



Lothian NHS Board

06 February 2019, 09:30 to 12:30
Scottish Health Service Centre, Crewe Road
South, Edinburgh EH4 2LF

Agenda

1. Declaration of Interests


Members are reminded that they should declare any financial and non-financial interests they have in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. It is also a member's duty under the Code of Conduct to ensure that any changes in circumstances are reported within one month of them changing. Please notify any changes to Georgia.Sherratt@nhslothian.scot.nhs.uk
For further information around declarations of interest please refer to the code of conduct section of the Board Members' Handbook.

Brian Houston

2. Items for Approval or Noting


2.1. Minutes of Previous Board Meeting held on 5 December 2018

For Approval
Brian Houston

 2.1 Board Public 05-12-18 Minutes.pdf (18 pages)

2.2. Running Action Note

For Discussion
Brian Houston

 2.2 Current Running Action Note (06-02-19).pdf (1 pages)


2.3. Appointment of Members to Committees

For Approval
Brian Houston

 2.3 Committee Appointments.pdf (2 pages)


2.4. Audit and Risk Committee Minutes 26 November 2018

For Approval
Brian Houston

 2.4 ARC 26-11-18 Minutes.pdf (9 pages)


2.5. Acute Hospitals Committee Minutes 11 December 2018

For Approval
Richard Williams

 2.5 AHC 11-12-18 Minutes.pdf (5 pages)


2.6. Strategic Planning Committee Minutes 13 December 2018

For Approval
Brian Houston

 2.6 SPC 13-12-18 Minutes.pdf (5 pages)


2.7. Healthcare Governance Committee Minutes 13 November 2018

For Approval
Tracy Humphrey

 2.7 HGC 13-11-18 Minutes.pdf (8 pages)


2.8. Finance & Resources Committee Minutes of 21 November 2018

For Approval
Martin Hill

 2.8 F+R 21-11-18 Minutes.pdf (8 pages)


2.9. Midlothian Integration Joint Board Minutes 11 October 2018

For Noting
Angus McCann

 2.9 Mid IJB Minutes 11-10-2018.pdf (10 pages)

2.10. East Lothian Integration Joint Board Minutes - 25 October 2018


For Noting
Peter Murray


 2.10 East Lothian IJB Minutes 25-10-18.pdf (8 pages)

2.11. Edinburgh Integration Joint Board Minutes of 28 September & 14 December 2018

For Noting

Martin Hill

 2.11 Edinburgh IJB 04_28.09.2018_v2.pdf (8 pages)

 2.11 Edinburgh IJB 05_14.12.2018.pdf (9 pages)


3. Items for Discussion

3.1. Creating a Health and Social Care Innovation Test Bed Model for the East Region


Professor Tim Walsh, R&D Director Presenting

Presentation

Simon Watson

 3.1 Health and Social Care Innovation.pdf (6 pages)


 3.1 Appendix 1 East Region Innovation Strategy.pdf (16 pages)

 3.1 Appendix 2 Data Driven Innovation.pdf (10 pages)

3.2. Corporate Risk Register

For Discussion


Tracey Gillies

 3.2 Board Risk Register Report 6 Feb 2019 Final.pdf (30 pages)

3.3. St John's Hospital Paediatric Ward: Partial Re-Opening of Inpatient Service

For Discussion


Jim Crombie

 3.3 St John's Hospital Paediatric (JC final 290119).pdf (3 pages)

3.4. Financial Position to December 2018, Year End Forecast and Financial Outlook 2019/20

For Discussion


Susan Goldsmith

 3.4 Financial Position Feb 19.pdf (6 pages)

3.5. Revision of Integration Schemes as a Consequence of the Carers (Scotland) Act 2016 and Associated Regulations

For Discussion


Alex McMahon

 3.5 Review of Integration Schemes (final 240119).pdf (3 pages)

3.6. **Quality and Performance Improvement**

For Discussion


Simon Watson


 3.6 QPI Board_February_2019.pdf (6 pages)


3.7. **Progress against 4 hour Emergency Access Standard Programme**


For Discussion

Jacque Campbell

 3.7 Delivery against 4EAS_230119_v3.pdf (8 pages)

 3.7 Appendix 1 - NHS Delivery Report Jan 250119.pdf (54 pages)


 3.7 Appendix 2 - Safety Metrics.pdf (6 pages)

 3.7 Appendix 3 Unscheduled Care Performance January.pdf (3 pages)

3.8. **Waiting Times Improvement Plan**

For Discussion

Jacque Campbell

 3.8 WTIP Board Paper Jan 19 (3).pdf (10 pages)

4. **Invoking of Standing Order 4.8 - Resolution to take items in closed session**

Verbal

Brian Houston

5. **Board Meetings in 2019**

3 April

26 June - Annual Accounts

7 August

2 October

4 December

6. **Development Sessions in 2019**

6 March
1 May
3 July
4 September
6 November

DRAFT

LOTHIAN NHS BOARD

Minutes of the Meeting of Lothian NHS Board held at 9.30am on Wednesday, 5 December 2018 at the Scottish Health Service Centre, Crewe Road South, Edinburgh, EH4 2LF.

Present:

Non-Executive Board Members: Mr B Houston (Chair); Mr M Ash; Mr M Connor; Dr P Donald; Mr M Hill (Vice Chair); Ms C Hirst; Ms F Ireland; Mr A Joyce; Mr A McCann; Cllr J McGinty; Councillor D Milligan; Mrs A Mitchell; Mr P Murray; Mr W McQueen and Dr R Williams.

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

In Attendance: Mrs J MacKay (Director of Communications, Engagement and Public Affairs) and Mr D Weir (Business Manager, Chair, Chief Executive & Deputy Chief Executive's Office).

Apologies for absence were received from Cllr I Campbell, Professor T Humphrey, Cllr F O'Donnell and Professor M Whyte.

Chairman's Introductory Comments

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

Cllr D Milligan was welcomed back following his period of ill health.

The Chairman welcomed Ms Hirst's Paired Learning Partner, Dr Nicola McCulloch who was shadowing her at the Board meeting. It was noted that Dr McCulloch was a consultant in Emergency Medicine and recently had become the Clinical Director for Emergency Medicine at St John's Hospital.

In addition Ms McDowell was shadowing Mr Joyce. Ms McDowell was the St John's Hospital / Princess Alexandra Eye Pavilion Partnership Lead.

The Chairman also welcomed four students taking the 'clinical governance and improvement in practice' module at Masters level at Edinburgh Napier University who were accompanied by Ms Campbell a former Director of Nursing at the Royal Infirmary of Edinburgh (RIE). It was noted that attending the Board meeting gave the students the opportunity to see accountability in action.

The Chairman welcomed the inspiring and diverse attendance from members of the public and others at the current meeting.

The Chairman drew Board members attention to the change of focus of the agenda advising that it coincided with the areas of Cabinet Secretary attention as well as addressing areas of particular focus for NHS Lothian in terms of improving performance.

The Chairman finally commented in respect of Admin Control that this was very much in the introductory phase and he recognised that some Board members had experienced difficulty in gaining access to their papers. He advised that work was in progress to address teething issues and he would expect the position to improve.

Declaration of Financial and Non-Financial Interest

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

44. Items for Approval

- 44.1 The Chairman sought and received the agreement of the Board to approve items 1.1 – 1.15. The following were approved;
- 44.2 Minutes of Previous Board Meeting held on 3 October 2018 – Approved. Subject to the inclusion of Mr Murray in the sederunt.
- 44.3 Running Action Note – Approved.
- 44.4 Appointment of Members to Committees – The Board agreed to appoint Lorraine Cowan as the *'Registered Nurse'* non voting member of the East Lothian Integration Joint Board with immediate effect.
- 44.5 To appoint Dr Gourab Choudhury to replace Dr Andrew Flappen as the *'Registered Medical Practitioner who is not providing primary medical services'* as a non voting member of the East Lothian Integration Joint Board with immediate effect.
- 44.6 To appoint Carolyn Hirst as a voting member of Midlothian Integration Joint Board with effect from 7 January 2018, replacing Professor Alison McCallum.
- 44.7 To Appoint Carolyn Hirst as the lead NHS voting member of Midlothian Integration Joint Board with effect from 27 June 2019, taking over the role from Angus McCann.
- 44.8 To appoint Angus McCann as the lead NHS voting member of Edinburgh Integration Joint Board with effect from 27 June 2019, taking over that role from Carolyn Hirst.
- 44.9 Review of the Terms of Reference of the Audit and Risk Committee – The Board approved the revised terms of reference for the Audit and Risk Committee (as set out in appendix 1 of the circulated paper).

- 44.10 Board Development Sessions for 2019 – Approved.
- 44.11 Staff Governance Committee Minutes 24 October 2018 – Noted.
- 44.12 Acute Hospitals Committee Minutes 16 October 2018 – Noted.
- 44.13 Strategic Planning Committee Minutes 11 October 2018 – Noted.
- 44.14 Healthcare Governance Committee Minutes 10 July 2018 – Noted.
- 44.15 Finance and Resources Committee Minutes 19 September 2018 – Noted.
- 44.16 2018/19 Financial Position and 2019/20 Financial Outlook – Approved.
- 44.17 Midlothian Integration Joint Board Minutes of 23 August & 13 September 2018 – Noted.
- 44.18 East Lothian Integration Joint Board Minutes 23 August & 27 September 2018 – Noted.
- 44.19 West Lothian Integration Joint Board Minutes 14 August & 24 September 2018 – Noted.
- 44.20 Edinburgh Integration Joint Board Minutes of 15 June & 10 August 2018 – Noted.

Items for Discussion

45. Ministerial Priorities – Mental Health

- 45.1 The Board noted that mental health was one of the Scottish Governments priorities. It was also recognised in respect of integration that it was important to take stock of strategic planning and the operational delivery of mental health services. It was noted that in the past there had been a single Pan Lothian approach to mental health services although this was no longer the case following the establishment of Integration Joint Boards (IJBs). It was noted therefore that currently there was no Lothian wide mental health strategy that provided a narrative to support planning and service provision. Professor McMahon advised that the creation of a Lothian wide strategic planning forum would be discussed later on the agenda.
- 45.2 The Board were advised that new Scottish Government commitments had been released in respect of CAMHS (Child and Adolescent Mental Health Services) and that Dame Denise Coia would be leading a task force on child and young people's mental health improvement. It was noted that planning was underway in respect of the operational delivery of NHS Lothian's response.
- 45.3 The Board were advised with regards to CAMHS that the target was that 90% of children should be seen and treated within 18 weeks of referral. Performance for NHS Lothian had been 65.5% in August against this target. The Board were reminded that in the previous year a decision had been taken to clear the backlog

and in doing this it had been recognised that there was danger of jeopardising performance with this approach having been agreed through the Healthcare Governance Committee. An update on the current position was provided. The Board noted that a key issue was that non recurrent funding had been used to support the service which had resulted in negative impacts in terms of staff retention.

- 45.4 The Board noted that psychological therapies was delegated to the four IJB's and was hosted by West Lothian. Performance was currently at 70% against the target of 90%. The total cost for meeting psychological therapies targets had been referenced in the draft annual operational plan approved by the Board in June 2018 with the cost of psychological therapies being calculated at £1.2m recurring and £700k non recurring. The point was made that the position had not improved since that point and these figures could be considered to be low estimates of what would be required. The Board noted that there had to date been no Scottish Government commitment in respect of non recurrent or recurrent funding and that this would required to be dealt with separately.
- 45.5 Professor McMahon advised that phase one of the Royal Edinburgh Hospital reprovisioning had been completed in the summer of 2017 which had not led to an ideal position particularly in respect of the provision of supporting community structures. The point was made that phase 2 of the reprovisioning exercise would provide opportunities around issues like the use of adult outpatient beds and that discussions were continuing with the 4 IJBs to ensure that current planning around bed numbers and community support were robust and sustainable. The Board were advised that phase 2 of the Royal Edinburgh Hospital process had been led with IJBs and Partnerships through the strategic planning process.
- 45.6 The Board noted that robust proposals were in place to ensure that IJBs were clear on the level of capacity they wished to commission for future provision. It would be crucial for the outline business case that IJBs were clear on how plans would be implemented to genuinely shift the balance of care from acute to community and exactly how community capacity would come on stream. It was noted that the absence of a Pan Lothian strategy was causing tensions around what organisation had primacy as well as issues around the set a-side budget. There would however be opportunities around phase 2 of the Royal Edinburgh Hospital reprovisioning to take stock and learn lessons from phase 1. Further improvement opportunities would present through addressing the recommendations of the Audit Scotland Report on Health and Social Care Integration: Update and progress which required the development of a coherent delivery plan. It was anticipated that the Cabinet Secretary would seek assurance around wider mental health issues at the Annual Review meeting on 4 February 2019.
- 45.7 The Chairman questioned whether the paper before the Board had been through any other governance structure. Professor McMahon commented that the paper had not gone through any other routes and that moving forward opportunities for wider debate would be available through the planning structure with final discussion being required at both the IJBs and NHS Board.
- 45.8 Dr Donald commented that one of the worries around delegated tasks was in respect of coherence. She therefore supported the bringing together of ideas. The point was made that there was a need to expose and discuss future proposals with

people working at grass root level. Professor McMahon confirmed that a robust process was in place which would include the pulling together of expertise from people delivering services. He commented that it would be important for NHS Lothian to reach a performance position of 90% and to sustain this and that staff on the ground would be key to this process.

- 45.9 Mr Murray reported that IJBs were currently going through a revision of their 2019 / 2022 strategic plans with an output being the need to produce directions which captured the local context of what was being discussed. As part of this process there would be a need to clarify what funds sat under IJBs. Flexibility around the engagement of the third sector was discussed. Mr Murray was concerned about the timing of reports advising that the process was out of sync with what the IJBs were doing. Professor McMahon suggested the timing issues might be opportune given that the system was about to review directions and that shared conversations should provide a sense of connectivity. Professor McMahon felt that the IJB directions should be more informed and specific. He felt that moving forward that the process would benefit from the current evidence of more mature discussions.
- 45.10 Mr Murray commented that an additional element was that the IJB in its broadest context needed to be assured that conversations were taking place as it had a legitimate say and interest in proposals. Professor McMahon stressed that nothing that had been discussed was about reducing local IJB responsibilities. There was however a need to look at the totality of inpatient services across NHS Lothian and how these were used. There were a number of strategic issues that NHS Lothian needed to take action against.
- 45.11 Mrs Goldsmith reported that she felt there were issues about the financial framework that made it challenging with there being an issue about the level of resources allocated to mental health services. She felt that in the longer term there was a need for a framework that would provide IJBs with confidence around the available resource and this was being worked on.
- 45.12 Mrs Mitchell suggested that financial implications appeared to be a major factor. She felt that there was a need to develop an understanding of how the planning process worked as well as the review mechanisms particularly in respect of areas that were difficult to deliver against. In particular she would welcome an understanding of what had gone wrong and why NHS Lothian was reporting performance of 70% against the national target. Professor McMahon reminded the Board of his previous comments around the recruitment and retention implications of funding services on a non recurrent basis. He advised that the system knew what was needed to buy sustainability with financial commitment being the key issue and this might feature as part of the annual review discussions with the Cabinet Secretary on 4 February 2019. Mrs Mitchell questioned whether analysis was being done in respect of planning deficits. Professor McMahon advised that both CAMHS and Psychological Therapies looked at DCAQ (demand, capacity queue analysis) and other tools.
- 45.13 Mr Ash advised that he agreed with the need to invest in hosted services commenting that this needed to be done by all 4 IJBs. He questioned whether a strategy was in place to deliver on this aspiration. Professor McMahon advised that this would be part of ongoing work although a current tension was around what fora

would agree such decisions. He advised that a paper later on the Board agenda would provide a proposition in respect of a forum to bring people together to look at set a-side and other aspects. The Chairman commented that he and a number of other colleagues including those from IJBs and Local Authorities had attended a meeting at St John's Hospital the previous day to discuss this topic.

- 45.14 Professor McCallum commented that the papers before the current Board meeting provided an opportunity to look at levels of need with it being noted that there were increasing levels of mental health illness in the population. In particular 20% of pregnant women had been identified as having mental health issues. She commented that there was a need for a coherent strategy in respect of how to treat such patients with there being a need to consider how this fitted in with strategic planning and whether there were any opportunities around financial leverage. The Board noted that even although its own performance might improve that this still left unmet need in the population with there being opportunities to look at this on a Pan Lothian basis through good coherent and collaborative strategic planning with IJBs.
- 45.15 Dr Williams noted that the recommendations in the paper were suggesting that the Board took significant assurance that NHS Lothian and its partner IJBs were planning and delivering Ministerial commitments. He was unsure how such an assurance level could be agreed given that the paper had not been considered in any other forum. He commented there were ongoing concerns about the planning and delivery of services and in the absence of mitigation he felt that it was difficult for the Board to take significant assurance. He recognised that this was an important paper but it did not explain where else discussions around this topic had been held. Professor McMahon advised that the Healthcare Governance Committee had undertaken a deep-dive of mental health services and had taken moderate assurance. He commented therefore that the points raised by Dr Williams were fair. He advised that what the paper was asking for was support to move forward to establish a process to give the Board more assurance.
- 45.16 The Vice Chair commented that the direction of travel was correct and that the issues flagged to address the challenges were reasonable. He commented however that the IJBs had not yet had an opportunity to consider the proposal and he felt that they could add significant value in areas like governance which would strengthen the level of assurance that could be taken.
- 45.17 The Chief Executive commented that the system was trying to steer policy in a particularly complicated landscape. It was noted that psychological services were hosted in West Lothian. He felt there was a question to be addressed about whether the hosted service model was correct and whether there should be a more local focus. He pointed out that the Midlothian IJB/ Partnership had developed a third sector alternative to referrals to psychological therapies. The key issue was that the system did not provide enough psychological services and that patients were having to wait more than 40 weeks rather than 18 weeks. The Chief Executive advised that one option was to revisit levels of staffing although this was not a sustainable model. He felt that there was a need to address issues around strategic planning to include a collective and collaborative approach with IJBs and what the model of delivery was. He questioned why the Midlothian model could not be rolled out wider within the system.

- 45.18 The Chief Executive commented that similarly in CAMHS that NHS tier 3 services were overloaded with demand as a consequence of not having sufficient tier 1 and 2 support for families in distress. Therefore as a consequence of the lack of alternatives people ended up in CAMHS. The Chief Executive felt in respect of CAMHS that there was a need to focus on people with severe and enduring conditions and improve access by providing alternatives for example through the provision of more school nurses. There would be a need to understand that this approach would be about reducing demand in CAMHS rather than identifying new need.
- 45.19 In terms of inpatient bed issues the funding and commissioning of these was discussed. The Chief Executive commented that if there was a need to increase inpatient facilities then at the moment the financial risk sat with NHS Lothian as bed numbers needed to be increased with no allocated resource. The option to close beds was not available as the community provision was insufficient. The Chief Executive felt there was a need for clarity about what was commissioned locally/collectively and what the delivery model needed to look like. There was also a need to be clear over the next few months about the process and forward delivery model in respect of Ministerial priorities whilst recognising the complexity of the landscape.
- 45.20 Ms Hirst thanked the authors of the paper for setting out the issues so clearly. She suggested that the assurance levels needed to be two-fold with the first being around the planning of services and the second around operational delivery. Professor McMahon advised that the paper was not intended to be a performance report and agreed that there was a need to look at the recommendations in the paper.
- 45.21 The Chairman commented that a key issue was to develop a forum into which IJBs could be fully engaged and this would be discussed later in the meeting. He commented in respect of the recommendations that the paper provided a clear picture of a complicated landscape. He suggested that significant assurance could be taken around planning aspects but only limited assurance around the insight in to delivery. Dr Williams agreed that this would be an appropriate approach.
- 45.22 The Board received and accepted the report subject to the recommendation reflecting the comments made in the previous paragraphs.

46. Ministerial Priorities – Waiting Times

- 46.1 The Board was advised that the paper and discussions would be split in to two sections covering unscheduled care and scheduled care. Reference was made to an email communication issued by the Chief Executive advising of interim changes in the organisation and leadership of senior management capacity in the acute hospitals in order to meet the organisations current main challenges in recognition of ambitions of the Cabinet Secretary in respect of elective access.
- 46.2 Mr Crombie advised that he hoped that the paper before the Board offered assurance in respect of the approach to issues discussed which it was important to recognise were not the sole domain or responsibility of the acute division. The circulated paper characterised the whole system approach. The point was made

that IJBs were central to the strategic planning and support function. It was noted that primary care input would also be critical to the scheduled and unscheduled care components of the paper. Mr Crombie reminded the Board about previous discussions around the need to utilise the third sector to be part of the solution moving forward and future papers would reflect that position. The regional component was discussed although it was not felt it would have significant implications as this point.

- 46.3 Mr Crombie reported that he was keen for the Board to be aware of progress around a raft of issues and also the governance process. He commented that at each Board meeting in 2018 a paper had been discussed around unscheduled care performance and the detailed constraints of delivery. In particular there had been transparency around whistle blowing allegations which had been investigated by NHS Lothian's Internal Audit Service, by a review by the Significant Adverse Event process, and by an external review undertaken by The Academy of Royal Colleges and were now being progressed by an external support team. Mr Crombie was clear that the transparent approach had been the correct way to proceed. It was noted that elements of the detail of the paper were historical.
- 46.4 The Board noted that the RIE had the busiest emergency department in the UK with just under 119,000 attendances during the 2017/18 financial year. The Emergency Department at St John's Hospital had just under 55,000 attendances in the same period. In January 2018 performance against the 4 hour emergency access standard had been 71% for the RIE; 74% for the Western General Hospital and 83% for St John's Hospital. The end of November position was reporting as 81% for the RIE; 92% for the Western General Hospital and 88% for St John's Hospital.
- 46.5 The Board were advised that the circulated paper attempted to capture issues not just around the percentage performance against the standard but other issues like elements of risk that increased when the emergency department was under duress. Mr Crombie updated on the role of the External Support Team and its membership. It was felt that an appropriate governance process was in place to oversee the approach to unscheduled care. The Programme Delivery group chaired by Mr Crombie was now well established to provide leadership, strategic advice and guidance for the delivery of the 4 Hour Emergency Access (4EAS) Programme. To complement the Programme Delivery Group an Oversight and Assurance Group (OAG) chaired by the Chief Executive had been established with representation from NHS Lothian Non Executive Board Members and Clinical Leads and this continued to provide assurance to the Scottish Government. Links with the Audit and Risk Committee were explained with it being reported that a comprehensive report on the 4EAS Programme had been presented to the 26 November meeting to provide assurance on the process in place and progress to date. It was noted that a report had been prepared on behalf of the Audit and Risk Committee to confirm the level of assurance agreed by the committee.
- 46.6 The External Support Team had raised issues about governance and the circulated paper detailed work done to improve the understanding of the process from ward to Board level. Site leadership had also been identified by the Academy of Royal Colleges as an issue and additional resource had been made available to augment leadership the details of which were reflected in the paper and explained to the Board. Mr Crombie reported that engagement with staff was key as progress

developed. In addition it was important that staff were aware of issues and were able to influence the culture and values of the organisation. The Board were advised that there were opportunities to learn and develop a sustainable and deliverable outcome for patients and a better experience for staff. Progress was now supported by the available of hard data.

- 46.7 The Board noted that the quality improvement methodology had been adopted and a tabletop exercise had been scheduled for later in the week involving between 50 and 60 members of Royal Infirmary staff with a focus being on the first hour of opportunity to improve processes and reduce unwarranted variation. Similar workshop sessions would be developed for St John's Hospital and the Western General Hospital and would use data to help to understand issues.
- 46.8 Mr Crombie reported that the winter plan was appended to the Board paper. The winter planning process had started earlier in the current year with a refreshed approach to developing the winter strategy. The key principles referred to producing a fully appraised plan that was able to demonstrate safe, effective, patient centred care for patients with the best outcomes for relatives and staff while building on the learning from the previous year. The process had been delivered to specifically harness the finances available to the Board with previous experience informing this process.
- 46.9 The Board received an update on internal capital works to support the emergency departments to move to a position of sustained delivery. There had been a recognition that at the RIE that currently all activity was managed through the front door of the emergency department. Opportunities to focus on moving from the front door had been explored in both the short and medium terms. Mr Crombie advised that in the short term this had resulted in the procurement and installation of a modular prefabricated building to be located next to the main RIE emergency department from January 2019. This would provide dedicated space for a minor injuries unit. The additional capacity would be funded by NHS Lothian for the first 2 years of its operation although this fitted within the delegated services planned and commissioned by IJBs. This approach had been agreed by the Corporate Management Team including the Chief Officers of the IJBs. IJB Teams were involved in the design of pathways for this unit.
- 46.10 The Board noted that the delayed discharge challenge still existed although there was evidence of sustainable improvement. In particular a number of milestone steps had been delivered by the Edinburgh team. It was noted that although the numbers still remained high that there were opportunities around a more community based approach.
- 46.11 In primary care the opportunity existed to work on delivering sustainable solutions with actions being taken to remove areas of frustration.
- 46.12 In terms of the action plan it was noted that a thorough review of evidence was undertaken before actions could be closed down.
- 46.13 Mr Crombie commented that he felt that the circulated paper provided an increase in assurance that performance was improving with a focus on enhanced leadership and the use of data. This had also culminated in an improvement in the experience

for patients and staff. The Board were advised however that over the past few days there had been peaks in activity. This brought with it issues like overcrowding in the emergency departments and impacts on out of hours flows. Mr Crombie commented that the ongoing commitment of staff was clear.

- 46.14 Mr Crombie commented that in respect of scheduled care that Board members had been routinely briefed on performance against agreed trajectories. It was reported that currently there were around 25,000 patients waiting more than 12 weeks with a further 2500 inpatient day cases waiting over the target period. The Board were advised that this performance position should not be a surprise as it had been previously predicted. The ongoing concern was that NHS Lothian would not be able to offer access in line with government standards. As part of the previously referred to email from the Chief Executive about interim changes to leadership and senior management capacity Mrs Campbell would focus fulltime on designing the Lothian response to deliver the local part of the recently published waiting times improvement plan.
- 46.15 The Board received an update on steps and actions being taken to improve cancer performance. The detail of the circulated paper described steps being taken to move to a sustainable and fluid position.
- 46.16 Mr Crombie reported in overall terms he hoped that the Board paper detailed a series of measures being taken to improve service resilience that were being provided and led by executive and leadership teams. The unscheduled care report would be considered by other Board committees with reference being made to the role of the audit and risk committee. Mr Crombie commended the remarkable efforts of clinical teams across the system in being able to deliver high levels of care during periods of increasing demand.
- 46.17 The Chairman welcomed the detail contained in the compressive report which he felt delivered a position statement as well a clear plan of action. He was of the view that if the Board agenda in future was to continue to focus on Ministerial and organisational priorities there would be a need to expect this nature of paper with the focus being to move away from the planning phase to a detailed delivery programme with future papers focussing on what was being done to mitigate performance issues. Mr Ash reminded the Board that it had previous agreed that the Audit and Risk Committee on an exception basis be directed to monitor oversight of this important process. He advised that the Audit and Risk Committee had agreed to take significant assurance around the availability of processes but only moderate assurance that a process was in place to monitor progress.
- 46.18 Mr Murray suggested that moving forward that a performance measure would be helpful and it would be important to consider what this would look like to include a narrative. He referenced issues around festive cover in LUCS commenting that there had been no narrative explaining how the position had arose. He was concerned that it was possible for people to opt not to work in an emergency services scenario. Dr Williams stressed that LUCS was not an emergency service and was undertaken by GPs. The Board were advised that the Lothian Medical Committee and the GP Subcommittee had discussed this issue and options were being looked at to deliver the service in as many service bases as possible. Miss Gillies advised that work around LUCS was ongoing with all 4 IJBs to identify local

and community resources to avoid patient admissions. It was noted that GP practices were undertaking home visits including in care homes.

- 46.18 Mr McQueen commended the formidable work involved in the production of the Board paper and concurred with the views of Mr Ash in respect of the Audit and Risk Committee response. It was noted that the targets were ambitious with it not being clear from the paper how much of the Scottish Government allocation would be available to NHS Lothian. He questioned in light of this whether there was a need to work to expedite the production of business cases in order that these could be submitted early and quickly in order to optimise the availability of resource. The need to embrace IJBs to get aspirations agreed was important.
- 46.19 Mrs Campbell advised that an operational delivery board had been established to influence the prioritisation of bids moving forward. She advised that part of her new interim role was to expedite and bring forward business cases that were robust and reflected where the system needed to move to. A date for a prioritisation framework was not yet in place. The Board were advised that a non recurrent resourcing approach was currently being adopted with there being no knowledge at this point of the quantum of the Scottish Government allocation to NHS Lothian. Mrs Goldsmith commented that she felt that NHS Lothian should assume a degree of financial risk as it was not operationally prudent to await the detail of the Scottish Government allocation. She did not think that this represented a significant risk in terms of allocations.
- 46.20 The Vice Chair commented in respect of the winter plan that a number of actions had funding requests against them and he questioned what assurance was in place in respect of the availability of funding given that some of these actions were critical. Mr Crombie advised that non recurring allocations had been received from the Scottish Government and that these along with available internal Board funds had all been deployed. There was an ambition that further funds would become available as had happened in the previous year. The Board were advised that the system was building up a portfolio of issues that could be immediately progressed once resources became available. The Board were reminded that the winter planning process had started in May in the current year in recognition of the criticality of actions requiring to be done as early as possible.
- 46.21 Dr Donald commented in terms of triage that she agreed that it was important to get patients to the correct place as quickly as possible. She advised she was supportive of the resource hub approach to LUCS. The Board were advised that through a quality improvement initiative an exercise was being undertaken to identify a cohort of patients that could be treated differently with ongoing modernisation work continuing. A data set had been developed and processes established to allow clinical teams to be provided with information to support decision making.
- 46.22 The Board were advised that an escalation process was in place to identify when the Royal Infirmary of Edinburgh moved to a place where it was compromising the ability to deliver safe sustainable services and when the deployment of additional actions were needed. Future Board reports would provide narrative around issues like this. Mrs Goldsmith stressed that safety of patients and staff was the primary driver.

46.23 The Chief Executive advised that the focus of the external support team had been around safety with a particular need to address overcrowding and the time to first assessment. The team had also been clear that there was a need to improve performance against the 4EAS. The point was made that the conflict between safety and performance was clear and that there was a need to deliver on all 6 dimensions of quality through the development of framework objectives. The Board noted that phase 1 of the External Support Team work was drawing to a conclusion with there now being assurance in place that improvements had been made particularly in the emergency department in respect of providing a safe environment as well as addressing issues around overcrowding. This had culminated in improved performance in the emergency department albeit as previously reported there had been a spike in activity over the previous few days. The Chief Executive advised that the minor injuries unit to be located adjacent to the emergency department at the RIE would open on the 7 January 2019 and would take 25% of attendances which would result in a step change in terms of emergency department performance.

47. Ministerial Improvement Plan - Waiting Times Improvement Plan

47.1 Mrs Campbell advised the Board that the national waiting times improvement plan published in October 2018 outlined the Scottish Governments approach to delivering improved performance against key access standards. The plan was expected to be delivered over a 29 month period to March 2021 and included a national investment of £535m revenue and £320m capital to support the development of increased capacity on both a recurring and non recurring basis. It was noted that the £200m elective centre programme was part of that funding.

47.2.1 The Board were advised that the waiting times improvement plan included specific trajectory performance for the following standards; - new outpatient appointments – 95% of patients to be seen within 12 weeks (14,500 nationally). Treatment time guarantee – 100% of patients to be given treatment within 12 weeks. 95% delivery against cancer standards (62 day referral to treat and 31 day decision to treat standards) and performance against key diagnostic standards (6 weeks).

47.3 A separate plan was expected to be developed for improved performance against access standards related to mental health services.

47.4 The Board were advised that the waiting times improvement plan would be managed by a National Oversight Board with the following key workstreams: -

- Increased capacity across the system
- Increased clinical effectiveness and efficiency
- The design and implementation of new models of care

47.5 The key trajectory timescales and expected performance delivery requirements were reported to the Board and contained within the circulated paper.

47.6 Mrs Campbell referred Board members to table 1 in the circulated paper which provided an indication of the performance required for NHS Lothian to meet the trajectories outlined in the waiting time improvement plan. The Board were advised that although NHS Scotland performance at 21 October 2018 was in line with the

expected trajectories that, NHS Lothian's performance on outpatients was currently at 62% (national performance 70%). This position meant that Lothian would not only be required to deliver improvement beyond the overall Scottish trajectory, but would also result in a correspondingly higher degree of conversion to treatment leading to an increased TTG performance challenge.

- 47.7 The Board were advised that action plans to maintain an improved performance had been supported by additional investment of around £10m in 2018/19 and were predicated on a significant volume of internal waiting time initiative activity being undertaken outwith core capacity with this being further supported by the commissioning of additional capacity at independent sector hospitals and through the use of medical services providers to deliver increased activity on NHS facilities.
- 47.8 The Board were advised that in terms of the recurring gap that the estimated position based on initial analysis was as follows: -
- New outpatients – c38000 appointments p/a
 - Inpatients / day cases – c3700 treatments p/a
- 47.9 It was noted that the impact of conversion would not be fully reflected in the inpatient gap noted above. This meant that the current estimated gap of 3700 treatments was significantly below the actual level required to deliver sustainable balance.
- 47.10 The Board were advised that current indications of the scale of the challenge faced by NHS Lothian in delivering the national waiting times improvement plan for outpatients would result in an additional capacity in excess of 100,000 new appointments over the period to March 2021. The position in respect of TTG represented an additional treatment capacity for c22,000. The Board were advised that high level cost modelling suggested that £86m worth of resource would be required to deliver to the March 2021 standard. Mrs Campbell advised that over the next 6 months her primary focus would be to deliver and develop a response to the requirements of the waiting times improvement plan.
- 47.11 Mrs Campbell advised that a Programme Board had been established with a meeting scheduled to be held later in the day with a focus on how to manage a reduction in demand that still supported patients. Consideration would be given to current and future capacity in order to optimise efficiency. In addition consideration would be given to the use of technology to support patients and clinicians. Mrs Campbell advised that the key issue would be to look at the workforce particularly in terms of skill mix and role development to maximise the use of available technology. There would be a need to enhance work around realistic medicine in terms of how to manage demand. The Board noted that communication with the public would be key in this respect. It was noted that a whole system approach would be required although it was felt that there would be improvement opportunities within the emerging plan. The programme of work would look at high risk and high value specialties to understand demand and capacity as well as looking at improvement actions as well as sense checking this work against national aspects in terms of considering how to manage and address the recurring gap. Mrs Campbell advised that from this work business cases would be developed. Currently it was felt that the key risks were around workforce, infrastructure, independent providers and demand

with there being a need to understand the risks around these in order to put in place mitigating actions.

- 47.12 Mr Murray questioned whether the establishment of a new Public Health body could contribute to addressing the issues explained to the Board and suggested that with the Scottish Government there was a need to emphasise the need to align health ambitions and contributions with other bodies particularly in respect of prevention opportunities. He sought an update on the current position in respect of the theatre improvement plan and how this had developed and would contribute to the overall picture.
- 47.13 Mrs Campbell commented in respect of the Public Health link that the improvement plan made reference to a number of national initiatives. She commented that she would be happy to have discussions around this with Scottish Government colleagues. In terms of theatre time planning she advised that work continued albeit in a slightly different manner looking at efficiency and productivity and focussing down in to 3 / 4 areas. It was noted that a red light report was now produced. She advised that there was a need to be assured that theatres were using existing funding as effectively as possible before considering additional investment.
- 47.14 Professor McCallum commented that discussions were still ongoing in respect of a national public health body. She commented however that there were a range of public health priorities that were being taken forward although some of those extended beyond the timescale of the waiting list improvement plan. She commented that work continued behind the scenes and was being undertaken by a number of experts although this type of information did not tend to come to the Board although this could be arranged for future meetings if desired.
- 47.15 Dr Williams commented that he was delighted to see the emphasis on the all system approach to include engagement with primary care. In addition to this it was clear there were other opportunities to include public health and education etc and this was important in terms of forcing the organisation to operate outwith established silos.
- 47.16 The point was made by Mr McQueen that although the plan was expansive a key risk had been highlighted in terms of workforce. He commented that a position might emerge where despite the best efforts of colleagues that the staffing resource to build capacity might not be available. He also made reference to the use of independent providers.
- 47.17 Mrs Campbell agreed that workforce availability was a risk and for this reason a workforce group has been commissioned with part of its focus to understand and prepare for issues like turnover and develop options to deliver capacity through looking at areas like skill mix and the enhanced use of technology. Mrs Campbell reported that workforce issues would be risk assessed on an individual service basis. The Chairman commented that even after evaluation that a gap might exist and there was a need to think about alternative solutions as part of a dynamic planning responsibility and process.

- 47.18 The Chief Executive commented in terms of capacity that if this could not be achieved through a Scotland wide approach then the system might need to look elsewhere although it was important to recognise that the health system in the North of England was similarly challenged. He added there were also issues around the type of patient that could travel elsewhere for treatment as well as issues around follow up care. The Chief Executive reported that Lothian was in a reasonable position in respect of vacancies but not in terms of relative resource.
- 47.19 The Board agreed the recommendations contained in the circulated paper.

48. Ministerial Priorities – Integration

- 48.1 Professor McMahon advised that the purpose of the report was to provide an update on discussion around integration held at the previous Board meeting. He advised that the report had been prepared to summarise the progress made to date following discussion at the Strategic Planning Committee and the Corporate Management Team.
- 48.2 Professor McMahon advised that the paper alluded to previous conversations at the Board meeting particularly around mental health services, scheduled care and LUCS. He felt that these discussions had strengthened the need to provide space for collective strategic discussions about how to plan and organise services as well as clarify accountability lines. Reference was made to the set a side hospital based service as well as hosted services. It was noted that the principles and proposals in the circulated paper would be discussed in further detail at the Strategic Planning Committee the following week.
- 48.3 Professor McMahon suggested that discussion around IJB directions would be timely in terms of debate around the creation of a strategic forum. There was also a opportunity to consider whether the delegated / hosted model was the correct approach. Professor McMahon commented on the benefits of enhanced communication and better efficiency in terms of people who served on the IJB Boards.
- 48.4 The Chairman provided an update on a meeting that he and a number of other colleagues had attended that had been arranged by IJB Chief Officers and which in part had touched on integration aspects with a particular focus on the recommendations of the recent Audit Scotland report. The session had been well attended although it had been disappointing that only 1 elected local authority representative on the IJBs had attended. The meeting had been attended by 2 Local Authority Chief Executives, the 4 Chief Officers and an array of others and had been facilitated by the Kings Fund. The Chairman felt that the discussion had been helpful but not conclusive in terms of the issues raised in the Board paper. In general terms the discussion had agreed the principle to create a forum and the need to consider how to create such a mechanism and sell it to other partners.
- 48.5 The Chief Executive commented that it was difficult to corral different stakeholders together. He commented on the proposed membership of the forum and the role of Local Authorities. He felt that if the process included Local Authorities this would create a bigger canvas although it might create a distraction around operational

business issues that needed to be agreed. The approval process between the Board and IJBs for any proposal was described. The Director of Strategic Planning would provide a paper for circulation to those who had attended the previous day's event which would include proposed time points and a focus on business issues like medical staffing and business case issues. This paper would be used as a segway into wider discussion and would be considered by the Corporate Management Team the following week.

- 48.6 The point was made that progress on the proposals could not be made without the agreement of IJBs. The Chief Executive stressed that the paper would put forward the preferred solution and if this was not agreed there would be a need to deliver an alternative pragmatic infrastructure.
- 48.7 Mr Murray commented that in terms of membership whether the proposal would address comments made by one of the Local Authority Chief Executives at the meeting about the need to provide feedback to the wider Council. He commented on the importance of joining up the dots to include the community planning network. Professor McMahon advised that the structure of the strategic planning groups followed this approach and had included feedback to community planning partnerships. He was clear about the need to maximise opportunities for people to play into the process.
- 48.8 The Vice Chair commented on the need to make sure that IJBs had the strategic capacity and capability to take ownership of the agenda to address the issues that the Health Board were frustrated that they were not currently doing. He felt that it was important to address this issue upfront. The Chief Executive advised that around 50% of the budget sat with IJBs.
- 48.9 Mr McQueen advised that he supported the proposal to establish a strategic planning forum to include IJBs and if necessary the Local Authorities. He questioned the relationship this process would have with the Futures approach being driven by the Chairman. It was noted that work would progress in parallel.
- 48.10 Professor McMahon commented on the need to include communications and to reflect on discussion held the previous day. The Chief Executive advised that at the meeting the previous day it had been outlined what NHS Lothian needed from the process. Following detailed discussion it was agreed that the exploratory agreement should include Local Authorities with it being recognised that the business part of the agenda was properly between NHS Lothian and the 4 IJBs with input not required from Local Authorities.
- 48.11 Mr Ash reminded colleagues that he had previously argued that NHS Lothian had a grandparent role to bring people together. He felt that initial thinking about IJBs had been purist. He commented that there would be a requirement for the Health Board and Local Authorities to approve any financial recovery plans associated with IJBs. He was off the view that the paper signalled a way forward that should be progressed with and that the terms of reference should be clear about the nuances discussed at the Board meeting.
- 48.12 Mrs Hirst commented that a large issue moving forward was that people needed to have access to information to discharge their respective roles on IJBs and that there

might be a need to look to technology to provide this. She felt that communication needed to be enhanced as trust would be a key component to future working.

- 48.13 The Chairman commented that a further proposal would be brought forward to the Board meeting in February 2019. He felt that there was an issue about the tone and mood and the way that the recommendations were framed in a paternalistic way. He further felt that they needed to reflect the need to promote a mutual case with mutuality being a key and important part of the forward process.
- 48.14 The Board agreed the recommendations contained in the circulated paper subject to cognisance being taken of the comments made above.

49. NHS Lothian Corporate Risk Register

- 49.1 Miss Gillies advised that it had been agreed at the previous meeting that the NHS Lothian Corporate Risk Register should feature as part of the main discussion agenda.
- 49.2 The Board noted in relation to risks associated with unscheduled care that it was proposed that discussion on the paper be split to reflect standard and secondary elements of patients care and patient safety. There would also be a need to reflect on workforce in a way that described risk, measures and controls.
- 49.3 The Boards attention was drawn to the review of NHS Lothian's risk register within the context of the Boards May 2018 workshop and feedback from committee members with respect to a single system approach through the Audit and Risk Committee. A new template for the corporate risk register was being tested in collaboration with internal audit for reporting in January 2019.
- 49.4 Mr Murray thanked colleagues for the work done and commented that the challenges presented were the reason why he had requested the report be discussed as part of the main Board agenda. He felt that if risk had been ameliorated as a result of Scottish Government intervention then this should be recorded along with the recognition that previously NHS Lothian had not had the ability to influence the risk in this way. It was noted that the new framework allowed for this approach to be adopted.
- 49.5 The Board agreed the recommendations contained in the circulated paper.

50. Date and Time of Next Meeting

- 50.1 The next meeting of Lothian NHS Board would be held at 9:30am on Wednesday 6 February 2019 at the Scottish Health Services Centre, Crewe Road South, Edinburgh.

51. Invoking of Standing Order 4.8

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

LOTHIAN NHS BOARD

RUNNING ACTION NOTE

FOR THE MEETING OF 6 FEBRUARY 2019

Action Required	Lead	Due Date	Action Taken	Outcome
<u>East Region Short Stay Elective Centre (SSEC), St John's Hospital Livingston</u> - The Board noted that the issues raised around workforce, revenue stream, travel, access and public engagement would be considered further by colleagues and reported back on at a future board meeting.	JCAM	TBC		

NHS Lothian

Board
6 February 2019

Chairman

APPOINTMENT OF MEMBERS TO COMMITTEES

1 Purpose of the Report

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

2 Recommendations

The Board is recommended to:

- 2.1 Re-appoint Peter Murray to the Audit & Risk Committee for the term 6 February 2019 to 5 February 2022.
- 2.2 Appoint Dr Patricia Donald to replace Dr Tracey Gillies as a voting member of Midlothian Integration Joint Board, with effect from 1 April 2019 to 31 March 2022.

3 Discussion of Key Issues

Audit & Risk Committee

- 3.1 The Board approved revised terms of reference for this committee on 5 December. As part of the review process, it was confirmed that the Board will appoint members to this committee with a 3-year fixed term of appointment. The Board can re-appoint individuals to the committee when their term expires, provided the member is judged to continue to be independent.
- 3.2 Peter Murray's term of appointment ended on 31 January 2019. It is recommended that the Board re-appoint him to the Audit & Risk Committee for the term 6 February 2019 to 5 February 2022.

Midlothian Integration Joint Board ('IJB')

- 3.3 The law relating to the appointment of IJB voting members requires the NHS Board to appoint non-executives to those positions. Only when the NHS Board is unable to do so may it appoint executive Board members.
- 3.4 The Board is now in a position to replace an executive Board member who is a voting member of Midlothian IJB with a non-executive. The Board is recommended to appoint Dr Patricia Donald to replace Dr Tracey Gillies as a voting member of Midlothian Integration Joint Board, with effect from 1 April 2019.

4 Key Risks

- 4.1 A committee does not meet due to not achieving quorum, leading to a disruption and delay in the conduct of the Board's governance activities.
- 4.2 The Board does not make the most effective use of the knowledge, skills and experience of its membership, leading to the system of governance not being as efficient and effective as it could be.

5 Risk Register

- 5.1 This report attends to gaps in committee membership, and it is not anticipated that there needs to be an entry on a risk register.

6 Impact on Inequality, Including Health Inequalities

- 6.1 This report does not relate to a specific proposal which has an impact on an identifiable group of people.

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

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

8 Resource Implications

- 8.1 This report contains proposals on committee membership. It is probable that some of the members may require further training and development to support them in their new roles. This will be addressed as part of normal business within existing resources.

Alan Payne
Head of Corporate Governance
29 January 2019
alan.payne@luht.scot.nhs.uk

NHS Lothian**Audit and Risk Committee**

Minutes of the Audit and Risk Committee Meeting held at 9.00 am on Monday, 26, November 2018 in Meeting Room 8 & 9, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present:

Mr M Ash (Chair), Non-Executive Board Member; Mr B McQueen, Non-Executive Board Member; Mr P. Murray, Non-Executive Board Member; Mr M Connor Non-Executive Board Member.

In Attendance:

Ms J Brown, Chief Internal Auditor; Mr C Brown, Scott Moncrieff; Ms J Bennett, Associate Director for Quality Improvement & Safety; Mr M Cambridge, Associate Director of Procurement; Mr J Crombie, Deputy Chief Executive; Mr A Elliott, Emergency Planning Officer; Ms S. Goldsmith, Director of Finance; Mr G. Haggerty, Payroll Manager; Ms D Howard, Head of Financial Services; Mr B Joshi, Project Manager; Mr J Old, Financial Controller; Mr A Payne, Head of Corporate Governance; Dr S. Watson, Chief Quality Officer and Miss L Baird, Committee Administrator.

Apologies:

Councillor J McGinty.

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 noted.

31. Minutes of the previous meeting held on 27 October 2018.

31.1 The minutes of the meeting held on 27 October 2018 were accepted as an accurate record.

32. Running Action Note

32.1 The Committee discussed the action on risk management, which related to clarifying the lines of communication between the committee and the integration joint boards. Ms Bennett advised that she will present the outcome from her mapping exercise at the next meeting of the committee. She highlighted that the key issue was the relationships between the organisations and the people involved, rather than the relationships between risk registers.

32.2 The Committee also discussed the action relating to the approach that internal audit may take on auditing home care. Ms Brown advised that the chief internal auditors had not met and discussed this point as yet, and she will report back on it at the committee's next meeting.

32.3 The Committee approved the running action note.

33. Internal Audit Report – IT Applications

33.1 Ms Brown introduced report, highlighting that the audit raised generally minor points, and she was content with the management responses.

33.2 Mr Egan set the context, explaining that before the Wannacry attack, NHS Lothian had put in place measures which went beyond the national arrangements for firewalls. NHS Lothian has also participated in a peer audit on cyber resilience and taken action to address issues arising from that. He highlighted that since the Wannacry attack there has been an increase in the security activity at Government level.

33.3 Mr Egan clarified (with regard to Finding 1 in the audit) that there are other personnel who have access to the keys to the tape storage location. He highlighted that in the future tapes will not be used, and will be replaced with alternative technology.

33.4 The Committee accepted the report.

34. Resilience & Risk Presentation

34.1 Mr Elliot gave a detailed presentation on the resilience that encompassed emergency preparedness and business continuity, and an overview of the strategic leadership in NHS Lothian provided by the Resilience Committee. He highlighted work related to the assurance protocols, reviews of essential documents, arrangements and plans and lessons learned from mass traumas in Paris and Manchester and extreme winter pressures.

34.2 There was some discussion on preparedness in light of winter pressures faced during 'the beast from the east'. Members took assurance lessons identified during the debriefing process being cascaded to essential staff and services.

34.3 The Committee was advised that preparedness for Chemical Biological Radiological or Nuclear attacks would be coordinated at a national level, overseen by the Strategic Health Group and work split between Boards.

34.4 The Committee noted the variety of type and scale of incidents that relate to resilience, the importance of building resilience on good practice in normal business and the local ownership of resilience by specialties and the limits to which some risks can be mitigated.

34.6 The Committee took significant assurance from the processes in place.

Mr Elliot left the meeting.

35 Risk Management (Assurance)

35.1 Risk Register - Ms Bennett presented the report drawing out the key points. She drew the Committee's attention to the review of the strategic framework and the outcomes from the first test against the strategic framework related to delayed discharges.

35.1.1 Ms Bennett highlighted that some of the IJB risk registers do not identify risks which have an impact on planning & delivery, such as workforce. It was unclear whether this matter had been picked up with the Chief Officers or at Executive Level. Members noted that there were a number of conversations about workforce risk and the potential implications of Brexit in progress.

Mr Old entered the meeting.

35.1.2 Members noted that workforce was only a part of the issue; Mr Murray hoped that the strategic testing of the framework would open up all risk for discussion at a level that would engage the IJBs. Members agreed that as the Board moves forward with the integration of services, risk management should be approached in an integrated manner.

35.1.3 Ms Bennett agreed to discuss risk management with the chairs of integration joint board audit committees, and would provide feedback through the running action note.

JBen

35.1.4 The Audit and Risk Committee agreed to:

- Accept significant assurance that the current Corporate Risk Register contains all appropriate risks, which are contained in section 3.2 and set out in detail in Appendix 1
- Accept that as a system of control, the Governance committees of the Board assess the levels of assurance provided with respect to plans in place to mitigate the risks pertinent to the committee.
- Note the review of NHS Lothian's Risk Register within the context of the Board's May 2018 workshop and feedback from committee members with respect to single system approach to risk through the Audit & Risk Committee.
- Note that the new template for the Corporate Risk Register is being tested in collaboration with Internal Audit for reporting in January 2019.

35.1.5 The Chair requested that the report in February note the progress against the strategic review, bring all strand of the work together and identify areas that were still to complete.

JBen

36. Internal Audit (Assurance)

36.1 Internal Audit Progress Report (November 2018) – The previously circulated report was noted. Ms Brown reported that since the August meeting the remaining two audits from the 2017/18 plan had been finalised.

36.1.1 Ms Brown drew the Committee's attention to the changes within the internal audit team. She reported that Mr Clark would be replaced by Mr Gustinelli a public sector manager. In addition, Ms Brown and Mr Gustinelli would be supported by an Internal Audit Assistant Manager from the beginning of December, who would support the team in delivering internal audit work.

36.1.2 Members questioned in light of the recent staff changes and performance surrounding the KPIS whether it would be prudent to revisit timeframes. Ms Brown assured the Committee that she was confident that she had the resource within the team to complete the plan for 2019/20. She took on board the

Committee's concerns and agreed to be mindful in bringing major issues to their attention if necessary.

- 36.1.3 Members noted the removal of the unscheduled care audit from the plan given the pressure within the service and the continuous work to improve the position. Members agreed it would be better placed in the 2019/20 programme of audits.
- 36.1.1 The Committee accepted the Internal Audit Progress Report November 2018.
- 36.2 Property Transactions (September 2018) – Ms Brown presented the report. She noted that the audit considered whether NHS Lothian had fully complied with the relevant provisions set out within the NHS Scotland Property Transactions Handbook.
 - 36.2.1 Mr Brown confirmed that all transactions had been in line with the NHS Scotland Property Transaction Handbook.
 - 36.2.2 The Committee accepted the internal audit report property transactions September 2018.
- 36.3 Laboratories Renew Programme Follow-up (November 2018) – Ms Brown spoke to the previously circulated report. She summarised the key findings and noted that she was content with the management actions in place.
 - 36.3.1 The Committee accepted the internal audit report Laboratories Renew Programme Follow-up November 2018.

Mr Cambridge entered the meeting.

- 36.4 Procurement (October 2018) – Mrs Brown spoke to the previously circulated report. Highlighting the 5 control objectives, of which 1 received significant assurance and 4 received moderate assurance and that the 5 recommendations related to general housekeeping detailed within the report.
 - 36.4.1 The sample testing had included the vetting of new suppliers, purchases initiated by NHS Lothian departments which have devolved purchasing responsibilities, the authorisation of contracts, and capital purchases. However the Committee commented that from the information provided, it was unclear what the size of the sample was, how many departments had devolved responsibility or how many actions were taken at that level. Members requested that Ms Brown and Mr Cambridge provide a breakdown of the sample to be distributed with the minutes for the members' information. **JBr/MC**
 - 36.4.2 Mr Cambridge assured the Committee that those departments whom have devolved responsibility utilise the expertise within Procurement and regularly consult eHealth expertise and in house legal counsel during the production of tender documentation. Only the implementation and spend remained out with the remit of the procurement function.
 - 36.4.3 Members noted that the gifts and hospitality received by NHS Lothian staff appeared to be reasonable, control could be improved through better review of the gifts and hospitality register.

- 36.4.4 The Committee noted that follow-up of the implementation of the recommendations and management actions would be picked up through Finance & Resources Committee, as it is the committee which oversees procurement. Members were content that Finance and Resources assume responsibility for the follow-up, but requested that when the procurement strategy is presented to the Board for approval, it is not placed in the consent agenda.
- 36.4.5 The Committee agreed to accept the internal audit report Procurement October 2018.

Mr Cambridge left the meeting.

36.5 Acute Site Master Plans (November 2018) – Ms Brown presented the report. She highlighted the key findings of the audit that reviewed the design and operation of the controls in place related to Acute Site Master plans, to ensure they support the NHS Board’s strategic objectives.

36.5.1 Mr Crombie assured the Committee that the acute site master plan was iterative and regular meetings to review the suitability of the plan in line with the needs of the population remained ongoing.

36.5.2 Mr Ash highlighted that the audit report did not contain any information on or raise any concerns on the control objective ‘Stakeholder engagement has underpinned the development of site masterplans. The Board has a legal duty for public involvement, and active public and patient engagement was highlighted as a key area of risk in the risk workshop. Ms Brown advised that she will confirm what engagement there has been.

JBr

36.5.3 Mr Murray highlighted that there has been an acceleration in the investment in facilities for unscheduled care. There has also been a major donation to haematology. To some extent there are arrangements which have superseded the site masterplans. Ms Goldsmith advised that the masterplans inform capital prioritisation, and that the masterplanning process is iterative.

36.5.2 The Committee agreed to accept the Acute Site Master Plans (November 2018)

Mr Joshi entered the meeting.

36.6 Follow-Up of Management Actions Report (November 2018) – the Committee accepted the report on the Follow-Up of Management Actions.

36.6.1 Ms Brown agreed to review the language within the report relating to the closure of the actions.

JBr

37. Counter Fraud (Assurance)

37.1 Counter Fraud Activity – Mr Old presented the report. He drew the Committees attention the revised format of the report in light of the comments made at the October meeting surrounding improving clarity.

37.1.1 Members discussed the Ariston case, and agreed that at the appropriate time, a report on Procurement Irregularities, Investigation regarding former staff full report should be brought forward on the case specifically detailing the issues relating to the Board's systems of control.

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

38. External Audit (Assurance)

38.1 External Audit Plan 2018/19 – Mr Brown presented the report to the Committee. He summarised that the key aspect of the audit work noting that there had been no major changes from the previous year.

38.1.1 Mr Brown noted that one significant change from the previous work was that it was an active National Fraud Initiative (NFI) year, with the assessment of Board engagement with the 2018/19 NFI exercise.

38.1.2 The Committee noted that the auditing standards require the external auditors to inform the Audit and Risk Committee of their assessment of the risk of material misstatement in the financial statements. Five significant risks were outlined, with two further significant risks to the wider scope of our audit outlined in section 5 of this report:

- Capital Transactions
- PFI and related assets
- Revenue Recognition
- Risk of Fraud in the recognition of Expenditure
- Management Override

38.1.3 The consideration of the wider scope had raised one significant risk to the external audit in relation to financial sustainability and one significant risk in relation to governance and transparency. In April 2018, the considered Financial Plan to support the Annual Operational Plan had outlined a remaining financial gap of £21.4 million. Therefore, the financial projections from 2018/19 onwards note ongoing challenges in achieving the recurring savings targets and medium to longer term financial stability. The situation is not helped by the estimated NRAC shortfall will be £14m at the end of 2018/19 following a change to the disbursement formula.

38.1.4 The External review by the Royal College of Physicians of Edinburgh to undertake an investigation into the concerns that rose from the Whistleblowing arrangements about the alleged mismanagement of waiting times reporting was published in June 2018 and was a matter of public interest; As a result of the internal and external reviews over 60 actions have been identified to address concerns raised.

38.1.5 The Committee accepted the External Audit Plan 2018/19.

39. General Corporate Governance (Assurance)

- 39.1 Revised Terms of Reference for the Audit & Risk Committee – Mr Payne presented the report, noting the changes to the terms of reference that reflected the updated audit and assurance handbook.
- 39.1.1 The Committee agreed that 3-year term appointments should be systematically applied going forward.
- 39.1.2 The Committee reviewed the proposed revised terms of reference, and agreed to recommend them to the Board for its approval.

Dr Watson Entered the meeting.

39.2 4 hour Emergency Access Standard – External Review Progress

- 39.2.1 Mr Crombie and Mr Joshi gave a detailed and comprehensive overview of the measures taken on the emergency access standard. There was a single action plan in place which has been informed by the recommendations from the internal audit report, the subsequent significant adverse event review, and the Academy's report. The Committee noted the comprehensive report and the Deputy Chief Executive answered the committee members' questions.
- 39.2.2 The Committee agreed to accept the report as a source of significant assurance that senior management have developed an appropriate set of assurance and delivery groups to oversee the improvement required in line with the overarching plan, as derived from the Academy Report.
- 39.2.3 The Committee agreed to accept this report as a source of moderate assurance that mechanisms are in place across all three adult acute sites to monitor performance against unscheduled care, and to support staff to design and implement a programme of improvement actions.

39.3 Access and Governance Committee Update

- 39.3.1 The Committee received a separate report from the Chief Quality Officer on the work of the Access & Governance Committee. The Audit & Risk Committee agreed that it had moderate assurance on the arrangements which were now in place for the Access & Governance Committee. The Audit & Risk Committee was informed that the Access & Governance Committee considers the advice it receives with regard to compliance with waiting times requirements, and calibrates this with the need to focus on the quality of care.
- 39.3.2 The Committee agreed that the Chief Quality Officer should work with the Chair of the Information Governance Sub-Committee and the Chair of the Healthcare Governance Committee, to determine the best approach for those bodies to carry out their remits with regard to assurance on data quality and healthcare quality respectively.
- 39.3.3 The Committee accepted a moderate level of assurance from the Access and Governance Committee update subject to Dr Watson working with the Chair of the Information Governance Sub-Committee and the Chair of the Healthcare Governance Committee.

SJW

Mr Joshi left the meeting.

39.4 Write-off of Overseas Patients Debt – Ms Howard presented the report. She gave a brief overview of the paper and requested that the Committee write off the two losses that represent the cost of medical treatment at hospitals totalling £104,292.33.

39.4.1 The Committee noted that overseas patients remained a high risk area, work to improve engagement with insurance companies and the overseas team was ongoing.

39.4.2 The Committee reviewed Appendices 1 and 2 and confirmed that the Director of Finance may approach the SGHSCD for its approval to write-off these losses.

39.5 Write-off of salary overpayment – Ms Howard gave a brief overview of the paper. She explained the circumstances that surrounding a staff member receiving on significant overpayment as a result of an error in the calculation of salary protection in 2011. the error was found to originate from the payroll department the individual had been advised that repayment of the full amount would not be pursued.

Ms Howard informed the committee of the steps taken to determine if there had been any other such errors, and advised that there were none. She advised that there has been a change to working practices so that there is now an independent check on protection calculations.

39.5.1 The committee were uncomfortable that the error had been identified and still took a period of months to correct the payment to the individual. They noted that the benefit received by the individual had been substantial and would have been a notable difference in wage to that of their peers. Although the calculation error had originated in the payroll department, the committee's view is that some effort should be made to pursue at least partial repayment from the individual or withhold pay rises until the point of retirement. It was noted that all NHS Employee payslips state that they have a responsibility to notify the Payroll Department of mistakes on their payslip, therefore some responsibility lay with the employee. The committee commended the manager who had identified the error, however questioned why it had not been identified before.

The committee was also concerned with the apparent policy of unlimited pay protection, as an individual could receive additional payments until he or she retires. The committee recognised that there were issues for this case, as well as issues for wider system learning. The committee was concerned with the signal that may be given if no action is taken for significant overpayments.

39.5.3 The committee reviewed Appendix 1 and confirm that at this time they would not support the Director of Finance approach the SGHSCD for its approval to write-off this loss. The committee agreed to refer this matter back to executive management to review whether all reasonable steps have been taken in this case to recover the overpayment (in line with the guidance in the Scottish Public

Finance Manual), and to consider the context of the precedent and messages that the organisation sends out in its actions. .

39.5.5 The Chair requested that Ms Goldsmith present a report to the February 2019 meeting of the Audit and Risk Committee in response to the concerns detailed above.

SG

39.5.6 The Committee noted the national discussion in light of the recent deal for 3% pay raise for all NHS employees and the associated implications of salary protection as a financial risk to the organisation.

Ms Brown, Mr Haggerty and Dr Watson left the meeting.

39.6 Litigation Annual Report 2017/18 – Ms Howard spoke to the previously circulated report that provided assurance on the management of litigation in NHS Lothian. She went on the draw attention to the high claims detailed at item 3.6.5 within the report.

39.6.1 The Audit & Risk Committee agreed to:

- Note that the Healthcare Governance Committee (HCG) has accepted this report as an annual update on litigation activity in terms of numbers, financial impact and recurring themes. The HCG committee has accepted significant assurance for the effectiveness of the processes and moderate assurance in terms of evidence of learning after cases are closed.
- Note that the HCG Committee has approved plans to strengthen processes for learning from claims, and note some examples of high value claims provided in the paper.
- Note programmes of work in place to improve management of and response to adverse events which may result in fewer settled claims, but recognising that events resulting in a claim are not always part of an adverse event process.

40. Any Other Competent Business

40.1 There were no other items of competent business.

41. Date of Next Meeting

41.1 The next meeting of the Audit and Risk Committee would take place at **9.00** on **Monday 25 February 2019** in **Meeting Room 8&9, Fifth Floor, Waverley Gate.**

NHS Lothian

Acute Hospitals Committee

Minutes of the meeting of the Acute Hospitals Committee held at 14:00 on Tuesday 11 December 2018 in Meeting Room 8, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present: Dr R. Williams, Non Executive Board Member (chair); Ms A. Mitchell, Non Executive Board Member.

In Attendance: Mr C. Briggs, Associate Director, Strategic Planning; Mr O. Campbell, Business Manager, Acute Services Division; Mr B. Cook, Medical Director, Acute Services; Mr J. Crombie, Deputy Chief Executive; Mr A. Jackson, Associate Director, Strategic Planning; Mr C. Marriott, Deputy Director of Finance; Ms B. Pillath, Committee Administrator (minutes); Ms A. Smith, General Manager, St John's Hospital.

Apologies: Ms S. Ballard-Smith, Nurse Director, Acute Services; Ms J. Butler, Director of Human Resources; Ms T. Gillies, Medical Director; Ms L. McDonald, Site Director, Royal Infirmary of Edinburgh; Cllr F. O'Donnell, Non Executive Board Member; Mr A. Tyrothoulakis, Site Director, St John's Hospital.

Chair's Welcome and Introductions

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

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

1. Minutes from Previous Meeting (16 October 2018)

1. The minutes from the meeting on 16 October 2018 were approved as a correct record.

2. Corporate Governance

2.1 Acute Risk Register

- 2.1.1 Mr Campbell presented the previously circulated paper. There had been discussion with the Head of Corporate Governance about incorporating staffing risks onto the Acute Hospitals Committee workplan as there was an overlap in remit with the Staff Governance Committee. This would be updated further following discussion between Dr Williams and the Deputy Chief Executive. A review of the remits of all governance committees was ongoing.

- 2.1.2 It was suggested that the Acute Hospitals Committee could focus on the service impact of staffing risks, or that the Staff Governance Committee could take full responsibility for staffing risks governance but highlight any service issues to the Acute Hospitals Committee.
- 2.1.3 Members accepted the recommendations laid out in the paper and accepted significant assurance that the Committee had appropriate oversight over the risks on the Acute Risk Register.

2.2 Quality and Performance Improvement Report

- 2.2.1 Mr Jackson presented the previously circulated paper. It was noted that updates to the committee on radiology and stroke were outstanding. Radiology had been considered at the previous meeting but an update had been requested. Stroke would be considered at the next meeting.
- 2.2.2 Member accepted the recommendations laid out in the paper.

3. **Clinical Governance**

3.1 Medical Specialties Programme Board

- 3.1.1 Dr Cook presented the previously circulated paper and explained how the options appraisal took place and how options 3 and 4 had been identified for further analysis of patient flow, workforce, and cost.
- 3.1.2 Mr Crombie noted that as the currently acute receiving model was not sustainable other work would be done in the short term on specialty based workforce modeling. This applied to doctors, nurses and allied health professionals. If option 4 was chosen for instance it was expected that there would be a 3-5 year implementation period.
- 3.1.3 Dr Cook advised that there had been open and meaningful discussion at stakeholder engagement events where the weightings for the scoring of the options were agreed. It had been agreed at these events to raise the weighting of patient experience and outcomes.
- 3.1.4 Mr Briggs noted that medical services would remain on all three sites as part of the hospitals plan. The options appraisal was specifically for deciding a model for the acute receiving unit which would be a sustainable model of patient pathways across Lothian's hospitals. It was also noted that a sustainable workforce model also needed to take into account workforce of nearby acute receiving units in NHS Borders and NHS Fife.
- 3.1.5 In response to a question from Dr Williams about whether factors delaying the process so far had been recognised to avoid further delays in the next stage, it was noted that health and social care integration had added complexity.
- 3.1.6 Mr Crombie noted that continued consultation with the workforce was important to ensure engagement in decision making and support in implementation of the chosen

model. The aim was for the future model to have a new focus away from the current unsustainable model, and this would include increased resourcing for community services so that there were a number of more appropriate options before patients were admitted to an acute hospital. Patient and community engagement was needed for this to influence the changing ideas of the best way to care for patients.

