

BOARD MEETING

DATE: WEDNESDAY 6 APRIL 2016

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

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



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

AGENDA

Agenda Item

Lead Member

Welcome to Members of the Public and the Press

Apologies for Absence

1. **Items for Approval**

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|-------|--|------|---|
| 1.1. | Minutes of the Previous Board Meetings held on 3 February and 2 March 2016 | BH | * |
| 1.2. | Running Action Note | BH | * |
| 1.3. | Acute Hospitals Committee - Minutes of 1 March 2016 | KB | * |
| 1.4. | Audit & Risk Committee - Minutes of 7 December 2015 & 29 February 2016 | JMcD | * |
| 1.5. | Finance & Resources Committee - Minutes of 20 January & 9 March 2016 | GW | * |
| 1.6. | Healthcare Governance Committee - Minutes of 26 January 2016 | RW | * |
| 1.7. | Staff Governance Committee - Minutes of 29 July, 28 October 2015 & 27 January 2016 | AJ | * |
| 1.8. | Strategic Planning Committee - Minutes of 21 January and 11 February 2016 | BH | * |
| 1.9. | East Lothian Integration Joint Board - Minutes of 28 January 2016 | DG | * |
| 1.10. | Edinburgh Integration Joint Board - Minutes of 15 January 2016 | GW | * |
| 1.11. | Midlothian Integration Joint Board - Minutes of 10 December 2015 | CJ | * |
| 1.12. | West Lothian Integration Joint Board - Minutes of 16 February 2016 | FT | * |

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

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|------|---|----|---|
| 2.1. | Financial Position to February 2016 and Update to Year End Forecast | SG | * |
| 2.2. | Update on the 2016/17 Financial Planning Process | SG | * |

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

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

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|------|--|-------------|---|
| 2.3. | Quality & Performance | AMcM | * |
| 2.4. | Improving Access to Psychological Therapies and Child and Adolescent Mental Health Services | AMcM | * |
| 2.5. | NHS Lothian Local Delivery Plan 2015/16 Report | AMcM | * |
| 2.6. | Patient Feedback | AMcM | * |
| 2.7. | Corporate Risk Register | DF | * |
| 2.8. | Healthcare Associated Infection | DF | * |
| 2.9. | Update on Royal College of Paediatrics and Child Health Review of Medical Paediatric Inpatient Services in Lothian | JC | * |
| 3. | Next Development Session: 11 May 2016 at 9:30 a.m. in the Boardroom, Waverley Gate. | | |
| 4. | Next Board Meeting: Wednesday 22 June 2016 at 9:30 a.m. in the Boardroom, Waverley Gate. | | |
| 5. | Resolution to take items in closed session | | |
| 6. | Minutes of the Previous Private Meetings held on 3 February and 2 March 2016 | BH | ® |
| 7. | Matters Arising | | |
| 8. | Any Other Competent Business | | |

Board Meetings in 2016

22 June 2016*
 3 August 2016
 5 October 2016
 7 December 2016

Development Sessions in 2016

11 May 2016
 20 July 2016
 7 September 2016
 2 November 2016

* Annual Accounts

DRAFT

LOTHIAN NHS BOARD

Minutes of the Meeting of Lothian NHS Board held at 9.30am on Wednesday 3 February 2016, in the Boardroom, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG

Present:

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

Executive and Corporate Directors: Mr T Davison (Chief Executive); Mr A Boyter (Director of Human Resources & Organisational Development); Mr J Crombie (Chief Officer: University Hospitals and Support Services Division); Dr D Farquharson (Medical Director); Mrs S Goldsmith (Director of Finance); Professor A K McCallum (Director of Public Health and Health Policy) and Professor A McMahon (Interim Nurse Director / Director of Strategic Planning / REAS and Prison Healthcare).

In Attendance: Mr R McCulloch-Graham (for item 84); Mrs K McWilliams (for item 84) and Mr D Weir (Corporate Services Manager).

Apologies for absence were received from, Mr M Hill and Mr A Joyce.

