

BOARD MEETING

DATE: WEDNESDAY 5 OCTOBER 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 3 August 2016 | BH | * |
| 1.2. | Running Action Note | BH | * |
| 1.3. | Research & Development Strategy 2016-2020: Clinical Research Driving Efficient, Innovative and Effective Healthcare | AKM | * |
| 1.4. | Committee Memberships | BH | * |
| 1.5. | Review of the Board's Standing Orders | SG | * |
| 1.6. | 'Stick Your Labels' Campaign | AKM | * |
| 1.7. | Acute Hospitals Committee - Minutes of 6 September 2016 | KB | * |
| 1.8. | Audit & Risk Committee - Minutes of 5 September 2016 | JMcD | * |
| 1.9. | Healthcare Governance Committee - Minutes of 26 July 2016 | RW | * |
| 1.10. | Strategic Planning Committee - Minutes of 11 August 2016 | BH | * |
| 1.11. | Staff Governance Committee - Minutes of 27 July 2016 | AJ | * |
| 1.12. | East Lothian Integration Joint Board - Minutes of 30 June 2016 | DG | * |
| 1.13. | Edinburgh Integration Joint Board - Minutes of 15 July & 19 August 2016 | GW | * |
| 1.14. | Midlothian Integration Joint Board - Minutes of 16 June 2016 | CJ | * |
| 1.15. | West Lothian Integration Joint Board - Minutes of 31 May 2016 | MH | * |

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

For further information please contact Peter Reith, ☎ 35672, ✉ peter.reith@nhslothian.scot.nhs.uk

2. **Items for Discussion** (subject to review of the items for approval)
(9:35am - 12:00pm)
- | | | | |
|------|--|----------------|---|
| 2.1. | Financial Position to 31 August 2016 | SG | * |
| 2.2. | Quality & Performance Improvement | AMcM | * |
| 2.3. | Healthcare Associated Infection | DF | * |
| 2.4. | Corporate Risk Register | DF | * |
| 2.5. | Primary Care Update | DAS | * |
| 2.6. | Person-Centred Culture | AMcM | * |
| 2.7. | Support and Development of 'Realistic Medicine' in Lothian | SW/AMcM | * |
3. **Next Development Session:** 2 November 2016 at 9:30 a.m. in the Boardroom, Waverley Gate.
4. **Next Board Meeting:** Wednesday 7 December 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 3 August 2016 **BH** ®
7. Matters Arising
8. Annual Review **AMcM** v
9. Any Other Competent Business

Board Meetings in 2016

7 December 2016

Board Meetings in 2017

1 February 2017
5 April 2017
21 June 2017*
2 August 2017
4 October 2017
6 December 2017

Development Sessions in 2016

2 November 2016

Development Sessions in 2017

11 January 2017
1 March 2017
17 May 2017
19 July 2017
6 September 2017
1 November 2017

*Annual Accounts Meeting

DRAFT

LOTHIAN NHS BOARD

Minutes of the Meeting of Lothian NHS Board held at 9.30am on Wednesday 3 August 2016 in the Boardroom, Waverley Gate, 2-4 Waterloo Place, Edinburgh.

Present:

Non-Executive Board Members: Mr B Houston (Chair); Mrs Kay Blair; Councillor H Cartmill; Councillor D Grant; Councillor R Henderson; Mr M Hill; Ms C Hirst; Mr P Johnston; Councillor C Johnstone; Mrs J McDowell; Mrs A Meiklejohn; Mrs A Mitchell; Mr P Murray; Mr J Oates and Mr G Walker.

Executive and Corporate Directors: Mr J Crombie (Acting Chief Executive); Mr A Boyter (Director of Human Resources & Organisational Development); Dr D Farquharson (Medical Director); Mrs S Goldsmith (Director of Finance); Professor A K McCallum (Director of Public Health & Health Policy) and Professor A McMahon (Executive Director, Nursing, Midwifery & AHPS - Executive Lead REAS & Prison Healthcare).

In Attendance: Dr P Eunson (Consultant Paediatrician) (for Item 25); Ms C Harris (Communications Manager); Dr P Leonard (Consultant Paediatrician) (for Item 25); Mrs F Mitchell (Director, Royal Hospital for Sick Children, Women & Children's Associated Services) (for Item 25); Mr P Reith (Secretariat Manager); Mr D A Small (Chief Officer, East Lothian Integration Joint Board) and Professor B Stenson (Consultant Paediatrician) (for Item 25).

Apologies for absence were received from Mrs S Allan; Mr M Ash; Mr A Joyce; Professor M Whyte; Mrs L Williams; Dr R Williams; Mr T Davison and Mr S Watson

Welcome and Introduction

The Chairman welcomed Councillor Harry Cartmill to his first Board meeting as the West Lothian Council Stakeholder member. The Chairman also reminded Board members that this would be the last Board meeting for both Alison Meiklejohn and Alan Boyter. He advised that on Mr Boyter's retirement Ms Janis Brown had been appointed Interim Director of Human Resources & Organisational Development.

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.

23. Items for Approval

23.1 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.

- 23.2 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.
- 23.3 Minutes of the Previous Board Meeting held on 22 June 2016 – Approved.
- 23.4 Running Action Note – Approved.
- 23.5 Acute Hospitals Committee – Minutes of 7 June 2016 – Endorsed.
- 23.6 Audit & Risk Committee – Minutes of 20 June 2016 – Endorsed.
- 23.7 Healthcare Governance Committee – Minutes of 24 May 2016 – Endorsed.
- 23.8 Strategic Planning Committee – Minutes of 9 June 2016 – Endorsed.
- 23.9 Staff Governance Committee – Minutes of 30 May 2016 – Endorsed.
- 23.10 Area Clinical Forum Constitution – Approved the proposed amended Constitution for the Area Clinical Forum.

24. Items for Discussion

24.1 Corporate Risk Register

- 24.2 Dr Farquharson introduced the circulated report and advised that the increased risk of General Practitioner sustainability was deteriorating. This was a national issue but there were some local aspects and an event was being held to discuss the situation and actions that could be taken to address the problem.
- 24.3 It was reported that the new General Medical Services contract should be in place by Autumn and this might encourage the recruitment of General Practitioners. It was noted that the problem was not just in respect of General Practitioners but Community Nurses and a number of consultant specialities.
- 24.4 It was noted that more detail about the allocation of risks to individual Board Committees would be included in the next report.
- 24.5 It was also noted that a number of the current risk tolerance measures in Table 1 had no figures and it was explained that a number of these risks were difficult to measure. In respect of the absence of data for General Practice, discussions were underway with the General Practitioners Sub Committee.
- 24.6 The Board noted that there were also shortages of District Nurses with a number likely to retire in the near future and the necessity of looking at the totality of the workforce was accepted. One of the key drivers of the increasing number of presentations at Accident & Emergency was the shortage of General Practitioners and District Nurses and this was being investigated.

- 24.7 It was noted that a pressing and emerging issue was the suitability of General Practitioner premises, with a number of older General Practitioners approaching retirement seeking to sell off their share of the practice but younger General Practitioners not wanting to own the practice. The Integration Joint Boards and Lothian NHS Board were trying to deal with this situation but it was a real and present risk and would be discussed with the Integration Joint Boards. The situation in respect of General Practice would be discussed at the August Corporate Management Team meeting.
- 24.8 The Board noted that no national mechanism for dealing with this problem was yet in place and NHS Lothian had been endeavouring to prioritise investment where possible.
- 24.9 The Board also noted the need for further clear information with clear bullet point lists of actions being taken to tackle the problem.
- 24.10 The Chairman reminded the Board that the Risk Register and the harmonisation of its various elements was still being developed.
- 24.11 The Board agreed the recommendations contained in the circulated report.

25. Medical Paediatrics Review - Update

- 25.1 The Chairman welcomed Dr Eunson, Dr Leonard, Professor Stenson and Mrs Mitchell to the meeting.
- 25.2 As Chair of the Medical Paediatrics Programme Board Mr Walker introduced the circulated report and advised that two of the clinicians present were members of the Programme Board. The Programme Board would be meeting weekly or bi-weekly and focussing on the sustainability of the service and rotas at St John's Hospital, taking into account the impact on the Royal Hospital for Sick Children.
- 25.3 The Board noted that discussions had already started with clinicians and there had now been agreement that all the consultant posts which were to be advertised should have job planned commitments to provide resident consultant out of hours cover at St John's Hospital as well as to support the Royal Hospital for Sick Children Acute Medical Receiving Unit.
- 25.4 Internal advertisements inviting nursing staff at the Royal Hospital for Sick Children and St John's Hospital to note interest and undertake the Advanced Paediatric Nurse master course starting in the autumn had been circulated. It was expected that two places would be taken up this year. In addition, an external advert had also been placed for the recruitment of trained advanced paediatric nurse practitioners, to work across services in Lothian with a closing date in August 2016.
- 25.5 It was noted that these discussions had highlighted significant concerns from all the clinical teams about Option 2 as defined by the Royal College of Paediatrics and Child Health and a lack of support to implement this model.
- 25.6 The Paediatric Programme Board had now considered all the views expressed and on the advice of its 7 medical and nursing members, had concluded that Option 2 carried too much clinical risk and should not be supported.

- 25.7 An alternative interim proposal by the St John's Hospital team which would involve most of them committing on a time limited basis to work in a resident model, pending the recruitment of more consultants and advanced nurse practitioners had been put forward.
- 25.8 Any rota would require to be European working time directive compliant to prevent reliance on overworking so there would be an impact on daytime activity, particularly outpatient clinics.
- 25.9 The Paediatric Programme Board was advising that if the alternative interim proposal from the St John's team could be firmed up quickly and assessed as robust, this should be supported as it would keep the paediatric ward running 24/7. If the interim proposed model could not be delivered immediately then the Programme Board considered the only remaining Option was the short stay assessment unit which was Option 3 in the RCPCH report. This model would see the St John's Hospital paediatric service temporarily revert to a short stay assessment unit with no inpatients overnight, while recruitment to consultant posts took place.
- 25.10 The Board noted that advertising a large number of posts at the same time demonstrated that this was a growing service and there was a high level of confidence that the posts could be filled. It was hoped to be able to have at least four consultants in post by January 2017 and if all positions could not be filled then a second waive of recruitment would be undertaken.
- 25.11 It was reported that there was some question to the availability of Scottish Ambulance Service transport from St John's Hospital to the Royal Hospital for Sick Children at night and it was noted that a risk minimisation approach was being taken.
- 25.12 The Board commended the work undertaken by the Paediatric Programme Board and agreed the recommendations contained in the circulated report.

26. Financial Position to 30 June 2016

- 26.1 Mrs Goldsmith advised that the financial position at the end of June 2016 was reporting a deficit of £4.5m and that a further £6m of National Resource Allocation Committee (NRAC) funding had been received from the Scottish Government reducing the financial plan gap to £14.1m and that further NRAC funding had been set aside for the year 2017-18
- 26.2 It was noted that, taking the additional funding into account, the Board still required to deliver £44.4m of savings in order to breakeven by 31 March 2017. Currently £30.4m of recovery actions had been identified and it was noted that no further benefits were generated from financial recovery activities the Board was predicted to be overspend by £18.2m at the year end.
- 26.3 Mrs Goldsmith advised that work was underway with Deloitte to identify further opportunities for cost savings and project managers were being recruited to drive these forward. Quarterly review meetings were about to be held with all Directors

to identify further cost reductions but that the Board still had time to achieve financial balance by the end of the current financial year.

- 26.4 It was noted that work was underway to identify actions to reduce a number of delayed discharges and national work was underway on a balanced sheet review trying to find more sustainable models for NHS funding in Scotland.
- 26.5 The Board noted that significant progress had been made in reducing the use of Bank and Agency staffing, particularly in critical care and theatres. It was taking longer to recruit new staff in the community and this was necessitating the continued use of Bank staff.
- 26.6 It was noted that a number of recruitment days for nursing staff had been held and as staffing levels increased the rate of sickness absence was improving.
- 26.7 The Board noted that meetings were still taking place with the Integration Joint Boards as their budgets still rested with NHS Lothian in the current financial year.
- 26.8 Integration Joint Board plans would still be under discussion until 2017. It was noted that the scale of the challenge for Integration Joint Boards was significant and the need to redesign services with changes cutting across Boards would be part of the future structure of public services across Scotland.
- 26.9 It was also noted that Local Authorities were having to make substantial savings which would lead to a reduction in the number of Local Authority staff.
- 26.10 The Board agreed to note the financial position at the end of June 2016 was reporting a deficit £4.5m; but a further £6m of NRAC funding had been received from the Scottish Government reducing the national plan gap to £14.1m and that ongoing actions were being progressed to reduce the predicated financial deficit in order to achieve a year-end balanced position, however no assurance could be given of a breakeven position at the year-end.

27. Quality and Performance Improvement

- 27.1 Professor McMahon advised the Board that of the 35 standards assessed, 15 had been met whilst 20 had not.
- 27.2 It was noted that the new process for measuring quality and performance improvement was just beginning to take effect and a targeted report had been submitted to the Healthcare Governance Committee in July. Meetings were being held with the leads in each area and a number of pieces of work were being taken forward.
- 27.3 The Board noted that in terms of performance, Lothian sat in a “pack” of Boards currently not meeting the treatment time guarantees. Delayed discharges were still a problem and a meeting was being held with the Integration Joint Board Chief Officers to discuss the continuing problem with delayed discharges. It was agreed to explore the possibility of linking financial benefits or costs with quality and performance.

- 27.4 It was noted that overall, complaints were reducing and work was focussing on the number of complaints from prisons as these disproportionately skewed the figures. The importance of communicating with complainants to explain why it might take longer to gather information regarding some complaints was important and work was underway to see how this could be built into the system.
- 27.5 It was noted that some problems were being encountered in psychological therapies and there was a need to see patients faster and more frequently. Within the service there were issues regarding recurring funding as staff on temporary contracts were leaving to find permanent jobs. It was agreed that this issue should be referred back to the Healthcare Governance Committee.
- 27.6 The Board noted that work was underway to look at the whole issue of discharges across Lothian.
- 27.7 The Board noted that the position varied between Integration Joint Boards and areas of good practice that were identified should be shared at a forum of Integration Joint Board Chairs.
- 27.8 The Board agreed to accept the report as assurance that performance on 15 measures, including those relating to the hospital score card were currently met.
- 27.9 It was also agreed to ask the relevant committees to form their initial views on assurance for those areas not met.

28. Healthcare Associated Infection

- 28.1 The Board received an updated report on progress towards achievement of local delivery planned performance for healthcare associated infection across NHS Lothian.
- 28.2 Dr Farquharson explained that healthcare associated infection was a separate report from performance management in order to comply with the recommendations of the Vale of Leven report. He commented that there was a real risk of reading too much into the data at this stage but that the introduction of new policies in respect of the control of Staphylococcus Aureus Bacteraemia and Clostridium Difficile infection was improving the position on the previous year where the entry on the Risk Register was graded high due to the reported incidence rates.
- 28.3 The Board noted that the Healthcare Governance Committee in May had discussed the induction of prescribing of antibiotics associated with Clostridium Difficile particularly in General Practice.
- 28.4 It was agreed that this would be monitored in the next report. **DF**
- 28.5 In response to a question from Mr Murray, Mrs Goldsmith confirmed that Finance was looking into the potential saving both in the prescribing costs and treatment costs if the incidence of Clostridium Difficile was reduced.
- 28.6 Professor McCallum confirmed that a significant amount of work on the control of Healthcare Associated Infection was being carried out at national level and could not be captured in individual NHS Boards reports.

28.7 The Board agreed to accept the recommendations contained in the circulated report.

28.8 The Chairman reminded members that the NHS Lothian Realistic Medicine Board seminar would be held on Thursday 18 August 2016 from 12-2pm in the Boardroom at Waverley Gate.

29. Date and Time of Next Meeting

29.1 The next meeting of Lothian NHS Board would be held at 9:30am on Wednesday, 5 October 2016 in the Boardroom, Waverley Gate, 2-4 Waterloo Place, Edinburgh.

30. Invoking of Standing Order 4.8

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

RUNNING ACTION NOTE

Action Required	Lead	Due Date	Action Taken	Outcome
Delayed Discharges				
<ul style="list-style-type: none"> Provide more detail on the lack of availability of care packages, particularly identifying if the problem was a recruitment or a budget issue 	AMcM	Ongoing	<i>For IJB Chief Officers to address</i>	
Healthcare Associated Infection				
<ul style="list-style-type: none"> Include monitoring of the reduction of prescribing of antibiotics associated with Clostridium Difficile particularly in General Practice in future reports. 	DF	5 October 2016	<i>Included in circulated report.</i>	Actioned

SUMMARY PAPER - RESEARCH & DEVELOPMENT STRATEGY 2016-2020 CLINICAL RESEARCH DRIVING EFFICIENT, INNOVATIVE AND EFFECTIVE HEALTHCARE

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

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

<ul style="list-style-type: none"> The purpose of this report is to invite the Board to review and approve the attached Research & Development Strategy 2016-2020. 	1.1
<ul style="list-style-type: none"> The Strategy is aligned directly with that of the Chief Scientist Office, Delivering Innovation – Scottish Government Health and Social Care Research Strategy. 	1.2
<ul style="list-style-type: none"> The Strategy sets out R&D objectives for 2016-2020 that aim to deliver Efficient Research and Development Support, Partnership with Scottish Patients and the Public, Targeted Deployment of Resources and Investment in the Future. It also highlights financial and logistical challenges that impact upon our ability to deliver clinical research in Lothian. 	1.2.1-1.2.4
<ul style="list-style-type: none"> The Strategy has been subject to Integrated Impact Assessment and was put out for consultation to the Patient Review Panel and Patient & Public Involvement (PPI) Adviser in the Wellcome Trust Clinical Research Facility (WTCRF). It was also reviewed by the Research Governance Committee, the Clinical Research Community, Nurses, Midwives and Allied Health Professionals, the Chief Scientist Office and the associated Higher Education Institutions. A number of written and oral comments have been received and were taken into account when finalising the R&D strategy. 	1.2.1-1.2.4
<ul style="list-style-type: none"> The Strategy highlights world leading experts and their research that has emerged from NHS Lothian. 	2.2
<ul style="list-style-type: none"> The Strategy highlights many case studies that show the benefit of R&D for mainstream NHS services, such as avoidance of hospital attendance, shortening of hospital attendance, shortening length of stay, early access to the latest treatments and major drug budget cost savings. 	2.2.1-3.2.9
<ul style="list-style-type: none"> The paper highlights the world class clinical research infrastructure that underpins clinical research activity in Lothian. 	3.1- 3.3.5

RESEARCH & DEVELOPMENT STRATEGY 2016-2020: CLINICAL RESEARCH DRIVING EFFICIENT, INNOVATIVE AND EFFECTIVE HEALTHCARE

1 Purpose of the Report

- 1.1 The purpose of this report is to acknowledge the outstanding achievements of clinical research in NHS Lothian, and highlight the opportunities and potential of clinical research to address many of the healthcare delivery pressures facing NHS Lothian today. The NHS Lothian's Research and Development (R&D) Strategy for 2016-2020 has been developed and aligned with Scottish Government's recent Health and Social Care Research Strategy "Delivering Innovation Through Research".

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

2 Recommendations

- 2.1 To approve NHS Lothian's Research and Development (R&D) Strategy for 2016-2020.

3 Discussion of Key Issues

- 3.1 Clinical research is a positive driver of healthcare quality improvement and development that leads to better patient care, more equitable and efficient use of healthcare resources, and enables access to the latest innovative therapies (Chief Scientist Office Guiding Principles 1, 2, 3 and 5).
- 3.2 There are substantial economic and societal benefits of NHS Lothian Health Board's continued and increased participation in high-quality innovative clinical research (Chief Scientist Office Guiding Principles 1, 2 and 5).
- 3.3 NHS Lothian Health Board is a premier global healthcare provider that should build upon and further exploit the world-leading science infrastructure and expertise available through partner Universities (Chief Scientist Office Guiding Principles 1, 2, 3 and 6).
- 3.4 Clinical research activity continues to face major challenges because of modern legislative and regulatory practice as well as the increasing complexity of clinical trial conduct. Stream-lined and efficient Research and Development governance, approval and support systems are essential to facilitate, maintain and expand clinical trial conduct (Chief Scientist Office Guiding Principles 1, 2 and 4).
- 3.5 Clinical research infrastructure needs to be supported, sustained and developed in order to attract and to deliver modern complex and innovative clinical research (Chief Scientist Office Guiding Principles 1, 2, 3 and 5).
- 3.6 Research active professionals need to be valued, trained and supported including increasing capacity outside of normal traditional professional groupings (Chief Scientist Office Guiding Principles 1, 2, 3 and 5).

4 Key Risks

Inadequate support of clinical research puts the following goals of NHS Lothian at risk:

- 4.1 The performance, quality and development of modern healthcare delivery.
- 4.2 The patient, public, financial and third sector benefits of more efficient, equitable and effective healthcare.
- 4.3 The reputational benefits of national and international leadership in healthcare development and delivery.
- 4.4 The ability to prosecute the best clinical research at the highest governance and regulatory standards.
- 4.5 Attracting the best personnel to work in a dynamic and vibrant healthcare system.
- 4.6 Workforce development and engagement in innovative approaches to deliver improved health care for our patients and service.

5 Risk Register

NHS Research Scotland funding is allocated based on the number of research projects undertaken and the number of study participants recruited. Reductions in clinical research activity are associated with financial risk.

6 Impact on Inequality, Including Health Inequalities

- 6.1 Clinical research pro-actively addresses many of the issues of health inequalities such as sexual inequalities and how best to deliver healthcare improvement in deprived populations.

7 Involving People

- 1 The Strategy was put out for consultation to the Patient Review Panel and Patient & Public Involvement (PPI) Adviser in the Wellcome Trust Clinical Research Facility. It was also reviewed by the Research Governance Committee, the Clinical Research Community, Nurses, Midwives and Allied Health Professionals, the Chief Scientist Office and the associated Higher Education Institutions. A number of written and oral comments have been received and were taken into account when finalising the R&D strategy.

2 Resource Implications

- 2.1 NHS Lothian receives an annual allocation of funds from the Chief Scientist Office (£9-10 million). This resource is allocated based on clinical research activity and is essential to maintain and hopefully expand current clinical research activity. This will enable the Board to deliver the R&D Strategy for 2016-2020.

Professor David E Newby, NHS Lothian R&D Director

Ms Fiona McArdle, NHS Lothian R&D Deputy Director

15 August 2016

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List of Appendices

Appendix 1: Research & Development Strategy 2016-2020: Clinical Research Driving Efficient, Innovative and Effective Healthcare

Research & Development Strategy 2016-2020

Clinical Research Driving Efficient, Innovative and Effective Healthcare

Professor David E Newby, NHS Lothian R&D Director
Ms Fiona McArdle, NHS Lothian R&D Deputy Director

1 NHS Lothian Research and Development Strategy

1.1 Mission Statement

Improving health through excellence and innovation in clinical research.

1.2 Objectives for 2016-2020

Many objectives have been strategically aligned with the Chief Scientist Office 2015 Strategy (Delivering Innovation through Research). Strategy action points are given in parentheses for reference.

1.2.1 Efficient Research and Development Support

The ACCORD office will:

- Promote available infrastructure and resources to support and facilitate the conduct of clinical research (4).
- Work with the Chief Scientist Office and partner Higher Education Institutions to focus and maximise the value of investments in NHS Research Scotland Infrastructure (5, 25, 28).
- Protect dedicated clinician time for clinical research through strategic deployment of NHS Research Scotland Researcher Support in consultation with Clinical Leads (6).
- Support NHS Research Scotland Networks and Speciality Groups to increase and deliver eligibly funded and commercial clinical research (7).
- Continue the integration of the Lothian Research Ethics Committee service whilst maintaining its independent decision making function (8).
- Facilitate and pro-actively manage rapid development and approvals of clinical research projects (10).

Challenges

- NHS Research Scotland (NRS) funding is allocated based on the number of research projects undertaken and the number of study participants recruited. Reductions in clinical research activity are associated with financial risk and may be exacerbated by pressures within clinical services.
- NHS Lothian's NRS funding allocation fell by 10% in 2016/17.
- Major changes to the R&D approval process in England have made UK-wide research studies more difficult to set up and are impeding the smooth integration of Research Ethics Services with R&D departments.

1.2.2 Partnership with Scottish Patients and the Public

The ACCORD office will:

- Promote and provide resource for the registration of its patients with the national Scottish Health Research (SHARE) Register.

- Continue to support Public Engagement and Involvement in clinical research through ongoing provision of a dedicated Patient and Public Involvement Adviser, currently NHS Lothian has the only such post in Scotland (13).
- Expand Patient and Public Involvement training opportunities for researchers.
- Actively promote and support events for Patients and the Public in Lothian to learn about research opportunities and outcomes of clinical research studies.
- Support active dissemination of research and translation into clinical practice across and beyond Lothian by providing access to advice and support to develop effective partnerships for knowledge transfer.

Challenges

- Patients report that they are not fully aware of opportunities to participate in research and those who do take part in studies may not receive feedback on the outcomes of the research (Patient & Public Advisory Group, 2016).
- Research funders expect applicants to demonstrate how they have involved members of the public in the design and conduct of their research and grant applications are being turned down for failing to do this well
- Patients and the public are willing to participate in the development of research protocols but lack opportunities to do so. Researchers are unsure of how to effectively involve patients and the public in research design.

1.2.3 Targeted Development of Resources

The ACCORD office will:

- Continue to ensure appropriate disbursement of NHS Research Scotland Service Support Costs to Clinical Directorates supporting research activity (24).
- Support and provide adequate resource for the maintenance or development of NHS Research Scotland Biorepository, Research Data Linkage Service and Safe Haven (26, 27).
- Expand and support the development of further capacity for near-patient research facilities including increasing clinical research facilities for molecular pathology, experimental medicine and clinical trials.
- Support evolving research groups who demonstrate clinical research excellence with a critical mass of expertise. These groups require core resources to underpin their extensive and complex research portfolios.
- Support and expand Pharmacy services to provide adequate and robust provision for timely and effective delivery of clinical research activities.
- Provide resource for the establishment of an R&D Coordinator post within eHealth to support researchers with data access and transfer issues related to clinical research.

Challenges

- Generic research infrastructure funding has fallen by £0.4M in 2016/17 however our NHS Research Scotland (NRS) objectives to increase clinical research activity remain unchanged.
- The implementation of Paperlite has created a number of problems for researchers including lack of access to Electronic Health Records for external clinical trial monitors and regulatory inspectors. This impairs NHS Lothian's ability to comply with research regulations and is a major concern.

1.2.4 Investing in the Future

The ACCORD office will:

- Support NHS Research Scotland Fellowships to help develop the next generation of clinical researchers (29, 30).
- Establish a scheme of NHS Research Scotland Clinicians to identify dedicated clinical sessions to enable established researchers to conduct clinical research. This support will facilitate an increase in eligibly funded or commercial clinical research activity.
- Continue to support and encourage research that will influence improvements in clinical practice with direct benefits to patients and health services.
- Continue to support Nurses, Midwives and Allied Health Professionals (NMAHPs) through Lothian's Clinical Academic Research Careers (CARC) scheme.

- Increase the number of Research Nurses and Clinical Trial Pharmacists to support an increase in eligibly funded or commercial clinical research activity.
- Support and help develop the exciting opportunities arising from informatics and electronic health record systems for clinical research (32).
- Expand and facilitate engagement with Pharma, diagnostic companies and commercial researchers.

Challenges

- NRS Researcher support funding in 2015/16 was £3.214M and this has fallen to £2.950M in 2016/17.
- Pressures within clinical services may restrict capacity to backfill protected research time.
- Lack of access to Electronic Health Records (EHR) for external clinical trial monitors is becoming a barrier to NHS Lothian being selected as a site for commercial trials.

2 Clinical Research Driving Efficient, Innovative and Effective Healthcare

2.1 Clinical Research in the NHS

The National Health Service (NHS) Constitution states that clinical research is a priority. Scottish Government recognises investment in clinical research is key in the recently published 'A national clinical strategy for Scotland'. Politicians, healthcare professionals, patients and the public recognise the value and need for the NHS to participate in and to encourage the conduct of clinical research. Organisational support for research drives innovation, generates income, improves access to effective treatments, and improves healthcare quality and standards. In an Ipsos MORI poll of nearly 1,000 people, 97% of those interviewed believed that it is important that the NHS supports and encourages clinical research.

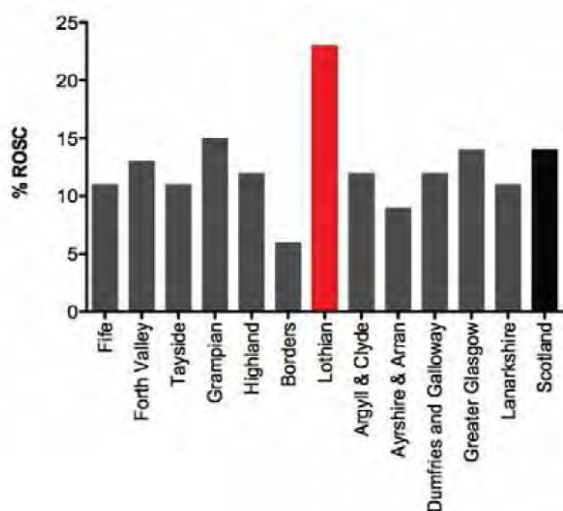
The National Institute for Health Research (NIHR) has indicated that most healthcare professionals have identified several barriers to conducting research in the NHS and these include insufficient funding, time, expertise and resources. For some, the NHS does not recognise that research investment can lead to better outcomes from the delivery of more equitable, cost-effective patient-centred care. As a consequence, clinical research can be marginalised and remains the domain of the persistent and dedicated few who champion its delivery.

The poor outcome and socioeconomic gradient for many diseases (cancer, cardiovascular disease, stroke, dementia) means that continued delivery of 'standard care' prevention, treatment and palliation is an unsatisfactory aspiration. The only way to improve these outcomes is to provide an environment in which clinical research is encouraged and can flourish.

2.2 Clinical Research in NHS Lothian

2.2.1 Clinical Research Drives Improved Healthcare and Patient Outcomes

There is a clear association between better patient outcomes and research active healthcare providers [Clarke et al, 2008; Majumdar et al, 2011]. A recent study of NIHR research activity in England demonstrated that research-active Trusts had lower risk-adjusted mortality for acute admissions, which persisted despite adjustment for staffing and other structural factors [Ozdemir et al, 2015]. Indeed, NHS Lothian's own data support this.



For example, the Emergency Medicine Research Group Edinburgh (EMERGE) have shown that their world-leading research active department has survival rates for out-of-hospital cardiac arrest victims that are nearly twice the national average.

Figure 1. Return of Spontaneous Circulation (ROSC) after out-of-hospital cardiac arrest across Scotland.

This and other work in the Emergency Department of NHS Lothian led to a national award in recognition of their clinical excellence: the British Medical Journal Emergency Team of the Year Award 2014.

2.2.2 Clinical Research Improves Outcomes and Workload in Primary Care

Ninety per cent of healthcare consultations occur in primary care. High blood pressure is the most frequent single cause for consultation in Scotland with an estimated 190,000 consultations per year in NHS Lothian. A series of studies led by Dr Janet Hanley and Professor Brian McKinstry showed that telemetry supported home monitoring could improve blood pressure management, reduce consultations and be provided by General Practices within current working patterns. This work led to investment by the Scottish Government's Technology Enabled Care fund to provide this service to 2,500 patients in 25 practices in NHS Lothian, with anticipated roll out across Scotland. Additionally the Chief Scientist Office has funded work to develop methods of using routine records to track outcomes including changes in workload and health economics. This initiative has cost >£1 million over the past 5 years but by attracting external investment and using Lothian's NHS Research Scotland Infrastructure, the direct cost to NHS Lothian was only £11,000.

2.2.3 Clinical Research Addresses Unscheduled Care Priorities for NHS Lothian

For some, clinical research is an optional component of NHS service delivery that is a distraction from trying to deliver efficient healthcare and manage the ever-increasing demands on acute hospital services. However, clinical research is a means to achieve these aims and a mechanism to address many of the challenges faced by NHS Lothian today. For example, recent research by Professor Nicholas Mills (Department of Cardiology) has applied the latest technology of cardiac troponin assays to define a new method of triaging patients with suspected heart attacks: the commonest cause of acute hospital admission across the United Kingdom. His team demonstrated that over 60% of patients could be immediately and safely discharged from hospital without the need for further testing or overnight hospitalisation – the previous standard of care. This was published in the *Lancet* and was publicised on BBC Radio 4 and BBC Breakfast News. This change in practice is currently being implemented and assessed across Lothian, and will markedly reduce unnecessary hospitalisations.

This theme of research is being further explored by researchers in the Emergency Department including the assessment of patients who have blacked out (Dr Matthew Reed) as well as a large UK multicentre NIHR Health Technology Assessment-funded trial (the RAPID-CTCA trial) looking at CT scanning led by Professor Alasdair Gray (Chief Investigator). These approaches will serve to investigate further ways of identifying low-risk patients who can be safely discharged home thereby avoiding unnecessary hospitalisations.

Of course, avoiding presentation to hospital is also a key priority: prevention is better than cure. In NHS Lothian, Professor Scott Murray has undertaken a series of studies looking at evidence-based palliative care treatments in the community. Changes in quality standards and targeted interventions to develop and redesign

palliative care services has led to 50% fewer unplanned hospital admissions from nursing homes.

With increasingly stretched hospital resources, these types of research serve to avoid hospitalisation and ease the pressure on “the front door”.

2.2.4 Clinical Research Reduces Length of Hospital Stay

Where hospitalisation is necessary, the priority is to provide rapid effective therapy that improves patient outcomes and minimises hospital stay: both for the benefit of the patient and the healthcare provider. In a recent NIHR Health Technology Assessment-funded multi-centre trial, Professor Steve Cunningham investigated the effects of modifying oxygen therapy to infants hospitalised with acute bronchiolitis. In this highly vulnerable group, he demonstrated that a modified approach improved the speed of recovery, reduced the need for further supplementary oxygen treatment, and reduced the length of hospitalisation. This trial was published in the *Lancet* and won the 2016 BMJ Award UK Research Paper of the Year.

Dr James Dear, with Professors Nicholas Bateman and Alasdair Gray, conducted a Chief Scientist Office-funded randomised controlled trial of an accelerated treatment regime for paracetamol poisoning. They demonstrated equivalent efficacy of this shorter modified regime but there were less side effects and length of hospital stay was reduced. This new treatment regimen is now standard care at the Royal Infirmary that both improves safety and allows earlier patient discharge.

The Third International Stroke Trial (IST-3) was led by Professors Peter Sandercock and Joanna Wardlaw, and demonstrated that intravenous thrombolysis for acute ischaemic stroke resulted in better outcomes for elderly patients and shorter hospital stay.

These three trials were all published in the *Lancet*, have been practice changing and have reduced the burden of hospitalisations.

2.2.5 Clinical Research Avoids Unnecessary Treatments and Reduces Risk

Clinical research is often thought to increase the number and complexity of treatments leading to ever increasing healthcare costs. However, much of the clinical research conducted in NHS Lothian is focused on defining the clinical and cost effectiveness of established therapies that are used in everyday clinical practice. There are numerous examples where clinical research in Lothian has led to a simplification of treatment and a reduction in risks thereby improving outcomes and reducing costs.

Professor Tim Walsh has shown through a series of studies that restrictive blood transfusion practices in the intensive care or surgical setting is safe and avoids the risks of blood transfusion including serious allergic reactions and transmission of blood-borne infections. Professor Jane Norman has demonstrated that the routine use of progesterone to prevent pre-term birth during twin pregnancies is ineffective and should be avoided. Professor Peter Andrews recently demonstrated that hypothermia for increased pressure in the brain following traumatic injury was

ineffective and was associated with the potential to cause additional harm. This trial has now halted this practice in these critically ill patients. Professor Martin Dennis demonstrated that the use of gradation compression stockings in patients with acute stroke was ineffective and was associated with an increase in complications. Professor Rustam Al-Shahi Salman showed that the risk of stroke or death was three-fold higher after treatment of brain vascular malformations that had never bled.

These research findings have now been incorporated into local practice, international guidelines and have influenced care across the world. Importantly they have stopped the use of ineffective therapies enabling resource to be redirected to more effective treatments.

2.2.6 Clinical Research Partnerships with Industry Address Clinical Service Needs for NHS Lothian

Working with industry presents many opportunities to support or develop existing services. This can play to major areas of need. For example, the provision of endoscopic services in NHS Lothian has been challenging over recent years with limited capacity to address escalating demand. Professor John Plevris entered into a research partnership with Fujison where the device company funded nasal endoscopic equipment and a clinical fellowship. This led to a practice changing series of research studies that demonstrated the feasibility, safety and superior tolerability of nasal endoscopy in comparison to standard endoscopy. This has paved the way for an ambulatory endoscopic service that can be performed in peripheral treatment centres without the need for sedation, immediate access to hospital beds or advance medical services. This has helped address waiting times and capacity issues for gastrointestinal services, and was achieved through funding and partnership with industry, led to educational benefit to the fellow and resulted in peer-reviewed publications.

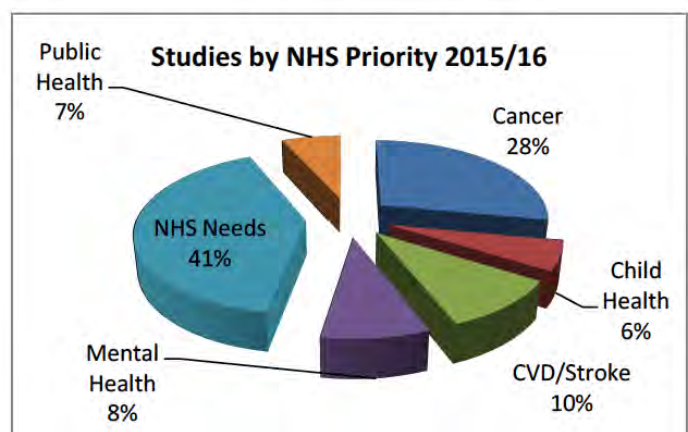
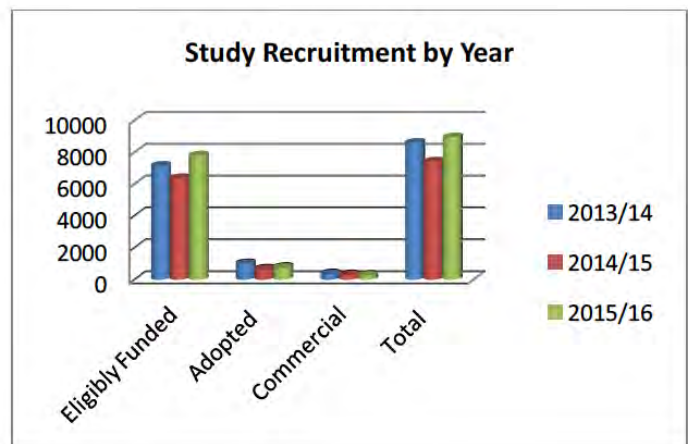
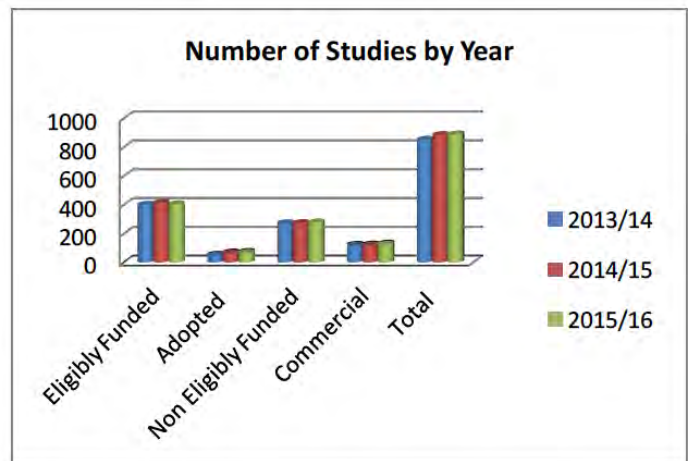


Figure 2. Research Activity in NHS Lothian

2.2.7 Clinical Research Enables Access to the Latest Technologies and Treatments for Patients in NHS Lothian

Pharmaceutical and device companies make major investments in NHS Lothian through the conduct of clinical trials. In addition, NHS Lothian sponsors, supports and hosts a wide range of academically led clinical trials. This enables patients to have access to the latest innovative treatments, drugs and devices. At present, NHS Lothian has 225 active commercial research projects and recruited 13,588 patients in 2014/15. This has enabled patients to have access to and receive the very best and most advanced therapies across a broad breadth of disease areas. For example, Professors Cameron and Gourley from NHS Lothian have provided leading contributions to a range of clinical trials that showed major clinical benefit and resulted in early access to life-saving drugs. Indeed, these studies enabled such drugs to gain licences from the European Medicines Agency and Food and Drug Administration. Examples include:

- Trastuzumab in HER-2 positive early stage breast cancer: the HERA study.
- Lapatinib used in combination with capecitabine for the treatment of women with HER2-overexpressing, advanced or metastatic breast cancer: the EGF151 study.
- Bevacizumab for the first line treatment of ovarian cancer: the ICON7 study.
- Olaparib for maintenance treatment of ovarian cancer. A number of Lothian patients remain in remission many years after trial entry for relapsed disease that was conventionally considered incurable.

In addition, oncologists in NHS Lothian have led the development of candidate biomarkers to stratify patients according to level of benefit from treatment. For example, Professor Gourley has shown that patients with ovarian cancer particularly benefit from bevacizumab if they have *BRCA1* or *BRCA 2* mutations. This precision medicine approach means that expensive therapies are targeted at those who respond and benefit most from such intervention.

Over the years, this concentration of expertise helped create the climate that saw clinicians from Lothian provide the initial leadership of the Scottish Medicines Consortium and the Scottish Health Technology Assessment Centre, translating research into recommendations for practice following systematic appraisal of benefit to patients.

2.2.8 Clinical Research Generates Income and Cost Savings for NHS Lothian

With increasing financial constraints and cuts in healthcare funding, the challenges of delivering the best modern healthcare cannot be greater. The NHS is being asked to maintain, if not to improve, its healthcare delivery through efficiency savings despite a reduction in its overall resources. On the face of it, costly innovative new treatments will be challenging for NHS Lothian to embrace since efficiency savings alone are unlikely to realise these goals.

Many clinical research activities are income generating or cost saving for NHS Lothian. In 2014/2015, NHS Lothian generated nearly £3 million of income from commercial partners: more than any other Health Board in Scotland. Moreover,

NHS Lothian’s main strategic academic partner, the University of Edinburgh, received 4.5 % of all academic clinical research funding across the United Kingdom: more than a third of all funding for Scotland [UKCRC Funding].

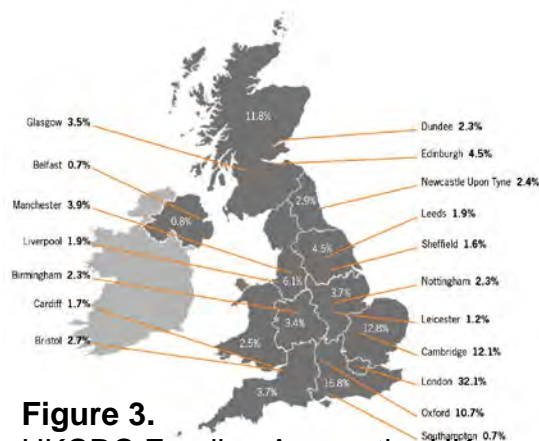


Figure 3. UKCRC Funding Across the UK

NHS Lothian benefits not only from the provision of funds for the direct research costs incurred, but for many trials, also receives access to expensive drugs that would otherwise be paid for by clinical directorates. For example, in infectious diseases, Professor Clifford Leen has engaged in numerous commercial clinical trials of anti-viral therapies in patients with human immunodeficiency, hepatitis C and hepatitis B viruses. Over the last four years, his clinical research activity has saved NHS Lothian an estimated drug expenditure of £2 million whilst at the same time delivering curative therapy to patients and generating income of £4,000 per patient enrolled. This is not unique to infectious diseases and is seen across a range of indications and disciplines.

Table 1. Example drug cost savings due to participation in clinical trials.

Trial	Drug	Indication	Estimated Saving (per patient/year)
Go-Colitis	Golimumab	Ulcerative Colitis	£14,649
M13-375	Adalimumab	Axial Spondylitis	£13,100
EXSCEL	Exentitide	Diabetes Mellitus	£1,065
ASSURE	Dimethyl Fumarate	Multiple Sclerosis	£20,183
MK3475-006	Ipilimumab vs MK3475	Metastatic melanoma	£54,381
SPIRIT 2	Dasatinib	Chronic Leukaemia	£11,040

2.2.9 Association with Higher Education Institutions

NHS Lothian Health Board has a strong international reputation for its clinical research activities. This, in part, reflects its close working relationship with the University of Edinburgh: Scotland’s premier research University and one of the top 25 Universities in the World. It is perhaps not surprising that much of the Health Board’s clinical research activities are undertaken in partnership with the University of Edinburgh, underpinned by a joint Research Framework Agreement.

The University of Edinburgh’s College of Medicine and Veterinary Medicine (Head, Professor Sir John Savill) is an internationally leading force in clinical research. In the most recent Research Excellence Framework (REF 2014), the University of Edinburgh was ranked fourth in the UK and is by far the most successful university in Scotland. For Clinical Medicine, NHS Lothian employees or honorary contract holders led or played a major role in many of the University of Edinburgh submissions. In the period 2008-2014, several studies (grant funding of <£2 million) that had a measurable health economic impact demonstrated annual cost

savings for the NHS in the UK of £294 million representing an annual return on this public funded work of £147 for every £1 of grant income awarded. In the REF, these clinical medicine impact cases demonstrated reach to >100 countries, in all continents of the world and affected millions of individuals. These examples demonstrate how the University of Edinburgh and NHS Lothian staff have together influenced and defined practice for those delivering patient care, healthcare providers, national governments and global bodies – including the World Health Organisation.

Partnership working between the University of Edinburgh and NHS Lothian has huge reputational benefits for both institutions. For example, every two years, the Queen's Anniversary Trust makes a limited number of awards to Higher Education Institutions for world-class excellence in applied research and education: the highest national honour awarded by the Queen. This year, the British Heart Foundation Centre for Cardiovascular Science, in partnership with NHS Lothian's Department of Cardiology, was awarded the Queen's Anniversary Prize 2014-2016 for its sustained excellence in cardiology research and "improving lives of patients with coronary heart disease".



Research relevant to the Nursing, Midwifery and Allied Health Professions is both vital and rapidly developing. NHS Lothian and the relevant Schools within Edinburgh Napier University, Queen Margaret University and University of Edinburgh have collaboratively developed a Nursing, Midwifery and Allied Health Professions research framework to advance jointly research and development in these fields.

3 Clinical Research Support

3.1 Academic and Clinical Central Office for Research and Development

The Academic and Clinical Central Office for Research and Development (ACCORD) is a joint office comprising clinical research management staff from NHS Lothian and the University of Edinburgh. ACCORD supports researchers to meet stringent research governance and regulatory requirements, and to fulfil legal, ethical and scientific obligations during the conduct of their research. As a single point of entry to professional advice and expert regulatory support, ACCORD has underpinned the institutions' successful sponsor inspections by the Medicines and Healthcare products Regulatory Agency (MHRA).

Working as part of NHS Research Scotland (NRS), ACCORD offers central access to state-of-the-art clinical research infrastructure that facilitates the delivery of world-class research. It endeavours to provide rapid R&D approval times that meet ambitious national targets and enable prompt and efficient study start up. Its Quality Assurance and Clinical Trial Monitoring team maintain oversight of the research portfolio, acting to ensure that patient welfare is safeguarded, institutional risk is minimised and the highest research standards are upheld.

3.1.1 Intellectual Property

ACCORD supports and encourages the development and application of research in order to improve clinical care, protect its intellectual capital, commercialise ideas, obtain funding for the development of ideas and generate royalty income. The following examples serve to illustrate this:

- Dr Ruth Brotherstone, Physiologist, Neurophysiology, Western General Hospital, has developed an algorithm to diagnose whether epileptic patients are suffering from a seizure or not. With a major grant from Edinburgh and Lothian Health Foundation, an epilepsy alarm device was developed in collaboration with a company that is currently undergoing clinical evaluation. The intellectual property is owned by NHS Lothian and the idea has been protected via a patent.
- Mr John Casey, a Transplant Surgeon at the Royal Infirmary of Edinburgh, is currently collaborating with colleagues from the Universities of Aberdeen and Edinburgh and the Scottish National Blood Transfusion Service on a research study that aims to create a supply of islets cells for transplantation in the treatment of diabetes mellitus. The initial results are encouraging and, going forward, the study will be supported by a considerable research grant from the Cell Therapy Catapult. The background intellectual property is owned by NHS Lothian and the University of Aberdeen, and has been protected via patents.
- The Heart Manual Team based at the Astley Ainslie Hospital developed the Heart Manual Programme that is the UK's leading home-based supported self-management programme for individuals recovering from heart attacks and heart surgery. Available as an NHS resource since 1992, the Heart Manual

Programme has evolved through updated editions, reprints, accumulated evidence and international publications to its most recent development, the Digital Format (2015) which won first prize at 2015 NHS Scotland eHealth awards. Used by numerous Health Boards throughout the UK and as far afield as Canada and Singapore, the programme meets the needs of 15,000 individuals and their families every year. The intellectual property is owned by NHS Lothian.

NHS Lothian has agreed that revenue generated through the successful commercialisation of intellectual property can be shared with the staff responsible for the innovation. Details of this are outlined in NHS Lothian's policy entitled "Policy for Management of Intellectual Property."

3.2 NHS Research Scotland Infrastructure

3.2.1 Clinical Research Facilities

Edinburgh's Clinical Research Facilities (CRFs) are well-established and highly successful facilities that provide specialist support and an optimal environment for the conduct of clinical research. The facilities are located across 3 hospital sites: the Western General Hospital (WTCRF), the Royal Infirmary of Edinburgh (RIECRF) and the Royal Hospital for Sick Children (CCRF). Researchers using the CRFs benefit from a broad range of resources that include highly skilled research staff, state-of-the-art equipment and dedicated clinical space. All three CRFs have undergone rigorous regulatory inspection and have attained accreditation through the MHRA Phase I Accreditation Scheme. This gold standard recognises the robust quality system that underpins CRF operations and enables the safe delivery of novel experimental medicine studies and First-in-Human trials of Investigational Medicinal Products (IMPs).

The CRFs support a broad range of clinical research studies from NHS, academic and industry sponsors. Many hundreds of important and highly successful studies have been made possible with assistance from Edinburgh's CRFs. For example, Dr Alastair Innes led Edinburgh's participation in a major UK trial that showed patients with cystic fibrosis had a significant improvement in their lung function when treated to replace their faulty gene. The trial was challenging to execute, requiring a dedicated pharmacy facility and the installation of pressure-controlled dosing cubicles for the gene therapy. Our Children's CRF (CCRF) recently supported the Phase I/IIa study of the first ever treatment for the most common significant viral infection in infancy, Respiratory Syncytial Virus (RSV). Professor Steve Cunningham was the International Coordinating Investigator for the trial and Edinburgh was the only UK recruiting centre.

The CRF also offers access to specialist research support through four Core areas: Genetics, Imaging, Mass Spectrometry and Epidemiology & Statistics. Expert academic scientists lead these Core departments with access to the latest sophisticated technologies. A successful Education Programme is available comprising an extensive calendar of seminars, workshops and courses for multidisciplinary research staff. This now includes an online Masters Course in Clinical Trials that is run through the University of Edinburgh.

3.2.2 Clinical Research Imaging

Medical imaging research in Edinburgh is carried at two main research facilities: the Brain Research Imaging Centre (BRIC) and the Clinical Research Imaging Centre (CRIC). BRIC opened in 1998 and is home to a 1.5T magnetic resonance scanner embedded within the Western General Hospital. BRIC scanning activity will expand to a second site when “BRIC2” housing a neuro-optimised 3T magnetic resonance scanner opens within the Royal Infirmary of Edinburgh in summer 2016.

The multi-modality and multi-disciplinary CRIC is housed within the University of Edinburgh’s Queen’s Medical Research Institute building next to the Royal Infirmary. It is home to 3 scanning modalities (magnetic resonance, computed tomography and positron emission tomography) plus a cyclotron and radiochemistry suite. In January 2016, work was started to add a further novel scanner (combined positron emission tomography and magnetic resonance imaging) plus a new NHS positron emission tomography and computed tomography scanner. This work is scheduled to finish in autumn 2016. CRIC is a unique partnership between the University of Edinburgh and NHS Lothian, providing high technology scanning facilities that support both imaging research and NHS clinical service provision. CRIC is also home to a new retinal imaging suite which supports research that could impact on a variety of diseases of the brain and body.

Both BRIC and CRIC facilities are home to large groups of image analysis specialists. These groups are vital in taking the data output from the scanners, processing and analysing into useable, quantifiable formats. The staff base to support this work is diverse, requiring clinical and academic expertise plus technical specialists and administrative support. All this activity is managed via “Edinburgh Imaging”: a structure to support the imaging facilities, equipment and staff.

3.2.3 Edinburgh Clinical Trials Unit and Edinburgh Health Services Research Unit

Edinburgh Clinical Trials Unit (ECTU) offers an experienced and capable team of trial managers, data managers, programmers, clinical staff and statisticians who are able to support a project from the early stages of funding application to full delivery, data collection and reporting. Since 2006, ECTU has been fully registered with the United Kingdom Clinical Research Collaboration (UKCRC); a quality validation that supports applications to major funding bodies. The total amount of grant funding secured in support of ECTU studies to date, is in excess of £45 million. ECTU’s study portfolio spans a wide range of clinical areas, reflecting the breadth of research activity across Lothian. This portfolio encompasses studies (involving drugs, complex interventions and devices) in many clinical specialities including gynaecology, gerontology, paediatrics, rheumatology, orthopaedics, primary care, critical care, cardiology and gastroenterology.

Edinburgh Health Services Research Unit (HSRU) is a research support service built on alliances between NHS Lothian and local universities: the University of Edinburgh, Edinburgh Napier University and Queen Margaret University.

It works to promote and nurture health services research by supporting and advising research teams and clinical services and by providing expertise in project planning, grant applications, research methods, statistics, record linkage and health economics. HSRU also works to build research capacity within the NHS.

HSRU aims to support the NHS to provide evidence-based health services by:

- working with service planners, providers and academic groups to identify opportunities for research in the context of service redesign;
- supporting initiatives to increase local capacity and capability in health services research;
- seeking funding from national and international sources for research relevant to health service redesign;
- developing and supporting a critical mass of projects with particular emphasis on studies which could be developed into substantive research areas;
- promoting collaborative research with other national and international partners sharing a common theme
- increasing research capacity through encouraging clinicians to become involved with research and undertake research degrees

Operationally ECTU and HSRU have worked collaboratively for many years, targeting resources and expertise to provide optimal support for researchers in Lothian. A formal merger of the units is now in progress to amalgamate this infrastructure under one Director and a single management structure.

3.2.4 NHS Lothian Research Data Linkage Service

The increasing use of routine clinical data as a powerful and effective research tool is a major component of Scottish Government Health Research Strategy building on major UK Government and Medical Research Council investment in the Farr Institute to drive this at a high level. In 2015, the Scottish Government published both “A Health and Biomedical Informatics Research Strategy for Scotland” and a “Charter for Handling Unconsented Data from National Health Service Patient Records to Support Research and Statistics”. To support these initiatives, data extraction and linkage services will be provided by the four NHS Research Scotland nodes in collaboration with the electronic Data Research and Innovation Service (eDRIS) and the Farr Institute. A key principle of this Scottish model is that researchers can only access anonymised patient level data via ‘Safe Havens’ or secure analysis platforms.

NHS Lothian has worked collaboratively with Lothian Analytical Services, the University of Edinburgh, the Farr Institute and staff in the NHS and partner agencies to develop a service where:

- Help with study design is provided by the service with additional analytical, health economic and statistical support from Health Services Research Unit and Edinburgh Clinical Trials Unit.
- Data extraction, structuring, linkage and de-identification are carried out on a dedicated server within NHS Lothian.

- Researcher access to their data is via the new state-of-the-art secure analysis platform (Safe Haven) provided by University of Edinburgh for the Farr Institute.

Innovative research that links primary and secondary care data, clinical databases and data of different types, such as tissue and imaging, can be undertaken safely and securely and in line with best international practice. This service will work with partner services in the other NHS Research Scotland nodes to develop a national federated network of data linkage services and Safe Havens that will allow researchers throughout Scotland to take advantage of local datasets and particular areas of expertise.

3.2.5 Biorepositories and Laboratory Services

The NHS Research Scotland-funded NHS Lothian Biorepository facilitates and enhances translational research through Lothian-wide governance and rapid, peer-reviewed, ethical access to tissue for researchers from NHS, academia and industry. The Biorepository team offers support at all stages of the process of case identification, accrual, tissue provision, linked clinical data, anonymisation, use and disposal for any legitimate investigator. The Biorepository prioritises eligibly-funded and commercial studies, but is also aware of the opportunities in supporting pilot and demonstration projects that increase Lothian's attractiveness as a centre to place clinical studies. The Biorepository has supported a wide range of successful academic and commercial studies. Such studies have directly resulted in:

- Additional consented patients being offered the opportunity to participate in clinical trials
- Patients being offered genetic testing to predict potential disease activity and to help inform treatment.
- The potential development of new treatments, for example resulting in further funding being sought for a new Phase I study.
- Food and Drug Administration approval of a prostate cancer diagnostic test
- The development and validation of novel prognostic and diagnostic techniques
- Greater understanding of the epidemiology of infectious disease and environmental hazards to human health arising from research investigations during incidents
- Numerous peer reviewed grants and scientific publications

3.2.6 SHARE: the Scottish Health Research Register

SHARE (www.registerforshare.org) is an NHS Research Scotland initiative which encourages people to sign up to allow information in their NHS databases to be used to determine if they may be suitable for ongoing research projects. Potentially suitable participants are contacted and told about the research at which point they can choose to participate or not. SHARE has recently recruited 100,000 people across Scotland with the aim of including 1 million in the next 10 years. NHS Lothian helped found SHARE, supports SHARE locally and one of the co-directors

is based here. Lothian is currently the fastest growing region for SHARE registrations.

3.3 NHS Research Scotland Researcher Support

3.3.1 NHS Research Scotland Fellowships

The NHS Research Scotland Fellowships scheme was launched in 2011 to support NHS-funded clinical staff in developing a research career within their NHS post. The award provides funding for protected time to contribute, to conduct and to lead clinical research. The centrally funded Fellowships last for 3 years and are normally at 0.2 whole-time equivalents, with the expectation that the research sessions will continue if the individual maintains a good level of research activity and remains in the same post. Since the inception of the scheme, 36 NRS Fellows have been appointed in Lothian, and 9 of the original cohort of 11 have had their research sessions continued. The Fellows are adding to Lothian's research portfolio in the areas of paediatrics, orthopaedics, oncology, cardiology, interventional radiology, home ventilation, psychiatry, clinical psychology, dietetics, cancer nursing, rheumatology, transplant surgery, neurology, acute medicine and critical care.

Applications for Fellowships usually open in the autumn for Fellowships to start in April the following year. In the autumn 2015 call for applications, the Chief Scientist Office has refocused the scheme to target individuals who are not currently research active but would wish to develop research in their post and encourage more applications from nurses, midwives and allied health professionals.

3.3.2 Clinical Academic Research Careers Scheme

Lothian's Clinical Academic Research Careers (CARC) Scheme for nurses, midwives and allied health professionals (NMAHP) is designed to provide a research training environment for NHS Lothian staff. It aims to develop research capacity and capability among these professions with the long-term goal of increasing quality applied healthcare research. The scheme is firmly embedded within clinical practice whilst involving full collaboration with academic partners (University of Edinburgh, Edinburgh Napier University, and Queen Margaret University). The CARC Scheme was established in 2011 via partnership funding between NHS Lothian Research and Development, the three universities, and NHS Education for Scotland. This scheme has been regarded as a national pilot with implications for the development of clinical academic research careers Scotland-wide.

Three initial collaborative demonstration sites were established following a competitive application process. These are Recovery from Critical Illness (University of Edinburgh), Recovery from Substance Misuse (Edinburgh Napier University/University of Edinburgh), and Weight Management & Telehealth (Queen Margaret University/Edinburgh Napier University). Each site has appointed two 0.5 whole-time equivalent doctoral or post-doctoral fellows for 3-5 years, usually on a secondment basis from substantive clinical posts in the Board. The success of the model has recently led to the establishment of two further CARC sites: Dementia in

Acute Care (University of Edinburgh/Alzheimer Scotland) and Health Inequalities and Midwifery (Edinburgh Napier University).

The five CARC sites were established in a staggered pattern with the longest established (Critical Care and Substance Misuse) having been in existence for 4-5 years. These more mature programmes have generated significant outputs including:

- Generating research grant income ~£1,090,000 (£460,000 where a CARC fellow was the Principal Investigator and £630,000 as Co-investigator)
- Fifteen articles published in peer-reviewed journals
- National and international conference presentations
- Development of a web-based resource, co-designed with patients, to support enhanced recovery in the community following critical illness
- Successful trial of the role of generic rehabilitation assistants to improve the care pathway for patients recovering from critical illness
- Commencement of a trial of behavioural couples therapy among concordant drug-using couples to aid substance misuse recovery and relationship or family functioning
- Two post-doctoral fellows in these sites securing more senior post-doctoral posts on completion of their CARC secondments which has allowed them to continue with their programmes of research in NHS Lothian.

3.3.4 NHS Research Scotland Networks: Mental Health

The Scottish Mental Health Research Network (SMHRN) is funded by the Chief Scientist Office and managed from a co-ordinating centre in NHS Lothian. The SMHRN facilitates the development, set-up and completion of clinical research and has supported more than 50 studies within NHS Lothian. A number of these studies have resulted in high impact scientific publications such as the *Lancet* resulting from large-scale clinical trials focused on patient care. For example, the SMaRT study demonstrated that major depression is common and often unrecognised in people attending cancer clinics (up to 13.1%) but can be identified and effectively treated with collaborative care: 62% responded to treatment versus 17% in usual care group. The treatment involved multi-disciplinary case management and a combination of problem-solving therapy, anti-depressants and behavioural activation.

3.3.5 NHS Research Scotland Speciality Groups

Following a review of the NHS Research Scotland Infrastructure in 2014, the CSO confirmed that research activity in Scotland would continue to be supported by Topic Networks and Specialty Groups and confirmed that all research at a national level will now fall within one of these groups or networks. The Network and Specialty Groups have associated Champions and Group Leads with NRS Performance Manager and Champion Manager support. Their remit is to promote research within their area and to oversee delivery of recruitment to time and to target. NHS Lothian is well represented within the new structure and of the 6 Champions posts filled so far, NHS Lothian has the Cancer Champion, Professor David Cameron and the Musculoskeletal Champion, Professor Stuart Ralston.

NHS Lothian also has 5 of the 14 Specialty Group Leads. This strong national representation ensures that NHS Lothian is in the best possible position to develop future research and to attract new research both nationally and internationally thereby giving greater choice to our patients.

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COMMITTEE MEMBERSHIPS

1 Purpose of the Report

- 1.1 The purpose of this report is to invite the Board to agree the following appointments to Committees.
- Finance & Resources Committee - to confirm Moira Whyte as an ex-officio member of the Committee.
 - Strategic Planning Committee - to confirm Moira Whyte and Fiona Ireland as ex-officio members of the Committee.
 - Healthcare Governance Committee - to confirm Fiona Ireland as an ex-officio member of the Committee. To appoint Harry Cartmill as a member of the Committee replacing Frank Toner.
 - Acute Hospitals Committee - To appoint Fiona Ireland as a member of the Acute Hospitals Committee replacing Alison Meiklejohn.

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

2 Recommendations

- 2.1 To confirm Moira Whyte as an ex-officio member of the Finance & Resources Committee.
- 2.2 To confirm Moira Whyte and Fiona Ireland as ex-officio members of the Strategic Planning Committee.
- 2.3 To appoint Harry Cartmill as a member of the Healthcare Governance Committee.
- 2.4 To appoint Fiona Ireland as a member of the Acute Hospitals Committee.

3 Key Risk

- 3.1 If appointments are not made to these Committees difficulties may be encountered in obtaining a quorum and there will be no representation from the University of Edinburgh and the Area Clinical Forum.

4 Risk Register

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

5 Impact on Inequality, Including Health Inequalities

- 5.1 Not required as this is an administrative matter.

6 Involving People

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

7 Resource Implications

7.1 There are no resource implications.

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NHS Lothian

Board Meeting
5 October 2016

Director of Finance

SUMMARY PAPER - REVIEW OF THE BOARD'S STANDING ORDERS

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

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

<ul style="list-style-type: none"> The Board has reserved the authority to approve its Standing Orders. 	1.1
<ul style="list-style-type: none"> There are regulations which underpin the Board's Standing Orders and revisions to those regulations were issued in January 2016 which came into force on 8 February 2016. Those amendments require some changes to the Standing Orders to be made. 	1.2
<ul style="list-style-type: none"> The key change is that an employee of the Board may not be appointed as Vice-Chair, or chair a meeting of the Board in the absence of the Chair or Vice-Chair. 	3.2-3.4
<ul style="list-style-type: none"> Unrelated to the regulations, there is a separate project underway which relates to the development, approval and implementation of the Board's policies. Going forward the arrangements for the approval of different types of policy will not be described within the Procedure that is currently referred to in the Standing Orders. Consequently there is a proposed amendment to capture this. 	3.9
<ul style="list-style-type: none"> The Audit & Risk Committee reviewed the proposed changes on 5 September 2016 and agreed that they be recommended to the Board. 	1.2

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NHS Lothian

Board Meeting
5 October 2016

Director of Finance

REVIEW OF THE BOARD'S STANDING ORDERS

1 Purpose of the Report

- 1.1 The Board has reserved the authority to approve its Standing Orders.
- 1.2 There are regulations which underpin the Board's Standing Orders and [revisions to those regulations](#) were issued in January 2016 which came into force on 8 February 2016. Those amendments require some changes to the Standing Orders to be made. This review of the Standing Orders also gives the opportunity to make further edits to reflect other developments. The Audit & Risk Committee reviewed the proposed changes to the Standing Orders on 5 September 2016 and agreed they were appropriate and to recommend to the Board that they be changed.
- 1.3 The purpose of this report is therefore to invite the Board to approve these amended Standing Orders.
- 1.4 Any member wishing additional information should contact the Director of Finance in advance of the meeting.

2 Recommendations

- 2.1 Review the proposed changes and approve these revised Standing Orders.

3 Discussion of Key Issues

Amendments to the Standing Orders

- 3.1 The proposed changes have been tracked in the draft at Appendix 1.
- 3.2 The Regulation removes outdated references to certain executive positions which are now known under different terms, or may have their functions divided between other executive positions. A Policy Note accompanied the regulations, which included the following:

"In certain circumstances a potential conflict of interest could arise by a person being a member and also an employee of a Board – irrespective of whether the employed position is an executive one. The policy intention is therefore to replace the outdated references with provision which refers to all employees of a Board."

- 3.3 A key change is with regard to who may be the Board's Vice-Chair. Previously only certain executive directors were disqualified from the role, but now all employees of a Board are disqualified. There are non-executive Board members who are also employees of a Board who accordingly may not be the Vice-Chair.

- 3.4 On the same principle, another amendment requires that if both the Chair and Vice-Chair are absent, the Board member selected to act as chair in their absence is not to be an employee of a Board. The provision for quorum has been amended to clarify that there has to be at least two Board members present who are not employees of a Board.

Other Matters Arising from the Amendment Regulations

Suspension and Disqualification of Board Members

- 3.5 When preparing previous versions of the Standing Orders it has been agreed that the legal provisions relating to resignation and removal, suspension, and disqualification do not need to be reflected in the Standing Orders, as they are applied out with the conduct of Board business and largely by the Scottish Government.
- 3.6 A new section on suspension has been added to the Regulations, stating that the Scottish Ministers may determine to suspend a member from taking part in Board business (including meetings). The suspension ends when the Scottish Ministers decide, or if the person's appointment as a Board member is not terminated within 12 months of the start of the suspension.
- 3.7 The previous regulation on disqualification has been entirely substituted by a new one, and is the result of an extensive review taken forward in collaboration with the NHS Board Chairs' Group. For the most part it is a re-draft of what was already there, using clearer language and up-to-date references to other law and regulatory bodies. The Policy Note highlighted the following changes:
- A sitting Board member who commits an offence and is given a prison sentence of 3 months or longer (whether suspended or not) is now disqualified.
 - A person who is an employee of another health service body is no longer disqualified.
 - A person who resigned from any paid employment with a health service body is no longer disqualified.
- 3.8 The regulation on disqualification continues to allow Scottish Ministers to waive disqualification.

Further Changes to the Standing Orders which are unrelated to the Amendment Regulations

- 3.9 Paragraph 6.18 has been revised. There is a separate project underway which relates to the development, approval and implementation of the Board's policies. Going forward the arrangements for the approval of different types of policy will not be described within the Procedure that is currently referred to in the Standing Orders. Instead the Board shall approve the arrangements separately and they will most likely be maintained on the intranet or internet.

3.10 Appendices 8 & 9 have been deleted as they refer to community health partnerships and the West Lothian Community Health and Care Partnership, which have been superseded by integration joint boards.

4 Key Risks

4.1 The Board's Standing Orders are not consistent with the pertinent regulations, leading to the Board inadvertently making decisions that are inconsistent with its legal authority. This can lead to the law and the Scottish Government's policies not being properly implemented.

5 Risk Register

5.1 This (medium) risk is on the corporate governance risk register (ID 4038).

6 Impact on Inequality, Including Health Inequalities

6.1 An integrated impact assessment is not required for this paper, as there are no proposals which would have an impact on an identifiable group people.

7 Involving People

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

8 Resource Implications

8.1 There are no resource implications from making these changes to the Standing Orders.

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List of Appendices

Appendix 1: Revised Standing Orders

Proposed Revisions to the Standing Orders (7 September 2016)

**NHS Lothian
Standing Orders for the Proceedings
and Business of Lothian NHS Board**

1 General

- 1.1 These Standing Orders for regulation of the conduct and proceedings of Lothian NHS Board, the common name for Lothian Health Board, [the Board] and its Committees are made under the terms of The Health Boards (Membership and Procedure) (Scotland) Regulations 2001 (2001 No. 302), [as amended up to and including](#) ~~and~~ The Health Boards (Membership and Procedure) (Scotland) Amendment Regulations ~~2005-2016~~ [\(2005-2016](#) No. ~~4083~~).
- 1.2 The Scottish Ministers shall appoint the members of the Board. The Scottish Ministers shall also attend to any issues relating to the resignation ~~and~~ removal, [suspension](#) and disqualification of members in line with the above regulations. Any member of the Board may on reasonable cause shown be suspended from the Board or disqualified for taking part in any business of the Board in specified circumstances.
- 1.3 Board members are required to subscribe to and comply with the NHS Lothian Code of Conduct (Appendix 6 to the Standing Orders) which is made under the [Ethical Standards in Public Life etc \(Scotland\) Act 2000](#).
- 1.4 Any statutory provision, regulation or direction by Scottish Ministers, shall have precedence if they are in conflict with these Standing Orders.
- 1.5 Any one or more of these Standing Orders may be varied or revoked at a meeting of the Board by a majority of members present and voting, provided the notice for the meeting at which the proposal is to be considered clearly states the extent of the proposed repeal, addition or amendment.
- 1.6 The Corporate Services Manager shall provide a copy of these Standing Orders to all members of the Board on appointment. A copy shall also be held on the Board's intranet at [CORPORATE > POLICIES > NHS Lothian Standing Orders Pack](#)

2 Chair

- 2.1 The Scottish Ministers shall appoint the Chair of the Board ~~and all other members of the Board~~.

3 Vice-Chair

- 3.1 The Board shall appoint a ~~non-executive~~ Board member to be Vice-Chair. A member who is an employee of a Board is disqualified from being Vice-Chair. Any person so appointed shall, so long as he or she remains a member of the Board, continue in office for such a period as the Board may decide.
- 3.2 The Vice Chair may at any time resign from that office by giving notice in writing to the Chair, and the Board may appoint another member as Vice-Chair.
- 3.3 Where the Chair has died, ceased to hold office, or is unable to perform his or her duties due to illness, absence from Scotland or for any other reason, the Vice-Chair shall assume the role of the Chair in the conduct of the business of the Board and references to the Chair shall, so long as there is no Chair able to perform the duties, be taken to include references to the Vice-Chair.

4 Calling and Notice of Board Meetings

- 4.1 The Chair may call a meeting of the Board at any time. The Board shall meet at least six times in the year and will annually approve a forward schedule of meeting dates.
- 4.2 A Board meeting may be called if one third of the whole number of members signs a requisition for that purpose. The requisition must specify the business proposed to be transacted. The Chair is required to call a meeting within 7 days of receiving the requisition. If the Chair does not do so, or simply refuses to call a meeting, those members who presented the requisition may call a meeting by signing an instruction to approve the notice calling the meeting. However no business shall be transacted at the meeting other than that specified in the requisition.
- 4.3 Before each meeting of the Board, a notice of the meeting (in the form of an agenda), specifying the time, place and business proposed to be transacted at it and approved by the Chair, or by a member authorised by the Chair to approve on that person's behalf, shall be delivered to every member (e.g. sent by email) or sent by post to the usual place of residence of such members so as to be available to them at least three clear days before the meeting. The notice shall be distributed along with any papers for the meeting that are available at that point. The Board may exceptionally convene a meeting at shorter notice only if all members agree.
- 4.4 With regard to calculating clear days for the purpose of notice under 4.3 and 4.6, the period of notice excludes the day the notice is sent out and the day of the meeting itself. Working days and weekend days are counted. e.g. If a notice is sent out on Friday for a meeting to be held on the following Tuesday, three clear days notice will have been given.