- 3.1.7 Members accepted the recommendations laid out in the paper. It was proposed that there would be a further update in 6 months' time. This paper would also be discussed at the Strategic Planning Committee. **BC**

4. Performance Assurance

4.1 4 Hour Unscheduled Care

- 4.1.1 Mr Crombie presented the previously circulated paper. There had been peer group sessions for organisational development with culture and values as the focus; these had generated objective and positive discussions.

- 4.1.2 The external support team would now take a step back as the changes put in place in the service were now being managed. Some data was being tested about the criteria for raising the alert for overcrowding with the aim of doing this earlier to reduce patient safety and experience risks associated with overcrowding. The next update would include the impact of work and outcomes on staff and patient experience. **JC**

- 4.1.3 It was noted that there had been a 6% increase in attendance at the Emergency Department in the past year but no increase in admissions. Mr Crombie advised that this was expected due to population demographics and lack of investment in community areas meaning that patients had no alternative to hospital. Some areas including Glasgow had had bigger increases in attendance and some areas had a higher attendance per 100,000 population than NHS Lothian.

- 4.1.4 Members accepted the recommendations laid out in the paper.

4.2 Waiting Times Improvement Plan

- 4.2.1 Mr Crombie presented the previously circulated paper. It was noted that a temporary change had been made in executive responsibilities with Ms Campbell now focusing on waiting times improvement to meet the requirements of the new government plan.

- 4.2.2 In response to a question about whether the improvement plan was achievable, Mr Crombie advised that each year NHS Lothian had submitted to the Scottish Government details of what improvements could be delivered taking into account existing capacity and resource, and these projections had been achieved. The methodology used to make the projections therefore seemed robust. The Scottish Government had indicated that some non-recurrent funds would be offered as part of the improvement plan requirement and once further detail had been received a projection would be made of what would be achievable with this resource.

- 4.2.3 It was noted that capacity problems were not only lack of money, but also lack of available workforce. Strategic planning needed to include new staff roles such as nurse practitioners as well as technology and artificial intelligence.
- 4.2.4 It was noted that the funds received needed to be spend on the highest impact areas to ensure an improvement in the position. There was a need to demonstrate how the money had been used and whether it could improve capacity.
- 4.2.5 Members accepted the recommendations laid out in the paper.

4.3 Diagnostics Performance

- 4.3.1 Ms Smith presented the previously circulated paper. There was an increasing demand for diagnostic procedures and work had shown that this was related to the age demographic of the population. New guidance and tests available had had some mitigating effect of reducing the demand.
- 4.3.2 The bowel screening programme identified a very small number of cancers compared to the number of patients screened. Work was in progress to use screening data to determine better criteria for screening to be more efficient. Any change would have to be agreed with the Scottish Government.
- 4.3.2 Members accepted the recommendations in the paper and accepted moderate assurance that systems were in place to identify and prioritise the highest risk patients and that improvement changes were being monitored, but limited assurance that there was compliance with the waiting times target.

5. **Fiscal Governance**

5.1 Financial Performance

- 5.1.1 Mr Marriott presented the previously circulated paper. Cash releasing efficiencies were being identified but these were difficult to find. There was a need to continue to identify waste and inefficiencies in the service.
- 5.1.2 Previously each service would have 3% of their budget reduced each year as LRP to meet savings objectives. This was no longer done and now the resource was given to the service which was asked to break even. The £2.7 million was a legacy from previous years of LRP credit where savings were not made.
- 5.1.3 The reason for trying to reduce costs on junior doctors was that previously this cost code included other elements as it was also used for corporate costs. The focus for nursing was to increase the number of staff, but this needed to be monitored to ensure rostering was efficient and that when new staff were taken on there was a corresponding reduction in use of supplementary staff.
- 5.1.4 Members accepted moderate assurance that the position projected in the financial plan at the beginning of the year had been reached, but limited assurance that there would be break even at the end of the year.

7. Minutes for Information

7.1 Health and Safety Committee, 28 August 2018

7.1.1 Dr Williams agreed to write to the chair of the Staff Governance Committee to ask what assurance mechanisms there were to that Committee regarding the Health and Safety Committee. **RW**

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

7.2.1 Corporate Management Group, 18 August 2018.

8. Any Other Competent Business

8.1 Incident at the Royal Infirmary of Edinburgh

8.1.1 Mr Crombie reported that there had been an incident where a patient who had a caesarean section had left the ward, become confused and lost, and had died. This tragic event had an effect on the staff involved as well as the patient's family. The Police were involved and a full significant adverse event clinical review would take place.

8.2 Clinical Waste Disposal

8.2.1 Mr Crombie advised that in the last few weeks the company providing clinical waste collection services went into receivership and was no longer providing the service. This included collection of anatomical waste which was required to be removed within 3 days. Following a resilience meeting contingencies were put in place which would maintain the provision currently with anatomical waste removed within 6 days.

8.2.2 Currently there was no risk to staff or patient safety or to provision of services. A further update on long term solutions would be brought to the next meeting. **JC**

9. Date of Next Meeting

9.1 The next meeting of the Acute Hospitals Committee would take place at **14.00** on **Tuesday 19 February 2019** in **Meeting Room 8**, Second Floor, Waverley Gate.

9.2 Meetings in 2019 would take place on the following dates:

- Tuesday 16 April 2019;
- Tuesday 25 June 2019;
- Tuesday 20 August 2019;
- Tuesday 22 October 2019;
- Tuesday 10 December 2019.

STRATEGIC PLANNING COMMITTEE

Minutes of the meeting of the Strategic Planning Committee held at 9.30 on Thursday 13 December 2018 in Meeting Room 8, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present: Mr B. Houston, Board Chairman (chair); Ms S. Goldsmith, Finance Director; Ms C. Hirst, Non Executive Board Member; Professor T. Humphrey, Non Executive Board Member; Ms F. Ireland, Non Executive Board Member; Mr A. McCann, Non Executive Board Member; Professor A. McMahon, Executive Nurse Director; Mr P. Murray, Non Executive Board Member; Dr R. Williams, Non Executive Board Member.

In Attendance: Ms J. Anderson, Partnership Representative; Mr C. Briggs, Director of Strategic Planning; Mr J. Crombie, Interim Chief Executive; Mr M. Higgins, Senior Researcher, Public Health; Ms N. Paul, Business Manager, Strategic Planning; Mr A. Payne, Head of Corporate Governance; Ms B. Pillath, Committee Administrator (minutes); Ms J. Proctor, Chief Officer, Edinburgh Health and Social Care Partnership.

Apologies: Ms T. Gillies, Medical Director; Ms J. Butler, Director of Human Resources; Mr A. Short, Chief Officer, Midlothian Health and Social Care Partnership.

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

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

1. Minutes and Actions from Previous Meeting (11 October 2018)

- 1.1 The minutes from the meeting held on 11 October 2018 were approved as a correct record.
- 1.2 From the actions from the previous meeting, a paper on Gamechanger would be discussed at the next meeting, and a paper on funding for the short stay elective centre would be discussed at a future meeting; funding had not been agreed. **JC**

2. The People's Health

2.1 NHS Lothian and Community Planning

- 2.1.1 Mr Higgins presented the previously circulated paper. Ms Hirst, Mr Murray, and Mr McCann volunteered to review the policy briefings produced on housing and place.

CH / PM / AMcC

- 2.1.2 It was suggested that six priorities for health and social care should be put in the context of NHS Lothian's mission and values for improvement of health. It was agreed that all these factors were key drivers for health and social care and NHS

Lothian should engage with them but there needed to be more understanding of how this would work in a practical sense. The discussions were at an early stage currently and so were not yet specific in terms of actions.

2.1.3 Engagement with these priorities would require two way working with other organisations. There would need to be a clear idea before any discussions of what NHS Lothian's aims and possible contributions were in each area. It was agreed that these details would be worked on in the next few months.

2.1.4 The importance of understanding the differences in different regions in terms of what was already in place and what the areas of highest need were.

2.2 Community Planning Partnership Update

2.2.1 Mr Higgins presented the previously circulated paper. Ms Proctor advised that the Integration Joint Boards had a statutory responsibility to be engaged with the Community Planning Partnership and the chair of the planning partnership sat on the Integration Joint Board, but that currently did not have great influence.

2.2.2 There needed to be a system to ensure that any decisions made at community planning partnerships did not undermine separate decisions or plans for NHS Lothian.

2.2.3 It was suggested that the governance review taking place in Edinburgh health and social care partnership had focussed on local councillors but there was also a need for a forum which had oversight on all strategies, and more proactive influence on the Community Planning Partnerships.

2.2.4 Members noted a sense of complexity and disconnect between different strategies, for instance new GP contract gives GP practices the responsibility of assessing the needs of their community, but this was separate to the community planning partnerships set up. Ms Proctors noted that GPs were key at locality level but not necessarily at community planning partnership level.

2.2.5 Ms Goldsmith noted that the community engagement approach would be tested soon with the Royal Victoria Hospital which was the first big asset to be treated in this way; there would be learning for this process for future projects. It had been agreed that before putting the building out to market there would be a processes for community engagement. A proposition for this was currently being developed and this would be brought to the Committee for review at the next meeting in February 2019. Discussions would then be started for other sites.

2.2.6 Mr Higgins suggested that the north west Edinburgh improvement plan should be part of this and agreed to send details to Ms Goldsmith. **MH**

2.3 East Lothian Children's Services Performance Report

2.3.1 Professor McMahon presented the previously circulated paper. The governance arrangements were laid out in a schematic but that the lines of responsibility were complicated. The local authority and the health board had responsibility for children's

services, but some partnerships had delegated this responsibility to Integration Joint Boards. There had been a recent review of children's services in East Lothian. It was suggested that in future reports the reporting and oversight arrangements for the plans should be laid out.

- 2.3.2 It was suggested that a piece of work should be done on the current arrangement highlighting any areas that were not clear and identifying how to resolve this. Mr Briggs agreed to bring a paper on this to the next meeting but noted that if any changes were required a further discussion should be started. **CB**

3. Integration

3.1 Development of Edinburgh Health and Social Care Partnership Transformation Plan

- 3.1.1 Ms Proctor gave a presentation. It was noted that the potential value of Integration Joint Boards and the possibility of community engagement including both sectors was demonstrated.

- 3.1.2 The importance of re-educating and retraining staff who would be providing this change was noted. Ms Proctor advised that staff and professions had been enthusiastic after initial training as the transformed service would allow them to work more closely with people's needs.

- 3.1.3 There was support for the initial contact approach as opposed to various waiting lists as better for patients and more efficient for NHS Lothian.

- 3.1.4 It was noted that innovation and change should be supported where there is evidence for improvement, but that there was a lack of evidence in this area and a need to develop innovation to start getting evidence. Ms Proctor advised that the new proposed programme structure was based on working as a managed programme which would collect data to measure effectiveness.

- 3.1.5 A more detailed timescale for programme outcomes was being worked on and would be presented to the Board at the meeting in February 2019. Some of the programmes would have separate business cases for approval.

- 3.1.6 The grants review would be presented to the IJB the following day. There had been more applications than could be fulfilled and these had been awarded following a process of three panels for considering all applicants and applying a geographical spread and a variety of subjects. This would be approved following debate in the Council.

3.2 Development of Edinburgh Integration Joint Board Strategic Plan

- 3.2.1 Mr Briggs gave a presentation. A paper had been previously circulated. In response to a question about how the plan linked with other strategies such as primary prevention, smoking cessation, obesity, alcohol, licensing board, catering in schools, Mr Briggs noted that it had to be clear what the Integration Joint Board could do and what it could influence others to do. The IJB should take the plan to all relevant planning groups to consider and include these areas.

3.2.2 The Edinburgh IJB strategic plan for unscheduled care was part of this transformation as the main solution for unscheduled care beds was developments in care provided in the community.

3.3 Towards a Lothian Strategic Planning Forum

3.3.1 Mr Briggs presented the previously circulated paper. The proposed forum would be the Lothian Strategic Planning Committee, not NHS, and would take into account availability and schedule of meetings for all the integration joint boards. The membership should also reflect this.

3.3.2 The new forum would take the place of some of the current functions of this Committee but would be for discussion, so any decisions would still be approved by the individual organisations. Not all NHS service areas were integrated, so the current Committee may still be required for these.

3.3.3 Following this meeting, Mr Briggs would go over the proposal with the IJB chief officers for support before it would be presented to the IJBs for review with the aim of being finalised by the first quarter of 2019.

3.3.4 There was still discussion about whether local authorities should also be represented on the group directly. The proposal was to start with NHS Lothian and each of the four IJBs with the option to add local authorities at a later stage.

3.3.5 Members accepted the recommendations laid out in the paper.

4. **Lothian Hospitals Plan**

4.1 Medical Services Programme Board Update

4.1.1 Mr Briggs presented the previously circulated paper. Dr Williams reported that a paper had been considered by the Acute Hospitals Committee which had recognised the challenge of the work and asked that there should be community engagement with GPs as well as hospital physicians. They had accepted the recommendations laid out.

4.1.2 Mr Briggs advised that the scoring used for the options appraisal had been agreed after consultation with nurses, doctors and senior management from all three acute sites. The weighting given to patient experience was increased as a result of this engagement process.

4.1.3 Members accepted the recommendations laid out in the paper.

5. **Pan Lothian Business**

5.1 Corporate Objectives Mid Year Update

5.1.1 Professor McMahon presented the previously circulated paper. It was noted that work on ensuring staff wellbeing included receiving celebrating success nominations

throughout the year instead of annually, iMatter work and other work within teams, and external awards.

5.1.2 Members accepted the recommendations laid out in the paper.

6. Date of Next Meeting

6.1 The next meeting of this group would take place at **14.00** on **Thursday 7 February 2019** in **Meeting Room 8**, second floor, Waverley Gate.

6.2 Further meetings in 2019 would take place on the following dates:

- Thursday 4 April 2019;
- Thursday 20 June 2019;
- Thursday 1 August 2019;
- Thursday 3 October 2019;
- Thursday 19 December 2019.

HEALTHCARE GOVERNANCE COMMITTEE

Minutes of the meeting of the Healthcare Governance Committee held at 9.00 on Tuesday 13 November 2018 in Meeting Room 8, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present: Professor T. Humphrey, Non-Executive Board Member (chair); Dr P. Donald, Non-Executive Board Member; Ms W. Fairgrieve, Partnership Representative; Ms C. Hirst, Non-Executive Board Member; Mr A. Joyce, Employee Director, Non-Executive Board Member; Mr A. Sharp, Patient and Public Representative.

In Attendance: Ms J. Bennett, Associate Director of Quality Improvement and Safety; Ms J. Campbell, Chief Officer, Acute Services; Ms M. Hughes, Chief Nurse, West Lothian Health and Social Care Partnership (item 32.1); Professor A. McCallum, Director of Public Health and Health Policy; Ms A. MacDonald, Chief Officer, East Lothian Health and Social Care Partnership (item 32.1); Ms L. McMillan, Complaints and Feedback Team Manager; Ms B. Pillath, Committee Administrator (minutes); Ms J. Proctor, Chief Officer, Edinburgh Health and Social Care Partnership (item 32.1); Mr D. Small, Director of Primary Care Services (item 32.1); Professor A. Timoney, Director of Pharmacy; Dr S. Watson, Chief Quality Officer; Mr P. Wynne, Chief Nurse, Edinburgh Health and Social Care Partnership (item 32.1).

Apologies: Ms F. Ireland, Non-Executive Board Member and Chair of Area Clinical Forum; Dr B. Cook, Medical Director, Acute Services; Mr J. Crombie, Deputy Chief Executive; Mr T. Davison, Chief Executive; Mr J. Forrest, Chief Officer, West Lothian Health and Social Care Partnership; Ms T. Gillies, Medical Director; Professor A. McMahon, Executive Nurse Director; Ms J. Morrison, Head of Patient Experience.

Chair's Welcome and Introductions

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

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

29. Patient Story

29.1 Mr Sharp read out feedback from a patient who was on ward 204 at the Royal Infirmary of Edinburgh. The patient was positive about approachable and friendly staff at all levels, including domestic staff, who made her feel at home and safe, and noted a change for the better over the years. She felt improvement could be made in making patients aware of what was happening and timings, for example when the patient could expect to see a doctor and how long they were likely to be in hospital.

29.2 Mr Sharp noted that the feedback reflected his own experience as a patient over the years, with more approachable doctors in recent times, and noted the benefit of continuity for returning patients. He also noted the compassionate, intuitive and helpful cleaning staff he had encountered and asked that this aspect of the job be

recognised. It was agreed that this would be fed back through the Head of Estates and through the ward charge nurse. **JCa**

- 29.3 It was agreed that more could be done in managing patient expectations about timings to make them feel more relaxed. **JCa**

30. Minutes from Previous Meeting (11 September 2018)

- 30.1 The minutes from the meeting held on 11 September 2018 were approved as a correct record.

- 30.2 The updated cumulative Committee action note had been previously circulated.

31. Emerging Issues

31.1 Stroke Thrombectomy

- 31.1.1 Ms Gillies presented the previously circulated paper. The Scottish Government had asked the national planning board to report in January 2019 on the resources required to introduce the service. This would depend on developing a workforce which was not currently available, it was expected the top up training would be considered. The service would be for 800 patients per year. The current service needed to be stabilised, but although there were recruitment problems in Glasgow the NHS Lothian unit was stable with all positions full.

31.2 Provision of care for private patients

- 31.2.1 Most large Boards in Scotland would undertake some private provision. There had been recent media interest in whether there was any disadvantage to NHS patients because of private patients being treated by the NHS. Ms Gillies reported that a small number of private patients were treated by NHS Lothian with a small number of mainly cardiac operations as there was no private provision for these. NHS patients waiting were having their cardiac operations within the waiting time expected by the Scottish Government. Physiological and radiological testing undertaken for private patients was done out of normal working hours. Radiotherapy and chemotherapy for private patients was also carried out as there was no private provision for these.

- 31.2.2 Members were assured that the treatment of NHS patients was not disadvantaged by the treatment of private patients in NHS Lothian.

32. Health and Social Care

32.1 Health and Social Care Partnership Assurance Reports

- 32.1.1 The previously East Lothian, Edinburgh, Midlothian and West Lothian assurance reports were presented by Ms MacDonald, Ms Proctor, Ms Myles, and Ms Hughes.

- 32.1.2 The key risk areas in East Lothian were: recruitment including to new posts such as advanced nurse practitioners; and delivering services in older facilities until reprovision or move to a new service model. A review of governance arrangements

had been commissioned by the East Lothian Integration Joint Board and progress on this would be reported there in December 2018. An update would be brought to the Healthcare Governance Committee in March 2019. **AMcD**

- 32.1.3 Ms Proctor presented the previously circulated paper. Recruitment in the care sector was a key risk area although some improvements had been made going into winter. An ongoing challenge was how to transform the Health and Social Care model while at the same time delivering current services and improving performance.
- 32.1.4 Following the report on the inspection of Edinburgh older people's care in 2017 to the inspection team returned in July 2018 to check on progress with the recommendations made; they would report back in December 2018. Work was ongoing on embedding the changes made and there had been some areas of good progress; a strategic approach on priorities was being taken, in liaison with the inspectorate. There would be a report after December 2018 to the Edinburgh Integration Joint Board.
- 32.1.5 There were more 2c GP practices in Edinburgh than in other areas; there was work ongoing to encourage and support independent contractors, helping them sooner if in difficulties, and encouraging those recently become 2c to become independent again.
- 32.1.6 Ms Hirst noted that a focus on the number of complaints received was not necessarily the most important measure and that a low number of complaints was not necessarily positive. A better measure would be the number of complaints upheld, or repeat complaints on the same issue. Managing expectations was part of a cultural change both for the organisation and for the public in understanding how resources available can be used; this was being discussed at the Edinburgh Integration Joint Board.
- 32.1.7 Ms Bennett noted that the core indicators provided with the reports were useful in considering variation and providing assurance; some of the data showed good performance in relation to Scotland.
- 32.1.8 It was noted that the governance relationships with the Integration Joint Boards had improved but that it was complex and there needed to be a focus on key themes and assurance to the Board that person centered, safe, effective care was being provided. Ms Gillies noted that there needed to be more visibility of the processes to ensure good quality care in general practice.
- 32.1.9 It was noted that the East Lothian model for collaborative working in intermediate care needed evaluation and cost evaluation but appeared to be successful; this should be shared to other areas.
- 32.1.10 Dr Donald noted that the Edinburgh transformation fund and the new GMS contracts provided an opportunity. Support for new roles was important. It was suggested that the developments taking place were improving assurance as some new roles in practices were employed by the Health Board and not by the independent practice, so were working as part of the practice team but had health line management and governance.

32.1.11 Members agreed that moderate assurance had been taken that all Health and Social Care Partnerships had governance systems in place. Professor Humphrey and Ms Gillies had arranged to meet with Ms Proctor in January 2019 to gain a better understanding of the complex issues and clinical governance in Edinburgh Integration Joint Board.

32.2 GMS Contract Progress Update

32.2.1 Mr Small spoke to the previously circulated paper. Primary care services were delegated to the Integration Joint Boards for oversight and the Health and Social Care Partnership for delivery, with the Health Board also having responsibility for delivery.

32.2.2 The urgent care resource was agreed and in the Health and Social Care Partnerships were developing a plan for using it which would be ready in the next six to nine months.

32.2.3 Members accepted the recommendations laid out in the paper and accepted limited assurance.

33. **Committee Effectiveness**

33.1 Corporate Risk Register

33.1.1 Ms Bennett presented the previously circulated paper and members accepted the recommendations laid out.

33.2 Quality and Performance Improvement Report

33.2.1 Ms Bennett presented the previously circulated paper. Areas on the Committee's remit listed as not yet assessed were either on the agenda for this meeting or had been considered at the last meeting.

33.2.2 The GP access measure was out of date data. Mr Small agreed to bring a paper to the next meeting considering measures of access including restricted lists, systems of access and patient feedback. **DS**

33.2.3 Members accepted the recommendations laid out in the paper.

34. **Person Centred Culture**

34.1 Patient Experience and Feedback

34.1.1 Ms McMillan presented the previously circulated paper. It was noted that the recent Internal Audit had recommended that there should be a central NHS Lothian Committee where reports on how complaints had been reviewed could be reported. It was agreed that an annual report would be received at the Healthcare Governance Committee. **JM**

- 34.1.2 It was noted that although improvements had been made, the level of assurance offered remained at limited. To move this to moderate the stage two completion target should be met and there should be systems and processes in place to share the learning at an organisational level so that incidents did not happen again.
- 34.1.3 Ms Myles noted that with both serious adverse event reviews and complaints action notes would be signed off but there was no system for follow up. Datix could be used for this and action notes escalated to chief nursing group for oversight and dissemination, but this was not a system wide approach.
- 34.1.4 Ms Hirst noted that she and Mr Watson would be working to consider how more use could be made of patient and staff feedback both positive and negative.
- 34.1.5 Members accepted the recommendations laid out in the paper and accepted limited assurance.

35. Safe Care

35.1 Winter Planning and Community Capacity

- 35.1.1 Ms Campbell presented the previously circulated paper. It was noted that in terms of volume of occupancy and number of delayed discharges the coming winter was starting in a worse position than the previous winter. Ms Campbell agreed that there was a high risk, but noted that improvements had been made. There may be difficulties resourcing winter beds due to the already high vacancy level. Recruitment of carers for patients being discharged was also difficult but there had been some posts appointed in West Lothian. The Scottish Government provided funding for winter between January and March; the amount received had been less than the previous year, but NHS Lothian had made up the difference.
- 35.1.2 Members accepted the recommendations laid out in the paper and accepted moderate assurance.

35.2 Emergency Access Standard External Review and Actions

- 35.2.1 Ms Gillies presented the previously circulated. The full external report from the Scottish Academy had been presented to the Board. The position in the Emergency Department was a significant challenge for the organisation with levels of overcrowding which could impact on patient care. A number of actions were in place including a strategic business case for physically expanding the size for the front door areas and improve patient flow by using short term modular buildings.
- 35.2.2 It was noted that the Emergency Department at the Royal Infirmary had been designed for 80,000 attendances per year but there were now 120,000 attendances per year.
- 35.2.3 Dr Watson advised that a quality improvement workstream was focusing on the first hour of arrival and triage using quality improvement methodology to establish variation for analysis.

35.2.4 It was noted that restrictions and difficulties in accessing GP practices could affect the number of attendances at the Emergency Department with minor ailments. Ways of safely directing these patients had been discussed at the GP Sub Committee, including directly booking patients to a GP practice or an urgent care resource such as the new practice in East Lothian.

35.2.4 Members accepted the recommendations laid out in the paper and accepted limited assurance, acknowledging the strategy in place but noting that improvement actions were in the early stages.

35.3 Improving Management and Learning from Adverse Events

35.3.1 Ms Gillies presented the previously circulated paper. Ms Bennett noted the new process for thematic learning from adverse events and complaints. Work on improving the timeliness of reviews being carried out was noted as a timely review was beneficial for patients and staff in a situation that could have a significant impact on individuals. Work had been done in maternity services using hot and cold debriefs.

35.3.2 A group of staff with extra experience was needed to carry out reviews to ensure that more these were meaningful and useful learning for staff as well as for external bodies, solicitors and procurators fiscal when applicable.

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

35.4 Framework for Healthcare Support Workers supporting people with medication

35.4.1 Professor Timoney presented the previously circulated paper. Members accepted the recommendations laid out and agreed that the framework had been effective.

36. Effective Care

36.1 Hospital Sterilisation and Disinfection Unit Update

36.1.1 Ms Campbell presented the previously circulated paper. Positive actions had been taken to make improvements and more reporting when instruments were not ready was being encouraged.

36.1.2 Members accepted the recommendations laid out in the paper and accepted limited assurance as improvement actions were in the early stages.

36.2 Heart Disease Strategy Assurance

36.2.1 Ms Gillies advised that as there was currently no government reporting on the Heart Disease Strategy it had been agreed that the service would demonstrate that effective care was being provided by continuing to report on the measures and elements of care that should be provided in an annual report. **TG**

36.3 Prison Healthcare Update

- 36.3.1 Ms Gillies presented the previously circulated paper. It was advised that mental health in prisons was an important issue and there was work with staff at the point of entry into prison where substance misuse services and services for those who have had mental health problems identified were available.
- 36.3.2 Professor McCallum noted that work was in progress for smoke free prisons to be implemented by the end of November 2018.
- 36.3.3 Ms Bennett noted that the quality of care approach described in the appendix would be used by Healthcare Improvement Scotland in a number of areas and agreed to bring a paper to the next meeting giving an overview of this approach.
- 36.3.4 Members accepted the recommendations laid out in the paper and accepted limited assurance. A further update would be submitted once the report action plan had been confirmed. **AMcM**

37. Any Other Competent Business

37.1 Executive Management Structure

- 37.1.1 Temporary changes had been made to the Executive team responsibilities to help manage the Emergency Access work. Ms Campbell would be responsible for waiting times work and Mr Crombie for acute services.

37.2 Patient Representative

- 37.2.1 Professor Humphrey noted that Ms Gormley had decided to stand down as patient and public representative on this Committee and thanked her for her contributions to discussion over the past four years.

38. Exception Reporting Only

Members noted the following previously circulated papers for information:

- 38.1 Stroke Care Programme Annual Report;
- 38.2 Palliative Care Managed Clinical Network;
- 38.3 Diabetic Retinopathy Screening Annual Report;
- 38.4 AAA Screening Annual Report;
- 38.5 SIGN (Scottish Intercollegiate Guidelines Network) Annual Report;
- 38.6 Equality Action Plan, Revised;
- 38.7 Resilience Annual Report;
- 38.8 Litigation Annual Report;
- 38.9 Information Governance Annual Report;
- 38.10 Healthcare Associated Infection Update.

39. Other Minutes: Exception Reporting Only

Members noted the previously circulated minutes from the following meetings:

- 39.1 Clinical Management Group, 10 July 2018;

- 39.2 Information Governance Sub Committee, 30 October 2018;
- 39.3 Feedback and Improvement Quality Assurance Working Group, 18 September 2018;
- 39.4 Area Drug and Therapeutics Committee, 10 August 2018;
- 39.5 Lothian Infection Control Advisory Committee, 4 September 2018;
- 39.6 Acute Hospitals Committee, 21 August 2018, 16 October 2018;
- 39.7 Health and Safety Committee, 28 August 2018.

40. Date of Next Meeting

- 40.1 The next meeting of the Healthcare Governance Committee would take place at **9.00** on **Tuesday 8 January 2018** in **Meeting Room 8**, Fifth Floor, Waverley Gate.
- 40.2 Further meetings would take place on the following dates in 2019:
 - 12 March 2019;
 - 14 May 2019;
 - 9 July 2010;
 - 10 September 2019;
 - 12 November 2019.

DRAFT

FINANCE AND RESOURCES COMMITTEE

Minutes of the meeting of the Finance and Resources Committee held at 9:30am on Wednesday 21 November 2018 in Meeting Room 8&9, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present: Mr M. Hill (Chair); Mr B. McQueen; Mr P. Murray; Mr A. McCann; Miss T. Gillies; Mr J. Crombie; Mrs S. Goldsmith; Mr T. Davison and Cllr I Campbell.

In Attendance: Mr I Graham, Director of Capital Planning and Projects; Ms J. Campbell, Chief Officer Acute Services; Mr C Marriott, Deputy Director of Finance; Mr A Payne, Head of Corporate Governance; Mr C Briggs, Director of Strategic Planning (Item 23.3); Mr A Milne, Project Director Hub Major Initiatives –REH (Item 24.1); Professor A Timoney, Director of Pharmacy (Item 24.2); Ms A Neilson, Director for Public Protection (Item 24.3); George Curley - Director of Operations – Facilities (Item 24.5) and Mr C. Graham, Secretariat Manager (Minutes).

Apologies: Mr B. Houston; Professor A. McMahon and Ms A Macdonald.

Declaration of Financial and Non-Financial Interest

The Chair invited members to 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. In relation to Item 24.6 the Chair reminded members that he was Chair of the West Lothian IJB.

21 Minutes from Previous Meeting (19 September 2018)

21.1 The minutes from the meeting held on 19 September 2018 were approved as a correct record.

22 Committee Business

22.1 Running Action Note – The Committee agreed the action note.

23 Revenue

23.1 2018/19 Financial Position and 2019/20 Financial Outlook – Mr Marriott gave the month 7 overview and a snapshot of the 19/20 outlook position. There was discussion on the key variances; risks and areas of improvement including the junior medical doctors' position; additional income for nursing over winter and the GP prescribing position. In relation to the Qtr 2 mid year reviews there remained limited assurance around the £400k forecast overspend. In terms of risks these were associated mainly with prescribing; asset sales; winter activity and the issue around year end forecasts for the IJBs. There would be further reporting on this at the next F&R meeting; however discussions with the IJBs were continuing to resolve the current positions and to clarify positions in relation to overspends.

23.1.1 There was discussion on the options in relation to IJB year end balance as outlined in the report at paragraph 3.21, namely:

- Whether an overspent IJB should receive an additional allocation of resources or be required to utilise its own reserves;
- Whether any agreement to provide financial support to an IJB will take the form of a non-recurring allocation or brokerage;
- Where an underspent IJB requests resources to be carry forward, NHS Lothian will be required to identify implications for its own year-end position;
- A discussion on the reasons for any underspend will be required to understand whether this is fortuitous or arising from an IJB direction.

23.1.2 Mrs Goldsmith pointed out that as the strategy developed the actions became more specific. The financial position was based on reasonable judgements from conversations with the IJBs and HSCPs on their intent over the year. It was noted that so far meetings had been held with East Lothian, Midlothian and West Lothian. There was a need to start testing the approach to the financial strategy with IJBs as their thinking around this was important. Testing would start with Midlothian as this is a smaller IJB engaging with primary care.

23.1.3 There was discussion on the process of governance towards IJBs over and underspends. Mr Marriott stated that there had been a paper to the Audit and Risk Committee when IJBs were established around over and underspend arrangements. It was agreed to circulate this paper again for newer members' reference.

CM

23.1.4 The Committee noted the current positive position and that there would be a more detailed briefing around this work at the January meeting. The Committee agreed to take moderate assurance in relation to the year end forecast and acknowledged that assurance on next year's position cannot be offered until the further plan on the work with the IJBs is considered at the next meeting.

23.2 NHS Lothian Financial Strategy – Mrs Goldsmith introduced the report. The Committee noted that two updates had previously been received on the progress of the Board's Financial Strategy.

23.2.1 Mrs Goldsmith reported on the development of the strategy which was now at a position where the shape of the strategy was now able to be described in a paper. There was work to do around populating the strategy in a more thoughtful way over the next few years. There were clear links to the financial framework along with opportunities for efficiencies and improvement.

23.2.2 There was discussion on the structure of the strategy; the need to undertake a demography assessment; the approach to sustainability; good financial management; capital investment lead time; quality and other measures of improvement and the IJBs impact around shifting the balance of care and new models of care.

23.2.3 In terms of areas for investment there was discussion on mental health services; IJBs care deficit and planning for demographic pressures; public health and prevention; digital investment and financial transformation skills for managers to support this work.

- 23.2.4 The Chair stated that this was a very well articulated paper which had been easy to read and understand. Mr Murray suggested innovation investment to pump prime change given the Audit Scotland report findings. Mrs Goldsmith stated that there would be no difficulty with this and exploration quality work with mental health and primary care had started. Miss Gillies added that it was important to be clear as a Board what was being hoped to achieve through innovation. Mrs Goldsmith stated that there would be an updated version of the strategy as part of the private session at the December board meeting.
- 23.2.5 The Committee adopted the proposed 'Financial Strategy Principals' to shape the Committee's workplan and noted the outline design of the Financial Strategy and key linkages to demand and capacity requirements. It was also noted that there would be a further iteration of the strategy taken to the Board meeting in December.
- 23.3 Additional investment in Community Capacity in Edinburgh - Mr Briggs updated the Committee on progress in securing additional community capacity in Edinburgh and how the previously approved funding was being implemented.
- 23.3.1 Mr Briggs reported that two months into the process there was now a single version of a plan to take forward. Edinburgh had hit the first performance checkpoint on 31 October had met the 244 target and was moderately ahead of the agreed trajectory and moving in the right direction. There was discussion on the differences this performance would make for front line sustainability and career pathways. There was also discussion on the suite of measures still being developed to reflect how capacity is being freed up in NHS Lothian; the number of board patients in the system; the number of admissions; maintaining the admissions rate and improvement work at the RIE and WGH.
- 23.3.2 The Committee noted the progress to date and accepted moderate assurance that progress was appropriate. It was also noted that there would be further updates to the January, March and May 2019 F&R Meetings reporting on the suite of developed measures.
- 23.4 Waiting Lists Improvement Plan – Ms J Campbell reported on the new Waiting List Improvement Plan developed by the Scottish Government and covered the implications this would have for NHS Lothian. The strategy had been launched by the Scottish Government last month and there were key milestones planned out to March 2021 regarding the elective strategy. The ambition was to have no inpatient or day cases waiting over 12 weeks and the desire was to maintain, improve and sustain 95% performance.
- 23.4.1 There was discussion on the National Programme Board key priorities; performance alignment to trajectories; high level modelling; finance arrangements to March 2021 and NHS Lothian leadership focus over the next 6 months.
- 23.4.2 The Committee noted that the National Programme Board would have its first meeting on 5 December with a focus on demand reduction; demand capacity optimisation; capitalising on technology and innovation; how to manage requirements for increased workforce against the backdrop of pressures and alternative roles to traditional consultant led models. There was also discussion on the risk around the high reliance nationally on the use of the independent sector.

23.4.3 Mr McCann asked about the risk around workforce and recruiting when other health boards would also be doing the same and whether there was an opportunity to undertake early recruitment. Ms Campbell stated that collective appointments were being considered. Mr Davison added that making appointments a year in advance were being considered to prevent a loss of graduates to jobs in England. Miss Gillies stated that there had also been conversations on what regional innovation money would mean in terms of posts to fulfil and requiring support.

23.4.4 The Chair commented that there were a complex set of issues involved with this work and asked about the approval around the Elective Treatment Centres. It was noted that the Outline Business Case was currently being developed.

23.4.5 The Committee noted the Waiting List Improvement Plan developed by Scottish Government; accepted the infrastructure detailing that the programme will manage implementation within NHS Lothian and noted the scale, complexity and risks involved with delivering this within the timescales described.

23.5 Audit Scotland: NHS in Scotland 2018 – Mr Payne introduced the paper presenting the Audit Scotland: NHS in Scotland 2018 report which had been published on 25 October 2018, the paper also picked out the key themes raised in the report. The report was being presented to the Committee so that it may have an opportunity to reflect on it, and have an initial discussion with regard to what the next steps for the Committee and the wider organisation may be.

23.5.1 There was discussion around paragraph 3.4 of the paper which set out questions for the Committee to consider regarding the system of governance and also noted that the Board approved the current terms of reference for the Finance & Resources Committee on 22 June 2016 and explained that given the challenges raised in the Audit Scotland report, it would be worthwhile re-considering what the role of the Committee now needs to be, and if there should be a change to how we do things at the moment. Some questions to consider:

- How can we better focus on the resources (not just finance) that we do have, and tailor our ambitions to fit them?
- Should the Board or any Committee approve any proposal which does not evidence how it advances a new sustainable model of care?
- Should the Committee approve capital business cases where it is not evident that it will lead to a recurring reduction in revenue expenditure? In what circumstances should we do this?
- What can the organisation do to build an infrastructure which would improve how we address the issues to be covered in the following sections of the template for Board and Committee reports, which are essential components of sustainable success:
 - 'Impact on inequality, including health inequalities'
 - 'Duty to inform, engage, and consult People who use our services'
 - 'Resource implications'

23.5.2 The Chair asked members for their comments, suggestions and reflections on these points or was the Committee accepting of all of these? There was discussion around the approval of capital business case where it is not evident that it will lead to a recurring reduction in revenue expenditure. Mr Davison referenced the Health and Social care plan which would be predicated on step change along with additional cost and made the

point that it should be that Business Cases that do not advance NHS Lothian's strategic plan should not be approved.

23.5.3 Mr McQueen mentioned the Audit Scotland checklist for Board Members; how the Board knew it was getting best value from the resources available and how Dr Watson's quality work linked into this. The general thrust from Audit Scotland appeared to be forward planning. Mrs Goldsmith added that the Financial Strategy would be a useful framework when considering Business Cases coming forward. Mr Murray suggested it would also be helpful to consider the Audit Scotland IJB report as part of this work.

23.5.4 The Committee considered the Audit Scotland report and associated supplement for nonexecutives, discussed the issues raised in this report, and agreed some initial actions, namely:

- To focus on the Committee agenda structure; timing of items when items are presented and overall being fit for purpose
- To plan for a workshop covering the Audit Scotland checklist and Financial Strategy to be held in March which would supplement the business meeting
- To present revised Terms of Reference to the Board following the March workshop

24 Capital

24.1 Royal Edinburgh Hospital Phase 1 - Post Project Evaluation - Mr Milne gave an overview of the Committee of the Post Project Evaluation of Phase 1 (Royal Edinburgh Building and Robert Fergusson Unit) of the Royal Edinburgh Campus Masterplan development.

24.1.1 The Committee noted that this was the first project undertaken through the hub procurement route. The post project evaluation takes this and the success of the project into account. Mr Milne explained that the project had been delivered on time and on budget and had implemented a smarter client approach. There had been a lot of communication with stakeholders and public engagement around the project and project plans revisited as part of this.

24.1.2 The Chair thanked Mr Milne for the overview of what appeared to be a hugely detailed evaluation process. The Committee noted that this was only the second post project evaluation that F&R had seen, so learning from these was important. Mr McCann stated that this was a great piece of really comprehensive work. The lessons learnt should now be embedded into working processes moving forward. This should also help to set the scope and clinical brief at the outset of projects. Mr Milne stated that more iterative project management approaches were being introduced as part of the lessons learned and smarter client approach whereby the engagement hub and right information were being used to shape work moving forward.

24.1.3 The Committee noted the conclusions, recommendations, and lessons learned contained in the post project evaluation of Phase 1 of the Royal Edinburgh Campus Masterplan development.

- 24.2 Full Business Case - HEPMA (Electronic Prescribing) - Miss Gillies introduced the report presenting the Full Business Case (FBC) for a proposed HEPMA system in NHS Lothian.
- 24.2.1 The Committee approved the Full Business Case following approval by LCIG on 30.10.18 and agreed the proposed Governance route and requirements, namely that FBC approval was required by F&R with no further Scottish Government approval.
- 24.2.2 The Committee also noted that at this stage limited assurance can be given on affordability but within the context of drug costs of c £100m pa and until 2023/4 to identify savings the risk is small.
- 24.3 Standard Business Case - Equally Safe Multi-Agency Centre - Ms Neilson presented the Committee with the Standard Business Case on the joint proposal for a Multi Agency Centre for Children and Adults who have been victims of sexual assault including the Forensic Medical Service, seeking support to progress with the development and implementation of the preferred solution identified.
- 24.3.1 The Committee approved the business case to progress with the preferred solution for the multiagency centre for Gender Based Violence and Child Protection including the forensic service (subject to final agreement from CEC and regional partners as appropriate). The Committee would also be interested to hear the outcome around the West Lothian situation
- 24.4 Standard Business Case - Procurement of Replacement MRI Scanner - Royal Infirmary of Edinburgh - Mr Crombie introduced the report seeking the Committee's approval and support for the purchase of a replacement MRI scanner for the Royal Infirmary of Edinburgh.
- 24.4.1 The Committee approved the attached Business Case recommending purchase of a replacement MRI scanner for the RIE site as part of the approved LMERG programme of medical equipment replacement for 2018/19. The Committee supported the allocation of £1.3m capital from the existing approved LMERG budget to replace this equipment which is essential for the continued delivery of the current level of service; noted the identification of non-recurring revenue of £92,500 to provide service cover during the planned replacement period; noted the potential for increase capacity resulting from the upgrade of the current hardware and software and the resulting improved running time of the replacement scanner and supported the proposal for the future submission of a single business case covering the LMERG programme of imaging equipment replacement over a 2-3 year period, and delegation to LCIG of governance for individual like for like funded replacement.
- 24.5 Initial Agreement - South East of Scotland Catering: A Regional Approach – Mr Crombie introduced the report on the development of an Initial Agreement to create a sustainable regional catering service. Mr Curley outlined the detail within the report. The Committee noted that the paper built on the Strategic Assessment and summarised the need for change and the high level capital and revenue costs of the proposed change. The paper also discussed the potential suitability of a site, which was currently on the market, for the proposed creation of a catering central production unit and central distribution unit.

- 24.5.1 The Committee noted the content of the paper and approved the Initial Agreement for a Regional Catering model to progress to an Outline Business Case and agreed to the issue of a non-binding Heads of Terms as the first step in procuring the identified facility in Livingston for both the regional catering requirement and for other services, and to continue purchase negotiations with Scottish Government support.
- 24.6 Initial Agreement - Emergency Department Re-Design: St John's Hospital - Mr Crombie introduced the report presenting the SJH ED redesign Initial Agreement (IA) seeking approval for progressing the IA to Outline Business Case (OBC).
- 24.6.1 There was discussion on front door demand; the proposed expansion of front door capacity at STJ; the findings of the internal audit and external review reports; demographic changes; population increases; issues around departmental crowding and 4 hour emergency access standard performance.
- 24.6.2 There was also consideration of the need to secure IJB approval, given that this is to serve unscheduled care (set-aside) services; identification of main drivers for change; incentivise communication; complexity of attendances and pathways to reduce presentations.
- 24.6.3 The Committee approved the IA and supported the IA to be further developed to an Outline Business Case. The Committee noted the output of the capital prioritisation process which supported both the St. John's Hospital Emergency Department (SJH ED) Redesign as a strategic priority and the timely development of an Initial Agreement to address the need for change identified. It was also noted that the ED Redesign at SJH remained a priority for Acute SMT and that the IA had been approved to progress to Lothian Capital Investment Group (LCIG) by Acute SMT in October, 2018. The Committee also noted the alignment of the SJH ED redesign with the proposed Royal Infirmary of Edinburgh (RIE) ED redesign within a pan Lothian Unscheduled Care Programme.
- 24.7 Property and Asset Management Improvement Programme - Mr I Graham provided updates on the status of Property and Asset Management Investment Programme (PAMIP) and sought approvals on matters of asset management and performance. Mr I Graham covered the following key items:
- Five Year Property and Asset Management Investment Programme (PAMIP)
 - 2018/19 – 2022/23
 - Royal Victoria Hospital Disposal and Community Engagement
 - Royal Edinburgh Hospital Masterplan
 - St John's Hospital - South East Scotland Short Stay Elective Centre and Emergency Department Redesign
 - Primary and Community Care - East Calder Health Centre and the Standard Business Case for the Equally Safe Multi Agency Centre
 - Western General Hospital - Energy Infrastructure and Haematology Outline Business Case
 - Edinburgh BioQuarter - Standard Business Case for a Replacement MRI scanner at RIE
 - Business Case Monitor and Capital Programme assurance

24.7.1 Mr I Graham also covered the following Disposals and Demolitions:

- Corstorphine – the transaction has now been concluded and the full receipt received.
- Edenhall - The planning application has been lodged with East Lothian Council. Date of entry will be determined on conclusion of planning.
- RHSC - The long stop for vacant possession is currently assumed to remain unaffected by project delays.
- Springwell House - Missives have now been signed.
- Herdmanflat, Haddington – the sale of the site has been agreed in principle with East Lothian Council.
- Astley Ainslie Hospital – pre town planning / disposal public consultation continues with positive engagement from the community representatives.
- Liberton Hospital – An “equalisation agreement” between NHS Lothian, National Services Scotland (for SNBTS) and the Foundation has been drafted to provide a framework for engagement over a potential joint disposal of the sites under a single masterplan. The hospital site requires to be formally declared surplus to requirements.

24.7.2 The Committee noted the forecast under commitment of the 2018/19 PAMIP; accepted moderate assurance around programme delivery in year; confirmed that the Board’s strategy remained to dispose of the RVH site and endorsed proposed principles of engagement for the high level timetable. The Committee also noted the proposals for the future Royal Edinburgh Hospital phases and the relocation of the remaining Liberton Services to the Jardine Clinic. The suitability of the draft reporting framework to provide appropriate levels of assurance to the committee was confirmed.

24.7.3 The Committee requested further information around the Royal Victoria Hospital disposal challenge for the next F&R Meeting.

IG

25 Any Other Competent Business

25.1 RHSC/DCN – SG gave an update on the current position. A proposition to now been put to IHSL and a response was awaited. There would be further information at the next Board meeting private session.

26 Date of Next Meeting

23 January 2019 – Mr McQueen to Chair in Mr Hill’s absence.

27 2019 Dates

23 January 2019
20 March 2019
22 May 2019
24 July 2019
25 September 2019
27 November 2019



Midlothian Integration Joint Board

Date	Time	Venue
Thursday 11 th October 2018	2.00pm	Conference Room, Melville Housing, The Corn Exchange, 200 High Street, Dalkeith, EH22 1AZ.

Present (voting members):

Angus McCann (Chair)	Cllr Jim Muirhead
Tracey Gilles	Cllr Margot Russell (substitute for Cllr Derek Milligan)

Present (non voting members):

Allister Short (Chief Officer)	Alison White (Chief Social Work Officer)
Claire Flanagan (Chief Finance Officer)	Hamish Reid (GP/Clinical Director)
Caroline Myles (Chief Nurse)	Fiona Huffer (Head of Dietetics)
Wanda Fairgrieve (Staff side representative)	Keith Chapman (User/Carer)
Pam Russell (User/Carer)	Ewan Aitken (Third Sector)

In attendance:

Craig Marriott (Deputy Director of Finance)	Gary Fairley (Head of Finance and Integrated Service Support)
Morag Barrow (Head of Primary Care and Older Peoples Services)	Margaret Brewer (Service Manager, Community Justice)
Sandra Bagnall (Assistant Strategic Programme Manager)	Jill Stacey (Chief Internal Auditor)
Chris	Mike Broadway (Clerk)

Apologies:

Cllr Derek Milligan	Cllr Catherine Johnstone
Cllr Pauline Winchester	Cllr Janet Lay-Douglas (substitute for Cllr Pauline Winchester)
Alex Joyce	Alison McCallum
Nik Hirani (Medical Practitioner)	Aileen Currie (Staff side representative)

Midlothian Integration Joint Board

Thursday 11 October 2018

1. Welcome and introductions

The Chair, Angus McCann, welcomed everyone to this meeting of the Midlothian Integration Joint Board, following which there was around of introductions.

2. Order of Business

The order of business was confirmed as outlined in the agenda that had been previously circulated, with the exception of an additional report 'Chief Officer's Report' which had been circulated under separate cover, having been ruled as urgent by the Chair. It was agreed to take this item after the Financial Outlook and Strategy 2019-20 to 2022-23 (item no 5.4) and before the Transformation Programme (item no 5.5)

3. Declarations of interest

No declarations of interest were received.

4. Minutes of Previous Meetings

- 4.1 The Minutes of (i) Meeting of the Midlothian Integration Joint Board held on 23 August 2018 and (ii) Special Meeting of the Midlothian Integration Joint Board held on 13 September 2018 were submitted and approved as correct record.
- 4.2 The Minutes of Meeting of the MIJB Audit and Risk Committee held on 20 June 2018 were submitted and noted.
- 4.3 A Rolling Action Log – October 2018 was submitted.

Thereafter, the Board, having received brief updates on the various action points detailed therein, agreed:-

- (a) to close the action relating to the 2018-19 Delivery Plan for Health and Social Care on the basis that updates would be submitted as and when required;
- (b) to ask the Chief Finance Officer to review the wording of the Royal Edinburgh Hospital and Update on 2018/19 Financial Assurance actions; and
- (c) to note that an update on the remaining outstanding action – Workforce Planning would be circulated to Members directly.

(Action: Chief Officer/Chief Finance Officer/Clerk)

Midlothian Integration Joint Board

Thursday 11 October 2018

5. Public Reports

Report No.	Report Title	Presented by:
5.1	Criminal Justice Presentation	Margaret Brewer

Executive Summary of Report

The Board received a presentation from Margaret Brewer (Service Manager, Community Justice) on Criminal Justice Social Work. She explained the role of the Criminal Justice Team, which included –

- Preparation of all Court reports, using a national template
- Supervising all orders made by the Court
- Supervising the Parole, Non-Parole, Life Licence or Order of Lifelong Restriction of anyone sentenced to more than 4 years when they were released from prison.

As a key focus was on assessing/reducing the risk of reoffending, she provided some statistical information on reoffending and also the work that was undertaken to challenge behaviour and reduce the risk of reoffending. Margaret concluded her presentation by explaining some of the reasons why Criminal Justice was part of the IJB and showing some examples of the recycling projects undertaken by individuals on unpaid work.

Summary of discussion

The Chair thanked Margaret for her presentation and invited questions/comments from Members of the Board.

Arising from Members questions and comments, the following issues were discussed by the Board:-

- The challenges presented in trying to help offenders make the successful transition back in ordinary life and the role of the voluntary sector in this process
- How robust reoffending rates were as a measure of the success of the excellent work undertaken by the CJT
- The misconceptions that persisted about this type of work.
- The need for a holistic approach to tackling such issues and the importance of good communication and joined up working.

Decision

The Board, after further discussion:

- **Noted the presentation and thanked Margaret; and**
- **Agreed that copies of the presentation be circulated to Members.**

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Action

Service Manager, Community Justice/Clerk

Report No.	Report Title	Presented by:
5.2	Report of the Chief Social Work Officer 2017-18	Alison White

Executive Summary of Report

The purpose of this report was to provide the MIJB with the Annual Report of the Chief Social Work Officer (CSWO) on the statutory work undertaken on Midlothian Councils' behalf. It also provided an overview of regulation and inspection, workforce issues and significant social policy themes over the past year.

Summary of discussion

The Committee, having heard from Alison White (Chief Social Work Officer), who responded to Members question and comments, welcomed the Chief Social Work Officer's Annual Report and discussed a number of issues, including –

- The involvement of user/cares and the use of feedback
- Self-directed Support

Decision

After further discussion, the Board noted:

- **the Chief Social Work Officer's Annual Report for 2017-18; and**
- **that a copy of the Annual Report would be placed on the Council website.**

Action

Chief Social Work Officer

Report No.	Report Title	Presented by:
5.3	Measuring Performance Under Integration	Morag Barrow

Executive Summary of Report

With reference to paragraph 5.5 of the Meeting of 20 April 2017, there was submitted a report updating the Board on performance and improvement towards achieving the Local Improvement Goals set by the MIJB based on the indicators that the Ministerial Strategic Group for Health and Community Care had agreed in December 2016.

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Summary of discussion

Having heard from Morag Barrow (Head of Primary Care and Older Peoples Services), who responded to Members' questions and comments, the Board in discussing the data acknowledged that in terms of the improvement goals set by the MIJB the indicators showed mixed results. The Board did however welcome the revised format for the presentation of performance information.

Decision

After further discussion, the Board:-

- **Noted the performance across the improvement goals; and**
- **Noted the further information about Emergency Department attendances and HSCP actions in response.**

Action

Chief Officer

Report No.	Report Title	Presented by:
5.7	Midlothian Integration Joint Board Records Management Plan	Sandra Bagnall

Executive Summary of Report

The purpose of this report was to introduce the MIJB's Records Management Plan (RMP) and to seek the MIJB's approval for its content as well as onward submission to the Keeper of the Records of Scotland for agreement.

The report explained that IJBs were required to submit a Records Management Plan (RMP) to the Keeper of the Records of Scotland. The RMP sets out how Midlothian IJB's records would be created and managed in line with national policy. This was a responsibility which all public bodies must fulfil. The RMP required to be submitted for agreement by the Keeper of the Records of Scotland under Section 1 of the Public Records (Scotland) Act 2011 by 2 November 2018 and would thereafter be reviewed annually by Midlothian IJB.

Summary of discussion

The Board, having heard from Sandra Bagnall (Assistant Strategic Programme Manager), discussed the importance of having a Records Management Plan.

Decision

The Board:

- **Noted the considerable work which had gone into developing the RMP and accompanying Memorandum of Understanding;**

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- **Approved the content of the RMP and accompanying Memorandum of Understanding; copies of which were appended to the report; and**
- **Approve their formal submission to the Keeper of the Records of Scotland for agreement**

Action

Chief Officer

Report No.	Report Title	Presented by:
5.4	Financial Outlook and Strategy 2019-20 to 2022-23	Gary Fairley/Craig Marriott

Executive Summary of Report

Gary Fairley, Head of Finance and Integrated Service Support, Midlothian Council and Craig Marriott, Deputy Director of Finance, NHS Lothian, provided the Board with overviews of the respective financial positions of Midlothian Council and NHS Lothian, highlighting in particular the financial challenges faced by each organisation, and the knock on impact this was likely to have on the Midlothian IJB. Thereafter, they replied to Members questions and comments.

Summary of discussion

The Board acknowledged that the challenging financial landscape simply sought to give additional emphasis, if that were needed, to the importance of the ongoing work aimed at affecting positive shifts in models of service delivery. Additionally, it was difficult to maintain a holistic approach in the mist of mixed messages and competing pressure to shift the balance of care/increased investment in Acute Services. Efforts to change funding models whilst welcome presented other challenges; as money ring fenced for specific purposes wasn't always helpful.

Decision

After further discussion, the Board:

- **Expressed its thanks to both Gary and Craig for their respective presentations and for answering Members questions ; and**
- **Otherwise, noted the report.**

Action

Chief Officer

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Report No.	Report Title	Presented by:
5.9	Chief Officer's Report	Allister Short

Executive Summary of Report

This report provided a summary of the key issues which had arisen over the past month in health and social care, highlighting in particular key activities, as well as future key developments.

Summary of discussion

The Board, having heard from Allister Short (Chief Officer), who responded to Members' questions, discussed the difficulties being experienced in recruiting the number of MSK Advanced Practitioner Physiotherapists and Pharmacists to meet the requirements of the HSCP and practices. It was acknowledged that this was an unanticipated Lothian wide issue and that measures were being put in place to address it.

Decision

After further discussion, the Board noted the issues and updates raised in the report.

Action

Chief Officer

Report No.	Report Title	Presented by:
5.5	Transformation Programme	Allister Short

Executive Summary of Report

The purpose of this report was to update Midlothian IJB on the progress being made to deliver the agreed transformation programme previously approved by the IJB. The report provided a note of progress in achieving financial balance, noting the key challenges faced within care at home and the need to review options for in-year delivery.

Summary of discussion

The Board, having heard from the Chief Officer, Allister Short who responded to Members' questions/comments, discussed the impact of pressures within care at home not just in financial terms but also in terms of the delivery of planned changes, with concerns being expressed about the knock on effect on unpaid carers.

Decision

After further discussion, the Board:

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- **Noted the progress being made to deliver on the Transformation Programme within Midlothian; and**
- **Agreed the actions being progressed to achieve financial balance by 31 March 2019.**

Action

Chief Officer

Report No.	Report Title	Presented by:
5.6	Royal Edinburgh Hospital	Alison White

Executive Summary of Report

With reference to paragraph 5.1 of the Minutes of 3 May 2018, there was submitted a report seeking the support of Midlothian Integration Joint Board (MIJB) for the bed numbers and financial assumptions for Phase 2 of the Royal Edinburgh Hospital (REH) re-provision thereby allowing the Outline Business Case (OBC) to progress. A report covering these issues was first brought to the MIJB in May 2018, this report confirmed the numbers and costs following further review of all of the information available.

Summary of discussion

Having heard from Chief Social Work Officer, Alison White, who responded to Members questions and comments, the Board in considering the proposals acknowledged that the REH development supported the overall policy drive to shift the balance of care from institutional settings to community settings. Concerns were however expressed regarding the potential long term impact of the overall planned reduction in bed numbers and the ability of the system to accommodate someone needing hospital care in the event that all the available beds were taken.

Decision

After further discussion, the Board:

- **Agreed to confirm the proposed Midlothian bed numbers in Phase 2.**
- **Agreed in principle to a bed risk share model with other IJBs in order to progress the business case and ensure Midlothian patients have continued access to specialist services.**
- **Agreed that the financial model would be revisited as part of the work towards the new IJB NRAC financial allocation model and that the final financial model for the OBC should be presented to the IJB.**

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Action

Chief Officer/Chief Finance Officer

Report No.	Report Title	Presented by:
5.8	National Involvement Network - Charter for Involvement	Alison White

Executive Summary of Report

The purpose of this report was to inform the Midlothian IJB of the Charter for Involvement and respond to the request from the National Involvement Network to sign up to the Charter.

The report explained that the Charter for Involvement, published in January 2015, was a series of 12 statements that show how people who use support services want to be involved in the services they use, in the organisations that provide their services, and in the wider community. It was written by the National Involvement Network and was unique to Scotland in that it had been written and developed by people who use services for service providers to make involvement better for everyone. Members of the network are approaching organisations to sign up to the charter and promote it amongst their staff. They attended the Midlothian Learning Disability Joint Planning Group and requested that both the Planning Group and Midlothian Health and Social Care sign up to the Charter.

Summary of discussion

The Board, having heard from the Alison White (Chief Social Work Officer), considered the charter to be a positive step however there was some question regarding how performance levels would be measured.

Decision

The Board:

- **Noted and endorsed signing up to the National Involvement Network Charter for Involvement.**

Action

Chief Officer

6. Private Reports

No private business to be discussed at this meeting.

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7. Any other business

No additional business had been notified to the Chair in advance

8. Date of next meeting

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

- Thursday 15th November 2018 2pm Development Workshop
- Thursday 13th December 2018 2pm Midlothian Integration Joint Board

The meeting terminated at 4.09 pm.



MINUTES OF THE MEETING OF THE EAST LoTHIAN INTEGRATION JOINT BOARD

THURSDAY 25 OCTOBER 2018
COUNCIL CHAMBER, TOWN HOUSE, HADDINGTON

3

Voting Members Present:

Mr P Murray (Chair)
Councillor S Akhtar
Councillor S Currie
Ms F Ireland
Councillor S Kempson
Councillor F O'Donnell
Prof. M Whyte

Non-voting Members Present:

Mr D Binnie
Ms F Duncan
Ms P Dutton
Ms C Flanagan
Ms E Johnston
Mr T Miller
Ms A MacDonald
Ms J Trench

Officers from NHS Lothian/East Lothian Council:

Mr P Currie
Ms R Laskowski

Visitors Present:

Ms A Buchanan, NHS Lothian
Ms V Houston, NHS Lothian

Clerk:

Ms F Currie

Apologies:

Mr A Joyce
Dr R Fairclough
Dr A Flapan
Ms M McNeill
Ms J Tait

Declarations of Interest:

None

1. PRESENTATION ON THE 'DISCHARGE TO ASSESS' SERVICE

Victoria Houston (Specialist Physiotherapist) and Ali Buchanan (Team Lead Occupational Therapist) gave a presentation to members on the Discharge to Assess service. This service links to ongoing Directions D11b Occupied Bed Days and D11c Delayed Discharges.

Ms Houston and Ms Buchanan outlined the background and purpose of the service, how it was funded and its target patient group. They reported on the number of patients that had been successfully supported home and the overall impact on Occupied Bed Days (OBD) and readmissions. They also set out the key reasons why they felt the service had been so successful and proposals to expand to a 7 day service and develop in-reach at the Western General Hospital.

The Chair thanked Ms Houston and Ms Buchanan for their presentation and said that it was refreshing to hear a 'real' story of integration.

Alison MacDonald advised members that the service had arisen out a desire to try something different. She said that the team had evaluated their work and made changes as necessary and that the service would continue to evolve in the future.

Ms Houston and Ms Buchanan responded to questions from members on the age range of patients, the level of resource required to achieve the desired level of impact, the process of referrals, their work with other services and their estimate of the savings made on OBD.

2. MEMBERSHIP OF THE INTEGRATION JOINT BOARD

The Chair advised members that this report had been withdrawn.

3. MINUTES OF THE EAST Lothian INTEGRATION JOINT BOARD MEETING OF 27 SEPTEMBER 2018 (FOR APPROVAL)

The minutes of the East Lothian Integration Joint Board meeting of 27 September 2018 were approved subject to one amendment:

- Page 5, paragraph 4: Elaine Johnston requested that the sentence be amended to read "...she said had provided a good start to a better understanding of..."

4. MATTERS ARISING FROM THE MINUTES OF THE MEETING ON 27 SEPTEMBER

There were no matters arising.

5. CHAIR'S REPORT

The Chair reported on the recent meeting of the CoSLA Health & Social Care Board, now chaired by Councillor Stuart Currie, at which a joint statement was signed reaffirming the Board's commitment to integration. He also reported on a presentation given by Enable Scotland which invited the Board to commit to a pledge to work towards a more equal society for people with disabilities.

The Chair advised members that the Chairs and Co-Chairs of the new Change Boards had met earlier in the day to discuss and agree their roles. Further information would be shared with IJB members but a good understanding had been reached on the work already taking place and how this could be formalised through the work of the Change Boards.

The Chair reported on his recent meetings, including one with Teresa Fyffe, Director of the Royal College of Nursing. He also recommended that members take the opportunity to read the publications recently circulated by e-mail, including the LIST and Housing & Ageing reports.

Lastly, he reminded members of the IJB Network meeting which would take place on 26 October. He said that a presentation was to be given by Paul Gray on the integration review to be published in January 2019. In addition, Ms MacDonald had shared a couple of reports prepared locally on the use of digital technology.

6. NHS HEALTHCARE GOVERNANCE COMMITTEE (VERBAL)

Fiona Ireland advised members that there had been no meetings of the Committee since 27 September.

7. HOSPITAL DELAYED DISCHARGES

The Interim Chief Officer had submitted a report updating the IJB on performance for delayed discharges in East Lothian and asking the IJB to agree further actions to maintain progress.

Ms MacDonald presented the report which she said included statistics on Occupied Bed Days and details of work ongoing to further reduce delayed discharges. She advised that the majority of patients were waiting for packages of care or nursing home places and while the current trajectory continued to be positive, winter would increase the pressure on services. She acknowledged that the teams doing the day-to-day work faced constant challenges but that recently they had been able to discharge several patients with particularly complex needs.

In response to questions from members, Ms MacDonald stated that East Lothian performed quite well against the rest of the Lothian IJBs but that it was hard to pinpoint which of the interventions had the greatest impact on the figures. She said that by using a collective model with some core services working differently, e.g. Discharge to Assess, it had been possible to change things that did not work and to try new approaches. She advised that the teams were building good relationships with social care providers and new systems meant that they could see what services were available and could adjust them to maximise care services across the county.

Fiona Duncan added that there may be very vulnerable people in the community who, for safety reasons, needed packages of care more than those patients in hospital. However regular weekly discussions allowed the teams to discuss current cases and prioritise care as necessary.

Responding to further questions, Ms MacDonald confirmed that information was available on the costs associated with delayed discharges and that these would be looked at as part of future financial planning. Claire Flanagan added that the new budget model being proposed by NHS Lothian would make these costs more real for IJBs moving forward.

In reply to a question on the capacity of care services across the county, Ms MacDonald indicated that a collaborative approach and services such as Hospital to Home were beginning to make a difference to capacity and as the number of clients increased it would become more viable for providers to recruit to their services.

Ms Ireland commented that although good progress was being made services were operating at capacity to deliver current outcomes. She said that there needed to be an increase in capacity if services were to be capable of reacting to sudden changes and this was something that the IJB should focus on in the coming year.

Decision

The IJB agreed to:

- (i) Note the improving trend on performance and recent actions; and
- (ii) Discuss the issues involved in performance on hospital delayed discharge.

8. REPROVISION OF BELHAVEN AND EDINGTON COMMUNITY HOSPITALS, ESKGREEN AND ABBEY CARE HOMES

The Interim Chief Officer had submitted a report providing the IJB with an update and identifying key next steps following the consultation and engagement process on the reprovision of Belhaven and Edington Community Hospitals, Eskgreen and Abbey Care Homes.

