managers to develop a framework document for communicating to all staff, the local arrangements that captures systems to manage identified risks within those local areas.	Appendix 4

Alan Boyter
Director of Human Resources & Organisational Development
3 February 2016
Alan.Boyter@nhslothian.scot.nhs.uk

NHS LOTHIAN

Board Meeting
3 February 2016.

Director of Human Resources & Organisational Development

NHS LOTHIAN HEALTH & SAFETY POLICY (REVIEWED)

1   Purpose of the Report

1.1   The purpose of this report is to present the reviewed and updated NHS Lothian Health and Safety Policy.

        Any member wishing additional information should contact the Director of Human Resources & Organisational Development in advance of the meeting.

2   Recommendations

2.1   Consider the reviewed and amended document and agrees its full ratification for communication and implementation within the organisation.

3   Discussion of Key Issues

3.1   The policy is required to set a clear direction for NHS Lothian to follow and aims to reflect the organisations overall values and beliefs. It provides the framework in which the statutory requirement to manage for health and safety is integrated into everyday business and becomes core to the service NHS Lothian provides.

3.2   The Policy consolidates the requirements of the Strategic Health and Safety Plan.

3.3   The Policy will enable effective arrangements to assist with risk identification, minimisation, control or elimination.

4   Key Risks

4.1   The impact on NHS Lothian staff and service users should the agreed and ratified Policy not be effectively communicated, understood and Implemented throughout all the service structures.

4.2   Non compliance with legal statute if there is not in place an update policy that clearly reflects the NHS Lothian risk profile.

5   Risk Register

5.1   The Corporate Risk Register contains a corporate risk ID 3455 which previously captured the risk of failing to manage general Health & Safety management but has recently been replaced with the risk of failing to manage Violence & Aggression risks to NHS Lothian Staff.

6   Impact on Health Inequalities

6.1   N/A

7   Impact on Inequalities

7.1   This policy was subject to an impact assessment in April 2011 no further work is
        required.

8   Involving People

8.1   This policy has been previously been through the full consultation process and
        comments and amendments noted as required.

9   Resource Implications

9.1   At this point in time it is unclear exactly how much resource would be required both
        in terms of finance and staff time to fully implement all the aspects of the Policy.

Alan Boyter
Director of Human Resources and Organisational Development
3 February 2016
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List of Appendices

Appendix 1: NHS Lothian Health and Safety Policy.

NHS Lothian
Health and Safety Policy

August 2015

UNCONTROLLED WHEN PRINTED

Note: If you are looking at a printed copy of this policy, always check that you have the latest version by comparing the version date (at footer below) with the current policy that is held on the intranet at:

Corporate/ Policies/ Health and Safety Policies

This will ensure that you are reading the latest and correct version.

Document Title	NHS Lothian Health and Safety Policy		
Unique ID	NHSLHSP01/15	Owner	AB HR/OD Director
Category/Level/Type	Level 1 Policy Final	Author(s)	David Richardson
Status and type of document	NHSL Health and Safety Policy	Version number	2
Date added to the Intranet	August 2015	Start date	August 2015
Authorised by	NHSL Health and Safety Committee	Authorised date	28th July 2015
Date of implementation	August 2015	Review Date	August 2017
Key words	Health and Safety		

HEALTH AND SAFETY POLICY

Key Messages
The aim of this policy is to set a clear direction for NHS Lothian to follow and aims to reflect the organisations overall values and beliefs. It provides the framework in which the statutory requirement to manage for health and safety is integrated into everyday business and that is not seen as a bolt on, but becomes core to the service NHS Lothian provides. The arrangements to achieve this include the following: • NHS Lothian has in place a health and safety management system to implement the health and safety policy which is proportionate to the hazards and risks. • Having in place a Strategic Plan to deliver the controls to assist with eliminating or reducing those risks to as low a level as is reasonably practicable. • By promoting key leadership qualities at every level within NHS Lothian in managing for health and safety which includes having effective control of the risks. • Involving staff to help identify and control the safety and health risks. • Providing all staff with information, education, instruction and training to allow them to undertake their roles with minimal risk to theirs or others safety and health. • That NHS Lothian has in place a framework of Health and Safety Committees that instigate, develop and carry out measures to ensure the health, safety and welfare at work of staff.
Implementation Standards
NHS Lothian will have in place performance standards to help measure the effectiveness of the health and safety management system. These are detailed below: • The Health and Safety Policy implementation will be monitored through the Strategic Plan. • Governance is through the NHS Lothian Health and Safety Committee and local Committees which will ensure that responsibilities are clarified at all levels of the organisation and that the activities of everyone involved in managing for health and safety are clear and well coordinated. • There is in place a health and safety risk management process and its implementation will be reviewed on a quarterly basis as part of the overall health and safety management system requirements.

Contents

1.0 HEALTH & SAFETY POLICY STATEMENT

NHS Lothian exists to provide healthcare services of high quality to the people of Lothian. We recognise that we cannot provide these services unless we ensure, as far as is reasonably practicable, that we will reduce the risks to the health, safety and welfare of staff, and others affected by our work activities. This is a primary objective of NHS Lothian and we include it equally alongside other business and operating objectives.

The minimum acceptable standards of health and safety are those contained in legislation. It is our obligation to meet these standards as a minimum and strive for continual improvement.

We recognise that the prime responsibility for health and safety rests with our managers. This principle extends from the Chief Executive to first line supervisors.
Managers and supervisors are directly accountable for the prevention of incidents, accidents and occupational illness, as well as damage or loss to NHS Lothian property and the environment within their area of responsibility.

Health and Safety and other specialist Advisors are appointed as competent persons under the current Management of Health and Safety at Work Regulations. They are responsible for advising managers and staff about their legal obligations and to provide advice and support to enable managers to manage health and safety in their area of responsibility.

This policy statement is supplemented by additional policies giving detailed arrangements for health, safety, welfare and related issues. Advisors and managers are responsible for bringing these policies to the attention of their staff.

All persons within NHS Lothian are responsible for making safety at work a primary objective in order to protect themselves, their colleagues, patients, visitors and the interests of NHS Lothian.

NHS Lothian is required to co-operate and co-ordinate health and safety arrangements where more than one organisation or group share or visit premises. NHS Lothian will ensure that detailed arrangements are in place with local councils regarding the health and safety of staff within joint Health and Social Care Partnerships.

The Chief Executive has overall responsibility for health and safety in NHS Lothian. The Chief Executive has delegated to the Director of Human Resources and Organisational Development with particular responsibility to oversee the implementation of this policy throughout NHS Lothian. The implementation of this policy will be reviewed as part of the requirements of the Health and Safety Management System.

Tim Davison
Chief Executive

Date: 3rd August 2015

2. Objectives

- To define the health and safety organisational arrangements, including the Health and Safety Committee structure, within the organisation.

- To develop a positive health and safety culture which secures the full participation of all staff within NHS Lothian and ensures clear responsibilities for health and safety.

- To monitor the implementation of the NHS Lothian Health and Safety Strategy and the Annual Health and Safety Plan this details the key areas of focus for the organisation.

- To implement measures which will systematically identify and control risk, this is recognised as the most effective approach to the control of work-related injury and ill health.

- Commit management and staff at all levels to promote health and safety and set personal examples in safe behaviour.

- To ensure all persons working within NHS Lothian are responsible for making safety a key area of work in order to protect themselves, their colleagues, patients, visitors and the interests of NHS Lothian.

- Provide and maintain safe systems of work and healthy working conditions in compliance with all relevant statutory requirements.

- To provide where appropriate personal protective equipment (PPE) in accordance with legislation.

- To have in place effective systems of communication to ensure the dissemination of information on health and safety matters.

- Ensure the highest levels of consultation in accordance with the principles of Partnership working.

- To provide resources, by way of facilities, information, education, training (induction and refresher), instruction and supervision to meet these objectives.

- To co-operate and co-ordinate with other employers/ agencies where they share premises or workplaces.

- To ensure a comprehensive closed loop health and safety management system is in place to provided continuous improvement on overall risk control.

- To commit NHS Lothian to implement and abide by relevant health and safety legislation. This may include working with the Enforcing Authorities to ensure compliance. (The Health & Safety Executive (HSE), Environmental Health

Officers, Scottish Fire and Rescue Service, Scottish Environmental Protection Agency).

- To ensure a formal link to NHS Lothian Quality and Clinical Governance structures and arrangements and NHS Quality Improvement Scotland, this sets Risk Management standards for the NHSiS.

- To ensure compliance with the Staff Governance Standard 'to provide an improved and safe working environment.'

- To have in place effective specific structures, policies and procedures, to ensure that NHS Lothian meets its legal obligations with regard to the Ionising Radiation Regulations and the Ionising Radiation Medical Exposure Regulations.

3. Organisation

- The Chief Executive has overall accountability for all Health and Safety matters.

- The Director of Human Resources and Organisational Development who has delegated responsibility from the Chief Executive is responsible for ensuring the Health and Safety Policy is implemented throughout the organisation.

- The Chief Officer for the Acute Services is responsible for ensuring the Health and Safety policy is implemented throughout the Acute Services.

- Health and Social Care Joint Directors are responsible for ensuring that the Health and Safety policy is communicated to NHS Lothian staff and implemented throughout their areas.

- Line Managers are responsible for ensuring that the Health and Safety Policy is communicated and implemented throughout their area of responsibility. They will also be responsible for the implementation of any associated Health and Safety related Policies and Procedures as appropriate.

- Staff are responsible for their own health and safety and for others such as colleagues, contractors, visitors, and patients etc. who may be affected by their actions. Staff must co-operate with the NHS Lothian as the employer in measures provided to ensure safety, and report shortfalls in health and safety to their manager or supervisor, in accordance with statutory responsibilities.

4   Responsibilities

4.1   Chief Executive and Director of Human Resources and Organisational Development

- The Chief Executive has overall responsibility for ensuring that an organisational structure and arrangements exist to ensure the health, safety and welfare of staff employed within NHS Lothian and all persons (e.g. patients, visitors, contractors) liable to be affected by the activities carried out within NHS Lothian premises.

This will include responsibility for:

a) The staff employed within NHS Lothian
b) The work processes, activities and systems performed within NHS Lothian
c) The specific accommodation within which NHS Lothian activities are carried out.
d) The property in the form of equipment, supplies, furnishings etc. which is used in the performance of these activities.

In practice the Chief Executive will discharge this direct responsibility by delegation to the Chief Officer and Health and Social Partnership Directors and then through their line management structure.

- The Chief Executive shall ensure that here are systems in place to monitor regularly the arrangements for health and safety. The system include reports from the Director of Human Resources and Organisational Development to whom he has delegated responsibility.

- It is the responsibility of the Chief Executive to ensure that sufficient resources are available to ensure so far as is reasonably practicable, the health and safety of NHS Lothian staff.

- The Chief Executive shall ensure that there is in place an NHS Lothian Health and Safety Committee along with a supporting local Committee framework and that regular meetings of the Committee(s) are held.

- The Director of Human Resources and Organisational Development is responsible for ensuring that the Staff Governance Committee of the NHS Board is satisfied that the organisation is meeting its obligations under the Staff Governance Standard to provide an improved and safe working environment for staff.

  Specifically, the Director of Human Resources and Organisational Development will:

  a) Ensure the specialist occupational health and safety resource is managed and deployed to support the organisation and its managers in ensuring that NHS premises are fit for purpose, and that the personal safety of patients and staff is paramount in service design and operation.

  b) Jointly convene with staff side co-chair the NHS Lothian Health and Safety Committee to agree the Health and Safety Policy and the Health and Safety Annual Plan.

  c) Ensure that any national occupational health and safety strategies are implemented through local policies and plans.

4.2   Chief Officer(s) & Health and Social Care Partnership Joint Directors

The Chief Officer(s) and Joint Directors will be responsible for:

- Ensuring full compliance with the requirements of the NHS Lothian Health and Safety Management System.

- Ensuring that NHS Lothian Health and Safety related Policies are being applied and that where applicable local rules and procedures are prepared to comply with them.

- Ensuring, that so far as is reasonably practicable that there are in place:

    a) safe systems of work, safe procedures and safe processes are devised, observed, monitored and maintained.

    b) by effective selection and training, all staff are provided with the necessary information, instruction and supervision to enable them to carry out their duties safely. This should include comprehensive and relevant information on health and safety risks identified by any risk assessment and the protective and preventative measures in place. Any training/ assessment must be repeated when appropriate to take into account any new or changed risks to the employees concerned and take place during working hours.

    c) the provision to any person they employ on a fixed term contract or secondment, or through an employment agency, information on any special skills required for safe working and any health surveillance required, before work starts.

    d) plant and equipment provided for use is maintained to a standard which is safe and without risks to health when used, and is cleaned and maintained.

    e) accommodation that is provided and maintained in a manner which constitutes a safe and healthy environment.

    f) arrangements exist to ensure that the transport of personnel and the transport, handling, use and storage of articles and substances is carried out in a manner which is without risk to health.

    g) effective procedures are set up to be followed in the event of serious and imminent danger to persons working in NHS Lothian premises and other locations eg patient's homes, including the nomination of competent persons to implement any evacuation procedures and restrict access to areas of danger.

- Ensuring that where NHS Lothian shares a workplace with another employer or employers, there must be mutual co-operation to enable statutory duties to be complied with and all reasonable steps should be taken to inform other

employers of risks arising out of the NHS Lothian undertaking. Where appropriate a written agreement should be prepared.

- Ensuring the provision to any self employed persons or employees of other employers working on NHS Lothian premises, of comprehensive information concerning any risks from the undertaking, including procedures to be followed in the event of serious or imminent danger.

- Ensuring that all staff are fully aware of their delegated health and safety duties and that these responsibilities are documented and given to the individuals concerned, and ensuring, by effective monitoring, that the duties are being carried out and corrective action is taken if they are not.

- Ensure that all incidents and accidents are reported and recorded in accordance with the NHS Lothian Adverse Event Management Policy' (using DATIX system) and the appropriate follow-up action taken.

- Ensuring that Staff Side Health and Safety Representatives are consulted in good time in respect of the staff they represent concerning:

a) The introduction of any measure within NHS Lothian, which may substantially affect health and safety.

b) Any health and safety information that NHS Lothian is required to provide to employees.

c) Planning and organisation of any health and safety training the organisation is required to provide.

e) The health and safety consequences of the introduction of new technologies into the workplace. .

4.3   Other Directors

Director of Finance

- To ensure that advice is available to the Chief Executive/ Director of Human Resources in relation to the financial implications of any identified and quantified health and safety requirements.

- To ensure that purchasing procedures, contracts etc. take account of health and safety issues and of any statutory and NHS Lothian requirements in that respect.

Medical Director

- To ensure the availability of advice on medical and where applicable occupational health matters and arrangements for the dissemination of information and advice of a medical nature, are in place.

- To ensure that arrangements are made to enable NHS Lothian to comply with statutory regulations and codes of practice which particularly affect clinical staff for example the Ionising Radiations Regulations, Ionising Radiation Medical Exposure Regulations, and reports of the HSE Advisory Committee on Dangerous Pathogens.

- To ensure that there is a Medical Staff representation and attendance at the NHS Lothian Health and Safety Committee and other local Health and Safety Committees as required.

Director of Nursing

- To ensure that appropriate advice is available on nursing matters.

- To ensure that arrangements are made for the implementation, monitoring and revision of nursing procedures and safe systems of work (as indicated by the results of risk assessment) to ensure that any NHS Lothian Health and Safety related policies are complied with.

Hospital Site Directors

- Will have responsibility and accountability for all reasonably foreseeable safety and health risks that are present within the hospital site(s) and to ensure through the site line management team and organisational arrangements that effective controls are in place and monitored to minimise or remove those risks.

Director of Facilities

To provide advice to the Directors, senior managers and others as appropriate, on the requirement for particular health and safety provisions for the Facilities function throughout NHS Lothian.

- To ensure that the Chief Executive is made aware of the statutory requirements and codes of practice which affect Facilities particularly those that present the most significant risk, e.g. Legionella and other areas that require specific control through the use of Permit to Work Systems.

- To ensure that adequate procedures are in place to ensure compliance with the Construction (Design and Management) Regulations 2015 where appropriate.

- To ensure that adequate procedures exist so that contractors personnel working for Facilities are made aware of the NHS Lothian's health and safety requirements and that these are complied with.

- To manage the disposal of all waste (healthcare, domestic etc) throughout NHS Lothian in line with the requirement of the Waste Management Policy and that practical procedures are amended to take account of changing legal requirements and best practice.

4.4 General Managers or Equivalent and their Management Teams

- Ensuring that this Policy is implemented and that staff to which specific responsibilities are delegated, are fully aware of and discharge these Health and Safety responsibilities. Where they do not have the authority to deal with such matters they are brought to the attention of more senior management.

- General Managers or equivalent will ensure that the **Service Framework/Template Document (this is the written local policy statement and arrangements)** is completed, is up-to-date and sets out the Service commitment, the structure (the people responsible) and arrangements (the procedures to be followed) for identifying hazards, assessing risks and preventing or controlling them.

- Taking appropriate action on matters concerning Health and Safety, which are brought to their attention including providing a level supervision that is commensurate with the risk. e.g. higher risk tasks would require a greater level of supervision.

- Ensuring that all staff are aware and have access to this Policy and that they are also made aware of any health and safety related policies and procedures. All polices and procedures should be easily accessible. Policies must be effectively implemented monitored and enforced by the management teams.

- Preparing and updating appropriate any local health and safety procedures for their department, liasing as appropriate with managers of similar departments in other locations of NHS Lothian. This will assist with functional consistency of practice, and ensure that all staff for which they are responsible receives and understands any departmental health and safety procedures. This should be undertaken seeking advice from Health and Safety Advisors/specialists where appropriate.

- Ensuring that appropriate first aid arrangements are in place that reflects the requirements of the NHS Lothian First Aid at Work Policy and that staff are aware of those arrangements.

- Developing and implementing safe working practices and systems by risk assessment, education, training, supervision and provision of information within the department, particularly in the case of young or inexperienced staff, to ensure maximum safety for all personnel involved.

- Identifying the level of knowledge required for all staff under their control and providing the necessary training where this is possible. Training needs which cannot be met should be reported to the next higher authority, and training records should be clearly documented. Training should be commensurate with the level of identified risk. This should be undertaken seeking advice from Health and Safety Advisors/specialists where appropriate.

- Undertaking hazard spotting exercises, leading to risk assessment, audit and compliance monitoring, and safety inspections to ensure that machinery and equipment is maintained in a safe condition, that safety devices are fitted, maintained and operated, and that safety rules and procedures are observed, and safety equipment utilised.

- Reporting of all accidents and incidents (near misses) in accordance with procedures (using DATIX), and the carrying out of appropriate follow-up investigation and action.

- Providing Trade Union and employee appointed Health and Safety representatives with facilities to carry out their prescribed functions in accordance with the Safety Representatives and Safety Committee Regulations and the Health and Safety (Consultation with Employees) Regulations.

- Liaison with safety representatives for the department on all matters concerning safety.

- Keeping up-to-date with developments in their field of work and responding to change as necessary.

- Responding to specific safety technical information notified.

- Ensuring that any visitors to the department are segregated from foreseeable hazards, or are advised of any hazards they may encounter, so far as is reasonably practicable. Where departmental activities take place out with the department, to ensure similar care is taken.

- Ensuring the department is kept tidy, with safe access and egress, and safe storage, use and disposal of materials.

- Ensuring that new equipment is inspected by a competent person and staff trained in its use, before it is brought into operation.

- Ensuring that fire procedures are brought to the attention of all their staff and that staff attend training, in accordance with the NHS Lothian Fire Safety Policy.

- Maintaining appropriate safety records. e.g. risk assessments, training records, significant adverse event report forms in line with the NHS Lothian Records Management Policy.

- Making proposals to the relevant Directors for improvements to safety policies and contributing towards the preparation of safety polices, where appropriate.

- Co-operating and consulting with the Facilities Department and where applicable other external providers to ensure that all statutory examinations are carried out at the appropriate time and records maintained of such examinations.

- Seeking specialist advice when necessary by bringing matters to the attention of the appropriate Director and/or Specialist Adviser.

4.5 Staff

Every member of staff working on NHS Lothian premises or elsewhere on its behalf has a legal duty to take all reasonable care of their own health and safety as well as that of others, e.g. patients, who may be affected by their acts or omissions. Students, volunteers and placements will be treated as staff (employees) for the purposes of this Policy.

NHS Lothian requires its staff to: -

- Take all reasonable care of their own health and safety and that of others who may be affected by their acts or omissions.

- Co-operate with any provision made towards achieving the Health and Safety Policy objectives and complying with statutory duties.

- Notify immediately to their manager/supervisor all health and safety hazards that they identify. (Note: Where an employee believes it is inappropriate for any reason to raise a legitimate concern with their manager that is in the public interest they may wish to raise it with a Senior Manager within the NHS Lothian Whistleblowing Policy and Procedure).

- Make full and proper use of any control measure, personal protective equipment or other facility provided to eliminate or reduce risk to health and safety.

- Report all adverse events (accidents or incidents) to the appropriate manager/supervisor timeously, in accordance with NHS Lothian Adverse Event Management Policy.

- Use all machinery, equipment, any dangerous substances, transport equipment, means of production or safety devices in accordance with any relevant training and instructions.

- Make themselves familiar with all relevant Health and Safety related Policies and local procedures.

- Report any defect in plant or equipment, or shortcomings in the existing safety arrangements to their supervisor or manager without delay.

- Be aware that if they feel that a job or activity is inherently unsafe, they should report to their supervisor before attempting to undertake the job or activity. **If in doubt ask.**

- Not undertake any task for which authorisation and training has not been given. **If in doubt ask.**

- Attend health and safety training when requested to do so.

- Staff are encouraged to improve standards of health and safety and constructive suggestions made by them will be welcomed. Such suggestions should be passed to the appropriate line manager and safety representative.

4.6 Occupational Health / Health and Safety Advisers (including Manual Handling)

- To develop and prepare health and safety policies and procedures on behalf of the Chief Executive to aid compliance with current legislation. To advise the Chief Executive and all Management Teams on health and safety issues including notification of any changes to current legislation.

- To monitor the implementation of health and safety policies and procedures on behalf of the Chief Executive through use of recognised performance management systems.

- To offer practical support and guidance to Managers and their staff, on the risk assessment process, and to assist with devising and implementing initiatives in response to identified risks.

- To investigate potential hazards associated with work practices and or the environment and to recommend action for their elimination to local management; to assist in ensuring that NHS Lothian premises are safe for patients, employees and visitors.

- To be responsible for the provision of health and safety related training e.g. manual handling, health and safety management, COSHH, risk assessment.

- To act in an ex-officio capacity at health and safety committee meetings within each Site or Service and Health and Social Care Partnership, advising the committee on its remit and activities; and assisting Managers in promoting the effectiveness of the committee.

- To collect and disseminate statistics and other data on health and safety matters to assist with the control of risk, and to highlight areas of concern either locally or for NHS Lothian.

- To liase with and respond to correspondence from the Health and Safety Executive.

- To prepare regular reports on health and safety performance to the Health and Safety Committees as required.

- To support managers and other to undertake accident or incidents RIDDOR (Reporting Incidents, Diseases and Dangerous Occurrence Regulations) investigations in line with the requirements of the NHS Lothian Adverse Management Policy.

4.7 Other Specialist Advisers

Specialist Advisers e.g. Infection Control, Radiation Protection, have been appointed to comply with the general requirements of Regulation 7 of the Management of Health and Safety at Work Regulations 1999. The Advisers will:

- Provide a proactive source of competent advice within their particular specialism and experience.

- Prepare and issue appropriate Polices and Guidelines within their sphere of expertise on which managers require advice.

- Be available to meet with and consult with department heads, Health and Safety Committees and staff appointed safety representatives.

- Have the right to attend Health and Safety Committee meetings and to propose agenda items where relevant.

- Assist management and staff to interpret national Occupational Health and Safety standards.

- Advise on local procedures, training and risk assessment.

- To make available appropriate training to meet Health and Safety requirements.

- Give guidance on the preparation and amendment of NHS Lothian policies and procedures.

4.8 Head of Fire Safety and Fire Safety Advisers

- To assist the Director of Facilities to develop and prepare The NHS Lothian Fire Safety Policy and any associated Procedures, on behalf of the Chief Executive, to ensure compliance with current legislation and mandatory requirements of Firecode and associated Scottish Health Technical Memorandum e.g. SHTM 86 Fire Risk Assessment.

- Advise the Chief Executive and Line Management on fire safety issues including the notification of any changes to current legislation.

- To provide both general and specific fire training, and an advisory service, for all staff relevant to specific areas of work. This should include use of fire fighting equipment and evacuation techniques.

- To carry out an ongoing review of fire risk assessments of all premises and prepare reports, prioritising findings with recommendations for action to the management team. Copies of any Fire Risk assessments must be provided to the ward/department managers to inform of the findings and what if any action(s) is required.

- To ensure close liaison and co-operation with the Scottish Fire and Rescue Service and external agencies in fire related matters.

- To investigate all fire related adverse events and prepare reports with recommendations for action.

5.0   Contractors

NHS Lothian requires all contractors to: -

- Comply with **all** health, safety and environmental legislation.

- Ensure that their employees or sub-contractors meet their statutory responsibilities.

- Ensure that their employees or sub-contractors comply with local rules as identified by NHS Lothian managerial or supervisory staff.

- To comply with any instructions from the Health and Safety Adviser or a manager, as it relates to any serious or imminent danger.

- Liase directly with the person(s) responsible for monitoring the health and safety performance of the Contractor while on site. This will be identified for example through the Facilities Directorate, Capital Planning Department or the Department for E Health.

- To comply with NHS Lothian's Health and Safety Policy and Procedures.

- To provide NHS Lothian or host Department appropriate documentation i.e. company Health and Safety Policy and in advance of any work commencing appropriate Risk Assessments and Method Statements or other Safe Systems of Work.

- A specific Policy on the Control of Contractors is available and must be adhered to.

6   Arrangements

6.1   Health and Safety Policies.

The NHS Lothian Health and Safety Policy will be reviewed every 3 years. Each Health and Social Care Partnership and the Acute Services will establish

arrangements (systems and procedures) for carrying out the policy objectives. These arrangements will include adoption and implementation of health and safety related policies and procedures issued by NHS Lothian on specific issues e.g. Manual Handling Prevention of Sharps Injuries, Preventing Employee Slips, Trips and Fall, Lone Working, Waste Disposal, Management of Aggression, COSHH, Risk Management/Assessment, Radiation Safety etc. This list is not exhaustive. These Policies are produced centrally by NHS Lothian.

6.2 Health and Safety Management System

NHS Lothian will ensure a closed loop Health and Safety Management System is in place across the organisation. The system will follow the principles of the HSE(G) 65 revised guidance on Plan, Do, Check and Act and will comprise the following interrelated components: policy, organisation, planning and implementation, performance measurement and a review of performance.

The system will be regularly reviewed and reports submitted to the NHS Lothian Health and Safety Committee. The system is part of the objectives of the Health and Safety Strategy for the organisation. Health and Safety education/training and awareness for managers and staff will form part of the management system requirements.

An integral part of the NHS Lothian system is use of the NHS Lothian intranet based electronic Health and Safety Management Manual for Managers.

6.3 Partnership Working

NHS Lothian is committed to the principles of partnership working and the NHS Lothian Partnership Forum is the main vehicle to take this forward. Staff-side Health and Safety Representatives will be an integral part of the NHS Lothian Health and Safety Committee arrangements and will act as Co Chairs of those Committees.

6.4 Health and Social Care Partnerships

Health and Social Care Partnerships within NHS Lothian, involve both NHS Healthcare staff and staff from local Councils. Both groups of staff may be working on premises controlled by either NHS Lothian or the Local Council. Consequently, mutual co-operation is required between both employers to ensure that all statutory provisions are complied with. Where appropriate, joint Policies or 'safe working procedures' will be devised. Partnership Joint Directors will be responsible for ensuring that this Health and Safety Policy and any related policies are implemented throughout their area of responsibility.

6.5 Health and Safety Committees

The Director of Human Resources and Organisational Development will co-chair the NHS Lothian Health and Safety Committee, along with the NHS Employee Director, which will oversee organisation-wide health and safety issues. Each

Health and Social Care Partnership and the Acute Services will have its own framework arrangements (including Committee/Forums) in place to ensure health and safety is discussed with employees, appropriate dialogue is entered into and that appropriate action is taken as a result of those discussions. These arrangements will include local Health and Safety Committees for the main hospital Sites and also within each of the Health and Social Care Partnerships.

6.6   Radiation Safety

Local arrangements for Radiation Safety will be agreed through the NHS Lothian Radiation Safety Committee in accordance with NHS Lothian Radiation Safety Policy.

6.8   Health and Safety Advice

The Occupational Health and Safety Service will provide advice on health and safety matters. The Advisers will provide advice and support on all health and safety matters, and will serve as a source of 'competent advice' as required by the Management of Health and Safety at Work Regulations.

Other specialist Advisers such as radiation safety and infection control are also available within NHS Lothian to provide advice.

All managers and employees are encouraged to contact the Occupational Health and Safety Service for advice on any issues. If a manager or employee is unsure about a particular hazard or risk, and feel they cannot take any action at present, the Service should be contacted for advice.

The Health and Safety Team has access to both the Chief Executive and the Director of Human Resources and Organisational Development regarding Health and Safety issues. The Health and Safety Advisers have delegated authority, by the Chief Executive, to stop any work which has an immediate serious risk to employees, patients, visitors, contractors, or members of the public, or which result in Enforcement Action (e.g. Prohibition / Improvement Notice) from any of the Enforcing Authorities. (Reference: Management Regulations – Procedures for serious and imminent danger)

6.9   Key Performance Indicators (Risks)

NHS Lothian Risk Management Steering Group has agreed twelve key performance indicators/risks to improve health and safety performance. These are detailed in the health and safety strategy document for the organisation. A list of key occupational health and safety key performance indicators (KPI's)/risks has been identified and are as follows:

1. Violence and Aggression.
2. Work related stress.
3. Manual Handling.
4. COSHH – Skin Health.

5. Window Management (including Preventing Falls from Windows and Balconies).
6. Control of Contractors.
7. Workplace Transport Safety including Traffic Management.
8. Prevention of Sharps Injuries (Clinical Sharps).
9. Preventing Employee Slips, Trips and Falls.
10. Hot Water Management (including Safe Bathing, Showering and Surface Temperatures)
11. Adverse Event Investigation (RIDDORS)
12. Health and Safety Management System Review

This list is not exhaustive and KPIs (Risks) will be reviewed and updated annually. The current KPIs can be found in the Health and Safety Plan which is monitored by the NHS Lothian Health and Safety Committee.

6.10 Communication

NHS Lothian will ensure that a mechanism for communicating all information regarding health and safety is established throughout the organisation. This will take the form of both written and verbal communication including the use of I.T. systems.

6.11 Health and Safety Plan

Progress towards achievement with both the Annual and the 4 year Health & Safety Strategic Plan will be directly dependent on the level of resource. Areas of risk that are not addressed during the year will be highlighted to the Director of Human Resources and Organisational Development, the NHS Lothian Health and Safety Committee and the NHS Lothian Risk Management Steering Group as necessary.

6.12 Resources

NHS Lothian will allocate resources to support the implementation of the policy, on an annual basis. This allocation will be agreed on the basis of requirements within the Health and Safety Plan and the level of risk exposure. Any resource allocation will be discussed on an annual basis by the NHS Lothian Board.

6.13 Monitoring

The implementation of this policy will be monitored on an annual basis by the Occupational Health and Safety Service and reported to the NHS Lothian Health and Safety Committee.

A programme of health and safety audits will be undertaken by the Health and Safety Service, in conjunction with local ward/departmental staff. This will include patient and non-patient areas, and report will be prepared and submitted to each Management Team.

An annual audit report will be provided t he outcome of the report findings will form the basis for the structure and objectives of the NHS Lothian Health and Safety Strategy and Plan.

Local inspections/safety tours/checks will be undertaken by line managers as part of the requirements of the NHS Lothian Health and Safety Management Manual.

7.0   Review of Policy

The Director of HR/OD in conjunction with the Occupational Health and Safety Service will review this policy every 3 years or following any significant change and recommend changes as required to the NHS Lothian Health and Safety Committee.

8.0   Equality and Diversity

Health and Safety issues are a concern for all staff and groups of users of NHS Lothian's services and premises. The equality & diversity page on the intranet includes a wide range of information about the issues and how these might be addressed. Previous similar versions of this policy were subject to an impact assessment and no concerns were identified.

Appendix 1

HEALTH AND SAFETY GOVERNANCE CHART

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                          ┌─────────────────┐
                          │   NHS Lothian   │
                          │      Board      │
                          └─────────────────┘
                                   │
                          ┌─────────────────┐
                          │ Staff Governance│
                          │    Committee    │
                          └─────────────────┘
                                   │
                          ┌─────────────────┐        ┌─────────────────┐
                          │   NHS Lothian   │        │ Risk Management │
                          │ Health and Safety│ - - - →│  Steering Group │
                          │    Committee    │        └─────────────────┘
                          └─────────────────┘
                                   │
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| Edinburgh HSCP Health and Safety Committee | REHAS Health and Safety Committee | East & Midlothian HSCP Health and Safety Committee | WGH/RIE/RHSC/ St Johns Site Health and Safety Committees | Facilities Health and Safety Committee | Corporate Services Health and Safety Committee | West Lothian HSCP Health and Safety Committee |

Appendix 2

NHS LOTHIAN HEALTH & SAFETY COMMITTEE – REMIT AND MEMBERSHIP

1. Committee Role and Remit
The role and remit of the Health and Safety Committee, as a formal Sub Committee of the NHS Lothian Board is as follows:

Overall role and remit

- To develop, endorse, promote and review the NHS Lothian Health and Safety Policy aims and strategic objectives and to oversee implementation.
- To ensure that health and safety risks are identified and managed and that the NHS Lothian Board meets both its organisational and legislative requirements.
- To promote the ownership of health and safety as an integral part of the provision of high quality health and health care services.
- To ensure the organisation meets the Staff Governance Standard that entitles staff to an *"improved and safe working environment"*.
- To ensure that the appropriate level of competence in health and safety is identified, supported and maintained.
- To monitor health and safety performance and strive for continual improvement, both in the operational service and at a corporate level.
- To assure the NHS Lothian Board that effective systems are in place to effectively manage for health and safety.

These working arrangements have been developed to ensure that the committee functions efficiently, effectively and achieves its purpose.

Specific responsibilities
- To improve health and safety leadership, management commitment and employee participation
- To endorse Health and Safety Policies and recommend them to the NHS Lothian Board as appropriate
- To supervise the commissioning of health and safety policy development and consultation
- To monitor the dissemination and implementation of health and safety related policies across the organisation
- To inform and influence health and safety planning, developments and budgeting
- To consider the impact of significant change / service management processes on health and safety risks
- To consider and act upon enforcement representations, reports and factual information provided by Health and Safety Executive inspectors
- To monitor performance from Health and Safety internal audit reports, incident statistics and trends and provide direction for corrective action
- To monitor and oversee action planning arising from health and safety inspections, audits, and incident data
- Consideration of reports which staff-side health and safety representatives may wish to submit
- To communicate health and safety information and advice to the organisation
- To translate statutory and best practice requirements into operational targets for use by NHS Lothian
- To review and approve health and safety information reporting requirements
- To consider UK / Scottish Government proposals for new/amending legislation and recommend NHS Lothian responses

- To establish 'Short Life Working Groups' as it deems necessary to fulfil its obligations
- To establish and support Local Health and Safety Committees, adhering to the NHS Lothian Partnership Agreement.

Performance Targets

The Chief Executive, through the NHS Lothian Health and Safety Committee is responsible for ensuring that the appropriate processes and resources are in place to facilitate the achievement of the Health and Safety Policy aims and the Strategic Plan.

Standard Agenda

1. Items for Approval
1.1 Minutes for Adoption
1.2 Governance
1.3 Performance Management – Health and Safety Management Reports

2. Items for Discussion

3. Next Meeting
4. Matters Arising

5. Any Other Competent Business

Items for the agenda can be lodged with either the Chair or the Committee Administrator up to 7 days prior to the meeting.

Boundaries and Accountabilities

- Promotion and ownership of health and safety as an integral part of the provision of health and healthcare services
- Recognition of the importance of developing a culture of continuous improvement
- Explicit structure, fully integrated into operational and performance management arrangements of Operational and Corporate Services
- Clarity about accountability, roles and responsibilities and reporting arrangements
- Harmonised approach, including polices, procedures, systems and processes
- Effective involvement of everyone at every level
- Focus on implementation, monitoring, audit and review
- Easy and quick access to competent advice as necessary
- Full understanding and ownership of the need for health and safety competence and agreement as to the best way to ensure this.
- Ensure the Health and Safety Strategic Plan is appropriately resourced

Reporting Arrangements: The NHS Lothian Health and Safety Committee will report to the NHS Lothian Board via the Staff Governance Committee, through the minutes of the meetings and through the Director of HR/OD.

2. Committee Membership The membership of the Committee includes:

- Director of Human Resources and Organisational Development – Chair
- Employee Director – Co-Chair
- Partnership representatives
- Chair or deputy from the HSCP's, REHAS, Corporate, and the Hospital Site Health & Safety Committees
- Director of Facilities
- Medical Director representative
- Nurse Director representative
- Finance Director representative
- Director of Occupational Health and Safety
- Head of Health and Safety
- Head of Manual Handling
- Associate Directors of Clinical Governance and Risk Management
- Lead for the Centre for Management of Aggression
- Infection Control Manager
- Other specialist advisers nominated by the Chair

2.2 Staff Side Representatives Each Trade Union/Professional Organisation will be invited to nominate one staff side health and safety representative to sit on the Committee. However in specific circumstances more than one representative may attend the Committee as appropriate and necessary.

2.3 Advisers. Advisers will attend the Committee but not be formal members. This should facilitate them providing independent advice. Membership can be supplemented by co-opted attendees to provide additional knowledge or expertise:

- Health and Safety Advisors
- Radiation Protection Advisors

The Chairmanship of the NHS Lothian Health & Safety Committee will be held jointly, between the Director of HR/OD and the Employee Director. Other Executive Directors and Board employees or representatives may attend as required.

Appendix 3

Arrangements

HEALTH AND SAFETY RELATED POLICIES

The following are matters for which there are Lothian wide Policies. The list will be updated on the health and safety homepage of the intranet, without complete revision of the Health and Safety Policy:

1. Alarm System and Emergency Response Policy

2. Alerts Procedure

3. Asbestos Policy

4. Blood Borne Viruses Policy

5. Control of Contractors

6. First Aid Policy

7. Safe Bathing, Showering and Surface Temperatures Incident Management Policy

8. Adverse Event Management Policy and Procedure

9. Latex Policy for the Protection against adverse Reactions to Latex.

10. Legionella Policy

11. Liquid Nitrogen Policy

12. Lone Working Policy

13. Manual Handling Policy

14. Management of Occupational Road Risk

15. Preventing Employee Slips, Trips and Falls Policy.

16. Restraint Policy

17. Risk Management Policy

18. Risk Register Operational Procedure

19. Stress

20. Violence and Aggression Policy April 2011

21. Preventing Falls from Windows and Balconies Policy

22. Working at Height Policy

23. Workplace Transport Policy

Appendix 4.

Service Health and Safety Revised (Framework/Local Policy)

Service:

Department:

Statement of Intent:

This framework statement identifies that the Head of Service *e.g General Manager* has overall responsibility for health and safety at a Service level.

This framework statement communicates commitment to health and safety by **(name)** the Head of Service.
This framework statement establishes a commitment to treat health and safety as a core management function with the same key objective as all other management functions.

This framework statement commits senior management to the provision of appropriate resources and also has a commitment to maintaining effective systems of communication on health and safety matters.

This framework statement gives a commitment to ensuring the health & safety competence of all NHS Lothian employees through the provision of relevant and appropriate Health & Safety training and support.

Management give a commitment to planning for safety by ensuring that the requirements of the electronic Health & Safety Manual (the health and safety management system) are implemented which includes fulfilling the requirements of the annual health and safety plan and the quarterly performance management reports. All reports will be completed to the required standard of quality.

Legal compliance is taken as the minimum acceptable level of performance but this framework expresses a commitment to progressive improvement in health and safety performance over and above legal compliance.

This framework statement gives a commitment to review and develop the framework document and also all related policies, procedures and protocols.

This framework statement recognises the responsibilities of managers in the implementation of the NHS Lothian Health & Safety Policy. It also recognises the contribution that all employees can make to policy implementation.

This framework statement is supplemented by written statements of arrangements that staff can use to guide them on health and safety issues at a local level.

Signed:
Date:

This framework statement is also supplemented by written statements of organisation and an organisational chart. (See below).

Arrangements:

1. Arrangements:

1.2 Policies

NHS Lothian lays out its commitment and responsibilities for staff at all levels in the Health and Safety Policy. Managers are required to ensure this is effectively communicated and implemented within their areas of responsibility, making staff aware of their allocated responsibilities and general duties under this policy. The policy is supported by a range of other Health and Safety-related policies which can be found on the Health and Safety Website. The applicable policies for the ward/department area should also be clearly communicated and implemented.

1.3 Objectives Targets & Plans

NHS Lothian plans its health and safety activities at all levels, setting objectives, targets to meet the objectives and planning activities to meet the targets. Health and safety priorities and targets are incorporated in to the Annual Health and Safety Plans.

1.4 Communication

Communication on health and safety matters will be through the most appropriate medium for the issue concerned; these include ward department Team meetings, safety briefings, Charge Nurse Meetings, tool box talks and other forms such the Team Brief and Connections. Formal and informal correspondence and other appropriate means can be used. On specific operational health and safety matters at Ward & Departmental level the responsibility for consultation, where it is required, rests with the Charge Nurse and Clinical Nurse Managers.

1.5 Risk Assessment Process

The risk assessment process will primarily be the responsibility of the Charge Nurse/Department Manager and will be completed as far as possible, in consultation with their staff and staff side nominated partnership health and safety representatives, with the findings and controls effectively communicated.

Adequate information and instruction related to the significant findings are made available to staff and others involved/undertaking the task, activity, process or other risk criteria.

1.6 Training

Health and safety related training will, so far as possible, be planned and organised based around the risk that staff could or will be exposed to. Responsibility for type of training required rests with the Charge Nurse or equivalent manager.

1.7 Emergency Preparedness and Response.

NHS Lothian has developed, and will keep under review, plans and procedures to prepare for reasonably foreseeable emergency situations. These are currently detailed under separate procedures and guidance. Resilience Groups are in place that govern emergency and response

2. 0 Monitoring & Review

2.1 Active Monitoring

Checking (monitoring) involves regular inspection and auditing to ensure that standards are being implemented and management controls are working. Arrangements are in place for undertaking health surveillance, stress management, staff surveys, safety tours & reviewing risk assessments.

Ward/Department Managers are responsible for ensuring each workplace is inspected regularly as part of the quarterly review cycle and that the outcomes are recorded. Furthermore, they must ensure that where required an action plan is developed to prioritise and mitigate risk and that the necessary remedial actions are carried out timeously.

A programme of specific health and safety audits is maintained and carried out by the Health and Safety department.

2.2 Adverse Event Reporting/Investigation

The DATIX reporting system is accessible to all staff.

All adverse events must be investigated to an appropriate level with a view to finding the root cause and incidental failures, to learn lessons and take improvement actions where appropriate. Line management and staff will be engaged in this process. Information will be analysed in order to develop meaningful statistics on performance and trends.

Statutory reports i.e. RIDDOR reports to relevant authorities will be submitted within the timeframe required under law.

3.0 Risk Profile

Within ……………..Service , there are some work activities that have hazards which can cause injury or damage to property. The main hazards include –

- **Violence & Aggression**

- **Slips, Trips & Falls**

- **Moving & Handling**

- **Traffic Management**

- **Clinical Sharps**

- **COSHH (inc Skin Health Surveillance and Laundry rogue items)**

- **Permit to Work systems (inc Control of Contractors)**

- **Window Management**

- **Incident Investigation (inc RIDDOR reduction)**

- **Hot Water Management (inc Legionella control).**

- **H&S systems Auditing**

- **Stress Management**

(Delete the ones not specific to service from the 12 key NHSL risks)

All of these will have been subject to the risk assessment process within the respective wards and departments. You should ask your Charge Nurse about these to ensure you are aware of what you need to do