Proposed Revisions to the Standing Orders (7 September 2016)

- 4.5 Lack of service of the notice on any member shall not affect the validity of a meeting.
- 4.6 Board meetings shall be held in public. The Corporate Services Manager shall place a public notice of the time and place of the meeting at the Board's offices at least three clear days before the meeting is held. If the meeting is held at shorter notice (see 4.3) then the public notice shall be placed at the same time that the shorter notice is served. The notice and the meeting papers shall also be placed on the Board's website.
- 4.7 While the meeting is in public the Board may not exclude members of the public and the press (for the purpose of reporting the proceedings) from attending the meeting. However the Chair has the right to adjourn a meeting in the event of disorderly conduct or other misbehaviour at the meeting.
- 4.8 The Board may pass a resolution to meet in private in order to consider certain items of business. The Board may decide to do so on the following grounds:
- The Board is still in the process of developing proposals or its position on certain matters, and needs time for private deliberation.
 - The business relates to the commercial interests of any person and confidentiality is required, e.g. when there is an ongoing tendering process or contract negotiation.
 - The business necessarily involves reference to personal information, and requires to be discussed in private in order to uphold the Data Protection Principles.
 - The Board is otherwise legally obliged to respect the confidentiality of the information being discussed.
- 4.9 The minutes of the meeting will reflect the reason(s) why the Board resolved to meet in private.

5 Conduct of Meetings

Authority of the Chair

- 5.1 The Chair shall preside at every meeting of the Board. The Vice-Chair shall preside if the Chair is absent. If both the Chair and Vice Chair are absent, the members present at the meeting shall choose a ~~non-executive~~ Board member who is not an employee of a Board to preside.
- 5.2 The duty of the person presiding at a meeting of the Board or one of its committees is to ensure that the Standing Orders or the Committee's terms of reference are observed, to preserve order, to ensure fairness between members,

Proposed Revisions to the Standing Orders (7 September 2016)

and to determine all questions of order and competence. The ruling of the person presiding shall be final and shall not be open to question or discussion.

- 5.3 The person presiding may direct that the meeting can be conducted in any way that allows members to participate, regardless of where they are physically located, e.g. video-conferencing, teleconferencing.
- 5.4 Any member who disregards the authority of the Chair, obstructs the meeting, or conducts himself/herself offensively shall be suspended for the remainder of the meeting, if a motion (which shall be determined without discussion) for his/her suspension is carried. Any person so suspended shall leave the meeting immediately and shall not return without the consent of the meeting.

Quorum

- 5.5 The Board will be deemed to meet only when there are present, and entitled to vote, a quorum of at least one third of the whole number of members, including at least five non-executive Board members. Two of the five should also not be employees of a Board. The quorum for committees will be set out in their terms of reference, however it can never be less than two Board members.
- 5.6 When a quorum is not present, the only actions that can be taken are to either adjourn to another time or abandon the meeting altogether and call another one. The quorum should be monitored throughout the conduct of the meeting in the event that a member leaves during a meeting, with no intention of returning. The Chair may set a time limit to permit the quorum to be achieved before electing to adjourn, abandon or bring a meeting that has started to a close. The Chair shall provide a report to the next meeting of the Board in the event of quorum not being reached.
- 5.7 In determining whether or not quorum is present the Chair must consider the effect any declared interests.
- 5.8 If a member, or an associate of the member, has any pecuniary or other interest in any contract, proposed contract or other matter under consideration by the Board or a committee, the member should declare that interest at the start of the meeting. This applies whether or not that interest is already recorded in the Board Members' Register of Interests. Following such a declaration, the member shall be excluded from the Board or committee meeting when the item is under consideration, and should not be counted as participating in that meeting for quorum or voting purposes.
- 5.9 Paragraph 5.8 will not apply where a member's interest in any company, body or person is so remote or insignificant that it cannot reasonably be regarded as likely

Proposed Revisions to the Standing Orders (7 September 2016)

to effect any influence in the consideration or discussion of any question with respect to that contract or matter.

- 5.10 If a question arises at a Board meeting as to the right of a member to participate in the meeting (or part of the meeting) for voting or quorum purposes, the question may, before the conclusion of the meeting be referred to the Chair. The Chair's ruling in relation to any member other than the Chair is to be final and conclusive. If a question arises with regard to the participation of the Chair in the meeting (or part of the meeting) for voting or quorum purposes, the question is to be decided by a decision of the members at that meeting. For this latter purpose, the Chair is not to be counted for quorum or voting purposes.
- 5.11 Paragraphs 5.7-5.10 equally apply to members of any Board committees, whether or not they are also members of the Board, e.g. stakeholder representatives.

Adjournment

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

Business of the Meeting

- 5.13 If a member wishes to add an item of business which is not in the notice of the meeting, he or she must make a request to the Chair at the start of the meeting. No business shall be transacted at any meeting of the Board other than that specified in the notice of the meeting except on grounds of urgency. Any request for the consideration of an additional item of business must be raised at the start of the meeting and the majority of members present must agree to the item being included on the agenda.
- 5.14 For Board meetings only, the Chair may propose within the notice of the meeting "items for approval" and "items for discussion". The items for approval are not discussed at the meeting, but rather the members agree that the content and recommendations of the papers for such items are accepted, and that the minutes of the meeting should reflect this. The Board must approve the proposal as to which items should be in the "items for approval" section of the agenda. Any member (for any reason) may request that any item or items be removed from the "items for approval" section. If such a request is received, the Chair shall either move the item to the "items for discussion" section, or remove it from the agenda altogether.

Proposed Revisions to the Standing Orders (7 September 2016)

- 5.15 The Board may reach consensus on an item of business without taking a formal vote. Where a vote is taken, every question at a meeting shall be determined by a majority of votes of the members present and voting on the question. In the case of an equality of votes, the person presiding at the meeting shall have a second or casting vote. A vote may be taken by members by a show of hands, or by ballot, or any other method determined by the Chair.
- 5.16 Any member may move a motion or an amendment to a motion (a “motion”), and it is expected that members will notify the Chair in advance of the meeting. The Chair may require the motion to be reduced to writing. The member who moved the motion may speak to it. However, another member must second the motion before there is any further debate on it.
- 5.17 Any member may second the motion and may reserve his/her speech for a later period of the debate.
- 5.18 Once a motion has been seconded it shall not be withdrawn without the leave of the Board.
- 5.19 After debate, the mover of any original motion shall have the right to reply. In replying he/she shall not introduce any new matter, but shall confine himself/herself strictly to answering previous observations, and, immediately after his/her reply, the question shall be put by the Chair without further debate.
- 5.20 When more than one amendment is proposed, the Chair of the meeting shall decide the order in which amendments are put to the vote. All amendments carried shall be incorporated in the original motion which shall be put to the meeting as a substantive motion.
- 5.21 A motion to adjourn any debate on any question or for the closure of a debate shall be moved and seconded and put to the meeting without discussion. Unless otherwise specified in the motion, an adjournment of any debate shall be to the next meeting.

Minutes

- 5.22 The names of members present at a meeting of the Board, or of a committee of the Board, shall be recorded. The names of other persons in attendance shall also be recorded.
- 5.23 The Corporate Services Manager (or his/her authorised nominee) shall prepare the minutes of meetings of the Board and its committees. The Board or the committee shall receive and review the minutes at the following meeting.

6 Matters Reserved for the Board

Introduction

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

Standing Orders

- 6.3 The Board shall approve its Standing Orders.

Committees

- 6.4 The Board shall approve the establishment of, and terms of reference of all of its committees.
- 6.5 The Board shall appoint all committee members.

Values

- 6.6 The Board shall approve organisational values.

Strategic Planning

- 6.7 The Board shall approve all strategies for all the functions that it has planning responsibility for. This is subject to any provisions for major service change which require Ministerial approval.
- 6.8 The Board shall review and approve the NHS Lothian contribution to Community Planning Partnerships through the Single Outcome Agreements.
- 6.9 The Board shall approve the Local Delivery Plan for submission to the Scottish Government for its approval.
- 6.10 The Board shall approve its Corporate Objectives.

Risk Management

- 6.11 The Board shall define its risk appetite and associated risk tolerance levels.
- 6.12 The Board shall approve its Risk Management Policy.

Health & Safety

6.13 The Board shall approve its Health & Safety Policy.

Finance

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

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

6.16 The Board shall approve its annual accounts and report.

Capital – Acquisitions and Disposals

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

Other Organisational Policy

6.18 The ~~approval of all other policies is delegated to committees and groups throughout NHS Lothian, and this is set out in the [Procedure for the Development, Approval and Communication of NHS Lothian Policies & Procedures](#)~~Board shall approve the arrangements for the approval of all other [policies](#).

Performance Management

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

Criminal Prosecution/ Civil Litigation

6.20 The Board will approve its system for responding to any civil actions raised against the Board. The Board will approve its system for responding to any occasion where the Board is being investigated and / or prosecuted for a criminal or regulatory offence. Within these systems the Board may delegate some decision making to one or more executive Board members.

Other Items of Business

- 6.21 The Board may be required by law or Scottish Government direction to approve certain items of business, e.g. the Integration Plans for a local authority area.
- 6.22 The Board itself may resolve that other items of business be presented to it for approval.

7 Delegation of Authority by the Board

- 7.1 Except for the Matters Reserved to the Board, the Board may delegate authority to act on its behalf to committees, individual Board members, or other Board employees. In practice this is achieved primarily through the Board's approval of the [Standing Financial Instructions](#) and the [Scheme of Delegation](#).
- 7.2 The Board may delegate responsibility for certain matters to the Chair for action. In such circumstances, the Chair's action should inform the Board of any decision or action subsequently taken on these matters.
- 7.3 The Board and its officers must comply with the [NHS Scotland Property Transactions Handbook](#), and this is cross-referenced in sections 24 and 39 of the [Scheme of Delegation](#).
- 7.4 The Board may, from time to time, request reports on any matter or may decide to reserve any particular decision for itself. The Board may withdraw any previous act of delegation to allow this.

8 Board Members – Ethical Conduct

- 8.1 Members have a personal responsibility to comply with the [Lothian NHS Board Code of Conduct for Board Members](#). The Commissioner for Public Standards can investigate complaints about members who are alleged to have breached their Code of Conduct. The Corporate Services Manager shall maintain the Lothian NHS Board Register of Interests. When a member needs to update or amend his or her entry in the Register, he or she must notify the Corporate Services Manager of the need to change the entry within one month after the date the matter required to be registered.
- 8.2 The Corporate Services Manager shall ensure the Register is available for public inspection at the principal offices of the Board at all reasonable times and will be included on the Board's website.
- 8.3 Members must always consider the relevance of any interests they may have to any business presented to the Board or one of its committees. Members must observe paragraphs 5.8 & 5.9 of these Standing Orders, and have regard to Section 5 of the Code of Conduct (Declaration of Interests).

- 8.4 In case of doubt as to whether any interest or matter should be declared, in the interests of transparency, members are advised to make a declaration.
- 8.5 Members shall make a declaration of any gifts or hospitality received in their capacity as a Board member. Such declarations shall be made to the Corporate Services Manager who shall make them available for public inspection at all reasonable times at the principal offices of the Board and on the Board's website.

9 Common Seal and Execution of Documents

- 9.1 The Corporate Services Manager is responsible for the safe custody of the common seal of the Board, and for maintaining a register of the use of the seal..
- 9.2 Any document or proceeding requiring authentication by the Board by affixation of its Common Seal shall be subscribed by three Board members. Normally the Chair and the Director of Finance will be subscribers.
- 9.3 Where a document requires for the purpose of any enactment or rule of law relating to the authentication of documents under the Law of Scotland, or otherwise requires to be authenticated on behalf of the Board it shall be signed by an Executive Member of the Board or any person duly authorised to sign under the Scheme of Delegation in accordance with the provisions of the Requirements of Writing (Scotland) Act 1995. Before authenticating any document the person authenticating the document shall satisfy themselves that all necessary approvals in terms of the Board's procedures have been satisfied. A document executed by the Board in accordance with this paragraph shall be self-proving for the purposes of the Requirements of Writing (Scotland) Act 1995.
- 9.4 Scottish Ministers shall direct which officers of the Board can sign on their behalf in relation to the acquisition, management and disposal of land.
- 9.5 Any authorisation to sign documents granted to an officer of the Board shall terminate upon that person ceasing (for whatever reason) from being an employee of the Board, without further intimation or action by the Board.

10 Committees

- 10.1 Subject to any direction issued by Scottish Ministers, the Board shall appoint such committees (and sub-committees) as it thinks fit. The Board shall appoint the chairs of these committees. The Board shall approve the terms of reference and membership of the committees and shall review these as and when required.
- 10.2 The Board shall appoint committee members to fill any vacancy in the membership as and when required. If a committee is required by regulation to be constituted with a particular membership, then the regulation must be followed

- 10.3 Provided there is no Scottish Government instruction to the contrary, any non-executive Board member may replace a Committee member who is also a non-executive Board member, if such a replacement is necessary to achieve the quorum of the committee.
- 10.4 The Board's Standing Orders relating to the calling and notice of Board meetings, conduct of meetings, and conduct of Board members shall also be applied to committee meetings. The general exception is that committee meetings shall not be held in public and committee papers shall not be placed on the Board's website.
- 10.5 The Board shall approve a calendar of meeting dates for its committees. The committee chair may call a meeting any time, and shall call a meeting when requested to do so by the Board.
- 10.6 The Board may authorise committees to co-opt members for a period up to one year, subject to the approval of both the Board and the Accountable Officer. A committee may decide this is necessary to enhance the knowledge, skills and experience within its membership to address a particular element of the committee's business. A co-opted member is one who is not a member of Lothian NHS Board and is not to be counted when determining the committee's quorum.

List of Appendices

Appendix 1 - Committees and Sub-Committees

Appendix 2 - Terms of Reference for Committees and Sub-Committees

Appendix 3 - Standing Financial Instructions

Appendix 4 - Scheme of Delegation

Appendix 5 - SEAT Framework of Governance

Appendix 6 - Code of Conduct for Board Members

Appendix 7 - Freedom of Information Code of Practice

~~Appendix 8 – Model Community Health Partnership Sub-Committee Standing Orders~~

~~Appendix 9 – West Lothian Community and Health Care Partnership Framework of Governance~~

NHS Lothian

Board Meeting
5 October 2016

Director of Public Health & Health Policy

SUMMARY PAPER - 'STICK YOUR LABELS' CAMPAIGN

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

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

<ul style="list-style-type: none"> Stigma associated with poverty exacerbates the adverse effects of poverty on health. 	3.1
<ul style="list-style-type: none"> 'Stick Your Labels' is a Poverty Alliance campaign that aims to challenge negative attitudes towards people experiencing poverty in Scotland. 	3.2
<ul style="list-style-type: none"> The campaign asks organisations to sign up to the following three pledges: 	3.2
1. We will set out our contribution to tackling poverty in Scotland.	
2. We will never use language that may stigmatise people experiencing poverty	
3. We will develop actions that help address negative attitudes towards people experiencing poverty.	
<ul style="list-style-type: none"> NHS Lothian is already taking action towards these pledges through the Health Inequalities Strategy. It is proposed to enhance these to more directly address the stigma associated with poverty. 	3.3
<ul style="list-style-type: none"> The Board is recommended to endorse the campaign and sign the 'Stick Your Labels' pledges. 	

Margaret Douglas
Consultant in Public Health
16 September 2016
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NHS Lothian

Board Meeting
5 October 2016

Director of Public Health & Health Policy

'STICK YOUR LABELS' CAMPAIGN

1 Purpose of the Report

- 1.1 The purpose of this report is to outline the 'Stick your Labels' campaign that aims to challenge the stigma of poverty, and to recommend that the Board endorses the campaign and the actions to meet the three pledges noted in this paper.

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

2 Recommendations

- 2.1 Recognise the adverse effects on health of poverty and the stigma associated with poverty
- 2.2 Sign up to the 'Stick Your Labels' campaign and three pledges noted below
- 2.3 Support the actions in this report to meet the three pledges
- 2.4 Recommend that the Integration Joint Boards also consider endorsing the campaign.

3 Discussion of Key Issues

- 3.1 Around 18% of the Scottish population is living in poverty. There is abundant evidence showing the adverse effects of poverty on health. For almost every health indicator there is a clear gradient showing progressively poorer health with decreasing affluence. These impacts are exacerbated by the stigma experienced by many people in poverty. Stigma has direct adverse effects on mental health and may discourage people from seeking support, including healthcare.
- 3.2 'Stick Your Labels' is a Poverty Alliance campaign that aims to challenge negative attitudes towards people experiencing poverty in Scotland. Organisations are asked to sign up to the three pledges noted below. Organisations including Scottish Government, Health Scotland, City of Edinburgh Council and West Lothian Council have signed up to these pledges.

Pledge 1: Poverty is not inevitable. Poverty is a problem of political choices, it is neither natural nor acceptable. We all have a role to play in addressing poverty: **We will set out our contribution to tackling poverty in Scotland.**

Pledge 2: Attitudes matter. How we talk about poverty and how we portray it can stigmatise and harm people: **We will never use language that may stigmatise people experiencing poverty.**

Pledge 3: Actions change attitudes. To change beliefs about poverty requires action across our whole society: **We will develop actions that help address negative attitudes towards people experiencing poverty.**

3.3 The NHS Lothian Health Inequalities Strategy includes actions that support the three pledges. It is proposed that some of this work be enhanced to include work specifically designed to reduce the stigma associated with poverty. Key actions for each pledge are noted in the table below.

Pledge	Key actions
<p>1. We will set out our contribution to tackling poverty in Scotland.</p>	<p>The NHS Lothian health inequalities strategy includes a range of actions to reduce poverty and inequality. These include:</p> <ul style="list-style-type: none"> • Increase recruitment opportunities for young people and vulnerable groups through socially responsible recruitment programme • Continue to pay all staff at least the living wage • Identify patients at risk of financial insecurity and enable access to appropriate services • Increase number of NHS settings with access to and links with welfare advice and income maximisation services • Develop use of community benefit clauses in contract specifications and procurement strategies
<p>2. We will never use language that may stigmatise people experiencing poverty</p>	<p>The Poverty Alliance has developed guidance on appropriate, and inappropriate, language to describe poverty. A session is being planned with Communications staff to review this and ensure our organisational communications do not inadvertently stigmatise people and areas with high levels of need due to poverty.</p>
<p>3. We will develop actions that help address negative attitudes towards people experiencing poverty.</p>	<p>As part of the Health Inequalities Strategy we have been developing staff training to enable them to respond to social & economic circumstances affecting patients' health. This training is being reviewed to consider some of the myths about poverty in order to encourage greater understanding and challenge negative attitudes.</p> <p>It is also proposed that NHS Lothian use the campaign logo as appropriate and supports some Poverty Alliance messages, for example by re-tweeting.</p>

- 3.4 The Strategic Health Inequalities Group monitors the actions of the Health Inequalities Strategy and reports on this annually to the Strategic Planning Committee. It is proposed that the actions above be included in this.
- 3.5 There could be wider opportunities to support the aims of the campaign through the work of the Health and Social Care Partnerships. This could be considered further by the Integration Joint Boards.

4 Key Risks

- 4.1 There is a risk that some staff may feel uncomfortable discussing poverty and stigma, or may have negative attitudes towards people in poverty. The training will recognise this but will aim to challenge negative attitudes when appropriate.

5 Risk Register

- 5.1 There are no implications for the Risk Register.

6 Impact on Inequality, Including Health Inequalities

- 6.1 An impact assessment was carried out on the Health Inequalities Strategy before it was finalised in 2014. The recommendations from this were incorporated into the strategy.

7 Involving People

- 7.1 The Poverty Alliance has involved people affected by poverty in developing the campaign. To date there has been no public involvement in this work specifically for NHS Lothian.

8 Resource Implications

- 8.1 The resource implications are staff time to continue implementing the Health Inequalities Strategy and to deliver the training identified above. These can be delivered within existing resources.

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ACUTE HOSPITALS COMMITTEE

The draft minutes of the Acute Hospitals Committee held on Tuesday 6 September are attached.

Key issues discussed included:

- Flexibility of staff and transferability of resource at key times.
- Outpatients and how to address issues such as consistency, DNAs and how we can modernise the approach to communications to improve both staff customer care skills and attendance. Improvements cited were the new Programme Board and Flow Centre and design work. One in three patients are new, one in ten DNA.
- New approaches to Diabetes and particularly Type 2. New Diabetic Centre for Endocrinology and Diabetes. The Committee noted growing costs, issues around insulin pumps, IJB inconsistency in treatment across Lothian and need to build locality and IJB relationships
- Promoting continence in Lothian. Going well and have appointed a fixed term project manager.
- Update on Theatre improvement Programme, noting bespoke approach and need to liaise with IJBs.
- Update on Acute Frailty Programme Board. Some project success in reducing bed stays and pre noon discharges
- Update on Cleft Palate Services. Despite due process in redesigning the service, the Scottish Government has not yet signed off the new centralised location in Glasgow. The Committee decided that as it had not been involved in the review, and as so many bodies had supported the proposed move, including Lothian. it was not in a position to comment other than to say it had been assured by all the work undertaken and the support for the move from the chief executives group, amongst others.
- Update on some of the financial and other pressures around Junior Medical staff.

Key issues on the horizon are:

- The need for standard terminology across governance papers to help give correct assurance levels.
- Continuing anxieties over NHS Lothian's Medical paediatric Services and sustainability of the work rota at St John's, We asked to be kept updated and discussed the ultimate viability of the option selected by the Board.
- Financial challenges, how to identify and implement efficiency savings
- Continued pressure around delayed discharge
- Return on investment - looking more at financial benefits as well as cost pressures

Kay Blair. Acute Hospitals Committee Chair
26 September 2016

DRAFT

NHS Lothian

Acute Hospitals Committee

Minutes of the Meeting of the Acute Hospitals Committee held at 2pm on Tuesday 6 September 2016 in the Boardroom, Waverley Gate, 2-4 Waterloo Place, Edinburgh.

Present: Mrs K Blair (Chair); Mr A Joyce; Professor A McMahon; Mrs A Mitchell and Mr J Oates.

In Attendance: Mr C Briggs (Associate Director of Strategic Planning); Mr A Bone (Business Partner); Dr B Cook (Associate Medical Director); Ms G Cunningham (General Manager for Operations); Ms J Donnelly (Service Director for Outpatients); Dr E Doyle (Associate Divisional Medical Director); Mr A Jackson (Associate Director of Strategic Planning); Mrs F Mitchell (Director of Woman & Children Associated Services); Mr P Reith (Secretariat Manager); Mr A Tyrothoulakis (Service Director); Dr J Wilkens (Consultant Urogynaecologist); Mrs C Young (Business Manager) and Dr N Zammitt (Clinical Director of the Edinburgh Centre for Endocrinology & Diabetes) (for Item 19).

Apologies for absence were received from Dr D Farquharson and Mr G Walker.

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 advised members that she had discussed with Alan Payne the need for standard terminology for Committee decisions and Committee members endorsed this action.

16. Minutes of the Previous Meeting

16.1 The previously circulated Minutes of the meeting held on 7 June 2016 were approved as a correct record.

17. Running Action Note

17.1 The Chair advised that she had discussed the increased activity in Accident and Emergency at the Royal Infirmary of Edinburgh with the Board Chairman, the Chief Executive, the Chief Officer and the Chair of the Audit & Risk Committee during which a number of actions had been identified and were being implemented.

17.2 The Chair expressed disappointment about the lack of detail in the Running Action Note about actions taken and outcomes and it was agreed that the leads on these items should be asked to provide more detail in future Running Action Notes. **PR**

17.3 The Committee noted the previously circulated Running Action Note.

18. Outpatient and Associated Services - A View from the Bridge

- 18.1 The Chair welcomed Ms Donnelly, Service Director for Outpatients to the meeting.
- 18.2 Ms Donnelly explained that the Outpatient and Associated Services included Outpatient Departments on the four key sites; Royal Infirmary of Edinburgh, Western General Hospital, St John's Hospital and the Lauriston Building as well as the Outpatient Redesign Programme, the Pan-Lothian Flow Centre, the External Provider Office, Audiology, Diabetes and Endocrinology.
- 18.3 It was noted that there were between 850,000 and 1.3million attendances at outpatient services per year dealt with by 200 staff and covering a range of district general, tertiary, regional and highly specialist services provided by a range of professional groups. The role of the Directorate was to manage, monitor and deliver services; to work with Primary Care and specialities to manage demand and optimise capacity; to standardise process; to train and develop staff and to redesign services. A flow centre had been developed to ensure that 100% of patients were in the right place, seen by the right person at the right time.
- 18.4 The formal outpatient redesign programme was linked to the national programme delivering outpatient Integration together and the Outpatient Programme Board, Clinical Board and Operational Board had both primary and secondary care and Integration Joint Board representation. Key workstreams included the development of strategy, clinical advancements, standardisation of process including template harmonisation, booking processes like patient focussed booking, planned return waiting lists. In order to manage demand 'advice only' and 'ref help' systems had been developed.
- 18.5 The Directorate worked in conjunction with the Golden Jubilee National Hospital to support the delivery of service waiting times and the agreement to cover the period from April 2016 to March 2019 had been renewed.
- 18.6 The Committee noted that outpatient services worked closely with Primary Care to manage demand coming from General Practitioners and that 1 in 3 patients coming to outpatients was a new patient. A single point of contact for General Practitioners/ Integration Joint Boards for admission to acute sites was being developed In partnership as well as alternative patient pathways for GPs reducing demand on the front door as well as offering alternative methods of transport. Transport for admissions, transfers and discharges offered all transport options and were working with the third sector to align appropriate transport.
- 18.7 Audiology services had an annual activity of 57,212 attendances in 2015/16 and were increasing at the rate of 1% per annum. There were 24 staff working on 3 sites and work was underway to progress towards a more community based service with hearing aids, balance clinics etc in collaboration with Local Authorities.
- 18.8 Current issues in diabetes and endocrinology included insulin pump finances in targets, LES contract and funding, new staff teams and vacancies, developing a pan-Lothian approach, redesign work, inpatient care (think, check, and act) and developing specialist endocrinology nursing.
- 18.9 The Committee noted that the direction of travel for outpatient services was becoming clear as its complexity had been under-recognised. The planned and

unplanned care interface provides whole system understanding and the need for primary/ secondary care relationship improvement focus was recognised.

- 18.10 Ms Donnelly explained that the did not attend rate was being examined but it was too early to reach a simple conclusion. The Committee noted that the object was not standardisation as such but ensuring that a standardised approach was taken and that the effectiveness of change could be evidenced.
- 18.11 Ms Donnelly advised that there were plans to address inconsistencies in the service, including a lack of communication skills in some areas and work had already been done in some areas. The areas in which further work was required had now been identified. Complaints and comments from patients were regularly monitored and areas to be addressed had been identified.
- 18.12 The Chair asked if texting reminders about outpatient appointments had been considered and Ms Donnelly advised that this had been tried in some specialties and it was intended to implement this more widely although no date had yet been set.
- 18.13 The Chair thanked Ms Donnelly for her presentation and the Committee agreed that it would like to receive more information about progress on a system of reminding patients about appointments.

JC

19. Diabetes Service

- 19.1 The Chair welcomed Dr N Zammitt, Clinical Director for Endocrinology & Diabetes.
- 19.2 Dr Zammitt gave a background to the diabetes service explaining that Lothian had a 5% incidence of diabetes. With Type 1 diabetes, which was 11.9% of the diabetes in Lothian, the immune system damaged the pancreas so that it could not break down insulin. These patients were generally younger, looked after by the hospital and treatment was always with insulin.
- 19.3 Type 2 diabetes, which was 86.5% of diabetes in Lothian, was where the pancreas made some insulin but not sufficient and the main issue was often insulin resistance with a poor response to insulin. The main cause of insulin resistance was excess weight and treatment included diet, exercise, tablets, insulin and weight loss surgery and care was shared between general practice and hospital.
- 19.4 It was noted that the complications of diabetes were costly both personally and to the National Health Service and prevention was key was control of blood pressure, glucose and lipid levels.
- 19.5 Dr Zammitt advised that the diabetes service in Lothian had previously been delivered by three separate units which had now been centralised into the Edinburgh Centre for Endocrinology and Diabetes. A Diabetes Managed Clinical Network had also been established in 2006 as part of the diabetes strategy to support joined up care between diverse professionals and patients.
- 19.6 Staff were being supported and developed through collaboration with the Queen Margaret University, courses for registered and non-registered staff and courses on the management of diabetes.

- 19.7 The Committee noted that challenges faced by the service included the absence of non-recurring funding for general practitioners to provide local enhanced services and the provision of insulin pumps where 11% of Type 1 diabetes adults in Lothian were on insulin pumps when the Scottish Government target was 20%. Each pump cost in the region of £2,500 with annual consumable costs of £3,000 and only non-recurring funding had been made available to cover the growing costs of the service. Other technological challenges included the need for continuous glucose monitoring, free style Libre which was not currently on the prescribing tariff and sensor augmented pumps.
- 19.8 The Chair thanked Dr Zammitt for her presentation and asked if there were any opportunities for efficiencies in the service.
- 19.9 Mr Bone advised that no research had yet been carried out on this as yet and Professor McMahon suggested that this should be looked at through localities with the Integration Joint Boards. It was noted that Midlothian was investing money in the diabetes service.
- 19.10 It was noted that that overall Scotland was slightly behind England on the introduction of insulin pumps although this could be because other countries had been providing this support for longer. There was also a push from the Scottish Diabetes Group to get patients onto insulin pumps.
- 19.11 The Committee noted the position in respect of the Diabetes Service.

20. Theatres Improvement Programme

- 20.1 Mr Tyrothoulakis introduced a circulated report summarising the progress of the Theatres Improvement Programme.
- 20.2 The Committee noted that following work carried out with Deloitte in the summer of 2015 to develop a data driven approach to the identification of improvement and efficiency opportunities, a tableau dashboard had been developed with the objective of identifying and prioritising opportunities for improvement and efficiency through looking at a number of key measures of productivity such as utilisation, cancellations, late starts and early finishes etc.
- 20.3 A potential productivity opportunity of £1.4m to £2.2m had been identified based on a proposed reduction in cancellations. Additional productivity gains could be released by improving theatre under utilisation by addressing late starts, early finishes and turn around times.
- 20.4 It was anticipated that the Theatres Improvement Programme would be the vehicle to deliver the strategic priorities of the service providing both quality and efficiency benefits. A project manager was currently being recruited and would come into post on 3 October. A dedicated analyst for the programme had been recruited and was already in post.
- 20.5 It was noted that the focus for the next period was a series of project “start up” meetings to inform the first draft of the project initiation document as well as high level project plans.
- 20.6 It was also noted that the programme would develop a strong link with NHS Lothian’s Quality Improvement agenda, with Dr Nicola Maran sitting on the Theatres

Improvement Programme Board and a number of projects linking to the Clinical Quality programmes.

- 20.7 The Chair commented that she was impressed by the activity and the way in which this work was being tackled.
- 20.8 Mr Tyrothoulakis advised that a dedicated project manager was now starting and the next stage would be to use the information that had been gathered. The biggest problem would be cynicism amongst staff and so changes needed to be seen being implemented.
- 20.9 Mr Oates queried whether Stakeholder events had been well attended and Mr Tyrothoulakis confirmed that they had and the responses had been very positive and helped shape the final proposals.
- 20.10 The Chair thanks Mr Tyrothoulakis and the Committee confirmed that it was very supportive of the Theatres Improvement Programme and noted the progress being made. It was agreed that a report of early results should come to the Committee when it was available.

AT

21. Paediatric Programme Board Update

- 21.1 Dr Doyle introduced a circulated report giving an update on the work undertaken by the Paediatric Programme Board on the implementation of the Royal College of Paediatrics and Child Health's recommendations for NHS Lothian.
- 21.2 The Committee noted that the interim rota was now in place and was acceptably robust. Pan-Lothian job descriptions had been agreed and advertisements for 8 consultant posts, were now live on the Scottish Health website and in the British Medical Journal along with a social media campaign. Due to the number of trainees completing training in the next few months, it was believed that up to 4 posts could potentially be filled initially but with further recruitment taking longer. Interviews for the consultant posts were scheduled for the end of September.
- 21.3 Following interviews, 2 trainee Paediatric Nurse Practitioners had been appointed and their 16 month training would commence in September. Advertising for qualified Advanced Paediatric Nurse Practitioners had commenced and the posts were now on the Scottish Health on the website, in the Nursing Standard and Infant Grapevine with a closing date of October.
- 21.4 Dr Doyle advised that 1:1 meetings had been held with all the St John's Hospital clinicians to ascertain each individual's position in relation to their commitment to a resident on-call model. Similar discussions with general paediatricians based at the Royal Hospital for Sick Children were nearly complete and feedback would be given to the next Paediatric Programme Board meeting on 15 September.
- 21.5 Dr Doyle advised that several of the consultants at St John's Hospital did not wish to be part of the out-of-hours service and there was a risk that even with the additional staff all the shifts could not be covered.
- 21.6 The Committee noted:

- the progress made to date by the Paediatric Programme Board in securing an interim robust out-of-hours on-call rota at St John's Hospital until 31 January 2017
- the recruitment of additional consultant and nursing staff
- the risks arising in securing a long term robust out-of-hours rota for St John's Hospital and expressed concern over the ultimate viability of the option selected by the Board.

21.7 Mrs Mitchell advised the Committee that there would be a point at which there would not be sufficient jobs for all the consultants being recruited if the St John's Hospital rota was not viable and it was agreed that this information should be fed back to the Paediatric Programme Board and to Lothian NHS Board. **JC**

22. Promoting Continence in Lothian

- 22.1 Dr Wilkens introduced a circulated report on the work undertaken to date to develop a fresh approach and improvements to the deliver of Continence services across Lothian.
- 22.2 Dr Wilkens explained that the impact of incontinence in a number of areas and advised that continence care had previously been about containment. Urinary and faecal continence problems in the general population were highly prevalent but under diagnosed and under treated. As the population aged the incidence and prevalence of such problems would inevitably increase.
- 22.3 A project had commenced in 2014 to develop a fresh approach to the delivery of Continence services to improve efficiency, effectiveness and the quality of care of patients ensuring equity of access that was patient centred and, where appropriate, delivered close to home. Support from NHS National Services Scotland was provided for the first stage of this which was to document the provision of Continence services in NHS Lothian, including pathways and resources used and to present options for future development.
- 22.4 As a result of the information gathered detailed report was produced in May 2014 with 30 recommendations. Since the report was produced the Project Board had continued to meet and been able implement some changes whilst progress was made to appoint a project manager to take forward the implementation of the recommendations.
- 22.5 Dr Wilkens explained that whilst there were potential savings to be made from the implementation of the recommendations there would need to be an initial investment. Furthermore, the savings would be made in the acute sector but the additional spending would be required in the community.
- 22.6 The Committee noted that there would need to be a formal analysis of the recommendations and it was noted that NHS Greater Glasgow and Clyde had such a service and data from them would be useful in this analysis.
- 22.7 Mr Bone advised that before any application for funding could be considered the resource required would be required to be identified.

- 22.8 Professor McMahon advised that there was an Integration Joint Board monthly interface group and he would raise this with them at the next meeting for management to take this forward.
- 22.9 The Committee agreed to support in principle the need to redesign the Continence services across Lothian to ensure that it was cost and clinically effective whilst improving the quality of care and equity of access including, where appropriate, delivering the services close to home. It was understood that this might require the redistribution of resources across Lothian to shift care to the best place.
- 22.10 The Committee agreed to note and support in principle the implementation of the recommendations from the Promoting Continence in Lothian report completed in May 2014.
- 22.11 The Committee agreed to note the appointment of a fixed team project manager to support the delivery of the recommendations.

23. Acute Frailty Programme Board Update

- 23.1 The Chair welcomed Ms Cunningham, Programme Manager for the Acute Frailty Programme Board to the meeting.
- 23.2 Ms Cunningham advised the Committee that by 2035, over 65s would account for over 30% of the population. Over the same period of time the number of people over 90 would treble.
- 23.3 Hospitals admitted older people more frequently than other age groups so an aging population created additional demand for health and social care services. Frail older people usually have longer stays, higher mortality and greater rates of readmission.
- 23.4 The Committee noted that the high level benchmarking data from the work undertaken by Deloitte had revealed that NHS Lothian had longer lengths of stay than comparable organisations and that the frailty pathway accounted for much of this variance and a number of opportunities for improvement had been identified.
- 23.5 There were currently 2 established workstreams in Lothian on this issue, the West Lothian approach and the Royal Infirmary of Edinburgh Emergency Access Action Plan.
- 23.6 The Acute Frailty Programme Board had been established to oversee work underway across NHS Lothian to develop equitable services for the frail elderly and improve pathways to offer high quality, efficient and consistent care for this population. The Group would oversee the reduction and removal of unhelpful variation in frailty patient pathways across Lothian through local evidence-based, quality improvement approaches. This focussed work would achieve this through streamlining community services, developing more consistent front door models, better risk management of this population of patients, the development of more consistent and improved processes and improve access services for this patient group.
- 23.7 The Programme Board workstreams included the West Lothian Frailty Programme Board looking at St John's Hospital inpatient redesign, a frailty hub and templar rapid access clinic, a review of homely setting provision (residential care) and an

older people's mental health project. The Royal Infirmary of Edinburgh Length of Stay Benchmarking Group would use a new dashboard to explore pathway improvement at service level taking a quality improvement approach and medicine of the elderly was one of the four services leading this work.

- 23.8 The Royal Infirmary of Edinburgh daily dynamic discharge would see the roll out of the Scottish Government daily dynamic discharge approach, offering a toolbox of techniques to strengthen discharge planning processes at ward level and would start at Ward 202 where tests of change aimed at improving the morning rapid rundown was underway.
- 23.9 Ms Cunningham advised that the measurement of success was the development of the performance dashboard, the South Edinburgh Hospital @ Home which had saved over 1,662 bed days in the previous 12 months saving £498,600; an increase in pre-noon discharges from 42% to 75% in Ward 202 with a reduced average length of stay from 13.1 to 9.3 days during the month of August and Liberton Hospital having seen 4,032 patients in the past 12 months.
- 23.10 The Chair thanked Ms Cunningham for her presentation.
- 23.11 The Committee agreed to note the position and agreed that it was refreshing to see an initial measure of success.

24. Cleft Palate Services Sharing Intelligence for Health & Care Group Feedback - Request for availability for meeting - NHS Lothian

- 24.1 Mr Briggs advised the Committee that the proposal for Cleft Palate Services had been endorsed and approved by the Chief Executives' Group and submitted to the Scottish Government for final approval. There were initial indications that the move of services would take place by June 2017 and although there was some local opposition the Chief Medical Officer was supportive of the proposals.
- 24.2 Mediation between the surgeons involved was being undertaken and a decision was still awaited.
- 24.3 The Committee agreed to note the position.

5. Elective Centres

- 25.1 Mr Briggs advised that, in the interest of time, his presentation would be circulated.
- 25.2 The Committee noted that the elective centres had now been badged as Diagnostic and Treatment Centres and the first meeting of the National Programme Board had been held in July 2016. It was expected that the initial agreements would be produced by spring 2017 and the precise level of resource was unconfirmed.
- 25.3 The "investment objectives were to protect elective workloads, facilitate, redesign, innovation, collaboration and replace outdated facilities". Within NHS Lothian the hospitals plan was in development with possible options being an orthopaedic elective centre an outpatients building St John's Hospital elective centre and the Princess Alexander Eye Pavilion.

25.4 The Chair commented that the subject of the diagnostic and treatment centres would require consistency across the governance committees and would be the subject of a workshop or development session.

26. Quality and Performance Report

26.1 Mr Jackson introduced the circulated report giving an update on the most recently available information on NHS Lothian's position against a range of quality and performance measures. He advised that a detailed presentation had also been circulated for information.

26.2 The Committee noted that of those measures that the Acute Hospitals Committee was asked to seek assurance on, 11 had been met while 7 had not. There was a need for the Committee to identify the level of assurance on those reported measures.

26.3 The Committee noted that there were a number of changes and data issues across the measures reported through the quality and performance improved process including delayed discharges, the hospital standardised mortality ratio and smoking. Sessions were currently being run with those submitting proforma to improve the current process.

26.4 Mr Jackson advised that following discussions with the Chair on ways in which the Committee could give the necessary depth of consideration to the 7 measures currently unmet it had been suggested that they should be divided between a number of meetings with the December meeting considering stroke, cardiac arrest and hospital standardised mortality ratios.

26.5 Members were asked if they would welcome a workshop before the December meeting to consider the mechanics of how this would work. The Healthcare Governance Committee was having a workshop on the 29 October where they would set the context and process of the way in which this would work for their Committee.

26.6 The Committee noted that a number of reports were still inconsistent in the way in which assurance was provided and agreed that a workshop which could not only examine how the Committee would obtain assurance that the measures were being met and what actions were appropriate where measures were not being met but could also discuss whether the specified measures were appropriate and working effectively. It would also be necessary to ensure that all governance committees were using the same criteria to assess performance.

26.7 It was agreed that a workshop should be arranged in October with members being consulted on their availability.

AJ/PR

27. Finance Outturn and Month End Position

27.1 Mr Bone advised that the Finance Department was still working on the Quarter One Forecast but that the current £4.3m overspend on acute services was broadly in line with the plan despite some movement in individual lines. There had been a deterioration in nursing costs but a lot of work had been done on this and the June figures showed improvements. There had been an increase in staffing cost pressures but the growth in expenditure on medicines had not been as high as anticipated. Significant controls had now been put in place on how new medicines

were introduced and it was anticipated that once clinical staff were familiar with these there would be further growth re. the introduction of new medicines. The quarter 1 review had just taken place and would be reported in due course.

27.2 The Committee noted the position.

28. Junior Medical Summary Financial Position

28.1 The Committee noted a presentation from Mr Bone showing that the financial position in respect of junior medical staff was deteriorating from the position since August 2015. This expenditure was managed as a risk share scheme and had been considered at the Acute Management Team. Subsequent actions were just starting to be developed with a £1.5m overspend after 4 months. There had been an overall rise of around 80wte over the previous year with half that increase in upper end posts. A number of rotas were at risk in terms of ongoing non-compliance.

28.2 Mr Bone advised that it was necessary to identify the service pressures underlying this position. Some costs could still be managed and a review was being undertaken which it was hoped would come up with some solutions. It was noted that the figures included some costs related to backdated payments from the previous year.

28.3 The Committee noted that the presentation should be considered as an update to the financial position paper considered at the Board.

28.4 Professor McMahon commented that this was an issue that required to be managed down on a national basis. If sufficient numbers of junior doctors were recruited the additional costs of locums would be avoided.

28.5 The Committee noted the position.

29. Quality of Papers and Debate

29.1 The Chair commented that there had been a variety of approaches taken in the papers at the meeting and that these should be rebalanced specifying objectives and outcomes in a consistent approach. There was discussion about how papers and presentations should be detailed in a way that would give the Committee the assurance they required.

29.2 It was also agreed that members should again reminded to submit apologies if they were not going to be present at the meeting. **PR**

29.3 The Chair advised the Committee that Catherine Young, Business Manager to the Chief Officer was leaving NHS Lothian to return to work at Audit Scotland and would be greatly missed. She thanked Catherine for her work and assistance over the past year.

30. Date of Next Meeting

30.1 It was noted that the next meeting of the Acute Hospitals Committee would be held on 6 December 2016 at 2pm in the Boardroom, Waverley Gate, Edinburgh.

AUDIT & RISK COMMITTEE

The draft minutes of the Audit & Risk Committee meeting held on 5 September 2016 are attached.

Key issues discussed included:

- The Committee noted the appointment of Scott Moncrieff as the Board's new external auditor and the appointment of Grant Thornton to the position of Chief Internal Auditor.
- The Committee received a report on ongoing efforts to address high levels of staff absence. This issue will be monitored by the Staff Governance Committee going forward.
- Following a report by Internal Audit on outstanding management actions the Committee raised concerns about the failure by some areas to keep Internal Audit informed of actions to address outstanding actions and the fact that Internal Audit is obliged to chase management for updates. The Committee was advised that the failure to report back to Internal Audit is frequently the result of a lack of experience by some department in working with auditors and providing responses.

Key issues on the horizon are:

- The Committee was advised that work is underway among the IJB Internal Auditors and NHS Lothian to share their approaches to internal audit and look at the potential for coordination.

Julie McDowell

Chair

NHS Lothian

Audit & Risk Committee

Minutes of the Audit & Risk Committee Meeting held at 9.00 am on Monday, 5 September 2016 in Meeting Room 7, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present: Ms J. McDowell (chair), Non-Executive Board Member; Mr M. Ash, Non-Executive Board Member; Mr D. Grant, Non-Executive Board Member; and Mr P. Murray, Non-Executive Board Member.

In Attendance: Ms J. Bennett, Associate Director for Quality Improvement and Safety; Ms H. Berry, Chief Internal Auditor; Mr A Boyter, Director of Human Resources; Mr C Brown, Scott Moncrieff; Ms J Brown, Grant Thornton; Mr G Curley Director of Facilities and Estates; Mr D Eardley, Scott Moncrieff; Mr B. Houston, Board Chairman; Ms B. Livingston, Financial Controller; Mr C. Marriott, Deputy Director of Finance; Professor A McCallum, Director of Public Health and Health Policy; Mr J. Old, Financial Controller; Mr A. Payne, Corporate Governance Manager; Ms K. Steele, Internal Audit Manager.

Apologies: Mr J Crombie, Chief Operating Officer; Mr T. Davison, Chief Executive; Ms C. Hirst, Non-Executive Board Member; Ms S Goldsmith, Director of Finance; Ms D Howard, Head of Financial Services; Professor A McMahan, Executive Director Nursing Midwifery and AHPs.

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

Welcomes and Introductions

The Chair welcomed everyone to the meeting. She introduced Mr Brown and his colleague Mr Eardsley, Scott-Moncrieff as the newly appointed external auditors. Mr Brown gave an brief overview of what could be expected of Scott-Moncrieff and highlighting their experience in the Public Sector.

The Chair advised the Committee that following Scott Moncrieff's appointment as the Board's external auditor it was not appropriate for Ms Berry of Scott-Moncrieff to retain the position of Chief Internal Auditor, NHS Lothian. The Chair welcomed Ms Brown of Grant Thornton who, following a tender exercise, had been appointed to take over the position of Chief Internal Auditor, and Ms Brown introduced herself.

The Chair then invited members to introduce themselves for the benefit of the new auditors.

21. Minutes and Actions from the Previous Meeting (20 June 2016)

- 21.1 The minutes and action note from the meeting held on 20 June 2016 were approved as a correct record.
- 21.2 Members acknowledged the new Key to Assurance Levels and approved the use of the document in the preparation of all future Audit and Risk papers. The committee agreed that it would be appropriate for the author of reports

to recommend a level of assurance to the committee. Mr Payne agreed to amend the guidance that he had developed to reflect this. .

AP

22. Matters Arising

22.1 Matters arising from the Meeting of 20 June 2016 – The Committee accepted the update on the actions detailed within the Running Action Note.

23. Risk Management (assurance)

23.1 NHS Lothian Corporate Risk Register

23.1.1 Ms Bennett drew the Committees attention to the examination of the very high risks through the Risk Management Steering Group and the appropriate executive leads. She noted that all risk would remain high with the exception of the 4 hour target which would be reconsidered should the current position be sustained.

23.1.2 Mr Murray asked if the risks are still appropriate to the changing strategic approach towards person-centred care. Ms Bennett advised that the risk relating to GP sustainability is an amplified risk and the Board needs to look at the whole model of care. Ms Bennett said that the risk register does capture the key risks, but whether they have been described in the most appropriate way is another matter to consider. The members discussed the risk management process, and acknowledged that effective working with partner organisation and a genuine integration of services was required to allow substantial progress to be made on the very high risks.

23.1.3 Mr Houston commented that it was difficult to get a sense of the relative importance of the risks. He highlighted that the Board has made progress on understanding and preparing a response to the financial risk over the last few months, however this had not translated to a reduced scoring in the risk register. He highlighted that it is possible that actions to attend to the other risks may not have been adequately reflected.

23.1.4 Mr Grant commented that there had been a lot of work undertaken on delayed discharges but this had not had an impact on the risk. Mr Murray commented that the new environment with integration joint boards should not allow the issue of delayed discharges to sit with the Board. .

23.1.5 Mr Ash asked how the Audit & Risk Committee can be assured that there are underlying systems in place to attend to the risks. Ms Berry advised that she had met with IJB Heads of Internal Audit and action had been taken to ensure that each IJB received assurance for health functions through the dissemination of internal audit reports. She advised that the Chief Internal Auditor of West Lothian Council is organising a further meeting to consider the issue of risk management and risk registers. She proposed that when the NHS Lothian Chief Internal Auditor is presenting internal audit reports to the Committee, that the Committee should be advised which reports are relevant to the integration joint boards. .

23.1.6 One of the “high” risks on the corporate risk register is patient experience. Mr Houston informed members of recent discussions with Mr Martin, the

Scottish Patient Safety Ombudsman, who has raised serious concerns about the Board's continuing underperformance on the management of complaints. The Ombudsman is expecting to see evidence of improvement within three months, and will take further action if he does not see this. Executive management are developing a detailed action plan. Mr Houston advised that this has been on the Board's agenda for a considerable time however this has not led to progress on this issue. Mr Ash commented that the Board has been given assurances in the past that the progress was being made. Mr Houston invited the Committee to consider the reputational risk to the organisation if this was not improved upon and whether escalating patient experience to be within the Board's top 3 risks would be appropriate. .

- 23.1.7 The Committee agreed that the report provided significant assurance that the corporate risk register contained all relevant risks. .
- 23.1.8 The Committee acknowledged that there had been a review of the Very High risks, however it was not assured that actions were in place to bring residual risk to an acceptable level. Mr Ash commented that the other Board committees should be proactively trying to provide assurance to the Audit & Risk Committee that the risks relating to their remits are being managed. Mr Brown added that the whole point of risk management was to be assured that appropriate action is being taken to respond to the identified risks.
- 23.2 Update On Risk Appetite – Patient Experience – The Chair advised that the item on Patient Experience would be deferred until the December meeting given that the response received did not satisfy the questions asked.

Mr Boyter joined the meeting

- 23.3 Update on Risk Appetite – Staff Absence – Mr Boyter highlighted several key points. The current 4% target covers both long term and short term absences, which are substantially different issues. The Board has a workforce that is getting older which in itself increases the likelihood of sickness absence. NHS Lothian has recently appointed a new director and a new chief nurse for the occupational health service, and they have identified the need to improve the quality of the recording of the reasons behind absences. NHS Lothian is currently required to use nationally determined categories for sickness absence, and consequently it may take time to eliminate the categories of “unknown” and “other” which are not helpful. Within NHS Lothian there are properly designed policies and procedures to manage absence however they are not always followed properly. There have been focussed initiatives in the past which have delivered results, however once the spotlight is removed the application of policies can fall back. NHS Lothian does need to focus on managing short-term sickness absences, particularly those where there is no underlying health issue. Management are currently exploring an “invest to save” scheme to increase the resources in the staff physiotherapy service, to allow them to cope with the increasing number of referrals they receive.
- 23.3.1 Ms McDowell commented that there was an extremely high level of absence attributed to stress/ depression. Mr Boyter advised that it was a very broad category which does not differentiate between the causes of the stress, which could be entirely unrelated to work.

- 23.3.2 Professor McCallum advised that stress can lead to early retirement. The Board needs to have adequate policies and procedures to address the needs of individuals, as well as broader organisational responsibility to all of its employees to anticipate and manage the causes of stress. She advised that the Board had not adequately invested in the latter. She commented that employees engaged in “soft” facilities management have the highest levels of stress, and typically they have more difficult lives and are earning lower levels of pay.
- 23.3.3 Mr Boyter advised that NHS Lothian was the only Board with a staff counselling service to provide mental health interventions, however there has been no increase in resources despite steady increases in the number of referrals to the service. He highlighted that in 2005 78% of referrals were seen within 2 weeks, whereas now it is 4%. He commented that modest investment in this service would be beneficial.
- 23.3.4 Mr Murray advised that the Board should set a 3-year target for absences and stick with it, as it takes time to address this issue. In response to a query from Councillor Grant on policy compliance, Mr Boyter confirmed that audits are done, as well as periodic exercises to focus on areas of high absence. The human resources department provides a lot of training and development to managers, and he commented that the trade unions have been very helpful in taking this work forward. Mr Murray acknowledged that the support of trade unions is essential.
- 23.3.5 The Committee agreed to accept the report provide a moderate level of assurance that the root causes of the problem were understood, and acknowledged that an action plan was in development to improve outcomes.
- 23.3.6 The Committee accepted that it will take time to address the issues, however it was a matter for the Staff Governance Committee to lead on, and the Audit & Risk Committee can receive assurance from it at a later date. Mr Boyter advised that due to the timing of meetings this report had been presented to the Audit & Risk Committee before it was presented to the Staff Governance Committee and Lothian Partnership Forum.
- 23.3.7 The Committee agreed that it should receive an update following consideration of the issues at the Staff Governance Committee and Lothian Partnership Forum.

Mr Boyter left the meeting

24. Internal Audit (assurance)

24.1 Internal Audit – Progress Report (September 2016)

- 24.1.1 The Committee noted that Internal Audit was on track to complete the Audit Plan by June 2017. To date 4 reports had been completed and 6 reports would be brought forward for consideration at the December Meeting. Ms Berry advised that the holiday period and increased fieldwork arising from the increasing scope of the audit had interrupted the progress of the Organisation Culture report, however the final report would be presented at

the Committee's December meeting. She did advise that the fieldwork found that employees had reported a clear improvement in the culture.

24.1.2 Ms Berry advised the Committee that arrangements were in place to take forward the issues identified at the integration workshop of 8 August.

24.1.3 KPI 5 management responses received within 15 days was presenting red following 3 out of the 4 responses being late. Members were disappointed that slippage had occurred, as part of continuous improvement activities it was felt that management responses needed to be prioritised and if the problem persisted escalated through the appropriate channels. Mr Houston commented that the organisation was not giving enough focus on quality management, as borne out through responsiveness to internal audit and complaints.

24.1.4 Mr Brown suggested that the follow-up process could just focus on the actions with the most significant areas of risk, rather than all audit points. The Committee did not agree with that suggestion.

24.1.5 The committee accepted the progress report.

24.2 Internal Audit – Reports with Green Ratings (September 2016) – Ms Steele gave a brief overview of the report, which covered two reports that have been approved since June 2016; Property Transactions Monitoring and Compliance with Conduct Standards. .

24.2.1 The Committee accepted the report.

24.3 Internal Audit – Hospital Cleaning (May 2016) – Ms Steele gave a brief overview of the report. She advised the Committee that hospitals were being cleaned within the National cleaning Services standards though some areas for improvement had been identified and actions to improve maintaining audit trails of policy and procedures reviews, evidence of the use of daily checklists and aligning training requirement were required.

24.3.1 In response to a query from the Committee, Mr Curley advised that a previous report (and assurances) relating to the Western General Hospital was concerned with the cleaning of equipment, which is not the responsibility of the facilities management team. However he advised that a pilot is underway with a view to the facilities management team taking responsibility for that subject. .

24.3.2 Ms Bennett commented that there was a read across from the issues in this report and the subject of patient experience. The Committee accepted the report.

24.4 Internal Audit – Business Continuity Planning (June 2016) – Ms Berry advised the Committee that the outcome of the audit reflected the fact that the Business Continuity Manager had only been in post from January 2016. She noted that overall management had accepted the actions required of them.

24.4.1 In response to Mr Murray concerns that the management responses did not appear to address the issues in the report, Professor McCallum provided further context. She explained that the Scottish Government sets strategy, and there has been a move to resilience, which is different from the previous focus on business continuity planning and emergency planning. Ms Berry assured the Committee that management had responded with the resources that were available to them and focus on areas that appeared to be the highest risk.

24.4.3 The Committee accepted the report.

24.5 Internal Audit – Follow-up of Management Actions Report (September 2016) – Ms Berry advised that that 30 actions had been completed since June 2016, including eight older actions from 2014/15.

24.5.1 The Committee raised concerns about the reliance on internal audit to gather evidence for the follow-up process, and the apparent difficulties they were experience in receiving the required evidence. The Committee's view was that management should be proactively providing the evidence, and this should not be disrupted by individuals being on leave. Mr Curley advised the Committee that the facilities directorate does take a proactive approach to informing the internal auditors. Ms Berry advised the Committee that some departments are more experienced in working with auditors and providing responses than others, and assured the Committee that the matter would be escalated if no progress was being made.

24.5.2 Mr Murray commented that some of the older outstanding points indicate that there appears to have been insufficient priority to areas of highest risk.

24.5.3 The Committee agreed to accept the report.

25. Counter Fraud (assurance)

25.1 Counter Fraud Activity

25.1.1 Members noted that there had been 14 new referrals since June 2016, 20 closed and as at 31 July 2016 2 referrals and 3 operations remained open.

25.1.2 The Committee accepted the report as a briefing on the current status of counter fraud activity.

25.1.2 The Committee agreed that the report provided a significant level of assurance that all cases of suspected fraud were accounted for and appropriate action was taken.

25.2 Audit Scotland: National Fraud Initiative (30 June 2016) – Mr Old gave an overview of the report highlighting the twice yearly submission of data and received data matches for investigation as part of the National Fraud Initiative (NFI).

- 25.2.1 Members reviewed the self-appraisal checklist in appendix 1 to ensure that it was fully informed of the planning and progress being made by their officers investigating the NFI 2016/17 exercises.
- 25.2.2 The Committee agrees that the report provided a significant level of assurance that management have properly considered the recommendations of the Audit Scotland report.
- 25.2.3 The Committee agreed that the report provided a significant level of assurance, that management have participated and utilised the tools and services available from NFI exercise to maximise the benefits offered.
- 25.3 CFS Year-End Report 2015/16 and CFS Work plan 2016/17 – the Committee noted the CFS Year-End Report 2015/16 and CFS Work plan 2016/17 and the information detailed therein.
- 25.3.1 The Committee accepted the report.

26. General Corporate Governance (assurance)

- 26.1 Update on the Action Plan Relating to Compliance with Policies and Procedures – Mr Payne gave a detailed overview of the report highlighting that progress to date had focused on the following areas:
- Defining and communicating priorities.
 - How policies and procedures were developed, approved and communicated.

- 26.1.1 The Committee agreed that the report should be presented to the Board and shared with other committees. Executive management should consider how the project will be overseen and monitored, and that this should be captured in the Board paper. **SG/AP**

- 26.1.2 The Committee reviewed the report and agreed that it had moderate assurance that acceptable progress is being made to the issues raised within the “Compliance to Policies and Procedures” (April 2016) audit report.

- 26.2 Review of Standing Orders – Mr Payne advised the Committee of proposed changes to the Standing Orders to address revisions prompted by amendment regulations issued in January 2016.

- 26.3 Mr Payne advised that the key change was that an employee of the Board could not be Vice-Chair of the Board, or chair a meeting of the Board in the absence of the Chair or Vice-Chair. He also highlighted further changes to accommodate the review of how policies are developed and approved, and remove superseded text.

- 26.2.1 The Committee reviewed the proposed changes and considered them appropriate. Members agreed to recommend that the Board revise the Standing orders.

27. Any Other Competent Business

27.1 There were no other items of business for consideration. The Committee agreed to meet in private with the Chief Internal Auditor and the incoming Chief Internal Auditor after the meeting.

28. Date of Next Meeting

28.1 The next meeting of the Audit and Risk Committee would take place at **9.00** on **Monday 7 December 2016** in **Meeting Room 7, Second Floor, Waverley Gate**.

HEALTHCARE GOVERNANCE COMMITTEE

Minutes of the meeting of the Healthcare Governance Committee held at 9:00 on Tuesday 26 July 2016 in Meeting Room 7, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present: Dr R. Williams, Non-Executive Board Member (chair); Ms S. Allan, Non-Executive Board Member; Ms W. Fairgrieve, Partnership Representative; Ms C. Hirst, Non-Executive Board Member; Ms A. Meiklejohn, Non-Executive Board Member, Chair of Area Clinical Forum; Mr J. Oates, Non-Executive Board Member.

In Attendance: Ms J. Bennett, Clinical Governance Manager; Ms L. Burn, Pharmacy Manager (observing); Dr B. Cook, Medical Director, Acute Services; Mr J. Crombie, Chief Officer, Acute Services; Dr D. Farquharson, Medical Director; Ms C. Harris, Head of Communications; Ms S. Hewison, Communications Officer (observing); Professor A. McCallum, Director of Public Health and Health Policy; Professor A. McMahon, Nurse Director; Ms J. Morrison, Head of Patient Experience; Ms B. Pillath, Committee Administrator (minutes); Ms K. Skey, Clinical Service Development Manager (on behalf of Ms Myles); Mr D. Small, Chief Officer, East Lothian Integration Joint Board; Professor A. Timoney, Director of Pharmacy; Dr S. Tucker, Lothian Unscheduled Care Service Clinical Director (item 16); Mr S. Watson, Chief Quality Officer.

Apologies: Mr T. Davison, Chief Executive; Ms P. Eccles, Partnership Representative; Mr J. Forrest, Chief Officer, West Lothian Integration Joint Board; Ms N. Gormley, Patient and Public Representative; Mr B. Houston, Board Chairman; Mr A. Joyce, Employee Director, Non-Executive Board Member; Ms C. Myles, Chief Nurse, Midlothian Health and Social Care Partnership; Mr A. Sharp, Patient and Public Representative; Ms M. Wilson, Chief Nurse, Edinburgh Health and Social Care Partnership.

Chair's Welcome and Introductions

Dr Williams welcomed members to the meeting and members introduced themselves.

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

12. Patient Story

12.1 Professor McMahon read out correspondence from a patient who had been treated for a tumour over a long period of time at the Western General Hospital; he was complimentary about all staff and professionals involved, felt that there had been good communication between different departments, felt safe with staff, and described staff as 'wonderful' and 'a big asset'.

13. Minutes from Previous Meeting (24 May 2016)

13.1 The minutes from the meeting held on 24 May 2016 were approved as a correct record.

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

14. Emerging Issues

14.1 Radiation Incident

14.1.1 There had been an incident in 2015 where a patient had been given the wrong dose of radiation as part of treatment. The error had been the result of a procedural problem with the manual calculation of dose. There had been an investigation and the report containing recommendations was expected in October 2016. An action plan had already been implemented. A report on the recommendations and implementation of the action plan would be submitted to the Committee at the meeting in November 2016. **DF**

14.2 Ligature Point Suicide

14.2.1 A patient had completed suicide at Ellen's Glen in July 2016 using a ligature point. The incident would be investigated using the Significant Adverse Events process and the review report would be submitted to the Committee at the meeting in September 2016. **AMcM**

14.3 Death in Prison

14.3.1 A group of prisoners had submitted a complaint to the Cabinet Secretary about failings in the prison health care service which had resulted in the death of a prisoner. An investigation would take place and the report would be submitted to the Committee once completed. **AMcM**

14.4 Report from the Scottish Information Commissioner

14.4.1 The Scottish Information Commissioner found limited assurance of compliance with areas of the Data Protection Act, including mandatory training and responding to subject access requests. The report was being considered by the Information Governance Assurance Board and by the Staff Governance Committee with relation to the mandatory training requirements and a detailed action plan would be compiled. An update on recommendations from the report and implementation of actions would be submitted to the Committee at the meeting in November 2016.

14.5 Hospital Standardised Mortality Ratio

14.5.1 Dr Watson advised that there had been a change to the target for reduction of the mortality ratio and to the method of calculation; this would be discussed by the Corporate Services Team. It was noted that this would be in the remit of the Acute Hospitals Committee, but that an update on how this would affect NHS Lothian's mortality reporting would also be useful at this Committee. **SW**

15. Committee Effectiveness

15.1 Corporate Risk Register

15.1.1 A paper had been previously circulated. Ms Bennett noted that the Healthcare Associated Infection risk status had been reduced to reflect the robust action plan in place. There was discussion at the Risk Management Committee on whether the four highest risks were equal to one another in terms of levels of risk, and how this could be shown. A new table showed where risks were assigned to the relevant governance committee.

15.1.2 Ms Meiklejohn felt that the report was comprehensive and useful, but noted that some risks had a number of mitigating actions noted against them, but others had few actions noted; the change in GP contracts was one example. Mr Small advised that work was in progress to try and identify the risks from the change in contract, but that the contracts themselves were outwith NHS Lothian's control and actions that could be taken to mitigate the risks were limited.

15.2 Quality and Performance Report

15.2.1 The paper had been previously circulated. Ms Bennett advised that a workshop would be arranged to introduce the new areas of assurance that had been added to the remit of the Healthcare Governance Committee, to ensure familiarity with the new subject areas.

15.2.2 Ms Bennett noted that there needed to be an acknowledgement that once an action plan was in place, improvement would not be seen immediately, but would follow the implementation period. Professor McCallum noted that sentient outcome measures needed to be used that gave a proper understanding of the service.

15.2.3 Mr Small noted that it was difficult to measure trends in delayed discharge as it there were rapid fluctuations in numbers; times of high numbers of delayed discharges caused complications in Acute Services. Mr Crombie advised that data was being used to predict winter numbers so that actions could be put in place to reduce the impact. It was noted that risks were often interconnected and actions put in place in to improve the system in one area could cause problems in another. This was difficult to show using data but needed to be considered when implementing change.

15.2.4 The Committee accepted the recommendations put forward in the paper.

16. Health and Social Care Partnerships

16.1 East Lothian IJB Hosted Services – Lothian Unscheduled Care Service

16.1.1 Dr Tucker introduced the previously circulated paper. Dr Watson noted that the most recent primary care patient feedback report had showed that the Lothian Unscheduled Care Service was rated higher than average in almost all areas.

16.1.2 It was noted that the paper was a helpful introduction, and Dr Tucker and Mr Small agreed to bring back a paper showing clinical outcomes, trends and any comparisons with other Boards. It was noted that data was collected on quality improvement through the Scottish Patient Safety Programme, but that it was not currently reported against any standards.

DS/JB

16.1.3 The Committee accepted the recommendations put forward in the paper.

16.1.4 A paper on the East Lothian Health and Social Care Partnership would be submitted to the next meeting. This had been postponed to ensure that the content would provide adequate descriptions of clinical risks and actions taken to mitigate these.

17. Person Centred Care

17.1 Person Centred Culture Report

17.1.1 Ms Morrison introduced the previously circulated paper including the Patient Experience Team Annual Report, which was commended by the chair the good work it showed.

17.1.2 Ms Hirst noted that there had been good work on responding to clinical complaints and making changes in the service, but that many complaints were about administration problems, which should be easily improved. A number of Committee Members noted that of the feedback received directly by the service the amount of positive feedback greatly exceeded the number of complaints.

17.1.3 Ms Allan noted that there had been good work and improved reporting had increased assurance on patient experience, but noted that more work was required on patient engagement when changing a service, and managing change. It was acknowledged that engagement was happening in some areas, but that it was not yet linked to reporting on patient experience.

17.1.4 Dr Watson noted that the ideal position would be one of routine engagement of all patients at every stage and at all levels, including engagement with patients whose voices would not otherwise be heard. Ms Harris noted that a paper on the Involving People Strategy had been to the Committee at the previous meeting, and had reviewed how patients could be involved in a comprehensive and representative way. Some of this had been done in specific areas such as capital projects, but spreading this out to all areas would be challenging. The resource for public involvement was 1 WTE for the Acute Services and 1.5 WTE for the Health and Social Care Partnerships. Professor McCallum noted that patient engagement could be part of the skill set of all managers through training and there were some international good practice examples of this.

17.1.5 Mr Crombie noted that there was a lot of work on patient engagement, but that it would be difficult to bring this information together at all the different levels, and a resource would be required to do this rather than relying on clinical staff. Professor McMahan, Dr Watson and Ms Morrison agreed to meet and discuss parameters and scoping for gathering this information.

AMcM/SW/JM

17.1.6 Ms Meiklejohn noted that the GP patient survey had shown a poor rating on support for carers, and felt that more work was required in this area.

17.1.7 Ms Morrison noted that the target set by the Board for responses to patient surveys was 95% of patients stating they were happy with their care. The new national target was being set at 90% and it was recommended in the paper that the Board reduce the target to 90% to bring it in line with the national target. It was noted that there was no agreement on how patient experience should be measured, so each Board would be using its own measures as activity was often not comparable between Boards. Members raised some concerns about lowering the target, and it was agreed that this would be discussed at a meeting scheduled for August 2016 and the decision would be recommended at the next meeting. **JM**

17.1.8 With the exception of the recommendation to reduce the target for patient experience to 90% positive, Members approved the remaining recommendations put forward in the paper.

17.2 Integrated Impact Assessment

17.2.1 A paper had been previously been circulated. It was noted that there were no longer any Equality and Diversity Lead Officers, as funding had been withdrawn from this post. Training had been done across the organisation to enable staff to complete impact assessments when introducing new policies or changes to services, but without central coordination there had been a reduction in the number of these assessments carried out. The assessment was important to ensure that particular groups were not disadvantaged by service change. Some areas were consistently carrying out these assessments due to their service area, for instance learning disability, neurology, substance misuse services and psychological services, but this was not replicated in all areas.

17.2.2 When it was agreed to withdraw funding for the Equality and Diversity Lead Officer, it was agreed that the responsibility for ensuring the appropriate impact assessments were carried out would be taken on for by the Executive Leads for their own service, but compliance had not been consistent. Dr Williams agreed to raise this concern with the Chairman, and Professor McMahon agreed to raise it with the Corporate Management Team. **RW/AMcM**

17.2.3 It was noted that the Local Authorities and Integration Joint Boards had agreed to use the same assessment as the Board, but that there also needed to be more engagement in these areas.

17.2.4 Members agreed the recommendations put forward in the paper.

18. **Safe Care**

18.1 Nursing Revalidation Update

18.1.1 A paper had been previously circulated giving an update on the nursing revalidation process which had begun on 1 April 2016. Work was ongoing with

senior nurses and other areas including nursing homes to ensure that the process ran smoothly.

- 18.1.2 It was noted that the Scottish Government funding for the national co-ordinator for nursing revalidation would end next year, but that systems were robust and the Head of Nursing Revalidation was a permanent member of staff which could continue to oversee revalidation.

18.2 Healthcare Associated Infection Report and Improvement Plan

- 18.2.1 A paper had been previously circulated. Action plans in place appeared to be making improvements in trends compared to the previous year, although trends were not in line with the HEAT target. Progress with actions from the Vale of Leven report was included as an appendix to the paper; the majority of actions had now been implemented.

- 18.2.2 Dr Watson noted that one team in NHS Lothian had won a Scottish Government award for their good work on reduction of *Staphylococcus aureus* Bacteraemia, and were a good example of collaboration between clinical staff, patients and education.

- 18.2.3 It was agreed that the recommendations in the paper were not appropriate for an assurance committee, but that Members were happy that the action plan received gave assurance in this high risk area.

18.3 NHS Lothian Delivering for Patients – Demand and Capacity Analysis

- 18.3.1 A paper on measurement of capacity had been previously circulated. The Board had agreed that NHS Lothian patients would no longer be sent to private healthcare providers for treatment, which would have an impact on capacity, the number of patients waiting for treatment, and the length of wait. Non recurring funds would be used in particular priority areas to reduce this impact and there would be constant monitoring of the impact on clinical outcomes to ensure the best access is being provided. Every patient would be triaged so that consultants can give urgent access when required, this would be monitored as a high number of urgent referrals would increase waiting times for the rest of the patients.

- 18.3.2 Length of wait data was available and could become part of the report. The impact of patients who did not attend appointments was also important and was at a high rate in some departments; this could become part of the report. It was suggested that data by social-economic groupings would be useful, this would be discussed. JC

- 18.3.3 It was noted that one of the most frequent complaints received was about waiting times. Mr Crombie suggested that part of this was managing expectations, and a piece of work was in progress to make the live waiting times information available to GPs so that patients could be informed at referral what the expected waiting time would be.

- 18.3.4 The Chair noted that an increase in demand for services and the decision to discontinue use of private healthcare providers had led to the situation

described. It was agreed that there would be a regular update at this Committee.

JC

19. Effective Care

19.1 Review of Opioid Replacement Therapies - Update on Actions

19.1.1 Dr Farquharson introduced the previously circulated paper and noted that this was an important piece of work in progress to improve services to a vulnerable group of patients in substance misuse services. Professor Timoney noted that change of service was challenging when no funding was being provided. Professor McCallum noted that historically a reduction in funding has led increased death rates in this group of patients who often high co-morbidities and a low recovery rate. It was a concern that if funding was reduced GP practices could stop taking on this work, causing capacity issues for acute services.

19.1.2 Professor McMahon noted that funding from the Scottish Government had been discontinued with the assumption that boards would meet the costs for the service from their own budgets. This was being agreed as part of the funds allocated through the Health and Social Care Partnership.

19.2 Healthcare Improvement Scotland Review of Hospital Based Complex Clinical Care Services

19.2.1 The review and recommendations had been previously reported at this Committee and the final review report had now been circulated with the action plan. All the recommendations were expected and work had already begun on meeting them. The report had also been made available to the initial complainant and to the Cabinet Secretary as well as to the other Complex Clinical Care services in the other Health and Social Care Partnerships. It had also been discussed at the Chief Nurses Group.

19.2.2 In addition to the recommendations, the report also emphasised areas of good practice, and very good care was observed on the whole, but with poor documentation. Again, the compliments received by the service at Ellen's Glen had heavily outweighed the complaints, and some patients and families had felt strongly about this and had made an effort to post compliments as a response to the review being carried out.

19.2.3 An update on progress with the actions would be submitted to this Committee at the meeting in November 2016, and would also include actions taken in the other Health and Social Care Partnerships in response to the recommendations in the report. The report would also show what communication and engagement with the public had been carried out as part of the review, and how this had been done.

AMcM

19.2.4 One of the recommendations had been about education for staff, and NHS Lothian had started its own training programme, but there was also work on going with the Scottish Government for providing training at a national level. It was noted that Healthcare Improvement Scotland had been unable to point out a sustainable model for training.

19.2.5 Members approved the recommendations put forward in the paper.

20. Exception Reporting Only

Members noted the following previously circulated papers for information:

- 20.1 Renal Registry Report;
- 20.2 Out of Area Placements Monitoring Team Annual Report;
- 20.3 Healthcare Improvement Scotland Mental Health Validation Visit Final Report;
- 20.4 Blood Transfusion Annual Report;
- 20.5 Homecare Medicines Service Update.