The Chair advised members that there would be a subsequent paper on this issue at the December IJB which would include definitive options.

Ms MacDonald presented the report setting out the reasons for the delay in bringing forward options, providing an update on the consultation and engagement process and outlining the next steps. She said that there had been a good level of engagement from communities and a good response to social media posts and surveys. There was general agreement to the need to create more homely environments but also to retain local services. Some anxiety had been expressed on how to deliver a service to those with more complex needs and there had been significant strength of feeling about the location of services.

Ms MacDonald explained that one of the next steps would be to look at what could be made available on different sites - broad indications had suggested a total of 200 units – and the individual business cases would explore this in detail. She confirmed that further engagement would take place as the process moved forwards and that capital and revenue budgets would also form part of the discussions. Funding decisions would have to be considered by NHS Lothian, East Lothian Council and the IJB. She advised that the staff would continue to be very involved in the process and a Workforce Development Plan would be prepared to support staff through future changes.

She informed members that two representatives from each area would be invited to the IJB's next development session in November to feedback local views and engage in an open dialogue with IJB members. Staff representatives would also be invited.

The Chair reminded members that the focus of today's report was the outcome of the consultation and engagement process and to note the next steps and outline timetable.

Replying to questions from Councillor Fiona O'Donnell, Ms MacDonald gave an assurance that no services would be withdrawn until new arrangements were in place

and she said that although the report focused on specific areas this did not preclude discussions about providing facilities elsewhere in the county. She also confirmed that the Health & Social Care Partnership were invited to comment on all planning applications for care home developments. The Chair advised that there had been no decision to sell the Belhaven site and that discussions would focus on the level of service that could be supported there in the future.

In response to questions from David Binnie, the Chair said that he had raised with the Cabinet Secretary issues around the capital planning processes and the need to ensure synergy between priorities at local and national levels. Ms MacDonald confirmed that the roles and needs of carers would form part of the discussions and there would continue to be support for a respite service going forward.

Councillor Susan Kempson said she was pleased to see that progress had been made and she welcomed the outline and timetable for future work.

Councillor Currie stated that the CoSLA Health & Social Care Board would shortly appoint a carers representative, ensuring that they had access to those who make the decisions. In the meantime, he said that it would be a huge task to achieve the right mix of care in a local setting and to convince people that what was being proposed was the best way forward. He voiced particular concerns about the identification of suitable new land for social care, citing Eskgreen as an example of an existing site with limited potential for redevelopment, and he also asked about the implications for surviving partners or those who were homeowners when one partner required extra care housing. He said that these and other unresolved issues needed to be addressed before a decision was made on the shape of future services.

Councillor O'Donnell agreed with the need to provide certainty over the issue of land. However, she noted that the option for a partner to remain with the person needing care was not currently available to those whose partner had to be admitted to a care or nursing home.

Ms MacDonald said that it was too early to offer certainty on these issues and any decisions would form part of the individual business cases.

Councillor Currie argued that the questions needed to be answered in advance of decisions being made. He added that decision-making processes should be aligned to avoid any decision on an outline business case pre-empting the Council's consideration of whether or not to close one of its existing facilities.

Councillor Shamin Akhtar welcomed the report and Ms MacDonald's assurance that no service would be withdrawn until a replacement was in place. She also asked about workforce issues, such as recruitment and retention, and services for end of life care.

Ms MacDonald outlined some of the proposals for addressing workforce issues including providing development opportunities for exiting staff and targeting younger people entering employment. She also confirmed that discussions had taken place around how to replicate existing services for end of life care.

Decision

The IJB agreed to:

- (i) Note the outputs from the consultation and engagement process;
- (ii) Note the proposed model of care principles and the strategic direction to re-provide Belhaven and Edington Community Hospitals, Eskgreen and Abbey Care Homes through the development of extra care housing.

This model was highlighted in the paper and presentation to the IJB in February 2018, '*Reprovision of Belhaven and Edington Community Hospitals and Eskgreen and Abbey Care Homes*';

- (iii) Note the briefing paper which outlines the proposed next steps and outline timetable. The briefing paper provides a summary of the engagement and consultation feedback to date. This was circulated in September to those stakeholders involved;
- (iv) Note the change in timescales for developing this proposal. A final version of the paper will be presented to the IJB in December taking note of feedback/views and input from the information development session/Chief Executives/Chief Officers/IJB members in November.

9. ROYAL EDINBURGH HOSPITAL CAMPUS DEVELOPMENT: PHASE 2

The Interim Chief Officer had submitted a report seeking the support if the IJB for the revised inpatient capacity and financial assumptions for Phase 2 of the Royal Edinburgh Hospital (REH) reprovision thereby allowing the Outline Business Case (OBC) to progress.

A paper covering these issues was first brought to the IJB in April 2018. This report presented the proposed requirements and costs following further clinical consideration and review of all of the information available.

Rona Laskowski presented the report advising members that a range of discussions had taken place to provide robust assurance of what collectively was being developed and of the medical needs of the local area. She explained that the original assessment had indicated that East Lothian did not require long-term complex rehabilitation beds. However, discussion and debate in the intervening months about what the rehabilitation service should look like, and a broader definition of rehabilitation, had revised the assessment of East Lothian's requirements.

Ms Laskowski stated that the proposed changes were to reduce the low secure beds from 2 to 1 and increase the long-term rehabilitation beds from 1 to 2. The model for reprovisioning had indicated that there would be a small financial benefit as a result of this change.

Ms Flanagan added that the project was still in the early stages and as the design moved forward the financial model would be reviewed and further information would be provided as part of the Outline Business Case.

Ms Laskowski responded to a question from Councillor Kempson by outlining the proposals for patients with learning disability support needs and indicating that discussions were at an early stage.

Decision

The IJB agreed:

- (i) To confirm the proposed East Lothian mental health in-patient requirements in Phase 2 of the REH campus development;
- (ii) In principle to a bed risk share model with other IJBs in order to progress the business case and ensure Midlothian patients have continued access to specialist services; and
- (iii) That the financial model, first presented to the IJB in April 2018, will be revisited as part of the work towards the new IJB NRAC financial

allocation model and that the final financial model for the OBC should be presented to the IJB.

10. CLINICAL AND CARE GOVERNANCE COMMITTEE

The Interim Chief Officer had submitted a report providing an update on the establishment of the Clinical and Care Governance Committee and asking the IJB to approve the required changes to its Standing Orders to take account of the new Committee.

Ms MacDonald presented the report reminding members of the report submitted to the IJB's August meeting and of their agreement to the establishment of the clinical and care governance framework and committee. She advised that the Chair and Co-Chair would be appointed from the voting members of the IJB and that the proposed changes to the Standing Orders would allow for the necessary flexibility in the membership of the Committee.

The Chair thanked officers for their work on this issue. He considered this to be a very positive development that placed the East Lothian IJB ahead of many others in respect of clinical and care governance.

In response to a question from Penny Dutton, Ms MacDonald confirmed that a workshop had taken place last week and that staff had provided very useful feedback. A wider engagement exercise was planned for the New Year.

Decision

The IJB agreed to:

- (i) Note that discussion is underway with regards to nominating a Chair and Co-Chair of the Committee and a report proposing formal nominations will be brought to the IJB in the near future; and
- (ii) The proposed changes to the IJB's Standing Orders, including the addition of the Committee's terms of reference to the Scheme of Administration.

11. FINANCIAL POSITION 2018/19

The Chief Finance Officer had submitted a report updating the IJB on its current financial position in 2018/19, considering the projected year end out-turn, describing the continuing work on the IJB's review of shifting the balance of care and updating on the dialogue with the Partners to balance the financial position in-year.

Ms Flanagan presented the report outlining the current budgetary position and the forecast out-turn based on the Quarter 1 figures. She indicated that the partners were working on the Quarter 2 position, which would be finalised in November, and that this would be reported to the IJB in due course. In the meantime, work was ongoing on recovery actions for the last six months of this financial year and on shifting the balance of care. She also confirmed that she had formally written to NHS Lothian to start dialogue on shifting resources in the IJB's portfolio and that the Quarter 2 figures would form the basis for that discussion.

Ms Flanagan referred to the presentation circulated to members at the last IJB meeting which outlined the proposals for NHS Lothian to move towards a new budget-setting model. She explained that an update was to be presented at the forthcoming Finance &

Resources Committee meeting in November setting out a timescale for the change. She would report further details at the IJB's December meeting.

Responding to questions from Councillor O'Donnell, Ms Flanagan advised that a meeting would take place on 1 November to review the adult wellbeing budget in detail and gain a better understanding of the core pressures. Ms MacDonald acknowledged that care packages for younger people and those with complex needs remained a challenge and that the review team was looking at whether changes could be made.

Councillor Currie queried the likely success of any proposed recovery plans for the current financial year and whether the IJB could be confident that the funding offered by the partners in 2019/20 would be adequate to deliver its objectives. Ms Flanagan advised that a meeting would take place the following day and a revised recovery plan would be submitted. She said it was important to gather as much information as possible on the reasons for any over- or underspends and this would inform the discussions with partners on how to balance the current year budgets and plan for future years.

Ms MacDonald added that work was underway on the revised recovery plan but it was as yet unclear whether this would allow services to make the necessary savings in the current year. She said that discussions around the adequacy of budgets for next year would continue over the next six months.

The Chair also acknowledged Councillor Currie's point and said that the decision on whether budgets were adequate would rest with the IJB.

Councillor O'Donnell asked if there was any guidance available on what was meant by 'adequate'. She said that funding simply to fulfill statutory requirements would not be good enough.

The Chair said that this would be raised at the IJB Network meeting. Ms Flanagan confirmed that budgets should be adequate and fair and she would follow this up with Chief Finance Officers Network.

Councillor Currie commented that if the IJB set Directions and then received less funding than expected, it would have to decide which services could no longer be delivered and inform the partners.

Decision

The IJB agreed:

- (i) Note the current financial position;
- (ii) Note the work towards a break-even position in 2018/19; and
- (iii) Support the initiated dialogue with partners to balance the IJB financial position in year 2018/19.

The Chair advised members that this was Councillor Currie's last meeting. He thanked him for his very valuable contribution to the IJB and hoped that in his new role as chair of the CoSLA Health & Social Care Board he would continue to be a strong supporter of the IJB.

Councillor Currie thanked officers past and present for answering his many questions and noted that it had been significant learning experience to understand the breadth of work involved in integration. He expressed the view that East Lothian had a real chance of delivering positive local outcomes.

Minutes

Edinburgh Integration Joint Board

9:30 am, Friday 28 September 2018

Dean of Guild Court Room, City Chambers, Edinburgh

Present:

Board Members:

Councillor Ricky Henderson (Chair), Carolyn Hirst (Vice Chair), Councillor Robert Aldridge, Michael Ash, Colin Beck, Carl Bickler, Sandra Blake, Andrew Coull, Lynne Douglas, Christine Farquhar, Helen Fitzgerald, Councillor George Gordon (substituting for Councillor Ian Campbell), Kirsten Hey, Martin Hill, Jackie Irvine, Councillor Melanie Main, Moira Pringle, Judith Proctor, Alison Robertson, Ella Simpson, Councillor Susan Webber and Pat Wynne.

Officers: Colin Briggs, Jamie Macrae, Nickola Paul and Sarah Stirling.

Apologies: Councillor Ian Campbell, Carole Macartney, Angus McCann, Ian McKay and Richard Williams.

1. Deputation - UNITE Edinburgh Not for Profit Branch

The Committee agreed to hear a deputation from Des Loughney and Les Huckfield on behalf of the UNITE Edinburgh Not for Profit Branch, in relation to the Edinburgh IJB Annual Performance Report 2017-18..

The deputation highlighted the following issues and concerns:

- The funding of social care required improvement
- The IJB Annual Performance Report 2017-18 did not include information on the retention of support workers, which was an issue due to conditions of the job and lack of job security
- The Scottish Living Wage was not sufficient to retain skilled workers
- Trained staff were needed due to the increase in the elderly population
- The report did not include details of the effects of reducing services and outsourcing to the private sector

- The deputation suggested that the Joint Board consider surveying social care workers and clients with regard to these issues

The Chair thanked the deputation and agreed to engage further with them on the issues raised.

2. Edinburgh IJB Annual Performance Report 2017-18

The Annual Performance Report for 2017/18 was presented. As required by the Public Bodies (Joint Working) (Scotland) Act 2014, the report was published by the 31 July 2018. Joint Board members had been given the opportunity to contribute to the report prior to publication.

Decision

To note the Annual Performance Report.

(References – Edinburgh Integration Joint Board, 15 June 2018 (item 6); report by the IJB Chief Officer, submitted.)

3. Minutes

Decision

- 1) To approve the minute of the meeting of the Edinburgh Integration Joint Board of 15 June 2018 as a correct record, subject to a correction (Kirsten Hey was in attendance).
- 2) To approve the minute of the meeting of the Edinburgh Integration Joint Board of 10 August 2018 as a correct record.

4. Sub-Group Minutes

Updates were given on Sub-Group and Committee activity.

Decision

- 1) To note the minute of the meeting of the Audit and Risk Committee of 23 July 2018.
- 2) To note the minute of the meeting of the Strategic Planning Group of 22 June 2018.
- 3) To note the minute of the meeting of the Strategic Planning Group of 20 July 2018.

5. Rolling Actions Log

The Rolling Actions Log for 28 September 2018 was presented.

Decision

- 1) To agree to close the following actions:
 - (a) Action 2 – Financial Update
 - (b) Action 4 – Grants Review – Scope, Methodology and Timescales
 - (c) Action 5 – John’s Campaign
 - (d) Action 6 – Winter Plan 2017-18
 - (e) Action 7 – Joint Board Membership and Appointments to Committee and Sub-Groups
 - (f) Action 13 – Note of the Meeting the Strategic Planning Group of 9 March 2018
 - (g) Action 20 – Edinburgh Primary Care Improvement Plan
- 2) To otherwise note the remaining outstanding actions.
(Reference – Rolling Actions Log – 28 September 2018, submitted.)

6. Internal Audit Annual Opinion

The Edinburgh Integrated Joint Board Audit and Risk Committee had referred a report detailing the Internal Audit annual opinion for the year ended 31 March 2018.

Decision

- 1) To note that there was a number of areas where further work was needed to close internal audit actions and to direct the Chief Officer to provide a detailed action plan to the next Audit and Risk Committee.
- 2) To note the final ‘significant enhancements’ red rated Internal Audit opinion for the year ended 31 March 2018.
- 3) To note the arrangements in place in the Edinburgh Health and Social Care Partnership to scrutinise audit activity and provide assurance to the Joint Board, the City of Edinburgh Council and NHS Lothian.

(References – EIJB Audit and Risk Committee, 23 July 2018 (item 4); report by the IJB Chief Officer, submitted.)

7. Edinburgh Integration Joint Board Accounts 2017/18

The annual accounts for the Joint Board for 2017/18 were presented for approval following scrutiny by the Audit and Risk Committee. During discussion, it was highlighted that there had been a large number of councillors sitting on the Joint Board and that this should be a longer term commitment.

Decision

- 1) To approve and adopt the annual accounts for 2017/18.

- 2) To delegate authority to the Chief Finance Officer to resolve and amend any minor textual issues in the annual report up to the date of sign off with Audit Scotland.
- 3) To authorise the designated signatories (Chair, Chief Officer and Chief Finance Officer) to sign the annual report and accounts on behalf of the Joint Board.
- 4) To authorise the Chief Finance Officer to sign the representation letter to the auditors on behalf of the Joint Board.

(References – Edinburgh Integration Joint Board, 15 June 2018 (item 9); report by the IJB Chief Officer, submitted.)

8. 2018/19 Financial Position

An overview of the financial position for the period to August 2018 and the forecast year end position was provided.

Decision

- 1) To note that delegated services were reporting an overspend of £4.7m for the period to the end of July 2018, and that this was projected to rise to £11.9m by the end of the financial year.
- 2) To acknowledge that ongoing actions were being progressed to reduce the predicted in year deficit to achieve a year end balanced position, however, no assurance could be given of the achievement of break even at this time.
- 3) To task the Chief Officer to prepare a Direction to the City of Edinburgh Council in relation to the additional £4m of funding being made available by NHS Lothian in respect of increasing capacity of care at home services.
- 4) To agree that a report would be presented to the next meeting of the Joint Board detailing the proposed Direction and the early and initial impact of the use of this funding in relation to key areas of pressure.

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

9. Evaluation of 2017/18 Winter Plan and Winter Plan 2018/19

An evaluation of the Winter Plan 2017/18 was presented to the Joint Board. Details were also provided of the winter planning process for 2018/19, including the Partnership's financial allocation for 2018/19.

Decision

- 1) To note the outputs and lessons learned from winter 2017/18.
- 2) To note progress with winter planning for 2018/19.

- 3) To note that the Edinburgh Health and Social Care Partnership was developing a robust winter strategy in response to learning from winter 2017/18 as well as supporting new initiatives to continuously improve the winter planning processes.
- 4) To agree that a business case for the expansion of the Hospital at Home service would be presented to the Joint Board by the end of March 2019.
- 5) To agree that officers would circulate details of the flu vaccination programme to enable members to promote to citizens, colleagues and partner organisation.

Declaration of Interests

Christine Farquhar declared a non-financial interest in the above item as a Director of VOCAL.

(References – Edinburgh Integration Joint Board, 15 December 2017 (item 6); report by the IJB Chief Officer, submitted.)

10. British Sign Language (BSL) Plan 2018-2024

An overview was provided of the development of the British Sign Language (BSL) local Plan for the Edinburgh Health and Social Care Partnership and the City of Edinburgh Council.

Decision

- 1) To note the Edinburgh Health and Social Care Partnership's commitments and actions, as set out in the "Health (including Social Care), Mental Health and Wellbeing" section of the Plan.
- 2) To note the report and to agree to consider a further progress report in October 2020.
- 3) To note that the BSL Plan was subject to a consultation period with BSL users which ended on 7 September 2018. The Plan would be finalised and submitted to the Scottish Government by 24 October 2018.

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

11. John's Campaign

A motion was agreed by the Joint Board in November 2017, which highlighted the value of embedding John's Campaign across all hospital and residential homes managed by the Edinburgh Health and Social Care Partnership. An update was provided on a framework for delivery of this initiative and background information to the campaign.

Decision

- 1) To agree that all hosted older peoples in bed services formally sign up to John's campaign.

- 2) To agree that all local authority care homes sign up to John's campaign.
- 3) To work in partnership with the independent sector and the voluntary sector to embed John's campaign across all older people's residential services within the Edinburgh.
- 4) To support the launch of John's campaign in Edinburgh.
- 5) To agree that the benefits of John's Campaign should be formally measured.
- 6) To instruct the Chief Officer to act on the Joint Board's behalf in carrying out these actions and to request an update report in 12 months' time on progress.

(References – Edinburgh Integration Joint Board, 17 November 2017 (item 12); report by the IJB Chief Officer, submitted.)

12. Chief Social Work Officer Annual Report 2017/18

The Chief Social Work Officer's Annual Report for 2017/18 was presented. Details were provided of the key issues facing social work and social care in Edinburgh, including data on statutory services, areas of decision making and the main developments and challenges.

Decision

To note the Chief Social Work Officer's Annual Report for 2017/18.

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

13. Public Bodies Climate Change Duties

The Joint Board was required, under the obligations placed on public bodies by the Climate Change (Scotland) Act and associated regulations, to complete a Public Bodies Climate Change Duties Report to cover the financial year 2017-18. This was presented to the Joint Board for approval.

Decision

- 1) To note the requirements of the Climate Change (Scotland) Act.
- 2) To approve the draft Edinburgh Integration Joint Board Public Bodies Climate Change Duties Report: 2017/18.
- 3) To agree that a briefing note would be circulated to members providing details of facilitation training sessions, the Edinburgh Adapt Steering Group and the number of impact assessments reviewed by the pan-Lothian group.

Declaration of Interests

Martin Hill declared a non-financial interest in the above item as a board member on the Scottish Environment Protection Agency.

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

14. Cramond Surgery Update

An update was provided on the Standard Business Case for the upgrade of Cramond Surgery.

Decision

- 1) To note that the Cramond Practice operated from a 30-year-old surgery which suffered from cramped facilities, poor layout, and unsatisfactory access arrangements.
- 2) To note that the Practice agreed to a lease extension of 21 years in April 2017 on the understanding that the Edinburgh Health and Social Care Partnership would support the Practice in its efforts to improve the property.
- 3) To note that the building owners, Assura PLC, had offered £157.5K to make good dilapidations and to contribute to the improvement works.
- 4) To note that a preferred option that would create additional clinical capacity and reconfigure the internal layout of the building would incur total capital costs of £366K of which £100K will be funded by Assura.
- 5) To approve the accompanying Business Case which sought capital funding of £266K from NHS Lothian for the improvements to the Practice surgery.

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

15. Appointments to Committees and Sub-Committees

Approval was sought to appoint two members to the IJB Audit and Risk Committee.

Decision

- 1) To approve the appointment of Richard Williams to the IJB Audit and Risk Committee, in his capacity as an NHS Lothian member of the Integration Joint Board.
- 2) To approve the appointment of Christine Farquhar to the IJB Audit and Risk Committee, in her capacity as a non-voting member of the Integration Joint Board, on a temporary basis until the review of IJB Governance had completed.

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

16. Consultation Response – Licensing Policy

In terms of paragraph 7.4 of the Joint Board's Standing Orders, an additional item of business was considered on grounds of urgency. An overview was provided on the submission from the Edinburgh Alcohol and Drug Partnership, in agreement with the Licensing Board, with regards to the harmful effects of alcohol and overprovision.

Decision

To endorse the submission for the Licensing Board's Policy Consultation which would be a joint response from the Edinburgh Drug and Alcohol Partnership and the Edinburgh Integration Joint Board.

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

Minutes

Edinburgh Integration Joint Board

9:30 am, Friday 14 December 2018

Dean of Guild Court Room, City Chambers, Edinburgh

Present:

Board Members:

Councillor Ricky Henderson (Chair), Carolyn Hirst (Vice Chair), Councillor Robert Aldridge, Colin Beck, Carl Bickler, Councillor Ian Campbell, Andrew Coull, Christine Farquhar, Helen Fitzgerald, Kirsten Hey, Martin Hill, Jackie Irvine, Carole Macartney, Councillor Melanie Main, Angus McCann, Moira Pringle, Judith Proctor, Alison Robertson, Ella Simpson, Councillor Susan Webber, Richard Williams and Pat Wynne.

Officers: Colin Briggs, Tom Cowan, Mark Grierson, Jamie Macrae, Nickola Paul and Sarah Stirling.

Apologies: Mike Ash, Lynne Douglas and Alison Robertson.

1. Nari Kallyan Shangho (NKS)

The Joint Board agreed to hear a deputation from Dr Gina Netto and Tatheer Fatima on behalf of the Nari Kallyan Shangho, in relation to the Recommendations from the Health and Social Care Grants Review Programme 2019.

The deputation highlighted the following issues and concerns:

- NKS was an important service to the community that helped Asian women with their difficulties in accessing health services they could not ordinarily due to language, cultural and religious barriers.
- The organisation also provided a broader range of services such as interpretation, health promotion, a crèche, social care and mental health services.
- The organisation would not be able to provide the same quality of services without funding.

- The deputation suggested that the Joint Board consider the success of the organisation in allocating funding.

The Chair thanked the deputation and agreed to engage further with them on the issues raised.

2. Pilton Community Health Project

The Joint Board agreed to hear a deputation from Malcolm Chisholm on behalf of the Pilton Community Health Project, in relation to the Recommendations from the Health and Social Care Grants Review Programme 2019.

The deputation highlighted the following issues and concerns:

- The Pilton Community Health Project was used by 2,000 people every year and that it provided a vital service to a deprived area of Edinburgh.
- The project provided services in a variety of areas, such as 'Women Supporting Women' for vulnerable women and children in the area, the 'Food for Thought Forum' for food poverty, and 'Living in Harmony' for integration in the area.
- A sufficient area impact assessment had not been provided before considering the funding of the project.
- The project may need to close if funding ceased.
- The deputation suggested that the Joint Board consider providing bridging funding for a year.

The Chair thanked the deputation and agreed to engage further with them on the issues raised.

3. WHALE Arts

The Joint Board agreed to hear a deputation from Leah Black on behalf of WHALE Arts, in relation to the Recommendations from the Health and Social Care Grants Review Programme 2019.

The deputation highlighted the following issues and concerns:

- WHALE Arts ran a range of free and low cost arts programme whose key beneficiaries were those on low incomes.
- The organisation made a positive contribution to community health and wellbeing.
- The impact on the business of losing funding that would require the organisation to cut back on adult programmes and core salaries.
- The deputation suggested that the Joint Board consider providing feedback to organisations in order to understand the IJB scoring.

- The deputation suggested that the Joint Board consider providing bridging to allow the organisation to adapt their services.

The Chair thanked the deputation and agreed to engage further with them on the issues raised.

4. Community Ability Network

The Joint Board agreed to hear a deputation from Gus Meechan on behalf of the Community Ability Network (CAN), in relation to the Recommendations from the Health and Social Care Grants Review Programme 2019.

The deputation highlighted the following issues and concerns:

- CAN provided a general advice service in the Craigmillar area, as well as representing clients at tribunals and medical hearings.
- The consultation did not feel meaningful and did not give a sufficient explanation as to why funding had been cut.
- Without funding the organisation would risk closure within a few weeks.
- The deputation suggested that the Joint Board consider providing bridging to allow the organisation to adapt their services.

The Chair thanked the deputation and agreed to engage further with them on the issues raised.

5. Recommendations from the Health and Social Care Grants Review Programme 2019

On 10 August 2018, the Joint Board had agreed the grants prospectus and associated process for the Health and Social Care Grants Review Programme 2019. The programme opened to applications on 20 August 2018 and closed on 1 October 2018. The report advised the Joint Board of the recommendations from the Health and Social Care Grant Programme 2019/20 to 2021/22.

Part of the programme agreed in August 2018 was an innovation fund of £100,000. The Chair ruled in terms of Standing Order 11.1.1 that this matter should be reconsidered due to a material change in circumstances, following completion of the grant application process.

Decision

- 1) To agree to incorporate the funding associated with the health improvement fund (HIF) and advice into the Edinburgh IJB grant programme.
- 2) To agree the recommended grant allocations, and:
 - i) To instruct the IJB Chief Officer to work with organisations previously funded, but who had been unsuccessful in their grant application, to

ensure that service users facing a loss of service were offered appropriate alternative support;

- ii) To instruct the IJB Chief Officer to work with organisations as above to assist with identifying alternative funding sources or restructuring as appropriate;
 - iii) To request that successful grant applicants prioritise working with service users affected by grant cessation;
 - iv) To use the final integrated impact assessment to inform the work above;
 - v) To instruct the IJB Chief Officer to provide progress reports on the points above
- 3) To delegate responsibility to the Chief Officer to issue grants in line with these recommendations subject to further financial assurance checks.
 - 4) To require that the Chief Officer did not at this time institute the process for the Innovation Fund and to issue grants in line with the recommendations of the Grants Review Steering Group.
 - 5) To establish a collaborative forum to engage with the Third Sector to jointly develop a programme of community led support.

Declarations of Interest

Councillor Ian Campbell declared a non-financial interest in this item (and items 1, 2, 3 and 4) as a Trustee of The Alma Project and did not take part in the discussion.

Christine Farquhar declared a non-financial interest in this item (and items 1, 2, 3 and 4) as a Director of VOCAL and Upward Mobility, and the guardian of a person in receipt of a direct payment and did not take part in the discussion.

Ella Simpson declared a non-financial interest in this item as a Director of EVOG.

(References – Edinburgh Integration Joint Board, 10 August 2018 (item 3); report by the Chief Finance Officer, submitted.)

6. Minutes

Decision

To approve the minute of the meeting of the Edinburgh Integration Joint Board of 28 September 2018 as a correct record.

7. Sub-Group Minutes

Updates were given on Sub-Group and Committee activity.

Decision

- 1) To note the minute of the meeting of the Audit and Risk Committee of 16 November 2018.
- 2) To note the minute of the meeting of the Strategic Planning Group of 12 October 2018.

8. Rolling Actions Log

The Rolling Actions Log for 14 December 2018 was presented.

Decision

- 1) To agree to close the following actions:
 - (a) Action 1 – Annual Accounts 2016-17
 - (b) Action 6 – Carers (Scotland) Act 2016
 - (c) Action 9(1) – 2018/19 Financial Plan
 - (d) Action 12 – Appointments and Review of Sub-Groups
 - (e) Action 13 – Rolling Actions Log
 - (f) Action 17(2) – Evaluation of 2017/18 Winter Plan and Winter Plan 2018/19
 - (g) Action 19 – Public Bodies Climate Change Duties
- 2) To otherwise note the remaining outstanding actions.

(Reference – Rolling Actions Log – 14 December 2018, submitted.)

9. Draft Edinburgh IJB Strategic Plan 2019-2022

The draft Edinburgh Integration Joint Board Strategic Plan 2019-2022 was submitted and details were provided about its development and content. The overarching Strategic Plan was informed by the work of the Strategic Planning Group to develop the vision, values and priorities for the Joint Board and to agree the cross cutting themes.

Decision

- 1) To approve the draft plan and appendices and to agree that they could be published for consultation.
- 2) To agree that the final plan would be reviewed for approval subject to the three month official period of consultation.
- 3) To agree the engagement plan for the consultation.
- 4) To agree that a final plan would come back to the February 2019 meeting of the Joint Board with Directions linked to finance, with clear options for the Joint Board to deliberate.

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

10. Carer (Scotland) Act 2016

An update was provided on the pilot in the North-West Locality which started in April 2018 and ran for six months to test new ways of working across partners, team communication, eligibility criteria, assessment of young/adult carers and the allocation of services and funding. Details were also provided of the new business and financial systems developed to support the pilot outcomes.

Decision

- 1) To endorse the approach taken to the development and testing of the eligibility criteria and Adult Carers Support Plan as the basis for finalising a set of eligibility criteria that the Board would be asked to approve.
- 2) To thank Kirsten Adamson for her work on the project.

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

11. Baseline Workforce Plan

The Edinburgh Health and Social Care Partnership's inaugural Baseline Workforce plan was submitted. The Plan provided details of current workforce capacity and workforce planning methodology.

Decision

- 1) To note the Edinburgh Health and Social Care Partnership's inaugural Baseline Workforce plan
- 2) To note the proposed workforce planning methodology going forward.
- 3) To note the relevance in connection with financial and service planning arrangements.

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

12. Transitions for Young People with a disability from children's services to adult services Edinburgh Health and Social Care Partnership

Details were provided of the development of the provision of support and planning for young people with a disability. Five actions were outlined that were intended to improve this process for all young people with a disability.

Decision

- 1) To note and agree the five key action points in relation to young people.
- 2) To request an update on progress of the five key action points in 12 months.

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

13. Strategic Assessments – New Practices and Re-provision Schemes

The Joint Board's support was sought for the submission of the Strategic Assessments for New Practices and Re-provision Schemes to NHS Lothian Capital Investment Group for consideration by NHS Lothian in the Capital Prioritisation Programme 2019/20.

Decision

- 1) To note that the new practices and re-provision schemes were identified as priority areas for investment in the Population Growth and Primary Care Assessment 2016-2026, which was supported by the Integration Joint Board on 22 September 2017.
- 2) To note that a Strategic Assessment was the first part of the Scottish Capital Investment Manual Guidelines with which health boards must comply to inform the Scottish Government of any intended investment proposal.
- 3) To note that the scored Strategic Assessments had been produced following workshops with the relevant stakeholders for consideration as part of NHS Lothian's Capital Prioritisation Programme 2019/20 in December 2018.
- 4) To note the Strategic Planning Group considered and agreed the report would go forward to the Edinburgh Integration Joint Board.

(References – Edinburgh Integration Joint Board, 22 September 2017 (item 10); report by the IJB Chief Officer, submitted.)

14. 2018/19 Financial Position

An overview of the financial position for the period to October 2018 and the year end forecast was provided. The conclusion of the financial recovery plan was also provided.

Decision

- 1) To note that delegated services reported an overspend of £6.7m for the period to the end of October 2018, and that this was projected to rise to £10.3m by the end of the financial year.
- 2) To acknowledge that ongoing actions were being progressed to reduce the predicted in year deficit to achieve a year end balanced position, but to note that no assurance could be given of the achievement of break even at this time.
- 3) To remit the Chief Officer, supported by the Chief Finance Officer, to continue to work with colleagues from the City of Edinburgh Council and NHS Lothian to identify options for achieving year end balance.

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

15. Governance Review

The findings and recommendations from the independent review of the governance of the Integration Joint Board were provided, as commissioned by the Chief Officer.

Decision

- 1) To agree in principle all recommendations in the report, noting there would be resource implications for their full implementation
- 2) To agree to prioritise the development of a Governance Handbook as set out in the report and task the Chief Officer with the procurement of support to do this within a limit of £30k.
- 3) To task the Chief Officer to bring a costed action plan in response to the wider recommendations, and a timeline for its implementation, back to the February 2019 meeting of the Joint Board, noting at this stage that there was potential to fund this from a number of sources, including the uncommitted reserves and this would be presented alongside the costed plan

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

16. IJB Records Management Plan

The draft Records Management Plan (RMP) was submitted. The RMP was prepared in compliance with the requirements of the Public Records (Scotland) Act 2011.

Decision

- 1) To note the report.
- 2) To delegate scrutiny and oversight responsibilities of the IJB RMP and its associated Improvement Plan to the IJB Audit and Risk Committee.
- 3) To approve the draft RMP (and associated evidence).

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

17. Performance Report

An overview was provided of the activity and performance of the Edinburgh Health and Social Care Partnership (EHSCP) and certain set aside functions of the Joint Board. An overview of performance covering key local indicators and national measures to the end of September was also provided.

Decision

- 1) To note the performance of EHSCP and IJB against a number of indicators, both local and national, for the period to September 2018.
- 2) To agree that a briefing note on actions being taken with regard to sickness absence and financial implications would be circulated to members.

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

18. Additional Investment in Community Capacity in Edinburgh

The Joint Board was asked to issue a direction to the City of Edinburgh Council in respect of additional care at home capacity.

Decision

To remit the Chief Officer to issue the direction to the City of Edinburgh Council.

(Reference – Edinburgh Integration Joint Board, 28 September 2018 (item 8); report by the Chief Finance Officer, submitted.)

19. IJB Risk Register

The IJB Risk Register was submitted, following agreement at the June 2018 meeting that it would be reviewed by the Joint Board every six months. Details were provided of the processes which were being established to manage, mitigate and escalate risks.

Decision

- 1) To note the continued development of the IJB risk register and associated action plan.
- 2) To note that the latest version of the register was scrutinised by the Audit and Risk Committee on 16 November 2018.
- 3) To note that the Audit and Risk Committee had requested the inclusion of two additional risks.

(References – Edinburgh Integration Joint Board, 15 June 2018 (item 5); report by the IJB Chief Officer, submitted.)

20. Sandra Blake

Decision

To record the Joint Board's thanks to Sandra Blake, who had stepped down from her role on the Edinburgh Integration Joint Board.

LOTHIAN NHS BOARD

Board Meeting
6th February 2019

Chief Quality Officer
Director of Public Health & Health Policy
Executive Medical Director

CREATING A HEALTH & SOCIAL CARE INNOVATION TEST BED AND DATA DRIVEN INNOVATION PROGRAMME FOR THE EAST REGION

1 Purpose of the Report

- 1.1 The purpose of this report is to invite the Board to approve the attached outline Strategic Plan for the development of an Innovation Test Bed and for a Data Driven Innovation (DDI) Programme for the East of Scotland Region.

2 Recommendations

The Board is invited to:

- 2.1 To note and approve the contents of the attached strategy documents that outline the creation of a structure to support an Innovation Test bed and a data repository aligned to that.
- 2.2 To note that the proposal has been shared with colleagues and supported by the East Region Programme Board.

3 Summary of the Issues

- 3.1 As members will be aware from presentations at the Board Development Session on 7th November, 2018, the East Region along with the other two regional areas has been provided with funding by the Chief Scientists Office (CSO) to develop an innovation test bed model in support of collaborative working between the NHS, Integrated Joint Boards, academia and industry.
- 3.2 This funding is being provided in support of the Scottish Government's 2020 Vision for Health and Wealth, with a clear deliverable being an increase in economic growth through the delivery of NHS and Social Care strategic priorities in partnership with local Enterprise and City Deal stakeholders.
- 3.3 For the South East Scotland City Deal there is a particular focus around delivering Data Driven Innovation which includes the use of artificial intelligence, machine learning, data analytics, predictive algorithms and robotics to improve

overall health, particularly through application in the design and delivery of health and social care.

- 3.4 Appropriate use of these tools to redesign prevention and treatment should enable health and social care staff to spend more time supporting people to live healthier lives at home or in a homely setting for longer.
- 3.5 The East Region Programme Board has approved that NHS Lothian will be the host Board, and with that role it has also been asked to take a lead in developing and implementing the strategic plan as to how these funds will be utilised to support the development of an East Region Innovation Test Bed and Data Driven Innovation Programme.
- 3.6 The attached Strategic Plans for the East Region Health & Social Care Innovation Test Bed and Data Driven Innovation (DDI) Programme, align with the NHS Lothian Quality Strategy (2018-2023), within which the innovation programme sits strategically.
- 3.7 We recognise that Innovation is a crowded, complex, and rapidly evolving area both locally and nationally. Policy and strategy are still in development at national level. Ongoing reviews are also likely to influence development and strategy, for example the NHS Scotland-Innovation and Reform Group. This will report in the spring of 2019 (led by Brian Houston, with Tim Davison representing the NHS Scotland Chief Executives and Grahame Cumming both supporting the Group and representing the NHS Innovation Champions).
- 3.8 The key components to the Strategic Plan for the **Innovation Test Bed** are:
 - (a) The NHS Lothian R&D Director, Professor Tim Walsh, being the operational lead for the Test bed as an extension of existing R&D structures and processes.
 - (b) Using test bed funds to increase capacity of the ACCORD R&D office to support business, finance, and governance activity linked to Innovation
 - (c) Establishing an East Scotland Health & Social Care Innovation Office based in Lothian to support the innovation test bed across Lothian, Borders, and Fife.
 - (d) Establishing a common pathway to support Innovation projects throughout their lifetime through the Innovation and ACCORD (or other regional) R&D offices.
 - (e) Establishing a coordinated network of existing and emerging innovation groups within the NHS & Social Care, within partner academic institutions, and within the wider community coordinated through the East Scotland Health & Social Care Innovation Office.
 - (f) Establishing an East Region Innovation Governance Group to oversee the evaluation, prioritisation, approval, and monitoring of Innovation projects.
 - (g) Establishing an Innovation Strategy Development Group, and through this group develop an East Region Innovation Strategic Priority Plan that ensures that innovation activity is clearly linked to health and social care strategic priorities.

- (h) Establishing and testing mechanisms to define specific challenges and solutions in priority areas, and develop projects and proposals to solve the challenges.
- (i) To use test bed funds to establish the infrastructure and capability to undertake innovation at scale in priority areas, by supporting time for clinical/managerial leadership, development of novel datasets, events to engage stakeholders and form networks, and other relevant activities.
- (j) Establishing an Innovation Network Advisory Committee comprised of a range of external experts to provide non-executive advice and independent oversight of the network during development.
- (k) Co design and development with patients and public, building on and scaling up existing academic expertise in engagement and citizen science

3.9 The key components to the Strategic Plan for the **Data Driven Innovation (DDI) Programme** are:

- (a) To establish an advisory group with patient and lay representation and expertise from all specialties to catalogue all data assets and identify priority areas for patient benefit (conditions, pathways, services)
- (b) To establish a data repository (DataLoch) of all local, regional and national data assets for the residents of the East Region within the NHS Safe Haven
- (c) To map all data assets, establish regular and automated data imports, and create a comprehensive data dictionary with agreed standards for data quality
- (d) To validate the accuracy of data linkage and completeness
- (e) To establish a governance structure to manage the approval process for access to the DataLoch and disclosure checking of reports (DDI Prism)
- (f) To develop and implement a secure portal that will provide a single point for users to access the DataLoch. Functions will include management of the on-line application process, provision of information on all data assets, secure remote access to project data once approved, ability to upload analysis code for review and transfer to the user's project space and to download reports that have undergone disclosure checks
- (g) To secure support from the Edinburgh City Region Deal DDI Programme Board to scale up and host the DataLoch within a firewalled area owned and managed by the NHS East Region in the recently-funded World Class Data Infrastructure secure super-computing facility
- (h) To secure additional funding from the Data Driven Innovation Programme Board to appoint systems and data analysts and expert methodologists within the DDI Prism team to support the Board and individual users with analysis and reports for approved projects
- (i) To develop a business plan to ensure the DataLoch and DDI Prism team is funded sustainably after 3 years, and to enable staff development, and the growth of expert capability required to meet the Board's vision

4 Key Risks

- 4.1 The main risk is associated with there being any delay in implementing the Innovation Test Bed model within the East Region, as this may result in future

CSO funding being reduced as well as minimising the opportunities for the East Region to be part of collaborations bidding for the significant levels of national funding available to support health and social care innovation activity. For example NHS Greater Glasgow and Clyde are the lead partner NHS Board for the Scottish i-CAIRD Diagnostics Collaboration that has received £10m of UK innovation monies, combined with £4m plus of industry funding.

- 4.2 As noted in Section 8 below on Resource Implications, the funding being provided by the CSO to develop Innovation Test Beds has been provided as a one off payment, though with a verbal commitment that this will be made re-current in subsequent years.
- 4.3 Whilst funding has been secured for the development and testing phases of the DDI Programme, delivery of the implementation phase is dependent on securing funding from the City Region Deal. The attached strategic plan has been reviewed and is supported by the DDI Programme Director, Jarmo Eskelinen and the Director of World Class Data Infrastructure, Mark Parsons.
- 4.4 The secondary use of health and social care data requires a robust governance process to prevent inappropriate disclosure or use of patient data. The DataLoch will adopt existing NHS Safe Haven access arrangements and all data will be anonymised. However, unlike the current model, no individual patient level data will be extracted and stored on local computers or on USB drives, and all analyses will be performed within the secure environment provided by the DataLoch adopting the existing secure remote access control mechanism used by the national Safe Haven.
- 4.5 Failure to implement a structure and process to support Innovation will result in major missed opportunities that will benefit patients and services, and generate funding to progress an innovation portfolio.
- 4.6 Another potential risk is that associated with “silo working” and an inability to ensure that strong open innovation collaborations are formed where all stakeholders are committed to “team working”. It is intended that this will be addressed through the work of the Regional Open Innovation Office.

5 Risk Register

- 5.1 As noted above, there is a potential financial risk in terms of future funding for the Innovation Test Bed model, which is a similar risk faced across NHS Scotland.

6 Impact on Inequality, Including Health Inequalities

- 6.1 Unless implementation is well designed, innovation tends to increase health and social care inequalities. This programme will be designed in line with the existing evidence on how to mitigate and reduce inequalities.
- 6.2 All innovation activity that is progressed through the East Region Innovation Test Bed model will be subject to integrated impact assessments and adapted to address issues raised.

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

- 7.1 Recognising the need by the CSO to have implemented the Innovation Test Bed model the main focus for consultation with staff, patients, public and partner organisations, will be on how this Strategic Plan is operationalised across the East Region.
- 7.2 To ensure that the DDI Programme is informative for all aspects of health and social care for the population, we will consult widely through an advisory group with patient and lay representation and expertise from all specialties.
- 7.3 Patient and public engagement will help set priorities for the DDI Programme and we will work with the communications team on developing a strategy for external communications.

8 Resource Implications

- 8.1 The CSO has earmarked a full year cost for the East Region Innovation Test Bed model development of £500,000, with part-year funding of £250,000 allocated in September 2018, the month following the announcement of this new funding stream.
- 8.2 A verbal confirmation has been received from CSO leads that this is recurrent funding.
- 8.3 As part of the NHS Lothian Quality Plan, a funding bid has been made to support innovation activity beyond Test Bed activity, which is specifically aimed at industry engagement.
- 8.4 A BHF Research Excellence Award (RE/18/5/34216) will support the software requirements, and appointment of an experienced software engineer/programmer to design and build the DataLoch.
- 8.5 To support the implementation phase of the DataLoch, a business case will be submitted to the City Region Deal DDI Programme Board to access funding and support from the World Class Data Infrastructure.

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List of Appendices

The following Appendices are attached:

Appendix 1: Draft outline Strategic Plan for the East Region Innovation Test Bed (2019-2021)

Appendix 2: Strategic Plan for the Data Driven Innovation (DDI) Programme in Health & Social Care for the East Region (2019-2021)

EAST REGION HEALTH & SOCIAL CARE INNOVATION TEST BED STRATEGY (2019-21)

Paper for Board Approval

January 20th 2019

Authors: Prof Tim Walsh (R & D Director, NHS Lothian); Mr Grahame Cumming (Innovation Champion, NHS Lothian); Dr Simon Watson (Chief Quality Officer, NHS Lothian); Professor Alison McCallum, Director of Public Health and Health Policy; Ms Tracey Gillies, Medical Director.

Purposes of this paper

1. Overall, to set out proposals for the first phase of development of the East Region Health & Social Care Innovation test bed (Lothian, Borders, Fife)
2. To define the key activities required to establish the test bed, namely:
 - a. Establish an **East Region Health Innovation Office** to support specific projects throughout their lifecycle
 - b. Establish the **Governance structure** to manage health innovation activity across the East Region
 - c. Develop a strategic plan that defines priority areas in which innovation is most required and/or is most likely to have greatest impact across the East Region NHS Boards through consultation between professionals, managers, healthcare users, partners and public
 - d. Establish mechanisms to define specific challenges and solutions in priority areas, and start to develop projects and proposals to solve the challenges.
 - e. Develop the **platform and infrastructure to deliver innovation** efficiently and at scale in priority areas through investment in innovation leaders, digital capability, and local innovation networks.
 - f. Establish an independent external **Innovation Network Advisory Committee** to provide advice, guidance, and independent review/comment on strategy, and progress.
 - g. Establish mechanisms to build on and scale up existing expertise in patient and public engagement and citizen science in relation to Innovation.

This paper does not include the detailed strategic plan for the delivery of the transformational work required in eHealth/digital/informatics/interpretation/ implementation and sustainability. This is a key part of the Innovation strategy, and is presented in a separate paper. This work is being undertaken in parallel, with ongoing discussion/communication. However, we include proposals for the key early appointments in this area, namely an Innovation Lead for eHealth/digital Innovation and post to support Information Governance/IT security issues, based in Lothian. Both would be based in Lothian, but with a remit to provide wider advice across the East region Boards.

Innovation definition and scope

The WHO define Health Innovation as: *'to develop and deliver new or improved health policies, systems, products and technologies, and services and delivery methods that improve people's health.'* This may include solutions that prevent, diagnose, or treat disease or for rehabilitation or long-term care

Other key goals are:

To respond to unmet needs by employing new ways of thinking and working with a special focus on the needs of vulnerable populations

To add value in the form of improved efficiency, effectiveness, quality, safety and/or affordability

Innovations may include, but are not limited to: drugs; devices; diagnostic tests; digital health; procedures and organisational systems used in health care

NHS Chief Executives define Healthcare Innovation as: “An idea, service or product, new to the NHS or applied in a way that is new to the NHS, which significantly improves the quality of health and care whenever applied”

What are we asking the Board to approve?

We recognise that this is a crowded, complex, and rapidly evolving area both locally and nationally. Policy and strategy are still in development. This paper therefore sets out proposals for the first two years of Innovation strategy, recognising revision and adaptation are likely to be required.

We seek approval for:

1. The proposals to utilise CSO Innovation test bed allocation funds to establish an East Region Health & Social Care Innovation Office
2. The proposals to establish a governance structure to manage Innovation activity
3. The proposal to start development of an East Region Health & Social Care Strategic Innovation Plan, and mechanisms to identify specific challenges and their solutions
4. The proposal to scope and start implementing solutions that will provide leadership, capability and infrastructure in priority areas
5. The proposal to establish an independent external Innovation Network Advisory Committee

Why are we asking for this?

1. Developing efficient and effective delivery of innovation in priority areas is a key part of East Region strategic planning, including the goals to:
 - Enable people to live longer healthier lives at home, or in a homely setting
 - Provide a healthcare system with integrated health and social care
 - Focus on prevention, anticipation and supported self-management
 - Manage multi-morbidity more effectively
 - Reduce health inequalities
 - Decrease the demand-capacity gap through new ways of working
2. Developing innovation test beds is part of the Scottish/UK Industrial strategy to grow the economy through collaborations between the health sector and industry/commercial partners.
3. Innovation test beds are key to delivering the opportunities provided in the ‘City Deals’, especially through digital innovation
4. Innovation test beds will increase access to grant funding through Government schemes (eg. INNOVATE UK) and commercial collaborations. This is a key deliverable defined as part of the regional SLA, and will create sustainability for the Innovation test bed.

Examples of Innovation Activities

To date, NHSL has participated in a range of innovation activities. The aim of the East Region Health & Social Care Innovation test bed is to create a step change in the volume, scale and impact of innovation activities to bring health, social and economic benefits to the region.

Examples of some ongoing activities, either in evaluation, development, or discussion with partners include:

- The introduction of surgical robotics
- The use of artificial intelligence (AI) algorithms to improve efficiency and quality in relation to outpatients management
- The development of automated systems (using AI) to flag frail patients in the community and after admission to secondary care to enable better planning of treatment and support
- The development of a novel nasogastric tube that does not require chest X-rays to confirm correct positioning
- The evaluation of novel diagnostics for infection that could improve antibiotic stewardship
- The evaluation of robotic capsule based systems for upper GI endoscopy that might reduce pressure on endoscopy services.
- The development of novel home-based systems to support physiotherapy that might improve community physiotherapy and decrease physiotherapy pressures.
- Development and evaluation of novel less invasive methods for diagnosing bladder cancer recurrence using urine tests.

Key Stakeholders

NHS Stakeholders

- NHS Lothian is the lead East Region Board, and will host funding
- NHS Fife, NHS Borders
- The six Integrated Joint Boards (IJBs)
- Chief Scientists Office/NHS Scotland
- Patients and public

Other key stakeholders include:

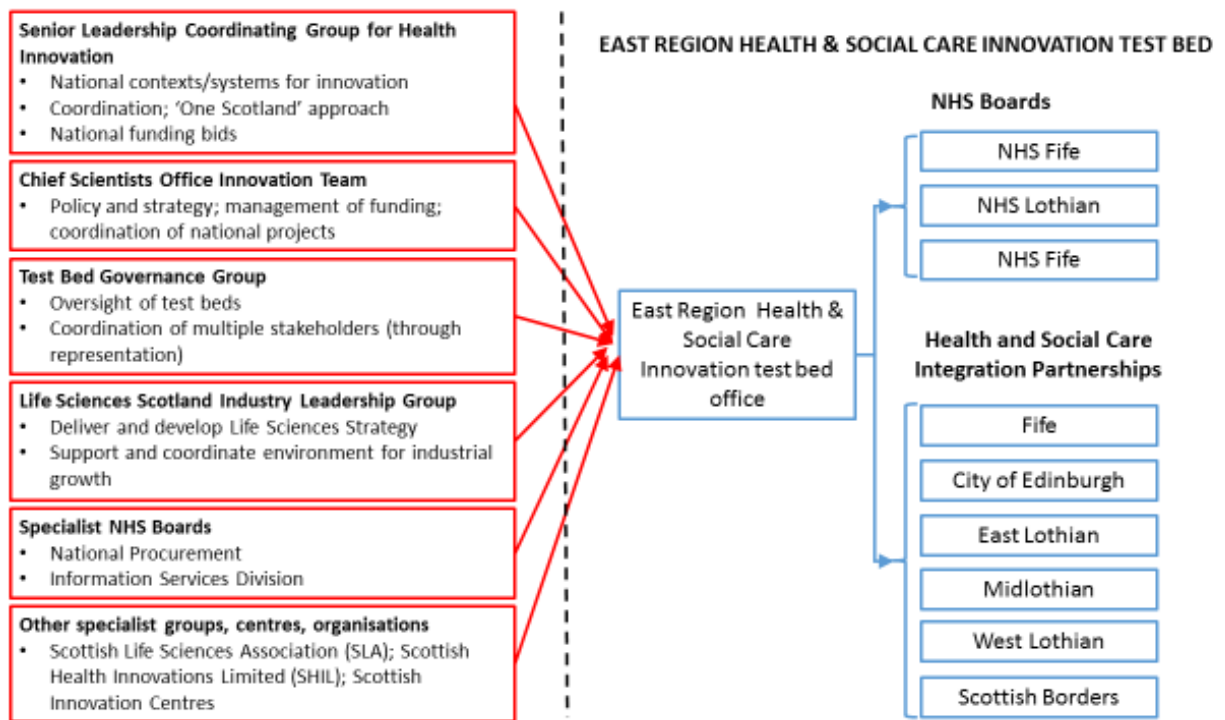
- Academic partners (University of Edinburgh; Napier University; Queen Margaret University; Herriot Watt University; St Andrews University)
- Third sector organisations
- Edinburgh Bioquarter
- Potential Commercial partners
- National Bodies and Group involved in Innovation (see relationships below)

Relationships

The relationship whereby the East Region Health & Social Care Innovation test bed will interact with national bodies is evolving, and is the subject of current ongoing review (NHS Scotland-Innovation and Reform Group; reporting spring 2019).

Based on current structures and groups, expected relationships and functions are illustrated in figure 1.

Figure 1: Overview of current major proposed interactions between East region Innovation test bed and national bodies involved in Health & Social care innovation



Key Activities

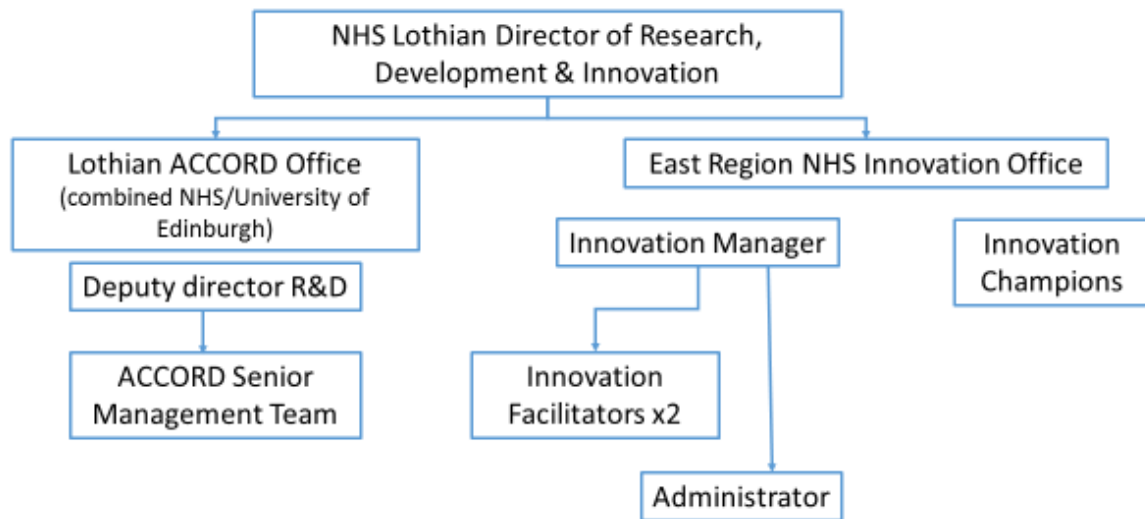
Establish an Innovation Office

During the initial phase, the lead Board will develop capacity to support innovation projects throughout their lifecycle by appointing posts using Innovation test bed funds. The model will comprise:

- Oversight by the Lothian R&D Director as operational lead (renamed Director of Research and Innovation). It is anticipated that this role may need to be split as activities evolve and grow (see figure 2).
- Reporting to senior executive team via relevant executive leads (Quality: Simon Watson; Digital: Tracey Gillies; R&D: Alison McCallum) and through the PSEAG2 group (currently being reviewed and renamed).
- Increased capacity within the existing ACCORD research office to support governance, business, and finance activities
- Creation of a new East Scotland Regional Health & Social Care Innovation Office
- Developing capacity for Digital Innovation in collaboration with the University of Edinburgh (Lead Prof Nick Mills: see separate Digital Innovation strategy paper)

The East Region Innovation Office will support Lothian, Borders, and Fife. It will sit parallel with the ACCORD organisational structure for R&D support in Lothian.

Figure 2: Overview of organisational structure for Innovation.



New Positions/roles

NHS Lothian Director of Research & Innovation

- During the transition phase the Lothian Research & Innovation Director will spend 1 day per week allocated to R&D and 1 day per week allocated to Innovation (total 2 days per week)

ACCORD Office

Business Manager (50%wte)

- Based within existing ACCORD office within team managed by existing Principal R&D manager
- Contracts; agreements; business advice; liaison with SHIL, academic partners, and other relevant organisations; IP advice to support activities related to Innovation

Governance team (50%wte)

- Based within existing ACCORD office within team managed by Head of Research Governance
- Advice/management of issues relating to ethics, approvals, other governance issues

Finance team (50%wte)

- Based within existing ACCORD office within team managed by Head of R&D finance
- Costing projects/grants
- Management of SLA, grants and agreements; invoicing and relationships with commercial partners

East Scotland Innovation Office

Innovation Manager (100%wte)

- Responsible for Innovation Office (logging, responding to, and initiating consideration of innovation activities; liaison with other partners such as Universities, Bioquarter, industry; innovation database)
- Supporting Innovation Champions and R&I Director
- Line management of Innovation Facilitators; administrators; other staff appointed within Innovation Office.

- Oversight and management of Website
- Organisation of Innovation-related meetings

Innovation Facilitators (2 posts: 100%wte)

- Assessing, triage, and supporting Innovation proposals and assisting development
- Assisting with Innovation grant development
- Liaison with other departments to facilitate project set-up, including: eHealth, Lothian Analytic Services, clinical, professional and scientific specialities, Caldicott and Information Governance
Managing database, website. Other administrative duties as required.

Innovation Lead for eHealth/digital Innovation (1 post 100%wte)

- Developing a model and strategy to enable digital innovation
- Working between Innovation Office, Digital/eHealth, and Lothian Analytic Services to facilitate digital aspects of projects
- Working closely with University of Edinburgh to develop common approach consistent with Edinburgh City Deal
- Scoping additional key posts required and organisational structure
- Supporting and enabling demonstration projects

Administrator, Innovation office (1 post 100%wte)

- Administrative support, including meetings, database management, website

Innovation/R&D officer for Information Governance/IT security (1 post 50% wte Innovation funds/50% R&D funded)

- Primary point of contact and advice for Information and IT security issues arising in relation to Innovation projects
- Facilitating efficient, rapid solutions to issues
- Supporting innovators and researchers during projects

Innovation Champions

The roles and responsibilities of the existing Innovation Champions in the three Boards will be clarified, but are expected to provide leadership in:

- Developing and clarifying strategic priorities for the East Region Boards
- Liaising with national innovation groups
- Facilitating the development of SMART (Specific; Measureable; Attainable; Relevant; Time-based) challenges within the strategic priorities
- Creating and exploring collaborations/partnerships relevant to solving SMART innovation challenges (Universities and colleges; Industry; other NHS Boards; Funders, Third sector)

[Location](#)

We will work with estates colleagues to secure short and long term accommodation for the Innovation Office. Co-location with the ACCORD office will provide optimum interaction. It is anticipated that the Innovation office will ultimately be co-located with the ACCORD office in the new Usher Institute Building at Bioquarter (part of Edinburgh City Deal).

Requests for Approval

1. We request Board support to develop and approve job specifications, advertise and appoint the proposed new posts (summarised in appendix 2)
2. We request Board support to create the East Scotland Regional Health & Social Care Innovation Office

East Scotland Health & Social Care Innovation network

Relation between Innovation Office and other Innovation hubs/groups

The role of the Health & Social Care Innovation Office will be to manage the approvals, set-up, and governance of Innovation activities and provide support to projects during their lifecycle. This model is analogous to the ACCORD office for R&D projects, and extends this capability into the innovation 'space'.

There are existing groups, centres, and hubs with expertise and portfolios in a range of innovation areas, and others are likely to develop. These sit within the NHS Boards, within partner academic institutions, and within the commercial/business sector. We propose the following model to 'connect' and maximise the value from these innovation groups:

- The Health & Social Care Innovation Office will act as the hub through which innovation activities involving NHS-Social Care are approved and monitored
- Any existing innovation group/centre/hub will interact with the NHS through the Health & Social Care Innovation Office to ensure appropriate agreements, approvals, governance are in place.
- The Health & Social Care Innovation Office will facilitate greater interaction and collaboration between existing groups where appropriate to improve the quality, competitiveness, and efficiency of innovation work.
- The Health & Social Care Innovation Office will facilitate the development of a federation of innovation groups/hubs that will be central to a formalised East of Scotland Health & Social Care Innovation network. This will be captured through the Innovation Office website to maximise inward and outward facing impact.

The development of a coordinated network of Innovation groups (both 'developers' and 'implementers' of innovations) is expected to form the basis for formal creation of an East of Scotland Health & Social Care Innovation network or Academic Health Science Network.

Requests for Approval

1. We seek Board support to explore the formal establishment of an East of Scotland Health & Social Care Innovation network or Academic Health Science Network in collaboration with academic partners.

Establish the Governance structure to manage Innovation activity across the East Region

We will establish an East Region Innovation Governance Group (IGG). The functions and responsibilities of the IGG will include:

- Establishing a process for rapid assessment of innovation proposals against agreed criteria
- Prioritising bids that align with the East Region's strategic innovation priorities

- Providing a single forum to rapidly agree feasibility of projects in relation to NHS resource utilisation, governance issues, access to NHS assets (e.g. data, tissue, images), and other processes essential to project delivery
- To rapidly identify work and activities required to enable approved projects, and track these against agreed milestones
- Formalising a governance process to enable appropriate supervised access to Health & Social Care networks, patients and partners
- Advising and escalating corrective and preventative actions from specific governance issues arising from any projects
- To provide a forum for discussing and approving issues related to IP
- Taking responsibility that the processes adopted and activities undertaken are within the strategic context of NHS Research Scotland and the National Test Bed Governance Group
- Reviewing and approving progress reports for each project as appropriate

Detailed terms of reference and responsibilities will be developed once the group is fully established, and will evolve as required.

Reporting

The IGG will report to the East Region Boards, CMTs, and to National groups according to processes that will be agreed.

Membership

The membership will be agreed as part of the IGG development but is expected to include:

- Director of Research & Innovation
- Innovation Champions (Lothian, Fife, Borders)
- R&D directors Fife and Borders (or nominated representatives)
- Innovation Manager
- eHealth Innovation lead/representative
- Lothian Analytic Services representative
- Information Governance representative
- ACCORD office governance representative
- ACCORD office business representative
- Regional Planning representative(s)
- IJB representative(s)
- Healthcare Scientist (if none of the innovation champions is an expert healthcare scientist)

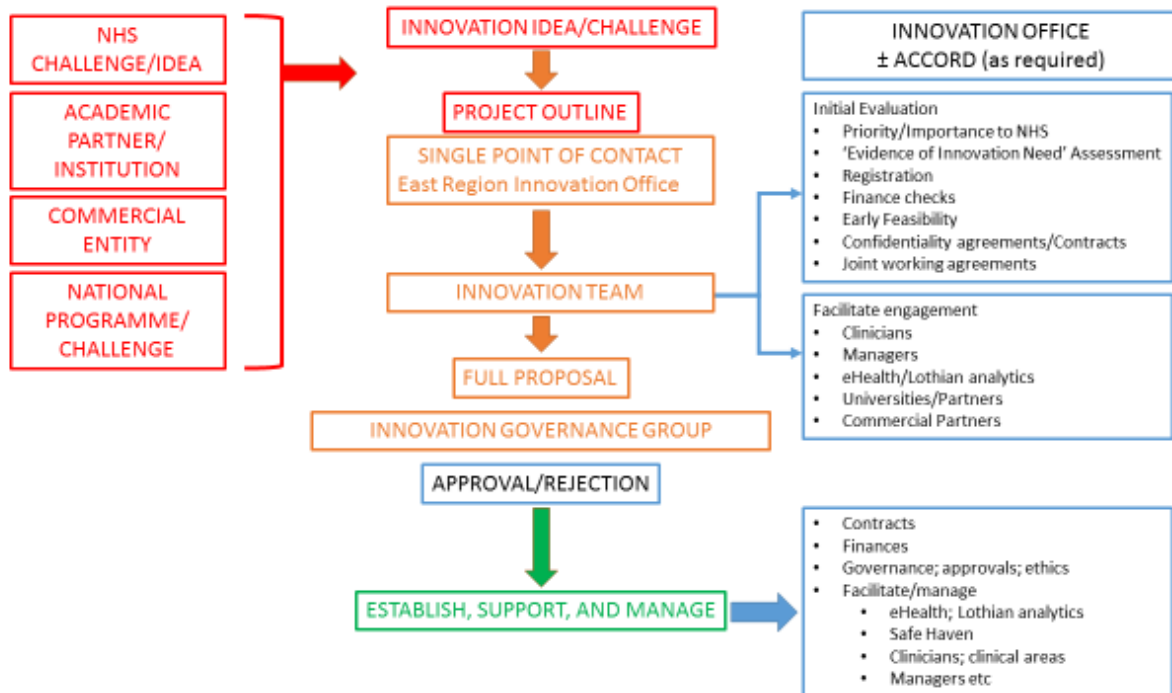
We will add additional membership according to requirements as the IGG develops. We will also co-opt additional members for specific roles and/or projects.

The secretariat/administration will be provided by the Innovation Office.

Innovation pathways

An Innovation project pathway will be developed by the Innovation office and IGG. The proposed general structure is shown in figure 3.

Figure 3: Proposed Innovation management and governance pathway



Requests for Approval

1. We request Board support to establish the East Region Innovation Governance Group

Develop a strategic plan that defines priority areas in which innovation is most required and/or is most likely to have greatest impact across the East Region NHS Boards

We will undertake a consultation with stakeholders to develop and write an Innovation Strategic Plan. This will underpin the priority areas for Innovation (as opposed to the infrastructure to deliver innovation). The process will be informed by currently ongoing activities that include:

- High level strategic imperatives set by the East Region Programme Board
- Strategic priorities set by each of the three East Region boards
- The report of the Reform Group review, Chaired by Brian Houston and supported by Grahame Cumming
- Strategy and guidance from the National Innovation Test Bed Governance Group and/or CSO
- A review of key strengths within the East region that place us at an advantage in terms of grant competitiveness. This will include identifying and collating strengths across the NHS, academic, and commercial sectors.