Example of a Health and Safety Organisational Chart

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                    ┌─────────────┐          ┌──────────────────────┐
                    │ Site Director│─────────│ NHS Lothian Health    │
                    │             │          │ and Safety Committee  │
                    └─────────────┘          └──────────────────────┘
                                                        │
                                             ┌──────────────────────┐
                                             │ Site Health and       │
                                             │ Safety Committee      │
                                             └──────────────────────┘
```

Site Director

NHS Lothian Health and Safety Committee

Site Health and Safety Committee

Responsible for completion and implementation H&S Framework Doc/Local Policy

General Manager(s)

Service Manager	Service Manager	Service Manager	**Service Manager** Monitor Implementation of the Health and Safety Plan
Clinical Nurse Manager	Clinical Nurse Manager	Clinical Nurse Manager	**Clinical Nurse Manager** Provide Reports as part of the HS Plan & Quarterly Review
Charge Nurses	Charge Nurses	Charge Nurses	**Charge Nurses** Implementation of the Health and Safety Plan
Staff	Staff	Staff	**Staff** Report any HS concerns

30

ACUTE HOSPITALS COMMITTEE

The draft minutes of the meeting held on 30 November 2015 are attached.

Key issues discussed included:

- Data diagnostic review (Deloitte Deep Dive Exercise), looking at efficiency and productivity across all acute sites and looking at driving patient improvement where possible. Next steps identified and further work to be done on the governance processes around this review.
- Integrated Lothian Infections Service- vision was of an integrated patient - centred high quality approach involving geographical infection teams comprising infection consultants, infection prevention and control nurses, antimicrobial pharmacists and specialist trainees. Members took the view that the proposed changes would make the service quicker and more effective.
- The poor financial position and necessary recovery plans.
- Assurance around the Royal College of Paediatrics and Child Health Review of Acute Medical Paediatric Services in Lothian and the proposed stakeholder engagement plan.
- Acute Services Performance - progress and areas for improvement.
- Assurance around Waiting Times Governance - no major issues identified.
- Progress around clinical engagement and leadership and integration with other initiatives.

Key issues on the horizon are:

- Financial challenges
- Delayed discharge
- Inpatient Paediatrics Review
- Implementation and effectiveness of new Acute Structure
- The results of the Deloitte Deep Dive exercise and better use of data and more effective pathways. This is critical.

Kay Blair, Acute Hospitals Committee Chair
12 January 2016

DRAFT

NHS LOTHIAN

ACUTE HOSPITALS COMMITTEE

Minutes of the Meeting of the Acute Hospitals Committee held at 2:00 p.m. on Monday 30 November 2015 in the Meeting Room 5.4, Waverley Gate, 2-4 Waterloo Place, Edinburgh.

Present: Mrs K Blair (Chair); Dr D Farquharson; Ms M Johnson; Mr A Joyce; Mrs A Meiklejohn; Mrs A Mitchell and Mr G Walker.

In Attendance: Mrs S Ballard-Smith (Nurse Director - Acute Services); Ms J Brown (Associate Director, Human Resources); Mr J Crombie (Chief Office); Mr M Hill (Non Executive Board Member); Ms A Kirkpatrick (Waiting Times Governance Manager); Mr P Lock (Deloitte); Mr C Marriott (Deputy Director of Finance); Ms H Neilson (Modernisation Manager); Mr P Reith (Secretariat Manager); Mr A Tyrothoulakis (Service Director) and Mrs Catherine Young (Business Manager).

Declaration of Financial and Non-Financial Interest

The Chair 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.

The Chair welcomed Mr Martin Hill, non-Executive Board Member attending the meeting as part of his induction and Mrs Catherine Young, Business Manager for the Chief Officer, to her first meeting.

36. Minutes of the Previous Meeting

36.1 The previously circulated minutes of the meeting held on 1 September 2015 were approved as a correct record.

37. Running Action Note

37.1 The Committee noted the previously circulated running action note and Mr Reith advised that once the outcomes of items from the running action note that were on the agenda or recorded were completed they would drop off the running action note for subsequent meetings.

38. Matters Arising

38.1 <u>Statement of Assurance Needs</u> - It was agreed that as the Committee was content with the statement of Assurance needs it no longer needed to appear on the agenda.

38.2 <u>Sharing Good Practice</u> - Mrs Young advised the Committee that a paper would be brought to the next meeting detailing the sharing of good practice with other sites.   **JC**

39.   Data Diagnostic Review (Deloitte Deep Dive)

39.1 Mr Crombie introduced a previously circulated draft final report from Deloitte and explained that this was part of the review of efficiency and effectiveness across NHS Lothian. The report focussed on a number of elements of the acute services and the acute division had worked closely with Deloitte in its production. The majority of the elements of the report had been accepted and Mr Tyrothoulakis would be able to provide the committee with assurances of the work that would be undertaken following the receipt of the report. Mr Lock advised the Committee that the main question had been how the existing data was used to drive improvement opportunities with particular reference to the data focussed on patient pathways. The exercise had an emphasis on length of stay and in particular how Lothian compared with other NHS Boards, identifying areas for improvement and initial development of plans for the next steps.

39.2 The high level bench marking exercise had suggested that NHS Lothian was not performing as well as it could do compared to a UK wide peer group. Metrics such as length of stay, day case rates and hospital readmissions were significantly above the peer group average.

39.3 Data analysis and observation had confirmed that the length of stay variance was being driven by long stays within medicine of the elderly with day case rates 10% lower than national targets, especially in general surgery and urology. Theatre utilisation was also low with standard measurements showing Lothian 10% – 20% below those expected from a well performing NHS organisation.

39.4 It was noted that benchmarking indicated that up to 380 beds could be saved if NHS Lothian's performance was raised to that of its peer group and there was an opportunity to close up to 150 frail elder beds and 12 surgical beds based on the extent of process and pathway variation observed in the service.

39.5 In terms of theatre utilisation it was noted that 'needle to skin utilisation' from anaesthetics to leaving theatre post surgery ranged between 60-70% inmost specialties, lower than well performing theatres. In addition, the cancellation rate exceeded 9% which was higher than the Scottish average and late starts and finished exceeded 70% on all 3 of the main surgical sites.

39.6 Mr Lock advised that he had been working with finance and the acute division on high level project initiation documents to drive forward some of the changes identified.

39.7 The Chair thanked Mr Lock for his presentation and commented that the report had been one of the most informative that she seen and made for some stark reading. Mr Tyrothoulakis commented that he welcomed the report and was please that some of the comments relied closely with the work already being undertaken in the acute division. In order to address the issues a change management programme was being set up to identify 7 or 8 areas identified in the report on which to concentrate. These would include working day theatres and in particular examining areas where performance was significantly out of alignment. Work would also be undertaken to

ensure a positive environment in which staff could work as this would have a knock on effect into the way in which people carried out their work.

39.8 It was noted that the theatre strategy would be completed by the end of December and by the end of 2016 it would be possible to report back on some of the initial successes. It was accepted that whilst some things could be changed quickly the entire exercise would take between 3-5 years to complete.

39.9 Mr Crombie confirmed that similar problems in other areas that had been identified would be addressed using the data collective and the dashboards developed would be particularly helpful. A transparent approach would be taken as some of the 'inefficiencies' identified would have related to occasions in which elective procedures were being cancelled and theatres would be waiting to see what type of patients were to be received and the actually availability of beds.

39.10 Mr Marriott advised that the costing models for procedures was different between Scotland and England and that providers were not necessarily working to the national cost models. Work was underway to review what other Boards were doing and some good information was now available. Only a few areas had been examined and a report would be brought back to the committee.   **CM**

39.11 Mr Walker commented that the Finance & Resources Committee had not yet seen the report and Mr Marriott advised that there had been discussions as to whether it should first go to the Acute Hospitals Committee before going the Finance and Resources Committee. The Chair advised that the governance arrangements for work of this nature would need to be agreed.

39.12 Mr Walker questioned a reference to the proportion of capacity being delivered by waiting lists initiatives or the private sector and how this was assessed. Mr Lock explained that the reference was to the percentage of overall activity.

39.13 Mr Walker asked about the possibility of using the existing data to provide information on capacity and Mr Crombie advised that a number of different systems were now being used such as e-job planning which detailed consultant capacity which together with information on theatre time usage would give an indication of virtual capacity which it was intended to use in the report to Finance & Resources Committee in January. Variables which might impact on capacity included delayed discharges which would impact on bed availability.

39.14 It was noted that although additional consultants had been recruited and 2016 should see a great degree of stability, 3 new consultants had been employed in ENT, 2 of whom had immediately gone on maternity leave. Their salaries were therefore being paid but without any additional productivity. Normal levels of sickness and injury also impacted on capacity. Existing systems did not link information to be able to say that whilst the capacity should achieve a certain result, a lower figure was achieved because of specialist staff unavailability and the Committee noted the importance of sharing the data with the practitioners themselves so that the overall picture was understood by both staff and management.

39.15 In her summary, the Chair emphasised the need for good implementation plans for the areas concerned linked with other quality assurance and relevant initiatives such as workforce planning, the importance of an information strategy for the organisation building on the data now available and ensuring that the whole of the organisation

was informed of the lessons learnt; that there were some concerns about the resource available for project management the governance issues had to be resolved so that it was clear which committee took responsibility for the report the specific targets being aimed for should be clarified and short, medium and long term plans should emerge from the overall exercise. The report was a priority for the Acute Hospitals Committee and represented a huge challenge for the organisation.

39.16   It was agreed that a further report on progress should come to the next meeting of the Committee. **JC**

40.   An Integrated NHS Lothian Infection Service

40.1   The Chair welcomed Dr I Johannessen, Director of Laboratory Medicine.

40.2   Dr Johannessen advised that currently infection care in Lothian was delivered by 3 separate services that overlapped to a degree. These were laboratory medicine (including microbiology and virology), infectious diseases and infection prevention and control. In addition specialist antimicrobial advice was provided by NHS Lothian Pharmacists.

40.3   Currently, conflicting advice regarding patient management (including infection prevention and control) might be given to frontline teams by the separate infection services causing possible confusion and delayed discharge. The current delivery by separate infection services did not ensure an integrated patient centred high quality infection service to patients with, or at risk of, infection.

40.4   The Committee noted that vision was of an integrated patient - centred high quality approach involving geographical infection teams comprising infection consultants, infection prevention and control nurses, antimicrobial pharmacists and specialist trainees. The lead team would comprise of the lead infection doctor, lead infection and lead infection manager.

40.5   Four geographical infection teams were proposed at the Royal Infirmary of Edinburgh, Royal Hospital for Sick Children, Western General Hospital and St Johns Hospital. Mr Johannessen outlined a number of anticipated benefits and advised that the Project Board had received support for the general direction of travel for the Chief Officer.

40.6   It was noted that the Committee was being asked to support the proposals which would be submitted to the Senior Management Team in January 2016 with an implementation date of around April 2016.

40.7   Dr Farquharson commented that the proposals made a lot of sense especially with current variations in performance in dealing with healthcare associated infection. Members took the view that the proposed changes would make the service quicker and more effective and Mr Walker commented that it was clear at the patient safety visits that activities at ward level were focussed on nursing.

40.8   Ms Johnson confirmed that the nursing service was already arranged on the geographical basis and staff were supportive of the move to Infection Control Committees.

40.9 Mrs Ballard-Smith commented that whilst the Royal Hospital for Sick Children would ultimately be located on the same site as the Royal Infirmary of Edinburgh the proposals were outward looking and were the way forward.

40.10 The Committee noted that Public Health and Occupational Health were fully involved and the proposals would allow existing data to be used more effectively and would help nursing teams working with medical teams.

40.11 Members had a number of questions about the details of the proposals and Mr Crombie advised that this was an evolving policy and it was his intention to ensure that members of the committee were aware of some of the clinical led developments as well as being informed of financial and performance figures. He assured the Committee that the more detailed information would be included in the relevant business cases when they were brought forward.

40.12 The Chair commented that there were still issues concerning the remit of the Committee and overlaps or duplication with the work of other Committees. The Committee agreed to support the broad principles but would require more detailed information to be included in the business case before it could recommend approval to the Board.

40.13 The Chair thanked Mr Johannessen for his presentation.

41. **Divisional Financial Performance - October 2015**

41.1 Mr Marriott introduced a circulated report giving an overview of the Division's year to date and forecast outturn financial performance together with an update on progress towards the delivery of efficiency savings targets. The Committee noted that in overall terms, NHS Lothian was forecasting a deficit position and was in discussion with the Scottish Government.

41.2 In respect of the Acute Hospitals Division, an overspend of £8m was being reported for the 7 months to the end of October and a detailed analysis by expenditure type and business unit was shown in the paper. The in-month performance showed movement of £2.2m driven by slippage against savings targets and a significant overspend on non pays with clinical supplies and equipment contributing to the pressure.

41.3 Along with the non delivery against efficiency target, the key drivers of this position were ongoing pressures in medicine, supplies and nursing with the in-month overspend on equipment being distorted by year to date adjustments in relation to high cost service contracts and was not anticipated to be the start of a new trend.

41.4 Mr Crombie advised that in addition to increased activity within theatres, sickness absence figures in respect of nursing was the main driver of bank expenditure. Other drivers included drugs pressure including growth in the use of 3 new drugs for which there was no funding set a side in the acute prescribing reserve. Continued growth in 2 multiple sclerosis medicines for which there was no acute prescribing funding was also causing a significant overspend as were new drugs in a number of other areas.

41.5 Mr Crombie commented that failure to achieve savings targets in procurement was disappointing and this aspect would require significant review. On the positive side he

reported that NHS Lothian was coming close to achieving its treatment time guarantee target.

41.6   Mr Marriott advised that the possibility of requiring business units to deliver against budgets rather than being given a budget and then being expected to make a local reinvestment plan saving from that budget was being discussed.

41.7   The Committee agreed to noted the significant deterioration in the divisions financial performance in October; to note the year to date financial position of £8m overspent including shortfall in LRP delivery; to note that the quarter 1 forecast indicated a projected performance of £10.9m overspend after agreed management actions; to note the updated forecast prepared in month 7 indicating the revised outturn position of £13.4m overspend; to note the requirement for additional management actions to offset the deterioration in month 7 in order to bring the divisions financial performance into line with the agreed forecast and to note both in-year and recurring LRP performance under requirements for services to identify actions to offset slippage against planned trajectory.

42.   Update on Review of Medical Paediatric Inpatient Services

42.1   Mr Crombie introduced a circulated report detailing the progress with the planned Royal College of Paediatrics and Child Health Review of Acute Medical Paediatric Services in Lothian and the proposed stakeholder engagement plan.

42.2   Mr Crombie reminded the Committee that the Division was currently spending £60k per month over budget in maintaining the unit at St Johns Hospital. There had been a significant increase in the number of freedom of information requests from Ministerial and MSP questions in respect of the review.

42.3   The Committee noted that the review would involve an intensive 3 day visit to NHS Lothian to meet the clinical teams, see at first hand the services at the Royal Hospital for Sick Children and the Simpsons Centre at the Royal Infirmary of Edinburgh and meet with service user representatives and other stakeholders. This visit was scheduled to take place from Monday 18 – Wednesday 20 January 2016 and the clinical teams had been advised. It was noted there might be a need for further visits after this which would be arranged as required.

42.4   It was noted that the focus of the paper was the stakeholder engagement plan which had been drawn up by the Royal College of Paediatrics at child health and set out the range of methods it was proposed to use to seek the views of parents, families, staff and those who represent face to face meetings and an online questionnaire. The plan also included the suggested timeline for the review work with the final report being expected to go to the Board Development Session in May 2016 following which it would go to the June Board meeting.

42.5   The Committee agreed that the further visits to the clinical teams should include focus group activity in February and potentially March.   **JC**

42.6   It was considered appropriate to emphasise that the review was a pan Lothian one and it should be ensured that the questionnaire identified whether or not people had used the services.   **JC**

42.7   It was agreed that there should be engagement with colleagues in primary care including general practitioners and the NHS Lothian Unscheduled Care Services as well as with the Edinburgh Integrated Children's Services Board.   **JC**

42.8   The Committee agreed to note that the review team visit would take place over 3 days from 18 - 20 January 2016 and agreed the proposed stakeholder engagement plan as amended.

43.   Acute Services Performance Update

43.1   Mr Crombie introduced a circulated report giving an overview of the performance of acute services.   He emphasised that the achievement of the treatment time guarantees was within sight. The number below the target was 170 at the end of November and should be near zero by the end of December. The rise over the recent period of outpatients waiting over 12 weeks had been stemmed in the latest month and it was noted that Lothian had been experiencing difficulties in common with others across Scotland.

43.2   NHS Lothian's performance against the 4 hour unscheduled care target was now almost 95% only marginally below the national standard. The Royal Infirmary of Edinburgh and Royal Hospital for Sick Children were above the standard expected whilst St Johns and the Western General Hospital were below. Work in preparation for winter was commencing and 15 beds had been opened at Gylemuir. In respect of diagnostic imaging, Mr Crombie confirmed that Lothian was compliant with all targets for 6 weeks.

43.3   The Committee noted the summary of the Acute Services Performance and whilst disappointment was expressed that targets were not yet being met it was noted that the position was improving and congratulated Mr Crombie on the work done in this respect.

44.   Waiting Times Governance

44.1   Ms Kirkpatrick Introduced a circulated report giving an update on waiting times governance since April 2015, highlighting the forensic monitoring with reports run weekly to identify irregularities in waiting times transactions. It was noted that exceptions continued at a low level and investigation had concluded that these were invariable key in or administrative errors by staff. Alerts had been established in the forensic reports so that any marked variance was flagged. No concerns had been identified.

44.2   The Committee noted that the purpose of paper was to report areas of concern in respect of the governance framework and any issues identified had been small with no concerns standing out.

44.3   Mr Walker commented on the reference to taxi's and couriers asking if an audit had taken place and Ms Neilson advised that the patient to whom letters for short notice appointments had been sent by taxi or courier had confirmed by phone that they would be accepting the appointment. A review of the process had been undertaken and if a booking was made more than 5 days in advance then the letter would

normally be sent by regular TNT mail, 3-4 days in advance by Royal Mail first class and if only 1-2 days in advance then a letter would not be sent at all.

44.4   It was noted that there were some situations where it was still considered appropriate to use a taxi or courier, particularly if a patient had an identified additional need which meant these documents were essential to the patient attending the appointment or some prior preparation was required before the appointment. In these cases the reasons would be stated on the request.

44.5   The Committee noted that work was underway to create an online portal whereby patients could access letters etc in a secure environment as patient confidentially rules precluded the sending of such information by email.

44.6   The Committee noted that the issues identified had been addressed and agreed to receive the update on governance matters.

45.   Leadership and Engagement for Improvement in NHS Lothian

45.1   Dr Farquharson introduced a circulated report building on the 2 previous papers on leadership and engagement in July 2014 and April 2015 dealing with the potential impact of leadership and engagement to drive continuous improvement to healthcare, values and behaviours.

45.2   Dr Farquharson referred to the earlier Deloitte Data Diagnostic Review and emphasised the importance of engaging theatre teams. He commented that in the 10 months since Dr Edgar had visited Intermountain Healthcare approximately 300 staff had attended the workshops and sessions to share their total quality management approach. For using financial and activity data to match clinical pathways and develop a clear understanding of clinical processes and variations of their services there would need to be strong engagement with frontline staff and the determination to support improvements throughout a clinical pathway.

45.3   Dr Farquharson emphasised the importance of the programme of patient safety visits and they did improve efficiency.

45.4   A number of engagement opportunities had been made available in Lothian including the National Leader Improvement Programmes, Quality Improvement Teams, improvement programme and learning from adverse events.

45.5   In response to a question from Mr Hill, Dr Farquharson advised that paired learning had been covered in the second paper of the series. The use of Clinical Development Fellows had been a pilot which had proved successful and was being taken forward. Primary care was involved in the process and work was currently being led by Dr Simon Edgar on Growing Our Own Leaders. A small number of staff were being sent out to the United States to visit Intermountain Healthcare to get a feel of what such a system was like. Most of the development work and training however would be carried out in Lothian.

45.6   The Committee agreed to note Dr Farquharson's report and agreed to receive a further update at the end of 2016.   **DF**

46. Update on NHS Lothian University Hospitals and Support Services Revised Management Arrangements

46.1 Mr Crombie introduced a circulated report giving an update on the new NHS Lothian University Hospitals and Support Services structure and the outcomes it was delivering.

46.2 The Committee noted that the savings generated were moving into the second phase and there was full partnership involvement with site partnership forums taking a leading role. The committee agreed to note the benefits to date and that plans for the second phase of the restructure were now underway.

47. Quality of Papers and Debate

47.1 Mr Hill commented that it was unclear why there was no covering paper in respect of the Deloitte Data Diagnostic Review.

47.2 The Chair advised that the possibility of getting more Executive input into such matters would be looked at and the governance structures would be reviewed. In terms of the overall agenda, the papers had been prepared to a high standard.

47.3 The Chair reported that the Board Chairman was keen for Governance Committees to develop a rolling agenda and she would be discussing this with Mrs Young. **KB/CY**

48. Additional Committee Meeting

48.1 It was agreed that the possibility of an additional Committee meeting in early 2016 to discuss the review of Inpatient Paediatric Services should be considered if required. **KB/JC**

49. Melanie Johnson

49.1 The Chair expressed her thanks and appreciation for the work carried out by Melanie Johnson on behalf of the Committee and wished her every success in her new appointment.

50. Date and Time of Next Meeting

50.1 It was noted that the next meeting of the Acute Hospitals Committee would take place on 1 March 2016 at 2:00 p.m. in the Boardroom, Waverley Gate, 2-4 Waterloo Place, Edinburgh.

The minutes of the meeting held on 25 November 2015 are attached.

Key issues discussed included:

- Financial position to end October 2015 and year end forecast
- Financial recovery plans scheduled for review in January
- There are significant financial risks going into 2016/17
- Four options and a risk sharing agreement proposed for the setting of the Integrated Joint Boards' (IJB) 2016/17 opening budget proposal.

Business Cases approved
- Replacement of the PET/CT scanner in Royal Infirmary of Edinburgh Imaging Centre
- Microbiology automation project.

Appreciation and thanks were expressed to Professor Iredale for his contribution to the work of the committee as this was his last meeting.

Key issues on the horizon are:

- Finalisation of the Scottish Government spending review
- Final impact of ESA 10
- Principles of budget apportionment to be agreed with the IJBs.

Mr G Walker/Susan Goldsmith
Chair/Executive Lead
13 January 2016

DRAFT

NHS LOTHIAN

FINANCE & RESOURCES COMMITTEE

Minutes of the Meeting of the Finance & Resources Committee held at 9:00 a.m. on Wednesday 25 November 2015 in the Meeting Room 7, Waverley Gate, 2-4 Waterloo Place, Edinburgh.

Present: Mr G Walker (Chair); Mrs Kay Blair; Mr T Davison; Dr D Farquharson; Councillor R Henderson; Mr B Houston; Professor J Iredale and Mr P Johnstone.

In Attendance: Councillor D Grant (Non-Executive Board Member); Mr M Hill (Non-Executive Board Member); Councillor F Toner (Non-Executive Board Member); Ms V Anderson; Mr A Boyter (Director of Human Resources & Organisational Development); Mr M Conroy (Radiology Manager); Mr I Graham (Director of Capital Planning and Projects); Mr M Gray (Laboratory Services Manager) Mr D Haddow (Procurement Apprentice); Mr A Hay (Procurement Planning Manager); Ms J Hopton (Programme Director - Facilities); Professor A McCallum (Director of Public Health & Health Policy); Mr A McCreadie (Head Of Management Accounts); Mr R McCulloch-Graham (Chief Officer, Edinburgh IJB); Ms L McDonald (Site Director, RIE); Mr C Marriott (Deputy Director of Finance); Mr A Milne (Project Director East Lothian Community Hospital); Mr M Muir (Procurement Apprentice); Mr S Prior (Labs ReNew Programme Manager); Mr P Reith (Secretariat Manager); Mr D Ridd (Communications Manager) and Mr D Small (Chief Officer, East Lothian IJB).

Apologies for absence were received from Mrs S Goldsmith and Ms M Johnson.

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.

Mr P Johnstone declared a non pecuniary interest in agenda item 6 'Integration Joint Boards - 2016/17 Opening Budget Proposals' as the COSLA Health and Welfare representative.

43.   Minutes of the Previous Meeting

43.1   The minutes of the previous meeting held on 9 September 2015 were approved as a correct record.

44.   Running Action Note

44.1   The Committee received a circulated running action note detailing outstanding matters arising, together with the action taken and the outcomes. Mr Marriott confirmed that with the exception of the spending review, the other items on the running action note were now cleared and that further information on the spending review was anticipated later in the year.

44.2   Mr Graham advised that in respect of ESA 10 there were some signs of progress and the potential impact on Lothian would be on the bundle of 3 primary care projects as well as inflation and related financial implications potentially arising from the delay in achieving financial close on the programme and he would keep the Committee updated on progress.   **IG**

45.   **Financial Position to October 2015 and Year End Forecast**

45.1   Mr Marriott introduced a circulated report providing an overview of the financial position for the 7 months to October and an update on the year end forecast. The Committee noted that the cumulative financial position at the end of October showed an overspend of £7.8m across all services, with an in-month overspend of £597k in October. It was noted that the in-month position had benefitted from the release corporately of reserves and non recurring benefits totalling £3.216m, a higher proportion of those identified at the mid-year review than had been planned.

45.2   It was noted that the overspend against the revenue resource limit included £6.463m of unachieved efficiency savings as well as the release of reserve flexibility of £8.403m. The common theme was the increase in use of reserves and the increase in the deficit. Nurse staffing levels were being increased to reduce the use of agency nurses and there was still pressure on medical supplies and a significant shortfall against the achievement of Local Reinvestment Plan (LRP) targets.

45.3   In response to a question from Mrs Blair, Mr Marriott advised that the overall trend of cost rises and achievement of the LRP matched that of previous years. It was noted that staff were moving off the nurse bank and into agency nursing because of the higher rates of pay and a national approach on how to use agency staff was being explored.

45.4   Mr Davison emphasised that the challenge would be to the Board's risk appetite on a number of fronts. The possibility of earlier discharge rather than opening extra beds was being explored and whilst spending could be reduced, this would increase risk elsewhere.

45.5   Professor McCallum commented on the possible difficulties if targets such as Hepatitis C failed to be achieved due to budget reductions and Mr Marriott advised this would be picked up in the mid-year review.

45.6   The Committee discussed remedial actions and noted the significant risk in the increasing overspend, mitigation of which would depend on an improvement in the achievement of LRP.

45.7   It was noted that the Director of Finance had alerted the Scottish Government to the possibility of a deficit at the end of the financial year and it was agreed to support implementation of actions by the Board to support the delivery of a breakeven position.

46.   Update on the 2016/17 Financial Planning Process

46.1   Mr Marriott introduced a circulated report giving an update on the current financial planning process and setting out the updated assessment of 2016/17, including the full year impact of 2015/16 and the step-up in costs anticipated for 2016/17.

46.2   The Committee noted that the Scottish Spending Review was on 16 December 2015 and recovery plans would be sought by the end of December. Meetings had been set up in January to review recovery plans and it was anticipated that there would be budgetary pressures of 7.63%.

46.3   It was noted that the main risks included the potential that consolidation of the individual business unit recovery plans did not give the required level of assurance that a balanced financial plan was achievable. The additional NRAC funding was currently being assumed at £11.9m with an assumed uplift of 1.8% but this could not be guaranteed. There were also concerns over the continued management of the financial exposure on both elective and unscheduled care capacity pressures, including delayed discharges.

46.4   There were risks in the availability of Scottish Government funding for both nationally funded programmes and initiatives and services funded annually on a non recurring basis. In addition there was concern at the revenue impact of the Capital Investment Programme including transitional or double running costs not yet identified and development costs required to support all projects.

46.5   Mr Marriott commented that there were significant risks going into 2016/17 with the number of issues requiring to be resolved it was hoped to be able to submit an updated plan to the Committee in January 2016.

46.6   Mrs Blair asked about the effectiveness of the LRP Hub looking at best practice and the implications from the capital programme. Mr Marriott advised that the position of the LRP Hub was mixed and work was ongoing to achieve different patterns of skill mix. There was however a need for project management support to deliver on projects and some of the decisions that would require to be taken would involve risks. There were also the previously referenced concerns about non profit distribution deals funded by the Scottish Government and implications of ESA 10.

46.7   The Committee agreed to note that the initial assessment of projective baseline costs had been undertaken as part of the ongoing process to establish the total financial gap for 2016/17.

46.8   It was noted that the current gap between estimated 2016/17 costs and assumed funding was £73.5m before the inclusion of recovery plans. This gap comprised £112.3m of additional costs and £38.8m of additional resource.

46.9   The Committee noted the assumed additional resources of £38.8m remained a planning assumption and would not be known until the Scottish Spending Review on 16 December.

46.10 The Committee agreed to support the ongoing development of recovery actions to achieve a balanced plan for the next year and beyond.

47. Integration Joint Boards - 2016/17 Opening Budget Proposal

47.1 Mr Marriott introduced a circulated report setting out a methodology and process which would allow NHS Lothian to propose budgets to the Integration Joint Boards.

47.2 Mr McCreadie gave a presentation explaining the process and advising that there were four elements to the budget setting: core, hosted, set-aside (all health) and social care.

47.3 The Committee noted that in terms of 2016/17 financial planning, NHS Lothian's financial plan had £98m of financial pressures, £39m of available resources and a net gap of £59m. The outstanding issues to be resolved within the plan included the £98m gap which continued to be updated, the financial recovery plans that were still being worked through and the level of uplift from Scottish Government still to be confirmed.

47.4 The Committee noted that the report proposed four options as well as a risk sharing agreement to give the Integration Joint Boards a degree of financial stability in their first year of operation.

47.5 Mr Hill commented that for each of the four options there needed to be an explanation of the rationale behind the proposal in the context of what was trying to be achieved.

47.6 Mr Johnstone commented that the Integration Joint Boards had been set up to deliver a shift in the balance of care by investing in early interventions and challenged the use of options, given differentially advantageous financial support to the acute sector.

47.7 Mr Davison reminded the Committee that government policy was to disproportionately invest in treatment time guarantees and this was unrelated to the expectations for Integration Joint Boards. There was a clear need to split the budget into both set-aside and elective.

47.8 Councillor Toner commented that there appeared to no NRAC uplift to the West Lothian Integration Joint Board budget and that NHS Lothian should be advising the Scottish Government that shifting from acute services to services in the community would ultimately generate savings but would require additional funding at first. He felt that the exercise presented an opportunity to recognise the role of the Integration Joint Boards.

47.9 Professor Iredale emphasised the importance of the process being driven by the strategy.

47.10 Mr Houston commented that the object was to agree principles and flag up issues and that Committee members were there as NHS Lothian Board members rather than representing different groups.

47.11 The Chair commented that whilst the paper asked the Committee to agree on a specific option, the Integration Joint Board Chief Officers had not been involved in the process.

47.12 In response to comments about the apparent transfer of resources to the Edinburgh Integration Joint Board, Mr Davison advised that Edinburgh was the lowest cost prescriber but still with pressures of £6.9m. Edinburgh received a smaller share of the

cake than the rest of Lothian and the budgeting exercise was merely proposing that Edinburgh be given a fairer share of the available resources.

47.13 Mr Davison emphasised that the amount of resources available would be determined by the Scottish Government and not the Board. Mr Houston advised that the objective should be to achieve the most effective distribution of resources to give the best outcomes.

47.14 Mr Davison advised that following reflection on the comments made there would be discussions with the Integration Joint Boards and a further paper would be submitted to the Committee, at a special meeting.   **SG**

47.15 The Chair thanked Mr McCreadie for his presentation.

48.   **Two Tier Scottish Framework Agreement - Implementation Phase 3**

48.1   Mr Boyter introduced a circulated report detailing progress to date in implementing a two tier workforce screening for staff in scope working at the Edinburgh Royal Infirmary and setting out the costs of implementation from 2006 - 2014/15.

48.2   Mr Boyter reminded the committee that in the 1980s soft facilities management had been put out to compulsory competitive tender and this had lead to some staff transferring to different terms and conditions of service in the private sector.

48.3   In October 2006 the Scottish Executive Health Department had developed a Scottish framework agreement designed to remove two tier working from NHS Scotland to ensure the terms and conditions of service no less favourable overall were implemented throughout the NHS in Scotland. The only staff in NHS Lothian not on such terms were those working for Cofley GDF Suez which provided ancillary services including Domestic Services, Non-Patient Movement Portering, Ward Hostesses and Catering staff through the PFI contract with Consort at Royal Infirmary of Edinburgh.

48.4   Proposals to achieve this were detailed in the circulated paper and Mr Davison advised that the Scottish Government Band 1 Review which involved reviewing Band 1 salaries and had been interpreted by Trades Unions as removing with Band 1 and moving Band 1 staff to Band 2 had been flagged as a risk. Overall it was anticipated that this would add cost pressures of approximately £3m for all the affected staff in Lothian and work was underway to review the skill mix to make the best use of staff in their appropriate bands.

48.5   The Committee agreed to endorse the proposals in principle for the next stage of implementation (back dated payment in relation to basic pay and unsocial hours payments) and noted the issues which remained outstanding.

49.   **Property and Asset Investment Programme 2015/16**

49.1   Mr Graham introduced the circulated report providing an update on the Property and Asset Investment Programme 2015/16. He advised that work was still underway examining how the proposals for the Royal Victoria Hospital could be delivered in the most efficient manner. An impact assessment on the overall capital plan would be undertaken with Public Health.

49.2 Mrs Blair queried references to changes in the specification for the Royal Hospital for Sick Children/Department of Clinical Neurosciences project and Mr Graham emphasised the importance of sticking to the overall project plan. It was noted that the proposed minor change of design at the Royal Hospital for Sick Children to removed laboratory space did not impact on the overall design as the area concerned was categorised as shelved space.

49.3 The Chair commented that once business cases had been agreed any significant changes should be brought back to the Finance & Resources Committee.

49.4 The Committee noted that Scottish Government proposals for elective centres were covered in the St John's Hospital Masterplan if they were centrally funded.

49.5 The Chair queried the position in respect of Liberton Hospital and Mr Graham advised that Lothian NHS Board had not yet declared Liberton Hospital surplus. In advance of this decision, discussions would be held with the Scottish National Blood Transfusion Service, The Scottish Futures Trust and the Foundation Trustees to look at the best value obtainable for the disposal of the wider site.

49.6 The Committee agreed to note the financial performance to date and the highlighted key risks and issues from the Property and Asset Investment Programme 2015/16; to note the requirement to prioritise major infrastructure developments in the context of the strategic plan and limited financial resources and to support a programme of demolitions and site preparation in advance of future developments and disposal plans.

50.   Standard Business Case: Replacement of the PET / CT Scanner at the Clinical Research Imaging Centre, Royal Infirmary of Edinburgh

50.1 Mr Conroy introduced a circulated report seeking approval to progress the replacement of the PET/CT scanner currently located in the Clinical Research Imaging Centre at the Royal Infirmary of Edinburgh as outlined in the circulated business case.

50.2 Mr Conroy advised that the project was Government funded and activity of the scanner had increased by 18%. The University was redeveloping its unit at the Clinical Research Imaging Centre at the same time.

50.3 The Committee agreed to approve the business case for the replacement of the PET/CT scanner currently located in the Clinical Research Imaging Centre at the Royal Infirmary of Edinburgh and noted that funding for this replacement was available to draw down from Scottish Government Health Finance in 2016/17, as part of a nationally funded model for the replacement of oncological imaging/therapeutic equipment.

51.   Standard Business Case: Microbiology Automation Project

51.1 Mr Gray Introduced a circulated report seeking approval to progress the introduction of automation technology within the microbiology service as outlined in the business case.

51.2 The Committee noted that the introduction of automation technology would improve efficiency and help in the battle against antibiotic resistance with its anticipated increase in workload.

51.3   Mr Marriott commented that this was one of the few business that projected a net reduction in revenue costs.

51.4   The Committee agreed to approve the business case and agreed the release of the funding as identified in the business case and the capital plan, to ensure that the microbiology automation project could progress through the procurement process, award the contract to the winning bidder following the OJEU tendering process, to installation, commissioning and then the delivery of the benefits as identified within the business case.

52.   East Lothian Community Hospital Presentation

52.1   Mr Small introduced a brief presentation outlining the current position in respect of the East Lothian Community Hospital and advised that a draft outline business case had been prepared on the basis of a capital scheme of £72m. It was noted that the initial agreement had been based on an original estimate of £66m which had increased to £72m largely as a result of inflation due to an extended programme shifting part of the building from general anaesthesia to minor surgery. The Committee noted that the Scottish Futures Trust directed funding would be limited to £66m and work was underway to reconfigure the proposed development to the original £66m figure.

52.2   Mr Milne advised the Committee that the rates were anticipated to reduce and that the redesign meant that that the business case would be more likely to be brought to the Committee in March 2016 rather than January.

52.3   Mr Small advised that the use of Roodlands Hospital was currently being examined and it was proposed that some of the beds would become step-up beds.

52.4   Ms McDonald asked were the support for the step-down beds would come from and Mr Small advised that the Tranent General Practice would provide support.

52.5   Mr Davison commented that this facility was East Lothian's unscheduled care facility and it did raise an issue about whether Integration Joint Boards wanted to spend money on beds given that the over 75 population was due to grow by 100% in the next 20 years.

52.6   The Chair queried the rational for the original bed numbers and Mr Small advised that these had been based on previous use. Since the use of Elsie's facility aiming to keep people out of hospital this use was predicted to change.

52.7   Councillor Grant advised the Committee that the presentation would be given to the East Lothian Integration Joint Board the following day.

52.8   The Committee agreed to note the position in respect of East Lothian Community Hospital.

53.   Property and Asset Management Investment Programme 2015/16 Capital Business Case Monitor

53.1   Mr Graham introduced a circulated report giving an overview of the major capital project.

53.2   Professor Iredale commended the report as an effective way of presenting information on progress of business cases.

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

54.   Members Survey at Year End

54.1   Mr Marriott advised the Committee that as part of the governance process Alan Payne would be pulling together a survey of members of the Committee and would pass it to the Committee Chair before issuing to members.

55.   Junior Doctors Strike

55.1   Mrs Blair asked if it was anticipated that there would be any impact on NHS Lothian of the projected Junior Doctor's strike and Dr Farquharson advised that the industrial action would have no impact on Scotland as medical staffing terms and conditions were agreed by the Scottish Government.

56.   Professor J Iredale

56.1   The Chair advised the Committee that this would be Professor Iredale's last meeting of the Finance & Resources Committee as he was leave Lothian NHS Board. He expressed his appreciation and thanks for Professor Iredale's contribution to the work of the committee over the period of his term of office.

57.   Date of Next Meeting

57.1   The Committee noted that the next scheduled meeting would be held on Wednesday 20 January 2016 at 9am in Meeting Room 7, Waverley Gate, 2-4 Waterloo Place, Edinburgh.

FINANCE & RESOURCES COMMITTEE

The draft minutes of the meeting held on 22 December 2015 are attached.

Key issues discussed included:

- Financial position to end November 2015 and year end forecast
- There are significant financial risks going into 2016/17
- Scottish Government 2015 spending review
- Financial model for the Integrated Joint Boards' (IJB) budget setting process.

Key issues on the horizon are:

- Future paper on the process of setting the prescribing budget
- Further clarification required on the Scottish Government budget settlement
- Principles of budget apportionment to be agreed with the IJBs

Mr G Walker/Susan Goldsmith
Chair/Executive Lead
13 January 2016

DRAFT

NHS LOTHIAN

FINANCE & RESOURCES COMMITTEE

Minutes of the Meeting of the special meeting of the Finance & Resources Committee held at 9:00 a.m. on Tuesday 22 December 2015 in Meeting Room 7, Waverley Gate, 2-4 Waterloo Place, Edinburgh.

Present: Mr G Walker (Chair); Mr T Davison; Dr D Farquharson; Mrs S Goldsmith; Mr M Hill; Mr B Houston; Mr P Johnstone and Professor A McMahon.

In Attendance: Mr M Ash (Non Executive Board Member); Mr J Crombie (Chief Officer); Councillor D Grant (Non Executive Board Member); Mrs C Harris (Head of Communications and Public Affairs); Professor A McCallum (Director of Public Health & Health Policy); Mrs J McDowell (Non Executive Board Member); Mr C Marriott (Deputy Director of Finance); Mrs M Pringle (Finance Officer, Edinburgh Integration Joint Board); Mr P Reith (Secretariat Manager); Mr D A Small (Chief Officer, East Lothian Integration Joint Board) and Councillor F Toner (Non Executive Board Member).

Apologies for absence were received from Mrs K Blair.

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.

Mr P Johnstone declared a non pecuniary interest in agenda item 6 'Integration Joint Boards - 2016 17 Opening Budget Proposals' as the COSLA Health and Social Care Spokesperson.

58.   Minutes of the Previous Meeting

58.1   The minutes of the previous meeting held on 25 November 2015 were approved as a correct record.

59.   Running Action Note

59.1   The Committee received the circulated running action note detailing outstanding matters arising, together with the action taken and the outcomes. Mrs Goldsmith advised that an analysis of the budget statement was still being carried out.

60. Financial Position to November 2015 and Year End Forecast

60.1 Mr Marriott introduced a circulated report providing an overview of the financial position at the end of November 2015 and an update on the year end forecast. The Committee noted that at the end of November 2015 the NHS Lothian overspend was £404k reflecting a £2.8m operational overspend, offset by a further £2.4m of reserves bringing the year to date position to £8.2m overspent against the revenue resource limit. It was noted that this position included £6m of unachieved efficiency savings as well as the release of reserve flexibility £10.8m reflecting prorate available reserves and flexibility identified and confirmed.

60.2 It was noted that prescribing was a key element in the overspend together with nursing costs amounting to £4.6m overspent and a 24% increase in the previous months averages. The shortfall in Local Reinvestment Plan (LRP) achievement was £5.2m mostly attributable to the Acute Hospitals Division and Edinburgh Health and Social Care Partnership. Work was underway with the rest of NHS Lothian to bring the position back in line with the first quarter.

60.3 Mr Crombie explained that agency spend was still high as although nursing staff were being recruited, it took time to train them and start them on the ward. A sustained effort was currently underway to reduce the use of agency nurse staff.

60.4 The Chair commented that he had been advised by student nurses that the nurse bank was currently too busy to add extra qualified staff to their register. Professor McMahon undertook to take this issue up with Fiona Ireland. **AMcM**

60.5 Professor McMahon advised that there were still 500 vacancies for nursing staff in Lothian but this number was at a level to be expected. Although recruitment was continuing there were some specialties in which it was difficult to recruit staff. It was noted that work was underway to redeploy some nurses but that overall the current number of vacancies was at a level to be expected in a Board the size of NHS Lothian.

60.6 Mrs Goldsmith advised the Committee that the Board needed to formally notify the Scottish Government about the risk to the achievement of financial balance by the year end.

60.7 Mr Davison advised that there were financial pressures on both sides with both general practitioners prescribing and secondary prescribing, particularly in respect of Scottish Medicines Consortium approved drugs. He advised that the South East Scotland Cancer Network budget was overspent and that he had written to the Chief Medical Officer and Chief Pharmaceutical Officer pointing out that available funding did not match the additional cost of new drugs being approved. Other NHS Boards in South-East Scotland had written in a similar vein but no response had been received as yet.

60.8 Mrs Goldsmith advised the Committee that the year end risk had been assessed and it was still the case that if there was a sufficient performance improvement before the end of the financial year it would be possible to achieve break-even.

60.9 The Committee noted a tabled draft letter to the Director of Finance at the Scottish Government Health Directorate advising that the forecast did not give sufficient confidence that a year end balance was achievable.

60.10 Professor McCallum expressed concern that a proposed reduction against the target for hepatitis C numbers could cause a breach of the treatment time guarantees and be challenged.

60.11 It was agreed that the most realistic figures available should be used and letter should advise that the actions required to addressed the largest areas of overspend would compromise patient safety.

60.12 It was agreed that the Director of Finance would re-draft the letter in conjunction with the Chief Executive and circulate the revised draft to committee members.   **SG/TD**

60.13 It was also agreed that a paper explaining the process of setting the prescribing budget should be discussed at the next meeting of the Committee on 20 January 2016.   **SG**

61.   16 December Budget Settlement

61.1 The Committee noted a circulated presentation from the Director of Health, Finance, e-Health and Analytics at the Scottish Government on the Scottish Government Spending Review 2015. It was noted that whilst funding for NHS Boards in Scotland would receive a £511m uplift, savings of around 5% would be required. Mr Davison commented that the acute sector had never been able to achieve a target of 5% savings without there being a serious impact on patient safety.

61.2 Mr Johnston advised that the COSLA understanding was that the additional £250m investment from the Scottish Government was meant to go directly to the Integration Joint Boards whose strategic plans should show how they expected to use this money to generate the desired savings. Mr Johnston emphasised that unless this funding was used to generate savings it would be of no direct benefit to local government.

61.3 Counsellor Toner commented that the £250m was intended for the whole of Scotland.

61.4 Mr Small commented that each local authority would be having this discussion and Mrs Goldsmith advised that there were a number of developments where the amount of funding available was not yet known.

61.5 The Committee agreed that this would be picked up at the January meeting when the position should be clearer.   **SG**

62.   Integration Joint Boards - Financial Model for Budget Setting

62.1 Mrs Goldsmith introduced a circulated report giving further clarity on the proposed options for the distributions of budgets and uplifts for the Integration Joint Boards in

2016/17. In the light of the earlier discussions about the spending review and the lack of clarity over available funding, financial planning and budget setting would need to be conflated.

62.2　It was noted that in order for a plan to be agreed by the Board and accepted by the Integration Joint Boards the challenge for financial sustainability for NHS Lothian as well as Integration Joint Boards would have to be a core consideration in advance of agreeing principles. The share of any gap required to be equitable and rational, giving due cognisance to the requirement to meet a range of Scottish Government targets across the Health and Social Care environment, including acute services.　The allocation of the budget and the share of uplift would be the principal tools to share the financial challenges across business units and Integration Joint Boards.

62.3　The Integration Joint Boards financial budget would consist of both health and social care elements. The health component would be made up of 4 elements: core budget, hosted budget, acute set a side and GP prescribing budget.

62.4　The important factor was that as well as receiving a budget for the delivery of a service, the Integration Joint Board would also have to take responsibility for a share of the pressures particularly in the need to make financial savings.

62.5　Mr Hill commented that the whole concept of giving out a budget and then taking back savings was wrong and that more thought needed to be given to understanding how pressures could be managed across the system.

62.6　The Chair commented that a starting point had to be found then principles agreed around the process.

62.7　Mr Ash supported the cost centre allocations and reminded the meeting that as Integration Joint Boards would be working under local authority rules they could not say that they would be able to deliver something that they knew they could not achieve with the funds available.

62.8　Mr Johnston emphasised the need to create a stable system with minimal operational disruption.

62.9　The Committee accepted the principle of cost centre allocation noting that whilst the Integration Joint Boards could not decide the size of the pie but cold determine how best to slice it up.

62.10　Mr Davison commented that the largest budget after staffing was the prescribing budget and the Integration Joint Boards would need to discuss risk sharing.

62.11　It was agreed that in the absence of more detail on available funding, all that could be done was to agree to the core principles outlined in the report and to consider a more detailed report at the January meeting.　　　　　　　　　　　　　　　　**SG**

62.12　The Committee agreed to approve the preferred options for the distribution of budgets to the Integration Joint Boards in 20216/17, to approve the principle for the distribution of the uplift to the Integration Joint Boards in 2016/17 and to note the further actions to be undertaken to develop and refine the model.

**63.	Next Steps Acute / Integration Joint Boards Meeting**

63.1	It was agreed that Mrs Goldsmith would develop principles of apportionment with the assistance of the Section 95 Officers.	**SG**

**64.	Date of Next Meeting**

64.1	It was noted that the next meeting of the Finance & Resources Committee would be held on Wednesday 20 January 2016 at 9am in Meeting Room 7, Waverley Gate, 2-4 Waterloo Place, Edinburgh.

The draft minutes of the meeting held on 24 November 2015 are attached.

1.0   Key issues discussed included:

1.1   <u>Person Centred Culture Report</u>

A quality assurance system for the new complaints process was being developed which would include a committee to review the complaints process. The 'tell us 10 things' patient survey was being tested in inpatient areas before being rolled out to outpatient areas.

1.2   <u>Scottish Patient Safety Programme</u>

Dr Maran and Ms Henderson gave a presentation on the progress of the SPSP programme in NHS Lothian. Members noted the many successes with clear demonstration of improvement; for example reduction in catheter associated urinary tract infections, cardiac arrests, restraint rates, and others.There was also an awareness that many areas are still to show improvement or, in some cases such as pressure ulcers, where there appears to be a deterioration, although this may be accounted for by increased awareness and reporting. The Committee acknowledged the strategy and plan to support capability and capacity and will receive future updates and the next annual report.

1.3   <u>Healthcare Associated Infection Improvement Plan</u>

HAI standards from Healthcare Improvement Scotland had developed into an action plan specific to NHS Lothian, which also included issues previously identified, with a plan for implementation of improvements. The new site based Infection Control Committee Structure would also help the implementation of areas relevant to individual sites.The recommendations noted in the paper were approved, and the Committee expected to see evidence of improvement at the next update.

1.4   <u>Human Factors in Theatres</u>

Dr Jeffcott, Human Factors Lead gave a presentation on the Human Factors project which was based on understanding how people could make a system reliable by improving performance, reducing adverse events and increasing morale. The Committee asked that measures used were quality outcomes rather than compliance rates.The Recommendations made in the paper were approved and it was agreed that an update with data would be given to the Committee in November 2016.

1.5   <u>Cancer and Palliative Care Update</u>

Ms Anderson and Mr McLoughlin gave a presentation on Cancer Services, the Detect Cancer Early Programme and Palliative Care. The Committee noted the robust reporting mechanisms at local regional and national level, and noted the many areas of success within NHS Lothian. Some areas of concern were brought

to the attention of the Committee, such as performance against some of the waiting times targets and access to chemotherapy, and the Committee will seek assurance that measures are in place to address these areas.

2.0   Key issues on the horizon are:

Integrated Joint Board assurance needs have to be evaluated and agreed.

The Royal College of Paediatricians will begin the review of NHS Lothian Paediatrics Services in early January 2016, with a report to the Board expected in May 2016.

Healthcare Improvement Scotland will be conducting a review on complex care services which would finish in March 2016.

Dr Richard Williams
Vice-Chair
Health Care Governance Committee

NHS LOTHIAN

HEALTHCARE GOVERNANCE COMMITTEE

Minutes of the Meeting of the Healthcare Governance Committee held at 9.00 on Tuesday 24 November 2015 in Meeting Room 7, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present: Dr R. Williams, Non-Executive Board Member (vice chair); Ms S. Allan, Non-Executive Board Member; Ms P. Eccles, Partnership Representative; Ms W. Fairgrieve, Partnership Representative; Ms A. Meiklejohn, Chair of the Area Clinical Forum, Non-Executive Board Member; Mr A. Sharp, Patient and Public Representative.

In Attendance: Ms E. Anderson, Associate Medical Director, Cancer Services (item 42.1); Ms J. Bennett, Clinical Governance Manager; Ms F. Cameron, Head of Infection Prevention and Control (item 41.3); Ms Marion Christie, Head of Health, West Lothian; Mr N. Clater, Senior Manager for Mental Health, West Lothian (observing); Mr T. Claxton, Medical Student (observing); Dr B. Cook, Medical Director, Acute Services; Mr J. Crombie, Chief Officer, University Hospitals Services; Dr D. Farquharson, Medical Director; Ms A. Henderson, Scottish Patient Safety Programme Manager (item 41.1 and 41.2); Mr B. Houston, Board Chairman; Ms M. Hughes, Clinical Nurse Manager (observing); Dr S. Jeffcott, Human Factors Lead (item 41.2); Ms M. Johnson, Director of Nursing; Dr N. Maran, Clinical Lead, Scottish Patient Safety Programme (item 41.1 and 41.2); Professor A. McCallum, Director of Public Health and Health Policy; Mr P. McLoughlin, Strategic Programme Manager (item 42.1); Ms J. Morrison, Head of Patient Experience; Ms Caroline Myles, Chief Nurse, Midlothian Health and Social Care Partnership; Ms B. Pillath, Committee Administrator (minutes); Professor A. Timoney, Director of Pharmacy; Mr C. White, Healthcare Quality and Strategy Directorate, Scottish Government (observing).

Apologies: Ms S. Ballard-Smith, Nurse Director, Acute Services; Dr M. Bryce, Non-Executive Board Member (chair); Mr T. Davison, Chief Executive; Ms N. Gormley, Patient and Public Representative (Jury Duty); Mr A. Joyce, Employee Director, Non-Executive Board Member; Professor A. McMahon, Director of Strategic Planning; Mr D. Small, Health and Social Care Integration Manager, East Lothian; Cllr F. Toner, Non-Executive Board Member.

Chair's Welcome and Introductions

Dr Williams *welcomed members to the meeting and members introduced themselves.*

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

35.   Patient Story

35.1   Ms Johnson read out a letter from a patient's mother who praised a member of domestic staff who went out of her way to help find out where the patient's appointment was, and was extremely attentive and caring to her son who had cystic fibrosis.

36.   Committee Cumulative Action Note and Minutes from Previous Meeting (22 September 2015)

36.1   The updated cumulative action note had been previously circulated.

36.2   The minutes from the meeting on 22 September 2015 were approved as a correct record subject to one amendment to item 29.2.

37.   Matters Arising

37.1   <u>Integrated Joint Board Engagement</u>

37.1   Ms Bennett noted that an internal audit on Healthcare Governance had highlighted the need for Integrated Joint Boards to engage more with the Healthcare Governance Committee. The way this would work would become clearer once Integrated Joint Board assurance needs had been agreed. It was understood that the Chair had approached the Chief Officers of the IJBs to take this forward.

37.2   <u>Review of Paediatrics Services – Update to Timescale</u>

37.2.1   Mr Crombie advised that the Royal College of Paediatricians would begin the review on NHS Lothian Paediatrics Services in early January 2016. All stakeholders would be briefed at the beginning of the review, would be consulted as part of the review, and would have an opportunity to discuss the recommendations coming out of the review. A draft stakeholder questionnaire had been circulated for comment to ensure all relevant areas were covered by the questions.

37.2.2   The review would consist of two or three formal visits to Lothian and an engagement programme during January, February and March 2016. The consultation questionnaire would be available on the website and the target for stakeholder responses was 2,000. The Communications Team would be involved in promoting this. A report to the Board was expected in May 2016.

37.3   <u>Regional Eating Disorders Unit Update</u>

37.3.1   A paper had been previously circulated. Ms Christie advised that this paper updated the report given to the Committee in July 2015 on the external review of the Regional Eating Disorders Service and provided an update on progress with the recommendations from that review.

37.3.2   Progress had been made in improving clinical leadership with a full time psychiatric lead recruited. There was also a full time specialty doctor and a part time clinical psychology post on six month secondment was currently being requested.

37.3.3   As part of the work to improve patient safety, there would be a peer review visit on 3 December 2015 focussing on protocols, including discharge protocols; the report would be available in January 2016 as part of the accreditation process. There had been a review of care plans and work with occupational therapy and art therapy.

37.4 Nursing Revalidation Update

37.4.1 Ms Johnson advised that nursing revalidation would begin in April 2016, and nurses would be revalidated every three years. The work plan to raise awareness was on track. A further paper updating on progress would be presented to the Committee in July 2016. **MJ**

38. Emerging Issues

38.1 Cancelled Operations

38.1.2 Dr Williams noted surgery cancelation numbers published by the NSS Information Services Division had attracted media attention. Mr Crombie noted that during winter 2014-15 there had been just under 100 cancellations of surgery in NHS Lothian due to lack of available beds. This winter, contingency plans had been put in place and there had been no cancellations in November 2015 to date. An improvement paper would be discussed at the Acute Hospitals Committee.

38.2 Winter Plan

38.2.1 Mr Crombie gave an update on the Lothian Winter Plan which had been developed in conjunction with the local authorities. Fifteen winter capacity beds had been opened in Gylemuir House Care Home and a further fifteen would be opened on 1 December 2015 to reduce delay in patient discharge. There had been no reduction in delayed discharge to date but it was very early in the process and work was ongoing.

38.2.2 There was a focus on reducing disruption to elective operations due to lack of capacity compared to winter 2014-15 and a winter dashboard had been developed to track daily activity, including downstream community capacity.

38.3 Healthcare Improvement Scotland Improvement Review on Complex Care

38.3.1 Healthcare Improvement Scotland would be conducting a review on complex care services which would finish in March 2016. The terms of reference, methodology and review team were to be confirmed. The review was in response to the death of a patient in Ellen's Glen House in 2013 which was the subject of a complaint by the family, who had also publicised their complaint in the media. At the time of the complaint NHS Lothian had engaged with the family.