21. Other Minutes: Exception Reporting Only

Members noted the previously circulated minutes from the following meetings:

- 21.1 Area Drug and Therapeutics Committee, 3 June 2016;
- 21.2 Clinical Management Group, 12 April, 10 May, 14 June 2016;
- 21.3 Lothian Infection Control Advisory Committee, 7 June 2016;
- 21.4 Acute Hospitals Committee, 7 June 2016;
- 21.5 Clinical Policy, Documentation and Information Group, 18 May 2016;
- 21.6 Public Protection Action Group, 18 May 2016;
- 21.7 Information Governance Assurance Board, 2 June 2016;
- 21.8 Organ Donation Sub Group, 12 May 2016.

22. Date of Next Meeting

- 22.1 The next meeting of Healthcare Governance Committee would take place at **9.00 on Tuesday 27 September 2016** in **Meeting Room 7**, Second Floor, Waverley Gate.
- 22.2 A further meeting in 2016 would be held on the following date:
- Tuesday 29 November 2016.

DRAFT

NHS Lothian

STRATEGIC PLANNING COMMITTEE

Minutes of the Strategic Planning Committee Meeting held at 9.30am on Thursday 11 August 2016 in Meeting Room 7, Waverley Gate, 2-4 Waterloo Place, Edinburgh EH1 3EG.

Present: Mr M Hill (Chair); Mr M Ash; Dr D Farquharson; Mrs S Goldsmith; Councillor D Grant; Mr P Johnston; Professor A McMahon; Mrs A Meiklejohn and Mr P Murray.

In Attendance: Ms J Anderson; Mr C Briggs; Mr J Crombie; Mr I Graham; Dr D Milne; Mr M Pearson and Mr P Reith.

Apologies for absence were received from Mr B Houston; Mrs K Blair; Mr T Davison; Councillor R Henderson and Mr G Walker.

23. Declaration of Financial and Non Financial Interest

23.1 The Chair reminded members that they should declare any financial and non financial interest that they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest.

23.2 Mr Johnston declared a non-pecuniary interest in Item 5 as the COSLA Health and Wellbeing spokesperson.

24. Minutes of the Previous Meeting held on 9 June 2016

24.1 The Minutes of the previous meeting held on 9 June 2016 were approved as a correct record subject to the inclusion of Dr D Milne amongst those in attendance.

25. Matters Arising

25.1 There were no matters arising from the previous Minutes.

26. St John's Hospital and the Royal Infirmary of Edinburgh Hospital Plans

26.1 Mr Briggs gave a comprehensive presentation on the hospital plans for St John's Hospital and the Royal Infirmary of Edinburgh.

26.2 The Committee noted that the hospitals plan would be brought back to the Board in December 2016 followed by public consultation. The plan would cover services from all four acute sites (Royal Edinburgh Hospital, Royal Infirmary of Edinburgh, St John's Hospital and the Western General Hospital) as well as the capital requirement, quality and efficiency.

- 26.3 It was noted that context of the plan was NHS Lothian's response to the Integration Joint Boards' strategic plans and the National Clinical Strategy.
- 26.4 The Committee noted that the National Clinical Strategy Implementation Plan was being developed under the auspices of the Chief Executives' Group and had been initiated by the South East and Tayside Acute Group. Two events had been held with over 200 attendees from across the University Hospitals focussed on "feel" and "flow".
- 26.5 There had been presentations to and discussions with the four Integration Joint Boards in Lothian on their role and input to the process and discussions had commenced with the Scottish Government Health & Social Care directorates in respect of the potential capital implications, particularly in respect of the Cancer Centre and the elective centres.
- 26.6 Good progress continued to be made around the Royal Edinburgh Hospital Phase 1 and the Learning Disabilities Strategy. It had not been possible to progress as much as had been hoped in terms of major trauma in a post-Brexit environment. Work was, however, currently underway with the Director of Quality and his team to ensure that the hospitals plan linked in fully with the Quality system.
- 26.7 The Chair asked that the National Clinical Strategy be circulated to Committee members. **CB/PR**
- 26.8 In response to a question from Mr Murray, Mr Briggs explained that anyone assessed with an Injury Severity Score (ISS) score of more than 15 units at the roadside by the Ambulance Team would be sent to the Accident and Emergency Department where a further assessment would be undertaken.
- 26.9 There was considerable evidence across the globe that when the skills necessary to treat major trauma were concentrated in a specialist centre there was a much better outcome with a significant reduction in mortality of around 8%. Work in the United States of America suggested that the optimal catchment for a major trauma centre was 2.5million people as this allowed the concentration of the necessary skills. With emergency trauma centres, accident victims with an ISS score of 15 and above and within 45 minutes of a major trauma centre would be taken directly there rather than the nearest Accident and Emergency Department.
- 26.10 It was noted the effect of becoming a major trauma centre would lead to a small increase in real trauma but a larger increase in patients initially assessed as trauma patients subsequently found to be less serious. The development of the Royal Infirmary as a major trauma centre fitted in with the move of Clinical Neurosciences to the Royal Infirmary.
- 26.11 Emerging issues were that staff at the frontline felt challenged and the opportunity to reconfigure in a new direction was welcomed. There were questions around the sustainability of medical receiving and "ologies" in the current configuration and there remained significant challenges in respect of delayed discharges and prevention of admission in both acute and mental health. As at 10 August 2016 14% of NHS Lothian's bed base was occupied by delayed discharges.
- 26.12 It was noted that the Scottish Government "elective centres" investment programme offered significant opportunities to address this issue.

- 26.13 Other emerging issues included the need for proposals around functions delegated to Integration Joint Boards to be clear and have options for implementation. There was concern that some services had less time than others to address problems and the current difficulties being experienced in Primary Care were having an impact on front door attendances. The unique role played by each of the four sites in NHS Lothian was beginning to crystallise.
- 26.14 Mr Briggs detailed the current state at St John's Hospital which was West Lothian's emergency department with 52,535 attendances in 2015 and strong relationships with Primary Care and other public services. There was an increasingly complex general medical intake and St John's was a high performing unscheduled care site with 94% of attendances at Accident and Emergency meeting the 4 hour standard in 2015. The hospital was under increasing pressure with 9% of its bed base occupied with delayed discharges on 10 August 2016.
- 26.15 There were workforce challenges around certain medical sub-specialities and a significant community interest in the hospital as a major asset.
- 26.16 St John's Hospital faced elective workload challenges in almost all areas with demography and change in expectations increasing demand. Current theatre capacity on-site was insufficient to deal with the workload this also applied to hand trauma.
- 26.17 Beyond the St John's Hospital site the physical infrastructure of the Princess Alexandra Eye Pavilion caused concern and there was a significant use of the Lauriston Building with some uncertainty as to the future of that site.
- 26.18 It was noted that work was in progress at St John's Hospital in a number of areas including the Medical Receiving model and the sustainability of medical sub-specialities as well as what other non-inpatient services St John's Hospital could provide to support other sites. Issues being considered were how the Lauriston Building could be used in future capacity modelling for the anticipated elective centres which would create significant opportunities.
- 26.19 The Committee noted that the person-centred approach at St John's Hospital should be replicated and engagement with staff and public should not simply be when services were at risk, but should be an ongoing process.
- 26.20 Mr Crombie confirmed that a pan-Lothian solution to sustainability was being sought and St John's Hospital was playing its part in providing a multi-site solution to the fruition of services.
- 26.21 Mr Johnston highlighted maternity services and the problems being experienced with delayed discharges at St John's Hospital.
- 26.22 Mr Crombie commented that West Lothian Integration Joint Board saw this as an interim problem which should improve with the advent of the new homecare contract. The Integration Joint Board and West Lothian Council were working on this issue but providers were currently unable to take on the amount of work that was required.

- 26.23 Mr Ash suggested that discussions were needed on a process to address situations where contractors were not in compliance with the terms of their contract or could not provide the necessary service for the resources available.
- 26.24 It was agreed that the Committee needed to have an understanding of these issues and that this would be a future agenda item.
- 26.25 The Committee noted that clinicians were keen for greater use to be made of the Edinburgh Bio Quarter as the siting of commercial research facilities next to clinical provision would benefit both patients and researches. It was noted that different funding options that would support such a development were being explored and that the Scottish Government was interested in the proposal.
- 26.26 Mr Murray questioned whether patients from Fife and Borders would be willing to travel to St John's Hospital for elective surgery and Mr Crombie advised that there was already a significant flow of patients from Fife and Borders to the Golden Jubilee Hospital which was considerably further away than St John's Hospital. There was an increasing willingness amongst patients to accept the Golden Jubilee Hospital elective model.
- 26.27 Mr Briggs advised that NHS Lothian was being proactive in suggesting options to the Scottish Government for elective centres as the National Clinical Strategy talked about not being able to sustain smaller specialities in smaller areas. NHS Lothian had been asked to be one of the leads for elective centres and would be establishing a programme board incorporating Fife, Lothian and Borders to take this forward.
- 26.28 The Committee noted that clear plans would be required and Mr Crombie reiterated that Lothian was already providing considerable support to NHS Borders and would help NHS Fife with Imaging services.
- 26.29 The Committee noted that whilst detailed plans for these proposals were not yet available work was ongoing to tie this into the Quality Improvement Programme and Integration Joint Boards and Primary Care services would continue to assess patients suitability for non-invasive treatment such as physiotherapy.

27. Medical Paediatrics Review - Update

- 27.1 Mr Crombie introduced a circulated report considered at the 3 August Board meeting detailing the actions which had been taken to progress the recommendations of the Royal College of Paediatrics and Child Health review of medical paediatric services in Lothian.
- 27.2 The Committee noted that there had been external advertising for 8 paediatric consultants and internal advertising had led to the appointment of 2 advanced nurse practitioners. A programme board had been established to deliver all of the Royal College of Paediatrics and Child Health recommendations and this was currently meeting weekly. The intention was to deliver an interim solution around sustainable rotas.
- 27.3 The Committee noted that these recommendations included the out-of-hours provision of inpatient paediatric services using resident paediatric consultants and advanced nurse practitioners leading a whole workforce approach.

27.4 The Chair commented that the interim solution was different from the original recommendations in the Royal College report following consultant and nursing advice on patient safety.

27.5 The Committee noted the position.

28. Policy and Planning in an Integrated Health and Social Care System

28.1 The Committee noted the circulated report outlining the evolving system for policy and planning in the integrated health and social care system of which NHS Lothian was now a part.

28.2 The Committee noted that the paper had been produced in response to an internal Audit Report which raised questions regarding how effectively NHS Lothian could ensure the delivery of its strategic aims and goals, given the devolution of powers and resources to the Integration Joint Boards.

28.3 Mr Ash queried whether there was a role for the Strategic Planning Committee to scrutinise and seek assurance that actions were being taken.

28.4 The Committee noted that the Audit Scotland recommendations was that NHS Boards and Councils should give leadership.

28.5 Mr Johnston commented that performance management in the Integration Joint Boards would have to tackle two aspects. Whilst the health aspects could be directly reviewed the local Government aspects could not. Sir Harry Burns, Scotland's former Chief Medical Officer, had been appointed to Chair a body to review the system of targets and indicators to determine how best management could deliver better patient outcomes.

28.6 Professor McMahon commented that Integration Joint Boards did not have accountability for delivery of targets and standards yet as the process required to be more formalised. The Chair reminded the Committee that Health and Social Care Partnership Directors were managerially accountable to Lothian NHS Board and the Chief Officers would be receiving letters detailing the areas for which they were responsible.

28.7 The Committee noted that regular meetings between Board and Integration Joint Boards had not yet been organised and Professor McMahon reiterated the need for more formal arrangements to be made in order to enforce the legislation.

28.8 Mr Murray emphasised that NHS Lothian, having 4 Integration Joint Boards with which to work would require to establish a strong set of relationships between Integration Joint Boards and between Integration Joint Boards and Lothian NHS Board; a high level of skill from NHS Board Non Executive Directors was required along with a strong and flexible mechanism for ensuring that these relationships were well managed and that the Integration Joint Boards were influenced appropriately. It would be important to place an emphasis on better managing demand across the system and there would require to be links between Strategic Planning and the Integration Joint Boards.

- 28.9 The Chair reminded colleagues that it was very early on in the process and that an overarching aim was to shift the balance of care. There would be tensions but this was part of the process and the question to be addressed was how the Strategic Planning Committee could take on a distinctive role that added value.
- 28.10 It was noted that discussion on community planning would be an area where some of this would be achieved.
- 28.11 Mrs Goldsmith reminded the Committee that there was a clear requirement set out for strategic plans to be implemented and, as yet, some of the objectives in these were not sufficiently clear.
- 28.12 Mr Crombie suggested that the Committee was now at a stage when it would need to refocus itself and suggested that the next meeting be a workshop to discuss this.
- 28.13 Mr Murray commented that he and the Board Chairman had met with Mr James Mitchell and had discussed a number of points which could be used in the workshop.
- 28.14 Mr Johnston reminded the Committee that there was a difference between Councillor members of Integration Joint Boards and NHS Board members as Councillors could be 'whipped' to take a particular political line. Councillors routinely had pre-meetings to discuss strategy but the NHS Board members did not.
- 28.15 Mr Briggs suggested that consideration should be given to how NHS Lothian officers could keep the Lothian NHS Board members of Integration Joint Boards fully briefed.
- 28.16 Mr Johnston suggested that Integration Joint Board NHS members should have regular meetings similar to those of Board Committee Chairs to discuss issues. The Chair suggested that the next meeting of the Strategic Planning Committee should have a truncated business section at the start followed by more detailed informal discussions on proposals for dealing with the strategic role of the Committee. He would meet with the Board Chairman and key people to agree a programme for the discussions.
- 28.17 The Committee agreed to note the circulated report and take away the actions with the expectation of a workshop being held to decide on the way forward.

PJ/BG

AMcM

29. Midlothian Integration Joint Board - Implementation of the Strategic Plan

- 29.1 A circulated report from Midlothian Integration Joint Board on the implementation of the strategic plan was received.
- 29.2 It was noted that it was not yet clear how the establishment of a Transformation Board would relate to the rest of the system.
- 29.3 Mr Johnston advised that Midlothian Integration Joint Board would be happy to share information with the Committee.
- 29.4 The Committee noted the establishment of a Transformation Board to ensure the objectives of the strategic plan were put into action and noted the current list of key projects which would contribute to transformation.

30. Royal Hospital for Sick Children and Department of Clinical Neurosciences Reprovision

30.1 Mr Crombie advised the Committee that there had been a delay in the construction of the new department of Clinical Neurosciences at Little France owing to the loss of a supplier. Another supplier had been sourced. The new contractor would also be responsible for a number of other aspects of the build.

30.2 The Committee noted the position.

31. Area Clinical Forum Chair

31.1 Mrs Meiklejohn advised the Committee that a new Chair of the Area Clinical Forum would start on 1 September 2016 and would represent the Area Clinical Forum from that point.

31.2 The Chair thanked Mrs Meiklejohn for her work on the Committee.

32. Date of Next Meeting

32.1 It was noted that the next meeting would be held on 13 October from 9:00am – 1:00pm with a short business meeting followed by a workshop the programme for which would be discussed with the Board Chair.

MH

DRAFT

NHS Lothian

STAFF GOVERNANCE COMMITTEE

Minutes of a Meeting of the Staff Governance Committee held at 9:30 a.m. on Wednesday 27 July 2016 in Meeting Room 7, Waverley Gate, 2-4 Waterloo Place, Edinburgh.

Present: Mr A Joyce (Chair); Mr A Boyter; Dr D Farquharson; Ms H Fitzgerald; Mr B Houston; Councillor C Johnstone; Mr S McLauchlan and Mr J Oates.

In Attendance: Ms J Brown (Associate Director of Human Resources); Mr J Crombie (Chief Officer); Ms C Harris (Head of Communications & Public Affairs); Ms S Hewison (Communications Officer); Ms M Lorimer (Organisational Development Consultant); Professor A McCallum (Director of Public Health & Health Policy); Ms A Osborne (NHS Lanarkshire, Observer) and Mr P Reith (Secretariat Manager).

Apologies for Absence were received from: Councillor D Grant; Professor A McMahon and Mrs A Mitchell.

Declaration of Financial and Non-Financial Interest

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

20. Minutes of the Previous Meeting

20.1 The previously circulated Minutes of the Staff Governance Committee Meeting held on 30 May 2016 were approved as a correct record.

21. Mediation Service

21.1 The Committee received a presentation on the Power of Mediation: A Strategic Approach to Conflict Management from Ms J Brown and Ms M Lorimer.

21.2 The Committee noted that an alternative approach had been delivered to achieve a cultural shift towards more open dialogue, avoiding or reducing the number of formal employee relations processes and encouraging earlier intervention in disputes. The time spent by managers on employee relations matters was significant and improving the skills of managers in order to tackle difficult conversations earlier and more effectively as well as establishing a more person centred approach to conflict resolution were the main reasons for developing the alternative approach.

21.3 The strategy was to train a cadre of managers in the skills of holding difficult but essential conversations at work and establishing an effective internal mediation capability. This strategy sat well with NHS Lothian's values and would encourage line managers to take responsibility for the process at an early stage.

- 21.4 The Mediation Service had been launched in January 2015 and approximately 40 referrals had been triaged by the Mediation Co-ordinator. For an organisation of NHS Lothian's size, 15-20 referrals in the first year would have been normal.
- 21.5 50% of these referrals had gone to joint mediation with 94% of those reaching agreement. A number of referrals had also been resolved by coaching conversations. Whilst there had been no reduction yet in the amount of formal casework, a number of extra cases had been avoided.
- 21.6 Work was well underway to build understanding and skills in having those difficult but essential conversations in the workplace. Already around 200 managers have participated in the "Courage to Manage" Programme.
- 21.7 Taking the grief out of grievance training for Human Resources staff looking at alternative approaches to conflict resolution had also been undertaken and core workplace mediation skills for 36 managers and Trade Union representatives had been delivered.
- 21.8 Key factors in the success of the Mediation Service had been the support of the Senior Management Team, partnership support and participation, a robust governance framework and working in partnership with external experts. Ms Brown indicated that she was keen to develop this as an approach rather than just a service emphasising that what you permitted you promoted.
- 21.9 The Chair thanked Ms Brown and Ms Lorimer for their presentation and Ms Fitzgerald gave examples of instances where mediation had enabled parties to listen to each other.
- 21.10 Ms Brown explained that the individuals involved had not been approached to see if they wished to be a mediator but that this might be an approach for the future. At present, there were more applications for training than training places.
- 21.11 Mr Oates questioned what the numbers seeking to use the Mediation Service were and Ms Brown advised that numbers were fairly steady and, as additional mediators could be trained, the service would be advertised and promoted.
- 21.12 Councillor Johnstone asked if the service was being preventive and Ms Brown advised that there was evidence from the evaluation process, that mediation had prevented a number of formal grievances from being lodged or withdrawn.
- 21.13 Mr Houston congratulated the Team on their presentation and commented that this was a gold standard piece of work and would help to create a much higher performing organisation. It exemplified the best way of putting NHS Lothian's values into place and he felt that many of these principles could be used in dealing with and resolving patient complaint issues.
- 21.14 Mr Boyter confirmed that mediation could just as easily be used with complaints and underscored the case for a more thoughtful process.
- 21.15 Professor McCallum commented that people taking on these new roles would acquire an understanding of the key elements of human behaviour which could possibly help identify potential problems before mediation was required.

- 21.17 The Chair echoed the Committee's congratulations for the presentation and the good work. Ms Brown undertook to provide the Chair with a list of staff-side representatives who had been trained in mediation.

22. Matters Arising

- 22.1 Development for the Staff Governance Committee Members - the Chair asked committee members to give this some further thought and advise him of any specific areas to be addressed.

23. Mandatory Training Compliance

- 23.1 Mr Boyter introduced a circulated report giving an update on the actions being taken to improve Mandatory Training Compliance.
- 23.2 The Committee noted that since work on this had started there had been significant improvements in every field for each quarter.
- 23.3 It was noted that the Information Commissioner's office (ICO) was insisting on 100% of achievement in Information Governance training by November 2016 and Mr Boyter advised that discussions with them were underway as, given staff turnover, it would never be possible for 100% of staff to have received Information Governance training all the time. Professor McCallum reported that it had been agreed by the Information Governance Assurance Board the previous day that a compliance rate of 85% for Information Governance training was reasonable and Professor McCallum would raise this with the ICO.
- 23.4 The Chair commented that Facilities staff and Consort employees had relatively low completion rates but that otherwise reasonable progress was being made.
- 23.5 Mr Boyter explained that Facilities staff were putting extra effort in to the process but they had significant numbers of part-time domestic staff of which there was a high turnover. This created difficulties in training which was IT based and to which many domestic staff would not have access.
- 23.6 Mr Crombie commented that a more formal programme of training for Facilities staff had been established and he was liaising with NHS Greater Glasgow and Clyde to share experiences. The Committee noted the progress made to date and supported the plans for continued performance improvement in Mandatory Training compliance.

24. Whistleblowing Update

- 24.1 Mr Boyter advised that the Whistleblowing policy was currently being reviewed to ensure that it was fit for purpose and advised that Mrs Mitchell had been appointed as NHS Lothian's Whistleblowing Champion.
- 24.2 The Committee noted that comments on the draft changes were expected and would go to the Partnership Forum.

24.3 Mr Boyter advised members that the Scottish Government required all Whistleblowing cases to be reported and clarification was being sought. The Scottish Government had also set up a short-term working group, of which Mrs Kelly was a member, to set standards across Scotland.

24.4 The Committee noted the position.

25. Human Resources and Organisational Development Strategy - Progress Report

25.1 The Committee received a circulated report giving an update on the progress to the end of June 2016 of the implementation of the Human Resources and Organisational Development Strategy.

25.4 Mr Boyter commented that he was proudest of the Socially Responsible Recruitment policy and NHS Lothian's work with the Prince's Trust had been notable. The Academy approach was being taken and the outcome of the work with Project SEARCH had been exceptional. All 11 of the first intake were now in employment in NHS Lothian.

25.6 If it could be demonstrated to work, this approach could be expanded and the Chair advised that he had agreed to become the Project SEARCH Champion and would liaise with Mr Boyter. **AJ/AB**

25.5 It was noted that a programme had been launched in partnership with the Scottish Prison Service to train and develop ex-offenders for work and employment and the first placement had taken place.

25.7 The Committee agreed to note the progress that had been made with the implementation of the Human Resources and Organisational Development Strategy (June 2015 - March 2018) for the period up to 30 June 2016.

26. Equality and Diversity Monitoring Report 2015-16

26.1 Mr Boyter introduced a circulated report produced using the North Gate Empower HR System and including electronic staff records for all staff employed within NHS Lothian.

26.2 Mr Boyter commented that more work was required on this reporting format to make it more relevant. He reminded the Committee that staff could remain in post as long as they could do the job and whilst recording statistics was appropriate, there was a need to bring in qualitative reports so that areas where action was required could be identified.

26.3 Professor McCallum commented that age might require changes to some working practices and working hours and agreed that this would require a more sophisticated analysis.

26.4 Mr Boyter reminded the Committee that NHS Lothian's workforce was growing older and it had been calculated that the average age of the workforce increased by 3.5 years every 8 years.

26.5 The Committee noted that responsibility for Occupational Health and Safety would be transferring to the Medical Director in August 2016 and Dr A Leckie would be assuming responsibility for the Occupational Health Service and would take forward work to identify actions to support employees working longer.

26.6 The Committee agreed to note the Equality and Diversity Monitoring Report for 2015-16.

27. Staff Governance Committee - Statement of Assurance Need

27.1 The Committee noted and agreed the previously circulated Statement of Assurance Needs for the Staff Governance Committee.

28. NHS Lothian Corporate Risk Register

28.1 The Committee noted the previously circulated NHS Lothian Corporate Risk Register report to the Audit & Risk Committee.

29. Consultation on Proposals for the Introduction of the Role of an Independent Whistleblowing Officer - Analysis Responses

29.1 The Committee noted the circulated consultation and proposals for the introduction of the role of an independent National Whistleblowing Officer and analysis of responses received.

30. Learning and Development Strategy 2016-2020

30.1 The Committee noted that the Learning and Development Strategy 2016-2020 was aligned to the national 2020 Workforce Vision priorities and provided linkage to NHS Lothian's overarching Corporate Objectives. It was noted that a measurement framework had been agreed to sit alongside the strategy as a means of evidencing outcomes and that the strategy met the requirements of the Staff Governance Standard.

31. Health and Safety Committee

31.1 The Committee noted the circulated Minutes of the meeting of the NHS Lothian Health and Safety Committee held at 9:00am on Tuesday 31 May 2016.

32. Lothian Partnership Forum

31.1 The Committee noted the circulated Minutes of the meeting of the Lothian Partnership Forum held on Tuesday 10 May 2016.

33. Workforce Organisational Change Group

- 33.1 The Committee noted the circulated Minutes of the Workforce Organisational Change group held on 27 June and 23 May 2016.

34. Retirement of Director of Human Resources and Organisational Development

- 34.1 The Chair reminded colleagues that this would be the last Staff Governance Committee meeting attended by the Director of Human Resources and Organisational Development who would be retiring in September. He thanked Mr Boyter for his support and commented that Mr Boyter had always treated the staff side with respect and there would be a small celebration of Mr Boyter's career after the Board meeting on 7 September. Those interested should contact Douglas Weir.
- 34.2 Mr Boyter thanked the Chair for his kind words and recalled that working in partnership with Human Resources and the Trade Unions had not always been easy but he had always found that the best way forward was to work with them. He thanked everyone for their good grace and advised that Janis Brown had been appointed Interim HR Director for 6 months on his retirement.

35. Date of Next Meeting

- 35.1 It was noted that the next meeting of the Committee would be held on Wednesday 26 October 2016 at 9:30am in Meeting Room 7, Waverley Gate, 2-4 Waterloo Place, Edinburgh.



MINUTES OF THE MEETING OF THE EAST LOTHIAN INTEGRATION JOINT BOARD

THURSDAY 30 JUNE 2016
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
Ms A Meiklejohn

Non-voting Members Present:

Ms F Duncan
Dr R Fairclough
Mr D King
Mrs M McKay
Ms S Saunders
Mr D Small
Mr E Stark
Dr J Turvill
Mr A Wilson
Mr D Harvie
Ms M McNeill

ELC/NHS Officers Present:

Ms J Ogden-Smith
Ms C Lumsden
Ms S Goldsmith
Mr A Milne

Clerk:

Mrs F Stewart

Apologies:

Mr P Murray
Ms A MacDonald
Mr T Miller

Declarations of Interest:

None

1. NON VOTING MEMBERSHIP OF THE EAST LoTHIAN INTEGRATION JOINT BOARD

The Chief Officer had submitted a report asking the Integration Joint Board (IJB) to agree the appointment of non voting members.

Decision

The IJB agreed:

- (i) to the appointment of Marilyn McNeil to represent service users and Danny Harvie to represent the independent sector: and
- (ii) that these appointments should be for 3 years

Both Marilyn McNeil and Danny Harvie were invited to join the meeting and welcomed on to the Board.

2. CODE OF CONDUCT

The Chief Officer had submitted a report asking the IJB to agree the final draft code of conduct.

David Small advised that the final draft code of conduct was based on a template provided by the Scottish Government. The code had been reviewed by the East Lothian Council Legal Services Manager and a number of minor changes made to the previous draft. These changes were outlined in the report.

Decision

The IJB agreed the final draft code of conduct and agreed to submit it to the Scottish Government.

3. MINUTES OF THE MEETING OF THE EAST LoTHIAN INTEGRATION JOINT BOARD OF 26 MAY 2016

David King advised of an amendment to the Decision of Item 7, 2015/16 Annual Accounts Update, as follows.

The IJB agreed that:

- 7 (ii) the draft annual accounts would be accepted by the IJB's Audit and Risk Committee at their meeting on 21 June 2016.

With this amendment, the minutes of the East Lothian Integration Joint Board meeting of 26 May 2016 were approved.

4. MATTERS ARISING FROM THE MINUTES OF THE MEETING ON 26 MAY 2016

Community Hospital

David King reported that he had received an offer from NHS Lothian in relation to the revenue gap. Discussions were ongoing and he would update the Board at the August meeting.

Closure of the Royal Bank of Scotland branch, Prestonpans

As requested at the last meeting, the Chair had written to the Royal Bank to advise that concerns had been expressed by IJB members over the closure of the Prestonpans branch. The Chair reported that he had received a reply from the Chief Executive of the Royal Bank and he did not propose to take any further action. The Chair also advised that a motion had been passed at Council on 28 June condemning the closure.

5. CHAIR'S REPORT

The Chair reported that he and Mike Ash had attended a COSLA (Convention of Scottish Local Authorities) meeting in Edinburgh, the third in a series of meetings on the progress of IJB agendas. They had found the meeting interesting and it had provided a useful opportunity for networking. Mike Ash stated that some difficult questions had been put to the Cabinet Secretary for Health on budget matters and there had been much debate. There had also been a presentation by Scottish Government Officials on Health Improvement Scotland.

Councillor Currie stated that a multi-year spending review for Health and Social Care was due to take place in November 2016. He pointed out that it was awkward to have two partners setting budgets at different times and the Chair replied that this issue had been raised indirectly at the meeting and officials made aware of this concern.

6. STRATEGIC PLAN IMPLEMENTATION PROGRAMME

The Chief Officer had submitted a report to provide an update on the work being progressed in East Lothian to support the practical implementation of the IJB's Strategic Plan for adult services.

Carol Lumsden, Transformation and Integration Manager, presented the report. She referred to the IJB's Strategic Plan, approved in February 2016, and stated that the focus was now on the implementation of the Plan. Twenty priority projects with agreed timeframes and lines of accountability were outlined in Appendix 1 to the report. These priorities had been identified based on the Strategic Plan's needs assessment and subsequent gap analysis. Ms Lumsden added that all individual workstreams would be required to implement a robust programme management approach to delivery and the IJB would receive regular updates on progress.

The Chair enquired if the priorities could change and Ms Lumsden replied that the priorities were based on the Strategic Plan. The direction of the Plan was likely to change as part of an organic process and therefore priorities could change.

Mike Ash asked if it would be possible to cross-reference the projects to the directions in the Strategic Plan and Ms Lumsden confirmed that the projects would be cross-referenced. An efficiency programme would also be built in to each project from the start. The Chair added that any issues which arise would be brought to the August meeting.

Margaret McKay referred to Priority 2, EL Carers Strategy, noting that it was a new activity. She stated that carers and service users can become fatigued if the same

issues are put to them and asked if the Carers Strategy, signed in 2013, could be built upon rather than embarking on a new strategy. Ms Lumsden advised that a new strategy had been proposed due to legislative requirements. A draft document had been circulated and further discussion would take place. Mrs McKay also stated that it was imperative actions were monitored following the sign off of the Strategy.

Councillor Currie noted the efficiency savings planned over the next 3 years and asked how it would impact on the Strategic Plan if these efficiencies were not met. David King replied that finances could not be allowed to impact on the delivery of the Plan. Councillor Currie also enquired if, in the interests of good governance, the Strategic Plan would be brought back to the IJB in 12 months in order that the public can be kept informed of progress. Ms Lumsden agreed that the Plan would be brought back and outlined the various working groups which had responsibility for the governance, accountability and risk associated with the Plan. Councillor Currie asked how the Strategic Plan would be signed off and Ms Lumsden explained the key role the IJB played and how it would be reported to the IJB.

Councillor Currie sought clarification on Phase 1 and Phase 2 of Priority 6 (Premises/bed base: Edington, Belhaven, Eskgreen, Abbey...). The Chair provided further information and advised that Phase 1 had just begun. He also advised that bed bases and future needs would be considered as a package of community planning in order to promote independence for older people. Councillor Currie enquired further on resources and finance for Phase 2 and the Chair replied that buildings and capital were not a delegated function of the IJB; this priority would be delivered in partnership with the Health Board and the Council.

Marilyn McNeil asked how more members of the public could be engaged in the consultation process and Ms Lumsden advised that a report on community and participation strategies was due to come to go to the IJB meeting in September.

Councillor Currie stated that it was important to be clear on how decisions relating to the Strategy were made. He also urged vigilance on efficiencies, as the success of the Strategy depended upon budgeted efficiencies being achieved.

Councillor Currie welcomed the report and thanked all those concerned for the work being done to improve the quality of life for residents of East Lothian. He stated that it was evident that progress was being made and he looked forward to the Strategy moving forward.

Decision

The IJB agreed:

- (i) to note that the planning priorities and implementation workplan for the Strategic Plan had been considered and supported by both the Strategic Planning Programme Board and the Strategic Planning Group: and
- (ii) the adoption of the workplan as the blueprint for transformational change in the delivery of health and social care services in East Lothian.

7. EAST LoTHIAN INTEGRATION JOINT BOARD MEETING DATES FOR 2016/17

The Chief Officer had submitted a report to set the dates for meetings of the IJB for 2016/17.

Decision

The IJB approved the dates for meetings of the IJB for 2016/17, as set out in the report, with the exception of Thursday 21 July 2016 which was withdrawn.

SUMMARY OF PROCEEDINGS – EXEMPT INFORMATION

The Integration Joint Board agreed to exclude the public from the following business containing exempt information by virtue of paragraph 5.9.2 of its Standing Orders (the business relates to the commercial interests of any person and confidentiality is required).

East Lothian Community Hospital – Outline Business Case

A report was submitted by the Chief Officer asking the Integration Joint Board (IJB) to note progress and support the Business Case for the East Lothian Community Hospital. The IJB agreed the recommendations contained within the report.

Signed

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Councillor Donald Grant
Chair of the East Lothian Integration Joint Board



Edinburgh Integration Joint Board

9.30 am, Friday 15 July 2016

Waverley Gate, Edinburgh

Present:

Board Members: George Walker (Chair), Councillor Elaine Aitken, Shulah Allan, Carl Bickler, Sandra Blake, Wanda Fairgrieve, Christine Farquhar, Councillor Nick Gardner (substituting), Councillor Sandy Howat, Kirsten Hey, Angus McCann, Rob McCulloch-Graham, Michelle Miller, Moira Pringle, Ella Simpson, Richard Williams, and Maria Wilson.

Officers: Lynne Barclay, Philip Brown, Wendy Dale, Ann Duff, Marna Green, Linda Irvine, Katie McWilliam, Sheena Muir and Julie Tickle.

Also Present: Carolyn Hirst, NHS Lothian.

Apologies: Kay Blair, Andrew Coull; Councillor Griffiths; Ian McKay and Councillor Work.

1. Minute's Silence

The Joint Board observed a minute's silence for those affected by the terrorist attack in Nice, France, the previous evening.

2. Minutes

Decision

To approve the minute of the meeting of the Edinburgh Integration Joint Board of 15 May 2016.

3. Rolling Actions Log

The Rolling Actions Log for 15 July 2016 was presented.

Decision

- 1) To approve the closure of actions 2, 4, 5; 6, 7(1), (3) & (4); 10 and 11.
- 2) To note that a programme for GP visits (action 9) would be circulated.
- 3) To note that feedback from visits was being collated, and would be presented to a future development session.

- 4) To invite the ICT Steering Group to consider and recommend business-critical ICT issues where the Joint Board might require to issue directions.
- 5) To otherwise note the outstanding actions.

(Reference – Rolling Actions Log – 15 July 2016, submitted.)

4. Non-Voting Membership

Applications for membership of the Joint Board continued to be received on an ad hoc basis, most recently from Unite. The decision whether to appoint additional non-voting members rested with the Joint Board. To rationalise this process, and allow the Joint Board an overview of any significant membership gaps, it was proposed that all outstanding requests be considered together annually.

Decision

To agree to consider all requests for non-voting membership of the Joint Board annually, at the final meeting in each financial year.

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

5. Capacity and Demand

Work was underway to determine the future capacity and demand for services from older people. With project support from EY, a Project Board would review the level and type of care and support services needed; how best to ensure service sustainability; the right mix of services, and cost effectiveness. Delivery models across the whole system would be assessed, including the front door; short term intervention and complex care.

Decision

- 1) To accept the report as assurance that the Edinburgh Health and Social Care Partnership was taking a whole system approach to improving the effective use of resources to improve pathways for people.
- 2) To accept that the Phase 3 business case proposals for change would go to the Strategic Planning Group and/or the Professional Advisory Group in the first instance, and to the Joint Board by exception.
- 3) To request regular progress updates.

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

6. Hospital Based Complex Clinical Care

Ahead of completion of the capacity and demand review (item 5 above), a decision was required about the accommodation at the Balfour Pavilion, Astley Ainslie Hospital, where there were outstanding building safety concerns, particularly regarding fire precaution.

The report proposed closure of Balfour Pavilion, and gave a range of alternative options for the HBCCC and respite services currently provided there.

Decision

- 1) To note the provision of HBCCC and NHS respite care services in Balfour Pavilion, AAH (as described in section 3 of the report) and agree that the in-patient services in Balfour Pavilion close by December 2016 due to concerns regarding the accommodation in relation to incomplete fire precaution compliance.
- 2) To note the potential options for the ongoing care provision for current users of the HBCCC and respite care services in Balfour Pavilion (section 4).
- 3) To note that beds would not be closed until arrangements were in place for current users' ongoing care needs including the preservation of the respite care service.
- 4) To agree that Option 1 - to close beds in Balfour Pavilion as they became vacant until both wards were empty - was partially implemented as soon as possible as an interim arrangement until the other options were explored further to determine whether they were achievable both financially and operationally.
- 5) To note that closing beds as they became vacant would allow one of two wards to close as soon as possible while the other options were explored.
- 6) To note that by partially implementing Option 1 (as per paragraph 2.4 of the report) there would be a reduction in the number respite care beds from 10 beds to 6 beds, and that the current programme of respite care could still be maintained within this bed reduction.

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

7. Delayed Discharge – Recent Trends

An overview was given of performance in managing hospital discharge against Scottish Government targets. Key reasons for delay were explained, and a number of work streams aimed at reducing delays were outlined. The report also noted that changes to the national reporting and recording systems would be introduced from July 2016.

Decision

- 1) To note the progress in reducing the number of people waiting to be discharged and that a comprehensive range of actions was in place to secure further improvement.
- 2) To note that changes to the delayed discharge recording and reporting from July 2016 would provide more complete and consistent counts of the number of people delayed.
- 3) To request an update at the August development session.

(References – minute of the Edinburgh Integration Joint Board, 13 May 2016 (item 7); report by the IJB Chief Officer, submitted.)

8. Hub Update

An update was given on the roll out of the localities Hub model, including a description of the key services to be included in the Hub. The Hub model was most effective for urgent and new referrals; immediate assessment and short term interventions. Multi Agency Triage Teams (MATT) would work within the Hubs to determine immediate responses to maintain people safely at home, or enable hospital discharge. The first Hub and Cluster Managers would be in post in early September, with all staff likely to be recruited by February 2017.

Decision

To accept the report as assurance that the Edinburgh Health & Social Care Partnership was taking a whole system approach to improve the effective use of resources to improve pathways for the city's adult population.

(References – minute of the Edinburgh Integration Joint Board 13 May 2016 (item 6); report by the IJB Chief Officer, submitted.)

9. Accounts 2015/16

The Joint Board's draft annual accounts for 2015/16 were presented. If agreed, they would now be submitted to external auditors, before returning to the Joint Board in September for sign-off.

Decision

- 1) To note the draft financial statements submitted.
- 2) To note the proposed timescale for completion.

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

10. Financial Update

An updated financial settlement had been formally proposed by NHS Lothian. While the offer included additional funding for prescribing and mental health pressures, there remained a funding gap of £5.8m for IJB services. An additional £6m Scottish Government funding had subsequently become available to NHS Lothian, and discussions were ongoing regarding the Joint Board's share, and the overall funding deficit.

Decision

- 1) To note the updated financial settlement from NHS Lothian.
- 2) To agree that, given the underlying deficit, the Integration Joint Board could not accept the offer at this point.
- 3) To agree that that Chair, the Chief Officer and Interim Chief Finance Officer continue to work with NHS Lothian with the aim of reaching a mutually acceptable offer.
- 4) To note the headline financial position to 31st May 2016.

- 5) To agree to allocate £0.5m from the social care fund to offset demographic pressures in learning disability services.
- 6) To agree to receive future finance reports based on the forecast year end position.

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

11. GameChanger - Progress

GameChanger was an innovative Public Social Partnership involving NHS Lothian, Hibernian Football Club and the Hibernian Community Foundation. It aimed to use Hibernian's physical, cultural and professional assets to deliver a better, healthier, future for vulnerable, disenfranchised or disadvantaged people. The flagship proposal sought to develop a health and social club within Easter Road Stadium, delivering a range of primary care, mental health and substance misuse services, delivered by statutory and 3rd sector agencies.

Decision

- 1) To acknowledge the key role of GameChanger Public Social Partnership in the delivery of strategic priorities.
- 2) 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 experienced significant health inequalities.
- 3) To support the "Healthier" workstrand which had a particular, although not exclusive, focus on Leith and the North East locality.
- 4) To support the development of flagship and road map proposals which would include the preparation of funding applications.
- 5) To note that early discussions had commenced with Heart of Midlothian Football Club in relation to mutual interests in community-based developments in health, wellbeing, fitness and social support.

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

12. Carers' Champion - Progress

An update on the progress made by the Carers' Champion, Councillor Norman Work, was submitted. This outlined the strategic and operational activities undertaken by Councillor Work over the last twelve months.

Decision

- 1) To note the progress made by the Carers' Champion in this role.
- 2) To note the progress with the implementation of the adult carers' action plan and the young carers' action plan.

- 3) To invite Councillor Norman Work to consider acting as the Carers Champion for the Integration Joint Board until 30 April 2017.

(Reference – report by the IJB Chief Officer.)

13. Health Inequalities Grant Investment Programme

Responsibility for planning the health and social care response to tackling inequalities and the related budgets had been delegated to the Joint Board. In recognition of this transfer Health Inequality Grants had been awarded only for 2016/17, rather than the planned three years. Some of the funded organisations employed staff, and an early decision was needed on 2017/18 allocations, in view of employment obligations. Subject to conditions, it was now proposed to award grants for a further year.

Decision

- 1) To agree to award Health Inequality Grants for a further year until March 2018 based on the 2016/17 funding criteria, with continued funding being subject to satisfactory performance of projects against agreed targets.
- 2) To agree that the amount available for Health Inequalities Grants in 2016/17 should be reduced by 3.4% to take account of the outstanding 10% reduction applied by the Council over 3 years.
- 3) To agree the process for awarding grants for 2017/18 to be a closed process involving projects already in receipt of a Health Inequality Grant.
- 4) To note that a further report would be presented to the Joint Board towards the end of the first quarter of 2017 setting out proposals for investment in tackling inequalities beyond March 2018.
- 5) To note the intention to report to a future meeting on the remit, membership etc of the inequality steering group.

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

14. Sub-Group Updates

The Joint Board noted minutes and updates from its various Sub-Groups.

(References – Sub-Group minutes and Updates, submitted)

15. NHS Lothian Annual Review

It was noted that NHS Lothian's Annual Review would take place on 31 August 2016. Details of the programme would be provided to members.

16. Agenda Planning

Angus McCann suggested that further discussion would be needed at Joint Board meetings on its developing relationships with external organisations, including the Scottish Fire and Rescue Service, Housing providers etc.

Decision

- 1) To ask the Chair/Vice-Chair and Lead Officer to review how this could best be introduced at Joint Board meetings, as part of their regular agenda planning discussions.
- 2) To invite all members to consider any other issues they would wish added to a future Joint Board agenda.

17. Lynne Barclay

The Chair noted this would be Lynne Barclay's last meeting before leaving the Council. He paid tribute to her contribution to the work of the Joint Board, and in particular her support to him as the incoming Chair. On behalf of the Joint Board, he wished her all the very best for the future.



Edinburgh Integration Joint Board (Special Meeting)

9.30 am, Friday 19 August 2016

Waverley Gate, Edinburgh

Present:

Board Members: George Walker (Chair), Councillor Elaine Aitken, Shulah Allan, Carl Bickler, Kay Blair, Sandra Blake, Andrew Coull, Wanda Fairgrieve, Christine Farquhar, Councillor Joan Griffiths, Councillor Sandy Howat, Kirsten Hey, Alex Joyce, Angus McCann, Rob McCulloch-Graham, Moira Pringle and Ella Simpson.

Officers: Magnus Aitken, Sarah Bryson, Wendy Dale, Murdo Maclean, Alex McMahon and Katie McWilliam.

Apologies: Councillor Henderson, Richard Williams and Maria Wilson

1. A Sense of Belonging – Edinburgh Wellbeing Services

The Joint Board was invited to support the development of a Public Social Partnership approach to enhance collaboration between mental health and wellbeing services, in a way that would improve outcomes for the lives and experiences of people, families and their communities.

Decision

- 1) To note the report.
- 2) To acknowledge the involvement and engagement work to date.
- 3) To agree to implement a Public Social Partnership for Wellbeing Services which would build on good practice and establish relationships and develop and test innovative approaches to redesign services, improve collaboration across statutory and third sector and maximise resources and assets.
- 4) To agree in principle to an extension to the current Mental Health service contracts to a value of £908,848 until 31 October 2017 to allow for the service redesign and co-production to take place, subject to ratification by the Council's Finance and Resources Committee. NHS Lothian Service Level Agreements with a number of current providers would be extended to 31 October 2017.

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

2. Report on Independent Advocacy Procurement

An update was provided on the procurement for independent advocacy services and the requirement to revise the existing timetable to extend the incumbent provider's contracts for this work to 30 June 2017.

Decision

To approve the submission of a report to the Council's Finance and Resources Committee requesting the extension of the existing contracts for Independent Advocacy Services from 1 December 2016 to 30 June 2017; in order to allow more time for the completion of the procurement process and in particular consultation and engagement with service users and providers.

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

3. Delayed Discharge – Recent Trends

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

Whilst there had been significant improvement in performance over the period October 2015 to April 2016, the paper reported a decline in performance from May to July 2016. Work was underway to reverse the downward trajectory. This included outcomes from the flow workshop on 8 March 2016 which was overseen by the Patient Flow Programme Board.

Decision

- 1) To note that a new Care at Home contract was now in place. Its aim was to improve recruitment and retention of the home care workforce by offering a rate of pay that was comparable with alternative employers, e.g. retail, customer services and the private care market. The transition to these new contracts had until very recently resulted in a reduction in Care at Home capacity.
- 2) To note that following the improvement in reducing delayed discharge between October 2015 and April 2016, there has been a subsequent increase in the number of delayed discharges from hospital to both Care at Home Packages and Care Homes.
- 3) To note that the changes at national level to delayed discharge recording and reporting from July 2016 had slightly accentuated the increase in the total number of people delayed in July by 13 to 173, (160 being the figure if the previous methodology was used.).
- 4) To note that a review was underway to detail the reasons as to why the previous positive trajectory had reversed, and to ensure that the comprehensive range of actions that were already in place, would secure a return to the reducing trajectory for the number of people delayed in hospital.
- 5) That the Delayed Discharge update provided to the next meeting of the Integration Joint Board include details on:

- 5.1) Admissions and vacancies at Gylemuir House.
- 5.2) Monitoring of data on changing trends.
- 6) To bring a report on Care Home Capacity to a future meeting of the Joint Board.
- 7) To request that a draft of the Winter Plan was presented to the Joint Board once available.

(References – minute of the Edinburgh Integration Joint Board, 15 July 2016 (item 7); report by the IJB Chief Officer, submitted.)

4. Joint Board's Progress Overview - Presentation

The Chief Officer provided a presentation outlining progress of the Joint Board in the nine months since his appointment in post. This included details on the following:

- Key achievements;
- Main challenges and risks; and
- Next steps for the next four months.

Decision

To note the presentation by the Chief Officer.



Midlothian Integration Joint Board

Date	Time	Venue
Thursday 16 June 2016	2pm	Conference Room, Melville Housing, The Corn Exchange, 200 High Street, Dalkeith, EH22 1AZ

Present (voting members):

Cllr Catherine Johnstone (Chair)	Peter Johnston (Vice Chair)
Cllr Bob Constable	Alison McCallum
Cllr Derek Milligan	John Oates
Cllr Bryan Pottinger	

Present (non voting members):

Alison White (Chief Social Work Officer)	Dave Caesar (Medical Practitioner)
David King (Chief Finance Officer)	Caroline Myles (Chief Nurse)
Patsy Eccles (Staff side representative)	Marlene Gill (User/Carer)
Ruth McCabe (Third Sector)	

In attendance:

Allister Short (Head of Healthcare)	Tom Welsh (Integration Manager)
Chris Lawson (Risk Manager)	Lesley Crozier (Equality, Diversity and Human Rights Officer)
Mike Broadway (Clerk)	

Apologies:

Alex Joyce	
Eibhlin McHugh (Chief Officer)	Hamish Reid (GP/Clinical Director)
Jean Foster (User/Carer)	Margaret Kane (User/Carer)

1. Welcome and introductions

The Chair, Catherine Johnstone, welcomed everyone to the meeting of the Midlothian Integration Joint Board.

2. Order of Business

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

3. Declarations of interest

No declarations of interest were received.

4. Minutes of Previous Meetings

4.1 The Minutes of Meeting of the Midlothian Integration Joint Board held on 14th April 2016 was submitted and approved.

4.2 Arising from the minutes, the Board:-

- (a) Noted that the Code of Conduct had now been submitted to Scottish Government for consideration following further discussion on the issue that was raised in relation to potential conflicts of interest for professional members serving on the Board (paragraph 5.1 refers);
- (b) Noted that at the recent Audit and Risk Committee meeting the role of the Committee in relation to whether it scrutinised issues and then made proposals to the MIJB or scrutinise the decisions of the MIJB had been discussed; it being acknowledged that the Committee had a dual role (paragraph 5.2 refers); and
- (c) Noted that discussion where ongoing with colleagues in Planning regarding the potential for developer contributions for Health developments to meet the needs of new communities (paragraph 5.5 refers).

5. Reports

Report No.	Report Title	Presented by:
5.1	Chief Officer's Report	Alison White

Executive Summary of Report

This report provided a summary of the key issues which had arisen in recent months in health and social care, highlighting in particular the progress being made on service integration and ongoing service developments.

The report advised in particular that the Council's Trade Unions had nominated Aileen Currie as the staff representative to the MIJB and that managers and staff at both Newbyres Care Home and Rosbank Ward, Midlothian Community Hospital had made positive contributions to improvements in the quality of care delivered in both settings. The report also made reference to the establishment of a Joint Staff Forum, positive developments within the Health Visiting Service, the introduction of Named Person Legislation, reprovisioning of care for Midlothian patients currently cared for at Liberton Hospital to Midlothian Community Hospital, and the potential implications arising from implementation of the living wage.

Summary of discussion

The Board, in considering the Chief Officer's Report, discussed the potential impacts arising from the introduction of the living wage; the reprovisioning of care to Midlothian Community Hospital for patients currently care for at Liberton Hospital; and the challenges/pressures faced by staff working in Health and Social Care.

Decision

- **Noted the issues raised in the report.**
- **Approved the nomination of Aileen Currie as the Midlothian Council staff representative on the Midlothian IJB.**
- **Noted the positive contribution that managers and staff at both Newbyres Care Home and Rossbank Ward had made to the improvements in the quality of care delivered in both settings.**

Report No.	Report Title	Presented by:
5.2	Pressures in General Practice and Prescribing	Allister Short

Executive Summary of Report

With reference to paragraph 5.5 of the MIJB minute of 14th April 2016, there was submitted a report updating the Board on the current position in relation to the pressures within Primary Care and providing an overview of the actions now being implemented. The report also identified the key work taking place to address issues within prescribing and highlighted the risk that the current spend presented in terms of financial balance within the MIJB. The report concluded with an overview of the main findings from the Health & Care Experience 2015/16 survey, which identified a slight downturn in satisfaction levels of general practice by the public.

Summary of discussion

Having heard from the Head of Healthcare, the Board discussed the current position and the actions being taken or that were in place to address the pressures in primary care and the issues within prescribing. It was acknowledged that GP practices had an important role to play in ensuring that correct and accurate information was passed on to the public in a manner that would assist in helping to avoid many of the issues that arose as a result of misunderstandings or misinformation. They also had an equally important part to play in the understanding of, and addressing the challenges and issues in relation to prescribing.

Decision

- **Noted the further developments in addressing the increasing pressures within Primary Care in Midlothian.**
- **Noted the planned work around addressing the prescribing position within Midlothian and recognised the risk that the prescribing budget presented in terms of financial balance within the MIJB**

- **Noted the feedback on the findings from the Health & Care Experience 2015/16 survey results for Midlothian**

Sederunt

Councillors Milligan and Pottinger both left the meeting at the conclusion of the foregoing item of business, at 3.20pm

Report No.	Report Title	Presented by:
5.3	Implementation of the Strategic Plan	Tom Welsh

Executive Summary of Report

The purpose of this report was to explain the risk that not all objectives referred to in the Strategic Plan led to changes in the way in which services were delivered. In order to reduce this risk a new Transformation Board had been established, which would identify the main actions which needed to take place and checking that there was sufficient clarity and resources to achieve the desired changes. The current list of key actions were outlined in an appendix to the report.

Summary of discussion

The Board, having heard from Integration Manager, who in responding to questions explained that the Transformation Board would report to the Strategic Planning Group, discussed the importance of involving carers/users/third sector in this process. The possibility of adding timescales for the actions contained in the Transformation Plan was also suggested.

Decision

- **Noted the establishment of a Transformation Board to ensure the objectives of the Strategic Plan were put into action**
- **Noted the current list of key projects which would contribute to transformation.**

Report No.	Report Title	Presented by:
5.4	Health and Wellbeing Indicators	Tom Welsh

Executive Summary of Report

This report provided some background to the appended report on Midlothian's performance against the new national health and wellbeing indicators. Many of the indicators were reported on for the period 2014-15 as there was a delay while this data was fully checked for accuracy. However it did provide a picture of how well the health and social care system was functioning in Midlothian. It helped to highlight some areas which required particular attention whilst also identifying those areas in which Midlothian had performed well.

Summary of discussion

Having heard from the Integration Manager, the Board in discussing Midlothian's performance against the new national health and wellbeing indicators, welcomed the good progress being made and gave consideration to the areas where improvements would be required.

Decision

- **Noted the most up-to-date information available on Midlothian's performance against the national health and wellbeing indicators**

Report No.	Report Title	Presented by:
5.5	Financial Assurance and Budget Setting 2016/17	David King

Executive Summary of Report

This report detailed how the financial assurance process would be completed. The MIJB had been considering financial assurance around the budgets offered by both NHS Lothian and Midlothian Council for 2015/16 to support the delivery of the functions that had been delegated to the MIJB. Although Midlothian Council and NHS Lothian had now set opening budgets for 2016/17, the financial assurance process had not yet been completed. It was clear that the financial position for the MIJB for 2016/17 was not yet settled this would create an additional risk for the MIJB in that the budget was not agreed after the financial year had commenced.

Summary of discussion

The Board, in considered the risks associated with not having agreed a budget before the start of the financial year, heard from the Chief Finance Officer who explained the steps that were being taken to conclude this financial year's financial assurance process and ongoing work which was being undertaken to address this issue going forward.

Decision

- **Noted the contents of the report.**
- **Noted the risks associated with not having agreed a budget before the start of the financial year.**

Report No.	Report Title	Presented by:
5.6	Financial Planning for 2017/18	David King

Executive Summary of Report

With reference to paragraph 5.4 of the MIJB minute of 14th April 2016, there was submitted a report further developing consideration of the MIJB's financial planning processes for 2017/18 and future years. The report highlighted that the MIJB's input into the 2016/17 financial planning process had been modest and followed the lead of the partners, but for 2017/18 (for the functions delegated to the MIJB) the MIJB needed to lead the financial planning process, and an integral element in being able to achieve this would be the successful establishment of an appropriate baseline 'budget'.

Summary of discussion

The Board, in considered the available options and the principles which were developing, heard from the Chief Finance Officer who emphasised the importance of this work in underpinning the MIJB's financial strategy for the next three years.

Decision

- **Noted the contents of this report**
- **Agreed to instruct the Chief Officer, working with the Partners, to develop a clear baseline budget for the MIJB and bring a report back to the MIJB for its meeting in August 2016**
- **Agreed that the governance around the efficiency planning embedded in the financial plan would be through the IJB.**
- **Agreed to instruct the Chief Officer to further develop the MIJB's financial planning process and bring a report (including the timescales for the financial planning cycle) to the MIJB's August meeting.**

Report No.	Report Title	Presented by:
5.7	Risk Management	Chris Lawson

Executive Summary of Report

The purpose of this report was to explain the development of the MIJB Risk management policy and creation of the MIJB Risk Register. The report highlighted the importance of identifying and managing risk in order to ensure the successful delivery of the MIJB's key objectives, as detailed in the Strategic Plan. It also provided an overview of the MIJB's operating context taking account of current issues, future risks and opportunities.

Summary of discussion

The Board, having heard from the Risk Manager, discussed the Risk Register; a copy of which was appended to the report.

Decision

- **Noted the work which has taken place to develop a Risk Register for the MIJB; and**
- **Noted the proposed intention to bring regular update reports on risk to both the MIJB and the Audit and Risk Committee.**

Report No.	Report Title	Presented by:
5.8	Equalities Outcomes and Mainstreaming Reports 2016 - 2018	Lesley Crozier

Executive Summary of Report

The purpose of this report was to seek approval from the Midlothian Integration Joint Board (MIJB) for the Midlothian Health & Social Care Partnership's (MHSCP) Equality Outcomes and Mainstreaming Reports 2016 – 2018.

The report explained that the Midlothian Integration Joint Board was subject to equality legislation as contained in the Equality Act 2010 and subsequent 2012, 2015 and 2016 Regulations. This meant that the newly formed Midlothian Health & Social Care Partnership (MHSCP) was required to develop, publish and report progress on equality outcomes and mainstreaming activities on a two-year cycle. These outcomes and mainstreaming activities would demonstrate how the MHSCP was working towards eliminating unlawful discrimination, victimisation and harassment, advancing equality of opportunity and fostering good relations to all people irrespective of their age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation.

Summary of discussion

In discussing the importance of tackling equalities issues, the Board, having heard from the Council's Corporate Equality, Diversity & Human Rights Officer, acknowledged that although challenging there was a real opportunity to identify and address some of the underlying causes leading to health inequalities in Midlothian.

Decision

- **Approved the contents of the Equality Outcomes & Equality Mainstreaming Reports 2016 – 2018; and**
- **Noted that the Board would receive six monthly update reports on the progress made in respect of actions/initiatives detailed in the Equality Outcomes & Equality Mainstreaming Reports 2016 - 2018**

6. Any other business

No additional business had been notified to the Chair in advance

7. Date of next meeting

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

- Thursday 18th August 2016 2pm **Midlothian Integration Joint Board**
- Thursday 15th September 2016 2pm Development Workshop – Primary Care Strategy

The meeting terminated at 4.02 pm.

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 31 MAY 2016.

Present

Voting Members – Councillors Frank Toner (Chair), Martin Hill, Alex Joyce, Danny Logue, Julie McDowell (Vice-Chair), John McGinty, Anne McMillan.

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

Apologies – David Farquharson.

In Attendance – Marion Barton (Head of Health Services), Alan Bell (Senior Manager, Communities and Information, WLC), Donald Forrest (Finance and Property Services, WLC) James Millar (Standards Officer), Kenneth Ribbons (Audit, Risk and Counter Fraud Manager, WLC), Carol Mitchell (NHS Lothian).

1. ORDER OF BUSINESS, INCLUDING NOTICE OF URGENT BUSINESS

The Chair informed the Board that Susan Goldsmith (Director Finance, NHS Lothian) would join the meeting later and that the order of business would be changed to allow the presentations on the Budget Setting Process (Agenda Item 9) to be heard at an appropriate time after Susan's arrival.

2. DECLARATIONS OF INTEREST

Councillor Logue declared an interest as an employee, NHS Lothian.

Councillor Toner declared an interest as a former Non-Executive Director, NHS Lothian.

3. MINUTES

(a) The Board approved the minute of meeting of the West Lothian Integration Joint Board held on 23 March 2016.

(b) The Board approved the minute of meeting of the West Lothian Integration Joint Board held on 31 March 2016.

- (c) The Board approved the minute of meeting of the West Lothian Integration Joint Board held on 5 April 2016.

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. PROPOSED MEETING DATES 2016/2017

A report had been circulated by the Director outlining a proposed schedule of meetings until June 2017.

The report recalled that the Board had previously agreed that a meeting should take place on 23 August 2016, but that further discussions should take place about potential dates before further decisions were made.

As part of those discussions, the requirements of the legislation about approval of the Board's annual accounts had been considered and Audit Scotland had provided information about their timescales for completing and reporting on their audit work.

To ensure compliance with the Board's Standing Orders and provide Board members with as much notice of meeting arrangements as possible, it was proposed that the following dates, in addition to the meeting already set for 23 August, were agreed for Board meetings after August 2016 until June 2017:-

2016

18 October – 2.00 pm
29 November – 2.00 pm

2017

31 January – 2.00 pm
14 March – 2.00 pm
20 April – 10.00 am
27 June – 2.00 pm

It was also proposed that the IJB meetings continued to be held in Strathbrock Partnership Centre, Broxburn, as this building met requirements for accessibility, parking and meeting space.

It was noted that dates had been drafted after taking into account legislative requirements and available date and time opportunities within NHS Lothian and West Lothian Council meeting calendars.

It was recommended that the Board agree the proposed schedule of meetings.

Martin Hill thanked the Director for his efforts in trying to accommodate Board members' diaries. However, Martin advised that he had a clash of meetings on the proposed date of 29 November 2016.

Decision

To agree the proposed schedule of meetings.

6. CODE OF CONDUCT - REPORT BY STANDARDS OFFICER

The Board considered a report (copies which had been circulated) by the Standards Officer informing Board members of the revised Model Code of Conduct for Members of Integration Joint Boards and seeking its adoption for submission to the Scottish Ministers for approval.

The Standards Officers recalled that on 20 October 2015, the Board had adopted a Code of Conduct on an interim basis, pending the conclusion of work being undertaken by the Scottish Government and the Standards Commission for Scotland to produce a Model Code specifically designed for IJBs as a specific type of public body. The Standards Officer went on to advise that, on 1 April 2016, a new Model Code had been issued and IJBs had been requested to consider it and adopt it for future use by their IJB members. There was scope for each IJB to make changes to it "in exceptional circumstances" but any such changes would require approval when adoption of the Code was reported back to Ministers.

Although the Model Code was almost identical to the Interim Code adopted by the Board in 2015, there were some changes in relation to wording and layout, but very few of any significance for Board members. A copy of the Model Code of Conduct for Members of Integration Joint Boards (April 2016) was attached as Appendix 1 to the report.

The more significant change which members were asked to consider was the inclusion of the statement that Board members who were concerned about their position in relation to the Code of Conduct should first of all seek advice from the Chair. Representations had been made in relation to the draft Model Code to change that to a seeking advice from the IJB's Standards Officer. These representations had not been taken on board.

It was now recommended that the references in the Model Code be changed to direct Board members to the Standards Officer in the first instance, rather than the Chair.

The report went on to explain the procedure for approval (or otherwise) of the adopted Code. The report also provided details of additional statutory guidance issued by the Standards Commission.

The Standards Officer recommended that the Board:-

1. note that the Scottish Ministers had issued a Model Code of Conduct for Members of Integration Joint Boards.

2. adopt the Model Code for submission to the Ministers for approval, but with amendments to Paragraphs 1.8, 5.4, 5.15 and 6.8 to direct Board members to the Standards Officer for advice, rather than to the Chair.
3. Note the recent issue by the Standards Commission of further guidance to members of devolved public bodies on relationships with employees, and the use of social media.

Decision

To approve the recommendations by the Standards Officer.

7. STRATEGIC PLAN IMPACT ASSESSMENT

A report had been circulated by the Consultant in Public Health presenting the Integrated Impact Assessment carried out on the Strategic Plan.

The report recalled that members of the Strategic Planning Group had met on 18 January 2016 to carry out an impact assessment of the draft Strategic Plan. The assessment met the requirements for Equality Impact Assessment and therefore included explicit consideration of the needs of people with protected characteristics as defined in the Equality Act (2010). It also considered the potential for wider impacts on other vulnerable population groups and determinants of health. The completed impact assessment report was attached as Appendix 1 to the report.

The recommendations made in the impact assessment were as follows:-

- The Plan should make clear that operational responsibilities for children's and adult services remain combined under the same Director, as now.
- There should be clear strategic links made with corresponding plans and governance structures for children's services.
- The Engagement Plan should include actions to engage with the voluntary sector, and with vulnerable groups including, but not only, people with protected characteristics. It should identify ways to engage with people with communication needs.
- The needs assessments for client group and locality plans should include local intelligence to ensure services are best directed to people with the greatest needs.
- There should be training in the use of 'teachback' for health and social care staff.
- The relevant needs assessment should consider differing needs of men and women as they age.

- There should be consideration of the needs of refugees.
- The strategic plan and commissioning plans should continue to focus on prevention and addressing health inequalities.

The Integration Joint Board was recommended to:-

1. approve the recommendations of the Impact Assessment on the Strategic Plan.
2. approve the use of the Integrated Impact Assessment process for subsequent commissioning and other plans.

During discussion, Martin Hill queried the review date in relation to 'Maintain focus on prevention and early intervention in the Plan' (Appendix 1, page 11) which was showing as May 2016. In response, officer undertook to update the review date.

Decision

To approve the recommendations set out in the report.

8. IJB ANNUAL ACCOUNTS COMPLIANCE

A report had been circulated by the Chief Finance Officer setting out final accounts requirements and timescales for the IJB and proposed reporting arrangements to meet compliance with the Local Authority Accounts (Scotland) Regulations 2014.

The report explained that the Chief Finance Officer of the IJB was responsible for preparing the financial statements in accordance with relevant legislation and the Code of Practice on Local Authority Accounting. This required the maintenance of proper accounting records and the preparation of financial statements giving a true and fair view of the state of affairs of the IJB at 31 March 2016.

The Board noted that the Annual Governance Statement required to be approved and submitted as part of unaudited annual accounts provided to Audit Scotland by 30 June 2016. Taking account of this, a draft Annual Governance Statement was appended to the report for approval by the Board.

The report went on to explain the provisions in relation to the unaudited accounts including the requirement for the accounts to be considered by the Board, or a committee whose remit included audit or governance, prior to submission to the external auditor. It was therefore considered appropriate for the unaudited annual accounts to be considered by the IJB Audit Risk and Governance Committee at the committee meeting scheduled on Friday 24 June 2016.

The Board was asked to note that IJBs must give public notice of the right to inspect the annual accounts and this should be done in advance of

submission of the accounts to external audit. In addition, there was a requirement to publish the unaudited accounts on the IJB website following submission to Audit Scotland and until the publication of the audited accounts.

Under the 2014 regulations, the audited accounts were required to be approved by 30 September. Following approval, and by 31 October at the latest, the audited annual accounts required to be signed and dated by the IJB Chair, Director and Chief Finance officer, and then provided to the auditor. The Controller of Audit then required audit completion and issue of an independent auditor's report.

Audit Scotland had confirmed they would be unable to complete their audit of the IJB and associated audit report to meet the timescales of the Board meeting arranged for 23 August 2016 and the next meeting of the Board was not proposed until 18 October 2016. Taking account of this, it was proposed that the annual audited accounts along with Audit Scotland's audit report be presented to the Audit Risk and Governance Committee for consideration and approval at its scheduled meeting on 23 September 2016.

It was recommended that the Board:-

1. note the requirements set out in the report.
2. approve the draft governance statement for inclusion in the unaudited annual accounts.
3. note that the unaudited annual accounts would be considered by the Audit Risk and Governance Committee on 24 June 2016.
4. agree to give authority to the Audit Risk and Governance Committee to consider and approve the audited annual accounts at its meeting on 23 September 2016, allowing Audit Scotland's deadline of 30 September to be met.

Decisions

To approve the recommendations by the Chief Finance Officer.

9. RISK MANAGEMENT - REPORT BY DIRECTOR

A report had been circulated by the Director advising the Board on the approach being taken to the management of risk and of the risk identified.

The Board was informed that the object of risk management was to ensure that risks were properly identified, assessed and managed. Under the terms of the Integration Scheme, the IJB was required to operate a risk management strategy. The risk management strategy would comprise relevant policies and procedures for the management of risk. These were currently in the process of being developed and it was expected that the IJB Risk Management Policy would be submitted to the IJB's August meeting for approval.

The Integration Scheme also required that the IJB maintain a risk register. The Director was required to produce and agree a list of the risks to be report and monitored. A risk register had been set up using West Lothian Council's Covalent system and the risks to be reported and monitored were attached as Appendix 1 to the report. The methodology used was outlined in Appendix 2 to the report.

The Board was asked to note that the risks identified represented high level, or strategic, risks to the IJB's objectives. Operational risks were separately recorded in the risk registers of both West Lothian Council and NHS Lothian.

It was recommended that the Board:-

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

A number of questions were raised by Board members and these were dealt with by West Lothian Council's Audit, Risk and Counter Fraud Manager.

It was also noted that those members using iPads had found the format of the appendices useful, but those members with black and white paper copies had found the copies to be inadequate.

Decision

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

10. BUDGET SETTING PROCESS - PRESENTATION BY DONALD FORREST, HEAD OF FINANCE & PROPERTY SERVICES, WEST LOTHIAN COUNCIL AND SUSAN GOLDSMITH, FINANCE DIRECTOR, NHS LOTHIAN

Presentation by Donald Forrest

The Board heard a presentation by Donald Forrest, Head of Finance and Property Services (WLC) providing details of the five year financial strategy approved by West Lothian in January 2013.

It was noted that, in February 2016, the Council had approved updated budgets for 2016/17 and 2017/18.

The approach to corporate and financial planning comprised a consultation process, identification of priorities, the development of workstreams to deliver priorities and the development of a medium term financial strategy to ensure sustainability.

The Head of Finance and Property Services highlighted a number of risks and uncertainties. These were:-

- The council only had a funding settlement for 2016/17
- The level of future grant from 2017/18 onwards had not been indicated
- Possible conditions attached to the funding settlement
- Economy
- Demographics
- Inflation

The Head of Finance and Property Services considered that the council had robust medium term financial planning in place and this would continue in future. Detailed annual budgets would continue to be presented to council each year in compliance with legal requirements.

Presentation by Susan Goldsmith

A detailed presentation was given by Susan Goldsmith. The presentation slides illustrated the income funding sources to NHS Lothian and details of the various expenditure blocks.

The Board was informed that the financial planning process for NHS Lothian comprised:-

- Preparation of a consolidated financial plan based on individual business unit plans
- The development of individual forecasts and specific action plans at a Business Unit level to help strengthen the delivery of financial balance
- Ensuring that the financial impact of IJB strategic plans were reflected in the overall NHS Lothian Financial Plan

Susan then went on to explain the key elements of the 2016/17 financial plan and provided a summary showing the projected 16/17 costs and projected net position.

It was noted that measures to fund the gap had been identified, and these were:-

- Further Recovery Actions
- National Savings Initiatives
- NRAC Acceleration
- Quality Management System – Waste/Variation/Unnecessary

Interventions

Finally, Susan outlined the West Lothian IJB budget position.

The Chair reminded the Board that a report would be prepared for the IJB following confirmation of the final resources allocation by NHS Lothian.

A number of questions raised by the Board were then dealt with by Donald Forrest and Susan Goldsmith.

Decision

To note the terms of the presentations.

11. PLANNING CYCLE - REPORT BY DIRECTOR

A report had been circulated by the Director advising the Board of a proposed planning cycle which would allow detailed scrutiny of the Strategic Plan and associated Care Group Commissioning Plans.

The report recalled that the IJB had previously approved its strategic plan which included details of how high level outcomes were to be achieved through a process of strategic commissioning. The Strategic Plan also included a commitment to develop a series of care group based commissioning plans.

It was proposed that the IJB meeting schedule be structured to allow the IJB an appropriate level of scrutiny for each stage of the commissioning cycle. In addition the Strategic Plan had a specific commitment to report overall progress on an annual basis. Appendix 1 to the report provided the detail of the proposed planning cycle.

The Board was recommended to agree the planning cycle as detailed in Appendix 1 to the report.

Decision

To approve the terms of the report.

12. SCHEDULE FOR PHYSICAL DISABILITY COMMISSIONING

A report had been circulated by the Director advising the Board of the schedule for the development of the strategic commissioning plan for Adults with a Physical Disability.

Appendix 1 to the report provided a schedule for the development of the plan for Adults with a Physical Disability. The first phase of this had already been completed in respect of the analytical phase – the needs assessment.

Appendix 2 to the report provided a summary of the key themes and recommendations from the needs assessment.

Appendix 3 provided the Terms of Reference for a short life Working Group that had been established to develop the three year commissioning plan. The intention was to prepare the plan in conjunction with the Strategic Planning Group, including relevant stakeholder engagement, thereafter to present a final draft of the strategic commissioning plan for Adults with a Physical Disability to the IJB meeting on 23 August 2016 for approval.

It was recommended that the Board note the planning schedule as detailed in Appendix 1, in particular to note the commitment to present a final draft of the strategic commissioning plan for Adults with a Physical Disability to the IJB meeting on 23 August 2016 for approval.

Decision

To note the terms of the report.

13. WORKPLAN

A copy of the Workplan had been circulated for information.

Referring to Julie McDowell's departure from the Board, the Chair conveyed his appreciation of the work carried out by Julie in her role as Vice-Chair of the IJB. On behalf of the IJB, the Chair thanked Julie for her contribution to the Board.

Decision

To note the Workplan.

FINANCIAL POSITION TO 31 AUGUST 2016

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 5 months to August and the forecast year end position. The paper also advises on the Finance & Resource Committees consideration of this at its meeting on 14 September.
- 1.2 Any member wishing additional information on the detail of this paper should contact the Executive Lead prior to the meeting.

2 Recommendations

2.1 Members are asked to:

- Note the cumulative financial position at period 5 shows an NHS Lothian overspend of £6m, with an in-month underspend for August of £1.1m;
- Note that the Quarter 1 year-end forecast indicates that a year-end balance is achievable, dependent on a number of key assumptions;
- Accept that at this stage, a moderate level of assurance can be given to the Board of a breakeven position being achieved. A further review of the assurance level will be given as part of the mid year review.
- Consider the Finance & Resources Committee conclusion that the achievement of financial results is having a consequential impact on the delivery of service performance targets and that this should be escalated to the Board for discussion.