We will establish a short-life Innovation Strategy Development Group (ISDG) to lead this process. The membership and *modus operandi* for this group will be established. Membership is expected to include:

- Representation from the Boards of the three regions
- Executive Strategic leads from each of the Boards
- R&D directors of each Board

- Innovation Champions for each Board
- Representation from each of the regional Universities
- eHealth/digital leads
- Healthcare scientist

Secretariat support (specifically collating information and drafting the plan) will be a key responsibility of the Innovation Champion(s).

Specific activities will be defined by the group, but are anticipated to include: engagement with clinicians/services; consultation with users/patients; consultation with academic partners.

Patients and Public engagement

We will work with existing patient and public engagement groups during the development of the strategy. Specifically, we will work with existing networks funded through Lothian by the R&D department and coordinated by the Patient & Public Involvement Coordinator (Carol Porteous).

Expected output

The East Region Innovation Strategic Priority Plan will aim to provide a clear and concise framework defining:

- The priority patient groups, conditions, and settings in which Innovation is a priority
- The mechanism by which stakeholders (specifically the NHS Boards, IJBs, and Universities) will collaborate in relation to Innovation activity involving Health&Social care.

Requests for Approval

1. We request Board support to establish an Innovation Strategy Development Group, and through this group develop an East Region Innovation Strategic Priority Plan

Establish mechanisms to define specific challenges and solutions in priority areas, and develop projects and proposals to solve the challenges.

We will develop mechanisms through which Innovation Strategic Priorities and other opportunities can be translated into SMART (Specific; Measureable; Attainable; Relevant; Time-based) projects, and grant/funding bids developed. We will test these approaches using carefully selected Innovation challenges that clearly fit within the priorities expected to be prominent within the East Region Innovation Strategic Priority Plan.

Specific methodologies based on Innovation Theory and advice from major bodies (such as the Institute of Healthcare Improvement, IHI) will be developed suited to different types of innovation challenge.

Proposed approaches will include:

- Targeted consultations across the East Region where staff, service users and citizens in relevant areas will be asked to highlight those things that cause them frustration with the day to day delivery of the relevant health and social care services.
- Targeted brainstorming events at which a range of relevant stakeholders will co-develop SMART innovation projects or challenges within the identified areas of importance.

- Themed events designed to create networks and collaborations in areas of clear strategic importance.

The choice of demonstration projects and areas will be influenced by existing areas of strength, collaboration, and established infrastructure in order to minimise risk and maximise the chance of success. Where appropriate, Innovation Test Bed Funds will be invested to support these events.

Where projects are identified and prioritised, Innovation Test Bed Funds may be invested to pump-prime project development, for example by funding dedicated clinician/manager time and/or developing novel data-sets and linkages.

Examples of possible priority areas for early identification of innovation challenges and development of challenges and projects.

- Chronic Lung Disease (COPD; Asthma)
- Identification and management of multi-morbidity
- Identification and management of frailty
- Care homes
- Supporting healthy living at home for patients with frailty and/or cognitive impairment
- Homeless and inclusion health

Requests for Approval

1. We request Board support for the Innovation Office and Innovation Governance Group to develop and publish the strategies best suited to address Health & Social care challenges in the East region
2. We request Board support to identify and appoint strategic leaders in key areas and invest Test Bed Funds in areas that will create the platform and infrastructure to deliver Innovation projects.

Establish an External Innovation Network Advisory Committee

We will set up a group of individuals with experience and expertise of setting up and managing networks undertaking innovation in the Health & Social care environment. We expect this group will meet 2-3 times annually to review progress and provide independent advice and feedback. We expect a membership of 6-8 individuals.

The membership of this group is likely to include:

- Directors/Leads of established Academic Health Science Networks
- Directors/Leads of established Innovation hubs
- Leading Innovators in the Health-Social care sector
- Leader in patient and public engagement and co-design
- Members of the public with relevant perspectives and expertise
- Representation from industry/commercial sector

This group will have an advisory role and no formal executive function. Secretariat support will be provided by the Innovation Office. Funding will be provided from the Test Bed allocation.

Requests for Approval

1. We request Board support to establish an External Innovation Network Advisory Committee.

APPENDICES

The following appendix provides additional context and information:

Appendix 1: Table showing the summary of key deliverables set out in Chief Scientists Office Health Innovation Test Bed Project Management Funding Agreement, and proposed pathways to delivery based on the plan presented.

Appendix 2:

Summary of key initial posts to be established and funded using test bed moneys. Detailed budget for 2019-20 financial year to be developed and presented.

Table 1: Summary of key deliverables set out in Chief Scientists Office Health Innovation Test Bed Project Management Funding Agreement, and proposed pathways to delivery.

Key Deliverable	Proposed Pathway to delivery
1. To provide Test Bed Opportunities for accredited external bodies to work with NHS and Social Care professionals on combinatorial innovation in real world settings.	<ul style="list-style-type: none"> • Create and staff a Regional Innovation Office with clear links to the three R&D departments in each Health Board and in particular to the NHS Lothian ACCORD Office. • Develop structures to efficiently interact with external stakeholders to develop and establish innovation collaborations. • Agree mechanisms to provide support across the Region. • Expand capability of eHealth to enable Innovation using NHS and other data sets • Provide opportunities to protect staff time to participate in innovation collaboration projects.
2. Register all projects via the National Innovation Hub at NHS NSS who in turn will verify and credential all partners and offer guidance to NHS Boards and IJB's.	<ul style="list-style-type: none"> • All Regional Projects to be registered by the Regional Innovation Office. • Establish close links with SHIL, Edinburgh Innovation, Edinburgh BioQuarter, and other relevant bodies • Increase business capacity within ACCORD to advise and interact with potential partners
3. Work within the guidance of the National Test Bed Governance Group.	<ul style="list-style-type: none"> • The Regional Innovation Office to develop local structures and processes in line with the Group guidance.
4. Put in place governance and leadership for innovation work.	<ul style="list-style-type: none"> • Extend role of ACCORD office to provide support for governance, business, and financial aspects of projects • Agree leadership structure for the Innovation Office, plus Organogram for organisational structure and line management. • Agree leadership structure for Innovation team/hub and line management • Agree leadership structure for eHealth/data aspects of Innovation (as a key/central asset) • Develop/extend framework agreements with key partners, such as the University of Edinburgh.
5. Produce an annual Innovation Plan to capture local, regional and national priority actions.	<ul style="list-style-type: none"> • Develop a Strategic Plan for the East Region Innovation Test Bed (2019-2023).
6. Identify a Clinical/Professional Regional Lead and Executive Lead for Innovation(who	<ul style="list-style-type: none"> • Current Lothian R&D Director to manage transition as Research and Innovation Director • Agree future Regional lead structures for Innovation, and how they relate to current R&D structures and Executive Leads.

Key Deliverable	Proposed Pathway to delivery
will work in association with Board and IJB Leads)	
7. Utilise consortiums of interest (academic, industry, social enterprise etc) to innovate.	<ul style="list-style-type: none"> • The Regional Innovation Office will form the basis for developing an East Region Health&Social Care Innovation network or Academic Health Science Network that will provide a collaborative working framework for: <ul style="list-style-type: none"> ▶ The three NHS Boards and 6 Integrated Joint Boards, ▶ The five local key University partners – Edinburgh, Heriot-Watt, Napier, Queen Margaret, and St.Andrew’s, ▶ Other academic partners, ▶ Edinburgh BioQuarter, ▶ Other NHS Boards and Academic Health and Social Care Partnerships, ▶ Industry collaborators – especially those involved in digital health, precision medicine, data science, artificial intelligence, robotics, the third sector. ▶ Key UK-wide partners, eg UK Biobank; Health Data UK.
8. Apply for local and national project funds to solve priority challenges- a minimum of 10 applications to Innovate UK, UKRI, CAN DO Innovation Fund or similar.	<ul style="list-style-type: none"> • Prioritise open innovation collaboration projects with clear route to funding applications, including in partnership with: <ul style="list-style-type: none"> ▶ Industry/commercial partners ▶ Academic partners • Prioritise projects in clear strategically important areas where infrastructure and expertise already exist and can generate ‘quick wins’
9. Participate in national Open Innovation initiatives such as SBRI competitions supplying Test Bed access, support and advice to industry.	<ul style="list-style-type: none"> • Co-ordinate participation in these initiatives through the Regional Innovation Office.
10. Accept referrals for Health Innovation Partnership advice from the NHS NSS Innovation Hub.	<ul style="list-style-type: none"> • These referrals to be managed through the Regional Innovation Office.
11. Offer evaluations of ideas, products and services as part of a national Test Bed in conjunction with national advisors from NHS HIS (Scottish Health Technology Group)	<ul style="list-style-type: none"> • To be co-ordinated through the Regional Innovation Office.

Key Deliverable	Proposed Pathway to delivery
NHS NSS and national networks and experts.	
12. Provide Reference site access as part of any separately funded Industrial Innovation initiative.	<ul style="list-style-type: none"> <li data-bbox="786 363 1518 387">• To be co-ordinated through the Regional Innovation Office.
13. Prepare local and regional health and social care systems for the adoption of proven innovations	<ul style="list-style-type: none"> <li data-bbox="786 499 2000 555">• The Regional Innovation Office to work closely with each NHS Board and IJBs local quality / service improvement teams.

Appendix 2: Summary of key Innovation posts to be developed, approved and appointed during quarter 1 and 2 of financial year 2019-20.

Post	Wte (%)
Research and Innovation Clinical Lead	20 ¹
Innovation Manager	100
Innovation Facilitator	100
Innovation Facilitator	100
Administrator (Innovation Office)	100
Digital Innovation Lead	100
Digital Innovation Officer (information governance/IT security)	50 ²
Business Support officer	50 ³
Governance support officer	50 ³
Finance support officer	50 ³

¹Extended role for current R&D director in Lothian (20% additional funding as R&D director)

²This post will likely be 100% wte with 50% to support R&D activity

³These posts will be integrated into ACCORD

These posts map directly onto the indicative cost breakdown specified in the SLA for the innovation test beds, which are specified below. Backfill and specialist advice will include investment in digital/eHealth and the Digital Innovation Lead and Digital Innovation Officer posts (embedded within eHealth/digital).

Additional funds will be used primarily to support partnership and events costs, an also to pump prime projects prioritised by the East strategy and approved by the Innovation Governance Group.

Guidance provided in the Innovation test bed SLA:

Post/Function	Cost
1. Clinical Lead	£40000
2. Open Innovation Manager AfC 7	£55000
3. Project Managers 2 wte AfC 6	£90000
4. Administration	£30000
5. Partnership and Events Costs	£35000
6. Backfill and access to specialist advice within IJB/NHS Boards	£250000
Total	£500000

DATA DRIVEN INNOVATION IN HEALTH & SOCIAL CARE FOR THE EAST REGION

Appendix 2 for Board Approval

January 24th 2019

Authors: Ms Tracey Gillies (Medical Director, NHS Lothian), Prof Nicholas Mills (Senior Responsible Officer for the DDI Health & Social Care Hub, University of Edinburgh), Mr Martin Egan (Director of Digital, NHS Lothian), Prof Tim Walsh (NHS Lothian R&D Director), Prof Alison McCallum (Director of Public Health and Health Policy), Dr Simon Watson (Chief Quality Officer, NHS Lothian).

Consultation: Ms Pamela Linksted (Safe Haven, NHS Lothian), Mr Jarmo Eskelinen (Data Driven Innovation Programme Director, University of Edinburgh), Prof Mark Parsons (Director of World Class Data Infrastructure for DDI Programme, University of Edinburgh), Prof Aziz Sheikh (Director of the Usher Institute, University of Edinburgh), Prof Moira Whyte (Head of College of Medicine and Veterinary Medicine, University of Edinburgh).

Purposes of this paper

1. To set out a proposal for the creation of a data repository for health and social care data (DataLoch) for the East Region (Lothian, Borders, Fife), and to outline the proposed governance structure and strategy for implementation and scale up.
2. To define the key activities required to establish a Data Driven Innovation (DDI) Programme in Health & Social Care for the East Region, namely:
 - a. Establish an **advisory group** with patient and lay representation and expertise from all specialties to catalogue all data assets and identify priority areas for patient benefit (conditions, pathways, services)
 - b. Establish a **data repository** (DataLoch) of all local, regional and national data assets for the residents of the East Region within the NHS Safe Haven
 - c. Map all data assets, establish regular and automated data imports, and create a comprehensive **data dictionary** with agreed standards for data quality
 - d. **Validation** of the accuracy of data linkage and completeness
 - e. Establish the **governance structure** to manage the approval process for access to the DataLoch and disclosure checking of reports (DDI Prism)
 - f. Develop and implement a **secure portal** that will provide a single point for users to access the DataLoch. Functions will include management of the on-line application process, provision of information on all data assets, secure remote access to project data once approved, ability to upload analysis code for review and transfer to the user's project space and to download reports that have undergone disclosure checks
 - g. Secure support from the Edinburgh City Region Deal DDI Programme Board to **scale up** and host the DataLoch within a firewalled area owned and managed by the NHS East Region in the recently-funded World Class Data Infrastructure secure super-computing facility
 - h. Secure additional funding from the Data Driven Innovation Programme Board to appoint systems and **data analysts** and expert methodologists within the DDI Prism team to support the Board and individual users with analysis and reports for approved projects

- i. Develop a **business plan** to ensure the DataLoch and DDI Prism team is funded sustainably after 3 years, and to enable staff development, and the growth of expert capability required to meet the Board's vision

Strategic objective

Scotland has world-leading linked national healthcare data assets from birth to death. In the East of Scotland Region, there are excellent examples of where this is being harnessed to benefit patients, the health service, and the wider population. These are built on specific research programmes and innovation projects, but progress is fragmented and often limited to specific conditions. The strategic objective is to develop a coordinated approach to curate and encourage the use of all our healthcare data assets across all specialties to drive innovation, and to improve patient care and reduce health inequalities across the region. To achieve this we propose to develop, test and implement a data storage repository (DataLoch) that permits linkage in near real-time of multiple data assets from primary, secondary and social care including all acute and chronic conditions. This will facilitate a data-driven approach to prevention, treatment and care, and will enable us to develop a world-leading learning healthcare system.

Glossary of terms

Data lake (DataLoch): a data storage repository that holds large amounts of structured, semi-structured, and unstructured data in its native, raw format. This differs from traditional data warehouses where data are transformed or processed at the time of import, and often data is thrown away. Data lakes have a flat architecture, rather than using hierarchical storage in files or folders, which enables analysts to link data in a more flexible way.

Dark data: data collected by an organisation but not currently accessible or used to derive insights or for decision making and strategic planning.

Machine learning: Machine learning is an application of artificial intelligence that provides systems with the ability to automatically learn and improve without being explicitly programmed.

What are we asking the Board to approve?

This paper outlines the strategic plan for our Data-Driven Innovation in Health & Social Care strategy for the East of Scotland region. We seek approval for:

1. The formation of an advisory group to catalogue all data assets and identify priority areas
2. The creation of a storage repository for health and social care data for the East Region
3. The proposed governance structure to manage access to and use of data from the repository
4. The proposed scale up and development of our analytical capability and expertise within the World Class Data Infrastructure

Why are we asking for this?

There are 1.3 million people living in the East of Scotland region. This is forecast to increase to 1.5 million by 2030, with the fastest growing age group being those over 75 years old where the population is expected to double. To meet the health and social care needs of our aging population requires innovative new ways of delivering care.

The Edinburgh and South East Scotland City Deal was signed jointly by the UK and Scottish Governments on August 7th 2018. This £1.1 billion investment in the region will bring together six-

local authorities with academic, public sector and private sector partners to deliver a Data Driven Innovation (DDI) programme. Central to this programme is a £110 million investment in an enabling data infrastructure platform: the World Class Data Infrastructure (WCDI). This will provide powerful, high capacity and flexible data infra-structure capable of secure delivery of data and analytical services spanning all sectors of the DDI programme.

The health and social care sector is one of five priority areas for the DDI programme, which will allocate resources across the region to support the application of data analytics, artificial intelligence, machine learning, predictive algorithms and robotics. Appropriate use of these tools to redesign our approach to the prevention of disease, targeting of treatments, and the delivery of health and social care will transform the practice of medicine and delivery of healthcare, with the goal of improving health and wellbeing across the population.

The East of Scotland region has an established record of using data-driven innovation and research to improve outcomes for patients. Cardiology provides a useful case study. Using our existing system of permissions, we have linked multiple routinely collected electronic data assets through our network of NHS safe havens to evaluate the impact of new approaches for diagnosis and risk assessment of patients with suspected acute coronary syndrome. In a series of clinical trials, we have demonstrated that the introduction of more sensitive tests for the diagnosis myocardial infarction into practice improved survival due to the better targeting of treatments. An analysis of consecutive patients attending the Royal Infirmary of Edinburgh was the first to identify that the previous generation of blood tests were under-diagnosing myocardial infarction in women and contributing to gender-inequalities in treatment. By linking data across all hospitals in the region a novel approach for the use of new high-sensitivity cardiac troponin tests was developed that identifies low risk patients at presentation who can avoid hospital admission. These approaches have been adopted into practice and through our linked data we have demonstrated a one-third reduction in the length of stay of unscheduled care for patients with acute chest pain. Beyond the region, these observations have changed the way that that myocardial infarction is ruled in and ruled out, and influenced both national and international guidelines. They also serve to illustrate how harnessing routinely collected data assets can be used to develop novel approaches for assessing risk, and to evaluate the impact of these approaches on patient care and the quality of our health service.

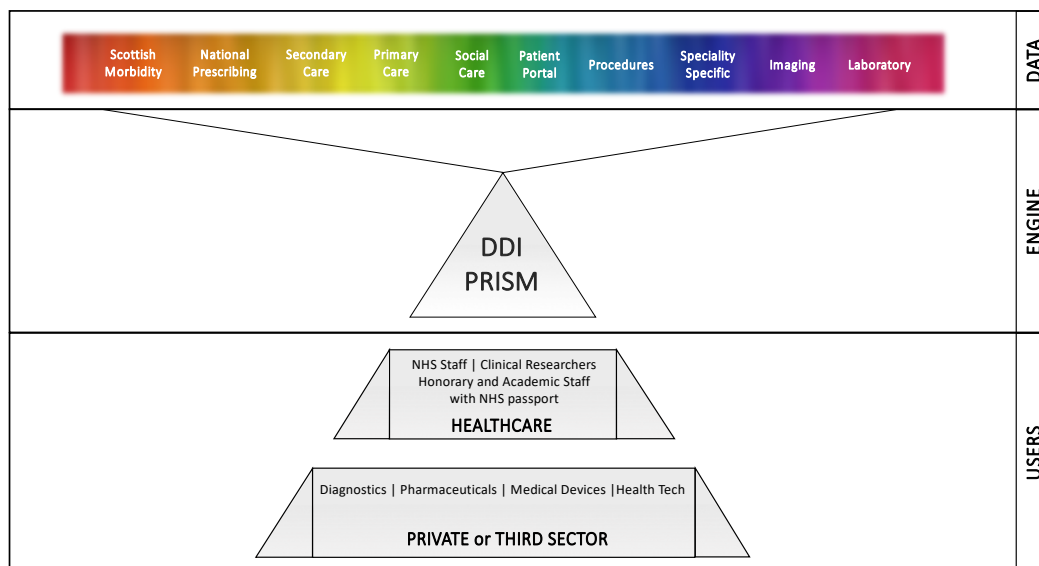
Central to the success of this programme was the development of an efficient and safe approach to store, link and access data within NHS Lothian. It required partnership and collaboration between academics, clinicians, data analysts, the e-Health team and the Caldicott Guardian. We now wish to build on this collaboration and our existing infra-structure to provide similar insights into the care of patients presenting with any acute or chronic condition across the East of Scotland Region. The programme will be essential to inform the design of health & social care services of the future, and to evaluate the effectiveness of implementing these services on behalf of our patients. This expansion should facilitate more appropriate use of resources to meet population need and take account of the impact of multi-morbidity across all areas of primary and secondary care.

Through our proposal for Data Driven Innovation in Health & Social Care we will ensure that the East region plays a key role in the delivery of Scotland's NHS Digital Health & Care Strategy, and will enable the Board to evaluate progress in the priority areas outlined in the wider NHS Lothian Strategic Plan (2014-2024):

- Enable people to live longer healthier lives at home, or in a homely setting
- Provide a healthcare system with integrated health and social care
- Focus on prevention, anticipation and supported self-management

- Manage multi-morbidity more effectively
- Reduce health inequalities
- Decrease the need-demand-capacity gap through new ways of working

Figure 1: Overview of Data-Driven Innovation in Health & Social Care strategy



The strategic plan for our Data Driven Innovation in Health & Social Care strategy for the East of Scotland region will be delivered in three phases over 3 years.

- The **development phase** will establish an advisory group to catalogue all data assets, and create a storage repository (DataLoch) linking each data asset within the NHS Safe Haven.
- The **testing phase** will validate accuracy of data linkage and completeness, and will support exemplar projects funded by CSO innovation test bed pump priming awards. We will use the existing Safe Haven team to handle approvals and disclosure checks and automate the process for updating individual assets.
- The **implementation phase** will see the launch of a secure portal to manage applications for access and will provide an up-to-date log of all available data assets within the DataLoch. We will establish a fully functional Data-Driven Innovation team (DDI Prism) to efficiently handle approvals, disclosure checks, data analysis, reporting and coordination of projects. We will scale up the data repository using capacity within the World Class Data Infrastructure which will permit remote access to the DataLoch for approved users.

Support

This paper does **not** provide detailed costings for this programme, and no financial support from the Board is requested. Funding has been secured for the development and testing phases of this programme through the Chief Scientist Office (CSO) and the British Heart Foundation (BHF). The CSO innovation test bed award will support the appointment of an Innovation Lead to oversee this programme and ensure that data extracts are made available. A BHF Research Excellence Award (RE/18/5/34216) will support the software requirements, and appointment of an experienced software engineer/programmer for 4 years to design and build the DataLoch. The BHF REA will also fund the programmer who designed the existing data lake for patients with coronary heart disease at 0.4FTE for 2 years to support the full-time appointment. To support the implementation phase, a

business case will be submitted to the DDI Project Board to access resources and expert support from the World Class Data Infrastructure, and for City Deal-linked funding to appoint a project manager and data analysts, and to develop a secure portal.

Key Stakeholders

NHS Stakeholders

- NHS Lothian, Borders and Fife's Health and Social Care Partnerships
- Chief Scientist Office (Health)
- NHS Scotland Information Services Division
- East Region Innovation Office
- Our patients and members of the general public

Other key stakeholders include:

- Data Driven Innovation Programme Board for the Edinburgh City Region Deal
- World Class Data Infrastructure at the Edinburgh Parallel Computing Centre
- Academic partners (University of Edinburgh and Napier University; potentially Queen Margaret University, Heriot Watt University and St Andrews University)
- Third sector organisations (British Heart Foundation)
- Potential private sector partners

Key Activities

1. Establish an Advisory Group

Our aim is to ensure that users of the DataLoch can efficiently access accurate and current data on all aspects of health and care for the population, for any condition, clinical pathway, or service across the region. We will establish an advisory group with patient and lay representation and expertise from all specialties to catalogue all data assets and identify priority areas for the testing phase of the DataLoch. Examples of possible priority areas for innovation challenges have been identified, including:

- Chronic obstructive pulmonary disease and asthma
- Identification and management of multi-morbidity
- Identification and management of frailty (see insert for use case scenario)
- Supporting healthy living at home for patients with frailty
- Homelessness and inclusion health

Members of this group will be consulted individually, and we will convene a series of meetings during the development phase. The Patient and Public Involvement (PPI) Lead in NHS Lothian Research & Development office will support this group. Advisory group meetings will be chaired by Prof Mills, Senior Responsible Officer for the DDI Health & Social Care Hub.

Requests for Approval

1. We request approval to establish an advisory group for the Data Driven Innovation in Health & Social Care strategy for the East of Scotland region.

DataLoch use case: proactive targeting of health and social care for frail older adults

The Challenge: Older people living with frailty are at increased risk of developing dependency and requiring unplanned health and social care. Targeted early interventions can improve individuals' wellbeing and promote independence. However, identification of those at risk of decline is currently uncoordinated. Where data is used, this relies on retrospective hospital usage statistics resulting in a reactive model of care.

Proposed Solution: Electronic health data allows proactive identification of frailty, using a community electronic frailty index (eFI) derived from GP read codes. This approach has been validated in a large English cohort and the eFI has recently been adopted into NHS England's GP contract to mandate frailty screening and intervention. Locally, the Midlothian Health & Social Care Partnership (HSCP) have demonstrated the effectiveness of this approach for case-finding those at risk of harm in 10 GP practices. The DataLoch will allow real-time automated identification of frailty across the region, with wider linked data providing efficient means to assess the impact of improvement projects on health and social care usage.

Expected Outcome: The DataLoch will provide consistent and integrated community frailty assessment across the region to assist proactive care. HSCPs testing local interventions will have access to comprehensive linked outcomes data across social, primary and secondary care sectors to assess effectiveness and promote spread of innovative models of care throughout the region.

2. Develop a Data Storage Repository (DataLoch)

The DataLoch will comprise all local, regional and national health and social care data for the residents of the East Region in its native format within the existing NHS Lothian Safe Haven. The flat data architecture will allow cross-linking of assets that have previously been inaccessible or only viewed in isolation. Current access to national and regional data for clinicians and researchers requires individual project permissions and bespoke extracts. In contrast, the DataLoch will be accessed via a 'DataView' – a real-time search engine of linked data assets for which permission to access anonymised individual patient level data may be sought. Once an application is approved, such data will be delivered to a secure NHS platform, where users will have access to the statistical software (e.g. R, Python, MATLAB) that is critical to manipulating large datasets efficiently and performing analyses such as complex modelling and machine learning. This streamlined approach to data-driven innovation and quality improvement will promote the development of a truly learning healthcare system.

Examples of data assets available are presented in **Figure 2**.

The following steps are therefore required to develop the DataLoch:

- Map all data assets available at a local, regional and national level (as identified by the advisory group) and create a comprehensive data dictionary.
- Develop a data repository within the existing secure NHS Safe Haven structure to test extraction and linkage of data assets including real-time uploading.
- Agree standards for data quality
- Validation of data linkage and accuracy of extracts within priority areas, using support from Clinical Development Fellows (annual programme).

New positions

The initial development and testing phase for the DataLoch will be undertaken with support from the Chief Scientist Office Innovation Award to the East Region and a British Heart Foundation Research Excellence Award (RE/18/5/34216). These awards will support our initial software requirements, and the appointment of an Innovation Lead in the NHS Digital team to oversee this programme and an experienced software engineer for 4 years to design and build the DataLoch architecture. The BHF award will also fund the programmer who designed the existing prototype for coronary heart disease at 0.4 FTE for 2 years, who will provide advice and support to the full-time appointment.

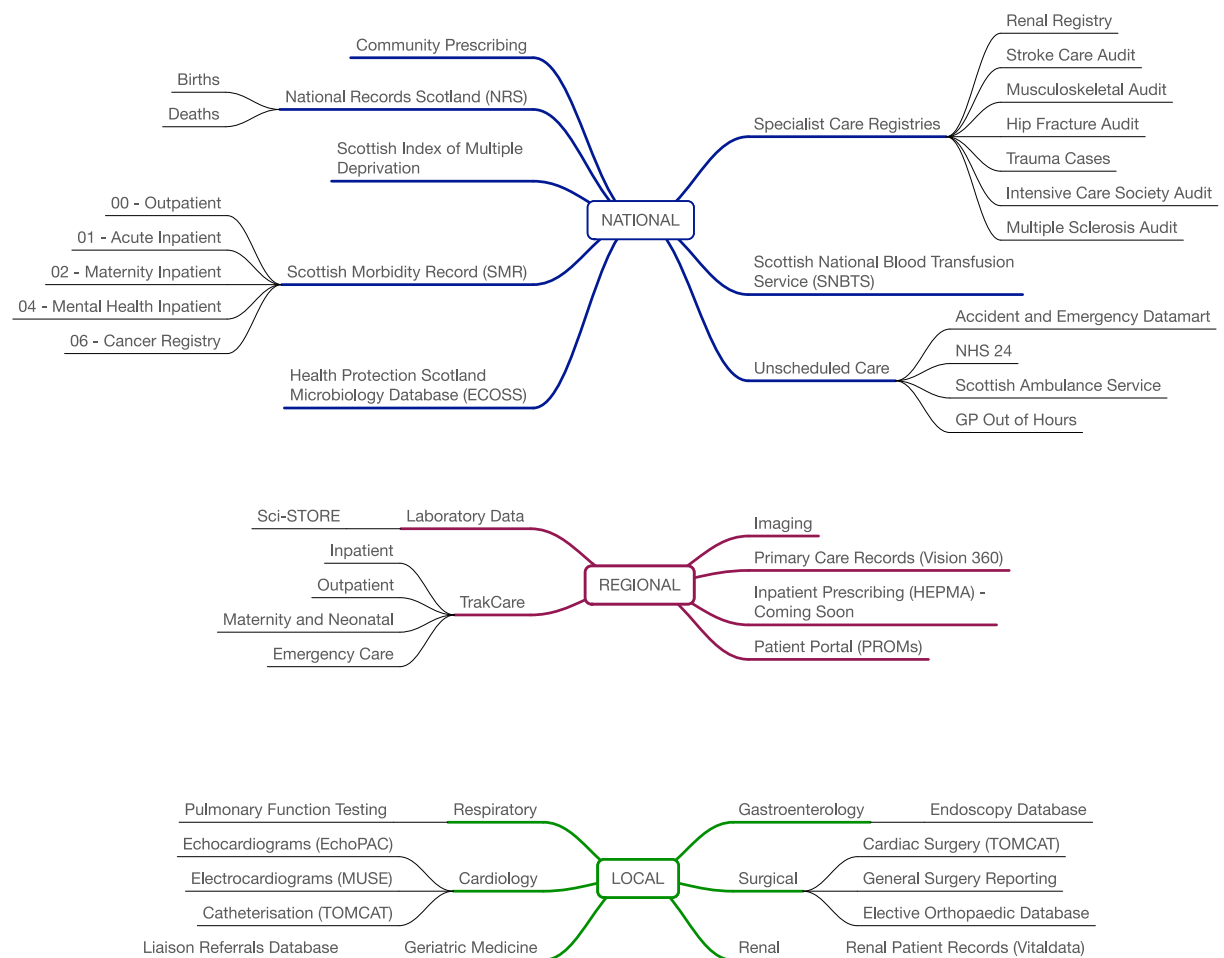
Location of staff

The DataLoch development team will be located in the NHS Digital team and BioQuarter campus.

Requests for Approval

1. We request approval to access to local, regional and national data assets from NHS Lothian Health Board for development and testing of the DataLoch within secure servers in NHS Lothian.

Figure 2: Examples of the national, regional and local data assets to be linked for the population of the East of Scotland within the DataLoch



3. Establish a Governance Structure and Delivery Team (DDI Prism)

The DDI Prism will consist of a team of individuals performing the core functions of the proposed strategic plan. Part of this core team will be involved in establishing the **governance structure** to manage the approval process for access to the DataLoch, considering any amendments to current and future projects involving the DataLoch, and disclosure checking of reports exiting the DataLoch. The DDI Prism team will consist of individuals from NHS Lothian and the University of Edinburgh and will take a similar team structure to the existing ACCORD model between the NHS Lothian Research and Development and the University of Edinburgh. The DDI Prism team will be supported by the East Region Innovation Office as a key innovation project, and will report to the East Region Innovation Governance Group and Board.

DataLoch users and principles

- Existing NHS Safe Haven access arrangements will apply to the DataLoch, where staff with substantive or honorary contracts with NHS Lothian, Fife or the Borders, or those with NHS research passports, who have undertaken the required governance training will be able to access selected data for approved projects.
- Users will get access to a DataView which will consist of anonymised individual patient level data that is proportionate to the project requirements in accordance with the guidance from the Data Ethics Framework of the UK government. The DataView will effectively consist of a query from the DataLoch constructed specifically for the project.
- External organisations from the public, private or third sectors will need to identify an approved user (see above) who can initiate a collaborative project and access the DataLoch on behalf of that organisation. This will ensure that knowledge and expertise gained from all DataLoch projects is retained for the benefit of the East region.
- Individual patient level data will not leave the DataLoch, unless specifically approved by the East Region Innovation Governance Group, and all reports and data outputs will be reviewed by the DDI Prism team to ensure they contain no disclosive data.
- Patient and public engagement will be a key area for the DDI Prism and they will work in partnership with the DDI on co-design and oversight and with the communications team on developing their strategy for external communications.

New positions

The positions involved in delivering the DDI Prism team include research coordinators, data analysts and individuals within the approval and disclosure team. During the development phase many of these roles will be shared and carried out by the existing NHS Lothian Safe Haven team. To support The DDI Prism team will be further supported by clinicians, professionals and academics from Lothian, Fife and the Borders and academic institutions in the region.

Location

The DDI Prism team will be located within the ACCORD office in the Queen's Medical Research Institute, but will likely move to the new Data-Driven Innovation in Health & Social Care Hub within the Usher Institute on the BioQuarter campus in 2023.

Requests for approval

1. We request approval for the proposed governance arrangements and principles for operation for the DataLoch

4. Scale Up, Data Analytics and Remote Access (WCDI)

In the development phase, we will manage applications to access the DataLoch through the existing paper forms and Safe Haven team, and we will rely on users to have the capability to perform analysis themselves. In the testing and implementation phases, we will scale up and provide key functions and positions that will transform our capability through the following approaches:

- Develop and implement a secure on-line portal that will provide a single point for users to access the DataLoch. Functions will include management of the on-line application process, provision of information on all data assets within DataLoch, secure remote access to project data once approved, ability to upload analysis code for review and transfer to the user's project space and to download reports that have undergone disclosure checks.
- Establish a fully functional Data Driven Innovation team (DDI Prism) to efficiently handle approvals, disclosure checks, data analysis, reporting and coordination of projects.
- Scale up the DataLoch using capacity allocated to the NHS East region within a firewalled area of the World Class Data Infrastructure. The data and governance arrangements over access to the data will reside with the NHS. This will provide storage capacity to incorporate raw imaging data and for growth over the next 10 years, and will provide additional computational power to permit analysis of multiple large datasets simultaneously.
- Remote access to the DataLoch will be an essential requirement during the implementation phase, and we propose to take advantage of the existing secure access control mechanism used by the national Safe Haven.
- This phase will be essential to our business plan to ensure the DataLoch and DDI Prism team is funded sustainably after 3 years and enables growth of expert capability required to meet the Region's vision.
 - a. Secure support from the DDI Programme Board to **scale up** and host the DataLoch within a firewalled area owned and managed by the NHS East Region in the recently-funded World Class Data Infrastructure secure super-computing facility

New positions/roles

The World Class Data Infrastructure (WCDI) has already secured £110m in capital funding from the UK and Scottish Government as part of the City Deal. This includes £20m to expand the capability of the super-computer room facility to house equipment for 25 years, and £90m for software, servers, network and storage, and other equipment. This investment is provided on the premise that the WCDI will provide a data store for each of the sectors including Health & Social Care to support the Data-Driven Innovation programme. We will work with the WCDI team to define our requirements for the scale-up phase, but no additional funding application is required to deliver the capital and software requirements for the implementation phase.

As the DataLoch becomes more established and the number and scale of the projects increase, we envisage that roles within the DDI team will become more specific with dedicated approval and disclosure teams supported by research coordinators and a team of data analysts. The expanded DDI Prism team would allow us to offer methodological support, and a data analytics and reporting service to all users, operating a cost recovery model to ensure that this is sustainable. We will seek funding from the DDI Programme Board to support the initial appointments of these staff and to employ a dedicated Project Manager to oversee the scale up, expansion of the DDI Prism analytics team, and to develop our business plan for a sustainable funding model.

Location

The DDI Prism team will be based in the ACCORD office initially, before moving to the Data-Driven Innovation in Health & Social Care Hub within the Usher Institute on the BioQuarter campus in 2023.

Requests for approval

1. We request approval for the proposal to scale up and house the DataLoch within a firewalled area owned and managed by the NHS East Region in the World Class Data Infrastructure secure super-computer facility.
2. We request approval to seek funding from the DDI Programme Board to appoint the proposed new positions within the DDI Prism.

NHS Lothian

Board
6 February 2019

Medical Director

NHS Lothian Corporate Risk Register

1 Purpose of the Report

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

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

2 Recommendations

The Board is recommended to:

- 2.1 Accept significant assurance that the current Corporate Risk Register contains all appropriate risks, which are contained in section 3.2 and set out in detail in Appendix 1. Work is ongoing to separate the Unscheduled Care Performance risk (3203) into the risks related to the achievement of the 4 hour standard and the patient safety risks relating to overcrowding in the Emergency Department.
- 2.2 Accept that as a system of control, the Governance committees of the Board assess the levels of assurance provided with respect to plans in place to mitigate the risks pertinent to the committee.
- 2.3 It is recommended that an emerging risk section is added to this paper to highlight significant risks that are being managed at an executive level or risks that potentially may require inclusion in the Corporate Risk Register. Current examples are Waste Management and Brexit, which will be set out for consideration in the April 2019 Board Risk Register report.
- 2.4 Note that the new template for the Corporate Risk Register is being tested in collaboration with Internal Audit for reporting in January 2019.

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 There are currently 14 risks in total in Quarter 1; the 6 risks at Very High 20 are set out below.
1. The scale or quality of the Board's services is reduced in the future due to failure to respond to the financial challenge
 2. Achieving the 4-Hour Emergency Care standard
 3. Timely Discharge of Inpatients
 4. General Practice – Workforce Sustainability
 5. Access to Treatment (organisational risk)
 6. Access to Treatment (patient risk)
- 3.2.1 The Board and Governance committees of the Board need to assure themselves that adequate improvement plans are in place to attend to the corporate risks pertinent to the committee. These plans are set out in the Quality & Performance paper presented to the Board and papers are considered at the relevant governance committees. Governance Committees continue to seek assurance on risks pertinent to the committee and level of assurance along with the summary of risks and grading is set out below in Table 1.
- 3.2.2 In response to the external review of NHS Lothian's Emergency Department at the Royal Infirmary of Edinburgh (RIE), the current risk related to the achievement of the 4-Hour Emergency Care standard is being divided into two risks: one concerning achieving the 4-hour care standard and one focussed on patient safety issues relating to overcrowding.
- 3.2.3 To provide a more timely discussion and/or awareness of emerging significant risks that are being managed at an executive level or being developed for possible inclusion in the Corporate Risk Register, it is recommended that an emerging risk section is added to the NHS Lothian Corporate Risk Register Board Report. Examples of which are Waste Management and Brexit, which will be set out for consideration in the April 2019 Risk Register Board report.
- 3.2.4 If you have an electronic version of this report, links to each risk in Appendix 1 have been embedded in the below table (please click on individual Datix risk number in the table).

Table 1

Datix ID	Risk Title	Assurance Review Date	Initial Risk Level	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018
3600	The scale or quality of the Board's services is reduced in the future due to failure to respond to the financial challenge. (Finance & Resources Committee)	July 2018 F&R considered the revised risk and accepted limited assurance.	High 12	Very High 20	Very High 20	Very High 20	Very High 20
3203	Unscheduled Care: 4 hour Performance (Acute Services Committee)	June 2018 Acute Services Committee continued to accept limited assurance. Plan in place to improve 4	High 10	Very High 20	Very High 20	Very High 20	Very High 20

Datix ID	Risk Title	Assurance Review Date	Initial Risk Level	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018
		hour performance and safety at RIE. Plan subject to external scrutiny.					
3726	Timely Discharge of Inpatients (Previously Unscheduled Care: Delayed Discharge) (HCG Committee)	November 2017 HCG continued to accept limited assurance.	Very High 20	Very High 20	Very High 20	Very High 20	Very High 20
3829	GP Workforce Sustainability (HCG Committee)	September 2017 HCG continued to accept limited assurance, but more confident that the plans in place will mitigate this risk over time and asked for regular updates. To be discussed at Nov 2018 HCG	Very High 20	Very High 20	Very High 20	Very High 20	Very High 20
3211	Access to Treatment – Organisation Risk (Previously Achievement of National Waiting Times) (Acute Services Committee)	July 2018. Limited Assurance. The Committee was impressed with the work in progress but also disappointed that performance remained of concern with the volume of patients waiting over 12 weeks. Recognition that systems of control were in place was accepted.	High 12	Very High 20	Very High 20	Very High 20	Very High 20
4191	Access to Treatment Risk – Patient (New Risk May 17) (Acute Services Committee)	HCG January 2018 HCG – moderate assurance.	Very High 20	Very High 20	Very High 20	Very High 20	Very High 20
3454	Management of Complaints and Feedback (HCG Committee)	November 2017 HCG considered and moderate assurance accepted. Reviewed at every second HCG meeting.	High 12	High 16	High 16	High 16	High 16
1076	Healthcare Associated Infection (HCG Committee)	May 2018 - Overall moderate assurance due to SAB infections, but significant with respect to CDI HEAT target achievement. Reviewed at every second HCG meeting.	High 12	Medium 9	Medium 9	Medium 9	Medium 9
3480	Management of Deteriorating Patients in Acute Inpatients (HCG Committee & Acute Services Committee)	Progress update to January 2018 HCG – moderate assurance. Update at AHC October 2018 – improvement in cardiac arrest rates seen. Will review risk if improvements sustained over the winter.	High 16	High 16	High 16	High 16	High 16
3527	Medical Workforce Sustainability	October 2017 meeting continued to accept	High 16	High 16	High 16	High 16	High 16

Datix ID	Risk Title	Assurance Review Date	Initial Risk Level	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018
	(Staff Governance Committee)	moderate assurance.					
3189	Facilities Fit for Purpose (accepted back on the Corporate Risk Register October 2015) (Finance & Resources Committee)	Finance & Resources Committee Jan 2018 - moderate assurance received.	High 15	High 16	High 16	High 16	High 16
3455	Management of Violence & Aggression. (Reported at H&S Committee, via Staff Governance Committee)	Staff Governance in considered in July 2017 and accepted limited assurance.	Medium 9	High 15	High 15	High 15	High 15
3828	Nursing Workforce – Safe Staffing Levels (Staff Governance Committee)	March 2017 Moderate assurance that systems are in place to manage this risk as and this risk will be regularly reviewed particularly with respect to District nursing. Staff Governance in October 2017 considered a paper on this risk and continues to accept moderate assurance.	High 12	Medium 9	Medium 9	Medium 9	Medium 9
3328	Roadways/ Traffic Management (Risk placed back on the Corporate Risk Register December 2015) (Reported at H&S Committee, via Staff Governance Committee)	Staff Governance Committee, October 2017 continued to accept moderate assurance.	High 12	High 12	High 12	High 12	High 12

3.3 Testing of Strategic Framework

When testing the strategic framework for risk as agreed by the June 2018 Audit & Risk Committee, a number of questions arose linked to a discussion around a whole system approach to risk which need to be clarified prior to further testing of the framework. These include:-

1. What is the definition of the risk
2. Who owns the risk and provides assurance
3. What plans are in place to proactively and/or reactively manage the risk and do they address key aspects of the strategic framework
4. What impact do the plans have on mitigating the risk.

As an illustration of the above, the current Delayed Discharge risk was reviewed.

3.3.1 What is the definition of the risk

The risk is currently expressed as:

‘There is a risk that patients are not being discharged in a timely manner resulting in sub optimal patient flow impacting on poor patient, staff experience and outcome of care.’

When considering this risk from a problem definition perspective and taking into consideration the current controls, it is suggested that the risk may be better expressed as:

‘There is a risk that constraints on Health & Social Care capacity and current models of care, could result in people being cared for in an inappropriate setting leading to poor experience and outcome of care.’

3.3.2 Who owns the risk

Currently this risk is owned by the Deputy Chief Executive and assurance is sought by the Healthcare Governance Committee.

Areas for consideration are:-

- Who owns the plan(s) in place proactively and/or reactively to manage this risk
- Who manages delivery of the plans
- Who should be providing assurance and to whom at the planning and delivery level

3.3.3 What plans are in place

It is currently unclear in our current risk template, the plans in place to proactively and/or reactively manage this risk and who is accountable for the plans. It is these plans (IJB strategic plans and delivery for HSCPs and Acute services) that would require assessment against the proposed strategic risk framework, for example do the plans demonstrate:-

- New models of Health and Social Care
- The ability to improve and understand
- Establishing positive working relationships
- Active public and patient engagement.

3.3.4 Impact of the plans

The impact of these plans would also benefit from a set of key measures which would indicate if the risk is being managed.

3.3.5 As part of providing a more holistic approach to risk, a new template was recommended to the August 2018 Audit & Risk Committee that sets associated risks, plans and balanced set of key measures to illustrate the impact of plans to mitigate the risk for testing (see Table 2 below).

The Audit & Risk Committee in August 2018 approved the testing of this template and within it the proposed strategic risk framework starting with the risk as set out above.

3.3.6 Internal Audit are working in collaboration with the risk personnel to learn from the implementation of the template and the scope of the audit was agreed at the October 2018 Board. Three risks from the Corporate Risk Register have been identified to test the template on:-

- GP Workforce Sustainability
- Nursing Workforce – Safe Staffing Levels
- Timely Discharge of Inpatients

The audit is due to complete in January 2019 with onward reporting to the Audit & Risk Committee.

Table 2

Corporate Objective	Risk Description	Linked Key Risk	Controls	Key Measures	Updates
<p>Improve patient pathway and shift the balance of care</p>	<p>There is a risk that constraints on Health & Social Care capacity and current models of care, result in people being cared for in an inappropriate setting leading to poor experience and outcome of care</p>	<ul style="list-style-type: none"> • Finance • General Practice Sustainability • Nursing Workforce (District Nursing) • Access to Treatment <p>Associated Strategic Plans</p> <ul style="list-style-type: none"> • IJB strategic plans / HSCP delivery plans • Winter plans • GMS improvement plans 	<p>Current controls which will need to be updated:-</p> <p>HSCP/IJB A range of management/governance controls are in place for Unscheduled Care notably: Integrated Joint Boards will report via the Deputy Chief Executive to Scottish Government on the delivery of key targets which include Delayed Discharges and actions in response to performance.</p> <p>Delayed discharges are examined and addressed through a range of mechanisms by IJBs which include:</p> <ul style="list-style-type: none"> • Performance Management. Each Partnership has a trajectory relating to DD performance and these are reported through the Deputy Chief Executive • Oversight of specific programmes established to mitigate this risk for example Edinburgh Flow Board and/or Strategic Plan Programme Board (East Lothian) <p>Acute Services NHS Lothian Board (bi monthly) oversee performance and the strategic direction for Delayed Discharges across the Lothian Board area.</p> <p>The bi-monthly Acute Hospitals Committee as well as formal SMT and SMG meetings.</p> <p>Further weekly briefings to the Scottish Government on performance across the 4 main acute sites (data analysis from EDISON)</p>	<p>Potential Measures:-</p> <ul style="list-style-type: none"> • Delayed Discharges • Unscheduled avoidable admissions, including readmissions • Number of care home beds • Number of restricted care home beds • Number waiting for assessment by social care • Unnecessary attendance and referrals to outpatients • Number of people dying in a hospital setting • 4-Hour emergency standard • GP restricted lists 	

4 Key Risks

- 4.1 The risk register process fails to identify, control or escalate risks that could have a significant impact on NHS Lothian.

5 Risk Register

- 5.1 Not applicable.

6 Impact on Health Inequalities

- 6.1 The findings of the Equality Diversity Impact Assessment are that although the production of the Corporate Risk Register updates, do not have any direct impact on health inequalities, each of the component risk areas within the document contain elements of the processes established to deliver NHS Lothian's corporate objectives in this area.

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

- 7.1 This paper does not consider developing, planning and/or designing services, policies and strategies, with the exception of the Risk Management Policy and Procedure which required stakeholder engagement (see 3.4).

8 Resource Implications

- 8.1 The resource implications are directly related to the actions required against each risk.

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22 January 2019

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List of Appendices

Appendix 1: Summary of Corporate Risk Register

Corporate Risk Register

Appendix 1

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3600	3: Secure Value & Financial Sustainability	The scale or quality of the Board's services is reduced in the future due to failure to respond to the financial challenge.	<p>There is a risk that the Board does not systematically and robustly respond to the financial challenge to achieve its strategic plan.</p> <p>This could be due to a combination of: uncertainty about the level of resource availability in future years, the known demographic pressure which brings major potential service costs and increasing costs of new treatment options, e.g. new drugs, leading to a reduction in the scale or quality of services.</p> <p>NOTE: During the last few years, NHS Lothian has been reliant on non-recurring efficiency savings, which has exacerbated the requirement to implement plans which produce recurring savings.</p>	<p>The Board has established a financial governance framework and systems of financial control. Finance and Resources Committee provides oversight and assurance to the Board.</p> <p>Quarterly review meetings take place, where acute services COO, site/service directors in acute, REAS and joint directors in Primary Care are required to update the Director of Finance on their current financial position including achieve delivery of efficiency schemes.</p> <p>Rationale for Adequacy of Control: A combination of uncertainty about the level of resource availability in future years combined with known demographic pressure which brings major potential service costs, requires a significant service redesign response. The extent of this is not yet known, nor tested.</p>	<p>Risk reviewed for period July to September 2018</p> <p>Risk Grade/Rating remains Very High 20</p> <p>Update 10 October 2018</p> <p>At 19 September Finance & Resources Committee the draft minutes state:</p> <p>The Committee agreed to take limited assurance on achieving a breakeven outturn rather than the recommended moderate assurance. The reason for this being that although a lot of work had been undertaken to get to this point the Committee would like to wait until further into the year before taking moderate assurance given the in year risks that were on the horizon. This would be considered again at the November meeting.</p> <p>However, it should be noted that, on 4 October Jeanne Freeman, Health Cabinet Secretary, made a statement to the Scottish Parliament stating that that a new three-year budgetary cycle will begin from 2019-20.</p> <p>And health boards will be given a "clean sheet" at the start of this, with all prior loans written off.</p> <p>If they are able to break even over the three-year cycle, the boards will be given the flexibility to over - or underspend by up to 1% of their budget each year.</p> <p>NHS Lothian, however, continues to plan to break-even at end 2018/19 and the risk remains Very High.</p>	Inadequate; control is not designed to manage the risk and further controls & measures required to manage the risk	Very High 20	Medium 6	Director of Finance	Deputy Director of Finance	Finance & Resource Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
32	2. Improve the Unscheduled		<p>There is a risk that NHS Lothian will fail to meet the 4 hour performance target for unscheduled care which could mean that patients fail to receive appropriate care, due to volume and complexity of patients, staffing, lack and availability of beds, lack of flow leading to a delay to first assessment, a delay in diagnosis and therefore in treatment for patients and a reputational risk for the organisation.</p>	<p>A range of governance controls are in place for Unscheduled Care notably:</p> <p>Board Monthly NHS Lothian Board oversee performance and the strategic direction for Unscheduled Care across the NHS Lothian Board area.</p> <p>A programme delivery group has been recently established to provide leadership, strategic advice and guidance for the delivery of the 4 Hour Emergency Access Standard (4EAS) Programme which includes, the short/mid-term improvements against quality and unscheduled care performance standards</p> <p>A Governance Oversight Group, with representation from Non Executive team, has also been assembled to provide assurance to the Scottish Government in the following areas:</p> <ul style="list-style-type: none"> The improvement of delivery against the short-term quality and performance standards. A plan for the future organisation and management of the 4 Hour Emergency Access Standard (4EAS) Programme which includes the implementation of the recommendations made by the Academy of Medical Royal Colleges and Faculties In Scotland report in April 2018. <p>PDSA cycles are underway to improve flow throughout adult acute sites. Improvement frameworks have been devised to detail and predict the performance improvement of any change ideas.</p> <p>The winter planning process started earlier this year, with agreement in place on schemes to be funded, and sites are now progressing to implementation.</p> <p>The approved Winter Plan outlined the approach to supporting performance over the winter period and beyond. This reflected a number of actions namely:</p> <ul style="list-style-type: none"> Winter Readiness plans established for each site Plans focused on discharge capacity as well as bed capacity for 2017-18 and is starting to plan for winter 18-19 Clear measures in terms of escalation procedures 	<p>Risk Reviewed for period July to September 2018</p> <p>Risk reviewed and approved by Acute Services Committee in November 2017 accepted Moderate Assurance.</p> <p>Risk and Controls reviewed October 2018. Risk Grade/Rating remains Very High/20.</p> <p>Through the Unscheduled Care Committee work continues in line with the Scottish Governments 6 Essential Actions initiative. Each site is taking forward a set of actions to support a step change in performance. Priority interventions are focussing on:</p> <ul style="list-style-type: none"> Clinical Leadership Escalation procedures Site safety and flow huddles Workforce capacity Basic Building blocks models Proactive discharge Flow through ED/ Acute Receiving Smooth admission/ discharge profiling Effective capacity and Demand models being developed re in /out , BBB methodology Patients not beds principle Daily Dynamic Discharge/check, chase, challenge methodology rolled out across the acute sites Plan to roll out across the whole system and partnerships campuses <p>RIE Tests of Change</p> <ul style="list-style-type: none"> Bed Booking System Ambulatory Care Minor Injuries Unit <p>WGH Tests of Change</p> <ul style="list-style-type: none"> Use of complex discharge coordinator Establishment of clinically LOS panel <p>SJH</p> <ul style="list-style-type: none"> Introduction of Flow Centre to West Lothian Scoping and progression of IA in relation to Front door redesign <p>Quarterly reports to the SG have now ceased from the service improvement leads and have been replaced with monthly face to face meetings between the SG and the programme/service improvement managers.</p>	Adequate	Very High	High	Jim	Jac	Acu

			<p>A number of performance metrics are considered and reviewed weekly, including:</p> <ul style="list-style-type: none"> - 4 hour Emergency Care Standard and performance against trajectory - 8 and 12 hour breaches - Attendance and admissions - Delayed Discharge (see Corporate Risk ID 3726) - Boarding of Patients - Length of Stay (LOS) - Cancellation of Elective Procedures - Finance - Adherence to national guidance/ recommendations (what Scottish Government expect for the money received) 	<p>These meetings provide a basis to discuss current performance, up and coming tests of change, evaluative measures taken to understand performance issues and peer support.</p>						
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ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates/Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3726	2: Improve the quality and safety of health care	Timely Discharges of Inpatients	There is a risk that patients are not being discharged in a timely manner resulting in sub optimal patient flow impacting on poor patient, staff experience and outcome of care.	<p>A range of management/governance controls are in place for Unscheduled Care notably:</p> <p>NHS Lothian Board (bi monthly) oversee performance and the strategic direction for Delayed Discharges across the Lothian Board area.</p> <p>The bi-monthly Acute Hospitals Committee as well as formal SMT and SMG meetings.</p> <p>Further weekly briefings to the Scottish Government on performance across the 4 main acute sites (data analysis from EDISON</p> <p>NHS Lothian's Winter Planning Project Board is now established as the NHSL Unscheduled Care Committee in collaboration with the Integrated Joint Boards</p> <p>Integrated Joint Boards will report via the Deputy Chief Executive to Scottish Government on the delivery of key targets which include Delayed Discharges and actions in response to performance.</p> <p>Delayed discharges are examined and addressed through a range of mechanisms by IJBs which include:</p> <ul style="list-style-type: none"> Performance Management. Each Partnership has a trajectory relating to DD performance and these are reported through the Deputy Chief Executive Oversight of specific programmes established to mitigate this risk for example Edinburgh Flow Board and/or Strategic Plan Programme Board (East Lothian) 	<p>Risk reviewed for period July to September 2018 Reviewed by HCG in November 2017 and continued to accept limited assurance.</p> <p>Update October 2018</p> <p>Risk Grade/Rating remains Very High/20</p> <p>Action to help tackle DD across NHS Lothian include:</p> <ul style="list-style-type: none"> Criteria led discharge pilots Locality based services/discharge hubs developed to support pulling patients out Evidence based dynamic discharge at each adult site Intermediate care beds in Care home – evaluation of bed utilisation, turnover and readmission rates Flow centre live in West Lothian to expedite transfer issues Length of Stay Improvement Board has been founded with the aim of reducing the site's length of stay at RIE while a Peer Review group has been established at WGH to understand patients with an extended Length of Stay The Winter Planning Board / NHS Lothian Unscheduled Care committee are overseeing the necessary actions in support of sustained performance during the winter period and beyond. As per guidance from SG, the 2018/2019 Winter Plan has greater focus on facilitation of consistent discharge rates across weekends and holiday periods to ensure robust processes are in place to avoid delays in addition to improving earlier in the day discharges. Edinburgh IJB (EIJB) has agreed a plan for the short, medium and longer term in relation to addressing its significant challenges which relate to delays in the discharge of people from an acute facility, as well as address the equally important challenge of ensuring sufficient community capacity to maintain people's independence at home or in a homely setting. West Lothian are undertaking 4 main work streams under the delayed discharges improvement plan which are concerned with Optimising Flow, Integrated Discharge Hub, Home First and Intermediate Care. Midlothian/East Lothian have undertaken additional meetings with Care at Home External providers to maximise carer capacity Trajectories are in place for each partnership and these are being monitored to support capacity to meet demand. 	Adequate but partially effective; control is properly designed but not being implemented properly	Very High 20	Medium 9	Deputy Chief Executive	Director of West Lothian H&SCP/Chief Operating Officer (Acting)	Acute Hospitals Committee in partnership with IJBs

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
38	2: Improve the GP workforce	GP Workforce	<p>There is a risk that the Board will be unable to meet its duty to provide access to primary medical services for its population due to increasing population with multiple needs combined with difficulties in recruiting and retaining general practitioners, other staff and premises difficulties (e.g. leases). This may affect:</p> <ul style="list-style-type: none"> ability of practices to accept new patients (restricted lists); patients not being able to register with the practice of their choice; ability to cover planned or unplanned absence from practice; <p>ability to safely cover care homes; difficulties in one practice may impact on neighbouring practices/populations, occur at short notice with the result that practices are unable to provide services in their current form to existing patients;</p> <ul style="list-style-type: none"> other parts of the health and social care system e.g. secondary care, referrals, costs <p>As a result of these pressures practices may choose to return their GMS contracts to the NHS Board who may in turn not be able to either secure a new 17j practice or successfully fill practice vacancies or recruit sufficient medical staff to run the practice under 2c (direct provision) arrangements.</p> <p>Practices can be affected by changes or instability at very short notice.</p>	<p>Governance and performance monitoring</p> <ul style="list-style-type: none"> Regular updates reported to Healthcare Governance Committee. NHS Lothian Board Strategic plan. HSCP Primary Care Transformation and Primary Care Improvement Plans. Reports to Board and Strategic Planning Committee. Establishment of the implementation structure for the new GMS contract – GMS Oversight Group - which will oversee implementation of local plans and measure associated improvement across NHS Lothian. The risk is highlighted on all HSCP risk registers with local controls and actions in place and on the East Lothian IJB risk register as host IJB for the Primary Care Contractor Organisation (PCCO). <p>Core prevention and detection controls</p> <ul style="list-style-type: none"> PCCO maintain a list of restrictions to identify potential and actual pressures on the system which is shared with HSCPs and taken to the Primary Care Joint Management Group (PCJMG). PCJMG review the position monthly with practices experiencing most difficulties by way of reports from Partnerships to ensure a consistent approach across the HSCPs and advise on contractual implications. Ability to assign patients to alternative practices through Practitioner Services Division (PSD). “Buddy practices” through business continuity arrangements can assist with cover for short-term difficulties. <p>Rationale for Adequacy of Controls - remains inadequate as HSCP transformational plans are still at developmental stage and GP retention and recruitment is a national issue (see Medical workforce risk. Risk grading therefore remains very high/20).</p>	<p>Risk reviewed for period April to September 2018</p> <p>Update: October 2018</p> <p>A meeting has been arranged to look at the new template. We are in the process of collating comments from HSCP colleagues who will be reviewing this issue on their own risk registers.</p> <p>Risk Grade/Rating remains Very High/20.</p> <p>Risk reviewed at Primary Care Joint Management Group on 14/09/17 and 10.05.18.</p> <p>Noted that improvement in primary care sustainability is a process that will take up to three years</p> <p>Healthcare Governance Committee received reports in September 2017, January and March 2018 which again confirm limited assurance.</p> <p>2018 GMS contract has been approved by the profession and will be implemented over the next three years overseen by the GMS Contract Oversight Group.</p> <p>All HSCPs developing Primary Care Improvement Plans for submission to Scottish Government by 1 July 2018.</p> <ul style="list-style-type: none"> NHS Lothian investment of £5m over three years from 2017/18 and national funding of 4.8m in 18/19 with further increases in the next three years to address the key pressures are reflected in HSCP improvement plans for Primary Care Transformation to increase provision of clinical pharmacist posts in General Practice, meet same day demand, remove vaccinations from practices, establish community treatment clinics, provide additional non-medical workforce in primary care and community link workers Further work on GP recruitment including: <ul style="list-style-type: none"> Testing the recruitment market (using Google clicks or a social media campaign to identify where GPs might come from before running a more visible, targeted campaign to recruit) Promotion of Edinburgh and Lothians as good place to work Provision of local contacts to discuss job opportunities 	Inadequate	Very High	High	Medical	Joint	Healthcare

					<p>➤ GP practice recruitment micro site</p> <p><u>Position on golden hellos reviewed and updated - discretionary applications to be considered on a case by case basis.</u></p> <p><u>Examples across Lothian of actions contributing towards stability:</u></p> <p><u>East Lothian Care Home Team and CWIC service</u> <u>Midlothian MSK posts and Mental Health support</u> <u>West Lothian use of paramedics for home visiting and signposting training for practice staff</u> <u>Edinburgh transformation and stability injections and community link workers</u> <u>Funding support to ensure new capacity for housing developments in Midlothian, Edinburgh and East Lothian.</u></p> <p><u>Interest free loans under new premises code being made available to practices who own their own premises in order to alleviate risk to current partners and attract new partners.</u></p>						
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ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3211	2. Improve patient pathways and shift the balance of care	Access to Treatment Risk – Organisation Risk (Previously Achievement of National Waiting Times)	<p>There is a risk that NHS Lothian will fail to achieve waiting times targets for inpatient / day case and outpatient appointments, including the overall Referral To Treatment target, due to a combination of demand significantly exceeding capacity for specific specialties and suboptimal use of available capacity, resulting in compromised patient safety and potential reputational damage.</p> <p><u>Bowel screening Service pressure is a new addition to this register. Due to a change in the test that took place in October 2017 this service has seen its numbers requiring urgent scope rise each month and has now doubled. All Health Boards across Scotland are experiencing the same pressure</u></p>	<p>Governance & performance monitoring</p> <ul style="list-style-type: none"> Weekly Acute Services Senior Management Group (SMG) meeting Monthly Acute Services Senior Management Team meeting- monthly outturn and forecast position Performance reporting at Corporate Management Team (CMT) NHS Lothian Board Performance Reporting Performance Reporting and Assurance to Acute Hospital Committee Monthly access and Governance Committee, to ensure compliance with Board SOPs relating to waiting times. <p>Core prevention and detection controls</p> <ul style="list-style-type: none"> Establishment of the Delivering for Patients Group to monitor performance and work with individual specialties to delivery efficiency improvements against key performance indicators on a quarterly basis Scope for improvement identified with recommendations made to specialties e.g. target of 10% DNA rate; theatre session used target of 81 %, cancellation rate 8.9%; for every 10 PAs recommendation of 6 DCCs directly attributed to clinic or theatre. <u>Increase in staffing on a temporary basis in Bowel screening is planned to carry out pre-assessment at the same stage as before the increase. Increase the (currently) small number of scopers who are qualified to carry out bowel screening scopes.</u> <p>Rational for adequacy of controls Some controls are in place and additional controls currently being designed and as such, overall control is inadequate. Controls and actions are now being reviewed quarterly at Acute SMT to ensure any areas of concern are highlighted and actioned. Risk remains high while demand continues to exceed available capacity.</p>	<p>Risk reviewed for period July – September 2018 Reviewed by AHC in Oct 2018 and accepted moderate assurance that the performance expected as assessed with the resources available would be met, but limited assurance that the Scottish Government target for waiting times would be met.</p> <p>Update November 2018 description updated.</p> <p>Ongoing Actions</p> <ul style="list-style-type: none"> Weekly Acute SMG monitors TTG, RTT, long waits, cancer performance, theatre performance and recovery options on a weekly basis, with monthly deep dives into theatre and cancer performance. Monthly Acute SMT has sight of Access & Governance minutes, to monitor ongoing actions and escalate as appropriate. Performance is also reported to, and monitored by, Acute CMT. Performance is also monitored by the Board and Acute Hospitals Committee, using the Quality & Performance report, which is also reviewed at Acute SMT. <p>Additional Actions</p> <ul style="list-style-type: none"> Implementation of a Theatres Improvement Programme – a significant programme with multiple work streams (Pre-assessment, HSDU, Booking and Scheduling, Workforce) to improve theatre efficiency. Establishment of an Outpatient Programme Board that focuses on demand management, clinic optimisation and modernisation. Service improvement work is being supported by the DfP quarterly reviews, which in turn are supported by more regular meetings with service management teams and clinicians to develop and implement improvement ideas, and to facilitate links to the Outpatients and Theatre improvement programmes. Running action notes are kept at each service meeting, and regularly reviewed by service management teams and the DfP core group. <p>Risk Grade/Rating is Very High/20</p>	Inadequate – control not designed to properly manage risk; further controls required	Very High 20	Medium 4	Deputy Chief Executive	Chief Operating Officer (Acting)	Acute Services Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
41	2. Improv	Acc	<p>There is a risk that patients will wait longer than described in the relevant national standard due to demand exceeding capacity for in-patient / day case outpatient services and endoscopic procedures within specific specialities.</p> <p><u>Bowel screening Service pressure is a new addition to this register. Due to a change in the test that took place in October 2017 this service has seen its numbers requiring urgent scope rise each month and has now doubled. All Health Boards across Scotland are experiencing the same pressure</u></p> <p>Clinical risk is identified in two dimensions: 1) the probability that due to length of wait the patient's condition deteriorates; 2) the probability that due to the length of wait significant diagnosis is delayed.</p>	<ul style="list-style-type: none"> Service developed trajectories, that are used to monitor performance, early indications of pressures, and opportunities to improve efficiencies/productivity. A re-invigorated Delivering for Patients (DfP) programme provides a framework for learning and sharing good practice through a programme of quarterly reviews. New referrals are clinically triaged, a process which categorises patients as Urgent Suspicion of Cancer (USOC), Urgent or Routine. Within each of these categories, patients are triaged into the most appropriate sub-specialty queue, each of which is associated with a different level of clinical risk. Long wait surveillance endoscopies are also clinically triaged to identify any patients that require expedition. <u>Increase in staffing on a temporary basis in Bowel screening is planned to carry out pre-assessment at the same stage as before the increase. Increase the (currently) small number of scopers who are qualified to carry out bowel screening scopes.</u> A revised communications strategy has been established to ensure that both patients and referrers are appropriately informed of the length of waits. If the patient's condition changes, referrals can be escalated by the GP by re-referring under a higher category of urgency. There is an expectation that the GP would communicate this to the patient at the time of re-referral. Specific controls are in place for patients referred with a suspicion of cancer. Trackers are employed to follow patients through their cancer pathways, with reporting tools and processes in place which trigger action to investigate / escalate if patients are highlighted as potentially breaching their 31-day and / or 62-day targets. Trackers undergo ongoing training, and have access to clear escalation guidance on how to deal with (potential) breachers. 	<p>Risk reviewed for period July to September 2018 Reviewed by HCG in January 2018 – accepted moderate assurance.</p> <p>Update November 2018 – reviewed and description updated.</p> <p><u>Ongoing Actions</u></p> <ul style="list-style-type: none"> DfP quarterly reviews are supported by more regular meetings with service management teams and clinicians to develop and implement improvement ideas, and to facilitate links to the Outpatients and Theatre improvement programmes. Running action notes are kept at each service meeting, and regularly reviewed by service management teams and the DfP core group. Significant redesign and improvement work is being undertaken through the Outpatient Programme Board and through the Theatre Improvement Programme Board, to help mitigate some of the increasing waiting time pressures and clinical risks. Revised communications strategy includes an "added to outpatient waiting list" letter, which informs patients that their referral has been received, and that some service waits are above the 12-week standard. Current waiting times are also published on <i>RefHelp</i>, making them available to GPs at the time of referral. It has been agreed (March 2017) that a link to <i>RefHelp</i> waiting time information will be included in letters to patients, allowing them to check service waiting times regularly. There has also been the implementation of a Keep in Touch initiative (Dec 2017) which is a co-ordinated process whereby all long wait patients are called or lettered by a member of clerical staff. This process has clinical endorsement. This is to ensure they are aware they are still on the list and will receive an appointment at the earliest opportunity. This also allows any patients who feel their symptoms are worsening to be escalated for clinical review to the CSM. It also results in a greater efficiencies as patients often advise they no longer require or have had a procedure already and so are removed from the list. This then allows a slot to be used for another patient. Keep In Touch is continuing with a focus on the longest waits for outpatient and endoscopy with the aim to contact every long waiting patient. 	Inadequate	Ve	Me	Dep	Chi	Acu