38.3.2 The pressures on nursing staffing, recruitment and retention had been well documented and previously reviewed, but the review could cause added pressure and staff anxiety.

38.3.3 Mr White noted that Healthcare Improvement Scotland had been pleased with NHS Lothian senior staff engagement with the family and in taking action following the investigation of the problem. The possible adverse effect of the review in slowing down work on the improvement plan had also been raised.

38.4.4 The chair requested that background information on this case with the action plan and update on implementation be brought to the next meeting. **AMcM**

39.   Corporate Risk Register

39.1   The updated risk register and covering paper had been previously circulated. Dr Farquharson noted that the Risk Management Committee had agreed to add road traffic management to the register, and that the risk to primary care of GP recruitment problems raised by the Committee had also been added.

39.2   Ms Bennett noted that work was in progress on developing the Integration Joint Board risk registers and escalation plans. The original risk on the register about the production of the integration schemes had now been closed.

39.3   The recommendations in the paper were noted.

40.   Person Centred Culture

40.1   <u>Person Centred Culture Report</u>

40.1.1   The report had been previously circulated. Ms Morrison noted that the complaints review was in progress with the new system being piloted in the Western General, the Royal Edinburgh and Associated Services and West Lothian Health and Social Care Partnership with Midlothian Health and Social Care Partnership and in Theatres and Anaesthetics. The pilot was going well so far, with close working with sites.

40.1.2   A quality assurance system for the new complaints process was being developed and would include a committee to review the complaints process and whether complaints have been upheld, not just the time to respond. This would be a system that would be supportive to clinical teams.

40.1.3   In response to a question from Ms Allan, Ms Morrison advised that the 'tell us 10 things' patient survey was being tested and embedded in inpatient areas before being rolled out to outpatient areas, but that the return rate still required improvement. Resources for administration and input of survey information also needed to be considered. The varied response rates in different wards were due to the introduction of the new process; some wards had developed a process for handing out surveys quicker than others. Response rates had been sent back to wards for the first time recently, so that action could be taken to increase low rates. Once implemented, a 30% response rate would normally be expected according to evidence.

40.1.4   Ms Allan noted that an area of concern raised by the 'tell us 10 things' survey was about the noise at night. This had been fed back to clinical teams for action. This was not an issue commonly raised in formal complaints. Ms Johnson noted that keeping noise to a minimum in some busy areas would be challenging, but that other areas should be calm at night.

40.1.5   Ms Johnson noted in relation to item 8.13 in the paper that the backlog of complaints cases would not be passed on to the devolved areas but would be dealt with centrally. £100,000 was provided from the Scottish Government to fund this in 2015-16 and this would be repeated for 2016-17.

40.1.6   Mr White noted his involvement with the Healthcare Improvement Scotland policy team for complaints management. The current policy focusses on early resolution but that quality of response was also very important either at the point of care or

later. Lothian had an opportunity to try out a system which could inform the way forward for the rest of Scotland.

40.1.7   Members noted the recommendations made in the paper.

40.2   Clinical Quality Approach

40.2.1   Dr Farquharson gave an update on the Clinical Quality Approach to quality improvement. The approach proposed had general support from the Board and had been discussed in detail at the Board development session. Regular meetings of the Clinical Quality Steering Group were being held, chaired by the Chief Executive, and there had been engagement with Healthcare Improvement Scotland, the Scottish Government, universities, and other groups. Staff engagement was very important to this approach and Clinical Change Forums were being held regularly to give an opportunity for discussion with a wide range of clinicians. Three initial improvement pathways had begun in stroke care, chemotherapy outpatients, and psychological services. Evaluation of the pathways would be important in deciding if this approach would add value, and to secure funding.

41.   Safe Care

41.1   Scottish Patient Safety Programme

41.1.1   The Chair welcomed Dr Maran and Ms Henderson to the meeting and they gave a presentation on the progress of the SPSP programme in NHS Lothian.

41.1.2   Ms Meiklejohn wanted to see in future updates how the Scottish Patient Safety Programme would fit in with the Clinical Quality pathways.

41.1.3   Dr Farquharson noted that NHS Lothian had made a 20% reduction in cardiac arrest while the target was a 50% reduction by the end of the year. Ms Henderson noted that some other Boards had achieved this reduction but had a higher initial rate. When considering the median rate NHS Lothian was not an outlier.

41.2   Human Factors in Theatres

41.2.1   The Chair welcomed Dr Jeffcott, Human Factors Lead, to the meeting and she gave a presentation on the Human Factors project which was based on understanding how people could make a system reliable by improving performance, reducing adverse events and increasing morale. Members agreed that this was an exciting piece of work and asked if quality improvement had been observed in theatres as a result. Dr Maran advised that more time was required to gather data and results against measures could be presented next year. The Committee asked that measures used were quality outcomes rather than compliance rates.

41.2.2   Ms Eccles noted that this work was supportive for staff and linked in with the organisational values. Mr Crombie warned that this included a big culture shift and hoped that the programme, which was a large piece of work, could continue.

41.2.3   The Recommendations made in the paper were approved and it was agreed that an update with data would be given to the Committee in November 2016.   **JB**

41.3   Healthcare Associated Infection Improvement Plan

41.3.1 The Chair welcomed Ms Cameron to the meeting. The HAI Improvement plan and covering paper had been previously circulated. HAI standards from Healthcare Improvement Scotland had developed into an action plan specific to NHS Lothian, which also included issues previously identified, with a plan for implementation of improvements. The new site based Infection Control Committee Structure would also help the implementation of areas relevant to individual sites.

41.3.2 The performance against the *Clostridium difficile* and *Staphylococcus aureus* Bacteraemia HEAT targets was reported in the paper with details on improvement work, and this would also go to the Board. It was likely that the targets would not be met for March 2016, but improvements made were beginning to have an effect, so there should be a continued reduction in incidence. Healthcare Improvement Scotland was happy with processes put in place.

41.3.3 There were regular meetings with other national organisations to look at key themes and interventions that had worked in other areas, and inspection reports for all Boards were reviewed. Many issues were similar across Scotland. There were also regular internal walkrounds to pick up any local problems.

41.3.4 The recommendations noted in the paper were approved, and the Committee expected to see evidence of improvement at the next update.

41.4   Public Protection Update

41.4.1 The public protection update had been previously circulated. Two new child protection paediatricians had been recruited. The Lothian and Multi-Agency Child Protection Procedures had been completed and were available. Work was also ongoing on guidelines for detecting and dealing with child sexual exploitation and trafficking. The Adult Support and Protection Conference would take place on 26 November 2015, focussing on sexual abuse, trafficking, forced marriage and female genital mutilation; 170 attendees were registered.

41.4.2 Professor McCallum noted that the Practitioner Services Committee had commented on the high quality collaboration that the Lothian Public Protection Team carries out with its associated agencies.

42.   Effective Care

42.1   Cancer and Palliative Care Update

42.1.1 The Chair welcomed Ms Anderson and Mr McLoughlin to the meeting and they gave a presentation on Cancer Services, the Detect Cancer Early Programme and Palliative Care.

42.1.2 Mr Crombie noted that cost implications of new cancer drugs included the cost of the new drugs themselves as well as the infrastructure required to administrate them. There would be an increasing focus on managing the delivery of these new developments.

42.1.3 Ms Anderson gave an update on the work on cancer of unknown primary, or patients admitted with symptoms, often at an advanced stage, with no known primary cause. By establishing the primary cause a quicker decision could be made

on whether treatment should be curative or palliative, and unnecessary investigations and hospital stay could be reduced. Cancer related admissions accounted for 20% of admissions, but access to oncology services could be at a late stage. Different approaches such as telephone triage were being considered. to improve access. The increases in chemotherapy treatment and in hospital presentations and admissions for cancer were noted.

42.2   Quality Report

42.2.1   The quality report had been previously circulated. Ms Bennett noted that reliability in compliance with the swallow screen in the Emergency Department for stroke patients was increasing and that it was hoped that this could be sustained as part of the stroke care pathway of the Clinical Quality Management System, which would focus on primary care services and rehabilitation.

42.2.2   Adverse events would now be reported as part of the Scottish Patient Safety Programme data which would allow trends to be reviewed.

42.2.3   Table 1 showed a reduction in the Hospital Standardised Mortality Ratio between 2007 and 2015. The aim of the Scottish Patient Safety Programme was to reduce hospital standardised mortality ratio by 20% by December 2015. This would not be achieved, but Ms Bennett noted that NHS Lothian started at a lower baseline than other Health Boards and was not an outlier for ratio.

42.2.4   Staff absence rates were now higher than 4% but Ms Bennett noted that there was a very high variance in rates between different areas. Monitoring of staff absence rates was part of the remit of the Staff Governance Committee, but due to the well documented connection between staff experience and patient safety it was felt that this should also be considered by the Healthcare Governance Committee. The Staff Governance Committee report shows that overall the absence rate was good compared to Scotland, but that some areas had a much higher rate, including some nursing areas with 10% absences. It was questioned whether the subsequent use of bank or agency staff then impacted on continuity of care. Mr Crombie would work with Mr Boyter to report on this at the next meeting.

42.2.5   Ms Fairgrieve noted that a review of the process in dealing with staff absence was being carried out in Edinburgh Health and Social Care Partnership. It would be useful if more meaningful data on reasons for absence could be collected as there were many recorded as 'unknown' and 'stress' was not categorised as work related or otherwise.   **JC**

42.3   Homecare Medicines Services Internal Audit Assessment

42.3.1   A paper had been previously circulated. Ms Timoney noted that this paper was an update on the scheme to ensure more clinical and financial governance around using private contractors to give out medicines to patients. This issue had been raised at the Healthcare Governance Committee in March 2014.

42.3.2   The Chair noted that the systems put in place outlined in the report were important for patient safety, equality and efficiency, and that there would be an update in six months' time.   **AT**

42.3.3   Professor Timoney noted that having this system implemented would put NHS Lothian in a position to be able to increase the size of the homecare system in line

with a change in focus towards the community. As a Board develops a homecare system with a private contractor this is normally taken on by National Procurement and made available to other Boards, leaving the Board with the resources to create new systems.

43. Exception Reporting Only

Members noted the following previously circulated papers for information:

43.1 Litigation Annual Report;
43.2 Respiratory Managed Care Network Update;
43.3 Scottish Trauma Audit Group Report;
43.4 Organ Donation Annual Report;
43.5 Medical Revalidation Annual Report;
43.6 Tissue Viability Briefing Paper;
43.7 Scottish Intercollegiate Guidelines Network (SIGN) Annual Report;
43.8 HIS Validation Visit to Adult Mental Health Services in West Lothian;

43.9 HIS Private Healthcare Inspection – Marie Curie Hospice, Edinburgh;

43.10 Caring Information Strategy Funding.

44. Other Minutes: Exception Reporting Only

Members noted the previously circulated minute from the following meetings:

44.1 Area Drug and Therapeutics Committee, 9 October 2015;
44.2 Clinical Management Group, 11 August, 10 September, 13 October 2015;
44.3 Acute Hospitals Committee, 1 September 2015;
44.4 Lothian Infection Control Advisory Committee, 22 September 2015;
44.5 Public Protection Action Group, 19 August 2015.

45. Date of Next Meeting

45.1 The next meeting of the Healthcare Governance Committee would take place at **9.00** on **Tuesday 26 January 2016** in **Meeting Room 7, Second Floor, Waverley Gate**.

45.2 Meetings in 2016 would take place on the following dates:
- 29 March 2016;
- 24 May 2016;
- 26 July 2016;
- 27 September 2016;
- 29 November 2016.

STRATEGIC PLANNING COMMITTEE

The draft minutes of the meeting held on 10 December 2015 are attached.

Key issues discussed included:

- A summary of the East Lothian IJB Strategic Plan was presented
- A summary of the Midlothian IJB Strategic Plan was presented
- A summary of the Edinburgh IJB Strategic Plan was presented
- A summary of the West Lothian IJB Strategic Plan was presented
- A presentation was given on emerging themes in the acute services
- The development of directions from IJBs to NHS Lothian and the common themes emerging were considered
- The financial framework and further actions which would support IJB budget setting for April 2016 were discussed
- Progress with the joint Lothian dataset to measure performance was considered
- The committee discussed in more detail in a workshop session the development of directions, processes for collaboration and joint working, and risk assessment.
- Edinburgh Children's Services Board Purpose and Remit was noted

Libby Tait

Associate Director, Strategic Planning

DRAFT

NHS LOTHIAN

STRATEGIC PLANNING COMMITTEE

Minutes of the Strategic Planning Committee Meeting held at 9.30 am on Thursday 10 December 2015 in Meeting Room 7, Waverley Gate, Edinburgh EH1 3EG.

Present: Mr B Houston (Chair); Mrs J Anderson; Mrs K Blair; Mr A Bone; Mr C Briggs; Ms J Campbell; Mr J Crombie; Ms E Cunningham; Ms W Dale; Mr T Davison; Dr D Farquharson; Mrs S Goldsmith; Councillor D Grant; Ms S Harrison; Mr M Hill; Professor J Iredale; Mr A Jackson; Mr P Johnston; Mr D King; Ms C Lumsden; Professor A K McCallum; Ms J McCabe; Mr A McCreadie; Mrs L McDonald; Mrs J McDowell; Ms E McHugh; Professor A McMahon; Mrs K McWilliams; Mrs A Meiklejohn; Mr J Megaw; Mrs C Mitchell; Mr P Murray; Mrs M Pringle; Mr D A Small; Mrs J Smith; Mr C Stirling; Mrs L Tait and Mr G Walker.

In Attendance: Mr D Weir.

Apologies for absence were received from Mr M Ash, Mr A Boyter, Ms J Dempsey, Mr J Forrest, Mrs C Harris, Councillor R Henderson, Ms J Heslop, Councillor C Johnstone, Mr A Joyce, Mr C Marriott, Mr B Martin, Mr T Montgomery, Mr R McCulloch-Graham, Councillor F Toner and Mr T Welsh.

50.   Declaration of Financial and Non Financial Interest

50.1   The Chair reminded members that they should declare any financial or non financial interest 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.

51.   Minutes of the Previous Meeting held on 8 October 2015

51.1   The Minutes of the previous meeting held on 8 October 2015 were adopted as a correct record.

52.   Welcome and Introduction

52.1   The Chairman commented that there was a need to consider the future shape of the Strategic Planning Committee in order to reflect the complicated interfaces between Integration Joint Boards and the Health Board. He advised that the current meeting would be held in a facilitated workshop basis.

53.   Matters Arising from the Previous Meeting

53.1   There were no matters arising.

54. Introduction to IJB and Acute Hospitals Strategic Plans and Progress to Date

54.1 Professor McMahon outlined the components of the workshop approach and advised that it would cover strategic planning responsibility to March 2016 and the responsibility from 1 April 2016 onwards. Integration Joint Boards (IJB) Strategic Plan components would also be discussed as would the development of the Acute Hospitals Plan. It was noted that feedback to the IJB consultation process had been provided. It was reported that part of the process from today would be to consult on the Acute Hospitals Plan through IJBs and other fora. The process would need synergy and this would be where IJB directions would be helpful.

54.2 The committee noted that currently the IJB Strategic Plans were high level and in their present state would not ellicit detailed response in consultation terms. This would change once the plans became more specific around the proposals with it being anticipated that significant consultation responses would be received at this point. The planning process would be iterative and would evolve over time.

54.3 Professor McMahon advised that each IJB would provide a presentation on the development of their strategic plan to the meeting. A copy of the presentations would be circulated following the meeting to avoid the need to summarise these in the minute.

55. East Lothian IJB Strategic Plan

55.1 The committee were provided with a presentation on the development of the Strategic Plan the detail of which was covered in the presentation circulated following the meeting.

55.2 Feedback from the presentations suggested that to be the 'best' was a huge aspiration with a point being raised about whether 'best' or 'good' could be achieved and to what timetable. It was noted that part of the ongoing process was to demonstrate resource alignment over time with clear and unambivalent principles to shift the balance of care with there being currently no additional planned service investment in the services delegated to the IJB. It was noted that areas of pump priming might be available and part of the process around this would depend upon how directions were set. The need for close effective links with the acute sector was acknowledged.

55.3 Mr Walker questioned the appropriateness of the directions being issues by the Chief Officer as he felt this should be through the IJB Board.

55.4 It was noted from the presentation that there was discussion about the potential for directions to say that there would be no further investments in acute services as IJBs would wish to shift the balance of care. Tim Davison commented there would be a need to reflect on this. For example the point was raised about insulin pumps and the need for investing in this area of acute services, where this commissioning responsibility would fall to IJBs.

56.   Midlothian IJB Plan

56.1   The committee were provided with a presentation on the development of the strategic plan the detail of which was covered in the presentation circulated following the meeting. It was noted that the directions around the set aside budget for the acute sector was an area where IJBs would now give the Health Board direction and this would be an interesting process.

56.2   Feedback from the presentation noted the need to include housing as this was an important area of consideration and the focus was agreed as not being solely around social rentals but other areas where there was less available access.

57.   Edinburgh IJB Plan

57.1   The committee were provided with a presentation on the development of the strategic plan the detail of which was covered in the presentation circulated following the meeting.

57.2   It was noted that the IJB had considered old ways of working, current ways of working and where it wanted to be by 2020. The committee noted that 12 detailed workstreams for change had been identified.

58.   West Lothian IJB Plan

58.1   In the absence of a representative from the West Lothian IJB the presentation was delivered by Mrs Tait the details of which was covered in the presentation circulated following the meeting.

58.2   Mr Hill commented he had attended his first meeting of the IJB and had wondered why St John's Hospital had not been delegated to the IJB. It was noted that the reason for this had been that generally scheduled aspects of acute services were not devolved to the IJBs. It was noted that most of the medical services were local to West Lothian. Mr Davison advised that the legislation stated what must be delegated although it was possible to exceed the minimal expectations. It was noted that in Dumfries and Galloway that the Dumfries Royal Infirmary was a delegated function to the IJB with the Chief Officer being the same person for the hospital and the IJB. Mr Davison commented in West Lothian the operational interface between Mr Forrest and Ms Campbell would be key in managing the pathway well.

58.3   <u>General Discussion</u> – The point was made that future engagement around the strategic plans needed to be more fulsome. There was a need to consider where IJBs could cooperate together particularly in areas like GP and wider primary care capacity whilst recognising that some issues were not within the influence of IJBs locally. The importance of appropriate engagement with the Government was stressed. The committee were advised of real successful joint working with the IJBs around the prioritisation of investment in GP premises.

58.4   The suggestion was made that IJBs needed to come together and share interests and direction of shared risks and responsibilities. The need for joined up thinking during a period of transition would be critical and it would be important not to retreat into silo identities.

58.5   The Chairman commented that the debate at the current meeting was a good example of how to get together and share information suggesting this might be a template for future engagement potentially around financial principles and the process for reaching agreement.

59.   Emerging Themes in Acute Services

59.1   The committee were provided with a presentation on emerging themes in acute services the detail of which was covered in the presentation circulated following the meeting.

60.   Directions – Overview of Common Themes and Key Issues for NHS Lothian Including Acute Service Issues

60.1   Professor McMahon explained the purpose of the IJB directions and advised that the emerging themes identified in the circulated summary were not surprising. The next step would be to provide additional granularity. The emerging themes for the Acute Hospitals Plan were detailed in the presentation to the committee. It was anticipated that the Acute Hospitals Plan would be ready by the end of March 2016.

60.2   The committee noted that the Audit Scotland Report on Health and Social Care Integration published in December 2015 had highlighted a number of key generic issues that applied across the whole of Scotland and were not specific to NHS Lothian. The committee noted from the presentation the key recommendations made by Audit Scotland in respect of areas where IJBs should work with Councils and NHS Boards to address issues around complex accountability arrangements and the need for agreed protocols: review clinical and care governance arrangements; agree budgets from the integration authority, establish effective scrutiny arrangements to ensure that Councillors and NHS Non Executives, who were not members of the IJB Board, were kept fully informed of the impact of integration for people who use local health and care services and finally the need to put in place data sharing agreements.

60.3   It was noted that existing mechanisms for discussion and collaboration were already in place and included the Strategic Planning Committee; IJB/ Acute Officers Interface Group; Lothian Integration Leadership Group; the four IJB Boards and Strategic Planning Groups and the Acute Hospitals Committee amongst others. The key issue moving forward would be to avoid increasing bureaucracy and to use the existing vehicles effectively to reach desired outcomes.

60.4   The committee discussed the draft principles for the financial framework for IJB budgets.

60.5 The committee noted the need to agree the budget setting approach for IJBs at a time when the financial plan was not reporting a balanced position. In particular the principles for setting the budgets needed to be agreed. The process would be influenced by the outcome of the Scottish Budget Review the following week.

60.6 Mrs Goldsmith advised that there were 4 components to IJB budgets and these were adult social care; core NHS services; hosted NHS services and delegated acute services. In addition consideration needed to be given to the prescribing budget which was projecting an overspend. The key aspects of each of the 4 components were discussed in detail. It was noted that the Finance and Resources Committee meeting on 22 December 2015 would consider the principles of budget allocation but would not consider actual numbers as the process in the first instance was to obtain clarity around principles. There would be a need to consider how best to manage risk including the acute set aside budget.

60.7 The committee considered a number of key issues including the need to close Liberton Hospital as quickly as possible. There was also a need to get more mental health and learning disability services delivered in the community to free up fixed costs of buildings and enhance the provision of services to patients. A key issue moving forward would be how to deliver savings plans across the whole system.

60.8 The need to consider how to shift the balance of care and resources was discussed. Mr Davison suggested that the mechanism for this would be through the set aside budget which sat across the 4 IJBs and the acute sector. He felt that a key direction for IJBs would be to admit fewer frail elderly people into the acute sector with the direction for IJBs being to establish capacity in the community to reduce demand in acute hospitals. The frailty pathway needed to be frontloaded to expand services in the community and reduce hospital reliance. It was noted that the acute sector was delivering a significant financial gap and this would impact on the resources that could be released. The point was made that cost pressures were within the system at the moment and did not start on 1 April 2016 and were being managed through the totality of the funding available. It would be important that the IJB had the ability to manage the totality of its resources. Mr Hill commented for the Finance and Resources Committee on 22 December 2015 whilst the Health Board had the ultimate decision on the allocation of budgets there needed to be an agreement and consensus reached with the correct people attending the meeting. It was noted that consideration was being given to inviting the Chairs and Vice Chairs of the IJBs to the meeting.

60.9 Mr Davison advised that he and the Chairman, Mrs Goldsmith and Mr Walker had met to discuss the Finance and Resources Committee meeting. In addition in early January 2016 there would be a joint meeting with key colleagues from the IJBs including Chairs and Chief Financial Officers as well as Mrs Blair and Mr Crombie from an acute hospital perspective. Thereafter the financial position would be discussed at the Board Development Session in January 2016 and thereafter at the next scheduled Finance and Resources Committee prior to an agreed budget coming forward to the Board meeting in February 2016. It was anticipated however that the financial gap would be about 5%

which equated to £70m. The committee noted that Corporate Directors and IJBs had been asked to take 5% net out of their respective systems.

60.10 The committee were advised that finance where looking at the cost profile and were being sophisticated about looking at activity and cost. A system was being developed to provide real time data which would be regularly updated. It would be important to be able to demonstrate cost shifts.

60.11 Mr Walker commented at the moment NHS Lothian was not presenting a balanced plan for next year. Work was underway to set out process and meetings arranged to set IJB budgets although the financial gap of £70m needed to be recognised. It was noted that legally NHS Lothian needed to present a balanced plan and that to deliver this the system needed to start considering what it could stop delivering. Mr Walker commented as Chair of an IJB he still did not have assurance that the finances were real and that resources moved from the baseline budget. He felt there was a need to agree what the baseline was and referenced the fact that the Liberton Hospital baseline had already changed because of moves in stroke. Mr Walker felt this was where the IJB directions would be important in setting out the landscape and language about reducing and managing demand and identifying the lever. He felt that the relationship between IJBs and the acute sector should be awkward but for the correct reasons.

60.12 Tim Davison commented that any expansion in inpatient beds to deal with demographics and demand should be in the community. He felt there were priorities which needed to be agreed in the respective plans.

61. Policy and Quality Framework Lothian Data Set

61.1 Professor McMahon commented that as a publicly funded body NHS Lothian data needed to be publicly available and that the Lothian data set would be required by Integration Schemes. The presentation to the committee showed how the 50 national indicators linked to other indicators.

61.2 The committee noted the increasing reliance on good data to plan services as well as improving the quality of the estate. Mr Davison reported that this related to the Developing Quality Improvement Programme where the initial focus was on developing pathways of care from a primary and secondary care perspective for stroke; outpatient chemotherapy and psychological therapies and adult mental health services. It was reported that the Quality Programme would incrementally move to other areas.

62. Workshop Session

62.1 The group moved into workforce sessions following which the following feedback was received: -

- No surprises and good communication
- SMART decisions
- Ability to change IJB directions

- Visible senior leadership
- Prioritisation needed to come out in directions of strategic plans
- Capacity to have these conversations at staff level
- Reduce unwanted variation (some variation was ok)
- A need for more definition about shared draft principles and a shared understanding of what was going on
- Degree of time for which directions would apply
- Direction more specific about what plans would achieve. There would be variation to deliver different aspirations.
- A need to share the directions of respective strategic plans
- Mechanism – not new committees – IJB / Acute Officer committee would be key
- Develop a cross system transformational group to look at the impact across the system and address equity issues
- Directions needed to extend the outcome to other parties to include talks with community planning
- Better engagement between acute sector and IJBs at all levels to achieve continued change
- Ensure the correct people are at the right meetings i.e. Chairs / Chief Officers of IJBs to ensure the process did not stall
- Risk assessments would be important in the respective plans
- The risk register and how it was managed would be important

62.2 Professor McMahon would distil down the feedback into a set of key principles and distil to key colleagues including the IJBs. January and March 2016 meetings of the Strategic Planning Committee would receive updates on the acute plan and synergies with IJBs. It was felt if good relationships were developed at officer level then the acute/IJB forum would be the vehicle to resolve issues before the end of March 2016. The point was made that the key issue was about using existing mechanisms better. The Chairman commented that the key issue was to use these mechanisms moving forward and to define the rules of engagement for these processes. There would be a need to consider the future of the Strategic Planning Committee and whether it deconstructed into something else and came under another umbrella.

63. For Information

63.1 <u>Edinburgh Children's Services Board Purpose and Remit</u> - The circulated paper was noted.

64. Date and Time of Next Meeting

64.1 The next meeting of the Strategic Planning Committee would be held at 9.30am on 11 February 2016 in meeting room 7, Waverley Gate, 2-4 Waterloo Place, Edinburgh. In addition two extra meetings would be held at 2.00pm on Thursday 21 January 2016 and at 1.00pm on Thursday 24 March 2016.

MINUTES OF THE MEETING OF THE
EAST LOTHIAN INTEGRATION JOINT BOARD

THURSDAY 27 AUGUST 2015
COUNCIL CHAMBER, TOWN HOUSE, HADDINGTON

Voting Members Present:
Councillor S Akhtar
Mr M Ash
Councillor S Currie
Councillor J Goodfellow
Councillor D Grant
Mr A Joyce

Non-voting Members Present:
Ms F Duncan
Dr R Fairclough
Ms A MacDonald
Mr K Maloney
Mr T Miller
Mr D Small
Mr E Stark
Dr J Turvil

Officers Present:
Mr D King
Ms C Lumsden
Ms J McCabe
Ms J Ogden-Smith

Clerk:
Ms F Currie

Apologies:
Professor J Iredale
Ms A Meiklejohn
Dr A Flapan
Mrs M McKay
Mr A Wilson

Declarations of Interest:
None

1.   **MINUTES OF THE EAST LOTHIAN INTEGRATION JOINT BOARD MEETING OF 1 JULY 2015**

The minutes of the East Lothian Integration Joint Board meeting of 1 July 2015 were approved.

2.   **MATTERS ARISING FROM THE MINUTE OF THE MEETING OF 1 JULY 2015**

The following matters arising from the minutes of the meeting of 1 July 2015 were discussed:

East Lothian Community Hospital – David Small, Chief Officer of the IJB, provided an update on progress with the Business Case and confirmed that the timescale for completion of this stage remained unchanged.

Appointment of Chief Finance Officer (CFO) – Mr Small confirmed that matters were progressing and a proposal for appointment of the CFO would be brought to the IJB's September meeting.

3.   **EDINBURGH AND LOTHIAN HEALTH FOUNDATION - PRESENTATION**

Jane Ferguson, Foundation Director of Edinburgh and Lothians Health Foundation (ELHF) gave a presentation to the members of the IJB on the background to the ELHF, its overall aim of improving health and wellbeing and the administration of its annual Grants Programme.

The session concluded with a brief Q&A and the Chair thanked Ms Ferguson for attending and providing such a helpful overview of the work of the ELHF.

4.   **IJB STRATEGIC PLAN UPDATE**

A report was submitted by the Chief Officer of the IJB providing an update on the development of the East Lothian Integration Joint Board's Strategic Plan for adult services. It identified key issues addressed in preparation of the plan, the process of consultation and next steps.

Carol Lumsden, Transformation and Integration Manager, NHS Lothian, presented the report and the draft plan, indicating that it would be presented to the Strategic Planning Group at its September meeting. The draft plan would also take account of the findings of the Care Inspectorate and Health Improvement Scotland joint inspection of older people's services in East Lothian, due out later in the year. The final draft would be ready for consultation in December 2015 and for adoption by the IJB in advance of 1 April 2016, as required by legislation.

Mike Ash advised members that the timetable for delivering a final draft for consultation would be challenging and that some of the revision work would have to begin before the results of the joint inspection were known. An update on progress would be provided at the next meeting of the IJB.

Councillor Currie asked about the inclusion of mental health services within the plan and the arrangements for the review of bed bases. Ms Lumsden confirmed that mental health services were a key priority and would be included in the final draft of the plan.

In relation to the review, she advised that some early modelling work had already started.

Mr Small indicated that the review would look at requirements in a number of areas including the bed base in the new community hospital and other hospitals and care homes where facilities and models of care were outdated. Project teams would be put in place during 2015/16 but the timescale for completion of the work would depend on a number of factors.

Councillor Currie also raised the issue of primary care and Ms Lumsden agreed that this was a key issue and that the plan would bring out the challenges of demand, priority and access to GP services.

Dr Jon Turvill welcomed the Councillor's comments. He said he was aware of a gradient of satisfaction running east to west within the county and was working with all practices to sustain and improve access to GPs.

Dr Richard Fairclough agreed that there was a significant difference between the east and west of the county which showed where the challenges were in delivering care. He said that it was important that this forum consider delivery to areas of greatest need rather than simply on the basis of population size.

Mr Small acknowledged these challenges and the need to find new ways of supporting services in those areas.

In response to a question from Councillor Akhtar, Ms Lumsden advised that the formal consultation process would be well publicised and plans were underway for an event on 30 October 2015 called 'The Big Conversation'.

Keith Maloney agreed that, although the timescale was challenging, the process should be as collaborative as possible.

Councillor Goodfellow suggested that the term 'bed days' be more clearly defined as it was not always clear whether the reference was to acute or other services.

Decision

The IJB agreed:

  i.   to note the latest version of the Strategic Plan.
  ii. to consider and agree the framework, content and priorities.
  iii. the proposed next steps.
  iv. to note that a final draft of the Strategic Plan will also reflect the recommendations of the Joint Older People's Inspection process in East Lothian.

5.   FINANCIAL ARRANGEMENTS FOR THE IJB IN 2015/16

A report was submitted by the Chief Officer of the IJB laying out the financial arrangements for the East Lothian Integration Joint Board.

David King, Finance Officer, NHS Lothian, presented the report, summarising the key matters for consideration including proposals to bring forward Standing Financial Instructions, to set up an Audit Committee and to appoint a Chief Internal Auditor.

In response to a question from Councillor Currie, Mr King acknowledged that some acute services not delegated to the IJB may benefit indirectly from work undertaken by the IJB. Mr Small said that consideration would need to be given as to how best to manage interactions between services and any savings that may result.

Decision

The IJB agreed:

i.   to receive a report laying out the proposed Standing Financial Instructions for adoption at its next meeting.
ii. to set up an Audit Committee and to consider the process, remit and membership of that committee at its next meeting.
iii. the appointment of a Chief Internal Auditor for the IJB.
iv. to hold a workshop to discuss and review the financial assurance process.
v.   to receive a report at the next meeting of the IJB laying out the proposals for financial reporting to the IJB.

6.   DEVELOPING AN IJB PERFORMANCE FRAMEWORK

A report was submitted by the Chief Officer of the IJB describing high level recommendations on the development of effective information and performance management arrangements for the Integration Joint Board.

Carol Lumsden presented the report, providing an overview of the proposals for the IJB's performance framework. This was welcomed by the Chair, who reiterated the importance of measuring performance.

Fiona Duncan referred to East Lothian Council's suite of governance arrangements and the need to review what currently exists, as well as developing new proposals, and identify where there are gaps. Mr Ash referred to work already being undertaken by NHS Lothian to review their performance management processes.

Councillor Currie said that, as well as measuring performance, reports should include proposals for corrective action, where necessary, to help the IJB deliver its agreed outcomes. Ms Lumsden agreed, reflecting that effective performance management should allow such discussion and action to take place.

In response to a question from Mr Maloney, Mr Small confirmed that performance against the principles of the Public Bodies (Joint Working) (Scotland) Act 2014 would form part of the IJB's annual report to the Scottish Government.

Decision

The IJB agreed:

i.   to note that a comprehensive performance framework for the IJB is currently under development.
ii. To note that effective implementation of the framework depends on clear roles, responsibilities and ownership of performance across the organisation.
iii. To the adoption of three high level local Shifting the Balance of Care measures in addition to the suite of national measures.
iv. The recommendation that the Enterprise Strategic Change programme has performance as a key element of its remit and reports directly to the IJB.
v.   To recognise that the development of the framework and its operation will require dedicated resources.

7. IJB IDENTITY

A report was submitted by the Chief Officer of the IJB outlining the need for an identity for the East Lothian Integration Joint Board and to look at initial visuals.

Jane Ogden-Smith, Communications Officer, presented the report, setting out the background to the creation of an identity for the East Lothian Health & Social Care Partnership, of which the IJB is part. Referring to the proposed visuals, she advised members that the branding made use of specific icons for specific services previously developed by Edinburgh, and with their permission. It was felt important to use a common symbol 'family' as East Lothian service-users will be using services in the county and in Edinburgh. Ms Ogden-Smith circulated some additional visuals including proposed layouts for leaflets.

Councillor Currie suggested that the word 'value' be replaced by 'outcomes'. Councillor Akhtar thought that the overall look was very positive. The Chair remarked that there would be an opportunity for more detailed comments at a later stage.

Decision

The IJB agreed:

   i.   to note the contents of the report.
   ii. to approve the further exploration of the identity over the next month with stakeholders.

8. PRIMARY CARE PREMISES BUSINESS CASES

A report was submitted by the Chief Officer of the IJB seeking the support of the IJB for the business cases for Prestonpans Health Centre and Cockenzie Health Centre.

Mr Small presented the report, outlining the background to both business cases. He reminded members that while the IJB did not assume delegated functions until 1 April 2016, these matters linked directly to priorities within the draft Strategic Plan and it was important that the IJB had the opportunity to review the proposals.

Responding to questions from members, Mr Small confirmed that he had discussed the Main Issues Report (MIR) and the implications for primary care services with planning colleagues within the Council. He stated that these proposed extensions and the recent extension to Tranent Medical Practice would allow services to cope with current proposed development in that area but did not take into account any additional development that may result from the MIR.

Mr Small confirmed that there were no plans to extend weekend opening, although opening hours on weekdays had been increased. However, he noted that the national GP contract would be up for renegotiation in 2016/17 and this may lead to changes in contracted hours.

Dr Fairclough welcomed the proposed extensions as necessary and encouraging, however, he cautioned that extending premises was only one part of the solution. The greater challenge would be in improving the recruitment and retention of GPs.

Decision

The IJB agreed:

    i. to support the Standard Business Case for Prestonpans Health Centre extension.
    ii. to support the Initial Agreement for Cockenzie Health Centre extension.
    iii. to support the submission of the business cases to the NHS Board Finances and Resources Committee.

9. DELAYED DISCHARGES

A report was submitted by the Chief Officer of the IJB updating the IJB on performance on delayed discharges for East Lothian.

Mr Small presented the report, providing an update on the figures for July and August 2015. He pointed out that the July figure was the lowest since April 2015 and that the increase in August was largely due to difficulties in accessing packages of care at home. He also advised that the Delayed Discharges working group was due to meet the following week.

Mr Ash suggested that a 6 month moving average figure might give a broader picture but that, overall, matters were improving. The Chair agreed that recent progress had been encouraging and expressed the hope that the August figure was simply an anomaly.

Councillor Currie reminded members that the target for delayed discharges over two weeks was zero and his view was that any figure above that represented a disaster for the families involved. While he found the report helpful, he said it should also contain a plan of how the IJB intends to reach its target of no delayed discharges and identify the main obstacles.

Mr Small acknowledged this and indicated that, at present, it was the capacity of care providers to meet demand that was resulting in delays in accessing packages of care. However, should the IJB fail to reduce delayed discharges below a certain level, it may be necessary to consider wider resource issues.

Decision

The IJB agreed:

    i. to note the performance to July 2015.
    ii. to note the verbal update on performance for August 2015 given at the meeting.
    iii. that performance on delayed discharges should be routinely reported as part of the performance report to the IJB.

Signed   ....

                Councillor Donald Grant
                Chair of the East Lothian Integration Joint Board

MINUTES OF THE MEETING OF THE EAST LOTHIAN INTEGRATION JOINT BOARD

THURSDAY 24 SEPTEMBER 2015
COUNCIL CHAMBER, TOWN HOUSE, HADDINGTON

Voting Members Present:
Councillor S Akhtar
Mr M Ash
Councillor J Goodfellow
Councillor D Grant
Mr A Joyce
Ms A Meiklejohn

Non-voting Members Present:
Ms F Duncan
Dr R Fairclough
Ms A MacDonald
Mr K Maloney
Mrs M McKay
Mr D Small
Mr A Wilson

Officers Present:
Mr D King
Ms C Lumsden
Ms J McCabe
Ms J Ogden-Smith

Visitors Present:
Ms K Aitken
Ms M Robson
Mr I Kerr

Clerk:
Miss F Currie

Apologies:
Councillor S Currie
Professor J Iredale
Ms M Allan
Dr A Flapan
Mr T Miller
Mr E Stark
Dr J Turvil

Declarations of Interest:
None

1. **MINUTES OF THE EAST LOTHIAN INTEGRATION JOINT BOARD MEETING OF 27 AUGUST 2015 (FOR APPROVAL)**

The minutes of the East Lothian Integration Joint Board meeting of 27 August 2015 were approved.

2. **MATTERS ARISING FROM THE MINUTES OF THE MEETING OF 27 AUGUST 2015**

The following matters arising from the minutes of the meeting of 27 August 2015 were discussed:

Financial Arrangements for the IJB – David Small, Chief Officer to the IJB, advised that the Section 95 officer had yet to be appointed and therefore the actions which were to be undertaken in advance of this meeting would now be carried forward to the October meeting.

East Lothian Community Hospital – Mr Small reported that the next stage of the process had been approved; however progress with the business case had been affected by issues relating to EU accounting standards which required clarification at national level.

Primary Care Premises Business Cases – Mr Small advised that the Standard Business Case for the extension to Prestonpans Health Centre had been approved and the outline proposals for Cockenzie Health Centre had also been agreed.

Councillor Akhtar asked about publicity, pointing out the importance of keeping local people informed of the proposals for both health centres. Mr Small agreed that this should be considered.

3. **CHAIR'S REPORT**

The Chair reported on a development event for Chairs/Vice Chairs of Integration Joint Boards hosted by the Scottish Government and CoSLA on 26 August 2015. He attended along with Vice Chair, Mike Ash, and both found the event, and the opportunity to meet with other IJB Chairs and Vice Chairs, extremely helpful. The agenda covered a range of topics including Audit Scotland, performance management, governance and accountability.

Mr Ash commented that during the event Ministers had given their clearest indication yet that IJBs would assume responsibility for Delayed Discharges.

Margaret McKay observed that the induction event for IJB members she attended the previous week had been less well attended than she had expected. However, she had found the event very interesting and the opportunity to exchange views and experiences had been very useful. Mrs McKay asked whether there were plans to publish an analysis of responses from attendees. Kris Aitken, Organisational Development Consultant at NHS Lothian, confirmed that an analysis was being prepared and would be circulated to all attendees. She also indicated that there had been a 50% attendance across all of the sessions and a 'follow up' session was being considered.

4.   STRATEGIC PLANNING FRAMEWORK

A report was submitted by the Chief Officer of the IJB providing a summary of the current strategic planning framework and activity within East Lothian. The report identified key strengths and weaknesses and outlined recommendations for a revised planning network to support the principles of the Public Bodies (Joint Working) (Scotland) Act 2014.

Carol Lumsden, Transformation and Integration Manager, NHS Lothian, presented the report drawing members' attention to the appendices which included a working document summarising current planning groups in East Lothian, a proposed draft structure, roles and remits for the new strategic planning groups and details of thematic project teams for key areas such as primary care and housing.

Responding to questions from Keith Maloney, Ms Lumsden advised that the next public consultation for the Strategic Plan would be in December 2015/January 2016 but that an easy-read version of the draft plan would be available for the 'Big Conversation' event on 30 October 2015.

Alison Meiklejohn pointed out the importance of comparing new structures against existing governance arrangements within member organisations to avoid duplication and potential conflicts of interest. Ms Lumsden agreed indicating that a schematic would be drawn up to address this issue and referring Ms Meiklejohn to the paper on performance management which was presented at the IJB's August meeting.

Mrs McKay welcomed the separate focus on carers said it would be helpful if this and other key areas of responsibility had identified 'lead officers'. She asked for an example of the type of issue which might be referred to a thematic project group and questioned the assertion in the report that there would be no financial implications as a result of this work.

Ms Lumsden suggested access to psychological services as a possible topic for a project group and acknowledged that, in the longer term, there would be associated financial implications. Mr Small indicated that lead roles would be assigned to key officers in due course.

Dr Richard Fairclough welcomed the inclusion of a representative from public health as, in his view; this was key area of work for the IJB.

Decision

The IJB agreed:

     i.   to note the key findings of the review, including the consultation process with existing planning groups;

    ii.   to note that the proposals outlined have been supported by the Strategic Planning Group;

   iii.   the proposed new strategic planning framework; and

   iv.   to extended membership proposals for the Strategic Planning Group and progress appointments as outlined.

5.   APPOINTMENT OF CHIEF FINANCE OFFICER

A report was submitted by the Chief Officer of the IJB providing an update on the proposals for the Section 95 Officer appointment.

Mr Small presented the report advising members that he had hoped to bring forward an appointment for approval at this meeting; however the process was taking longer than expected. He confirmed that a job description had been agreed by East Lothian Council, Midlothian Council and NHS Lothian, and the post had been advertised as a secondment opportunity across the 3 organisations. Interviews would be held in early October and the outcome would be presented to the IJB at its meeting on 29 October 2015.

Decision

The IJB agreed:

     i.   to note the process underway; and
    ii.   to receive a report on the appointment at the IJB meeting to be held on 29 October 2015.

Signed   ....

               Councillor Donald Grant
               Chair of the East Lothian Integration Joint Board

MINUTES OF THE MEETING OF THE
EAST LOTHIAN INTEGRATION JOINT BOARD

THURSDAY 29 OCTOBER 2015
COUNCIL CHAMBER, TOWN HOUSE, HADDINGTON

Voting Members Present:
Councillor S Akhtar
Mr M Ash
Councillor S Currie
Councillor J Goodfellow
Councillor D Grant
Professor J Iredale
Ms A Meiklejohn

Non-voting Members Present:
Ms M Allan
Ms F Duncan
Dr R Fairclough
Ms A MacDonald
Mr K Maloney
Mrs M McKay
Mr T Miller
Mr D Small
Mr E Stark

Officers Present:
Mr D King
Ms C Lumsden
Ms J McCabe

Clerk:
Miss F Currie

Apologies:
Mr A Joyce
Dr A Flapan
Dr J Turvil
Mr A Wilson

Declarations of Interest:
None

1. **MINUTES OF THE EAST LOTHIAN INTEGRATION JOINT BOARD MEETING OF 24 SEPTEMBER 2015 (FOR APPROVAL)**

The minutes of the East Lothian Integration Joint Board meeting of 24 September 2015 were approved.

2. **MATTERS ARISING FROM THE MINUTES OF THE MEETING OF 24 SEPTEMBER 2015**

The following matters arising from the minutes of the meeting of 24 September 2015 were discussed:

Delayed Discharges – David Small reported that the figure for October 2015 was 32, almost double that of September. Of these, 16 had waited over 2 weeks and 9 over 4 weeks. He said that an increased number of referrals and problems with capacity of care had contributed to this figure. Mike Ash suggested that a 'moving average' performance report be introduced to monitor progress and that this be added as a standing item on the IJB's agenda for the next few meetings.

Following a very productive debate, members agreed that more needed to be done to understand why such trends occur and to identify the actions and funding required to address the pressure points. They welcomed the Chair's proposal that a report be brought to the next meeting of the IJB.

3. **CHAIR'S REPORT**

The Chair reminded members that the 'Big Conversation' event would take place at the Brunton Hall, Musselburgh on Friday 30 October 2015. He said that around 150 attendees were expected, including practitioners, service users, planners and other interested parties.

Referring to the meeting of East Lothian Council on 27 October, the Chair advised members that the Council's external auditors, KPMG, had been pleased to note the progress of the East Lothian IJB.

The Chair also reported on the appointment of a new Head of Adult Wellbeing advising that, following a failure to appoint following interviews earlier this year, the post had been re-advertised and it was hoped that an appointment would be made before Christmas.

Finally, the Chair advised members that this would be John Iredale's last meeting. The Chair thanked him for his contribution to the IJB and offered his best wishes for the future.

4. **COMMISSIONING CARE AT HOME SERVICES: IJB ROLE**

A report was submitted by the Chief Officer of the IJB providing an overview of initial work in the development of a tendering methodology for specialist care at home services as an element of the Strategic Plan The report also outlined the role of the IJB in the process.

Carol Lumsden, Transformation and Integration Manager, NHS Lothian, presented the report giving members a summary of the key points including the arrangements for

extension of the existing contract and the timescale for development of the new service model. Joanne McCabe advised that a project board would be set up to manage this work and this would report to the IJB. The Council would be responsible for the tendering process.

Ms Lumsden and Mr Small responded to a number of questions from members around the IJB's role in determining principles, involvement of stakeholders in the development process, financial considerations and length of contracts.

Margaret McKay commented that potential changes to services created concern and uncertainty for service users and carers. It was therefore essential that they were fully engaged in the process and seen as independent citizens rather than just beneficiaries of welfare. Responding to a question from Mrs McKay, Mr Small confirmed that the existing arrangements would remain in place while the new service model was being developed.

Councillor Currie concluded that it was crucial for the IJB to fully understand the potential consequences of any changes and to ensure that the new service delivered improved outcomes for service users.

Decision

The IJB agreed:

i.   To note the proposed methodology for the specialist services tendering process and associated timescales.

ii.   That the strategic direction of the specialist services will be determined through a direction from the IJB to East Lothian Council and NHS Lothian as part of the process in delivering the Strategic Plan.

5.   APPOINTMENT OF CHIEF FINANCE OFFICER

A report was submitted by the Chief Officer of the IJB seeking agreement to the proposed appointment to the position of Chief Finance Officer.

Sederunt: David King left the Chamber.

Mr Small outlined the appointment process indicating that the interviews had taken place on 28 September 2015 and that the panel had unanimously recommended the appointment of David King of NHS Lothian.

In response to questions from members, Mr Small confirmed that the salary costs of the post would be jointly funded by East Lothian IJB's parent bodies and that the arrangement would be reviewed after 12 months.

Decision

The IJB agreed:

i.   To the appointment of David King to the post of Chief Finance Officer.

ii.   That the appointment was on a two year secondment basis subject to review before the end of the first year.

Sederunt: Mr King returned to the Chamber.

6. FINANCIAL REGULATIONS FOR THE IJB AND CREATION OF AN AUDIT AND RISK COMMITTEE

A report was submitted by the Chief Officer of the IJB outlining the Financial Regulations which define the financial roles and outline the financial governance for the IJB and the Terms of Reference (TOR) for the IJB Audit and Risk Committee.

Mr King presented the report advising members of the requirement for the IJB to adopt financial regulations. He explained that these would be supported by a series of financial directives and instructions at a more operational level.

Mr King also outlined the Terms of Reference for the Audit and Risk Committee and confirmed that the IJB was required to nominate a minimum of 4 members (including a Chairperson). The following nominations were made: Mike Ash, Alex Joyce, Councillors Stuart Currie (Chair) and Jim Goodfellow.

Decision

The IJB agreed:

   i.   To adopt the financial regulations as outlined.

   ii.   To delegate the responsibility for preparing the directives and instruction (to support the Regulations) to the Chief Finance Officer.

   iii.   To approve the Terms of Reference of the Audit and Risk Committee and to appoint a chair and three other members (as nominated).

7. APPOINTMENT OF A CHIEF INTERNAL AUDITOR FOR THE IJB

A report was submitted by the Chief Officer of the IJB recommending the appointment of a Chief Internal Auditor (CIA).

Mr King presented the report advising members that the Scottish Government's guidance recommended the role of CIA be populated from either the Health Board or the Council. In the case of the East Lothian IJB, the recommendation was that the Council's Internal Audit Manager be appointed to this role.

Decision

The IJB agreed that the East Lothian Council Internal Auditor Manager be appointed as Chief Internal Auditor for the East Lothian IJB.

8. FINANCIAL ASSURANCE AND FINANCIAL REPORTING

A report was submitted by the Chief Officer of the IJB discussing the financial risks and financial management issues that the IJB will have to manage in relation to the financial allocations (the budget) that East Lothian Council and NHS Lothian will provide to support functions that have been delegated to the IJB.

Mr King presented the report providing the background to the financial allocation the IJB will receive from NHS Lothian and East Lothian Council, including the four services

from which budgets would be allocated, and the arrangements for consideration, reporting and sharing of financial risks.

Mr Ash suggested that the Audit & Risk Committee should convene an early meeting to discuss these issues in detail.

Responding to questions from members, Mr King confirmed that the Strategic Plan would include a financial element. Financial planning and tracking would be critical and partner organisations were already considering how these functions could be transferred to the IJB. He said that the Audit & Risk Committee would be involved in this work and a further report on financial assurance would be presented to the IJB in due course.

Mr Small suggested that risk assessment and management might be a topic for a future development session.

Decision

The IJB agreed:

i.   To note the content of the paper.

ii. To consider the proposal for a risk management strategy.

9.   STRATEGIC PLAN UPDATE

A report was submitted by the Chief Officer of the IJB providing an update on the development of East Lothian Integration Joint Board's Strategic Plan for adult services. It supplements the report of 27 August 2015 and identifies key timescales and next steps, including the process of consultation in line with the Public Bodies (Joint Working) (Scotland) Act 2014.

Ms Lumsden presented the report referring to work being undertaken to develop the direction of year one of the Plan and outlining the timescales for the next period of consultation.

Councillor Currie commented that the Plan should take a radical approach to the redesign of services, rather than simply offering more of the same. Both the Chair and Keith Maloney agreed that change was important.

Mr Ash said that he hoped that members would see changes within the Plan and that this would form part of a broader spectrum of change over the longer term.

Decision

The IJB agreed to note that a second draft of the Strategic Plan will be presented to them on 26 November 2015 with a proposal for a second period of stakeholder consultation to be held during December 2015 and January 2016.

Sederunt: Councillor Akhtar and Fiona Duncan left the meeting.

10. CLINICAL NEGLIGENCE AND OTHER RISKS INDEMNITY SCHEME (CNORIS)

A report was submitted by the Chief Officer of the IJB seeking approval to apply for the IJB to become a member of the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS).

Joanne McCabe, Senior Solicitor, presented the report outlining the background and reasons for the IJB to consider joining the Scheme. She confirmed that the cost of membership would be £3000.

Decision

The IJB agreed:

i.   To note the contents of the report.

ii.   To apply to the Scottish Ministers to join CNORIS.

11. CODE OF CONDUCT

A report was submitted by the Chief Officer of the IJB seeking approval of the IJB Members' Code of Conduct for submission to the Scottish Ministers for approval.

Ms McCabe presented the report drawing attention to key element of the proposed Code of Conduct including arrangements for declaring an interest during meetings, the preparation of a Register of Interests for IJB members and the appointment of a Standards Officer.

Responding to questions from members, Ms McCabe confirmed that the Code would apply to both voting and non-voting members ensuring that all IJB members were held to the same standard.

Decision

The IJB agreed:

i.   To approve the draft Integration Joint Board Members' Code of Conduct for submission to the Scottish Ministers for approval.

ii.   That the members should abide by the terms of the draft Integration Joint Board Members' Code of Conduct on an interim basis, pending approval and formal adoption.

iii. To respond to the Scottish Government's Consultation on the amendment to The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 by agreeing to the proposed changes in relation to Conflict of Interest.

iv.   To note that procedures and forms have been prepared to assist members in completing and maintaining their Registers of Interests and complying with the statutory obligations arising from their appointment to the IJB.

v.   To the appointment of the Chief Officer as the Standards Officer for the IJB.

Sederunt: Alison MacDonald left the meeting.

12. PROXIES (FOR VOTING MEMBERS)

A report was submitted by the Chief Officer of the IJB inviting members to note the position with regard to proxies for voting members.

Mr Small presented the report outlining the arrangements within the Council and NHS for identifying proxies should a voting member be unable to attend a meeting of the IJB. He also confirmed that non-voting members could arrange a substitute by prior agreement with the Chair.

Decision

The IJB agreed to note the position with regard to proxies for voting members.

13. MEMBERSHIP OF EAST LOTHIAN PARTNERSHIP

A report was submitted by the Chief Officer of the IJB seeking agreement to the proposed nominations to the East Lothian Partnership.

Mr Small presented the report outlining that the IJB had been asked to nominate members for the East Lothian Partnership and it was proposed that the nominations should be the Chair and Chief Officer.

Decision

The IJB agreed the nominations of the Chair and Chief Officer to the East Lothian Partnership.

Signed ....

Councillor Donald Grant
Chair of the East Lothian Integration Joint Board

NOTICE OF THE MEETING OF THE
EAST LOTHIAN INTEGRATION JOINT BOARD

THURSDAY 26 NOVEMBER 2015, 2.00pm
COUNCIL CHAMBER, TOWN HOUSE, HADDINGTON

Agenda of Business

Apologies

Declarations of Interest
Members 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.

1. Minutes of the Meeting of the East Lothian Integration Joint Board of 29 October 2015 (for approval) **(pages 1 - 8)**

2. Matters Arising from the Minutes of the Meeting on 29 October 2015

3. Chair's report (verbal)

4. Delayed Discharges **(pages 9 - 12)**
   Report by the Chief Officer of the IJB

5. Financial Assurance – next steps **(pages 13 - 16)**
   Report by the Chief Finance Officer of the IJB

6. Policy on Directions **(pages 17 - 20)**
   Report by the Chief Finance Officer of the IJB

7. Integrated Care Fund **(pages 21 - 40)**
   Report by the Chief Officer of the IJB

8. Strategic Plan **(pages 41 - 46)**
   Report by the Chief Officer of the IJB

9. Risk Management Approach **(pages 47 - 68)**
   Report by the Chief Officer of the IJB

10. IJB Identity (update) **(pages 69 - 72)**
    Report by the Chief Officer of the IJB

PRIVATE

11.   Presentation on the East Lothian Community Hospital

NOTE: Access to Information
It is anticipated that the Integration Joint Board will resolve to exclude the public from Item 11 in accordance with Paragraph 5.9.1 of its Standing Orders (the Integration Joint Board is still in the process of developing proposals or its position on certain matters). The papers for this item are withheld accordingly.

David Small
Chief Officer
East Lothian Integration Joint Board
19 November 2015

EDINBURGH INTEGRATION JOINT BOARD

The minutes of the meeting held on 25 September 2015 are attached for information.

Key issues discussed included:

- Governance, capacity and infrastructure as part of Older people's service transformation plans
- Overview of communication and engagement activities to support Older people's redesign programme
- The utilisation of the Transition Fund
- The 4 Public Social Partnerships active in Edinburgh and further proposals
- The draft Winter Plan for 2015/16
- The actions required to achieve financial assurance for the IJB before April 2016.
- A position statement on information sharing, communication and digital technology
- The arrangements to consider deputations by the IJB.
- Agreement to establish an Audit Committee of the IJB.
- The transfer of responsibility for council health and social care grants for Health Inequalities from April 2016.

Key issues on the horizon are:

- Risk workshop being planned for the IJB

George Walker
Chair

Edinburgh Integration Joint Board

9.30 AM, Friday 25 September 2015

Present:

Board Members: George Walker (Chair), Councillor Elaine Aitken, Carl Bickler, Sandra Blake, Andrew Coull, Christine Farquhar, Councillor Joan Griffiths, Councillor Ricky Henderson, Kirsten Hey, Councillor Sandy Howat, Moira Pringle, Gordon Scott, Ella Simpson, Richard Williams, Maria Wilson, Councillor Norman Work

Officers: Monica Boyle, Karen Dallas, Carol Harris, Susanne Harrison, Gavin King, Alex McMahon and Chris Whelan.

1. Welcome and Apologies

George Walker welcomed those in attendance to the meeting and provided an update on the Edinburgh Integration Joint Board (EIJB) Chief Officer recruitment process. Shortlisting of candidates had taken place on 24 September 2015 and information would be circulated to the interview panel regarding this on 28 September 2015. The formal selection process would take place over two days. Candidates would meet a stakeholder panel on the first day, followed by a formal interview the next day.

Apologies were noted from Shulah Allen, Kay Blair, Hugh Dunn, Alex Joyce, Angus McCann, Ian McKay and Tim Montgomery and Sandra Blake.

2. Note of meeting of the Edinburgh Integration Joint Board 17 July 2015

Decision

To approve the minute of the meeting, subject to the inclusion of Alex McMahon as in attendance.

(Reference – note of the meeting of the Edinburgh Integration Joint Board - 17 July 2015, submitted.)

Working together for a caring, healthier, safer Edinburgh

3. Matters Arising

3.1   Communication: Website and Extension of Branding

Decision