3 Discussion of Key Issues

Finance and Resources Committee Consideration

- 3.1 Finance and Resources Committee members considered the output of the Quarter One Financial Review and the monthly performance position at their meeting on the 14 September.
- 3.2 Committee members received a moderate level of assurance on the Board's ability to break even at the year end and, although this was welcomed, members expressed concern at how this had been achieved given the extent of financial savings required in the Financial Plan and the level of gap remaining at the time the Financial Plan was approved at the Board in June.
- 3.3 Committee members were advised that a number of factors had influenced this position including the change in approach to LRP: Although the service has always been

expected to manage service pressures, the new approach has been received as a more realistic and sustainable mechanism to balance the management of service pressures, the delivery of savings and service redesign. In particular budget holders are being encouraged to take decisions to allow them to operate within their delegated budget as far as possible. In addition operational performance had improved and although there continued to be an upward pressure on GP prescribing, the level of spend on acute medicines had not been as material as anticipated (to date).

- 3.4 Another factor was the recent NRAC funding received from Scottish Government and the general reserve retained as part of the financial plan had been factored into the position.
- 3.5 Discussion subsequently focussed on the impact of delivery of break even on service performance. It was acknowledged that this risk was flagged at part of the Boards LDP, approved in June, and that as this risk had materialised the issue should be escalated to the Audit and Risk Committee, and to the Board for consideration. In particular this required to be assessed in light of the Boards risk tolerance in relation to patient safety relative to that of the Boards risk tolerance to financial performance.
- 3.6 In the interim both the Chief Executive (Acting) and Director of Finance have met with Scottish Government colleagues to review options to improve service performance utilising non recurring funds available from a separate funding source for a small element of the RIE Project Agreement. Board members will be updated on the position at the Board Meeting.
- 3.7 In the context of the financial position and work to deliver sustainability, the committee also received a report on the range of service redesign, and efficiency and productivity programme being supported across the organisation. Although this would not address underlying issues of capacity in relation to some performance targets certain programmes could mitigate an element of performance risk.

Financial Position as at August 2016

- 3.8 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 31 August 2016

	Mth 1	Mth 2	Mth 3	Mth 4	Mth 5	YTD
	£000	£000	£000	£000	£000	£000
Pay	(1,511)	(1,184)	48	(765)	(7)	(3,419)
Non Pay	1,283	(736)	(1,194)	(247)	(391)	(1,284)
GP Prescribing	(284)	(387)	(505)	(1,743)	(1,188)	(4,108)
Income	369	42	414	352	(188)	989
Efficiency Savings (15/16 c/fwd)	(1,477)	(544)	(375)	(667)	(513)	(3,576)
	(1,620)	(2,809)	(1,612)	(3,070)	(2,287)	(11,398)
Reserves Flexibility	0	0	1,500	500	3,368	5,368
Total	(1,620)	(2,809)	(112)	(2,570)	1,081	(6,030)

- 3.9 As in previous months nursing and support services continued to overspend but at a lower rate, and accounts for the near breakeven position in the month.
- 3.10 The use of supplementary staffing within Nursing decreased in August, along with a reduction in permanent staffing costs, which varies dependant on the use of additional

hours by part-time staff and overtime (which is paid in arrears). The daily cost of nursing continues to reduce and reflects the ongoing scrutiny of this area of expenditure with monthly meetings involving the Nurse Director, senior nurses and the Deputy Director of Finance.

Table 2: Daily Cost of Nursing Analysis

	15/16 Uplifted £000's	Apr 16 £000's	May 16 £000's	June 16 £000's	July 16 £000's	Aug 16 £000's
Agency	14	14	7	6	5	5
Bank	74	70	72	67	72	69
Permanent (includes o/time and additional p/t hours)	1,008	1,023	987	1,017	960	956
Total Nursing Cost	1,096	1,107	1,067	1,090	1,037	1,031

Primary Care Prescribing

- 3.11 Primary Care Prescribing is reporting an overspend of £1.2m in period 5 bringing the year to date overspend to £4.1m. The Primary Care Prescribing position reflects a growth in volume of items for 16/17 of 1.3% against a planned growth of 1% and a price per item 1.3% higher than the planned price. A year end forecast overspend of £7.6m has been estimated as part of the Q1 Review.

Quarter 1 Review

- 3.12 NHS Lothian has a statutory requirement to breakeven and following the first quarter of the financial year the board has undertaken a detailed year-end forecast to establish progress towards a balanced financial outturn and any actions to be pursued to ensure breakeven is achieved.
- 3.13 The Quarter 1 review process has now concluded, indicating that a breakeven position is achievable, if agreed recovery actions to reduce expenditure and deliver corporate flexibility are achieved in full. This was reported to the Finance & Resources Committee in September along with a moderate level of assurance.
- 3.14 Within this forecast a number of assumptions have been made in relation to the sale of properties and release of balance sheet provisions, however there is a risk relating to these assumptions and they, along with a number of other risks, are included in Appendix 3.
- 3.15 Table 3 sets out the areas of movement in the forecast position compared to that assumed in the Financial Plan. Note that the Financial Plan figures include the additional allocation of £6m NRAC funding.

Table 3: Closing the Financial Plan Gap

	Relevant Paragraph	Financial Plan £k	Q1 YE Forecast Variance £k	Movement from 16/17 Financial Plan £k
Expenditure Gap per Financial Plan		82,153	82,153	0
General Reserves		(3,000)	(3,000)	0
Additional NRAC	3.12	(6,000)	(6,000)	0
Revised Financial Plan Gap		73,153	73,153	0
Non Recurring Flexibility		4,800	4,800	0
Year End Management		8,000	8,000	0
Annual Leave Provision		8,000	8,000	0
Balance Sheet Flexibility		10,000	10,000	0
Financial Recovery Actions	3.16	28,314	30,853	(2,539)
Improvement in Operational Position	3.14		4,601	(4,601)
In Year Flexibility – general reserve			6,899	(6,899)
		59,114	73,153	(14,039)
Year End Forecast		14,039	0	14,039

3.16 A balance of up to £6m of recurrent reserves remains available, and will be held as a risk 'pot' to mitigate against any shortfall on recovery plans and other risks as set out in appendix 3.

Forecast by Business Unit

3.17 Following the initial forecast assessment, a series of meetings have been held with the Business Unit leads to discuss issues driving the overspend within services, with actions agreed to reduce expenditure. The output from these meetings is a forecast operational overspend of £12.9m, a reduction of £6m from the Financial Plan forecast gap. This improvement of circa £6m is included within the overall operational improvement of £4.6m shown in Table 3.

3.18 There are a number of reasons for the improvement from the plan, including a reduction in depreciation costs and slippage on the capital programme which has delayed some additional revenue costs, as well as assumed benefits from the sale of properties including that identified above.

3.19 The development of Financial Recovery Plans is an ongoing process and an additional delivery of £2.5m is forecast. This increase includes some schemes which previously had been classed as high risk. The delivery of the FRPs is forecast to increase later in the year.

3.20 A breakdown of the forecast by Business Unit is shown in Table 4.

Table 4: Q1 Forecast by Business Unit Summary

	Financial Plan £k	Q1 YE Forecast Variance £k	Movement from 16/17 Financial Plan £k
University Hosp Support Services	(11,863)	(13,071)	(1,208)
REAS	(862)	(422)	440
Edinburgh Partnership	(1,927)	(1,787)	140
East Lothian Partnership	(217)	(266)	(49)
Midlothian Partnership	(90)	(13)	77
West Lothian Partnership	(905)	(1,877)	(972)
Facilities And Consort	(1,766)	529	2,295
Corporate Services	(896)	(1,071)	(175)
Inc + Assoc Hlthcare Purchases	(2,531)	(1,128)	1,403
Strategic Services	2,189	6,207	4,018
Operational Position	(18,868)	(12,899)	5,969

Forecast by IJB

- 3.21 In parallel with the forecast for NHS Lothian, separate forecasts are being prepared for each of the four IJBs, based on the same information. The process of converting the Lothian forecast into one for each of the IJBs is complex and doesn't readily translate. However the process is nearing conclusion and will be shared with all IJBs as early as possible.

Financial Plan

- 3.21 Given the level of non-recurring support to the in-year position, planning for financial year for 2017/18 and beyond will be a key challenge. The recurring financial position will be assessed as part of the mid year review which has now started and will precede financial planning. Information on the financial planning process has been issued to all Business Units.

4 Key Risks

- 4.1 It has to be recognised that the achievement of the financial results has a consequential impact on the delivery of service performance targets. This risk was flagged as part of the Board's approved financial plan. The Board is asked to consider the impact of the delivery of financial targets on the service targets.
- 4.2 A risk schedule has been prepared and is attached at Appendix 3. This includes some key risks relating to the delivery of a breakeven position.

5 Risk Register

- 5.1 The Audit and Risk Committee at its September meeting received a report on very high risk including the Boards ability to respond to financial challenges. This level of risk will need to be reviewed in light of the information presented in the Q1 review.

6 Impact on Inequality, including Health Inequalities

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

7 Involving People

- 7.1 The implementation of the financial plan and the delivery of a breakeven outturn will require service changes. As this particular paper does not relate to the planning and development of specific health services there was no requirement to involve the public in its preparation. Any future service changes that are made as a result of the issues raised in this paper will be required to adhere to the Board's legal duty to encourage public involvement.

8 Resource Implications

- 8.1 The financial results deal principally with the financial governance on operational management of existing resources and no resource implications arise specifically from this report.

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28 September 2016

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List of Appendices

Appendix 1: NHS Lothian Income & Expenditure Summary 31 August 2016

Appendix 2: NHS Lothian Summary by Operational Unit to 31 August 2016

Appendix 3: Quarter 1 Risk Schedule

NHS Lothian Income & Expenditure Summary to August 2016

Description	Annual Budget (£k)	YTD Budget (£k)	YTD Actuals (£k)	YTD Variance (£k)	Period Variance (£k)
Medical & Dental	241,092	100,927	102,122	(1,195)	290
Nursing	385,317	160,875	162,936	(2,061)	(141)
Administrative Services	86,427	35,100	34,637	463	(2)
Allied Health Professionals	61,586	25,611	25,624	(13)	37
Health Science Services	35,444	14,638	14,375	263	111
Management	9,121	3,804	3,441	363	12
Support Services	52,478	21,733	22,837	(1,104)	(105)
Medical & Dental Support	9,600	3,745	4,100	(355)	(44)
Other Therapeutic	25,868	11,037	10,724	313	21
Personal & Social Care	2,581	1,102	1,168	(66)	(118)
Other Pay	(3,366)	(3,980)	(3,892)	(88)	(68)
Emergency Services	16	16	17	(0)	0
Pay	906,164	374,607	378,089	(3,482)	(7)
Drugs	123,498	49,824	48,891	933	(58)
Medical Supplies	86,376	36,932	38,032	(1,101)	(128)
Maintenance Costs	5,362	2,190	3,329	(1,139)	(469)
Property Costs	39,560	15,411	13,848	1,563	171
Equipment Costs	25,645	9,547	10,985	(1,438)	(386)
Transport Costs	9,838	4,197	4,280	(82)	(48)
Administration Costs	127,846	31,114	31,760	(646)	(897)
Ancillary Costs	11,507	4,779	5,049	(269)	(65)
Other	8,818	(15,792)	(16,642)	851	164
Service Agreement Patient Serv	97,579	43,924	44,334	(410)	986
Savings Target Non-Pay	(9,167)	(3,575)	0	(3,575)	(513)
Non-Pay	526,861	178,550	183,865	(5,315)	(1,243)
Gms2 Expenditure	120,449	47,352	46,991	361	343
Ncl Expenditure	3	1	0	1	0
Other Primary Care Expenditure	87	36	48	(11)	(3)
Pharmaceuticals	146,965	60,016	64,124	(4,108)	(1,188)
Primary Care	267,503	107,405	111,162	(3,758)	(848)
Fhs Non Discret Allocation	(1,338)	(549)	(501)	(48)	(1)
Bad Debts	0	0	41	(41)	0
Other	(1,338)	(549)	(461)	(89)	(1)
Income	(1,758,417)	(107,323)	(108,566)	1,244	(188)
Income	(1,758,417)	(107,323)	(108,566)	1,244	(188)
CORE POSITION	(59,227)	552,690	564,089	(11,398)	(2,287)
Additional Reserves Flexibility	5,368	5,368	0	5,368	3,368
TOTAL	(53,859)	558,058	564,089	(6,031)	1,081

NB. The above table relates to Core Services only. There is £53,859m of Non Core Budget not shown above that balances the annual budget to zero.

NHS Lothian Summary by Operational Unit to August 2016

Description	University Hosp Support Serv (£k)	Corporate Services (£k)	Facilities And Consort (£k)	Strategic Services (£k)	Inc + Assoc Hlthcare Purchases (£k)	Reserves (£k)	Edinburgh Partnershi p (£k)	East Lothian Partnershi p (£k)	Midlothian Partnershi p (£k)	West Lothian Hsc Partnershi n (£k)	Reas (£k)	Total (£k)
Annual Budget	662,357	93,658	152,011	18,306	(1,632,817)	28,026	278,280	84,752	57,820	132,535	71,212	(53,859)
Medical & Dental	(966)	58	(2)	(23)	0	0	103	(155)	21	(96)	(135)	(1,195)
Nursing	(1,269)	16	(19)	(23)	0	0	(328)	76	(11)	(130)	(374)	(2,061)
Administrative Services	347	285	11	(50)	0	0	(79)	(34)	(16)	(28)	26	463
Allied Health Professionals	(422)	(27)	(11)	(2)	0	0	203	33	64	130	18	(13)
Health Science Services	101	(28)	0	1	0	0	161	6	0	39	(17)	263
Management	(7)	126	33	23	0	0	151	33	(0)	3	1	363
Support Services	(80)	(59)	(919)	(3)	0	0	(2)	(14)	0	(28)	1	(1,104)
Medical & Dental Support	(336)	(4)	0	0	0	0	0	0	0	(15)	0	(355)
Other Therapeutic	25	165	(2)	0	0	0	47	3	(8)	20	63	313
Personal & Social Care	(10)	(18)	(0)	0	0	0	13	2	0	0	(53)	(66)
Other Pay	68	(125)	5	0	0	0	(0)	(52)	16	0	0	(88)
Pay	(2,548)	390	(905)	(78)	0	0	271	(102)	66	(105)	(471)	(3,482)
Drugs	1,154	24	(1)	(34)	0	(0)	(8)	(145)	(25)	(55)	24	933
Medical Supplies	(810)	(16)	176	(0)	(0)	0	(382)	(86)	(7)	26	(2)	(1,101)
Maintenance Costs	(137)	(18)	(876)	(0)	0	0	(16)	(22)	(1)	(31)	(37)	(1,139)
Property Costs	(14)	31	1,461	(7)	0	0	59	(2)	22	4	8	1,563
Equipment Costs	(741)	(328)	(211)	(11)	0	0	(86)	(71)	(19)	16	12	(1,438)
Transport Costs	(50)	(49)	61	4	(27)	0	22	(25)	10	19	(46)	(82)
Administration Costs	(177)	318	(302)	(355)	(3)	(0)	77	(26)	(8)	66	(238)	(646)
Ancillary Costs	27	(16)	(196)	(4)	0	0	(20)	(66)	8	4	(7)	(269)
Other	16	263	78	0	0	0	452	40	0	(2)	3	851
Service Agreement Patient Serv	93	(103)	366	335	(1,140)	0	(16)	(10)	(16)	193	(111)	(410)
Non-Pay	(640)	106	557	(71)	(1,170)	(0)	83	(413)	(37)	240	(395)	(1,740)
Gms2 Expenditure	(1)	(14)	(0)	0	0	0	144	73	36	125	(3)	361
Ncl Expenditure	0	0	0	0	0	0	0	1	0	0	0	1
Other Primary Care Expenditure	(11)	0	0	0	0	0	0	0	0	0	0	(11)
Pharmaceuticals	(20)	0	0	0	0	0	(1,202)	(866)	(531)	(1,334)	(154)	(4,108)
Primary Care	(32)	(14)	(0)	0	0	0	(1,058)	(792)	(496)	(1,209)	(157)	(3,758)
Other	(38)	3	(0)	0	0	0	(7)	0	0	(45)	0	(89)
Income	819	105	57	44	62	0	29	45	13	54	16	1,244
Savings Target Non-Pay	(2,410)	(250)	(218)	(56)	0	0	(807)	147	81	356	(418)	(3,575)
OPERATIONAL POSITION	(4,849)	341	(510)	(161)	(1,108)	(0)	(1,490)	(1,115)	(372)	(708)	(1,426)	(11,398)
Additional Reserves Flexibility	0	0	0	0	0	5,368	0	0	0	0	0	5,368
TOTAL	(4,849)	341	(510)	(161)	(1,108)	5,368	(1,490)	(1,115)	(372)	(708)	(1,426)	(6,031)

NB. The above table relates to Core Services only. There is £53.859 m of Non Core Budget not shown above that balances the annual budget to zero

Quarter 1 Risk Schedule

Issue	Risk rating	Assumption
Employee Provision	Medium	It has been assumed that employees will reduce the level of carry forward annual leave at the year end. This assumption will be reviewed later in the year
Capital to Revenue Transfer	Medium	A level of capital to revenue transfer has been assumed within the forecast, this still requires confirmation from SGHD
Additional DEL allocation	Medium	A level of additional DEL funding has been assumed, this has still to be agreed with the SGHD
Recovery Actions / Efficiencies	Medium	Delivery of planned recovery actions to the value assumed as part of Q1 forecast. Currently delivery is below plan
Waiting Times	High	Expenditure controls are enacted in line with plan to ensure that spend is within available budget. Waiting List initiative activity has been limited to levels undertaken in 2015/16 and is funded from slippage on DFP investment programme; no new patients have been referred to independent sector contractors from end March 2016. Improvement actions identified in DCAQ review continue to be implemented, however there remains a significant challenge in managing the deterioration in performance against Access standards (particularly outpatients) and discussions with SGHD colleagues are ongoing in relation to the management of this position. As at end August the number of new outpatients waiting greater than 12 weeks was c.14000 (an increase of 100% from end March position); investment of £500k had been agreed for additional actions to support improvement.
GP Prescribing	High	A sustained level of ongoing growth and price increases have been included in the Financial Plan, however the Q1 forecast overspend of £7.6m includes volume and price per item above the financial plan level. These costs could potentially increase further
Changes to the IPTR process	High	It has been assumed that these costs will be offset by national savings in the drug tariff along with any further costs incurred in year.
SGHD Allocations and introduction of the Outcomes Framework	High	NHSL have assumed a number of SGHD allocations either in year or recurrently, some of these allocations still remain outstanding at month 5. The reductions in bundle and ADP funding have still to be agreed by the service and expenditure reduced accordingly.
Capital Programme	Medium	NHSIL has an ambitious capital programme which requires significant resources in addition to those available to deliver. The revenue consequences of the programme are a significant pressure to the organisation. This can be mitigated by disinvestment in services, additional resources and / or rephasing of schemes. No major issues have been identified at Q1
Winter Beds	High	The risk remains whether sufficient additional resources are available to meet the pressures from anticipated winter demand. No overspend has been assumed for winter as the plan has still to be worked through, winter bids received to date total £6.5m but these still need to be reviewed. At present there is only £2.8m in the USC reserve and no confirmation of additional SG income
Delayed Discharge	High	The plan has assumed that the additional resource passed to the IJBs from the Social Care Fund will create additional capacity and reduce the total level of Delayed Discharges in the Health System. To date no reduction to the number of Delayed discharges has been achieved and on some sites this has increased. This has meant that the planned bed closures have still to materialise
Acute Prescribing	High	There is a risk that the level of growth for the rest of the year exceeds the estimate contained in the Q1 forecast. The Q1 forecast is still assuming a breakeven position, however no PPRS funding has been received this year to date.
Workforce	Medium	Some reduction in supplementary staffing has been achieved however ongoing action is required to manage Patient Safety and EUWTD compliance in order to achieve the planned reductions.

NHS Lothian

Board Meeting
5 October 2016

Nurse Director

SUMMARY PAPER - QUALITY AND PERFORMANCE IMPROVEMENT

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

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

Key Points	Paragraph
Overall of the 36 assessed, 14 standards were met, while 21 were not. It is not possible to make an assessment on dementia.	Table 1 , Page 4

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NHS Lothian

Board Meeting
5 October 2016

Nurse Director

QUALITY AND PERFORMANCE IMPROVEMENT

1 Purpose of the Report

- 1.1 This report provides an update on the most recently available information on NHS Lothian's position against a range of quality and performance improvement measures.
- 1.2 Any member wishing additional information on a particular measure should contact the lead director, identified in section 5 of the paper, for that performance information in advance of the meeting. Matters relating to the monitoring and assurance changes proposed should be directed towards the Nurse Director.

2 Recommendations

- 2.1 The Board is invited to accept this report as assurance that performance standards on 14 measures considered across the Board, including those relating to the Hospital Scorecard, are currently met.

3 Process

- 3.1 This paper draws together those measures historically featuring in the Quality Report with those from the Performance Reporting paper in line with the process agreed by the Board in December 2015. Where a standard has not been achieved, a completed proforma has been provided by the responsible director to allow the issue to be explored in more depth by providing an explanation of current performance and a timescale for improvement as well as detailing underlying actions.
- 3.2 For this reporting cycle, 14 of the 35 standards which can be assessed are met. It is not possible to make an assessment on dementia (see 4.4). The Board is recommended to take this report as assurance of this level of performance.
- 3.3 In April 2016, the Board received proposals outlining the alignment of metrics to its committees for the purposes of assurance and the finalised list is shown in Table A below and workshops are to occur with both Acute Hospitals Committee and Healthcare Governance Committee in preparation for the committees undertaking this role. The committees will subsequently inform the Board of the level of assurance taken that the actions described would deliver the outcomes required within an acceptable timescale. Chairs of board committees have agreed to use a common set of assurance levels. These are set out in Table B.
- 3.4 The Board will continue to receive the detailed proformas for each measure not met until the Committees have been able to consider all of those delegated.

Table A – Alignment of Measures to Board Committee

	Acute Hospitals	Healthcare Governance	Staff Governance
Effective		Delayed Discharges	
Efficient	<i>Hospital Length of Stay (2)</i> <i>Hospital Readmission Rate (4)</i>		<i>Staff Sickness Absence</i>
Equitable		<i>Early Access to Antenatal Care</i> <i>Smoking Cessation</i>	
Person-Centred		<i>Complaints (2)</i> <i>Detecting Cancer Early</i> <i>Dementia Post Diagnostic Support</i> <i>Patient Experience</i>	
Safe	<i>Cardiac Arrest Incidence</i> <i>Hospital Standardised Mortality Ratio</i>	<i>Falls with Harm</i> <i>Healthcare Acquired Infection (2)</i>	
Timely	<i>4 hr Unscheduled Care Wait</i> <i>Cancer Waits (2)</i> <i>Diagnostic Waits</i> <i>Inpatient and Day-case Waits</i> <i>IVF Waits</i> <i>Outpatient Waits</i> <i>Referral to Treatment Wait</i> <i>Stroke Bundle Compliance</i> <i>Surveillance Endoscopies Overdue</i>	<i>Access to General Practice (2)</i> <i>Alcohol Brief Interventions</i> <i>CAMHS Waits</i> <i>Drug & Alcohol Waiting Time</i> <i>Psychological Therapy Waits</i>	

Table B – Adopted Assurance Gradings

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

4 Notable Updates

4.1 There have been some refinements to Quality and Performance Improvement Process and the underlying data in recent weeks. These are reported below.

Delayed Discharges (HGC)

4.2 The July 2016 census of Delayed Discharges is the first to be undertaken in line with the new national guidance and these were published by ISD in September. The format of the data in the proforma has been altered to match that of the publication, showing a trend from October 2015 of all delays in Lothian, including

complex patients (“code 9”) but excluding those requiring specialist re-provisioning (“code 100s”). Due to the change in definitions, no definitive breakdown is possible prior to July by type or length of delay or by IJB for points prior to this change.

- 4.3 Work is still continuing nationally on the delayed discharge measure to be incorporated in the National Health and Wellbeing Indicator that IJBs are expected to report against. As it is known that this will be related to number of delays over 3 days, this measure had been adopted locally in the interim, replacing the 14 day measure in place previously.

Dementia (HGC)

- 4.4 The Committee may be aware of recent media coverage over NHS Scotland’s provision of post-diagnostic support for those with dementia. ISD have confirmed that the outcome of national work is required before it will be possible to provide an assessment of performance against the national standard.
- 4.5 Some information on provision is available and now provided at IJB level in the proforma, with supported actions detailed for each area.

Engagement Process

- 4.6 Sessions are currently being run with those submitting proforma to improve the current process. Actions are being identified to be taken forward from these sessions and these will be gradually incorporated into the proforma over time. The proforma for Healthcare Acquired Infection have been subject to particular revision this month, with the introduction of a run chart which has been used to inform the judgment made on the trend for those measures.
- 4.7 Committee members should expect to see the proforma continuing to evolve. Comments from committees would also be welcome.

Table 1: Summary of Latest Reported Position

Measure ¹	Healthcare Quality Domain ²	Assurance Committee	Type ³	Performance Against Target/Standard ⁴	Trend ⁵	Published NHS Lothian vs. Scotland ⁶	Date of Published NHS Lothian vs. Scotland ⁷	Target/Standard	Latest Performance	Reporting Date	Data Updated since Last Report ⁸	Proforma Narrative Updated Since Last Report ⁹	Lead Director	
Cardiac Arrest	Safe	Acute Hospitals (AHC)	Quality	Not Met	Not Applicable	Not Applicable	Not Applicable	0.95 per 1,000 discharges (median)	1.58 (median)	Aug 16 (Monthly)	Y	Y	DF	
Falls With Harm		Healthcare Governance (HGC)	Quality	Met		Not Applicable	Not Applicable	0.24 per 1,000 occupied bed days (median)	0.18 (median)	Aug 16 (Monthly)	Y	Not Applicable	DF	
Healthcare Acquired Infection - CDI (rate per 1,000 bed days, aged 15+)		HGC	LDP	Met	Improving	Worse	Mar 16 (Quarterly)	0.32 (max) (<262)	0.32 (rate) 111 (incidences)	Aug 16 (Monthly)	Y	Y	DF	
Healthcare Acquired Infection - SAB (rate per 1,000 acute bed days)		HGC	LDP	Not Met	No Change	Equal	Mar 16 (Quarterly)	0.24 (max) (<184)	0.34 (rate) 111 (incidences)	Aug 16 (Monthly)	Y	Y	DF	
Hospital Standardised Mortality Ratios (HSMR)		AHC	Quality	Met		Not Applicable	Not Applicable	1 All sites within HS Limits	NHS L 0.87 RIE 0.87 SJH 0.78 WGH 0.73	Mar 16 (Quarterly)	Y	Not Applicable	DF	
Four hour Unscheduled Care (% seen) ¹⁰	Timely	AHC	LDP	Not Met	Improving	Better	Jul 16 (Monthly)	95.0% stretch to 98.0%	94.4%	Aug 16 (Monthly)	Y	Not Applicable	JC	
48 Hour GP Access – access to healthcare prof		HGC	LDP	Not Met	Improving	Worse	2015/16	90.0% (min)	85.0%	2015/16	N	N	DS	
48 Hour GP Access – GP appt		HGC	LDP	Not Met	Deteriorating	Worse	2015/16	90.0% (min)	75.0%	2015/16	N	N	DS	
Alcohol Brief Interventions (ABIs)		HGC	LDP	Met		Better	2015/16	9,757 (Annual) 2,440 (Quarter 1)	6,192	Jun 16 (Quarterly)	N	Not Applicable	AMcM	
CAMHS ¹¹ (18 Weeks)		HGC	LDP	Not Met	Deteriorating	Worse	Jun 16 (Quarterly)	90.0% (min)	55.2%	Aug 16 (Monthly)	Y	Y	AMcM	
Cancer (31-day) (% treated)		AHC	LDP	Met		Worse	Jun 16 (Quarterly)	95.0% (min)	95.8%	Jul 16 (Monthly)	N	Not Applicable	JC	
Cancer (62-day) ¹² (% treated)		AHC	LDP	Not Met	Deteriorating	Better	Jun 16 (Quarterly)	95.0% (min)	91.5%	Jul 16 (Monthly)	N	Not Applicable	JC	
Diagnostics (6 weeks) - Gastroenterology/ Urology Diagnostics		AHC											Y	JC
Diagnostics (6 weeks) - Radiology		AHC			Not Met	Deteriorating	Worse	Jun 16 (At month end)	0 (max)	1,887	Aug 16 (Monthly)	Y	Y	JC
Diagnostics (6 weeks) – Vascular Labs		AHC											Y	JC
Drug & Alcohol Waiting Times (3 weeks)		HGC	LDP	Not Met	Improving	Worse	Jun 16 (Quarterly)	90.0% (min)	83.7%	Jun 16 (Quarterly)	N	Y	AMcM	
IPDC Treatment Time Guarantee (12 weeks)		AHC	LDP	Not Met	Deteriorating	Worse	Jun 16 (Quarterly)	0 (max)	583	Aug 16 (Monthly)	Y	Y	JC	
IVF (12 months)		AHC	LDP	Met		Worse	Jun 16 (Quarterly)	90.0% (min)	100.0%	Aug 16 (Monthly)	Y	Not Applicable	JC	
Outpatients (12 weeks)		AHC	LDP	Not Met	Deteriorating	Worse	Jun 16 (At month end)	95.0% (min)	75.8% 14,168	Aug 16 (Monthly)	Y	Y	JC	
Psychological Therapies (18 Weeks)		HGC	LDP	Not Met	Improving	Worse	Jun 16 (Quarterly)	90.0% (min)	72.3%	Aug 16 (Monthly)	N	Y	JF	
Referral to Treatment (18 Weeks)		AHC	LDP	Not Met	Improving	Worse	Jun 16 (Monthly)	90.0% (min)	83.2%	Aug 16 (Monthly)	Y	Y	JC	
Stroke Bundle (% receiving)		AHC	Quality	Not Met	Improving	Not Applicable	Not Applicable	80.0% (min)	71.4%	Jul 16 (Monthly)	Y	Y	JC	
Surveillance Endoscopy (past due date)		AHC			Not Met	Deteriorating	Not Applicable	0 (max)	3,406	Aug 16 (Monthly)	Y	Y	JC	
Delayed Discharges (over 2 weeks) – East Lothian UB		Effective	HGC										Y	DS
Delayed Discharges (over 2 weeks) – Edinburgh UB			HGC		Not Met	Not Applicable	Worse	Jul 16 (Quarterly)	0 (max)	232	Aug 16 (Monthly)	Y	Y	RMG
Delayed Discharges (over 2 weeks) – Midlothian UB	HGC											Y	EM	
Delayed Discharges (over 2 weeks) – West Lothian UB	HGC											Y	JF	
Hospital Scorecard – Standardised Surgical Readmission rate within 7 days	Efficient	AHC	Quality	Met		Not Applicable	Not Applicable	All NHS L Sites (RIE; SJH & WGH), Within Hospital Scorecard Limits	NHS L 22.14 RIE 24.55 SJH 18.76 WGH 26.06	Oct - Dec 15 (Quarterly)	N	Not Applicable	DF	
Hospital Scorecard – Standardised Surgical Readmission rate within 28 days		AHC	Quality	Met					43.26 51.54 30.28 52.96		N	Not Applicable	DF	
Hospital Scorecard – Standardised Medical Readmission rate within 7 days		AHC	Quality	Met					52.08 52.77 59.57 57.62		N	Not Applicable	DF	
Hospital Scorecard – Standardised Medical Readmission rate within 28 days		AHC	Quality	Met					111.56 115.94 122.11 114.68		N	Not Applicable	DF	
Hospital Scorecard – Average Surgical Length of Stay - Adjusted		AHC	Quality	Met					0.96 0.92 0.85 1.15		N	Not Applicable	DF	
Hospital Scorecard – Average Medical Length of Stay - Adjusted		AHC	Quality	Met					1.12 0.86 1.40 1.23		N	Not Applicable	DF	
Staff Sickness Absence Levels (<=4%)	Staff Governance	LDP	Not Met	Improving	Better	2015/16	4.00% (max)	4.50%	Jul 16 (Monthly)	Y	Y	JB		
Early Access to Antenatal Care (% booked)	Equitable	HGC	LDP	Met		Better	2014/15	80.0% min for each SIMD ¹³ quintile	86.9%	Jun 16 (Monthly)	Y	Not Applicable	AMcM	
Smoking Cessation (quits)		HGC	LDP	Met		Better	2014/15	293 (min per quarter)	314	Mar 16 (Quarterly)	N	Not Applicable	AKM	
Complaints (3-Day)	Person-Centred	HGC	Quality	Not Met	No Change	Worse	2014/15	100.0%	91.0%	Jul 16 (Monthly)	Y	Y	AMcM	
Complaints (20-Day)		HGC	Quality	Not Met	Improving	Worse	2014/15	80.0% (min)	70.0%	Jul 16 (Monthly)	Y	Y	AMcM	
Detect Cancer Early (% diagnosed)		HGC	LDP	Not Met	Improving	Better	2014 & 2015 (Combined Calendar Years)	29.0% (min)	27.1%	2014 & 2015 (Combined Calendar Years)	N	Y	AKM	
Dementia – East Lothian UB		HGC	LDP	TBC ¹⁴									Y	DS
Dementia – Edinburgh UB		HGC	LDP	TBC ¹⁴									Y	RMG
Dementia – Midlothian UB	HGC	LDP	TBC ¹⁴	Not Applicable	Not Applicable	Not Applicable	100.0% (1 Year (Min))	9.3	Jun 16 (Monthly)	Y	N	EM		
Dementia – West Lothian UB	HGC	LDP	TBC ¹⁴									N	JF	
Patient Experience (9.5/10 – Overall Experience)	HGC	Quality	Not Met	Improving	Not Applicable	Not Applicable	9.5 (out of 10)	9.02	Aug 16 (Monthly)	Y	Y	AMcM		

Notes

- Much of this reporting uses management information and is therefore subject to change
- 6 Domains of Healthcare Quality <http://www.ahrg.gov/professionals/quality-patient-safety/talkingquality/create/sixdomains.html>
- This describes the standard type – 'LDP' target/standards are Local Delivery Plan (previously HEAT), target/standards; Quality standards were originally reported under a separate Quality Paper.
- Performance Against Target/Standard – describes where Latest Performance meets or does not meet Target.
- Trend - describes Improvement, No Change or Deterioration for Latest Performance, where Performance Against Target/Standard is 'Not Met', against an average of the last two relevant reported data points. HAI measures use HIS run chart assessment to ascertain trend. (Black cells indicate that a Standard is 'Met' so a Trend is not available).
- Published NHS Lothian vs. 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 Latest Performance.
- Date of Published NHS Lothian 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 Latest Performance.
- Data Updated since Last Report – Current performance figure, and/or Trend and/or Published NHS Lothian vs. National Position items updated, where applicable on proformas, since last report.
- Proforma Narrative Updated Since Last Report – Trajectories and/or Action Plans and/or Comments updated since last report
- The Four Hour standard is 'Not Met' for this reporting round but there was insufficient time to source and receive a proforma for this cycle – this will be rectified for next reporting cycle.
- 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.
- The 62-Day Cancer standard is 'Not Met' for this reporting round but there was insufficient time to source and receive a proforma for this cycle – this will be rectified for next reporting cycle.
- SIMD - Scottish Index of Multiple Deprivation, <http://www.gov.scot/Topics/Statistics/SIMD>
- The data published by ISD on the dementia standard reports the rate of referral for post diagnostic support based on 100,000 per population. We are currently awaiting confirmation from ISD regarding what the expected rate would be in order to evaluate performance against the standard. Please also see relevant IJB level Proforma below (in Section 5 Exception Proformas).

5 Exceptions Proformas for Healthcare Governance Committee (for Areas where Performance Target/Standard is 'Not Met', or 'TBC')

Cardiac Arrest

Healthcare Quality Domain: Safe

For reporting at **October 2016** meetings

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

Responsible Director[s]: Medical Director

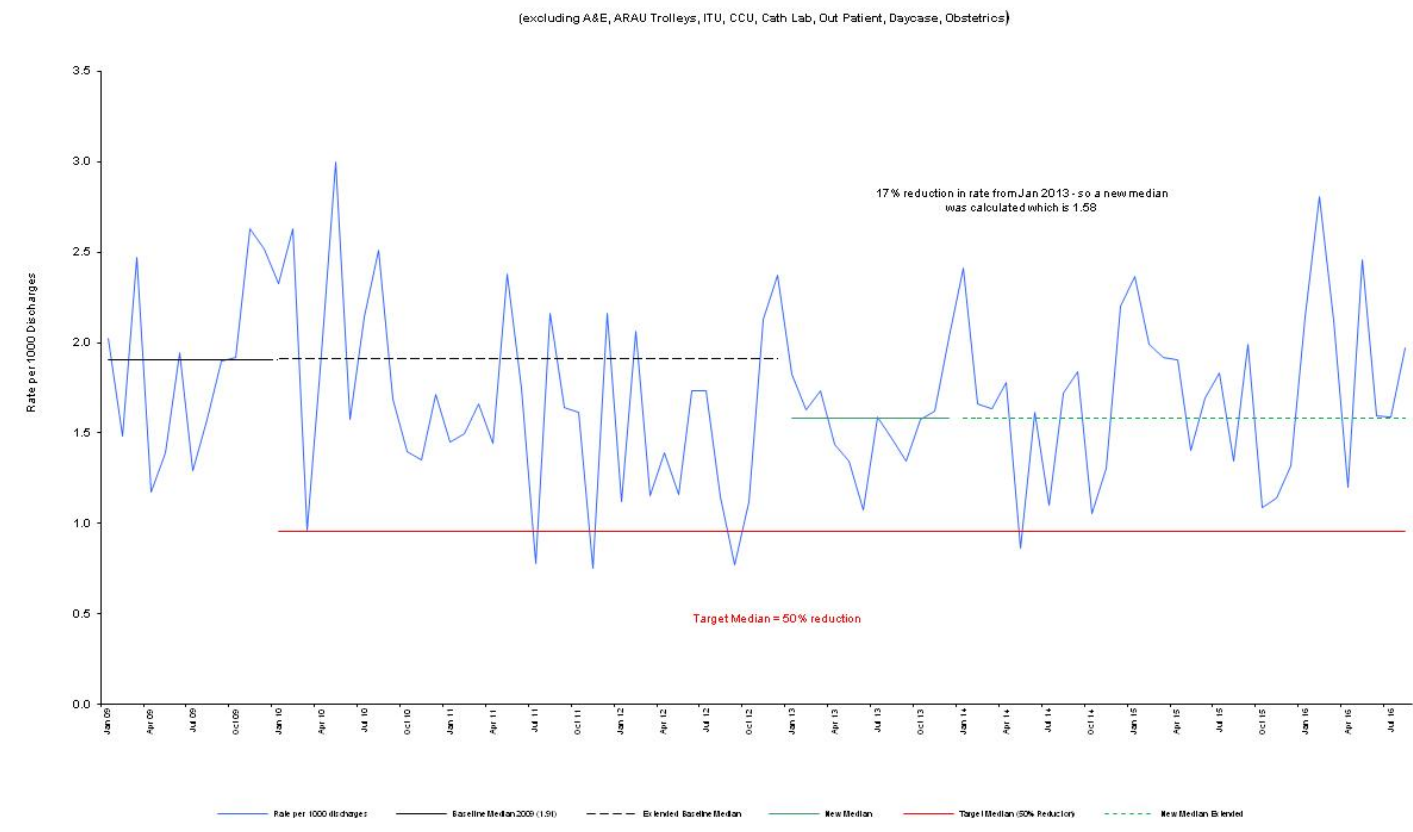
NHS Lothian Performance:-

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

Summary for Committee to note or agree
 • NHS Lothian have achieved a 17% reduction and the median is 1.58 which is below the Scottish median of 1.61 and across Scotland the reduction has been 17%.

Recent Performance – 17% against Standard

Figure 1: NHS Lothian Cardiac Arrest Rate per 1,000 Discharges – Lower Median is Better



Timescale for Improvement

HIS evaluating improvement goal.

Actions Planned and Outcome

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

Comments

Reasons for Current Performance

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

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

Healthcare Quality Domain: Safe

For reporting at **October 2016** meetings

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

Responsible Director[s]: Medical Director

NHS Lothian Performance:-

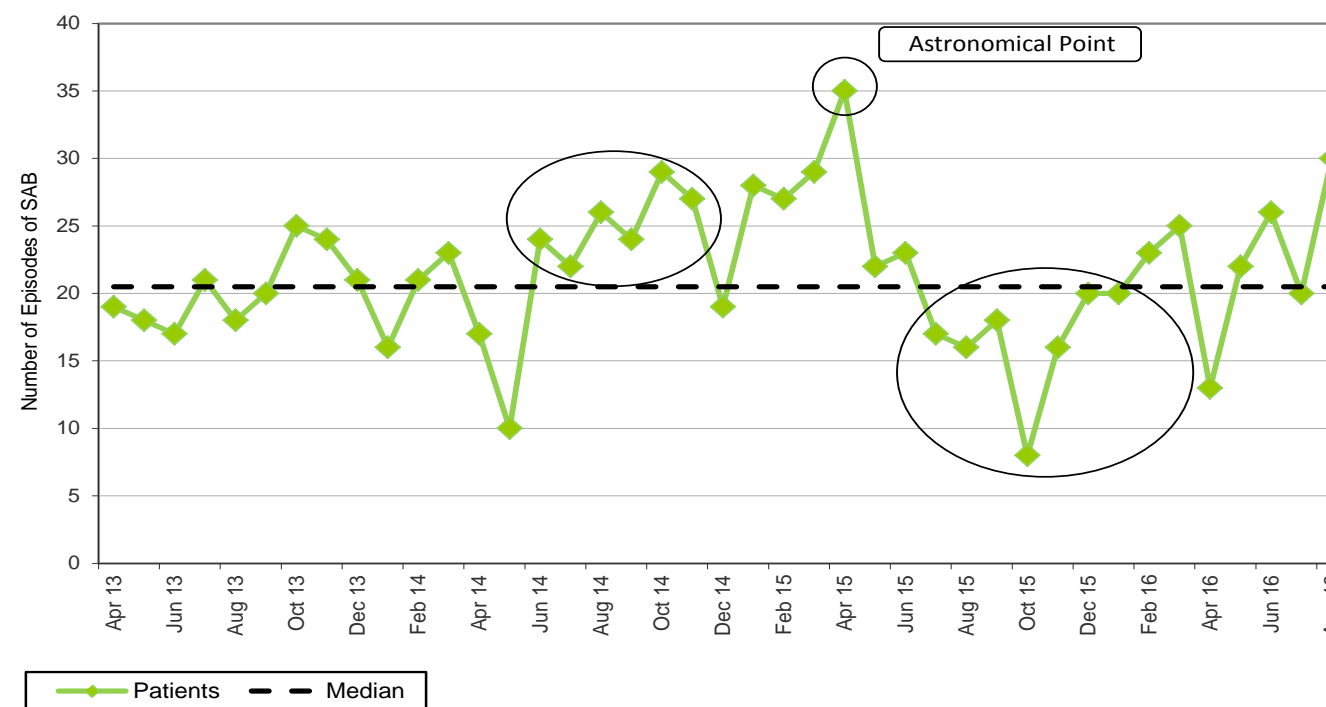
Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
Not Met	No Change	Equal	Jan – Mar 16	0.24 (max) (<184)	0.34 (111)	Aug 2016	Infection Prevention and Control Team	Yes	Yes	DF

Summary for Committee to note or agree

- Performance target is for reporting year 1st April 2016 - 31st March 2017 incl. The reported rate above is based on 5 months of data.
- Health Protection Scotland published quarter 1 data (January – March 16), indicated NHS Lothian *S. aureus* bacteraemia incidence (predominantly due to MSSA bacteraemia), rate of 0.33 was the same as the overall NHS Scotland *Staphylococcus aureus* Bacteraemia incidence. HPS National Data for April - July 16 was not available at time of reporting for comparison.

Recent Performance – Rates against Standard

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



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

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
<p>Development of more detailed action plan in conjunction with Quality Improvement.</p> <p>Responsible Person(s): Lead Infection Prevention and Control Nurse/Patient Safety Programme Manager / Clinical Management Group</p>	February 2016	<p>A multidisciplinary approach is essential to the prevention of <i>Staphylococcus aureus</i> Bacteraemia. The detailed action plan includes contributions from clinical teams if this is to be effective.</p> <p>All staff involved in insertion, maintenance and interventions utilising invasive lines have a role to play in prevention of healthcare associated infections.</p>		Complete
<p>Infection Prevention and Control to improve quality of information reported to clinical and senior teams in relation to SAB.</p> <p>Responsible Person(s): Head of Service Infection Prevention and Control</p>	First report issued Dec. 2015	<p>Previous reporting only reported the number of SABs in each area, enhanced surveillance aims to identify source. Feedback from enhanced surveillance will engage clinical teams more in the review of cases which has previously predominately been undertaken by Infection Control. A multidisciplinary approach is better able to differentiate between preventable and non preventable infection</p> <p>Enhanced surveillance will raise awareness of cause/ source in order that clinical teams can target local actions to reduce healthcare associated SABs such as those related to invasive devices.</p> <p>Through multidisciplinary discussion the number of SAB categorised as "source unknown" should drop enabling more opportunities for intervention having identified the most likely source and reason for the bacteraemia.</p>	<p>Feedback from enhanced surveillance raises awareness of cause/ source in order that clinical teams can target local actions to reduce healthcare associated SABs such as those related to invasive devices.</p> <p>Report has been positively received by clinical teams</p>	Complete
<p>Additional resources to support education and clinical practice to work with clinical teams in the reduction of invasive device related SABs.</p> <p>Quality Improvement and education of all staff involved in the care of invasive devices is essential to ensure safe practice.</p> <p>The two staff appointed must deliver local education to improve practice in areas with highest incidence of device related infection.</p> <p>Responsible Person(s): Head of Education and Employment / Patient Safety Programme Manager / Practice Education Facilitator / Quality Improvement Facilitator</p>	<p>Staff appointed Nov. 2015</p> <p>Nov 2016</p>	<p>Temporary funding from Quality Improvement and Education Department has resourced 1 WTE each within their respective teams for 1 year</p>	<p>2 staff appointed on temporary contracts. They are undertaking review of current practice to support the development of targeted education at clinical level</p>	Staff appointments Complete
<p>Through education and patient safety ensure all levels of staff involved in insertion, maintenance and use of invasive lines deliver safe and effective practice and demonstrate competency and compliance in use of asepsis.</p> <p>Essential all medical staff as well as nursing staff are appropriately trained and competent in the handling of lines.</p> <p>Responsible Person(s): Head of Education and Employment / Patient Safety Programme Manager / Associate Medical Directors / Associate Nurse Directors. / Senior Charge Nurse / Consultants</p>	Nov. 2016	<p>Evidence of education and improvement in the management of invasive lines.</p>	<p>Education is progressing. There is a focus on areas that have been identified within the enhanced SAB reviews as having device related SABs</p> <p>Multidisciplinary working group established at WGH to review and standardise education and training resources, competency frameworks and standard operating procedures for the insertion and maintenance of invasive devices.</p> <p>It is anticipated that once pilot work complete at WGH, this will be adopted across all sites as best practice.</p>	March 2017
<p>Shared learning and practices from areas where invasive</p>	Dec. 2016	<p>RIE ITU demonstrates extremely low line related infections</p>	<p>The data is reported to local infection control committees</p>	Complete

lines infection rates are low should be developed through quality improvement teams. Responsible Person(s): Quality Improvement Teams		and have consistently ensured education of staff to reduce and prevent incidents. Clinical areas should learn from areas where there is good practice.	and quality improvement teams to facilitate local actions	
A review of skin preparation products to ensure the correct product CA2CSKIN is being utilised supported by updated communication and education. Responsible Person(s): Senior Charge Nurses / Consultants / Procurement / Stores Top Up Standardise transparent dressings utilised for invasive vascular devices to ensure compliance with best guidelines Establish a quality improvement project to consider the efficacy and benefit of using antimicrobial lock solutions e.g. taurolock. Responsible Person(s): Quality Improvement /Procurement	June 2016	There remains confusion regarding which skin preparation product should be used. Lothian advocates the use of Clinell Alcoholic 2% Chlorhexidine wipes. It has been observed in practice that CA2C200 for equipment are being used in areas for use on skin and invasive devices removal rather than the correct CA2CSKIN product. This may partly arise through too many products being made available at ward level to select from and thereby using the wrong product for the wrong purpose.	Practice of using antimicrobial lock solutions e.g. taurolock has been reviewed as part of epic3 guidelines as routine use of device is not advised. Use in clearly defined clinical areas maybe beneficial. The appropriate dressing type is available to order or through top up. Clinical teams are responsible for ensuring that the appropriate dressings are used	Complete
Catheter care should be reviewed and catheter use needs to be discouraged when not absolutely necessary and access to alternatives explored. Roll out of SPSP CAUTI Bundle to areas reporting catheter associated infections using the Pareto charts to prioritise implementation. Responsible Person(s): Patient Safety Programme Manager/Clinical Nurse Managers/Senior Charge Nurses	March 2017	The SPSP CAUTI reduction work has shown a reduction in the number of short term catheters inserted and the time to removal in the pilot ward at RIE. The catheter passport has been introduced across the board and catheter alternatives are being advocated. This would benefit SAB and E coli bacteraemia incidence.	The HPS initial report demonstrated that 7.9% of ECB had a urinary catheter as source. Urinary Catheters account for approximately 2% of SAB, therefore the impact of CAUTI Bundle may have limited impact on reduction of overall SAB incidence. It is anticipated that the inclusion of CAUTI as a key part of the Care Assurance Standards (CAS) project will improve use of the catheter passport and CAUTI bundles.	
Improve compliance with National MRSA Screening Clinical Risk Assessment ensuring decolonisation/suppression therapy is implemented where clinically indicated. Responsible Person(s): Lead Infection Prevention and Control Nurse / TRAK Management Board / Associate Nurse Directors / Senior Charge Nurse	April 2017	With the introduction of Paperlite System and the transition of nursing risk assessment documentation, infection control risk assessment which covers MRSA is covered within document highlighting patients who are admitted with MRSA which will automatically develop associated action plan which will direct patient to be isolation and transmission based precautions utilised. Whilst MRSA SABs are low it is important that we do not become compliant. Currently IPCT participating in research project carried out by Glasgow Caledonian University to identify barriers to screening compliance.	The upgrade to TRAK to include the HAI risk assessment has been completed. However the unintended consequence has disrupted the extract of information required for MRSA CRA which is submitted to HPS. Discussions with IT to address disruption in capability Previous IT issues now resolved, and MRSA CRA compliance data has been extracted and reported to HPS. Some improvement in compliance noted.	
Evaluate the impact of routine decolonisation to reduce the incidence of Hickman and PortaCath related SAB should be considered with a view to implementation in other units with high central line use. Responsible Person(s): Quality Improvement Teams / Clinical Teams / Microbiology	Oct 2016	Decolonisation is being used in the renal unit as a strategy to prevent dialysis line SAB and possibly could be used as a strategy to prevent Hickman line and PortaCath related SAB also.	A multidisciplinary SLWG is being established at WGH to address strategies to reduce a disproportionately higher incidence of line related SAB at WGH site. A range of strategies to reduce tunnelled line related SAB will be considered. Completion date has been amended to accommodate the additional work	
Review of blood culture sampling practice and education for front door areas Test of Change within Emergency Department at the RIE on the effectiveness of grab bag approach to blood culture sampling. Grab bags would contain all equipment required for safe sampling and a reminder message outlining what is best practice within the pack. Responsible Person(s): Clinical Nurse Manager / Clinical	Oct. 2016	Improved quality of sampling reduces the risk of contamination. This contamination can be interpreted as infection, resulting in patients receiving additional treatment and extended stay and over reporting of actual infection rates. These interventions are designed to improve blood culture taking and reduce wastage of laboratory time and resource in working up contaminated samples. They are labour intensive to deliver and therefore this creates an additional		

<p>Lead RIE ED / All Medical Staff</p> <p>Ensure education of all staff undertaking blood culture to ensure competency and safe practice.</p> <p>Responsible Person(s): Clinical Lead / All Medical Staff / Clinical Nurse Manager / Phlebotomists</p> <p>Review blood culture contamination rates as a standing item discussed weekly at ward safety briefs and at departmental M&M meetings, Ensure feedback and education of staff with poor technique, reducing the risk of contaminated samples.</p> <p>Responsible Person(s): Clinical Lead / Clinical Nurse Manager</p>		<p>cost.</p>		
<p>Introduction of the Visual Phlebitis scoring as part of the patient safety bundle.</p> <p>Responsible Person(s): Patient Safety Programme Manager / Senior Charge Nurses</p>	<p>March 2017</p>	<p>Early recognition of phlebitis can prompt staff to remove the cannula and reduce the risk of progression to SAB associated with Peripheral Vascular Cannulas (PVC). PVC is identified as one of the key preventable sources and reduction in these could support move to achieving of 0.24 rates in 2016/17.</p> <p>Episodes of venflon associated soft tissue infection are unacceptably common in Lothian. Optimal management of all invasive devices is essential. Where there is evidence of infection they should be removed and antimicrobial treatment commenced appropriately</p>	<p>Education and improvement work to support implementation of VIP continues across the acute hospital sites.</p>	
<p>Raise awareness of risks associated with unsafe injection practices with People Who Inject Drugs (PWIDs).</p> <p>Frontline clinical teams to ensure opportunities for education to PWIDs when presenting within acute setting.</p> <p>Responsible Person(s): Associate Medical Directors / Associate Nurse Directors</p>	<p>December 2016</p>	<p>In the current HEAT target year there have been 17 incidences where PWIDs have developed SAB as either direct or contributing factor from recreational use of IV drugs.</p> <p>Preventative strategy through harm reduction services to provide information leaflets written jointly by NHS Lothian staff and Scottish Drugs Forum, education regarding safe injecting, use of filters, skin preparation, optimising wound care within needle exchanges and outreach centres and buses.</p> <p>Identify PWID on admission to acute services and promote information leaflets as a preventative strategy. Provide information to PWID SAB patients prior to discharge to minimise risk of further SAB associated with injecting practice.</p>	<p>Selling of Novel Psychoactive Substances is illegal throughout the UK.</p> <p>Greater use of an educational leaflet on acute sites written jointly by NHS Lothian and Scottish Drugs Forum explaining how S aureus infections arise from drug injecting is being considered.</p>	
<p>Comments</p>				
<p>Reasons for Current Performance: Staphylococcus aureus bacteraemia is a serious condition with a reported mortality rate of about 20%. Published mandatory data shows that the analysis of longer term trends showed no national increase or decrease in the SAB rate. However, there was a decrease in the number of patients with MRSA and an increase in the number of patients with MSSA in Scotland. No NHS boards were above normal variation this quarter (SAB, MRSA or MSSA) when analysing long-term trends over the past three years.</p>				

48 Hour GP Access

Healthcare Quality Domain: Timely

For reporting at **October 2016** meetings

Target/Standard:

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

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

NHS Lothian Performance:-

Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
1. Not Met	Improving	Worse	2015/16	90% (min)	85.0%	March 2016	National Health and Care Experience survey ¹ [proxy measure]	No	No	DS
2. Not Met	Deteriorating	Worse	2015/16	90% (min)	75.0%	March 2016	National Health and Care Experience survey [proxy measure]	No	No	DS

Summary for Committee to note or agree

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

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

Recent Performance – Numbers against Standard

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

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

Timescale for Improvement

A trajectory has not been agreed with SGHD.

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

Actions Planned and Outcome

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

Comments**Reasons for Current Performance**

As 48 hour access to GP services no longer features in the soon to be stopped Quality Outcomes Framework there is no longer any local monitoring of 48 hour access. Alternative data is available through the National Health and Care Experience survey. The most recent report shows declining satisfaction with access. This correlates with the increase in GP practices experiencing difficulty in recruiting and retaining staff and the introduction by some practices of restrictions on new patient registrations.

Child & Adolescent Mental Health Services (CAMHS)

Healthcare Quality Domain: Timely

For reporting at **October 2016** meetings

National Target/Standard:-

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

Responsible Director[s]: Nurse Director

NHS Lothian Performance:-

Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
Not Met	Deteriorating	Worse	Jun 16 (Mthly)	90% (min)	55.2%	Aug 2016	Management Information	Yes	Yes	AMcM

Summary for Committee to note or agree

Local Target/Standard:-

Additional funding has been made available to increase the numbers of patients being seen and reduce the “backlog” e.g. those patients waiting longer than 18 weeks for treatment. The plan will be auctioned by end September 2016 with the aim to achieve this by no later than end September 2017.

- Achievement of the 18 week standard needs to be considered in conjunction with the reduction in long waits on the treatment waiting list.

Recent Performance – Performance against 18 Week Standard

Table 1: CAMHS Performance Trend – Higher % is Better

Figures from April 2015 have been revised due to inclusion of Tier 4 data from April onwards

	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16
Percentage of children and young people <u>seen</u> within 18 weeks for first treatment	57.5%	56.7%	60.2%	70.7%	75.8%	59.1%	61.4%	53.6%	64.6%	56.3%	72.7%	69.7%	59.5%	56.1%	56.8%	58.3%	55.2%
Revised trajectory for seen within 18 weeks																	
Total waiting at end of month	1,687	1,709	1,708	1,737	1,737	1,668	1,677	1,826	1,900	1,929	2,060	2,078	2,085	1,996	1,857	1,817	1,691
Those <u>waiting</u> more than 18 weeks	481	487	516	639	694	680	730	687	709	747	815	888	931	864	817	861	853

(* Note: Revised Trajectory to now be finalised following agreement of additional investment)

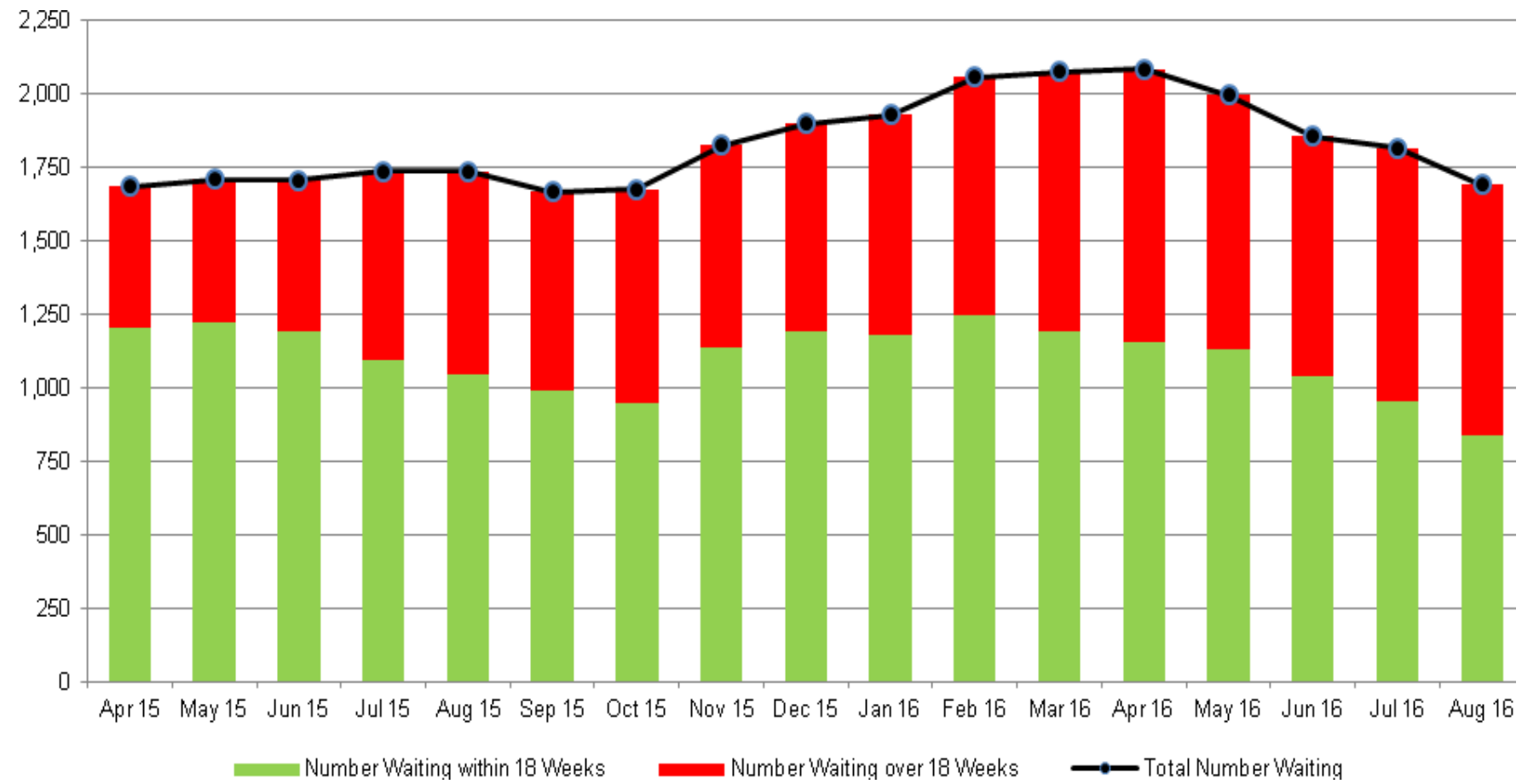
Table 2: Patients Seen for First Treatment

Number seen	within 18 wks	over 18 wks	% within 18 wks	% over 18 wks
212	117	95	55.2%	44.8%

Table 3: Patients Still Waiting at Month End

Number waiting	within 18 wks	over 18 wks	% within 18 wks	% over 18 wks
1,691	838	853	49.6%	50.4%

Figure 1: Number of Children & Young People Waiting at Month End



Timescale for Improvement				
The figures for July reflect the usual trend over the school summer holidays period. The impact of the recovery plan on those waiting over 18 weeks is anticipated to be demonstrated in September data.				
Actions Planned and Outcome				
Action	Due By	Planned Benefit	Actual Benefit	Status
Development of a single implementation plan for the introduction of Patient Focused Booking across CAMHS for Choice (Assessment) Appointment.	Anticipated to start with the South Edinburgh team beginning December 2016	Reduction in DNA and CNA appointments and therefore reducing loss of capacity through non attended appointments. Improved compliance with waiting times rules related to reasonable offer, unavailability and clock resets	Minimise risks associated with introduction of Text Reminders, improved capacity planning and compliance with waiting time rules	Amber
Development of an implementation plan for the introduction of Text Reminder system for CAMHS which minimises Clinical Risk	Clinical Risk Assessment undertaken 22 August 2016. With assessors for accuracy.	Reduction in DNA and CNA appointments and therefore reducing loss of capacity through non attended appointments. Reduces the Clinical Risk associated with potential breaches of patient confidentiality.		Amber
Completion of updated Demand Capacity Activity Queue (DCAQ), for CAMHS whose data is recorded and reported from TRAK.	Identified as priority for ISD Support to CAMHS. Likely completion date 31 October 2016	Confirm the DCAQ for each service enabling monitoring of agreed capacity against demand. Confirmation that there is sufficient capacity in each of the teams to support 18 weeks on and ongoing basis.		Amber
Introduction of revised Triage "Team Method" across all teams following the East Lothian Pilot.	Complete	Improvement in management of demand to allow reduction in the number of Choice Clinics with time converted to Treatment Clinics.	Impact so far on referrals:- East – 25% redirection West – 40% redirection North – 25% redirection Mid – not yet known South – not yet known	Green
Reduce the community development role of CMHW in CAMHS teams for 1 school year to increase direct clinical capacity to focus on long waits.	Implemented	Provide additional capacity to reduce long waits. Risks of stopping community capacity building being managed.		Green
Further productivity gains identified and being explored with a view to supporting recurrent achievement of the 18 weeks target following removal of the "backlog".	31 March 2017	Improved use of clinical capacity and achievement of recurrent balance.		Amber
Comments				
<p>The Corporate Management Team agreed a CAMHS Recovery Plan to address those who have waited longest on the generic waiting list. Capacity will be increased due to changes in the clinical model and additional investment. Clear communication on changes has been sent to referrers, children and young people and their families, partner agencies and CAMHS staff. Presentations have been undertaken within Edinburgh and West Lothian.</p> <p>Reasons for Current Performance Teams have been asked to focus on patients waiting longest. It was anticipated that this will have some impact on the 18 weeks target performance in the short term. In addition, school holidays traditionally mean that young people and their families are unavailable for appointment</p> <p>Mitigating Actions Staffing recruited using the Mental Health Innovation funding (£278,000) and Building Capacity Funding (£210,000 from July 16/17 increasing to £334,000 in subsequent years), will prioritise those children and young people who have waited the longest. Interviews take place week beginning 26th September 2016.</p> <p>Some changes to current work practices and the implementation of proven quality improvement test of change has identified additional capacity in existing teams to target longest waits.</p>				

Diagnostics – Gastroenterology/ Urology Diagnostics

Healthcare Quality Domain: Timely

For reporting at **October 2016** meetings

Target/Standard: A **six week maximum** waiting time for eight key diagnostic tests (four for Gastroenterology/ Urology Diagnostics, and four for Radiology (one of which covers data for Vascular Labs - please see separate proformas for Radiology, and Vascular Labs data)), from 31st March 2009.

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

NHS Lothian Performance:-

Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated Since Last Report?	Narrative Updated since Last Report?	Lead Director
Not Met	Deteriorating	Worse	Jun 16 (Mthly)	0 (max)	1,887 Sum of Totals in Table 1, on each of the 3 Diagnostics proformas, for the rptg date)	Aug 2016	Management Information	Yes	Yes	JC

Summary for Committee to note or agree

- Analysis of demand and capacity has identified a gap in capacity for patients referred for endoscopy procedures;
- Patients referred via the Bowel Cancer Screening Programme or as an urgent patient with suspicion of cancer are being prioritised. This cohort of patients are generally receiving an appointment within 14 days from referral but this is impacting on the ability to see routine patients within 6 weeks;
- Improvement in the Flexible cystoscopy performance is notable.

Key Diagnostic Tests - Gastroenterology/ Urology Diagnostics

The four diagnostic tests in Gastroenterology/Urology Diagnostics are Colonoscopy, Upper Endoscopy, Flexible Sigmoidoscopy (Lower Endoscopy - excluding Colonoscopy) and Flexible Cystoscopy.

Recent Performance: Numbers against Standard

Table 1: Gastroenterology/ Urology Diagnostics - Numbers over 6 Week Standard – Lower Count is Better

	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16
Upper Endoscopy	654	761	841	978	846	778	850	592	497	504	389	433	552	567	620	730	710
Colonoscopy	285	303	421	654	674	680	639	406	457	418	210	229	448	507	568	682	716
Flexible Sigmoidoscopy (Lower Endoscopy)	262	284	294	310	278	235	246	171	162	173	142	162	209	198	192	244	347
Flexible Cystoscopy	247	224	296	410	470	487	571	179	46	28	27	37	43	73	56	99	55
Total	1,448	1,572	1,852	2,352	2,268	2,180	2,306	1,348	1,162	1,123	768	861	1,252	1,345	1,436	1,755	1,828

Timescale for Improvement

Recent DCAQ work has supported the development of a trajectory until end of March 2017.

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Continue to support evening lists via NHS	January onwards	This number has reduced since end of April to 14 per month due to staff availability	14 additional slots per month	Evening lists are in place although subject to staff availability.
To maximise use of Regional Endoscopy unit (REU) at QMH for routine repeats. Introduce Patient Focus Booking for this unit	Commence May 2016	Increase use of REU ensuring identifiable capacity for planned repeats Patient focus booking is good for patients and reduces short notice CNAs and DNAs	Example of one weeks activity at REU under the new system Booked Capacity 90.1% DNA Rate (Points) 2.7% DNA Rate (patients) 3.6% Actual Utilisation 87.7% which is a much improved position	PFB implemented and being measured and monitored
Introduce the full time nurse validation and telephone screening model for repeat endoscopies.	1 st June 2016	45% reduction in total numbers validated then telephone screened was achieved within NHS Lanarkshire, same model we are implementing. This was largely driven by patient choice. These patients may historically have been DNAs and therefore ensuring capacity is maximised	Safe managed reduction in planned repeat list by clinical validation and telephone pre-assessment screening. Patients most in need of early scope identified, reduction in DNA more efficient use of capacity. Since start of new process 35% reduction of patients contacted	Newly implemented: stats on all patients validated being gathered
Progress Faecal Calprotectin workstream to reduce demand on the service	July 2016	Significant reduction in referral to Gastroenterology Outpatients and ultimately reduction in endoscopy procedure	To be seen in demand analysis	Progressing this work – currently engaging with stakeholders about new referral pathway. Roll out being planned for Nov 2016.
Band 2 contacting pts in the evening to confirm attendance at procedure	May 2016 onwards	Reduction in DNAs More efficient use of capacity	Already significant improvement seen in Roodlands historically very high DNAs now weekly report of 95- 100% attendance. Problem remains where small numbers of patients confirm attendance on phone week prior to scope and then still fail to attend GP letter being agreed to inform GPs.	Ongoing as DNA reduction has been noted
Introduce a pt letter that advises direct access pts that they have been added to waiting list for procedure	On Hold	Reduce DNA rate improved patient experience with better communication	-	This action no longer required due to the implementation of Patient Focused Booking for all sites.
Weekly meeting with waiting list office to maximise capacity and highlight booking issues earlier	May 2016	Increase utilisation/reduced DNAs improved communication closer working between service and booking team	Early escalation of issues, close working with booking team. Changes as a result of meeting – introduction of telephoning reminder relay evening service, reduction in last minute booking creation of consultant list to manage urgents, training and familiarisation by senior endoscopy nurses to the booking team resulting in greater knowledge of service and less errors	Weekly meetings now routinely taking place
Introduction of monthly Endoscopy Service NHS Lothian wide operational meeting	June 2016	All SCNs, bookers and management team face to face meeting to discuss issues and opportunities for sharing good practice and efficiencies. Opportunity to tackle and resolve issues that ultimately resulted in inefficiencies	-	1 st Meeting 9 th June 2016
Review of Nurse Endoscopist workloads	July 2016	Maximising capacity of existing Nurse Endoscopists	Aim to increase fixed lists for Nurse Endoscopists while retaining flexibility for backfill	Currently being reviewed by Service Team
Introduction of Patient Focused Booking for all Endoscopy procedures	October 2016	Patient Focus Booking has been shown to reduce short notice CNAs and DNAs	Reduction in DNA rate which can currently vary from site to site (average 10%)	Currently being planned by Booking and Service Team

Comments - Gastroenterology/Urology Diagnostics

The withdrawal from private sector since 1st April 2016 has resulted in a deteriorating position for Endoscopy where demand outstrips core provision. Additional pressure on capacity from high volume of Urgent Suspicion of Cancer patients taking priority.

Reasons for Current Performance

Demand continues to outstrip capacity and referral rates continue to rise. Reduced volunteers (both nursing and operators) for Waiting list initiatives on both evenings and weekends.

Mitigating Actions

Continue to maximise utilisation of internal core resource. Reviews of referrals continue to be completed to ensure patients on waiting lists remain clinically appropriate. Additional work is ongoing to review overall endoscopy room utilisation to maximise utilisation of core funded capacity. To compensate for the DNA rate, a number of lists are being overbooked to support full use of the available capacity. Telephone initiatives, use of nurse validation and introduction of Patient Focus Booking with return patients being streamed to REU. Review of all Nurse Endoscopist job plans to increase fixed sessions and look at flexibility.

Diagnostics - Radiology

Healthcare Quality Domain: Timely

For reporting at **October 2016** meetings

Target/Standard: A **six week maximum** waiting time for eight key diagnostic tests (four for Gastroenterology/Urology Diagnostics, and four for Radiology (one of which covers data for Vascular Labs from 31st March 2009. Please see separate proformas for Gastroenterology/Urology Diagnostics, and Vascular Labs data).

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

NHS Lothian Performance:-

Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
Not Met	Deteriorating	Worse	Jun 16 (Mthly)	0 (max)	1,887 (Sum of Totals in Table 1, on each of the 3 Diagnostics proformas, for the rptg date)	Aug 2016	Management Information	Yes	Yes	JC

Summary for Committee to note or agree

We are continuing to take actions to reduce waiting times for key radiology tests.

Key Diagnostic Tests - Radiology

The four diagnostic tests in Radiology are Computed Tomography (CT), Magnetic Resonance Imaging (MRI), Barium Studies and Ultrasound.

Recent Performance: Numbers against Standard

Table 1: Radiology - Numbers over 6 Week Standard² – Lower Count is Better

	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16
MRI	108	123	106	60	38	111	77	6	11	12	17	16	204	172	176	45	43
CT	15	8	6	12	9	9	3	2	6	2	5	6	7	3	19	5	7
General Ultrasound	23	13	30	4	5	10	1	5	5	3	9	3	3	3	3	5	5
Barium Studies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total³	146	144	142	76	52	130	81	13	22	17	31	25	214	178	198	55	55

Timescale for Improvement against Target/Standard - Radiology

1st Sept to 30th Nov 2016

Actions Planned and Outcome - Radiology

Action	Due By	Planned Benefit	Actual Benefit	Status
External provision of CT and MRI –10 CT and 19 MRI mobile van days	End of Sept 2016	700 patient examinations per month	Sustain TTG	As planned
Reduce reporting beyond 6 weeks (weekly report to consultants to highlight long waits and overall position)	End of Sept 2016	Improved scan to report times	Sustain TTG	Implemented

Comments - Radiology

For Current Performance
 45 patient Radiology examinations tripping the 6 weeks referral to unverified report at end **Aug 16**.
 33 are MRI. Increase in Lumbar Spine referral rate from GPs despite low back pain pathway implementation. Extra sessions arranged to reduce.
 Only 7 CT and 5 US case complexity/delay in reporting.
 Increase in Mobile CT days to meet a surge in demand from colorectal for CT colonography

² From Oct 15 inclusive onwards, Vascular Labs figures are not included in 'General Ultrasound' but are reported on the separate Vascular Labs proforma;

³ Minus Vascular Labs, from Oct 15 inclusive onwards.