				<p>Rationale for adequacy of controls Some controls are in place and additional controls currently being designed and as such, overall control is inadequate. Controls and actions are now being reviewed quarterly at Acute CMG to ensure any areas of concern are highlighted and actioned. Risk remains high while demand continues to exceed available capacity.</p>	<ul style="list-style-type: none"> Information on the projected length of wait throughout a patient's pathway is communicated clearly to patients at clinical appointments throughout their cancer journey. <p>Additional Actions</p> <ul style="list-style-type: none"> There are some ongoing issues with resilience with regard to cross-cover among trackers during periods of absence and / or annual leave and these are being addressed robustly with, in the first instance, an in-depth review of current cancer tracking arrangements. The Executive Medical Director and Chief Officer for Acute Services have developed a clinical risk matrix for specialties under waiting time pressures. This then ensures that prioritisation of additional resource is given to specialties where long waits will be of greatest clinical risk to the patient. <p>Risk is very high while demand exceeds available capacity and as such Risk Grade/Rating is Very High/20</p>						
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ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3454	2: Improve the quality and safety of health care	Management of Complaints and Feedback	<p>There is a risk that learning from complaints and feedback is not effective due to lack of reliable implementation of processes (for management of complaints and feedback) leading to the quality of patient experience being compromised and adverse effect on public confidence and expectation of our services.</p> <p>It is also acknowledged that a number of other corporate risks impact on this risk such as the processes and experience of unscheduled care, patient safety, primary care and waiting times.</p>	<p><u>Governance and performance monitoring</u></p> <ul style="list-style-type: none"> Routine reporting of complaints and patient experience to every Board meeting Regular reports to the Healthcare Governance Committee - complaints and patient experience reports. Additional reports are submitted to the Audit and Risk Committee Monthly quality and performance reporting arrangements include complaints and patient experience Internal Audit 'Management of Complaints & Feedback'. <p><u>Core prevention and detection</u></p> <ul style="list-style-type: none"> The complaints improvement project board, chaired by the Executive Nurse Director oversees implementation of the new complaints handling model for management and learning from complaints as part of a wider improvement project to improve patient experience Feedback and improvement quality assurance working group meets monthly, chaired by Non-executive Director and is overseeing implementation of the SPSP action plan Corporate Management Team and Executive Nurse Directors group review and respond to weekly/monthly reports <p>Complaints management information available on DATIX dashboard at all levels enabling management teams to monitor and take appropriate action. Weekly performance reports on complaints shared with clinical teams. Patient experience data is fed back on a monthly basis at service and site level to inform improvement planning and is available via Tableau Dashboard.</p> <p>Rationale for inadequate controls: Governance processes and improvement plans are in place but yet to be fully implemented.</p>	<p>Risk Reviewed for period July to September 2018 Update October 2018 A new complaints handling procedure was implemented 1 April 2017 which introduced a 3-stage approach: 1) front line resolution, 2) Investigation and 3) SPSO.</p> <ul style="list-style-type: none"> Complaints Improvement Project Board now in place chaired by the Executive Nurse Director and a refreshed membership was agreed. Stakeholder engagement from across the organisation continues and full Business Case was approved by CMT in June. Additional funding confirmed to implement the new delivery model (Hybrid Model). An implementation plan is being developed and paper went to Workforce Organisational Change Group (July) to restructure the Patient Experience Team. A number of teams across the organisation are assisting with complaints data collection to support the new CHP. Feedback & Improvement Quality Assurance Working Group chaired by Non Executive has overseen the implementation of SPSO action plan which is now completed. Have reviewed its terms of reference and have agreed to meet again in the new year and reconsider if this forum is still required. Patient Experience Annual Report was presented at the August 2018 NHS Lothian Board Meeting and was positively received. Bi-annual meetings with the new Ombudsman agreed and next meeting is planned for late 2018. Combined complaints and patient experience report continues to receive moderate assurance by the HCG committee – July 2018. Internal Audit review of complaints completed and working through the recommendations. Ongoing support, training and awareness raising within services to increase confidence and capability in managing complaints. 2 dates for SPSO Training on Investigation Skills. NHS Lothian's uphold rate for SPSO annual statistics is 58% which is much improved over the last 3 years. Work ongoing to support the complaints and feedback systems within the 2 prisons encouraging early resolution / Stage 1. Services are being supported to test a range of approaches including Care Opinion, Tell us 10 Things and Care Assurance Standards Tell us Ten things questionnaire has been aligned with "5 must dos with me" and is being tested in 3 acute sites with adults and an amended version with children and young people <p>Risk Grade / Rating is High / 16 Rationale for this – moderate assurance given at Nov 2017, March 2018 & July HCG committees. SPSO cases - 58 (20.10.18) Complaints Improvement Project Board in place. Blended approach to patient feedback (TTT, Care Opinion & CAS)</p>	Inadequate; control is not designed to manage the risk and further controls & measures required to manage the risk	High 16	Medium 6	Executive Director Nursing, Midwifery & AHP's	Head of Patient Experience	Healthcare Governance Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
1	2: Impro		<p>There is a risk of patients developing an infection as a consequence of healthcare interventions because of inadequate implementation of HAI prevention measures leading to increased morbidity and mortality and further treatment requirements, including potential extended stay in hospital.</p>	<p>Governance, Performance Monitoring & Assurance</p> <ul style="list-style-type: none"> The NHS Lothian Infection Committee (LICC) reports to the Board through Healthcare Governance Committee. Reports and minutes are also shared with Lothian Infection Control Advisory Committee (LICAC). Acute Hospitals Sites and Health & Social Care Partnerships have responsibility for local monitoring/reporting of HAI issues and performance. These local committees report directly to the LICC Key performance and assurance data is shared and discussed extensively within the organisation at local clinical and senior management meetings Key performance data is submitted to Health Protection Scotland. National benchmarking reports are published quarterly. These data are used to inform local improvement. HAI Level 2 Quality indicator data is available on Discovery (level 1) dashboard providing access and oversight to clinical and senior management teams of NHS Lothian performance against other Boards and NHS Scotland performance. All Clostridium difficile infections (CDI) and Staphylococcus aureus bacteraemia (SAB) are reviewed monthly to identify themes and key areas for improvement. The outcomes of this are reported monthly at the Acute Clinical Management Team meetings. SAE reviews are requested for all CDI and SAB related deaths and supported by the IPCT where required. <p>Education & Training</p> <ul style="list-style-type: none"> The revised HAI Education Strategy was approved at LICC in July 2018. This is available on the Intranet and has been disseminated through clinical management teams. A range of e-learning modules which complement mandatory education & training are available on LearnPro/TURAS. The HAI strategy guides staff in selection of these appropriate to role. The IPCT education delivery plan details other topic and organism specific face to face training available to supplement mandatory requirements. This is open to NHS and H&SC staff. Ad hoc education and training is provided in response to outbreaks/incidents as required/requested. Line managers can monitor compliance with mandatory infection prevention and control education through Tableau. <p>Policy, practice & audit:</p> <ul style="list-style-type: none"> Clinical teams undertake local SICPs audits to provide assurance of compliance and identify areas for further local improvement. The data is collated and available in QIDS. The IPCT undertake a planned risk based programme of audit. Outcomes are shared with the local clinical and site management team and other key stakeholders including facilities to inform remedial action and improvement work. A comprehensive range of policies, guidelines and procedures are available via the NHS Lothian intranet to supplement national policy and guidance. Quick reference guides are provided. All outbreaks, incidents and data exceedance are investigated by the IPCT. Where needed, a Problem Assessment Group (PAG) or Incident Management Team (IMT) is convened to further investigate and manage any significant event or outbreak. Formal debrief meetings are undertaken following IMT to identify wider system needs and share learning. These are reported to the Local ICC and LICAC The infection services undertake multidisciplinary ward rounds to review complex patients with transmissible infections twice weekly on RIE, WGH and SJH sites. <p>Surveillance</p> <ul style="list-style-type: none"> IT systems are in place to allow IPCNs to monitor incidence, trends and patterns of infection incidence within their geographical region. Set thresholds for further actions exist for some key infections (e.g. > 2 cases of CDI in 28 days). The IPCT support local teams in further review and improvement in response to data exceedance. 	<p>Risk reviewed for period July – September 2018</p> <p>Risk and Controls Reviewed October 2018</p> <p>Additional action for compliance with Clinical Risk assessment added.</p> <p>Risk Grade/Rating remains Medium 9 based on the current performance for LDP</p> <p><u>Risk owned by HAI Executive Lead. This role transferred from the Executive Medical Director to the Executive Nurse Director in April 2018. Risk owner updated as Prof Alex McMahon.</u></p> <p>Current reporting and governance arrangements for HSCP's are being reviewed. <u>HSCP infection control committee have now met and approved terms of reference.</u></p> <p>NHS Lothian deferred data collection and submission for mandatory colorectal and major vascular surgical site infection surveillance (commencing April 2017) pending the approval of funding for 2 WTE surveillance nurses. <u>Both posts have successfully been appointed and data submission is anticipated for Quarter 2 July –Sept 2018.</u> Progress in moving to reporting HAI through Tableaux Dashboards has stalled due to resource/ workload issues within informatics teams.</p> <p><u>LDP targets for CDI were met (and exceeded) to end 2017. LDP targets for SAB were not met to end 2017, but remain within control limits and are not statistically different to other Boards performance</u></p> <p>The new NES SICEP (Standard Infection Control Education Pathway) which replaces the Cleanliness Champion Programme has been reviewed in conjunction with NHS Lothian Education and other key stakeholders.</p> <p>It has been agreed that the complexity of the programme and volume of content would increase the risk of non-compliance with mandatory education. Local scenario based educational resources which map to the NES learning outcomes are now in development with ambition to <u>launch Summer 2018.</u></p> <p><u>SICPs compliance >90% reported for NHS Lothian. Potential for improvement to existing audit tools and processes identified. Work to revise this will commence Summer 2018 with support from HPS and Senior Management.</u></p>	Ad	M	M	H	L	J

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
				<ul style="list-style-type: none"> •Mandatory surgical site surveillance is undertaken in compliance with DL 205(19) for Caesarean section, Hip arthroplasty, colorectal and major vascular surgeries. Where Skin and Soft tissue Infection (SSI) or alert organism surveillance indicates a data exceedance there are processes in place for investigation. •Enhanced surveillance is carried out for all SAB, CDI and E. Coli bacteraemia (ECB) cases. <p>Antimicrobial Stewardship:</p> <ul style="list-style-type: none"> •The Antimicrobial Management Team reviews and develops Antimicrobial Prescribing Guidelines. These are available on the intranet, and through the Microguide app. •The AMT provides oversight of antimicrobial use, compliance with guidelines and report findings to clinical teams to help drive improvement. AMT provide regular reports to Acute Clinical Management Group. <p>Decontamination:</p> <ul style="list-style-type: none"> •Facilities are responsible for strategic and operational aspects of the decontamination of reusable medical devices. •Strategic direction is provided through the Decontamination Project Board, chaired by the Director of Public Health, which consider capital projects and wider strategic objectives. •Performance monitoring and quality improvement/assurance is provided through the Decontamination Quality Group and is chaired by Service Director, Facilities. •The decontamination lead provides subject matter expertise and support to clinical teams, and provides regular reports to updates to Lothian ICC and LICAC. Business continuity and contingency risks associated with a person dependent post remains a significant risk. •The physical condition of the HSDU environment is significantly degraded, and is struggling to deliver capacity within the existing HSDU to maintain levels of provision for service demands. <p>Built Environment:</p> <ul style="list-style-type: none"> •Many aging buildings do not meet current building standards and some areas are continuing to decline. Maintenance work is prioritised based on risk pending capital planning & approval for refurbishment or re-provision, recognising that within the economic climate, some areas that are considered no longer fit for purpose may remain in use and would pose an HAI risk. •IPCT work in collaboration with clinical, capital and facilities teams to implement national standards and guidance in new builds, refurbishments and maintenance programmes, following the mandatory Healthcare Associated Infection System for Controlling Risk in the Built Environment (HAI SCRIBE) process. 							

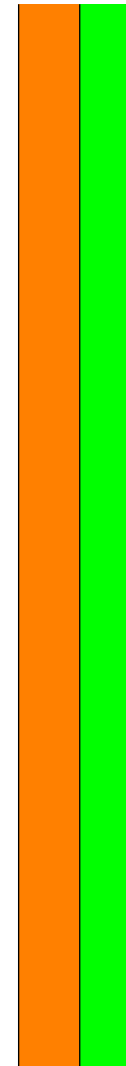
ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3480	Improve the quality and safety of health care	Management of Deteriorating Patients	There is a risk that NHS Lothian does not reliably manage deteriorating patients in adult acute inpatient settings leading to potential harm and poor patient/family experience	<ul style="list-style-type: none"> The Quality Report, reported to the Board monthly, contains a range of measures that impact and relate to management of deteriorating patients Healthcare Governance Committee provides assurances to the Board on person-centred, safe, effective care provided to patients across NHS Lothian as set out in its Assurance Need Statement, including clinical adverse event reporting and response. The Patient Safety Programme reports to relevant governance committees of the Board setting out compliance with process and outcome safety indicators and includes external monitoring. Adverse Event Management Policy and Procedure. Quality of care reviews which include patient safety issues is subject to internal audit and compliance with recommendations, and is reported via Audit & Risk Committee and HCG Committee when appropriate. Patient safety walkrounds to gain an understanding of safety culture and work taking place at service level. Also now in general practice. <ul style="list-style-type: none"> Charge Nurse Ward Round and Patient Centred Audit put in place as Quality Assurance Mechanisms to validate self reporting of patient safety data Quarterly visit by HIS to discuss progress actions and Quarterly submission of data. Access to national outcome data by Board which enables boards to see whether they are outliers and escalate concern and risk as appropriate Adverse Event Improvement Plan in place monitored via HCG Site Based Quarterly Reports including Patient Safety Data (QIDS) sent monthly. Live data at ward level 	<p>Risk reviewed for Period July - September 2018 Approved at September 2017 HCG Committee.</p> <ul style="list-style-type: none"> As part of the Quality and Performance reporting the issue of meeting the 50% reduction in Cardiac Arrests by January 2016 was considered. Lothian has achieved 8% with the 4 major sites above Scottish rate. A HIS visit has taken place, plans are in place and monitored through the service supported by QIST and reviewed by HIS. Plan progressing well. The risk is not related to quality of care but about data reporting. The HCG committee have approved a review of the management of deteriorating patients in March 2017 with an improvement plan based on finding going to the 11th July 2017 meeting. The review provided significant assurance with respect to the robustness of the review and areas for improvement. The HCG Committee accepted limited assurance that a potential impact on cardiac arrest rates will follow from the improvement plan, since the elements of it are as yet untested in Lothian at scale. Implementation plan developed results of this fed back to individual service areas to inform improvement planning. Progress to go back to HCG in January 18 and regular monitoring through Quality and Performance Report. <u>Progress updated provided to HCG in January improvement in outcomes observed will re-assess risk when improvement has been sustained. Moderate Assurance Accepted.</u> <u>A detailed Acute Hospital Management of Deteriorating Patients plan was presented to the AHC, October 2018. Significant assurance received regarding the comprehensive plan in place and provided early signs of improvement in cardiac arrest rates. Should these improvements be sustained over the winter, the risk will be reviewed for regarding.</u> <p>Risk grade/rating remains High/16 based on unmet actions for key safety priorities.</p>	Adequate but partially effective; control is properly designed but not being implemented properly	High 16	Medium 6	Medical Director	Associate Director for Quality Improvement & Safety	Healthcare Governance Committee

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3527	3: Secure	Medical	<p>There is a risk that the availability of medical staffing will not be adequate to provide a safe and sustainable service to all patients because of the inability to recruit and increase in activity resulting in the diverting of available staff to urgent and emergency care.</p> <p>Service sustainability risks are particularly high within Paediatrics, Emergency Medicine and Obstetrics & Gynaecology. Achievement of TTGs is at risk due to medical workforce supply risks within Anaesthetics, Geriatrics and Ophthalmology</p>	<p>Governance & Performing Monitoring</p> <ul style="list-style-type: none"> A report is taken to the Staff Governance Committee when required, providing an update of the actions taken to minimise medical workforce risks in order to support service sustainability and address capacity issues within priority areas. A Lothian Workforce Planning & Development Board has been established to coordinate work within all professional groups including the medical workforce. <p>Core prevention and detection controls</p> <ul style="list-style-type: none"> Medical workforce risk assessment tool is available and implemented across all specialties. The assessments are fed back to local Clinical Directors and their Clinical Management Teams. They use these to inform their own service/workforce plans to minimise risk. For the risks that require a Board or Regional response the findings are fed back to the SEAT Regional Medical Workforce Group and feed into the national medical workforce planning processes co-ordinated by NES/SG. <p>An update paper was taken to the Staff Governance Committee in October 18 providing a detailed up date and the current risk rating was supported. There was moderate assurance that all reasonable steps are being taken to address the risks.</p>	<p>Risk Reviewed for period July to September 2018</p> <p>October 2017 Staff Governance Committee accepted moderate assurance.</p> <p>Risk and Controls Reviewed October 2018</p> <p>October 18 Update</p> <p>Between March 18 and September 18, 57 out of 121 was posts successfully filled with 57 unfilled and 7 posts partially filled with 3 successful.</p> <p>Challenges in filling 7 vacant General Psychiatry posts at St John's Hospital highlighted in the March paper remain following a third unsuccessful attempt to recruit, the service is currently reviewing its position in relation to further recruitment. There have also been two unsuccessful attempts to recruit to a consultant and SAS post within the Child and Adolescent Mental Health Service. Recruitment in Psychiatry represents a growing challenge nationally. Annual recruitment to both core and specialty training the South-east region has however filled all posts in August 2018, in contrast with the national picture where fill rates are considerably lower.</p> <p>Within Medicine for the Elderly 6 months 6 community based posts (2 consultant 4 SAS) have been advertised and have been unable to attract any suitably experienced candidates. These posts are in the process of being re-advertised.</p> <p>Within Dermatology there have been long standing vacancies, 4.56wte on average in 2017/18. However a recent recruitment exercise was successful in filling 3wte permanent consultant posts and 1wte locum consultant post. This will greatly enhance capacity to meet treatment time guarantees. This is in the face of national and UK shortages.</p> <p>The recruitment for August 2018 has been very positive, with the SE Region filling all but 1 core training posts, and only 8 gaps in specialty training.</p> <p>Initial work on developing the Elective Centre at St John's business case has highlighted the need for significant increases in the Anaesthetic and Surgical workforces which have not been factored into national training numbers thus far and as such there is likely to be significant risks</p>	Adequate	High	Low	Medical	Head of Staff	

associated with recruitment by the anticipated 2021/22. This is already highlighted as a project risk and has been flagged to the Scottish Government. The level of risk will become clearer as the service model and business case become further developed.

Recruitment with the exception of the areas identified does not represent a generalised problem with recruitment for trained grade doctors. Trainee recruitment has improved further and therefore represents a slightly lower risk. The overall level of risk has not however changed substantially since the last update.

Risk Grade/Rating remains High/16



ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates/Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3189	3. Secure Value of Financial Sustainability	Facilities Fit for Purpose	There is a risk that NHS Lothian is unable to deliver an efficient healthcare service because of unsuitable accommodation and clinical environments leading to potential delays in patient care and threatening patient and staff safety.	<p>A stringent Governance Process and structure for reporting of Backlog Maintenance (BLM) has been implemented as follows:</p> <ul style="list-style-type: none"> Property & Asset Management Strategy (PAMS) Group Capital Steering Group Lothian Capital Investment Group (LCIG) Finance & Resources Committee Scottish Government through the annual Property & Asset Management Strategy <p>To ensure accurate reporting the Board has implemented the following controls:</p> <ul style="list-style-type: none"> Ensure that 20% of the Board's estate is surveyed annually for physical condition and statutory compliance by the surveyors appointed by Scottish Government. Review the outcome of surveys with the Operational Hard FM Managers and review and assess risks in accordance with the operational use of the properties to ensure priorities are addressed. Recurring capital funding approved of £2.5m to undertake priority works (high and significant areas) Capital Investment Plan which addresses refurbishment and re-provision of premises, linked to the Estate Rationalisation Programme includes the termination of leases and disposal of properties no longer fit for purpose. The Procurement Framework has been implemented that allows issues identified to be rectified without the need for lengthy tendering exercises 	<p>Risk Reviewed for period – July to September 2018 October 2018 – No further update Finance & Resources reviewed in Jan 2018 accepted moderate assurance.</p> <p>Action undertaken 2017/18</p> <ul style="list-style-type: none"> Review of Risks and programme of works resulted in BLM exposure as of May 2018 2was £44.6m a reduction of £9.2m from previous year At May 2018 the high risk exposure was - £0.84m and significant risk being £27.2m. It is anticipated that the Board will be in a position to reduce the high and significant risks over this financial year. BLM programme of works for 2018/19 was endorsed by the July LCIG meeting. The programme will address fire precaution works across all sites, mechanical and electrical plant replacement, legionella, building fabric (external cladding and window replacement), external grounds maintenance (car park upgrades) Hospital closures (Corstorphine Hospital, Royal Victoria, Edenhall) and the disposal of 63 Morningside Drive, in addition the expiry of leases (Pentland House)has reduced backlog maintenance exposure further Future programmes of work will be developed and financial models/scenarios will be prepared using the capital planning tool. <p>The F&R Committee considered a detailed report in November 2017 and were updated in January 2018. The following conclusions were noted:</p> <ul style="list-style-type: none"> The committee agreed to support the current programme of works proposed this financial year and to support the proposal that the Facilities Directorate set up a multi-disciplinary group as described. The Committee agreed to take significant assurance that Management have calculated the BLM in line with NHS Scotland's requirements and BLM remained a priority for Facilities and that high priority items are being undertaken within the funding currently allocated. This aligns with the Board's commitment to prioritise patient safety in particular. Furthermore the Committee agreed to accept the limited assurance that the Board can achieve an adequate reduction in the high and significant risks within BLM with the current level of funding by 2020 (the Scottish Government's objective). <p>Risk Grade/Rating remains High 16</p>	Adequate but partially effective; control is properly designed but not being implemented properly	High 16	Medium 4	Jim Crombie	George Curley	Finance & Resources Committee

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3455	2: Improve the quality and safety of health care	Management of Violence & Aggression	There is a risk of Corporate Prosecution by HSE under the Corporate Homicide Act or the H&S at Work Act Section 2, 3 and 33 or any relevant H&S regulations If the risk from violence and aggression adverse events are not adequately controlled. Highest risk would be under H&S at Work Act Section 2 and 3. If we harm our staff (2) or visitors to our sites (3). There is also a statutory requirement to provide an absolute duty of care regarding NHS Lothian staff safety and well being.	<ul style="list-style-type: none"> •Closed loop Health & safety management system in place. •Robust H&S Committee structure. •Violence & Aggression related policies and procedures in place (attached document). •Competent specialist V&A and H&S advice in place. Robust Occupational Health Services. Learning lessons through adverse event investigation. • The Interim Director of Occupational Health & Safety delivers an annual report to the NHSL H&S Committee with specific actions related to controlling violence & aggression risk within these reports. <p>ROSPA QSA Audit complete and action plan in place. NHS Lothian Health and Safety Strategic Plan endorsed. Specific actions related to controlling violence & aggression risk are contained within these reports.</p>	<p>Risk reviewed for period April-June 2017. (As per Quarterly Review – under review)</p> <p>A review has been commissioned by the Executive Lead. The purpose of the review is to ensure NHS Lothian's approach to the management of violence and aggression is appropriate and effective. Where improvements in approach or resource are required these will be highlighted.</p> <p>Risk Grade/Rating remains High/15 whilst the review is taking place. The review will inform the risk exposure to the Board.</p>	Adequate but partially effective; control is properly designed but not being implemented properly	High 15	Medium 6	Medical Director	Head of Health & Safety	Staff Governance Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
38	3. Impro	Nu	There is a risk that safe nurse staffing levels are not maintained as a consequence of additional activity, patient acuity and / or inability to recruit to specific posts, the subsequently high use of supplementary staffing to counteract shortfalls potentially leading to compromise of safe patient care impacting on length of stay and patient experience.	<p>Governance & Performance Monitoring</p> <ul style="list-style-type: none"> Two Nursing and Midwifery Workforce meetings are being held (one for in patient areas and one for community nursing) alternate months. These provide a delivery function and monitor progress against agreed actions. The governance arrangements are through the Safe Staffing Group which reports to Staff Governance Committee Professional governance is through monthly review at the Nurse Directors Committee with Associate Nurse Directors & Chief Nurses. <p>Core Prevention and Detection Controls</p> <ul style="list-style-type: none"> Recruitment Group, Safe Staffing and Nursing Workforce Groups to plan requirements The agency embargo remains with every use of agency subject to scrutiny by a senior nurse. Recruitment meetings to oversee the implementation of the recruitment plan are being held monthly Use of tools to ensure safe staffing levels: <ul style="list-style-type: none"> A calendar to ensure the annual use of the nationally accredited workload and workforce tools is in place to ascertain required establishment levels eRostering and SafeCare Live tools are being rolled out to all nursing and midwifery teams, community teams and departments to provide real time information for local decision making around the deployment of the available staffing. Datix reports are escalated on a weekly basis for reports of staffing issues/shortages these are reviewed by the senior management team at the PSEAG. The supplementary staffing and rostering detail is annotated with this information to provide context and enable risk to be understood. Tableau Dashboard in place provides data overview of staffing at all levels. Tableau Dashboard for eRostering KPIs Detailed analysis of staffing demand and supply, together with SAE and complaints data at ward level in acute sites to enable senior managers to pinpoint actions to areas of greatest need. 	<p>Risk Reviewed for period July 2018 to September 2018 Last reviewed at Staff Governance Committee May 2018 accepted Moderate Assurance</p> <p>UPDATE – October 2018 The focus of recruitment activity remains in reducing the establishment gap in the speciality areas that were harbouring a high vacancy rate. The District Nursing position is improved through the output from DN training being appointed. HBCCC remains an area with a high level of vacancy along with MoE across the sites.</p> <p>The establishment gap across the whole organisation has been consistently under 6% for the last 12 months.</p> <p>ACTIONS <u>National posts have been appointed to, to support the development of the NMWW tools and funding has been received to enable Board to appoint to fixed term posts to support the completion of the workforce tools and analysis of the data.</u></p> <p><u>The mental health and learning disability tools run has been delayed but is scheduled for the beginning of November. Midwifery and community nursing have completed a run, ED is scheduled for October / November and children's community and specialist are scheduled for November and Children's hospital services for December. A Board wide report is being prepared pending completion of all tools for the end of the calendar year.</u></p> <p><u>The national contract for agency supply has been retendered.</u></p> <p><u>The Programme Board for the Regional approach has been established and the Project Manager has been appointed.</u></p> <p><u>"Meeting the Challenge" Workshops for Charge Nurses and Staff Nurses have been held in locations across the organisation and are being repeated in areas where there are further audiences.</u></p> <p><u>Excellence in Care leadership programme has delivered full day on the NMWW tools / safe staffing to the first cohort and will embed in programme now.</u></p>	Satisfactory	Medium	Low	EX	Assi	Hea

				<p>A Return to Practice programme <u>has been agreed with a HEI supplier</u> which will offer a local opportunity for nurses and midwives that have had a career break and lost NMC registration. Start date has been delayed until Jan 2019 (owing to NMC accreditation) NHS Lothian will pay successful applicants to the programme at band 2 for the duration of the programme (using existing vacancy) and guarantee a post in same area on successful completion of the programme,</p> <p><u>The MA programme is established and taking 3 cohorts into nursing vacancies each year.</u></p> <p>Draft risk assessment and guidelines for the use of 1:1 specialising are being tested in 4 pilot wards (evidence of reduced reliance on 1:1 in early phase of testing)</p> <p>The use of SafeCare live continues to be reviewed and optimised as a quality improvement test of change. Work has begun to look at an escalation process for SafeCare.</p> <p>The eRostering and SafeCare live tools roll out is <u>85% complete with 9323 nursing staff, on 383 rosters actively using eRostering.</u></p> <p>Trend KPIs have been produced and circulated to CNMGrS/ Service managers every 4 weeks, <u>and the dashboard has been developed to provide easily accessible data customised to the clinical area.</u></p> <p>Risk Grade/Rating remains: Medium/9</p>					
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ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates/Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance	
3328	1: Improving the Quality and Road		There is a risk of injury to staff, patients and the public from ineffective traffic management as a result of inappropriate segregation across NHS Lothian sites leading to loss of life or significant injury	<p>A stringent Governance Process and structure for reporting has been implemented as follows:</p> <ul style="list-style-type: none"> Site specific Traffic Management Groups Reported in Facilities H&S quarterly reports Reported to Health & Safety Corporate group via Facilities Health & Safety Group Reported to Staff Governance via Health & Safety Committee <ul style="list-style-type: none"> Escalation process in place through the Governance process should congestion become an issue on any site. Governance process is - Local Traffic Management Groups to Facilities Quarterly Reports, Facilities Health & Safety Group (also reported to Facilities Heads of Service) Overarching Health & safety Group Traffic surveys have been conducted across all hospital sites, and action plans have been prepared and subject to regular review The commission of Independent expert reviews of road infrastructures on high traffic high inpatient sites Action plans have been developed across all sites by the Local Site Traffic Management Groups and high risk items approved subject to funding. Additional dedicated car park personnel in high volume traffic sites has been implemented A policy for reversing has been implemented across all sites, which includes – all NHS L vehicles have been fitted with reversing cameras and audible alarms, no reversing unless with the assistance of Banksman Risk assessments and procedures are developed and regularly reviewed where risks have been identified, and a more task specific process has been developed. Work Place Transport Policy available and reviewed within agreed timescales. 	<p>Risk reviewed for period July – September 2018</p> <p>Reviewed and approved at October 2017 Staff Governance Committee - accepted moderate assurance.</p> <p>Update – October 2018 The Pan Lothian TM Plan is being updated monthly and tabled quarterly at each Heads of Service Meeting. This details the risks, controls and further actions required at each site.</p> <p>Applications have been submitted to extend the TRO at the REH and introduce a TRO at the AAH, these works have now been completed.</p> <p>The resurfacing of car park P (main visitors car park is now complete and is now in operation. This will now provide additional traffic management controls due to the relining of spaces etc.. It is proposed to fund additional resurfacing of car park A during 2017/18 through the Backlog Maintenance Programme.</p> <p>The alterations to the road layout adjacent to Turner House (WGH) have now been completed. (which was considered as the highest risk on the WGH site). These works will reduce the speed of traffic movement on this part of the site.. Cycle path works have now been completed</p> <p>Traffic Management works at Whitburn HC have been stopped until land ownership issues have been resolved. Traffic Management works at Liberton, PAEP and MCH have been completed.</p> <p><u>Traffic management works at REH Phase 1 including road lining and signage works completed.</u></p> <p><u>Capital application submitted for areas of high risk Funding of £250k has provisionally been agreed to fund the applications for the WGH and St John's Hospital an now preparing scope of works to enable tenders to be sought</u></p> <p><u>The Goodison Structural and Civil Engineers Report is now available which provides recommendations on improvements required to the road network required to accommodate RHSC/DCN coming on site. This report highlights further road traffic concerns on the network. Discussions with consort have been helpful and now have agreement to the market for procurement of solutions for the five areas of concern</u></p>	Inadequate	High	Medium	Jim Cro	Ge	Staff	

					Risk grade/rating remains unchanged - High/12							
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NHS Lothian

NHS Lothian Board Meeting
06 February 2019

Deputy Chief Executive/ Chief Officer, Acute Services

ST JOHN'S HOSPITAL PAEDIATRIC WARD: PARTIAL RE- OPENING OF INPATIENT SERVICE

1 Purpose of the Report

- 1.1 The purpose of this report is to advise Board Members of the plan to re-open the St John's Hospital (SJH) Paediatric inpatient service 4 nights a week, from mid March, as an interim step before the anticipated full re-opening of the Ward in autumn 2019.
- 1.2 Any member wishing additional information should contact the Deputy Chief Executive/ Chief Officer in advance of the meeting.

2 Recommendations

The Board is recommended to:

- 2.1 Accept this report as a source of significant assurance that the Paediatric Programme Board (PPB) has fully evaluated the issues and risks relating to the re-opening of the inpatient Paediatric service at St John's Hospital.
- 2.2 Accept the recommendations of the Paediatric Programme Board and approve the partial re-opening of the inpatient service, with children being admitted from Monday night to Thursday night, from mid March 2019, as an interim step before the full re-opening of the ward in autumn 2019.

3 Discussion of Key Issues

- 3.1 The Paediatric Programme Board met on 09 January 2019 to assess and update the staffing position for 2019, to consider when the rota would be secure enough to re-open the inpatient ward and to consider whether the current service could be extended or enhanced in the interim before the full reinstatement of 24/7 inpatient care.
- 3.2 As previously reported, the PPB has agreed that the key components of a safe and sustainable rota for the SJH Paediatric inpatient service include:
 - Resilience to sick leave or any other short notice reductions in staffing
 - Most shifts filled by permanent staff so that the rota can be planned for at least six months in advance
 - A model that is likely to promote medium to long term staff retention.
- 3.3 A rota for 2019 was reviewed at the PPB meeting against the above criteria and the improving staffing situation was noted, with a number of medical and nursing staff being due to join/ rejoin the rota at various points through the year. The PPB's

previous assessment, reported to the Board at its meeting on 05 December 2018, that the rota would be secure and sustainable from autumn 2019 was reaffirmed, but as an interim step, the PPB carried out an option appraisal on 2 possible enhancements to the current Short Stay Paediatric Assessment Unit (SSPAU) service.

- 3.4 These options were a) to extend the hours of the SSPAU (currently open from 08:00 to 20:00, seven days/week) or b) to open the inpatient service for 4 weekday nights/week.
- 3.5 These options were assessed by the PPB against previously agreed evaluation criteria:
 - Safety
 - Achievability
 - Sustainability
 - Affordability
 - Patient Centred
 - Impact on other services
- 3.6 The agreed position of the PPB following this assessment was that re-opening the inpatient service and admitting children for 4 weekday nights, from Monday to Thursday night, could be safely and sustainably achieved by mid March 2019, pending 24/7 opening in the autumn.
- 3.7 Given the additional recent recruitment, the St John's clinical team felt they would now have the ability during week days to underwrite the middle grade out of hours rota by covering any unforeseen short notice gaps. The PPB noted that weekday nights were easier to cover than weekend nights, in the event of sickness absence etc.
- 3.8 It was also confirmed that recent recruitment to ward nursing vacancies would allow the off duty rota to be covered sustainably from March.
- 3.9 The PPB agreed that opening the ward 4 nights/ week would significantly enhance the service delivered at SJH, through a reduction in the number of children being transferred for short stay medical admissions to the Royal Hospital for Sick Children (RHSC) and would also allow the reinstatement of the elective paediatric surgical inpatient service.
- 3.10 The PPB also believes that a partial re-opening of the inpatient service, as a precursor to full re-opening later in the year, will improve recruitment and retention in the service.
- 3.11 The PPB considered how admission to the 4 night service would be managed, to minimise the risk of there being inpatients left in the Ward on a Friday who then needed to be transferred to RHSC for ongoing inpatient care. The Clinical Team at SJH will make careful assessment of potential admissions from mid week onwards and any child who might need a period of admission which makes it unlikely they will be discharged by Friday will instead be admitted to RHSC.

- 3.12 It is expected that most of the children currently being transferred to RHSC for admission between Monday and Thursday nights will be able to be admitted instead to SJH (cumulative daily average of 1.6 children/day).
- 3.13 This proposal has been discussed with the Scottish Ambulance Service (SAS) who have confirmed their support for the plan and recognise that it will reduce demand on the SAS during the weekdays.
- 3.14 There will be communication with GPs, the GP Out of Hours Service (LUCS), NHS 24, West Lothian families/public, the SAS and all relevant hospital teams in advance of this 4 night re-opening. The advice to parents remains as it always has been: they should seek advice about an unwell child as they do now, ie from their GP, NHS 24, the GP Out of Hours service, the SJH Emergency Department or by calling the SAS. The relevant clinical team will then ensure their child goes to the right hospital if they require inpatient admission.

4 Key Risks

- 4.1 There is a risk that occasionally, a child expected to be discharged home by Friday may not be able to be and therefore will need to be transferred for ongoing inpatient care to RHSC.

5 Risk Register

- 5.1 The staffing of the Paediatric and Neonatal service at St John's Hospital is on the Children's Clinical Management Team Risk register.

6 Impact on Inequality, Including Health Inequalities

- 6.1 This interim step towards the full re-opening of the 24/7 inpatient service at SJH does not require an Integrated Impact Assessment.

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

- 7.1 The extensive work carried out over the last 3 years to inform, engage and consult users of this service has been documented in all previous Board papers. NHS Lothian remains committed to the full re-opening of the inpatient service and this interim step towards that will be communicated to West Lothian families and the public.

8 Resource Implications

- 8.1 There are no new resource implications resulting from this proposal.

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28 January 2019
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FINANCIAL POSITION TO DECEMBER 2018, YEAR END FORECAST AND FINANCIAL OUTLOOK 2019/20

1 Purpose of the Report

- 1.1 This paper provides an update to the Board on NHS Lothian's year-end forecast position and a briefing on the outlook for 2019/20.
- 1.2 Any member wishing additional information on the detail of this paper should contact the Director of Finance prior to the meeting.

2 Recommendations

- 2.1 The Board is recommended to:
 - **Accept** this report as a source of significant assurance that the F&R Committee has considered the year to date and year end forecast position of NHS Lothian, and have accepted the **moderate assurance** currently provided on the achievement of breakeven by the year end;
 - **Accept** that the F&R Committee considered the application of IJB principles and have agreed these principles but have requested these be tested further with IJBs;
 - **Accept** this report as a source of significant assurance that the F&R Committee has been briefed and considered the draft Financial Outlook for 2019/20 and have acknowledged that, at this stage, NHS Lothian is not in a position to identify a balanced financial plan for 2019/20.

3 Discussion of Key Issues

- 3.1 The F&R Committee received a paper on the Period 9 financial position and the year end outturn overspend projection for 2018/19. The F&R paper highlighted a year-to-date overspend of £3.1m and an anticipated year end outturn of a £1.3m underspend.
- 3.2 This improvement in the forecast outturn position to deliver financial balance is largely due to the improving GP prescribing position within the partnerships and benefits within Acute from switching to an alternative drug from Adalimumab. Further detail on the financial position is provided in Table 1 below.

Table 1 – NHS Lothian year-to-date overspend and year-end forecast

Business Unit	M9 YTD Variance	18/19 Current Year End Forecast
	£'000	£'000
Acute Services Division	(12,279)	(15,525)
Reas	(1,495)	(1,639)
East Lothian Partnership	724	1,200
Edinburgh Partnership	(530)	(1,999)
Midlothian Partnership	337	1,224
West Lothian Hsc Partnership	1,271	968
Directorate Of Primary Care	(115)	(428)
Facilities And Consort	(2,862)	373
Corporate Services	1,344	1,025
Inc + Assoc Hlthcare Purchases	1,270	1,237
Strategic Services	(1,291)	4,971
Research + Teaching	(625)	(787)
Operational position	(14,251)	(9,380)
Reserves	8,145	10,860
In Year Flexibility	2,977	2,635
Other Identified Commitments & Funding		(2,802)
Grand Total	(3,129)	1,313

- 3.3 The F+R committee was informed that the achievement of a balanced outturn for 2018/19 was largely achieved due to one off benefits and did not resolve the issue of recurrent financial sustainability in future years.
- 3.4 The reported year end forecast is dependent on achievement of the agreed recovery actions to reduce expenditure and delivery of corporate flexibility. Within this forecast there are a number of key assumptions:
- Prescribing – it has been assumed that the current level of spend will continue;
 - Asset Sales – the proceeds from a number of properties has been assumed;
 - Winter & Activity – the forecast assumes a level of activity and any deviation to this may be detrimental on the forecast.
- 3.5 In parallel with the forecast for NHS Lothian, separate forecasts have been prepared for each of the four IJBs, using the agreed allocation table.

Table 2: Current Forecast by Integration Joint Board

	Current Forecast £k
East Lothian IJB	1,120
Edinburgh IJB	(2,849)
Mid Lothian IJB	914
West Lothian IJB	(1,153)
Acute Non Delegated	(11,336)
CHP Non Delegated	(1,462)
Corporate Non Delegated	16,079
Total	1,313

- 3.6 Delivery of a year-end breakeven outturn requires careful management of financial performance. Traditionally this has been a challenging task, however the introduction of integration and with it the four statutory bodies brings with it additional complexity.
- 3.7 The Committee agreed to accept moderate assurance on the achievement of year-end financial balance, recognising that the predicted underspend position is supported by financial benefits from within delegated functions in two IJBs.
- 3.8 The application of the IJB principles based on the relevant Integration Schemes and the required approach to year end was discussed in detail by the committee, which recognised the year end outturn would be influenced by financial decisions relating to underspending IJBs. The application of the principles was supported by the committee, although it was agreed that they be tested further with all IJBs, prior to recommendations on IJB resources to be considered by the Committee in March.
- 3.9 The F&R Committee also received a presentation on the updated assessment of the financial position for 2019/20. The presentation highlighted a projected financial gap for 2019/20 of £34m which is still to be addressed, based on a revised assessment of cost pressures and anticipated funding, informed by the Scottish Government Budget announcement of the 12th of December. The assessment featured a revised update on the range of outlook estimates which have been refined as a result of update information. A summary of the realistic Outlook is provided in Table 3.

Table 3 – Summary of Financial Outlook

	2019/20 £k
Full Year Recurring Expenditure Budget	1,615,420
Baseline Carry Forward Pressures	(46,562)
Additional Expenditure, Growth, Uplifts & Commitments	(64,477)
Total Projected Costs	(111,039)
Total Additional Resources	59,353
Financial Gap	(51,686)
Financial Recovery Actions	17,275
Financial Gap still to be addressed	(34,411)

3.10 The Committee acknowledged that further work was required to conclude the Outlook for next year in relation to the confirmation of cost pressures, efficiency savings and additional allocations, and a final update would be presented at its March meeting.

4 Key Risks

4.1 The F&R Committee also considered the key risks relating to the delivery of a breakeven position and ongoing risks into 2019/20. Table 3 presents the risk schedule shared with the Committee.

4.2 The risk schedule makes specific reference to the potential impact on the NHS Lothian outturn position arising from IJB underspends being taken to reserves. This is a key and current issue for NHS Lothian.

Table 3 – Key Risks relating to a Breakeven Position

Key Assumptions / Risks	Risk rating	Impact
Integration	High Risk	The outlook has assumed that the additional resources passed to the IJBs in prior years from the Social Care Fund will ensure no increase in the total level of Delayed Discharges in the Health System
Delayed Discharge	High Risk	Need to manage the volume of delayed discharges and the cost of new initiatives that will be required to deliver the required reductions.
Winter Costs	High Risk	The risk remains whether sufficient additional resources are available to meet the pressures from anticipated winter demand
New GP Contract	Medium Risk	No additional costs of the new GP contract ie immunisation, GMS premises have been included in the financial outlook at this time
GP Prescribing	Medium Risk	A sustained level of ongoing growth and price increases have been included in the financial outlook, however there is the potential for increases to be greater than projected.
Pharmaceutical Price Regulation Scheme (PPRS)	Low Risk	The Pharmaceutical Price Regulation Scheme has provided a source of funding in previous year to offset the cost of approved IPTRs and New Medicines. At present the risk of not receiving any ongoing funding has assumed to be low.
Acute Medicines	High Risk	There is a risk that the level of growth exceeds the estimate contained in the Financial Outlook.
Changes to pay T&Cs and backdated pay claims	High Risk	The impact of the 3 year pay award has been modelled and included in the outlook, there is a risk that the actual costs materialise at a higher level than that anticipated. NHSL no longer has a provision for backdated pay claims, therefore any further claims will be an unplanned in year cost.
SGHD Allocations & Pay Consequential Funding	High Risk	The financial outlook includes a substantial level of additional Scottish Government funding including pay consequentials and previously separately funded programmes and initiatives. Any change from the funding level assumed will have an impact on the financial gap.
Capital Programme	High Risk	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 and are at present omitted from the financial outlook
Waiting Times	High Risk	There requires to be continued management of the financial exposure on elective capacity pressures. The risk is that the current investment plans are revised to improve performance and the additional costs are not reflected in the plan.
Payment as if at Work	Medium Risk	An estimate of the additional cost for 19/20 has been included in the outlook, the actual cost will be unknown until the final agreement is reached nationally.
Availability of trained staff	Medium Risk	The availability of trained staff has resulted in supply issues in 18/19, this resulted in an increased use in agency staff and the associated costs. The outlook does not reflect any increased reliance on agency staffing.
Mental Health	High Risk	The continuing demand for mental health services and the impact of the smoking ban in prisons could be greater than the additional SG funding provided. No provision for additional costs have been included in the financial outlook.
Impact of Regional and National Developments	Medium Risk	At this time no provision has been made in the financial outlook for Regional or National Developments. As well as investment costs there maybe knock on affect to NHS Lothian with reduced income recovery but continued costs.
Brexit	High Risk	The potential additional costs of Brexit have not been built into the plan, as no clear impact can be quantified at this time, however they will need to be considered as part of the longer term financial outlook.
Utilisation of Primary Care Investment Fund	Medium Risk	Expectation of GPs that Primary Care Improvement Fund will flow directly practices rather than for NHSL to use to develop of Primary Care Health teams to support the GP practices.
Safe Staffing	High Risk	The impact of the Safe Staffing requirements are still being quantified and costed and have therefore not been included in the financial outlook. At present there are no obvious source of funding to meet additional costs and presents a risk.

5 Risk Register

5.1 The corporate risk register includes the following risk:

Risk 3600 - The scale or quality of the Board's services is reduced in the future due to failure to respond to the financial challenge. (Finance & Resources Committee)

5.2 The contents of this report is aligned to the above risk. At this stage there is no further requirement to add to this risk.

6 Impact on Inequality, Including Health Inequalities

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

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

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

8 Resource Implications

- 8.1 There are no resource implications arising specifically from this report.

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29th January 2019
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Executive Director for Nursing, Midwifery & Allied Health Professionals

REVISION OF INTEGRATION SCHEMES AS A CONSEQUENCE OF THE CARERS (SCOTLAND) ACT 2016 AND ASSOCIATED REGULATIONS

1 Purpose of the Report

- 1.1 The Scottish Government has made regulations requiring the local authority to delegate some of their duties under the Carers (Scotland) Act 2016 (the 'Act') for adult carers to the integration joint board. However the NHS Board has a choice as to whether it delegates its responsibilities under the Act. The Scottish Government has confirmed that it is necessary for the NHS Board and the relevant local authority to jointly review and amend the integration scheme for the local authority area.
- 1.2 Management has considered this issue, and proposes that the NHS Board delegates both of the prescribed responsibilities to each integration joint board. The revision of the integration schemes will be confined to this issue in order to attend to the immediate specific legal requirement.
- 1.3 [Lothian NHS Board's Standing Orders](#) include the following in *Matters Reserved to the Board*:
- 'The Board may be required by law or Government direction to approve certain items of business, e.g. the integration scheme for a local authority area.'
- 1.4 Consequently the Board is being asked to agree the proposed approach, and delegate authority to the Executive Director for Nursing, Midwifery & Allied Health Professionals to conclude the review of the integration schemes.

Any member wishing additional information should contact the Executive Director for Nursing, Midwifery & Allied Health Professionals in advance of the meeting.

2 Recommendations

The Board is recommended to:

- 2.1 Agree to delegate its responsibilities under Section 12 and Section 31 of the Carers (Scotland) Act 2016 to the four integration joint boards in Lothian.
- 2.2 Agree to delegate authority to the Executive Director for Nursing, Midwifery & Allied Health Professionals to take forward the necessary actions to prepare revised final draft integration schemes, which will be presented to the NHS Board for its approval at a future meeting.

3 Discussion of Key Issues

Carers (Scotland) Act 2016

- 3.1 The Act is designed to support carers' health & wellbeing, and to help make caring sustainable. The Scottish Government published [statutory guidance](#) on the Act on 23 March 2018. The Act sets out in detail the responsibilities for carers, which primarily sit with local authorities. The Scottish Government has amended the regulations which prescribe the functions which the local authority must delegate to the integration joint board. The effect of this is that the integration joint board will be responsible for adult carers.

Young Carers

- 3.2 A young carer is a carer who is under 18 years old. The Act sets out which organisation is responsible for young carers. If a '*responsible authority*' identifies a young person as a carer, then that '*responsible authority*' must offer that person a 'young carer statement'. The Act goes into some detail as to what that involves.
- 3.3 The health board is the '*responsible authority*' if the young carer is a pre-school child. The local authority is the '*responsible authority*' if the young carer is not a pre-school child. However the Act also says:

'Where the responsible authority, in relation to a young carer, is not the responsible local authority, the responsible authority must not provide the young carer statement to the young carer without the approval of the responsible local authority.'

- 3.4 Additionally, nursing and health visiting professionals have advised that in practice there are no circumstances in which a pre-school child would be designated or regarded as a young carer. If there was a caring responsibility identified then this would lead to a referral to the relevant social work department.
- 3.5 The revised Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014 now state that the NHS Board **may** delegate its duty to prepare a young carer statement (Section 12 of the Carers Act) to an integration joint board. Given the above context, and in the interests of simplifying governance, it is recommended that the NHS Board delegates the Section 12 duty to the four integration joint boards.

Duty to Prepare a Local Carers' Strategy

- 3.6 Section 31 of the Act states that it is the duty of the local authority and the relevant health board to jointly prepare a local carers strategy. However the revised regulations require the local authority to delegate this duty to the integration joint board, as far as it relates to adults.
- 3.7 The revised Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014 now state that the NHS Board **may** delegate its Section 31 duty to an integration joint board.
- 3.8 Given the above context, and in the interests of simplifying governance, it is recommended that the NHS Board delegates the Section 31 duty to the four integration joint boards

4 Key Risks

4.1 The NHS Board and the local authorities do not make the required amendments to their integration schemes, leading to them not complying with the law and Scottish Government direction.

4.2 The NHS Board unnecessarily retains its responsibilities under the Carers' Act, missing an opportunity to further integration, and creating the scenario where three public bodies will be involved in the governance of carers in each local authority area.

5 Risk Register

5.1 Implementing the recommendations in this report will attend to the issue, and consequently there will be no need to amend a risk register.

6 Impact on Inequality, Including Health Inequalities

6.1 This report does not relate to a specific proposal which has an impact on an identifiable group of people. It proposes a change in governance responsibilities, rather than specific proposals which impact on the services provided for carers. The integration joint boards will need to consider impacts when carrying out their delegated functions.

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

7.1 This is a mandatory administrative task which has arisen as a consequence to changes to regulations. The Scottish Government has advised that given the nature of these changes, it is not necessary to carry out the full consultation process as set out in the Public Bodies (Joint Working) (Scotland) Act (2014). It is sufficient for the parties to publish the proposal on their websites for four weeks, and thereafter approve the revised draft before submitting it to the Scottish Government.

8 Resource Implications

8.1 The recommendations will be addressed as part of normal business within existing resources.

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23 January 2019
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NHS Lothian

Board Meeting
6th February 2019

Chief Quality Officer

QUALITY AND PERFORMANCE IMPROVEMENT

1 Purpose of the Report

- 1.1 This report provides an update on the most recently available information on NHS Lothian's position against a range of quality and performance improvement measures.
- 1.2 Any member wishing additional information on a particular measure should contact the specific lead director identified. Matters relating to the monitoring and assurance process should be directed towards the Chief Quality Officer.

2 Recommendations

- 2.1 The Board is invited to:
 - 2.1.1 Acknowledge that target performance levels of the 36 measures, 13 are met, 20 not met and 3 unable to be assessed;
 - 2.1.2 Note that three measures remain unassessed by board committees with assurance of significant, moderate, limited and none reached in 9, 10, 15 and 1 instances respectively.

3 Recent Performance and Assurance

- 3.1 NHS Lothian Board asked its Committees to assess 36 quality and performance measures¹.
- 3.2 The overall position on performance has not changed from the last report. Overall 13 areas met the expected standard, whilst 20 did not. Three areas, which cover dementia post-diagnostic support and the 2 complaints measures, do not have performance standards set nationally and therefore cannot be judged on that basis.
- 3.3 Committees have assessed all but 3 of the areas since the process was introduced at the end of 2016. The Healthcare Governance Committee is also planning when to assess those which are still outstanding.

¹ One measure (diagnostics) has been split into 3 different assurance discussion. Therefore 36 measures involve 38 outcomes.

Table A – Assessed Levels of Assurance

			Assurance Level				
			To be Reviewed	None	Limited	Moderate	Significant
Board	Met	13	1	-	-	5	7
	Not Met	20	2	-	13	5	2
	TBC	3	-	1	2	-	-
Acute Hospitals Committee*	Met	8	-	-	-	1	7
	Not Met	10	-	-	9	2	1
Healthcare Governance Committee	Met	5	1	-	-	4	-
	Not Met	9	2	-	4	2	1
	TBC	3	-	1	2	-	-
Staff Governance Committee	Met	-	-	-	-	-	-
	Not Met	1	-	-	-	1	-

* As the diagnostic measure has been split into 3, Acute Hospitals awards 20 levels of assurance across 18 measures.

3.4 Of those areas assessed, assurance has been determined as significant, moderate, limited and no assurance in 9, 10, 15 and 1 instances respectively. This is unchanged from the position last month.

3.5 The Beta dashboard providing data in lieu of the Excel pack previously accompanying this paper is accessible to NHS Lothian dashboard users through this [intranet](#) link.

4 Risk Register

4.1 Not applicable.

5 Impact on Inequality, including Health Inequalities

5.1 The production of this update does not have any direct impact on health inequalities but consideration may be required elsewhere in the delivery of the actions identified.

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

6.1 As the paper summarises performance, no impact assessment or consultation is expected.

Table B: Summary of Latest Reported Position

Measure ¹	Quality Domain ²	Type ³	Assurance Committee	Committee Assurance Level	Date Assurance Level Assigned	Performance Against Target/Standard ⁴	Trend ⁵	Published NHS Lothian vs. Scotland ⁶	Date of Published NHS Lothian vs. Scotland ⁷	Target/Standard	Latest Performance	Reporting Date	Lead	
Cardiac Arrest (per 1,000 discharges)	Safe	Quality	Acute Hospitals (ARC)	Medium	Oct 18	Not Met	Improving	Not Applicable	Not Applicable	0.95 per 1,000 discharges (median)	1.00 (median)	Dec 18 (Mthly)	TG	
Falls With Harm (per 1,000 occupied bed days)		Quality	Healthcare Governance (HGC)	Medium	Mar 18	Met		Not Applicable	Not Applicable	0.31 per 1,000 occupied bed days (median)	0.25 (median)	Dec 18 (Mthly)	TG	
Healthcare Acquired Infection - CDI (rate per 1,000 bed days, aged 15+)		LDP	HGC	Medium	Mar 18	Met		Better	Sep 18 (Quarterly)	0.32 (max) (<=262)	0.24 (rate) 144 (incidence)	Dec 18 (Mthly)	TG	
Healthcare Acquired Infection - SAB (rate per 1,000 acute bed days)		LDP	HGC	Medium	Mar 18	Not Met	No Change	Better	Sep 18 (Quarterly)	0.24 (max) (<=184)	0.30 (rate) 170 (incidence)	Dec 18 (Mthly)	TG	
Hospital Standardised Mortality Ratio (HSMR) (within limits)		Quality	ARC	Medium	Oct 18	Met		Not Applicable	Not Applicable	1 All sites within HS Limit	NHSL 0.75 RIE 0.83 SJH 0.69 WGH 0.66	Jun 18 (Qtrly)	TG	
48 Hour GP Access - access to health care prof	Timely	LDP	HGC	Take required	TPC	Met		Equal	Mar 18	90% (min)	93.0%	Mar 18	DS	
48 Hour GP Access - GP appt		LDP	HGC	Take required	TPC	Not Met	Deteriorating	Worse	Mar 18	90% (min)	65.0%	Mar 18	DS	
Four hour Unscheduled Care (% <=4 hrs)		LDP	ARC	Limited	Oct 18	Not Met	Deteriorating	Worse	Nov 18 (Monthly)	95.0% stretch to 98.0%	85.7%	Dec 18 (Mthly)	JC	
Alcohol Brief Interventions (ABIs) (Number)		LDP	HGC	Medium	Mar 18	Met		Better	Mar 18	9,738 (Annual) 2,435 (per Quarter)	4,031	Jun 18 (Qtrly)	AMcM	
CAMHS ⁸ (<=18 ukz)		LDP	HGC	Limited	Mar 18	Not Met	Improving	Worse	Sep 18 (Quarterly)	90.0% (min)	61.5%	Dec 18 (Mthly)	AMcM	
Cancer (<=31-day) (% treated)		LDP	ARC	Limited	Oct 18	Not Met	Improving	Worse	Sep 18 (Quarterly)	95.0% (min)	94.3%	Nov 18 (Mthly)	JC	
Cancer (<=62-day) (% treated)		LDP	ARC	Limited	Oct 18	Not Met	Deteriorating	Worse	Sep 18 (Quarterly)	95.0% (min)	77.5%	Nov 18 (Mthly)	JC	
Diagnoses (<=6 ukz) - Gastroenterology/Urology Diagnoses			ARC	Limited	Dec 18	Not Met								
Diagnoses (<=6 ukz) - Radiology/Imaging			ARC	Significant	May 17	Not Met	Improving	Worse	Sep 18 (At month end)	0 (max)	4,050	Dec 18 (Mthly)	JC	
Diagnoses (<=6 ukz) - Vascular Lab			ARC	Limited	Aug 18	Not Met								
Drug & Alcohol Waiting Times (% <=3 ukz) - Edinburgh IJB		LDP	HGC	Limited	Sep 17	Not Met	Improving	Worse	Sep 18 (Quarterly)	90.0% (min)	81.6%	Sep 18 (Qtrly)	JF AS/AMcM	
Drug & Alcohol Waiting Times (% <=3 ukz) - Midlothian & East Lothian IJB		LDP	HGC	Limited	Sep 17	Not Met	Improving	Worse	Sep 18 (Quarterly)	90.0% (min)		Sep 18 (Qtrly)	JF	
Drug & Alcohol Waiting Times (% <=3 ukz) - West Lothian IJB		LDP	HGC	Limited	Sep 17	Not Met	Improving	Worse	Sep 18 (Quarterly)	90.0% (min)		Sep 18 (Qtrly)	JF	
IPDC Treatment Time Guarantee (<=12 ukz)		LDP	ARC	Limited	Oct 18	Not Met	Deteriorating	Better	Sep 18 (Quarterly)	0 (max)	80.3% 2,408	Dec 18 (Mthly)	JC	
IVF (% <=12 months)		LDP	ARC	Significant	Apr 18	Met		Equal	Sep 18 (Quarterly)	90.0% (min)	100.0%	Nov 18 (Mthly)	JC	
Outpatients (<=12 weeks)	LDP	ARC	Limited	Oct 18	Not Met	Deteriorating	Worse	Sep 18 (at month end)	95.0% (min)	61.6% 26,304	Dec 18 (Mthly)	JC		
Psychological Therapies (% <=18 ukz)	LDP	HGC	Limited	Sep 17	Not Met	Deteriorating	Worse	Sep 18 (Quarterly)	90.0% (min)	70.9%	Dec 18 (Mthly)	JF		
Referral to Treatment (% <=18 ukz)	LDP	ARC	Limited	Feb 17	Not Met	Improving	Worse	Sep 18 (Monthly)	90.0% (min)	72.1%	Dec 18 (Mthly)	JC		
Stroke Bundle (% receiving)	Quality	ARC	Medium	Nov 18	Not Met	Deteriorating	Not Applicable	Not Applicable	80.0% (min)	72.6%	Oct 18 (Mthly)	JC		
Planned Repeat Surveillance Endoscopy (part due date)		ARC	Limited	Dec 18	Not Met	Deteriorating	Not Applicable	Not Applicable	0 (max)	4,636	Dec 18 (Mthly)	JC		
Delayed Discharge (>3 days) - East Lothian IJB	Efficient												AMcM	
Delayed Discharge (>3 days) - Edinburgh IJB													JF	
Delayed Discharge (>3 days) - Midlothian IJB			HGC	Limited	Sep 17	Not Met	Improving	Worse	Nov 18 (Monthly)	0 (max)	204	Dec 18 (Mthly)	AS	
Delayed Discharge (>3 days) - West Lothian IJB													JF	
Hospital Scorecard - Standardised Surgical Readmission rate within 7 days	Efficient	Quality	ARC	Significant	Feb 18	Met					NHSL 26.35 RIE 31.49 SJH 23.20 WGH 26.20	Jun 18 (Qtrly)	TG	
Hospital Scorecard - Standardised Surgical Readmission rate within 28 days		Quality	ARC	Significant	Feb 18	Met					48.89 59.94 37.91 55.61		TG	
Hospital Scorecard - Standardised Medical Readmission rate within 7 days		Quality	ARC	Significant	Feb 18	Met					57.10 56.38 70.61 63.16		TG	
Hospital Scorecard - Standardised Medical Readmission rate within 28 days		Quality	ARC	Significant	Feb 18	Met					124.39 130.60 142.77 122.88		TG	
Hospital Scorecard - Average Surgical Length of Stay - Adjusted		Quality	ARC	Significant	Feb 18	Met					1.00 0.97 0.91 1.12		TG	
Hospital Scorecard - Average Medical Length of Stay - Adjusted		Quality	ARC	Significant	Feb 18	Met					1.20 0.89 1.44 1.48		TG	
Staff Sickness Absence Levels (<=4%)	LDP	Staff Governance	Medium	Mar 17	Not Met	Deteriorating	Better	Mar 18	4.0% (max)	5.1%	Nov 18 (Mthly)	JB		
Early Access to Antenatal Care (% <=12 ukz)	Equitable	LDP	HGC	Medium	Mar 18	Met		Better	Mar 18	80.0% min for each SIMD ⁹ qui	90.0%	Nov 18 (Mthly)	AMcM	
Smoking Cessation (quits)		LDP	HGC	Take required	Take required	Not Met	Improving	Worse	Mar 18	403,975 (min for this quarter)	235	Mar 18 (Qtrly)	AKM	
Complaints - Stage 1 (% <=5-day) ¹⁰	Patient-Centred	Quality	HGC	Limited	Nov 18	TBC	Deteriorating	TBC	TBC	TBC ¹¹	72.5%	Sep 18 (Mthly)	AMcM	
Complaints - Stage 2 (% <=20-day) ¹⁰		Quality	HGC	Limited	Nov 18	TBC	Improving	TBC	TBC	TBC ¹¹	62.1%	Sep 18 (Mthly)	AMcM	
Detect Cancer Early (% diagnosed)		LDP	HGC	Significant	Nov 18	Not Met	Improving	Better	2016 & 2017 (Combined Calendar Years)	29.0% (min)	27.0%	2016 & 2017 (Combined Calendar Years)	AKM	
Dementia - East Lothian IJB ¹¹		LDP												AMcM
Dementia - Edinburgh IJB ¹¹		LDP												JF
Dementia - Midlothian IJB ¹¹		LDP	HGC	None	Mar 18	TBC	Not Applicable	Part 1: Worse	2015/16	TBC ¹¹ (excl'd diag rate + 1 Year (min) PDS)	Part 1: 40.1%	2015/16	AS	
Dementia - West Lothian IJB ¹¹		LDP						Part 2: Worse			Part 2: 75.6%		JF	
Patient Experience (9.0/10 - Overall Experience)	Quality	HGC	Medium	Nov 17	Not Met	Deteriorating	Not Applicable	Not Applicable	9 (out of 10)	8.70	Sep 18 (Mthly)	AMcM		

Notes
 1. Much of this reporting uses management information and is therefore subject to change;
 2. 6 Domains of Healthcare Quality <http://www.nhs.uk/healthcare-quality-professionals/quality-patient-safety/talking-quality/create/sixdomains.html>
 3. This describes the standard type - 'LDP' target/standards are Local Delivery Plan (previously HEAT), target/standards; Quality standards were originally reported under a separate Quality Paper.
 4. Performance Against Target/Standard - describes where Latest Performance meets or does not meet Target.
 5. Trend - describes Improvement, No Change or Deterioration for Latest Performance, where Performance Against Target/Standard is 'Not Met', against an average of the last two relevant reported data points. Cardiac Arrest and HAI measures (as applicable) use HIS run chart assessment to ascertain trend. (Black cells indicate that a Standard is 'Met' so a Trend is not available).
 6. Published NHS Lothian vs. Scotland - describes most recent published Lothian position against the most recent (directly comparable) published Scotland position to comply with Official Statistics' requirements - either for rates (incl. %) or against NRAC share. These may refer to different time periods than Latest Performance.
 7. Date of Published NHS Lothian vs. Scotland - describes most recent published Lothian position against the most recent (directly comparable) published Scotland position to comply with Official Statistics' requirements - either for rates (incl. %) or against NRAC share. These may refer to different time periods than Latest Performance.
 8. Abbreviations - CAMHS - Child and Adolescent Mental Health Services; CDI- Clostridium difficile Infection; SAB Staphylococcus aureus Bacteraemia; IPDC - Inpatient and Day-care; IVF - In Vitro Fertilisation
 9. SIMD - Scottish Index of Multiple Deprivation, <http://www.gov.scot/Topics/Statistics/SIMD>
 10. From the start of April 2017 there has been a national change on assessment of the complaints process. As no historical data is available for the proposed metrics, data will only be available covering April onward. Furthermore as a new measure, there will be an absence of comparative data initially in order to consider performance against that elsewhere.
 11. ISD has stated in their publication of 24/01/17 "there is no specific threshold or target in which NHS Boards are expected to be attaining to as the PDS services are still within their infancy and it is anticipated there is likely further developments required". No further update was mentioned in the publication of 06/02/18. <http://www.isdscotland.org/Health-Topics/Mental-Health/Publications/2017-01-24/2017-01-24-DementiaPDS-Summary.pdf>

7 Resource Implications

- 7.1 The resource implications related to those topics assessed are considered by Committees as part of their assurance responsibilities and are not included here.