To note that a further report on website development (with costings) and the wider communications engagement would be submitted to the next meeting of the Edinburgh Integration Joint Board.

4. Rolling Actions Log

The Rolling Actions Log, containing decisions agreed at the previous meeting of the EIJB, for 25 September 2015 was presented.

Decision

1) To note the Rolling Actions Log and the updates provided.

2) To agree to include visits to acute facilities in the schedule of visits.

(Reference – Rolling Actions Log – 25 September 2015, submitted.)

5. Governance Arrangements, Capacity and Infrastructure

Alex McMahon presented a report on governance, capacity and infrastructure in relation to Older People's Services. The following was highlighted:

- A request had been made to the Scottish Government for bridging finance to support the Transformational Plan. This was expected to be approximately £2m and would be linked to performance.
- The Plan included the opening of additional beds at Gylemuir House, domiciliary care staff were currently being recruited to support this.
- The remaining two open wards at the Royal Victoria Hospital had been badly damaged by flooding. Patients had been moved and next steps were being considered.
- Key risks associated with the reduction in delayed discharge levels, including finance and recruitment, had been identified.

Chris Whelan provided an update on the proposed new contract for care workers in Edinburgh. This was expected to go live in August/September 2016. It was advised that a cost pressure of £8m was expected due to the introduction of a new national living wage. It had been advised that additional funding would not be received from Scottish Government to address this shortfall.

The following comments were raised during discussion by board members:

- It would be necessary to demonstrate progress against key indicators with the first tranche of Scottish Government bridging finance in order to secure the second half of funding.
- Interim Localities Managers were scheduled to be appointed on 2 October 2015.
- Any plans should consider both efficiencies and capacity.
- The Professional Advisory Committee should be built into the governance arrangements outlined at in the report.
- A finance representative would ideally be appointed to the Older People's Executive Group.

Decision

1) To note the progress in securing funding from Scottish Government for year one of a three year transformation plan.

2) To note that additional beds within Gylemuir would be opened as part of the three year transformation plan, and that recruitment for domiciliary care workers was ongoing, with the first cohort recruited, trained and in place for the week beginning 18 December 2015.

3) To note that there was £300,000 within the transformation fund which was available to the Edinburgh Integration Joint Board to support the governance and infrastructure required to deliver this agenda.

4) To agree the governance arrangements set out in section 3 of the joint report by the Associate Director of Strategic Planning and the Senior Manager of Older People's Services, subject to Partnership and Finance representatives being added to the membership of the Older People's Executive Group and noting that the GP Sub-Committee would be asked to nominate the 2 GPs.

5) To support the Interim Management Team in continuing its dialogue with Scottish Government in relation to years two and three funding requirements.

6) To agree and endorse the need for a minimum of 80 packages of care (discharges) to be delivered weekly, from as early a date as possible, to drive a step change in performance.

7) To request further information on activity within hospital teams to support effective patient discharge.

8) To agree to receive further information on the ongoing review of Council Occupational Therapist services.

(Reference – joint report by the Head of Service, Older People, CEC and Associate Director, Strategic Planning, NHS Lothian – CEC, submitted.)

6. Transforming Older People's Services – Communication and Engagement Activity

Carol Harris presented an overview of communication and engagement activities, including aims and objectives, used to support the Older People's Executive Group in the implementation of the redesign programme.

Board members highlighted that it would be beneficial to start engagement with network forums in advance of the official confirmation of timelines and that sensitivity would be required regarding the closure of the Royal Victoria Hospital.

Decision

To support the need to actively engage with staff, patients and communities through the range of communication channels regarding the redesign of older people's services in Edinburgh, in particular the development of new Integrated Care Facilities.

(Reference – report by the Head of Communications, NHS Lothian, submitted.)

7. Transition Fund Utilisation

The utilisation of the Transition Fund, made available by the Scottish Government to support the development of the EIJB, was detailed. Approximately 50% of the £615k funding allocation had been committed by both partners up to 1 April 2015.

Decision

1) To note the level of expenditure committed to date, and the carry forward into 2015/16 financial year.

2) That expenditure for the period(s) subsequent to 1 April 2015 should be associated with growing capacity and project management to drive change. In part this might be through the use of external support to review current practice and ways of driving efficiency and productivity whilst also releasing cash.

3) That no further expenditure should be incurred from 1 April 2015 on embedded staff.

(Reference – joint report by the Chief Social Work Officer, CEC and the Director of Strategic Planning, Performance and Information, NHS Lothian, submitted.)

8. GameChanger – Public Social Partnership

Details were provided of four established Public Social Partnerships (PSP). These were cited as strong examples a co-planning and co-diversity approach, aimed at fulfilling the strategic objectives and priority actions of the Strategic Plan.

Game Changer was a new PSP led by NHS Lothian, Hibernian Football Club and the Hibernian Community Foundation. The stated aim of the PSP was to unlock the power and passion associated with football; to make greater use of all Hibernian's physical, cultural and professional assets; and to deliver a better, healthier future for the most vulnerable, disenfranchised or disadvantaged in local communities.

Decision

1) To acknowledge the key role of the Public Social Partnership in the delivery of shared strategic priorities.

2) To support the four Public Social Parnership workstrands currently active.

3) To recognise the potential contribution of GameChanger to assist with delivering on a number of strategic objectives with a particular focus on preventative approaches and communities and individuals who experience significant health inequalities.

4) To support the development of flagship and road map proposals which will include the preparation of funding applications.

5) To support the potential application of the Public Social Partnership model to other areas of health and social care delivery which in turn would support the delivery of the Edinburgh Integration Joint Board Strategic Plan.

6) To consider future options at a development session, to include localities and inequalities issues, and links with the draft Strategic Plan.

(Reference – report by the Strategic Programme Manager, NHS Lothian, submitted.)

9. Winter Planning

Arrangements for winter planning being undertaken across NHS Lothian, and the process for submission to the NHS Lothian Board in October 2015, were detailed. A draft version of the Winter Plan was appended to the report. During discussion the following points were raised by board members:

- A preventative model would be essential if the EIJB was to maintain a sustainable winter plan. This would include supporting patients outside of acute facilities.
- Engagement and consultation should involve non-professional networks, such as the British Red Cross Assisted Discharge Service, unpaid carers etc.
- A shift in the balance of care from acute to community-led services would impact upon workloads for General Practitioners.
- The agreed approach for the Winter Plan would need to be person centred.
- Performance monitoring should utilise a wider range of indicators than just four hour breaches.

- It would be necessary to record lessons learned, for use when drafting future iterations of the Winter Plan.

Decision

1) To note the approach being taken and the work to date, and await a final version of the Winter Plan for the November 2015 meeting of the Edinburgh Integration Joint Board.

2) To request more detailed information to the November 2015 Edinburgh Integration Joint Board meeting on the scope, to include more details on performance monitoring, and lessons learned.

3) To note that in the meantime the current version would be considered by the NHS Lothian Board in early October 2015, and that the Chair would reflect the Edinburgh Integration Joint Board's discussion then.

(Reference – report by the Associate Director of Strategic Planning NHS Lothian, submitted.)

10. Communication and Brand Development

Decision

To note that the item had been withdrawn from the agenda.

11. Financial Assurance for the Integration Joint Board

Moira Pringle detailed key financial actions required in advance of 1 April 2016, when the EIJB was scheduled to become fully operational. These included:

- Development of a financial framework for the Strategic Plan;
- Agreement of budgets delegated from City of Edinburgh Council (CEC) and NHS Lothian (NHSL) following a due diligence process;
- A strategy for working with the other three Lothian IJBs, CEC and NHSL to agree where risk would be jointly managed and which mechanism(s) would be used;
- Working with the Integrated Management Team to develop an agreed set of 'directions' with aligned financial resources;
- Establishing appropriate governance arrangements; and
- Development of reporting mechanisms to provide the EIJB and the Integrated Management Team with appropriate and timely financial information.

The following points were raised during discussion by board members:

- Any reduction in mental health nursing spend would have a significant negative impact in an area where resources were already low.

- It would be important to share information regarding risks with other IJBs as many would be facing similar challenges.
- Respective internal auditors would be invited to present reviews by CEC and NHSL internal audit departments. Governance and finance had been identified as the biggest risks currently facing the EIJB.
- Both NHSL and CEC Chief Executives had made a commitment to explore the possibility of multi-year budgeting.

Decision

1) To note the contents of the Interim Chief Finance Officer's Report and to support the work plan laid out.

2) That the 11 December 2015 development session would focus on the budgets being delegated to the Edinburgh Integration Joint Board. In turn this session would be required to assist the Joint Board members in understanding key financial pressures and also the process for agreeing any change and the criteria and process for change.

3) To agree to consider Finance at the December 2015 development session, alongside the draft Strategic Plan.

4) To request further information on the decision making process regarding the £1.1m reduction in mental health nursing spend.

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

12. Information, Communication and Digital Technology: Position Statement

A summary was provided of the current position with respect to joint developments in information governance and information, communications and digital technology (ICDT). This included:

- An update on information governance
- An updated 'Road Map'
- A description of recently delivered, ongoing and scheduled technical work;
- A proposed approach for supporting the development and delivery of the Strategic Plan
- An update on work to develop the approach for the provision of technical support functions to the EIJB.

In response to questions from Board Members, it was confirmed that a joint protocol for data sharing existed.

Decision

1) To note the current position on information governance and that a further report would be provided in due course.

2) To agree to the assumptions adopted for joint working in ICDT.

3) To note the update of the 'Road Map' and the technical work recently delivered, ongoing or scheduled.

4) To invite the Council's ICT Solutions Team and NHS Lothian e-Health services to review and comment jointly on the Draft Strategic Plan as part of the consultation.

5) To request that an appropriate approach be developed for ensuring that information governance and ICDT requirements could be considered for all major service/pathway re-design proposals to ensure improved information flows along the pathway.

6) To request that appropriate and affordable ICDT delivery/implementation plan(s) were developed in relation to these service/pathway re-design proposals.

7) To note the Council and NHS Lothian would be developing a proposal for the provision of 'Professional/Technical and Administrative' support services to the Joint Board and that this would include support for information governance and ICDT.

8) To note the 'starter list' of requirements for information governance and ICDT and to note that an update would be provided on this in due course.

9) To use a future development session to address current issues, including shared protocols, and future development, and to ask Angus McCan to act as the Joint Board's member lead on this.

(Reference – report by the Integration Programme Manager, CEC, submitted.)

13. Proposals for Receiving Deputations

Gavin King presented a report which included options that the EIJB could adopt with regard to deputations. Board members were advised that deputations were a unique way for external organisations to feed into the decision making process and should not be seen as a replacement for existing consultation processes.

The following points were raised by board members during discussion:

- Deputation requests at Development Sessions would not be appropriate, as these workshops were intended to offer private briefings to Joint Board members.
- A programme of upcoming agenda items would help organisations, who would later make deputations, engage with the decision making process at an earlier stage.
- A trial period would allow the EIJB to fine tune the deputation process.

- Clear guidelines would be required in order to ensure that only appropriate deputations were considered.

Decision

1) To agree in principle to allow deputations at some meetings of the Joint Board.

2) To request detailed guidelines on how the process would work in practice, and on the scope for allowing deputations at meetings for a pilot period.

(Reference – report by the Interim Management Team, submitted.)

14. Audit Committee - Options

Gavin King presented a report regarding the possibility of the EIJB establishing an Audit Committee to ensure appropriate consideration of governance, risk and assurance matters. It was advised that the creation of an audit committee would be in line with good practice governance standards in the public sector.

Decision

To agree option 2.1, to establish an Audit Committee with a wide ranging audit risk and scrutiny remit) and to request a report to the next meeting on its possible membership and terms of reference.

(Reference – report by the Deputy Chief Executive, CEC, submitted.)

15. New Grant Programme for Prevention of Health Inequality from 2016/17

Following Council's decision to transfer responsibility for developing grant programmes and making grant awards to executive committees, the 2015-16 grant process for reducing health inequality was approved by Health, Social Care and Housing Committee on 27 January 2015.

The report outlined that responsibility for Health and Social Care grant systems would transfer to the Health and Social Care Partnership with final allocation decisions through the EIJB. A new programme of grants for the prevention of health inequality to operate from 2016/17, using an updated policy framework with funding criteria based on this, was proposed. A parallel report was agreed by the Health, Social Care and Housing Committee of the Council on 16 June 2015.

Decision

To approve the recommended approach to the new grant programme for preventive action on health inequality, including:

a) Reduction of the priority outcomes from 13 to 10 by removing or merging three outcomes set out in Paragraph 13 of the report.

b) Retaining the priority for six of the ten outcomes set out in Paragraph 11 of the report as key areas for partnership work and funding priorities in the preventive programme.

c) Continued coproduction work to improve definitions of some assessment criteria, such as enhancing local services and continue the development of impact measures.

d) The award of three year grant funding from 2016/17 through an application process in 2015.

e) Consideration of grants at the Joint Board meeting in February 2016 for grants starting in April 2016, with a phased approach aligned to partner funding cycles

f) That award recommendations take into account agreed budget targets and arrangements to rationalise the funding periods for HSCP grant with the main joint funding sources.

(References – minutes of the Health and Social Care and Housing Committee 27 January 2015 (item 1) and 16 June 2015 (item 7); minute of the Communities and Neighbourhoods Committee 11 February 2014 (item 1); report by Health and Social Strategy Manager, submitted.)

16. Request for Board Membership

A letter from Rene F. Rigby on behalf of Scottish Care requesting membership of the EIJB was presented.

Decision

To refuse the request for Board membership, on the basis that there were already a number of avenues for the organisation to influence Joint Board policy.

(Reference – letter from Scottish Care, submitted.)

17. Risk Management Update

It was proposed that Alex McMahon scheduled a workshop on risk for a future development session meeting of the EIJB.

Decision

1) To agree to hold a development session/ workshop on Risk.

2) To note that a timetable of development sessions would be produced and circulated.

EDINBURGH INTEGRATION JOINT BOARD (SPECIAL MEETING)

The minutes of the special meeting held on 16 October 2015 are attached for information.

Key issues discussed included:

- Agreement to appoint of Robert McCulloch-Graham as the Chief Officer to Edinburgh IJB

George Walker
Chair

Edinburgh Integration Joint Board (Special Meeting)

9.30 AM, Friday 16 October 2015

Present:

Board Members: George Walker (Chair), Councillor Elaine Aitken, Shulah Allen, Carl Bickler, Kay Blair, Sandra Blake, Andrew Coull, Wanda Fairgrieve, Christine Farquhar, Councillor Joan Griffiths, Kirsten Hey, Alex Joyce, Angus McCann, Gordon Scott, Ella Simpson, Richard Williams, Maria Wilson

Officers: Monica Boyle, Dorothy Hill, Melanie Johnson, Alex McMahon, Michelle Miller and Tim Montgomery.

1.   Welcome and Apologies

George Walker welcomed those in attendance to the special meeting of the Edinburgh Integration Joint Board (EIJB). It was advised that the meeting had been called to allow the EIJB to formally approve the appointment of the new Chief Officer.

2.   Appointment of Chief Officer

George Walker explained the recruitment process for the new Chief Officer and information regarding the recruitment panels preferred candidate. The following was highlighted:

- There had been 24 applicants for the post. 11 had been selected to form the long leet, of whom 7 had made it onto the short leet.
- The interview short leet was agreed by the interview panel appointed at the EIJB's July meeting, This consisted George Walker, Councillor Ricky Henderson, Councillor Sandy Howat, Councillor Elaine Aitken, Kay Blair and Alex Joyce, and was supported by the NHS Lothian and CEC Chief Executives. The entire process was supported by an HR adviser.
- Key stakeholders and the two Chief Executives had held informal discussions with the short leet candidates on 5 October 2015, supported by Aspen People and the HR adviser. The stakeholder group comprised:- Ella Simpson; Andrew Coull; Angus McCann; Kirsten Hey and Wanda Fairgrieve.

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- Formal interviews had been held on the 6 October 2015. Aspen People/HR again supported these, and provided feedback from the stakeholder discussions.
- The panel had agreed to nominate Robert McCulloch-Graham as the preferred candidate.
- As required by the legislation, formal consultation had taken place with the statutory organisations, both of which offered no objections to the appointment.

Decision

To formally appoint Robert McCulloch-Graham as the EIJB Chief Officer.

EDINBURGH INTEGRATION JOINT BOARD

The minutes of the meeting held on 20 November 2015 are attached for information.

Key issues discussed included:

- Agreement to establish a performance sub-group of the IJB.
- Overview of the Council's Citizens and Localities Services (CLS) Project Locality Transformation Plan
- The proposed schedule of development sessions for the IJB to December 2016
- Agreement to allow deputations to the Joint Board and its committees for a pilot period of 12 months.
- Proposals for the Audit and Risk Committee of the IJB.
- The proposals and process for developing a risk appetite statement for the IJB.

Key issues on the horizon are:

- A report on progress with developing a communications strategy

George Walker/ Rob McCulloch-Graham
Chair/Executive Lead

Edinburgh Integration Joint Board

9.30 AM, Friday 20 November 2015
City Chambers, Edinburgh

Present:

Board Members: George Walker (Chair), Councillor Elaine Aitken, Shulah Allan, Carl Bickler, Andrew Coull, Christine Farquhar, Councillor Joan Griffiths, Councillor Ricky Henderson, Kirsten Hey, Moira Pringle, Gordon Scott, Ella Simpson, Richard Williams, Maria Wilson, Councillor Norman Work

Officers: Monica Boyle, Eleanor Cunningham, Wanda Fairgrieve, Carol Harris, Susanne Harrison, Alex Joyce, Andrew Kerr, Gavin King, Angus McCann and Michelle Miller

1.   Previous Minutes

Decision

1)   To approve the minute of the meeting of the Edinburgh Integration Joint Board of 25 September 2015.

2)   To approve the minute of the special meeting of the Edinburgh Integration Joint Board of 16 October 2015.

2.   Matters Arising

2.1   Visits to Establishments

Decision

To invite additional suggestions from Joint Board members.

3.   Implementing the Integrated Performance Framework

The Joint Board agreed to hear a late report outlining proposals for the implementation of an integrated performance framework, including a structure of performance reporting groups. An overview was also provided of progress to date, priorities for analysis, known risks and identified issues/challenges.

Board members highlighted the potential for more longitudinal studies. It was recognised that the volume of data the Sub-Group would need to consider, and the size of its membership, might present challenges. These would be assessed once it was operational, and appropriate adjustments made to working practices.

Decision

1) To establish a Performance Sub-Group to take forward the implementation of the framework, including giving further consideration to details of the proposed arrangements, e.g how activity and performance of the full range of delegated functions would be overseen.

2) To agree to delegate authority to Shulah Allan, in consultation with the Chair and Vice-Chair, to agree membership of the sub-group, including a clinical sector representative.

3) To request that the Sub-Group provide regular updates to the Joint Board.

(Reference –report by the Acting Strategic Policy and Performance Manager – CEC, submitted.)

## 4.	Rolling Actions Log

The Rolling Actions Log for 20 November 2015 was presented.

Decision

1) To adjust the expected completion date for item 6.1 (Review role of Professional Advisory Committee; including links with Joint Board) to January 2016.

2) To note the Rolling Actions Log and to approve the closure of items 6.3, 9, 16, 19 and 20.

(Reference – Rolling Actions Log – 20 November 2015, submitted.)

## 5.	Winter Plan 2015-16

As previously requested by the Joint Board the Winter Plan 2015-16, including proposed areas of work to support winter capacity to the value of £2.188m, was submitted. Information was also provided on resilience, severe weather contingency and bridging finance proposals for Gylemuir House.

A further £120k had been allocated to the South East Test of Change pilot; an assets based approach designed to test a new model of working across Acute, Primary Care and Health and Social Care Services.

The following points were raised by Board members during discussion:

- The Edinburgh Voluntary Organisations Council (EVOC) were in the process of drafting third sector proposals to assist with winter pressures. Costings would be presented to the NHS Older People's Executive.
- Recognition needed to be given to the impact of the proposals on generic services.
- Projected targets for careworker recruitment formed part of a wider workforce strategy and were expected to be met.
- The "Carer's Card" provided emergency support for voluntary carers.

Decision

1)   To note the Edinburgh Integration Joint Board allocation for winter 2015-16, with the view to supporting mainstream social care services to enhance staffing to optimise discharge planning.

2)   To note the intention to provide an update to a future Joint Board meeting on the review of district nursing.

(References – minute of the Edinburgh Integration Joint Board 25 September 2015 (item 9); joint report by the Head of Service, Older People, CEC and Associate Director, Strategic Planning, NHS Lothian, submitted.)

6.   Citizens and Localities Project

Jim Hunter (Senior Responsible Officer, Citizens and Localities Services Project) gave a presentation on the Council's Citizens and Localities Services (CLS) Project Locality Transformation Plan. The following areas were covered:

- The Council budget shortfall, including savings required from the CLS project;
- The current service delivery and operating models;
- The strategic objectives of the project including lean and agile council services, simplified customer journeys and improved partnership working.;
- Planned Co-terminus Locality Operating Areas and Locality Leadership Teams;
- The Community Empowerment (Scotland) Act 2015 and its impacts;
- Ongoing organisational reviews;
- Plans for integrated multi-disciplinary teams;
- Co-location and joint asset management;
- The Locality Improvement Plan;
- Plans to improve approaches to prevention;
- Embedding values and developing culture; and
- The benefits of the locality transformation.

The following points were made during discussion:

- An extensive engagement programme was ongoing with Council employees on the wider transformation programme; this included information on locality working.

- One of the benefits of locality working was that pilot projects could be tested in one area before being implemented across the city.
- Following transformation, housing services would be delivered on a locality basis, building on the existing neighbourhood approach.
- The Council currently utilised tele-health and tele-care in the delivery of its services.

Decision

To note the presentation and that slides would be circulated to Board Members.

7. Development Sessions Programme – Proposed Schedule

A proposed schedule for items for consideration at the Integration Joint Board Development Sessions from December 2015 to December 2016 was submitted. Board Members raised the following points in response to the schedule:

- Third sector involvement was relevant to all items on the schedule. For this purpose Ella Simpson (Director, EVOC) requested that topic leads consulted with her in advance of each development session.
- Primary care capacity was an important issue and should be swapped to the April 2016 session so that it could be considered at an earlier stage.
- As the session on strategic use of information and ICT was not till August 2016, Board members were invited to raise any concerns in the interim with Angus McCann.
- The relationship between the work of the IJB and that of the Council's children's services would be a useful topic for consideration.

Decision

To rework the programme based on the observations made and submit this to the next Joint Board meeting.

(Reference – Development Sessions Programme, submitted.)

8. Deputations

As previously requested by the Joint Board, options for the use of deputations were submitted. These were intended to encourage greater public participation in the democratic process by allowing groups and organisations to put their point of view directly to Board members.

Decision

1) To agree to pilot deputations at the Joint Board and its committees for twelve months using the procedure outlined in appendix one of the report.

2) To note that following the pilot period, a report reviewing the procedure would be submitted to the Joint Board.

3) To note that the scope for deputations would be made available as part of the forthcoming communications strategy.

(References – minute of the Edinburgh Integration Joint Board 25 September 2015 (item 13); report by the Deputy Chief Executive, CEC, submitted.)

9. Audit and Risk Committee

As previously requested by the Joint Board proposals for the creation of an Audit and Risk Committee, to ensure appropriate consideration of governance, risk and assurance matters, was submitted. This was considered in line with good practice governance standards in the public sector.

Decision

1) Agreed to establish an Audit and Risk Committee.

2) Agreed to the terms of reference as detailed in appendix one of the report.

3) To request that the Committee explored coordinating internal audit functions across both constituent authorities.

4) To delegate authority to the Chief Officer, in consultation with the Chair and Vice-Chair to agree the final membership.

(References – minute of the Edinburgh Integration Joint Board 25 September 2015 (item 14); report by the Deputy Chief Executive, CEC, submitted.)

10. Developing Risk Management

Previously the Joint Board had agreed to develop a risk appetite statement, subsequent to the consideration of risk at a Development Session. The approach for establishing a fit for purpose risk framework to adequately record, manage and escalate risk across the Partnership was detailed. This process would be overseen through the Audit and Risk Committee, which in turn would keep the Joint Board informed of major risks and when mitigating actions were necessary.

Decision

To approve the approach detailed in the report.

(References – minute of the Edinburgh Integration Joint Board 25 September 2015 (item 14); report by the Principal Risk Manager – CEC, Quality and Standards Manager – Health and Social Care and Quality and Safety Assurance Lead – NHS Lothian, submitted.)

11. Communications Resource and Strategy for the Edinburgh Integration Joint Board

The Chief Officer advised that he had met with communication leads from both constituent organisations and noted it would be necessary to further develop a Joint Board communications strategy, including elements of risk and narrative.

In response to the verbal update, Board members suggested that an internal communications plan was also incorporated into any future strategy.

Decision

To note that there would be a report to the next meeting of the Joint Board.

12. Scottish Government Consultation Response: Ombudsman

The Scottish Government had written to all Chief Officers of Integration Joint Boards in early October 2015 consulting on a proposed amendment to the Scottish Public Services Ombudsman Act 2002 to add Integration Joint Boards to the 'listed authorities' set out in Schedule 2 of the 2002 Act. Approval was sought for a consultation response on behalf of the Edinburgh Integration Joint Board supporting the amendment.

Decision

To approve the consultation response to the proposed amendment of the Scottish Public Services Ombudsman (SPSO) Act 2002 to add Integration Joint Boards to the 'listed authorities' set out in Schedule 2 of the 2002 Act.

(Reference – report by the Integration Programme Manager, CEC, submitted.)

13. Any Other Business

13.1 Syrian Refugee Families

It was advised that six families of refugees from Syria, due to be housed in Edinburgh, had arrived that week. A further eight families were expected the following week. The multi-agency planning for their arrival had worked well.

13.2 Carers' Rights Day

The Board was advised that 20 November was the annual Carers' Rights Day. This was deemed a good example of partnership working and an information stall had been set up in the courtyard level of Waverley Court for all those who wished to find out more.

13.3   Council Budget Consultation

Board members were advised that the budget consultation for the City of Edinburgh Council was ongoing and were invited to complete the online survey. Information regarding this had been circulated in advance of the meeting.

13.4   Interim Management Team

The Chair noted the hard work and expressed gratitude for Michele Miller, Alex McMahon and Melanie Johnson in their role as the Interim Management Team leading up to the appointment of the new Chief Officer.

Decision

That the Chair write formally on behalf of the Board to thank the Interim Management Team for their support.

13.5   Agenda Planning

It was advised that the Chair, Vice-Chair and Chief Officer would be looking to meet weekly to discuss formal and procedural aspects of Board meetings. The issue of standing formal agenda items would be considered.

Midlothian Integration Joint Board

Date	Time	Venue
20th August 2015	2pm	Conference Room 1, Fairfield House, Lothian Road, Dalkeith EH22 3AA.

Present (voting members):

Cllr Cath Johnstone (Chair from item 4.3)	Peter Johnston (Vice Chair from item 4.3)
Cllr Bob Constable	Dr Morag Bryce
Cllr Derek Milligan	Melanie Johnson
Cllr Margot Russell (Proxy for Cllr Bryan Pottinger)	John Oates (Proxy for Alex Joyce)

Present (non voting members):

Eibhlin McHugh (Chief Officer from item 4.4)	Alison White (Chief Social Work Officer)
David King (Interim Chief Finance Officer)	Hamish Reid (GP/Clinical Director)
Caroline Myles (Chief Nurse)	Patsy Eccles (Staff side representative)
Jane Cuthbert (User/Carer)	Jean Foster (User/Carer)
Ruth McCabe (Third Sector)	

In attendance:

Kenneth Lawrie (Chief Executive, Midlothian Council – Chair until item 4.3)	Mike Broadway (Clerk)
Kyle Clark-Hay (Democratic & Document Services Manager, Midlothian Council until item 4.3)	

Apologies:

Cllr Bryan Pottinger	Alex Joyce
Dave Caesar (Medical Practitioner)	

Midlothian Integration Joint Board

1. Welcome and introductions

1.1 Pending the formal appointment of the Chair and Vice-Chair as part of consideration of Item 4.2, Kenneth Lawrie, Chief Executive, Midlothian Council, chaired the meeting.

1.2 Mr Lawrie welcomed everyone to the inaugural meeting of the Midlothian Integration Joint Board, following which there was a round of introductions.

1.3 The order of business was as set out in the agenda papers.

2. Declarations of interests

2.1 Eibhlin McHugh declared an interest in item 4.3

3. Minutes of Previous Meeting

3.1 The Minutes of Meeting of the Midlothian Health and Social Care Partnership Shadow Board held on 18th June 2015 were submitted and noted.

3.2 With regards the Learning Disability Service (paragraph 8), it was noted that a service visit/workshop had been arranged for Thursday 8 October from 2pm at Cherry Road. Steps were also being taken to produce a shorter version of the paper in plain English.

3.3 With regards the Lothian Unscheduled Care Service Review (paragraph 10), feedback would be circulated shortly.

4. Reports

Report No.	Report Title	Presented by:
4.1	Governance for the Midlothian Integration Joint Board	Kyle Clark-Hay

Executive Summary of Report
The purpose of the report was to confirm progress in relation to the governance arrangements for the Midlothian Integration Joint Board specifically in relation to the Integration Scheme; the Standing Orders for the Board; and the Code of Conduct.

Summary of discussion
With regards the Standing Orders relating to Voting (section 9) it was suggested that these should be brought more into line with the Council's Standing Orders particularly in respect of the submission of Notices of Motion (9.3), which should require to be submitted a specified number of days in advance of the meeting – five working days was proposed. Also with regards the withdrawal of a Notice of Motion (9.5) it was suggested that provision should be included to allow for the Notice of Motion to be withdrawn by the Mover, with the consent of his/her seconder.

Midlothian Integration Joint Board

Decision
The Board: • *Noted the contents of the Integration Scheme;*   • *Approved the Standing Orders for the IJB with the amendments that were agreed;*   • *Noted the draft Code of Conduct and its current status; and*   • *Noted the Equalities legislative requirements for the IJB.*

Report No.	Report Title	Presented by:
4.2	Membership of the Integration Joint Board	Eibhlin McHugh

Executive Summary of Report
The report provided information about the proposed membership of the Midlothian IJB. Membership of the Board included details of: • who had voting rights and was either elected Councillors from Midlothian Council or members of NHS Lothian Board.   • who attended in a non-voting capacity - professional advisers and representatives of stakeholder group including staff in health and social care, user and carer members, and the Third Sector.   In addition to the names of the voting and non-voting members, the report included arrangements for substitution and Chairing details.   The report also included an "Indemnity" section regarding insurance. This considered risk factors and made recommendations on suitable insurance cover for Board members.

Summary of discussion
Having heard from the Joint Director, Health and Social Care, the Board acknowledged that any Member who had not yet completed and returned the Disqualification Questionnaire should do so as soon as possible. Completed questionnaires should be sent to the Democratic & Document Services Manager, Midlothian Council.

Decision
The Board: • *Noted the report and the nominations for voting members including the Chair and Vice Chair of the IJB;*   • *Approved the recommendations regarding Professional Advisers and User, Carer, Third Sector and Staff representation; and*   • *Approved an application for the IJB to become a member of the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS).*

Midlothian Integration Joint Board

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Chair and Sederent

Councillor Cath Johnstone assumed the Chair for the remainder of the meeting.

With reference to paragraph 2 above, Eibhlin McHugh withdrew from the meeting (2.17pm).

Report No.	Report Title	Presented by:
4.3	Appointment of the Chief Officer	Kenneth Lawrie

Executive Summary of Report
The purpose of this report was to ask the Midlothian Integration Joint Board to confirm Eibhlin McHugh as the Chief Officer.

Summary of discussion
Having heard from the Chair, the Board expressed unanimous support for the recommendation of the Appointment Committee.

Decision
The Board: • *Ratified the appointment of Eibhlin McHugh as Chief Officer.*

Sederent

Eibhlin McHugh rejoined the meeting (2.19pm).

Report No.	Report Title	Presented by:
4.4	Appointment of the Chief Financial Officer	Eibhlin McHugh

Executive Summary of Report
The purpose of this report was to outline the process that will be used to appoint the Chief Financial Officer (Section 95 Officer) for the Midlothian Integration Joint Board.

Summary of discussion
Eibhlin McHugh explained that agreement had been reached with the East Lothian IJB to share the appointment of a Chief Financial Officer (Section 95 Officer). A job description was being developed and would be advertised shortly within the three parties – East and Mid Lothian Councils and NHS Lothian. An update would be provided at the next Midlothian IJB meeting.

Decision
The Board: • *Agreed the proposals for the Chief Financial Officer appointment.*

Midlothian Integration Joint Board

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Report No.	Report Title	Presented by:
4.5	Membership of the Strategic Planning Group	Eibhlin McHugh

Executive Summary of Report

The report explained that the legislation on integration required that the IJB established a Strategic Planning Group to set priorities, agree intended outcomes and oversee the development of a Strategic Plan for the partnership.

The legislation also laid out which groups should be represented on the Strategic Planning Group. The report provided information on the establishment of the Midlothian Strategic Planning Group and included details of existing members of the Group.

Summary of discussion

Eibhlin McHugh explained that the role of the Strategic Planning Group was to agree the content of the Strategic Plan, ensure that the key objectives were developed and progressed whilst also retaining an overview of the Plan given its many and complex interdependencies. The role also recognised that the Plan would be a live working document which would require continual adjustment and refinement.

Decision

The Board:

- *Noted progress in establishing the Midlothian Strategic Planning Group under the Shadow arrangements;*

- *Approved the membership arrangements as detailed in an appendix to the report; and*

- *Appointed Professor Alex McMahon as chair of the Midlothian Strategic Planning Group.*

Report No.	Report Title	Presented by:
4.6	Risk Management Policy	Eibhlin McHugh

Executive Summary of Report

The report explained the importance of the new IJB developing a risk management policy. It described the need to ensure there were clear arrangements in place between the IJB, the Council and NHS Lothian to manage risk effectively.

The report also detailed how key risks that might prevent the IJB from achieving its objectives would be identified, assessed and managed. This included developing a risk register and reporting arrangements as well as putting in place an audit process that would ensure risks were regularly reviewed and actively managed.

Summary of discussion

The IJB acknowledged the importance of developing clear governance arrangements in order to ensure the achievement of the objectives of Integration. Robust Risk Management and Audit arrangements would be critical to the capacity of the IJB to function effectively.

Midlothian Integration Joint Board

Decision

The Board:

- *Approved the proposal that the IJB develops its own Risk Management Policy; and*

- *Agreed the proposal that a workshop be arranged to allow IJB members to consider in some depth a draft risk register.*

Report No.	Report Title	Presented by:
4.7	Financial arrangements for the IJB	David King

Executive Summary of Report

The report explained the key issues to be considered in developing effective financial arrangements for the IJB. The changes which needed to be made to the delivery of health and care services through integration would be documented in the Strategic Plan. In order to successfully deliver these changes, plans to use the resources allocated to the IJB would need to be done differently.

The report explained how the budget for the IJB has been determined. It also detailed the continuing work being undertaken by the Council and NHS Lothian to ensure that the IJB would receive a fair allocation of the available resources.

The report highlighted the need for work to be undertaken across the NHS Lothian and the four IJBs to manage changes to the delivery of Acute Hospital Services and "Shift the Balance of Care" towards a greater emphasis on community based services. This would involve using resources differently.

Finally, the report explained the importance of having a robust audit procedure that checked and ensured that the IJB was functioning effectively and efficiently.

Summary of discussion

David King advised that Financial Regulations were being developed, and would be reported to the IJB in due course. He also explained that the purpose of the proposed Workshop was so that the IJB could assure itself that it fully understood the resources that had been allocated to it and the financial planning mechanisms that would determine the future resources. The IJB felt it would be useful if the Workshop could be open to Officers as well as Members and be held as soon as possible.

Decision

The Board:

- *Received a report laying out the proposed Standing Financial Instructions for adoption at its next meeting;*

- *Agreed to set up an Audit Committee and to consider the process, remit and membership of that committee at its next meeting;*

- *Agreed that the Midlothian Council Audit Manager be appointed as the IJB's Chief Internal Auditor;*

- *Organise a workshop to discuss and review the financial assurance process; and*

- *Receive a report at its next meeting laying out the proposals for financial reporting to the IJB.*

Report No.	Report Title	Presented by:
4.8	Midlothian IJB Strategic Plan – 1st draft	Eibhlin McHugh

Executive Summary of Report

The report explained the purpose of a three year strategic plan for health and care services. It described how the first draft of the Midlothian plan had been developed. This had included assessing the health and care needs of the Midlothian population. The public, staff, providers of health and care services, and other key stakeholders such as Housing had been fully engaged and consulted throughout.

The report proposed a timetable for the completion and approval of the Plan. This included formal consultation with the Council and with NHS Lothian and other neighbouring IJBs. Following approval, the IJB would provide direction to the Council and NHS Lothian on service provision over the next three years.

Summary of discussion

The IJB, having heard from Eibhlin McHugh, who gave a brief overview of the Plan, acknowledged the excellent work which had gone into producing the first draft of the Plan and discussed the proposed consultation process, in particular the use of a summary version to encourage wide–ranging engagement.

With regards the language used in the Plan it was pointed out that most people "live with" rather than "suffered" illnesses like diabetes, for example. Also not all diabetics were unfit or obese. So care need to be taken regarding the messages conveyed by the Plan.

The importance of the Plan referencing links to other documents and explaining who groups were, and what services they provided as not everyone might be familiar with them.

Decision

The Board:

- *Noted the progress with the development of the Strategic Commissioning Plan, informed by the Joint Needs Assessment;*

- *Approved the plan in principle and remit the plan back to the Strategic Planning Group for further development;*

Midlothian Integration Joint Board

- *Agreed that unless there are substantive changes to the content of the Plan the IJB Chair and the Chief Officer be delegated to approve a second draft of the Plan for formal consultation. (In the event of changes being considered substantial a further meeting of the IJB will be arranged.); and*

- *Noted and approved the planned timescale for formal consultation of the Plan and final approval of the Plan in December 2015.*

Report No.	Report Title	Presented by:
4.9	Schedule of meetings	Catherine Johnstone

Executive Summary of Report

The purpose of the report was to set the dates for the meetings and development workshops of the Midlothian Integration Joint Board for 2015/16.

Summary of discussion

Having heard from Eibhlin McHugh, the IJB considered the arrangements for the Service Visits, it being felt that there may be merit in re-visiting some of the Services for the benefit of the new Board members.

Decision

The Board:

- *Approved the schedule of meetings of the Midlothian Integration Joint Board as set out in the report;*

- *Approved the schedule of development workshops for the Midlothian Integration Joint Board as set out in the report; and*

- *Noted the approach for service visits for Midlothian Integration Joint Board.*

5. Any other business

No additional business had been notified to the Chair in advance

6. Date of next meeting

The next meeting of the Midlothian Integration Joint Board would be held on: **Thursday 29th October 2015** at **2pm**.

The meeting terminated at 3.04pm.

Minute of Meeting

Midlothian Integration Joint Board

Date	Time	Venue
Thursday 29th October 2015	2pm	Council Chambers, Midlothian House, Buccleuch Street, Dalkeith EH22 1DN.

Present (voting members):

Cllr Cath Johnstone (Chair)	Peter Johnston (Vice Chair)
Cllr Bob Constable	Dr Morag Bryce
Cllr Derek Milligan	Melanie Johnson
Cllr Bryan Pottinger	Alex Joyce

Present (non voting members):

Eibhlin McHugh (Chief Officer)	Alison White (Chief Social Work Officer)
Dave Caesar (Medical Practitioner)	Hamish Reid (GP/Clinical Director)
Caroline Myles (Chief Nurse)	Patsy Eccles (Staff side representative)
Jane Cuthbert (User/Carer)	Jean Foster (User/Carer)
Ruth McCabe (Third Sector)	

In attendance:

Kenneth Lawrie (Chief Executive, Midlothian Council)	Mike Broadway (Clerk)
Ruth Nicols (Senior Accountant, Midlothian Council)	

Apologies:

David King (Interim/Chief Finance Officer)	

Midlothian Integration Joint Board
Thursday 29 October 2015

1.   Welcome and introductions

1.1 Councillor Cath Johnstone welcomed everyone to the meeting of the Midlothian Integration Joint Board, in particular, David Caesar and Margaret Kane, for whom this was their first IJB meeting.

1.2 The order of business was as set out in the agenda papers.

2.   Declarations of interests

2.1 Cllr Bob Constable declared a general interest in all the agenda business, as he was a member of the Midlothian Licensing Board

3.   Minutes of Previous Meeting

3.1 The Minutes of Meeting of the Midlothian Integration Joint Board held on 20th August 2015 were submitted and approved.

3.2 With regards the Code of Conduct for IJB Members (paragraph 4.1), it was noted that the draft Code of Conduct being jointly developed by NHS Lothian and the four Lothian Councils was currently with the Scottish Government for comment. Following this it would be brought to the Midlothian Integration Joint Board for approval prior to submission to the Scottish Ministers.

3.3 With regards the Strategic Plan (paragraph 4.8), it was noted that the draft Strategic Plan was now the subject of formal consultation (including with the parent bodies-NHS Lothian and Midlothian Council), the deadline for feedback was late November 2015, with final submission of the Plan for IJB approval in December 2015.

4.   Reports

Report No.	Report Title	Presented by:
4.1	Chief Officer Report	Eibhlin McHugh

Executive Summary of Report
The purpose of the report was to (i) describe the progress being made on integration; (ii) describe some of the significant pressures being faced by health and care in recent months; and (iii) highlights some recent or forthcoming key service developments.

Summary of discussion
The Board, in considering the Chief Officer's Report, discussed some of the initiatives being used to address service pressures in primary care and on the prescribing budget, which included looking at the relationships between GP practices and Pharmacies, and a pilot scheme involving retired GPs being run in West Lothian.

Midlothian Integration Joint Board
Thursday 29 October 2015

Decision
The Board: • *Noted the issues raised in the report*   • *Noted and agreed the proposal that a fuller discussion on the issue of prescribing costs be held at a future IJB meeting*

Report No.	Report Title	Presented by:
4.2	Appointment of the Chief Financial Officer	Eibhlin McHugh

Executive Summary of Report
The purpose of this report was to confirm the process that has been used to appoint to the position of Chief Finance Officer to the Midlothian Integration Joint Board and to seek agreement to the proposed appointment.

Summary of discussion
Having heard from the Chief Officer, the Board expressed its unanimous support for the recommendation of the recruitment panel.

Decision
The Board: • *Agreed the appointment of David King to the post of Chief Finance Officer; and*   • *Agreed that the appointment be on a two year secondment basis subject to review before of the end of the first year.*

Report No.	Report Title	Presented by:
4.3	Feedback from Members in relation to the last meeting of the MIJB	Eibhlin McHugh

Executive Summary of Report
The purpose of this report was to provide Members of the Midlothian Integration Joint Board with consolidated feedback that was collected from Members following the last meeting of the MIJB and to discuss how this can be used as part of the ongoing development of the Board.

Summary of discussion
The Board, having heard from the Chief Officer, welcomed the opportunity to provide feedback and also the steps taken to address the issues arising from the last meeting.

Midlothian Integration Joint Board
Thursday 29 October 2015

Decision
The Board:
• *Note the feedback that was received following the last meeting of the MIJB;*
• *Agree that this information be used to develop the working of the MIJB going forward; and*
• *Agree that this type of feedback continue to be collect following every meeting of the MIJB.*

Report No.	Report Title	Presented by:
4.4	Adoption of Financial Regulations and the creation of an IJB Audit and Risk Committee	Eibhlin McHugh

Executive Summary of Report
The purpose of this report was to requirement for the IJB to have a set of Financial Regulations which laid out the financial roles and responsibilities of the IJB and its Officers.
In addition, having agreed to set up an Audit and Risk Committee at its last meeting, the report also sought agreement of the Terms of Reference for that Committee and the appoint members to serve on it.

Summary of discussion
In considering the possible membership of the Audit Committee, the potential benefits from the inclusion of a lay member where discussed. Consideration was also given to the role of the Audit Committee and its relationship to the Board.

Decision
The Board:
• *Adopt the financial regulations;*
• *Agree the Terms of Reference of the Audit and Risk Committee; and*
• *Continue consideration of the appointment of members to the Audit and Risk Committee and the possible inclusion of a lay member.*

Report No.	Report Title	Presented by:
4.5	Financial Assurance and budget setting	Eibhlin McHugh

Midlothian Integration Joint Board
Thursday 29 October 2015

Executive Summary of Report
The report explained that the Integration scheme laid out the functions that had been delegated to the IJB by both Midlothian Council and NHS Lothian. To provide these functions, Midlothian Council and NHS Lothian would allocate financial resources which would form the basis of the IJB's budget. The report then examined the process of setting the IJB's budget and considered the risks and issues around the management of that budget.

Summary of discussion
The Board acknowledged that 2016/17 was likely to be financially challenging and that the Board's influence on the 2016/17 financial plans somewhat limited, as the IJB could not issue directions until the Strategic Plan was approved. Much of the Strategic Planning work would therefore require the use of indicative financial positions for planning purposes. Discussions regarding the risk sharing protocols that would require to be drawn up both between the IJB and the partners and between the four Lothian IJB's, were currently underway. Risk sharing protocols would both protect the IJB and avoid unnecessary financial turbulence in the partner's operational processes.

Decision
The Board: • ***Note the contents of the report; and*** • ***Note the emerging risk management strategy.***

Report No.	Report Title	Presented by:
4.6	Public Engagement	Eibhlin McHugh

Executive Summary of Report
This report described the local approaches to public engagement being develop in relation to health and care services. It also summarised the key events that had taken place over the past 6 months which had provided feedback from the public about existing services and proposals for service redesign.

Summary of discussion
The Board welcomed, and expressed it continuing support for, the public engagement event that were being undertaken.

Decision
The Board: • ***Note the progress being made to strengthen public engagement including the launch of the Hot Topics Group; and*** • ***Note the issues raised at recent public engagement events.***

Midlothian Integration Joint Board
Thursday 29 October 2015

Report No.	Report Title	Presented by:
4.7	Learning Disability Service	Alison White

Executive Summary of Report

This report is concerned with the redesign of Learning Disability Services. The Shadow Board received a report previously on this issue. This resulted in a workshop being held for IJB members in early October to explain the need for the modernisation of Learning Disability Services. This report described the main issues which were being taken forward in improving Lothian-wide inpatient services and local community services for people with learning disabilities.

Summary of discussion

The workshop and visit to the Cherry Road Centre had been very helpful. There had been good engagement/input from carers in the redesign process, which need to be better reflected in the report.

Decision

The Board:

- **Note the progress and approve the direction of travel for the redesign of Learning Disability Services in Midlothian.**

Report No.	Report Title	Presented by:
4.8	Winter Planning	Alison White

Executive Summary of Report

The report sets out the Winter Plan for the Midlothian Health & Social Care Partnership for 2015/16. The Winter Plan detailed the key actions and services in place across health and social care to ensure that the Partnership was well placed to address capacity pressures and service demands for the Midlothian population over the Winter period.

Summary of discussion

The Board, in discussing the Plan, welcomed the actions being taken to ensure the efficient and effective provision of services over the Winter period.

Decision

The Board:

- **Note the Midlothian Health & Social Care Partnership Winter Plan 2015/16**

- **Note the investment of £43,700 from NHS Lothian to support additional capacity over Winter for key services**

Midlothian Integration Joint Board
Thursday 29 October 2015

5.   Any other business

No additional business had been notified to the Chair in advance

6.   Date of next meeting

The next meeting of the Midlothian Integration Joint Board would be held on:
Thursday 10th December 2015 at **2.00pm**. This would be preceded by a Development Session on Thursday 19 November 2015 at 2.00pm

The meeting terminated at 3.54pm.

WEST LOTHIAN INTEGRATION JOINT BOARD – SUMMARY

MEETING	KEY ISSUES	ACTION
West Lothian Integration Joint Board 8 December 2015	Order of Business, including Notice of Urgent Business	Agreed appointment of Martin Hill and Ian Buchanan.
	Appointments Committee	Agreed to establish an Appointment Committee to deal with appointments to the posts of Director (Chief Officer), Finance Officer, Internal Auditor and Standards Officer. Approved the proposed remit. Noted that the legislation required members of a committee of an IJB to be drawn from its own members (voting and non-voting), and to have equal numbers of voting members from council and health board. Agreed that

-all eight voting members of the Board would be eligible to sit on the Appointment Committee as its members

-the Appointment Committee would be attended by four of the eight eligible members and for each meeting two members from the council and two members from the health board would be invited to attend

-prior to a meeting being formally called, the Chair and Vice-Chair would be asked by the Clerk to nominate two members from the council and the health board respectively

-decisions made by the Appointments Committee would require ratification by the West Lothian IJB, and that the remit would be amended accordingly. |
| | Draft Strategic Plan Consultation Update | Agreed -to note the terms of the report - a suggestion that the Board's February meeting should be retained, to note that an additional meeting of the Board may be required in March 2016, and that if that were the case then a detailed presentation on budget matters would be made at the |

		next IJB meeting on 16 February 2016. - to delegate to the Director, in consultation with the Chair, to make arrangements for an additional meeting if required, the timing of which would take account of budget setting meetings for both WLC and NHS Lothian.
	Chief Social Work Officer's Annual Report	Noted the terms of the report.
	Performance / Outcomes	Noted the terms of the report and to support the key activities as recommended by the Head of Health.
	Business Continuity	Noted the terms of the report and to support the activities of the Health and Care Resilience Team to facilitate business continuity exercises to ensure integrated response strategies were developed and preparedness was robust.
	West Lothian HSCP Winter Plan 2015/16	Noted the terms of the report and to support the activities and management responsibilities to ensure winter preparedness and effective response to adverse situations.
	CNORIS	Noted the terms of the report and agreed that West Lothian IJB apply to Scottish Ministers to become a member of CNORIS.
	Strategic Planning Group - Appointments	Agreed to appoint members to the SPG as recommended in the report and appointed Ian Buchanan as recommended by the Director.
	Scottish Government Consultation – Urgent Action Taken	Noted the action taken under Standing Order 16 (Urgent Business) expressing agreement with the Proposed addition of IJBs to the remit of the Scottish Public Services Ombudsman.
	Workplan	Noted.
	Urgent Business – Scottish Parliament Health and Sport Committee	Noted the terms of the report and nominated Jim Forrest to give evidence to the committee on behalf of WL IJB and agreed that IJB members send views for consideration as part of this evidence.

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD of WEST LOTHIAN COUNCIL held within STRATHBROCK PARTNERSHIP CENTRE, 189 (A) WEST MAIN STREET, BROXBURN EH52 5LH, on 8 DECEMBER 2015.

Present

Voting Members – Councillors Frank Toner (Chair), Julie McDowell (Vice-Chair), Danny Logue, John McGinty, Anne McMillan; Alison Meiklejohn (substitute for Alex Joyce), Martin Hill.

Non-Voting Members – Mairead Hughes (Professional Advisor), Jane Houston (Staff Representative), James McCallum (Professional Advisor), Martin Murray (Staff Representative), Robin Strang (Staff Representative), Ian Buchanan (Stakeholder Representative).

Apologies - Elaine Duncan, David Farquharson, Alex Joyce, Mary-Denise McKernan.

In Attendance – Jim Forrest (Director), Rhona Anderson (CHCP Development, West Lothian Council), Alan Bell (Senior Manager, Communities and Information, West Lothian Council), Marion Christie (Head of Health Services), James Millar (Governance Manager, West Lothian Council), Patrick Welsh (Group Accountant, West Lothian Council), Carol Mitchell (Business Partner).

1.   ORDER OF BUSINESS, INCLUDING NOTICE OF URGENT BUSINESS

        (a)   Following the noting of members' attendance and apologies, the Chair informed the Board that:-

               • NHS Lothian Board had agreed that Martin Hill would replace Alison Meiklejohn on the West Lothian IJB.

               • Alison Meiklejohn was in attendance as substitute for Alex Joyce;

               • Ian Buchanan had been appointed as the nominated representative of users of health and social care.

               Decision

               To agree the appointment of Martin Hill and Ian Buchanan to fill the vacant posts.

        (b)   Urgent Business

               The Chair ruled that the following item of business be taken as urgent business later in the meeting:- Evidence to the Scottish Parliament Health and Sport Committee. A report on the matter was tabled at this stage of the meeting.

2.   DECLARATIONS OF INTEREST

There were no declarations of interest made.

3.   MINUTES

(a)   The Board approved the minute of meeting of the West Lothian IJB held on 20 October 2015. The minute was then signed by the Chair.

(b)   The Board noted the minute of meeting of the West Lothian IJB Strategic Planning Group held on 8 October 2015.

4.   RUNNING ACTION NOTE

A copy of the Running Action Note had been circulated for information.

Decision

To note the content of the Running Action Note.

5.   APPOINTMENTS COMMITTEE

A report had been circulated by the Director concerning the establishment of an Appointments Committee to deal with appointments to the positions of Director (Chief Officer), Finance Officer, Internal Auditor and Standards Officer.

The report explained that, under legislation, the Board was required to appoint officers to the following posts:-

- The Chief Officer
- The Finance Officer
- An Internal Auditor
- A Standards Officer

It was proposed that an Appointments Committee of the Board be established to deal with these appointments. A proposed remit for the Appointments Committee was attached as Appendix A to the report.

The Board was asked to:-

1. establish an Appointment Committee of the Board to deal with appointments to the posts of Director (Chief Officer), Finance Officer, Internal Auditor and Standards Officer.

2. approve the proposed remit for the committee as set out in Appendix 1.

3. note that legislation required members of a committee of an Integration Joint Board to be drawn from its own members (voting and non-voting), and to have equal numbers of voting members from council and health board.

4. appoint such members to the committee, and to appoint a Chair and Vice-Chair, as the Board deemed appropriate.

Decision

1. To agree to establish an Appointment Committee of the Board to deal with appointments to the posts of Director (Chief Officer), Finance Officer, Internal Auditor and Standards Officer.

2. To approve the proposed remit for the committee as set out in Appendix 1 to the report, but with an amendment as set out in paragraph 5 below.

3. To note the requirement under legislation for a committee of an IJB to be drawn from its own members (voting and non-voting), and to have equal numbers of voting members from council and health board.

4. To agree:-

- that all eight voting members of the Board would be eligible to sit on the Appointment Committee as its members.

- that the Appointment Committee would be attended by four of the eight eligible members and for each meeting two members from the council and two members from the health board would be invited to attend.

- that, prior to a meeting being formally called, the Chair and Vice-Chair would be asked by the Clerk to nominate two members from the council and the health board respectively.

5. To agree that decisions made by the Appointments Committee would require ratification by the West Lothian IJB, and that the remit would be amended accordingly.

6.   DRAFT STRATEGIC PLAN CONSULTATION UPDATE

A report had been circulated by the Director informing the Board of progress of the consultation on the draft Strategic Plan.

The report explained that, as set out in the regulations to the Public Bodies Joint Working (Scotland) Act, the Board was required to establish a strategic planning group which would be involved throughout the process of developing, consulting on and finalising a strategic plan.

A draft Strategic Plan had been prepared in conjunction with the Strategic Planning Group and presented to the IJB at its meeting of 20 October 2015. The IJB had agreed that consultation should thereafter commence in respect of the draft plan.

The Board was informed that consultation was being carried out between 13 November and 31 December 2015. The consultation included a wide range of stakeholders as well as users of the services commissioned by the Integration Joint Board. Copies of the draft plan had been distributed at a range of locations throughout West Lothian and the plan was also available online with an online feedback facility.

Following the consultation, a revised version of the strategic plan would be prepared in conjunction with the Strategic Planning Group and presented to the Board at its meeting on 16 February 2016 for approval.

The Board was asked to note the progress of the consultation on the draft Strategic Plan.

During discussion, the Board was asked to consider whether there was a need for an additional meeting given the tight timescale for completion of the Strategic Plan, and the need for the Board to consider budget matters.

Decision

1. To note the terms of the report;

2. To agree a suggestion that the Board's February meeting should be retained, to note that an additional meeting of the Board may be required in March 2016, and that if that were the case then a detailed presentation on budget matters would be made at the next IJB meeting on 16 February 2016; and

3. To delegate to the Director, in consultation with the Chair, to make arrangements for an additional meeting if required, the timing of which would take account of budget setting meetings for both WLC and NHS Lothian.

7. CHIEF SOCIAL WORK OFFICER'S ANNUAL REPORT

A report had been circulated by the Chief Social Work Officer providing the Board with the opportunity to comment on the Chief Social Work Officer's Annual Report. The report provided an overview of the statutory work undertaken during the period 2014-2015.

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

The Chief Social Work Officer amplified aspects of the report and

responded to questions raised by IJB members.

It was recommended that the IJB:-

- Note the contents of the Chief Social Work Officer's annual report for 2014-2015;

- Note the submission of the report to the Scottish Government Chief Social Work Advisor

- Note that the report had also been submitted to the Social Policy PDSP and the Health and Care PDSP.

Decision

To note the terms of the report.

8.   PERFORMANCE/OUTCOMES

A report had been circulated by the Head of Health providing a baseline performance report to the Integration Joint Board on the indicators supporting the National Health and Well Being Outcomes.

The report explained that the core suite of indicators developed to support integration of health and social care had been designed to allow comparison between areas and to look at improvement over time. They were based on both administrative data and survey feedback. Table 1 within the report detailed the National Health and Wellbeing Outcomes and the core indicators. The indicators would not be subject to targets although improvement aims could be set at a local level where appropriate.

Appendix 1 to the report provided baseline data on outcomes based on administrative data. It was noted that more work was required on the indicators and data collection methods to support development of the overall performance framework and work was underway with NHS Lothian Analytical Services, the four Lothian Health and Social Care Partnerships and Acute services to define an agreed Lothian dataset which would support this.