Diagnostics – Vascular Laboratory

Healthcare Quality Domain: Timely

For reporting at **October 2016** meetings

Target/Standard: A **six week maximum** waiting time for eight key diagnostic tests (four for Gastroenterology/Urology Diagnostics, and four for Radiology (one of which covers data for the Vascular Laboratory. Please see separate proformas for Gastroenterology/Urology Diagnostics, and Radiology data)), from 31st March 2009.

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

NHS Lothian Performance:-

Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
Not Met	Deteriorating	Worse	Jun 16 (Mthly)	0 (max)	1,887 (Sum of Totals in Table 1, on each of the 3 Diagnostics proformas, for the rptg date)	Aug 2016	Management Information	Yes	Yes	JC

Summary for Committee to note or agree

- A national shortage of Healthcare Scientists (HCS) has resulted in a vacancy being unfilled and a reduction in service capacity;
- The service has increased productivity, and in May 2016 brought in HCS staff from out with NHS Lothian to support a reduction in waiting times;
- The service is also prioritising training to develop the HCS workforce and to support the service in the longer term.

Key Diagnostic Tests - Vascular Labs

The diagnostic test for **Vascular Labs** was previously included in General Ultrasound (until September 2015 inclusive).

Recent Performance: Numbers against Standard

Table 1: Vascular Labs - Numbers over 6 Week Standard – Lower Count is Better

	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16
Vascular Labs	11	22	29	55	27	29	47	26	6	0	4

Timescale for Improvement against Target/Standard - Vascular Laboratory

This continues in light of the capacity shortfall as a result of the national shortage of HCS.

Actions Planned and Outcome - Vascular Laboratory

Action	Due By	Planned Benefit	Actual Benefit	Status
External Vascular Scientist input being brought into service in order to reduce waiting times	End of May 2016	Reduction in patients waiting over 6 weeks	As planned- currently only 6 patients waiting over 6 weeks	Complete (as per performance above)
Increase productivity by increasing patient facing direct clinical care workload and offering overtime to staff	End of December 2016	Increase capacity in vascular laboratory	As planned	Overtime is now routinely offered to staff to increase capacity

Comments - Vascular Labs

Reasons for Current Performance

A national shortage of Healthcare Scientists (HCS) has resulted in a vacancy being unfilled and a reduction in capacity.

Drug & Alcohol Waiting Times

Healthcare Quality Domain: Timely

For reporting at **October 2016** meetings

Target/Standard:

The Scottish Government set a target that by June 2013, 90% of people who need help with their drug or alcohol problem will wait no longer than three weeks for treatment that supports their recovery. This was one of the national HEAT (Health improvement, Efficiency, Access, Treatment) targets, number A11.

This target was achieved in June 2013 and has now become a Local Delivery Plan (LDP) standard - that **90%** of clients will **wait no longer than 3 weeks** from referral received to appropriate drug or alcohol treatment that supports their recovery (90%).

Responsible Director[s]: Nurse Director

NHS Lothian Performance:-

Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
Not Met	Improving	Worse	Apr – Jun 2016	90% (min)	82.7%	Mar 2016	ISD	No	Yes	AMcM

Summary for Committee to note or agree

All services in the area (NHS, Council & 3rd Sector)

- The Lothian wide figure remains below target by 7% but has improved by 3% since the last quarter;
- On a geographical basis services in Midlothian, East Lothian and West Lothian are all exceeding the target;
- Edinburgh's performance is similar to the last quarter.

NHS Lothian Substance Misuse Services

- NHSL SMS Services in East and Midlothian continue to meet / exceed the target;
- Within Edinburgh NHSL SMS services have shown a 10% improvement since Dec 15, although still below target at 75%;
- West Lothian NHSL SMS services have continued to show an improving trend in the last 4 quarters from 38% to over 77%.

Actions

- Plans are being implemented in Edinburgh and West Lothian to enhance productivity and capacity within the teams;
- The forecasted Q1 figures for 16/17 should continue to show an improvement and progress towards the targets for Edinburgh and West Lothian.

Recent Performance – Numbers Against LDP Target

Table 1: % Seen within 3 Weeks – Higher % is Better

	Jun 15	Sep 15	Dec 15	Mar 16
NHS Scotland	95.3%	95.5%	95.2%	94.8%
NHS Lothian	83.3%	82.8%	79.9%	82.7%
Edinburgh City Alcohol & Drug Partnership (ADP)	80.3%	80.6%	75.8%	75.3%
Midlothian and East Lothian ADP (MELDAP)	92.2%	95.2%	94.0%	96.7%
East Lothian	91.5%	96.0%	90.5%	98.1%
Midlothian	93.3%	94.5%	98.0%	95.4%
West Lothian ADP	86.0%	80.5%	82.2%	93.0%

Timescale for Improvement

Discussions ongoing with Edinburgh ADP and currently addressing pressures in South East Edinburgh as well as aiming to build consistency and increase productivity & capacity across all areas. Further work still to take place re individual localities and revised trajectory once budgets for 16/17 are agreed.

The review of residential services necessary due to the reduction in funding may have implications for the performance against the LDP Standard.

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status

The Lothian Substance Misuse Collaborative, the three ADPs and the four IJBs are working to take proposals forward to each organisation's Board to highlight what is required to meet the access target in each area and ensure sustainable services.

In addition NHS Lothian, the ADPs and the Health and Social Care Partnerships have agreed to progress the recommendations from a piece of commissioned work completed by McMillan Rome. The report and proposed next steps have been circulated to service leads. They have been asked to return comments on accuracy of the report and how they might progress the individual elements for them. This will be a major agenda item on the Collaborative Meeting on 26th September.

Comments**Reasons for Current Performance**

Substance Misuse Directorate (SMD) performance in the City of Edinburgh has been below 90% for some months and pulls the average for all services in NHS Lothian down (across health, social care and the voluntary sector). There have been pressures in other areas, but these have been short term and resolved.

Reasons for the pressures in the city are:-

1. Short term contracts for EADP funded posts, which constitute the majority of staff – these results in high levels of staff turnover, whose caseloads need to be absorbed by remaining staff, who are then unable to take on new cases from the waiting list. There are currently a number of vacant posts and agreement to recruit is required from EADP. The current funding stream for temporary posts is only until end November due to the impact of the 23% reduction and if this is applied across all areas then these posts will not be funded.
2. Contracting budgets –23% reduction applied by SG. Whist ADP reserves have been cushioning this reduction till now there is an ongoing shortfall until the end of the financial year
3. Bottlenecks in the patient pathway, reducing capacity for discharge to primary care, which reduces the SMD capacity to take on new cases. Several GP practices in the city are receiving direct support from HSCPs as they have excess activity for the resources available to them. Approximately 30% of GP practices currently have restricted lists.

The SMD SMT is continuing to use the productivity work to maximise capacity in local services. Improvements have been seen but this will be hampered by staff reductions

Inpatient & Day Case (IPDC) Treatment Time Guarantee (TTG)

Healthcare Quality Domain: Timely

For reporting at **October 2016** meetings

Target/Standard: From the 1 October 2012, the Patient Rights (Scotland) Act 2011 establishes a **12 week maximum** waiting time for the treatment of all eligible patients due to receive planned treatment delivered on an inpatient or day case basis.

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

NHS Lothian Performance:-

Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
Not Met	Deteriorating	Better	Jun 16 (Mthly)	0 (max)	583	Aug 2016	Management Information	Yes	Yes	JC

Summary for Committee to note or agree

Use of independent sector ceased from April 1 2016; internal capacity is unable to fully cover this previous activity which will impact on performance. Details of DCAQ work including efficiency improvements that we are undertaking are described below.

Recent Performance – Numbers beyond Standard

Figure 1: Treatment Time Guarantee Patients waiting beyond standard at month end – Lower Count is Better

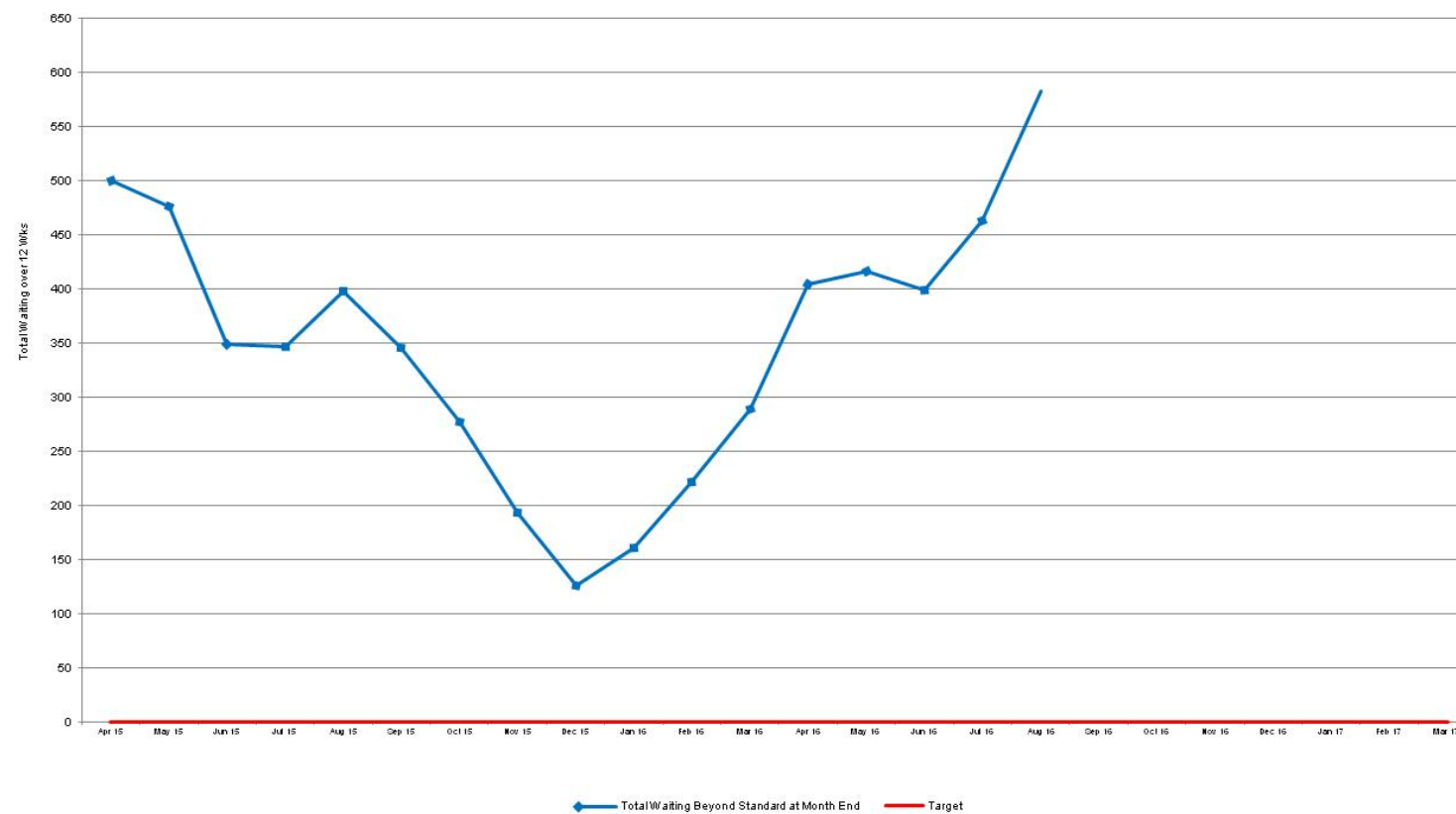


Table 1: Treatment Time Guarantee Patients waiting beyond standard at month end – Lower Count is Better

Specialty	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16
Urology	137	123	92	104	133	143	116	76	33	23	37	59	122	136	182	221	296
Orthopaedic Surgery	88	86	60	55	62	40	32	24	25	28	42	52	73	52	32	47	77
General Surgery	48	39	18	29	21	15	18	9	12	25	30	51	51	71	59	67	45
Neurosurgery	6	12	14	8	6	5		6	14	24	39	35	45	53	54	46	42
Paediatric Surgery	21	15	3	12	12	5	5	3	4	2	3	7	4	8	9	20	23
Plastic Surgery	114	106	89	86	95	79	55	36	23	15	13	16	22	24	15	12	18
Ear Nose and Throat	39	38	33	13	28	19	13	15	4	16	18	31	37	37	18	13	17
Others	47	57	40	40	41	39	38	24	12	28	39	38	50	35	30	37	65
Total	500	476	349	347	398	345	277	193	127	161	221	289	404	416	399	463	583

Table 2: Treatment Time Guarantee Patients seen beyond 12 weeks

	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16
TTG Seen	476	463	389	314	314	368	293	276	207	163	219	297	297	404	398	318	402

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	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16
Total List Size (TTG)	8,941	8,692	8,642	8,421	8,599	8,826	8,820	8,944	9,140	9,216	9,809	8,814	8,625	8,628	8,856	9,031	8,948
Available	7,911	7,644	7,453	7,264	7,543	7,907	8,070	7,952	8,081	8,518	8,332	7,949	7,727	7,623	7,668	7,902	7,954
Unavailable	1,030	1,048	1,189	1,157	1,056	919	750	992	1,059	698	757	865	898	1,005	1,188	1,129	994
Percentage Unavailable	11.5%	12.1%	13.8%	13.7%	12.3%	10.4%	8.5%	11.1%	11.6%	7.6%	7.7%	9.8%	10.4%	11.6%	13.4%	12.5%	11.1%
Non-TTG	1,180	1,244	1,246	1,187	1,048	1,023	1,013	1,012	1,069	1,110	1,090	1,063	976	1,073	1,091	1,064	1,096

Timescale for Improvement

Following recent DCAQ work a trajectory has been developed for TTG until end of March 2017.

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Detailed review of Acute Services' available capacity and demand undertaken to inform our future capacity plans and financial planning process. This Demand, Capacity, Activity and Queue exercise has examined service performance against key performance indicators and identify scope for improvement with recommendations to specialties. Work has now moved from data collection and analysis to performance improvement monitoring. Actual activity against core capacity now implemented	Initial output end Jan 2016. Quarterly meetings established with each service. First series of meetings held April 2016, second series of meetings scheduled end July 2016.	Improved performance against agreed efficiency targets, example improved Day Case rate.	Once implemented fully this will enable teams to identify improvement opportunities where capacity can be maximised..	Quarterly meetings established with services to monitor performance.
Implementation of a Theatres Improvement Programme – a significant programme with multiple work streams to improve theatre efficiency.	Full implementation by December 2016	Overall improved theatre efficiency Reducing cancellations Redesigning pre-op assessment	The programme is on track to be implemented fully by December 2016 No delivered benefits can be claimed at this point as the work-streams are now being established.	Programme Board established. Regular meetings established
Service review of all booked theatre lists one week in advance to ensure optimum booking and theatre efficiency.	Fully implemented by October 2016	Maximise theatre utilisation	Increased theatre utilisation / increase in hours used / reduction in DNA's & CNA's	Established Weekly Theatre Matrix meeting routine practice in all specialties. Weekly waiting times meeting with E Health Waiting list office – established

Implement a phone reminder to all booked patients in advance of TCI date. Pilot in Head & Neck for two months and monitor impact. Commenced February 2016.	End of March 2016.	To reduce late cancellations enabling the slot to be backfilled reducing wasted theatre time.	Reduced the cancellations less than 24 hours by 10% per month over a 3 month period.	Pilot completed. Continue to have patients who DNA & CNA on the day despite confirming they will attend.
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.	All patients on the IPWL are fit and ready, for surgery. Provides a pool of patients that we can contact for backfill / short notice cancellation. Detect early signs of pre / post of care.	Implemented in H&N. Next steps – roll out to other specialties.
Development of trajectories and detailed actions maximising internal capacity; . New trajectories build up from, DCAQ work. Process endorsed by SG early May. Trajectories now developed until End March 2017.	End July 2016.	Optimise internal capacity and maintain focus on delivery of TTG	Once implemented fully this will enable teams to identify improvement opportunities where capacity can be maximised.	Trajectories developed and monitoring of activity-v- capacity undergoing as part of the quarterly reviews

Comments

Reasons for Current Performance

Demand for services is greater than core capacity.

Cessation of independent sector 1st April 2016.

As services have been clearing backlog of patients, if patients are cancelled either by patient or by hospital, they remain on waiting list as already >than 12 weeks, as unavailability cannot be applied.

Performance target is for 12 weeks, therefore if late cancellation due to hospital reason i.e. bed pressures, urgent cases etc there is limited ability to re book within 12 week TTG date.

Lack of willingness to undertake waiting list initiatives in some specialties or within theatre teams.

Head and Neck Pilot results:

We introduced the following steps to help reduce No. Of cancellation / DNA's

- TCI's less than 2 weeks are phoned and offered their surgery Date
- Patients booked out with 2 weeks are lettered, then contacted Via Phone to confirm they will be attending for surgery
- Patients who we are unable to contact Via Phone we send them a reminder letter
- Weekly meeting with WLO / team lead & co-ordinators to go through The planned V Actual

ENT remains under 90% despite the above actions, On 3/05/16 we introduced a 6 week Pilot where we drilled down to patient level information, looking at the following details:

- Has patient confirmed / if not has review letter been sent
- Date pt confirmed
- Cancellations / replacement of pt's
- Total number of hours booked per theatre
- End of week review / confirmation of full list.
- Looking back at previous week / reflect on Planned V Actual
- Take actions / what could we have done differently

Progress Update:

- Request sent to theatre data team requesting No. Of pt's booked at less than 24 hours could be captured (backfill pt's) could feature on the utilisation report going forward to highlight the good work the service are doing to backfill.
- Planned V Actual pilot has highlighted the discrepancies between the time allocated by the surgeon on the waiting list form and operating time – further discussions with clinical leads ongoing have been arranged for September 2016. Next steps - work with Theatre team to carry out a 'deep dive' of data for ENT to identify further improvement opportunities to increase use of hours within theatre sessions planned for September 2016.
- Unpredictable on-the-day cancellation continue – medical reasons and patient no longer wishes / requires operation – further work with CD's required.

Outpatients

Healthcare Quality Domain: Timely

For reporting at **October 2016** meetings

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

NHS Lothian Performance:-

Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
Not Met	Deteriorating	Worse	Jun 16 (Mthly)	95% (min)	75.8% (14,168)	Aug 2016	Management Information	Yes	Yes	JC

Summary for Committee to note or agree

The software issue impacting on reporting at the Dental Institute has been effectively addressed. Patients there are now included, with updated figures presented from March 2016.

Use of independent sector ceased from April 1 2016; internal capacity is unable to fully cover this previous activity which will impact on performance. Details of DCAQ work including efficiency improvements that we are undertaking are described below.

Recent Performance – Numbers beyond Standard

Table 1a: Trend in Outpatients over 12 weeks – Total - % – Higher % is Better*

	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16
%(Table 1a Total/Table 2 Total List Size)	92.6%	91.2%	91.7%	88.5%	86.7%	85.4%	85.3%	86.1%	85.1%	83.4%	83.5%	85.5%	84.0%	82.2%	81.5%	79.6%	75.8%

Figure 1: Trend in Outpatients over 12 weeks – Total - % (Table 1a) – Higher % is Better*

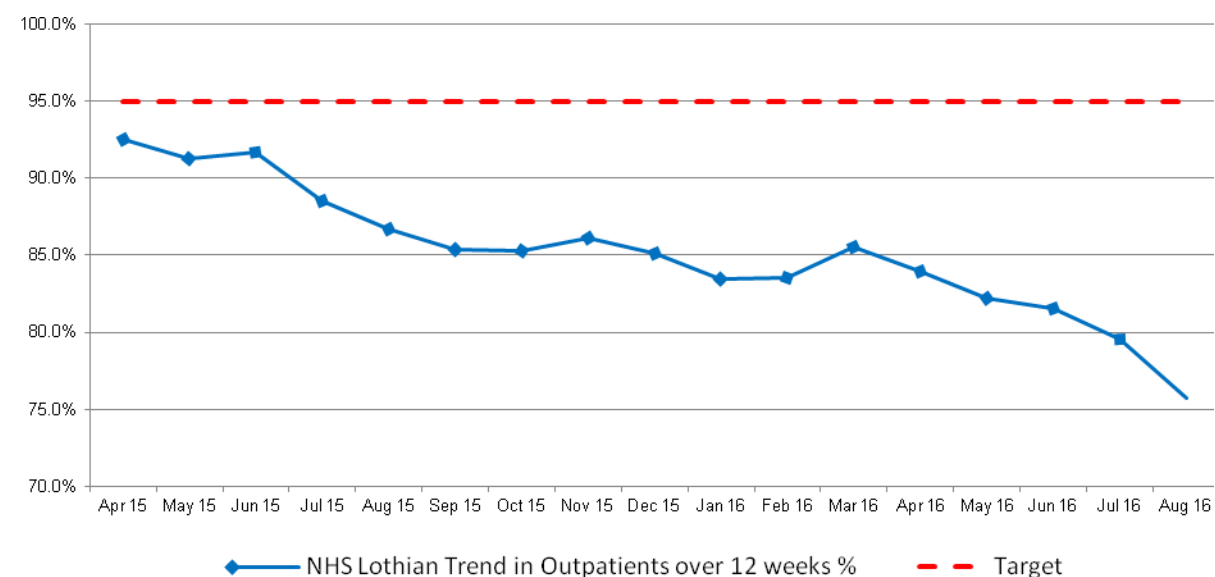


Table 1b: Trend in Outpatients over 12 weeks – Key Specialties

	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16
GASTROENTEROLOGY	477	671	902	1,208	1,334	1,360	1,375	1,292	1,439	1,445	1,547	1,617	1,845	2,087	2,327	2,596	3,112
TRAUMA AND ORTHOPAEDIC SURGERY	515	665	558	912	1,291	1,623	1,847	1,982	2,165	2,366	2,166	1,916	2,201	2,255	2,321	2,660	2,927
GENERAL SURGERY (EXCL VASCULAR)	454	583	632	854	1,036	1,141	1,197	1,110	1,120	1,387	1,535	1,375	1,684	2,064	2,042	2,116	2,196
DERMATOLOGY	13	19	14	19	49	68	44	29	41	217	222	157	80	44	32	213	1,130
EAR, NOSE & THROAT (ENT)	431	504	541	872	1,093	1,040	681	478	373	394	390	345	492	596	827	921	1,072
VASCULAR SURGERY	21	23	21	28	93	182	281	293	308	341	326	296	333	339	362	447	578
UROLOGY	398	438	321	606	648	542	525	390	377	407	404	353	386	391	351	326	471
OPHTHALMOLOGY	336	378	326	475	395	412	335	212	157	192	188	121	189	224	216	342	350
GYNAECOLOGY	256	266	216	283	379	446	583	481	524	322	308	178	180	254	193	200	350
ORAL MEDICINE	2	2	25	59	48	65	91	89	104	126	159	167	231	298	344	401	316
OTHERS	705	866	735	913	831	942	1,079	848	978	1,036	1,128	759	744	830	910	1,355	1,666
Total over 12 Weeks	3,467	4,261	4,192	6,087	6,933	7,428	7,491	6,779	7,142	7,825	7,986	7,036	8,260	9,404	10,135	11,711	14,168

Table 2: Outpatients List Size and Unavailability

	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16
Total List Size	46,547	48,672	50,243	53,046	52,040	50,788	50,850	48,845	47,999	47,199	48,434	48,681	51,574	52,886	54,777	57,280	58,481
Available	45,843	47,951	49,004	51,930	50,867	49,746	50,011	47,890	46,516	46,319	47,485	47,874	50,912	51,652	53,490	56,083	57,414
Unavailable	704	721	1,239	1,116	1,173	1,042	839	955	1,483	880	949	807	662	1,234	1,287	1,197	1,067
Percentage Unavailable	1.5%	1.5%	2.5%	2.1%	2.3%	2.1%	1.6%	2.0%	3.1%	1.9%	2.0%	1.7%	1.3%	2.3%	2.3%	2.1%	1.8%

Timescale for Improvement

Following recent DCAQ work an out-patient trajectory has been developed until end March 2017.

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
<p>Review of Acute Services' available capacity and demand undertaken to inform our future capacity plans and financial planning process. This Demand, Capacity, Activity and Queue (DCAQ) exercise examined service performance against key performance indicators and identify scope for improvement with recommendations to specialties.</p> <p>Move from data collection and analysis to performance monitoring and improvement trajectories.</p> <p>Cessation of independent sector capacity from April 2016, factored into DCAQ work</p>	<p>Initial output end Jan 2016.</p> <p>Programme of further work around performance monitoring –quarterly review process in place</p> <p>First series of review meetings undertaken April 16 and second round currently taking place over August and September</p>	<p>Improved performance against agreed efficiency targets, example reduced DNA rate.</p>	<p>Once implemented fully this will enable teams to identify improvement opportunities where capacity can be maximised.</p>	<p>Phase two currently being developed.</p> <p>Meetings with service managers currently taking place. Due for completion by end of September 16</p>
<p>In line with the National Towards Our Vision for 2020 Delivering Outpatient Integration Together Programme. Aim of the programme is manage flow through consistently and sustainably delivering a suite of changes.</p> <p>Progress following work streams;</p> <ul style="list-style-type: none"> • Advice Only – Allows clinician to provide advice as an alternative to an outpatient appointment where appropriate and safe to do so. • Accommodation Matrix – 'At a glance' view of physical clinic space which is used by Outpatient Service Manager and Clinical Service Managers to identify available staffed clinic space and facilitate clinic reconfiguration without additional resource, thus increasing capacity for both new and review patients. • Return Patient List – Demand for return patients will be captured. Allowing return patients to be seen at clinically appropriate times. Capacity can be planned in advance; rescheduled return appointment through cancellation will decrease, protecting new patient slots. • Template Harmonisation – process of reviewing clinic templates to ensure they reflect current practice and demand • 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. • Review of the Refhelp service for GPs focusing on key specialties under significant pressure. GP and Specialist engagement in the review. • Detail on waits per specialty to be made available to GPs so they are aware of length of wait prior to referring. 	<p>Specific work streams have various local target dates but overall programme delivering by 2020.</p> <ul style="list-style-type: none"> • Advice only - Established within some H&N areas. • OP Matrix - Established on SJH Site • Return waiting lists implemented within some areas with high return demand i.e. ENT • Template Harmonisation fully completed by March 2017 • Template with key specialty waits to be made available to GPs by end of September 2016 	<p>Decrease in number of new outpatient appointments (better demand management).</p> <p>Achieve upper quartile for the return: new ratio.</p> <p>Decrease DNAs.</p> <p>Improve patient and referrer awareness of waits</p>	<p>Advice only clinics set up within ENT & Plastic (hand clinics) – able to Triage letters and provide GP / Patient with advice without attending the hospital.</p> <p>OP Matrix – identify clinic space & nursing during core times – reducing the need for WLI weekend / evening clinics</p> <p>Return waiting lists - able to manage return demand, – able to track pt journey to ensure no patients are missed. Reported weekly at WT meetings.</p> <p>Harmonisation – better patient / Dr experience – pt Triage outcomes are aligned to the correct appointment slot – reducing the need for further visits</p> <p>Ref Help – providing GP with essential advice before referring pt to hospital – reduce unnecessary referrals / ensuring referrals are suitable for acute site</p>	<p>Progressing each of these work streams through the out patient operational group.</p> <p>Advice only in place in 9 specialties. Work ongoing to implement in other areas.</p> <p>Template Harmonisation In place for 7 specialties. 3 due to be completed by end September. Further 9 specialties in progress.</p> <p>Improved platform for RefHelp with enhanced navigation and search facilities now in process of being tested. Transition plan from current to new website being developed.</p> <p>Designing template with wait lengths which can go onto RefHelp for GP and patient information.</p>

Comments

Reasons for Current Performance

Demand greater than capacity.

Overall increase in demand of 2% but significant rises seen in General Surgery, Dermatology, Ophthalmology and Gastroenterology.

Return demand in some key specialties impacting on additional capacity- i.e. additional in house clinics required to manage return demand rather than new.

Cessation of independent sector capacity.

DCAQ exercise to identify any mismatch in outpatient demand and capacity and take actions to address this.

Ensuring specialties are achieving the agreed efficiency targets.

Implementing actions in line with National Programme of Outpatient Redesign.

Psychological Therapies

Healthcare Quality Domain: Timely

For reporting at **October 2016** meetings

Target/Standard: The Scottish Government has set a target for the NHS in Scotland to deliver a maximum wait of 18 weeks from a patient's referral to treatment for Psychological Therapies from December 2014. Following work on a tolerance level for Psychological Therapies waiting times and engagement with NHS Boards and other stakeholders, the Scottish Government has determined that the Psychological Therapies target should be delivered for at least 90% of patients.

Responsible Director[s]: Chief Officer - West Lothian IJB

NHS Lothian Performance:-

Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
Not Met	Improving	Worse	Jun 16 (Mthly)	90% (min)	72.3%	Aug 2016	Management Information	Yes	Yes	JF

Summary for Committee to Note or Agree

Recent Performance – Percentages against Standard

Table 1: Psychological Therapies Performance Trend - Revised October 2015 (including CHP, NeuroPsychology & Guided Self Help (low intensity psychological intervention - GSH) [3rd sector])

	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16
Percentage seen within 18 weeks	39.4%	44.0%	39.7%	45.0%	45.9%	47.4%	67.6%	69.3%	73.0%	66.2%	70.5%	72.0%	71.4%	69.0%	68.1%	71.9%	72.3%
Revised Trajectory for seen within 18 weeks*																	
Total waiting at end of month	3,190	3,341	3,261	3,219	3,150	3,015	3,457	3,540	3,697	3,426	3,480	3,548	3,707	3,700	3,791	3,878	3,870
Those waiting more than 18 weeks	1,254	1,257	1,173	1,146	1,108	1,085	1,069	985	1,041	902	892	1,013	1,073	1,075	1,183	1,292	1,309

**Revised Trajectory to be agreed by end of July 2016 in line with agreed investment plan.

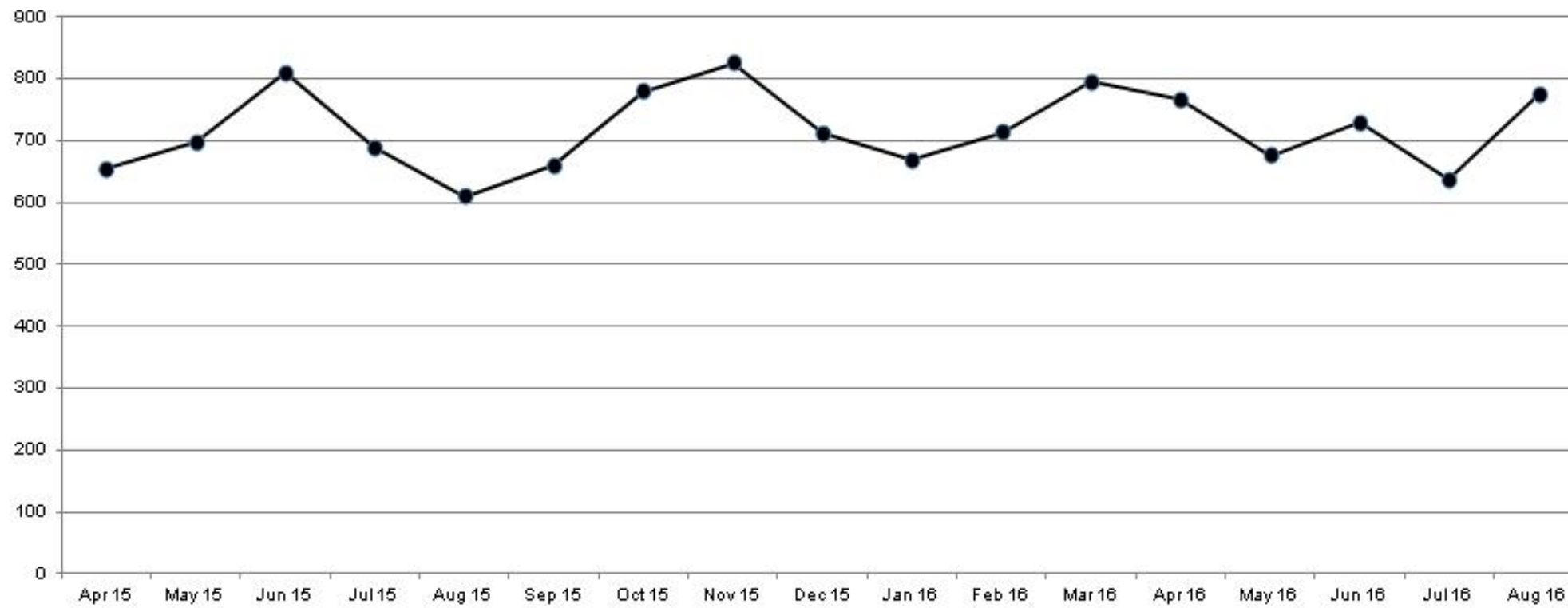
Table 2: Patients Seen for 1st Treatment

Service	Patients seen for 1st treatment (adjusted)				
	Number seen	within 18wks	over 18wks	% within 18 wks	% over 18wks
Psychological Therapies (Mental Health)	335	182	153	54.3%	45.7%
Clinical Health Psychology	149	145	4	97.3%	2.7%
Neuropsychology	52	52	0	100.0%	0.0%
GSH (3rd Sector)	31	31	0	100.0%	0.0%
Overall Position	567	410	157	72.3%	27.7%

Table 3: Patients Waiting at Month End

Service	Patients waiting at month end (adjusted)				
	Number waiting	within 18wks	over 18 wks	% within 18 wks	% over 18 wks
Psychological Therapies (Mental Health)	3,337	2,029	1,308	60.8%	39.2%
Clinical Health Psychology	343	343	0	100.0%	0.0%
Neuropsychology	136	136	0	100.0%	0.0%
GSH (3rd Sector)	54	53	1	98.1%	1.9%
Overall Position	3,870	2,561	1,309	66.2%	33.8%

Figure 1: Referrals for All Mental Health Psychological Therapy Services



Timescale for Improvement

The revised trajectory will be set by the end of July – this was delayed due to agreement being reached on the allocation of the “Building Capacity funding.”

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Updated Service Improvement plans for each service / team delivering psychological therapies.	Ongoing and reported and monitored via A12 Project Board.	Standardised reporting and monitoring and ability to escalate issues to Senior Management through the Project Board.	As per planned benefit.	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.	Completed and being monitored via A12 Project Board.	Transparency of progress; alignment of TRAK work; reporting of progress formally to the Project Board enabling escalation and resolution of issues.	As per planned benefit.	Amber
Development of a single implementation plan for the introduction of Patient Focused Booking across all service delivering psychological therapies.	Original date was May 2016. Due to configuration issues now anticipated July 2016. Pilot started.	Reduction in DNA and CNA appointments and therefore reducing loss of capacity through non attended appointments. Improved compliance with waiting times rules related to reasonable offer, unavailability and clock resets.		Amber
Development of a single implementation plan for the introduction of Text Reminder system across all service delivering psychological therapies.	Expected implementation: June 2016. Delayed – anticipated delivery September 2016	Reduction in DNA and CNA appointments and therefore reducing loss of capacity through non attended appointments.		Amber
Agreement of norms per WTE for direct clinical contact (appointments) based on banding and role across teams delivering psychological Therapies. Improved reporting of expected versus actual activity.	Completed	Increased number of total appointments available for psychological therapies. Increase in new patient treatment appointments available each month	Detailed under 'Summary for Committee to Note'.	Green
Amendment of the Meridian work allocation tool within Psychological Therapies for job planning with nurses and AHP delivering formal Psychological Therapies within REAS.	1 st March 2016	Continue to maximise clinical capacity through forward planning of workload and ensuring appointments slots utilised.	Tool has been amended	Green
Completion of updated DCAQ for all general adult services.	Requires to be run again for each service.	Confirm the DCAQ for each service enabling monitoring of agreed capacity against demand and activity.		Green
Completion of remaining DCAQ for all services / teams whose data is recorded and reported from TRAK.	Completed	Confirm the DCAQ for each service enabling monitoring of agreed capacity against demand and activity.	Agreed capacity for each team in March 2016. Delivery against capacity monitored on weekly basis	Amber
Introduction of Lothian-wide Group Programme funded by Mental Innovation funding.	1 February 2016	Document and agree expected activity and monitor actual over monthly periods.		Green

Comments

Reasons for Current Performance

Incomplete data

A small number of specialists in patient services (Forensic services, Psychiatric Rehabilitation) delivering psychological therapies are still unable to report data due TRAK configuration, service configuration or extracts not being available from TRAK.

To mitigate - prioritised work-plan for TRAK and service / team improvement plans.

Reduced capacity

Reduction in capacity due to contracts ending which were funded on non-recurring basis (10.0 WTE in AMH)

Revised DCAQ continues to highlight capacity issues for adult mental health services. DCAQ has consistently demonstrated a capacity gap in *General Adult Psychology Services* as being 13.1 WTE. An additional 12 WTE are required to clear the queue of patients waiting. "Building Capacity" allocation has been agreed at 10.5 WTE Clinical staff, recruited on a permanent basis.

Increased demand

Increase in demand due to the increasing efficacy and awareness of the positive contribution of psychological therapies to improving patients' outcomes.

To mitigate –

Updated DCAQ for all services / teams.

Reviewing the range of psychological therapies available and ensuring delivery of those with the most robust evidence bases are prioritised and matched to those who will most benefit.

Building Capacity funding will be target at those who have waited longest.

18 Weeks Referral to Treatment

Healthcare Quality Domain: Timely

For reporting at **October 2016** meetings

Target/Standard: 90% of planned/elective patients to commence treatment within 18 weeks of referral.

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

NHS Lothian Performance:-

Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
Not Met	Improving	Worse	Jun 2016	90% (min)	83.2%	Aug 2016	Management Information	Yes	Yes	JC

Summary for Committee to note or agree

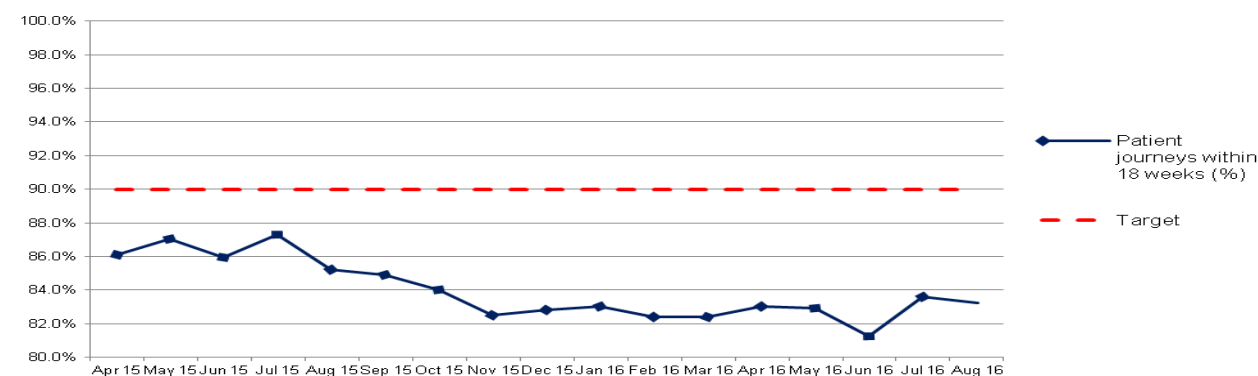
Use of independent sector ceased from April 1 2016; internal capacity is unable to fully cover this previous activity which will impact on overall RTT performance. Details of DCAQ work including efficiency improvements that we are undertaking are described in OP and IP/DC proformas.

Recent Performance – Percentages towards Standard

Table 1: Trend in 18 Week Performance and Measurement – Higher % is Better

	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16
Patient journeys within 18 weeks (%)	86.1%	87.0%	85.9%	87.3%	85.2%	84.9%	84.0%	82.5%	82.8%	83.0%	82.4%	82.4%	83.0%	82.9%	81.3%	83.6%	83.2%
Number of patient journeys within 18 weeks	12,446	12,417	13,795	13,297	12,631	13,820	13,642	13,000	13,133	11,931	12,396	12,791	13,157	13,067	13,303	11,213	13,080
Number of patient journeys over 18 weeks	2,001	1,849	2,265	1,941	2,201	2,449	2,604	2,749	2,720	2,443	2,647	2,736	2,688	2,703	3,061	2,197	2,632
Patient journeys that could be fully measured (%)	85.1%	85.7%	86.0%	84.8%	84.9%	86.7%	87.4%	86.3%	86.1%	86.8%	87.0%	87.1%	87.0%	87.0%	89.3%	87.3%	87.6%

Figure 1: % of Patient Journeys within 18 Weeks – Higher % is Better



Timescale for Improvement

None provided.

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Pursue significant programmes of work to improve efficiency and reduce patient waits for IP and OP access: Theatre Efficiency Programme; Demand and Capacity Programme, and Outpatient Redesign Programme.	DCAQ Phase1 - end of January 2016. Phase to monitoring of performance against key indicators started April 2016. Second round of performance meetings undertaken end July 16., scrutiny of progress against performance indicators , and monitoring of actual activity against baseline capacity Theatre programme- December 2016. Outpatient programme – 2020.	Improved performance against agreed efficiency targets, example improved Day Case rate. Improved demand management.	Refer to IPDC TTG and OP proformas.	Progressing individual work-streams. Refer to IPDC TTG and OP proformas.
Ensuring clinic outcome data is completed - achieve target of 80% clinic outcome completeness for all specialities.	End September.	Clocks stop appropriately in line with clinical pathway.	-	In progress

Comments

Reasons for Current Performance

Challenges within specific specialties as highlighted on the Outpatient and TTG proformas.

Stroke Bundle

Healthcare Quality Domain: Timely

For reporting at **October 2016** meetings

Target/Standard: This is a **New Standard**, implemented from 1st April 2016:

80% of all patients admitted to hospital with an initial diagnosis of stroke should receive the appropriate elements of the stroke care bundle.

Additional information

The key elements of the stroke care bundle are:-

1. Admission **to the stroke unit on the day of admission, or the day following presentation** at hospital;
2. Screening by a standardised assessment method to identify any difficulty swallowing safely due to low conscious level and/ or the presence of signs of dysphagia **within 4 hours of arrival at hospital**;
3. CT/ MRI imaging **within 24 hours** of admission; and
4. Aspirin is given **on the day of admission or the following day where** haemorrhagic stroke has been excluded, or other contraindication, as specified in the national audit.

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

NHS Lothian Performance:-

Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Cycle?	Narrative Updated since Last Cycle?	Lead Director
Not Met	Improving	Not Applicable	Not Applicable	80% (min)	71.4%	Jul 2016	eScottish Stroke Care Audit (SSCA) database	Yes	Yes	JC

Summary for Committee to note or agree

Stroke care is part of the Clinical Quality Programme during 2016, and stroke services have been identified as a priority to be supported by NHS Lothian's Quality Management Strategy. Projects developed from the Leadership Course are ongoing and support from NHS Lothian Quality Improvement leaders is continuing. The work of the Stroke Pathway Management Team (SPMT) and this new quality-based approach to improve stroke services has been blended together into the Stroke Services Quality Improvement Board (SSQIB). Future SSQIB meetings will focus on quality improvement and actions resulting from the improvement work being undertaken across the stroke units. A wide-ranging stakeholder event is planned for 4th October to share the good work that is being done and to discuss future quality improvement projects.

The majority of bundle fails are for admission to the stroke unit or swallow screen. The swallow screen standard is now within four hours of admission and performance against this rigorous standard has improved significantly this month, with nursing teams in the stroke units and at front doors making focussed efforts to improve performance against this target. Seven of the 16 swallow screen fails were for in-house strokes and the early identification of these patients makes it challenging for all hospital teams.

There are increasing numbers of patients being seen and receiving initial diagnoses of stroke and this has meant performance against stroke unit admission remains challenging and the target is unmet. Bed pressures across all sites and boarding patients in stroke beds have also impacted on admissions to new stroke patients. There were fifteen fails for accessing the stroke unit, and the majority (12) were either discharged home by day 2 or admitted by day 3. One required end of life care and passed away on day 2, and another needed to be admitted to HDU following thrombolysis. Performances for imaging and aspirin treatment remain steady, and scanning continues to meet the updated national standard. Aspirin performance falls short of the 95% target but remains above 90%.

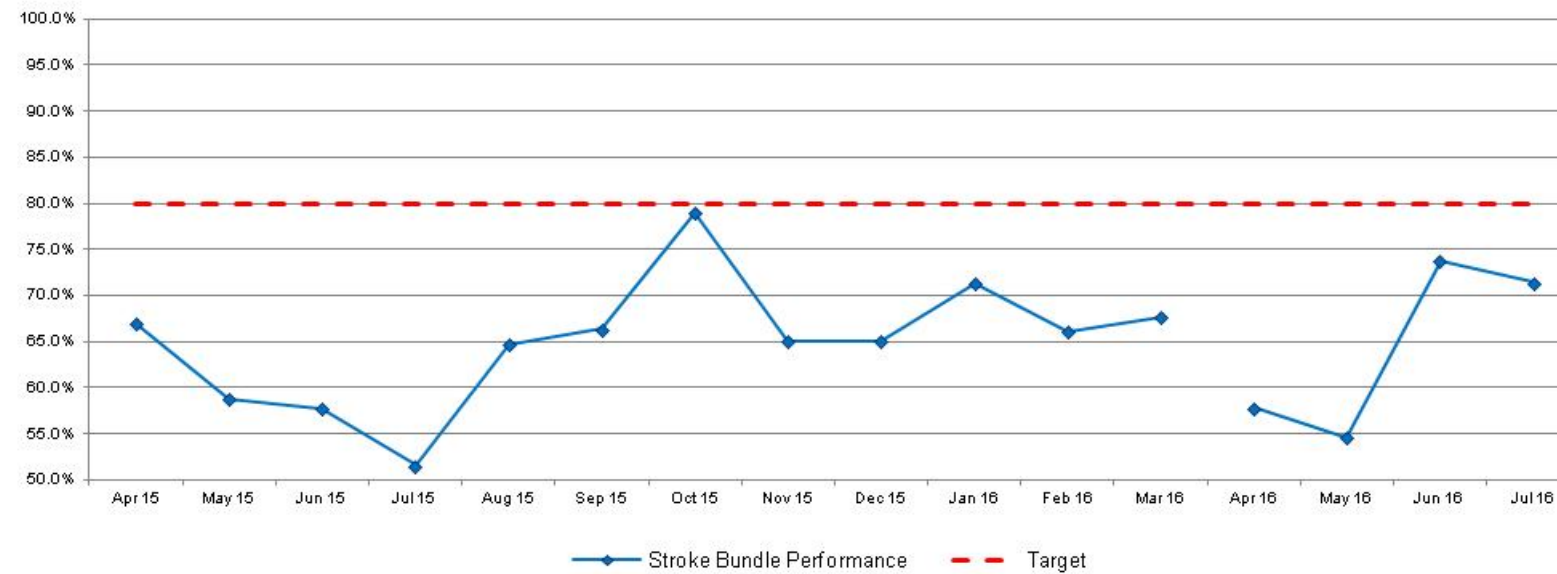
Performances in this report are against the amended national standards (from April 2016) for swallow screen and brain scan, and new national target for stroke bundle.

Recent Performance – Numbers achieved towards standard

Table 1: Stroke Bundle Performance – Higher % is Better
(provisional data for management, and liable to change)

	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Target
Stroke Bundle Performance	67.0%	58.7%	57.7%	51.5%	64.7%	66.3%	79.0%	65.1%	65.0%	71.3%	66.1%	67.7%	57.8%	54.6%	73.7%	71.4%									80.0%
Trajectory							70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%						
1. Access to stroke unit by day after admission	74.7%	66.3%	66.3%	48.5%	68.8%	71.1%	83.0%	75.8%	69.0%	77.0%	67.5%	75.0%	72.5%	65.6%	85.5%	81.5%									85.0% ⁴
2. Swallow screen within 4 hours of admission	81.7%	83.3%	82.5%	80.4%	86.3%	90.4%	89.1%	82.9%	83.5%	86.9%	84.7%	87.9% ⁵	77.3%	74.8%	84.7%	84.0%									100.0% ⁶
3. Imaging undertaken within 24 hours	95.4%	95.2%	95.9%	97.9%	94.1%	96.2%	97.5%	98.4%	97.1%	97.5%	98.3%	98.0%	96.9%	97.5%	94.9%	95.8%									95.0%
4. Aspirin by the day following admission	92.8%	90.9%	95.1%	87.7%	94.9%	92.1%	95.5%	93.8%	88.7%	94.5%	93.5%	88.9%	93.0%	94.7%	95.2%	91.9%									95.0%

Figure 1: Stroke Bundle Performance – Higher % is Better
(provisional data for management, and liable to change)⁷



Timescale for Improvement

A trajectory has been agreed with SGHD and set out below (Local trajectory agreed at 70% for 2015/16. National target of 80% to be enforced from April 2016):-

	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16
Trajectory							70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%

⁴ 85% is Local Trajectory; 90% is National Target.

⁵ Data to March 16 incl. is not comparable to data from April 16 onwards, due to change in standard (from 90% on day of admission, to 100% within 4 hours of admission).

⁶ From April 2016 standard has changed from 90% on day of admission, to 100% within 4 hours of admission.

⁷ The performance line is broken on the chart as data to March 16 incl. is not comparable to data from April 16 onwards, due to change in Swallow Screen standard (from 90% on day of admission, to 100% within 4 hours of admission).

Actions Planned and Outcome				
Action	Due By	Planned Benefit	Actual Benefit	Status
Outreach service at WGH is delivered within ward nurse staffing establishment by senior band 5s and above.	Completed	Increased capacity to identify and take care of more patients, at an early stage.	To be determined. Audit of calls from ARU to Outreach underway.	-
Regular telephone and in-person sweeps to front door to identify admissions for early stroke care. Meetings arranged with Front Door staff across sites to disseminate new 4 hour swallow screen standard.	Implemented	Early identification of stroke pts and appropriate pathway agreed for them.	Early identification of stroke patients.	Daily activity. MAU nurse (RIE) trained to be a swallow trainer.
Request for swallow icon for TRAK being discussed with TRAK team	In progress – October 2016	Early identification of stroke patients	-	TRAK request made end July. Decision still to be made by TRAK team.
Single point of contact to optimise use of stroke capacity. Daily 9.30am teleconference call discuss bed availability and potential for transfer(s) from RIE to WGH depending on other demands for beds, eg from ITU, ARAU and DCN. Potential boarders, non-stroke patients, transfers and discharges identified to create capacity for new strokes to be admitted to stroke units.	Implemented	Any pts awaiting a bed will be transferred to WGH if beds are available and clinically safe. Acute stroke beds are used appropriately pan-Lothian.	From January to mid July, 15 pts have arrived at RIE and been admitted to WGH stroke unit and 37 have been admitted to RIE and afterwards transferred to WGH stroke unit; showing improved pan Lothian stroke bed utilisation.	Ongoing and part of daily bed discussions.
Rehabilitation triage to identify 'fast track' patients for increased intensity of treatment and earlier sign-posting to Intermediate Care Services (ICS).	Implemented	Decrease LOS, more patients going home quicker - project aim to reduce LOS for the patients, who met the "fast track" criteria, by three days by October 2016.	Mean LOS pre-test was 22.83 days, and post-test, 20.26 days. Thus a reduced LOS for patients on fast track referral to ICS.	Continue to fast track patients. Next test of change will look at stroke rehab patients, and prioritise their stroke-specific rehab interventions.
Implement and use boarding plan for escalation of ISU beds at RIE from 11 July to support quicker release of beds within ISU for new admissions.	End of September 2016	Appropriate patients can be boarded out to assist quicker release of beds for new acute admissions.	Reduction in number of boarders and stroke patients with ongoing therapy needs remain in the stroke unit.	Test of change will compare Apr – June data with activity from July onwards. [May – 23 boarded out; July – 10 boarded out]
Refocus on the role of the stroke bundle nurse at St John's, training of staff in swallow screening and completion of written documentation.	End of September 2016	Prompt identification of stroke patients and appropriate pathway in place.	Five swallow screen fails in April, and one per month since then.	Training underway

Comments
<p>Reasons for Current Performance</p> <p>High demand on stroke unit beds across all sites. Boarding policy ensures those inpatients with ongoing therapy rehabilitation needs cannot be boarded to allow new admissions. Delays in identifying patients at front door as 'stroke' means additional pressures to swallow screen within four hours. Stroke outreach nurse role is undertaken within ward nursing establishment and there is no dedicated funding. When required, these nurses remain on the ward and cannot outreach to the front door. In-hospital strokes are difficult to identify promptly, and their 'last seen well' is often out-with the four hour window for the swallow screen standard.</p>

Surveillance Endoscopy

Healthcare Quality Domain: Timely

For reporting at **October 2016** meetings

Target/Standard: No patient should wait past their planned review date for a surveillance endoscopy.

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

NHS Lothian Performance:-

Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
Not Met	Deteriorating	Not Available	Not Available	0 (max)	3,406	Aug 2016	Management Information	Yes	Yes	JC

Summary for Committee to note or agree

- Surveillance scopes have continued to prove challenging;
- Activity in independent sector ceased 1 April 2016;
- Booking of the Regional Endoscopy Unit (REU) has transferred to External Provider Office;
- As well as reviewing options to increase capacity, the service has introduced a nurse led 'pre-assessment' process aimed at reducing demand. May 2016.

Recent Performance – Numbers Against Standard

Figure 1: Surveillance and Review Patients Overdue Appointment – Lower Count is Better

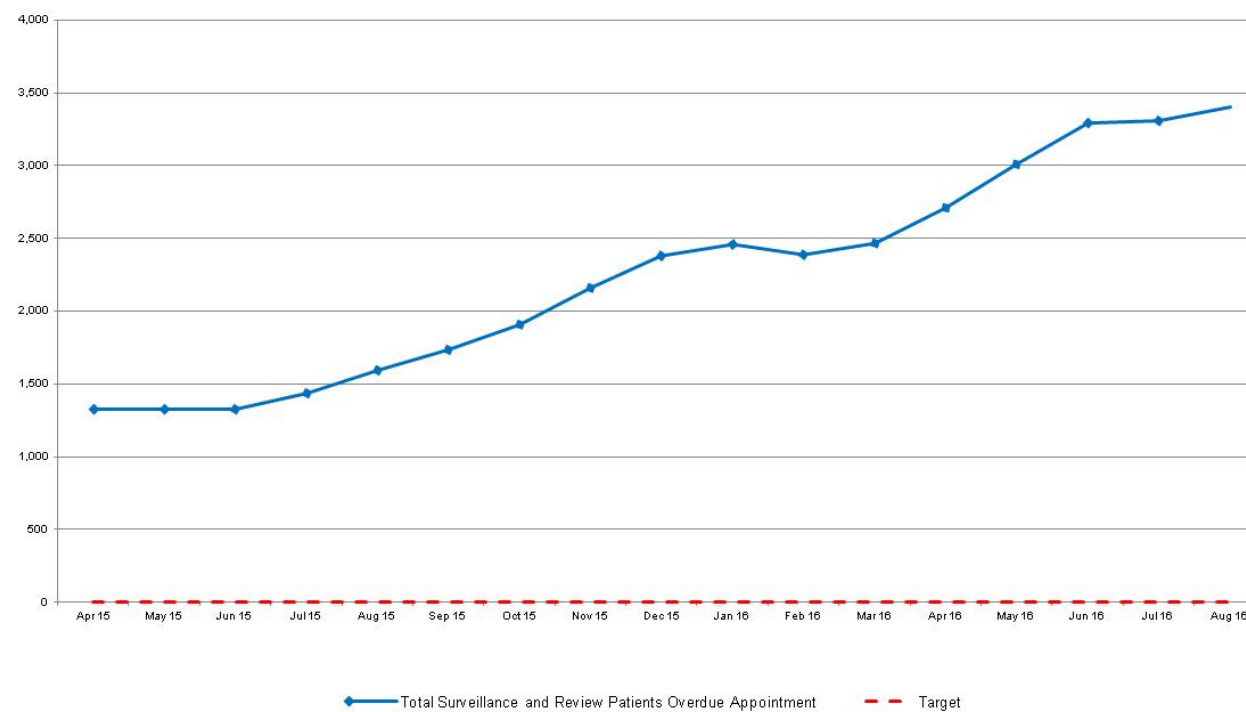


Table 1: Surveillance and Review Patients Overdue Appointment – Lower Count is Better

	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16
Colonoscopy	614	621	611	627	686	741	869	1,017	1,142	1,265	1,347	1,456	1,596	1,790	2,030	2,068	2,072
Upper Endoscopy	320	326	307	340	369	404	436	497	546	597	605	602	637	666	730	734	748
Flexible Sigmoidoscopy	109	119	126	135	155	165	153	168	182	187	186	197	206	220	236	227	222
Flexible Cystoscopy	196	164	200	235	290	327	342	355	374	273	120	73	114	145	82	53	161
Other	93	104	100	105	98	106	111	127	138	142	133	139	162	186	212	226	203
Total	1,332	1,334	1,344	1,442	1,598	1,743	1,911	2,164	2,382	2,464	2,391	2,467	2,715	3,007	3,290	3,308	3,406

Timescale for Improvement

Based on recent DCAQ work a trajectory has been developed until Sept 2016. Timelines for various actions outlined below.

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Completion of DCAQ for Endoscopy to confirm overall gap in list capacity	Quarterly monitoring process throughout 2016	Accurate measure of available capacity vs demand for both surveillance and new diagnostics	-	Due to other commitments and leave, the meeting is now scheduled for September.
Transfer of booking of surveillance scopes to EPO, providing a dedicated resource.	May 2016	Improved use of capacity at REU, reduced length of wait, reduce DNAs	Improved utilisation and reduced DNA rates.	Transfer occurred in May.
Plan for additional flexi cystoscopy activity to clear surveillance and planned repeat backlog.	Continuous evaluation of demand new and backlog demand against capacity; clear focus on reducing longest waits.	Reducing backlog and longest waits.	See status.	Continuing to evaluate.
Introduction of 'pre-assessment' service for surveillance patients to support demand management.	Commenced May 2016	Clinical triage of patients to improve appropriateness of procedures and compliance with BSG guidelines – delivering best possible standard of care to patients.	27% patients clinically removed from waiting list following contact letters 283/1028 plus 8% rescheduled to a later date (84/1028)	Weekly evaluation of impact.

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. Consultant vacancy in Urology service resulting in shortfalls in flexible cystoscopy sessions. Previous poor utilisation of REU with high DNA's

Mitigating actions

New Consultant Urologist appointments commenced in May 2016 providing additional flexible cystoscopy capacity. Continued focus on booking process for surveillance patients appointed to the Regional Endoscopy Unit to maximise uptake of capacity and reduce DNA's and cancellations. Impact of model for 'pre-assessment' service for all surveillance patients requiring a procedure being monitored.

Delayed Discharges – East Lothian Integrated Joint Board (IJB)

Healthcare Quality Domain: Effective

For reporting at **October 2016** meetings

Target/Standard: To minimise delayed discharges **over 3 days**, with a current national standard of **none over 14 days**

Responsible Director[s]: Chief Officer and Joint Directors

NHS Lothian Performance:-

Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
Not Met	Not Applicable ⁸	Worse	Jul 2016	0 (max)	232	Aug 2016	EDISON	Yes	Yes	DS
East Lothian IJB Performance					47 (20.3% of NHS Lothian Performance)					

Summary for Committee to note or agree

- East Lothian performance had been steadily improving from a peak of 43 in 2014 and had plateaued at between 15 to 25 at each monthly census till recently. However in July 2016 the number rose to 37 (partly explained by the new ISD definitions), but mainly due to suspension of admissions to a large care home and capacity problems with care at home providers. This rose again to 58 in August. In order to achieve the two week target and reduce the total number a further step change is needed.
- East Lothian routinely had c 1,000 hours of unmet care at home demand each week due to capacity problems with providers. This has now risen to c1,700 hours per week. About 1/3 of this relates to delayed discharges. Feedback from providers about capacity issues indicates that recruitment and annual leave were the key factors over the summer. The HSCP has implemented fair work funding and will implement living wage in October in order to improve recruitment and retention. The HSCP is also retendering the contracts in 2016/17 and will use this process to improve capacity and logistics. In the meantime all providers have been asked for proposals to increase capacity to target delayed discharges.

Recent Performance – Delayed Discharges

Table 1: Census Return Data - Total Delayed Discharges (inc. Code 9s, excl. Code 100s) – Lower Count is Better⁹

	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16
City of Edinburgh										198	192
East Lothian										40	61
Midlothian										24	27
West Lothian										40	38
Total Delayed Discharges (inc. Code 9s, excl. Code 100s)	281	275	269	260	251	238	220	227	262	308	323

⁸ To be included for Nov16 reporting onwards.

⁹ New national definitions from July 2016 prevent a breakdown of delayed discharges by IJB, delay reason or length of delay being provided for prior to this point, on a comparable basis.

Figure 1: Census Return Data - Total Delayed Discharges (inc. Code 9s, excl. Code 100s) – Lower Count is Better

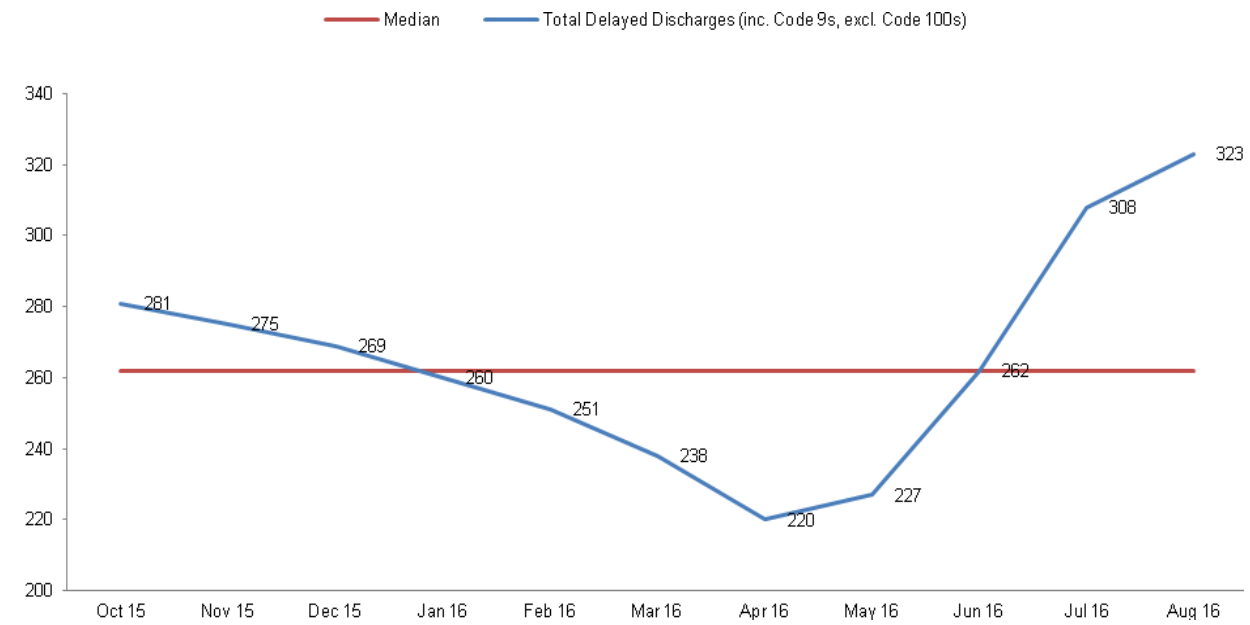


Table 2: Census Return Data - Delayed Discharges – New Methodology – Lower Count is Better

	Jul 16	Aug 16
>3 days (excl. Code 9s and 100s)		
City of Edinburgh	153	144
East Lothian	35	47
Midlothian	15	13
West Lothian	33	23
Total Including Other Local Authority Areas	241	232
Code 9s¹		
City of Edinburgh	25	22
East Lothian	3	3
Midlothian	7	6
West Lothian	3	5
Total Including Other Local Authority Areas	38	36
Code 100s²		
City of Edinburgh	23	23
East Lothian	3	5
Midlothian	4	3
West Lothian	4	6
Total Including Other Local Authority Areas	34	37

Note:

¹ Code 9s are used for 'complex' cases - they are codes used when a partnership is unable, for reasons beyond their control, to secure a patient's safe, timely and appropriate discharge from hospital.

² Code 100 is used for commissioning/re-provisioning.

Timescale for Improvement – East Lothian IJB

A trajectory had been proposed by East Lothian that cover all delayed discharges—those that are part of the monthly census and those that are excluded from the census, and is set out below:- whilst a trajectory has not been required to be agreed with SGHD, the numbers below are a suggested trajectory for East Lothian. However since July will be significantly off trajectory it has been agreed that a revised trajectory is required. This is proposed in the table below.

Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	March 17	April 17
56	50	44	47	31	25	20

Actions Planned and Outcome – East Lothian IJB

Action	Due By	Planned Benefit	Actual Benefit	Status
East Lothian has funded additional capacity in Hospital to Home using delayed discharge fund.	completed	Reductions in delayed discharge.	April 2015 total was 15	
East Lothian planning for implementation of living wage in home care	October 2016	Increase attractiveness of career in care and improve retention of staff.	To be determined	Being planned
East Lothian planning to invest c £1m of social care fund in purchasing additional capacity in care at home following introduction of living wage. Innovative procurement methods will be used to secure blocks of activity for people delayed in hospital.	October 2016	Increase capacity of care at home	To be determined	Being planned
Investment in ELSIE through Integrated Care Fund to provide 24/7 cover to prevent hospital admission.	tbc	Avoid admission and support rapid discharge	To be determined	Being planned
Retendering of current care at home framework	April 2017	Improve capacity of providers in tandem with Living Wage implementation.	To be determined	Project underway and specification under development
Introduction of additional team in hospital to home service	October 2017	More care hours	tbc	Being implemented
Support care home to reopen	September/October 2017	Reduction in numbers waiting for care home by at least 8 (current number of vacancies)		Date to be confirmed
Consider bringing unused NHS or Council capacity into use.	tbc	Up to 10 residential places		Being considered

Comments – East Lothian IJB

Reasons for Current Performance

The key issue is capacity of care at home providers to meet demand. The actions above are mostly aimed at addressing this factor. However the care home market is vulnerable in East Lothian and the recent temporary cessation of admissions to one large care home has increased the number of delays waiting for care homes. In addition new counting rules increased reported numbers in July census.

Delayed Discharges – Edinburgh Integrated Joint Board (IJB)

Healthcare Quality Domain: Effective

For reporting at **October 2016** meetings

Target/Standard: To minimise delayed discharges **over 3 days**, with **none over 14 days**, pending national clarity.

Responsible Director[s]: Chief Officer and Joint Directors

NHS Lothian Performance:-

Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
Not Met	Not Applicable ¹⁰	Worse	Jul 16	0 (max)	232	Aug 2016	EDISON	Yes	Yes	RMG
Edinburgh IJB Performance					144 (62.1% of NHS Lothian Performance)					

Summary for Committee to note or agree

- Targets for the reduction of delayed discharge levels up to May 2016 were proposed based on scheduled investments and anticipated benefits. These targets were approved by the Scottish Government. Additional funding from the Scottish Government was linked to 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 comprehensive programme of actions to address delayed discharge for Edinburgh residents is being overseen by the Patient Flow Programme Board. The Board has specific work streams to support improvements in discharge and admission avoidance and in September a **whole system** self-assessment is currently being undertaken to determine performance against best practice. This will enable the Flow Board to review targets and oversee the improvement plan to be developed through the self-assessment process.

Recent Performance – Delayed Discharges

Table 1: Census Return Data - Total Delayed Discharges (inc. Code 9s, excl. Code 100s) – Lower Count is Better¹¹

	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16
City of Edinburgh										198	192
East Lothian										40	61
Midlothian										24	27
West Lothian										40	38
Total Delayed Discharges (inc. Code 9s, excl. Code 100s)	281	275	269	260	251	238	220	227	262	308	323

¹⁰ To be included for Nov16 reporting onwards.

¹¹ New national definitions from July 2016 prevent a breakdown of delayed discharges by IJB, delay reason or length of delay being provided for prior to this point, on a comparable basis.

Figure 1: Census Return Data - Total Delayed Discharges (inc. Code 9s, excl. Code 100s) – Lower Count is Better

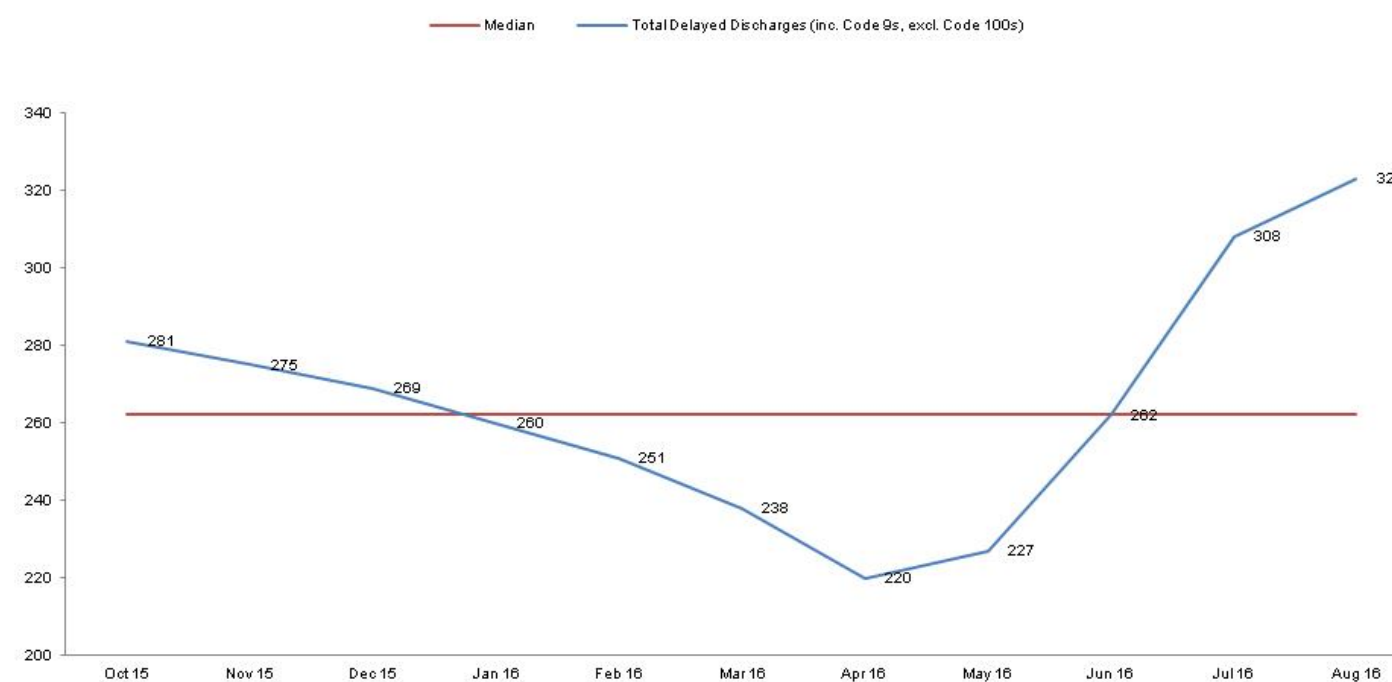


Table 2: Census Return Data - Delayed Discharges – New Methodology – Lower Count is Better

	Jul 16	Aug 16
>3 days (excl. Code 9s and 100s)		
City of Edinburgh	153	144
East Lothian	35	47
Midlothian	15	13
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Total Including Other Local Authority Areas	241	232
Code 9s¹		
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Total Including Other Local Authority Areas	38	36
Code 100s²		
City of Edinburgh	23	23
East Lothian	3	5
Midlothian	4	3
West Lothian	4	6
Total Including Other Local Authority Areas	34	37

Note:
¹ Code 9s are used for 'complex' cases - they are codes used when a partnership is unable, for reasons beyond their control, to secure a patient's safe, timely and appropriate discharge from hospital.
² Code 100 is used for commissioning/re-provisioning

Timescale for Improvement – Edinburgh IJB

A trajectory for the period to May 2016 was agreed with SGHD for the Edinburgh partnership, and set out below:-

Reportable Delays excluding x codes					>2 weeks (derived from all reportable delays excluding x codes)					>4 weeks (derived from all reportable delays excluding x codes)					All targets
Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jan 16	Feb 16	Mar 16	Apr 16	May 16	From June 16
118	100	80	55	50	64	46	26	1	0	36	33	15	0	0	TBD

Actions Planned and Outcome – Edinburgh IJB

Action	Due By	Planned Benefit	Actual Benefit	Status
Continued work on the work streams initiated following the key stakeholder event in March 2016: reablement, recovery and rehabilitation; capacity planning; admission avoidance; support planning and brokerage	Ongoing	Reductions in delayed discharge Reduced delays across the pathway		Work is underway and progress is being closely monitored by the Patient Flow Programme Board.
Locality Hub development – employment of additional clinical support workers	Ongoing	Support people to leave hospital and avoid readmission	To be determined – monitoring and evaluation is being developed.	The model, originally piloted in South East, is now being tested across the four localities.
Review re-ablement provision to ensure effective use of the resource. This is part of the demand management work stream, being led by EY.	June 2016	With more effective targeting of the reablement service to people who are likely to benefit, it is anticipated that there will be a greater reduction in the level of support needed.		New selection criteria for the service and the referral and service pathways have been agreed and came into operation on 1 June. Monitoring of performance has commenced and is being monitored by the four-weekly Reablement Steering Group.
Increase capacity and responsiveness of care at home through the new contracts.	November 2016	New contactors must take work within a week. In house service being restructured to support this and to enhance re-ablement		New contactors in place from end of October 2016 – service to be grown over the following 6 months.
Whole system self assessment being undertaken during September to establish how Edinburgh performs against best practice and an improvement plan to be presented to Flow Board in October.	Mid October 2016	Identify further areas of improvement needed to improve patient flow.		Work is underway and to report in October.

Comments – Edinburgh IJB

The number of reportable delays in Edinburgh increased in July.

The main reason for delay continues to be waiting for domiciliary care, but there are also a significant number of people waiting for a care home place.