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25th January 2019

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Appendices

Appendix 1 – Alignment of Measures to Board Committee

Appendix 2 – Adopted Assurance Gradings

Appendix 1 – Alignment of Measures to Board Committee

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

Appendix 2 – Adopted Assurance Gradings

Definition	Most likely course of action by the Board or committee
<p>LEVEL – SIGNIFICANT</p> <p>The Board can take reasonable assurance that the system of control achieves or will achieve the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.</p> <p>Examples of when significant assurance can be taken are:</p> <ul style="list-style-type: none"> • The purpose is quite narrowly defined, and it is relatively easy to be comprehensively assured. • There is little evidence of system failure and the system appears to be robust and sustainable. • The committee is provided with evidence from several different sources to support its conclusion. 	<p>If there are no issues at all, the Board or committee may not require a further report until the next scheduled periodic review of the subject, or if circumstances materially change.</p> <p>In the event of there being any residual actions to address, the Board or committee may ask for assurance that they have been completed at a later date agreed with the relevant director, or it may not require that assurance.</p>
<p>LEVEL – MODERATE</p> <p>The Board can take reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.</p> <p>Moderate assurance can be taken where:</p> <ul style="list-style-type: none"> • In most respects the “purpose” is being achieved. • There are some areas where further action is required, and the residual risk is greater than “insignificant”. • Where the report includes a proposed remedial action plan, the committee considers it to be credible and acceptable 	<p>The Board or committee will ask the director to provide assurance at an agreed later date that the remedial actions have been completed. The timescale for this assurance will depend on the level of residual risk.</p> <p>If the actions arise from a review conducted by an independent source (e.g. internal audit, or an external regulator), the committee may prefer to take assurance from that source’s follow-up process, rather than require the director to produce an additional report.</p>
<p>LEVEL – LIMITED</p> <p>The Board can take some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk which requires action to be taken.</p> <p>Examples of when limited assurance can be taken are:</p> <ul style="list-style-type: none"> • There are known material weaknesses in key areas. • It is known that there will have to be changes to the system (e.g. due to a change in the law) and the impact has not been assessed and planned for. • The report has provided incomplete information, and not covered the whole purpose of the report. • The proposed action plan to address areas of identified residual risk is not comprehensive or credible or deliverable. 	<p>The Board or committee will ask the director to provide a further paper at its next meeting, and will monitor the situation until it is satisfied that the level of assurance has been improved.</p>
<p>LEVEL – NONE</p> <p>The Board cannot take any assurance from the information that has been provided. There remains a significant amount of residual risk.</p>	<p>The Board or committee will ask the director to provide a further paper at its next meeting, and will monitor the situation until it is satisfied that the level of assurance has been improved.</p> <p>Additionally the chair of the meeting will notify the Chief Executive of the issue.</p>
<p>NOT ASSESSED YET</p> <p>This simply means that the Board or committee has not received a report on the subject as yet. In order to cover all aspects of its remit, the Board or committee should agree a forward schedule of when reports on each subject should be received (perhaps within their statement of assurance needs), recognising the relative significance and risk of each subject.</p>	

PROGRESS AGAINST 4 HOUR EMERGENCY ACCESS STANDARD PROGRAMME

1 Purpose of the Report

- 1.1 The purpose of this report is to provide the Board with clarity on the progress that has been made against the actions derived from the 4 Hour Emergency Access Standard (4EAS) programme, and on the actions being taken forward during the short to medium term; January 2019 – March 2019.

2 Recommendations

The Board is recommended to;

- 2.1 **Accept** this report as a source of moderate assurance that there are robust and transparent mechanisms in place to demonstrate progress against the 4EAS plan and that a delivery report was presented to the Scottish Government on the 21st January 2019 to describe this progress in detail.
- 2.2 **Accept** this report as a source of moderate assurance that mechanisms are in place across all three adult acute sites to monitor performance against unscheduled care, and to support staff to design and implement a comprehensive programme of improvement actions.

3 Discussion of Key Issues

- 3.1 In October 2017, a whistle blowing letter was received by NHS Lothian, copied to the Scottish Government. This letter raised concerns about the validity of the recording of breaches of the 4 hour Unscheduled Care standard on the St John's Hospital site. It also alleged that there was coercion of staff by certain individuals on other hospital staff to amend breach times. NHS Lothian triggered an internal review soon after the letter was received.
- 3.2 The subsequent External Review which was led by Professor Derek Bell, Scottish Academy of Medical Royal Colleges and Faculties was published in June 2018 and made note of a number of priority actions to be progressed across 6 and 12 months respectively. The actions identified pertained to themes identified as: governance, culture, recording of 4 hour standard data, the internal audit, SAE (and the review itself), patient safety and quality of care, and site leadership.
- 3.3 The process and approach taken to plan and execute rapid change work streams has resulted in the establishment of a formal Programme Delivery Group (PDG) which is chaired by the Deputy Chief Executive. This group was tasked to provide leadership, strategic advice and guidance for the delivery of the 4 Hour Emergency Access Standard (4EAS) Programme which included, the short/mid-term improvements

against quality and Unscheduled Care performance standards, the development of sustainable leadership capacity and capability as well as the implementation of the recommendations made by the Academy of Medical Royal Colleges and Faculties In Scotland report. The progress made since the June 2018 has been enhanced by the input and support from a Scottish Government appointed External Support Team.

- 3.4 A comprehensive report on the 4 Hour Emergency Access Standard Programme was presented on the 26th November 2018 to the Audit and Risk Committee to provide assurance on the processes in place and progress to date. The Audit and Risk Committee concluded that mechanisms were in place across all three adult acute sites to monitor performance against unscheduled care, and to support staff to design and implement a programme of improvement actions, and in doing so provided moderate assurance on the measures taken on the emergency access standard.
- 3.5 On the 21st January 2019 a delivery report was presented at a meeting chaired by Shirley Rogers, Scottish Government with representation from Scottish Government, Academy Royal Colleges, External Support Team and NHS Lothian. The meeting was scheduled to discuss progress against the recommendations made by the External Review above and agree the status of external support going forward in the short to medium term from January to March 2019. The delivery report presented can be found as Appendix 1.
- 3.6 It was concluded at this meeting that NHS Lothian had made significant progress against the recommendations made by the External Review and that the level of external support should now be reconfigured to a reduced level to allow the efforts made to be embedded as business as usual. There are a number of new and emergent actions which also require to be progressed before the next 'touch point' with the Scottish Government in March, and then again in June. These touch points will be compromised of detailed deep dives into performance data, 'walk rounds' the adult acute sites and feedback from staff.
- 3.7 Sections 3.8 to 3.32 below detail the main actions being taken under the themes of: Governance, Staff and Patient Experience/Culture, Recording of 4 hour Standard Data, Patient Safety and Quality of Care, and Site Leadership. Note there are no further next steps associated with NHS Lothian's Internal Audit Report as originally identified by the External Review.

Governance

- 3.8 Clarity of Board governance has been identified as an area for strengthening and to date significant work has been undertaken to clarify the relationship between management and governance groups across Lothian. A document titled 'Embedding Quality throughout NHS Lothian' is in the final stages of being completed. The current version can be found as Appendix 4 of the Delivery Report. The document summarises the assurance and leadership frameworks from point of care to the board as it relates to the provision of Acute Hospital services within NHS Lothian. The document is intended to complement the pages on the intranet and act as a reference tool for staff to understand ward to board Governance.
- 3.9 NHS Lothian has started a process to review its whole system of governance, and this will be informed by the Scottish Government's forthcoming Blueprint for Good

Governance, and the work of the national steering group. There is a separate report on the agenda which discusses this.

- 3.10 Under the umbrella of Governance the issue of escalation has become a clear focus point for the organisation with sites recalibrating their local site escalation plans which formally reference the work undertaken to introduce Safety Pauses, which in turn uses crowding volumes as a marker for escalation.
- 3.11 Prep-Stat (Preparedness Status) arrangements are being developed to provide a framework for escalating responses to current or anticipated risks and pressures of particular types, e.g. potential shortfall of capacity. These comprise four sets of 'trigger criteria' and corresponding 'activation levels' with default actions, to place services in an increased state of readiness. This is intended to help services anticipate potential problems and to ensure they are assessed at the appropriate level and in sufficient time to allow mitigating action to be taken.
- 3.12 A Prep-Stat Workshop was held on 19 December 2018 involving Executive Directors, Site Directors of Acute Hospital Sites and HSCP Chief Officers. This had the following objectives:
- To agree the approach to local, inter-site and system wide escalation (using the Prep-Stat framework for system wide escalation);
 - To clarify the roles and responses of the key management personnel in/out of hours (Tactical and Strategic Leads);
 - To agree the triggers and responses needed at different levels of pressure on capacity in/out of hours period;
 - To exercise the robustness of the escalation process through an interactive table-top scenario.
- 3.13 The workshop made progress in consolidating triggers and responses and in clarifying issues through discussion, however further work is needed, including:
- Adding agreed trigger and default actions to Prep-Stat Protocol and share with those involved;
 - Clarifying command, control and communication arrangements to allow Acute Sites and/or HSCP to discuss options at lower Prep-Stat levels (including circumstances where strategic input is not needed) – starting the conversation early and involving the right people;
 - Ensuring the correct degree of 'automation' of responses – always having prepared tactical options but allowing flexibility in their use according to circumstances;
 - Working towards quantifying those response options expressed in generic terms where this is possible;
 - Ensuing consistency of approach in different areas so that sharing of pressure results in optimised services and improved performance;
 - Finalising of draft support documents;
- 3.14 These next steps will be addressed at a further workshop involving Acute Sites and HSCP, scheduled for 14 February 2019, and could be followed by real-time exercising when the process is sufficiently mature.

- 3.15 There has been a commitment from the Executive Leadership team to continue the programme of Programme Delivery Group and Oversight and Assurance Group meetings throughout the remainder of 2019 to ensure that the areas identified throughout this document, as well as new and emerging actions, are in line with priorities set out by the External Review. Furthermore there have been Board sub committees clearly identified to oversee the actions captured in the overall programme plan which is Appendix 1 of the Delivery Report.
- 3.16 As shown in Appendix 1 of the Delivery report Audit and Risk, Healthcare Governance Committee, Information Governance Committee and Staff Governance Committee will exercise governance oversight of actions that they have been identified as accountable owner of. A programmed workplan will soon be developed to diarise reporting to these committees above.

Staff and Patient Experience/Culture

- 3.17 There is still work to be done in shifting the culture to ensure that staff feel safe to speak up about issues of patient safety and malpractice (in the 2017 Dignity at Work Survey, 69% of respondents indicated that they felt safe to speak up). We have focused on learning from others, most notably the guardian approach in NHS England. A short life working group has scoped and developed our approach to raising awareness and building staff confidence to raise concerns. Our focus is on fostering and building an open and transparent culture and to enable this we are establishing a new role of Speak Up Ambassador and a network of Speak Up Advocates.
- 3.18 The Speak Up Ambassador will work alongside Board Leadership teams and the Non-Executive Whistleblowing Champion to support the organisation in becoming a more open and transparent place to work, where all staff are actively encouraged and enabled to speak up by ensuring:
- Barriers to speaking up are identified and tackled
 - Individuals are supported when they speak up
 - Information provided by speaking up is used to learn and improve
 - Senior leaders role-model effective speaking up

Recruitment to the roles will take place over January and February, with training during March and a robust communications plan throughout to support launch by end of March 2019.

- 3.19 There is acknowledgement that there is a need to conduct regularly checks with the workforce to understand the impact on wellbeing and the overall experience for staff across areas that have undergone a rapid rate of change. Out with the annual iMatter survey cycle there are further activities planned such as the coordination and delivery of 'pulse surveys' which will provide honest, transparent feedback on the impact on individuals of not only the change programme but the overall culture within the 'working environment' in the department. These are planned for late February/early March.

Recording of 4 hour Standard Data

- 3.20 At operational level, revised systems are now in place to ensure that the daily clinically led breach analysis is led by senior clinical and managerial staff. In addition, structured de-briefs take place daily, to ensure that actions arising from performance analysis, are responded to in a timely manner with an emphasis on learning to inform improvement and corrective actions on safety going forward.

There are a number of actions that will be taken forward over the course of the next few months which include:

- Development and confirmation of approach from health boards out with Lothian to reflect good practice in the recording and management of unscheduled care data;
- Programme of training and development to apply the Standard Operating Procedure consistently with clear guidelines and lines of escalation for staff to raise concerns;
- Continue to develop the analyses of performance as an early warning system of quality and safety issues;

Patient Safety and Quality of Care

- 3.21 The External Review acknowledged a number of areas that required evaluation and strengthening across Lothian and during the period of June – December 2018 there were a number of components progressed from the recommendations made. NHS Lothian has recognised the value in using the review recommendations as vehicle for continuous improvement and has commissioned further activity in this area.
- 3.22 A Modular Building will be fully operational from late January/early February 2019. The modular unit will comprise six treatment spaces plus an eye room, plaster room and a separate reception and waiting area. It will have a dedicated entrance, and patients will be encouraged to self-refer directly to minor injuries on arrival at the RIE, rather than to access the service via the ED.
- 3.23 The modular unit will provide opportunities to perform some tests of change prior to confirming the size and footprint of a more permanent solution for minor injuries within the RIE footprint. For example, there will be an opportunity to test whether the unit needs to be open and staffed outside the ED 24 hours per day, and also to assess whether conditions other than Triage Category 7 could be effectively and efficiently seen and treated within the unit – i.e. some minor illnesses.
- 3.24 The Quality Improvement work that has been focused throughout ED has shown real evidence of successful change. A dedicated triage nurse for self-presenting patients has now been put in place 24 hours a day, 7 days a week. Qualitative feedback from staff to date has been very positive with staff citing that the working environment feels safer and more controlled. Quantitative data shows significant improvement in delivery times and in ensuring rapid assessment of presenting patients. The implementation of this 'new model' was undertaken following a test of change and from concept to full implementation took two weeks.

Other works associated with the QI Collaborative includes:

- Protected CSW role to do triage tasks was put in place w/c 7th January 2019;
 - Information for patients on what to expect in ED is currently being developed and tested with patients;
 - Bite-size bespoke QI training is planned for both medical and nursing staff in February 2019;
 - Other work planned for January and February includes testing the use of triage cards (to standardise the process by condition) and baseline data collection on ECG use.
- 3.25 An equivalent similar QI programme is due to be launched at St John's Hospital which builds on the learning from the RIE and evolves the approach taken to delivery sustained change. This will be launched and developed from January 2019 onwards.
- 3.26 A RIE Front Door Redesign Core Group has been established since July 2019, to take forward the development of a Strategic Case for front door redesign with the following objectives:
- Support sustainable achievement of the Emergency Access standard
 - Provide a facility that enables safe, effective and accessible person-centred clinical care
 - Provide a facility to meet the clinical demands of the current population, and allow for future demographic growth
 - Provide staff with a working environment conducive to delivering the best health and aiding recruitment and retention
 - Deliver improvement within the shortest possible timescale
- 3.27 This work has sustained momentum since the latter part of 2018. A strategic assessment was submitted as part of the organisations Capital Prioritisation process and it is expected the Finance and Resources Committee will approve the establishment of a programme board to develop an Initial Agreement for the front door redesign and to collaborate with the wider to develop an appropriate Clinical model.
- 3.28 SJH is also currently developing an Initial Agreement to redesign the front door on the site. As with the RIE, a programme board has been established and a clinical model developed. The SJH Front Door redesign will be addressed in a phased approach. Phase 1 entails the ED Front door redesign, which is the current focus. Phases 2 and 3 describe the development of the clinical pathways for Ambulatory Care and the Medical Admission Unit (MAU) and the creation of appropriate space to accommodate these. January – March 2019 will see this work gather momentum and culminate in the development of a standard business which will then be subject to NHS Lothian Governance for approval.
- 3.29 As discussed in the December Board paper efforts are now being made to evolve the performance metrics used to transparently share key patient quality & safety indicators. These are shown for the RIE in Appendix 2 but similar data will be replicated for the remaining adult acute sites and will be integrated into future performance papers to ensure the board are sighted on safe care.

Site Leadership

- 3.30 The review presented an opportunity for the reconfiguration of the medical management structure, and a CD for each adult ED (RIE and SJH) has been appointed. To complement the role, a Deputy CD has also been appointed at the RIE while the CD at SJH is supported by an established, experienced clinical lead.
- 3.31 Additional support and coaching has been provided to those in leadership roles. There is ongoing work with the Associate Medical Directors to bring clarity to their contribution to safe patient care on each site, particularly regarding Unscheduled Care with the fluctuations in demand and the need to maintain the perspective that this is a whole system measure, through engagement with Clinical Directors in specialties supporting unscheduled admissions. The additional roles that have been introduced across clinical, management and nursing (see Patient Safety and Quality of Care) have allowed a strengthening of overall site leadership and this will be enhanced by the efforts being made to address and develop whole system escalation (PREP – STAT).
- 3.32 Additional band 6/7 nursing staff has been introduced at the ED front door at the RIE to support education, ED processes and flow, patient safety and leadership. This was put in place early January 2019. Senior Nursing development will be a focal point over the coming months with the introduction of a leadership development programme. This will support nurses develop capability and experience in managing leadership roles within the site. This programme is currently in the early stages of development.

4 Key Risks

- 4.1 There is a risk that failing to meet the 4 hour standard leads to poor patient and staff experience, including performance impacts pertaining to safety issues such as overcrowding in emergency departments, long waits and a patients boarded out with required speciality.

5 Risk Register

- 5.1 The Acute and Corporate Risk Register contain risks attributed to “A&E four hour performance” and Timely Discharge of Inpatients. Both have been categorised as very high risks. The unscheduled Care Committee now exercises ownership of the former risk and is consulted in its periodic review.

6 Impact on Inequality, Including Health Inequalities

- 6.1 This paper does not include any strategic or policy changes which might impact unfairly on different sectors of the wider community served by NHS Lothian

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

- 7.1 The individual proposals outlined in here all bring the duty to inform, engage, and consult, and so these actions are being taken forward in each individual piece of work.

8 Resource Implications

- 8.1 There are significant additional resources required in each element of the redesign works described above. Individual cases coming forward will include detailed assessment of these.

Jim Crombie
Deputy Chief Executive

List of Appendices

Appendix 1: Delivery Report
Appendix 2: Safety Performance Metrics
Appendix 3: Unscheduled Care Performance



Delivery Report
January 2019

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Executive Summary

This progress report summarises the key actions taken to address the recommendations made by the Scottish Academy of Medical Royal Colleges and Faculties. There has been sustained momentum made across the themes identified by the External Review.

Rationalisation of Over-arching plan to create Visibility, Transparency and Ownership:

- Visibility – What is on/off and where are areas of concern
- Transparency – Open and Honest, 'one stop' tool to show progress against plan, evidence repository etc.
- Ownership – Executive lead against each priority and enabling action.

Progress against each of the Themes identified by the Academy Report is as follows:

NHS Lothian's Internal Audit Report and SAE Report

The Programme Delivery Group and Oversight and Assurance Group is now well established to provide leadership, strategic advice and guidance for the delivery of the 4 Hour Emergency Access Standard (4EAS) Programme as well as:

- The improvement of delivery against the short-term quality and performance standards.
- A plan for the future organisation and management of the 4 Hour Emergency Access Standard (4EAS) Programme.

Governance

Each adult acute site has undertaken a review of all Unscheduled Care Committee meetings and reviewed their terms of reference to ensure there are clear lines to relevant management and governance groups.

This focus on Governance will continue into early 2019 with a particular focus on Escalation and Response, and Ward to Board Governance.

Recording of 4hr Standard Data and Unscheduled Care Performance

An interim SOP has been developed which includes some areas where clarification was sought from SGHD and ISD. To complement the delivery of the SOP a range of 'forensic' dashboards highlighting unusual amendments to records covered by the 4 hour target has also been developed. This is underpinned by daily breach analysis led by senior clinical and managerial staff.

Site and Staff Leadership

Actions have been developed to clarify the role of medical leaders, principally Associate Medical Directors (AMDs) and their contribution to issues on the site as they occur. A Clinical Director for each adult emergency department (ED) at RIE and SJH has been appointed. A new General Manager for Unscheduled Care was appointed for SJH on 21st November 2018 with a remit to focus on improving processes at the front door and ensuring flow through the system.

Patient Safety and Quality of Care

A Safety Pause was introduced within the RIE ED in October 2018. This brings together the Clinical Nurse Manager, Nurse in Charge, and Emergency Practitioner in Charge and Senior Manager for a short, sharp review of the department. Thematic analysis of breach work has been introduced which involves reviewing patients in real time to ensure the actual time of exit from the department was captured correctly and giving assurance around breach reasons/volume

Background and Context

In October 2017, a whistle blowing letter was received by NHS Lothian, copied to the Scottish Government. This letter raised concerns about the validity of the recording of breaches of the 4 hour Unscheduled Care standard on the St John's Hospital site. It also alleged that there was coercion of staff by certain individuals on other hospital staff to amend breach times. NHS Lothian triggered an internal review soon after the letter was received.

The subsequent External Review which was led by Professor Derek Bell, Scottish Academy of Medical Royal Colleges and Faculties was published in June 2018 and made note of a number of priority actions to be progressed across 6 and 12 months respectively. The actions identified pertained to themes identified as: governance, culture, recording of 4 hour standard data, the internal audit, SAE (and the review itself), patient safety and quality of care, and site leadership.

The process and approach taken to plan and execute rapid change work streams has resulted in the establishment of a formal Programme Delivery Group (PDG) which is chaired by the Deputy Chief Executive. This group is tasked to provide leadership, strategic advice and guidance for the delivery of the 4 Hour Emergency Access Standard (4EAS) Programme which includes, the short/mid-term improvements against quality and Unscheduled Care performance standards, the development of sustainable leadership capacity and capability as well as the implementation of the recommendations made by the Academy of Medical Royal Colleges and Faculties In Scotland report.

The efforts of NHS Lothian have been enhanced by an External Support Team appointed by the Scottish Government. The members of this team have liaised closely with teams across the adult Acute Sites and have regularly provided status updates to the Scottish Government Governance group chaired by Jim Mackey, Chief Executive of Northumbria Healthcare NHS Foundation Trust.

Throughout the periods both prior and subsequent to the publication of the Academy report, NHS LOTHIAN has been committed to creating an environment where staff are informed as to what is going on and have clarity as to the position of the senior management team of the organisation. There has been clear communication following the publication of the report and since establishment of the Programme Delivery Group there has been a formal communication plan that has been actioned and also delivery of an ED Workshop which was planned, in part, by members of the ED team at the RIE. This ethos of inclusion has been a firm commitment throughout the programme. As mentioned under Patient Safety and Quality of Care, further workshops have been planned to take place between January and March 2019.

The NHS Lothian Board agreed that the Audit & Risk Committee (ARC) should exercise governance oversight of the measures taken. In November, ARC recommended that the Board take significant assurance that senior management have developed an appropriate set of assurance and delivery groups to oversee the improvement required in line with the overarching plan, as derived from the Academy Report.

This report summarises the work undertaken in phase 1 which was from September 2018 to December 2018 and involved fortnightly meetings and on the ground support several days per week from 4 external support team members and Scottish Government (SG) improvement staff. Phase 2 will commence from January 2019 to March 2019 and will involve a reduced level of support, monthly meetings with one day per week from one external support team member plus ongoing support from the SG improvement advisors. The priority areas of focus for Phase 2 will be:

1. Team development at site level to enhance reliability and capability of front door leadership with particular focus on senior nursing from band 6 and upwards,
2. Improving escalation and response – how to avoid need for escalation in the first place, escalating early when necessary and team development for the senior manager and executive cohort in how to respond to escalation effectively.
3. Development of our ward to board systems to ensure safety concerns and responses are effectively communicated and addressed.

A full breakdown of actions associated with phase 2, as well as those agreed from phase 1 to be continued in phase 2 can be found on page 18.

Governance

What the Academy Outlined

1. Undertake a review of governance and supporting framework across the HB, as soon as possible, with a particular focus on site governance arrangements and how this provides assurance to the Board. This should include plans to;
 - Revise/clarify the governance structure and supporting framework with high quality, safe care for patients as the key objective.
 - Provide site leadership teams with visible support with the implementation of good governance practice.
 - All staff should have responsibility for clinical governance, patient safety and quality of care, however, we recommend that the nominated leads for this should be the Associate Medical Directors and the Medical Director (Acute Services).
 - The Access and Governance Committee should be chaired by a Non-Executive Director with a full review of the terms of reference to provide the Board with the appropriate assurance.

Intended Outcomes

- Simplified fit for purpose leadership and governance structures and processes with a sharper focus on accountability, enabling a more robust flow of information and enhanced scrutiny and assurance.
- Clarity in relation to management and clinical leadership structures which empower staff and enables them to be clear about routes to decision making, escalation and feedback as well as improving operational effectiveness.

Progress to Date

Board Governance is a key focus point for the Oversight and Assurance Group and sustained efforts have been made to make this clearer for interpretation. There are already comprehensive pages on the intranet that detail Board and Subcommittee dependencies but this has been strengthened by the development of a document- 'Quality throughout NHS Lothian' document which will help characterise how issues can be raised at local site level and the management line in which these types of issues can be escalated all the way up to Board level. This document will be finalised and published in January 2019. Further work is underway to simplify the governance structures; to clarify the contribution of each governance committee or group in supporting safe, effective and person centred care. NHS Lothian recognises that there is merit in the board receiving further support to ensure all board members are sighted on the corporate governance of the board to ensure that systems of assurance are reliable and robust. NHS Lothian is participating in the National Programme, 'Blueprint for Good Governance' and may seek additional external support in delivering against this recommendation.

Since the publication of the academy report there have been a number of actions that have taken place under the umbrella of 'Governance'.

All adult Acute Sites have undertaken a full and thorough review of Unscheduled Care Committee meetings at site level and have also formally reported where there are terms of reference for these meetings and where there requires further work to update these to align with the 6 Essential Actions work programme and wider Unscheduled Care agenda. To compliment this the minutes from each site Emergency Access meeting now go forth to the Lothian Unscheduled Care Committee for coverage and clarity.

Escalation has become a clear focus point for the organisation with sites recalibrating their local site escalation plans which formally reference the work undertaken to introduce Safety Pauses (See below), which in turn uses crowding volumes as a marker for escalation.

The lessons identified during winter 2017-18, the debrief following the extreme weather in February/March and feedback from Exercise Noah (on cross-service demand-surge management) identified a need to strengthen proactive management and response arrangements. These included:

- The ability to activate Tactical and Strategic command and control quickly, in and out of hours; and,
- Having thought-through response options to predictable challenges, such as abnormal pressure on capacity.

Acute Sites and Health & Social Care Partnerships have been asked to confirm their 24/7 call-out and command and control arrangements and Strategic Aims, to allow testing of the first of these points.

PREP-STAT (Preparedness Status) arrangements aim to address the second point by establishing four sets of 'trigger criteria' and corresponding 'activation levels'. These would be used to place services at an increased state of readiness to manage risk and pressure by:

- Ensuring the risk / incident is being managed at the correct level of seniority;
- Ensuring early activation of escalation responses and looking ahead to allow early mitigation of risks;
- Having a range of 'off the shelf' tactical options which have been thought through in advance and can provide quantified options to address predictable problems such as a capacity shortfall.
- Making senior decision more defensible in situations where there is incomplete information or unusual impacts.

PREP-STAT is intended to work alongside normal management structures and those that would be activated in large scale emergencies or severe business resilience disruptions. It does not replace them, add additional layers of management or require additional meetings that would not otherwise take place.

On the 3rd of December a focussed discussion took place at the Unscheduled Care Committee meeting to agree the performance and capacity triggers that would initiate an escalation in line with the PREP-STAT framework. In doing so the committee commenced development of a cohesive, whole system escalation protocol. Each adult acute site and H&SCP were advised to come to the meeting with the following information:

- Senior staff call-out and strategic aims in a Major Incident, and
- Pre – agreed responses to address different levels of risk and pressure on services.

To consolidate this work, a workshop was commissioned by the Deputy Chief Executive to take place on the 19th December 2018. The purpose of this workshop will be to:

- Clarifying the role and remit of the key personnel during out of hours periods (General Manager, Director, Exec Director),
- Consolidate the approach of local, inter site and system wide escalation (using the PREP – STAT framework for system wide escalation),
- Agree the actions to be taken during out of hours period by personnel above through development of action cards.

The workshop made progress in consolidating triggers and responses and in clarifying issues through discussion, however further work is needed, including:

- Adding agreed trigger and default actions to Prep-Stat Protocol and share with those involved;
- Clarifying command, control and communication arrangements to allow Acute Sites and/or H&SCP to discuss options at lower Prep-Stat levels (including circumstances where strategic input is not needed) – starting the conversation early and involving the right people;
- Ensuring the correct degree of 'automation' of responses – always having prepared tactical options but allowing flexibility in their use according to circumstances;
- Working towards quantifying those response options expressed in generic terms where this is possible;
- Ensuring consistency of approach in different areas so that sharing of pressure results in optimised services and improved performance;
- Finalising of draft support documents;
- Write-up workshop report.

These next steps will be addressed at a further workshop involving Acute Sites and H&SCP, scheduled for 14 February, and could be followed by real-time exercising when the process is sufficiently mature.

What is still to come?

1. Improving escalation and response - how to avoid need for escalation in the first place, escalating early when necessary and team development for the senior manager and executive cohort in how to respond to escalation effectively (January 2019 – March 2019)
2. Delivery of second stage workshop to develop and clarify the role of whole system escalation with clear lines of engagement between IJB/Partnership and Acute teams.
3. Development of Leadership document for staff to understand role and remit of general management structure across Acute Hospitals.

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Culture

What the Academy Outlined

1. Develop a more transparent culture within NHS Lothian that enables staff at all levels to report concerns without fear of repercussions. Adopt and deliver zero tolerance of behaviour that could be construed as bullying and harassment. The relevant NHS Lothian policy should be reviewed in line with the revised PIN Policy and all staff required to demonstrate adherence.
2. Through existing programmes NHS Lothian should continue to facilitate sessions on culture and values, particularly for the site leadership teams, the Site and Capacity and senior nursing teams. At the centre of any OD programme there should be a focus on patient safety and quality of care to give staff confidence especially when systems are under pressure.
3. Adopt a team-based approach to the management of the 4 hour standard, with clear responsibility for all staff including the senior clinical leaders (consultants and lead nurses).
4. Undertake an urgent review of the value of the daily pan Lothian teleconference.
6. The RIE ED multidisciplinary team should have leadership and team development to improve relationships and trust, and should include the site management team.

Intended Outcomes

A culture of trust and openness where all staff feel listened to, supported and valued and confident in raising concerns without fear of repercussions

Clear contact points within Acute hospitals to raise issues and concerns and receive an appropriate and timely response

Leadership teams are skilled, knowledgeable and committed to continuous learning in order to fulfil their roles and responsibilities and there are effective systems in place through appraisals and objective setting to demonstrate scrutiny, constructive challenge, strengthened assurance and accountability.

Progress to Date

In support of the Site (and Site and Capacity Team) OD plans and the review of leadership arrangements, leadership development support has been prioritised for the Acute Adult sites to help re-build confidence and resilience, specifically:

- *Playing to Your Strengths*: brief “assets” based leadership development intervention, drawing attention to people’s strengths and resilience so that they can leverage these and lead effectively in times of change
- *Courage to Manage*: Equipping leaders at all levels with the theory and practice to approach difficult conversations with honesty, benevolence and courage.
- *Thrive*: An empowering programme which challenges limiting beliefs and unhelpful thinking styles and helps to build resilience.
- *Joy in Work*: improving joy in work and reducing burnout by building on “what matters to you?” conversations, empowering and enabling leaders at all levels to better understand the barriers to joy in work (“stones in my shoes”) and co-create meaningful strategies to address them.
- Leadership team time out sessions.

Site specific OD plans span a number of themes as shown by Table 1 below:

Table 1 – Site specific OD Plan Themes,

Vision & Goals	Team Working
Culture & Values	Structure Roles
Leadership	Measures & Outcomes
Staff Experience	Processes & Procedures
Competencies & Skills	Quality & Safety

OD plans are by their very nature interactive and dynamic, changing to reflect new and different needs.

At the RIE there have been a number of 1:1 and group sessions with ED staff since April 2018, (with Executive level input at the team session in October), looking at issues and barriers, building team and individual resilience etc.

As a site the RIE had a fantastic improvement in their iMatter performance with conversation of team reports into action plans at 95% in 2018, compared to 6% in 2017. The site has a long established Staff Health and Wellbeing programme and has also recently established a site Staff Experience Group to further support staff engagement and experience.

The external review raised concerns about the engagement and availability of medical leaders (principally AMDs) and actions have been developed to clarify their role and contribution to issues on the site as they occur. The Executive Medical Director is leading a specific piece of work to review the site medical leadership arrangements. The initial focus has been on the role of the AMD and AND, with an initial desktop review of job descriptions, moving to a review of the “As Is” arrangements to determine if there are opportunities to strengthen and improve the current working arrangements.

A focussed session for Acute Directors, Acute Medical and Nurse Director with an external facilitator took place on the 25th October. This session was focussed on improving inter-site working relationships, the context of inter-site tensions and specifically;

- Learning from the past year/history (both individually and as a team); how to apply learning consciously, collectively and proactively in moving forward.
- Sharing and understanding how you (your role) can add value to each other and pan Lothian shared topics (both professionally and personally) accessing your experience/skills/personality strengths.
- Understanding and owning your collective purpose as Acute Services SMT within the NHS Lothian system = “To provide collective leadership, in Acute Services, of safe and effective person-centred care”.
- Considering implications for how you collectively lead, how you ensure corporate accountability, how you challenge and support each other when under intense pressure on services and demands and scrutiny from stakeholders – including structure and content of meetings (both formal and informal).
- Continually interacting according to your common purpose. How to balance responsibility and accountability for the “whole Acute system” whilst feeling, and being understandably focused on, responsibility and accountability for a specific “part of the Acute system”.
- How to care for yourself, the team and your services under intense and relentless pressure (including looking out for people, achieving better work/life balance etc.).

This process included two, one hour individual coaching sessions, one pre 25th October and one post. Next steps are being explored to build on this day with areas of consideration being:

- *To increase constructive debate and promote positive challenge.* In broad terms exploring how to bring challenges from a place of corporate accountability, framing and naming “hot spots” and controversial issues using curiosity (versus judgement) and with questioning (to test assumptions). Building on strategies and tactics for reflecting on, and managing difficult conversations. Further focused practising constructive challenge, active listening and dialogue will help to deepen this.
- *To understand own and collective resilience.* Building on sharing impact of pressure and how individuals regain equilibrium and inner support and seek/offer support from/to each other. Building on what each, and the collective, needs to ensure ongoing self-care and support. Continue this using MBTI styles specifically in the context of Communication style preferences (using MBTI) and “in the grip” responses to high stress contexts.

The Prevention of Bullying and Harassment Policy was reviewed by the partnership based HR Policy Group and confirmed as PIN compliant however the Group took the opportunity to augment wording and information on values and mediation as an alternative means of dispute resolution. The refreshed policy was launched on HR Online in October 2018.

Embedding Executive Leadership into operational solution delivery was implemented in October, with Jim Crombie, Deputy Chief Executive aligned to RIE, Alex McMahon, Director of NMAHP aligned to the WGH and Jacque Campbell, Chief Operating Officer aligned to SJH. The role of the Executive Director is to guide, mentor, facilitate the fast-tracking of solutions and provide executive level sponsorship for improvement ideas and tests of change which lead to performance improvement.

The Board's Non-Executive Whistleblowing Champion has regular oversight of Whistleblowing complaints, through a process of monthly and real time monitoring and scrutiny. Standing item on the Staff Governance Committee, with emerging themes and issues identified and where it is deemed necessary issues will be raised with the full Board. Whistleblowing Champion also has an established feedback mechanism to learn from Whistle blowers experiences. There is extensive information and guidance on HR online (online portal for staff and managers). Whistleblowing complaints are not closed out until the Whistleblowing Champion is satisfied that the complaint has been thoroughly and robustly investigated and reviews all investigatory outcomes and recommended actions.

There is still work to be done in shifting the culture to ensure that staff feel safe to speak up about issues of patient safety and malpractice (in the 2017 Dignity at Work Survey, 69% of respondents indicated that they felt safe to speak up). We have focused on learning from others, most notably the guardian approach in NHS England. A short life working group has scoped and developed our approach to raising awareness and building staff confidence to raise concerns. Our focus is on fostering and building an open and transparent culture and to enable this we are establishing a new role of Speak Up Ambassador and a network of Speak Up Advocates.

The Speak Up Ambassador will work alongside Board Leadership teams and the Non-Executive Whistleblowing Champion to support the organisation in becoming a more open and transparent place to work, where all staff are actively encouraged and enabled to speak up by ensuring:

- Barriers to speaking up are identified and tackled
- Individuals are supported when they speak up
- Information provided by speaking up is used to learn and improve
- Senior leaders role-model effective speaking up

Recruitment to the roles will take place over January and February, with training during March and a robust communications plan throughout to support launch by end of March 2019.

In addition to this corporate programme and in recognition of the poorer results on the SJH site in relation to Dignity at Work, we are currently working with the Royal College of Surgeons to pilot their Conflict Resolution Programme – designed as part of their #letsremovit campaign.

The local OD, staff experience and culture development work is underpinned by our corporate Staff Engagement and Experience Framework (launched September 2018). Listening and responding to what staff said in our iMatter surveys the framework pulls together what we are doing and will be doing to enhance staff experience at work. There are 6 key workstreams:

- Our shared values
- What Matters to you?
- Staff Health and Wellbeing
- Recognising and Celebrating Success
- Staff Communications
- We are all leaders

To complement the already established Patient Safety and Experience Action Group (PSAEG) Board level meeting, a site based meeting was launched in August 2018. The meeting was developed to allow the Site Senior Leadership team (Director, AND and AMDs) the opportunity to consider data, patient and workforce issues, clinical issues, areas of vulnerabilities, and discuss the leadership response so that a team approach is taken to deliver improvement in these areas.

Items discussed include:

- SAEs or complaints on the site,
- events that need discussed for Duty of Candour, reviewers for SAEs ,
- cardiac arrests, failure to escalate deteriorating patients for any immediate actions
- any patterns from daily safety huddle (difficult patient, persistent issue in a ward)
- cancellations, delays in discharge from critical care,
- incidents of violence and aggression, absconsions,

The meeting was developed as a way of ensuring that all members of the site leadership team had a perspective and were able to contribute to any discussion about patient facing priorities

This type of relatively agile meeting is not the place for longer discussions about new business cases or governance type decisions. A topic might be remitted to another meeting for further development or someone agree to find out more and report back at the next meeting. It's not a replacement for a site CMG or CMT type meeting.

In line with the change of management structure for Site and Capacity teams a review of the Pan Lothian Teleconference was lead and delivered by the Director of Department of Anaesthetics, Theatres and Critical Care (DATCC). The recommendations that were derived from the review are detailed below:

View in Hours

- Pan Lothian Conference Calls to become action specific rather than current status update
- Inclusion of Site and Capacity Clinical Nurse Manager or Clinical Service Manager on the call to guide a Pan Lothian focus and escalation of specific concerns to relevant Site/Speciality SMT
- Development of SOP to support above

Out of Hours

- Out of hours Escalation clear in current SOP (review of detail required)
- Senior Manager on call participate on 16:45 hrs Pan-Lothian conference call
- Senior Manager on call agree plan with S&C team on time for follow up phone call on specific areas of concern if required otherwise follow Out of Hours SOP
- Stop Texts in Out of Hours period. Phone call method of communication for situation requiring action
- Use of tableau dashboard for situation update 2 hourly automatically generated email. Requirement for all accessing this to have smart phone with email access.
- Support more consistent resilience training for on call senior managers

What is still to come?

1. Team development at site level to enhance reliability and capability of front door leadership with particular focus on senior nursing from band 6 and upwards (See Patient Safety and Quality of Care and Site Leadership).
2. Clarity of ward to board systems to ensure safety concerns and responses are effectively communicated and addressed using Lothian Framework for Assurance as focus point.

Recording of 4 hour Standard Data

1. Continue to review the use of the SOP. There remains the opportunity for staff to apply local adaptation or amendment. The review team believe that the national A&E data manual is clear and so did many of the staff interviewed. Ensure that inappropriate terminology such as “non-compliant” patient is not recorded or used.
2. There should be continuous audit of 4 hour unscheduled care data to ensure that the expected practice is being followed. NHS Lothian may wish to consider external support until the Board is assured.

Intended Outcomes

Performance of A&E data is recorded consistently in line with national guidance and is clearly understood by staff applying the SOP. Performance is reported accurately throughout NHS LOTHIAN and audited in line with recognised and approved methodologies.

Progress to Date

Following the internal audit report last year the Waiting Time Governance team was asked to extend its remit to the measurement of 4 hours, deploying a similar methodology to that in place for scheduled care. The following aspects have been implemented:

- An interim SOP, which included some areas where clarification was sought from SGHD and ISD;
- A range of 'forensic' dashboards highlighting unusual amendments to records covered by the 4 hour target;
- The design and delivery of face to face training to key staff on the SOP
- The development and launch of a LearnPro module to reiterate to key staff, as well as to a wider audience, appropriate recording practice

Reporting of waiting times performance, and compliance with waiting times governance rules are monitored by the Access and Governance Committee (A&G), a senior management & intelligence group, rather than a Board subcommittee. The membership and remit of the A&G committee were revised in early 2018. Following the release of the External Review in mid-2018, further changes were introduced including the addition of a non-Executive Director member of the committee. Target audits have been performed on adjustments to 4 hour breach adjustments – the source of specific reporting concern in the original whistleblowing claims. These have been shared and breach adjustments rates have now fallen to levels of negligible impact on 4 hour performance.

The remit and scope for Access and Governance is being formally reviewed, with options developed internally to be tested against practice in other organisations. This review is due to report in March 2019.

At operational level, revised systems are now in place to ensure that the daily clinically led breach analysis is led by senior clinical and managerial staff. In addition, structured de-briefs take place daily, to ensure that actions arising from performance analysis, are responded to in a timely manner with an emphasis on learning to inform improvement and corrective actions on safety going forward.

What is still to come?

1. Development and confirmation of approach from health boards out with Lothian
2. Programme of training and development to apply the SOP consistently with clear guidelines and lines of escalation for staff to raise concerns.
3. Continue to develop the analyses of performance as an early warning system of quality and safety issues

The Internal Audit Report, SAE and this Review Recommendations

1. Develop a clear mechanism for the implementation and monitoring of the agreed action plan with external scrutiny and support.
2. The issue of bullying and harassment requires urgent action. The NHS Scotland Staff Governance Standard requires all staff to be treated with dignity and respect. Staff should be made aware of internal arrangements for raising concerns, which should include internal confidential contacts and the Board should ensure that arrangements are fit for purpose and command the confidence of staff. Additionally, staff should be made aware of the national confidential help line. In particular this needs to be reinforced at SJH and RIE (See Culture above).
3. Staff directly affected by the whistleblowing allegations and the subsequent investigation should receive individual feedback and support related to overall findings. In addition, all staff should receive clear and appropriate communication about the investigation report and the planned actions.

Intended Outcomes

Development of a clear and transparent process for showing progress against the plan derived from the Academy report which is monitored through a recognised group(s) and has clear links to the Audit and Risk Committee which provides overall assurance levels for the programme.

Clear contact points within acute hospitals to raise issues/concerns and receive an appropriate timely response

Staff impacted by the whistleblowing allegation are offered confidential feedback.

A clear and transparent communications plan to be developed to show cohesion of approach to manage actions derived from Academy report.

Progress to Date

An over-arching improvement plan has been developed which is compiled of the actions and recommendations from the Internal Audit Review, Significant Adverse Event (SAE) Process and External Review. The plan is subject to scrutiny from the Oversight and Assurance Group (below) with a focus upon ensuring there is a robust and dynamic approach to evidence gathering to support closure of actions from the plan.

The original 62 point action plan has recently been rationalised and a full programme delivery plan has been developed in collaboration with the external support team which includes details of evidence gathered to date, sign off, and priority actions

Of the 62 points originally described across a number of recommendations in the original plan, these have since be re-categorised in the delivery programme as 20 priority actions (with a number of enabling sub actions). The programme plan can be found as **Appendix 1**.

A Scottish Government appointed Support Team has been assembled to enhance the efforts made by NHS Lothian across their improvement journey and has the following members:

- Joanne Dobson providing leadership from North of England Commissioning Support;
- Rosemary Lyness, who has experience as Executive Director of Nursing and Chief Operating Officer;
- David Chung, Vice President of Royal College of Emergency Medicine (Scotland) and participant of independent review group;
- Paul Sullivan, Consultant Physician, Imperial College London;
- Helen Maitland, Unscheduled Care Director, Scottish Government
- Sara Twedde providing Programme Management support from North of England Commissioning Support.

A Programme Delivery Group (PDG) has been established to provide leadership, strategic advice and guidance for the delivery of the 4 Hour Emergency Access Standard (4EAS) Programme which includes, the short/mid-term improvements against quality and Unscheduled Care performance standards, the development of sustainable leadership capacity and capability as well as the implementation of the recommendations made by the Academy of Medical Royal Colleges and Faculties In Scotland report in April 2018.

The PDG will include, initially, the leadership team responsible for the delivery of localised actions to improve performance at the RIE. The leadership personnel from the RIE will be replaced by that of SJH when the focus of the support arrangements switches to this particular adult acute site.

To complement the PDG (above), an Oversight and Assurance Group (OAG), with representation from Non-Executive team, has also been assembled to provide assurance to the Scottish Government in the following areas:

- The improvement of delivery against the short-term quality and performance standards.
- A plan for the future organisation and management of the 4 Hour Emergency Access Standard (4EAS) Programme which includes the implementation of the recommendations made by the Academy of Medical Royal Colleges and Faculties In Scotland report in April 2018.

Both groups discussed above have current terms of reference in place. Engagement throughout the support period between the External Support Team and NHS Lothian has been constructive with a focus on the models of care within ED. Developments including the development of a full front door redesign (below).

With regards to staff communications and engagement the main focus to date has been the Emergency Department at the RIE and locally on other sites. In terms of staff side engagement each of the site (and Site and Capacity) partnership leads have been fully engaged in the development and implementation of the local OD plans (above). The EAS internal and external reviews have been a standing agenda item on the Lothian Partnership Forum since February 2018 with good engagement from staff side partners. It is recognised that it is now time to consider wider engagement with key stakeholders within and across sites and pan-system (e.g. Area Clinical Forum and Medical Staff Associations). The Director of Communications has developed a formal Communications and Engagement plan which is shown as **Appendix 2**. From January onwards the Director of Communications will be working alongside personnel from SJH to develop a communications approach including newsletter to be shared with staff explaining front door redesign, improvement work and visitors to the department.

Throughout the periods both prior and subsequent to the publication of the Academy report, NHS Lothian has been committed to creating an environment where staff are informed as to what is going on and have clarity as to the position of the Senior Management Team of the organisation. There has been clear communication following the publication of the report and since establishment of the Programme Delivery Group there has been a formal communication plan that has been actioned and also planning and delivery of an ED Workshop which was planned, in part, by members of the ED team at the RIE. This ethos of inclusion has been a firm commitment throughout the programme.

Patient safety and quality of care

1. Ensure there is a focus and alignment with the Scottish Government “6 essential actions” programme for unscheduled care.
2. Use patient need to drive a culture of the right place, right time for patients and staff as the norm; with mixed sex bays not tolerated, boarding used only in extreme circumstances and after clinical review

Intended Outcomes

There is a clear focus and alignment with the Scottish government “6 essential actions” programme for unscheduled care. There is improved quality and consistency of care for unscheduled care patient flow as measured by sustaining an average performance of 95% on the 4 hour unscheduled Emergency Department standard

Progress to Date

A revised Boarding policy has been developed by Dr Andrew Coull, Associate Medical Director - Lothian Older People and Stroke Services which makes reference to recommendations for Building Capacity and Preventing ‘Boarding’. No adult acute site supports boarding and aims to discharge whenever safely possible, and critically, as early in the day as possible to help build capacity. This makes reference to the need for all sites to include the ‘requirement for boarding’ within their escalation protocols. Boarding performance has improved by 33.9% at the Royal Infirmary of Edinburgh year on year with 1785 reportable boarders in December 2017 compared to 1180 in December 2018.

From September to October the front door of the RIE was evaluated, and a feasibility study conducted to understand if the department could be segmented to improve patient flow and performance across the site. The following options were scoped and considered:

- Introduction of a Short Stay Observation Unit;
- A dedicated Minor Injuries Unit, accommodated out with the existing Emergency Department (ETA January 2019);
- Expansion of the current Ambulatory Emergency Care Unit;
- Redesign of the current footprint within the Emergency Department

The findings from the feasibility study and accompanying strategic assessment were published by the RIE team in October 2018.

Additional pathways are in the process of being finalised and approved. This would lead to an expansion of the service, incorporating surgical patients and pathways still operating out of the Surgical Observation Unit (SOU). Currently, the patients within these pathways breach their 4-hour standard as clinical exceptions or treatment end waits. These breaches can account for 30% of the total breach reasons between January and July 2018 on site with a proportion of these patients under the Ambulatory Care pathways. There is a potential for a 60% performance improvement within SOU (467 breaches out of 745 relating to treatment end waits). The Ambulatory Care Clinic has 2 trolleys and 1 seated space in which to review patients and this capacity is able to review up to 15 patients per day. The relocation of this service will allow the introduction of additional pathways therefore able to review more patients, reduce overcrowding within the ED and lead to a better experience for both patients and staff.

With the expansion of both the medical and surgical pathways, the team expect to see a 2% overall performance improvement; with 1% coming from the medical pathways and 1% from the surgical pathways based on the number of the breaches recorded that would have been suitable for this service.

Within Exam at the RIE, there is now a dedicated minor injuries space where all category 7 (minor injury) patients are reviewed. Along with its own dedicated cubicles, this service streamlines their patients with their own dedicated staff of ANPs to ensure patients are treated in a timely manner. By streamlining these patients, it reduces the overall number of patients within the department and reduces first assessment delays at the same time. Improvement work is still ongoing within this area and the team is currently adjusting its staffing model to ensure there is enough staff during the evening when the presentation profile peaks and where we would record first assessment delays. To support this work, a pan Lothian review of Advanced nursing practise was commissioned and undertaken during November and December by an external Emergency Care Advanced nursing expert. The output of this work will now inform the advanced practise model going forward as it relates to Minor Injury and Acute Medicine services. The aim is to ensure there is a flexible and adaptable workforce that fits within a multidisciplinary team to meet the demands of the service safely and efficiently.

As part of the front door redesign process, plans are being progressed to provide a modular unit adjacent and linked to the RIE ED, from which a dedicated minor injuries service can be provided as an interim solution and test of change.

The modular unit will comprise at least six treatment spaces and a separate reception and waiting area. It will have a dedicated entrance, and patients will be encouraged to self-refer directly to minor injuries on arrival at the RIE, rather than to access the service via the ED. This may require Communications support, although a full public campaign will not be required as we would continue to encourage patients to attend the WGH Minor Injuries Unit rather than the RIE site. If patients present to the ED reception with what appears to be a minor injury, they will be triaged through minors triage in the main department, and continue their pathway through to first assessment and diagnostic ordering prior to transfer to the minor injuries unit if appropriate.

The modular unit will provide opportunities to perform some tests of change prior to confirming the size and footprint of a more permanent solution for minor injuries within the RIE footprint. For example, there will be an opportunity to test whether the unit needs to be open and staffed outside the ED 24 hours per day, and also to assess whether conditions other than Triage Category 7 could be effectively and efficiently seen and treated within the unit – i.e. some minor illnesses.

Once operational the unit there is an intention to test improvement ideas, including:

- Potentially pulling additional patients from other triage categories e.g. TC4 from ED (Minor Illness);
- Closing Minor Injuries overnight when there are fewer minor presentations, to pull staff into the main ED;
- Consider the use of Minor Injuries for supplementary ambulatory care, if available.

The modular build is expected to be ready by mid-January 2019 with a plan to set up over the weekend and be ready to open late January/early February 2019. All equipment has been ordered and will arrive ahead of opening to ensure any shortfalls can be addressed.

A short-term trial of additional Consultant cover took place on three occasions over October and November within Ambulatory Care, at the RIE. This test of change sought to reduce the number of return patients booked into the clinic, thereby freeing capacity to pull more patients from the ED. These tests of changes were positive with 10 patients pulled out of the general emergency department activity each trial and GP/Interface activity to Ambulatory Care and a reduced length of stay for these patients compared to the normal emergency department length of stay at these times.

To provide a local service commensurate to that provided at comparable sites, the service would require 3.3 WTE in consultant cover. Additional nursing cover would also be required, extending into the evenings and if growth in this area were to mirror that of comparable sites. A bid for funding has been submitted to Scottish Government to enact this positive test of change permanently which would allow Ambulatory Care to extend the hours of care from 0800-2000 seven days a week.

A Chest Pain Observation pathway has been developed for the management of suitable patients presenting with chest pain whose troponin levels need to be monitored beyond the 4 hours emergency access standard period. A test of change whereby 2 beds within AMU will be dedicated for 3 hour troponin occurred from 17th December 2018 with evaluation expected January – February 2019.

It is worth noting that escalations are regularly distributed from the ED team to the Senior Management Team to raise any first assessment delays. The current text escalation includes the following:

- Time to first assessment;
- Number of patients awaiting assessment;
- Actions taken to address issue;
- Reference escalation status (green/amber/red);
- Detail impact of crowding on assessment.

Following successful consultation with the external support team a number of further improvements are currently being explored and implemented to support performance further in line with the academy report. The Thematic Analysis of Breach work involves reviewing patients in real time to ensure the actual time of exit from the department was captured correctly to ensure assurance around breach reasons/volume.

A long standing problem had been that there was nowhere for patients who had been discharged but waiting for transport home or to other hospitals. There has been liaison with the Scottish Ambulance Service about making this more efficient. These types of waits were often the longest. Patients were now being taken off the clock at discharge rather than on leaving the waiting room in line with guidance from the external support team.

Members of the RIE senior team have also committed to working extended shifts to support the Site and Capacity team make decisions overnight when access to a senior decision maker is, typically limited. Following the success of this change, one element of the RIE's winter plan, which has been agreed by the Unscheduled Care Committee, will ensure Senior Managers would be covering extended hours until 9pm from December throughout the Winter months.

On the 14th October the ED the RIE introduced a Safety Pause into the department. The purpose of the Safety Pause was to bring together the Clinical Nurse Manager, Nurse in Charge, and Emergency Practitioner in Charge and Senior Manager for a short, sharp review of the department to understand safety issues, breaches that require review and to understand current performance. They are scheduled to take place every 2 hours although these can be escalated to hourly if safety issues persist. These Safety Pauses will be embedded ongoing throughout the adult Acute Sites in January to March 2019 and evaluated for effectiveness.

To complement the Safety Pause arrangements had been made for the department office at ED to become the Control Room. This room would be fitted with tableau screens showing the numbers in the department and other measures so that staff could see what was happening in real time and plan for corrective action should signs of crowding issues or other concerns emerge. Table 2 below shows the month on month trend and improvement of compliance against the 4 Hour Emergency Access Standard from September to October 2018. Table 3, beneath shows the impact made to address long waits throughout the year, most notable an improvement of 81.6% (Jan 2018, 152 vs. December 2018, 28);

Table 2 Compliance against 4 Hour Emergency Access Standard, Royal Infirmary of Edinburgh, September- October

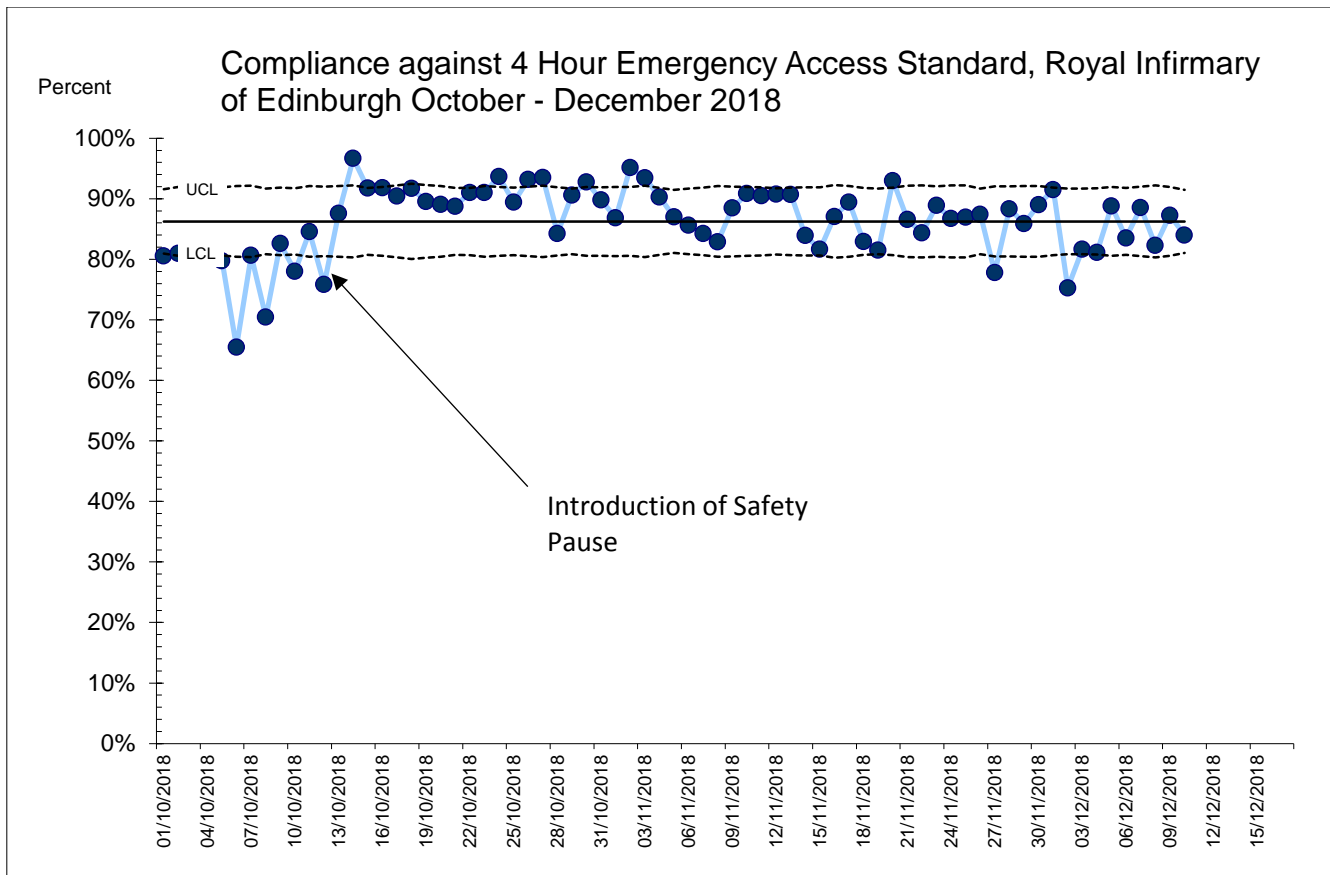
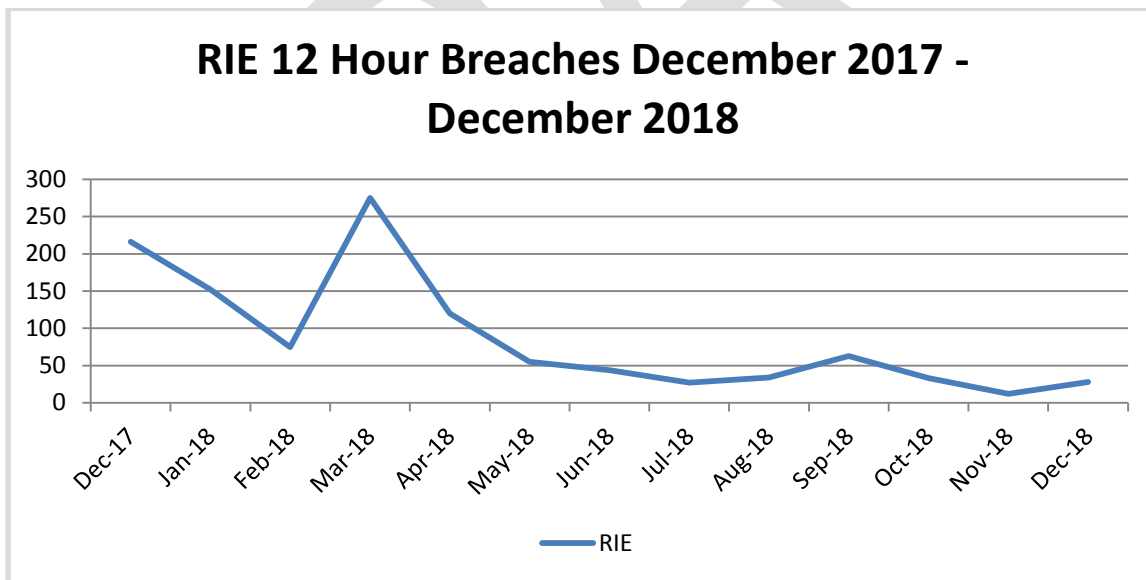


Table 3 12 Breaches, Royal Infirmary of Edinburgh, December 2017 vs. December 2018



On the 30th November a multidisciplinary workshop took place at the RIE with representation from Nursing, AHP, Medical, Clinical and Diagnostic Staff with the express aim of:

- Understanding the current process Majors Triage Process
- Sense check the data that was collected to date
- Identify the areas that the require more work
- Identify what a good 'majors triage' process would be

- Generate ideas for testing
- Identify who can help take this forward

There was an excellent level of engagement from staff both on the day and in design of the principles of the workshop. On the day, delegates were asked to define a good major triage process from the perspective of a patient and then to come up with change ideas to make this happen. Although not every group described the same process, there were commonalities and these have been used to develop a draft pathway. Change ideas linked to this pathway are currently being tested, for example a triage nurse specifically for self-presenting patients and improved information for patients on what to expect. Further workshops are planned throughout 2019 to build on this success and report on the outcome of the testing suggested.

Since the workshop a dedicated triage nurse for self-presenting patients was put in place 24/7. Qualitative feedback from staff has been very positive with staff citing that the working environment feels safer and more controlled. Quantitative data shows significant improvement in delivery times and in ensuring rapid assessment of presenting patients. The implementation of this 'new model' was undertaken following a test of change and from concept to full implementation took two weeks.

Other works associated with the QI Collaborative includes:

- Protected CSW role to do triage tasks was tested w/c 7th January 2019
- Information for patients on what to expect in ED is currently being developed and tested with patients.
- Bite-size bespoke QI training is planned for both medical and nursing staff in February 2019.
- Other work planned for January and February includes testing the use of triage cards (to standardise the process by condition) and baseline data collection on ECG use

The Emergency Department at SJH provides a 24/7 Unscheduled Care service. In 2017 just under 55,000 patients were assessed and treated in the department. The department manages on average between 150 and just over 200 presentations per day. The SJH ED Redesign has been recognised by NHS Lothian as a priority. The SJH Front Door redesign will be addressed in a phased approach. Phase 1 entails the ED Front door redesign, which is the current focus. Phases 2 and 3 describe the development of the clinical pathways for Ambulatory Care and the Medical Admission Unit (MAU) and the creation of appropriate space to accommodate these.

What is still to come?

1. Additional Band 6/7 nursing staff to be introduced at the Front Door of RIE to support education, ED processes and flow, patient safety and leadership – January 2019
2. Additional Medicine of the Elderly (MoE) Consultant and Clinical Fellows across the Acute Sites: RIE MoE (1), Stroke (1), WGH MoE (2) and Clinical Fellows (4), and SJH MoE (2) and Clinical Fellows (2).
3. Further work to be undertaken to understand demand profile at RIE ED, led by Nursing.
4. Safety Pauses to be embedded at 'Business as Usual' and evaluated for effectiveness.
5. Additional Ambulatory Care funding bid submitted to SG
6. Troponin/AMU Test of Change to be launched late December 2018 and evaluated early 2019
7. Dedicated Minor Injuries Unit (MIU) to be opened at RIE – January 2019
8. QI Program to be established at SJH
9. Development of Initial Agreement for RIE Front Door Redesign and associated Clinical Models (January – March 2019)
10. Development of Standard Business Case for SJH Front Door Redesign and associated Clinical Model (January – March 2019)
11. Continue to develop a model of shared leadership at triumvirate level that does not restrict individuals in their designated roles but encourages a shared sense of accountability at organisational level with shared leadership and teamwork

Site Leadership

A review of the leadership requirements on all three sites should be undertaken aimed at strengthening the overall general and clinical management of the whole site:

1. Review the structure, skill mix and experience of the senior triumvirate site team and ensure the appropriate support and development needs are addressed to resolve the identified challenges. This should include;
 - Site Directors should be given support to implement good staff management structures and processes. This should include formalising meetings with minutes, actions and regular communication with staff etc. ensuring all staff have regular contact with their line manager with effective annual appraisal, including PDP.
 - Appoint site-based medical leads with sufficient allocated time and responsibility for all medical matters, patient safety and quality consistent with the '6 Essential Actions'.
2. Review the management arrangements of the Site and Capacity team with clear line management established immediately. In addition, the role should include responsibility to manage the patient journey rather than a just focus on beds.