The CHCP performance framework was based on the Covalent system to facilitate standard reporting. Work was in progress to build the new performance framework for the IJB on the Covalent system which would allow development of standards reports and scorecards for regular reporting of performance to both the IJB and the Strategic Planning Group.

In presenting the report, the Senior Manager, Communities and Information informed the Board that the appendix to the report had been updated and would be circulated to IJB members in due course.

The Board was asked to:-

1.   Note the contents of the report

2.   Note the baseline performance report for the outcomes based on administrative data.

3.   Support the key activities required to develop the performance framework on Covalent Performance Management System.

Decision

To note the terms of the report and to support the key activities as recommended by the Head of Health.

9.   BUSINESS CONTINUITY

A report had been circulated by the Director informing the Board of the business continuity and emergency planning arrangements established with the health and council services and outlining the current key activities to ensure robust resilience plans were in place.

The report explained that, under the Civil Contingencies Act 2004, public bodies were required to put in place business continuity arrangements.

A Health and Social Care Resilience Team had been established with membership from NHS and West Lothian. The team's responsibilities were summarised within the report.

The Board noted that, in addition to conducting local exercises at department level to test plan, the team had participated in the following exercises:-

- Silver Swan
- Safe Haven
- Whitehaven

Following on from the terrorist attack in Paris the previous week, Police Scotland had produced a guidance/advice note which had been circulated to all relevant locations across the Division. Although there was no specific threat to Scotland at the current time, the threat from International Terrorism to the United Kingdom remained at SEVERE – an attack was highly likely; this had been since August 2014.

The Board was asked to:-

1.   Note the progress made in developing planned responses to disruptive incidents, which would ensure key services were maintained for critical patients and customers, and the organisation's reputation was protected.

2.   Support the activities of the Health and Care Resilience Team to facilitate business continuity exercises to ensure integrated response strategies were developed and preparedness was robust.

Decision

To note the terms of the report and to support the activities of the Health and Care Resilience Team to facilitate business continuity exercises to ensure integrated response strategies were developed and preparedness was robust.

10.   WEST LOTHIAN HEALTH AND SOCIAL CARE PARTNERSHIP WINTER PLAN 2015/16

A report had been circulated by the Head of Health informing the Board of the Winter Plan developed for 2015/16 and outlining the activities underway to prepare for the winter period when it was recognised that demand for services was likely to be at its highest level.

The report advised that the responsibilities of the West Lothian Health and Social Care Partnership management team in winter 2015/16 were:-

- To establish clear roles of accountability of services to manage the winter period.

- To ensure proactive engagement with all partner agencies

- To ensure that all local winter planning groups and social care communities had made satisfactory plans.

- To create clear escalation and communication processes.

The winter plan needed to be viewed within the context of the range of interventions already in place within West Lothian to prevent admissions and support early discharge, with additional processes agreed to respond to emerging needs as a result of winter pressures.

The delivery of the Winter Plan required additional resources to support implementation, particularly in relation to increased capacity within Community Nursing and AHP teams and recruitment processes were in progress.

A copy of the Winter Plan 2015/16 was attached as an appendix to the report.

It was recommended that the Board:-

1.   note the progress made in developing the Winter Plan, which would ensure key services were maintained for critical patients and customers, and the organisation's reputation was protected.

2.   Support the activities and management responsibilities to ensure winter preparedness and effective response to adverse situations.

Decision

To note the terms of the report and to support the activities and management responsibilities to ensure winter preparedness and effective response to adverse situations.

11. CLINICAL NEGLIGENCE AND OTHER RISKS INDEMNITY SCHEME (CNORIS)

A report had been circulated by the Director seeking formal approval for the West Lothian IJB to apply to become a member of the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS).

The Director recalled that, in August 2015, the Shadow Board had agreed in principle to apply to become a member of CNORIS.

The report explained that membership of CNORIS included cover in respect of health and social care functions which were delegated to the IJB. CNORIS provided a wide range of covers, similar to traditional insurance packages, in respect of Clinical Negligence, Employers Liability, Public/Product Liability and Professional indemnity type risks. The level of cover provided to IJBs was the same as all other CNORIS members and was at least £5m Public Liability, £10m Employers Liability, and £1m Professional Indemnity. CNORIS also provided cover in relation to Clinical Negligence should this be required at a later date. All claims currently had a deductible level of £25,000, equivalent to an insurance policy excess, which would be met by the IJB. The risks associated with IJBs membership of CNORIS was considered low and therefore an annual contribution of £3,000 payable each financial year had been set, with notification of the contribution being confirmed in December of the preceding year.

It was recommended that the Board:-

1. note that membership of CNORIS would provide cover in respect of any potential claim made against the West Lothian IJB in terms of Officers/Officials Indemnity and other risks.

2. agree to apply to Scottish Ministers to become a member of CNORIS.

Decision

To note the terms of the report and to agree that West Lothian IJB apply to Scottish Ministers to become a member of CNORIS.

12. STRATEGIC PLANNING GROUP - APPOINTMENTS

A report had been circulated by the Director seeking approval to appoint new members to the vacant places on the Strategic Planning Group.

The report recalled that the Strategic Planning Group had been established, its Terms of Reference having been approved at the Board

meeting on 20 October 2015. At the same time, the Board had appointed members to the Group as required by statutory rules, but some positions remained to be filled. The Board had also decided that representatives from the staff on each of the constituent authorities should be appointed.

The Board was asked to appoint the following as members of the Strategic Planning Group:-

- Jacquie Campbell, Site Director, St John's Hospital

- Robin Strang, West Lothian Leisure representing third sector bodies engaged in activities related to health care or social care.

- Jane Houston, staff-side representative, NHS Lothian.

- Martin Murray, staff-side representative, West Lothian Council

In addition, the Board was informed by the Director that Ian Buchanan had agreed to sit on the Strategic Planning Group as a representative of users of health and social care.

Decision

To agree to appoint members to the Strategic Planning Group as recommended in the report; and

To appoint Ian Buchanan as recommended by the Director.

13. SCOTTISH GOVERNMENT CONSULTATION - URGENT ACTION TAKEN

A report had been circulated by the Director informing the Board of action taken under Standing Order 16 (urgent business) in responding to a Scottish Government consultation on adding integration joint boards to the remit of the office of the Scottish Public Services Ombudsman.

The report advised that the consultation period had started on 14 October and ran out on 12 November 2015.

Following consultation with the Chair and Vice-Chair, the Board's response had been sent on 11 November 2015, stating that the Board agreed with the proposal that integration joint boards be added to the remit of the office of the Scottish Public Services Ombudsman.

It was recommended that the Board:-

1. Note the action taken on 11 November 2015 in relation to urgent business under Standing Order 16.

2. Note the response sent on behalf of the Board to the Scottish Government expressing agreement with the proposed addition of integration joint boards to the remit of the office of the Scottish Public Services Ombudsman.

Decision

To note the action taken under Standing Order 16 (urgent business).

14.   WORKPLAN

A copy of the Workplan 2015/16 had been circulated for information.

Decision

To note the Workplan.

15.   URGENT BUSINESS - SCOTTISH PARLIAMENT HEALTH AND SPORT COMMITTEE - REPORT BY DIRECTOR

A report had been circulated by the Director inviting the Board to consider whether to accept the invitation for a representative to give evidence at the Health and Sport Committee on 15 December 2015, and, if so, to choose a suitable representative to attend.

It was noted that the session would focus on exploring broad themes around integrated joint boards, building on the evidence it had received earlier in 2015 from NHS boards as part of its consideration of the NHS board budgets. As part of its scrutiny of the budget, the Committee had asked a number of questions in the Committee's call for written views and it was expected that these areas would be explored in the oral evidence session.

The Board noted that attendance had to be confirmed by Friday 4 December 2015.

Decision

1. To note the terms of the report and to nominate Jim Forrest to give evidence at the Health and Sport Committee on behalf of the West Lothian IJB.

2. To agree that Board members may send views to the Director for him to consider as part of his evidence to the Parliamentary Committee.

NHS LOTHIAN

Board Meeting
3 February 2016

Director of Finance

FINANCIAL POSITION TO DECEMBER 2015 AND UPDATE TO YEAR END FORECAST

1   Purpose of the Report

1.1   The purpose of this report is to provide the Board with an overview of the financial position for the 9 months to December and provide an update on the year end forecast.

1.2   Any member wishing additional information on the detail of this paper should contact the Executive Lead prior to the meeting.

2   Recommendations

2.1   The Board is asked to:

- **Note** that the cumulative financial position at period 9 shows an NHS Lothian overspend of £6.95m, with an in-month underspend for December of £1.2m;

- **Note** the in month position has benefited from the release corporately of reserves and non recurring benefits totalling £1.3m. Also released in month 9 is uncommitted SMC funding of £1.5m against year to date acute drug pressures;

- **Consider** the ongoing risks around delivery of breakeven for 2015/16;

- **Support** the actions implemented by the Business Units to support the delivery of a breakeven position;

3   Discussion of Key Issues

3.1   At period 9 of this financial year, NHS Lothian underspent by £1,231k, bringing the year to date position to £6,954k overspend against the Revenue Resource Limit. This position reflects a baseline operational position of £12,315k, unachieved efficiency savings of £6,825k offset by the release of reserves flexibility of £12,187k, which represents a pro-rata of total identified uncommitted reserves and available flexibility.

3.2   Table 1 shows a summary of the monthly trend and year to date position. A detailed analysis by expenditure type and business unit is shown in Appendix 1 and by operational unit in Appendix 2.

Table 1: Financial Position to 31st December 2015

	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	YTD £000's
Pay	(1,468)	(89)	(266)	(823)	571	144	(64)	(598)	343	**(2,249)**
Non Pay (incl GP Pres)	846	(1,754)	(1,800)	(3,008)	55	(916)	(2,334)	(2,644)	7	**(11,548)**
Income	(48)	(169)	351	800	204	273	(225)	(9)	306	**1,482**
Efficiency Savings	(1,044)	(475)	(414)	(949)	(1,008)	(1,384)	(1,190)	417	(779)	**(6,826)**
Operational Position	**(1,714)**	**(2,487)**	**(2,130)**	**(3,980)**	**(178)**	**(1,882)**	**(3,813)**	**(2,834)**	**(123)**	**(19,141)**
Reserves Flexibility	0	0	0	3,458	865	864	3,216	2,430	1,354	**12,187**
Total Position	**(1,714)**	**(2,487)**	**(2,130)**	**(522)**	**687**	**(1,018)**	**(597)**	**(404)**	**1,231**	**(6,954)**

3.3   Table 2 below demonstrates the cumulative variance on the core position and efficiency savings which have both been showing a deterioration month on month, while increasing levels of reserves and flexibilities have been released over the year. The month 9 position does show a flattening of the core position, which has impacted favourably on the overall variance.

Table 2: Cumulative Run Rate
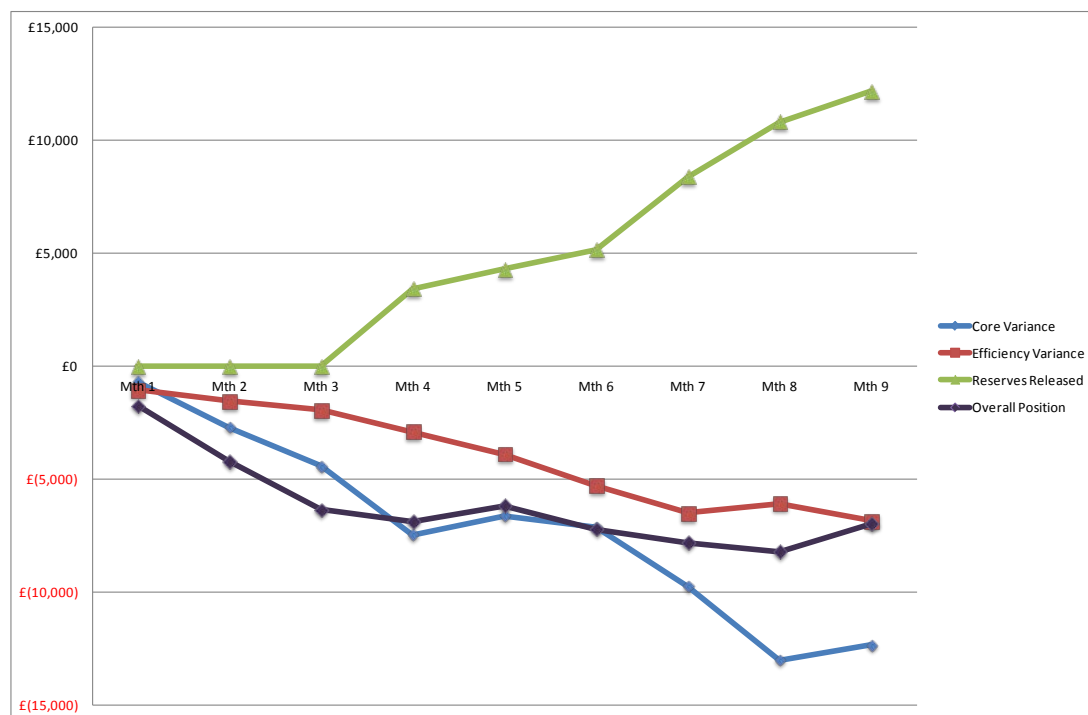
3.4   Table 3 below shows the cumulative overall position for the year compared to the last 2 financial years which also now demonstrates a move closer to breakeven for 2015/16.

Table 3: Cumulative Run Rate Comparison

Financial Performance 2013/14 to 2015/16

Variance in £'000s

	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
2013/14	(377)	(754)	(1,916)	(1,534)	(679)	(1,139)	(3,340)	(4,252)	(4,054)	(3,072)	(1,295)	324
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)			
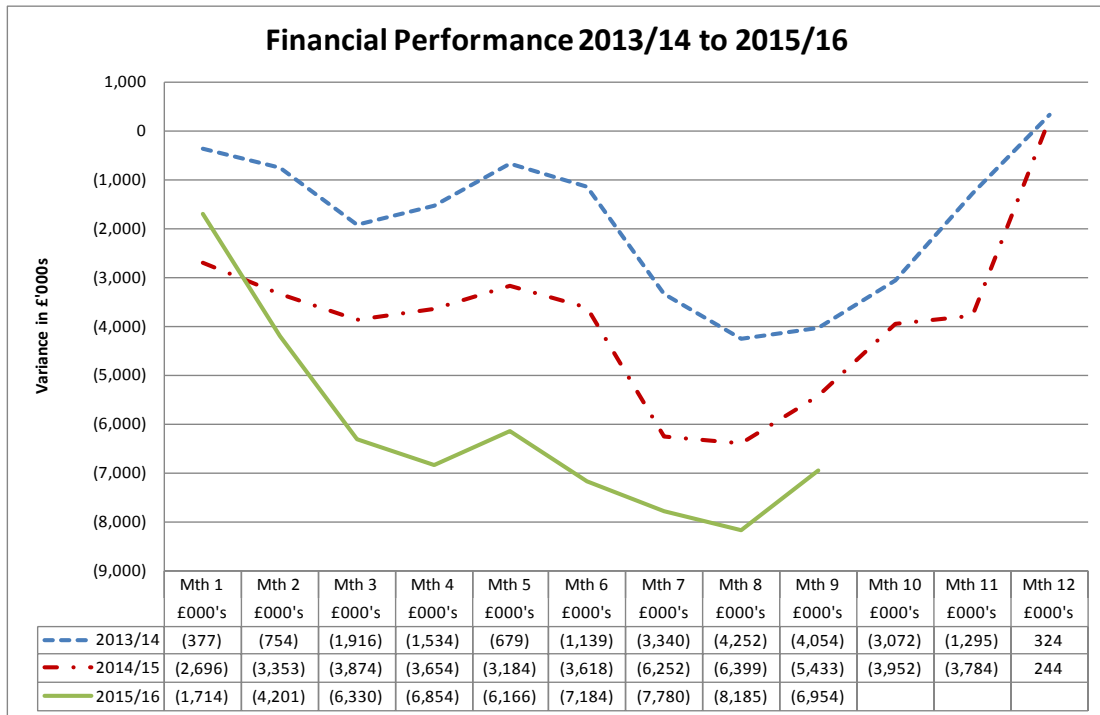
3.5　Despite an in-month underspend reported, NHS Lothian is still significantly adrift from financial balance against its core budget at this stage and requires ongoing focus on recovery actions in the following months in order to continue a trajectory towards break-even and achieve the targeted level of recurring efficiency savings.

3.6　The main areas reflecting ongoing pressure against budget have been set out in previous reports. Key movements from previous months are:-

- Primary Care Prescribing is reporting an overspend in month of £941k taking the year to date overspend to **£8.7m**. The latest data shows that the benefit from reduced volumes is more than offset by short supply issues and a higher than predicted average price per item. This latest information has caused a further detrimental impact on the predicted year-end forecast.

- Agency costs are still above the year to date trend. Substantive nursing costs however, are £500k below trend for the month.
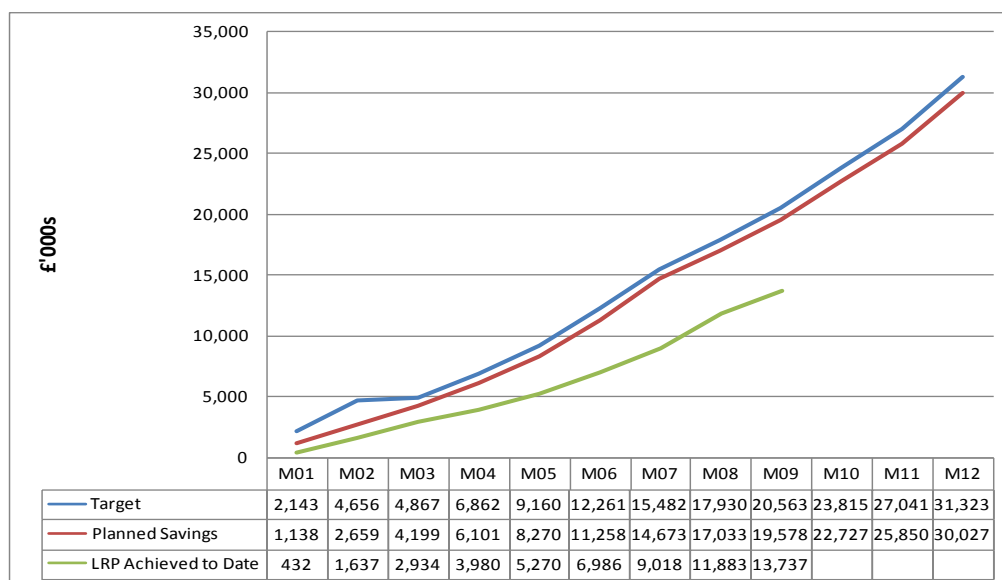
- Medical and Dental staffing is reporting a £356k adverse variance in the month, which reflects an emerging pressure relating to Junior Doctor costs within University Hospitals and Support Services (UHSS). A comparison of costs of Junior Medical staff across years shows that substantive staffing costs have increased significantly during 15/16. While there has been a reduction in locum and agency levels, this has not offset the increased cost of substantive staff and related banding payments. In addition there have been significant amounts of banding arrears paid in relation to non-compliant rotas. This area requires further in depth analysis and review by Operational Management.

- The non-pay expenditure variance in the month benefited from the pro-rata release of uncommitted SMC drug reserve funding, based on an updated forecast of predicted acute drug costs. This resulted in £1.5m of reserves being released to

offset pressures that have been building to date within UHSS, giving an in month favourable variance of £871k. However, cumulatively there remains a £285k pressure on the drugs expenditure line.

Efficiency and Productivity

3.7   Of the £30m efficiency plans identified for the year against a £31.3m target, £19.6m were scheduled to be achieved by the end of month 9. With only £13.7m being achieved, a shortfall of £5.8m is reported against those plans. A further £1m gap arises from the pro-rata shortfall against the total target, bringing the total year to date efficiency slippage to £6.8m. Appendix 3 out sets the efficiency savings achieved to date in further detail.

3.8   To achieve the current year end forecast as set out in Section 4, a further £4m of savings above trend will be required to be delivered in the last 3 months of the year. Clearly this is a material risk to year-end balance. Table 5 shows the widening gap between required and actual delivery.

Table 5: Trajectory of Efficiencies at Month 9

	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12
Target	2,143	4,656	4,867	6,862	9,160	12,261	15,482	17,930	20,563	23,815	27,041	31,323
Planned Savings	1,138	2,659	4,199	6,101	8,270	11,258	14,673	17,033	19,578	22,727	25,850	30,027
LRP Achieved to Date	432	1,637	2,934	3,980	5,270	6,986	9,018	11,883	13,737			

4   Year end forecast – Mid Year Review and Update at Period 9

4.1   NHS Lothian has a statutory requirement to breakeven and following the first quarter of the financial year a detailed year-end forecast was undertaken to establish the projected year end outturn and the agreed actions required to ensure delivery of breakeven. A review at mid year reflected a small deterioration on the quarter 1 position; an update following review of the month 9 position shows that a small improvement in the operational position is offset by a reduction in non-recurrent flexibility within reserves, thus a deficit of £1.4m is the revised forecast status. There remains significant risk around the achievement of this forecast outturn and considerable one off benefits are being utilised to compensate for a sizeable recurring operational deficit.

4.2   Table 6 provides a breakdown of the year-end forecast, comparing the projection as at month 8 against the latest forecast position at period 9. The latest forecast

shows an operational outturn position of £25.5m with a further £2.4m of anticipated pressures. This is predicted to be offset by available uncommitted reserves and one off benefits of circa £26.5m, leaving a deficit of £1.4m.

Table 6: Updated Year End Forecast

Business Units	Forecast at Mth 8 £k	Updated Forecast at Mth 9 £k	Movement £k
University Hosp Support Serv	(15,152)	(13,911)	1,241
East Lothian Chp	(977)	(1,139)	(162)
Edinburgh Chp	(7,584)	(7,884)	(300)
Midlothian Chp	(259)	(325)	(66)
West Lothian Chcp	(229)	(399)	(170)
Facilities And Consort	1	(223)	(224)
Corporate Services	741	904	163
Inc + Assoc Hlthcare Purchases	(4,880)	(5,283)	(403)
Strategic Services	1,726	2,746	1,020
Operational Position	**(26,613)**	**(25,514)**	**1,099**
Further Anticipated Commitments	(2,000)	(2,000)	0
Reserves & N/R Flexibility	27,577	26,577	(1,000)
Other Options net of Fin Plan shortfall	(465)	(465)	0
Total Forecast	**(1,501)**	**(1,402)**	**99**

4.3 As highlighted above, the level of non-recurring support and one off benefits realised is significant and based on a series of assumptions, with significant risks that include the reduction of balance sheet pay provisions and accruals in excess of £5m and one off benefits including rates rebates, depreciation benefits and a review of one-off income totalling £7.5m. Taking all these benefits in this financial year will reduce potential flexibility available in future years.

4.4 Other high risk assumptions include the potential to utilise additional Primary Care funding due but not yet received to support pre-existing financial plan commitments and receipts from the sale of properties.

4.5 The delivery of all the management actions and high risk assumptions allows a forecast close to break-even to be forecast, however this presents very limited flexibility for any further unpredicted increases in expenditure between now and the end of the year.

4.6 In order to support the delivery of a year-end breakeven position, further remedial actions were identified by Business Units at the mid-year review stage. UHSS and Edinburgh CHP were both tasked with identifying actions to reduce their year-end forecast. It is recognised that the identified actions put forward may impact on the delivery of additional Board targets.

4.7 Further additional recovery actions identified included :-

• Review of winter priorities and uncommitted resources, while looking to achieve full use of all existing, available funded capacity for winter purposes.

- Delivery of savings from revised contracts with private sector during the last 3 months of the year.
- Review of any uncommitted capacity funding.
- Stringent management of discretionary spend.
- Review plans in relation to Hepatitis C treatment targets
- Review SMC new drug plans.
- Agreement to stop usage of one high cost agency.

4.8   Due to the level of risk in achieving a breakeven outturn, it is very unlikely that there will be any opportunity for carry forward of resources at year-end. All resources received in year will be prioritised against the achievement of a balanced position in 2015/16 with no flexibility to reinstate in 2016/17.

4.9   Dialogue with the Scottish Government is also ongoing relating to the Boards challenge to deliver breakeven and the assumptions currently being made, including outstanding funding.

5   Risks and Assumptions

5.1   At this stage, elements of the Financial Plan funding still require to be confirmed. There remains £20m of Scottish Government allocations included within the financial plan which has not yet been received or confirmed. Around £4m of these allocations will not now be allocated to Lothian, and therefore alternative provision has been made within the forecast.

5.2   In addition, the ability for the board to deliver against other operational targets, including waiting times and delayed discharges as well as the unknown impact of winter may yet impact adversely on the outturn position.

5.3   The risks in relation to the agreed financial plan were originally set out with some risks now materialising and contributing to the current projected overspend. A detailed list of these risks was considered at Finance and Resources Committee in August. In addition there are now further risks associated with the full delivery of Business Unit financial recovery plans as highlighted earlier in this paper.

6   Risk Register

6.1   The Risk register will be considered and any changes will be made based on the outcome of this review.

7   Health and Other Inequalities

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

8   Involving People

8.1   The financial results and position of the Board is published annually on the FOI publications pages. The Board also shares the monthly financial position with local partnership forums and makes its monthly monitoring returns available under non routine FOI requests from other stakeholders.

9   Resource Implications

9.1   The financial results deal principally with the financial governance on operational management of existing resources and no resource implications arise specifically from this report at this stage.

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Director of Finance
27 January 2016
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List of Appendices

Appendix 1: NHS Lothian Income & Expenditure Summary 31 Dec 2015
Appendix 2: NHS Lothian Summary by Operational Unit to 31 Dec 2015
Appendix 3: NHS Lothian Efficiency & Productivity Summary at 31 Dec 2015

NHS Lothian Income & Expenditure Summary to December 2015

Description	Annual Budget (£k)	YTD Budget (£k)	YTD Actuals (£k)	YTD Variance (£k)	Period Variance (£k)
Medical & Dental	236,233	177,216	177,042	174	(356)
Nursing	380,723	283,219	287,652	(4,433)	164
Administrative Services	82,453	60,729	60,492	237	81
Allied Health Professionals	62,153	46,181	44,687	1,494	268
Health Science Services	36,600	27,433	26,985	448	1
Management	10,276	7,738	7,185	554	155
Support Services	51,471	38,752	39,700	(948)	(34)
Medical & Dental Support	6,212	4,644	4,701	(57)	(160)
Other Therapeutic	25,070	18,756	18,384	372	214
Personal & Social Care	2,866	2,102	2,011	91	11
Other Pay	(4,106)	(4,308)	(4,120)	(188)	(2)
Emergency Services	31	28	20	8	1
Pay	**889,982**	**662,489**	**664,738**	**(2,249)**	**344**
Drugs	118,527	89,170	89,454	(284)	871
Medical Supplies	85,748	65,290	68,373	(3,083)	(381)
Maintenance Costs	5,642	4,221	5,085	(864)	(150)
Property Costs	38,960	28,754	26,565	2,189	479
Equipment Costs	26,901	21,636	22,855	(1,219)	(77)
Transport Costs	10,121	7,663	7,959	(296)	(28)
Administration Costs	120,705	57,718	55,466	2,251	661
Ancillary Costs	14,845	11,075	11,257	(181)	(233)
Other	6,696	(10,476)	(10,768)	291	168
Service Agreement Patient Serv	93,996	75,341	77,308	(1,967)	(592)
Non-Pay	**522,143**	**350,393**	**353,556**	**(3,163)**	**717**
Gms2 Expenditure	120,777	84,765	84,419	346	226
Ncl Expenditure	3	2	2	0	(47)
Other Primary Care Expenditure	87	65	92	(27)	57
Pharmaceuticals	132,045	103,686	112,443	(8,756)	(941)
Primary Care	**252,911**	**188,518**	**196,956**	**(8,437)**	**(704)**
Fhs Non Discret Allocation	(2,177)	(1,768)	(1,777)	9	4
Bad Debts	0	0	32	(32)	(10)
Other	**(2,177)**	**(1,768)**	**(1,745)**	**(23)**	**(6)**
Income	**(1,720,386)**	**(206,619)**	**(208,154)**	**1,535**	**306**
Capital Charges	**0**	**0**	**0**	**0**	**0**
Revenue Resource Limit	**0**	**(24)**	**(45)**	**21**	**0**
CORE POSITION	**(57,527)**	**992,990**	**1,005,305**	**(12,315)**	**656**
Savings Target Non-Pay	(6,825)	(6,825)	0	(6,825)	(779)
Additional Reserves Flexibility	12,187	12,187	0	12,187	1,354
TOTAL	**(57,210)**	**998,351**	**1,005,305**	**(6,954)**	**1,231**

NB. The above table relates to Core Services only. There is £57.210m of Non Core Budget not shown above that balances the Annual Budget to zero.

NHS Lothian Summary by Operational Unit to December 2015

Description	University Hosp Support Serv (£k)	Edinburgh Chp (£k)	East Lothian Chp (£k)	Midlothian Chp (£k)	West Lothian Chp (£k)	Corporate Services (£k)	Facilities And Consort (£k)	Strategic Services (£k)	Inc + Assoc Hlthcare Purchases (£k)	Reserves (£k)	Total (£k)
Annual Budget	**645,048**	**313,575**	**85,225**	**54,160**	**123,512**	**91,395**	**143,206**	**14,682**	**(1,563,796)**	**35,783**	**(57,210)**
Medical & Dental	203	323	(255)	62	(169)	158	(13)	(135)	0	(0)	**174**
Nursing	(2,926)	(1,568)	440	213	(347)	(161)	(6)	(78)	0	0	**(4,433)**
Administrative Services	347	65	(41)	(67)	(143)	131	2	(56)	0	0	**237**
Allied Health Professionals	(218)	376	64	225	143	(143)	1	(3)	0	1,049	**1,494**
Health Science Services	49	236	9	(12)	91	7	84	(17)	0	0	**448**
Management	155	198	58	36	1	118	(17)	6	0	0	**554**
Support Services	106	69	(25)	0	(42)	94	(1,147)	(1)	0	0	**(948)**
Medical & Dental Support	(196)	(1)	0	0	143	63	(66)	0	0	0	**(57)**
Other Therapeutic	62	35	20	(7)	(6)	276	0	(7)	0	0	**372**
Personal & Social Care	1	(9)	(10)	0	0	110	(0)	0	0	0	**91**
Other Pay	(83)	(28)	(8)	0	(22)	(20)	(26)	0	0	0	**(188)**
Emergency Services	0	0	0	0	8	(0)	0	0	0	0	**8**
Pay	**(2,501)**	**(304)**	**250**	**450**	**(344)**	**631**	**(1,188)**	**(291)**	**0**	**1,048**	**(2,249)**
Drugs	(534)	18	68	(33)	(19)	219	(2)	(2)	0	0	**(284)**
Medical Supplies	(2,038)	(820)	(145)	(80)	(117)	14	140	(36)	0	0	**(3,083)**
Maintenance Costs	(383)	(124)	(27)	24	(45)	(88)	(215)	(6)	0	0	**(864)**
Property Costs	(20)	59	(33)	(13)	45	15	2,150	(14)	0	0	**2,189**
Equipment Costs	(849)	(139)	(103)	(33)	44	(24)	(76)	(25)	(14)	0	**(1,219)**
Transport Costs	(154)	(15)	(49)	19	57	(87)	(66)	11	(13)	0	**(296)**
Administration Costs	961	636	250	70	231	(670)	(39)	816	(1)	(0)	**2,251**
Ancillary Costs	89	14	0	30	(3)	(15)	(293)	(3)	(0)	0	**(181)**
Other	20	(2)	33	0	18	231	(10)	0	0	0	**291**
Service Agreement Patient Serv	96	(160)	103	(1)	(33)	459	(11)	653	(3,072)	0	**(1,967)**
Non-Pay	**(2,812)**	**(534)**	**99**	**(20)**	**178**	**54**	**1,578**	**1,394**	**(3,100)**	**(0)**	**(3,163)**
Gms2 Expenditure	(7)	355	(261)	18	254	(11)	(1)	0	0	0	**346**
Other Primary Care Expenditure	(27)	0	0	0	0	0	0	0	0	0	**(27)**
Pharmaceuticals	(2)	(4,497)	(1,200)	(1,030)	(2,027)	0	0	0	0	0	**(8,756)**
Primary Care	**(37)**	**(4,142)**	**(1,460)**	**(1,013)**	**(1,773)**	**(12)**	**(1)**	**0**	**0**	**0**	**(8,437)**
Fhs Non Discret Allocation	0	9	0	0	(3)	3	0	0	0	0	**9**
Bad Debts	(26)	(0)	0	0	(1)	(6)	(0)	1	0	0	**(32)**
Other	**(26)**	**9**	**0**	**0**	**(4)**	**(3)**	**(0)**	**1**	**0**	**0**	**(23)**
Income	**1,515**	**(237)**	**(213)**	**35**	**351**	**95**	**411**	**(35)**	**(386)**	**0**	**1,535**
Capital Charges	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Revenue Resource Limit	**0**	**0**	**0**	**0**	**0**	**21**	**0**	**0**	**0**	**0**	**21**
CORE POSITION	**(3,862)**	**(5,208)**	**(1,324)**	**(547)**	**(1,593)**	**787**	**801**	**1,070**	**(3,486)**	**1,048**	**(12,315)**
Savings Target Non-Pay	(5,988)	(1,391)	202	172	1,063	(108)	(489)	(286)	0	0	**(6,825)**
Additional Reserves Flexibility	0	0	0	0	0	0	0	0	0	12,187	**12,187**
TOTAL	**(9,850)**	**(6,600)**	**(1,122)**	**(376)**	**(529)**	**679**	**312**	**784**	**(3,486)**	**13,235**	**(6,954)**

NB. The above table relates to Core Services only. There is £57.21m of Non Core Budget not shown above that balances the Annual budget to Zero.

NHS Lothian Efficiency and Productivity Summary as at Month 9 2015/16

Business Unit	Total Recurring Target	Current Year Plans	Gap on In Year Plans	Current Month Position December					Year to Date Position April - December				
				Plans Phased to Date	Actual Delivery	Slippage on Plan	Gap Phased to Date	Total Slippage	Plans Phased to Date	Actual Delivery	Slippage on Plan	Gap Phased to Date	Total Slippage
	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k
East Lothian Chp	484	1,223	(739)	145	176	(30)	(62)	(92)	817	270	548	(554)	(6)
Midlothian Chp	428	724	(296)	79	22	57	(25)	33	432	194	237	(222)	15
Edinburgh Chp	4,657	3,784	873	333	156	177	73	249	2,755	1,222	1,533	655	2,188
West Lothian Chp	378	1,348	(970)	65	63	2	(81)	(79)	732	718	15	(728)	(713)
Prescribing	1,298	3,325	(2,027)	314	311	3	(169)	(166)	2,288	2,298	(10)	(1,521)	(1,531)
University Hospital Support Service	15,846	11,843	4,003	1,153	641	512	319	830	7,951	4,965	2,986	3,002	5,988
Facilities & Consort	3,208	3,242	(34)	168	40	128	(3)	125	2,385	1,870	514	(26)	489
Total Business Units	**26,298**	**25,489**	**810**	**2,258**	**1,410**	**849**	**53**	**901**	**17,360**	**11,537**	**5,824**	**607**	**6,431**
Corporate Services & Strategic Programmes													
eHealth	1,355	912	443	23	61	(38)	37	(1)	338	360	(22)	332	311
Finance	408	1,411	(1,003)	34	27	7	(84)	(77)	308	312	(4)	(753)	(756)
Human Resource	593	678	(85)	54	40	13	(7)	6	517	368	149	(63)	85
Medical Director	121	122	(1)	10	10	0	(0)	(0)	92	92	0	(1)	(1)
Nursing	226	227	(1)	20	19	1	(0)	1	166	170	(4)	(0)	(4)
Pharmacy	1,012	390	622	32	47	(15)	52	37	292	304	(12)	467	455
Planning	178	173	5	15	13	2	0	3	128	114	14	4	17
Public Health	498	501	(3)	93	92	0	(0)	0	295	291	4	(3)	1
Strategic Programmes	552	124	428	(0)	128	(128)	36	(92)	93	128	(35)	321	286
Strategic - Other	82	0	82	(0)	7	(7)	7	0	0	62	(62)	62	0
Total Corporate Depts & Strategic Programmes	**5,024**	**4,537**	**487**	**282**	**445**	**(163)**	**41**	**(122)**	**2,229**	**2,200**	**29**	**365**	**394**
Total	**31,323**	**30,026**	**1,297**	**2,540**	**1,854**	**686**	**93**	**779**	**19,590**	**13,737**	**5,852**	**972**	**6,825**

NHS LOTHIAN

Board Meeting
<u>3 February 2016</u>

Director of Finance

INTEGRATION JOINT BOARDS - SUMMARY OF FINANCIAL ASSURANCE PROCESS

1   Purpose of the Report

The paper sets out the 'due diligence' process which NHS Lothian has undertaken to date in order to prepare budgets for the Integration Joint Boards.

2   Recommendations

2.1   The Board is asked to :

Note the financial assurance process that NHS Lothian has pursued in relation to the proposed resources to be allocated to the IJBs

Note the information and analysis provided through this process to the Integration Joint Boards which will support them in the delivery of their financial assurance process

Note the proposed next steps and the timescales in which these actions must be undertaken.

3   Discussion of Key Issues

3.1   Background

The Public Bodies (Joint Working) Act 2014 instructs the setting up of Integration Authorities between Local Authorities and Health Boards. NHS Lothian, The City of Edinburgh Council, East Lothian Council, Midlothian Council and West Lothian Council have agreed to the creation of four Integration Joint Boards (IJBs) in the respective council areas. The Councils and NHS Lothian have agreed to delegate a range of functions to each IJB as detailed in the IJB's Integration Scheme. NHS Lothian (and the Council) must now make financial resources available to the IJB to allow it to deliver these functions.

3.2   All parties in this relationship (that is the Council and NHS Lothian (the 'partners') and the IJB) require to undertake financial assurance (due diligence) on the resources to be allocated to the IJB

   o   The partners (NHS Lothian and the Council) need to examine what resources they consider to be reasonable to allocate to the IJB to support the functions delegated and what the impact will be of having delegated these funds to the IJB. Funds allocated to the IJB are no longer under the direct influence of the partner and this will change the risk profile of the partner.

o The IJB also needs to examine how the resources have been calculated and needs to consider what issues are inherent in these resources. The IJB must assure itself that these resources will allow the IJB to deliver its Strategic Plan.

The key in this process is transparency. All the parties have to be clear as to how financial resources allocated to the IJBs have been arrived and the inherent risks associated with these resources.

3.3 The Finance & Resources Committee has considered three papers specifically addressing these issues between May 2015 and November 2015 and a further paper at its most recent meeting on 20 January 2016. This latter paper specifically addresses the 16/17 financial planning process and includes proposed IJB budgets.

3.4 These papers addressed the financial assurance issues for NHS Lothian and provided a detailed examination of the proposed method of resources allocation to the IJBs along with the underlying financial issues to be addressed by NHS Lothian. The detailed analysis in these papers should provide much of the information required by the IJBs to allow them to undertake their financial assurance.

3.5 In summary, the four papers examined :-

3.5.1 13 May 2015 - Preparation for the Creation of Integration Joint Boards

This paper set out the financial analysis and preparation that Lothian had undertaken with its four Council partners to prepare for the creation of the IJBs which included a proposed process for financial assurance. This process was essentially :-
- The creation of a health budget setting model for each IJB (to provide the IJB with an appropriate share of the overall NHS Lothian budget)
- A review of the 14/15 out-turn position across Lothian
- A consideration of the 15/16 budget settlement across Lothian
- An estimate of these positions on an IJB basis
- Identifying the 3 elements of the IJB Budget: Core (including Prescribing), Hosted Services and Set Aside budget.
- Set out which budgets were included and those excluded (generally facilities and corporate overheads).

In particular the paper incorporated detail on the 14/15 out-turn for NHS Lothian and how breakeven was achieved and the impact of the 15/16 settlement.

3.5.2 8 July 2015 - Integration Joint Boards - Hosted Services - Financial Assurance and Risk Sharing protocol.

This paper examined the detail of the hosted services more closely and proposed a method of sharing out the budgets for these services.

It was concluded that the shares for the IJB's be based on a weighted patient model rather than simply reflecting historic usage and this was summarised in a table both showing what the hosted services were to be delegated and which share model would be most reasonable. This paper recommended the 'PCNRAC' model which is a derivation of the national NRAC model adjusted for the four CHPs in Lothian.

3.5.3   25 November 2015 - Integration Joint Boards - 2016/17 Opening Budget Proposal

The paper examined the set aside budgets, further reviewed the proposals to allocate and apportion the pan-Lothian budgets, reflected on the projected out-turn position for 15/16 (based on the quarter one review), considered options for the use of the (the assumption) on uplift in 16/17 and how the IJBs (together) and the IJBs and NHS Lothian might operate some sort of operational risk sharing mechanism.

The principle identified in the previous paper of using PCNRAC as a general model to share pan-Lothian budgets was further considered but a range of exceptions to this principle were laid out (for example geographical issues and agreement on resource usage to which the CHPs had already agreed). The paper also discussed a mechanism to share out the GP prescribing budgets which had been based on historic spend in the original proposition. Given that a weighted capitation model is preferred over a historic model, the Prescribing Budget Setting Group model for GP prescribing was proposed. The Prescribing Budget Setting Group (PBSG) model is based on a detailed weighted capital model by GP Practice and is updated on an annual basis. The paper noted the relative impact on IJBs of this approach.

Four options were then considered to utilise the projected 16/17 uplift and the impact of those uplift distributions would have on the 16/17 projected pressures. These options recognised that the quantum of the financial pressures were greater in the non-delegated Acute functions than in those functions delegated to the IJBs.

This paper, having built on the two previous papers, allowed NHS Lothian to put together a budget proposition for the IJBs. These three papers also provided a significant amount of analysis and intelligence to support the financial assurance of the IJBs.

3.5.4   20 January 2016 - Update on the 2016/17 financial planning process.

This paper followed a meeting with all IJB Chairs, Chief Officers and Section 95 Officers to consider the option for budget settings and uplift.

The paper contained a further analysis of the cost pressures facing NHS Lothian in 2016/17 along with the detail of the proposed budget settlement from the Scottish Government and the resulting funding gap. It was noted that there was still further clarity required to assess the impact on savings targets on other funding services.

The paper proposed the equitable distribution of uplift across all Business Units and mapped that Business Unit data onto the proposed IJB budgets. The report laid out projected IJB positions (before the application of recovery plans) based on the models that had been discussed in the previous papers.

3.6   The Director of Finance wrote to the IJB Chairs on15th January 2016 laying out a proposed process to make a resource allocation to the IJB. Although it was not possible to make a proposal in financial terms, if the IJBs agree to this process then this is the model that will be used to derive the 16/17 budget once the final financial position for 2016/17 is known. A response is anticipated before the Board meeting.

3.7   Timescales and Next Steps.

The IJBs are required to complete their financial assurance prior to finalising their Strategic Plans - these plans must have a financial plan included which will show what financial resources will be used to deliver the Strategic Plan.

Having completed this work, the IJBs must issue directions based on the Strategic Plan (which include financial resources for each direction) before 1 April 2016.

Clearly, given the further clarity required to fully understand the financial position for 2016/17, NHS Lothian may not be able to provide a definitive position to each IJB. In any event budget will be based on the above model which will provide indicative positions to the IJBs.

4   Key Risks

There are two key risks :-

4.1   NHS Lothian will delegate the Strategic and financial planning responsibility to the IJB for whatever resources are allocated to support the delegated functions. The IJBs will direct NHS Lothian on the delivery of these functions using those allocations. That may create additional financial turbulence and may result in a loss of financial flexibility that NHS Lothian has used in the past to achieve break-even.

4.2   That the allocations to the IJBs will be insufficiently clear and that the proxies used in the financial budget setting model will mean that the IJBs will not have a sufficient influence on the partners operations to make the changes that require to be made to move the system back into sustainable balance.

5   Risk Register

5.1   The financial risks described above are captured in the NHS Lothian risk register.

6   Impact on Inequality, Including Health Inequalities

6.1   An impact assessment has not been carried out as this paper should not impact on inequality.

7   Involving People

7.1   It is not anticipated that this report will have an impact on the staff of NHS Lothian.

8   Resource Implications

8.1   The resource implications are laid out above.

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28 January 2016
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NHS LOTHIAN

Board Meeting
3 February 2016

Interim Nurse Director

SUMMARY PAPER - PERFORMANCE MANAGEMENT

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

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

Key Points	Paragraph
Note the amendments made to the report as further steps to meet the recommendations outlined in the 'Refocusing Performance Reporting' paper tabled in December 2015.	3
Five standards were met. Of the remaining 18, nine were on an improving trend.	Table 2, Page 3

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NHS LOTHIAN

Board Meeting
3 February 2016

Interim Nurse Director

PERFORMANCE MANAGEMENT

1   Purpose of the Report

1.1   The purpose of this report is to provide an update to the Board on the most recently available information on NHS Lothian performance against a range of measures, using data sourced from local and national systems.   Any member wishing additional information should contact the lead director relevant to the standard in advance of the meeting.

2   Recommendations

2.1   Note the further steps taken in this performance management report in line with that agreed at December`s Board Meeting. The report now included a proforma, signed off by the relevant director, for each area where desired performance has not been achieved.

2.2   Receive this update on the existing performance against HEAT targets and other relevant standards. Of the 23 assessed, 5 were met. Of the 18 not meeting expectations, 9 are on an improving trend.

3   Discussion of Key Issues

3.1   The HEAT system sets out targets and measures on which the NHS Boards are monitored and NHS Lothian's current position against these is set out below. In line with proposals at December's Board meeting, where a standard has not been achieved, the responsible director has provided a completed proforma. These proforma seek an explanation of current performance, a timescale for improvement and detailing of underlying actions. These exception reports are intended to allow the Board`s subcommittees, which take the lead in monitoring specific targets and standards, to explore matters in more depth and ascertain whether performance is out-with the Board's explicit risk appetite.

3.2   Each standard is assessed as to whether it meets the target, and if not, trend in recent performance considered.   NHS Lothian's comparative position against overall Scottish performance is also set out.   Positive assessments are graded green, those which are not red.   Table 1 identifies where each standard sits following this assessment.

3.3   Table 2 sets out compliance in more detail outlining whether the target is met, recent trend, and comparative position, and allowing assessment of variation from standards. Those targets not met are covered in further detail in section 4. Of the 23 considered, five were met and of those were this was not the case, 9 were on an improving trend.

Table 1: RAG Summary[1]

RAG Count	Measures	Number of Reds[2]	Notes
3 Reds	CAMHs (18 Weeks)	-	
	4-hour Unscheduled Care (% seen)	↑	
	Outpatients (12 weeks)	↑	
	Referral to Treatment (18 Weeks)	-	
	Drug & Alcohol Waiting Times (3 weeks)	-	
2 Reds	Carbon Emissions (tonnes)	-	
	Psychological Therapies (18 Weeks)	-	
	Delayed Discharges (over 2 weeks)	-	
	Reduction in Emergency Bed Days (rate per 1,000 population, aged 75+)	-	
	Healthcare Acquired Infection - CDI (rate per 1,000 bed days, aged 15+)	-	
	Healthcare Acquired Infection - SAB (rate per 1,000 acute bed days)	-	
	Stroke Bundles (% receiving)	↑	Only one Green applicable
	IPDC Treatment Time Guarantee (12 weeks)	-	
	Surveillance Endoscopy (past due date)	-	Only two Reds applicable
	Diagnostics (6 weeks)	↓	
	Audiology (various)	-	Only two Reds applicable
1 Red	Cancer (62-day) (% treated)	↓	
	Detecting Cancer Early (% diagnosed)	-	
1 Green	-	-	
2 Greens	Smoking Cessation (quits)	↓	Only two Greens applicable
	Early Access to Antenatal Care (% booked)	-	
	Energy Efficiency (GJ)	-	
	Cancer (31-day) (% treated)	-	
	IVF (12 months)	-	

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[1] This table provides a tally of the number of 'Reds' or 'Greens' achieved per measure, to a maximum of two Greens (if a measure meets target, it can currently only achieve at most one other green, by comparison against national performance). 'Greens' and 'Reds' are otherwise achieved as a result of 'Status', 'Trend' and 'Published Status vs. National Position' – please see Table 2 (below) for details.

[2] Direction -'↑','↓', '-' – indicates whether the measure has increased, decreased, or maintained the number of reds, compared with the previous cycle of reporting.

Table 2: Summary of Performance Position

Measure	Status[3]	Trend[4]	Published Status vs. National Position[5]	Target	Current	Current Reporting Date	Update[6]	Lead Director
Smoking Cessation (quits)	Met		Better	293 (min)	310[7]	Sep 2015	✓	AKM
Early Access to Antenatal Care (% booked)	Met		Better	80% (min)	90.4%	Oct 2015	✓	AMcM
Carbon Emissions (tonnes)	Not Met	↓	Better	26,266 (max)	27,755	Mar 2015	✗	AB
Energy Efficiency (GJ)	Met		Better	868,351 (max)	849,930	Mar 2015	✗	AB
CAMHs[8] (18 Weeks)	Not Met	↓	Worse	90% (min)	54%	Nov 2015	✓	JF
Psychological Therapies (18 Weeks)	Not Met	↑	Worse	90% (min)	49%	Nov 2015	✓	JF
Delayed Discharges (over 2 weeks)	Not Met	↑	Worse	0 (max)	90	Dec 2015	✓	RMG/EM/DS/JF/JC
Reduction in Emergency Bed Days (rate per 1,000 population, aged 75+)	Not Met	↑	Worse	4,709.3 (max)	4,978	Mar 2015	✗	RMG/EM/DS/JF/JC
Healthcare Acquired Infection - CDI (rate per 1,000 bed days, aged 15+)	Not Met	↑	Worse	0.32 (max) (<262)	0.42 (260)	Dec 2015	✓	DF
Healthcare Acquired Infection - SAB (rate per 1,000 acute bed days)	Not Met	↑	Worse	0.24 (max) (<184	0.28 (175)	Dec 2015	✓	DF
4-hour Unscheduled Care (% seen)	Not Met	↓	Worse	95% (min)	92.1%	Dec 2015	✓	JC
Cancer (31-day) (% treated)	Met		Better	95% (min)	97.3%	Nov 2015	✓	JC
Cancer (62-day) (% treated)	Not Met	↑	Better	95% (min)	93.6%	Nov 2015	✓	JC
Stroke Bundle (% receiving)	Not Met	↓	Not Available	70% (min)	64.4%	Nov 2015	✓	JC
IPDC Treatment Time Guarantee (12 weeks)	Not Met	↑	Worse	0 (max)	127	Dec 2015	✓	JC
Outpatients (12 weeks)	Not Met	↓	Worse	95% (min)	85% (7,142)	Dec 2015	✓	JC
Referral to Treatment (18 Weeks)	Not Met	↓	Worse	90% (min)	82.8%	Dec 2015	✓	JC
Diagnostics (6 weeks)	Not Met	↑	Worse	0 (max)	1,213	Dec 2015	✓	JC
Surveillance Endoscopy (past due date)	Not Met	↓	Not Available	0 (max)	2,382	Dec 2015	✓	JC
Audiology (various)	Not Met	↓	Not Available	0 (max)	79	Dec 2015	✓	JC
IVF (12 months)	Met		Better/Equal	90% (min)	100%	Dec 2015	✓	JC
Drug & Alcohol Waiting Times (3 weeks)	Not Met	↓	Worse	90% (min)	82.8%	Sep 2015	✓	AMcM
Detecting Cancer Early (% diagnosed)	Not Met	↑	Better	29% (min)	26.2%	2013 & 2014	✗	AKM

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[3] **Status** – describes where Current meets or does not meet Target.

[4] **Trend** - '↑','↓', '-' - describes Improvement or Deterioration for Current, where Status is 'Not Met', against an average of the last two relevant reported data points.

[5] **Published Status vs. National Position** – describes most recent published Lothian position against the most recent (directly comparable) published national position to comply with Official Statistics' requirements - either for rates (incl. %) or against NRAC share. These may refer to different time periods than Current.

[6] **Update** – Current performance figure and trend updated since last reporting cycle. Updates on comparative performance following publication not indicated.

[7] **Management information**/provisional

[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.

4   Exceptions Proformas (for Performance Areas where Status is 'Not Met')

Carbon Emissions

Target/Standard: The specific targets for NHS Scotland are to reduce CO2 emissions from hospital sites for oil, gas, butane and propane usage based on a national average year-on-year reduction of 3% by 2014/15 as a milestone to the elimination of the use of fossil fuels by 2050.

Responsible Director[s]: Director of Human Resources and Organisational Development

Performance:-

| Status	Trend	Published Status vs. National Position	Target	Current	Current Reporting Date	Lead Director
Not Met	↓	Better	26,266 (max)	27,755	March 2015	AB

Summary for Committee to note or agree

This particular target is to be replaced for several reasons; for NHS Lothian the target only focuses on 30% of CO_2 arising from scope 1 emission sources. A more comprehensive target is being developed and NHS Lothian has already provided a first year report within 2014-15 Property Asset Management System (PAMS). The present target is across all of NHS in Scotland and NHS Lothian has done well to better the average national position since it does not have the same opportunity as others to convert major plant to Biomass. NHS Lothian has focussed on reducing energy consumption by investment in more efficient boiler plant and infrastructure, by upgrades to lighting and enhancing use of building management systems. NHS Lothian is now the only NHS Board in Scotland to hold the international quality standard for management of CO2 emissions, the Carbon Trust Standard, which is measured both qualitatively and quantitatively.

To put this in context NHS Lothian's verified scope 1 emissions in the base year of carbon management planning, 2007/08, was 93,673 tonnes and in 2014/15 reduced to 82,143 tonnes - equivalent to a reduction of 12.3%.

Recent Performance – Numbers Achieved towards Standard

Figure 1:   Climatically adjusted Tonnes of CO2 emissions per year
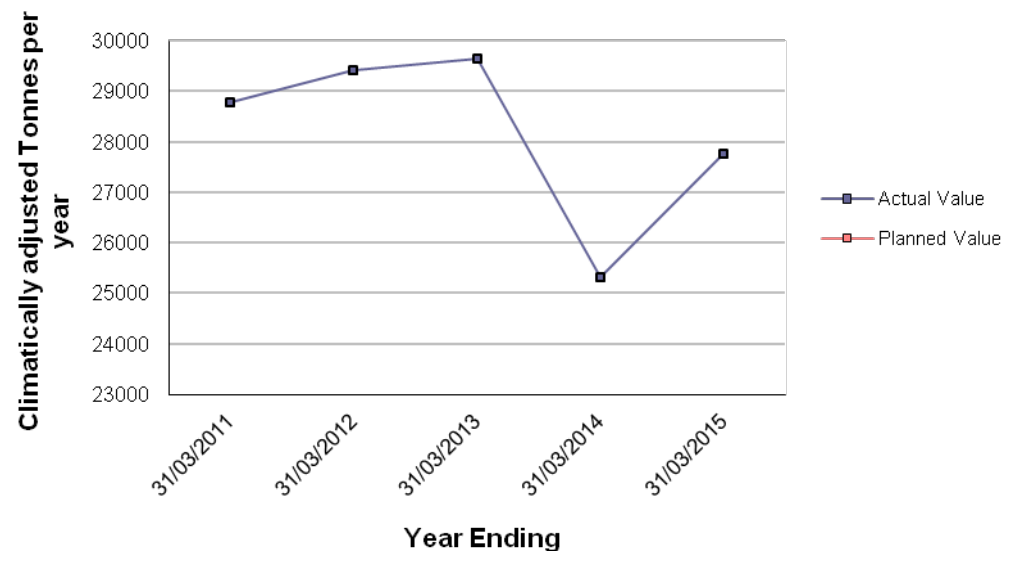
Table 1: Climatically adjusted Tonnes of CO2 emissions per year

Year Ending	Actual	Variance vs. Target
31/03/2011	28,791	-0.93%
31/03/2012	29,405	4.03%
31/03/2013	29,640	6.59%
31/03/2014	25,321	4.48%
31/03/2015	27,755	5.67%

Timescale for Improvement

A trajectory has been agreed with SGHD and set out below:-

Table 2: Trajectory (for Year 5)

Year Ending	Weighted Target
31/03/2015	-13.97%

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
St John's Hospital low carbon infrastructure via Caron Energy Fund	March 2017	Save 5,000 tonnes CO_2, reduce energy by 20%, reduce revenue costs with no capital requirement.		Awaiting Scottish Capital Investment Group approval to appoint preferred bidder.
Strategic Energy Efficiency Programme	3 year programme to March 2019, currently stands at £2.2million investment but will grow as more sites are surveyed.	Save 10,000 tonnes CO2, reduce energy by 20%.		Approved by Lothian Capital Investment Group but awaiting funding source.
Western General Hospital low carbon infrastructure	First phase is August 2018 to replace present FM contract with SSE, later phases to fall in line with Master-planning for the site.	Save 5,000 tonnes CO_2, reduce energy by 10%, reduce revenue costs with new funding routes.		A major option appraisal has been commissioned by Health Facilities Scotland, value £50k.

Comments

Reasons for Current Performance

NHS Lothian's original carbon management plan has a 20% target reduction of CO_2 emissions against the base year of 2007/08. The full target has not been achieved because the full level of investment required was not forthcoming, for example the St John's CEF programme was included in the original carbon management plan.

A new target has been requested of Health Boards in their PAMS reports 2015 and described as "Energy & GHG Reduction Targets for 2020/21 (against 3-year average baseline 2011/12, 2012/13 and 2013/14)". There are two targets, firstly a "basic" one which reflects investment as usual and secondly a "stretch" target which assumes major investment.

The baseline average over the three years is 88,249 tonnes and NHS Lothian has provided a "basic" target of 81,702 tonnes (7.4% reduction) and a "stretch" target of 71.897 tonnes, a reduction of 18.5%.

Mitigating Actions – as per table above

Child & Adolescent Mental Health Services (CAMHs)

Target/Standard: No child or young person will wait longer than 18 weeks from referral to treatment in a specialist CAMH service from December 2014. Following work on a tolerance level for CAMH services waiting times and engagement with NHS Boards and other stakeholders, the Scottish Government has determined that the target should be delivered for at least 90% of patients.

Responsible Director[s]: Nursing Director/ Strategic Planning

Performance:-

Status	Trend	Published Status vs. National Position	Target	Current	Current Reporting Date	Lead Director
Not Met	↓	Worse	90% (min)	54%	November 2015	JF

Summary for Committee to note or agree
- **Increased demand from referrers;**
- **Reduced capacity due to non-recurring funding ceasing and precarious position of partner agency funding streams.**

Recent Performance – Performance against 18 Week Standard

Table 1: CAMHs Performance Trend

	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15[9]	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15
Percentage <u>seen</u> within 18 weeks	69%	57%	52%	53%	51%	50%	62%	58%	57%	60%	71%	76%	59%	61%	54%
Revised Trajectory															
Trajectory for seen within 18 weeks	88%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Total <u>waiting</u> at end of month	1,724	1,680	1,678	1,784	1,651	1,699	1,704	1,687	1,709	1,708	1,737	1,737	1,668	1,677	1,826
Those <u>waiting</u> more than 18 weeks	623	526	492	494	428	446	445	478	472	509	639	694	680	730	687

Timescale for Improvement

None provided.

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[9] Figures from April 2015 have been revised due to inclusion of Tier 4 data from April onwards

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Updated Service Improvement plans for CAMHS Team.	11 February 2016	Standardised reporting and monitoring and ability to escalate issues to Senior Management through the Project Board.		Amber
A single prioritised amendments / additions work-plan for TRAK with named analytical, data and system support staff from clinical services, e-health and planning.	31 January 2016	Transparency of progress; alignment of TRAK work; reporting of progress formally to the Project Board enabling escalation and resolve of issues.		Amber
Development of a single implementation plan for the introduction of Patient Focused Booking across CAMHS.	11 February 2016	Prospective patient-focused booking reducing DNA and CAN appointments and therefore increasing capacity.		Amber
Development of a single implementation plan for the introduction of Text Reminder system CAMHS.	11 February 2016	Text reminder system reducing DNA and CAN appointments and therefore increasing capacity		Amber
Completion of updated Demand Capacity Activity Queue (DCAQ), for CAMHS whose data is recorded and reported from TRAK.	31 January 2016	Confirm the DCAQ for each service enabling monitoring of agreed capacity against demand and activity.		Amber

Comments

Reasons for Current Performance

Increased demand – 20% increase year on year for last three years

Mitigating Actions
Staffing recruited using the Mental Health Innovation funding (£278,000) will prioritise those children and young people who have waited the longest.

Using TRAK data to identify GP practices who are biggest referrers - Link workers identified to liaise with the GPs regarding suitable referrals/updates on CAMHS. Too soon to see if this intervention has effected rates of referral.

Review of Emotional Wellbeing and Children and Young People's Mental Health Services underway in Edinburgh sponsored by the Edinburgh Integrated Children's Service Partnership Board.

Reduced capacity
A number of staff on short term contracts funded by non-recurring funding ending.

A number of staff whose posts are funded by Children's Partnership funding are at risk due to budget reviews by Council partners.

Psychological Therapies

Target/Standard: The Scottish Government has set a target for the NHS in Scotland to deliver a maximum wait of 18 weeks from a patient's referral to treatment for Psychological Therapies from December 2014. Following work on a tolerance level for Psychological Therapies waiting times and engagement with NHS Boards and other stakeholders, the Scottish Government has determined that the Psychological Therapies target should be delivered for at least 90% of patients.

Responsible Director[s]: Joint Director, West Lothian

Performance:-

Status		Trend		Published Status vs. National Position	Target	Current	Current Reporting Date	Lead Director
Not Met		↑		Worse	90% (min)	49%	November 2015	JF

Summary for Committee to note or agree

- **Reduced capacity due to non recurring funding ceasing.**
- **Incomplete data return.**

Recent Performance – Percentages against Standard

Table 1: Psychological Therapies Performance Trend

	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15
Percentage <u>seen</u> within 18 weeks	52%	40%	36%	36%	44%	34%	41%	39%	44%	40%	45%	46%	47%	44%	49%
Revised Trajectory for seen within 18 weeks[10]															
Initial Trajectory for seen within 18 weeks	86%	88%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Total <u>waiting</u> at end of month	2,645	2,911	3,010	3,113	3,095	3,105	3,176	3,190	3,341	3,261	3,219	3,150	3,015	3,038	3,091
Those <u>waiting</u> more than 18 weeks	859	910	1,018	1,144	1,201	1,167	1,237	1,254	1,257	1,173	1,146	1,108	1,085	1,063	975

Timescale for Improvement

Demand Capacity Activity Queue (DCAQ) will be re-run at the end of January. This will enable a revised trajectory to be agreed by the newly convened Psychological Therapies A12 Board now chaired by Jim Forrest. Each service / team will use standard PRINCE2 project management reporting which will enable systematic review and escalation of issues to the Project Board. Each partnership area, hospital division and professional group involved in the delivery of this target is represented by a Director or their nominated lead.

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[10] Trajectory set in June was set only to December 2014.

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Updated Service Improvement plans for each service / team delivering psychological therapies.	11 February 2016	Standardised reporting and monitoring and ability to escalate issues to Senior Management through the Project Board.		Amber
A single prioritised amendments / additions work-plan for TRAK with named analytical, data and system support staff from clinical services, e-health and planning.	31 January 2016	Transparency of progress; alignment of TRAK work; reporting of progress formally to the Project Board enabling escalation and resolution of issues.		Amber
Development of a single implementation plan for the introduction of Patient Focused Booking across all service delivering psychological therapies.	11 February 2016	Prospective patient-focused booking reducing DNA and CNA appointments and therefore increasing capacity.		Amber
Development of a single implementation plan for the introduction of Text Reminder system across all service delivering psychological therapies.	11 February 2016	Text reminder system reducing DNA and CNA appointments and therefore increasing capacity		Amber
Completion of updated DCAQ for all services / teams whose data is recorded and reported from TRAK.	31 January 2016	Confirm the DCAQ for each service enabling monitoring of agreed capacity against demand and activity.		Amber
Introduction of Lothian-wide Group Programme funded by Mental Innovation funding.	1 February 2016	Document and agree expected activity and monitor actual over monthly periods.		Amber

Comments

Reasons for Current Performance

Incomplete data:
A number of high volume services delivering psychological therapies are still unable to report data due to extracts not being available from TRAK.
A small number of specialist services delivering psychological therapies are still unable to report data due TRAK configuration, service configuration or extracts not being available from TRAK.

Mitigating Actions
Prioritised work-plan for TRAK and service / team improvement plans.

Reduced capacity
Reduction in capacity due to contracts ending which were funded on non-recurring basis.

Increased demand
Perceived increase in demand due to the increasing efficacy and awareness of the positive contribution of psychological therapies to improving patients' outcomes.

Mitigating Actions
Updated DCAQ for all services / teams.
Reviewing the range of psychological therapies available and ensuring delivery of those with the most robust evidence bases are prioritised and matched to those who will most benefit.

Delayed Discharges

Target/Standard: No patient should wait more than 14 days in hospital once they are ready for discharge.

Responsible Director[s]: Chief Officer and Joint Directors

Performance:-

Status	Trend	Published Status vs. National Position	Target	Current	Current Reporting Date	Lead Director
Not Met	↑	Worse	0 (max)	90	December 2015	RMG/EM/DS/JF/JC Co-ordinated by RMG

Summary for Committee to note or agree

- Targets for the reduction of delayed discharge levels have been proposed based on scheduled investments and anticipated benefits. These targets will need to be approved by the Scottish Government. Additional funding from the Scottish Government is dependent on achieving the target of 100 for the total number of people delayed by February 2016 in the Edinburgh Partnership, and 50 by May 2016 compared with 121 in December, again for the Edinburgh Partnership.
- A range of initiatives are being implemented to enhance system capacity and through-put (i.e. interim care home and reablement) and to prevent hospital admission and support discharge (locality hubs).

Recent Performance – delayed discharge

Table 1: Breakdown in Lothian Hospitals at census point

	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
All Delays Recorded	421	403	403	382	392	394	364	358
All ISD Reportable Delays	238	238	248	237	253	258	257	244
ISD Delays excluding X codes	178	177	188	180	199	201	188	173
Those over 2 weeks	105	99	104	108	126	122	117	90
Those over 4 weeks	70	63	69	75	73	77	75	46

Table 2: ISD Delays excluding X Codes by Local Authority at census point

	Reportable Delays				Reportable Delays							
					>2 weeks				>4 weeks			
	Sep	Oct	Nov	Dec	Sep	Oct	Nov	Dec	Sep	Oct	Nov	Dec
Edinburgh	157	148	145	121	103	101	100	67	63	64	63	36
East Lothian	16	32	20	22	9	16	9	10	4	9	7	4
Midlothian	10	7	6	11	6	0	1	3	1	0	1	0
West Lothian	12	7	13	15	6	1	3	8	3	0	1	3
All (incl. other)	199	201	188	173	126	122	117	90	73	77	75	46

Timescale for Improvement

A trajectory has been agreed with SGHD for the Edinburgh partnership, and set out below:-

Reportable Delays					>2 weeks (derived from all reportable delays)					>4 weeks (derived from all reportable delays)				
Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jan 16	Feb 16	Mar 16	Apr 16	May 16
118	100	80	55	50	64	46	26	1	0	36	33	15	0	0

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Additional capacity at Gylemuir (interim care home) – 30 additional beds bringing the total capacity to 60. The phasing of the additional capacity was 15 in September 2015, 5 in December 2015 and 10 in January 2016.	End January 2016	Increase speed of discharge pathway for those awaiting care home	To be determined – latest figures show improved turnover within Gylemuir, showing that a higher number of hospital discharges are being supported.	Ten of the additional beds are still to come on stream.
Additional Home Care Reablement Staff - recruitment is underway and staff will continue to come on-stream	October 2016	Increase capacity of Reablement	The proportion of the reablement service capacity which is blocked is reducing as a result of the increase in staffing levels, allowing more people to access the service.	Recruitment is ongoing.
Locality Hub development – employment of additional clinical support workers		Support people to leave hospital and avoid readmission	To be determined – monitoring and evaluation is being developed.	The model is being tested in South East locality

Comments

Reasons for Current Performance

December saw an improvement over November with an 8% reduction in our standard delays. In terms of those whose discharge is delayed over two, and four weeks, December saw big improvements for all Health & Social Care Partnerships compared to November. Home care packages continue to be the single biggest reason for delay, whilst the longest waits are for clients looking for some form of housing, be it supported accommodation or assisted tenancies.

Mitigating Actions

These are listed above.

Reduction in Emergency Bed Days

Target/Standard: Reduce the rate of emergency inpatient bed days for people aged 75 and over per 1,000 population by at least 12% between 2009/10 and 2014/15.

Responsible Director[s]: Director of Human Resources and Organisational Development

Performance:-

Status		Trend		Published Status vs. National Position	Target	Current	Current Reporting Date	Lead Director
Not Met		↑		Worse	4,709.3 (max)	4,978	March 2015	RMG/EM/DS/JF/JC Co-ordinated by DS

Summary for Committee to note or agree
- **The gap between planned and actual has been steadily decreasing;**
- **All Partnerships are focused on developing and extending admission avoidance and reducing delayed discharges.**

Recent Performance – Rates Achieved towards Standard

Figure 1: Occupied bed days per 1,000 population (Aged 75+)
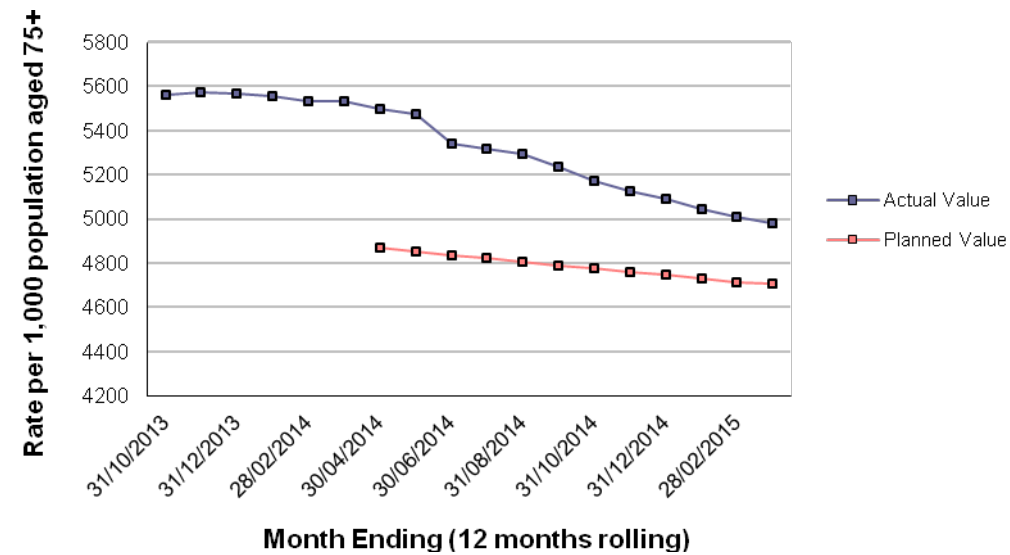
Table 1: Occupied bed days per 1,000 population (Aged 75+)

Month Ending (12 months rolling)	Actual	Planned	Deviation (%)
31/10/2013	5,564		
30/11/2013	5,575		
31/12/2013	5,566		
31/01/2014	5,558		
28/02/2014	5,530		
31/03/2014	5,530		
30/04/2014	5,497	4,867.0	12.9
31/05/2014	5,473	4,851.8	12.8
30/06/2014	5,342	4,836.5	10.5
31/07/2014	5,320	4,821.2	10.3
31/08/2014	5,294	4,806.0	10.2
30/09/2014	5,235	4,790.7	9.3
31/10/2014	5,174	4,775.5	8.3
30/11/2014	5,123	4,760.2	7.6
31/12/2014	5,092	4,744.9	7.3
31/01/2015	5,046	4,729.7	6.7
28/02/2015	5,008	4,714.4	6.2
31/03/2015	4,978	4,709.3	5.7

Timescale for Improvement

None provided.

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
All Partnerships are extending admission avoidance arrangements. In East, Mid and West these are being extended by hours of the day and days of the week. In Edinburgh the number of localities covered is planned to increase.	Various	Fewer un-necessary admissions of frail older people. Shorter lengths of stay.		Tbc
All Partnerships have delayed discharge action plans. Focused on reducing total numbers, meeting the two week target and moving towards the 72 hour delay.	Ongoing	Reduced occupied bed days		Tbc
Edinburgh and UHS plans to redesign pathway for frail older people in hospital.	Tbc	Shorter lengths of stay		Tbc

Comments

Reasons for Current Performance

Mitigating Actions – see above

Healthcare Acquired Infection – Clostridium difficile Infection (CDI)

Target/Standard: NHS Boards' rate of Clostridium difficile infections (CDI) in patients aged 15 and over is 0.32 cases or less per 1,000 total occupied bed days.

Responsible Director[s]: Executive Director: Medical Director
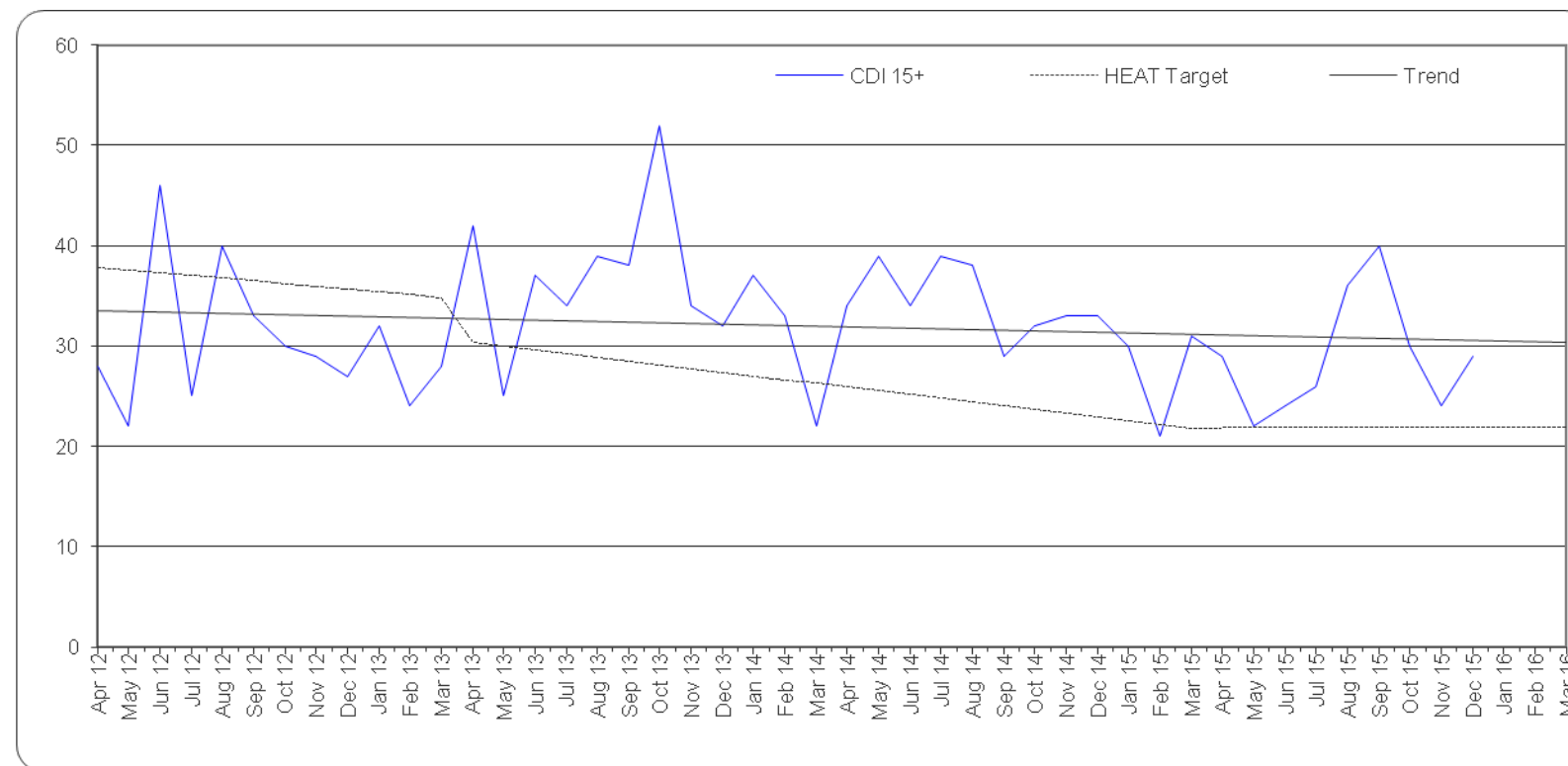
Performance:-

Status	Trend	Published Status vs. National Position	Target	Current	Current Reporting Date	Lead Director
Not Met	↑	Worse	0.32 (max) (<262)	0.42 (260)	December 2015	DF

Summary for Committee to note or agree
- **Board will not meet HEAT target but based on current trends and rates should demonstrate a reduction on previous year rate of 0.47;**
- **Estimated rate for March 2016 is 0.42.**

Recent Performance – Numbers Achieved against Standard

Figure 1: CDI Progress against HEAT target – NHS Lothian (Number of CDI Episodes per Month)   Source: Infection Prevention and Control Team

Timescale for Improvement

There has been no formal trajectory agreed by SGHD however based on current performance and trend it is anticipated whilst the HEAT target will not be met there should be a reduction on previous year rates. Estimated end March point is 0.42 (347 episodes). This would be a reduction of 46 incidences.

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Revision of NHS Lothian Antimicrobial (Adult) Guidelines – Introduction of strategy to reduce use of C-Diffogenic antibiotics & increase use of gentamycin.	February 2015	Reduction in use of high risk antibiotics	The review was successfully completed and implemented. However the impact was minimal. The national data demonstrates that whilst NHS Lothian is a low user of antibiotics, use of the C-Diffogenic antibiotics remains relatively unchanged. Further work on prescribing including prophylaxis is required.	Complete
Improved Antimicrobial Stewardship		Key preventative strategies primarily hinge on good antimicrobial stewardship, and management of other risk factors for CDI such as prescription of Proton pump inhibitors (PPI). This has been identified by Health Protection Scotland as an area for improvement which could have a significant impact on reducing acquisition.		The Antimicrobial team continue to work with clinical teams and GPs to improve medicine management. The invest-to-save ward round undertaken to review the use of IV antimicrobials and promote IV to Oral switch has also provided advice on general prescribing. NHS Lothian is implementing the NHS Education Scotland Antimicrobial stewardship workbook for registered nurses.
Development of improvement plan	January 2016	Identify aspects of care to increase awareness of prudent prescribing. Review of sampling and monitoring of patients to ensure meet criteria for infection not colonisation.	A multidisciplinary approach is essential to the prevention of CDI. Increased accuracy in diagnosis of patients meeting the criteria for infection as opposed to colonisation could reduce the unnecessary diagnosis and treatment of CDI. Enhanced surveillance supports targeted prescribing education.	Draft submitted for discussion at Lothian Infection Control Committee 22nd January 2016. Agenda time scheduled to discuss plan at Clinical Management Group 9th February 2016.
Clinical Management Group has committed agenda time February 2016 meeting review of action plan and discussion other potential areas to influence and reduce acquisition.	February 9th 2016	Review of plans to ensure comprehensive multidisciplinary approach.	Clinical engagement and commitment to improvements.	Draft improvement plan will be updated following comments and discussion at Lothian ICC and submitted for discussion at CMG.