A self assessment of the current approach in Edinburgh to tackling delays in transfer of care is being undertaken, utilising the best practice guidance contained within the Joint Improvement Team “Self Assessment Tool for Partnerships” (updated 2015) and The National Institute for Health and Care Excellence guidelines (Dec 2015) for “Transition between inpatient hospital settings and community or care home settings for adults with social care needs”.

Reasons for Current Performance

Waiting for domiciliary care was the largest waiting reason at census. The number of people waiting for care home places has reduced recently. This is investigated and being addressed through the actions noted above.

Delayed Discharges – Midlothian Integrated Joint Board (IJB)

Healthcare Quality Domain: Effective

For reporting at **October 2016** meetings

Target/Standard: To minimise delayed discharges **over 3 days**, with **none over 14 days**, pending national clarity.

Responsible Director[s]: Chief Officer and Joint Directors

NHS Lothian Performance:-

Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
Not Met	Not Applicable ¹²	Worse	Jul 16	0 (max)	232	Aug 2016	EDISON	Yes	Yes	EM
Midlothian IJB Performance					13 (5.6% of NHS Lothian Performance)					

Summary for Committee to note or agree

- The performance within Midlothian is currently off-target, which is a continued result of pressures within care at home in the West of the County, which is resulting in an increased number of patients who are delayed. This has resulted in the in-house service having to provide additional input, which in turn is impacting on their capacity to support discharge. There are a range of actions now in place, including recruitment of 10 additional homecare staff, expansion of the Hospital at Home service, additional medical staff joining Hospital at Home and development of new models of care for care at home. There is further work reviewing all existing capacity across intermediate care, care homes and the community hospital to identify other options for discharge, with additional capacity being explored within Highbank.

Recent Performance – Delayed Discharges

Table 1: Census Return Data - Total Delayed Discharges (inc. Code 9s, excl. Code 100s) – Lower Count is Better¹³

	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16
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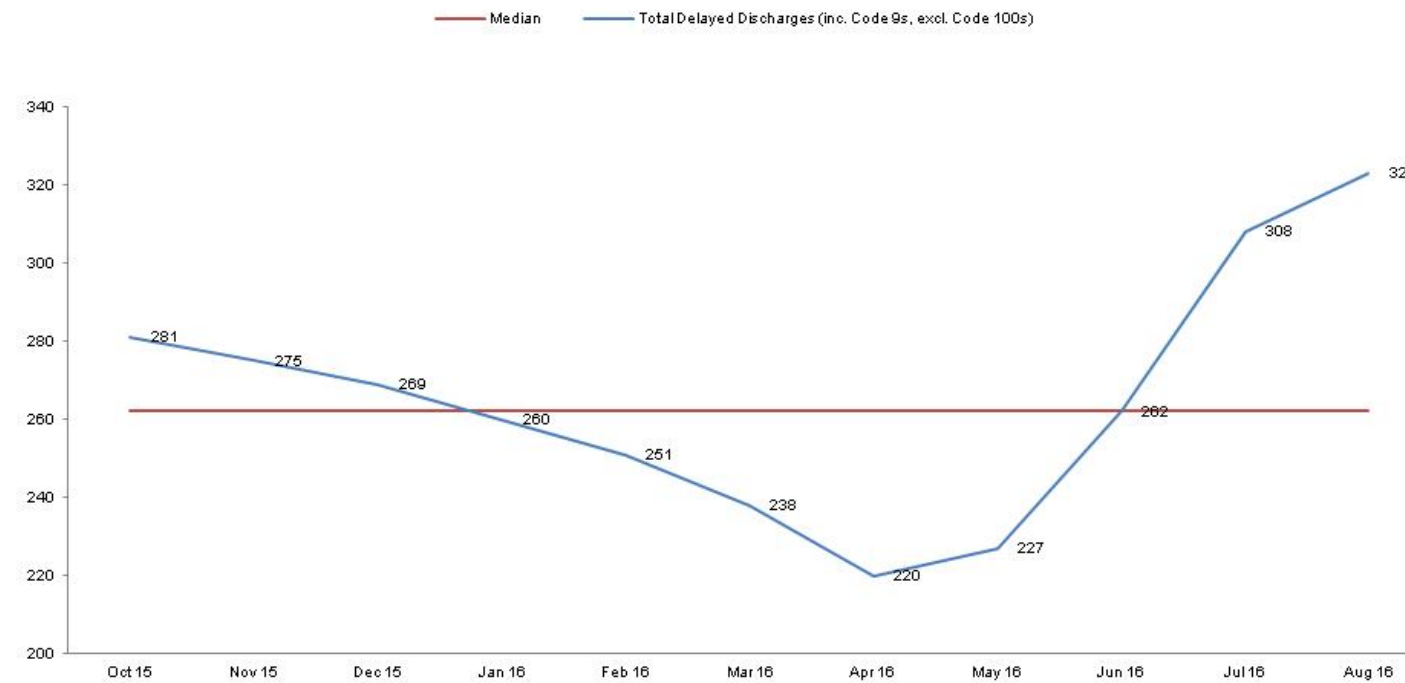


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Note:
¹ Code 9s are used for 'complex' cases - they are codes used when a partnership is unable, for reasons beyond their control, to secure a patient's safe, timely and appropriate discharge from hospital.
² Code 100 is used for commissioning/re-provisioning.

Timescale for Improvement – Midlothian IJB

A trajectory has been agreed with SGHD and set out below (or please provide alternative information, if a trajectory has not been agreed):- The target for Midlothian in the number of patients waiting over 2 weeks is set out below though, as previously noted, work has begun in planning for delivery against the 72 hour target and a trajectory has been development which will be aligned to the new reporting processes for delayed discharge.

May 2016	June 2016	July 2016	Aug 2016	Sept 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	March 2017	April 2017	May 2017
0	0	0	0	0	0	0	0	0	0	0	0	0

Actions Planned and Outcome – Midlothian IJB

Action	Due By	Planned Benefit	Actual Benefit	Status
Action Plan developed and being implemented to address under-performance by Care at Home provider	31 July 2016	Increase in care packages	No benefit delivered with existing provider	The actions have not yielded any benefits as the Provider is not able to take on further packages of care. The Provider has now handed back the service contract.
Increased capacity within Hospital Inreach Team to support improved discharge across acute and community sites	31 Aug 2016	Reduced length of stay and delays	Additional support for team to increase discharges	Member of staff has now been appointed and is supporting patient discharges
Appointment of 10 additional Care Support Workers within the Complex Care Team to increase capacity	30 Sept 2016	Additional 10 packages of care for complex discharges	To be monitored through Reablement systems (CRM2000)	Interviews completed and HR checks now being completed – only 5 workers appointed so further recruitment now underway.
Development of dementia and complex care beds within Partnership run Care Home to support increased choice for LA funded service users	30 Sept 2016	Reduced length of stay and delays, particularly for dementia patients	To be determined through service management	New staffing model being implemented within the Care Home to reflect changed focus of care. Interviews currently underway for staff following service review and NHS Lothian nursing staff (2.6wte) have now been appointed and will take up post in October and November.
Increased medical input to MERRIT (Hospital at Home) with further 0.6 wte doctor	30 Sept 2016	Increase in the number of patients accepted in to the service	To be monitored through MERRIT reporting processes	GP with 6 sessions now in post and increased medical cover to 1.1wte doctors per week.
Agreement being reached with alternative provider to consider options for delivering care at home service	30 Sept 2016	Stability within the service and planned increase in care packages	To be monitored through weekly contract management	Agreement reached with Carr Gomm to take on the Service from 6 November and to work towards developing a new model of care through a Public Social Partnership by April 2017.
Expansion of MERRIT (Hospital at Home) Service to enable growth in beds on virtual ward by 50% (10 to 15 beds)	31 Oct 2016	Increase in admission avoidance and more supported discharge	To be monitored through MERRIT reporting processes	Recruitment process now underway and will include Advanced Practitioner Physiotherapist that will allow expansion of Community Respiratory Service in Midlothian in advance of Winter.

Comments – Midlothian IJB

Reasons for Current Performance

The continued performance is below target and is further reflection on the ongoing issues in relation to Packages of Care at Home, particularly in the West of the County as a result of difficulties being experienced by local providers. There are currently over 700 unfilled hours for packages of care which is having a direct impact on the ability to support discharge from hospital, with a further 564 hours being delivered by the Council's in-house Homecare Service – this is resulting in a slow-down in flow between reablement services and care at home services.

The current Provider in the West of Midlothian has now handed back their service contract to Midlothian Council and we have agreed with a new provider to take on this Service from 6 November – an interim Manager has been appointed to support this transition process and to ensure continuity of care to clients. The new provider, Carr Gomm, will support the move of staff and will work towards developing a new model through a Public Social Partnership from April 2017.

Delayed Discharges – West Lothian Integrated Joint Board (IJB)

Healthcare Quality Domain: Effective

For reporting at **October 2016** meetings

Target/Standard: To minimise delayed discharges **over 3 days**, with **none over 14 days**, pending national clarity.

Responsible Director[s]: Chief Officer and Joint Directors

NHS Lothian Performance:-

Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
Not Met	Not Applicable ¹⁴	Worse	Jul 16	0 (max)	232	Aug 2016	EDISON	Yes	Yes	JF
West Lothian IJB Performance					23 (9.9% of NHS Lothian Performance)					

Summary for Committee to note or agree

- Target to reduce delayed discharge level to 0 is based on scheduled investments and anticipated benefits.
- A comprehensive programme of actions to address delayed discharge is incorporated within the West Lothian Frailty Programme which is focussed on improvements across the whole system of Health and Social Care. The Frailty Programme Board has been revised and actions taken to review the whole programme and clearly identify priorities for further work.
- Care at Home Contract has been fully implemented in April 2016 and it is anticipated that this will contribute to reducing unnecessary delays. Time from request to provision of Package of Care is being closely monitored. There are some issues with one of the care at home providers and we are working to resolve these as timeously as possible
- July position shows deterioration in position from June with 33 delays over 3 days and 22 over 2weeks.
- We are reviewing all delayed discharge cases to track the key issues and are addressing these within our unscheduled care plans

Recent Performance – Delayed Discharges

Table 1: Census Return Data - Total Delayed Discharges (inc. Code 9s, excl. Code 100s) – Lower Count is Better¹⁵

	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16
City of Edinburgh										198	192
East Lothian										40	61
Midlothian										24	27
West Lothian										40	38
Total Delayed Discharges (inc. Code 9s, excl. Code 100s)	281	275	269	260	251	238	220	227	262	308	323

¹⁴ To be included for Nov16 reporting onwards.

¹⁵ New national definitions from July 2016 prevent a breakdown of delayed discharges by IJB, delay reason or length of delay being provided for prior to this point, on a comparable basis.

Figure 1: Census Return Data - Total Delayed Discharges (inc. Code 9s, excl. Code 100s) – Lower Count is Better

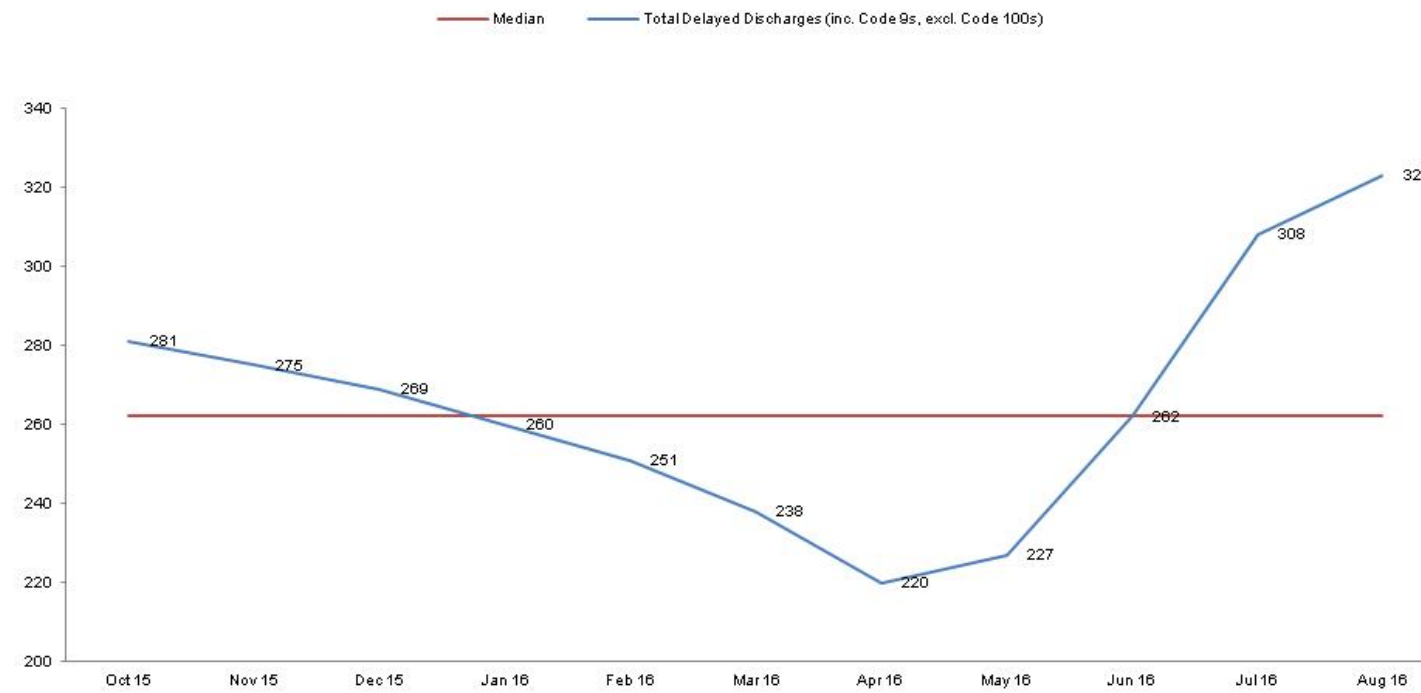


Table 2: Census Return Data - Delayed Discharges – New Methodology – Lower Count is Better

	Jul 16	Aug 16
>3 days (excl. Code 9s and 100s)		
City of Edinburgh	153	144
East Lothian	35	47
Midlothian	15	13
West Lothian	33	23
Total Including Other Local Authority Areas	241	232
Code 9s¹		
City of Edinburgh	25	22
East Lothian	3	3
Midlothian	7	6
West Lothian	3	5
Total Including Other Local Authority Areas	38	36
Code 100s²		
City of Edinburgh	23	23
East Lothian	3	5
Midlothian	4	3
West Lothian	4	6
Total Including Other Local Authority Areas	34	37

Note:
¹ Code 9s are used for 'complex' cases - they are codes used when a partnership is unable, for reasons beyond their control, to secure a patient's safe, timely and appropriate discharge from hospital.
² Code 100 is used for commissioning/re-provisioning.

Timescale for Improvement – West Lothian IJB

An official trajectory for West Lothian has not been agreed with the SGHD.

Local improvement targets would aim to achieve compliance by end of 2016.

Actions Planned and Outcome – West Lothian IJB

Action	Due By	Planned Benefit	Actual Benefit	Status
Established Frailty Programme with following aims <ul style="list-style-type: none"> To design a whole system model of care for frail elderly adults that meet overall IJB strategic priorities To reduce hospital admission and re-admission and minimise delayed discharge To contribute to the financial efficiencies of the IJB To identify areas of skills development to support the new model of care 	March 2017	Reduction in emergency admission Reduction in delayed discharge.	Frailty programme work streams reviewed and priorities identified Delayed discharge clearly identified within the work stream	Amber
Embedding of new Care at Home contract	April 2016	Increase capacity of Care at Home provision Reduction in delayed discharge	Care at Home Contract fully implemented from April 2016 Proportion of reablement capacity blocked with clients with unmet needs reduced as independent providers are providing more packages of care leading to increased capacity in Reablement and Crisis Care teams	Green
Further development and expansion of REACT	Sept 2016	Reduction in emergency admission Reduction in delayed discharge	REACT providing acute care at home, good evidence of success in reducing admission and high level of patient and carer satisfaction. Development plan in progress within overall Frailty Programme and within unscheduled Care plan to extend provision over 7 days	Amber
Comprehensive needs assessment is in progress which will inform the IJB Commissioning Plan for Older People	Sept 2016	Clear identification of needs for older population	Needs Assessment will inform priorities for IJB and Commissioning Plan Priorities identified within Strategic Plan	Green
Review application of Choice and Moving On Policies to ensure consistent with Lothian and Government Guidance	November 2016	Patient moved to right destination 1 st time		Amber
Review Interim Care Home beds and need for intermediate care provision	November 2016	Establish optimum capacity and use of downstream beds Reduce average length of stay in interim care facility Establish requirements for intermediate care	Discussion progressed with WLC and Scottish Care to establish capacity	Amber

Comments – West Lothian IJB**Reasons for Current Performance**

Transition to the new Care at Home contract contributing to some delays with home care packages the main reason for delay. It is anticipated this will continue to improve as new contract is embedded. Contradictions within the Care Home Choice policy and application of the Moving On policy contributing to half of the delays due to patients waiting for care home of choice and being boarded acute and community hospital beds. Discussion with Scottish Government commenced via the Unscheduled Care Board to establish clear pathway and consistency in application of the policies.

Staff Sickness Absence

Healthcare Quality Domain: Person Centred

For reporting at **October 2016** meetings

Target/Standard: 4% Staff Hours or Less Lost to Sickness

Responsible Director[s]: Director of Human Resources and Organisational Development

NHS Lothian Performance:-

Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
Not Met	Improving	Better	2015/16	4% (max)	4.50%	July 2016	Scottish Workforce Information Standard System (SWISS). Management Information.	Yes	Yes	JB

Summary for Committee to note or agree

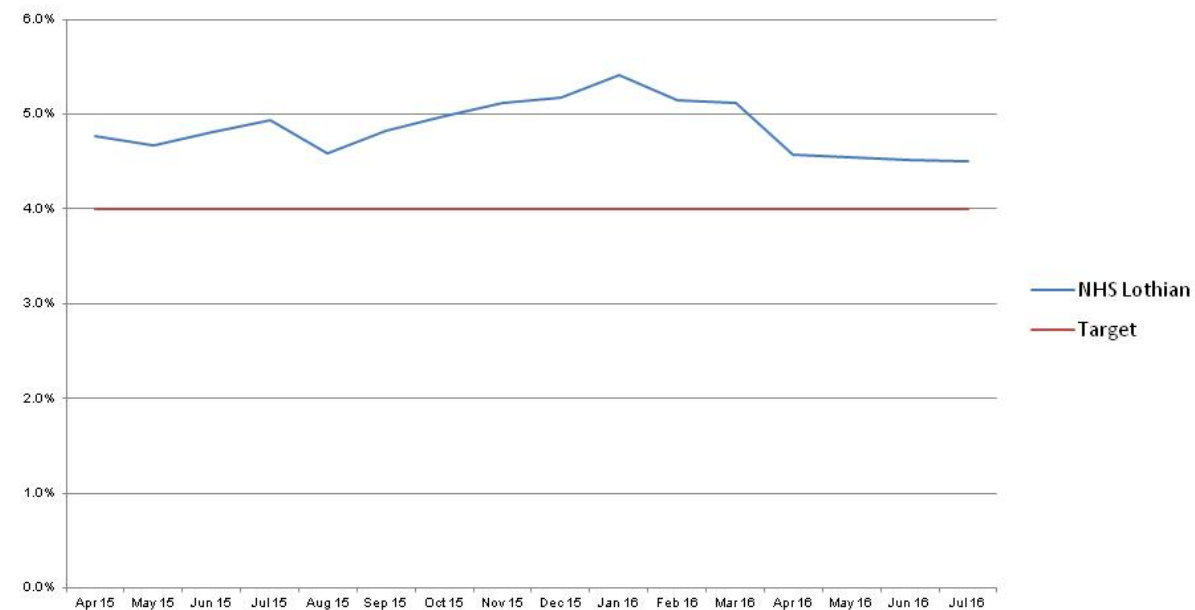
- Performance remains slightly below standard but has decreased by 0.04% in month.

Recent Performance – % against Standard

Table 1: NHS Lothian Staff Sickness Absence (% Staff Hours Lost) - Lower % is Better

	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16
NHS Lothian	4.77%	4.67%	4.81%	4.93%	4.58%	4.82%	4.98%	5.12%	5.18%	5.41%	5.14%	5.12%	4.57%	4.54%	4.51%	4.50%
Target	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%

Figure 1: NHS Lothian Staff Sickness Absence (% Staff Hours Lost) - Lower % is Better



Timescale for Improvement

A trajectory has not been agreed with SGHD.

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Attendance Management Training Sessions continue to be held.	Ongoing			
Master Classes have also been held to assist managers in dealing with difficult conversations at work in the context of staff absence.	-			Completed
Targeted support has been put in place for absence hotspots i.e. Nursing Bands 1-5 and A&C Bands 1-4.	Ongoing			
Absence Review Panels have taken place to review how absence cases are being handled and provide further advice and guidance.	-			Completed
An Absence Dashboard available to all managers has been set up to facilitate effective performance monitoring.	-			Completed
As part of the Efficiency and Productivity Group a sickness absence project has been set up to focus on what could be put in place to assist with an improvement in absence levels. This will initially be focussed on the RIE but any successful improvements will be rolled out across NHS Lothian.	Ongoing			

Comments**Reasons for Current Performance**

NHS Lothian continues to perform better than the NHS Scotland average (4.79%). We continue to be challenged in achieving the 4% standard with the added dimension of an aging workforce. The HR function will continue to provide a range of technical support and governance frameworks to support the management of sickness absence, but ultimately it is the line managers who will need to ensure that they manage absence appropriately in their areas for the required reduction in absence to the 4% level to be achieved. Outlined above are some of the actions that are being undertaken to support managers with this task.

Complaints: 3-Day & 20-Day Acknowledgement/Response Rate

Healthcare Quality Domain: Person Centred

For reporting at **October 2016** meetings

Target/Standard:

1. 3-Day Response [Acknowledgement] Rate – 100% formal acknowledgement within 3 working days;
2. 20-Day Response Rate – 80% of complaints responded to within 3 days.

Responsible Director[s]: Nurse Director

NHS Lothian Performance:-

Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
1. Not Met	Improving	Worse	2014-15	100% (min)	91%	Jul 2016	DATIX	Yes	Yes	AMcM
2. Not Met	Improving	Worse	2014-15	80% (min)	70%	Jul 2016		Yes	Yes	AMcM

Summary for Committee to note or agree

- There is no nationally agreed target for complaints and we are required to submit data quarterly to Information Statistics Division that is published annually on their website.
- NHS Lothian have set a local stretch target of 80% response rate for 20 days
- As the data is reviewed (extracted from DATIX) on a monthly basis it is anticipated that the previous months performance may be amended for accuracy
- The denominator (number of complaints received) will change every month
- Complaints only account for part (June 68%) of the team's activity as there are other types of feedback (concerns, comments, enquiries and compliments)

Recent Performance – Numbers against Standard

Figure 1: NHS Lothian 3-Day Formal Complaints Acknowledgment Rate – Higher % is Better

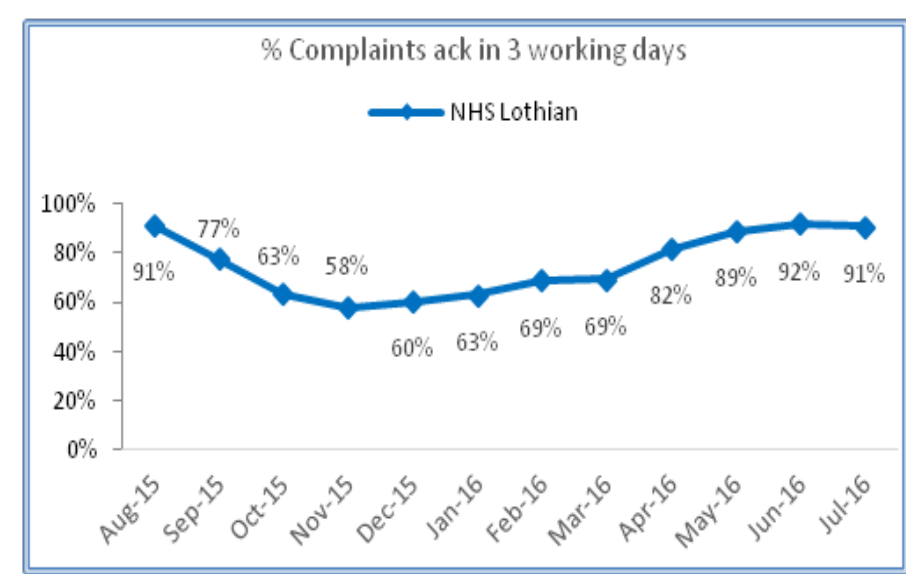
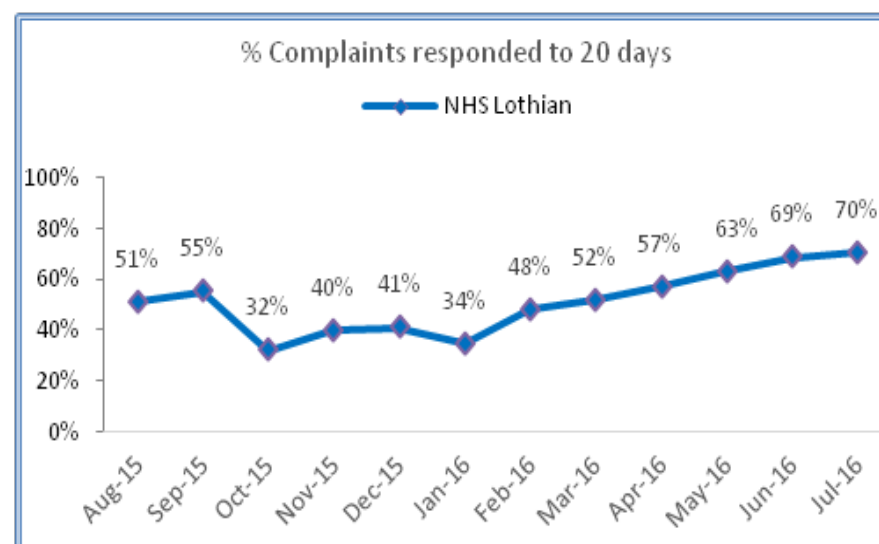


Figure 2: NHS Lothian 20-Day Complaints Response Rate – Higher % is Better



Timescale for Improvement

A trajectory has been agreed with SGHD and set out below:-

Measure	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
	Figure	Figure	Figure	Figure	Figure	Figure	Figure	Figure	Figure	Figure	Figure	Figure	Figure	Figure

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Patient Feedback paper went to April 2016 Board meeting included enhanced complaints information including themes.	Completed			
Reviewed targets with Executive Director in absence of nationally agreed targets and have set a target of 80% of complaints to be acknowledged which was agreed with Lothian Professional Nurses Forum at their April meeting.	April 2016	Agree trajectory with LPNF		
Appoint to vacant posts	June 2016	Improved performance for targets		
Non-Executive appointed as Board Champion for complaints & feedback	Completed			
Quality Assurance Committee met on 17 August	Completed	Continued improve performance, prioritisation of SPSO and Leadership support		
An improvement plan is being developed for all aspects of Scottish Public Services Ombudsman activity which will be discussed and agreed by the Patient Safety Action Group in August, Healthcare Governance Committee in Sept and the Board in October.				

Comments

Reasons for Current Performance

Improvements have been seen in the 20-day (7 consecutive data points) response rates
 There has been sickness in the team and this has resulted in a small drop in performance of the 3-day acknowledgements

Detect Cancer Early (DCE)

Healthcare Quality Domain: Person Centred

For reporting at **October 2016** meetings

Target/Standard: The DCE HEAT standard is for NHS Scotland to achieve a 25% improvement in the percentage of breast, colorectal and lung cancer cases (combined) diagnosed at stage 1. This is to be achieved by the combined calendar years of 2014/2015 and is the equivalent of a national rate of stage 1 diagnosis for breast, colorectal and lung cancer (combined) of 29.0%.

Responsible Director[s]: Director of Public Health & Public Policy

NHS Lothian Performance:-

Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
Not Met	Improving	Better	2014 & 2015 (Combined Calendar Years)	29% (min)	27.1%	2014 & 2015	ISD	No	Yes	AKM

Summary for Committee to note or agree

NHS Lothian's performance over time against this target has been consistently above the All Scotland position and has followed a continued upwards trajectory in detection of stage 1 combined cases, as shown in the chart below. NHS Lothian has increased the percentage of breast, colorectal and lung cancers (combined) detected at stage 1 by 19.9% from the baseline years of 2010 & 2011 to the final reporting period of 2014 & 2015. Scotland as a whole saw an increase of 8.0% in the same period. In NHS Lothian over the 2014 & 2015 period 27.1% of breast, colorectal and lung cancers (combined) were detected at stage 1 compared with 25.1% for Scotland as a whole. NHS Lothian delivered the second highest percentage improvement of all the mainland Boards. However along with all other mainland Boards we fell short of the final targeted performance level of 29% of breast, colorectal and lung cancers (combined) being detected at stage 1.

We will not be in any position to update from a data perspective until June 2017. ISD release national annual figures. Or from a funding perspective, until we hear from Scottish Government on the outcome from the Board's cancer implementation submission – no date given for feedback from SG.

Recent Performance – Numbers Against LDP Target

Figure 1: Current Performance for NHS Scotland and NHS Lothian – Higher % is Better

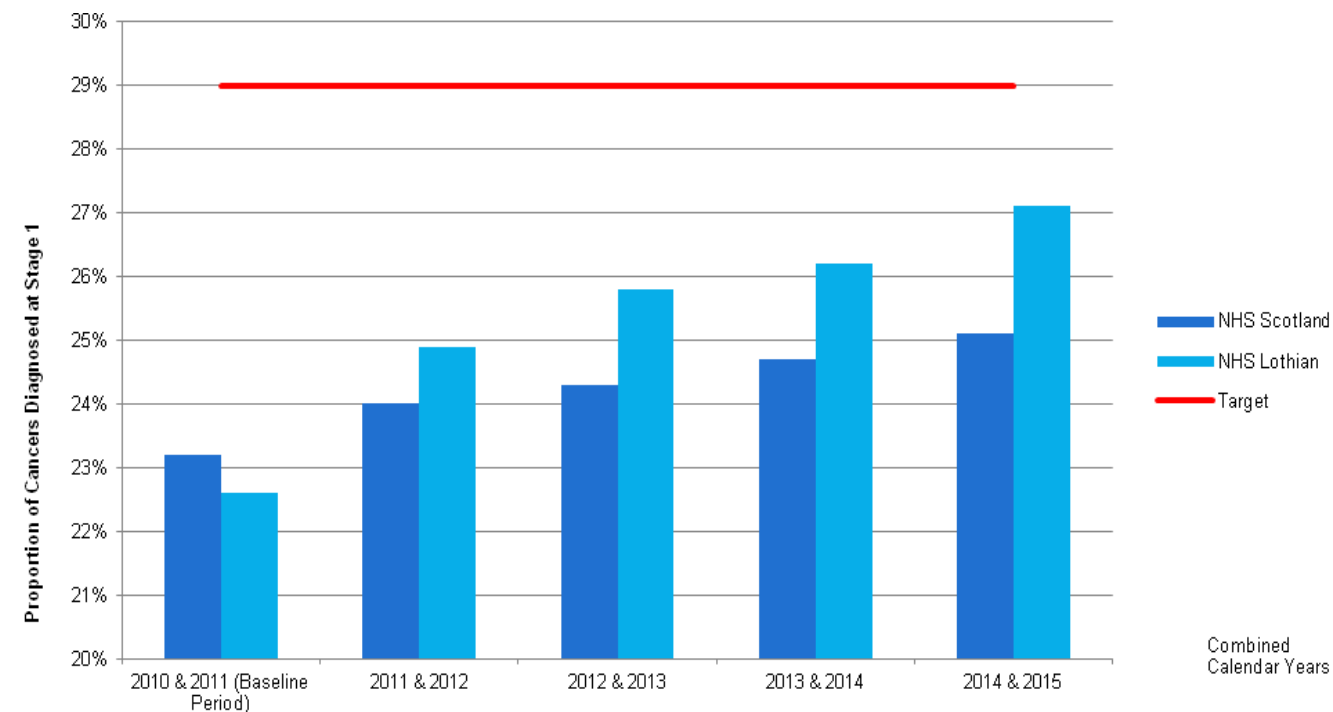


Table 1: Current Performance for NHS Scotland and NHS Lothian – Higher % is Better

	Combined Calendar Years				
	2010 & 2011 (Baseline Period)	2011 & 2012	2012 & 2013	2013 & 2014	2014 & 2015
NHS Scotland	23.2%	24.0%	24.3%	24.7%	25.1%
NHS Lothian	22.6%	24.9%	25.8%	26.2%	27.1%
Target	29.0%	29.0%	29.0%	29.0%	29.0%

Timescale for Improvement

A trajectory has been agreed with SGHD and set out below:-

	Baseline Period (2010 & 2011) – Actual Figure	Reporting Period 4 (2014 & 2015) – Target Figure
NHS Scotland	23.2%	29.0%
NHS Lothian	22.6%	29.0%

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Investment in the Lothian DCE programme in 2016/17	31/3/16 outcome awaited	Stage 1 detection performance improvement, particularly via the breast and bowel screening programmes.		Ongoing

Comments

NHS Lothian's programme is aligned to the 5 DCE work streams; public awareness, informed decision making in screening, primary care detection and referral behaviour, increasing diagnostic capacity, data evaluation and outcomes. Key initiatives during 2015/16 included rollout of digital mammography, policy changes to cervical age range and frequency changes, new referral pathways for lung cancer, multi-disciplinary audit, implementation of the bowel screening quality and outcomes framework (sQoF) and support for targeted social marketing (television and radio platforms, use of social media and field activity e.g. football matches and shopping centres).

Reasons for Current Performance

Mitigating Actions: Impact on colorectal performance across all Boards will be subject to the conclusion of the bowel screening QoF (March 2015). Discussions remain ongoing with finance colleagues concerning budgets for 2016/17 - lack of funds are likely to compromise NHS Lothian's future performance.

Dementia – East Lothian Integrated Joint Board (IJB)

Healthcare Quality Domain: Person Centred

For reporting at **October 2016** meetings

Target/Standard: People newly diagnosed with dementia will have a **minimum of 1 year** of post-diagnostic support (PDS).

Responsible Director[s]: Chief Officer and Joint Directors

NHS Lothian Performance:-

Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
TBC ¹	Not Applicable	Not Applicable	Not Applicable	100% (1 Year (Min))	9.3	Jun 2016	Management Information	Yes	Yes	DS
East Lothian IJB ¹⁶					5.8					

Summary for Committee to note or agree

- ¹The data published by ISD on the dementia standard reports the rate of referral for post diagnostic support based on 100,000 per population. We are currently awaiting confirmation from ISD regarding what the **expected rate** would be in order to evaluate performance against the standard;
- The numerator is based on month of diagnosis rather than month of referral so there is always a lag time between month of publication and rate per month, with the rate continuing to increase for previous months in each subsequent publication;
- NHS Lothian's rate for referral for post diagnostic support is currently in line with the overall national rate;
- The rate is only currently published at Health Board level not by IJB/ locality level. This has been requested from ISD.

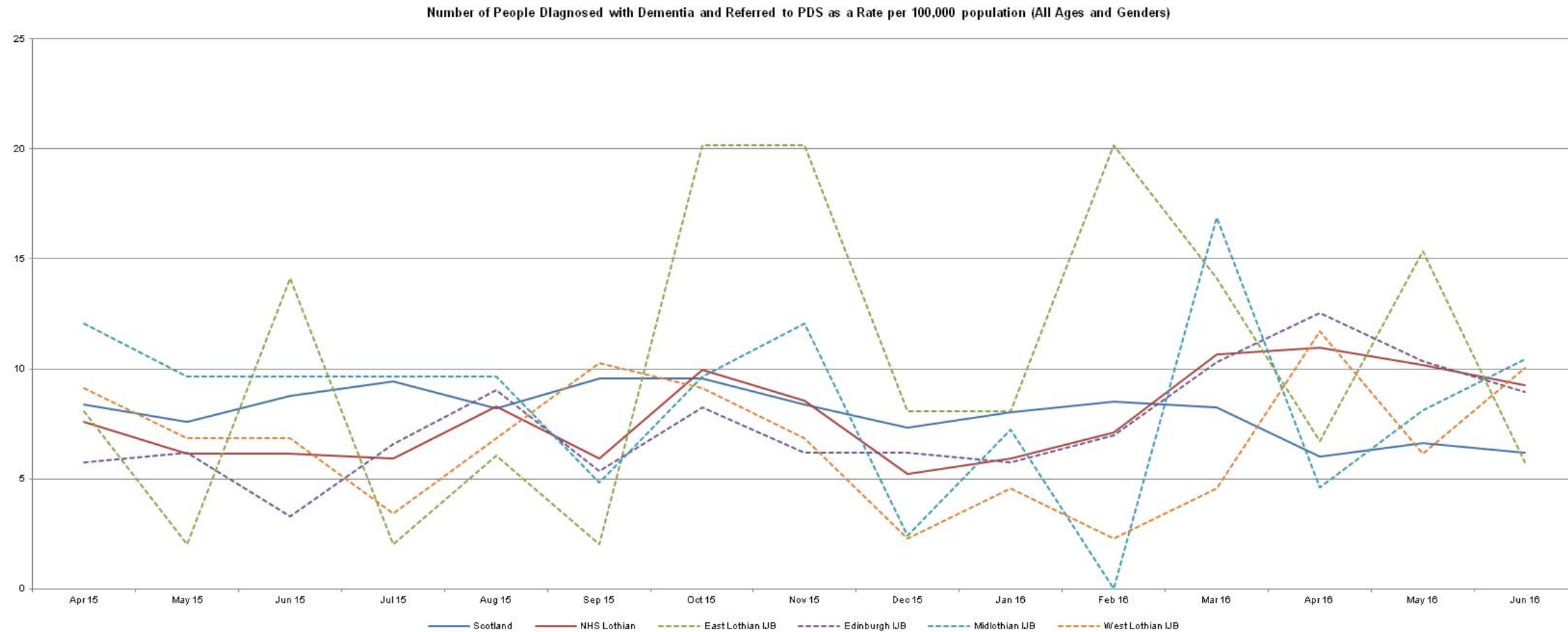
Recent Performance – % against Standard

Table 1: Rate of Referral to PDS in each month for those Diagnosed with Dementia – Higher Rate is Better

	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16
Scotland	8.4	7.6	8.8	9.4	8.2	9.6	9.6	8.4	7.3	8.0	8.5	8.3	6.0	6.6	6.2
NHS Lothian	7.6	6.2	6.2	5.9	8.3	5.9	10.0	8.5	5.2	5.9	7.1	10.7	11.0	10.2	9.3
East Lothian IJB	8.1	2.0	14.1	2.0	6.0	2.0	20.2	20.2	8.1	8.1	20.2	14.1	6.7	15.4	5.8
Edinburgh IJB	5.8	6.2	3.3	6.6	9.1	5.4	8.2	6.2	6.2	5.8	7.0	10.3	12.5	10.3	9.0
Midlothian IJB	12.1	9.7	9.7	9.7	9.7	4.8	9.7	12.1	2.4	7.2	0.0	16.9	4.6	8.1	10.4
West Lothian IJB	9.1	6.8	6.8	3.4	6.8	10.3	9.1	6.8	2.3	4.6	2.3	4.6	11.7	6.1	10.0

¹⁶ For a case to be counted in an IJB, that case must have a patient postcode of residence within the IJB and have been included in a submission from the Health Board (HB), within whose bounds the IJB resides. E.g. if an NHS Lothian HB submission includes a patient with an Edinburgh postcode, they will be included in Edinburgh data – but if the same case was instead treated by a Borders IJB or was resident in a non-Lothian IJB but treated by Lothian, then they would not appear in IJB data. This is because there is currently no data on which IJB actually treats a patient, so the best approach available is to identify patients by IJB of residence unless they were definitely treated outside their local HB. In theory a patient might be resident in one IJB but treated by another within a HB –but it is currently assumed that this never happens as there is no way of verifying one way or another.

Figure 1: Rates of Referral to PDS in each month for Scotland, NHS Lothian and IJBs, for those Diagnosed with Dementia - Source: ISD



Timescale for Improvement – East Lothian Integrated Joint Board (IJB)

A trajectory has not been set due to the proposed changes in the methodology in relation to measuring expected prevalence of dementia.

Actions Planned and Outcome – East Lothian Integrated Joint Board (IJB)

Action	Due By	Planned Benefit	Actual Benefit	Status
Improve capture of PDS being delivered by secondary care mental health services through the development of a questionnaire on TRAK to capture required data for ISD submission.	Completed	Increase reported rate of referral for PDS.	The reported rate has increased. For example our rate for August 15 was 0.7, following capture of additional data it is now 9.3 and our rate is comparable with the Scottish average across most months.	Completed
Improve recording of diagnosis in TRAK. <ul style="list-style-type: none"> Procedures agreed and implemented with local teams Routine reports to feedback performance to teams in place 	Ongoing	Increased recording of all diagnosis to allow comparison of actual versus expected rates for diagnosis of dementia.	Initial Position for % of patients on older adult services caseloads (with at least 1 attended appointment with a consultant) who had a diagnosis of dementia recorded in TRAK in May 2015 was 21%. Position reported in January 16 was 75%.	Will continue to monitor recording
Awaiting further guidance from ISD to develop reporting of diagnosis and referral rate by Partnership area.	July 2016	<ul style="list-style-type: none"> Enable reporting of performance by IJB; Increase local ownership of performance and improvement planning. 		Awaiting ISD guidance
Awaiting ISD guidance to inform boards of proposed changes regarding the methodology of anticipated rates for diagnosis of dementia.	TBC (ISD)	<ul style="list-style-type: none"> Allow more accurate evaluation of performance against the standard at Board and partnership level. 		

Comments – East Lothian Integrated Joint Board (IJB)

NHS Lothian's rate for referral for Post Diagnostic Support is currently in line with the overall national rate;

Data is only available up to May 2016 and there is some dubiety about the accuracy of that month's figure which currently shows East Lothian as having the lowest performance of the four IJB areas. The East Lothian data is also subject to high variability, as evidenced by the May 2015 and June 2015 data.

East Lothian looks forward to future performance reporting at IJB level providing extra detail such as:

- Number of people expected to be diagnosed (in time period)
- Number of people having been diagnosed with dementia (in time period)
- Number of people offered PDS (in time period)

Reasons for Current Performance

Improving recording of diagnosis remains a priority.

Dementia – Edinburgh Integration Joint Board (IJB)

Healthcare Quality Domain: Person Centred

For reporting at **October 2016** meetings

Target/Standard: People newly diagnosed with dementia will have a **minimum of 1 year** of post-diagnostic support (PDS).

Responsible Director[s]: Chief Officer and Joint Directors

NHS Lothian Performance:-

Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
TBC ¹	Not Applicable	Not Applicable	Not Applicable	100% (1 Year (Min))	9.3	May 2016	Management Information	Yes	No	EM
Edinburgh IJB ¹⁷					10.4					

Summary for Committee to note or agree

- ¹The data published by ISD on the dementia standard reports the rate of referral for post diagnostic support based on 100,000 per population. We are currently awaiting confirmation from ISD regarding what the **expected rate** would be in order to evaluate performance against the standard;
- The numerator is based on month of diagnosis rather than month of referral so there is always a lag time between month of publication and rate per month, with the rate continuing to increase for previous months in each subsequent publication;
- NHS Lothian’s rate for referral for Post diagnostic support is currently in line with the overall national rate;
- The rate is only currently published at Health Board level not by IJB/ locality level. This has been requested from ISD.

Recent Performance – % against Standard

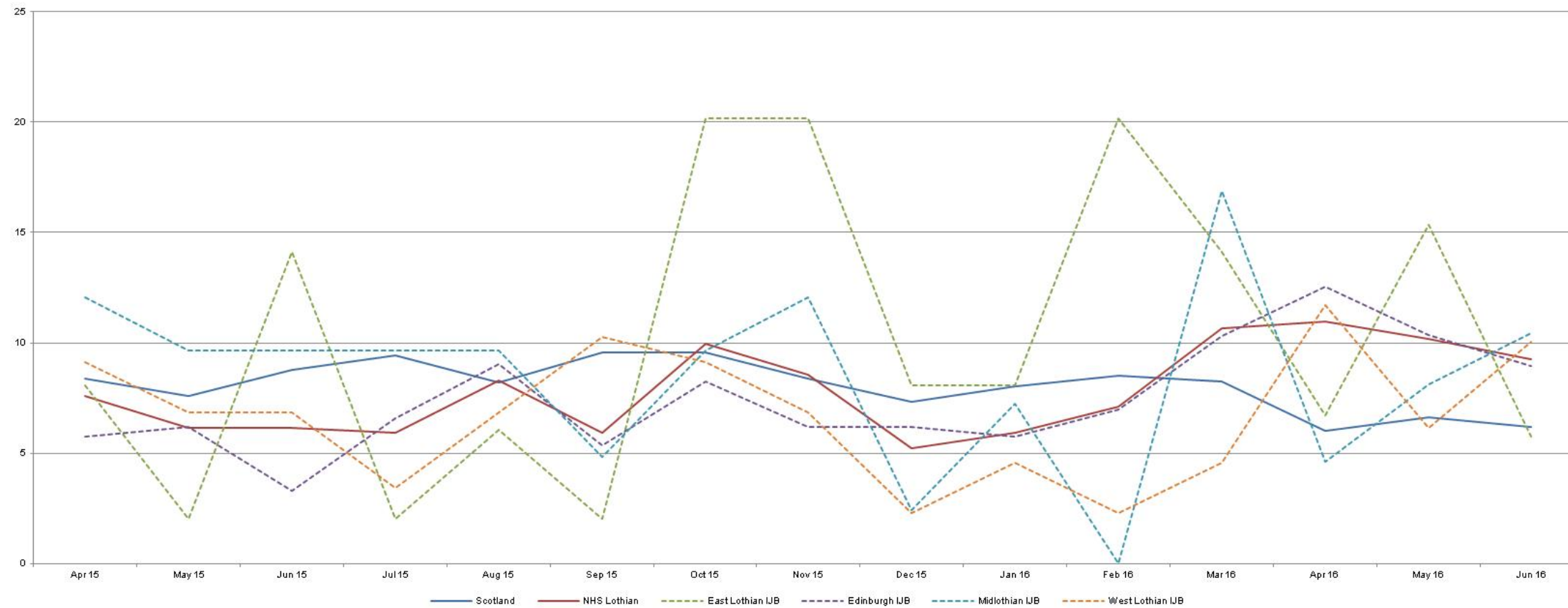
Table 1: Rate of Referral to PDS in each month for those Diagnosed with Dementia – Higher Rate is Better

	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16
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NHS Lothian	7.6	6.2	6.2	5.9	8.3	5.9	10.0	8.5	5.2	5.9	7.1	10.7	11.0	10.2	9.3
East Lothian IJB	8.1	2.0	14.1	2.0	6.0	2.0	20.2	20.2	8.1	8.1	20.2	14.1	6.7	15.4	5.8
Edinburgh IJB	5.8	6.2	3.3	6.6	9.1	5.4	8.2	6.2	6.2	5.8	7.0	10.3	12.5	10.3	9.0
Midlothian IJB	12.1	9.7	9.7	9.7	9.7	4.8	9.7	12.1	2.4	7.2	0.0	16.9	4.6	8.1	10.4
West Lothian IJB	9.1	6.8	6.8	3.4	6.8	10.3	9.1	6.8	2.3	4.6	2.3	4.6	11.7	6.1	10.0

¹⁷ For a case to be counted in an IJB, that case must have a patient postcode of residence within the IJB and have been included in a submission from the Health Board (HB), within whose bounds the IJB resides. E.g. if an NHS Lothian HB submission includes a patient with an Edinburgh postcode, they will be included in Edinburgh data – but if the same case was instead treated by a Borders IJB or was resident in a non-Lothian IJB but treated by Lothian, then they would not appear in IJB data. This is because there is currently no data on which IJB actually treats a patient, so the best approach available is to identify patients by IJB of residence unless they were definitely treated outside their local HB. In theory a patient might be resident in one IJB but treated by another within a HB –but it is currently assumed that this never happens as there is no way of verifying one way or another.

Figure 1: Rates of Referral to PDS in each month for Scotland, NHS Lothian and IJBs, for those Diagnosed with Dementia - Source: ISD

Number of People Diagnosed with Dementia and Referred to PDS as a Rate per 100,000 population (All Ages and Genders)



Timescale for Improvement – Edinburgh Integrated Joint Board (IJB)

A trajectory has not been set due to the proposed changes in the methodology in relation to measuring expected prevalence of dementia.

Actions Planned and Outcome – Edinburgh Integrated Joint Board (IJB)

Action	Due By	Planned Benefit	Actual Benefit	Status
Improve capture of PDS being delivered by secondary care mental health services through the development of a questionnaire on TRAK to capture required data for ISD submission.	Completed	Increase reported rate of referral for PDS.	The reported rate has increased. For example our rate for August 15 was 0.7, following capture of additional data it is now 9.3 and our rate is comparable with the Scottish average across most months.	Completed
Improve recording of diagnosis in TRAK. <ul style="list-style-type: none"> Procedures agreed and implemented with local teams Routine reports to feedback performance to teams in place 	Ongoing	Increased recording of all diagnosis to allow comparison of actual versus expected rates for diagnosis of dementia.	Initial Position for % of patients on older adult services caseloads (with at least 1 attended appointment with a consultant) who had a diagnosis of dementia recorded in TRAK in May 2015 was 21%. Position reported in January 16 was 75%.	Will continue to monitor recording
Awaiting further guidance from ISD to develop reporting of diagnosis and referral rate by Partnership area.	July 2016	<ul style="list-style-type: none"> Enable reporting of performance by IJB; Increase local ownership of performance and improvement planning. 		Awaiting ISD guidance
Awaiting ISD guidance to inform boards of proposed changes regarding the methodology of anticipated rates for diagnosis of dementia.	TBC (ISD)	<ul style="list-style-type: none"> Allow more accurate evaluation of performance against the standard at Board and partnership level. 		

Comments – Edinburgh Integrated Joint Board (IJB)

Linked to Edinburgh Health and Social Care Partnership Strategic Plan Action 23A – improving support for people with dementia.

NHS Lothian's rate for referral for post diagnostic support remains in line with the overall national rate. Awaiting ISD guidance to report on Edinburgh rates and further develop reporting on rates within 4 Edinburgh locality areas.

As noted in the last report, post diagnostic support is mainly delivered through current 2 year contract with Alzheimer Scotland for Edinburgh Post Diagnostic Support Service which includes 6 WTE link workers based in each of the 4 partnership localities. Funded through the Integrated Care Fund until 31 March 2018 (contract £215,483 per annum). The funding source of Integrated Care Fund not yet confirmed beyond March 2018. Escalated to the IJB Risk Register.

Once incidence data from national study is published by Scottish Government, in moving forward anticipated Edinburgh data measures should include:

- Expected number of people diagnosed
- Actual number of people diagnosed
- Number of people offered post diagnostic support
- People completing post diagnostic support as % of those offered
- Number of people waiting

Reasons for Current Performance

In order to have understanding of current performance, it is recognised the need to continue to improve recording of diagnosis and remains a priority.

Dementia – Midlothian Integrated Joint Board (IJB)

Healthcare Quality Domain: Person Centred

For reporting at **October 2016** meetings

Target/Standard: People newly diagnosed with dementia will have a **minimum of 1 year** of post-diagnostic support (PDS).

Responsible Director[s]: Chief Officer and Joint Directors

NHS Lothian Performance:-

Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
TBC ¹	Not Applicable	Not Applicable	Not Applicable	100% (1 Year (Min))	9.3	May 2016	Management Information	Yes	No	EM
Midlothian IJB ¹⁸					10.4					

Summary for Committee to note or agree

- ¹The data published by ISD on the dementia standard reports the rate of referral for post diagnostic support based on 100,000 per population. We are currently awaiting confirmation from ISD regarding what the **expected rate** would be in order to evaluate performance against the standard;
- The numerator is based on month of diagnosis rather than month of referral so there is always a lag time between month of publication and rate per month, with the rate continuing to increase for previous months in each subsequent publication;
- NHS Lothian's rate for referral for Post diagnostic support is currently in line with the overall national rate;
- The rate is only currently published at Health Board level not by IJB/ locality level. This has been requested from ISD.

Recent Performance – % against Standard

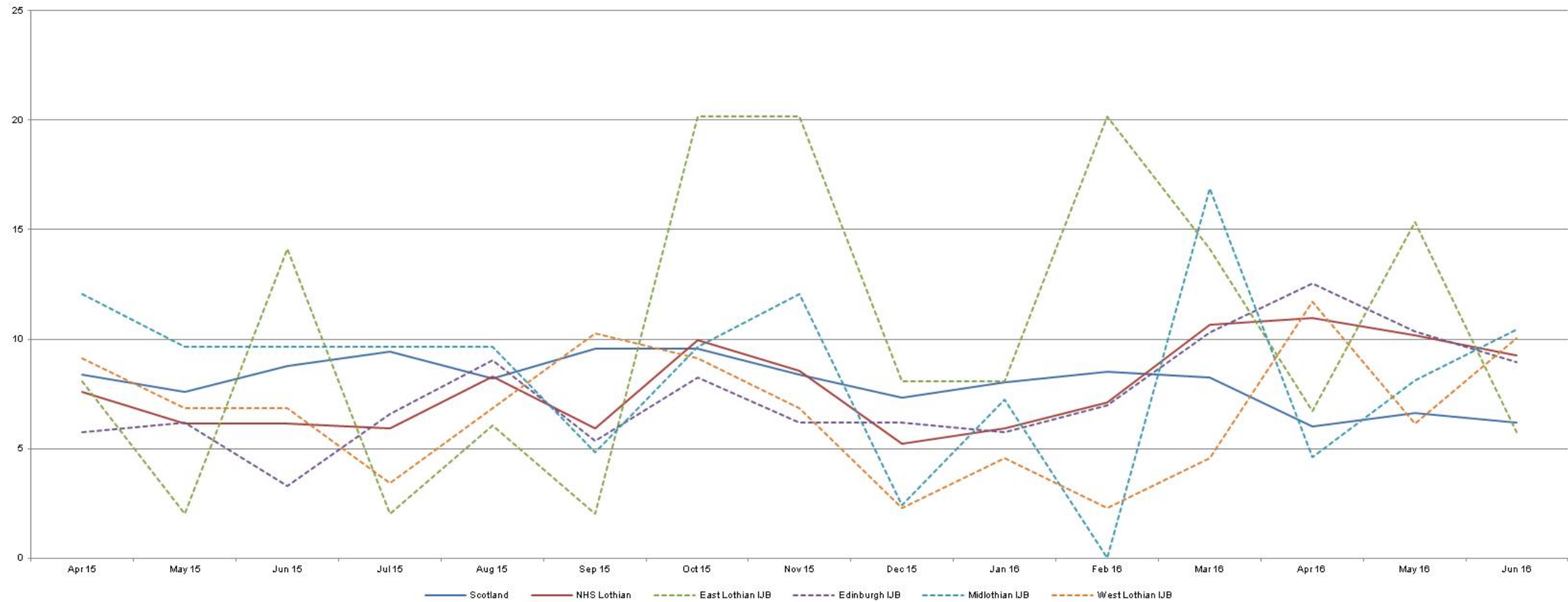
Table 1: Rate of Referral to PDS in each month for those Diagnosed with Dementia – Higher Rate is Better

	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16
Scotland	8.4	7.6	8.8	9.4	8.2	9.6	9.6	8.4	7.3	8.0	8.5	8.3	6.0	6.6	6.2
NHS Lothian	7.6	6.2	6.2	5.9	8.3	5.9	10.0	8.5	5.2	5.9	7.1	10.7	11.0	10.2	9.3
East Lothian IJB	8.1	2.0	14.1	2.0	6.0	2.0	20.2	20.2	8.1	8.1	20.2	14.1	6.7	15.4	5.8
Edinburgh IJB	5.8	6.2	3.3	6.6	9.1	5.4	8.2	6.2	6.2	5.8	7.0	10.3	12.5	10.3	9.0
Midlothian IJB	12.1	9.7	9.7	9.7	9.7	4.8	9.7	12.1	2.4	7.2	0.0	16.9	4.6	8.1	10.4
West Lothian IJB	9.1	6.8	6.8	3.4	6.8	10.3	9.1	6.8	2.3	4.6	2.3	4.6	11.7	6.1	10.0

¹⁸ For a case to be counted in an IJB, that case must have a patient postcode of residence within the IJB and have been included in a submission from the Health Board (HB), within whose bounds the IJB resides. E.g. if an NHS Lothian HB submission includes a patient with an Edinburgh postcode, they will be included in Edinburgh data – but if the same case was instead treated by a Borders IJB or was resident in a non-Lothian IJB but treated by Lothian, then they would not appear in IJB data. This is because there is currently no data on which IJB actually treats a patient, so the best approach available is to identify patients by IJB of residence unless they were definitely treated outside their local HB. In theory a patient might be resident in one IJB but treated by another within a HB –but it is currently assumed that this never happens as there is no way of verifying one way or another.

Figure 1: Rates of Referral to PDS in each month for Scotland, NHS Lothian and IJBs, for those Diagnosed with Dementia - Source: ISD

Number of People Diagnosed with Dementia and Referred to PDS as a Rate per 100,000 population (All Ages and Genders)



Timescale for Improvement – Midlothian Integrated Joint Board (IJB)

A trajectory has not been set due to the proposed changes in the methodology in relation to measuring expected prevalence of dementia.

Actions Planned and Outcome – Midlothian Integrated Joint Board (IJB)

Action	Due By	Planned Benefit	Actual Benefit	Status
Improve capture of PDS being delivered by secondary care mental health services through the development of a questionnaire on TRAK to capture required data for ISD submission.	Completed	Increase reported rate of referral for PDS.	The reported rate has increased. For example our rate for August 15 was 0.7, following capture of additional data it is now 9.3 and our rate is comparable with the Scottish average across most months.	Completed
Improve recording of diagnosis in TRAK. <ul style="list-style-type: none"> Procedures agreed and implemented with local teams Routine reports to feedback performance to teams in place 	Ongoing	Increased recording of all diagnosis to allow comparison of actual versus expected rates for diagnosis of dementia.	Initial Position for % of patients on older adult services caseloads (with at least 1 attended appointment with a consultant) who had a diagnosis of dementia recorded in TRAK in May 2015 was 21%. Position reported in January 16 was 75%.	Will continue to monitor recording
Awaiting further guidance from ISD to develop reporting of diagnosis and referral rate by Partnership area.	July 2016	<ul style="list-style-type: none"> Enable reporting of performance by IJB; Increase local ownership of performance and improvement planning. 		Awaiting ISD guidance
Awaiting ISD guidance to inform boards of proposed changes regarding the methodology of anticipated rates for diagnosis of dementia.	TBC (ISD)	<ul style="list-style-type: none"> Allow more accurate evaluation of performance against the standard at Board and partnership level. 		

Comments – Midlothian Integrated Joint Board (IJB)

NHS Lothian's rate for referral for Post diagnostic support is currently in line with the overall national rate;

There is a wide range of work within Midlothian, a summary of which is set out below.

People referred to Midlothian Dementia Service who are newly diagnosed with dementia are entitled to receive post-diagnostic support, duration of one year or longer as individual circumstances deem appropriate. Some service users receive PDS support for a period beyond 12 months.

The delivery of PDS within Midlothian Dementia Service generally follows one of three key pathways:

PDS led by an Alzheimer Scotland Post Diagnostic Link Worker (community based, usually home visits undertaken by Link Worker)

- *current staff establishment = 2 FTE Link Workers*

PDS led by a Community Psychiatric Nurse in Dementia Nurse clinic (clinics hosted bi-weekly by CPNs, with Nursing Assistant input, at Midlothian Community Hospital)

PDS led by a CPN in community (for example home visits undertaken by CPNs)

- *core nursing staff establishment across team = 4 FTE CPNs: 2B5 and 2B6*

Decision on appropriate pathway for PDS is determined at weekly multi-disciplinary clinical meeting, attended by the full team including Consultant Psychiatrists.

Core benefit of integrated service model of the Midlothian Dementia Service is multi-disciplinary expertise which can be drawn upon, enabling input of Occupational Therapists and Social Workers to enhance support provided by the service during the PDS period.

Recent Developments:

1st July 2016 responsibility for management and delivery of the Dementia Nurse clinics was fully assumed by the team. Prior to this date clinics were managed and delivered via Cairngreen, utilising Cairngreen nurses. Planned in the preceding 6 months, this recent development allows a more seamless and flexible PDS pathway. For example patient/service user may be seen first at a scheduled clinic appointment with perhaps a flexible arrangement made available for follow up.

Including Dementia Nurse Clinics in the service model enables identified needs of service users to be addressed in a timely manner: an internal referral to another professional within the team can be raised at the weekly MDT meeting. The new model ensures the service is equipped to respond to evolving PDS pathways as determined by changing national priorities and strategic aims.

Following recent departure of one AS Link Worker and the reduced working pattern of an established AS Link Worker to part-time hours, both vacancies have been successfully filled. Induction of new recruits is well underway. These appointments should ensure reduction in waiting time for AS LW input, with ultimate aim of eradicating current waiting list.

Planned in the next 1-2 months:

Internal interim review meeting to be held end August/early September enabling clinic personnel feedback to Team Leader in respect of recent clinic transition into team, identifying resultant impact (if any) on existing workflows and workloads. Plan to monitor noticeable impact on response times for CPN referrals into the service (for example waiting list build up) as CPNs committing to clinic work also carry a regular CPN caseload.

A B6 CPN in the team is utilising TRAK data to gather information on clinic appointments, identifying missed appointments and gaps, with aim of ensuring clinic delivery is as efficient as possible. The work is in early stages and ongoing.

Reasons for Current Performance

Improving recording of diagnosis remains a priority.

Dementia – West Lothian Integrated Joint Board (IJB)

Healthcare Quality Domain: Person Centred

For reporting at **October 2016** meetings

Target/Standard: People newly diagnosed with dementia will have a **minimum of 1 year** of post-diagnostic support (PDS).

Responsible Director[s]: Chief Officer and Joint Directors

NHS Lothian Performance:-

Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
TBC ¹	Not Applicable	Not Applicable	Not Applicable	100% (1 Year (Min))	9.3	May 2016	Management Information	Yes	No	JF
West Lothian IJB ¹⁹					10.0					

Summary for Committee to note or agree

- ¹The data published by ISD on the dementia standard reports the rate of referral for post diagnostic support based on 100,000 per population. We are currently awaiting confirmation from ISD regarding what the **expected rate** would be in order to evaluate performance against the standard;
- The numerator is based on month of diagnosis rather than month of referral so there is always a lag time between month of publication and rate per month, with the rate continuing to increase for previous months in each subsequent publication;
- NHS Lothian’s rate for referral for Post diagnostic support is currently in line with the overall national rate;
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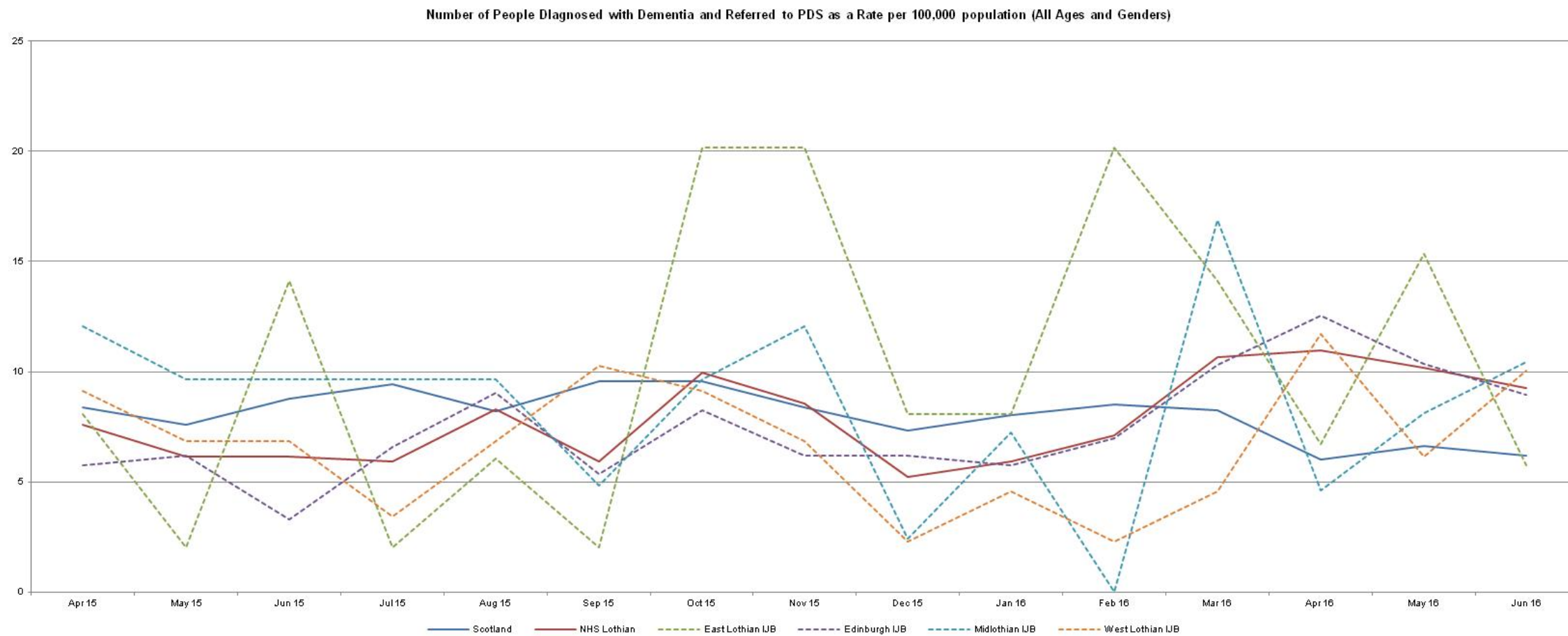
Recent Performance – % against Standard

Table 1: Rate of Referral to PDS in each month for those Diagnosed with Dementia – Higher Rate is Better

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NHS Lothian	7.6	6.2	6.2	5.9	8.3	5.9	10.0	8.5	5.2	5.9	7.1	10.7	11.0	10.2	9.3
East Lothian IJB	8.1	2.0	14.1	2.0	6.0	2.0	20.2	20.2	8.1	8.1	20.2	14.1	6.7	15.4	5.8
Edinburgh IJB	5.8	6.2	3.3	6.6	9.1	5.4	8.2	6.2	6.2	5.8	7.0	10.3	12.5	10.3	9.0
Midlothian IJB	12.1	9.7	9.7	9.7	9.7	4.8	9.7	12.1	2.4	7.2	0.0	16.9	4.6	8.1	10.4
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¹⁹ For a case to be counted in an IJB, that case must have a patient postcode of residence within the IJB and have been included in a submission from the Health Board (HB), within whose bounds the IJB resides. E.g. if an NHS Lothian HB submission includes a patient with an Edinburgh postcode, they will be included in Edinburgh data – but if the same case was instead treated by a Borders IJB or was resident in a non-Lothian IJB but treated by Lothian, then they would not appear in IJB data. This is because there is currently no data on which IJB actually treats a patient, so the best approach available is to identify patients by IJB of residence unless they were definitely treated outside their local HB. In theory a patient might be resident in one IJB but treated by another within a HB –but it is currently assumed that this never happens as there is no way of verifying one way or another.

Figure 1: Rates of Referral to PDS in each month for Scotland, NHS Lothian and IJBs, for those Diagnosed with Dementia - Source: ISD



Timescale for Improvement – West Lothian Integrated Joint Board (IJB)

A trajectory has not been set due to the proposed changes in the methodology in relation to measuring expected prevalence of dementia.

Actions Planned and Outcome – West Lothian Integrated Joint Board (IJB)

Action	Due By	Planned Benefit	Actual Benefit	Status
Improve capture of PDS being delivered by secondary care mental health services through the development of a questionnaire on TRAK to capture required data for ISD submission.	Completed	Increase reported rate of referral for PDS.	The reported rate in West Lothian has fluctuated quite significantly since April 2015. This has led, in most recent months, to the West Lothian rate sitting below both the NHS Lothian rate and the national rate. Work is underway as part of the Frail Elderly Programme in West Lothian to look at how PDS is delivered in West Lothian.	Completed
Improve recording of diagnosis in TRAK. <ul style="list-style-type: none"> Procedures agreed and implemented with local teams Routine reports to feedback performance to teams in place 	Ongoing	Increased recording of all diagnosis to allow comparison of actual versus expected rates for diagnosis of dementia.	Initial Position for % of patients on older adult services caseloads (with at least 1 attended appointment with a consultant) who had a diagnosis of dementia recorded in TRAK in May 2015 was 21%. Position reported in January 16 was 75%.	Will continue to monitor recording
Awaiting further guidance from ISD to develop reporting of diagnosis and referral rate by Partnership area.	July 2016	<ul style="list-style-type: none"> Enable reporting of performance by IJB; Increase local ownership of performance and improvement planning. 		Awaiting ISD guidance
Awaiting ISD guidance to inform boards of proposed changes regarding the methodology of anticipated rates for diagnosis of dementia.	TBC (ISD)	<ul style="list-style-type: none"> Allow more accurate evaluation of performance against the standard at Board and partnership level. 		

Comments – West Lothian Integrated Joint Board (IJB)

NHS Lothian's rate for referral for Post diagnostic support is currently in line with the overall national rate;

Reasons for Current Performance

Improving recording of diagnosis remains a priority.

Patient Experience – Tell us Ten Things (TTT) Inpatient Survey (Question 10 – Overall Experience)

Healthcare Quality Domain: Person Centred

For reporting at **October 2016** meetings

Target/Standard: Score of 9.5 out of 10 for Question 10 (Overall Experience)

Responsible Director[s]: Nurse Director

NHS Lothian Performance:-

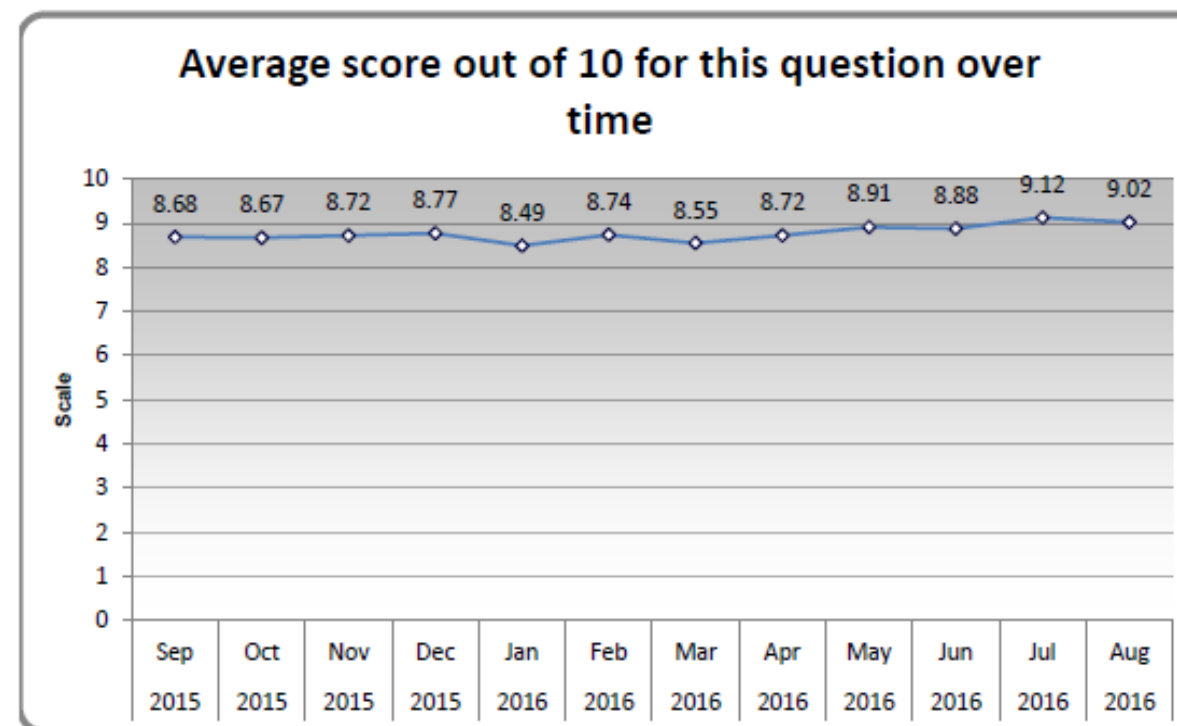
Performance Against Target/Standard	Trend	Published NHS Lothian vs. National Position	Date of Published NHS Lothian vs. National Position	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
Not Met	Improving	Not Applicable	Not Applicable	9.5/10 (min)	9.02	Aug 2016	Tell Us Ten Things Database	Yes	Yes	AMcM

Summary for Committee to note or agree

To note.