Intended Outcomes

Each adult acute site should have a triumvirate team in place with clear role and remit of individual members (Site Director, AMD, AND).

The joint CD role at RIE/SJH should be split to be site specific and have clear role and remit.

The joint scheduled and unscheduled care General Manager post at SJH should be reviewed to ensure adequate coverage of these two pressure points.

Progress to Date

A vacancy for the Clinical Director (CD) role allowed reconfiguration of the medical management structure, and a CD for each adult ED (RIE and SJH) has been appointed. This addresses an important aspect of the review regarding the connection between ED at SJH and the site leadership team. To complement the role, a Deputy CD has also been appointed at the RIE while the CD at SJH is supported by an established, experienced clinical lead.

Each adult acute site now has the complete and dedicated triumvirate including SJH where previously the AMD was employed in a dual role which also encompassed outpatients. This remit now includes ED at the expense of outpatients.

Work is in progress to support both incoming individuals with their development needs. Additional support and coaching has been provided to those in leadership roles. There is ongoing work with the Associate Medical Directors to bring clarity to their contribution to safe patient care on each site, particularly regarding Unscheduled Care with the fluctuations in demand and the need to maintain the perspective that this is a whole system measure, through engagement with Clinical Directors in specialties supporting unscheduled admissions.

The external review raised concerns about the engagement and availability of medical leaders (principally AMDs) and actions have been developed to clarify their role and contribution to issues on the site as they occur. The Executive Medical Director is leading a specific piece of work to review the site medical leadership arrangements. The initial focus has been on the role of the AMD and AND, with an initial desktop review of job descriptions, moving to a review of the "As Is" arrangements to determine if there are opportunities to strengthen and improve the current working arrangements.

In line with the explicit recommendations regarding Site and Capacity teams a full and comprehensive review of job descriptions has been completed and the Department of Anaesthetics, Theatres and Critical Care (DATCC) took on the responsibility for the management of the Site and Capacity teams from 31 July 2018. Work with the team is continuing supported by OD colleagues. Work continues with site management teams to fully integrated Site and Capacity within each Acute site.

Ongoing Oversight

This progress report summarises the key actions taken to address the recommendations made by the Scottish Academy of Medical Royal Colleges and Faculties. During the course of the 4 hour emergency access standard-programme, actions have been delivered, and accompanying evidence has been provided to assure the Oversight and Assurance Group of completion. This progress report is a mechanism to detail the significant efforts made thus far to address the Academy report recommendations and the resultant improvement actions. While NHS Lothian recognises the sustained efforts made to address the concerns raised and conclude actions, there is acknowledgement that there is still work required to continue to develop good practice, address the culture associated with performance, and embed new and emerging

actions as business as usual. Appendix 1 shows the full programme plan and clearly indicates the accountable body/committee tasked with ensuring those actions that have been completed to 100% are reviewed regularly for adherence to the original recommendations outlined in the Academy report.

DRAFT

Summary of Programme Plan (January – March 2019)

Task	Owner	Date from	Date to
Programme Set Up			
Continue to Report Risk & Issue Management Process through PDG/OAG	Bhav Joshi	18/10/2018	31/03/2019
Communications approach to be developed for SJH and actioned	Judith MacKay	31/12/2019	01/02/2019
Communications plan for Lothian to be actioned as per schedule	Judith MacKay	31/12/2019	31/03/2019
NHS Lothian's Internal Audit Report, SAE Process			
Draft Governance Structure (External Support Team)	External Support Team	21/06/2018	31/03/2019
Governance			
Commission site directors to undertake review of all unscheduled care meetings to review escalation structure from ward to board	Jim Crombie/	21/06/2018	18/01/2019
Development of Leadership document for staff to understand role and remit of general management structure across Acute Hospitals	Jim Crombie/Judith	31/12/2018	31/01/2019
Ensure there are adequate arrangements in place for the Management of 4EAS Risks			
Ensure regular review of acute risk register for each acute site	Jim	21/06/2018	31/03/2019
Unscheduled Care Committee to assume overall ownership of 4EAS Corporate and Acute Risk	Jim Crombie/Jim Forrest	11/01/2019	31/03/2019
Site and Staff Leadership			
Ensure there are Visible Support arrangements in place for Site Leadership Teams	Jim Crombie	21/06/2018	31/03/2019
Ensure there is clear evidence of Effective Site Leadership			
Review Structure, Skill Mix & Experience of Senior Triumvirate Team at each site	Jim Crombie	21/06/2018	31/01/2019
Review Access & Governance Committee Arrangements			
Revision of Membership & TOR	Simon Watson	21/06/2018	31/03/2019
Confirm remit of A&G specifically detailing which areas will be covered and those not covered by the WTG framework	Simon Watson	21/06/2018	31/03/2019
Review remit of Access & Governance Committee to include Unscheduled Care	Simon Watson	21/12/2017	31/03/2019
Recording of 4hr Standard Data and Unscheduled Care Performance			
Develop ongoing audit process	Simon Watson	01/11/2017	03/03/2019

Task	Owner	Date from	Date to
Staff and Patient Experience/Culture			
Development of Speak Up Campaign			
Launch of Speak Up Campaign	Janis Butler	21/06/2018	31/03/2019
Staff Experience, Cultures and Values			
Develop OD Plans which engage with multidisciplinary teams across each site (including site and capacity) and review	Janis Butler	01/04/2018	31/03/2019
Implement OD Plans which engage with multidisciplinary teams across each site	Janis Butler/Site Directors	01/04/2018	31/03/2019
Measure impact of OD Plans on Staff Experience via iMatter and evaluate	Janis Butler	21/06/2018	31/03/2019
Continuation of emergency department QI collaborative/clinical programme with leads and H&SCPs - See Patient Safety and Quality for PDSA work	Site Directors/Simon	21/06/2018	31/03/2019
MDT Workshops for ED teams to be diarised and delivered in line with QI Roadmap	Simon Watson	01/12/2018	31/03/2019
Consolidation of PREP-STAT Framework for whole system escalation to be agreed	Jim Crombie	01/12/2018	14/02/2019
Embed policy within each site with regular review	Site Directors	21/06/2012	31/03/2019
Patient Safety and Quality of Care			
PDSA Cycle for Short Stay Observation Unit to be actioned using AMU Beds	Jim Crombie	31/03/2019	01/05/2019
Minor Injuries Unit RIE to be opened	Jim Crombie	21/06/2018	21/01/2019
Develop Clinical Model needed to optimise clinical flow within SJH ED	Jim Crombie	21/06/2018	01/03/2019
Progress IA needed to support Clinical Model including increasing footprint at SJH.	Jim Crombie	21/06/2018	29/01/2019
Introduce additional nursing resource at front door of RIE to support education, ED Processes and flow, patient safety and leadership	Jim Crombie	01/12/2018	11/01/2019
Additional MoE and Clinical Fellow appointments to be made across all adult acute sites	Jim Crombie	07/01/2019	31/03/2019
Ambulatory Care funding bid to be submitted to SG to extend opening hours and actioned upon receipt	Jim Crombie	01/12/2018	31/01/2019
Troponin/AMU test of change to be launched and evaluated by early 2019	Jim Crombie	01/12/2018	31/01/2019
Development of SBC for front door redesign for SJH	Jim Crombie	01/12/2018	31/03/2019
Implementation of Triage test of change at SJH (doubling triage nurse) to be finalised and evaluated early 2019	Jim Crombie	01/12/2018	01/02/2019
Safety Pauses to be evaluated for consistency and effectiveness	Jim Crombie	01/12/2018	31/03/2019
Development of triage cards to standardise process by condition to be tested	Simon Watson	01/12/2018	24/01/2019
PDSA cycle to be initiated to test protection of CSW role to do triage tasks and evaluate impact	Simon Watson	01/12/2018	25/01/2019
Information for patients on what to expect in ED is currently being developed and to be tested	Simon Watson/Judith	31/12/2019	24/01/2019
Development of Initial Agreement for RIE Front Door Redesign and associated Clinical Models	Jim Crombie	01/12/2018	31/03/2019

Appendices

- Appendix 1- Extract of Full Programme Plan
- Appendix 2- Communications Plan
- Appendix 3- Unscheduled Care Performance
- Appendix 4- Embedding Quality throughout NHS Lothian

Appendix 1

Recommendation Reference	ID	Task	Owner	Accountable Management Oversight Group	Accountable Governance Committee	Date from	Date to	% Completed
			Version 0.40			01/11/2017	31/03/2019	
1 Programme Set Up								
	1.2	Establish Programme Team	Tim Davison	Oversight and Assurance Group	Audit and Risk Committee	03/09/2018	04/10/2018	100.0
17	1.2.1	Programme Scope Agreed	Tim Davison	Oversight and Assurance Group	Audit and Risk Committee	06/06/2018	05/10/2018	100.0
17	1.2.2	Agree Governance & Accountability	PDG/OAG	Oversight and Assurance Group	Audit and Risk Committee	06/06/2018	04/10/2018	100.0
17	1.2.3	Continue to Report Risk and Issue Management Process through PDG/OAG	Bhav Joshi	Oversight and Assurance Group	Audit and Risk Committee	18/10/2018	31/03/2019	75.0
17	1.2.4	Refresh existing Communications Plan	Judith MacKay	Oversight and Assurance Group	Audit and Risk Committee	18/10/2018	08/11/2018	100.0
1, 15	1.2.5	Draft Programme Plan	Bhav Joshi	Oversight and Assurance Group	Audit and Risk Committee	06/06/2018	11/10/2018	100.0
17	1.2.6	Establish Weekly Fortnightly PDG & OAG Meetings/Calls	Bhav Joshi/Chris Graham	Oversight and Assurance Group	Audit and Risk Committee	20/09/2018	04/10/2018	100.0
17	1.2.7	Establish highlight reporting & escalation protocols	Bhav Joshi	Oversight and Assurance Group	Audit and Risk Committee	18/10/2018	01/11/2018	100.0
	1.2.8	Communications approach to be developed for SJH and actioned	Judith MacKay	Oversight and Assurance Group	Audit and Risk Committee	31/12/2018	01/02/2019	50.0
	1.2.9	Communications plan for Lothian to be actioned as per schedule	Judith MacKay	Oversight and Assurance Group	Audit and Risk Committee	31/12/2018	31/03/2019	50.0
2 NHS Lothian's Internal Audit Report, SAE Process								
2	2.1	Appointment of Independent Assurance (External Support Team) to provide assurance & expedite deliverables	Helen Maitland	Oversight and Assurance Group	Audit and Risk Committee	01/08/2018	30/09/2018	100.0
	2.2	Draft Governance Structure (External Support Team)	External Support Team	Oversight and Assurance Group	Audit and Risk Committee	21/06/2018	31/03/2019	75.0
17	2.2.1	Agree Governance Structure for PDG/OAG	Tim Davison	Oversight and Assurance Group	Audit and Risk Committee	20/09/2018	04/10/2018	100.0
	2.3	Establish Governance Oversight Group	Bhav Joshi	Oversight and Assurance Group	Audit and Risk Committee	01/09/2018	20/09/2018	100.0
17	2.3.1	Draft Terms of Reference	Bhav Joshi	Oversight and Assurance Group	Audit and Risk Committee	20/09/2018	04/10/2018	100.0
17	2.3.2	Agree Terms of reference	Bhav Joshi	Oversight and Assurance Group	Audit and Risk Committee	20/09/2018	04/10/2018	100.0
	2.4	Establish Programme Delivery Group	Bhav Joshi	Oversight and Assurance Group	Audit and Risk Committee	01/09/2018	20/09/2018	100.0
17	2.4.1	Draft Terms of Reference	Bhav Joshi	Oversight and Assurance Group	Audit and Risk Committee	01/09/2018	20/09/2018	100.0
17	2.4.2	Agree Terms of reference	Bhav Joshi	Oversight and Assurance Group	Audit and Risk Committee	01/09/2018	20/09/2018	100.0
3 Governance								
4	3.1	Develop and document board development structure through schematic	Jim Crombie	Oversight and Assurance Group	Audit and Risk Committee	21/06/2018	31/12/2018	100.0
27	3.2	Board Development Session on Unscheduled Care	Brian Houston	Oversight and Assurance Group	Audit and Risk Committee	11/05/2018	16/05/2018	100.0
18b	3.3	Ensure Site Emergency Access Meeting is minuted & submitted to Clinical Management Group & Unscheduled Care Committee for oversight	Site Directors	Oversight and Assurance Group	Audit and Risk Committee	21/06/2018	04/03/2019	100.0
	3.4	Commission site directors to undertake review of all unscheduled care meetings to review escalation structure from ward to board	Jim Crombie	Oversight and Assurance Group	Audit and Risk Committee	21/06/2018	31/03/2019	75.0
	3.5	Ensure compliance with Lothian procedures & processes for developing & approving policies (& Policy Hub)	Janis Butler	Oversight and Assurance Group	Audit and Risk Committee	21/06/2018	31/12/2018	100.0
	3.6	Ensure there are adequate arrangements in place for the Management of 4EAS Risks		Oversight and Assurance Group	Audit and Risk Committee			
4, 5, 26, 36	3.6.1	Unscheduled Care Committee to assume overall ownership of 4EAS Corporate and Acute Risk	Jim Crombie/Jim Forrest	Oversight and Assurance Group	Audit and Risk Committee	11/01/2019	31/03/2019	50.0
4, 5, 26, 36	3.6.2	Ensure regular review of acute risk register for each acute site	Jim Crombie/Jim Forrest	Oversight and Assurance Group	Audit and Risk Committee	21/06/2018	31/03/2019	75.0
59	3.6.3	Consider how non executive directors can increase the number of site visits and engage with colleagues across acute adult sites	Tim Davison	Oversight and Assurance Group	Audit and Risk Committee	21/06/2018	31/12/2018	100.0
3.7 Improving Escalation and Response								
	3.7.1	Deliver workshop with IJB/Partnership and Acute to discuss Pan Lothian approach to escalation	Jim Crombie	CMT	Audit and Risk Committee	01/12/2018	31/12/2018	100.0
	3.7.2	Delivery of second stage workshop to develop and clarify the role of whole system escalation building on first workshop	Jim Crombie	CMT	Audit and Risk Committee	31/12/2018	14/02/2019	25.0
	3.8	Development of Leadership document for staff to understand role and remit of general management structure across Acute Hospitals	Jim Crombie/Judith Mackay	Oversight and Assurance Group	Audit and Risk Committee	31/12/2018	31/01/2019	75.0
4 Site and Staff Leadership								
	4.1	Ensure there are Visible Support arrangements in place for Site Leadership Teams						
4	4.1.1	Effective management, reporting and escalation of risks & issues from site level to Senior Management	Jim Crombie	Oversight and Assurance Group	Audit and Risk Committee	21/06/2018	21/12/2018	100.0
3	4.1.2	Invite NHSL sub committees to consider contents of academy report to ensure full coverage at all levels (incl. non exec directors).	Janis Butler, Tracey Gillies, Jim Crombie	Oversight and Assurance Group	Audit and Risk Committee	21/06/2018	21/12/2018	100.0
	4.2	Ensure there is clear evidence of Effective Site Leadership						

23	4.2.1	Review site senior medical leadership arrangements to ensure sufficient allocated presence at each site	Jim Crombie/Tracey Gillies	Oversight and Assurance Group	Audit and Risk Committee	21/06/2018	21/12/2018	100.0
21	4.2.2	Review Structure, Skill Mix & Experience of Senior Triumvirate Team at each site	Jim Crombie	Oversight and Assurance Group	Audit and Risk Committee	21/06/2018	31/01/2019	75.0
39, 54, 55, 6, 58	4.2.3	Review site clinical leadership job descriptions (Ass. Med Dir & Ass. Nurse Dir)	Brian Cook/Sarah Ballard-Smith	Oversight and Assurance Group	Audit and Risk Committee	06/12/2017	06/12/2018	100.0
10, 37	4.2.4	Embed the EPIC role across each emergency department in Lothian	Jim Crombie	Oversight and Assurance Group	Audit and Risk Committee	21/06/2018	31/12/2018	100.0
4.3 Review Access & Governance Committee Arrangements								
7, 37	4.3.1	Appoint Non-Exec Member	Brian Houston	Oversight and Assurance Group	Audit and Risk Committee	21/06/2018	31/12/2018	100.0
52, 38	4.3.2	Revision of Membership & TOR	Simon Watson	Oversight and Assurance Group	Audit and Risk Committee	21/06/2018	31/03/2019	50.0
52	4.3.3	Confirm remit of A&G specifically detailing which areas will be covered and those not covered by the WTG framework	Simon Watson	Oversight and Assurance Group	Audit and Risk Committee	21/06/2018	31/03/2019	50.0
7, 38	4.3.4	Review remit of Access & Governance Committee to include unscheduled care	Simon Watson	Oversight and Assurance Group	Audit and Risk Committee	21/12/2017	31/03/2019	50.0
5 Recording of 4hr Standard Data and Unscheduled Care Performance								
31	5.1	Audit of Unscheduled Care Data	Simon Watson	Oversight and Assurance Group	Information Governance Committee	01/11/2017	03/03/2019	100.0
13, 25, 34, 44, 47, 43	5.2	Create local SOP in line with national guidance	Simon Watson	Oversight and Assurance Group	Information Governance Committee	01/11/2017	03/03/2019	100.0
14, 45, 49	5.3	Develop ongoing audit process	Simon Watson	Oversight and Assurance Group	Information Governance Committee	01/11/2017	03/03/2019	50.0
33	5.4	Work with SG to update national guidance	Simon Watson	Oversight and Assurance Group	Information Governance Committee	01/11/2017	03/03/2019	100.0
32, 46, 51	5.5	Create process monitoring dashboards to identify errors	Simon Watson	Oversight and Assurance Group	Information Governance Committee	01/11/2017	31/12/2018	100.0
10	5.6	Develop face to face and online training for staff	Simon Watson	Oversight and Assurance Group	Information Governance Committee	01/11/2017	31/12/2018	100.0
6 Staff and Patient Experience/Culture								
6.1 Development of Speak Up Campaign								
16	6.1.1	Development of Speak Up Campaign	Janis Butler/Ruth Kelly	Oversight and Assurance Group	Staff Governance Committee	21/06/2018	24/10/2018	100.0
16	6.1.2	Launch of Speak Up Campaign	Ruth Kelly	Oversight and Assurance Group	Staff Governance Committee	21/06/2018	31/03/2019	50.0
6.2 Staff Experience, Cultures and Values								
9, 40, 48, 59	6.2.1	Develop OD Plans which engage with multidisciplinary teams across each site (including site and capacity)	Janis Butler	Oversight and Assurance Group	Staff Governance Committee	01/04/2018	31/03/2019	100.0
9, 12, 59	6.2.2	Implement OD Plans which engage with multidisciplinary teams across each site	Janis Butler/Site Directors	Oversight and Assurance Group	Staff Governance Committee	01/04/2018	31/03/2019	50.0
9, 12	6.2.3	Measure impact of OD Plans on Staff Experience via iMatter And Focus Groups	Janis Butler	Oversight and Assurance Group	Staff Governance Committee	21/06/2018	31/03/2019	25.0
41, 39	6.2.4	Continuation of emergency department QI collaborative/clinical programme with leads and H&SCPs	Site Directors/Simon Watson	Oversight and Assurance Group	Staff Governance Committee	21/06/2018	31/03/2019	25.0
	6.2.5	MDT Workshops for ED teams to diarised and delivered in line with QI roadmap	Simon Watson	Oversight and Assurance Group	Staff Governance Committee	01/12/2018	31/03/2019	25.0
	6.2.6	Consolidation of PREP-STAT Framework for whole system escalation to be agreed	Jim Crombie	Oversight and Assurance Group	Staff Governance Committee	01/12/2018	14/02/2019	50.0
6.3 Ensure there are adequate processes in place to manage Whistleblowing								
28	6.3.1	Develop Staff Engagement and Experience Framework	Janis Butler	Oversight and Assurance Group	Staff Governance Committee	21/06/2018	01/03/2019	100.0
28	6.3.2	Launch Staff Engagement and Experience Framework	Janis Butler	Oversight and Assurance Group	Staff Governance Committee	21/06/2018	24/09/2018	100.0
28	6.3.3	Approval of Staff Engagement and Experience Framework to Staff Governance Committee with regular review	Janis Butler	Oversight and Assurance Group	Staff Governance Committee	21/06/2018	24/10/2018	100.0
30, 29	6.3.4	Review purpose of daily pan lothian teleconference	Jim Crombie	Oversight and Assurance Group	Staff Governance Committee	21/06/2018	21/12/2018	100.0
11	6.3.5	Review Purpose of Site Safety Huddle	Jim Crombie	Oversight and Assurance Group	Staff Governance Committee	21/06/2018	21/12/2018	100.0
18b	6.3.6	Individual feedback and support to be offered to staff directly impacted by the whistleblowing allegation	Alison Mitchell	Oversight and Assurance Group	Staff Governance Committee	21/06/2018	21/12/2018	100.0
18b	6.3.7	All staff to receive clear and appropriate communication regarding investigation report and actions	Jim Crombie	Oversight and Assurance Group	Staff Governance Committee	21/06/2018	21/12/2018	100.0
6.4 Develop "6 Essential Actions" Local Plan								
19	6.4.1	Service Improvement Team to attend monthly meeting with SG to update on progress	Jim Crombie	Oversight and Assurance Group	Staff Governance Committee	05/10/2018	04/03/2019	100.0
19	6.4.2	Local Delivery Plans to be shared & discussed bi-monthly with Unscheduled Care Committee	Jim Crombie	Oversight and Assurance Group	Staff Governance Committee	05/10/2018	04/03/2019	100.0
19, 21, 22, 23	6.4.3	Review TOR & Membership of Site Emergency Access Meetings to ensure alignment with "6 Essential Actions"	Jim Crombie/ Site Directors	Oversight and Assurance Group	Staff Governance Committee	21/06/2018	21/12/2018	100.0
6.5 Review of Bullying and Harassment Policy								
8, 18a	6.5.1	Review Bullying and Harassment Policy to ensure PIN complaint	Janis Butler	Oversight and Assurance Group	Staff Governance Committee	21/06/2018	05/09/2018	100.0
8, 18a	6.5.2	Refresh Bullying and Harassment Policy to make organisational values more explicit and emphasise informal resolution incl. mediation	Janis Butler	Oversight and Assurance Group	Staff Governance Committee	21/06/2018	31/10/2018	100.0
18a	6.5.3	Embed policy within each site with regular review	Site Directors	Oversight and Assurance Group	Staff Governance Committee	21/06/2012	31/03/2019	25.0
	6.6	Review of Site and Capacity						

24, 48, 37	6.6.1	Review management arrangements within site and capacity	Jim Crombie	Oversight and Assurance Group	Staff Governance Committee	21/06/2018	31/12/2018	100.0
48, 56.	6.6.2	Review job descriptions within site and capacity	Jim Crombie	Oversight and Assurance Group	Staff Governance Committee	06/12/2017	31/07/2018	100.0
60	6.6.3	Management and reporting lines to be clarified and implemented for site and capacity teams	Jim Crombie	Oversight and Assurance Group	Staff Governance Committee	06/12/2017	31/07/2018	100.0
7 Patient Safety and Quality of Care								
	7.1.1	Ambulatory Care Clinic RIE to be scoped	Jim Crombie	Oversight and Assurance Group	Healthcare Governance Committee	21/06/2018	31/12/2018	100.0
	7.1.2	PDSA Cycle	Jim Crombie	Oversight and Assurance Group	Healthcare Governance Committee	21/06/2018	31/03/2019	50.0
	7.1.3	Short Stay Observation Unit RIE	Jim Crombie	Oversight and Assurance Group	Healthcare Governance Committee	21/06/2018	31/12/2018	100.0
	7.1.4	PDSA Cycle for Short Stay Observation Unit to be actioned using AMU Beds - RIE	Jim Crombie	Oversight and Assurance Group	Healthcare Governance Committee	31/03/2019	01/05/2019	0.0
	7.1.5	Minor Injuries Unit RIE to be opened	Jim Crombie	Oversight and Assurance Group	Healthcare Governance Committee	21/06/2018	21/01/2019	50.0
53	7.1.6	Develop Clinical Model needed to optimise clinical flow within SJH ED	Jim Crombie	Oversight and Assurance Group	Healthcare Governance Committee	21/06/2018	01/03/2019	75.0
53	7.1.7	Progress IA needed to support Clinical Model including increasing footprint at SJH.	Jim Crombie	Oversight and Assurance Group	Healthcare Governance Committee	21/06/2018	29/01/2019	75.0
53	7.1.8	Establish stakeholder group to progress development of IA and Clinical Model at SJH	Jim Crombie	Oversight and Assurance Group	Healthcare Governance Committee	21/06/2018	31/12/2018	100.0
	7.1.9	Introduce additional nursing resource at front door of RIE to support education, ED Processes and flow, patient safety and leadership	Jim Crombie	Oversight and Assurance Group	Healthcare Governance Committee	01/12/2018	11/01/2019	100.0
	7.1.10	Additional MoE and Clinical Fellow appointments to be made across all adult acute sites	Jim Crombie	Oversight and Assurance Group	Healthcare Governance Committee	07/01/2019	31/03/2019	50.0
	7.1.11	Ambulatory Care funding bid to be submitted to SG to extend opening hours and actioned upon receipt	Jim Crombie	Oversight and Assurance Group	Healthcare Governance Committee	01/12/2018	31/01/2019	75.0
	7.1.12	Troponin/AMU test of change to be launched and evaluated by early 2019	Jim Crombie	Oversight and Assurance Group	Healthcare Governance Committee	01/12/2018	31/01/2019	100.0
	7.1.13	Development of SBC for front door redesign for SJH	Jim Crombie	Oversight and Assurance Group	Healthcare Governance Committee	01/12/2018	31/03/2019	50.0
	7.1.14	Implementation of Triage test of change at SJH (doubling triage nurse) to be finalised and evaluated early 2019	Jim Crombie	Oversight and Assurance Group	Healthcare Governance Committee	01/12/2018	01/02/2019	50.0
	7.1.15	Safety Pauses to be evaluated for consistency and effectiveness	Jim Crombie	Oversight and Assurance Group	Healthcare Governance Committee	01/12/2018	31/03/2019	25.0
	7.1.16	Development of Triage Cards to standardise process by condition to be tested	Jim Crombie	Oversight and Assurance Group	Healthcare Governance Committee	01/12/2018	24/01/2019	25.0
	7.1.17	PDSA cycle to be initiated to test protection of CSW role to do triage tasks and evaluate impact	Simon Watson	Oversight and Assurance Group	Healthcare Governance Committee	01/12/2018	25/01/2019	50.0
	7.1.18	Information for patients on what to expect in ED to be developed and tested	Simon Watson	Oversight and Assurance Group	Healthcare Governance Committee	31/12/2018	24/01/2019	25.0
	7.1.19	Development of Initial Agreement for RIE Front Door Redesign and associated Clinical Models to be concluded	Jim Crombie	Oversight and Assurance Group	Healthcare Governance Committee	01/12/2018	31/03/2019	50.0
20	7.7.20	Ensure boarding policies reflect zero tolerance for mixed sex bays	Jim Crombie	Oversight and Assurance Group	Healthcare Governance Committee	21/06/2018	31/12/2018	100.0

COMMUNICATIONS PLAN

4 Hour Emergency Access Standard Improvement Programme

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1.INTRODUCTION AND OBJECTIVES

This communications plan aims to support delivery of the 4 Hour Emergency Access Standard (4EAS) Programme which follows the External Review report of June 2018 and its recommendations.

Communications work, for early phases at least, will be very largely focussed on internal communications – often at departmental level - to ensure our staff are informed and engaged in the improvement programme and to allow time for progress to bear results. Communications will also aim to give assurance to external stakeholders and to the wider public that a robust programme of improvement work is underway and that progress in NHS Lothian's performance against this important standard is being made.

Activity to improve performance against the 4EAS extends far beyond our Emergency Departments. The challenge requires a whole system response to prevent inappropriate ED presentations, improve patient flow, care for people closer to home and reduce delayed discharge. Over time, communications will reflect the wide range of activity that is taking place to bring about sustained improvement.

3.1 KEY MESSAGES – Internal

Primarily, internal messages are about the need for change, the benefits they will bring and the whole system responsibility for achieving them. These will be supplemented by specific operational 'drill' messaging that emerges through QI work.

- Overcrowding in ED is a patient safety issue. Reducing it will improve patient safety as well as patient and staff experience
- There are actions we can take within ED to help reduce overcrowding
- The External team brings expertise and experience to support us in developing our improvement actions
- Early mitigating action helps prevent overcrowding and improves performance
- Reducing variation will bring sustained improvement
- ED performance is a barometer of the whole system and is owned by the whole system. A whole system response is therefore needed to achieve sustainable improvement
- Staff have a critical role in identifying opportunities for improvement. Their ownership of and involvement in the programme is essential for its success

- NHS Lothian’s commitment to staff is that they should feel supported and able at all times to deliver safe, effective, quality care to their patients

3.2 KEY MESSAGES – External

- NHS Lothian is committed to attaining and sustaining the 4 Hour Emergency Access Standard
- A comprehensive improvement programme is underway to help us attain and sustain the standard that 98 per cent of patients will wait less than 4 hours from arrival to admission, discharge or transfer
- Investment in unscheduled care is a priority for NHS Lothian
- NHS Lothian is opening a new Minor Injuries facility at RIE representing an investment of £3.8m over 2 years
- NHS Lothian has approved an investment proposal of a further £3.47m for the redesign of the Emergency Department at St John’s Hospital
- Patients can help by ensuring they use NHS services wisely and know where to turn to to get the care they need
- NHS Lothian’s commitment to patients is that they will receive safe, effective care in as timely a manner as possible

4. TARGET AUDIENCES

Internal	External
NHS Lothian ED /MIU Staff at RIE, St John’s – both clinical and non-clinical NHS Lothian urgent and unscheduled care staff WGH NHS Lothian Partnership Forum NHS Lothian all staff Health and social care partnership staff NHS Lothian Board members Primary Care practitioners IJB board members in Edinburgh, Midlothian, East Lothian and West Lothian	External Support Group Scottish Government Patients and carers Scottish Ambulance Service MSPs Voluntary sector and community groups Media Public

5. COMMUNICATIONS ACTION PLAN

The Communications Action Plan is a living document that evolves to support workplans at RIE, St John's and WGH and in particular the priorities of the QI developments. It is principally focused on internal communications for the first phase and is reviewed at regular intervals.

NOVEMBER 2018			
Communications Action	Channel	Key message	Date
Create a dedicated area on intranet for staff briefings	Intranet	This is the place to keep up to date with work to improve 4 hour EAS performance	14/11
Chief Exec Message Improved performance	Intranet/website & social media posts	Seeing improvement in 4 hour waiting time performance in ED. Month average up from 83% to 92%	19/11
Chief Exec Message: Restructuring of leadership teams –	Intranet	We're strengthening our leadership arrangements to boost resilience.	20/11
SMT approve modular unit for MIU	Intranet / social channels / website / media –	Enhancing capacity at ERI front foot – plans in immediate and medium term.	22/11
News piece on new MIU and improvement programme	Ed. Eve News	Major NHSL investment in urgent care with MIU facility and additional staff.	22/11
St John's ED Redesign message	ED staff cascade/ Intranet	Major investment plan to improve patient and staff experience st St J's ED and help manage increasing demand.	29/11
DECEMBER 2018			
Communications Action	Channel	Key Message	Date
Briefing Paper	MSP's meeting 7 th Dec and email distribution	Action highlights to date. Scale of challenge. Improvement programme Key actions and winter prep.	7/12

Media Release -Winter Plan	Media All outlets.	Key Actions to prep for winter	7/12
Media Release Winter's No Joke Campaign Launch	Media All Outlets and ongoing social media campaign	Know who to Turn To and Self Care Messages	10/12
Whole System Diagram	Poster – ED staff areas Website/Intranet/	Improving performance is everyone's responsibility. e.gs. of key actions we are taking across the system. These actions will help us attain and sustain the 4 Hour EAS,	10/12 ongoing WIP
RIE – Update: ED Transformation	Poster – Ed staff areas Intranet Email cascade	Workshop outcomes New MIU update Majors Triage test of change	Dec 20
Time To Triage Driver Diagram	Poster – Ed staff areas Intranet Email cascade	Severity of illness assessment within 15 mins Initiation of simple tests and treatment completed in 30 mins Improvement ideas	Dec20
RIE – Progress Update - Majors Triage		'Get the first hour right and the rest will follow' Majors Triage progress and 27/7 launch	Dec 28
JANUARY 2019			
Communications Action	Channel	Key Message	Date
St John's Newsletter	ED and Obs ward All staff areas – printed copies & wall display in all staff areas Email cascade	What is Quality? You said We Did Promote staff involvement in department redesign	w/c Jan 14
RIE - MIU update	Whatsapp	Prep & countdown to opening.	14-21 jan
MIU Opens - newspiece	Intranet all staff. NHSL News site	MIU opens. Major investment to help reduce overcrowding in ED at RIE and	

		help patients get appropriate treatment as quickly as possible.	
MIU – daily performance updates	Whatsapp	stats	From 21 Jan
Governance Video Chief Exec	Intranet./ Team Brief Digital Connections	‘Find out who is responsible for what, how we are held accountable and what we do if things go wrong’	Record w/c 14 Jan
Governance cover sheet and Embedding Quality Document	Intranet. Signposted via video on digital connections, team brief and all staff email cascade.	As above	w/c 21 Jan
ED Improvement Activity Update	Poster all staff areas Email cascade	Data analysis of Majors Triage Agreed Triage Nurse pool Agreed dedicated CSW to carry out actions from triage Workshop info?	w/c jan14th
Patient Info Leaflet	Leaflet distribution to patients on arrival. Poster in public areas	What to expect during your visit	w/c 21 Jan
Media Release – WL IJB approves St John’s ED redesign plan. Stakeholder briefing /All Staff messaging	Media Release MSP Briefing Intranet / Team Brief	Next steps	29 Jan

FEBRUARY 2019			
Communications Action	Channel	Key Message	Date
RIE – early impact of MIU opening. Verbal updates	Safety huddle, intranet Twitter tbc	2 weeks on – Data showing early impact of new MIU on Ed overcrowding.	1 Feb
Whole System Diagram	ED - All staff areas,	Improving performance is everyone’s	

	Intranet. NHSL Team brief Website	responsibility. e.gs. of key actions we are taking across the system.	1 Feb
Publicise Ambulatory Care Workshop? (Date TBC)	Whatsapp groups Verbal at morning huddles Line managers		tbc
ED Improvement Activity Update	Poster in staff areas Email cascade	Ambulatory Care Workshop Outcomes	tbc
Connections Feature Spread	Connections. Intranet News	Where we are: Summary of ED transformation work, new MIU impact, whole system diagram. Messages from CD and CNM from RIE and St John's	End Feb
Flow Centre Feature	Connections / Intranet news / Poss media feature tbc	The critical role of the Flow centre to keep patients moving through the system	tbc

3. TIMESCALE AND COST

It is not envisaged that planned communications will incur any additional costs. Content will be produced in house. Internally it will run on existing and established channels such as newsletters, Team Brief, Connections and internal digital groups. External comms will be through owned channels or earned media. Paid media will be restricted to Winter campaigns covered by winter planning budget.

7. EVALUATION

Evaluation of the communications activities will be based on the outcome of the measurable objectives.

A survey of ED staff can be conducted to assess how well informed they feel and how well they understand the purpose of the improvement programme and its results.

Media coverage can be evaluated through the tone of coverage, in the response of editors to cover articles where suggested and in readers' comments online in response to articles.

The effectiveness of social media can be monitored using in-house analytics.

Appendix 3

Appendix 3 Unscheduled Care Performance January – December 2018

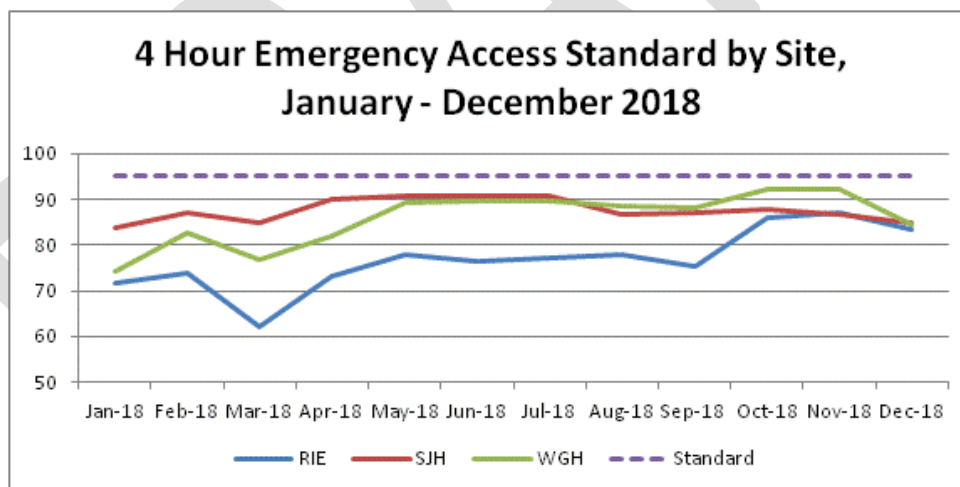
The 4-hour emergency access standard (“the standard”) is a whole system measure; to either admit or provide definitive treatment and discharge for 95% of unscheduled care patients within 4-hours requires a collaborative approach from all parts of the health and social care system to provide patient flow.

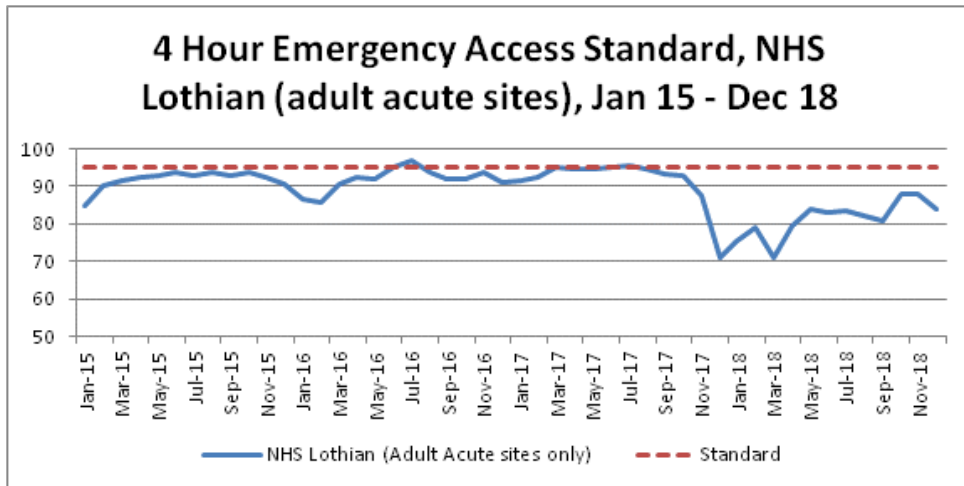
Performance against the 4-hour emergency access standard is influenced by a range of factors including, but not limited to;

- the volume of Emergency Department (ED) attendances,
- the pattern of arrival of ED attendances i.e. high volumes within a short period causing crowding,
- patient acuity,
- bed pressures, most acutely as a result of Delayed Discharges.

NHS Lothian reported compliance to this standard of 84.1% for the month of December 2018. This represents an 8.8% increase since January 2018. The increase in NHS Lothian performance can be attributed to improvement right across the adult acute sites:

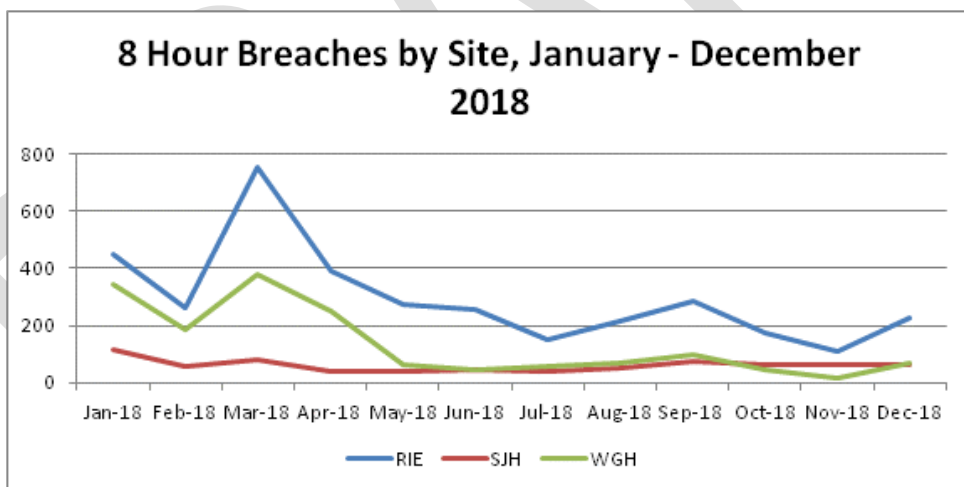
- The RIE has improved from 71.8% (January 2018) to 83.5% (December 2018);
- The WGH has improved from 74.4% (January 2018) to 84.5% (December 2018);
- SJH has improved from 83.7% (January 2018) to 85.0% (December 2018).

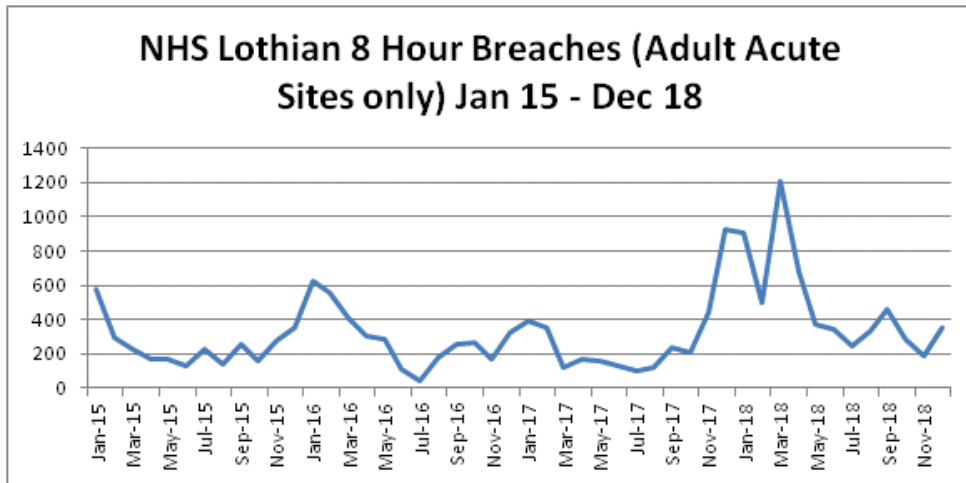




8 hour breach performance has generally improved month on month across all adult sites since January 2018:

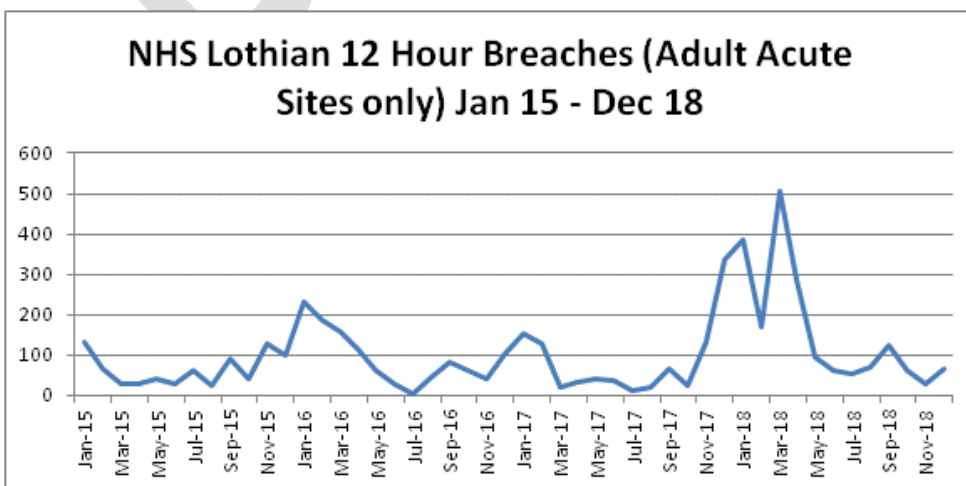
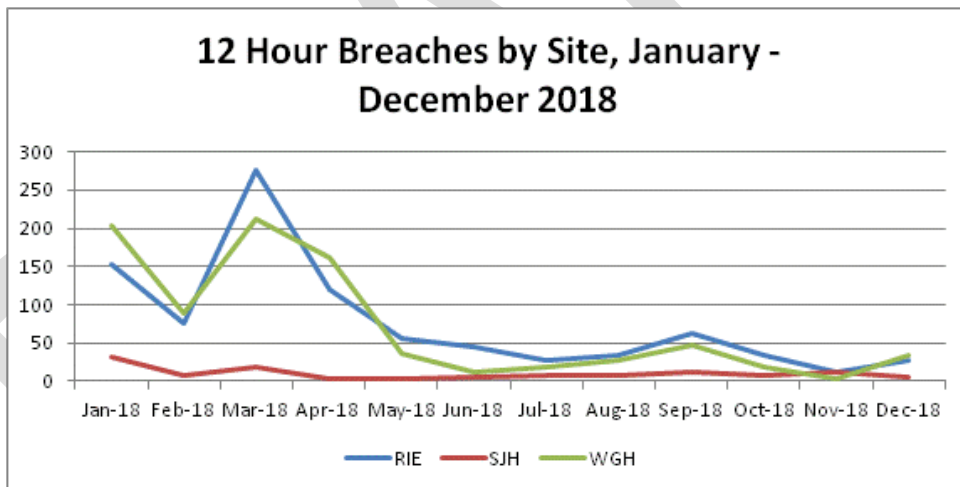
- The RIE has improved its 8 hour breach performance by 49.4% (January 2018, 447 vs. December 2018, 224);
- The WGH improved its 8 hour breach performance by 80.9% (January 2018, 346 vs. December, 66);
- SJH also improved its 8 hour breach performance by 44.9% reducing breach performance from 118 (January 2018) to 65 (December 2018).





12 hour breach performance has also improved month on month in line with 8 hour breach performance across all adult sites:

- The RIE has improved its 12 hour breach performance by 81.6% (January 2018, 152 vs. December 2018, 28);
- The WGH has improved performance by 83.7% (January 2018, 203 vs. December 2018, 33);
- SJH also improved performance in line with other adult acute sites by 80.6% reducing breach performance from 31 (January 2018) to 6 (December 2018).



Performance across the adult acute sites was strained throughout the early part of the year. The sustained pressures that impacted performance throughout the winter months was exacerbated by a number of adverse weather warnings which created difficult conditions for patients and staff. As shown by the data above there has been a gradual improvement across all the unscheduled care markers throughout the year, in particular Breach performance which has shown significant percentage improvement since the start of the year.

The ambition is to widen and evolve the markers associated with performance in Lothian to include patient safety issues such as crowding while also expanding the analysis associated with Breach performance (above) to allow further understanding of reasons behind beds waits, time for first assessment and clinical exceptions. Currently safety issues such as number of escalations and episodes of overcrowding is collated at site level through the safety pauses and safety huddles and through the coming months, further work will refine the data captured and calibrate to be presented in a more meaningful way for site and Board.

DRAFT

Embedding quality throughout NHS Lothian

The purpose of this paper is to summarise the assurance and leadership frameworks from point of care to the board as it relates to the provision of Acute Hospital services within NHS Lothian. Specifically the paper sets out the responsibilities individual staff/ roles/ groups have in contributing to the delivery of safe, effective and person centred care from ward to board and how individual elements of the governance agenda interlink at clinical and managerial level across the board.

Quality and safety of care is embedded throughout the organisation ensuring that safe, effective, person centred care is the primary function of every service throughout NHS Lothian. How the organisation gets assurance on quality and safety of care (healthcare governance) from the front line services to the NHS Board is detailed below and presented under four categories of roles:

- i. Overseeing Role - Governance committees and groups
- ii. Delivering Role - leadership structure, including clinicians involved in management
- iii. Supporting Role - staff employed in activities such as quality improvement, clinical effectiveness, risk management, complaints handling etc.
- iv. Practising Role - front line clinicians and support staff

(i) **Overseeing Role**

The following section details the formal governance structure in place that enables the Board to take assurance that safe, effective, person centred care is being delivered throughout every service within NHS Lothian. This includes a brief description of the Board Sub-Committees role and remit.

A diagram illustrating the Board's committee structure is available in the Board Members' Handbook [here](#). This formal committee structure ensures that sufficient focus and detail is given to all aspects of the boards governance agenda.

The Board's **Healthcare Governance Committee** has the following remit:

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

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

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

The Board's **Acute Hospitals Committee**, has the following remit:

Provide governance oversight of all clinical and non-clinical functions carried out in the Acute hospitals, to ensure they are providing safe, effective and person centred services. Key elements of the committees function is to get assurance on the quality and safety of clinical services, and their contribution towards reducing harm; reviewing performance particularly as it relates to waiting times, unscheduled care performance and HEAT targets alongside regularly reviewing risk registers and seeking assurance that robust risk management strategies are in place.

The Board's **Staff Governance Committee** has the following remit;

To monitor and scrutinise performance against the Staff Governance Standard, including the key deliverables from Everyone Matters:2020 Workforce Vision to secure the fair and effective management of staff, compliance with all legal obligations and implementation of all policies and agreements to ensure that staff are:

- Well informed
- Appropriately trained
- Involved in decision which affect them
- Treated fairly and consistently
- Provided with an improved and safe working environment.

The Staff Governance Committee ensures that systems and procedures are in place to monitor, manage and improve performance across the whole system, and liaises closely with the other governance committees (Healthcare Governance, Acute Hospitals, Audit & Risk) to ensure appropriate integrated governance. The Committee is also responsible for monitoring and reviewing the strategic risks relating to staff and workforce issues.

Importantly, all of these committees have a defined statement of assurance needs, and produce an annual report which sets out the level of assurance they have secured to the **Audit & Risk Committee**. The Audit & Risk Committee uses these reports to inform its review of the Governance Statement, which is included in the annual accounts.

There are other formal and informal *management meetings* however that also ensure quality is embedded throughout the organisation and some key groups are briefly detailed below;

The **Patient Safety and Experience Action Group (PSEAG)** is a short meeting with a nimble approach to considering emerging issues as they affect patients and agree next steps or actions. The board level meeting occurs every two weeks. It was developed as a way of ensuring that all board executives, including those of a non-clinical background, had a perspective and were able to contribute to any discussion about patient facing priorities in a timeous manner.

The following items are routinely discussed; complaints, SPSO decisions, public protection issues, emerging infection or other issues, serious or significant harms or concerns about patient management as well as the regular Significant Adverse Event (SAE) and staffing reports. The executive and non-Executive Directors also regularly participate in Executive Quality & Safety Walkrounds as part of the Scottish Patient Safety Programme. The 2018 Information pack is available by clicking [here](#). Reports from these programmed visits feature as part of PSEAG discussion.

There also exists **Site PSEAGs** which also meet fortnightly, to allow the Site Management team (Director AND and AMDs) to consider emerging clinical issues and how to handle them, so that a team approach is taken. This includes:

- SAEs or complaints on the site,
- events that need discussed for duty of candour, reviewers for SAEs ,
- cardiac arrests, failure to escalate deteriorating patients for any immediate actions
- any patterns from daily safety huddle (complex patient or operational site issues, persistent issue in a ward)
- cancellations, delays in discharge from critical care,
- incidents of violence and aggression

Site Safety Huddles take place on all 3 adult hospital, twice daily, in NHS and are attended on a regular basis by site leaders and clinical managers. This approach ensures that on all sites, patient and staff safety are clearly prioritised during complex site management discussion, patients at risk are consistently highlighted. The huddles have evolved over recent months to address the necessity of bed numbers and flow and site plans in the context of these safety priorities and patient experience. Staff involved in these huddles are given open invitation to express any safety concerns regarding patients or staff and importantly senior managers and clinicians are alerted to ensure early intervention and resolution.

The acute hospitals also have a healthcare governance committee which is the **Clinical Management Group** and this group chaired by the Acute Hospital Medical Director supported by the Acute Hospitals nurse Director to provide assurance to the NHS Lothian Healthcare Governance Committee (HGC) and Acute Services SMT that the quality of all aspects of care in UHSS is person-centred, safe, effective, equitable, and maintained to a high standard. The CMG also provides assurance to the HGC that the Acute Services Division meets its responsibilities with respect to:-

- OPAH
- HEI (HAI)
- Protection of Vulnerable People including children, adults, offenders

(ii) **Delivering Role**

The Board and its committees require to receive assurance from the executive directors that the Board's duties and responsibilities for healthcare governance are effectively discharged.

This sub-section sets out those with a 'delivering role', being the management structure in NHS Lothian, which includes clinicians who are involved in management.

The executive Board members' principal responsibilities for healthcare governance are:

Table 1: Executive Board members' principal responsibilities for healthcare governance

Executive Board Member	Responsibilities
Chief Executive	<p>The Chief Executive of NHS Lothian is accountable to the Chair of the NHS Board for the performance of the whole organisation in protecting and improving the health of the population and for the delivery of front line health care services. As the Accountable Officer for NHS Lothian, the Chief Executive also has a personal responsibility to the Scottish Parliament for the propriety and regularity of the public finances deployed by NHS Lothian. They lead the staff of the NHS Board to deliver the board's vision, values, aims and objectives with particular emphasis on improving the health of the population, improving the quality and safety of care for patients and to improve value for money and sustainability.</p>
<p>Medical Director</p> <p>Executive Director for Nursing, Midwifery and Allied Health Professionals</p>	<p>In summary these individuals are jointly responsible for healthcare governance, which involves:</p> <ul style="list-style-type: none"> • Ensuring that effective frameworks, strategies and systems exist throughout NHS Lothian to support high quality, safe, effective, and patient-centred care. • Ensuring the provision of support functions for operating units. • Supporting the functioning of the Healthcare Governance Committee. • Co-ordinating the systems of organisational learning for healthcare governance and risk management. • Providing assurance and other reports to the Board. <p>The Medical Director is the responsible officer for health & safety matters.</p> <p>The Executive Director for Nursing is also responsible for patient experience and the Patient Experience Team, which is the team which centrally manages the processes for feedback from patients on their experience.</p>
Director of Public Health and Health Policy	<p>The Director of Public Health & Health Policy is responsible for protecting and improving the health of the population of Lothian, and leading efforts to address health inequalities.</p> <p>The Director of Public Health & Health Policy is also responsible for information governance, and is the Caldicott Guardian. The Executive Director for Nursing is the designated Senior Information Risk Owner.</p>
Director of Finance	<p>The Director of Finance is responsible for providing appropriate professional financial advice and information to the Board and the organisation towards the achievement of its objectives. A key planned outcome of the Quality Management System is to release money and other resources as a consequence of eliminating waste.</p>

The **NHS Lothian Director of Human Resources & Organisational Development** is an executive director, but not a member of the NHS Board. The Director of Human Resources & Organisational Development is responsible for:

- Developing and implementing a Human Resources & Organisational Development Strategy and associated policies to deliver upon the NHS Scotland Staff Governance Standard and the key deliverables from Everyone Matters: 2020 Workforce Vision.
- Providing the professional and operational lead on human resource management and organisational development practice.
- A leadership role for improving and enhancing workforce development, staff experience and culture development
- Overseeing development of internal and external communications strategies

You can find all the information you may require on HR matters on [HRonline](#).

The Chief Executive and his or her direct reports meet on a monthly basis as the [Corporate Management Team](#).

The following tables set out;

- The list of services each acute directorate is accountable for and a list of senior staffing within each directorate.
- The line management structure from the executive Board members to the ward or other point of service delivery.
- The general management and professional lines of responsibility in acute hospitals and health & social care partnerships (which cover services in primary care and the community).

Table 2: Responsibility and Accountability in the Management Structures in Acute Hospitals

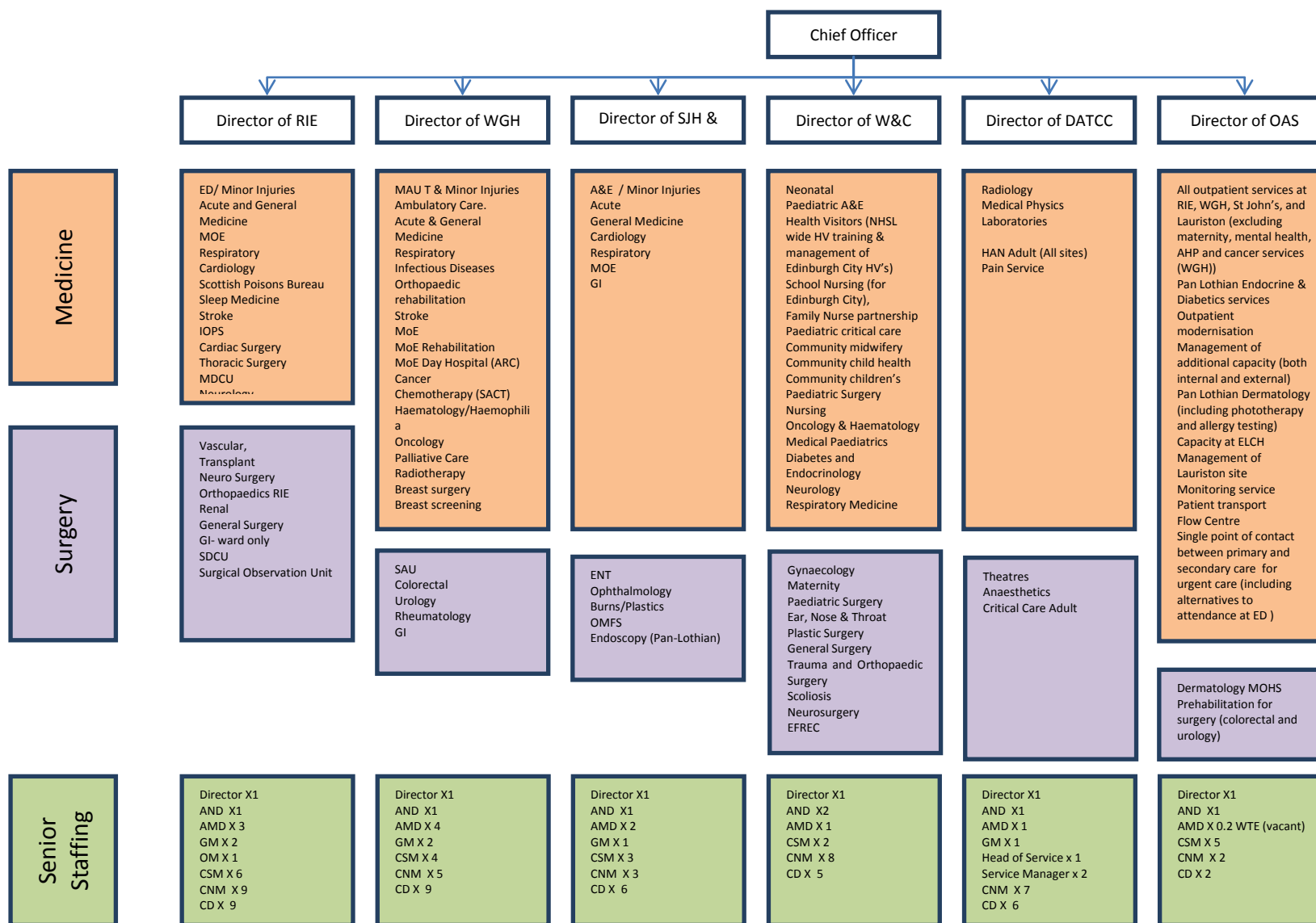


Table 3: Responsibility and Accountability in the General Management Structure in Acute Hospitals

Level	Management Position	
1	Chief Executive	The Chief Executive has overall responsibility for all operational matters.
2	Deputy Chief Executive	<p>Accountable to the Chief Executive and is responsible for driving whole system operational delivery and performance. The post holder will work closely with the Director of Finance and Chief Quality Officer to support the Chief Executive as Accountable Officer for the Board to deliver the 3 principal responsibilities of :-</p> <ul style="list-style-type: none"> • Quality and safety of care for patients • Balancing the books • Operational delivery across the primary/social/acute services with a particular emphasis on access targets. <p>The Deputy Chief Executive will focus principal attention on the whole system operational delivery and performance agenda, enabling the Chief Executive to focus principal attention on the strategic transformational change agenda, collaboration across the East region to deliver sustainable services and developing organisational culture.</p> <p>The post holder will provide executive leadership for Acute Services and the Facilities Directorate and will work closely with the Chief officers of the four Health and Social Care Partnerships to ensure whole system operational delivery and performance.</p> <p>Provide significant and effective influence to the development and promotion of NHS Lothian's mission, aims and strategic objectives.</p>
3	Chief Officer (Acute Services)	<p>Accountable to the Deputy Chief Executive with responsibility to lead, direct and manage the effective and efficient operational planning and delivery of acute services, ensuring that the Board's corporate objectives and plans are implemented in a patient centred manner.</p> <p>To ensure that the strategic capacity plans are in place to support the delivery of the Board's objectives within acute services.</p> <p>To lead the strategic planning of the acute services element of the Boards overall clinical strategy.</p>

Level	Management Position	
4	Site Director	<p>Accountable to the Chief Officer and will lead, manage and control the operational delivery of acute services on hospital sites, ensuring the safe delivery of patient care and services in accordance with NHS Lothian's agreed corporate objectives and within the context of Scottish Governments quality, financial and other performance and governance targets.</p> <p>The Site Director will lead the sites through service change and redesign to improve the efficiency of effective 24/7 services underpinned by NHS Lothian's values and a culture of person centred care.</p> <p>The Site Director will ensure governance responsibilities are effectively discharged and that there are clear arrangements in place for scrutiny at assurance at each level.</p> <p>The Site Director will ensure the development and implementation of a strategy for the ongoing improvement of patient flows for both scheduled and unscheduled care through the hospital, working in closely with the Locality Managers in the Integrated Health and Social Care Partnerships to ensure opportunities are maximised to integrate services.</p> <p>As a member of the Acute Management team, the Site Director will fully contribute to and participate in the setting of the strategic direction for health services in NHS Lothian working closely with other Acute Directors and Corporate Directors of the Board to ensure effective cross-service coherence.</p>
5	General Manager	<p>Accountable to the Hospital Site Director/Pan-Lothian Service Director and is responsible for the operational management of the Sub Directorate and its resources ensuring resources are maximised to meet the Directorate's targets and objectives.</p> <p>As a member of the of the Directorate Management team, contribute to the corporate management of the Directorate; the achievement of national priorities and delivery of key service improvements to ensure safe and effective patient care. This includes promoting a culture of compliance with the infection prevention and control programme and</p>

Level	Management Position	
		<p>facilitating compliance with policy, to ensure NHS Lothian achieves locally and nationally set targets for reducing HAI. This also includes providing assurances to the Chief Officer that all departments on site are fully prepared and meet the expectations and standards of any inspections from Healthcare Environment Inspectorate and Healthcare Improvement Scotland.</p> <p>To improve patient flow across the site, the General Manager will have to work closely with the Integrated Joint Boards in the planning and delivery in order to minimise delayed discharges.</p> <p>Work always within the context of NHS Lothian values.</p>
6	Clinical Service Manager	<p>Accountable to the General Manager for the management and control of the Directorate resources, achievement of business performance objectives within quality standards e.g. local and national HEAT targets are achieved) and contribute to the corporate management of the Division through the Directorate Management Team.</p> <p>The Clinical Service Manager has a key role to play in the infection prevention and control programme by promoting a culture of compliance and facilitating compliance with policy, to ensure NHS Lothian achieves locally and nationally set targets for reducing HAI.</p> <p>Responsible for provision of operational support to the General Manager in the efficient and effective delivery of LRP. Work always within the context of NHS Lothian values.</p> <p>The Clinical Service Manager needs to ensure that patient flow is optimised across all their services.</p>
7	Clinical Nurse Manager	<p>Accountable to the Clinical Service Manager with operational responsibility for providing clinical, managerial and professional leadership in the running of the service and influencing the future service delivery and nursing strategy, accountable for the delivery and standards of care provided to patient and ensuring safe effective person centred care. This includes promoting a culture of compliance with the infection prevention and control programme and facilitating compliance with policy, to ensure NHS Lothian achieves locally and nationally set targets for reducing HAI.</p> <p>Lead in the appraisal and setting of personal development plans for ward managers and their senior nursing staff including ensuring access to CPD and individual performance management and implementation of revalidation processes.</p>

Level	Management Position	
8	Senior Charge Nurse	<p>Accountable to the Clinical Nurse Manager and has clinical, professional leadership and managerial responsibility for the nursing service, on a 24-hour basis within the ward and has overall responsibility for clinical and staff governance issues. The post holder will promote team working to maximise service performance and ensure the delivery of safe and effective clinical practice.</p> <p>The post holder has overall responsibility for supervision of the assessment of care needs, the delivery and maintenance of optimal care outcomes and ensuring that NHS Lothian's standards, values and beliefs are upheld.</p> <p>Enhance the patient experience by ensuring that the highest standard of personalised nursing care and support is delivered to patients and their families in partnership with all members of the multi disciplinary team.</p> <p>Ensure that the clinical area/department is efficiently managed at all times, including the management of the allocated budget in conjunction with the Clinical Nurse Manager/Associate Nurse Director.</p> <p>Contribute to the delivery of the organisations' objectives and support the Clinical Nurse Manager, deputising in his/her absence.</p>

Table 4: Responsibility and Accountability in the Medical and Nursing Structures in Acute Hospitals

Please note that this table does not include allied health professionals, which as a group cover an [extensive range of roles](#). Within NHS Lothian, Allied health professionals report operationally through the general management structure, and are professionally accountable to the Allied Health Professionals Director and the Executive Director for Nursing, Midwifery, and Allied Health Professionals.