To improve robustness of CDI case identification, definition and reporting	March 2017	Reduce the over reporting of CDI Incidence thereby achieving the performance target of 0.32 per 1,000 bed days by 31st March 2017. Reduce the number of patients receiving unnecessary treatment and extended stay in hospital. Reduce the pressures on single room accommodation for isolation. Revise and improve the information included in CDI monthly report (and reports to senior management), to reflect key areas for learning & improvement.		In Progress. There is a weekly multidisciplinary ward round to review patients and the documentation of daily stool frequency and consistency (using Bristol stool chart) using standardised definition when a patient has loose stools. The IPCNs visit each new inpatient diagnosed with CDI to ensure transmission based precautions are in place, reducing risk of cross transmission. NHS Lothian increased availability of single use equipment and additional reusable equipment to support designated equipment for use with patients confirmed positive for CDI

				infection.
Antimicrobial Stewardship		Key preventative strategies primarily hinge on good antimicrobial stewardship, and management of other risk factors for CDI such as prescription of Proton pump inhibitors (PPI).		The Antimicrobial team continue to work with clinical teams and GPs to improve medicine management. The invest-to-save ward round undertaken to review the use of IV antimicrobials and promote IV to Oral switch has also provided advice on general prescribing. NHS Lothian is implementing the NHS Education Scotland Antimicrobial stewardship workbook for registered nurses.

Comments
Reasons for Current Performance
Clostridium difficile can often be an unintended consequence of antimicrobial use. Investigations indicate many of these patients have had complex health care needs resulting in multiple courses of antimicrobial therapy. All investigations and case reviews have found the cases to be individual unrelated infections and not as a result of cross transmission. **Mitigating Actions –** The above actions supported by the clinical teams could improve NHS Lothian performance in reducing the incidence of CDI. The support from Clinical Teams is essential to any successful reduction.

Healthcare Acquired Infection – Staphylococcus aureus Bacteraemia (SAB)

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

**Responsible Director[s]:** Executive Director: Medical Director

Performance:-

Status	Trend	Published Status vs. National Position	Target	Current	Current Reporting Date	Lead Director
Not Met	↑	Worse	0.24 (max) (<184)	0.28 (175)	December 2015	DF

Summary for Committee to note or agree
- **Board will not meet HEAT target but based on current trends and rates should demonstrate a reduction on previous year rate of 0.35;**
- **Estimated rate for March 2016 is 0.28.**

Recent Performance – Rates against Standard

Figure 1: SABs progress against HEAT target – NHS Lothian – Number of SAB Episodes per Month   Source: Infection Prevention and Control Team
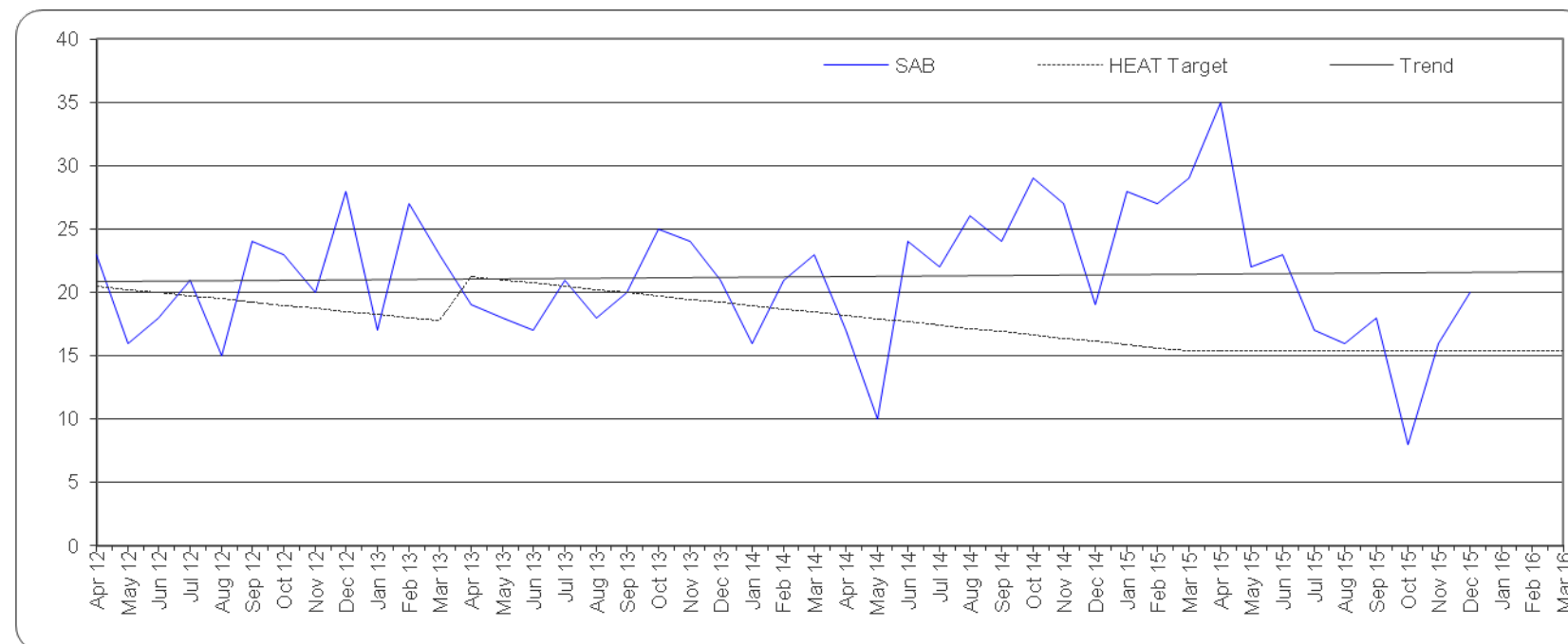
Timescale for Improvement

There has been no formal trajectory agreed by SGHD however based on current performance and trend it is anticipated whilst the HEAT target will not be met there should be a reduction on the previous year rates of 0.35 (282).

Estimated end March point is 0.28 (233 episodes). This would be a reduction of 4 incidences.

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Development of improvement plan	January 2016	A multidisciplinary approach is essential to the prevention of Staphylococcus aureus Bacteraemia.		Draft submitted for discussion at Lothian Infection Control Committee 22nd January 2016.
Additional support from quality improvement/patient safety and practice education facilitator. Education and patient safety to promote safe and effective practice and compliance with asepsis increasing competency levels of all staff involved in insertion, maintenance and use of invasive lines.	November 2015	Additional resources to support education at clinical level for insertion and maintenance/management of Peripheral Vascular Cannula.		2 staff appointed on temporary contracts. They are undertaking review of current practice to support the development of targeted education at clinical level.
To improve quality of information reported to clinical and senior teams in relation to SAB.	December 2015	Enhanced surveillance data to support clinical teams to develop local actions and drive improvements	Increased clinical engagement and awareness of source. Data available to support the newly established site based Infection Control Committees.	Complete Report has been positively received by clinical teams
To improve robustness of SAB source identification and reporting.	September 2015	Reduction in the number of unknown source reported. Increased clinical engagement.	SAB source data gathered with Clinical Teams. Monthly meetings to review National Enhanced SAB Surveillance (eSAB). Microbiologist involvement into investigation of all SABs.	Complete
Review of blood culture sampling practice and education for front door areas. Procurement to consider cost effectiveness of grab bag approach to blood culture sampling.	June 2016	Sustained reduction in contaminated samples		Ongoing
Raise awareness of risks associated with unsafe injection practices with People Who Inject Drugs (PWIDs).	June 2015	Reduction in SABs associated with PWIDs	Selling of ethylphenidate containing New Psychoactive Substances products illegal throughout the UK.	Ongoing

Comments

Reasons for Current Performance There is a high incidence of infections that are not directly healthcare acquired e.g. People who inject drugs – since April 2015 there have been 16 where drug use is identified as either main source or contributing factor. Main area from preventable infections is Peripheral Vascular Cannula and Skin and soft tissue infections.

Mitigating Actions Enhanced surveillance to identify root cause. Additional education to support clinical teams in safe management of intravenous infusions, review of all soft tissue related SABs.

4-Hour Unscheduled Care

Target/Standard: 95% of patients are to wait no longer than 4 hours from arrival to admission, discharge or transfer for A&E treatment. NHS Boards are to work towards 98%.
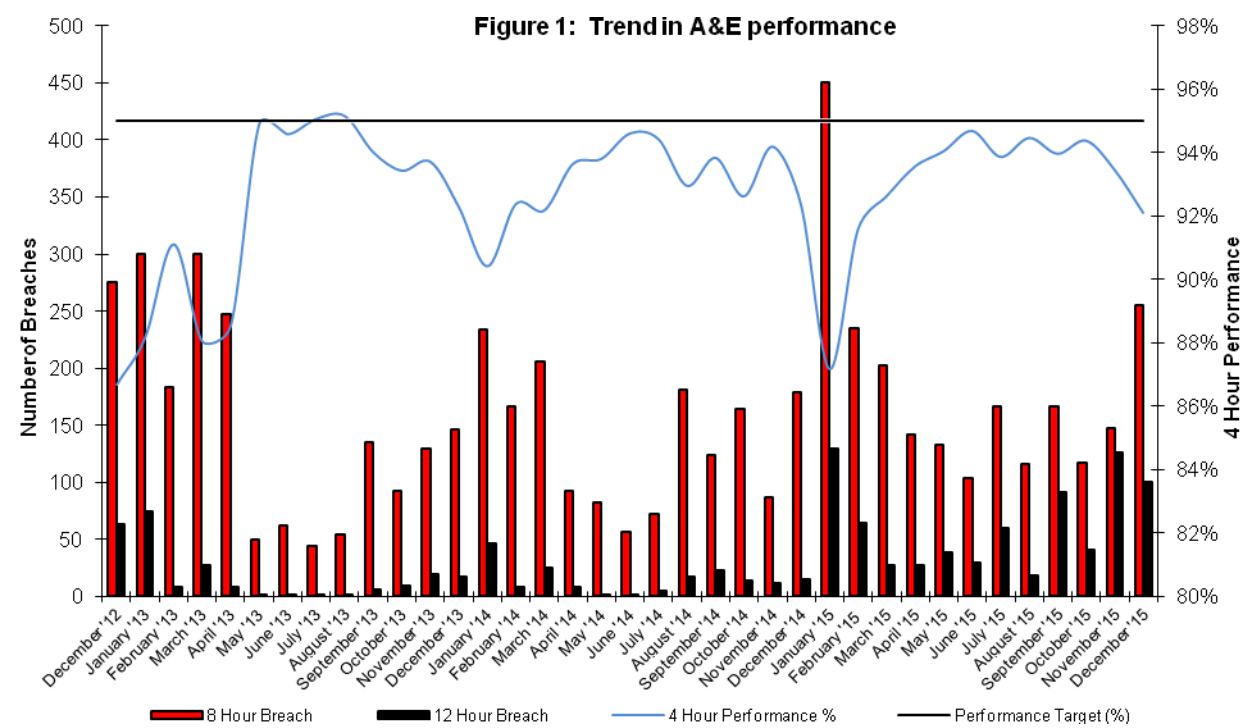
Responsible Director[s]: Chief Officer

Performance:-

Status	Trend	Published Status vs. National Position	Target	Current	Current Reporting Date	Lead Director
Not Met	↓	Worse	95% (min)	92.1%	December 2015	JC

Summary for Committee to note or agree

- **92.1% performance for December demonstrates negative trend when compared to October and November average. Winter pressures will have contributed to this downwards trajectory;**
- **NHS Lothian 4-hour performance from July – December 2015 was 0.3% improved on the same period for 2014.**

Recent Performance – Numbers over 4 hour standard

Figure 1: Trend in A&E performance

Timescale for Improvement

None provided.

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Deliver robust NHS Lothian unscheduled winter plan that includes protecting first two weeks of January for unscheduled capacity, enhancing weekend services and strengthening services that manage increased winter demand and support flow.	January 2016	Improved 4-hour position compared to 2015 performance.	NHS Lothian 4-hour performance Month To Date at 24th Jan 90.2% compared to 87.2% Jan-15.	On target
Implement national 6 essential actions unscheduled care toolkit on all three acute sites.	Ongoing	Improved 4-hour position compared to 2015 performance.	Jul – Dec 2015 4-hour performance improved by 0.3% on same period 2014.	Below target
Implement recommendations from the Deloitte report around Frailty pathways and Length of Stay.	End February 2016 (Project Board and sub groups established).	Improved admission avoidance and discharge. Improved 4-hour performance.	Programme Board currently scoping planned benefit.	On target
Implement SEFAL work stream shifting discharge curve to earlier in the day and avoiding more unnecessary admissions.	Ongoing	Improved 4-hour position compared to 2015 performance	Performance is variable by site	On target

Comments

Reasons for Current Performance
Winter pressures contributed to deterioration in performance in December. The majority of winter plans began at the start of January and so far January performance is 3.0% higher for Lothian than last January (2014). The robustness of 4-hour performance is still variable between sites however a NHS Lothian Unscheduled Care Lead Site Director has been appointed to lead efforts to develop more sustainable performance levels. The number of delayed discharges across acute services continues to limit the ability of sites to maintain consistent patient flow required to meet the 4-hour standard.

Mitigating Actions
Acute sites are working closer together to improve local flow management activities. The South of the City is implementing a test of change to better support patients out of hospital and avoid unnecessary admissions. Locality hubs are under development to rationalise routes into community services across the city. Strong links exist between the acute hospitals and all four IJBs.

Cancer – 62-day

Target/Standard: 62-day target from receipt of referral to treatment for all cancers. This applies to each of the following groups:
- any patients urgently referred with a suspicion of cancer by their primary care clinician (for example GP) or dentist;
- any screened-positive patients who are referred through a national cancer screening programme (breast, colorectal or cervical);
- any direct referral to hospital (for example self-referral to A&E).

Responsible Director[s]: Executive Director: Chief Officer

Performance:-

Status		Trend		Published Status vs. National Position	Target	Current	Current Reporting Date	Lead Director
Not Met		↑		Better	95% (min)	93.6%	November 2015	JC

Summary for Committee to note or agree
- **Where performance was below the 95% standard for the 62 day target, this affected 9 patients out of 140 patients for all tumour types.**

Recent Performance – Percentages achieved towards standard

Table 1: 62-Day Performance

Cancer Type	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15
	Percentage that started treatment within 62 days													
All Cancer types	96.8%	92.9%	96.5%	94.5%	93.1%	95.6%	96.1%	93.4%	92.3%	95.7%	93.4%	89.3%	94.7%	93.6%
Breast (screened excluded)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	96.8%	100.0%	100.0%	100.0%	100.0%	100.0%
Breast (screened only)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Cervical (screened excluded)	100.0%	100.0%	50.0%	66.7%	100.0%	100.0%	n/a	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Cervical (screened only)	n/a	n/a	100.0%	100.0%	100.0%	100.0%	100.0%	n/a	100.0%	100.0%	n/a	0.0%	100.0%	100.0%
Colorectal (screened excluded)	81.3%	93.8%	93.3%	78.6%	85.7%	87.5%	91.7%	100.0%	84.2%	93.8%	85.7%	90.9%	94.4%	86.7%
Colorectal (screened only)	100.0%	100.0%	71.4%	100.0%	66.7%	100.0%	100.0%	100.0%	71.4%	100.0%	50.0%	75.0%	81.8%	80.0%
Head & Neck	100.0%	66.7%	100.0%	100.0%	100.0%	100.0%	100.0%	66.7%	87.5%	66.7%	100.0%	75.0%	100.0%	87.5%
Lung	100.0%	100.0%	100.0%	100.0%	94.4%	94.1%	93.3%	93.3%	100.0%	100.0%	100.0%	78.9%	100.0%	100.0%
Lymphoma	80.0%	71.4%	100.0%	80.0%	100.0%	100.0%	100.0%	100.0%	71.4%	100.0%	80.0%	85.7%	75.0%	100.0%
Melanoma	100.0%	50.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	83.3%	100.0%	0.0%	100.0%	100.0%	100.0%
Neurological – Brain and Central Nervous System (CNS)	n/a	n/a	n/a	100.0%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Ovarian	100.0%	50.0%	100.0%	100.0%	n/a	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	100.0%	n/a
Sarcoma	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Upper Gastro-Intestinal (GI)	100.0%	91.7%	100.0%	100.0%	90.9%	100.0%	100.0%	83.3%	83.3%	92.9%	100.0%	86.7%	88.9%	81.8%
Urological	95.2%	87.5%	94.4%	87.0%	80.0%	82.6%	85.2%	78.6%	92.3%	73.7%	85.2%	77.8%	88.6%	82.4%

Timescale for Improvement

An improvement trajectory has not been agreed with Scottish Government however additional weekly monitoring of performance is being introduced which will continue until there are two successive quarters of performance above 95%.

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
See **Mitigating Actions** (below)				

Comments

Reasons for Current Performance

Colorectal and Upper GI performance has been affected by capacity pressures within these services – most specifically relating to endoscopy and colonoscopy capacity. Pressures in these areas are linked to rising numbers of referrals on the overall service which have put pressure on the overall available capacity within the pathway for these tumour groups.

Urology continues to face pressures associated with the provision of laparoscopic radical prostatectomy. This has been an area of pressure for some time in common with the rest of NHS Scotland. Within NHS Lothian there have been 2 operators who undertake this procedure who also support SCAN Boards demand. One of the operators has, for health reasons, recently ceased to contribute to the prostatectomy service further limiting the available capacity for this procedure within Lothian. In addition the renal cancer performance has deteriorated as a result of the loss of one consultant (relocated).

Head and Neck has a complex pathway with challenges also associated with tracking and escalation of patients at risk of breaching.

Mitigating Actions
Additional scoping capacity was provided in December to reduce backlog of colonoscopies, endoscopies and flexible sigmoidoscopies.

NHS Lothian continue to work with SCAN to develop a business case for Robotic prostatectomy which is aimed to support building the operator capacity to increase the overall capacity and sustainability of this service. NHS Lothian has recently appointed two new Consultant Urologists which will provide additional capacity, particularly for the renal cancer group.

Tracking of patients with cancer within individual specialties is undertaken by Cancer Trackers. Additional training is being provided for these roles to improve clarity of roles. Service responsibility for rapid escalation of potential breaches on the 62 day pathway is also being reinforced. Cover arrangements of trackers in some specialties are also being reviewed to provide greater resilience.

Stroke Bundle

Target/Standard: The stroke bundle covers four targets:

1. Percentage admitted to a Stroke Unit within 1 day of admission – 90%;
2. Percentage with swallow screen on day of admission – 90%;
3. Percentage with brain scan within 24 hours of admission – 90%;
4. And percentage of ischaemic stroke patients given aspirin within 1 day of admission – 95%.

Responsible Director[s]: Executive Director: Chief Officer

Performance:

Status	Trend	Published Status vs. National Position	Target	Current	Current Reporting Date	Lead Director
Not Met	↓	Not Available	70% (min)	64.4%	November 2015	JC

Summary for Committee to note or agree

Bundle performance for November has dipped from the previous month and although performance of the overall component parts of the bundle has remained stable, there were more patients who failed on a single element of it. Since September 2015 there have been an increasing number of patients admitted with a diagnosis of suspected stroke and staff need to apply all appropriate standards. 76 patients received the bundle of care in November, compared to 90 in October.

The single most common reason for failing the bundle is access to the stroke unit which is still proving challenging to sustain. Although performance against the access standard decreased in November, across Lothian the same number of patients with an initial diagnosis of stroke were admitted to stroke units compared to October. 72 patients were admitted in both November and October, compared with 54 in September.

Access to stroke units across all sites is difficult due to winter pressures, and it's anticipated this will continue until February.

Recent Performance – Numbers achieved towards standard

Table 1: Stroke Bundle Performance
(provisional data for management, and liable to change)

	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Target
Stroke Bundle Performance	**48.9%**	**64.4%**	**69.5%**	**78.9%**	**64.4%**	**70%**
1. Access to stroke unit by day after admission	47.8%	67.7%	74.0%	82.8%	75.8%	**85%[11]**
2. Imaging undertaken within 24 hours	97.9%	94.1%	97.9%	98.2%	99.2%	**90%**
3. Swallow screen on the day of admission	79.8%	85.1%	91.6%	89.5%	83.1%	**90%**
4. Aspirin by the day following admission	85.5%	94.9%	94.7%	93.9%	93.2%	**95%**

Timescale for Improvement

A trajectory has been agreed with SGHD and set out below:-

Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	April 2016	May 2016	June 2016	July 2016	Aug 2016	Sep 2016	Oct 2016
70%	70%	70%	70%	70%	70%	80%	80%	80%	80%	80%	80%	80%

Local trajectory agreed at 70% for 2015/16. National target of 80% to be enforced from April 2016.

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[11] 85% is Local Trajectory; 90% is National Standard.

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
New band 6 nurse in RIE integrated stroke unit (ISU).	April 2016	Senior cover for 24/7 outreach service		
Potential boarders identified to enable new strokes to be admitted to stroke units.	Ongoing	Stroke unit bed available to support flow		
Nursing staff from stroke unit, ED and AMU to attend STAT (stroke and TIA assessment training) sessions.	Ongoing	Up-skill staff across the pathway		
Late evening telephone sweeps to front door to identify late admissions for swallow screens.	Ongoing	Early identification of stroke pts and target met.		
Standard Operating Procedure for outreach service at RIE and WGH is being reviewed.	March 2016	All suspected stroke pts are identified and treated early.		
Nominated link nurse in MAU and ED at SJH to liaise with stroke unit.	Ongoing	Early identification of stroke pts.		
Winter pilot (Dec – March 2016) of stroke consultants in stroke units during weekends at RIE.	Ongoing	More appropriate admissions to ISU.		
Stroke outliers identified at daily huddles and Site & Capacity made aware of them.	Ongoing	Early admission to a stroke unit.		
Daily 9.30am call from WGH to RIE outreach team to discuss bed availability.	18 January	North zone patients to be transferred to WGH if beds are available and clinically safe.		

Comments

Reasons for Current Performance

Difficult for late evening admissions to meet swallow screen target. Of the 20 fails in November, seven were admitted after 22:45 and then screened the following day. This standard will change from April 2016 to be within four hours.

Outreach nurses at RIE not always able to leave ward safely overnight, to visit ED and AMU to assist with early stroke care for patients.

Limited bed availability in stroke units to take all patients by day one.

Aspirin fails – 5 failed during November (5/74). Two were given aspirin on day two. Clinical decisions for two given alternative on day one, one given alternative on day two.

Site issues

SJH – Locum consultant cover from late October and reliant on daytime hotline cover from RIE. Stroke unit nursing team provide support to front door for bundle compliance from onset of admission. Protection of a stroke bed and reduction in the number of medical boarders has supported flow.

WGH – Outreach post has been recruited to and awaiting a start date which will improve availability of ward staff to attend front and back door suspected strokes.

Access to Stroke unit continues to be a challenge due to flow, but solutions have been identified around boarders. This is not ideal and falls down at the weekend and out of hours. Focus on cross site flow systems on 19/1/16.

Swallow screens prove challenging and tend to be completed if outreach nurse is in the ARAU trolleys, but work is ongoing to develop this. SCN from ARAU to attend Stroke meetings.

Inpatient & Day Case (IPDC) Treatment Time Guarantee (TTG)

Target/Standard: From the 1 October 2012, the Patient Rights (Scotland) Act 2011 establishes a 12 week maximum waiting time for the treatment of all eligible patients due to receive planned treatment delivered on an inpatient or day case basis.

Responsible Director[s]: Executive Director: Chief Officer

Performance:-

Status	Trend	Published Status vs. National Position	Target	Current	Current Reporting Date	Lead Director
Not Met	↑	Worse	0 (max)	127	December 2015	JC

Summary for Committee to note or agree
- None

Recent Performance – Numbers beyond Standard

Table 1: Treatment Time Guarantee Patients waiting beyond standard at month end

	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15
Urology	109	68	63	108	97	137	123	92	104	133	143	116	76	33
Orthopaedic Surgery	64	49	89	107	53	88	86	60	55	62	40	32	24	25
Plastic Surgery	184	196	256	215	145	114	106	89	86	95	79	55	36	23
General Surgery	39	18	14	27	22	48	39	18	29	21	15	18	9	12
Ear Nose and Throat	49	62	90	102	46	39	38	33	13	28	19	13	15	4
Maxillofacial	35	30	41	52	42	42	46	34	31	30	33	30	20	2
Others	18	24	39	38	21	32	38	23	29	29	16	13	13	28
Total	**498**	**447**	**592**	**649**	**426**	**500**	**476**	**349**	**347**	**398**	**345**	**277**	**193**	**127**

Table 2: Treatment Time Guarantee Patients seen beyond 12 weeks

	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15
TTG Seen	448	397	427	406	564	692	476	463	389	314	314	368	293	276	207

Figures on Inpatient list size and unavailability are shown in the following table (Table 3). The use of unavailability and choice codes in Lothian remains low.

Table 3: List Size and Unavailability

Inpatients	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15
Total List Size (TTG)	9,832	9,961	9,600	9,481	9,140	8,941	8,692	8,642	8,421	8,599	8,826	8,820	8,944	9,140
Available	8,733	8,784	8,714	8,576	8,174	7,911	7,644	7,453	7,264	7,543	7,907	8,070	7,952	8,081
Unavailable	1,099	1,177	886	905	966	1,030	1,048	1,189	1,157	1,056	919	750	992	1,059
Percentage Unavailable	11.2%	11.8%	9.2%	9.5%	10.6%	11.5%	12.1%	13.8%	13.7%	12.3%	10.4%	8.5%	11.1%	11.6%
Non-TTG	572	620	1,069	1,144	1,197	1,180	1,244	1,246	1,187	1,048	1,023	1,013	1,012	1,069

Timescale for Improvement

A trajectory has been agreed with SGHD and set out below:-

	31/03/2015	30/04/2015	31/05/2015	30/06/2015	31/07/2015	31/08/2015	30/09/2015	31/10/2015	30/11/2015	31/12/2015
Total	458	553	529	472	454	392	330	241	125	30

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Undertake detailed review of Acute Services' available capacity and demand to inform our future capacity plans and financial planning process. This Demand, Capacity, Activity and Queue exercise will also examine service performance against key performance indicators and identify scope for improvement with recommendations to specialties.	Initial output end Jan 2016.

Programme of further work outlined – end March 2016. | Improved performance against agreed efficiency targets, example improved Day Case rate. | | |
| Implementation of a Theatres Improvement Programme – a significant programme with multiple work streams to improve theatre efficiency. | Full implementation by December 2016 | Overall improved theatre efficiency

Reducing cancellations

Redesigning pre-op assessment | | |
| Service review of all booked theatre lists one week in advance to ensure optimum booking and theatre efficiency. | Ongoing | Maximise theatre utilisation | | |
| Implement a phone reminder to all booked patients in advance of TCI date. Pilot in Head & Neck for 2months and monitor impact. Commences February 2016 | End of March 2016 | To reduce late cancellations enabling the slot to be backfilled reducing wasted theatre time.
Year To Date (YTD) (Apr-Nov) Theatre cancellations within 24 hours – 396 cases.
YTD Theatre utilisation hours used – average 85%. | | |
| Establish extent to which specialties plan routine elective patients requiring to be preoperatively assessed are appointed no later than week 4 of their journey – ensure consistent approach is taken. | End April 2016 | Confidence that all patients on the waiting list are fit for surgery. Ensuring larger pool of patients prepped and ready to fill vacant theatre slots at short notice. | | |

Comments

Reasons for Current Performance

An improving performance position.
Demand for services is greater than core capacity.
As services have been clearing backlog of patients, if patients are cancelled either by patient or by hospital, they remain on waiting list as already > than 12 weeks, as unavailability cannot be applied.
Performance target is for 12 weeks, therefore if late cancellation due to hospital reason i.e. bed pressures, urgent cases etc there is limited ability to re book within 12 week TTG date.
Patients remaining on waiting lists have level of complexity that excludes the use of independent sector or weekend lists.

Mitigating Actions:
Consistent approach across NHS Lothian in managing and booking waiting lists

Outpatients
Target/Standard: From the 31 March 2010, no patient should wait longer than 12 weeks for a new outpatient appointment at a consultant-led clinic. This includes referrals from all sources.
Responsible Director[s]: Executive Director: Chief Officer
Performance:-

Status	Trend	Published Status vs. National Position	Target	Current	Current Reporting Date	Lead Director
Not Met	↓	Worse	95% (min)	85% (7,142)	December 2015	JC

Summary for Committee to note or agree
• None

Recent Performance – Numbers beyond Standard

Table 1: Trend in Outpatients over 12 weeks – Key Specialties

	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15
Trauma And Orthopaedic Surgery	408	459	647	775	517	515	665	558	912	1,291	1,623	1,847	1,982	2,165
Gastroenterology	263	198	210	252	323	477	671	902	1,208	1,334	1,360	1,375	1,292	1,439
General Surgery (Excl Vascular)	352	288	506	596	342	454	583	632	854	1,036	1,141	1,197	1,110	1,120
Gynaecology	98	112	341	284	97	256	266	216	283	379	446	583	481	524
Urology	339	358	378	339	315	398	438	321	606	648	542	525	390	377
Ear, Nose & Throat (ENT)	292	295	272	269	320	431	504	541	872	1,093	1,040	681	478	373
Vascular Surgery	6	6	49	65	23	21	23	21	28	93	182	281	293	308
Ophthalmology	288	285	335	481	296	336	378	326	475	395	412	335	212	157
Community Child Health	24	66	115	144	122	137	111	92	87	109	104	82	62	80
Neurology	380	455	355	261	113	124	125	72	100	107	82	59	49	51
Others	252	150	183	155	214	318	497	511	662	448	496	526	430	548
Total over 12 Weeks	**2,702**	**2,672**	**3,391**	**3,621**	**2,682**	**3,467**	**4,261**	**4,192**	**6,087**	**6,933**	**7,428**	**7,491**	**6,779**	**7,142**

Table 2: List Size and Unavailability

Outpatients	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15
Total List Size	43,004	42,639	41,721	42,861	43,694	46,547	48,672	50,243	53,046	52,040	50,788	50,850	48,845	47,999
Available	42,085	41,527	41,000	41,987	42,878	45,843	47,951	49,004	51,930	50,867	49,746	50,011	47,890	46,516
Unavailable	919	1,112	721	694	816	704	721	1,239	1,116	1,173	1,042	839	955	1,483
Percentage Unavailable	2.1%	2.6%	1.7%	1.6%	1.9%	1.5%	1.5%	2.5%	2.1%	2.3%	2.1%	1.6%	2.0%	3.1%

Timescale for Improvement
A trajectory has been agreed with SGHD and set out below:-

	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
Total Number of Outpatients Waiting Over 12 Weeks	7,500	7,233	6,094	5,250	4,485	4,185	4,000

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Additional ENT see and treat capacity- medinet	End March 2016	900		Ongoing
Additional orthopaedic out-patient capacity independent sector	End March 2016	285		Ongoing
Undertake detailed review of Acute Services' available capacity and demand to inform our future capacity plans and financial planning process. This Demand, Capacity, Activity and Queue (DCAQ) exercise will also examine service performance against key performance indicators and identify scope for improvement with recommendations to specialties.	Initial output end Jan 2016. Programme of further work – end March 2016.	Improved performance against agreed efficiency targets, example reduced DNA rate. Reduce waiting times for outpatients.		Ongoing Phase two currently being developed.
In line with the National Towards Our Vision for 2020 Delivering Outpatient Integration Together Programme. Aim of the programme is manage flow through consistently and sustainably delivering a suite of changes. Progress following work streams; • Advice Only – Allows clinician to provide advice as an alternative to an outpatient appointment where appropriate and safe to do so. • Accommodation Matrix – 'At a glance' view of physical clinic space which is used by Outpatient Service Manager and Clinical Service Managers to identify available staffed clinic space and facilitate clinic reconfiguration without additional resource, thus increasing capacity for both new and review patients. • Return Patient List – Demand for return patients will be captured. Allowing return patients to be seen at clinically appropriate times. Capacity can be planned in advance; rescheduled return appointment through cancellation will decrease, protecting new patient slots. • Patient Initiated Follow-Up – Reduce the number of return appointments allowing patients to re-engage when they are unwell and require secondary care intervention. Appointments will be released which can be transferred to new patients. Early planning stages within Dermatology, Rheumatology and Gynaecology.	Specific work streams have various local target dates but overall programme delivering by 2020.	Decrease in number of new outpatient appointments (better demand management). Achieve upper quartile for the return: new ratio. Decrease DNAs.		Ongoing

Comments

Reasons for Current Performance
Demand greater than capacity.
Overall increase in demand of 2% but significant rises seen in General Surgery, Dermatology, Ophthalmology and Gastroenterology.
Return demand in some key specialties impacting on additional capacity- i.e. additional in house clinics required to manage return demand rather than new.

Mitigating Actions
DCAQ exercise to identify any mismatch in outpatient demand and capacity and take actions to address this.
Ensure specialties are achieving the agreed efficiency targets.
Implementing actions in line with National Programme of Outpatient Redesign.

18 Weeks Referral to Treatment

Target/Standard: 90% of planned/elective patients to commence treatment within 18 weeks of referral.

Responsible Director[s]: Executive Director: Chief Officer

Performance:-

Status	Trend	Published Status vs. National Position	Target	Current	Current Reporting Date	Lead Director
Not Met	↓	Worse	90% (min)	82.8%	December 2015	JC

Summary for Committee to note or agree
- **None**

Recent Performance – Percentages towards Standard

Table 1: Trend in 18 Week Performance and Measurement

	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15
Patient Journeys within 18 weeks (%)	86.1	87.3	85.9	86.3	85.1	85.6	88.0	86.1	87.0	85.9	87.3	85.2	84.9	84.0	82.5	82.8
Number of patient journeys within 18 weeks	13,415	13,877	13,042	11,811	12,044	11,838	13,626	12,446	12,417	13,795	13,297	12,631	13,820	13,642	13,000	13,133
Number of patient journeys over 18 weeks	2,163	2,014	2,137	1,873	2,103	1,996	1,861	2,001	1,849	2,265	1,941	2,201	2,449	2,604	2,749	2,720
Patient journeys that could be fully measured (%)	86.3	85.9	86.0	83.4	85.5	85.6	85.8	85.1	85.7	86.0	84.8	84.9	86.7	87.4	86.3	86.1

Timescale for Improvement

None provided.

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Pursue significant programmes of work to improve efficiency and reduce patient waits for IP and OP access: Theatre Efficiency Programme; Demand and Capacity Programme, and Outpatient Redesign Programme.	DCAQ Phase1 - end of January 2016. Develop spec for phase 2 – end March 2016. Theatre programme- December 2016. Outpatient programme – 2020.	Improved performance against agreed efficiency targets, example improved Day Case rate. Improved demand management.		
Ensuring clinic outcome data is completed - achieve target of 80% clinic outcome completeness for all specialities.	End of June 2016	Clocks stop appropriately in line with clinical pathway.		

Comments

Reasons for Current Performance
Challenges within specific specialties as highlighted on the Outpatient and TTG proformas.

Mitigating Actions
As described above- Significant programmes of work being pursued with numerous actions in each work stream including improving demand management, ensuring efficient use of capacity by reducing DNAs, and ensuring clinical outcomes data is complete.

Diagnostics

Target/Standard: A six week maximum waiting time for eight key diagnostic tests (four for Endoscopy (a) & four for Radiology (b)) from 31st March 2009.

Responsible Director[s]: Chief Officer

Performance:-

Status	Trend	Published Status vs. National Position	Target	Current	Current Reporting Date	Lead Director
Not Met	↑	Worse	0 (max)	1,213	December 2015	JC

Summary for Committee to note or agree

- The number of scopes has reduced but not at the rate required to meet the agreed Scottish Government trajectory. Provision of additional internal capacity as well as external scopes capacity has been utilised to support significant additional activity;
- Analysis of demand and capacity has identified a gap in capacity for patients referred for endoscopy procedures;
- Patients referred via the Bowel Cancer Screening Programme or as an urgent patient with suspicion of cancer are being prioritised. This cohort of patients are generally receiving an appointment within 14 days from referral but this is impacting on the ability to see routine patients within 6 weeks;
- Improvement in the Flexible cystoscopy performance is notable and the 6 weeks target will be sustained.

a) Key Diagnostic Tests - Endoscopy

The four diagnostic tests in Endoscopy are Colonoscopy, Upper Endoscopy, Flexible Sigmoidoscopy (Lower Endoscopy - excluding Colonoscopy) and Flexible Cystoscopy.

Recent Performance: Numbers against Standard

Table 1: Endoscopy - Numbers over 6 Week Standard

	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15
Colonoscopy	49	25	151	100	51	285	303	421	654	674	680	639	406	457
Upper Endoscopy	72	36	261	288	367	654	761	841	978	846	778	850	592	497
Flexible Sigmoidoscopy (Lower Endoscopy)	17	13	99	115	87	262	284	294	310	278	235	246	171	162
Flexible Cystoscopy	602	514	495	288	237	247	224	296	410	470	487	571	179	46
Total	**740**	**588**	**1,006**	**791**	**742**	**1,448**	**1,572**	**1,852**	**2,352**	**2,268**	**2,180**	**2,306**	**1,348**	**1,162**

Timescale for Improvement

A weekly trajectory has been agreed with SGHD for the Endoscopy element of Diagnostics standard is set out below:-

16/11/2015	23/11/2015	30/11/2015	07/12/2015	14/12/2015	21/12/2015	28/12/2015
1,770	1,400	1,200	1,000	800	600	400

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Continue to support evening and morning lists.	January onwards	72 patients per month		Ongoing
Complete clinical re-triage of waiting list to ensure it is clinically appropriate for patients to proceed to endoscopy procedure.	February	96		Ongoing

Comments - Endoscopy

The level of demand for endoscopy tests are outstripping core provision resulting in an ongoing reliance on external capacity. Additional capacity has been arranged to bridge this shortfall and reverse the trend in increasing numbers waiting over 6 weeks. Although much improved at the end of November, performance fell marginally short of the level agreed with SGHD (actual: 1,348, plan 1,200). Further reductions were achieved by the end of December 2015, but not the level agreed with SGHD of 400.

Reasons for Current Performance

This has been attributable to four principal factors. Firstly closure of the Forth Road Bridge prevented use of the endoscopy suites at Queen Margaret Hospital in Dunfermline. Secondly although reduced capacity had been anticipated over the Christmas/New Year period, the level of provision available through both independent providers and within NHS fell below the level anticipated. Thirdly an equipment failure at Leith Community Treatment Centre resulted in a loss of activity that could not have been anticipated. In addition, an inflated level of short notice patient cancellations and DNA's for additional capacity was also observed, particularly around the festive period, which contributed to deviation from trend.

Mitigating Actions

Additional internal waiting lists have been organised to maximise utilisation of internal core resource. This activity is being held at weekends, early morning and evenings utilising NHS Lothian staff. Additional externally provided activity is also being coordinated. Reviews of referrals have been undertaken to ensure patients on waiting lists remain clinically appropriate. Additional work is ongoing to review overall endoscopy room utilisation to maximise utilisation of core funded capacity. To compensate for the DNA rate, a number of lists are being overbooked to support full use of the available capacity.

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b)   Key Diagnostic Tests - Radiology

The four diagnostic tests in Radiology are Computed Tomography (CT), Magnetic Resonance Imaging (MRI), Barium Studies and Ultrasound.

Recent Performance: Numbers against Standard

Table 2: Radiology - Numbers over 6 Week Standard

	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15
CT	0	0	0	0	0	2	3	15	8	6	12	9	9	3	2	6
MRI	0	1	0	1	1	0	2	108	123	106	60	38	111	77	6	11
Barium Studies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
General Ultrasound	1	7	21	67	90	40	15	23	13	30	4	5	10	12	27	34
Total	**1**	**8**	**21**	**68**	**91**	**42**	**20**	**146**	**144**	**142**	**76**	**52**	**130**	**92**	**35**	**51**

Timescale for Improvement against Target/Standard

None provided.

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Additional external provision of CT and MRI	End of March 2016	80 patient examinations per month	Sustain TTG	As planned
Additional CT sessions booked where staff availability permits	End of March 2016	Pending staff availability	Sustain TTG	Ongoing

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Comments - Radiology

Reasons for Current Performance

Overall good with only 22 patient Radiology examinations tripping the 6 weeks referral to unverified report (excludes vascular ultrasound).
MRI mobile downtime due to equipment fault end of December – 3.5 days scanning lost.
Increased patient referral rate to CT throughout Nov, Dec due to Outpatient waiting list initiatives.

Vascular Ultrasound

There were 29 waiting over 6 weeks in December (excluding delays requested by the patients). The majority of these were due to staff shortages in the vascular laboratory. Two trainees are now in post, increasing the laboratory's capacity and helping to reduce waits.

Mitigating Actions

Additional CT and MRI external provision booked from January to end of March 2016 to meet increased demand.
Weekly monitoring of reporting and scanning capacity.

Surveillance Endoscopy

Target/Standard: No patient should wait past their planned review date for a surveillance endoscopy.

Responsible Director[s]: Executive Director: Chief Officer

Performance:-

Status	Trend	Published Status vs. National Position	Target	Current	Current Reporting Date	Lead Director
Not Met	↓	Not Available	0 (max)	2,382	December 2015	JC

Summary for Committee to note or agree

- **Surveillance scopes have continued to prove challenging to reduce in spite of additional activity to support reductions in new scope referrals;**
- **The closure of the Forth Road Bridge has contributed to difficulty in accessing the Regional Endoscopy Unit in Fife where surveillance scopes are directed.**

Recent Performance – Numbers Against Standard

Table 1: Surveillance and Review Patients Overdue Appointment

	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15
Colonoscopy	191	301	447	487	570	614	621	611	627	686	741	869	1,017	1,142
Upper Endoscopy	99	125	206	279	299	320	326	307	340	369	404	436	497	546
Flexible Sigmoidoscopy	18	35	58	80	99	109	119	126	135	155	165	153	168	182
Flexible Cystoscopy	324	282	263	259	285	196	164	200	235	290	327	342	355	374
Other	34	62	105	93	98	93	104	100	105	98	106	111	127	138
Total	**666**	**805**	**1,079**	**1,198**	**1,351**	**1,332**	**1,334**	**1,344**	**1,442**	**1,598**	**1,743**	**1,911**	**2,164**	**2,382**

Timescale for Improvement

A trajectory has not been agreed with SGHD.

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Completion of DCAQ for Endoscopy to confirm overall gap in list capacity.	End Jan 2016			Ongoing
Prioritisation of booking staff to telephone surveillance patients to increase uptake of QMH slots which have been harder to fill.	Ongoing			Ongoing
Plan for additional flexi cystoscopy activity to clear surveillance and planned repeat backlog.	End Feb 2016			Ongoing

Comments

Reasons for Current Performance

Underlying capacity gap for endoscopy with additional demand pressures evident through bowel screening programme. Endoscopy units also balancing provision of urgent in-patient scoping to support in-patient flow and reduced length of stay.

Temporary equipment failure at Leith Community Treatment Centre for 2 weeks in December (now operational again) resulted in loss of capacity.

Consultant vacancy in Urology service resulting in shortfalls in flexible cystoscopy sessions.

Mitigating Actions

Urology consultant vacancies appointed to in January. Will commence in April 2016 which will support sustainable delivery of flexible cystoscopy capacity.

Revised booking process for surveillance patients appointed to the Regional Endoscopy Unit to maximise uptake of capacity and reduce DNA's and volume of cancelled appointments.

Plans to allocate nurse resource to support a 'pre-assessment' service for patients awaiting a surveillance scope. Pilot throughout February 2016.

Audiology

Target/Standard: Although also part of the 18 week pathway, audiology services are expected to meet stage of treatment targets for assessment and both treatment and hearing aid fitting.

The breakdown of these steps, within a total of 18 weeks, is set **locally**, also within an overall 18 week timeframe. Adult services elected to adopt 9 week standards for both elements, while paediatric services selected timeframes of 12, and 6 weeks. Small numbers of patients exceeding these standards in both areas are shown in the Tables under Recent Performance below.

The Current figure provided under Performance below is an amalgamation of number of patients waiting for audiology assessment (first contact) waiting 9 weeks and over (for Adult services) and number of patients waiting for fitting (excl. hearing aids), waiting 6 weeks and over (for Paediatric services).

Responsible Director[s]: Chief Officer

Performance:-

Status	Trend	Published Status vs. National Position	Target	Current	Current Reporting Date	Lead Director
Not Met	↓	Not Available	0 (max)	79	December 2015	JC

Summary for Committee to note or agree
- Paediatric Audiology – Although no paediatric patient is exceeding 12 week for either stage, it is believed that one of these stages is being incorrectly judged against a 6 week timeframe. This has led to exceptions being reported. The correct status is being clarified with ISD and, if confirmed, paediatric waits will be meeting the national standard expected.
- Adult Audiology - Currently 99.93% patients seen in local timeframe while some issues with staffing and accommodation ongoing, once these issues are resolved would be hoping for 100%.

Recent Performance – Performance against Local Standards

Table 1: Adult Audiology – Performance against Local Standard

	Apr 15	May 15	Jun-15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15
Patients waiting for audiology assessment (first contact)									
02 Number waiting 9 weeks and over	1	0	0	0	1	0	0	0	24
Total number waiting	1,756	1,161	908	1,247	1,180	1,175	1,268	1,375	1,255
Patients waiting for fitting of hearing aid									
04 Number waiting 9 weeks and over	1	0	2	1	0	1	2	3	20
Total number waiting	736	796	748	723	761	791	800	826	756
Patients waiting for other treatment (excl. hearing aids)									
07 Number waiting 9 weeks and over	1	0	0	0	0	0	0	1	0
Total number waiting	119	137	146	126	142	145	152	189	168

Table 2: Paediatric Audiology – Performance against Local Standard

	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15
Patients waiting for an audiology assessment (first contact)																
Number waiting 12 weeks and over	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total number waiting	101	168	238	189	161	229	362	429	435	343	289	180	145	207	276	335
Patients waiting for other treatment (excl. hearing aids)																
Number waiting 6 weeks and over	0	0	1	0	17	29	22	16	0	23	11	15	16	16	25	35
Total number waiting	8	7	38	47	50	71	69	56	38	27	60	67	62	76	83	101

Timescale for Improvement

None provided.

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Increase capacity – refurbishment of room as outlined in 2014/15 Head and Neck investments plan. Currently awaiting funding for this; once funding has been agreed, work should take approx 2 months.	Pending funds to start work.	Additional patients seen as per business case; therefore increased throughput.		On hold
Recruitment of additional staff – 2 WTE vacancies to be filled with the recruitment process commenced.	End of April 2016.	Increased capacity to treat more patient and reduce waiting times		Ongoing
Review Return waiting list – validation of returns with phone reviews in line with clinical pathways has reduced list by over 2,000 patients. A further 1,000 return appointments to be validated and phone review/clinic appt for those still to be seen.	End of April 2016.	Release capacity to see future returns reducing build up of returns waiting list.		Ongoing
Undertake service redesign to look at new ways of meeting extra demand - this includes staffing levels/banding, best use of skill-mix and accommodation.	Launching end of March 2016 – works steam deadlines to be agreed.	Overall better use of resources.		Prep work ongoing
Ad hoc extra clinics being run by staff at weekends	Ongoing	Balancing gap between demand and capacity to ensure waiting times.		Ongoing

Comments

Reasons for Current Performance

Increase in referrals to service as a whole by 5.5% 2013/14 - 2014/15 and estimate 6% increase in referrals between 2014/15 – 2015/16.
Loss of capacity due to staff absence (member of staff off for 6 weeks).
Covering extra locum ENT consultant for past year with no extra funding/staffing for these extra sessions.
Increase in Direct Referral to Audiology Specialist services (i.e. Balance) from ENT beyond expected in 2014/15 (approx 600 extra referrals than estimate).

Mitigating Actions
As above.

Drug & Alcohol Waiting Times

Target/Standard: The Scottish Government set a target that by June 2013, 90% of people who need help with their drug or alcohol problem will wait no longer than three weeks for treatment that supports their recovery. This was one of the national HEAT (Health improvement, Efficiency, Access, Treatment) targets, number A11. This target was achieved in June 2013 and has now become a Local Delivery Plan (LDP) standard - that clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery (90%).

Responsible Director[s]: Director of Strategic Planning, Performance Reporting & Information

Performance:-

Status	Trend	Published Status vs. National Position	Target	Current	Current Reporting Date	Lead Director
Not Met	↓	Worse	90% (min)	82.8%	September 2015	AMcM

Summary for Committee to note or agree

- Overall across Lothian performance remains below target but individually Edinburgh & West Lothian are less than 90% whilst Mid and East Lothian are above 90%;
- It is partly performance within NHS substance misuse services (SMS) in Edinburgh and West Lothian that are bringing the averages down;
- East and Midlothian NHS SMS are above target;
- Edinburgh and West Lothian NHS SMS are below target;
- With the exception of Edinburgh NHS SMS services the other areas show an improvement in % since the previous quarter;
- An action plan has been agreed to improve progress against the target.

Recent Performance – Numbers Against LDP Target

Table 1: % Seen within 3 Weeks

	Sep 14	Dec 14	Mar 15	Jun 15	Sep 15
NHS Lothian	**90.6**	**85.8**	**87.1**	**83.2**	**82.8**
Edinburgh City Alcohol & Drug Partnership (ADP)	87.1	79.3	80.8	79.9	80.3
Midlothian and East Lothian ADP (MELDAP)	96.6	98.0	96.8	92.2	95.6
East Lothian	98.8	100.0	96.7	91.4	96.9
Midlothian	94.6	96.3	96.9	93.3	94.5
West Lothian ADP	96.3	94.3	97.3	86.0	81.0

Timescale for Improvement

No trajectory has been agreed but a revised trajectory is being discussed.

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Improve accuracy & consistency of performance & activity data.	End of Nov 2015	Errors in data reduced & more accurate.	Reports automated & data cleaned.	Data cleaned up.
Improve response to referrals approaching the 21 days WT threshold.	Mid Dec 2015	Regular reports, clear process and improved waits.	Improved process & reduction in long waits/1st med appt.	Identifying long waits sooner.
Ensure staffing capacity is maximised.	End of Feb 2016	More permanent staff posts and increased activity.	Currently recruiting to vacant post. Using staff bank to maintain capacity. Await feedback from REAS re fixed & permanent contracts.	Ongoing
Seek to revise model of assessment & care.	End of April 2016	Develop new models of assessment & treatment.		Ongoing
Improve capacity, activity levels and productivity of SMD services in Edinburgh potentially with support from Meridian.	End of June 2016	Activity increases & WT breaches are reduced in all areas.	Considering Meridian recommendations.	Ongoing
Improve capacity, activity levels and productivity of contracted services in primary care / third sector.	End of Oct 2016	Activity levels across SMD & Partnership increase and A11 performance improves		Ongoing

Comments

Reasons for Current Performance

SMD performance in the City of Edinburgh has been below 90% for some months and pulls the average for all services in NHS Lothian down (across health, social care and the voluntary sector). There have been pressures in other areas, but these have been short term and resolved.

Reasons for the pressures in the city are:-
1. Short term contracts for EADP funded posts, which constitute the majority of staff – this results in high levels of staff turnover, whose caseloads need to be absorbed by remaining staff, who are then unable to take on new cases from the waiting list. We have asked that the organisation (REAS) take the redeployment risk of giving permanent contracts to staff, to reduce turnover.
2. Contracting budgets – the steady erosion of budgets by LRP has mitigated against developing services to meet the demand. The City of Edinburgh is facing a catastrophic reduction of 10% on the budget from 1 April 2016, which makes improving our performance unlikely.
3. Bottlenecks in the patient pathway, reducing capacity for discharge to primary care, which reduces the SMD capacity to take on new cases. Several GP practices in the city have been moved into special measures due to issues around recruitment and retention of GPs.

In an effort to maximise existing capacity, the SMD has recently done some work with Meridian to identify inefficiencies. It should be noted however that, compared to data from the Mental Health services already studied, the SMD performance was already higher e.g. 3.5 patients per day versus 1.9 in MH services. The SMD SMT has used the Meridian data to identify areas for improvement and is currently developing an action plan to address these.

Mitigating Actions

See above.

Detecting Cancer Early (DCE)

Target/Standard: The DCE HEAT standard is for NHS Scotland to achieve a 25% improvement in the percentage of breast, colorectal and lung cancer cases (combined) diagnosed at stage 1. This is to be achieved by the <u>combined</u> calendar years of 2014/2015 and is the equivalent of a national rate of stage 1 diagnosis for breast, colorectal and lung cancer (combined) of 29.0%.

Responsible Director[s]: Director of Public Health & Public Policy

Performance:-

Status	Trend			Published Status vs. National Position	Target	Current	Current Reporting Date	Lead Director
Not Met		↑		Better	29% (min)	26.2%	2013 & 2014	AKM

Summary for Committee to note or agree

NHS Lothian's performance over time against this target has consistently been over the All Scotland position, and has met or exceeded our agreed performance trajectory for previous years, as shown in the chart below. NHS Lothian delivered the greatest percentage improvement of all Boards in the last reported performance period (2014-2015 combined). However we are not yet at the final targeted performance level of 29% to be reached by the end of 2015. The NHS Lothian DCE programme has continued to invest in the symptomatic cancer pathways and the cancer screening programmes throughout 2015 to support further improvement from our current performance of 26.2%.

The DCE target is reported on annually by ISD. The last published report was for 2013 & 2014 combined, as depicted in the chart below. The report for the period 2014 & 2015 combined will not be published until the autumn of 2016. Considering the trends in Lothian performance over time, we can observe an average of a 1.3% improvement each year. If this performance improvement is maintained we would <u>estimate</u> a final 2014 / 2015 combined year position for the Lothian DCE programme of 27.5% (for reference our performance for the single calendar year of 2014 was 27.4%). This would represent significant improvement and overall good performance from the Lothian programme, however would fall short of the full target of 29% by 1.5%. It is expected that NHS Lothian's performance will continue to exceed the all Scotland level of performance.

Recent Performance – Numbers Against LDP Target

Figure 1: Current Performance for NHS Scotland and NHS Lothian
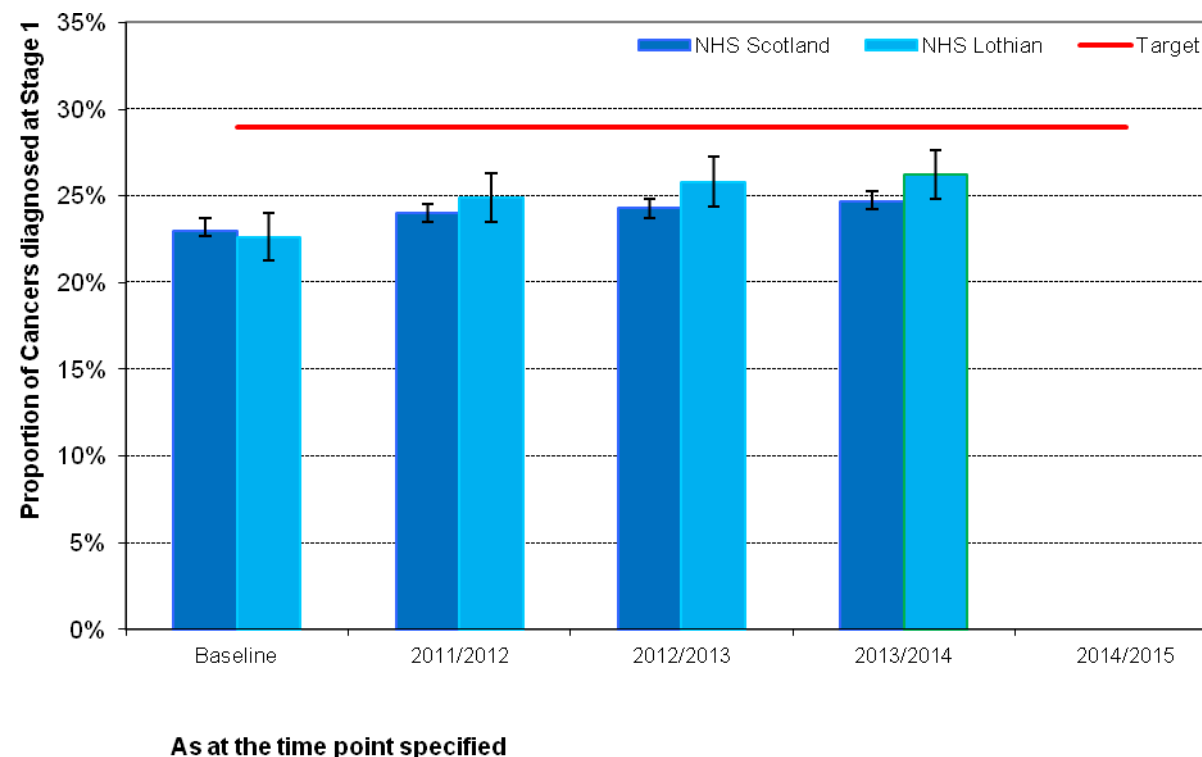
Timescale for Improvement

A trajectory has been agreed with SGHD and set out below:-

	Baseline Period (2010 & 2011) – Actual Figure	**Reporting Period 4 (2014 & 2015) – Target Figure**
NHS Scotland	*23.2%*	*29.0%*
NHS Lothian	*22.6%*	*29.0%*

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Investment in the Lothian DCE programme in 2015/16	31/3/2016	Stage 1 detection performance improvement, particularly via the breast and bowel screening programmes.		Ongoing

Comments

The cancer pathways in 2015 are now complete and therefore the DCE investment and targeted schemes taken forward throughout the service have delivered their outputs. The final performance metric for 2014 – 2015 combined will not be known until the data is provided by ISD in the autumn of 2016. Because of ongoing data upload to ISD from NHS Lothian it is not possible to reliably estimate 2015 performance from our local management data.

Reasons for Current Performance

Mitigating Actions: As above. The actions undertaken and increased capacity to address barriers to access, and bottlenecks in the system, have been embedded in routine practice. An ongoing programme of surveillance, identifying areas for improvement/addressing inequalities and implementing improvements continues across the patient pathway with significant engagement of general practice.

5   Risk Register

5.1   Responsible Directors have been asked to ensure that any risks associated with their targets have been clearly identified within the risk register. Risks are escalated to the corporate risk register as appropriate i.e. delayed discharges.

6   Inequalities and Involving People

6.1   This report does not consider whether an impact assessment is required in light of any actions detailed in exception proforma nor whether any proposed strategy prompts wider consultation. Such considerations are expected to be explored with the governance structure set out for performance targets.

7   Resource Implications

7.1   Any resource implications relating to matters in this overview document are pursued as appropriate by the relevant Director to the Board, Corporate Management Team and other committees, such as those sub-committees overseeing performance on the relevant target.

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25^h January 2016   25th January 2016
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List of Appendices

Appendix 1: Technical Document: Targets/Standards & Data Sources

Measure	Target/Standard	Source for Current Data
Smoking Cessation (quits)	NHS Boards to sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas (60% in the Island Boards).	Smoking Cessation Database
Early Access to Antenatal Care (% booked)	Percentage of maternities booked for antenatal care within 12 completed weeks - the target is for 80% of women in each SIMD quintile to be booked within 12 weeks.	Discovery
Carbon Emissions (tonnes)	The specific targets for NHS Scotland are to reduce CO2 emissions from hospital sites for oil, gas, butane and propane usage based on a national average year-on-year reduction of 3% by 2014/15 as a milestone to the elimination of the use of fossil fuels by 2050.	HEAT
Energy Efficiency (GJ)	NHS Scotland to continue to reduce energy consumption based on a national average year-on-year energy efficiency target of 1% by 2014/15 as a milestone to achieving an overall improvement by 2050 of 30% on the comparative performance as at 2009/10.	HEAT
CAMHs (18 Weeks)	No child or young person will wait longer than 18 weeks from referral to treatment in a specialist CAMH service from December 2014. Following work on a tolerance level for CAMH services waiting times and engagement with NHS Boards and other stakeholders, the Scottish Government has determined that the target should be delivered for at least 90% of patients.	Management Information
Psychological Therapies (18 Weeks)	The Scottish Government has set a target for the NHS in Scotland to deliver a maximum wait of 18 weeks from a patient's referral to treatment for Psychological Therapies from December 2014. Following work on a tolerance level for Psychological Therapies waiting times and engagement with NHS Boards and other stakeholders, the Scottish Government has determined that the Psychological Therapies target should be delivered for at least 90% of patients.	Management Information
Delayed Discharges (over 2 weeks)	No patient should wait more than 14 days in hospital once they are ready for discharge.	EDISON
Reduction in Emergency Bed Days (rate per 1,000 population, aged 75+)	Reduce the rate of emergency inpatient bed days for people aged 75 and over per 1,000 population by at least 12% between 2009/10 and 2014/15.	HEAT
Healthcare Acquired Infection - CDI (rate per 1,000 bed days, aged 15+)	NHS Boards' rate of Clostridium difficile infections (CDI) in patients aged 15 and over is 0.32 cases or less per 1,000 total occupied bed days.	NHS Lothian Infection Prevention and Control Team
Healthcare Acquired Infection - SAB (rate per 1,000 acute bed days)	NHS Boards' rate of Staphylococcus aureus Bacteraemia (including MRSA) (SAB) cases are 0.24 or less per 1,000 acute occupied bed days.	NHS Lothian Infection Prevention and Control Team
4-hour Unscheduled Care (% seen)	95% of patients are to wait no longer than 4 hours from arrival to admission, discharge or transfer for A&E treatment. NHS Boards are to work towards 98%.	Management Information
Cancer (31-day) (% treated)	31-day target from decision to treat until first treatment for all cancers, no matter how patients were referred. For breast cancer, this replaced the previous 31-day diagnosis to treatment target.	Management Information

Cancer (62-day) (% treated)	62-day target from receipt of referral to treatment for all cancers. This applies to each of the following groups: any patients urgently referred with a suspicion of cancer by their primary care clinician (for example GP) or dentist; any screened-positive patients who are referred through a national cancer screening programme (breast, colorectal or cervical); any direct referral to hospital (for example self-referral to A&E).	Management Information
Stroke Bundle (% receiving)	The stroke bundle covers four targets: 1. Percentage admitted to a Stroke Unit within 1 day of admission – 90%; 2. Percentage with swallow screen on day of admission – 90%; 3. Percentage with brain scan within 24 hours of admission – 90%; 4. And percentage of ischaemic stroke patients given aspirin within 1 day of admission – 95%.	Management Information
IPDC Treatment Time Guarantee (12 weeks)	From the 1 October 2012, the Patient Rights (Scotland) Act 2011 establishes a 12 week maximum waiting time for the treatment of all eligible patients due to receive planned treatment delivered on an inpatient or day case basis.	Management Information
Outpatients (12 weeks)	From the 31 March 2010, no patient should wait longer than 12 weeks for a new outpatient appointment at a consultant-led clinic. This includes referrals from all sources.	Management Information
Referral to Treatment (18 Weeks)	90% of planned/elective patients to commence treatment within 18 weeks of referral.	Management Information
Diagnostics (6 weeks)	A six week maximum waiting time for eight key diagnostic tests (four for Endoscopy (a) & four for Radiology (b)) from 31st March 2009.	Management Information
Surveillance Endoscopy (past due date)	No patient should wait past their planned review date for a surveillance endoscopy.	Management Information
Audiology (various)	Although also part of the 18 week pathway, audiology services are expected to meet stage of treatment targets for assessment and both treatment and hearing aid fitting. The breakdown of these steps, within a total of 18 weeks, is set locally, also within an overall 18 week timeframe. Adult services elected to adopt 9 week standards for both elements, while paediatric services selected timeframes of 12, and 6 weeks. Small numbers of patients exceeding these standards in both areas are shown in the Tables under Recent Performance below. The Current figure provided under Performance below is an amalgamation of number of patients waiting for audiology assessment (first contact) waiting 9 weeks and over (for Adult services) and number of patients waiting for fitting (excl. hearing aids), waiting 6 weeks and over (for Paediatric services).	Management Information
IVF (12 months)	The Scottish Government have set a target that at least 90% of eligible patients will commence IVF treatment within 12 months. This is due for delivery by 31 March 2015.	Management Information
Drug & Alcohol Waiting Times (3 weeks)	The Scottish Government set a target that by June 2013, 90% of people who need help with their drug or alcohol problem will wait no longer than three weeks for treatment that supports their recovery. This was one of the national HEAT (Health improvement, Efficiency, Access, Treatment) targets, number A11. This target was achieved in June 2013 and has now become a Local Delivery Plan (LDP) standard - that clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery (90%).	ISD Scotland
Detecting Cancer Early (% diagnosed)	The DCE HEAT standard is for NHS Scotland to achieve a 25% improvement in the percentage of breast, colorectal and lung cancer cases (combined) diagnosed at stage 1. This is to be achieved by the combined calendar years of 2014/2015 and is the equivalent of a national rate of stage 1 diagnosis for breast, colorectal and lung cancer (combined) of 29.0%.	ISD Scotland

NHS LOTHIAN

2.4

Board Meeting
3 February 2016

Medical Director/Interim Nurse Director

SUMMARY PAPER - QUALITY REPORT

This paper summarise the key points in the full paper.

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

	Para
• The paper sets out details on ongoing interventions taking place to reduce readmissions at St. John's Hospital. The results show a sustained reduction in 7 and 28 days readmissions.	3.1.1
• The number of formal complaints remains fairly stable. Responses to complaints in 20 days and 3-day responses remain a challenge (Charts 2 & 3).	3.1.4 & charts 2&3
• Staff absence levels (chart 6) are over 4% (5.1) which has been above 4% for a number of months across NHS Lothian.	3.1.5 & chart 6
• The HEAT targets for reduction in *C.Difficile* (Chart 11) and Staph. aureus bacteraemias (Chart 12) have not been achieved. A separate paper on the prevention and management of HAI is on this committee agenda.	3.1.6 & charts 11&12
• There have been improvements in achieving the stroke standards for admission to unit within 1 day and swallow screening on day of admission, however sustaining them remains a challenge.	3.1.7

Jo Bennett
Associate Director for Quality Improvement & Safety
13 January 2016
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NHS LOTHIAN

Board Meeting
<u>3 February 2016</u>

Medical Director/Interim Nurse Director

QUALITY REPORT

1   Purpose of the Report

1.1   This report presents the Quality Report for January 2016, to provide assurance on the quality of care NHS Lothian provides.

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

2   Recommendations

2.1   Review the quality dashboard and exception reporting to inform assurance requirements, (context and technical appendix are set out in Appendix 1).

3   Discussion of Key Issues

3.1   <u>Exception Reporting – Quality Dashboard</u>

3.1.1 The data previously presented to the Board in December 2015 as part of the Hospital Scorecard (January-March 2015), indicated that NHS Lothian is an outlier for Readmissions, however, it is not statistically significant and the trend data shows normal cause variation as illustrated by previous quarters data not showing NHS Lothian as an outlier.

3.1.2 The Board received details in the June 2014 Quality Report on work being undertaken to reduce readmissions in St. John's Hospital. An update on progress is set out below and the data set out below in Chart 1 illustrates sustained reduction in readmissions at 7 and 28 days, as a result of a range of interventions which are ongoing. The focus of the work has been on:-

-   Our oncology / chemotherapy cohort:
    o   Analysis showed that around 20% of our readmissions are in this cohort. Consultants believe that better decisions could be made with a higher profile oncology input. A meeting to determine ways forward has been arranged with WGH colleagues in January 2016

-   Communication and relationships at the interface:
    o   Integration and Education Events (IEEs) take place on 3 evenings a year with Consultants, GPs, Nurse Practitioners and Managers: recent subjects were Frailty, Oncology and Psychiatry

-   MDTs and focussed planning for individuals with a high readmission rate:
    o   Our Frailty Programme has allowed a role development for a nurse (REACH is Rapid Elderly Assessment and Care in Hospital) completing a

frailty screen, initial assessment, management, planning and referral for Comprehensive Geriatric Assessment. Operating this service over 7 days is being piloted.
- o Ward teams use their daily BOXI reports to identify the number of admissions in the last year and then plan accordingly

- Discharge Hub development:
  - o Early assessment and robust, proactive discharge planning within 24hrs of admission are a key component with The Hub and REACH working closely together with primary care, community, social services and 3rd sectors. Further development continues under the Frailty improvement programme

- Rapid access specialist provision:
  - o Under the frailty programme, we are redesigning services in the Templar Day Hospital to allow a Rapid Access Frailty Clinic. Currently, a patient will attend 1 day / week for 4-6 weeks. Increasing the acuity of Templar will better serve the needs of patients and minimise readmissions. This is a big piece of work that will be implemented over 2016.

Chart 1

Percent readmissions February 14 - November 15
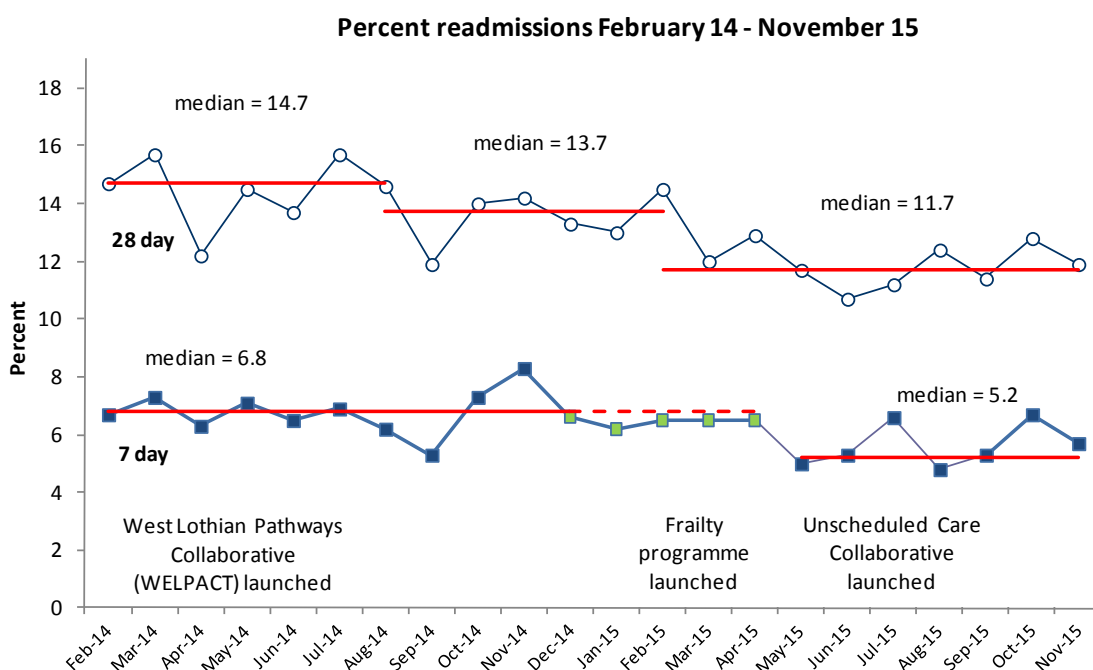
3.1.3 There is now regular reporting of patient experience across the three acute inpatient sites and as such the patient experience outcome measure has now been included in the Quality Report (Chart 1). The person-centred culture paper on this agenda highlights that this data is still in a developmental stage, with respect to establishing a reliable process that offers all patients the opportunity to complete the patient experience questionnaire, Tell us Ten Things (TTT).

3.1.4 The number of formal complaints remains fairly stable (Chart 4). Responses to complaints in 20 days and 3-day responses remain a challenge (Charts 2 & 3).

3.1.5   Staff absence levels (Chart 6) are over 4% (5.1*%)* which has been above 4% for a number of months with significant variation across NHS Lothian and is an item on this agenda.

3.1.6   The HEAT targets for reduction in *C.Difficile* (Chart 11) and Staph. aureus bacteraemias (Chart 12) have not been achieved. A separate paper on the prevention and management of HAI is on this Board agenda.

3.1.7   There have been improvements in achieving the stroke standards for admission to unit within 1 day and swallow screening on day of admission, however sustaining them remains a challenge.

<u>Quality Dashboard – January 2016</u> **(dates for each data item stated in background charts)**

This table shows a monthly summary of process and outcome quality measures. Trend charts are shown on the pages following. The Committee should look for process measures to increase or remain stable and for outcome measures to decrease or remain stable. As many of the measures below are intended for improvement, it is important that background trend charts are also scrutinised as focussing on one data point (as below) may be misleading. Data below which has been updated since the last Quality Report is asterisked.

If you have an electronic version of this report, links to each measure chart have been embedded in the headings below.

QUALITY AMBITION

PERSON-CENTRED - Process Measures
20-day Complaints Response Rate *
3-day Complaints Response Rate *
Delayed Discharges and Average Length of Stay *

PERSON-CENTRED - Outcome Measures
Patient Experience *
Number of Complaints *
Staff Absence Levels *
Staff Experience

SAFE – Outcome Measures
Hospital Standardised Mortality Ratios for RIE, WGH & St. John's
Incidents with harm *
C. Difficile Numbers *
Staph. Aureus Bacteraemia Numbers *
Number of Cardiac Arrests
Rate of Cardiac Arrests
Inpatient Falls with Harm *

EFFECTIVE – Process Measures
A&E 4 Hour Wait *
Cancer Waits 62 Days from Diagnosis to Treatment *
Admission to stroke unit on day or day after admission *
Stroke Treatment Measure: CT Scan *
Stroke Treatment Measure: Swallow Screen *

Additional Quality Measures

Hospital Scorecard: January to March 2015

Indicator	Lothian Rate (Per 1000 admissions)	Scottish Rate
Standardised Surgical Readmission rate within 7 days	22.01	20.85
Standardised Surgical Readmission rate within 28 days	42.70	39.58
Standardised Medical Readmission rate within 7 days	55.36	52.30
Standardised Medical Readmission rate within 28 days	122.79	113.61
	Lothian	**Scotland**
Average Surgical Length of Stay – Adjusted	0.92	1.00
Average Medical Length of Stay – Adjusted	1.06	1.00

Person-Centred

"Mutually beneficial partnerships between patients, their families and those delivering healthcare services that respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision-making."

Title:	Tell us ten things (TTT) Inpatient Survey Question 10 (Chart 1)
Numerator:	Average of Inpatient responses (out of 10) to Question 10 : Overall experience
Goal:	9.5 (out of 10)

Outcome Measure
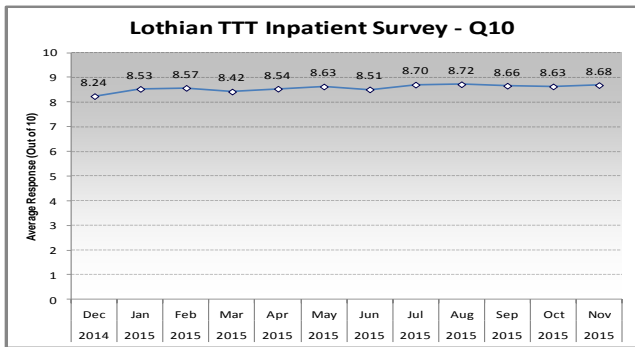
Data Source: TTT Database   Exec Lead: Alex McMahon

Title:	20-day Complaints Response Rate (Chart 2)
Numerator:	Number of complaints responded to within 20 days
Denominator:	Number of complaints
Goal:	85% of complaints responded to within 20 days

Process Measure
20-Day Response Target across NHS Lothian

Data Source: Datix   Exec Lead: Alex McMahon

Title:	3-day Complaints Response Rate (Chart 3)