Recent Performance – Numbers against Standard

Figure 1: NHS Lothian ‘Tell Us Ten Things’ Inpatient Survey Results – Higher Score is Better



Timescale for Improvement

A trajectory has been agreed with SGHD and set out below:- **N/A**

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Agreed with Director's of Nursing Group an initial stretch target of 10% return rate	April 2016	To achieve a response return rate that provides a sample sufficient for quality improvement.	A sample size that gives sufficient feedback to make quality improvement changes.	Review December 2016
Improved circulation of TTT site and local reports to ensure ANDs receive these	June 2016	Better informed Clinical Management Teams to achieve the targets.		Met
Reviewing return rates to highlight areas where there is a very poor return rate	June 2016	To share best practice across hospital sites to achieve the response return rate target. This will ensure sufficient sample size to carry out small tests of change to make improvements in order to enhance the patient experience.		Met
Midlothian to test TTT survey in community hospital setting and will test the use of an electronic data-capture system.	1 October 2016	To trial suitability of TTT survey in a care of the elderly/long term care setting to ensure the survey meets the needs of the patients. To trial an alternative data capturing system to the current database.		Review December 2016
Discussions with Senior Charge Nurses / Clinical Nurse Managers to highlight return rates and consider local actions to improve responses	June 2016	To share best practice and carry out quality improvement actions to enhance patient experience.		Met
A submission has been made to the July HCG committee to align the measure to the national Person Centre Health & Care Programme (9/10)	Agreed			
RHSC to test TTT survey suitable for children and younger people. To test the use of an electronic data-capture system.	1 October 2016	To test TTT survey in a children and young people setting. To enhance the experience of children and younger people.		Review December 2016
Recruit to vacant posts to support TTT.	November 2016	To lead, implement and embed TTT within in-patient areas. Responsible for data entry, analysis and reporting of TTT surveys and communicating with clinical management teams.		Review December 2016
Test feasibility of SNAP software to capture data, analyse and report TTT survey results.	October 2016	Enhance the data entry, analysis and reporting thus reducing the resource currently required doing so.		Review December 2016

Comments**Reasons for Current Performance**

The data capture for the month of August onwards is more robust than previously which has resulted in an increase in the number of discharged/transfer of patients being captured from Medical Admissions Unit at both the Western General Hospital and Royal Infirmary Edinburgh. The impact of which has resulted in a reduced performance. Please note the data captured for August is reflective of TTT surveys submitted up until Friday 9th September 2016. Under normal circumstances data for any given month would not be reported on until week 3 of the month following. Therefore the figures reported for August are a week early and therefore may have also affected performance.

5 Risk Register

5.1 Not applicable.

6 Impact on Inequality, including Health Inequalities

6.1 The production of these updates do not have any direct impact on health inequalities but consideration may be required elsewhere in the delivery of the actions identified.

7 Involving People

7.1 As the paper summarises trends in performance and identifies remedial action, no impact assessment or consultation is expected.

8 Resource Implications

8.1 The resource implications are directly related to the actions required specified in the proforma.

Katy Dimmock, Andrew Jackson and Ryan Mackie
Analytical Services
3 October 2016
PerformanceReporting@nhslothian.scot.nhs.uk

Measure	Target/Standard	Source for Current Data
Smoking Cessation (quits)	NHS Boards to sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas (60% in the Island Boards).	Smoking Cessation Database
Early Access to Antenatal Care (% booked)	Percentage of maternities booked for antenatal care within 12 completed weeks - the target is for 80% of women in each SIMD quintile to be booked within 12 weeks.	Discovery
CAMHs (18 Weeks)	No child or young person will wait longer than 18 weeks from referral to treatment in a specialist CAMH service from December 2014. Following work on a tolerance level for CAMH services waiting times and engagement with NHS Boards and other stakeholders, the Scottish Government has determined that the target should be delivered for at least 90% of patients.	Management Information
Psychological Therapies (18 Weeks)	The Scottish Government has set a target for the NHS in Scotland to deliver a maximum wait of 18 weeks from a patient's referral to treatment for Psychological Therapies from December 2014. Following work on a tolerance level for Psychological Therapies waiting times and engagement with NHS Boards and other stakeholders, the Scottish Government has determined that the Psychological Therapies target should be delivered for at least 90% of patients.	Management Information
Delayed Discharges (over 2 weeks)	No patient should wait more than 14 days in hospital once they are ready for discharge.	EDISON
Healthcare Acquired Infection - CDI (rate per 1,000 bed days, aged 15+)	NHS Boards' rate of Clostridium difficile infections (CDI) in patients aged 15 and over is 0.32 cases or less per 1,000 total occupied bed days.	NHS Lothian Infection Prevention and Control Team
Healthcare Acquired Infection - SAB (rate per 1,000 acute bed days)	NHS Boards' rate of Staphylococcus aureus Bacteraemia (including MRSA) (SAB) cases are 0.24 or less per 1,000 acute occupied bed days.	NHS Lothian Infection Prevention and Control Team
4-hour Unscheduled Care (% seen)	95% of patients are to wait no longer than 4 hours from arrival to admission, discharge or transfer for A&E treatment. NHS Boards are to work towards 98%.	Management Information
Cancer (31-day) (% treated)	31-day target from decision to treat until first treatment for all cancers, no matter how patients were referred. For breast cancer, this replaced the previous 31-day diagnosis to treatment target.	Management Information
Cancer (62-day) (% treated)	62-day target from receipt of referral to treatment for all cancers. This applies to each of the following groups: any patients urgently referred with a suspicion of cancer by their primary care clinician (for example GP) or dentist; any screened-positive patients who are referred through a national cancer screening programme (breast, colorectal or cervical); any direct referral to hospital (for example self-referral to A&E).	Management Information
Stroke Bundle (% receiving)	The stroke bundle covers four targets: 1. Percentage admitted to a Stroke Unit within 1 day of admission – 90%; 2. Percentage with swallow screen on day of admission – 90%; 3. Percentage with brain scan within 24 hours of admission – 90%; 4. And percentage of ischaemic stroke patients given aspirin within 1 day of admission – 95%.	Management Information
IPDC Treatment Time Guarantee (12 weeks)	From the 1 October 2012, the Patient Rights (Scotland) Act 2011 establishes a 12 week maximum waiting time for the treatment of all eligible patients due to receive planned treatment delivered on an inpatient or day case basis.	Management Information
Outpatients (12 weeks)	From the 31 March 2010, no patient should wait longer than 12 weeks for a new outpatient appointment at a consultant-led clinic. This includes referrals from all sources.	Management Information
Referral to Treatment (18 Weeks)	90% of planned/elective patients to commence treatment within 18 weeks of referral.	Management Information
Diagnostics (6 weeks)	A six week maximum waiting time for eight key diagnostic tests (four for Endoscopy (a) & four for Radiology (b)) from 31 st March 2009.	Management Information
Surveillance Endoscopy (past due date)	No patient should wait past their planned review date for a surveillance endoscopy.	Management Information
IVF (12 months)	The Scottish Government have set a target that at least 90% of eligible patients will commence IVF treatment within 12 months. This is due for delivery by 31 March 2015.	Management Information
Drug & Alcohol Waiting Times (3 weeks)	The Scottish Government set a target that by June 2013, 90% of people who need help with their drug or alcohol problem will wait no longer than three weeks for treatment that supports their recovery. This was one of the national HEAT (Health improvement, Efficiency, Access, Treatment) targets, number A11. This target was achieved in June 2013 and has now become a Local Delivery Plan (LDP) standard - that clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery (90%).	ISD Scotland
Detecting Cancer Early (% diagnosed)	The DCE HEAT standard is for NHS Scotland to achieve a 25% improvement in the percentage of breast, colorectal and lung cancer cases (combined) diagnosed at stage 1. This is to be achieved by the 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
Staff Sickness Absence Levels (<=4%)	4% Staff Hours or Less Lost to Sickness	Management Information (SWISS)
Cardiac Arrest	50% reduction in Cardiac Arrests with Chest Compressions Rate by December 2015 from February 2013 (1.9 per 1,000), baseline.	Management Information (Local Audits (Resuscitation Officer Database))
Falls with Harm	"Harm" is 'Moderate, Major Harm or Death'. Incidents are reported by staff using the DATIX system which records incidents that affect patients or staff. The category and degree of harm associated with each incident are also recorded. An increase in reporting of incidents is considered to be indicative of an improving safety culture and this is monitored in all Senior and Clinical Management Teams. Incidents associated with harm should not increase and this is the trend monitored at NHS Board level. 20% reduction in inpatient falls and associated harm, on a baseline median of 30 per month, by March 2016.	Management Information (Datix)
Hospital Standardised Mortality Ratios (HSMR)	HSMR is the ratio of observed deaths to expected deaths within 30 days of admission to hospital. If the HSMR for a hospital is less than 1, then fewer hospital deaths within 30 days of admission are occurring than expected. HSMRs are therefore used as system level 'warnings' for areas for further investigation. It must be emphasised that the quarter to quarter changes should be interpreted with caution. HSMRs cannot be compared between hospitals or boards; the comparison should only be against the expected number of deaths. There is some controversy about their use, but they remain widely used in this way.	ISD Scotland
48 Hour GP Access - access to healthcare profession; or GP appointment.	48 hour access or advance booking to an appropriate member of the GP team (90%) - Patients can speak with a doctor or nurse within 2 working days; or Patients are able to book an appointment 3 or more working days in advance.	Scottish Government
Alcohol Brief Interventions (ABIs)	Sustain and embed alcohol brief interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings.	Management Information
Hospital Scorecard - Standardised Surgical Readmission rate within 7 days	This is the emergency readmissions to a surgical specialty within 7 days of discharge as a rate per 1000 total admissions to a surgical specialty. This measure has been standardised by age, sex and deprivation (SIMD 2009).	ISD Scotland
Hospital Scorecard - Standardised Surgical Readmission rate within 28 days	As for 7 day readmissions.	ISD Scotland
Hospital Scorecard - Standardised Medical Readmission rate within 7 days	This is the emergency readmissions to a medical specialty within 7 days as a rate per 1000 total admissions to a medical specialty. This measure has been standardised by age, sex and deprivation (SIMD 2009).	ISD Scotland
Hospital Scorecard - Standardised Medical Readmission rate within 28 days	As for 7 day readmissions.	ISD Scotland
Hospital Scorecard - Average Surgical Length of Stay - Adjusted	Ratio of 'observed' length of stay over 'expected' length of stay. This indicator is case mix adjusted by HRG* and specialty. The expected length of stay is calculated by working out the average length of stay nationally (Scotland only) for each specialty and HRG combination. This is then multiplied by the total number of spells to get the expected length of stay. A hospital with a value above the national average (e.g. 1.01 will be 1% above the national average) and a hospital below the national average (e.g. 0.99 is 1% below the national average).	ISD Scotland

Hospital Scorecard - Average Medical Length of Stay - Adjusted	Ratio of observed length of stay over expected length of stay. This indicator is case mix adjusted by HRG* and specialty. The expected length of stay is calculated by working out the average length of stay nationally (Scotland only) for each specialty and HRG combination. This is then multiplied by the total number of spells to get the expected length of stay. A hospital with a value above the national average (e.g. 1.01 will be 1% above the national average) and a hospital below the national average (e.g. 0.99 is 1% below the national average).	ISD Scotland
Complaints (3-Day; & 20-Day)	3-Day Response [Acknowledgement] Rate – 100% formal acknowledgement within 3 working days; & 1. 20-Day Response Rate – 85% of complaints responded to within 3 days.	Management Information (Datix)
Dementia	People newly diagnosed with dementia will have a minimum of 1 years post-diagnostic support	Management Information

* HRG: Healthcare Resource Groups. These are standard grouping of clinically similar treatments that use common levels of healthcare resource. They are usually used to analyse and compare activity between organizations.

NHS Lothian

Board Meeting
5 October 2016

Medical Director

SUMMARY PAPER - HEALTHCARE ASSOCIATED INFECTION

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

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

<ul style="list-style-type: none"> • <u>Local Delivery Plan Standards</u>: The 2016/2017 Local Delivery Plan Standards for NHS Lothian's <i>Staphylococcus aureus</i> Bacteraemia is to achieve a rate no higher than 0.24 per 1000 bed days (≤ 184 incidences) by March 2017. NHS Lothian's current rates for <i>Staphylococcus aureus</i> Bacteraemia incidence is 0.34 (n=111) 	3.1
<ul style="list-style-type: none"> • <u>Local Delivery Plan Standards</u> : The 2016/2017 Local Delivery Plan standard for <i>Clostridium difficile</i> Infection is to achieve a rate of no more than 0.32 per 1000 bed days (≤ 262 incidences NHS Lothian's current rate for <i>Clostridium difficile</i> Infection incidence is 0.32 (n=111). 	3.2
<ul style="list-style-type: none"> • <u>Antimicrobial Prescribing</u>: There is a potential for over reporting within community as a result of clearance samples being submitted where patients may still carry the toxin but have no symptomatic presentation. • The Antimicrobial Management Team are investigating how to do a more detailed report of the high risk antimicrobials which are associated with increased incidence of <i>Clostridium difficile</i> Infection and remain frequently used within prescribing. 	3.3
<ul style="list-style-type: none"> • <u>Healthcare Associated Infection and Antimicrobial Prescribing Prevalence Survey (PPS)</u>: During September-November 2016 the national survey point prevalence survey for Healthcare associated Infection and Antimicrobial prescribing will be carried out with multi-disciplinary team support. 	3.4
<ul style="list-style-type: none"> • <u>Healthcare Environment Inspectorate</u>: St John's Hospital received an unannounced inspection on 10-11 August 2016. The report is due to be published on 18 October 2016. • The 16 week action plan update for Liberton's Unannounced Inspection was returned to the Inspectorate on 17 August 2016. 	3.5

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22 September 2016
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HEALTHCARE ASSOCIATED INFECTION UPDATE

1 Purpose of the Report

- 1.1 The purpose of this report is to update the Board on progress toward achievement of Local Delivery Plan performance for Healthcare Associated Infection across NHS Lothian. Any member wishing additional information should contact the Medical Director in advance of the meeting.

2 Recommendations

- Accept this report as an update on incidence of *Staphylococcus aureus* Bacteraemia and *Clostridium difficile* Infection. The data is for the 5 month period 1 April 2016 - 31 August 2016.
- Note the update on antimicrobial prescribing requested at the previous meeting.
- Note the the unannounced Healthcare Environment Inspectorate visit to St John's Hospital with anticipated publication of report as 18 October 2016.

3 Discussion of Key Issues

The 2016/2017 Local Delivery Plan Standards for NHS Lothian's *Staphylococcus aureus* Bacteraemia is to achieve a rate no higher than 0.24 per 1000 acute occupied bed days (≤ 184 incidences) by March 2017. Lothian's current rate for *Staphylococcus aureus* Bacteraemia incidence is 0.34 (n=111). Breakdown by hospital can be seen in table 1.

For *Clostridium difficile* Infection the 2016/2017 Local Delivery Plan standard is to achieve a rate of no more than 0.32 per 1,000 total occupied bed days (≤ 262 incidences). NHS Lothian current rate for *Clostridium difficile* Infection incidence is 0.32 (n=111). Breakdown by hospital can be seen in table 1.

Table 1: Local Delivery Plan April 2016- March 2017

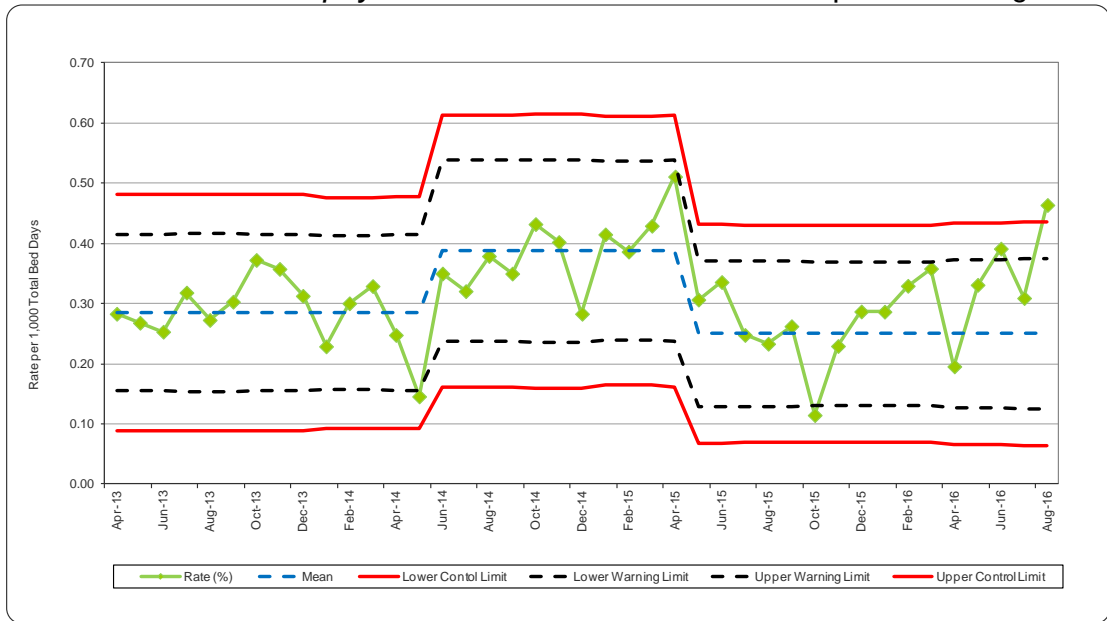
- The table shows the location where the sample (which identified infection) was collected. However this does not identify the source of the infection.
- The National Facilities Monitoring Tool is the source of data for the performance on cleaning compliance and estates monitoring.
- The Patient Safety Quality Improvement Data System is the source of data for the performance on hand hygiene monitoring.

	<i>Clostridium difficile</i> Infection		<i>Staphylococcus aureus</i> Bacteraemia		Cleaning Compliance	Estates Monitoring Compliance	Hand Hygiene Monitoring Compliance
	Number	Percentage	Number	Percentage	Percentage	Percentage	Percentage
April 2016- March 2017 Local Delivery Plan Standard	≤262		≤184		90%	90%	90%
Current Performance							
	<i>Clostridium difficile</i> Infection		<i>Staphylococcus aureus</i> Bacteraemia		Cleaning Compliance	Estates Monitoring Compliance	Hand Hygiene Monitoring Compliance
NHS Lothian	111	100	111	100	95.7%	95.9%	96.5
Royal Infirmary of Edinburgh	19	17	54	49	97.0%	98.8%	94.7
Western General Hospital	22	20	32	29	95.2%	92.7%	96.9
St John's Hospital	24	22	19	17	95.5%	94.5%	97.4
Liberton Hospital	1	1	1	1	97.6%	97.2%	96.5
Royal Hospital for Sick Children	0	0	4	4	94.8%	95.8%	96.2
Community Hospitals	2	2	1	1			
General Practices	41	37	0	0			
Unknown	2	2	0	0			

3.1 *Staphylococcus aureus* Bacteraemia

- There were 111 incidences of *Staphylococcus aureus* Bacteraemia diagnosed for the period April to August 2016.
- There has been no current national reported data for comparison since last report.
- *Staphylococcus aureus* Bacteraemia incidence in NHS Lothian in August is above the upper control limit of the Statistical Process Control chart in Figure 1. This has primarily been the result of an increase in SAB incidence in August at the Royal Infirmary of Edinburgh.
- Enhanced surveillance in July identified 40% of *Staphylococcus aureus* Bacteraemia was associated with soft tissue as the most likely source (Ulcerations 25%).
- A Multidisciplinary Working Group has been established at Western General Hospital specifically to reduce invasive device related bloodstream infections and is working to standardise and improve the care of and reduce the utilisation of Peripheral Venous Cannulae at Western General Hospital.

Figure 1: NHS Lothian *Staphylococcus aureus* Bacteraemia: April 2013 - August 2016



3.2 *Clostridium difficile* Infection

- There were 111 incidences of *Clostridium difficile* Infection diagnosed in patients aged 15 or over for the period April to August 2016, using Health Protection Scotland surveillance programme reporting criteria.
- There has been no current national reported data for comparison since last report
- Figure 2 shows the *Clostridium difficile* Infection incidence in NHS Lothian for age group 15-64 years indicates a consistently lower incidence in 2016 compared to the preceding 5 months (6 data points below the mean).
- Figure 3 shows *Clostridium difficile* Infection incidence in NHS Lothian for age 65 years and over and indicates that the improvement in 2016 that has allowed recalculation of a lower mean incidence continues to be sustained.
- The *Clostridium difficile* Infection incidence at SJH has improved since May and continues to sit close to the mean incidence for this location.

Figure 2: NHS Lothian *Clostridium difficile* Infection – 15 to 64 years: April 2013 to August 2016

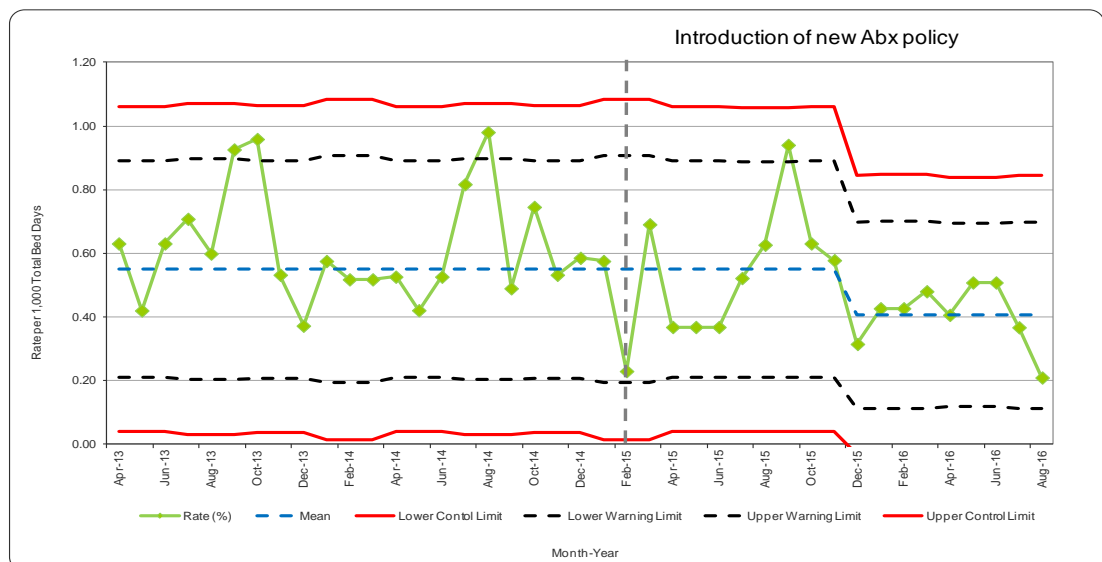
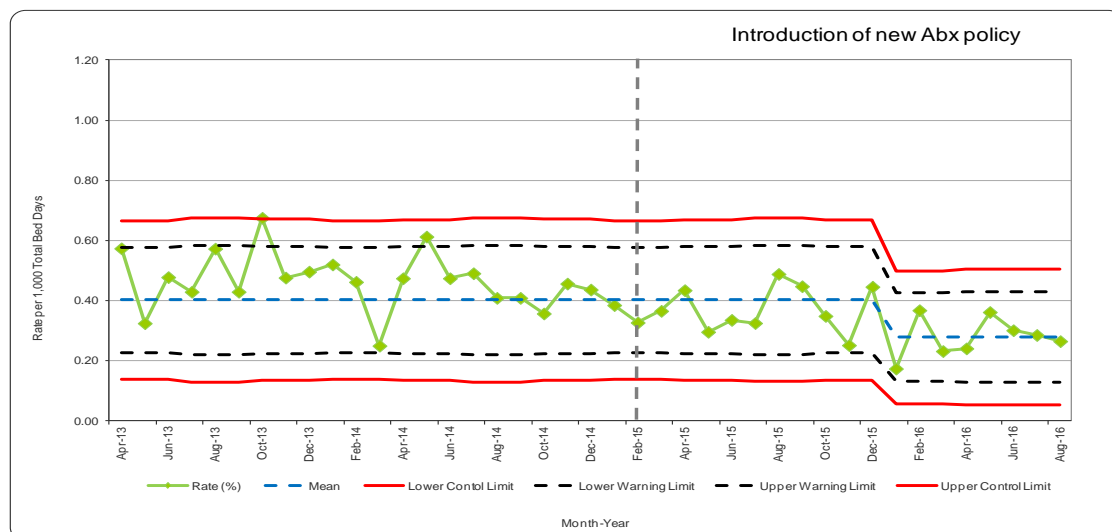


Figure 3: NHS Lothian *Clostridium difficile* Infection - 65 years and over: April 2013 to August 2016



3.3 Antimicrobial Prescribing

GP prescribing advisors have been contacted to explore possible explanations for higher *Clostridium difficile* Infection incidence detected by some GP practices. The higher incidence at St Triduana's Medical Practice has been investigated and several learning points such as the sampling submissions for clearance of *C. difficile* toxin have been identified. Patient's may still carry toxin but without infectious symptoms. These patients would therefore not meet the criteria for Health Protection Scotland surveillance programme case definition and would not have a reportable *Clostridium difficile* Infection.

The Antimicrobial Management Team plans to modify the secondary care Clinical Management Group reports to show the contribution of the individual component 4C antibiotics (such as co-amoxiclav or ciprofloxacin) to overall use rather than consider them as one group. This will then allow mapping over the relative use in primary and secondary care for individual agents that may continue to be frequently prescribed with an association of higher contributory risk to the acquisition of *Clostridium difficile* Infection.

3.4 Healthcare Associated Infection and Antimicrobial Prescribing Prevalence Survey (PPS)

- During September to November 2016 the national point prevalence survey will be undertaken across NHS Scotland. The survey will take place in all acute hospitals and 25% of community hospitals. This will involve members from both the Antimicrobial Management and Infection Prevention and Control Teams collecting data at hospital, ward and patient level.

3.5 Healthcare Environment Inspectorate:

- St John's Hospital received an unannounced inspection on 10-11 August 2016. The draft report is anticipated to be sent to the Board on 21 September 2016 with final report being published on 18 October 2016.
- The 16 week action plan update for Liberton's Unannounced Inspection was returned to the Inspectorate on 17 August 2016.

4 Key Risks

4.1 The key risks associated with the recommendations are:

- *Staphylococcus aureus* Bacteraemias require the patient to undergo additional interventions and prolonged courses of treatment which may extend stay in hospital and can be fatal.
- The use of antimicrobials in 21st century healthcare can be unavoidable and necessary for the appropriate management of infection or prevention of infection but some antimicrobials have greater association with causing *Clostridium difficile* infection and their inappropriate or unnecessary use may result in avoidable episodes of *Clostridium difficile* Infection as well as increased risk of resistant organisms.

5 Risk Register

The Healthcare Associated Infection Corporate Risk Register 1076 is currently graded high due to the reported incidence rates of *Staphylococcus aureus* Bacteraemia and *Clostridium difficile* Infection.

6 Impact on Inequality, Including Health Inequalities

6.1 Healthcare Associated Infection is more common in patients with co-morbidities as they require increased interventions and therefore have increased contact with healthcare services.

7 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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22 September 2016

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NHS Lothian

Board Meeting
5 October 2016

Medical Director

SUMMARY PAPER - NHS Lothian Corporate Risk Register

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

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

<ul style="list-style-type: none"> Use the risks in the Corporate Risk Register to inform assurance requirements and provide context for papers and issues discussed on the Board agenda. 	2.1
<ul style="list-style-type: none"> There are 13 risks in total (set out in Table 1), with 4 risks at Very High and 9 at High 	3.2.1
<ul style="list-style-type: none"> This paper contains a review of Very High risks undertaken by the Risk Management Steering Group 	3.2.2
<ul style="list-style-type: none"> The reporting (Table 2) would suggest NHS Lothian is outwith risk appetite on corporate objectives where low risk appetite has been set 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) and unscheduled care (Corporate Objective 2) and Value & Sustainability (Corporate Objective 3), where a medium appetite has been set. The Quality & Performance Report aims to set out actions to address current compliance and reduce associated risks. 	3.4.1

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NHS Lothian Corporate Risk Register

1 Purpose of the Report

- 1.1 The purpose of this report is to inform the Board of risks on the Corporate Risk Register and current risk appetite and tolerance set against achieving Board objectives.

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

2 Recommendations

- 2.1 Accept this paper as assurance that the Corporate Risk Register contains all appropriate risks, which are contained in section 3.2 and use to inform assurance requirements. A description of these risks, comments and plans is available on request.

- 2.2 Accept the assessment of Very High risks undertaken

- 2.3 Note the current position that NHS Lothian remains outwith its Risk Appetite on achieving corporate objectives where low and medium risk appetite has been set.

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 1 position. Table 1 below provides a summary of the corporate risks and movement in risk grading over last 4 quarters. When a risk's adequacy of control is inadequate or uncertain, the rationale is stated on the individual risk.

- 3.2.1 There are 13 risks in total, with one risk HAI being reduced from Very High (20) to High (16) in quarter 4; the top 4 risks at Very High 20 are:-

1. The scale or quality of the Board's services is reduced in the future due to failure to respond to the financial challenge *
2. Achieving the 4-Hour Emergency Care standard *
3. Achieving the Delayed Discharge targets at 2 and 4 weeks *
4. General Practice Sustainability.

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

- 3.2.2 The Risk Management Steering Group (RMSG), through the executive lead for each risk, examined very high risks in detail to assess risk both individually and across risks. The review concluded the following:-

Financial Challenge – Very High 20

Attaining financial balance on a recurring basis remains extremely challenging and has led to the Board to make decisions about services, such as reducing use of the private sector. There are plans in place to mitigate this risk reported through the Finance & Resources Committee, however, a significant residual risk remains which has informed this grading when considering a sustainable financial plan.

Achieving the 4-Hour Emergency Target – Very High 20

The current data related to this risk shows that despite increasing demand at the front door, NHS Lothian is meeting its target. Should the current practice be sustained a recommendation would be made to reduce this risk. Plans to mitigate this risk are reported through the Acute Services Committee.

Achieving the Delayed Discharge Target – Very High 20

This risk is complex in nature and remains a significant challenge for NHS Lothian. Plans are in place to mitigate this risk, however, the data would suggest that the impact of these plans is variable and as such the residual risk remains very high. The Quality & Performance Report sets out actions being taken to ensure patients are being discharged in a timely fashion to the range of appropriate settings. The Healthcare Governance Committee will assess the level of assurance provided to mitigate this risk on 27 September 2016.

General Practice Sustainability – Very High 20

This is a risk that amplifies all of the above very high risks and is multi-faceted in nature. It is acknowledged that the plans in place are unlikely to reduce this risk in the short term and this is reflected in the grading. A separate paper is on the Healthcare Governance agenda in November 2016 setting out the plans and associated risk as the HCG committee has already highlighted this risk as an assurance gap, and as such requested a paper for the November meeting.

- 3.2.3 It has recently been raised that the patient experience risk needs to be reviewed in light of conversations with the ombudsman. This review will be discussed at the next RMSG on the 20th of September and the outcome will be discussed at the November HCG committee.
- 3.2.4 The Board is to ask for assurance through its governance committees that adequate improvement plans are in place to attend to the corporate risks and in most instances are set out in the Quality & Performance paper presented to the Board and relevant governance committees (see Table 1 below).

Table 1

Datix ID	Risk Title	Initial Risk Level	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016
3600	The scale or quality of the Board's services is reduced in the future due to failure to respond to the financial challenge. (Finance & Resources Committee)	High 12	Very High 20	Very High 20	Very High 20	Very High 20
3203	Achieving the 4 hour emergency target (Acute Services Committee) (Set out in Quality & Performance Improvement Report)	High 10	Very High 20	Very High 20	Very High 20	Very High 20
3726	Achieving the Delayed Discharge targets at 2 weeks (New areas for HCG Committee) (Set out in Quality & Performance Improvement Report)	Very High 20	Very High 20	Very High 20	Very High 20	Very High 20
3829	General Practice Sustainability (new risk – October 2015) (HCG Committee)	Very High 20	Very High 20	Very High 20	Very High 20	Very High 20
1076	Healthcare Associated Infection (HCG Committee) (Set out in Quality & Performance Improvement Report)	High 12	Very High 20	Very High 20	↓ High 16	High 16
3480	Patient Safety - Delivery of four SPSP Work streams. (HCG Committee) (Set out in Quality & Performance Improvement Report)	High 16	High 16	High 16	High 16	High 16
3211	Achievement of National Waiting Times Targets (Acute Services Committee) (Set out in Quality & Performance Improvement Report)	High 12	High 16	High 16	High 16	High 16
3454	Patient Experience – Management of Complaints and Feedback (HCG Committee) (Set out in Quality & Performance Improvement Report)	High 12	High 16	High 16	High 16	High 16
3527	Medical Workforce Sustainability (Workforce assessment reported to Board) (HCG Committee)	High 16	High 16	High 16	High 16	High 16
3189	Facilities Fit for Purpose (accepted back on the Corporate Risk Register October 2015) (Finance & Resources Committee)	High 15	High 16	High 16	High 16	High 16
3455	Health & Safety – Management of Violence & Aggression. (Reported at H&S Committee, via Staff Governance Committee)	Medium 9	High 15	High 15	High 15	High 15

Datix ID	Risk Title	Initial Risk Level	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016
3828	Nursing Workforce – Safe Staffing Levels (HCG Committee)	High 12	High 12	High 12	High 12	High 16
3328	Roadway / Traffic Management (Risk placed back on the Corporate Risk Register December 2015) (Reported at H&S Committee, via Staff Governance Committee)	High 12	-	High 12	High 12	High 12

3.3 Operational Risk Registers

Work continues at an operational and service level to have in place robust risk registers. Many Integration Joint Boards are developing their own risk registers which will be informed by the H&SCP risk registers. The High and Very High risks at Acute and H&SCP level were presented at the June Audit & Risk Committee.

3.4 Risk Appetite Reporting Framework

NHS Lothian's Risk Appetite Statement is:-

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

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

Table 2

	Current Status	Current Position	Data Report
Corporate Objective 2 – Improve the Quality & Safety of Healthcare (LDP 2015-16 - 2.2 Deliver Safe Care) Low Risk Appetite			
<ul style="list-style-type: none"> Scotland target to reduce acute hospital mortality ratios by 10% with a tolerance of 15-20% by Dec 2018 ¹ All sites within HS limits & <=1 	Green	0.87	Quality & Performance Improvement Report
<ul style="list-style-type: none"> Achieve 95% harm free care with a tolerance of 93-95% by Dec 2015 	Green	99.7%	Patient Safety Programme Annual Report (July)
<ul style="list-style-type: none"> Achieve 184 or fewer SAB by March 2016 with a tolerance of 95% against target. n=193 to 184 	Red	111	Quality & Performance Improvement Report
<ul style="list-style-type: none"> Achieve 262 or fewer C.Diff by March 2016 with a tolerance of 95% against target. n=275 to 262 	Red	111	Quality & Performance Improvement Report

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

	Current Status	Current Position	Data Report
<ul style="list-style-type: none"> Reduce falls with harm by 20% with a tolerance of 15-20% by Dec 2015 	Green	20%	Quality & Performance Improvement Report
Corporate Objective 2 – Improve the Quality & Safety of Healthcare (LDP 2015-16 - 2.1 Deliver Person-centred Care) Low Risk Appetite			
<ul style="list-style-type: none"> Patients would rate out of 10 their care experience as 9.5, with a tolerance of 9 	Red	9.02	Quality & Performance Improvement Report Tell us Ten Things (TTT) Patient Survey Person-centred Report
<ul style="list-style-type: none"> 90% of staff would recommend NHS Lothian as a good/very good place to work by Dec 2015 with a tolerance of 93-95% 	Tbc	Tbc	To be collected
<ul style="list-style-type: none"> Staff absence below 4% with a 5% tolerance (4-4.2%) 	Red	4.50%	Quality & Performance Improvement Report
Corporate Objective 2 – Improve the Quality & Safety of Healthcare (LDP 2015-16 - 2.4 Scheduled Care & Waiting Times) Low Risk Appetite			
<ul style="list-style-type: none"> 90% of patients of planned/elective patients commence treatment within 18 weeks with a tolerance of 85-90% 	Red	83.2%	Quality & Performance Improvement Report
<ul style="list-style-type: none"> 95% of patients have a 62 day cancer referral to treatment with a tolerance of 90-95% 	Green	91.5%	Quality & Performance Improvement Report
Corporate Objective 2 – Improve the Quality & Safety of Healthcare (LDP 2015-16 - 2.3 Appropriate Unscheduled Care) Low Risk Appetite			
<ul style="list-style-type: none"> 98% of patients are waiting less than 4 hours from arrival to admission by Sept 2014 with tolerance of 93-98% 	Green	94.4%	Quality & Performance Improvement Report
<ul style="list-style-type: none"> No patients will wait no more than 14 days to be discharged by April 2015 with an appetite of 14 days, and a tolerance of 15 days * 	Red	232	Quality & Performance Improvement Report
<ul style="list-style-type: none"> No of all patients admitted to hospital with an initial diagnosis of stroke should receive the appropriate elements of the stroke care bundle, with an appetite of 80% and a tolerance of 75%. 	Red	71.4%	Quality & Performance Improvement Report for management actions
Corporate Objective 1 – Protect & Improve the Health of the Population. Medium Risk Appetite			
<ul style="list-style-type: none"> Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% SIMD areas, with a 10% tolerance (36-40%). (Target = 293 minimum per quarter). 	Green	314	Quality & Performance Improvement Report
<ul style="list-style-type: none"> At least 80% of women in each SIMD percentile will be booked 	Green	Lowest SIMD is SIMD 4 – 86.9%	Quality & Performance Improvement Report

	Current Status	Current Position	Data Report
for antenatal care by 12 th week of gestation, with a 10% tolerance (69.3-77%)			
Corporate Objective 3 – Secure Value & Financial Sustainability (LDP 2015-16 – 3.1 Financial Planning) Medium Risk Appetite			
<ul style="list-style-type: none"> In the preceding month, the monthly overspend against the total core budget for the month is not more than 0.5% 	Green	£1,081k underspend at period 5 equating to 1.0%	Period 5 Finance Report
<ul style="list-style-type: none"> For the year to date, the overspend against the total core budget for the year to date is not more than 0.1% 	Red	£6,031k overspent for the year-to-date, equating to 1.1%	Period 5 Finance Report

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

3.4.1 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) and unscheduled care (Corporate Objective 2) and Value & Sustainability (Corporate Objective 3), where a medium appetite has been set. The Quality & Performance Report aims to set out actions to address current compliance and reduce associated risks.

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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27 September 2016

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Director of Health and Social Care, East Lothian IJB and Primary Care Policy Lead

PRIMARY CARE UPDATE

1 Purpose of the Report

- 1.1 The purpose of this report is to brief the Board on the current situation with sustainability in general practice and to seek agreement to further actions.

2 Recommendations

- 2.1 Note that capacity and sustainability in general practice is at a critical level because of an increasing and ageing population, increasing volume and complexity of workload, limited skill mix, extensive problems in recruitment and retention, and premises and IT issues. The risk that service provision may be affected is high or very high throughout Lothian.
- 2.2 Note the risk that these issues could have a significant impact on the rest of NHS Lothian services, including secondary care, and on partner agencies such as Local Authorities.
- 2.3 Note the actions undertaken to date to mitigate the risks, and the focussed discussions between IJBs and NHS Lothian on primary care investment that have emerged from the Primary Care Summit held on 29 September 2016.
- 2.4 Note that funding from the Scottish Government Primary Care Transformation Fund, Primary Care Funding for Mental Health and General Practice Recruitment and Retention Funds should provide limited improvements over the next two years, but more support is needed.

3 Discussion of Key Issues

- 3.1 GPs are facing rising patient demand from a growing and ageing population and from the trend to care for people with multiple complex health conditions in community settings.
- 3.2 Care of frail elderly patients in community settings takes up a very significant and expanding proportion of GP time. As the number of frail older people living in care homes or at home with complex medical needs continues to increase this places demands on the local GP practices where these patients are registered
- 3.3 Lothian is projected to show the highest population growth (23.2%) among Scottish Health Boards over the period 2012 to 2037. Over the last 10 years Lothian's population has increased by about 6,000 per year – equivalent to a new medium sized practice each year. There is no automatic process by which new independent contractor practices emerge in areas of population growth. In Lothian, practice

numbers have in fact reduced slightly through retiral of single handed GPs. The vast majority of practices in Lothian operate on an independent contractor basis.

- 3.4 Current projections suggest that the population of Scotland will rise by 9% over the next 25 years, from 5.31 million in 2012 to 5.78 million by 2037¹. The number of people aged 65 and over will increase from 0.9 million to 1.5 million². Older patients have much higher rates of multiple morbidity and associated polypharmacy and the prevalence of dementia is strongly related to age, rising from around 2% at age 65 to around 21% at age 85.
- 3.5 The current challenges facing general medical practice have led to the need for NHS Lothian and the IJBs to develop an integrated approach to support practices in difficulty with the identification of both practical resources and financial support. In a small number of cases it has been necessary to take over practices under Section 2c of the GMS contract (direct employment).
- 3.6 The problems with GP capacity and sustainability are not unique to Lothian, although Lothian is more affected than other Boards in a number of areas. It is recognised that a major change in the approach to the planning and commissioning of General Practice is required, and a Primary Care Summit will be held on 29 September to develop a shared set of primary care priorities for the IJBs and NHS Lothian.
- 3.7 While this is a wide and complex area with some of the challenges described in more detail below the current headlines are:
- The number of GP practices in Lothian receiving support continues to increase, and now stands at 17.
 - The number of GP practices with restrictions on registering new patients continues to grow, and now stands at 42 (34 in Edinburgh, 5 in Midlothian, 3 in West Lothian, 0 in East Lothian).
 - National and local surveys demonstrate that GPs regard their workload to be unsustainable and unsafe, and morale is lower than for other medical groups.
 - Recruitment difficulties cover all GP types (contractors, employees, partners, assistants and locums) and affect both in hours and out of hours GP services.
 - This year, for the first time, around 20% of GP training places in the south-east region are unfilled.
 - The use of skill mix in general practice is not well developed and in most surgeries the predominant model of care is by face to face appointment with a GP. Much greater use of other practitioners is needed such as clinical pharmacists and nurse practitioners.
 - There are significant recruitment and retention issues in Community Nursing including District Nursing and Health Visiting and this in turn impacts on GP capacity. It is acknowledged that professional development for Community Nursing could help meet demand eg by visiting more patients at home and by diagnosing and prescribing independently.

¹ www.nrscotland.gov.uk/news/2014/population-projections-for-scottish-areas

² Scottish Government, 2016

- The GP workforce has undergone feminisation and many women work less than full time and there is evidence that a significant proportion leave the profession at an early age. Working part time is also increasing among male GPs.
- A significant number of newly qualified GPs now express a preference for a hybrid post or a portfolio career instead of working full time in a practice.
- Average age of the GP workforce is rising and changes to taxation and to NHS Pension arrangements may encourage senior GPs to retire earlier than planned.
- IT equipment is outdated, IT clinical systems are slow and unreliable and connectivity with other systems is not available.
- For some practices, premises arrangements are inflexible and expensive and this can contribute to practice unsustainability.
- Practices may get into difficulty for a number of reasons e.g. failure to recruit following retirements or resignations. When this happens the practice can enter a spiral of reduced attractiveness and declining partnership income.

3.8 Several Lothian practices have recently been the subject of media and political interest.

- Southside Surgery in Edinburgh has recently experienced difficulty with recruitment and retention of GPs and this has been the subject of media and political interest. The practice has given notice of their intention to withdraw from the contract to provide primary medical services. A number of options are being examined to ensure that the health care needs of the patients continue to be met.
- East Craigs and Parkgrove Medical Practice (also in Edinburgh) wrote to patients indicating they were going to have difficulty meeting the practice population needs due to retirements and resignations and were exploring the possibility of closing one of the surgeries. Edinburgh Health and Social Care Partnership (HSCP) is working closely with the practice to agree that both premises will be retained and a new practice established in Parkgrove which will be able to grow in the future.
- There are significant pressures in Midlothian with half of the practices having restricted lists and, in order to address the challenges, Midlothian HSCP is planning to establish a new practice in Newtongrange.
- In East Lothian one Musselburgh practice has been taken into direct management in order to prevent a practice collapse. There are no practices with restricted lists in East Lothian at present.

3.9 There have also been difficulties in the following practices over the last two years: Leith Links, Ratho, Kirkliston, Prestonpans.

3.10 In addition to this, the HSCPs are working with a number of practices that have signalled that they are in difficulties.

3.11 Out of Hours, the Lothian Unscheduled Care Service is challenged by an increasingly complex patient demand whilst facing difficulties with recruitment and retention. The percentage of salaried to ad hoc doctors is now 47% to 53% (versus

an ideal 60:40 split of salaried to ad hoc doctors). This reliance on ad hoc doctors makes the service vulnerable during peak periods of festive, Easter and summer holidays when it is increasingly challenging to fill shifts. In common with the national picture, the GPs who provide the most out of hours care tend to be older males, and having been with the service for many years are now retiring. Again pensions and tax arrangements have a part to play in this as they do in daytime general practice. In common with other areas there is an aging nursing workforce and a number have retired or are close to retirement.

- 3.12 LUCS has no dedicated premises in which to work out of since the RVH was closed. This presents significant problems during Practice Learning Time Wednesday afternoons and public holidays as there are now more outpatient clinics running on these days which leaves LUCS with very limited or no clinic rooms.
- 3.13 The NHS Board has a duty to ensure that its population receives general medical services and this is delivered through ensuring everyone can register with a General Practice. Despite the restrictions on registration, this duty is being delivered through the fact that in many areas multiple practices serve overlapping areas and, where necessary, by assigning patients to practices.
- 3.14 Responsibility for primary care is shared between the NHS Board and the Integration Joint Boards. The NHS Board holds the contracts with practices and is responsible for delivery of services through Health and Social Care Partnership and the Primary Care Contractors Organisation (PCCO).
- 3.15 Integration Joint Boards (IJBs) are responsible for the strategic planning and direction of primary care in their areas.
- 3.16 Therefore addressing these issues is a shared responsibility between the NHS Board and the IJBs.
- 3.17 The four Lothian Health and Social Care Partnerships and NHS Lothian have worked closely together to implement a number of priorities to address the significant challenges faced:
 - All HSCPs have carried out a risk assessment to identify those at risk of getting into difficulty.
 - Funding is being invested across Lothian for phlebotomists in primary care funded by the Primary Care Transformation Fund (PCTF) in 2016/17 and 2017/18).
 - Funding is being invested across Lothian for training of advanced nurse practitioners in primary care (PCTF 2016/17 and 2017/18).
 - Deployment of clinical pharmacists in practices (PCTF and Prescription for Excellence).
 - LEGUP (Lothian Expansion Grant Uplift) funding for practices to pump prime up to 500 new registrations to help in areas of population growth.
 - Transformation proposals in each IJB focusing on improving access, link workers, mental health in primary care (PCTF 2016/17 and 2017/18).
 - Primary Care Premises programme – currently five projects underway (Muirhouse, Firhill, Blackburn, Loanhead, Prestonpans) and more in the

pipeline (Cockenzie, Gorebridge, Leith Walk, Ratho) with a continued prioritised investment programme in primary care premises across Lothian to deliver as funding from the Board's allocations from Scottish Government allows.

- An NHS Lothian review of roles of District Nursing and Health Visiting is underway.
- A recognition that innovative and more effective recruitment methods are required.
- Recruitment and Retention schemes supported by Scottish Government funding include WISED OC (recently retired GPs) and Clinical Development Fellows (supported roles for new GPs with funded development time).
- Consideration of merging of smaller practices to create more stability.
- Use of other professions in specific roles to reduce pressure on GPs and practices such as East Lothian Care Home Team (nursing) and Edinburgh Boroughloch Care Home Team (physiotherapy).
- Establishment of new practices in Niddrie, Leith and Muirhouse through a variety of routes.
- Development of an Urgent Care Resource Hub to manage out of hours work using a wider multidisciplinary team including pharmacists, physios and community psychiatric nurses (Scottish Government Out of Hours Review)
- Development of advanced nurse practitioners in LUCS
- Development of a team of health care support workers to work within LUCS bases to enable clinicians to spend more time in direct face to face patient contact.

3.18 There are a number of ongoing challenges:

- Between 2006/07 and 2016/17 NHS Lothian's recurrent baseline Revenue Resource Limit has increased from £993m to £1,303m; a 31% increase. Over the same period the GMS budget has risen from £105m to £128m; an increase of circa 22%. The GMS proportion of baseline recurrent budget has therefore moved from a 10.6% share in 2006/07 to 9.8% in 2016/17. Note however that the baseline RRL now includes new resource streams that did not exist 10 years ago, e.g. Social Care funding.
- Historically, GP recruitment and retention in Lothian has been straightforward but this is no longer the case and effective marketing and recruitment strategies are required.
- There are now a significant number of practices in Lothian that are at risk of failing and need direct intervention and support to maintain service provision.
- The independent contractor model for delivering GP services may not work well in times of difficulty, and if more practices need to be directly managed, either long term or on a temporary basis, then this could have major resource implications.
- An effective approach to demand management is required that can sign post patients to other sources of help and advice or to other practitioners to help reduce demand on GPs.

- At present, many GP practices are focused on daily demands and have very little capacity for development work. It is essential to free up time for GPs to spend on complex clinical care, management of undifferentiated presentations, clinical leadership and quality improvement.
- An increase in the out of hours workload covering more community services such as hospital at home with an associated increase in calls to the direct professional to professional phone line.

4 Key Risks

4.1 Key risks are:

- The Board's ability to meet its statutory obligations to provide general medical services for the population of Lothian, both in and out of hours, may be at risk.
- If service delivery by independent contractors can not be maintained then provision of primary medical services through an employed and managed service will be significantly more expensive.
- Impaired GP capacity will impact on the rest of the healthcare system e.g. by pressure on secondary care, increasing referrals, increasing A&E attendances, increasing costs (e.g. prescribing).
- If more practices impose restrictions on new registrations there is a risk that patients will not be able to access existing services.
- Insufficient investment in primary care will put at risk delivery of the Board's strategic ambitions and the Scottish Government 2020 vision.
- Recruitment and retention issues for out of hours GP services put at risk the ability to deliver the recommendations made in the out of hours national review. "Pulling together: transforming urgent care for the people of Scotland".
- Delay in progress with the development of a revised model of care for the frail elderly in the community both in and out of hours will impact on emergency admission rates and delay in discharge.
- The focus of investment of time and money on a small number of practices risks preventing investment in broad measures to support sustainability in all practices
- If individual GP practices destabilise to the point where they have to close then this may have a knock on effect for neighbouring practices and may cause even greater recruitment difficulties.
- In line with the established evidence of primary care efficacy, if significant primary care shortage areas develop this is likely to have a negative impact on health inequalities, referrals, planned deaths at home and increased admissions.

5 Risk Register

- 5.1 The issue of General Practice sustainability is included on the Corporate Risk register as very high (Risk ID 3829).

6 Impact on Inequality, Including Health Inequalities

- 6.1 No impact assessment has been carried out on the issues discussed in this paper. Practices in difficulty are not concentrated in one geographic area or specifically in areas of deprivation.
- 6.2 The enhancement of Primary Care Services should assist in addressing the causes and impact of inequality more effectively and efficiently but as stated above in 4.1 there is the potential risk in that unless the capacity issues are addressed a number of scenarios could be forecast, one of which is the potential for a widening of health inequalities due to the lack of GP capacity to see, support and treat patients.

7 Involving People

- 7.1 The primary care priorities outlined in this paper were included in NHS Lothian's Strategic Plan 2014-2024 which was subject to a period of public consultation in 2014.
- 7.2 A number of papers detailing the recommendations outlined in this paper have been discussed and supported with a wide range of stakeholders who attend the Primary Care Forward Group, Primary Care Joint Management Team and Strategic Planning Committee.
- 7.3 This issue has been discussed at Primary Care Joint Management Group, GP Sub-Committee, Local Medical Committee, and GP Fora within the HSCPs.
- 7.4 Dialogue will continue to take forward the actions and recommendations outlined in this paper involving NHS Lothian, the four Lothian Health IJBs and General Practitioners and their representatives.

8 Resource Implications

- 8.1 The resource implications will flow from prioritised investment areas in the IJB Strategic Plans, potential changes to the value of the GMS contract at national level and capital investments.

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3 October 2016

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NHS Lothian

Board Meeting
5 October 2016

Nurse Director

SUMMARY PAPER - PERSON-CENTRED CULTURE

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

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

<ul style="list-style-type: none"> To note the meeting with the Scottish Public Service Ombudsman, the NHS Lothian response (18.08.16) and the associated action plan 	3.1 & Appendix 1
<ul style="list-style-type: none"> To note the themes identified from the 6 SPSO Parliamentary Reports 	3.1.3 & Appendix 2
<ul style="list-style-type: none"> To note the Scottish Public Service Ombudsman's Annual Letter and Statistics 25.08.16 	3.2 & Appendix 3a&b
<ul style="list-style-type: none"> The implementation of the actions associated with the complaints review 	3.5
<ul style="list-style-type: none"> Review the most recent increase in telephone calls received, the complaints and feedback activity and performance. 	3.6 & Charts 1 6
<ul style="list-style-type: none"> To note the different ways that complaints and feedback are received by the organisation and in particular the number of complaints made by prisoners. 	Table 6
<ul style="list-style-type: none"> To note the ISD issues from the complaints / feedback and the second highest being "waiting times". 	Table 8
<ul style="list-style-type: none"> To note the number of complaint responses out with 20-days and the number of reopened cases 	Chart B & Table 11
<ul style="list-style-type: none"> To note the NHS Lothian results from the national Inpatient Experience Survey 2016 	3.7

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20 September 2016

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NHS Lothian

Board Meeting
5 October 2016

Nurse Director

PERSON-CENTRED CULTURE

1 Purpose of the Report

1.1 The purpose of this report is to provide an update to the Board on the person centred culture agenda within NHS Lothian.

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

2 Recommendations

2.1 Note and discuss the actions and progress in respect of the Scottish Public Services Ombudsman (SPSO) activity

- NHS Lothian letter to SPSO – 18 August (Appendix 1)
- NHS Lothian activity including Parliamentary Reports (Appendix 2)
- SPSO Annual Letter and Statistics (Appendices 3a&b)
- NHS Lothian SPSO Action Plan (Appendix 4)
- SPSO Complaints Improvement Framework

2.2 Note the ongoing progress with the complaints review and support the range of actions being taken forward

2.3 Review the most recent complaints and feedback activity and performance

2.4 Discuss the NHS Lothian patient experience results from the National Inpatient Experience Survey 2016

3 Discussion of Key Issues

Scottish Public Services Ombudsman

3.1 Meeting with the SPSO – 17 August 2016

3.1.1 Following a meeting on 17 August 2016 with Mr Martin, Scottish Public Services Ombudsman and his team with the Chairman of NHS Lothian along with senior managers in NHS Lothian, it has been agreed to implement a focussed programme of work to improve the SPSO's concerns that were raised during this meeting.

3.1.2 In response to this meeting, Professor Alex McMahon's letter is attached as Appendix 1 which details a list of actions that will be taken forward during the coming months. This work also incorporates the recommendations from the external report that was undertaken by Dr Dorothy Armstrong at the beginning of 2015.

3.1.3 NHS Lothian was challenged by the SPSO regarding the 6 previous SPSO reports that had been laid before Parliament (Appendix 2) as to how we had shared the learning from these 6 reports. These reports present information from:

- Royal Infirmary of Edinburgh 2 Reports
- St John's Hospital 1 Report
- REAS 2 Reports
- General Practice 1 Report

3.1.4 The Patient Experience team has identified recurring themes from these reports, which are:

- Documentation & record keeping
- Communication
- Risk assessments e.g. MUST

The issues identified within the 2 reports from the Royal Infirmary of Edinburgh have been addressed as they relate to consent and the supervision of medical staff. The Patient Experience Team is keen to work with colleagues from Communication Team and CMTs to identify ways that we can share these reports and the learning in a more accessible way and improve the links to the Quality Improvement Teams to share the learning.

3.1.5 Following the REAS reports, one of these complaints was with regard to care of a patient from 2011 to 2012. The Ombudsman report was received in April 2015. With this case the themes are similar to those that have been noted in other REAS complaints particularly around working with carers, quality of care planning and past plan decision making. These reports have been the subject of Adult Mental Health Quality Improvement Team work. Reflecting on SPSO responses, REAS do think it is important to consider the patient experience and respond to complaints as quickly as they can. They are also reflective when investigating and responding to complaints that REAS have not been as open or transparent as they should have been. The Ombudsman has responded directly commenting that the REAS responses that the SPSO were given have been informative and comprehensive.

3.2 SPSO Annual Letter - 25 August 2016

3.2.1 NHS Lothian has recently received the annual letter and statistics (2015-6) from the SPSO (Appendix 3a&b). His letter asks organisations to confirm that we have reviewed these statistics at an appropriate scrutiny / governance / performance committee. The statistics were discussed at the September's Healthcare Governance Committee and demonstrate that 37% of NHS Lothian's complaints to the SPSO are premature, which is up from 27% from the previous year. The SPSO describes this as when the complainant has come to them too early, which may mean that the complainant has not completed the complaints process. The SPSO is also concerned about that he has upheld 56% of complaints during 2015-6. We are currently liaising with the SPSO to better understand the annual statistics.

3.2.2 The SPSO are piloting their Learning and Improvement Unit (LIU), the aim of this is to enhance the impact of their work by helping public sector organisations learn from their complaints. The LIU will provide additional support and advice on how public sector organisations can meet their recommendations with a view to preventing recurrence and future complaints. They are also looking to adopt a tighter escalation process for the very few cases where their recommendations are not being implemented with the potential to lead to a special report. At this time we have no further details as to what this may mean.

3.2.3 One of the tools that the LIU have developed is the SPSO Complaints Improvement Framework (<http://www.valuingcomplaints.org.uk/complaintsimprovementframework/>). The aim of this self assessment will be for us to better understand our efficiency and effectiveness of our overall complaints handling arrangements. The self assessment has 6 themes:

- Organisational culture
- Processes and procedure
- Accessibility
- Quality
- Learning from complaints
- Complaints handling performance

3.2.4 This self assessment has been circulated to the Associate Nurse Directors / Chief Nurses and will be completed by them. The completed self assessments will be analysed so that priority areas and actions are identified.

3.2.5 The LIU will be focussing on the implementation of the SPSO recommendations and will continue to ensure those recommendations address individual complainants' injustices. The SPSO have developed a short survey for us to complete and this is included in his annual letter.

3.3 NHS Lothian Data - SPSO

3.3.1 Recorded in DATIX, during 2015 - 6 the SPSO opened the following cases

Table 1.

Management Team	No of open cases.
RIE Hospital Site Management Team	16
WGH Hospital Site Management Team	16
STJ Hospital Site Management Team	8
Diagnostics, Theatres, Anaes & Critical Care	1
Children's Services	4
Women's Services	2
Royal Edinburgh Associated Services	12
Edinburgh HSCP	2
East Lothian HSCP	1
Midlothian HSCP	0
West Lothian HSCP	0
Total:	62

3.3.2 During 2015 - 6 the SPSO closed the following cases:

Table 2.

Management Team	No of cases.
RIE Hospital Site Management Team	9
WGH Hospital Site Management Team	7
STJ Hospital Site Management Team	3
Diagnostics, Theatres, Anaes & Critical Care	0
Children's Services	3
Women's Services	1
Royal Edinburgh Associated Services	7
Edinburgh HSCP	1
East Lothian HSCP	1
Midlothian HSCP	0
West Lothian HSCP	0
Total:	32

3.3.3 The SPSO opened 5 cases in total during the month of July, as detailed below in table 3.

Table 3 – New SPSO Cases / July

Management Team	No. of new SPSO cases
St John's Hospital Management Team	2
Diagnostics, Theatres, Anaes & Critical Care	1
Western General Hospital	1
Facilities / Royal Infirmary of Edinburgh	1
Total	5

3.3.4 During July there were 8 SPSO cases that were closed as detailed below in table 4

Table 4 – Closed SPSO Cases / July

Management Team	No. of closed SPSO cases
RIE Hospital Site Management Team	4
Diagnostics, Theatres, Anaes & Critical Care	2
Royal Edinburgh Associated Services- HMP EDIN	1
Womens and Childrens- RHSC	1
Total	8

3.4 SPSO Action Plan

3.4.1 Work is already taking place to implement the actions that are detailed in the action plan (Appendix 4). The Modernisation Team are assisting in providing support, through process mapping an SPSO report so that as an organisation we can become as efficient and thorough as possible. As part of this work it will be important to identify what data / information the key governance committees will need so that they can be assured that this work is progressing and improvements are being delivered.

3.4.2 In addition to the specific actions set out in the plan there is an important element concerning "relationship management" between the SPSO and NHS Lothian. The Chairman will be meeting regularly with Mr Martin, Ombudsman to keep him updated

of our work. It is important to recognise that this is an ambitious cultural improvement programme that will require all staff at all levels of the organisation to take a responsibility and contribute to the improvement plan.

3.5 Ongoing actions following the complaints review

3.5.1 The implementation of the complaints review remains a work in progress. The Chairman of NHS Lothian is closely involved to provide Non Executive Director support and scrutiny. There continues to be strong support from the Board to make improvements and demonstrate that we are a learning and listening organisation. The Head of Patient Experience has met with Carolyn Hirst, Non Executive Director and they have agreed to be the “Complaints Champion”. This paper provides additional and data with the aim of giving assurance that action is being taken.

3.5.2 In addition to the Head of Patient Experience, as of August 2016 the resource to support complaints and feedback is detailed below in table 5.

Table 5

Complaints Posts	Grade	WTE
Team Manager – Complaints & Feedback	Band 7	1
Complaints Officers (Recurring funding)	Band 5	5.88
Complaints Officers (funding ends March 2017)	Band 5	2.38
Admin Support (Recurring funding)	Band 4	2.4
Admin Support (funding ends March 2017)	Band 4	1
Total until March 2017		12.66
Total after March 2017		9.26

3.5.3 Four people (Band 5 & Band 4 total of 3.38WTE) are funded from short term monies from Scottish Government which is due to come to end March 2017. Due to the high number of new staff within the team a 12 week induction timetable has been developed for staff to follow. Sickness within the team is at 3% in August.

3.5.4 The accountability for the complaints and feedback function is devolved to the operational teams. The Patient Experience Team has introduced a risk assessment tool, which has been adapted from NHS Lanarkshire. This was introduced on 1 April 2016 and is being tested for 3 months in the first instance. There are five categories:

- Extreme
- Major
- Moderate
- Minor
- Negligible

3.5.5 The Head of Patient Experience Team is working with the senior nurses across the organisation to agree an escalation process and an agreed list of actions for each of these 5 categories. This will inform how we identify those complaints that are passed onto the clinical teams as part of the devolved complaints function and those that will be retained by the central team.

- 3.5.6 All the clinical teams / Community Health and Social Care Partnerships (HSCP) now have access to their local DATIX dashboard. This allows them access to up to date complaints information so that they can see at a glance the stage of every complaint. The dashboard also includes the number of complaints over 20 days and those complaints that are currently being investigated by the SPSO. This is a live system and means the local teams no longer need to generate individual excel spreadsheets.
- 3.5.7 The Patient Experience Team has moved to using the DATIX dashboard for all Scottish Public Services Ombudsman cases. Whilst this will be a centralised function the clinical teams / HS CPs will still be able to review and access their own SPSO complaints. There are 53 cases open (12.09.16).
- 3.5.8 The Patient Experience Team has established a weekly reporting cycle for all clinical services. Early feedback from the teams has been positive and together with use of the dashboards it is hoped that this will contribute towards an improvement with performance and this has been evident on the Royal Infirmary of Edinburgh. The information that is reported includes:
- Total number of contacts
 - Total number of complaints
 - Complaints over 20 days
 - % compliance with 20 days response rate
 - Number of reopened complaints
 - Number of complaints currently with SPSO
- 3.5.9 The operational units that are now testing this devolved approach;
- Royal Edinburgh and Associated Services
 - Western General Hospital
 - Edinburgh Community Health Partnership
 - East Lothian Community Health Partnership
 - Midlothian Community Health Partnership
 - Diagnostics, Anaesthetics, Theatres and Critical Care
 - Maternity Services
 - Royal Infirmary of Edinburgh
- 3.5.10 There has been a specific programme of work that has now concluded within the 2 prisons (HMP Addiewell and HMP Edinburgh). This tested the devolved complaints and feedback approach within the prison healthcare setting and had a clear focus on early and local resolution and early indication showed that the number of complaints during that time reduced. Following the August meeting with the Scottish Public Services Ombudsman he identified this as an area of ongoing concern and we are revisiting this work and supporting the service.
- 3.5.11 The Executive Nurse Director and the Head of Patient Experience has met with the Chief Officer to discuss complaints and feedback within the University Hospital Services. Agreement has been reached to test the devolved approach on the Royal

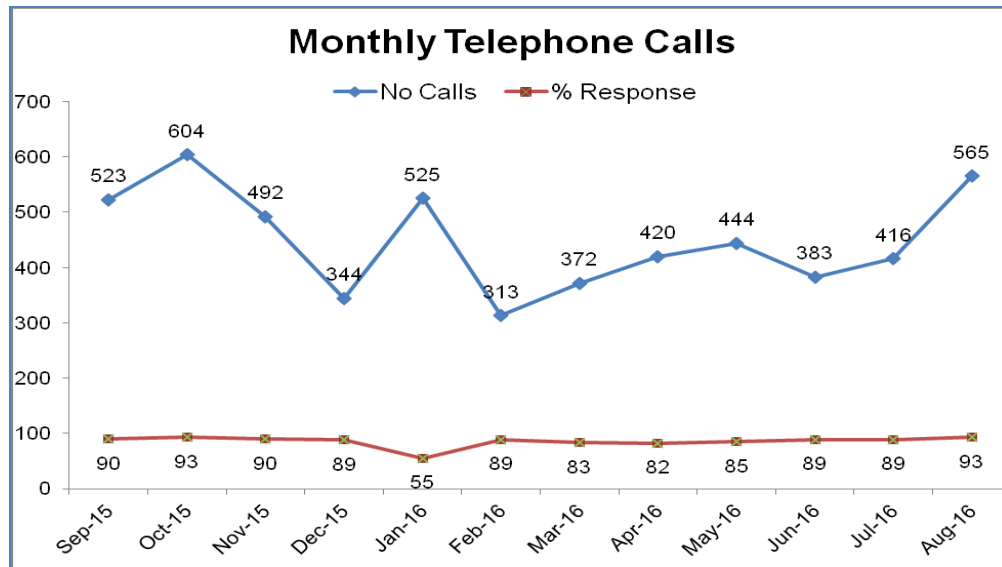
Infirmery of Edinburgh. A key area of this work will be to address both the backlog of complaints and to improve performance.

3.6 Complaints and feedback - performance and activity

3.6.1 The number of telephone calls is now being reviewed on a monthly basis and Chart A below is the number of incoming calls received. During August, the team received 565 which is an increase of 36% from the previous month, telephone calls and were able to respond to 93% of incoming calls.

3.6.2 The average connected call duration during August 2016 was 4:21 minutes and this equates to 44.21 hours spent on the telephone during August and team have been able to respond to 93% of these incoming calls which is an improvement on the previous month (89%). Working with the Telecoms Teams, it is hoped that we will be able to record the associated out-going calls as it is hoped that this will then be able to indicate what the full resource is to support the telephone element of the team.

Chart A



3.6.3 Chart 1 reflects all contacts received into the Patient Experience Team. In July there were 468 contacts (compliments, comments, concerns and complaints), which is an increase of 9% from the previous month (428). Complaints remain the largest category of feedback (n347) and this is an increase of 54 (18%) from June.

3.6.3 Chart 3 reflects the number of contacts that were acknowledged within 3 working days from receipt and performance is at 87%, this is a fall of 6% on the previous month.

3.6.5 Chart 4 reflects the number of complaints that were acknowledged within 3 working days from receipt and performance is at 91% which is a 1% decrease on June however, there has been month on month improvement since November 2015.

3.6.6 Chart 5 reflects all contacts responded to within 20 working days and the performance in July was 76% and there has been month on month improvement since January 2016.

3.6.7 Chart 6 reflects the number of complaints responded to within 20 working days and the performance in July was 70% which is an increase of 1% and there has been month on month improvement since January 2016.

Chart 1

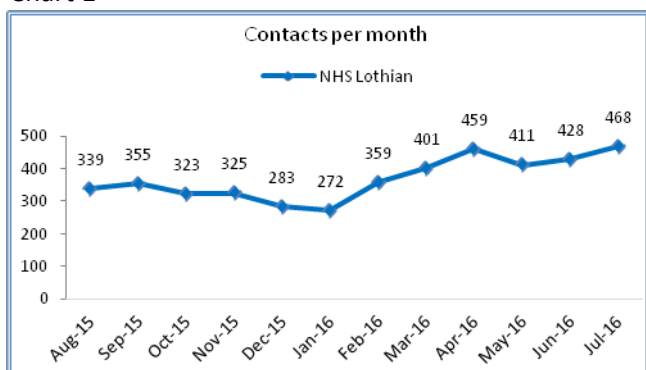


Chart 2

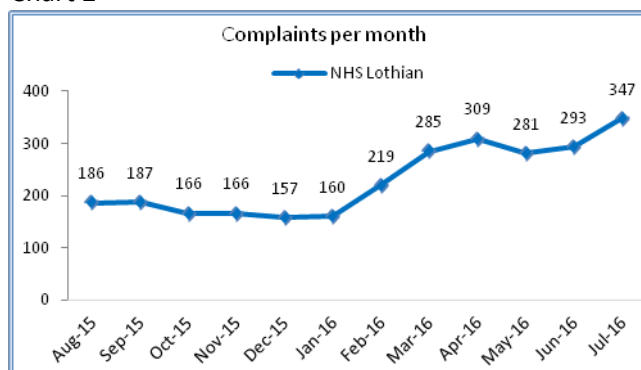


Chart 3

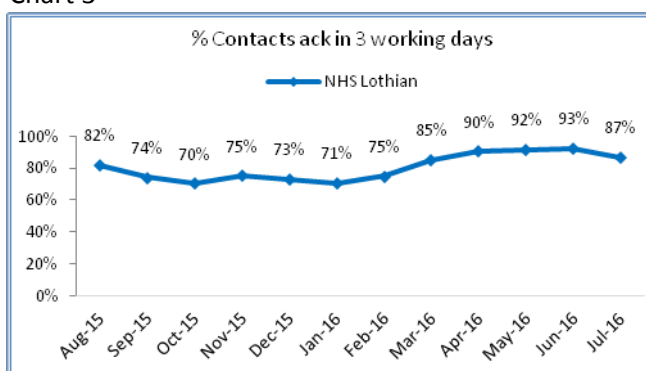


Chart 4

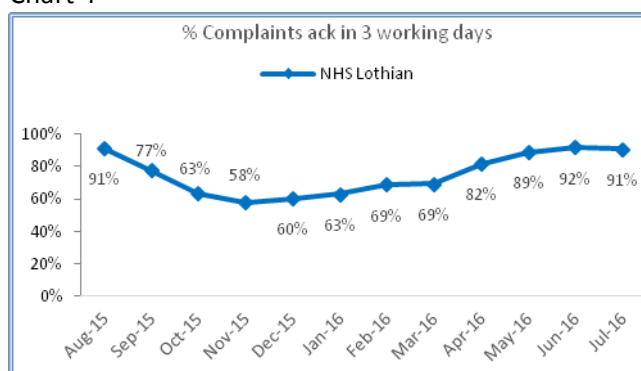


Chart 5

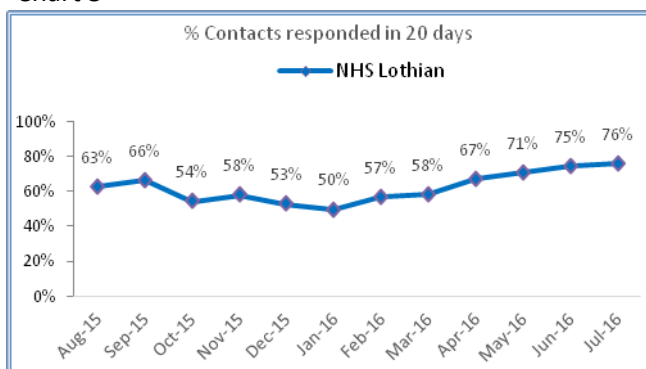
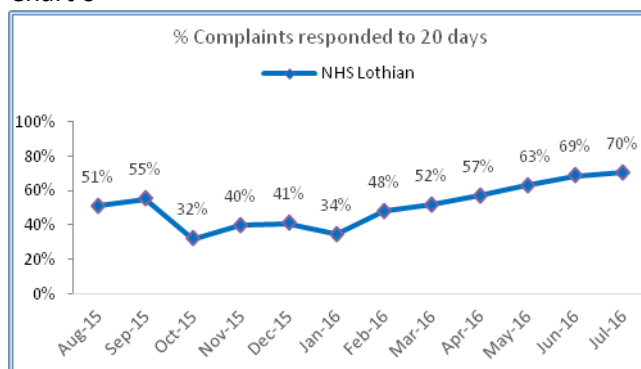


Chart 6



3.6.8 Table 6 demonstrates that during July there were two complaints made in person whilst complaints continue to be received by email, this month (n=95) this is a decrease of 49% on the previous month (n=142). The majority of complaints during July (n=144) were received from HMP Healthcare with an additional 20 issues raised in other type. There continues to be discussion as to the definition of a complaint and a concern. Whilst this is a subjective decision taken by the Patient Experience Team, we encourage the clinical teams to discuss with us if they think we have incorrectly categorised a complaint / concern. This definition will form part of the revised model complaints handling process that is currently being led by the Scottish Public Services Ombudsman.

Table 6 Method of complaint and Type

July-2016	Complaint	Concern	Enquiry	Feedback	Comments	Compliment	Total
comments card	10	0	0	1	1	5	17
email	95	12	6	2	2	30	147
in person	2	1	0	0	0	1	4
letter	51	4	5	1	1	21	83
OTHER	1	0	0	0	0	0	1
prison complaint form	144	19	1	0	0	1	165
telephone call	42	5	2	0	0	0	49
via Advocacy Service	1	0	0	0	0	0	1
via ward	0	0	0	0	0	1	1
web complaints form	3	0	0	0	0	0	3
Total	349	41	14	4	4	59	471

3.6.9 Following the introduction of the risk assessment tool, table 7 below demonstrates the assessments made against all complaints and concerns.

Table 7 Complaints by Month and Level of Risk

	Negligible	Minor	Moderate	Major	Extreme	Total
Apr 2016	49	93	20	4	0	166
May 2016	121	129	40	9	0	299
Jun 2016	146	152	47	9	1	355
Jul 2016	144	149	45	10	0	0
Total	460	523	152	32	1	820

3.6.10 Table 8 demonstrates the issues that have been recorded using the ISD codes for the month of July. The majority of issues raised concerned Treatment, followed by Staff and Waiting Times. There is a concern that as NHS Lothian manages its Treatment Time Guarantee (TTG) this may be reflected in the number of complaints regarding waiting times. These top 3 issues have been consistently observed since 2010/11. ISD codes are generally only applied to complaints and not other categories of feedback.