Level	MEDICAL	NURSING
1	<p>Medical Director – Acute Services</p> <p>Is accountable to the Chief Officer (Acute Services) with professional accountability to the Medical Director. Is a member of the Senior Management Teams with specific responsibility for supporting delivery of access target, quality improvement, healthcare governance, and patient safety in the acute services.</p> <p>Acts as the professional lead for all medical staff working within the Acute Services., and will provide highly visible clinical leadership across the acute sites.</p> <ul style="list-style-type: none"> • To function as an active & effective member of site/service leadership/management forums including the acute senior management team and the Patient Safety & Experience Action Group. • To support optimal performance of the site and service senior management teams in delivering agreed objectives • Working with the Nurse Director- Acute Services, provide clinical advice & expertise to the site director and the senior management team on the provision of safe & effective care. • To work closely with the Site CMTs to develop and implement a strategy that ensures the ongoing improvement and optimisation of patient flows for both scheduled and unscheduled care throughout the hospitals. • Participate in workforce planning and development to ensure the workforce can meet the demands of the 	<p>Nurse Director – Acute Services</p> <p>Is accountable to the Chief Officer (Acute Services) with professional accountability to Executive Director for Nursing, Midwifery and Allied Health Professionals. Is a member of the senior leadership team and with the Medical Director- Acute Services has responsibility for supporting delivery of access targets, quality improvement, healthcare governance and patient safety in the acute services.</p> <p>Acts as the professional lead for all nursing staff working within Acute Services, and will provide highly visible clinical leadership across the acute services.</p> <ul style="list-style-type: none"> • To function as an active & effective member of site/service leadership/management forums including the acute senior management team and the Patient Safety & Experience Action Group • Have a shared responsibility with the Medical Director – Acute Services in respect of clinical and care governance • Has professional responsibility for those nurses working within the services areas that the site is responsible for including adequate supervision of nurses in training • To work closely with the Site CMTs to develop and implement a strategy that ensures the ongoing improvement and optimisation of patient flows for both scheduled and unscheduled care throughout the hospitals.

Level	MEDICAL	NURSING
	<p>population.</p> <ul style="list-style-type: none"> • Participate as a member of site senior management team, using available data, to identify areas of risk and where required ensure effective corrective/ improvement actions are deployed & monitored • Provide visible leadership and support across site/service • To ensure the processes that support clinical governance are in place (adverse events risk complaints etc >to monitor the effective implementation of guidelines and standards, audit of effectiveness of care) and to ensure that systems and processes are safe and effective • To provide professional leadership for the management of all medical staff including adequate supervision of doctors in training • To support the processes that allow as RO assurance to be provided to the board that all doctors in portfolio are practising to the standards set out by the GMC. • Support the drive to look at continuous quality improvement through use of data and also using current research evidence. 	<ul style="list-style-type: none"> • Participate in workforce planning and development to ensure the workforce can meet the demands of the population. • Provide professional oversight which in turn will support optimal performance of site/senior management team in delivering agreed objective • To provide clinical advice & expertise to the site director and senior management team on the provision of safe & effective care. • Provide visible leadership and support across site/service to ensure the processes that support clinical governance are in place (adverse events risk complaints etc • To monitor the effective implementation of guidelines and standards, audit of effectiveness of care and to ensure that systems and processes are safe and effective • Ensure through managerial and professional lines that all registered nurse have revalidated and are fit to practice in line with the NMC standards • Provide professional support and advice to managers and clinical nurse managers in addressing any professional and capability issues that might arise in individual members of nursing staff who are or have failed to comply with the NMC code of practice • Support the drive to look at continuous quality improvement through use of data and also using current research evidence.
2	Associate Medical Director	Associate Nurse Director
	<p>At each site, the senior leadership team comprises of: Site Director, Associate Nurse Director and Associate Medical Director, who are collectively responsible for ensuring high quality, safe and effective patient-focussed services and are accountable to the Site Director</p> <p>To provide visible professional leadership and management for all medical staff within the site/ pan Lothian service. This</p>	<p>At each site, the senior leadership team comprises of: Site Director, Associate Nurse Director and Associate Medical Director, who are collectively responsible for ensuring high quality, safe and effective patient-focussed services and are accountable to the Site Director</p> <p>To provide nursing expertise and leadership across the site/pan Lothian service as part of the Senior Management Team, expected to lead, plan, prioritise and deliver the Nursing and Quality agenda.</p>

Level	MEDICAL	NURSING
	<p>includes: consultants, SAS doctors, Doctors in training, Clinical Academics, senior scientists and Locums, as appropriate. The role leads, motivate and inspire medical staff to ensure delivery of clinical services aligned to corporate objectives.</p> <p>Deliver robust and effective Acute Hospital performance in Clinical, Financial and Staff Governance to achieve the highest standards of quality, patient safety, patient experience and the efficient and effective use of staff and financial resources</p> <p>Participate in workforce planning and development to ensure the workforce can meet the demands of the population.</p> <p>Analyse situational reports, data and activity trends to respond to service demands and take appropriate action through the creation of appropriate actions/programmes to support flow and unscheduled care activity, adapting to changes/plans as required.</p> <p>To function as an active & effective member of site/service leadership/management forums including the site Patient Safety & Experience Action Group.</p> <p>The role is responsible , the Associate Nurse Director, for ensuring that local and national clinical standards/indicators are monitored and managed through effective service and site clinical governance arrangements.</p> <p>To work closely with the Site CMT to manage the ongoing improvement and optimisation of patient flows for both scheduled and unscheduled care throughout the hospital.</p> <p>Together with the Associate Nurse Director, this includes providing leadership to the infection prevention and control</p>	<p>To provide clinical leadership to all nursing services and participate as a member of the Management Team contributing to the delivery of safe, timely care within the hospital site, ensuring compliance with NMC policy and guidelines in relation to the provision of patient care and standards of professional practice and conduct.</p> <p>Deliver robust and effective Acute Hospital performance in Clinical, Financial and Staff Governance to achieve the highest standards of quality, patient safety, patient experience and the efficient and effective use of staff and financial resources</p> <p>Participate in workforce planning and development to ensure the workforce can meet the demands of the population.</p> <p>Analyse situational reports, data and activity trends to respond to service demands and take appropriate action through the creation of appropriate actions/programmes to support flow and unscheduled care activity, adapting to changes/plans as required.</p> <p>To function as an active & effective member of site/service leadership/management forums including the site Patient Safety & Experience Action Group.</p> <p>To work closely with the Site CMT to manage the ongoing improvement and optimisation of patient flows for both scheduled and unscheduled care throughout the hospital.</p> <p>To ensure the provision of a visible, accessible and authoritative nursing presence in ward settings, providing assistance, advice and support to patients and their families and ensuring receipt of timely, safe, effective patient centred care.</p> <p>Together with the Associate Medical Director, this includes providing</p>

Level	MEDICAL	NURSING
	programme, promoting a culture of compliance and facilitating compliance with policy, to ensure NHS Lothian achieves locally and nationally set targets for reducing HAI. This also includes providing assurances to the Chief Officer that all departments on site are fully prepared and meet the expectations and standard of any inspections from Healthcare Environment Inspectorate and Healthcare Improvement Scotland	leadership to the infection prevention and control programme, promoting a culture of compliance and facilitating compliance with policy, to ensure NHS Lothian achieves locally and nationally set targets for reducing HAI. This also includes providing assurances to the Chief Officer that all departments on site are fully prepared and meet the expectations and standard of any inspections from Healthcare Environment Inspectorate and Healthcare Improvement Scotland.
3	<p>Clinical Director</p> <p>This post is part of the directorate leadership team which is collectively responsible for ensuring high quality, safe, effective, patient-focussed services.</p> <p>The post holder provides visible professional leadership and management for all medical staff within the directorate alongside the Associate Medical Director. The medical staff includes consultants, doctors in training, clinical academics, senior scientists and locums. The role will lead, motivate and inspire medical staff to ensure delivery of clinical services aligned to corporate objectives.</p> <p>The role is responsible, with the General Manager and Clinical Service Manager, for ensuring that local and national clinical standards/ indicators are monitored and managed through effective directorate clinical governance arrangements.</p>	<p>Clinical Nurse Manager</p> <p>Accountable to the Clinical Service Manager with operational responsibility for providing clinical, managerial and professional leadership in the running of the service and influencing the future service delivery and nursing strategy, accountable for the delivery and standards of care provided to patient and ensuring safe effective person centred care. This includes promoting a culture of compliance with the infection prevention and control programme and facilitating compliance with policy, to ensure NHS Lothian achieves locally and nationally set targets for reducing HAI.</p> <p>Lead in the appraisal and setting of personal development plans for ward managers and their senior nursing staff including ensuring access to CPD and individual performance management and implementation of revalidation processes.</p> <p>Professionally accountable to the Associate Nurse Director.</p>

*AHP report through the line management structure and professionally through the AHP Director to the Executive Nurse Director

(iii) **Supporting Role**

This sub-section sets out those with a 'supporting role', being those who are employed in activities which underpin healthcare governance. This includes activities such as quality improvement, clinical effectiveness, audit, complaints handling and risk management.

Dr Simon Watson, Chief Quality Officer, leads the Quality Improvement Directorate, and you can find details on the team and all of its activities on the dedicated quality improvement website:

<https://qilothian.scot.nhs.uk/quality-directorate>

The **Quality Improvement Directorate** is relatively new, bringing together what were previously separate functions. The overall role of the directorate is to improve patient experience and quality of care through service change and data management. Staff from the Quality Improvement Support Team (QIST) can provide on-the-ground and strategic support to bring about tangible, sustainable improvement in experience and outcomes of care using the quality improvement framework.

The department has three main functions:

- I. Quality improvement
- II. Assurance
- III. Risk management

You can find out more about the department and its activities on its intranet page:

<http://intranet.lothian.scot.nhs.uk/Directory/ClinicalGovernance/Pages/ClinicalGovernanceinNHSLothian.aspx>

Professor Alex McMahon, Executive Director for Nursing, Midwifery & Allied Health Professionals, is responsible for the **Patient Experience Team**, which is the team which centrally manages the processes for feedback from patients on their experience. You can find out more about the department and its activities on its intranet page:

<http://intranet.lothian.scot.nhs.uk/Directory/PatientExperienceAndFeedback/Pages/default.aspx>

(iv) Practising Role

Everyone in NHS Lothian has a responsibility for patient safety and quality, and some of those have already been recognised in the preceding sections. Clinical and support staff are encouraged to take responsibility for promoting the health, safety and security of people receiving care. Everyone works within their scope of practise and accountability, to standards associated with their role. Therefore all staff have a responsibility for patient safety and quality by initiating remedial actions in response to patient safety and quality concerns, suggesting and implementing improvements to services and in exercising professional responsibility for both themselves and their peers, while respecting NHS Lothian Values.

The governance monitoring and measurement frameworks support staff to use a range of information relevant to their work to identify variation, monitor performance and support improvement. At ward level across NHS Lothian the CASS delivering excellence statement is being put in place to further enhance near time information and measurement that should further support front line clinicians to monitor locally a number of key quality performance indicators.

Leaders and managers in all areas have particular responsibility as role models and enablers in the promotion of safety, quality, and must demonstrate this through their everyday actions and behaviours.

All clinical leads are responsible for promoting high standards of patient safety and quality of care and development of clinical practice as well as providing professional advice and leadership to other healthcare professionals. This includes offering advice about current clinical practice, quality, safety, and being an active member of quality assurance, quality improvement and clinical risk management groups.

Appendix 2: Safety Metrics

Exhibit 1a – All Adverse Events Reported in RIE & St John's Accident & Emergency Department

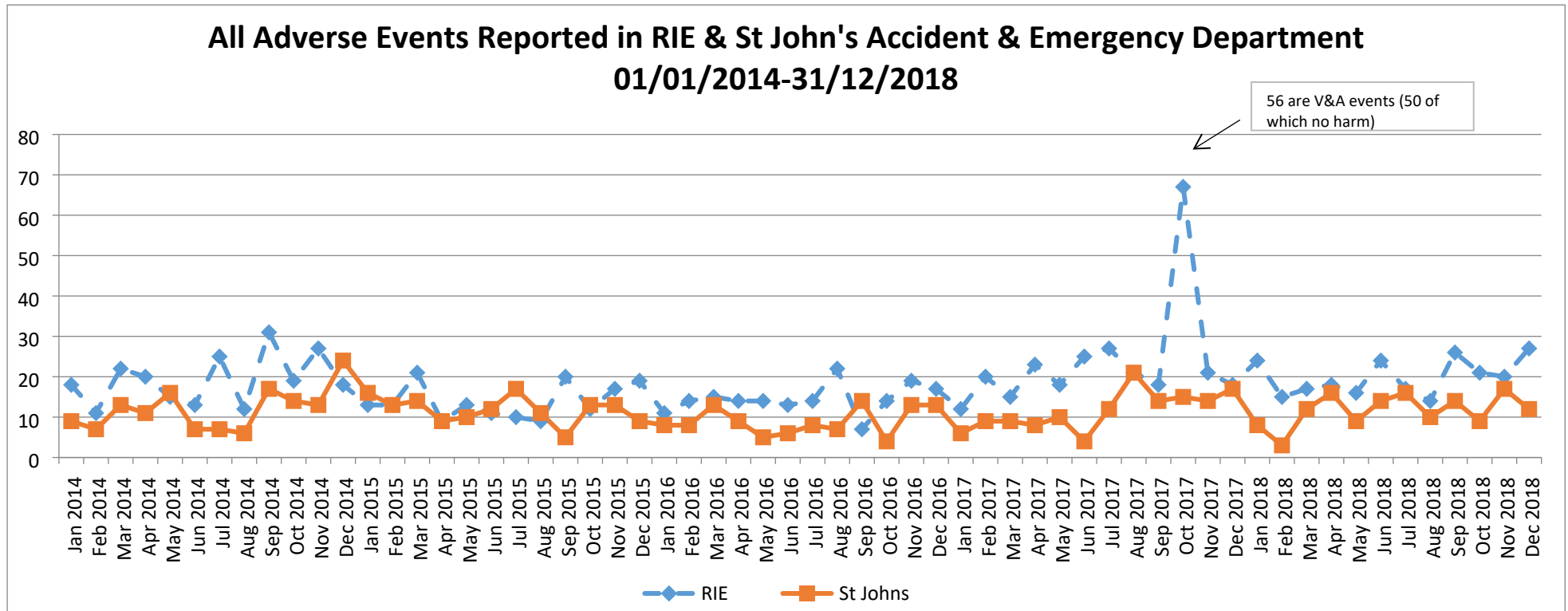


Exhibit 1a above shows the number of adverse events reported in the Royal Infirmary of Edinburgh (RIE) and St Johns Hospital (SJH) Accident and Emergency Department. The Western General Hospital has been omitted as the site does not have an Accident and Emergency department. As shown above:

- The RIE has improved performance in this area by 16.1% (285, Jan - Dec 2017 vs. 239, Jan - Dec 2018). It should be noted the data is slightly skewed due to a high volume of activity in October 2017 (67) of which 50 incidents resulted in no harm.

- SJH has remained relatively flat year on year with a slight increase of 0.7% in incidents (139, Jan – Dec 2017 vs. 140 Jan – Dec 2018)

Exhibit 1b – All Moderate/Major/Death Events Reported in RIE & St John's Accident & Emergency Dept

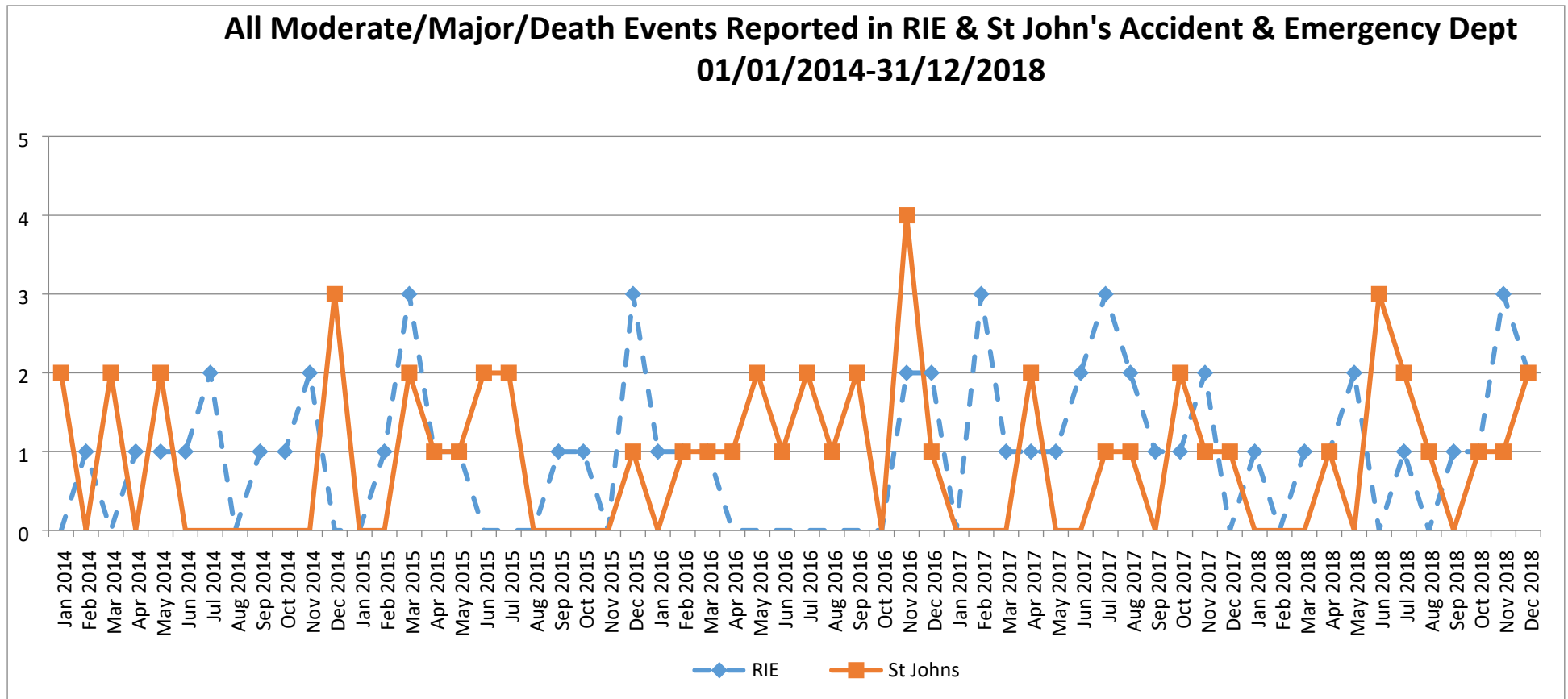


Exhibit 1b above shows the number of moderate/major/deaths reported in the Royal Infirmary of Edinburgh (RIE) and St Johns Hospital (SJH) Accident and Emergency Department. The Western General Hospital has been omitted as the site does not have an Accident and Emergency department. As shown above:

- The RIE has improved performance in this area by 23.5% (17, Jan - Dec 2017 vs. 13, Jan - Dec 2018).
- SJH has had a deterioration in performance of 37.5% (8, Jan – Dec 2017 vs. 11 Jan – Dec 2018)

Exhibit 2a – Proportion of ED timeslots in ‘Occupancy Pressures’ – December 18

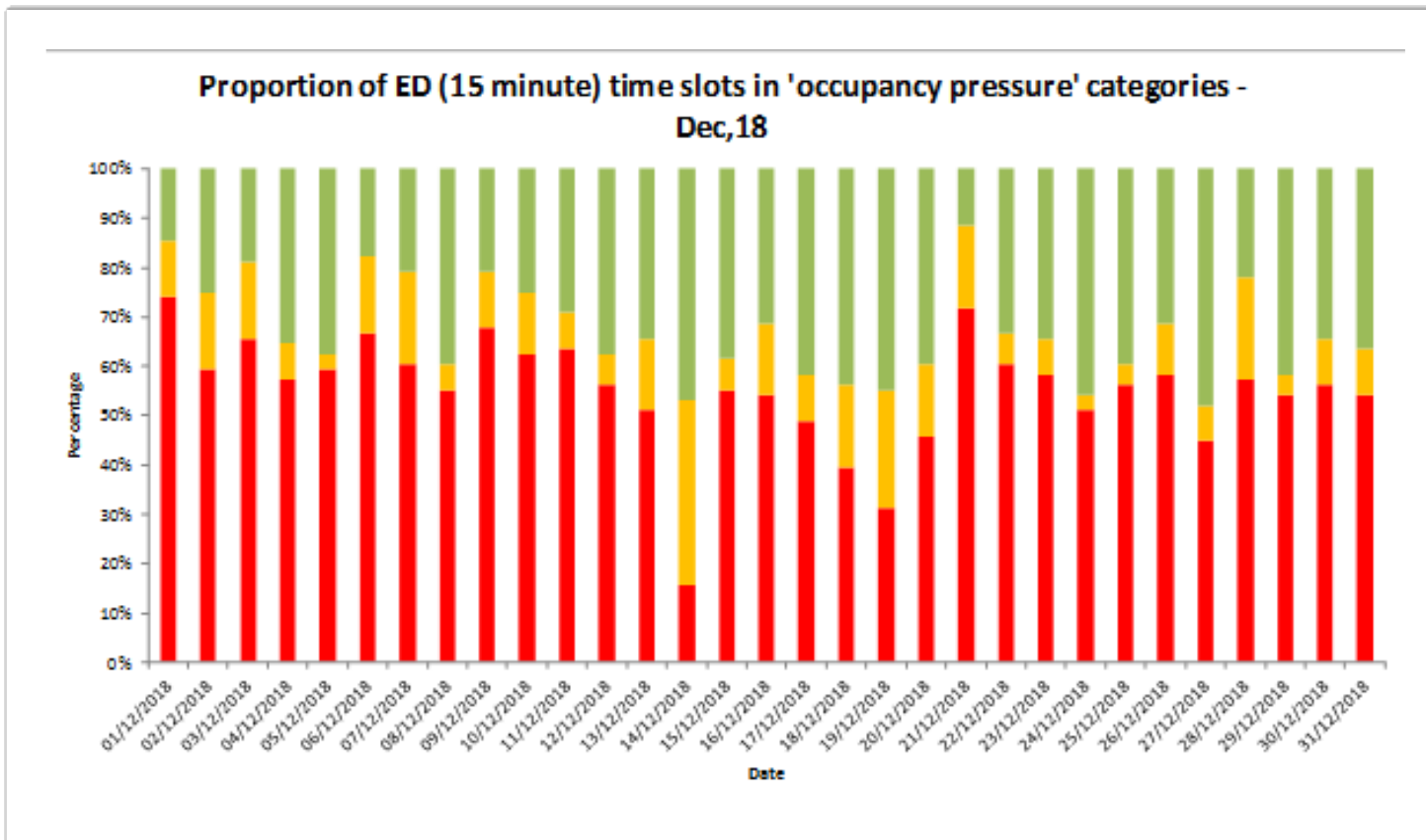


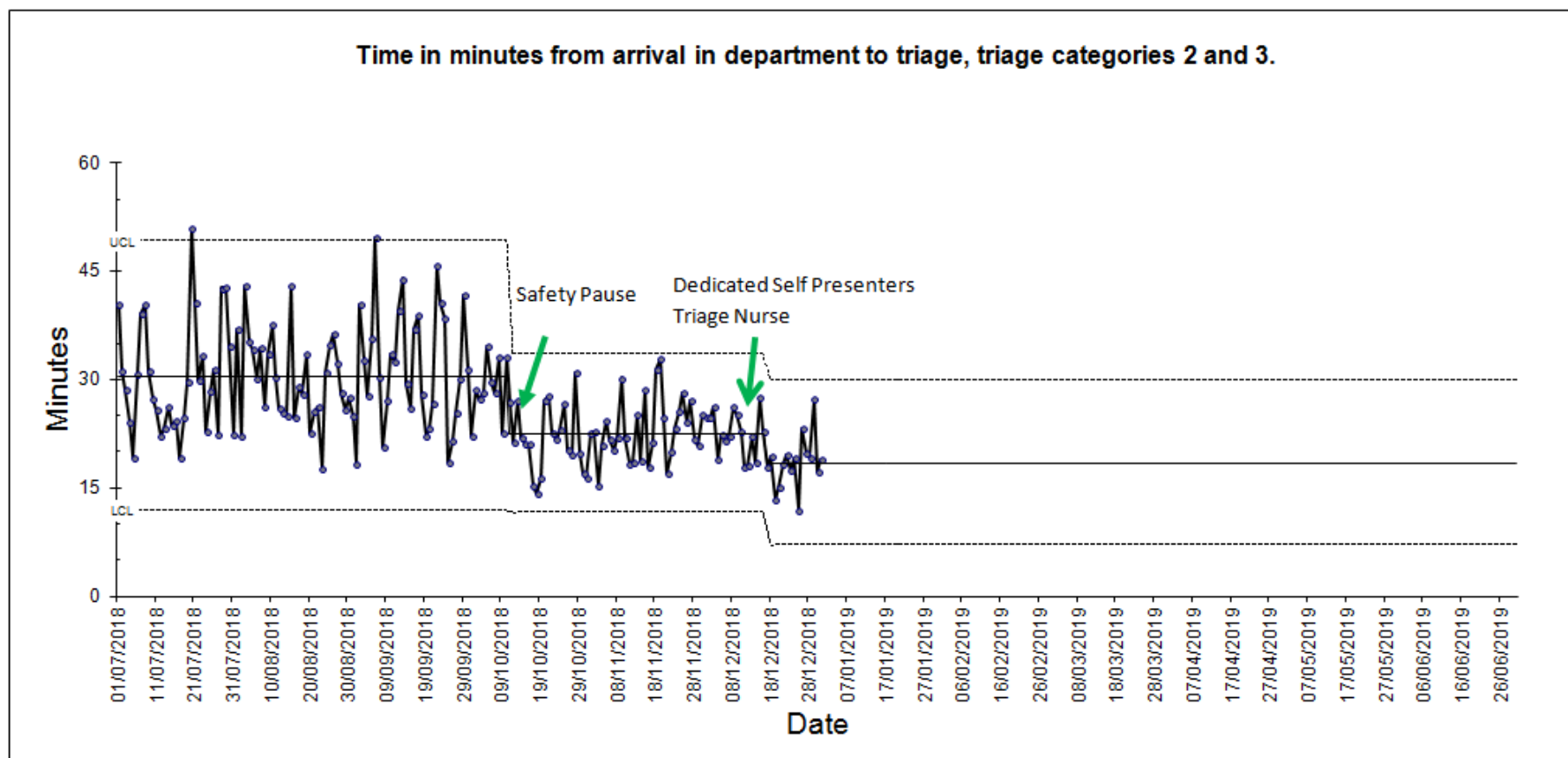
Exhibit 2a above shows the percentage of each day in which the Royal Infirmary of Edinburgh Accident and Emergency Department sat within a Red, Amber or Green status based on attendance numbers resulting in 'overcrowding'. The following ranges are considered as Red, Amber or Green:

- Green – 0-35 patients in ED
- Amber – 35 – 45 patients in ED
- Red – 45 Patients in ED

The graph above shows that during the month of December 2018 the RIE ED was considered overcrowded for the majority of the month. Overcrowding results in an impacted staff/patient experience and increased possibility of safety related issues. This QI led data approach to highlighting crowding issues is currently being tested at the RIE. Data sets will be replicated across the other adult acute sites and integrated into future reporting.

Exhibits 3a and 3b below show the impact to Triage performance (specifically Changes to Majors Triage and Time to 1st Assessment) as a result of the QI programme. A number of interventions have been put in place to address ED performance including but not limited to; Safety Pauses, Major Triage PDSA cycles and increased resource targeting Triage performance.

Exhibit 3a – Time to Triage July to 7th January 2019



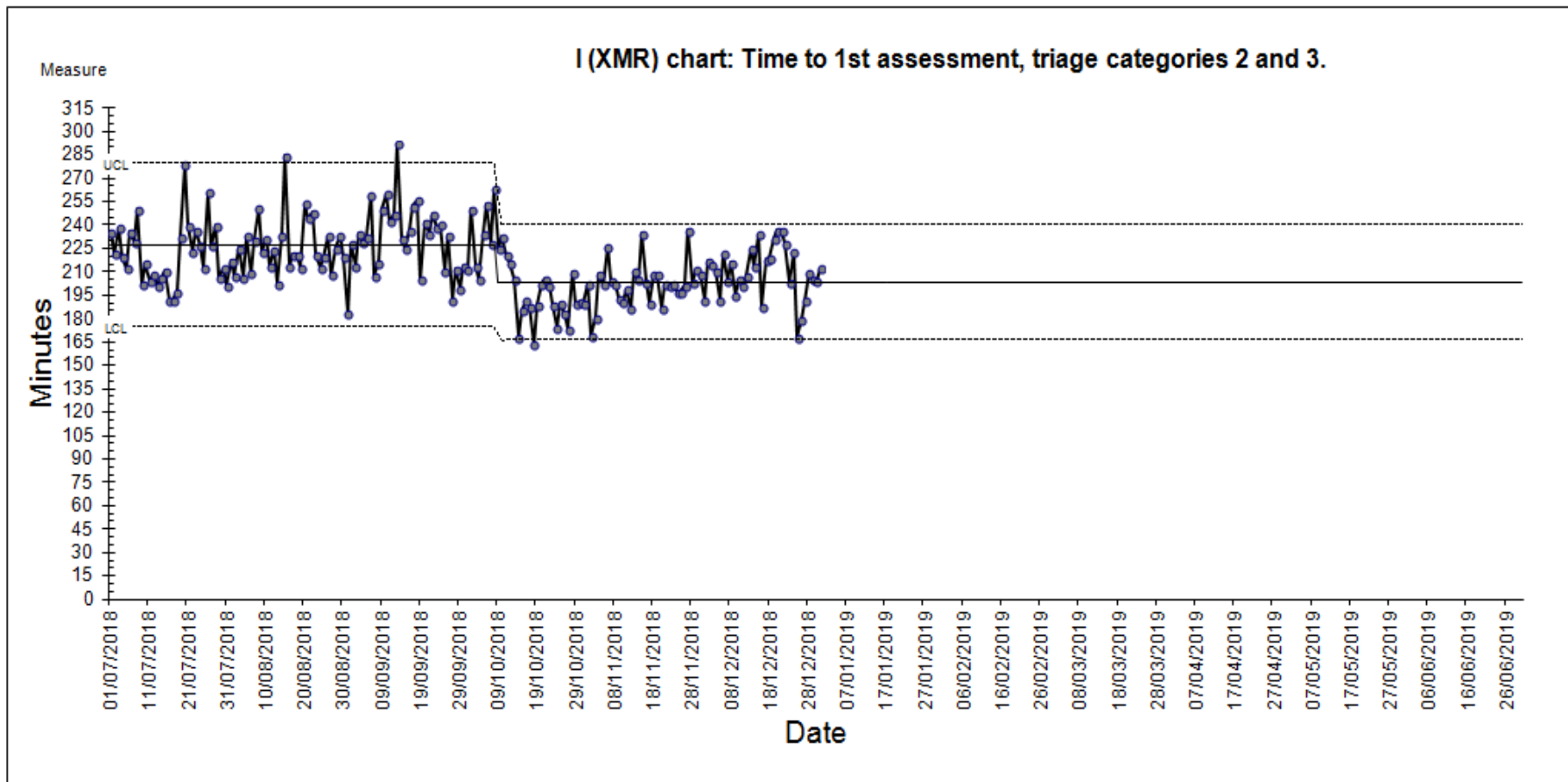
Quantitative Feedback: Data

- From July 1st to 12th October the average time to triage was 30.5 minutes
- From the 13th October the average time to triage **reduced to 22.6 minutes**
- From 17th December the average time to triage **reduced to 18.5 minutes**

Qualitative Feedback: Staff Experience

- Triage feels less stressful for staff
- You know who is in the queue
- Early identification of unwell patients
- Less complaints about waiting time

Exhibit 3b – Time to First Assessment October to 7th January 2019



Quantitative Feedback: Data

- From July 1st to 8th October the average time to 1st assessment was 106.5 minutes
- From 9th October to 31st December the average time to 1st assessment **reduced to 94.2 minutes**

Appendix 3 Unscheduled Care Performance January – December 2018

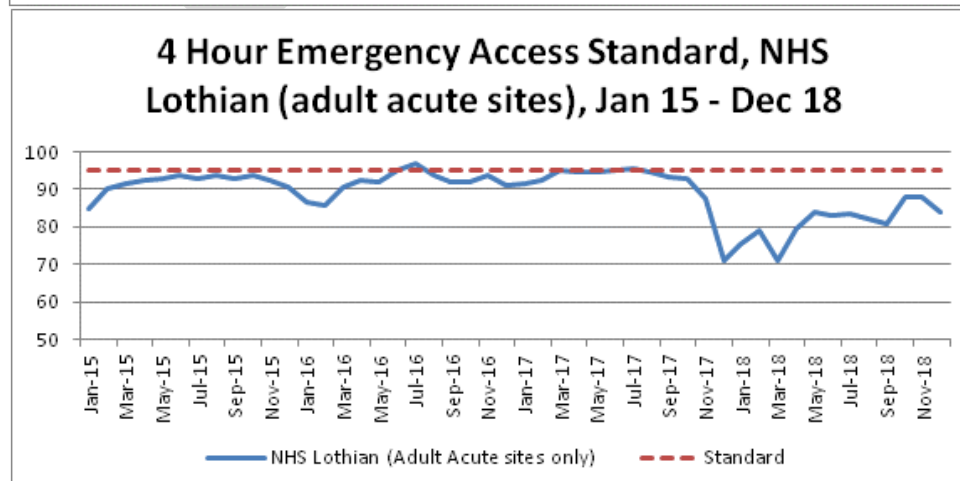
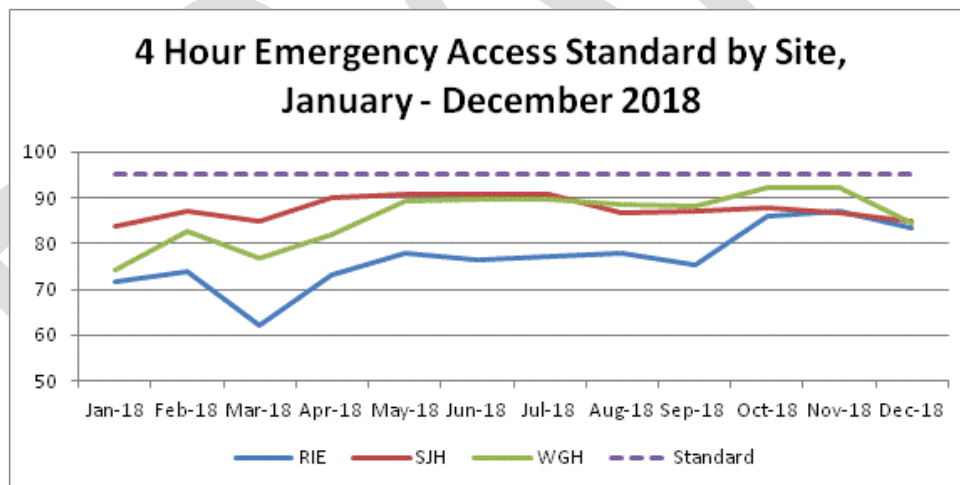
The 4-hour emergency access standard (“the standard”) is a whole system measure; to either admit or provide definitive treatment and discharge for 95% of unscheduled care patients within 4-hours requires a collaborative approach from all parts of the health and social care system to provide patient flow.

Performance against the 4-hour emergency access standard is influenced by a range of factors including, but not limited to;

- the volume of Emergency Department (ED) attendances,
- the pattern of arrival of ED attendances i.e. high volumes within a short period causing crowding,
- patient acuity,
- bed pressures, most acutely as a result of Delayed Discharges.

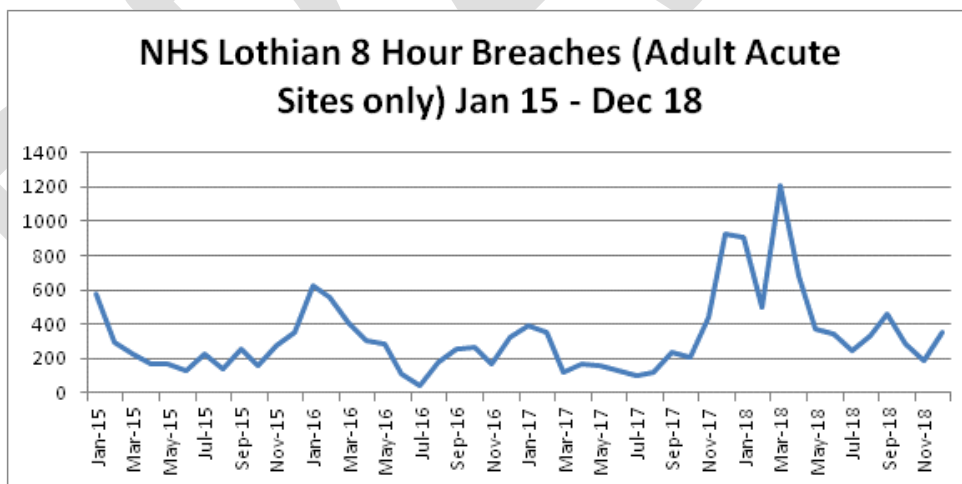
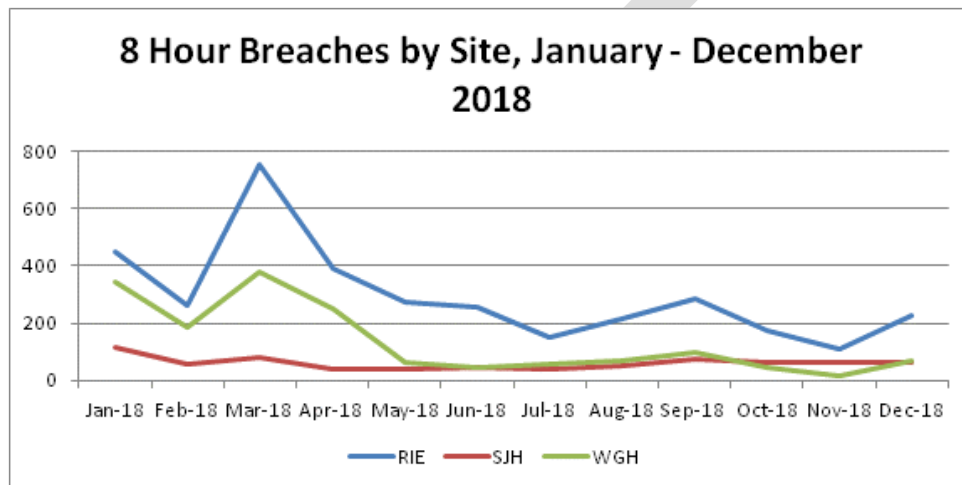
NHS Lothian reported compliance to this standard of 84.1% for the month of December 2018. This represents an 8.8% increase since January 2018. The increase in NHS Lothian performance can be attributed to improvement right across the adult acute sites:

- The RIE has improved from 71.8% (January 2018) to 83.5% (December 2018);
- The WGH has improved from 74.4% (January 2018) to 84.5% (December 2018);
- SJH has improved from 83.7% (January 2018) to 85.0% (December 2018).



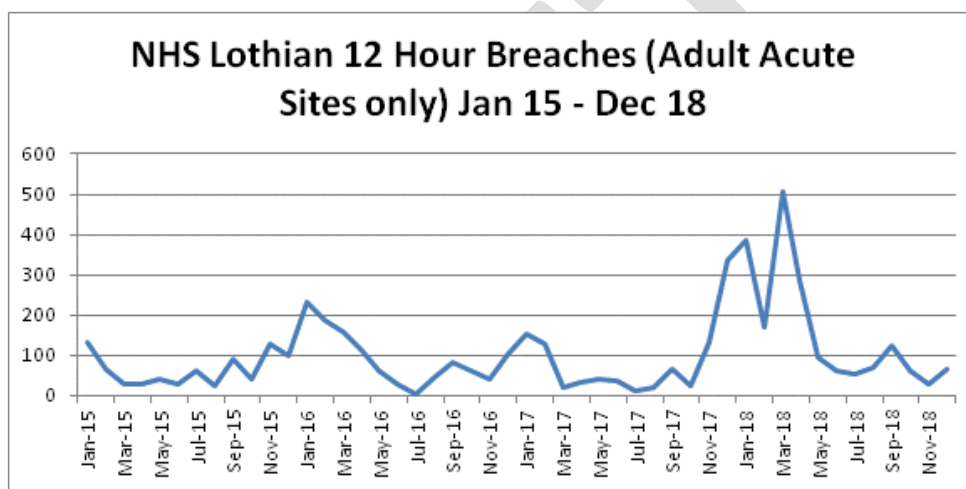
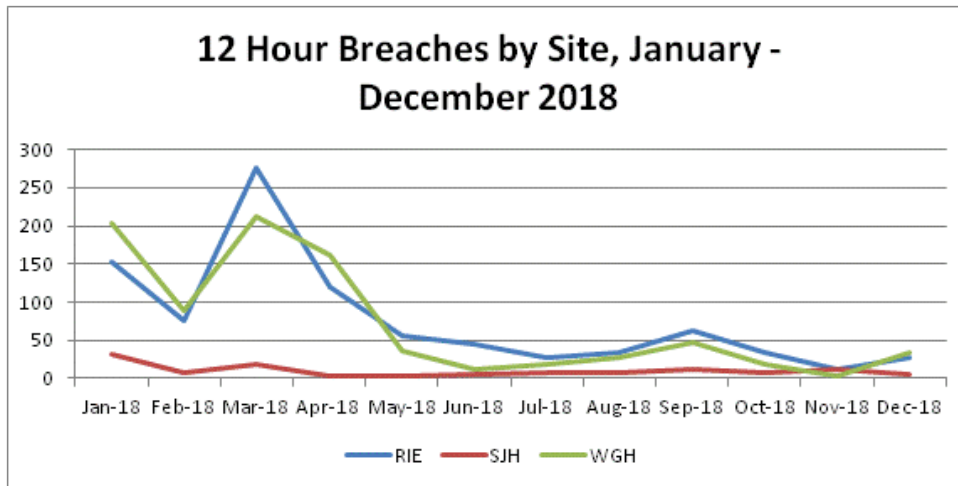
8 hour breach performance has generally improved month on month across all adult sites since January 2018:

- The RIE has improved its 8 hour breach performance by 49.4% (January 2018, 447 vs. December 2018, 224);
- The WGH improved its 8 hour breach performance by 80.9% (January 2018, 346 vs. December, 66);
- SJH also improved its 8 hour breach performance by 44.9% reducing breach performance from 118 (January 2018) to 65 (December 2018).



12 hour breach performance has also improved month on month in line with 8 hour breach performance across all adult sites:

- The RIE has improved its 12 hour breach performance by 81.6% (January 2018, 152 vs. December 2018, 28);
- The WGH has improved performance by 83.7% (January 2018, 203 vs. December 2018, 33);
- SJH also improved performance in line with other adult acute sites by 80.6% reducing breach performance from 31 (January 2018) to 6 (December 2018).



Performance across the adult acute sites was strained throughout the early part of 2018. The sustained pressures that impacted performance throughout the winter months was exacerbated by a number of adverse weather warnings which created difficult conditions for patients and staff. As shown by the data above there has been a gradual improvement across all the unscheduled care markers throughout the year, in particular Breach performance which has shown significant percentage improvement since the start of the year.

The ambition is to widen and evolve the markers associated with performance in Lothian to include patient safety issues such as crowding while also expanding the analysis associated with Breach performance (above) to allow further understanding of reasons behind beds waits, time for first assessment and clinical exceptions. Appendix 2 shows this information.

Currently safety issues such as number of escalations and episodes of overcrowding is collated at site level through the safety pauses and safety huddles and through the coming months, further work will refine the data captured and calibrate to be presented in a more meaningful way for site and Board.

WAITING TIMES IMPROVEMENT PLAN

1 Purpose of the Report

- 1.1 The purpose of this report is to update the Board of NHS Lothian's progress in developing our response to the national Waiting Times Improvement Plan (WTIP).

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

2 Recommendations

The Board are recommended to;

- 2.1 **Note** current performance and trajectories in Appendix 1
- 2.2 **Note** the national process of allocating funds and the non-recurring additional capacity secured to end March 2019 via the newly developed National Operational Programme Board.
- 2.3 **Note** the scale, complexity and risks in delivering this within the timescales described.
- 2.4 **Support** the continuation of established increased capacity from 1 April 2019, until 2019/20 access funding and capacity allocation process is clarified

3 Discussion of Key Issues

- 3.1 The Waiting Times Improvement Plan requires by March 2021 delivery of 95% of out-patients seen within 12 weeks, 100% of Treatment Time Guarantee (TTG) eligible patients seen within 12 weeks, 95% of cancer patients seen within the 31 and 62 day standards.
- 3.2 A summary of current performance is attached as **Appendix 1**.
- 3.3 Individual service recovery plan meetings are in place. Eight meetings have already occurred and draft recovery plans are being developed, these plans will detail any recurring gap and backlog at a sub-speciality basis, actions to mitigate these on a recurring and non-recurring basis and identify any risks to delivery within timescale of the Waiting Times Improvement Plan strategy. A further eight meetings are scheduled for February.

Resource Allocation 2018/19

- 3.4 Following the establishment of the national operational programme board

(OPB), resources have been distributed based on a bidding process, with the expectation that this will target funds at areas where there is assurance of delivery. The most recent allocations (received in the December RRL) provide Lothian with £2.7m against 7 specific specialty bids, a share of a total £25.8m released nationally.

- 3.5 NHS Lothian trajectories for end March have been revised to reflect the impact of the additional £2.7m funding and current projections are highlighted below.
- 3.6 The actual performance at end of December for Outpatients waiting greater than 12 weeks was in line with expected performance (c. 1200 patients below forecast) and Lothian remains on trajectory to deliver the agreed performance at end March 2019.
- 3.7 For TTG, performance at end December was slightly above the expected performance, driven by urology and paediatric surgery. At present, we are forecasting that actions being taken to recover this position will bring end of March position back in line with the agreed performance. This is despite challenges in timely access to and secured volumes of independent sector capacity. An additional risk to performance is the loss of capacity due to unscheduled care pressures.

Table 1: NHS Lothian Trajectory Performance

Standard	Original Trajectory	Revised Trajectory adjusted for agreed investment	Expected Performance	Actual Performance	Updated forecast Trajectory at 25/01/19
	Mar-19	Mar-19	Dec-19	Dec-19	Mar-19
New Outpatients	26,004	22,926	26,951	25,726	22,926
TTG	2,989	2,117	2,340	2,451	2,117

- 3.8 Lothian plans were based on a realistic assessment of additional capacity which was available to March 2019; despite this, there remains a real challenge in delivering the full volumes associated with this funding (particularly in relation to Orthopaedics). Full details of the £2.7m investment profile is highlighted below.

Table 2: First Tranche Investment Profile

Type	Cost (£)	Plan Volume	Predicted completion by end March
ENT (Adult)	£598,387	2,500	40%
Gastroenterology	£390,227	600	100%
General Surgery	£300,000	165	55%
Vascular	£316,000	200	100%
Gynaecology	£87,500	656New OP; 144 TTG	75%
Chronic pain	£27,000	c150	100%
Orthopaedics (Adult)	£1,048,250	156	-
Orthopaedics (Adult)	Awarded against above	50	100%
Orthopaedics (Adult)	Awarded against above	30	100%
	£2,767,364		

- 3.9 In effect, the national mechanism used in the first tranche of resource allocation has resulted in a below NRAC share despite Lothian's challenge

being disproportionately higher than population (c. 27% of national position in relation to new outpatients). The revised approach based upon deliverability is therefore increasing the disparity between Lothian's performance and the national performance, since additional investment is being directed towards areas where capacity is available. The table below details Lothian performance as a % of the national position.

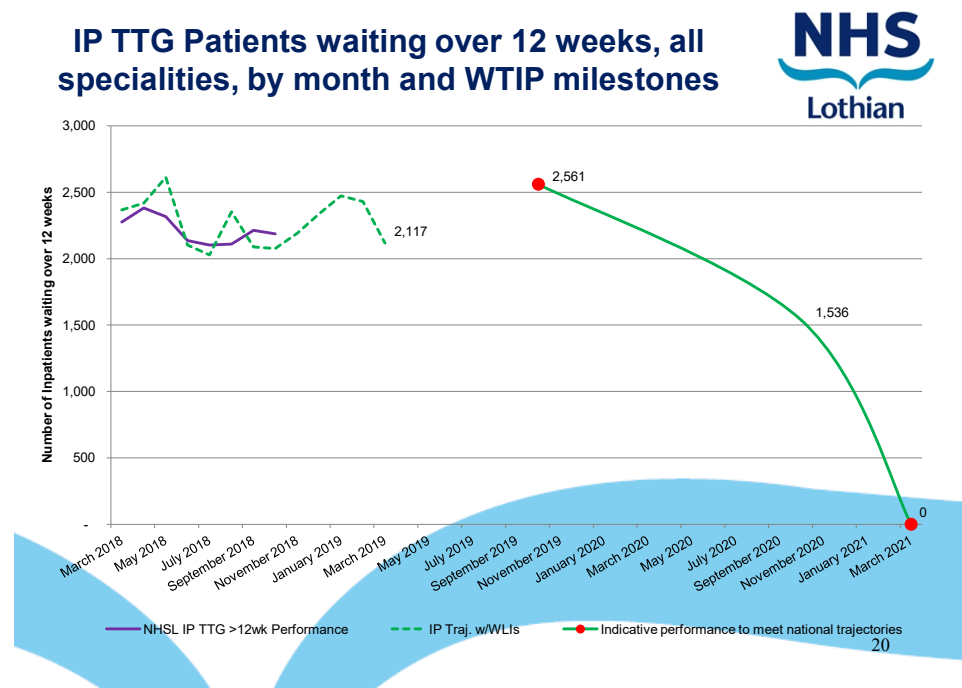
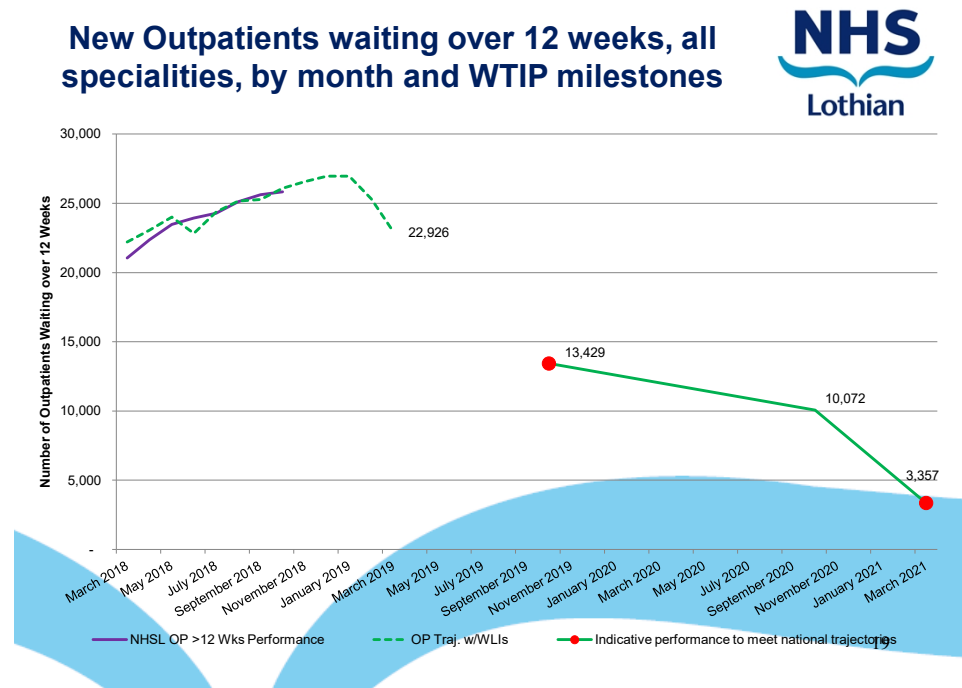
Table 3: Lothian Performance as a % of the National Position

	Scotland	Lothian	East Region	% Share	
				Lothian	East Region
Outpatients - current performance					
Patients waiting over 12 weeks	100,341	27,218	29,318	27%	29%
Patients waiting over 26 weeks	26,531	9,722	9,774	37%	37%
Waiting List Size	311,819	67,269	85,579	22%	27%
TTG - current performance					
Patients waiting over 12 weeks	26,802	2,699	3,584	10%	13%
Patients waiting over 26 weeks	10,297	653	747	6%	7%
Waiting List Size	79,504	10,796	15,541	14%	20%
TTG - expected conversion					
Assume 20% conversion rate	20,068	5,444	5,864		
Total TTG (current + conversion)	46,870	8,143	9,448	17%	20%

- 3.10 There are a number of services where completion of the contracted activity is expected to extend beyond end March. Procurement of independent sector capacity was undertaken during December, with contracts awarded by 3rd January, however in a number of specialties the contractors have been unable to meet the requested volumes within the end March timescale. Where contracts have been awarded in year, any balance of activity will be delivered in 2019/20 with expectation that this will largely be completed within the first quarter.
- 3.11 For Orthopaedics, we had requested capacity for 156 cases across independent sector providers however contracts were not awarded for the full amount (50 cases secured to end March) as contractors did not have available capacity to meet full request.
- 3.12 Due to limited internal capacity expansion opportunities prior to the opening of the Short Stay Elective Centre at the end of 2021 and the re-provision of the Princess Alexandra Eye Pavilion in 2022, there will be a continued reliance on significant capacity within the independent sector. If capacity requirements are not able to be met, this adds a further risk to our performance delivery.
- 3.13 The inability to fully secure Orthopaedics capacity has left potential slippage of c. £560k against the plan. Two further plans have been agreed locally for which we would seek to reattribute an element of this slippage: additional capacity for urology treatments has been secured with independent sector; a locum appointment has been made within paediatric orthopaedics (with activity figures to be confirmed).
- 3.14 In total, this leaves a balance of £428k against which we have been unable to source capacity by end March. It is proposed that this funding is deferred to 2019/20 and used to support additional actions in April-June to support performance.

4. Scale of Challenge in 2019/20

4.1 The following graphs demonstrate NHS Lothian's required performance aligned to the WTIP trajectory.



4.2 Trajectories for 2019/20 are currently being finalised by services, but early indications are, with the continuation of waiting list initiatives, our October performance will be approximately 26,000 requiring a reduction of 14,500 new out-patients in first 6 months of year.

In-patient/ day case performance (TTG) as shown does not take account of conversion of improved out-patients.

- 4.3 In 2018/19 we will have spent £13.2m of non-recurring funding to broadly maintain our 2017/18 position.

	Out-Patients	In-patients/ day cases
March 2018	21,005	2,227
<i>Non recurring funding</i>	<i>£10.9m</i>	
March 2019	22,926	2,177
<i>Non recurring funding</i>	<i>£13.2m</i>	

- 4.4 Estimated costs of delivering against 2021 timescale are:
- | | |
|----------------------|-------------------------------------|
| Year 1 Recurring Gap | £32m |
| Year 2 Recurring Gap | £34m |
| Clearing backlog | £20-25m depending on delivery model |

5. 2019/20 Additional Capacity

- 5.1 The National Operational Programme Board have requested that NSS co-ordinate a national procurement programme for key specialties from which capacity will then be allocated to individual boards. Three services have been focus of this work, adult ENT, Dermatology and Ophthalmology. The current timeline for these services is to issue the mini tender on 25 January 2019, contract award 25 March and first Boards going live week beginning 6 April.
- 5.2 Process for resource allocation for 2019/20 is to be clarified, but as previously advised via the Cabinet Secretary this will not be on a NRAC basis.
- 5.3 To minimise any impact on waiting times, whilst national procurement process is put in place and allocation for 2019/20 are finalised, a number of actions have been established that will continue from 1 April 2019, with estimated full year costs:

• Continuation of Waiting List Initiatives	£3.682m
• Endoscopy recovery plan (including mobile unit)	£2.186m
• Increased Internal Plans – Interim	£0.482m
• Orthopaedic musculoskeletal plan	£0.393m
• Keeping in touch long wait patients	£0.085m
	£6.919m

Once clarity is obtained on process to access independent sector, there may be additional costs associated with patient flow and transport.

6. Key Risks

- a. **The following key risks are detailed below;**

Workforce

- The ability to deliver the required level of recruitment of key personnel to deliver Board capacity in timeframes required. This is in the context of all Boards seeking to recruit same staff groups at same time.

- Lead times for training staff to meet requirements for new roles/recognised workforce gaps.
- Development of alternative working patterns to maximise utilisation of existing infrastructure will require agreement with staff representatives and may require review of terms & conditions via organisational change agreements.
- Impact on expanded theatre capacity and Diagnostics against backdrop of national shortage of anaesthetists, ODP's and radiologists.
- Waiting lists continue at same levels as previously – reliance on staff willingness and availability.
- Sub-specialty queue pressures cannot be met within independent sector and therefore a reliance on recruitment success of a small co-hort of specialist consultants.
- Unknown impact of Brexit

Infrastructure

- Requirement to create/build additional clinic and theatre capacity in timeframes required
- Pace of implementation of technology and innovation
- Impact of increased capacity on Acute sites which provide a mix of scheduled and unscheduled care capacity
- Risk to creating additional capacity that is not required when elective centre is implemented
- HSDU capacity and resilience

Independent Providers

- Availability of external capacity at volumes and case mix required to clear backlog
- Increased independent sector work may result in staff not being available for waiting list initiatives
- Nationally procured independent sector process does not deliver capacity for 1 April 2019 resulting in a 'stop/start' process

Demand

- Demand increases in excess of 1%
- Screening initiatives increase volume of Urgent Suspicion of Cancer and urgent referrals (e.g. bowel screening)

7. Risk Register

- a. Improved performance for patients waiting over 12 weeks for both an Outpatient appointment or an IPDC procedure should reduce the risk levels for both corporate risk IDs: 4191 (Risk that patients will wait longer than described in the relevant national standard and the associated clinical risk) and 3211 (That NHS Lothian will fail to achieve waiting times targets for inpatient / day case and outpatient appointments).

8. Impact on Inequality, Including Health Inequalities

- a. Actions to deliver the Waiting List Improvement Plan will be assessed to identify if there will be any direct impact on health inequalities.

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

- a. Actions to deliver the Waiting List Improvement Plan will have the appropriate impact assessments and consultation required.

10. Resource Implications

- a. As previously reported a high level financial assessment has been made in relation to the indicative trajectory modelling. Actual resource requirements will be determined through the development of individual specialty plans and supporting infrastructure.

Jacquie Campbell
Chief Officer; Acute Services
30/01/2019

List of Appendices

Appendix 1: Current Performance Summary

Appendix 1: Scheduled Care Performance

Below is a summary of current performance against trajectories.

OP Performance against Trajectory

The 2018/19 outpatient trajectory and associated performance is detailed below. Performance is expressed in terms of number of patients waiting over 12 weeks for a new outpatient appointment.

	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
NHSL OP >12 Wks Performance	22,357	23,478	23,946	24,469	25,607	26,222	26,069	25,647	26,304	-	-	-
OP Traj. w/WLIs	23,055	24,016	22,840	24,368	25,164	25,281	26,094	26,563	26,951	26,960	25,322	22,926
Difference	-698	-538	1106	101	443	941	-25	-916	-647			

IPDC Performance against Trajectory

The 2018/19 IPDC trajectory and associated performance is detailed below. Performance is expressed in terms of number of patients waiting over 12 weeks for an Inpatient or Daycase procedure.

	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
NHSL IP TTG >12wk Performance	2,381	2,317	2,137	2,100	2,096	2,203	2,157	2,135	2,408	-	-	-
IP Traj. w/WLIs	2,419	2,614	2,103	2,029	2,354	2,089	2,076	2,192	2,340	2,474	2,430	2,117
Difference	-38	-297	34	71	-258	114	81	-57	68			

Gastroenterology Diagnostic Performance against Trajectory

The 2018/19 Gastroenterology diagnostic trajectory and associated performance is detailed below. Performance is expressed in terms of number of patients waiting over 6 weeks for a diagnostic procedure.

	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
Upper Endoscopy patients waiting over 6 wks	1,183	1,157	1,136	1,159	1,220	1,265	1,304	1,317	1,501			
Colonoscopy patients waiting over 6 wks	1,334	1,413	1,602	1,940	1,835	1,833	1,695	1,547	1,341			
Flexible Sigmoidoscopy (Lower Endoscopy) patients waiting over 6 wks	470	529	565	592	658	711	725	730	770			
TOTAL GI Performance	2,987	3,099	3,303	3,691	3,713	3,809	3,724	3,594	3,612			
GI > 6/52 Trajectory	3,289	3,346	3,447	3,403	3,193	3,894	3,767	3,867	3,703	3,567	3,243	2,901
Difference	-302	-247	-144	288	520	-85	-43	-273	-91			

Urology Diagnostic Performance against Trajectory

The 2018/19 Urology diagnostic trajectory and associated performance is detailed below. Performance is expressed in terms of number of patients waiting over 6 weeks for a diagnostic procedure.

	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
Flexible Cystoscopy	743	618	573	496	384	313	210	253	314			
Urology >6/52 Trajectory	909	812	617	580	543	183	145	177	50	0	0	0
Difference	-166	-194	-44	-84	-159	130	65	76	264	0	0	0

Radiology Diagnostic Performance against Trajectory

The 2018/19 Radiology trajectories and associated performance is detailed below. Performance is expressed in terms of number of patients waiting over 6 weeks for a Radiology scan.

Speciality Radiology - CT Lothian	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19
CT Performance	31	12	5	28							
Trajectory incl WLI 6 weeks	30	27	23	19	16	12	8	0	0	0	0
Difference	1	-15	-18	9							

Speciality Radiology - MRI Lothian	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19
MRI Performance	530	229	76	65							
Trajectory incl WLI 6 weeks	580	470	360	250	140	30	0	0	0	0	0
Difference	-50	-241	-284	-185							

Speciality Radiology – General Ultrasound (not vasc)	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19
Ultrasound Performance	10	11	30	31							
Trajectory incl WLI 6 weeks	10	30	20	10	30	20	10	0	0	0	0
Difference	0	-19	10	21							

Cancer Performance

The following tables details 31 and 62 day cancer performance against trajectory

31 Day performance																
	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Urological	70.3%	67.9%	67.8%	64.7%	70.0%	73.8%	76.4%	75.7%	85.7%	83.0%	70.0%					
Colorectal (screened excluded)	97.1%	94.9%	100.0%	93.3%	90.5%	93.8%	95.2%	93.9%	96.2%	91.4%	89.7%					
Colorectal (screened only)	100.0%	76.9%	100.0%	100.0%	100.0%	100.0%	100.0%	85.7%	92.9%	100.0%	87.5%					
Melanoma	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%					
Breast (screened excluded)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	96.7%	97.7%	100.0%	100.0%	97.9%					
Breast (screened only)	97.4%	96.3%	100.0%	100.0%	100.0%	100.0%	100.0%	97.1%	96.4%	100.0%	100.0%					
Cervical (screened excluded)	100.0%	100.0%	100.0%	100.0%	75.0%	100.0%		87.5%	100.0%	100.0%	100.0%					
Cervical (screened only)	100.0%	66.7%	100.0%	100.0%	66.7%			100.0%	100.0%		100.0%					
Head & Neck	100.0%	90.0%	100.0%	94.4%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%					
Lung	98.1%	100.0%	98.1%	100.0%	92.3%	89.7%	89.1%	95.5%	95.7%	95.6%	90.2%					
Lymphoma	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%					
Ovarian	100.0%	100.0%	100.0%	100.0%	75.0%	100.0%	100.0%	100.0%	100.0%	80.0%	88.9%					
Upper GI	100.0%	100.0%	100.0%	97.0%	97.1%	97.3%	97.9%	100.0%	100.0%	90.9%	100.0%					
All Cancer Types	92.6%	89.6%	93.1%	90.7%	91.5%	91.9%	91.6%	92.3%	94.8%	94.3%	89.8%					
All Cancer Types Trajectory	91.8%	91.2%	91.3%	91.4%	91.4%	91.9%	92.1%	91.7%	91.9%	92.1%	92.5%	92.7%	92.6%	92.6%	92.9%	92.9%
Difference	1%	-2%	2%	-1%	0%	0%	0%	1%	3%	2%	-3%					

62 Day performance																
	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18					
Urological	77.4%	70.6%	75.0%	73.3%	68.0%	61.1%	69.7%	65.8%	53.2%	65.4%	52.6%					
Colorectal (screened excluded)	95.2%	77.3%	75.0%	76.5%	81.8%	61.1%	55.6%	70.2%	69.2%	52.6%	77.8%					
Colorectal (screened only)	75.0%	58.3%	100.0%	60.0%	57.1%	40.0%	0.0%	40.0%	30.2%	28.6%	14.3%					
Melanoma	42.9%	80.0%	62.5%	100.0%	33.3%	80.0%	80.0%	87.5%		0.0%	50.0%					
Breast (screened excluded)	100.0%	100.0%	100.0%	100.0%	100.0%	95.8%	86.7%	80.8%	94.6%	100.0%	87.5%					
Breast (screened only)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%					
Cervical (screened excluded)			100.0%		100.0%			100.0%	100.0%	100.0%						
Cervical (screened only)	100.0%	100.0%	100.0%	100.0%	100.0%			100.0%	100.0%		0.0%					
Head & Neck	100.0%	100.0%	90.0%	90.0%	100.0%	80.0%	100.0%	100.0%	100.0%	100.0%	100.0%					
Lung	92.9%	90.0%	100.0%	100.0%	100.0%	100.0%	81.3%	77.8%	88.2%	65.0%	89.7%					
Lymphoma	80.0%	100.0%	85.7%	100.0%	100.0%	50.0%	80.0%	100.0%	100.0%	62.5%	100.0%					
Ovarian	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	80.0%	100.0%			0.0%					
Upper GI	100.0%	81.8%	90.9%	64.3%	88.2%	81.3%	85.0%	100.0%	83.3%	100.0%	100.0%					
All Cancer Types	90.2%	84.4%	89.7%	87.4%	89.0%	80.7%	76.7%	83.9%	77.8%	79.1%	80.0%					
All Cancer Types Trajectory	88.3%	83.8%	74.9%	84.7%	84.7%	85.3%	89.9%	88.8%	89.6%	90.6%	84.2%	85.2%	88.4%	87.1%	88.0%	89.5%
Difference	2%	1%	15%	3%	4%	-5%	-13%	-5%	-12%	-12%	-4%					