Numerator:	Number of complaints responded to within 3 days
Denominator:	Number of complaints
Goal:	100% formal acknowledgement within 3 working days

Process Measure
3-Day Response Target across NHS Lothian

Data Source: Datix   Exec Lead: Alex McMahon

Title:	Number of Complaints (Chart 4)
Numerator:	Total number of complaints
Goal:	Reduction in number of formal complaints

Outcome Measure

Data Source: Datix   Exec Lead: Alex McMahon

Title:	Delayed Discharges & Average Length of Stay (Chart 5)
Goal:	No patient waiting longer than 2 weeks for discharge

Process Measure
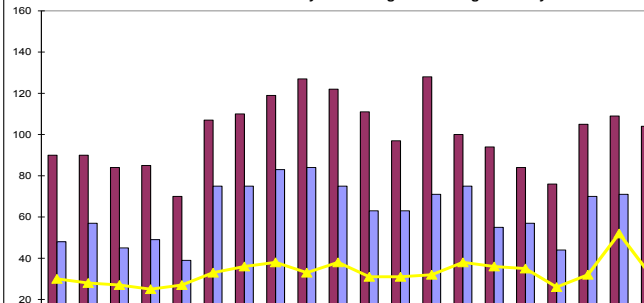
Data Source: Local data captured on EDISON shared data with Health & Social Care   Exec Lead: Jim Crombie

Title:	Staff Absence Levels (Chart 6)
Numerator:	Total staff hours lost
Denominator:	Total staff hours available
Goal:	4% or less

Outcome Measure
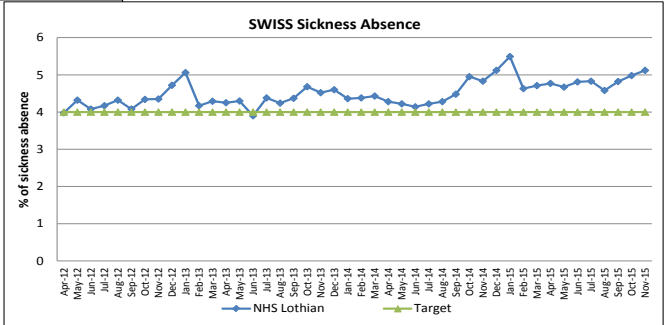
Data Source: Scottish Workforce Information Strategic Systems (SWISS)   Exec Lead: Alan Boyter

Safe

"There will be no avoidable injury or harm to people from healthcare they receive, and an appropriate, clean and safe environment will be provided for the delivery of healthcare services at all times." Progress on this ambition is measured through standardised hospital mortality ratios, incidents with harm, HAI indicators, arrest calls, falls with harm and pressure ulcers.

Title:	Hospital Standardised Mortality Ratio (NHS Lothian Acute Hospitals) (Charts 7-9)
Numerator:	Total number of in-hospital deaths and deaths within 30 days of discharge from hospital
Denominator:	Predicted total number of deaths
Goal:	20% reduction against 2006/07 baseline by December 2015

Outcome Measure	**Outcome Measure**
Quarterly Hospital Standardised Mortality Ratios in Royal Infirmary of Edinburgh, October 2006 – June 2015	Quarterly Hospital Standardised Mortality Ratios in Western General Hospital, October 2006 – June 2015

HSMR - Royal Infirmary of Edinburgh at Little France

HSMR - Western General Hospital

Outcome Measure

Quarterly Hospital Standardised Mortality Ratios in St John's Hospital, October 2006 – June 2015

HSMR - St John's Hospital

Data Source: ISD (Quarterly)   Exec Lead: David Farquharson

Title:	Adverse Events with harm (Chart 10)
Numerator:	Number of adverse events associated with serious harm reported per month in NHS Lothian
Goal:	There are specific goals for reductions in Falls

Outcome Measure

NHS Lothian Adverse Events Reported with Serious Harm

Serious Harm = Moderate or Major Harm or Death

Data Source: Datix   Exec Lead: David Farquharson
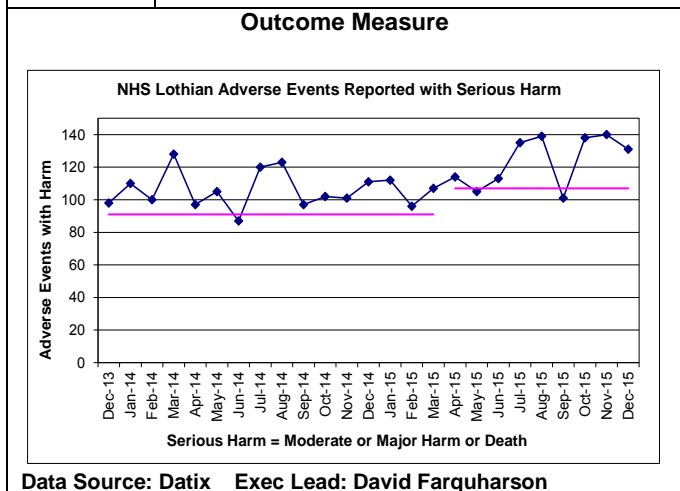
Title:	C. difficile associated disease against HEAT Target 2012-13 (Chart 11)
Numerator :	Total number of patients aged 15 and over with C.difficile toxin positive stool sample (CDI)
Goal:	NHS Lothian is to achieve a rate of 0.32 per 1000 bed days (<262 incidences) by March 2016

Outcome Measure

Progress against HEAT Target for *C.difficile* Infection (CDI)

Data Source: Infection Control Team   Exec Lead: David Farquharson

6
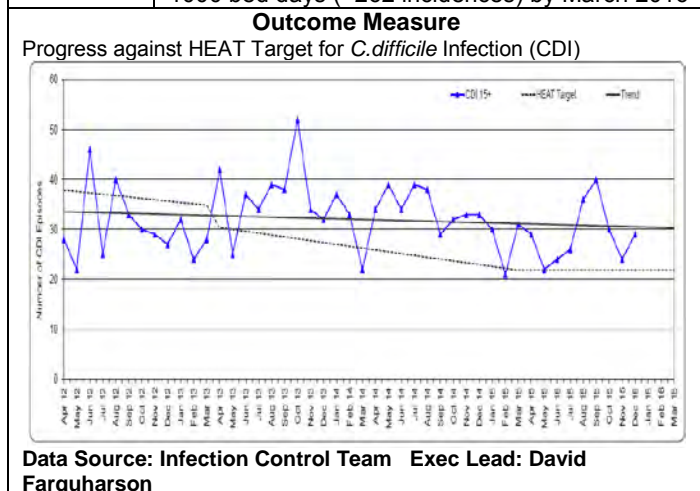
Safe (cont'd)

Title:	Staph. aureus bacteraemias (SABs) against HEAT Target 2012-13 (Chart 12)
Numerator:	The number of SAB patient episodes (i.e. both MRSA and MSSA blood stream infections)
Goal:	NHS Lothian is to achieve a rate of 0.24 per 1000 bed days (<184 incidences) by March 2016

Outcome Measure

Progress against HEAT Target for *S.aureus* Bacteraemia

Data Source: Infection Control Team
Exec Lead: David Farquharson
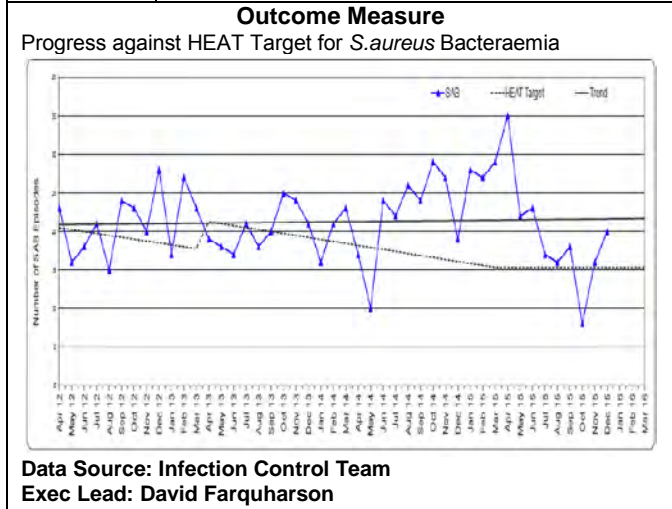
Title:	Number of Cardiac Arrests (Acute Wards) (Chart 13)
Numerator:	Arrest – Number of 2222 calls which were for a cardiac arrest with chest compressions. Calls relating to Staff, Visitors, False Alarms, Cancelled Calls, Out of Hospital Arrests and outpatient CCU/ ITU/ day care procedures are excluded.
Goal:	50% reduction in Cardiac Arrests with chest compressions by December 2015 from February 2013 baseline

Outcome Measure

Source Data: Local Audits (Resuscitation Officer Database)
Exec Lead: David Farquharson
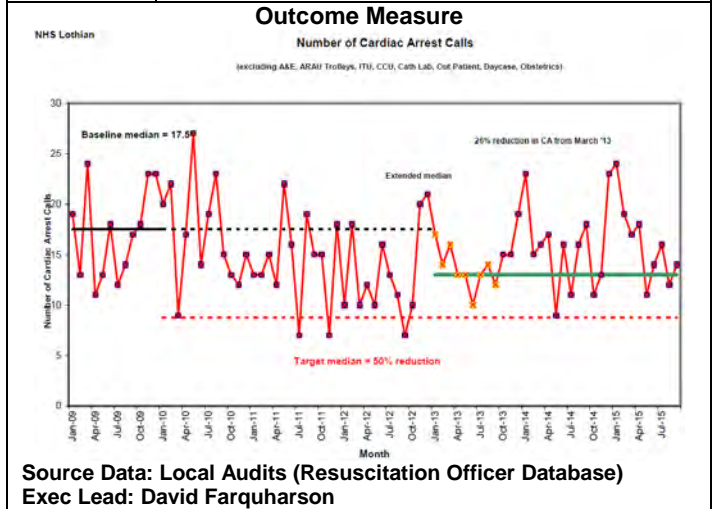
Title:	Rate of Cardiac Arrests (Acute Wards) (Chart 14)
Numerator:	Arrest – Rate of 2222 calls which were for a cardiac arrest with chest compressions. Calls relating to Staff, Visitors, False Alarms, Cancelled Calls, Out of Hospital Arrests and outpatient CCU/ ITU/ day care procedures are excluded.
Goal:	50% reduction in Cardiac Arrests with chest compressions by December 2015 from February 2013 baseline

Outcome Measure

Source Data: Local Audits (Resuscitation Officer Database)
Exec Lead: David Farquharson
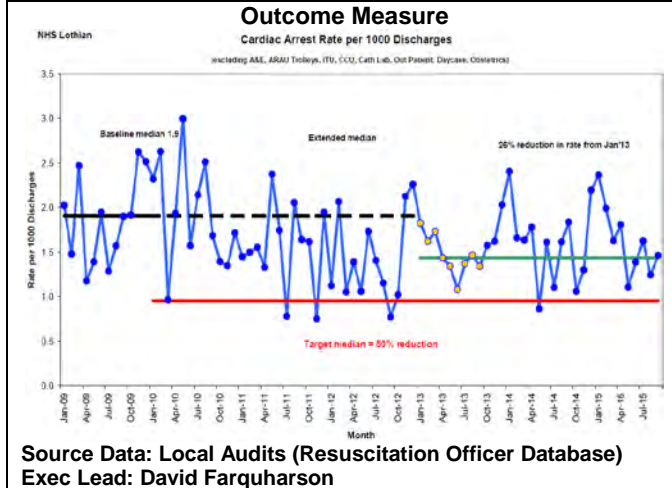
Title:	Patient Falls with Harm (Chart 15)
Numerator:	Number of falls reported resulting in moderate or major harm or death (define moderate/ major). Data for NHS Lothian inpatient sites
Goal:	20% reduction in inpatients falls and associated harm by December 2015

Outcome Measure

Data Source: Datix   Exec Lead: Alex McMahon
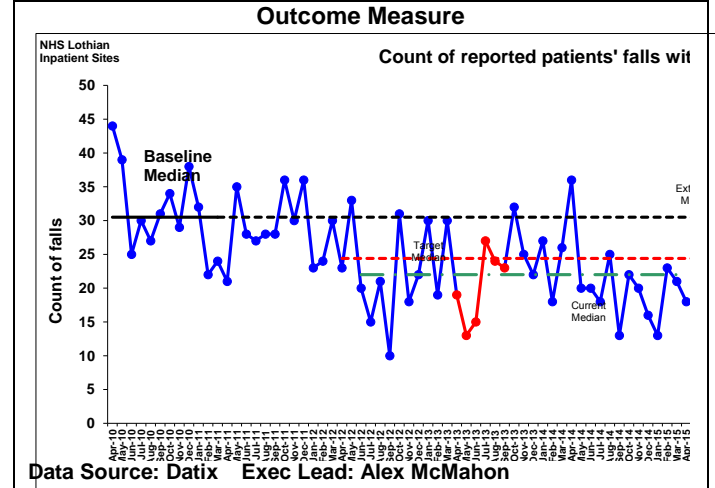
Effective

"The most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit, and wasteful or harmful variation will be eradicated." Progress on this ambition is measured through clinical quality indicators and stroke care.

<table>
<tr><td>Title:</td><td>A&E 4 Hour Wait (Chart 16)</td></tr>
<tr><td>Numerator:</td><td>Number of patients waiting less than 4 hours from arrival to admission or discharge</td></tr>
<tr><td>Denominator:</td><td>Number of patients attending</td></tr>
<tr><td>Goal:</td><td>98% of patients waiting less than 4 hours from arrival to admission by March 2015</td></tr>
</table>

Process Measure

UHS 2013-2015: Compliance with A&E 4 Hour Target
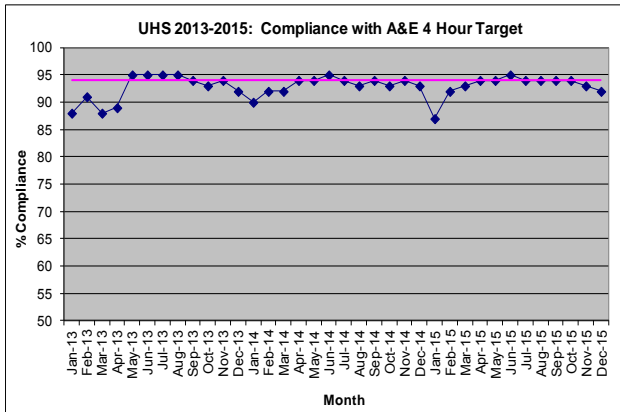
Data Source: Patient Administration System (TRAK)
Exec Lead: Alex McMahon

<table>
<tr><td>Title:</td><td>Cancer Waits 62 Days from Referral to Treatment (Chart 17)</td></tr>
<tr><td>Numerator:</td><td>Number of patients waiting 62 days to treatment. Please note the scale</td></tr>
<tr><td>Denominator:</td><td>Number of cancer patients</td></tr>
<tr><td>Goal:</td><td>95% of patients from diagnosis to treatment wait no longer than 62 days</td></tr>
</table>

Process Measure

62 -day overall performance
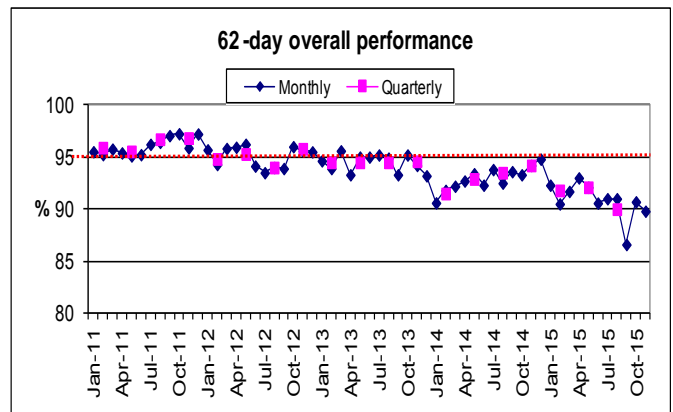
Data Source: SGHD Management Information
Exec Lead: Jim Crombie

<table>
<tr><td>Title:</td><td>Admission to Stroke Unit within 1 day of admission (Chart 18)</td></tr>
<tr><td>Numerator:</td><td>Number of patients with initial diagnosis of stroke admitted to an acute or integrated stroke unit within 1 day of admission</td></tr>
<tr><td>Denominator:</td><td>Number of patients admitted with initial diagnosis of stroke excluding in-hospital strokes, patients discharged within 1 day and transfers in from another health board</td></tr>
<tr><td>Goal:</td><td>90% of patients admitted with acute stroke should be in a Stroke Unit by the day after hospital admission</td></tr>
</table>

Process Measure

Note: 2015 data is not validated and should be treated as provisional

Admission to stroke unit within 1 day- Lothian
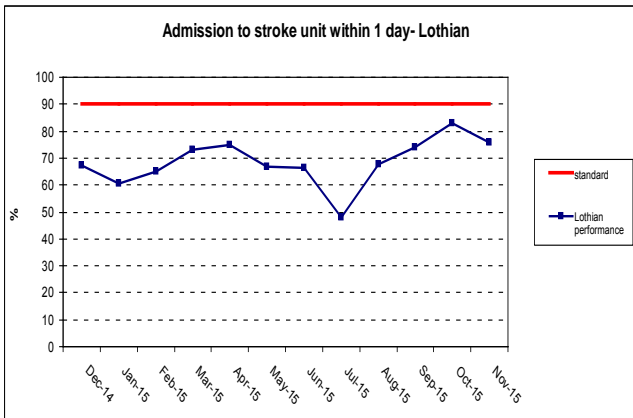
Data Source: ISD   Exec Lead: Jim Crombie

<table>
<tr><td>Title:</td><td>Stroke Treatment Measures (Chart 19)</td></tr>
<tr><td>Numerator:</td><td>Number of admitted patients with initial diagnosis of stroke that have a swallow screen on the day of admission</td></tr>
<tr><td>Denominator:</td><td>Number of patients admitted with initial diagnosis of stroke</td></tr>
<tr><td>Goal:</td><td>100% of patients with initial diagnosis of stroke should receive a swallow screen on day of admission</td></tr>
</table>

Process Measure

Note: 2015 data is not validated and should be treated as provisional

Swallow screen on day of admission
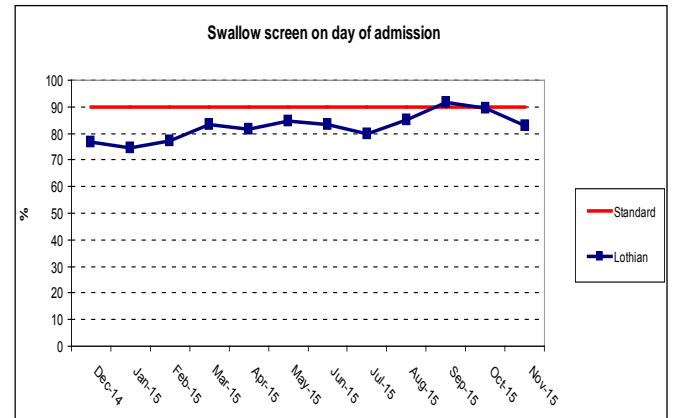
Data Source: ISD   Exec Lead: Jim Crombie

Effective (cont'd)

Title:	Stroke Treatment Measures (Chart 20)
Numerator:	Number of admitted patients with initial diagnosis stroke that have a brain scan within 24 hours of arrival
Denominator:	Number of patients admitted with initial diagnosis of stroke
Goal:	90% of patients with initial diagnosis of stroke should receive a brain scan within 24 hours of admission
Process Measure	

Note: 2015 data is not validated and should be treated as provisional

Scanning within 24 hours

Data Source: ISD   Exec Lead: Jim Crombie

9
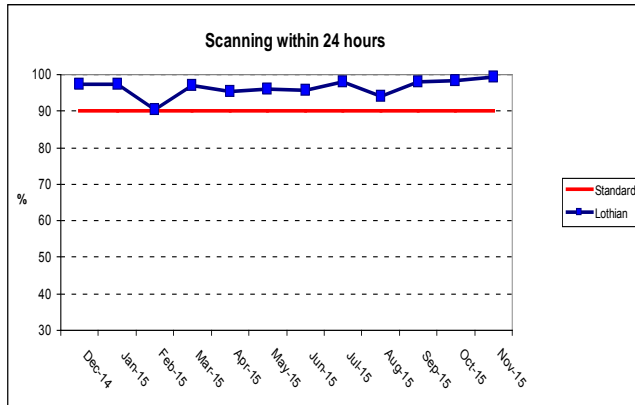
4   **Key Risks**

4.1   Achieving the HAI HEAT target, complaints response times, stroke targets, delayed discharge target and cancer target.

4.2   This dashboard has been developed to ensure a range of measures that can be considered easily, all of which impact on the patient experience and outcome of care. These measures, however, do not reflect all aspects of care and need to be supplemented with condition-specific data, both qualitative and quantitative.

4.3   Failure to comply with national standards with potential impact on patient experience and outcomes of care, and external inspections.

5   **Risk Register**

5.1   Achieving HAI targets is also on the Corporate Risk Register (Risk 1076) and its risk grading has been increased to reflect that NHS Lothian is outwith HAI trajectory. Access to Acute Stroke Unit is on the University Hospital Services Risk Register – Medicine and Associated Services (Risk 2444).   Compliance with stroke standards is captured in Unscheduled Care on the Corporate Risk Register. Complaints Management is also captured on the Corporate Risk Register.

6   **Impact on Inequality, Including Health Inequalities**

6.1   The work set out by this paper, which incorporates existing data and the development and monitoring of new indicators, will have a positive impact on inequality.

6.2   This paper combines elements of the NHS Lothian Quality Improvement Strategy and so does not in itself require an impact assessment. The constituent elements of the Quality Improvement Strategy have been subjected to impact assessment as they have been developed, including the HEAT programmes (assessed in March & April 2010) and the Scottish Patient Safety Programme (assessed in May 2009).

6.3   The findings of the Equality Diversity Impact Assessment in SPSP are that particular note must be made of the harm to patients with disabilities as part of the measurement of harm.   The changes to the assessment documentation encourage systematic and standardised screening for all risks including screening of cognitive impairment.

7   **Involving People**

7.1   No service change.

8   Resource Implications

8.1   Work is ongoing to automate the production of this Dashboard, which is complex, as it uses data from a number of sources. This is within the Clinical Governance Workplan.

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13 January 2016
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List of Appendices

Appendix 1: Supporting Context and Technical Appendix

Context and Technical Appendix

Quality Report Development
The NHS Scotland Quality Strategy set out three levels in its quality measurement framework. Level 1 – national quality outcome indicators, level 2 – HEAT targets, and level 3 – all other local and national measurement for quality improvement. The NHS Lothian Quality Report has been a standing item on the Board agenda since March 2010 and sets a range of measures against NHS Scotland's quality ambitions and across levels 1 to 3.

Within this report is an updated set of process and outcome measures which are presented in a dashboard format. These measures will be reported at each Board on a monthly or quarterly basis. Data which has been updated since the last Quality Report is highlighted with an asterisk on page 10. The existing rolling programme of effectiveness measures for priority areas (diabetes, stroke, coronary heart disease, cancer, mental health and child & maternal health) will accompany the dashboard at every other Board meeting. This report contains core measures and Patient Safety clinical effectiveness measures.

The Quality Report is intended to link with NHS Lothian's Quality Improvement Strategy (2011-14) and therefore will also include a range of measures set out in this strategy which will be reported in the dashboard on a regular basis, e.g. stroke and Delivering Better Care targets. The Dashboard will be changed over time to reflect local and national priorities and is currently going through a review.

The process measures in the dashboard relate to staff undertaking standard evidence-based care. Quality is improved by applying this standard, evidence-based care every time. A compliance level is set for most of these indicators at 95%, (i.e. when audited the care is provided in line with good practice at 95% of the time). Hence the Committee should look for the trend arrows to go up or if the compliance level has been met, that this is maintained.

Outcomes are measured using rates where possible (normally set per 1000 occupied bed days). The Committee should look for the arrows to be decreasing or to remain low.

The Scottish Government commenced production of a Hospital Scorecard in 2012 in response to the first Francis Report of February 2010, set within a Scottish context. The Quality Report reflects the National Hospital Scorecard and seeks to report these measures in a timely manner to inform assurance needs of the Board, with the exception of measures reported elsewhere, (e.g. A&E waiting times).

Hospital Standardised Mortality Ratio (HSMR)
HSMR is the ratio of observed deaths to expected deaths within 30 days of admission to hospital. If the HSMR for a hospital is less than 1, then fewer hospital deaths within 30 days of admission are occurring than expected. HSMRs are therefore used as system level 'warnings' for areas for further investigation. It must be emphasised that the quarter to quarter changes should be interpreted with caution. HSMRs cannot be compared between hospitals or boards; the comparison should only be against the expected number of deaths. There is some controversy about their use, but they remain widely used in this way.

***S.aureus* Bacteraemia (SAB) rate**
New SAB HEAT targets were set in April 2013 which will be measured against the actual number achieved in the previous year. This explains the increased target line in the chart below for April 2013. Thus the current HEAT target for NHS Lothian is to achieve 184 or fewer SAB by March 2015.

***C.difficile* Infection (CDI) rate**
New CDI HEAT targets were set in April 2013 which will be measured against the actual number achieved in the previous year and now includes patients aged 15 and over. Thus the current HEAT target for NHS Lothian is to achieve 254 or fewer CDI by March 2015.

Incidents associated with harm
Incidents are reported by staff using the DATIX system which records incidents that affect patients or staff. The category and degree of harm associated with each incident are also recorded. An increase in reporting of incidents is considered to be indicative of an improving safety culture and this is monitored in all Senior and Clinical Management Teams. Incidents associated with harm should not increase and this is the trend monitored at NHS Board level.

Surgical readmissions within 7 days
This is the emergency readmissions to a surgical specialty within 7 days of discharge as a rate per 1000 total admissions to a surgical specialty. The data are presented for calendar year 2015.
This measure has been standardised by age, sex and deprivation (SIMD 2009).

Surgical re-admissions within 28 days
As for 7 day readmissions.

Medical Re-admissions Within 7 Days
This is the emergency readmissions to a medical specialty within 7 days as a rate per 1000 total admissions to a medical specialty.
The data are presented for calendar year 2011.
This measure has been standardised by age, sex and deprivation (SIMD 2009).

Medical Re-admissions Within 28 Days
As for 7 day readmissions.

Average Length of Surgical Stay (Adjusted)
Ratio of 'observed' length of stay over 'expected' length of stay.
This indicator is case mix adjusted by HRG* and specialty. The expected length of stay is calculated by working out the average length of stay nationally (Scotland only) for each specialty and HRG combination. This is then multiplied by the total number of spells to get the expected length of stay.
A hospital with a value above the national average (e.g. 1.01 will be 1% above the national average) and a hospital below the national average (e.g. 0.99 is 1% below the national average).

Average Length of Medical Stay (Adjusted)
Ratio of observed length of stay over expected length of stay.
This indicator is case mix adjusted by HRG* and specialty. The expected length of stay is calculated by working out the average length of stay nationally (Scotland only) for each specialty and HRG combination. This is then multiplied by the total number of spells to get the expected length of stay. A hospital with a value above the national average (e.g. 1.01 will be 1% above the national average) and a hospital below the national average (e.g. 0.99 is 1% below the national average).

* HRG: Healthcare Resource Groups. These are standard grouping of clinically similar treatments that use common levels of healthcare resource. They are usually used to analyse and compare activity between organizations.

NHS LOTHIAN

Board Meeting
3 February 2016

Medical Director

SUMMARY PAPER - CORPORATE RISK REGISTER

This paper summarise the key points in the full paper.

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

	Para
• One additional risk was approved by the December 2015 Board for entry into the Corporate Risk Register, which was Traffic Management.	3.2
• The top 5 risks at Very High 20 are:- 1. Healthcare Associated Infection 2. The scale or quality of the Board's services is reduced in the future due to failure to respond to the financial challenge 3. Achieving the 4-Hour Emergency Care standard 4. Achieving the Delayed Discharge targets at 2 and 4 weeks 5. General Practice Sustainability.	3.2.1
• Table 1 sets out a Quarter 3 update of the NHS Lothian Corporate Risk Register.	3.2.2
• NHS Lothian is outwith risk appetite on corporate objectives where low risk appetite has been set with respect to patient safety (Corporate Objective 2/2.2), patient experience (Corporate Objective 2/2.1) and improving the way we deliver unscheduled care (Corporate Objective 2/2.4). NHS Lothian is also out with risk appetite for health population (Corporate Objective 1) and Financial Planning (Corporate Objective 3/3.1), where a medium appetite has been set. The Board may wish to examine the management actions to address areas which are outwith appetite to inform assurance requirements as set out in management reports submitted to the Board	3.5
• In December 2015 the A&R Committee agreed a programme of reporting to the committee on areas outwith risk appetite as the committee and the Board need to explicitly assured that actions being put in place will bring performance back within acceptable tolerances and when equality if the performance on a topic requires the Board to reissue its risk appetite and tolerances or perhaps another strategy, then this needs to be clear.	3.5.2

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13 January 2016
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NHS LOTHIAN

Board
3 February 2016

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

2.1   Use the updated NHS Lothian Corporate Risk Register; highlights of which are
       contained in section 3.2 and set out in detail in Appendix 1 to inform assurance
       requirements

2.2   Reflect on the current position that NHS Lothian remains outwith its Risk Appetite on
       corporate objectives where low and medium risk appetite has been set, with the
       exception of Scheduled care

3   Discussion of Key Issues

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

3.2   This report sets out the Quarter 3 position. Table 1 below provides a summary of the
       corporate risks and movement in risk grading over last 4 quarters. One additional
       risk was approved at the December 2015 Board for entry onto the Corporate Risk
       Register, which was Road Traffic Management. Appendix 1 provides additional
       details of each individual risk on the Corporate Risk Register with recent 2015
       updates. When a risk's adequacy of control is inadequate or uncertain, the rationale
       is stated on the individual risk.

3.2.1 There are 10 risks in total; the top 5 risks at Very High 20 are:-

       1. Healthcare Associated Infection *
       2. The scale or quality of the Board's services is reduced in the future due to failure
           to respond to the financial challenge *
       3. Achieving the 4-Hour Emergency Care standard
       4. Achieving the Delayed Discharge targets at 2 and 4 weeks *
       5. General Practice Sustainability.

* Outwith risk appetite as illustrated in Table 2 below.

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

Table 1

Datix ID	Risk Title	Initial Risk Level	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015
1076	Healthcare Associated Infection (Standing item on Board Agenda)	High 12	⇧ Very High 20	Very High 20	Very High 20	Very High 20
3600	The scale or quality of the Board's services is reduced in the future due to failure to respond to the financial challenge. (Standing item on Board Agenda)	High 12	⇧ Very High 20	Very High 20	Very High 20	Very High 20
3203	Achieving the 4 hour emergency target	High 10	⇧ Very High 20	Very High 20	Very High 20	Very High 20
3726	Achieving the Delayed Discharge targets at 2 and 4 weeks	Very High 20	Very High 20	Very High 20	Very High 20	Very High 20
3829	General Practice Sustainability (new risk – October 2015)	Very High 20	-	-	Very High 20	Very High 20
3480	Patient Safety - Delivery of 4 SPSP Work streams. (Safety Measures in Quality Report)	High 16	High 16	High 16	High 16	High 16
3211	Achievement of National Waiting Times Targets (Standing Board Agenda item under Performance Report)	High 12	⇧ High 16	High 16	High 16	High 16
3454	Patient Experience – Management of Complaints and Feedback. (Complaints reporting and Person-Centred Culture Programme reported to Board)	High 12	⇧ High 16	High 16	High 16	High 16
3527	Medical Workforce Sustainability	High 16	High 16	High 16	High 16	High 16
3189	Facilities Fit for Purpose (accepted back on the Corporate Risk Register October 2015)	High 15	Removed from Corporate Risk Register	-	High 16	High 16
3455	Health & Safety – Management of Violence & Aggression. (Reported at H&S Committee, via Staff Governance Committee Minutes)	Medium 9	High 15	High 15	High 15	High 15
3828	Nursing Workforce – Safe Staffing Levels (new risk – October 2015)	High 12	-	-	High 12	High 12

Datix ID	Risk Title	Initial Risk Level	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015
3328	Roadway / Traffic Management (Risk placed back on the Corporate Risk Register December 2015) (Reported at H&S Committee, via Staff Governance Committee Minutes)	High 12	Removed from Corporate Risk Register	-	-	High 12

3.3 The risks concerning the development of NHS Lothian Integration Schemes have been closed as they have now been approved. Service risks related to integration are being examined to inform NHS Lothian risk reporting at a local and corporate level and are due for further discussion at the February 2016 Risk Management Steering Group.

3.4 With respect to Integrated Joint Boards, Edinburgh is testing a draft risk register policy with the corporate team and East Lothian is also testing approach. The Acute risk register is in development with a Senior Management Team workshop having taken place in December 2015 and the Chief Operating Officer plans to take an Acute risk register going to the Acute Services Committee in April 2016 for discussion and approval.

3.5 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."

Table 2

	Current Status	Current Position	Data Report
Corporate Objective 2 – Improve the Quality & Safety of Healthcare (LDP 2015-16 - 2.2 Deliver Safe Care) **Low Risk Appetite**			
• Scotland target to reduce acute hospital mortality by 20% (Scotland-14.4%) with a tolerance of 15-20% by Dec 2015 [1]	Green	15.7%	Quality Report (charts 7-9)
• Achieve 95% harm free care with a tolerance of 93-95% by Dec 2015	Green	99.7%	Patient Safety Programme Annual Report (July)
• Achieve 184 or fewer SAB by March 2016 with a tolerance of 95% against target. n=193 to 184	Red	175 (as at Dec 2015)	Quality Report (chart 12) HAI report on Board Agenda
• Achieve 262 or fewer C.Diff by March 2016 with a tolerance of 95% against target. n=275 to 262	Red	260 (as at Dec 2015)	Quality Report (chart 11) HAI report on

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

	Current Status	Current Position	Data Report
			Board Agenda
• Reduce falls with harm by 20% with a tolerance of 15-20% by Dec 2015	Green	20%	Quality Report (chart 15)

Corporate Objective 2 – Improve the Quality & Safety of Healthcare (LDP 2015-16 - 2.1 Deliver Person-centred Care)   **Low Risk Appetite**

	Current Status	Current Position	Data Report
• Patients would rate out of 10 their care experience as 9.5, with a tolerance of 9	Red	8.7	Quality Report (chart 1) Tell us Ten Things (TTT) Patient Survey Person-centred Report
• 90% of staff would recommend NHS Lothian as a good/very good place to work by Dec 2015 with a tolerance of 93-95%	Tbc	Tbc	To be collected
• Staff absence below 4% with a 5% tolerance (4-4.2%)	Red	5.1%	Quality Report (chart 6)

Corporate Objective 2 – Improve the Quality & Safety of Healthcare (LDP 2015-16 - 2.4 Scheduled Care & Waiting Times)   **Low Risk Appetite**

	Current Status	Current Position	Data Report
• 90% of patients of planned/elective patients commence treatment within 18 weeks with a tolerance of 85-90%	Green	Please see Performance report	Performance Report
• 95% of patients have a 62 day cancer referral to treatment with a tolerance of 90-95%	Green	89%	Quality Report (chart 17) Performance Report

Corporate Objective 2 – Improve the Quality & Safety of Healthcare (LDP 2015-16 - 2.3 Appropriate Unscheduled Care)   **Low Risk Appetite**

	Current Status	Current Position	Data Report
• 98% of patients are waiting less than 4 hours from arrival to admission by Sept 2014 with tolerance of 93-98%	Green	92%	Quality Report (chart 16) Performance Report
• No of patients will wait no more than 14 days to be discharged by April 2015 with a tolerance of 13 to 14 days	Red	90	Quality Report (chart 5) Performance Report
• No of patients will wait no more than 28 days to be discharged from hospital by April 2015 with a tolerance of 26-28 days	Red	46	Quality Report (chart 5) Performance Report for management actions
• 90% of all stroke patients to be admitted to stroke unit on day of admission following a stroke with a tolerance of 85-90%	Red	76%	Quality Report (chart 18) Performance Report for management actions

Corporate Objective 1 – Protect & Improve the Health of the Population. **Medium Risk Appetite**

	Current Status	Current Position	Data Report
• Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% SIMD areas, with a 10% tolerance (36-40%)	Green	Please see Performance report	Performance Report on Board Agenda

	Current Status	Current Position	Data Report
• At least 77% 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	Please see Performance report	Performance Report
Corporate Objective 3 – Secure Value & Financial Sustainability (LDP 2015-16 – 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	£406k overspend at period 8 (inc. unachieved LRP), equating to 0.4%	Period 8 Finance Report
• For the year to date, the overspend against the total core budget for the year to date is not more than 0.1%	Red	£8,186k overspend for the year-to-date (inc. unachieved LRP) equating to 0.9%	Period 8 Finance Report

3.5.1 The above (Table 2) reporting would suggest NHS Lothian is outwith risk appetite on corporate objectives where low risk appetite has been set with respect to patient safety (Corporate Objective 2/2.2), patient experience (Corporate Objective 2/2.1) and improving the way we deliver unscheduled care (Corporate Objective 2/2.4). NHS Lothian is also out with risk appetite for health population (Corporate Objective 1) and Financial Planning (Corporate Objective 3/3.1), where a medium appetite has been set. The Board may wish to examine the management actions to address areas which are outwith appetite to inform assurance requirements as set out in management actions submitted to the Board.

3.5.2 In December 2015 the A&R Committee agreed a programme of reporting to the committee on areas outwith risk appetite as the committee and the Board need to explicitly assured that actions being put in place will bring performance back within acceptable tolerances and if the performance on a topic requires the Board to reissue its risk appetite and tolerances or perhaps another strategy, then this needs to be clear.

3.5.3 It has been agreed that the Corporate Management Team shall complete a proforma on the areas where risk tolerance has been breached. The aim of the proforma is to introduce a standard approach to bringing various actions together, and to provide a focus on how those actions will achieve a specific, measurable outcome. It will allow actions being taken forward by different members of the Corporate Management Team to be brought together, if those actions do contribute to addressing the risk tolerance. It will also give the committee a simple and consistent format to evaluate the effectiveness of the system of risk management. This can and should bring together information/ action plans etc that may have already been agreed at the Board, one of its committees, or by executive management.

3.5.4 The Audit & Risk Committee are covering two areas where tolerances have been breached in February 2016 – Healthcare Acquired Infections and Delayed Discharges. The proposed timetable is set out below.

Proposed Timetable

Audit & Risk Committee	Risk Tolerances to be addressed
29 February 2016	↓ The two tolerances relating to Healthcare Acquired Infection. ↓ The two tolerances relating to delayed discharges.
18 April 2016	↓ The two tolerances relating to finance. ↓ The tolerance relating to patient experience ↓ The tolerance relating to the admission of stroke patients.
20 June 2016	↓ The tolerance relating to staff absence levels.

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 Resource Implications

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

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13 January 2016
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List of Appendices

Appendix 1: Summary of Corporate Risk Register

Summary of Corporate Risk Register

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
1076	2: Improve the quality and safety of health care	Healthcare Associated Infection	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.	Leadership and Governance: Acute Services Infection Control Committees underwent a review in 2015 following the establishment of the new site based clinical services management structure. As well as LICAC, there remains a Pan Lothian Acute Services committee supported by new established site based committees. The CHP Infection Prevention and Control Committee remain unchanged but will require a review in future as Integrated Joint Boards become more established. Both Pan Lothian Acute Services and CHP Infection Control Committees report to board through LICAC. In addition to LICAC and local committees, Infection Prevention and Control routinely report at a senior management level to CMG/Healthcare Governance and bi-monthly board papers. NHS Lothian has an Infection Prevention & Control team in place. There are 4 geographical area teams (Edinburgh North, Edinburgh South, Mid & East and West Lothian) established with responsibility for both acute and community settings within their remits. Following publication of the national HAI Standards Document in February 2015, NHS Lothian IPCT has developed an HAI Strategy summarising the roles and responsibilities for the various levels across the organisation. This document has been approved by the Board and has been cascaded to the Site Directors and Associate Nurse Directors to inform their Infection Control Committee's work plans. Education: • There is a HAI Education Strategy which has recently been reviewed and updated version published in August 2015. The Strategy defines the training and education requirements for staff of all disciplines across the organisation. It will next be due for review in August 2017. • HAI education is within Corporate Induction and mandatory update programme. Other packages are available through LearnPro. IPCT provide support for NES Cleanliness Champions Programme accessible to all staff to increase an understanding of Infection Prevention and Control Precautions. In addition local and ad hoc sessions are provided at each of the sites as and when required. Incidents/Outbreaks: • IPCNs work collaboratively with clinical and non clinical services to communicate risk, support improvement and escalate concerns as appropriate. A Problem Assessment Group (PAG) or Incident Management Teams (IMT) is convened to investigate and manage any significant event or outbreak. These teams are supported by the wider multi-disciplinary team and any external stakeholders as appropriate. The Communications Team provide support to manage public release of information as required. • 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. 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.	Risk Reviewed: January 2016 Risk Owner has been changed to Dr Farquharson who is taking on the role of HAI Executive Lead from Melanie Johnston. Controls in place reviewed to include HAI Strategy Document approved by Board in 2015. Controls in place updated to reflect changes in Infection Control Committee Structure, changes to audit. All actions reviewed and updated. Risk Grade/Rating remains Very High/20	Adequate but partially effective: control is properly designed but not being implemented properly	Very High 20	Medium 4	David Farquharson	Fiona Cameron	Healthcare Governance Committee

Controls Continued:

- Enhanced investigation and surveillance is carried out of all SAB and CDI incidences. An SBAR Report is provided to clinical and senior management teams where 2 or more cases are identified within the same clinical area within a defined timescale.
- Incidences where patients have CDI and SAB noted on their death certificate are reviewed in conjunction with clinical teams. The reviews are published on DATIX and are available to site management teams.

Antimicrobial Stewardship:
- The Antimicrobial Management Team are responsible for the review and development of the Antimicrobial Prescribing Guidelines. They also provide oversight of antimicrobial use and compliance with guidelines and report findings to clinical teams to help drive improvement. Summary Reports are also provided to Clinical Management Team.

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 posted through the patient safety programme QIDs system, allowing clinical areas to directly enter data onto database and obtain reports to monitor own trends and patterns. This is an area of continued focus and improvement to support the clinical teams more effectively in 2016.

Decontamination:
- There is a Decontamination Steering Group to progress/monitor actions associated with reusable surgical, dental and podiatry equipment.

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.

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.	NHS Scotland is operating in a strategic context of increasing challenges and a real term reduction in resources. Local authority partners also face similar challenges. All NHS Boards will need to re-design how they carry out their functions, so that there is no unacceptable drop in the standard of public services. The focus of attention should be on 100% of activity, not just the annual 3% efficiency target. On 2 April 2014 the Board considered its draft Strategic Plan - "Our Health, Our Care, Our Future". Within that there is a projection that £400m worth of efficiencies will need to be delivered over the next 10 years. If the Board and management fail to systematically and robustly respond to this challenge now it will simply store up significant problems for future years. This will limit the Board's options in the future with regard to what it can and cannot do.	The Board has already established a financial governance framework and systems of financial control. NHS Lothian is currently reliant on non-recurring efficiency savings. A detailed Action Plan, attached to this risk, is in place and is regularly reviewed by the Senior Finance Team. **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: January 2016 The new approach to Financial Planning is in place and regular recovery meetings continue. Risk grading/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	Susan Goldsmith	Craig Marriott	Finance & Resource Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3203	2: Improve the quality and safety of health care	Unscheduled Care: 4 hour Performance	There is a risk that patients are not seen in a timely manner who 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 the Director for Unscheduled Care. - 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, StJ). - NHS Lothian's Winter Planning Project Board responsible for ensuring sustainable performance throughout the winter period 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 for 4 hour performance.	Risk Reviewed: January 2016 Risk Grade/Rating remains Very High/20 Work is being developed 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 The above has been absorbed as part of approach to winter planning, led by the Winter Planning Board. The approved Winter Plan outlines the approach to supporting performance over the winter period. This reflects a number of actions namely: • Winter Readiness plans in place for each site • Plans will have a focus on discharge capacity as well as bed capacity • Clear measures in terms of escalation procedures • Measures to counter any demand following the extended 4 day break during the festive period. • A focus on DD and POC to ensuring sustainable performance throughout the winter period liaising closely with IJB partner organisations. • Agreed data set to assist with developing a wider capacity plan across all health & social care areas Winter Planning Board to meet monthly through to April 2016.	Adequate but partially effective; control is properly designed but not being implemented properly	Very High 20	Low 1	Jim Crombie	Neil Wilson	Finance & Resource Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3726	2: Improve the quality and safety of health care	Unscheduled Care: Delayed Discharge	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 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 Unscheduled Care Programme Group (Executive Leads for CEC and NHS Lothian) meets on a fortnightly basis 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 NOW responsible for ensuring sustainable performance throughout the winter period NHS Lothian strategy to improve unscheduled care performance and delayed discharge is being delivered under the umbrella of the Scottish Government's *6 Essential Actions* initiative.	Risk Reviewed: January 2016 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. • Enhanced cover for Day Bed suite to protect elective capacity • Re-balancing of weekend health delays from RIE to all sites • Any boarding to reflect those patients with an EDD of < 24 hours • Extending Hospital to Home capacity • Additional capacity to support weekend discharge (diagnostic, pharmacy, AHPs, transport etc) • Every ward to evidence a Friday morning board ward round • Twice weekly delayed discharge ward round • Joint Venture with CEC to create additional bed capacity –Gylemuir • Discharge Hubs in the Royal Infirmary of Edinburgh, the Western General Hospital and St John's Hospital • Orthopaedic Pathway Review The Winter Planning Board is overseeing the necessary actions in support of sustained performance during the winter period. Lothian's approved Winter Plan sets out the key requirements in supporting service delivery during winter. Actions include: • Development of robust site winter readiness plans • focus on discharge capacity & bed capacity • Clear measures in terms of escalation procedures • Counter any demand as a result of the extended 4 day break during the festive period. • Focus on DD and POC liaising with IJB Partner organisations to support patient flow and sustainable performance throughout the winter period. • Agreed data set to assist with developing a wider capacity plan that covers all health and social care areas	Adequate but partially effective; control is properly designed but not being implemented properly	Very High 20	Low 1	Jim Crombie	Neil Wilson	Finance & Resource Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
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, staffing and premises difficulties. 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 successfully fill practice vacancies; - 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.	1. PCCO maintain a list of restrictions to identify potential and actual pressures on the system – this is shared with HSCPs and taken to PCJMG monthly. 2. Closure position set out in regulatory framework. 3. Ability to assign patients through PSD. 4. HSCP development of risk register for general practice. 5. "Buddy practices" through business continuity arrangements. 6. PCJMG review the position monthly with practices experiencing most difficulties. 7. Primary Care propositions in strategic plan – updates reported to Board and Strategic Planning Committee. **Rational for Adequacy of Controls** In development	Risk Reviewed: January 2016 To be discussed further at PCJMG along with HSCP and corporate register entries. Risk Grade/Rating remains Very High/20	Inadequate; control is not designed to properly manage the risk and further controls and measures are required.	Very High 20	High 16	David Farquharson	David Small	Healthcare Governance Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3480	2: 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 January 2016: • Annual report presented to November Health Care Governance Committee. Positive progress identified across all four workstreams. However reduction in outcomes in cardiac arrests, pressure ulcers and falls remains areas for improvement and have plans in place to contribute to improved outcomes in these areas. Risk grade/rating remains high based on unmet actions for key safety priorities. High/16	Adequate but partially effective; control is properly designed but not being implemented properly	High 16	Medium 6	Dr David Farquharson	Jo Bennett	Healthcare Governance Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3211	2: Improve the quality and safety of health care	Achievement of National Waiting Times Targets	There is a risk of: Lack of management of national waiting times targets for a number of reasons due to lack of core capacity or appropriate use of what is available Overspends relating to not meeting waiting times targets e.g. through purchase of additional capacity from private providers; and risk of not achieving Value for Money. Lack of robust management process and staff capability to deliver consistent management of waiting lists. Risk of adverse publicity relating to failure to meet waiting times targets.	Weekly scheduled reviews between this Director and Directors of Operations and further underpinned by a TTG group, with performance reported to CMT and Acute Hospitals Committee. These reviews consider: • Performance against trajectory across a range of measures (including waiting time standards) • Finance • Governance position, in terms of adherence to national guidance and local access policy/SOPs Papers on CAMHS and psychological therapies presented to the Board in April 2015 outlining difficulties in delivering standards of 18 weeks coming into force in December. Further investments were approved and managemet consultants are currently assessing potential for productivity and efficiency in the pathway.	Risk Reviewed: January 2016 No change. Risk Grade/Rating remains High/16	Satisfactory; controls adequately designed to manage risk and working as intended	High 16	Low 1	Jim Crombie	Andrew Jackson	NHS Lothian Board

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3454	2: Improve the quality and safety of health care	Management of Complaints and Feedback	There is a risk that the quality of patient experience is compromised due to staff attitudes and lack of reliable engagement of patients/families in their care, leading to poor patient experience of care. It is also acknowledged that a number of other corporate risks impact on this risk such as the processes and experience of unscheduled care, patient safety and waiting times. This includes the management of and learning from complaints.	• NHS Lothian Board approved in full the Listening and Learning form Feedback and Complaints report (Jan 2015) that agreed to a devolved approach to complaints and feedback. • The Healthcare Governance Committee provides assurances to the Board on person-centred, safe, effective care provided to patients across NHS Lothian as set out in its Assurance Need Statement, including clinical adverse event reporting and response. • The Quality Improvement Strategy (2011-14) set out a range of improvement programmes to improve patient experience and outcome of care. • The National Person Centred Health & Care Programme has been concluded and work is being undertaken nationally to embed patient experience into the existing quality improvement programmes. • Tell us Ten Things questionnaire was reviewed in November 2014 and aligned to the "5 Must dos". Patient experience data feedback to the service on a monthly basis at service and site level to inform improvement planning. • Regular reports on Complaints management through Datix Dashboards and reports. • Delivering Better Care commitments have been agreed and plans are now in place to deliver on the required actions from the HIS Older People's review and the updated vulnerable Patient's Quality Improvement Framework. This activity is reported to the Board through the Executive lead. These plans are informed by inspection reports produced by Healthcare Improvement Scotland, local audit and regular checks i.e. PQI, mock OPAH ,frailty bundle audit and via the Clinical manager ward assurance checklists. The tools in use have been adapted and updated to reflect the person centred agenda. • HIS Older People in Acute Care had their initial Board Assessment day on 16th April 2014, an unannounced inspection is awaited. There has been intense work on each of the Adult Acute Sites to raise the profile of OPAH and each site has a nominated lead. The new Older peoples Standards were published in June ; Board will be notified when they will be assessed against these new standards. The PQI tool is being amended and currently in the test phase. • Quality of care is subject to Internal Audits and compliance with audit recommendations reported via Audit & Risk Committee and Healthcare Governance Committee. • The Delivering Better Care established on 2012 as a resource for staff (primarily nursing) but where appropriate, other disciplines continue to deliver support to clinical areas on the key ambitions of harm reduction work is now on going to streamline programmes of work for 2015/16 working more closely with Clinical Governance and using improvement methodology. • As part of the improving care to vulnerable patient's support manual with detailed information inclusive of a rapid patient essential care check sheet was implemented within acute and community In patient facilities during 2013 and has recently been reviewed and the e-version on all PC's has been updated. • March 2015 the Vulnerable People Manual was refreshed and updated, there is ongoing work on the web page. Controls are still in development and at the present time not yet stable.	Risk Reviewed: January 2016 • Organisational change processes have been completed with the new Patient Experience Team now established. As of Dec 2015 there are 9WTE advertised with interviews scheduled for Feb / Mar 2016. This brings together complaints and feedback with patient experience and provide enhanced reporting arrangements to the committees and Board. • Throughout 2015 were regular reports to the Healthcare Governance Committee that brings together complaints performance and patient experience reports. • Continue to test devolved complaints management system at WGH, REAS Edinburgh CHP, ATCC, East Lothian CHP, MidLothian CHP. • Work ongoing to support the complaints and feedback systems within the 2 prisons encouraging early resolution and the devolved complaints function. • Meeting the SPSP core process and outcome measures (HIS external assessment Sep 15) related to harm reduction, supported by data available to the service at ward and site including inpatients. • Work ongoing to implement standardised nursing clinical documentation and care planning supported by educational events. • Nursing care plan being developed in line with Paperlite project and for completion on 2016 version of TRAK in April. • Meeting in January with the manager of Patient Opinion. Risk Grade/Rating remains High/16	Inadequate: control is not designed to manage the risk and further controls & measures required to manage the risk	High 16	Medium 6	Alex McMahon	Jeannette Morrison	Healthcare Governance Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3527	3: Secure value and financial sustainability	Medical Workforce Sustainability	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. | •In response to a request from the SEAT Planning Board, a medical workforce risk assessment tool has been developed and implemented across all specialties. The assessments are fed back to local Clinical Directors and their Clinical Management Teams. They use these to inform their own service/workforce plans to minimise risk.

•For the risks that require a Board or Regional response the findings are fed back to the SEAT Regional Medical Workforce Group. This group will co-ordinate actions across Boards within SEAT and feed into the national medical workforce planning processes co-ordinated by NES/SG.

•A report is taken to each Board meeting updating the actions taken to minimise medical workforce risks in order to support service sustainability and address capacity issues within priority areas. The main challenges have been in Paediatrics, Obstetrics and Gynaecology, Anaesthetics, Radiology and Medicine for the Elderly.

•For those specialties at high risk, local workforce plans and solutions which minimise risk have been developed and are monitored closely through existing management structures.

•A Medical Workforce Group has 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 January 2016:

Recruitment to trained doctor vacancies in general remains challenging with only 57% of vacancies advertised in the first half of the year attracting candidates that have taken up post.

There remain however significant problems at Roodlands with only 1 of 4 posts filled on a substantive basis. There is reliance on ad-hoc staffing measures to remain open to admissions. There have been occasions where there has been a short term closure to admissions as a result.

Recruitment to a permanent Consultant post based at Roodlands at the end of September was unsuccessful, however a locum consultant has been appointed. Trainees will be removed from Roodlands at the weekend from the end of January, which will better meet training and supervision needs and support out of hours services at the RIE at the weekend.

Following a intense recruitment effort the consultant psychiatrist posts within the Peri-natal Mental Health and Regional Eating Disorder Services have been filled. Consequently once successful candidates take up post the contingency arrangements can be phased out.

Following the on-going difficulties in sustaining paediatric out of hours services at St John's hospital have resulted in the closure of the unit for a six week period in July/aug 2015 an external review of all paediatrics services in Lothian is being carried out by the College of Paediatric and Child Health (RCPCH).

There have been significant difficulties in recruitment for GP practices. Whilst most practices are independent providers there is a risk for the board as where the workforce is no longer sustainable then the Board requires to take over the practice to avoid closure.

Following sustained inability recruit GPs the Board has temporarily taken over 2 GP practices. As a result of other practices facing similar challenges 25 practices are restricting patient lists. Further details are contained within the separate GP sustainability risk.

Risk grading/rating remains High/16 | Adequate but partially effective: control is properly designed but not being implemented properly | High 16 | Low 2 | Dr David Farquharson | Nick McAlister | Staff Governance Committee |

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3189	3. Secure Value of Financial Sustainability	Facilities Fit for Purpose	Insufficient funding, difficulty in obtaining capital investment, continued deterioration of the fabric and infrastructure within identified sites, failure to maintain current standards and positive HEI reporting. Possible failure to comply with statutory legislation, reputation at risk.	•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 January 2016: The Programme of works for 2015/16 against and allocation of £3m is progressing well. The works include a number of high and significant risk items including fire precautionary work at large hospital sites (REH/WGH/St John's), asbestos removals and replacement of electrical and mechanical plant. A review of the current risks and re-categorisation of the risks dependent on use of property is currently ongoing and reviewed regularly e.g.a review of the RVH risks which from September 2015 has no inpatient services and AAH Balfour Pavilion which now is being used for inpatient services. The disposal programme for 2015 has reduced the BLM with the sale of Rosslynlee, Polbeth and Longstone clinic to date. Further disposals will reduce the overall backlog exposure. Risk Grade/Rating remains High 16	Adequate but partially effective; control is properly designed but not being implemented properly	High 16	Medium 4	Alan Boyter	George Curley	Finance & Resources Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3455	2: Improve the quality and safety of health care	Management of Violence & Aggression	There is a risk of Corporate Prosecution by HSE under the Corporate Homicide Act or the H&S at Work Act Section 2, 3 and 33 or any relevant H&S regulations If the risk from violence and aggression adverse events are not adequately controlled. Highest risk would be under H&S at Work Act Section 2 and 3. If we harm our staff (2) or visitors to our sites (3). There is also a statutory requirement to provide an absolute duty of care regarding NHS Lothian staff safety and well being.	•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: January 2016: The Internal Audit Draft H&S Governance Report has highlighted that there is a fundamental need for all Medical Staff to be fully included within the corporate Health & Safety Management system. Medical Staff can be exposed to Violence& Aggression risks. Risk Grade/Rating remains High/15	Adequate but partially effective; control is properly designed but not being implemented properly	High 15	Medium 6	Alan Boyter	Ian Wilson	Staff Governance Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Notes	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3828	2.2 Deliver Safe Care	Nurse Workforce – Safe Staffing Levels	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.

Risks occur across the nursing and midwifery workforce where additional capacity is opened to facilitate delivery of other corporate targets (e.g HEAT target 4 hour wait) or where patients have a greater level of acuity than the funded establishment is based upon.

Service sustainability risks are high within theatres and anaesthetics, critical care and in health visiting owing to lower levels of workforce supply.

Risks arise from the high use of supplementary staffing to counteract shortfalls.

The impact of any of these situations potentially compromise the safety of the patient care delivered with consequent impact on length of stay, patient experience and long term | A Nursing and Midwifery Workforce Group has been long established to co-ordinate actions across the organisation.

Nationally accredited tools to measure the nursing and midwifery workload by speciality are used on at least an annual basis. The findings from the tools are triangulated with the professional judgement, quality measures and with the local context. The findings from these exercises are used to inform local workforce plans to minimise risk and where appropriate escalated as priorities for additional funding via the financial planning process.

eRostering and SafeCare are being rolled out to all nursing and midwifery wards, community teams and departments to provide real time information for local decision making around the deployment of the available staffing.

Escalation procedures are in place to review the use of external agency suppliers.

Datix reports are escalated on a weekly basis for all adverse events with staffing issues identified as a major or contributory factor.

In response to a request from SEAT Workforce Board a regional approach is being adopted to the Health Visiting workforce recruitment, training and deployment of staff. | Risk Reviewed: January 2016:

Risk Owner changed to Alex McMahon.

Health Visiting Group established and Action Plan in place under leadership of Child Health Commissioner.

The risk remains high particularly in relation to Health Visiting.

Risk Grade/Rating: High 12 | The control is adequately designed to manage the risk, but it is not being implemented properly | High 12 | Low 2 | Alex McMahon | Fiona Ireland | |

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

3328	1:Improving the Quality and Safety of Healthcare	Roadways / Traffic Management	There is a risk of injury to staff, patients and the public from ineffective traffic management across NHS Lothian sites	• 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 January 2016:
					
					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. The TRO for REH is due to be operational early January 2016. Date to be confirmed for AAH.
					
					Designs are ongoing to align with master planning on the larger acute sites, and also to align with emerging large capital investments. A recent allocation of £700k to undertake works on 5 sites, anticipate completion Spring 2016. This includes resurfacing of St John's car park, cycle and footpaths at WGH and a survey of Liberton Hospital site has been undertaken and recommendations will be auctioned
					
					A draft monitoring tool has been developed to ensure the TM Groups are carrying out formal and effective monitoring, findings will be discussed at each TMG and issues escalated to the Pan Lothian Plan as required.
					
					A review of all TM Risk Assessments in currently underway using an improved process and linked in to the monitoring activities (above) and will be reviewed at each TMG as they are updated
					
					Additional traffic management courses have been arranged for Facilities Staff in 2016.
					
					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	Alan Boyter	George Curley	Staff Governance Committee

NHS LOTHIAN

Board Meeting
2 February 2016

Medical Director

SUMMARY PAPER - HEALTHCARE ASSOCIATED INFECTION

This paper aims to summarise the key points in the full paper available to Board members at the meeting.

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

• Progress against Health Efficiency Access Treatment Targets	3.1
• *Staphylococcus aureus* Bacteraemia: NHS Lothian's *Staphylococcus aureus* Bacteraemia current rate of 0.28 against target of 0.24 per 1000 bed days (<184 incidences) by March 2016. Based on current data, the projected rate of *Staphylococcus aureus* Bacteraemia by March 2016 is 0.28 (233 episodes). Although above target it would be a reduction of 49 on 2014/15 performance 0.35 (282 incidences). Work is progressing on improvement plan.	3.2
• *Clostridium difficile* Infection: NHS Lothian's *Clostridium difficile* Infection target is to achieve a rate of 0.32 per 1000 bed days (<262 incidences by March 2016 with a current rate of 0.42. Based on current data, the projected total number of *Clostridium difficile* Infection by March 2016 is 0.42 (347 episodes). Although above target it would be a reduction of 46 on 2014/15 performance of 0.47 (393 incidences). Work is progressing on improvement plan	3.3
• Mandatory Surgical Site Infections**:** the Surgical Site Infections rate remains low.	3.4
• *Escherichia coli* Bacteraemia: mandatory surveillance will commence on 1 April 2016, local testing of the process started in December 2015.	3.5
• Antibiotic Prescribing Guidelines: Completion of duration/review dates remains variable and below optimum with reporting between 45-85% compliance.	3.6
• Healthcare Environment Inspectorate: carried out a two day unannounced inspection at the Royal Hospital for Sick Children on 2-3 December 2015. Report will be published on 17 February 2016.	3.7
• Vale of Leven Update: in December 2015, the Chief Nursing Officer for NHS Scotland has updated Scotland's Executive Nurse Directors that the Scottish Government will not be asking NHS Boards to provide further updates against the self-assessments. They advised the first phase analysis of the Board returns has been completed, with the majority of the Boards showing good progress towards implementing the recommendations.	3.8

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11 January 2016
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NHS LOTHIAN

Board Meeting
2 February 2016

Medical Director

<p style="text-align:center">HEALTHCARE ASSOCIATED INFECTION UPDATE</p>

1   Purpose of the Report

1.1   The purpose of this report is to update the Board on progress and actions to manage and reduce Healthcare Associated Infection (HAI) across NHS Lothian. Any member wishing additional information should contact the Medical Director in advance of the meeting.

2   Recommendations

2.1   The Board is recommended to:

- acknowledge from 4 January 2016 the Medical Director has taken on role of HAI Executive Lead working closely with the Director of Nursing, Chief Officer, NHS Lothian and the Director of Public Health and Health Policy. This is on an interim basis while executive portfolios are being reviewed.

- acknowledge receipt of the Healthcare Associated Infection Reporting Template for December 2015. (Appendix 1).

- note NHS Lothian's *Staphylococcus aureus* Bacteraemia target is to achieve a rate of 0.24 per 1000 bed days (<184 incidences) by March 2016 with a current rate of 0.28 (175 incidences). NHS Lothian is not on trajectory to achieve the set target for *Staphylococcus aureus* Bacteraemia.

- note NHS Lothian's *Clostridium difficile* Infection target is to achieve a rate of 0.32 per 1000 bed days (<262 incidences by March 2016 with a current rate of 0.42 (260 incidences). NHS Lothian is not on target to achieve the set target for *Clostridium difficile* Infection.

- Support prioritisation of *Staphylococcus aureus* Bacteraemia and *Clostridium difficile* Infection Improvement plans (Appendix 2 & 3).

3   Discussion of Key Issues

3.1   Progress against Health Efficiency Access Treatment (HEAT) Targets March 2016
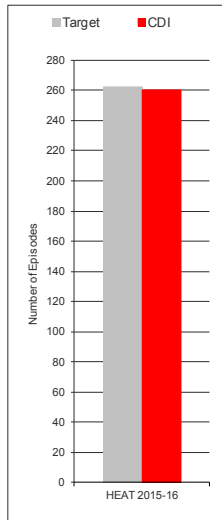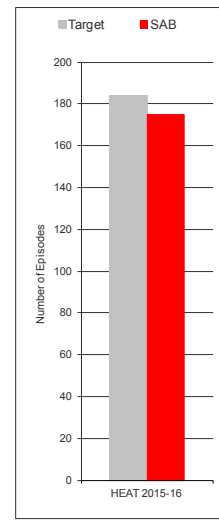
Figure 1:   No. of CDI Episodes 2015-16

Figure 2:   No. of SAB Episodes 2015-16

3.2 <u>*Staphylococcus aureus* Bacteraemia</u>: NHS Lothian's *Staphylococcus aureus* Bacteraemia target is to achieve a rate of 0.24 per 1000 bed days (<184 incidences) by March 2016 with a current rate of 0.28. There were 20 episodes of Meticillin Sensitive *Staphylococcus aureus* Bacteraemia in December 2015 (0 Meticillin Resistant *Staphylococcus aureus*).

Target Date	Target	Actual
Year Ending 31/3/2013	213	255
Year Ending 31/3/2014	219	243
Year Ending 31/3/2015	184	282
Year Ending 31/3/2016	184	175*

* Cumulative to date

Key Messages:

- In acknowledgment NHS Lothian will not achieve the efficiency target of 0.24 the aim is to better 2014/15 performance of 0.35 (282 incidences). The revised local target based on current performance and trajectory is to achieve 0.28 (233 episodes). This would be a reduction of 49 incidences.

- Ongoing monthly review of the local data and enhanced surveillance by a multi-disciplinary team suggests 80% of the infections are unpreventable.

- Illicit Intravenous drug use continues to impact on the current position for the unpreventable category. There have been 16 incidences since April 2015 where illicit drug use is identified as either main source or contributing factor.

- Within the preventable NHS Lothian remains vulnerable to Healthcare associated *Staphylococcus aureus* bacteraemia primarily through the use of Invasive Devices and soft tissue infections.

- Temporary additional support has been recruited with a focus on invasive devices. Quality Improvement/Patient Safety and Education Workforce development have jointly appointed 2 staff to support focused activity on insertion and maintenance bundles for Peripheral devices. Tissue Viability is working with the Infection Prevention and Control as part of the multidisciplinary team to review those related to soft tissue infections. Patient Safety will be key contributors to support the Staphylococcus *aureus* bacteraemia Improvement Plan (Appendix 2).

2

3.3 *Clostridium difficile* Infection: NHS Lothian's *Clostridium difficile* Infection target is to achieve a rate of 0.32 per 1000 bed days (<262 incidences) by March 2016 with a current rate of 0.42. There were 29 episodes of *Clostridium difficile* Infection in patients aged 15 or over in December 2015.

Target Date	Target	Actual
Year Ending 31/3/2013	418	364
Year Ending 31/3/2014	313	425
Year Ending 31/3/2015	262	393
Year Ending 31/3/2016	262	260*

* Cumulative to date

Key Messages:

- In acknowledgment NHS Lothian will not achieve the efficiency target of 0.32 the aim is to better 2014/15 performance of 0.47 (393 incidences). The revised local target based on current performance and trajectory is to achieve 0.42 (347 episodes). This would be a reduction of 46 incidences.

- Multidisciplinary ward rounds continue weekly to review patients with *Clostridium difficile* Infection. Prescribing, treatment and compliance with transmission based precautions are reviewed.

- There were two Problem Assessment Groups held for *Clostridium difficile* Infection when 2 areas indicated increased incidence above their normal range during November/December. Investigations concluded these cases were not linked and were attributed to high risk antibiotic use. This supports previous reviews including Health Protection Scotland review in September 2015. Antimicrobial prescribing is a key aspect in prevention and is addressed within the Antimicrobial Annual Work Programme and the draft *Clostridium difficile* Improvement Plan (Appendix 3)

3.4 Mandatory Surgical Site Infection Surveillance: The Surgical Site Infection rate for Caesarean section for NHS Lothian is 0.8%. The rate for Hip Arthroplasty is 0.4%. All Surgical Site Infections reported during this period were classed as superficial. There were no infections reported for repair to neck of femur.

3.5 *Escherichia coli* Bacteraemia: implementation phase of the data collection for the National Surveillance commenced 1 September 2015. Local testing of the process started in December 2015 and mandatory surveillance will commence on 1 April 2016.

3.6 Antibiotic Prescribing Indicators: Of the patient records reviewed November 2015 within medical and surgical wards at the Royal Infirmary of Edinburgh, Western General Hospital and St John's Hospital prescribing indicators indicate all prescribed doses were administered and the indication for antibiotic treatment was documented in over 90% of cases. Treatment was compliant with the antibiotic prescribing policy in 90 to 99% of cases. However duration/review date was documented in 45 to 85% of cases. This is a focus of the Antimicrobial Team work stream and education including medical staff induction programme. NHS Lothian is also implementing the NES training package Antimicrobial Stewardship to support improvement.

3.7 Healthcare Environment Inspectorate: carried out an unannounced inspection at the Royal Hospital for Sick Children on 2-3 December 2015. The draft report was not available at time of this submission. The final report and action plan is expected to be published on 17 February 2016.

3.8   Vale of Leven Update: In December 2015, the Chief Nursing Officer for NHS Scotland updated Scotland's Executive Nurse Directors that the Scottish Government will not be asking NHS Boards to provide further updates against the self-assessments. They advised the first phase analysis of the Board returns has been completed, with the majority of the Boards showing good progress towards implementing the recommendations. The Implementation Group has tasked Health Improvement Scotland with developing a proportionate assurance process, with the framework of quality of care reviews and current scrutiny and improvement systems. This will demonstrate that the recommendations are being implemented. A national Implementation Monitoring Plan is being drafted and will be publically available on the Scottish Government Website.

4   Key Risks

4.1   The key risks associated with the recommendations are:

- *Staphylococcus aureus* Bacteraemia increases the burden of illness, the risk of additional treatment and an extended stay in hospital.

- The use of antimicrobials, although essential to manage underlying health issues remains a risk in the acquisition of *Clostridium difficile* Infection.

- Based on current data for both *Clostridium difficile* Infection and Staphylococcus *aureus* Bacteraemia NHS Lothian is not going to achieve the Health Efficiency Access Treatment Target.

5   Risk Register

5.1   The Healthcare Associated Infection Corporate Risk Register 1076 is currently graded very high due to reported incidences of *Staphylococcus aureus* Bacteraemia and *Clostridium difficile* Infection impacting on negative trend to achieving Health Efficiency Access Treatment Target.

6   Impact on Inequality, Including Health Inequalities

6.1   Healthcare Associated Infection is more common in patients with co-morbidities, diabetes and alcohol problems. Accordingly, changes made are reducing the burden of Healthcare Associated Infection.

7   Involving People

7.1   Patient public representatives are actively involved during the Healthcare Environment Inspectorate inspections. There is patient public representation on the Community Health Partnership and Pan Lothian Infection Control Committees as well as Lothian Infection Control Advisory Committee.

8   Resource Implications

8.1   Infection Prevention and Control is an invest to save service. The excess cost of each episode of *Staphylococcus aureus* Bacteraemia and *Clostridium difficile* Infection is variable, depending on increased length of stay and additional treatment requirements.

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11 January/2016