Table 8 Complaints by ISD issues

July 2016	Complaint	Concern	Enquiry	Feedback	Comments	Total
Staff	73	2	3	0	1	79
Waiting times for	108	5	1	0	0	114
Delays in/at	8	2	0	0	0	10
Environment / domestic	23	2	0	1	0	26
Procedural issues	4	0	0	0	0	4
Treatment	176	7	1	0	0	184
Transport	1	0	0	0	0	1
Other	2	3	1	0	0	6
Total	395	21	6	1	1	424

3.6.11 Table 9 demonstrates that there were 13 complaints received in August where the complainant chose to withdraw the complaint. There were 115 complaints / concerns / enquiries / comments that were not upheld (34%). There were 178 complaints /

concerns that were upheld / partially upheld representing 53% of the month's outcomes.

Table 9 Complaint Types by Outcome

	Complaint	Concern	Enquiry	Feedback	Comments	Total
Conciliation	6	4	0	0	0	10
Consent not received	4	0	0	0	0	4
Irresolvable - other	3	1	0	0	0	4
Unreasonable complaint	0	0	0	0	1	1
Withdrawn	13	6	2	0	1	22
Upheld	114	11	1	1	1	128
Partly Upheld	49	1	0	0	0	50
Not Upheld	100	12	2	1	0	115
Total	289	35	5	2	3	334

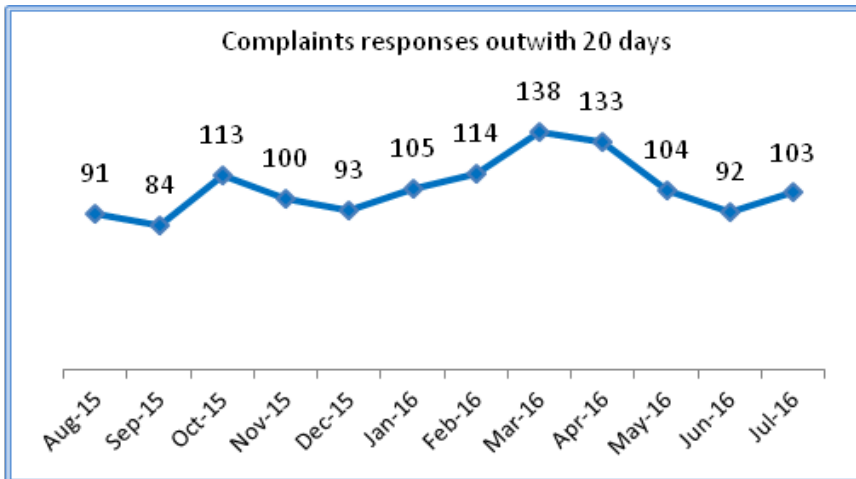
3.6.12 Table 10 identifies the information extracted from DATIX showing the actions that have been taken as a result of complaints and feedback during June. The actions recorded below are taken from the National Reference data files maintained by ISD. In many instances this data has not been recorded and the Patient Experience Team are working with the clinical teams to ensure this information is included at the end of the complaint investigation. Specific actions relating to individual complaints are held at a local level.

Table 10 Action Taken and Type

	Complaint	Concern	Enquiry	Feedback	Comments	Total
Action plan instigated	10	0	0	0	0	10
Changes to system	1	0	0	0	0	1
Communication	61	3	1	0	0	65
Conduct issues addressed	9	0	0	0	0	9
Improvements made to service access	3	1	0	0	0	4
Learning points identified by service/senior managers and shared with teams	29	1	0	0	0	30
Lessons from complaint shared with other staff/public/etc	3	0	0	0	0	3
No Action Required	168	16	1	1	1	187
Policy or procedure review	6	0	0	0	0	6
Staff education and/or training identified	2	0	0	0	0	2
Total	292	21	2	1	1	317

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

Chart B



3.6.14 The Patient Experience Team have been monitoring the number of reopened cases and table 11 demonstrates these cases. This information forms part of the weekly reports with the clinical teams and we are working with the service to see how we can reduce this number by getting the complaints response “right the first time”.

Table 11 Reopened cases

	complaint	concern	enquiry	Total
Apr 2016	2	0	1	3
May 2016	4	1	0	5
Jun 2016	16	3	0	19
Jul 2016	18	1	2	21
Total	40	5	3	48

3.7 National Inpatient Experience Survey 2016

3.7.1 The national in-patient survey was commissioned by the Scottish Government as part of the Scottish Care Experience Survey Programme, which aims to use the public's experiences of health and care services to improve those services. The survey was managed by the Scottish Government in partnership with ISD Scotland. Survey questionnaires were sent out in January 2016 to 5,122 people who stayed overnight in an NHS Lothian hospital between 1st April and 30th September 2015. A link to the report can be found:

<http://www.careexperience.scot.nhs.uk/Results2016.html>

3.7.2 2,202 NHS Lothian patients returned feedback on their experiences from 11 hospitals, including 3 long stay hospitals and the Royal Hospital for Sick Children. Of those patients willing to provide information about themselves:

- 6% were aged 16-34;
- 10% were aged 35-49;
- 25% were aged 50-64; and
- 58% were aged 65 and over.
- 34% did not have any limiting illness or disability.
- 45% were male and 55% were female.

3.7.3 In comparison with the 2014 survey results, NHS Lothian patients were significantly more likely to report a positive experience in the following areas:

- How patients felt about the time waiting to be seen by a nurse or doctor in A&E (85%; +5%)
- In A&E patients felt safe (88%; +7)
- Patients had enough time with the people that matter to them (83%; +3%).
- Staff worked well together in organising patients' care (76%; +4%).
- Staff took account of what matters to patients (67%; +5%).
- Staff treated patients with compassion and understanding (77%; +4%).
- Patients understood what their medicines were for (97%; +2%).

3.7.4 In comparison with the 2014 survey results, NHS Lothian patients were significantly less likely to report a positive experience in the following areas:

- Patients had enough privacy when being examined or treated (94%; -1%).
- Patients got enough help with washing and dressing when they needed it (85%; -3%).
- Nurses discussed patients' condition and treatment with them in a way they could understand (82%; -4%)
- Nurses listened to patients if they had any questions or concerns (88%; -3%).
- Patients stayed longer than expected to wait for their care / support services to be organised (72%; -13%).
- Overall rating of care or support services after leaving hospital (80%; -6%).

3.7.5 Compared to this year's results for Scotland, NHS Lothian patients were significantly more likely to report a positive experience in the following areas:

- Patients did not feel threatened by other patients / visitors (91%; +2).
- Doctors knew enough about patients' condition and treatment (92%; +2%).
- Staff worked well together in organising patients' care (76%; +2%).
- Patients were involved in decisions about leaving hospital (78%; +2%).
- Patients knew who to contact if they had any questions after leaving hospital (82%; +2%).
- Patients didn't have to wait too long to get their medicines (76%; +7%).
- Patients understood what their medicines were for (97%; +2%).
- Overall rating of arrangements for leaving hospital (81%; +3%).

3.7.6 Compared to this year's results for Scotland, NHS Lothian patients were significantly less likely to report a positive experience in the following areas:

- The bathrooms and toilets were clean (90%; -2%).

- Patients were not bothered by noise at night from other patients (51%; -4%).
- Patients stayed longer than expected to wait for their care / support services to be organised (72%; - 11%).

3.7.7 Local site reports have already been shared with the relevant Associate Nurse Director / Chief Nurse. Results will be discussed at the Director of Nursing group and local actions will be taken to address those areas that require improvements.

3.8 Programme Governance

3.8.1 The Executive Lead for this work is Alex McMahon, Executive Nurse Director. This work also report through to the Healthcare Governance Committee on a monthly basis along with patient experience data reported through the Performance and Quality Report.

4 Key Risks

4.1.1 This is an ambitious cultural programme and as such to achieve a person centred culture it needs to be woven into all aspects of NHS Lothian activity and measurement frameworks.

4.1.2 As we move forward with the transition to the new devolved service there is a risk that the performance of patient experience feedback (Complaints, concerns, comments and compliments) deteriorate. The committee have been prepared for this and we hope that we have now moved passed this and seeing the improvements sustained. The Patient Experience Team are supporting the clinical teams with their performance.

4.1.3 As already highlighted the short term sickness within the team remains a challenge. However, one member of staff has resigned as they have applied and been offered another post elsewhere in the organisation. The number of new staff who have recently joined the team will take time to be inducted and trained and will continue to add pressure to the very small number of experience staff who remain in the team.

4 Risk Register

4.1 Enabling a person centred approach within all work streams including complaints management which is on the revised Corporate Risk Register.

5 Impact on Inequality, Including Health Inequalities

5.1 The principles of this agenda will see the person at the centre and therefore all aspects of inequalities will be embedded in the core values of the work programmes agreed.

6 Involving People

6.1 The agenda for person-centredness has at its core involving people and as this work progresses patients, carers and staff are central.

7 Resource Implications

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

Jeannette Morrison
Head of Patient Experience
20 September 2016
Jeannette.morrison@nhslothian.scot.nhs.uk

List of Appendices:-

Appendix 1: NHS Lothian letter to SPSO - 18 August 2016
Appendix 2: NHS Lothian activity including Parliamentary Reports
Appendix 3a: SPSO Annual Letter
Appendix 3b: SPSO Annual Statistics and Survey
Appendix 4: NHS Lothian SPSO Action Plan

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Mr J Martin
Scottish Public Services Ombudsman
4 Melville Street
Edinburgh
EH3 7NS

Date: 18 August 2016
Our Ref:
Your Ref:
Enquiries Patient Experience Team
Direct Line 0131 536 3370
Email feedback@nhslothian.scot.nhs.uk

Dear Mr Martin

Meeting between SPSO and NHS Lothian Wednesday 17 August 2016

Many thanks to you and your colleagues for meeting with us yesterday.

Firstly, let me assure you that the clarity of your message was not lost on any of us.

Secondly, thanks to you and the team for what was felt to be a constructive discussion in relation to areas for improvement for us to take within NHS Lothian in relation to those cases that either go prematurely to your office or, are sent to you, having not been upheld by us which you in turn do uphold.

I have made a list of the actions we are going to take from yesterday and I have taken the opportunity to list these below. In addition, we intend to review our approach to learning from complaints in order to make sure that our improvement actions are both taken and sustained. In taking these actions, as well as improving our service, we also hope to reduce significantly the number of complaints you uphold.

I would also like to state that we will now discuss these actions and our 'improvement' plan at our Patient Safety Advisory Group on the 25 August; our Corporate Management Team on the 12 September; our Healthcare Governance Committee on the 26 September and our Board meeting on the 5 October. In terms of our ambitions I would like to see us make significant inroads in the process and also the way in which we work with and provide the information required by your team in relation to both quality and time-scale. In terms of timelines I would expect to see improvement by the end of this calendar year and significant improvement by 31 March 2017. I would seek your views on both our actions and also our timeline.

Agreed actions:

- SPSO Performance Assessment Framework – we will complete the Self Assessment
- Review the SPSO reports on NHS Lothian in order to ensure that all themes have been captured



Headquarters
Waverley Gate, 2-4 Waterloo Place, Edinburgh EH1 3EG

Chair Brian G Houston
Chief Executive Tim Davison

Lothian NHS Board is the common name of Lothian Health Board

- SPSO/NES Educational materials
- Working with the SPSO office to improve process, timescales and quality of information
- Chairman to meet the Ombudsman
- Quality of Investigations and corrective action
- Prison healthcare complaints
- New complaints process/implementation plan for April 2017
- Visits to other organisations i.e. NHS Greater Glasgow & Clyde and Glasgow Housing Association
- Develop a letter to GP's re increase in waiting times. Review the increase in the number of complaints re waiting time increases
- Develop a template for responding to complaints – person centred
- Focus on some test of change areas i.e. orthopaedics; cardiology and prisons
- Review the number of complaints that translate into legal cases
- We need to show evidence of being a learning organisation and how we follow up and use complaints as part of our continuous quality improvement (alongside Significant Adverse Events)

I will also arrange for Jeannette and I to meet with Niki and Kathleen in terms of 'better organisational working', and I note that our Chairman has agreed to meet with you separately as well.

You mentioned the Learning and Improvement Unit and the potential for some collaboration. Perhaps Jeannette and I can pick this up when we meet with Niki and Kathleen.

Can I just take this opportunity to assure you that we are an organisation committed to learning and to quality improvement and we will work with Simon Watson and colleagues to ensure that this happens. We would be more than happy to share this as part of our journey towards an improved position.

Yours sincerely



Professor Alex McMahon

Executive Director, Nursing, Midwifery and AHPs
Executive Lead, REAS and Prison Healthcare

CC

Niki MacLean - Director, SPSO
Kathleen Steindl - Team Manager
John Stevenson - Head of Complaints Standards

1. SPSO PARLIAMENTARY REPORT – DATE PUBLISHED 27 JULY 2016

SPSO NO	DATIX NO.	COMPLAINT	CMT	SUMMARY	OUTCOME	RECOMMENDATIONS	Due date	Date actioned.
201507563	32393	1.The Board unreasonably failed to provide Mr C with appropriate treatment during a procedure in August 2014	RIE	Mr C, who suffered from a hereditary heart condition, had an operation at the Royal Infirmary of Edinburgh to remove a machine implanted in his chest to monitor his heart. The operation was carried out by a trainee doctor. When the trainee doctor encountered difficulties, he was assisted by a more senior trainee doctor. Mr C subsequently required a second operation to revise the scar the first procedure had left on his chest. In investigating, I took independent medical advice from a consultant cardiologist, as well as considering the board's own investigation of the complaint. Mr C complained the first operation had not been carried out to an appropriate standard. He said that the experience had been painful and distressing and believed the correct procedures had not been followed. Mr C believed the trainee doctor performing the surgery had not been competent to do so, noting that the time taken to perform the operation meant he required additional anaesthesia, as his initial dose had worn off. The board said they had thoroughly reviewed Mr C's treatment. The board said the tools for cauterising the wound to stop bleeding post-surgery had not been available. Silk stitches had been used instead, but these may have contributed to the poor healing Mr C experienced. The board said the consultant responsible for supervising the operation was available, but had not been present throughout the operation. The board acknowledged Mr C's experience fell short of what he could have expected. The adviser said the board had not adequately explored the conflict between the contemporaneous note of the operation and the conclusions reached by the complaint investigation. The operation note stated cauterisation had been used to stop Mr C's bleeding, but as the complaint investigation acknowledged, this could not have been performed as the equipment was not available at the time. The adviser said the operation note's inaccuracy had not been properly explored, nor did the note record the difficulties encountered during the surgery. The adviser said it was unreasonable for a trainee doctor to be allowed to perform the surgery unsupervised, as it was not a straightforward procedure. The adviser added the board did not address the issue of supervision. Their complaint response gave the impression a consultant had been	Upheld	<p>1. Provide evidence of the actions taken by Doctor 2 to improve their skills and their subsequent appraisals.</p> <p>2. Provide evidence that Dr 2 continued to practice without significant subsequent complaints/ concerns being raised.</p> <p>3. Provide evidence that their policy for the supervision of trainees during surgical procedures has been reviewed.</p> <p>4. Review the consent forms for this type of surgery to ensure they accurately reflect the potential complications</p> <p>5. Remind all staff of the importance of documenting consent fully and accurately</p> <p>6. Provide Mr C with a comprehensive and patient centred response to the issues he has raised concerning the impact of the surgeries on his ability to work and his finances.</p>	07-Sept-15	
							07-Sept-15	
							07-Sept-15	
							21-Sept-15	
							07-Sept-15	
							21-Sept-15	

				<p>present at points during the operation. The available evidence showed no consultant had been present at any point, nor had they been aware Mr C's procedure was being carried out by a trainee doctor. The adviser also noted Mr C's consent was not properly obtained and that there were inadequate records of the information provided to him prior to surgery. I found the board failed to investigate Mr C's complaint thoroughly, although they had accepted the standard of treatment received was unacceptable. I also found they had failed to deal comprehensively with the service failures Mr C experienced. I am critical of these failings, which resulted in a misleading formal response being provided by the board and a lack of evidence that adequate steps had been taken to prevent a reoccurrence. Mr C also complained that the effect of the first operation had not been recognised by the board. He had stated to the board that his business had suffered severely whilst he was unable to work and that he had been forced to cease trading. I was critical of the board for failing to address this issue, even though Mr C raised it twice during his complaint. I considered the board had to address the impact on him of the failure to carry out his surgery in a reasonable fashion.</p>				
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2. SPSO PARLIAMENTARY REPORT – DATE PUBLISHED 21 OCTOBER 2015

SPSO NO	DATIX NO.	COMPLAINT	CMT	SUMMARY	OUTCOME	RECOMMENDATIONS	Due date	Date actioned.
201403146	25819	Mrs C complained about the care and treatment provided to her father (Mr A) during an admission to the Royal Edinburgh Hospital (the Hospital). The complaints from Mrs C I have	REAS	Mr A was elderly and had several serious health problems, including a form of dementia. He was admitted to the Royal Edinburgh Hospital from his nursing home due to worsening behavioural problems, including agitation and aggression. His mental health assessment showed that he lacked awareness and insight into his problems, and had trouble with communication. This, plus his aggression, meant that he was a risk to himself and other people. Mr A was mobile with the help of a walking stick when he was admitted to hospital. He fell two days later and suffered bruising, then fell again a few days later, and broke his hip. He was transferred for surgery but died two days after the operation. His daughter (Mrs C) believed that Mr A's fall risk had been poorly assessed when he was admitted, and that he was not	Upheld	<p>1. Remind staff that a falls risk assessment is a requirement on admission of an elderly patient.</p> <p>2. Review the complaint to establish why statements about Mr A's care not supported by the clinical record, were included in response.</p>	<p>2-Dec-15</p> <p>2-Dec-15</p>	<p>1-Dec-15</p> <p>1-Dec-15</p>

		<p>investigated are that the Hospital's:</p> <p>1. falls management during the admission of 5 to 13 August 2013 was inadequate and</p> <p>2. standard of nursing care during the admission of 5 to 13 August 2013 was unreasonable.</p>		<p>properly cared for after the first fall so the second fall was not prevented. She was concerned that he was over-sedated and not eating or drinking enough, and that the management of his diabetes was inadequate. She also felt Mr A's aggression had not been handled well and that he was blamed for his behaviour, when it was actually the result of his illness. I obtained independent advice from a nursing adviser, who noted that the board's policy is to complete a falls risk assessment for all elderly patients and to review the patient's falls care plan if they fall. The board's complaint investigation report said that this was all done, but my adviser found no evidence to support this and considered that the standard of record-keeping and falls prevention practice was poor overall. I agreed with this view and, therefore, upheld the complaint and made recommendations. Regarding Mrs C's complaint about sedation, my adviser said that the appropriate medication and dosage was prescribed and that quick action was taken when adverse effects were noted. My adviser also considered that the board's response letter was balanced and did not blame Mr A for his behaviour. However, the advice I received was critical overall of the standard of nursing provided to Mr A. The record-keeping was inadequate and did not include care plans for Mr A's personal care or communication difficulties. There was also a significant failure to monitor Mr A's blood glucose levels appropriately and a failure to adequately monitor his nutritional intake. I noted that the board's complaint response states that blood glucose levels were not monitored following Mr A's admission and I was critical of their failure to act on this. I upheld the complaint and made several recommendations.</p>		<p>3. Review admission procedures for elderly patients to ensure that a Malnutrition Universal Screening Tool assessment is recorded.</p> <p>4. Remind staff involved in Mr A's care of the importance of regular and accurate blood glucose monitoring for diabetic patients.</p> <p>5. Remind all staff involved in Mr A's care of the importance of accurate and comprehensive care plans, which meet all a patient's needs.</p> <p>6. Apologise to Mr A's family</p>	<p>16-Dec-15</p> <p>2-Dec-15</p> <p>2-Dec-15</p> <p>2-Dec-15</p>	<p>1-Dec-15</p> <p>1-Dec-15</p> <p>1-Dec-15</p> <p>1-Dec-15</p>
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3. SPSO PARLIAMENTARY REPORT – DATE PUBLISHED 30 SEPTEMBER 2015

SPSO NO	DATIX NO.	COMPLAINT	CMT	SUMMARY	OUTCOME	RECOMMENDATIONS	Due date	Date actioned.
201305461	25211	The complaints from Mrs C which I have investigated are that Lothian NHS Board:	RIE	Mrs A was transferred from Victoria Hospital, Kirkcaldy, which is the responsibility of Fife NHS Board, to the Royal Infirmary of Edinburgh for heart surgery. Following one postponement in mid-December, the operation went ahead on 21 December 2012. Mrs A's niece (Mrs C) said that two days after the operation, her aunt was having a blood transfusion shortly after which she began to	Upheld	1 .Ensure that the comments of the Adviser in relation to the issues of consent and proper and accurate record-keeping are brought to the attention of the relevant staff and a review	30-Nov-15	21-Dec-15

		<p>(a) did not provide reasonable care and treatment to Mrs A in November and December 2012 and</p> <p>(b) did not respond reasonably to Mrs C's complaint of 18 September 2013</p>	<p>very rapidly decline. Mrs A was admitted to intensive care and died on 26 December 2012. The cause of Mrs A's death was recorded as multi-organ failure due to sepsis of unknown source in association with recent prosthetic aortic valve replacement and known ischaemic heart disease (a condition that affects the supply of blood to the heart). Mrs C complained that her aunt did not receive appropriate care and treatment from Lothian NHS Board. In investigating this complaint, I took independent clinical advice from a cardiothoracic surgeon (specialising in chest, heart and lung surgery). The advice I received was that the heart surgery appeared to have been performed to a high standard, and Mrs A's initial recovery was good. Following a routine observation, Mrs A was recommended to have a blood transfusion. Her condition quickly deteriorated, and the board said that staff suspected a transfusion reaction and implemented their procedures for this. My adviser said that all teams reacted appropriately and promptly in response to Mrs A's condition. Tests were taken to determine the cause of Mrs A's change in condition and I am satisfied that the blood Mrs A received was not contaminated. Her deterioration was coincidental with her developing a bacteria entering into her blood stream in association with sudden acute liver failure. However, I understand that it must have been very distressing for Mrs A's family to witness her sudden deterioration given the early signs that her heart surgery had been successful. My investigation identified a number of areas that I am critical of. My adviser told me that communication between the two hospitals treating Mrs A should have been better given her status as a high-risk patient with other pre-existing medical conditions and a history of previous heart surgery. Related to this, given Mrs A's case was a high-risk and complex case, this should have been discussed at a pre-operative multi-disciplinary team meeting, which did not happen – the board said that when Mrs A was transferred to the Royal Infirmary she was fit for surgery and there were no alternative treatments to discuss. My adviser noted that some documentation was not completed appropriately, particularly around consent for the procedure. Following Mrs A's death, there is no evidence that her GP was notified, as should have happened. I also acknowledge that there was an early retraction of Mrs A's death certificate which, according to my adviser, had been inappropriately completed by a junior doctor. I recognise the</p>		<p>is carried out.</p> <p>2. Ensure the comments of the Adviser re swab taken from Mrs A on 12 Dec 2012 are brought to the attention of relevant staff and they reflect on this</p> <p>3. Apologise to Mrs C and the other members of Mrs A's family for the failings identified in complaint (a).</p> <p>4. Apologise to Mrs C and Mrs A's daughter for the failings identified in the apology letter initially issued to Ms A's family.</p>	<p>30-Nov-15</p> <p>30-Oct-15</p> <p>30-Oct-15</p>	<p>21-Dec-15</p> <p>30-Oct-15</p> <p>30-Oct-15</p>
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				<p>additional distress that this would have caused Mrs A's family. Finally, during the course of my investigation I identified that there was a positive result from an umbilical (navel) swab taken on 12 December 2012, the day of the initial scheduled operation, which may have been the source of the subsequent bacteraemia (the presence of bacteria in the blood) and septicaemia responsible for Mrs A's death. My adviser said that although the positive result was acted upon and antibiotics prescribed to Mrs A, it is not apparent that the potential relevance of this positive finding for Mrs A, who was who was due to undergo high-risk re-do cardiac surgery, was fully realised by the cardiac team treating her and whether consideration was given to potentially delaying Mrs A's surgery in view of the risk of the subsequent sepsis. I made a number of recommendations to address the failings I identified in the care and treatment provided to Mrs A. I also found that the board's handling of Mrs C's complaint was not reasonable. There were delays in responding which I accept the board have apologised for, but the apology letter was brief, lacked empathy and did not fully address the reasons for the delay. I note, however, that process changes have since been implemented so I have not made a recommendation about this.</p>				
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4. SPSO PARLIAMENTARY REPORT – DATE PUBLISHED 30 SEPTEMBER 2015

SPSO NO	DATIX NO.	COMPLAINT	CMT	SUMMARY	OUTCOME	RECOMMENDATIONS	Due date	Date actioned.
201404127	39086	The Practice's care and treatment of Mr A between his discharge from hospital on 7 July 2014 and his readmission to hospital on 5 August 2014 were unreasonable	GP	After suffering a stroke earlier in the year, Mr A was discharged from a hospital to a Step Down Unit in May 2014. This is a unit in a nursing home for elderly patients who are fit for discharge from hospital but need further rehabilitation before they can return home. Following a fall at the unit in early July 2014, Mr A's condition deteriorated. Over a number of weeks, he developed reduced mobility, reduced food intake and increasing pain. Mr A's daughter (Miss C) complained that, from the time of his fall until his readmission to hospital in early August, the care and treatment he received from GPs at his medical practice was unreasonable. She considered that Mr A should have been admitted to hospital earlier, and that it was unreasonable for a GP to suggest that one	Upheld	1. Carry out a further significant event analysis in partnership with their local clinical director. This should include consideration of: how they ensure continuity of care for their patients and regular review of those most vulnerable; GP1's suggestion of keeping Mr A comfortable in the Unit, rather than addressing his potentially	31-Dec-15	

			<p>of the options was not to intervene, but to keep Mr A comfortable in the unit. I took independent advice from one of my medical advisers who is a GP. The adviser had a number of concerns about the practice's failure to properly assess Mr A's condition. She said that the clinical records were sparse and lacked evidence of examination, of thorough clinical assessment, and of thorough assessment of Mr A's pain. With regard to Mr A's food and fluid intake, she said that records showed that he lost 8.7 kilograms over a two-month period, or 16.5 percent of his body weight. This was a significant amount and she would have expected a GP to physically examine their patient to rule out any underlying cause for weight loss. She would also have expected a GP to have either made urgent arrangements for a dietician to assess the patient or to have provided simple food supplements until the dietician could attend. She noted that, under the Lothian Joint Formulary Guidelines, Mr A should have been given a MUST score ('Malnutrition Universal Screening Tool', British Association for Parenteral and Enteral Nutrition). As he had lost so much weight, he would have received the maximum MUST score, identifying the necessity of food supplements and regular monitoring. It was thought that Mr A may have been suffering from dehydration and also possibly have a urine infection. The adviser considered that the care and treatment for these issues were not reasonable, as there was a delay in prescribing an antibiotic to treat the suspected urinary tract infection and the management plan to deal with the dehydration was not changed despite there being no improvement for weeks. With regard to the GP's suggestion of not intervening but keeping Mr A comfortable in the unit, the adviser commented that the diagnosis of dehydration and a possible urinary tract infection were both easily treatable. She added that Mr A was malnourished and losing weight, yet there was no evidence of investigation or examination. The adviser said that the suggestion of not actively investigating or treating these potentially reversible conditions, in a patient in a unit that aims to rehabilitate patients for home, was not a reasonable standard of care. My investigation found that the overall care provided to Mr A during the period following his fall until his readmission to hospital was not of a reasonable standard and so I upheld Miss C's complaint and made several recommendations.</p>		<p>reversible conditions; the need for good record-keeping and ensuring thorough recording of clinical information in a patient's medical record, so as to assist in continuity of care; and consideration of the Lothian prescribing guidelines for urinary tract infections. They should also consider referring this significant event analysis to NHS Education for Scotland for review.</p> <p>2. Familiarise themselves with the MUST scoring and Lothian guidelines for prescribing oral nutritional supplements.</p> <p>3. Take steps to ensure that other patients they care for in the Unit are receiving adequate treatment for malnutrition in line with the Lothian guidelines, where appropriate.</p> <p>4. Issue a written apology to Miss C for the failings identified in this report.</p>	<p>30-Oct-15</p> <p>27-Nov-15</p> <p>30-Oct-15</p>	
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5. SPSO PARLIAMENTARY REPORT – DATE PUBLISHED 22 JULY 2015

SPSO NO	DATIX NO.	COMPLAINT	CMT	SUMMARY	OUTCOME	RECOMMENDATIONS	Due date	Date actioned.
201401793	26888	<p>1. The Board provided inadequate care and treatment to Miss C between Sept and Nov 2013</p> <p>2. The Board provided inadequate nursing care and treatment to Miss C between Sept and Nov 2013</p> <p>3. Infection prevention and control in relation to Miss C's case was inadequate</p> <p>4. The Board staff's communication with pt and family was inadequate</p> <p>5. The Board's handling of, and response to, pt's complaint was inadequate</p>	SJH	<p>Miss C was suffering from a severe headache with associated flashing lights that was not relieved by painkillers. Following referrals from her GP she twice attended an out-patient clinic at St John's Hospital where on both occasions she was viewed by staff and sent home with medication. She had a computerised tomography scan two days after the second appointment which showed that she had a brain abscess. She was transferred to another hospital for emergency surgery, followed by another operation to further drain the abscess. Miss C raised a number of concerns about the care and treatment she received while attending St John's Hospital, in particular, that the delay in undertaking investigations necessary to diagnose her condition may have led to a more serious outcome and unnecessary prolonged pain and distress. When Miss C was transferred back to St John's Hospital, she was unhappy with the care she received, in particular the attitude of staff on the ward. Miss C also complained to us about the delay in diagnosing her condition and the way the board handled her complaint. I took independent advice from a general medical adviser and a senior nursing adviser. On the initial diagnosis of Miss C's condition, my medical adviser said that there were sufficient red flag symptoms for Miss C's condition, which was deteriorating over time, to prompt clinicians to investigate further. Although it is not possible to know if an earlier operation would have improved the outcome for Miss C, I found that the board failed to give her the care and treatment she could have reasonably expected. I found that in terms of infection control on the ward, there was an unreasonable level of uncertainty from medical staff. I also found that there was inadequate communication with Miss C and her family. There had also been errors in relation to one of Miss C's prescriptions and her discharge medication which, whilst my medical adviser said would not have caused any harm, further reduced the confidence of Miss C in the ability of the ward to care for her. I am also critical that whilst the board apologised, they did not explain how these</p>	<p>1-4 Upheld</p> <p>5 Not upheld</p>	<p>1. Apologise to Miss C for the failings identified in this complaint</p> <p>2. Report back to the Ombudsman on the outcome of the review of discharge prescribing + drug ordering procedures at ward level and on any action taken to prevent similar errors occurring in the future</p> <p>3. Remind nursing staff of the need to maintain full and accurate nursing records in line with NMC guidance.</p> <p>4. Explain how they will monitor compliance to protocols and ongoing improvements in relation to The safe disposal of clinical waste</p> <p>5. Report back on the outcome of the review of infection control procedures to evidence that learning and improvement has occurred</p> <p>6. Report back to the Ombudsman on the action taken as a result of this case in relation to communication to</p>	<p>19-Aug-15</p> <p>16-Sept-15</p> <p>16-Sept-15</p> <p>16-Sept-15</p> <p>16-Sept-15</p> <p>16-Sept-15</p>	<p>24-Aug-15</p> <p>16-Sept-15</p> <p>16-Sept-15</p> <p>16-Sept-15</p> <p>16-Sept-15</p> <p>16-Sept-15</p>

				<p>errors occurred in the first place. During my investigation, the board also failed to send copies of information sent by them to Miss C's GP. I was also critical of this, as this was relevant information given that Miss C also complained about poor communication between the board and her GP following her discharge from hospital. In terms of the nursing care she received, my nursing adviser said that whilst there are notes documenting regular interaction between nursing staff and Miss C, some of the notes were poorly completed, so I have concerns about record-keeping. There was also a breach in nursing protocol in relation to the disposal of a used syringe. The board has accepted that this protocol had been breached and has assured us that action will be taken to address this. Although there were some aspects of the board's complaints handling that could have been better, on balance I considered that Miss C received a reasonable level of service in this regard so did not uphold her complaint about the way her complaint was dealt with.</p>		improve the service provided.		
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6. SPSO PARLIAMENTARY REPORT – DATE PUBLISHED 22 APRIL 2015

SPSO NO	DATIX NO.	COMPLAINT	CMT	SUMMARY	OUTCOME	RECOMMENDATIONS	Due date	Date actioned.
201303790	22449	<p>The Board: 1- Did not provide reasonable care and treatment to Mr A between August 2011 and March 2012 and 2- Did not reasonably involve Ms C in decisions about Mr A's care, treatment, transfers, discharges and</p>	REAS	<p>Mr A had a history of mental illness and of self-harm, and had been in and out of hospital as a result. He was admitted to the Royal Edinburgh Hospital for treatment after an apparent suicide attempt. He was given a pass to walk unescorted in the hospital grounds, but did not return when expected. Staff decided not to contact the police to report him missing until some two hours after his expected return time. Mr A was found dead outwith the hospital a number of days later. Ms C (Mr A's fiancée and carer) complained that Mr A was not provided with appropriate care and treatment, in that the decision to allow him off the ward unescorted was inappropriate. She also complained that she was not properly involved in the decision making in Mr A's care. The board carried out an internal review, which found that although the decision to issue the pass was high-risk, the professional judgment of staff was reasonable in the circumstances. They also said that it was reasonable not to contact police earlier, but made five recommendations, including reviews of what should happen if a</p>	Upheld	<p>1. Provide evidence that the action plan produced following the SAER has been implemented in full. 2. Ask the internal review team to reflect on our advisers' assessment of the care and treatment provided to Mr A. 3. Provide evidence that they have reviewed the procedures for carer involvement in patient care and management decisions.</p>	20-May-15	20-May -15
							20-May-15	20-May-15
							20-May-15	20-May-15

		<p>risk assessments between August 2011 and March 2012</p>	<p>patient did not return when expected, of liaison with the police and of the risk assessment tool. The board met with Ms C, who had also met the leader of the review team. Ms C remained concerned that the board had failed in its duty of care to Mr A and wanted them to admit this. She wanted a further, independent review. The board did not agree to this, and said that they had taken appropriate action through the review recommendations. They did, however, apologise to Ms C for failures in communication with her in relation to care planning. I took independent advice on this case from a mental health nursing adviser and a consultant psychiatrist. Mr A was recognised as having unpredictable behaviour, and had returned very late from a previous pass, so both advisers were critical of the assessment of risk, and that this was not updated during treatment, as his condition appeared to be fluctuating. Poor risk recording made it difficult to understand how it had been taken into account when making decisions, there was no mention of what was done to reduce risk and there was no plan of what should happen if he did not return from a pass. Both advisers came to the view that in the absence of a structured assessment of risk, it was unreasonable to grant Mr A an unescorted pass. I upheld both Ms C's complaints. On the first, I accepted my advisers' view that Mr A's care fell below a reasonable standard in terms of the assessment and recording of risk. I also found that the board's review reached contradictory conclusions on whether it was reasonable for staff not to take action until two hours after Mr A failed to return. Although I cannot say whether this led directly to Mr A's death, such omissions represent a significant failing, and I criticised the board for this. As, however, the board's own review addressed many of these issues through an action plan I made limited recommendations. On the second complaint, appropriate communication with carers is a requirement of the Mental Health (Scotland) Act 2003, and it was not clear from the records whether staff viewed Ms C's as Mr A's main carer. Her status should have been documented so that staff could communicate appropriately with her.</p>		<p>4. Provide evidence that the procedural review includes a system for the timeous identification of the patient's carer or named person.</p> <p>5. Apologise for the failings identified in this report.</p>	<p>20-May-15</p> <p>20-May-15</p>	<p>20-May-15</p> <p>20-May-15</p>
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Mr Tim Davison
Chief Executive

Lothian NHS Board
Waverley Gate
2nd Floor
2/4 Waterloo Place
EDINBURGH
EH1 3EG

25 August 2016

Annual Letter from SPSO

Dear Mr Davison,

I am pleased to send you our annual letter with statistics about complaints to SPSO about your organisation in 2015-16. As I highlighted in my June commentary, I am asking authorities to confirm that SPSO complaints are reviewed at a senior level (such as the appropriate scrutiny/ governance/ performance committees) by returning a learning and improvement statement to us. This builds on the model complaints handling procedures that set out the importance of authorities demonstrating how they 'systematically review complaints performance reports to improve service delivery'.

I am also providing an update on our learning and improvement pilot. This is an exciting project, and I hope you will take up our invitation to be involved in it by providing feedback about how you share learning from complaints within your organisation, and giving us your views on SPSO recommendations.

2015-16 complaints statistics

As you will know, in line with the model complaints handling procedure, each authority is required to report and publicise complaints information on a quarterly and annual basis, including annual reporting on how they perform against the agreed performance indicators. The enclosed statistics are part of the detailed complaints picture that your organisation is responsible for gathering and publishing. As you will be aware, all of our individual decisions are available online at www.spsso.org.uk/our-findings.

Learning and improvement unit (LIU)

Our 2016-20 draft Strategic Plan, which went to public consultation, proposed introducing a learning and improvement unit to ensure public authorities take the necessary responsibility and actions to handle complaints well and reduce the occurrence of repeat mistakes. It was the most commented on aspect of the draft plan, receiving significant support from respondents, who were mostly public authorities and advice /advocacy organisations. We have been successful in securing funding for a one-year pilot of the LIU until the end of March 2017.

As the strategic plan outlines, the aim of the LIU is to enhance the impact of our work by helping authorities improve public services through learning from complaints. Over recent years, one of the key tools we have developed to support authorities' learning is the Complaints Improvement Framework. This is available on our Valuing Complaints website at: www.valuingcomplaints.org.uk/complaintsimprovementframework.

Through the LIU, we will be using the framework to help authorities better assess the efficiency and effectiveness of their overall complaints handling arrangements.

One of the main areas the LIU will focus on is our recommendations. A key part of this work includes providing authorities with additional support and advice on how to meet our recommendations with a view to preventing repeat service failings and complaints. In addition to this extra support we are looking to adopt a tighter escalation process for the very few cases where our recommendations are not being implemented, with the potential to lead to a Special Report.

It is likely that, as part of this work, the way we make recommendations will evolve. As well as continuing to ensure that our recommendations address individual complainants' injustices, the onus will increasingly be on making recommendations that work to support authorities to identify and develop their own solutions for bringing about learning and lasting improvement. The enclosed feedback form invites you to express interest in being involved in this work and I would be very grateful for your response.

Service satisfaction survey

We are always keen to understand your perceptions of the service we provide, and to look at ways in which we can improve this service. We intend to survey you and all the authorities we receive complaints about, specifically around how we meet our published service standards. The questions will be sent to the liaison officer in an electronic survey and we plan to begin this on a rolling basis from September onwards. I look forward to hearing back from you soon.

Yours sincerely

A handwritten signature in black ink that reads "James B Martin". The signature is written in a cursive style with a large, looping initial "J".

Jim Martin
Ombudsman

CC:
Mr Brian Houston, Chair of Board
Ms Jeannette Morrison, SPSO Liaison Contact

SPSO learning and improvement statement

Lothian NHS Board

We are committed to ensuring that all SPSO recommendations have been complied with and any further appropriate action taken.

We are committed to learning from complaints to prevent repeat failings.

We will ensure that relevant internal and external governance arrangements are in place to review systemic issues.

By signing this document you are agreeing on behalf of your organisation to the points above.

Name:

Signature:

Designation:

Date:

Please return this by 14 September 2016, by post or email, to:

Jim Martin, Ombudsman

SPSO

4 Melville Street

Edinburgh EH3 7NS

Email to: Fiona.Paterson@spsso.gsi.gov.uk

Feedback on SPSO recommendations and learning

One of the main areas the Learning and Improvement Unit will focus on is our recommendations. It is likely that, as part of this work, the way we make recommendations will evolve. As well as continuing to ensure that our recommendations address individual complainants' injustices, the onus will increasingly be on making recommendations that work to support authorities to identify and develop their own solutions for bringing about learning and lasting improvement.

We would be very grateful for your response to the questions below. Please indicate which response best reflects your views.

1. Looking back at recent SPSO recommendations to Lothian NHS Board, overall were they:

	Not at all	Slightly	Mostly	Totally	Don't know
Relevant					
Proportionate to the problem					

2. Overall, how would you rate the effectiveness of SPSO recommendations in:

	Not at all	Slightly	Mostly	Totally	Don't know
Preventing repeat service failings					
Improving complaints handling					

3. How could SPSO improve the recommendations we make?

4. Enabling learning from SPSO complaints

How satisfied are you that your organisation learns from the findings and recommendations that SPSO makes in relation to your organisation?	Not at all	Slightly	Mostly	Totally	Don't know

5. What additional support could SPSO provide to enable learning in your organisation?

6. Getting involved

If your authority would like to express an interest in being involved in the LIU's work on recommendations, please give us the contact information of the person we should contact about this.

Name

Position

Email

Thank you. Please return this to SPSO at

Learning and Improvement Unit

SPSO

4 Melville Street

Edinburgh EH3 7NS

Health Complaints Received by Subject 2015-16

Subject	Lothian NHS Board Area						Sector Total	Rank	Complaints as % of total
	Lothian NHS Board	Dentists & Dental Practices	GP & GP Practices	Total	Rank	Complaints as % of total			
Clinical treatment / Diagnosis	128	10	17	155	1	72.8%	1,127	1	74.5%
Communication / staff attitude / dignity / confidentiality	9	0	8	17	2	8.0%	120	2	7.9%
Complaints handling	7	1	2	10	3	4.7%	39	5	2.6%
Appointments / Admissions (delay / cancellation / waiting lists)	8	0	1	9	4	4.2%	67	3	4.4%
Policy/administration	4	0	3	7	5	3.3%	41	4	2.7%
Nurses / nursing care	6	0	0	6	6	2.8%	31	6	2.1%
Record Keeping	2	0	1	3	7	1.4%	19	7	1.3%
Lists (incl difficulty registering and removal from lists)	0	0	2	2	8	0.9%	11	10	0.7%
Other	1	0	0	1	9	0.5%	12	9	0.8%
Admission / discharge / transfer procedures	0	0	0	0	-	0.0%	14	8	0.9%
Continuing care	0	0	0	0	-	0.0%	7	11	0.5%
Failure to send ambulance / delay in sending ambulance	0	0	0	0	-	0.0%	6	12	0.4%
Appliances / equipment / premises	0	0	0	0	-	0.0%	3	13=	0.2%
Hygiene / cleanliness / infection control	0	0	0	0	-	0.0%	3	13=	0.2%
Hotel services - food / laundry etc	0	0	0	0	-	0.0%	1	15	0.1%
Subject Unknown	3	0	0	3	-	1.4%	8	-	0.5%
Out Of Jurisdiction	0	0	0	0	-	0.0%	3	-	0.2%
Total	168	11	34	213	-	100.0%	1,512	-	100.0%

Complaints as % of total

14.1%

100.0%

Health Complaints Received by Subject 2014-15

Subject	Lothian NHS Board Area						Sector Total	Rank	Complaints as % of total	
	Lothian NHS Board	Dentists & Dental Practices	GP & GP Practices	Pharmacists & Pharmacy Services	Total	Rank				
Clinical treatment / Diagnosis	145	5	19	0	169	1	78.6%	1,126	1	73.0%
Communication / staff attitude / dignity / confidentiality	8	1	8	1	18	2	8.4%	130	2	8.4%
Appointments / Admissions (delay / cancellation / waiting lists)	7	0	1	0	8	3	3.7%	57	3	3.7%
Policy / administration	4	0	2	0	6	4	2.8%	49	4	3.2%
Admission / discharge / transfer procedures	4	0	0	0	4	5	1.9%	14	10=	0.9%
Nurses / Nursing Care	3	0	0	0	3	6	1.4%	19	8	1.2%
Lists (incl difficulty registering and removal from lists)	0	0	2	0	2	7	0.9%	25	6	1.6%
Complaints handling	0	1	0	0	1	8=	0.5%	33	5	2.1%
Continuing care	1	0	0	0	1	8=	0.5%	20	7	1.3%
Other	1	0	0	0	1	8=	0.5%	14	10=	0.9%
Record Keeping	0	0	0	0	0	-	0.0%	16	9	1.0%
Appliances / equipment / premises	0	0	0	0	0	-	0.0%	4	12	0.3%
Failure to send ambulance / delay in sending ambulance	0	0	0	0	0	-	0.0%	3	13	0.2%
Hotel services - food / laundry etc	0	0	0	0	0	-	0.0%	2	14	0.1%
Hygiene / cleanliness / infection control	0	0	0	0	0	-	0.0%	1	15	0.1%
Subject Unknown	2	0	0	0	2	-	0.9%	25	-	1.6%
Out Of Jurisdiction	0	0	0	0	0	-	0.0%	4	-	0.3%
Total	175	7	32	1	215	-	100.0%	1,542	-	100.0%

Complaints as % of total

13.9%

100.0%

Health Complaints Determined by Outcome 2015-16

Stage	Outcome Group	Lothian NHS Board Area				Sector Total
		Lothian NHS Board	Dentists & Dental Practices	GP & GP Practices	Total	
Advice	Out of jurisdiction (discretionary)	0	0	0	0	13
	Out of jurisdiction (non-discretionary)	0	0	0	0	4
	Not duly made or withdrawn	35	0	2	37	348
	Outcome not achievable	0	0	0	0	4
	Premature	53	0	7	60	301
	Resolved	0	0	0	0	1
	Total	88	0	9	97	671
Early Resolution 1	Out of jurisdiction (discretionary)	2	0	1	3	41
	Out of jurisdiction (non-discretionary)	2	0	1	3	30
	Not duly made or withdrawn	9	0	3	12	70
	Outcome not achievable	4	1	5	10	107
	Premature	9	0	1	10	53
	Resolved	1	0	0	1	16
	Total	27	1	11	39	317
Early Resolution 2	Fully upheld	0	0	0	0	14
	Some upheld	1	0	0	1	4
	Not upheld	2	0	2	4	35
	Not duly made or withdrawn	2	0	0	2	3
	Resolved	0	0	0	0	1
	Total	5	0	2	7	57
Investigation 1	Fully upheld	16	1	1	18	115
	Some upheld	11	1	1	13	122
	Not upheld	15	1	8	24	178
	Not duly made or withdrawn	0	0	0	0	9
	Resolved	0	0	0	0	1
	Total	42	3	10	55	425
Investigation 2	Fully upheld	3	0	1	4	35
	Some upheld	1	0	0	1	3
	Not upheld	0	0	0	0	0
	Total	4	0	1	5	38
Total Complaints	166	4	33	203	1508	

Total Premature Complaints	62	0	8	70	354
Premature Rate	37.3%	0.0%	24.2%	34.5%	23.5%
Fit for SPSO Total (ER2, Inv1 & Inv2)	51	3	13	67	520
Total Cases Upheld / Partly Upheld	32	2	3	37	293
Uphold Rate (total upheld / total fit for SPSO)	62.7%	66.7%	23.1%	55.2%	56.3%

Health Complaints Determined by Outcome 2014-15

Stage	Outcome Group	Lothian NHS Board Area				Total	Sector Total
		Lothian NHS Board	Dentists & Dental Practices	GP & GP Practices	Pharmacists & Pharmacy Services		
Advice	Out of jurisdiction (discretionary)	1	0	0	0	1	17
	Out of jurisdiction (non-discretionary)	0	0	1	0	1	8
	Not duly made or withdrawn	40	0	3	1	44	339
	Outcome not achievable	1	0	5	0	6	33
	Premature	42	0	4	0	46	325
	Resolved	0	0	0	0	0	0
	Total	84	0	13	1	98	722
Early Resolution 1	Out of jurisdiction (discretionary)	4	1	1	0	6	47
	Out of jurisdiction (non-discretionary)	2	0	1	0	3	22
	Not duly made or withdrawn	8	0	2	0	10	51
	Outcome not achievable	11	3	3	0	17	99
	Premature	5	0	1	0	6	51
	Resolved	0	0	2	0	2	20
	Total	30	4	10	0	44	290
Early Resolution 2	Fully upheld	1	0	1	0	2	24
	Some upheld	0	0	0	0	0	3
	Not upheld	4	0	1	0	5	50
	Not duly made or withdrawn	0	0	0	0	0	4
	Total	5	0	2	0	7	81
Investigation 1	Fully upheld	11	1	1	0	13	113
	Some upheld	11	0	3	0	14	85
	Not upheld	21	1	7	0	29	153
	Not duly made or withdrawn	0	0	1	0	1	3
	Resolved	0	0	0	0	0	0
	Total	43	2	12	0	57	354
Investigation 2	Fully upheld	9	0	2	0	11	36
	Some upheld	1	0	0	0	1	3
	Not upheld	0	0	0	0	0	1
	Total	10	0	2	0	12	40
Total Complaints	172	6	39	1	218	1487	

Total Premature Complaints	47	0	5	0	52	376
Premature Rate	27.3%	0.0%	12.8%	0.0%	23.9%	25.3%
Fit for SPSO Total (ER2, Inv1 & Inv2)	58	2	16	0	76	475
Total Cases Upheld / Partly Upheld	33	1	7	0	41	264
Uphold Rate (total upheld / total fit for SPSO)	56.9%	50.0%	43.8%	-	53.9%	55.6%

Prison Health Care Complaints Received by Authority 2015-16

Subject	Lothian NHS Board	Sector Total
Admission / discharge / transfer procedures	0	2
Appointments / Admissions (delay / cancellation / waiting lists)	0	3
Clinical treatment / Diagnosis	24	125
Communication / staff attitude / dignity / confidentiality	1	1
Complaints handling	0	3
Nurses / nursing care	1	2
Policy/administration	0	1
Total Complaints	26	137

Prison Health Complaints Closed by Outcome and Authority 2015-16

Stage	Outcome Group	Lothian NHS Board	Sector Total
Advice	Not duly made or withdrawn	5	39
	Premature	14	44
	Resolved	0	1
	Total	19	84
Early Resolution 1	Not duly made or withdrawn	1	5
	Out of jurisdiction (non-discretionary)	1	4
	Outcome not achievable	0	3
	Premature	0	5
	Resolved	0	1
	Total	2	18
Early Resolution 2	Fully upheld	0	1
	Some upheld	1	1
	Not upheld	1	9
	Not duly made or withdrawn	1	1
	Total	3	12
Investigation 1	Fully upheld	1	6
	Some upheld	1	4
	Not upheld	0	12
	Not duly made or withdrawn	0	2
	Total	2	24
Total Complaints	26	138	

Note - there were no prison health cases closed at Investigation 2 in 2015-16

Prison Health Care Complaints Received by Authority 2014-15

Subject	Lothian NHS Board	Sector Total
Admission / discharge / transfer procedures	0	1
Appointments / Admissions (delay / cancellation / waiting lists)	0	2
Clinical treatment / Diagnosis	37	139
Communication / staff attitude / dignity / confidentiality	0	6
Complaints handling	0	5
Nurses / Nursing Care	0	1
Policy / administration	0	2
Record Keeping	0	1
Total Complaints	37	157

Prison Health Complaints Closed by Outcome and Authority 2014-15

Stage	Outcome Group	Lothian NHS Board	Sector Total
Advice	Not duly made or withdrawn	10	38
	Outcome not achievable	0	1
	Premature	15	50
	Total	25	89
	Resolved	0	0
Early Resolution 1	Out of jurisdiction (discretionary)	0	5
	Not duly made or withdrawn	1	9
	Outcome not achievable	0	5
	Premature	1	7
	Resolved	0	1
	Total	2	27
Early Resolution 2	Fully upheld	1	3
	Not upheld	2	13
	Not duly made or withdrawn	0	1
	Total	3	17
Investigation 1	Fully upheld	0	5
	Some upheld	3	6
	Not upheld	2	10
	Total	5	21
Total Complaints	35	154	

Note - there were no prison health cases closed at Investigation 2 in 2014-15

Scottish Public Services Ombudsman – Action Plan

	Action	Timescales	Who
1	<p>SPSO Performance Assessment Framework</p> <ol style="list-style-type: none"> 1. All leaders across NHS Lothian should give listening and learning from feedback top priority. This means, giving feedback and complaints the same kudos as clinical governance, patient safety and experience. Lines of responsibility must be clear including Executive accountability and delegated roles and remit. 2. A non-executive member of the Board should take feedback as a main focus of their role and work across the Board to champion the recommendations made in this report. 3. The Board should ensure that all staff receive initial and on-going education on the principles of engaging and communicating with patients, relatives and carers and valuing feedback and complaints. 4. The Board should ensure that staff who manage complaints as a key part of their role, are recruited, trained and supported to deliver an exemplary service. 5. Complaints data including themes and patient experience must be presented in a meaningful, open and accessible format as a matter of urgency. 6. The ethos of early resolution including the power of apology should be the focus for staff in the frontline and in management. 8. The current methods to provide feedback and complaints should be revised to make it easier for people to give feedback in whatever format they prefer. 13. A two-step approach is used, based on the SPSO model, which involves a review by the operational team for medium or less complex complaints. When a complaint is assessed as being at high risk or complex, the complaint will be investigated by an impartial reviewer who has the appropriate skills and expertise 	By December 2016	ANDs / CNs
2	Review the SPSO reports on NHS Lothian	By October 2016	UHS / IJBs
3	SPSO/NES Educational materials	By December 2016	All
4	<p>Working with the SPSO office re process, timescales and quality of information</p> <ol style="list-style-type: none"> 8. The current methods to provide feedback and complaints should be revised to make it easier for people to give feedback in whatever format they prefer. 	By December 2016	JM / PET
5	Chairman to meet the Ombudsman	Complete	
6	<p>Quality of Investigations and corrective action</p> <ol style="list-style-type: none"> 13. A two-step approach is used, based on the SPSO model, which involves a review by the operational team for medium or less complex complaints. When a complaint is assessed as being at high risk or complex, the complaint will be investigated by an impartial reviewer who has the appropriate skills and expertise. 	By March 2017	UHS / IJBs / PET
7	Prison healthcare complaints	By December 2016	REAS / PET

8	<p>New complaints process/Implementation plan for April 17</p> <p>8. The current methods to provide feedback and complaints should be revised to make it easier for people to give feedback in whatever format they prefer.</p> <p>10. The Board should adopt a streamlined and efficient feedback and complaints process, based on the Complaints Standard Authority and Can I Help You?</p>	By April 2017	PET
9	Visits to other organisations i.e. GG&C Health Board and Glasgow Housing Association	By December 2016	AMcM / JM
10	Develop a letter to GP's re increase in waiting times. Review the increase in the number of complaints re waiting time increases	By December 2016	
11	<p>Develop a template for responding to complaints-person centred</p> <p>3. The Board should ensure that all staff receive initial and on-going education on the principles of engaging and communicating with patients, relatives and carers and valuing feedback and complaints.</p> <p>6. The ethos of early resolution including the power of apology should be the focus for staff in the frontline and in management.</p>	By December 2016	ANDs / CNs / PET
12	Focus on some test of change areas i.e. orthopaedics; cardiology and prisons	By December 2016	UHS / PET
13	Review the number of complaints that translate into legal cases	By December 2016	PET / QIST
14	We need to show evidence of being a learning organisation and how we follow up and use complaints as part of our continuous quality improvement	By March 2016	Comms / UHS / IJBs / PET
15	<p>Look at our capacity for administering complaints at a local level - and the authority held by those who do</p> <p>6. The ethos of early resolution including the power of apology should be the focus for staff in the frontline and in management.</p>	By March 2016	UHS / IJBs / PET
16	<p>Examine complaint issues relating to our own administration and internal/external communication processes and approaches - and consider what action is needed here - to include both training and support</p> <p>4. The Board should ensure that staff who manage complaints as a key part of their role, are recruited, trained and</p> <p>12. An assessment of risk or triage should be introduced to ensure each step of the complaints process is used appropriately in a timely and user-focused manner</p> <p>13. A two-step approach is used, based on the SPSO model, which involves a review by the operational team for medium or less complex complaints. When a complaint is assessed as being at high risk or complex, the complaint will be investigated by an impartial reviewer who has the appropriate skills and expertise</p>	By March 2017 Completed	UHS / IJBs / PET
17	<p>Consider whether we need a person/persons to have responsibility for co-ordinating the learning and improvement actions relating to Ombudsman and internal complaint recommendations (and from other sorts of adverse events/feedback - and not forgetting the importance of compliments in order to reinforce good practice).</p> <p>2. A non-executive member of the Board should take feedback as a main focus of their role and work across the Board to champion the recommendations made in this report.</p> <p>4. The Board should ensure that staff who manage complaints as a key part of their role, are recruited, trained and</p>	By March 2017 Completed	UHS / IJBs / PET

	<p>supported to deliver an exemplary service.</p> <p>13. A two-step approach is used, based on the SPSO model, which involves a review by the operational team for medium or less complex complaints. When a complaint is assessed as being at high risk or complex, the complaint will be investigated by an impartial reviewer who has the appropriate skills and expertise</p>		
18	<p>Budget in relation to complaints - what we are spending on what - including staff costs and training.</p> <p>3. The Board should ensure that all staff receive initial and on-going education on the principles of engaging and communicating with patients, relatives and carers and valuing feedback and complaints.</p> <p>4. The Board should ensure that staff who manage complaints as a key part of their role, are recruited, trained and supported to deliver an exemplary service.</p>	By December 2016	AMcM / JM

NHS Lothian

Board Meeting
5 October 2016

Chief Quality Officer/Nurse Director

SUMMARY PAPER - SUPPORT AND DEVELOPMENT OF 'REALISTIC MEDICINE' IN Lothian

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

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

<ul style="list-style-type: none"> The purpose of this report is to invite the Board to endorse the principles of '<i>Realistic Medicine</i>' - the Chief Medical Officer's Report 2014-15 (Scottish Government) 	1.1
<ul style="list-style-type: none"> The paper proposes a framework to nurture Realistic Medicine as part of best clinical practice grounded within NHS Lothian's values 	2.2
<ul style="list-style-type: none"> Dr Catherine Calderwood - Scotland's Chief Medical Officer- offered the concept of <i>Realistic Medicine</i> in her latest Annual Report 	3.8
<ul style="list-style-type: none"> In <i>Realistic Medicine</i>, Dr Calderwood described an approach to care that combined clinical effectiveness and individualised care and giving far greater weight to the patient's voice in treatment decision making 	3.8
<ul style="list-style-type: none"> <i>Realistic Medicine</i> encourages clinicians to take account of multi-morbidity and the overall burden of care faced by the individual patient and consider treatment strategies in partnership that might minimise that burden. By providing 'more thoughtful care' in a holistic fashion, it is argued that effectiveness, experience and other elements of quality can be improved. 	3.10
<ul style="list-style-type: none"> The degree to which realistic medicine is currently practiced varies across services and professional groupings 	3.12
<ul style="list-style-type: none"> The paper proposes that the core values and approach of <i>Realistic Medicine</i> are nurtured and ultimately embedded into practice in NHS Lothian 	4.1
<ul style="list-style-type: none"> The paper proposes a framework that we believe if developed into a wider programme for transformational change will create the conditions enabling this nurturing process 	5.1

Simon Watson
Chief Quality Officer
23 September 2016

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NHS Lothian

Board Meeting
5 October 2016

Chief Quality Officer

SUPPORT AND DEVELOPMENT OF 'REALISTIC MEDICINE' IN Lothian

1 Purpose of the Report

- 1.1 The purpose of this report is to invite the Board to endorse the principles of '*Realistic Medicine*' - the Chief Medical Officer's Report 2014-15 (Scottish Government) and a proposed framework to nurture Realistic Medicine as part of best clinical practice grounded within NHS Lothian's values.

2 Recommendations

- 2.1 Endorse the principles of '*Realistic Medicine*' as key components of high quality clinical care.
- 2.2 Endorse the further development of a prototype framework into a programme to nurture Realistic Medicine within NHS Lothian.

3 Discussion of Key Issues

- 3.1 The past year has seen significant engagement between NHS Lothian's Leadership, patients, staff and Board Members on how we sustainably achieve best population health, quality and experience in healthcare.
- 3.2 These discussions were grounded in the NHS Lothian values:-
- Care & compassion
 - Dignity & respect
 - Openness, honesty & responsibility
 - Quality
 - Teamworking
- 3.3 One of the earliest emergent issues upon which our values and focus on quality converged was a widely-held concern that 'more treatment' had become synonymous with 'better quality treatment'. Whilst sometimes true, often 'best clinical outcomes' defined in guidelines might not reflect the actual wishes of individual patients. Moreover, these wishes are not always sought or heard properly when discussing treatment options.
- 3.4 The factors contributing to this situation are complex and include:
- Changing patient demographics
 - greater access to clinical, experiential and other information in the public domain

- erosion of trust between public and healthcare professions
 - increasing prevalence of multi-morbidity and long-term conditions
 - increasing patient and public expectations
 - the influence of pressure-groups & the healthcare industries
 - new technologies and improved ability to measure small impacts
 - increasing options for both drug and procedural interventions
 - the practice of defensive medicine
- 3.5 Today individual patients often present with varying co-morbidities, psychological and physical frailties, social challenges, coping strategies and support networks. However, by their nature, guidelines, standards and large clinical trials have to reflect the general case of 'best care', rather than what's best for individuals.
- 3.6 Nevertheless, the fear of being found in 'breach' or guidelines or standards can be a powerful disincentive against individualised person-centred care. Much of this fear comes from potential criticism by peers, regulators or public figures, and doubts about an employer's strength of support if 'things get tough'. Interestingly, it has been established that clinicians frequently wish for less treatment themselves than they would usually prescribe to their patients.
- 3.7 Developing a more permissive, pragmatic culture that balances the best biomedical outcomes with the wishes of informed individual patients is an increasingly hot topic.
- 3.8 Various countries and professional groups have used different terms for these concepts including *Minimally Disruptive Medicine*, *Prudent Medicine* or – when focussed particularly on decision making - '*Choosing Wisely*'. Recognising the challenge these issues posed, Dr Catherine Calderwood - Scotland's Chief Medical Officer- offered the concept of *Realistic Medicine* in her latest Annual Report. In *Realistic Medicine*, Dr Calderwood described an approach to care that combined clinical effectiveness and individualised care and giving far greater weight to the patient's voice in treatment decision making.
- 3.9 The impact of this CMO's report has been unprecedented. Millions of people around the world read or downloaded it within short space of time. Commentary from professional bodies, patient groups, high-profile commentators and the wider public through social and other media have been overwhelmingly positive.
- 3.10 *Realistic Medicine* encourages clinicians to take account of multi-morbidity and the overall burden of care faced by the individual patient and consider treatment strategies in partnership that might minimise that burden. By providing 'more thoughtful care' in a holistic fashion, it is argued that effectiveness, experience and other elements of quality can be improved.
- 3.11 A key component of Realistic Medicine is candid and empathic discussions of treatment options including the option of no, or less, intervention. Patient preference around treatment options needs to be explicitly sought and relies on

good communication and mutual trust between practitioner and patient, mutual understanding about acceptable risks and outcomes, accessible information and acceptable health literacy levels.

- 3.12 Whilst there are common themes running through Realistic Medicine, the degree to which realistic medicine is currently practiced varies across services and professional groupings. For example, the experience of many doctors is that the stimulus to initiate difficult discussions around the direction of clinical care with a patient comes from a nurse or AHP colleague. The vital - perhaps pivotal - roles for nurses, AHPs and other clinicians as champions of realistic medicine should not be underestimated.
- 3.13 There will be significant variation amongst doctors in the degree to which realistic medicine is practiced. Whilst evidence to support generalisations is patchy, there is a strong sense that it is more established component of General Practice than most other specialities. Realistic medicine in Primary Care medical encounters often focuses upon:-
- Managing risk factors for to prevent development or worsening of long term conditions
 - Deciding how far to investigate and treat, including specialist referral
 - Having meaningful conversations about wishes for the future care in the event of deterioration (also known as anticipatory care planning: ACP)
- 3.14 Successful nurturing of Realistic Medicine will in part depending upon understanding and responding to current variation in practice and resisting a 'one size fits all' approach.
- 3.15 Ultimately, for Realistic Medicine to become a standard component of high quality care, a range of developments will be required. Some will occur as part of a movement amongst staff and patients, some through planned changes to the way we work. Fundamentally the Board can influence all of these events by leading the creation of a more person-centred culture of care within which Realistic Medicine can flourish.

4. A Way Forward within NHS Lothian

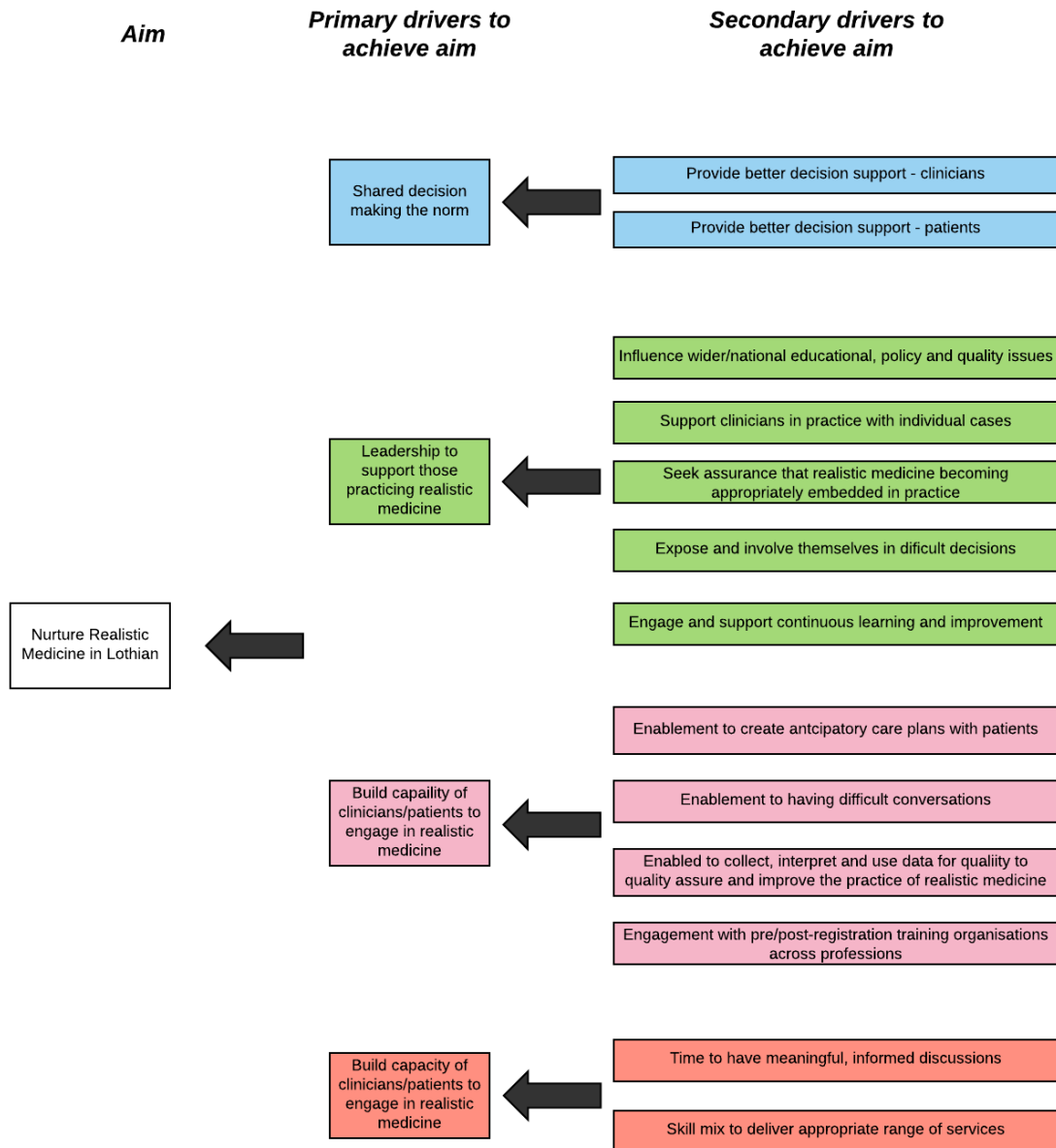
- 4.1. We propose that the core values and approach of *Realistic Medicine* are nurtured and ultimately embedded into practice in NHS Lothian:-
- Creating meaningful opportunities for patients to understand their condition, all treatment options and how each will impact upon them
 - Honesty and compassionate candour in what 'realistically' will be achieved from each treatment option in terms that mean something to patients
 - 'Permission' for clinicians and patients to agree to a treatment plan that meets the individual patient's needs rather than exclusive application of the 'ideal' clinical care described in guidelines or standards

- Patients to be empowered and enabled to articulate ‘what matters to me’; clinicians to be empowered and enabled to listen and understand with compassion
- 4.2. We propose a framework that we believe if developed into a wider programme for transformational change will create the conditions enabling this nurturing process.
 - 4.3. If supported, there will be a need to engage the wider community of our public, patients, staff and partners to ensure that the primary motivation behind Realistic Medicine is the provision of high quality, individualised care for patients. This engagement should include ongoing proactive monitoring of the experience of all key stakeholders.
 - 4.4. If adopted, we propose that the Healthcare Governance Committee receives regular updates on progress of both the development of the framework and subsequent programme plan. Both the HCG Committee and Board should receive highlight reports illustrating the daily challenges and successes of practicing Realistic Medicine in NHS Lothian. The voices of staff, patients and the public should be heard in these updates.
 - 4.5. We believe that Realistic Medicine aligns with Scotland’s National Clinical Strategy and will complement the *NHS Lothian Clinical Quality Strategy and NHS Lothian Our Health Our Care, Our Future Strategic Plan 2014-2024*, all of which will contribute to sustainable best population health, quality and patient experience.

5. Key Actions

- 5.1. A prototype framework outlining an approach to nurturing Realistic Medicine in NHS Lothian is described in the following driver diagram and text below.

Realistic Medicine in Lothian - Driver Diagram



3.16 Key actions impacting on particular groups include the following:-

- Clinicians will be supported to and encouraged to:
 - understand the overall burden (combined impact of illness, prior comorbidities and treatment effects) challenging many patients.
 - ascertain patient preference i.e. “What matters to me”.
 - question the applicability of evidence-based guidelines and standards for the individual patient and have the clinical confidence through peer and organisational support to deviate from guidelines when they judge that to be appropriate.

- question the added value of proposed investigations, interventions or treatments in the individual patient in the light of knowledge of the 'whole patient' .
- understand the impact of multi-morbidities, make some assessment of prognostic impact of these and judge whether that knowledge shifts the risk/benefit ratio for "usual" treatment strategies.
- understand the burden of treatment and expected impact on the patient.
- undertake shared decision making through explicit and open discussion of treatment options, expected benefits and risks of harm.
- Clinicians will need support to deliver the above. This may be provided by:
 - Education and training in communication strategies.
 - Provision of decision-aids eg. accessible information from data to help clinicians and patients understand impact of multi-morbidities on overall prognosis and understand the potential impact of treatment strategies.
 - Support and mentorship of clinicians who may be concerned about 'not doing something' in some cases. Development of local Ethics Committees and '*champions*' could support existing Multi Disciplinary Teams to foster a culture where a "*Realistic medicine*" approach is embedded.
 - Allowing sufficient time in clinical settings to 'stop and think', enable meaningful discussion, ensure medicines optimisation and ultimately enable delivery of the 'right care to the right patient the first time'.
 - Support from the Board and Executive management when there is a challenge to a considered recommendation not to offer a treatment/intervention: where there is insufficient clinical indication; or where there is no evidence of benefit for a treatment option; or where there is significant risk of increased harm such that the risk benefit ratio is adverse.
- Patients should be encouraged and supported to
 - Understand the complexity of clinical decision making, the absence of evidence for much practice and the uncertainty of outcome in some clinical situations.
 - Ask whether specific treatments or investigations will help them.
 - Ask whether specific investigations are actually necessary, particularly if they have been recently performed.
 - Express their preferences regarding proposed investigations or treatments.
- Board members
 - Provide strategic leadership for the development and implementation of action plans to implement the framework.
 - Engage with and influence wider activities within Scotland in support of Realistic Medicine.

- Hear, reflect and learn from regular patient stories illustrating the reality of Realistic Medicine in clinical practice and the challenges faced by patients and clinicians in decision making.
- Understand the impact that Realistic Medicine has on the quality of care, including active review of cases leading to compliments, comments or complaints.

6. Key Risks

6.1. Key risks include:

- Consistency of message both internally and externally in NHS Lothian to support shared decision making between clinicians and patients
- The provision of infrastructure and support for clinicians to have these conversations, and:
- Not capturing patient experience as part of the Realistic Medicine framework proposed

7. Risk Register

7.1 There are no specifics for the NHS Lothian Risk Register.

8. Impact on Inequality, Including Health Inequalities

8.1. It was agreed that a full impact assessment on Health Inequalities was required. This is underway & the key findings will be available at the Board Meeting.

9. Involving People

This paper relates to the endorsement of an element of good clinical practice and does not specifically relate to the planning and development of health services at this stage. Engagement with patients, members of the public and staff will be required as part of a programme to nurture Realistic Medicine within NHS Lothian.

10. Resource Implications

10.1. This paper does not request any specific additional resource. Nevertheless it is worth reflection that successful adoption of Realistic Medicine will require adequate patient - clinician time to ensure appropriate patient understanding; accessibility to other information sources for patients to improve health literacy; provision of training to clinicians specifically in communication skills, understanding and communicating risk; ensuring protected time to deliver effective multi-disciplinary team meetings and providing support to clinicians through mentoring. Resource will be required to provide interpreted data to support patient - clinician discussion of treatments options. Undergraduate and post graduate education programmes will need to be modified to enable development of the skills and knowledge required to deliver a *Realistic Medicine* approach. Not all those resources need to be carried exclusively by NHS

Lothian. Furthermore, it is conceivable that some of these costs might be counter-balanced by changes in treatment patterns.

Dr Caroline Whitworth
Associate Medical Director

Professor Alex McMahon
Executive Director of Nursing

Dr Simon Watson
Chief Quality Officer

List of Appendices

Appendix 1: Realistic Medicine: Chief Medical Officer's Report 2014-15, Scottish Government ([click here to go to the report](#))