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List of Appendices

NHS LOTHIAN

Staphylococcus aureus Bacteraemia Monthly Case Numbers

	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015
MRSA	3	1	2	6	1	3	2	1	2	1	2	0
MSSA	25	26	27	29	21	20	15	15	16	7	14	20
Total	28	27	29	35	22	23	17	16	18	8	16	20

Clostridium difficile Infection Monthly Case Numbers

	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015
Age 15-64	10	4	12	7	7	7	10	12	18	12	11	6
Age 65 plus	20	17	19	22	15	17	16	24	22	18	13	23
Total	30	21	31	29	22	24	26	36	40	30	24	29

Hand Hygiene Monitoring Compliance (%)

	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015
AHP	95.30	95.75	96.54	94.42	98.13	94.37	96.33	95.79	95.85	95.07	-	-
Ancillary	89.40	92.36	92.52	89.22	90.33	95.02	94.40	90.27	92.89	93.29	-	-
Medical	94.08	92.96	93.29	93.68	94.28	92.21	93.14	91.84	90.80	92.59	-	-
Nurse	98.53	98.61	98.24	98.43	98.67	98.28	97.57	97.40	97.68	98.20	-	-
Board Total	96.66	96.71	96.72	96.42	97.21	96.47	96.37	95.69	95.82	96.54	95.50	-

Cleaning Compliance (%)

	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015
Board Total	94.95	95.40	94.55	94.25	95.55	95.25	95.50	95.45	97.40	95.60	95.70	96.00

Estates Monitoring Compliance (%)

	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015
Board Total	96.65	96.60	94.75	95.85	96.40	96.15	95.70	95.35	94.90	94.85	95.65	95.70

ROYAL INFIRMARY OF EDINBURGH

Staphylococcus aureus Bacteraemia Monthly Case Numbers

	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015
MRSA	2	0	0	4	1	0	1	0	1	0	2	0
MSSA	14	15	16	11	10	9	10	7	7	3	5	8
Total	16	15	16	15	11	9	11	7	8	3	7	8

Clostridium difficile Infection Monthly Case Numbers

	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015
Age 15-64	1	0	5	2	1	2	3	2	5	3	6	2
Age 65 plus	5	6	7	6	2	4	5	8	6	6	2	3
Total	6	6	12	8	3	6	8	10	11	9	8	5

Cleaning Compliance (%)

	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015
Board Total	96.27	96.55	96.62	96.92	96.61	96.53	97.26	97.12	96.52	96.96	97.02	97.43

Estates Monitoring Compliance (%)

	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015
Board Total	95.45	95.47	95.99	96.45	95.87	95.94	97.24	94.42	95.23	96.86	98.47	98.79

WESTERN GENERAL HOSPITAL

Staphylococcus aureus Bacteraemia Monthly Case Numbers

	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015
MRSA	0	1	2	1	0	0	0	1	1	0	0	0
MSSA	2	7	6	12	7	7	4	8	6	4	5	6
Total	2	8	8	13	7	7	4	9	7	4	5	6

Clostridium difficile Infection Monthly Case Numbers

	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015
Age 15-64	4	3	3	3	2	3	1	7	4	2	4	2
Age 65 plus	4	3	2	3	2	5	5	9	7	2	9	9
Total	8	6	5	6	4	8	6	16	11	4	13	11

Cleaning Compliance (%)

	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015
Board Total	92.89	93.42	93.22	94.53	94.65	94.17	94.01	94.02	93.74	93.94	95.73	95.58

Estates Monitoring Compliance (%)

	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015
Board Total	98.17	97.83	96.50	95.36	96.07	95.33	94.84	94.87	93.24	92.55	93.33	92.74

Healthcare Associated Infection Reporting Template (HAIRT)

ST JOHNS HOSPITAL

Staphylococcus aureus Bacteraemia Monthly Case Numbers

	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015
MRSA	0	0	0	0	0	3	1	0	0	0	0	0
MSSA	6	2	3	3	3	4	0	0	1	0	2	3
Total	6	2	3	3	3	7	1	0	1	0	2	3

Clostridium difficile Infection Monthly Case Numbers

	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015
Age 15-64	0	1	0	0	0	0	2	1	2	0	0	0
Age 65 plus	1	3	2	6	1	4	2	1	4	4	1	2
Total	1	4	2	6	1	4	4	2	6	4	1	2

Cleaning Compliance (%)

	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015
Board Total	95.76	95.92	94.51	94.52	95.79	94.75	94.92	95.65	95.14	95.65	95.34	95.66

Estates Monitoring Compliance (%)

	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015
Board Total	95.53	95.01	94.97	95.97	95.45	95.16	93.97	94.56	94.24	94.73	93.85	94.05

Healthcare Associated Infection Reporting Template (HAIRT)

LIBERTON HOSPITAL

Staphylococcus aureus Bacteraemia Monthly Case Numbers

	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015
MRSA	0	0	0	1	0	0	0	0	0	1	0	0
MSSA	0	0	1	0	0	0	0	0	0	0	0	2
Total	0	0	1	1	0	0	0	0	0	1	0	2

Clostridium difficile Infection Monthly Case Numbers

	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015
Age 15-64	0	0	0	0	0	0	0	0	0	0	0	0
Age 65 plus	1	1	1	1	0	0	0	1	1	0	0	0
Total	1	1	1	1	0	0	0	1	1	0	0	0

Cleaning Compliance (%)

	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015
Board Total	96.87	96.77	96.23	96.96	97.87	96.63	97.39	97.92	96.41	97.77	97.69	97.19

Estates Monitoring Compliance (%)

	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015
Board Total	98.04	97.99	98.61	97.37	97.52	97.84	97.73	98.06	98.40	97.49	99.59	98.92

ROYAL HOSPITAL FOR SICK CHILDREN

Staphylococcus aureus Bacteraemia Monthly Case Numbers

	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015
MRSA	0	0	0	0	0	0	0	0	0	0	0	0
MSSA	3	2	1	3	1	0	0	0	2	0	2	0
Total	3	2	1	3	1	0	0	0	2	0	2	0

Clostridium difficile Infection Monthly Case Numbers

	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015
Age 15-64	0	0	0	0	1	1	0	0	0	1	0	0
Age 65 plus	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	1	1	0	0	0	1	0	0

Cleaning Compliance (%)

	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015
Board Total	94.11	94.47	91.83	92.61	94.22	93.47	94.11	94.90	93.93	94.42	94.54	94.02

Estates Monitoring Compliance (%)

	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015
Board Total	96.61	97.91	95.15	95.82	97.77	95.83	93.99	95.73	93.27	93.54	94.25	95.16

COMMUNITY HOSPITALS

Community Hospitals include the following hospitals and care facilities

- Astley Ainslie Hospital
- Corstorphine Hospital
- Ellen's Glen House
- Ferryfield House
- Findlay House

- Marie Curie Hospice Edinburgh
- Midlothian Community Hospital
- Roodlands Hospital
- Royal Edinburgh Hospital
- Royal Victoria Hospital

- St Columba's Hospice
- St Michaels Hospital
- Tippethill Hospital

Staphylococcus aureus **Bacteraemia Monthly Case Numbers**

	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015
MRSA	1	0	0	0	0	0	0	0	0	0	0	0
MSSA	0	0	0	0	0	0	1	0	0	0	0	1
Total	1	0	0	0	0	0	1	0	0	0	0	1

Clostridium difficile Infection **Monthly Case Numbers**

	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015
Age 15-64	2	0	1	0	0	0	0	0	0	0	0	0
Age 65 plus	0	1	0	0	1	1	0	0	0	1	0	0
Total	2	1	1	0	1	1	0	0	0	1	0	0

OUT OF HOSPITAL INFECTIONS

Clostridium difficile Infection **Monthly Case Numbers**

	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015
Age 15-64	3	0	3	2	3	1	3	2	7	6	1	2
Age 65 plus	9	3	6	6	8	3	4	5	4	5	1	9
Total	12	3	9	8	11	4	7	7	11	11	2	11

NHS Lothian – Improvement plan: Staphylococcus aureus Bacteraemia (SAB)

Improvement Objective	Action	Measure	Lead	Timescale
Demonstrate a reduction the Incidence of preventable *Staphylococcus aureus* Bacteraemia (SAB)	Review existing work plans and combine in to an overarching SAB Improvement Plan	In acknowledgment NHSL will not achieve HEAT target of 0.24 the aim is to better. 2014/15 performance of 0.35 (282 incidences). The revised local target is to achieve 0.28 (233 episodes)	Lead Nurse IPCT	March 2016
To improve robustness of SAB source identification and reporting	Monthly meetings to review National Enhanced SAB Surveillance (eSAB)

SAB source data gathered with Clinical Teams

Microbiologist involvement into investigation of all SABs | All SABs will have an enhanced surveillance form completed

Reduction in the source unknown | Clinical Scientist IPCT | Ongoing |
| To improve quality of information reported to clinical and senior teams in relation to SAB | Develop a report using the enhanced surveillance data to support clinical teams to develop local actions and drive improvements. | Enhanced Surveillance report produced monthly

The data is used by Quality Improvement and Practice Education temporary staff to target resources | Clinical Scientist IPCT | January 2016

Completed
The report has been positively received |
| Reduction in the number of Vascular Access Device (VAD) associated SABs | Trial the reporting of all Peripheral Vascular access device related SABs through Datix | Increase clinical review and reduction in the number of device related SABs | IPCT | trial ongoing |

Improvement Objective	Action	Measure	Lead	Timescale
	Focused review of format and completion of PVC bundle. Detailed analysis of data to facilitate targeted improvement plan to address continuing non compliance and incomplete documentation	Increased compliance with documentation relating to care. Decreased number of blood stream infections (BSI) associated with peripheral vascular cannulae	Patient safety quality improvement facilitator/HAI education facilitator	Oct 2016
	Introduction of Visual Phlebitis (VIP) Score to care of patients with peripheral vascular cannulae		Patient Safety	
	Medical and Nursing teams to ensure all staff who insert, manage, access or remove VADs have appropriate knowledge, skills and competencies to do so	Staff undertaking insertion and management of invasive devices can demonstrate completion of the eLearning programme and practical skills training with competency assessment	Clinical teams Targeted use of Patient Safety and Clinical educators to support staff training & practical skills in clinical areas where SABs have been identified	
Skin and Soft Tissue Infections (SSTIs)	Engaged Tissue Viability Nurses in enhancing the investigation of all SSTI related SABs	Documented evidence of Utilisation of Ropper ladder: A step-by-step guide to aid in identifying infected wounds and using topical antimicrobial dressings	Clinical teams	

NHS Lothian – Improvement plan: Staphylococcus aureus Bacteraemia (SAB)

Improvement Objective	Action	Measure	Lead	Timescale
	Promote HAI/NES e-learning for Asepsis			
Raise awareness of risks associated with unsafe injection practices with People Who Inject Drugs (PWIDs)	Interdisciplinary collaborative working with HPT, Scottish Drugs Forum and the Police to reduce the risks associated with "legal highs"	Selling of ethylphenidate containing New Psychoactive Substances products illegal throughout the UK	Harm reduction team Health protection	Complete
	Harm reduction advice leaflets produced and disseminated	Leaflets available and distributed at needle exchange points and other points of contact for PWIDs	Harm reduction team Health protection	
Reduction in contaminated blood culture Samples	Review of practice blood culture practice and education for front door areas.	Sustained reduction in blood culture contamination rates	Improvement Team/Education Team/Simon Edgar	ongoing

Improvement Objective	Action	Measure	Lead	Timescale
	Testing of blood culture 'grab bags' to reduce variation in technique and improve compliance.	Sustained reduction in blood culture contamination rates	Improvement Team/Education Team/Simon Edgar	ongoing

NHS Lothian – Improvement plan: Clostridium difficile infection (CDI)

1. Context

Since 2009, all NHS boards have been required to report mandatory surveillance data on the episodes of Clostridium difficile infection (CDI) in the 15-64 year age group and also for those aged 65 and older. NHS Lothian has seen significant decrease of overall episodes since surveillance began.

The 2015/16 HEAT target for CDI is to achieve a rate of 0.32 per 1000 acute occupied bed days by March 2016. This equates to no more than 262 episodes of CDI in 2015/16.

As of November 2015, NHS Lothian has a rate of 0.42 per 1000 acute occupied bed days (246 episodes).

Although not on course to meet the HEAT target for 2015/16, NHS Lothian is not currently an outlier against nationally reported data in either age group and no abnormal variation in long term trend has been observed [1].

A recurring seasonal anomaly has been identified in Q3 in NHS Lothian, where an increased incidence of CDI in 15-64 age group has been seen in the last 2 consecutive years. HPS are assisting the board explore potential hypotheses for this phenomenon, but nothing has been identified to date.

In line with the NHS Lothian HAI Improvement Strategy [2], the key areas for improvement can be identified under three key topic headings:

1. Leadership (roles, responsibilities, governance)
2. Infrastructure (case definition & sampling, measurement & reporting, surveillance, antimicrobial stewardship)
3. Reliable implementation of processes and interventions (MDT case review, audit & feedback, education & learning)

2. Current projects and work streams

A number of CDI improvement projects and interventions are already in progress across the organisation, led by a wide multidisciplinary team. This includes:

- Microbiologists and Infectious Disease Physicians
- Infection Prevention & Control Nurses
- Clinical Scientists
- Antimicrobial pharmacists
- Antimicrobial prescribing audit nurses
- Medical educators
- Nurse educators
- Laboratory staff
- Quality Improvement staff
- Clinical staff (medical and nursing)

At present, there is no overarching improvement plan or governance framework to ensure key lessons learned are effectively captured, shared and implemented more widely. This scattered approach also means there is duplication of effort and other inefficiency.

3. What does our data currently tell us?

Analysis of the 12 month rolling data for December 2014-November 2015 shows that of the 346 cases (episodes):

- 28% were attributed to WGH (n=98)
- 27% were attributed to RIE (n=94)
- 27% were attributed to GP practices (n=93)
- 11% were attributed to St John's Hospital (n=39)
- 5.6% were attributed to Liberton, RHSC and Community Hospitals. (n=20)

Many of the current improvement strategies have focused on acute hospital patients and the care and management within this environment.

Significant work has been undertaken to reduce CDI associated with primary care prescribing since 2013. This has resulted in substantial reductions (and in some cases zero cases) in CDI across many GP practices in Lothian. However there remain a small number of practices that regularly diagnose CDI and there is a correlation between high antimicrobial prescribing and incidence of CDI in these practices.

The governance arrangements to address continuing use of 4C antimicrobials in primary care also require to be strengthened, as this continues to be a persisting area of concern.

Case review of patients with CDI identified in during hospital admission frequently highlights the role of community prescribing of antimicrobials, proton pump inhibitors (PPI) and other medications as avoidable risk factors. Health Protection Scotland have clear criteria for attributing episodes of CDI to healthcare associated and community associated cases and clear criteria for defining severe cases of CDI.

However, there is scope to improve understanding regarding the epidemiology of CDI in Lothian by using these definitions to give context to the data that features in its reports as well as consideration as to how many cases of CDI are considered preventable, and how many are an unintended but unavoidable consequence of appropriate treatment

Therefore planned improvement work should include primary care and continue to address antimicrobial stewardship, prescribing, and accurate clinical history taking to improve the prevention, diagnosis and treatment of CDI.

Each geographical infection prevention and control team review all CDI cases each month (28 day review) but at present, this is only discussed at each hospital site and reported at individual ward level. There is an opportunity to review all CDI cases in the same way that SAB cases are reviewed using teleconference to bring together the wider multidisciplinary team which should include ward medical staff, pharmacists, nursing staff. This would also enhance shared learning and best practice.

It would also be beneficial to have the site Associate Medical Director and Associate Nurse Director participate in this review to highlight areas where sub optimal clinical management is taking place

3.2 Why do we have so many cases?

- An emerging theme from CDI case review on ward round is that C difficile toxin positive laboratory stool samples are being over interpreted as being synonymous with a diagnosis of C. difficile infection. A significant proportion of these stool samples did not however meet HPS criteria for testing and were from patients who did not have evidence of diarrhoea using the HPS and WHO definition of diarrhoea. *"..defined as the passage of three or more loose or liquid stools per day, or more frequently than is normal for the individual"*

Without diarrhoea, the positive predictive value of the laboratory toxin test is less certain and it is less reliable as a test, particularly in patients who have had recent, previous episodes of CDI. This can and does result in over diagnosis and over treatment of patients who have no clinical evidence of active colitis, have more plausible alternative explanations for loose stool (such as inflammatory bowel disease) and can actually be constipated. Deviation from the HPS C difficile testing algorithm, which was released in 2012, by sending and testing and over interpreting toxin results clearly demonstrates an educational need.

In NHS Lothian, the Bristol Stool Chart is used, and stool types 5-7 on this chart are classed as loose or diarrhoeal.

There are also reported anomalies between laboratory definition (sample takes the shape of the container) and ward definition (types 5-7 on the Bristol Stool Chart). The IPCT are aware of instances where samples have been rejected by the laboratory (as it does not conform to the shape of the container) but ward documentation reports multiple episodes of type 6 or 7 stool (meets ward definition) and vice versa – samples tested in the laboratory and reported as C difficile toxin positive, where no documented history of diarrhoea or clinical illness consistent with this is available on the ward.

This means that CDI may be over-diagnosed and alternative explanations for symptoms not fully considered. Patients are potentially receiving unnecessary antimicrobial treatment for CDI and possibly unnecessarily extending their stay in hospital and occupation of en suite single rooms. A key focus of the improvement work would therefore focus on ensuring:

- accurate documentation of daily stool frequency and consistency (using Bristol stool chart) using standardised definition when a patient has loose stools.
- Updating the NHS Lothian loose stool policy so that NHS Lothian guidance is clearer and more clinically useful.
- clear and concise guidance on what to sample, how and when; and
- review of patient symptoms and clinical history and clinical signs before communicating laboratory C . difficile toxin positive results to ensure these patients meet the HPS case definition for CDI prior to communicating that a patient has CDI and triggering treatment. .

- Clear assessment of CDI severity using HPS definitions at the point of communicating the positive toxin result so that appropriate initial treatment is given, clear assessment as to whether adjunctive interventions such as surgery may be required and all unnecessary triggers have been reviewed and discontinued.
- Appropriate daily review of symptoms and severity markers for evidence of deterioration and need for escalation of treatment.

This would have the effect of distinguishing patients with positive laboratory toxin tests and no symptoms from patients with C difficile colitis from the data and ensuring only patients with evidence of colitis and infection are reported.

At present, equivocal CDI results (samples which are glutamate dehydrogenase (GDH) positive but toxin negative) are communicated to ward staff, and repeat samples are requested where patients meet stool frequency or stool consistency criteria for testing for C difficile. However, patients with equivocal results are not consistently reviewed as part of CDI ward rounds, pharmacy intervention review or other interventions. It is recognised that many patients who return an equivocal result may have multiple risk factors for developing CDI infection if exposed to triggers.

There is an opportunity for early intervention to review these patients so that such triggers are avoided which is often missed at present.

A diagnosis of CDI should not solely be made on a positive laboratory result, and must be made in conjunction with a review of clinical symptoms. However, the availability and quality of ward documentation is highly variable, and it is often difficult for clinical or infection prevention control staff to determine whether a patient has diarrhoea or not.

3.3 How do we tackle the problem?

Key preventative strategies primarily hinge on good antimicrobial stewardship, and management of other risk factors for CDI such as prescription of Proton pump inhibitors (PPI) as well as optimal management of individual episodes to reduce the duration of diarrhoea and reduce the risk of environmental contamination with spores.

A significant effort has been made to provide education to prescribers (doctors) in relation to antimicrobial stewardship in line with national action plans (SAPG).

However, it is frontline nursing staff who are most often responsible for administration of antimicrobials and increasingly becoming nurse prescribers themselves and therefore have a key role to play with regards to antimicrobial stewardship. There is currently limited education or training provision made for this as part of mandatory or ongoing professional development although such learning resources are available.

3.4 How do we currently manage and treat CDI?

There is currently limited evidence from case review that patient to patient transmission has taken place in Lothian hospitals but molecular testing of strains shows that it can happen. There is however a need to demonstrate reliable implementation of standard and transmission based precautions within the hospital environment.

Compliance data for transmission based precautions is gathered as a free text entry on the IPCT reporting system (ICNet). Further compliance data is gathered and reported as narrative as part of CDI ward round review, but not currently collated in a standardised format or reported in a meaningful way with trend monitoring over time. Actions in relation to non compliance are not explicitly detailed or followed up. This can result in a very documentation focussed approach to the management of a patient with loose stool and can detract from optimising patient centred clinical management.

3.5 CDI associated mortality

All HAI related deaths (including CDI) are reported to on the mortality data base. An adverse event review investigation tool is completed in response to all deaths where CDI is listed as a factor on parts 1 or 2 of the death certificate. Implementation of the new HPS CDI Severe Case Investigation Tool (2015) may help educate staff in making a severity risk assessment and raise the profile of severe CDI and understand its possible consequences. The toolkit is designed to help identify where system changes may be required to prevent further CDI.

At present, although identified on a case by case basis, there is limited collation of emerging themes, or areas for improvement captured from these reviews. Summary reports outlining key information are not produced on a regular frequency.

Improvement objective	Action	Measure	Lead	Timescale
To improve robustness of CDI case identification, definition and reporting	Revise standard operating procedure and guidance on stool sampling for clinical staff and align this with HPS guidance for laboratory testing		IPCT	
	Secure ward pharmacist support to complete CDI pharmacy intervention form within 2 days of diagnosis at WGH in line with model employed at RIE and SJH.	% decrease in number of changes required to prescription	AMT/ADTC	
	Develop & deliver a rolling programme focused education and training frontline clinical staff on revised stool sampling guidance and completion of Bristol Stool chart/ other documentation		IPCT/Education team	
	Revise membership and format of CDI ward rounds and infection ward rounds to provide prompt effective, patient centred review. Include review of both equivocal and confirmed CDI cases on review.		ICD/IPCT/AMT	
	Review quality assurance mechanism for phoning out GDH positive and toxin positive laboratory results and ensuring this is consistent with clinical presentation.		ICD/Lead IPC Nurse	
	Review the current system of notification of toxin positive results to ensure clinical microbiologists are appraised of cases in a timely manner. This will enhance The current arrangement notifies IPCN staff to clinical review of patients and optimisation of factors that may have contributed to CDI.		ICD/Lead IPC Nurse	

	Improve severity assessment so that isolates from severe cases are sent for ribotyping and the identification of hypervirulent strains is not missed.		Consultants/ Medical Director	
	Consider implementation of local detection of C difficile from stool by PCR to identify instances where a positive GDH test is a false positive. In patients who meet criteria of loose stool knowledge that the GDH test is a false positive may prevent unnecessary empirical treatment for CDI which has been misdiagnosed.		Consultant Microbiologists/ Laboratory staff	
To highlight ongoing risk of relapse and prompt early testing and intervention for clinical teams responsible for ongoing patient care.	Review and improve hand over and discharge communication regarding CDI diagnosis. This will allow new teams with responsibility for the patient know of the diagnosis, know of the relapse risk and know to avoid unnecessary antibiotics and PPIs.		Consultants/ Senior Charge Nurses	
	Infection Control Doctor/IPCT to review all CDI cases and deselect any which do not meet case definition for mandatory surveillance	Decrease in incidence of CDI reported to HPS Demonstrate numerator & denominator data – number of positive cases/number of positive cases which meet clinical case definition	IPCT	
To improve quality of information reported to clinical and senior teams in relation to CDI	Audit compliance with transmission based precautions (TBPs) using standard question sets on ICNet on notification of result and again within 48 hours.	% compliance with TBPs on positive result % compliance validated on first IPCN review (48hrs)	IPCT	

	Perform a root cause analysis as to the factors that contributed to diagnosis of severe CDI and act of emerging trends to prevent further cases and include such data in reporting to HAI executive lead.			
	Revise and improve the information included in CDI monthly report (and reports to senior management) to reflect key areas for learning & improvement.			
	As part of CDI report, provide regular (6 monthly) mortality report for SAB and CDI to highlight at site and board level any key themes or areas for improvement emerging from reviews.		Clinical Scientist/IPCT	
	Revise CDI policy and associated guidelines and information (leaflets, posters etc) to ensure this reflects current national policy, guidance and best practice.	100% of CDI policy, guideline and other information reflects current policy & reviewed within 2 year timeframe		
	Improve information provided to GP practices to encourage practices to review CDI cases and local prescribing?		GP/HPT/AMT	
To promote and improve antimicrobial stewardship amongst all frontline clinical teams	NES module for antimicrobial stewardship to be made mandatory for all nursing staff (band 5 and above) who are responsible for medicines administration. Phased introduction – commencing wards/areas with highest incidence of CDI in past 12 months	% uptake of NES module	Education team/Clinical Nurse Managers	
	Medical staff (FY1 & 2, StR) to be encouraged to completed NES antimicrobial prescribing programmes and link to medical appraisal system		AMD medical education	

References:

[1]HPS (2015) Commentary *on quarterly epidemiological data on Clostridium difficile infection (CDI) and Staphylococcus aureus bacteraemias (SAB) in Scotland April to June (Q2) 2015* http://www.documents.hps.scot.nhs.uk/hai/sshaip/publications/quarterly-epidemiological-commentaries/2015/2015-q2-sab-cdi-commentary.pdf

[2] NHS Lothian (2015) HAI Improvement Strategy [add link]

HPN (2014) *Guidance on Prevention and Control of Clostridium difficile Infection (CDI) in Care Settings in Scotland* http://www.documents.hps.scot.nhs.uk/about-hps/hpn/clostridium-difficile-infection-guidelines-v2.1.pdf

Scottish Antimicrobial Prescribing Group (2014) *Antimicrobial Use and Resistance in Humans in 2014* https://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Publications/2015-10-06/2015-10-06-SAPG-2014-Report.pdf?26636904479

HPS (2012) Recommended protocol for testing for *Clostridium difficile* and subsequent culture http://www.documents.hps.scot.nhs.uk/hai/sshaip/guidelines/clostridium-difficile/smvn-testing-clostridium-difficile.pdf

NES (2015) Antimicrobial stewardship training resources http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/healthcare-associated-infections/training-resources/antimicrobial-stewardship-workbook.aspx

http://www.documents.hps.scot.nhs.uk/hai/infection-control/toolkits/cdi-severe-investigation-tool-2010-01.doc

HOS. Guidance on reporting of equivocal results for C difficile. October 2010.

NHS LOTHIAN

Board Meeting
3 February 2016

Chief Officer, Edinburgh Health & Social Care Partnership

SUMMARY PAPER - WHOLE SYSTEM PATHWAY AND DISCHARGE FROM HOSPTIAL IMPROVEMENTS, EDINBURGH

This paper aims to summarise the key points in the full paper. The relevant paragraph in the full paper is referenced against each point.

• The purpose of this report is to update the Board on the approach and actions that Edinburgh Partnership, are taking to progress improvements on the whole system pathway and discharge from hospital.	1.1

• The Edinburgh Partnership, along with the NHS Board have been working with the Scottish Government on taking a transformational programme forward which addresses the whole system nature of the identified problems. Includes:
  • Whole systems Pathway Work:
    ○ Commissioning and Reablement
    ○ Whole System Mapping
    ○ High Resource Individuals
 	
  • Discharge from Hospital:
    ○ Agreed approach on priority actions across the whole system
    ○ South East Locality Hub Test of Change
	3.3

Whole Systems Pathway workstreams • <u>Commissioning and Reablement</u>: being led by JIT, which is examining capacity and analysing referral demand, and will report by the end of January 2016. • <u>Whole System Mapping:</u> for older people – pathway being developed with HIS colleagues. Activity and financial data will be overlaid, to determine the areas within the pathway that create the greatest pressure and failure demand on the system, for priority action. This will be used at the forthcoming whole system Discharge from Hospital event – 8th March. • <u>High Resource Individuals</u>: Very small percentage of individuals, who use 50% of the Health and Social Care resource. Workshop with HIS being arranged using 2014/2015 data (from ISD and Social Care) to present how these individuals use the service and move through the system. • In December 2015, (HIS) acknowledged there are complex challenges which are not going to be resolved quickly, recognising this is a long term piece of work for the Partnership, whilst the Partnership continue to deal with the current pressures as well.	3.5.1 3.5.2 3.5.3 3.5.5

Discharge from Hospital: • Previous reports and recommendations will be highlighted to achieve agreed approach on priority actions across the whole system. This will be determined at the whole system workshop for Edinburgh on the 8th March for accountable senior managers. • South East Locality Hub Test of Change is progressing. Dynamic iterative model of improvement to a new approach of managing and responding to demand from both hospital and community. Hub will be based at Liberton Integrated Older People's Service. Huddles commenced and cases being worked through a more comprehensive and coordinated approach to access all the community functions to support discharge in a more responsive way, and prevent avoidable admission. Learning event for senior managers across Edinburgh to agree roll out programme to other 3 localities planned for 29 January. ISD are on board with measures and impact.	3.6.1 – 3 3.6.4-7

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NHS LOTHIAN

Board Meeting
3 February 2016

Chief Officer, Edinburgh Health & Social Care Partnership

WHOLE SYSTEM PATHWAY AND DISCHARGE FROM HOSPITAL IMPROVEMENTS

1   Purpose of the Report

1.1   The purpose of this report is to update the Board on the approach and actions that the Edinburgh Integration Authority, (Edinburgh Partnership), are taking to progress improvements on the whole system pathway and discharge from hospital.

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

2   Recommendations

2.1   To note and support the whole system approach that the Edinburgh Partnership is taking to improve the whole system pathway and discharge from hospital.

3   Discussion of Key Issues

3.1   It is recognised that there are challenges associated with the overarching whole system pathway and discharge from hospital, which creates pressure in the flow, capacity and demand across both community health and social care services, and hospitals. This results in a poor experience for people, has an adverse impact on quality.

3.2   This has been compounded by financial pressures across health and social care services within the Edinburgh Partnership.

3.3   The Edinburgh Partnership, along with the NHS Board have been working with the Scottish Government on taking a transformational programme forward which addresses the whole system nature of the identified problems. Key areas of this programme, described in this report, include:

         • Whole systems Pathway Work:
             o Commissioning and Reablement
             o Whole System Mapping
             o High Resource Individuals

         • Discharge from Hospital:
             o Agreed approach on priority actions across the whole system
             o South East Locality Hub Test of Change

3.4   These   action orientated work streams contribute to the priorities agreed in Edinburgh's Strategic Plan:
         • Right care, right place, right time
         • Prevention and early intervention

- Managing our resources effectively
- Person centred care
- Making best use of capacity across the whole system
- Tackling Inequalities

3.5   **The Whole Systems Pathway** element of this programme has had improvement support from Healthcare Improvement Scotland, (HIS), and the Joint Improvement Team (JIT), who have been working with the Edinburgh Partnership to consider key actions for:

3.5.1   Commissioning and Reablement: This is being led by JIT, which is examining capacity and analysing referral demand, and will report by the end of January 2016.

3.5.2   Whole System Mapping: an extensive exercise is underway, with preliminary pathways being developed by colleagues across the whole pathway, with HIS producing this. The next steps are to ensure accuracy of the pathways, in order that activity and financial data can be overlaid, to determine the areas within the pathway that create the greatest pressure and failure demand on the system, for priority action. It is important for the Edinburgh Partnership that information is available on a locality basis, in order that more deliberate action can be taken to resolve pathway pressures. The Pathways reflect:

- Whole system high-level view - showing a circular system, but not direction of flow
- Whole system flow view – showing flow between services, if a change in the system were to occur, the arrows can be traced to show where demand would go. A service driven map.
- Whole system pathway view – more detailed and person centred. Also shows where demand would go if a change in the system occurs.

3.5.3   High Resource Individuals: These are a very small percentage of individuals, who use 50% of the Health and Social Care resource. For other partnerships, HIS have held a half a day workshop using 2014/2015 data (from ISD and Social Care) to present how these individuals use the service and move through the system.

3.5.4   HIS have clarified that the workshop, and its priorities are designed in conjunction with the Partnership. HIS support in the form of the Local Integration Support Team, can provide data at a local level, and data may be able to be pulled from SPARRA too. As part of the Pathway work stream, the Edinburgh Partnership will develop a workshop to include the whole system picture is achieved: hospital, community, third sector representatives, Scottish Care, GP, housing sector, public health, and a critical friend.

3.5.5   In December 2015, Healthcare Improvement Scotland (HIS) acknowledged there are complex challenges which are not going to be resolved quickly, recognising this is a long term piece of work for the Partnership, whilst the Partnership continue to deal with the current pressures as well. HIS recognise that the pathway development work is a joint learning exercise for both HIS and the Partnership, with it being apparent that this scale of whole systems mapping is new territory for everyone.

3.6   **The Discharge from Hospital** element sits alongside, and has a clear connection with the Pathway improvement element described above.

3.6.1   Significant work has been undertaken over the last few years to understand the causal factors of delays in discharge, both locally and nationally. Despite progress made in Edinburgh over the last five years, delays in discharge continue to cause pressures across both community and hospital capacity and flow.

3.6.2   The Chair of the IJB, along with the Chief Officer is currently working with colleagues across community health and social care, and acute hospitals to determine the approach on improving the processes associated with *Discharge from Hospital.*

3.6.3   An event is being planned for the 8^th March 2016, that will bring together key accountable officers across the whole system, to determine an agreed approach and immediate priority actions, which will see whole system improvements to processes associated with discharge from hospital. This group will also determine the medium and longer term transformation that will be required to support sustainable improvements across the whole system. Colleagues from the Scottish Government have also been invited to make a contribution to this initial event, to share learning from other areas in Scotland.

3.6.4   An early action that has been agreed on a whole system basis, through Lothian's Winter Plan 2015-16, is a test of change to develop a *Locality Hub* model. The approach fits with the Lothian partners intention of 'doing something differently', and moving away from a bed based model of support for winter.

3.6.5   Instead of the traditional long lead in time planning for change on a large scale across Edinburgh, improvement methodology has been utilised to test this change in the South East, (SE) locality, with a dynamic approach of direct application, iteratively developing, reviewing and improving the systems and processes to make the change happen successfully.

3.6.6   Once successful application has been achieved, spread will occur in a methodical way in the other three Edinburgh localities. There is a workshop for key clinical staff, managers and other stakeholders on the 29^th January to share the early learning, Project Charter and Outline Project Plan, along with sharing the experience of some of the key challenges encountered, and the next steps for 'going live' in South East at the beginning of February 2016.

3.6.7   The aim of the model is to change the way of working in SE Edinburgh, to an assets based approach, optimising all the community resources from all providers and improve integrated working across Acute, Primary care, Health & Social Care services, ensuring people are in the right place at the right time by:

   • Preventing avoidable admission
   • Increasing the number of supported discharges to this locality and get patients home
   • Developing a co-ordinated, responsive model of care through the locality hub approach

This will allow people to:

- stay at home safely
- be discharged home safely, within 72 hours of discharge decision being made
- receive the right care and support in a responsive manner

3.6.8 The Edinburgh Partnership took ownership of this test of change in October 2015, and have been actively working strategically and operationally to:

- Develop <u>referral mechanisms and pathway</u>: this is complete, and is starting to be tested using real cases
- Identify the <u>Hub infrastructure</u> requirements and costs: this is almost complete, with Hub Huddles being tested to ensure timing and information availability is optimised, as well as being clear about where responsive support will occur
- Consider the <u>hub workforce, recruitment and training</u> requirements and costs: Clinical Support Workers have been recruited to enhance this function, with induction underway. Wider discussions are underway to consider the wider workforce changes, with there being a high degree of enthusiasm and willingness encountered thus far, to do things differently
- Identify how <u>impact will be measured</u>, and performance monitored, recorded and reported: measures have been identified, with our HIS Local Integration Support Team contributing to the development of the performance framework
- Develop a <u>communications strategy</u>, in order that staff and other stakeholders are informed of improvements: this is underway, and will be part of the overarching Strategic Plan communications to identify progress against the agreed priorities
- Identify mechanism for <u>evaluation of the implementation process</u>: HIS colleagues are integrally involved with the Partnership on this

4   Key Risks

4.1   Key risks are associated with patient experience, quality of care, and performance against standards and targets for delays in discharge.

4.2   There is a risk that the partners can't agree a process, principles or methodology for taking improvements forward.

4.3   There is a risk that there will be resistance to change operationally.

5   Risk Register

5.1   There are no new implications for NHS Lothian's risk register.

6   Impact on Inequality, Including Health Inequalities

6.1   An inequalities impact assessment will be undertaken as part of the Edinburgh Partnership Strategic Plan development. The work highlighted in this approach is integral to meeting the priorities within the Strategic Plan.

7   Involving People

7.1   Edinburgh Partnership has engaged with, involved, and consulted with the local population and other stakeholders and had in place a formal consultation process as part of developing the Strategic Plan, with these work streams being key actions to deliver against the agreed priorities within the Plan.

8   Resource Implications

8.1   The cost of the additional Clinical Support Workers, c£165k, has been met through the Transformation fund. There are likely to be resource implications for these work streams, with the Scottish Government providing financial support in the short term. Longer term implications will be determined through the progress of the work.

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NHS LOTHIAN

Board Meeting
3 February 2016

Chief Officer

ROYAL COLLEGE OF PAEDIATRICS AND CHILD HEALTH (RCPCH) REVIEW OF MEDICAL PAEDIATRIC INPATIENT SERVICES IN LOTHIAN - UPDATE

1   Purpose of the Report

1.1   The purpose of this report is to further update the Board on the Royal College of Paediatrics and Child Health (RCPCH) review of acute Medical Paediatric services in Lothian and the user, stakeholder and public engagement processes which are underway or planned.

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

2   Recommendations

2.1   Note that the RCPCH Review Team carried out their first 3 day visit to Lothian on 18 -20 January 2016

2.2   Note that the RCPCH will return on 10 and 11 February to conduct a series of parent, carer and stakeholder Focus Groups in West Lothian and Edinburgh

2.3   Note that NHS Lothian plan to hold a series of open Public meetings across Edinburgh, West Lothian, East Lothian and Midlothian from end of February to mid March, the feedback from which will be submitted to the RCPCH to supplement the feedback they are already collecting

2.4   Note that the RCPCH online survey remains open for anyone to respond to

2.5   Note that the expected timescale for the submission of the Review Team's Report is May 2016

3   Discussion of Key Issues

3.1   NHS Lothian is committed to providing patient centred, safe and effective care for patients. Following long standing recruitment difficulties in Paediatrics and the second temporary 6 week closure of the inpatient part of the Children's ward at St John's Hospital in 2015, NHS Lothian Board decided to commission an independent, external expert review of acute Medical Paediatric services across the whole of Lothian.

3.2   At its meeting in public on 7 October 2015, NHS Lothian Board agreed that the Royal College of Paediatrics and Child Health (RCPCH) should be appointed to conduct this review, with a remit to make recommendations to ensure the sustainability and long term safety of inpatient services for children in Lothian.

3.3   The first stage of the RCPCH Review involved setting up an online survey in December 2015, for any members of the public, parents, stakeholders and staff to respond to. This survey has been widely publicised and will remain open until at least the end of February 2016.

3.4   The next stage of the Review has involved the Review team members (a Consultant Paediatrician, a Consultant Neonatologist, a Paediatric Nurse Consultant and a Lay Reviewer with expertise in patient and public engagement) carrying out an in depth visit to Lothian (the details of the Review Team members and the process are set out in Appendix 1 attached)

3.5   This visit took place over 3 days, from 18 -20 January and the Review Team went to the Royal Hospital for Sick Children, St John's Hospital and the Simpsons Centre at the Royal Infirmary of Edinburgh to meet the clinical teams and see their services at first hand. The Review Team also met with MSPs and attended the St John's Hospital Stakeholder meetmeet held in public on 20 January, to outline the Review process and answer questions (details of the visit Programme are attached at Appendix 2)

3.6   The next stage of the Review is a series of parent, carer and stakeholder Focus Groups, which the RCPCH will be carrying out in West Lothian and in Edinburgh on 10 and 11 February, to get more in depth feedback on services and patient/ parent experience. Those responding to the online survey have been invited to note their interest in taking part in one of these Focus Groups (information about the Focus Groups is attached at Appendix 3)

3.7   In addition to this, NHS Lothian is planning to hold a series of Public meetings in the evenings and during the daytime, to take place between end February and mid March, which will be open to anyone to attend. The purpose of these meetings is to allow NHS Lothian to detail, the remit of the Review, the process that will be followed and to allow people to raise any questions and give their thoughts and feedback. There will be 2 Public meetings held in each of the four Local Authority areas in Lothian whilst members of the review team will not attend these sessions the feedback from these meetings will be recorded and formally submitted to the RCPCH, to supplement the user/ stakeholder/ public views they are already collecting to support their understanding of stakeholder issues and experiences..

3.8   The RCPCH have indicated that there may be a need for the Team to carry out a further follow up visit after their Focus Group meetings and this will be confirmed during February.

3.9   At this point the timeline for the completion of the Review and receipt of the Review Report remain as previously notified, with the final report expected to be submitted to NHS Lothian in May 2016. It is planned that this will go to the NHS Lothian Board Members Workshop meeting in May 2016 and then on to the June Board meeting.

3.10   In addition to the activities listed above, NHS Lothian has had correspondence from some MSPs, West Lothian Council and has received a Freedom of Information request (FOI) in November 2015 (see Appendix 4) all of which have been responded to. Members will also have seen the considerable Press coverage of this and of the Review. NHS Lothian has factually responded to all of these articles.

4   Key Risks

4.1   The risks associated with the staffing situation at St John's Hospital will remain until implementation of the Review's recommendations and this includes the risk that the Children's Ward there may have to be closed at short notice for out of hours periods, for clinical safety reasons.

5   Risk Register

5.1   The risks associated with the fragile staffing situation at St John's Hospital and the potential risk to other related services, are on the Board's Risk Register.

6   Impact on Inequality, Including Health Inequalities

6.1   A Health Inequalities impact assessment and Equality and Diversity impact assessment will be undertaken once the Review is completed.

7   Involving People

7.1   This paper sets out the engagement process underway during the Review period.

8   Resource Implications

8.1   There are no new or significant resource implications arising from this paper.

Jim Crombie
Chief Officer
University Hospitals and Support Services
1 February 2016

List of Appendices

Appendix 1: RCPCH Review - Information on Team members and process
Appendix 2: RCPCH Visit Programme, 18- 20 January
Appendix 3: RCPCH Focus Groups, 10 and 11 February
Appendix 4: Freedom of Information request, November 2015

RCP H Royal College of **Paediatrics and Child Health**	**Invited Reviews Programme**
	Information for contributors

Dear Colleague

Invited review of NHS Lothian Paediatric service

RCPCH has been invited by NHS Lothian to carry out a review of the paediatric service in order to determine some options for a sustainable way forward. This is an internal review, with agreed terms of reference, and will include consideration of both St John's Hospital and the Royal Hospital for Sick Children as well as national trends for workforce and standards across paediatrics and nursing. As part of the review, the team detailed overleaf will need to gather documentation and information from a range of sources, including interviews with staff, patients/families and people from outside organisations who have worked with the team.

The Review team will be visiting the area between 18-20[th] January to talk to staff in the service and colleagues from organisations that work with them. If we are unable during that visit to meet everyone who would like to talk to us we can arrange telephone interviews or take written contributions. We may also be able to talk to people at other times but the full team may not all be available together

Thank you for agreeing to participate in the review - this note sets out how Invited Reviews work and provides details of the reviewers and what to expect. Our contact details are overleaf and we look forward to meeting with or hearing from you soon.

General

The management of an NHS body may request an Invited Review to help them understand service issues, or where they require independent advice on service provision.

The College acts independently and can provide analysis advice and recommendations in an environment of trust. Our views are backed by the experience and governance of a professional membership and standard-setting organisation. This means we can often see new ways in which a service can operate to comply with safety and quality standards and accommodate policy and workforce changes to ensure that the service is sustainable and best meets the needs of local people.

The Reviewers are two experienced paediatricians plus a representative from the Royal College of Nursing, a lay representative and a staff member from the RCPCH. They have been selected for their expertise in paediatric service design and their review experience. Their details are below.

What happens during an Invited Review visit?

The broad process that reviews follow is set out on www.rcpch.ac.uk/invitedreviews. You may be interviewed to help the review team collect information about the service.

Interviews are confidential, with staff on their own or in small groups as appropriate to ensure everyone make the best use of time and the Reviewers fully understand the issues and perspectives of the team. If you are unavailable for interview at the time of the review visit you may be asked to submit a written comment to the Reviewers or a separate telephone conference may be arranged.

The Reviewers role is to establish facts and hear perspectives in relation to the service and make recommendations to improve patient care. Please talk openly to them and view this process as an opportunity to make improvements.

What happens after the review visit?

The Reviewers will consolidate their findings at the end of the visit and sometimes ask further questions. Within a few weeks of the review they will send through a report, which details their findings and recommendations. Once the report has been finalised and sent to the Health Board it is for them to decide how the report should be used and who should see it.

Confidentiality

While the report will not attribute comments to interviewees, due to the nature of the issue it may be possible to identify the source of information in the report. If there are any sensitivities please make these known to the review team so that this can be recognised when drafting the report. A record of the interview and details of all reference documentation used will be kept and the College may in rare situations be required by law to disclose it (this has never happened yet!).

The College hopes that this Invited Review visit will be helpful and we are grateful for your time and assistance in contributing to the review. Please direct any comments or queries to Sue Eardley or Jenni Illman on 020 7092 6049/91 or email invited.reviews@rcpch.ac.uk

Your reviewers
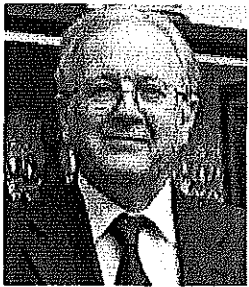
Dr David Shortland MD FRCP FRCPCH DCH has been a paediatrician for 26 years in Poole, Dorset, including ten years as neonatal lead and twelve as clinical director. David was the lead clinician for the rebuild of the paediatric department in 2005 and currently leads on Clinical Quality for paediatrics.

Following five years as member, then Chair, of the Clinical Directors' Special Interest Group, in 2006 David was elected as the National Workforce Officer for the RCPCH leading the 2007 national workforce census and designing a cohort study of trainees to provide a clearer understanding of the current and future workforce, helping to define how the role of paediatricians can evolve to provide consultant delivered care and hence safe and sustainable services.

David was elected Vice President (Health Services) in 2009 and played a central role in developing strategy for Child Health Services in the United Kingdom supporting paediatricians through the challenges of radical reform to the health service, working time legislation and service re-design. During David's five years in post he developed a national template for the resident paediatrician and was lead author for "Facing the Future". This document defined 10 quality standards for acute paediatric services and is widely quoted as a template for good practice. David led a national audit of these standards in 2013 and currently chairs a steering group extending the standards approach to care outside hospitals. Since 2014 David has been clinical adviser to the RCPCH Invited Reviews programme and has led a number of high profile reconfiguration, individual and service reviews.
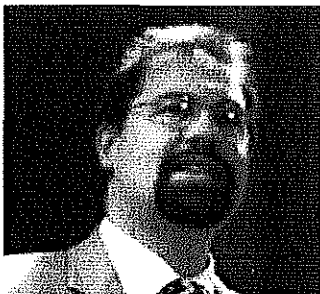
Dr Simon Clark has been a neonatal consultant for 12 years, he is currently the lead clinician for the Jessop Wing, which has 7000 deliveries per year and 52 cots. He was Head of School for Paediatrics in Yorkshire and Humber for five years responsible for the training progression of 380 doctors and the management of 11 training programme directors. Simon has taken part in organised deanery quality management visits, triggered deanery and PMETB visits and organised location specific visits when required. Simon has extensive experience in workforce planning on a unit based, local and regional level. This led him to become the RCPCH's Workforce Officer on Council since April 2014. He was seconded to the group that developed the service specifications and then implemented the Embrace regional transport service for emergency inter-hospital transfers for neonates and paediatric intensive care. He has reviewed plans for potential service reconfigurations as an outside expert. Outside of his NHS work Simon prepares mediolegal reports for neonatal clinical negligence cases.

Nursing reviewer

Carol Williams MSc BA (Hons) RGN RSCN RNT is an Independent Nurse Consultant and Healthcare Advisor who established her business in August 2010, since which time she has led a number of compliance projects and service reviews across a range of services, including community services and complex care, emergency care and hospital based children's and adult services. Carol was an Area Manager in healthcare regulation at the Healthcare Commission and the Care Quality Commission and has worked at the Evelina Children's Hospital at Guy's & St Thomas' NHS Foundation Trust, London, as Consultant Nurse in Paediatric Intensive Care, Acting Head of Nursing for Children's Services and Lead Nurse for Children's Critical Care.

Carol is a qualified teacher and has taught on undergraduate and Master's nursing programmes for various organisations, including the Royal College of Nursing. She has participated in several inquiries and was one of the team who established the case note review process for the Bristol Royal Infirmary Inquiry.

Carol has been Nursing President of the European Society for Paediatric and Neonatal Intensive Care and as Chair of the Royal College of Nursing and Paediatric & Neonatal Intensive Care Forum, provided written and verbal evidence to a House of Commons Select Committee on Child Health. She contributed to the development of the National Service Framework for Paediatric Intensive Care and worked with a Department of Health Team benchmarking national paediatric intensive care standards. She has been invited speaker at national and international conferences and co-edited a children's intensive care nursing textbook. Currently, Carol is on the Nursing Advisory Committee of the WellChild charity.

Lay Reviewer

Kate Branchett BA is Patient Voice and Insight Lead for the West Midlands Strategic Clinical Networks and Senate. Kate has a real passion for improving the experience and care of all patients and their families. A relative newcomer to the NHS, Kate has previously worked as a Music Teacher, National Sales and Marketing Manager for a company selling school uniform, Parent Services Administrator for the National Childbirth Trust and most recently GP Carer Support Advisor in surgeries across Worcestershire.

Kate is married and is mum to Ben, 9, Molly, 5 and William, 1. Her interest in healthcare and improving services was sparked by the extremely premature birth of her twin daughters. Izzy was born at 22w4d and did not survive. However, Molly was born 8 days later and although she spent 101 days in neonatal care, she is now a happy, healthy 5 year old. Kate has previously worked with SANDs, BLISS, NCT, her local Maternity Services Forum and the Southern West Midlands Maternity and Newborn Network as a patient/parent representative. She co-authored an inductive study 'Neonatal Palliative and End of Life Care: What Parents Want From Professionals' published in 2012. Kate is vice-chair of the RCPCH Parent and Carer Panel and prior to her employment by the NHS, was also a member of the West Midlands Clinical Senate Council.

Management Support

Jenni Illman is the Operational Lead for Invited Reviews at RCPCH. She has a background in project management and since joining the College in 2014 she has been involved in the development of clinical guidance for the management of children with a decreased conscious level, and the introduction of the new patient voices platform, RCPCH & Us. Previously she worked at The Royal College of Physicians and the Worshipful Society of Apothecaries in examination management roles with a focus on process improvement. Jenni is particularly interested in improving education and well-being for children and young people around mental and sexual health, and has been an active volunteer with both SANE and Brook.

ROYAL COLLEGE OF PAEDIATRICS AND CHILD HEALTH REVIEW

VISIT TO NHS LOTHIAN   MONDAY 18[TH] – WEDNESDAY 20[TH] JANUARY 2016

OUTLINE PROGRAMME

MONDAY 18[th] JANUARY 2016 – NHS Lothian Offices, Waverley Gate

09:30 - 10:30 NHS Lothian Headquarters, Waverley Gate, Meeting Room 7 (Boardroom), 2[nd] Floor	**Introductory meetings with some of the following:** Chairman, Local Authority Non Executive Board Members, Chief Executive, Chief Officer, Acute, Medical Director, Health & Social Care Partnership Leads	
11:30 – 13:00 Royal Hospital for Sick Children, Conference Room, 1 Rillbank Terrace	**Meeting with Children's Services Operational Management Team:** Associate Medical Director for Women's and Children's, Director, Women's and Children's services, Associate Nurse Director for Children's, Clinical Director for Paediatrics, Clinical Nurse Managers for Medical paediatrics and PICU/ St John's, Child Health Commissioner & Allied Health Professional Leads	
13:00 – 14:00	Lunch – Royal Hospital for Sick Children, Conference Room, 1 Rillbank Terrace	
14:00 – 15:30 Royal Hospital for Sick Children, Conference Room, 1 Rillbank Terrace	**Meetings with:** • SEAT Workforce Planning Manager • South East Scotland Neonatal MCN Lead • NHSL Child Protection Lead Nurse and Lead Consultant • NHSL Clinical Governance Lead • Training Programme Director	
16:00 – 16:30 NHS Lothian Headquarters, Waverley Gate, Meeting Room 5, 2[nd] Floor	**Meeting with Neil Findlay MSP:** Neil is a Scottish Labour Party politician who has been the Member of the Scottish Parliament for Lothian since 2011. He has also been a councillor in West Lothian from 2003 to 2012. Neil.Findlay.msp@scottish.parliament.uk	
16:30 – 18:00 NHS Lothian Headquarters, Waverley Gate, Meeting Room 5, 2[nd] Floor	**16:30 – 17:00 Teleconference with Prof Bill Reid,** Dean of Postgraduate Medicine, NHS Education for Scotland Call him on 07825 112 523 (work mobile)	

TUESDAY 19th JANUARY 2016

Morning: Visit to Royal Hospital for Sick Children

09:00 – 09:30	Tour of hospital	
09:30 – 13:00 **Royal Hospital for Sick Children,** **Conference Room,** **1 Rillbank Terrace**	**09.30-09.45 – Acute Receiving Unit Presentation (ARU)** **09.45-11.30 – Discussions with:** • ARU Medical Team • Community Consultants • A&E Consultant **11.30-12.00** • Trainees **12.00-12.30** • Speciality Consultants **12.30-13.00** • Senior Nursing Team	**10:30 – 11:00 – Meeting with Dr Sian Tucker,** Clinical Director Lothian Unscheduled Care Service Sian.Tucker@nhslothian.scot.nhs.uk 07870493261 **Service Managers Office, 1 Rillbank Terrace**
13:00 – 14:00	**Lunch** – Royal Hospital for Sick Children, Conference Room, 1 Rillbank Terrace	

Afternoon: Visit to the Neonatal unit, Royal Infirmary of Edinburgh

14:00 – 16:00 **L-Shaped Seminar Room,** **Simpson's Centre for Reproductive Health,** **Royal Infirmary of Edinburgh**	**Meetings with:** • Neonatal Consultant and Nursing Team, including Advanced Neonatal Nurse Practitioners • Maternity Services Team	

Late afternoon: NHS Lothian Offices (Waverley Gate) – Meeting with MSP's

17:30 – 18:30 **NHS Lothian Headquarters,** **Waverley Gate,** **Meeting Room 8, 2nd Floor**	**Meeting with SNP representatives:** • **Angela Constance, MSP** has been Cabinet Secretary for Education and Lifelong Learning since 2014 and the Scottish National Party Member of the Scottish Parliament for Almond Valley (formerly Livingston) since 2007. Angela.Constance.msp@scottish.parliament.uk • **Fiona Hyslop MSP** is a Scottish politician who has been the Cabinet Secretary for Culture, Europe and External Affairs and the Scottish National Party Member of the Scottish Parliament for Linlithgow since 2011. Fiona.Hyslop.msp@scottish.parliament.uk • **Hannah Bardell MP** is a Scottish National Party politician and the Member of Parliament (MP) for Livingston since May 2015. She is the SNP Business, Innovation and Skills spokesperson in the House of Commons. hannah.bardell.mp@parliament.uk • **Cllr. Janet Campbell** is representing the West Lothian Council SNP Group, she's a representative of Broxburn, Uphall and	

	Winchburgh. Janet.Campbell@westlothian.gov.uk • TBC – Martyn Day martyn.day.mp@parliament.uk	

WEDNESDAY 20th JANUARY 2016

All day at St John's Hospital, Livingston

09:30 – 10:30	Tour of Women's services, Special Care Baby unit, Paediatric Services, Emergency Department	
10:00 – 13:00 Murieston Room, St Johns Education Centre, 1st Floor, St Johns Hospital	**Meetings with the clinical teams:** **10.00** - Consultant Paediatricians and other Medical Staff **10.30** - Advanced Nurse Practitioners **11.00** - Emergency Department Medical and Nursing representatives **11.20** - Lead Obstetrician, Clinical Midwifery Manager, Clinical Lead for Neonatology, Clinical Nurse Manager for Neonatology and Charge Nurse for SCBU **11.40** - Paediatric Ward Nursing Team **12.15** - St Johns Site Director and Associate Nurse Director	
13:00 – 14:00	**Lunch** – Murieston Room, St Johns Education Centre, 1st Floor, St Johns Hospital	
14:30 – 16:00 Howden Park Centre, Howden, Livingston, West Lothian EH54 6AE	Review Team to attend St John's Stakeholder Group meeting	
16:00	Review Team departs	

WEDNESDAY 10th & THURSDAY 11th FEBRUARY 2016

Details to be confirmed	Review Team to meet with Focus Groups, parent/carer organisations, public sessions.	

RCP H Royal College of **Paediatrics and Child Health**	**Invited Reviews Programme**
	Review of children's Hospital Services in Lothian Focus Groups

Thank-you for registering your interest in attending one of our focus groups, as part of the above review; the timetable for these groups has now been confirmed (see overleaf). In order to help us allocate people to sessions please would you complete the form below and return it to invited.reviews@rcpch.ac.uk **by Thursday 4 February 2016.**

Please note spaces to the groups are limited, and whilst we will endeavour to meet with as many people as possible, we cannot guarantee a place. A member of the review team will be in touch on Friday 5 February to confirm whether you have a place.

You can also share your views and experiences with the review team by completing our survey and more information about the review can be found on our website.

Thank-you

Jenni Illman
Operational Lead – Invited Reviews

Name	
Reason for interest/group (delete as applicable)	• I have used the services within the last 18 months • My child / baby has used the services in the last 18 months • I am the parent of a child, or care for a child, who would use children's services in Lothian, if required • I am a member of the public with an interest in the services • I work at or mainly at St John's Hospital • I work at or mainly at the Royal Hospital for Sick Children • I work for NHS Lothian Headquarters • I am a health professional in Lothian but do not work in either hospital e.g. local GP • I am responding on behalf of others e.g. councillor, union representative, campaigner
Email address	
Phone number	
1st choice group (see overleaf)	
2nd choice group (see overleaf)	
Access needs (if applicable)	

Timetable for focus groups

Wednesday 10 February	**Livingston**	09:30 – 11:30	Stakeholder focus group
		13:30 – 15:30	Parent and carer focus group
		19:30 – 21:30	Parent and carer focus group
Thursday 11 February	**Edinburgh**	10:30 – 12:30	Parent and carer focus group
		14:30 – 16:30	Stakeholder focus group

From: Tommy.Kane@scottish.parliament.uk [mailto:Tommy.Kane@scottish.parliament.uk]
Sent: 24 November 2015 16:21
To: Mutch, Richard
Subject: Paediatric Review

Dear FOI Officer

Freedom of Information request

This is a request under the Freedom of Information (Scotland) Act 2002. I would be grateful if you could supply the following information in digital format.

- A copy of any correspondence, letters, emails, briefings etc, between senior management at NHS Lothian and MSP's, and/or Government Ministers and/or civils servants and/or special advisors in relation to the current review into paediatric services across Lothian.

- A copy of any correspondence, letters, emails, briefings etc, between senior management and NHS Lothian and the Cabinet Secretary for Health and Well-Being in relation to the current review into paediatric services across Lothian.

- A copy of any correspondence, letters, emails, briefings, terms of reference given to the review team etc, between NHS Lothian and any member of the review team currently charged with reviewing paediatric services across Lothian.

I look forward to your response within 20 working days

Best wishes

Tommy Kane

Parliamentary Researcher
For Neil Findlay MSP
Room MG.11
Scottish Parliament

0131-3486897
01506-873242
07833496436

tommy.kane@scottish.parliament.uk
http://www.neilfindlaymsp.com/

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For information about how you can visit the Parliament, go to www.scottish.parliament.uk/visit

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Faodar pàirt a ghabhail ann am Pàrlamaid na h-Alba tron Ghàidhlig. Tha barrachd fiosrachaidh ri fhaighinn sa phlana Ghàidhlig againn aig www.scottish.parliament.uk/PlanaGàidhlig

25/01/2016

Our Values Into Action

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

For more information visit: http://www.nhslothian.scot.nhs.uk/values

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25/01/2016

Mitchell, Fiona (Director)

From:	Harris Carol (NHS LOTHIAN) [carol.harris1@nhs.net]
Sent:	25 November 2015 10:02
To:	Mutch, Richard; Campbell, Jacquie; Crombie, Jim; Burnside, Karen; Mitchell, Fiona (Director); Doyle Edward (NHS LOTHIAN)
Cc:	Farquharson, David; Murray, Fiona; Pillath, Bryony; Cook, Brian; Pillath, Bryony; Taylor, Kizzy

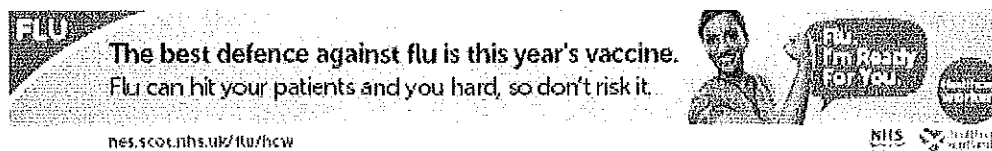**Subject:** RE: Paediatric Review - 551

Hi

Jim - Please can we add this to the list of things to be discussed tomorrow afternoon.

Richard – please can you provide guidance on how you would like this documentation collated and sent to you and what the guidance is for redaction.

Thanks
Carol

Carol Harris
Head of Communications
NHS Lothian
Waverley Gate
2-4 Waterloo Place
Edinburgh
EH1 3EG
Tel: 0131 465 5652
Internal: 35652
Mob: 07769887183

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Flu can hit your patients and you hard, so don't risk it.

nes.scot.nhs.uk/flu/hcw

Follow us on Twitter @NHS_Lothian or visit our Facebook page.

From: Mutch, Richard [mailto:Richard.Mutch@nhslothian.scot.nhs.uk]
Sent: 24 November 2015 17:11
To: Campbell Jacquie (NHS LOTHIAN); Crombie James (NHS LOTHIAN); Burnside Karen (NHS LOTHIAN); Mitchell, Fiona (Director)
Cc: david.farquharson@nhslothian.scot.nhs.uk; Harris Carol (NHS LOTHIAN); Murray, Fiona; Pillath, Bryony; Cook, Brian; Pillath, Bryony
Subject: FW: Paediatric Review - 551

New FOI in relation to the paediatric review/services and all correspondence.

Can any information please be returned by 15 December.

Thanks
Richard
35687

25/01/2016