Welcome and Introduction

The Chairman advised he was delighted to welcome 2 new Board members – Mr Peter Murray and Mrs Lynsay Williams to their first formal Board meeting. He commented this completed a process that had seen a turnover of 6 Board members over the previous year. He advised that he was unofficially aware that the replacement University of Edinburgh stakeholder member was awaiting Cabinet Secretary sign-off.

The Chair advised that Mr Rob McCulloch-Graham, Chief Officer, Edinburgh Integration Joint Board (IJB) would attend later in the meeting to speak to agenda item 2.7 'Whole System Pathway and Discharge from Hospital Improvements Edinburgh'.

The Chair reminded the Board that an additional paper had been circulated after the formal Board agenda had issued. This was agenda item 2.8 'Royal College of Paediatricians and Child Health Review of Medical Paediatrics Inpatient Services in Lothian Update'.

Councillor Toner with reference to the aforementioned paper asked that papers be issued earlier in future. The Chair noted and accepted the point made although he advised given that the landscape in this area was busy it had been the desire to ensure the paper was as up to date as possible. He however took the general point that papers should be issued as far in advance as possible.

Declaration of Financial and Non-Financial Interest

The Chair reminded members they should declare any financial and non-financial interests

they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. There were no declarations of interest.

77. Items for Approval

- 77.1 The Chairman reminded members that the agenda for the current meeting had been circulated previously to allow Board members to scrutinise the papers and advise whether any items should move from the approval to the discussion section of the agenda. No such requests had been made.
- 77.2 The Chairman sought and received the approval of the Board to accept and agree the following recommendations contained in the previously circulated 'For Approval' papers without further discussion.
- 77.3 Minutes of the Board meeting held on 2 December 2015 – Approved.
- 77.4 Running Action Note – Approved.
- 77.5 Review of Standing Financial Instructions – The Board reviewed and approved the circulated standing financial instructions for implementation with immediate effect.
- 77.6 NHS Lothian Health and Safety Policy (Reviewed) – The Board considered and reviewed the amended document and agreed its full ratification for communication and implementation within the organisation.
- 77.7 Acute Hospitals Committee – Minutes of 30 November 2015 – Endorsed.
- 77.8 Finance & Resources Committee – Minutes of 25 November & 22 December 2015 – Endorsed.
- 77.9 Healthcare Governance Committee – Minutes of 24 November 2015 – Endorsed.
- 77.10 Strategic Planning Committee – Minutes of 10 December 2015 – Endorsed.
- 77.11 East Lothian Integration Joint Board – Minutes of 27 August, 24 September, 29 October and 26 November 2015 – Endorsed.
- 77.12 Edinburgh Integration Joint Board – Minutes of 25 September, 16 October and 20 November 2015 – Endorsed.
- 77.13 Midlothian Integration Joint Board – Minutes of 20 August and 29 October 2015 – Endorsed.
- 77.14 West Lothian Integration Joint Board – Minutes of 8 December 2015 – Endorsed.

78. Items for Discussion

79. Financial Position to December 2015 and Update to Year End Forecast

- 79.1 The Chair commented that the content of the paper should not come as a surprise to Board members as the financial position had been subject to intensive scrutiny and

review by both the Finance & Resources Committee and the Board itself. The main purpose of the paper was to report the financial position in the public domain.

- 79.2 The Board were advised that the financial position remained fragile and was being managed on a month by month basis. Although the operational position had improved in December 2015 it was not yet possible to confidently predict a breakeven position at the financial year end. The Board noted that the financial position had been further compromised by 2 drugs going into short supply thereby creating a pressure as prescribers used more expensive alternatives. If no action was taken this would equate to an in-year pressure of between £1.7m and £1.8m with a £3.3m full year effect in the following year. It was noted this position would be partially offset by an improved position around acute drug prescribing.
- 79.3 The Board noted that the Scottish Government Health and Social Care Directorates (SGHSCD) had been alerted to the likely year end position and the associated risk of not delivering a breakeven financial outturn. The SGHSCD in response had asked for details of mitigating action and a response had been emailed to the new Director of Finance.
- 79.4 It was reported that in order to support the delivery of a year end breakeven position further remedial actions had been identified by business units at the midyear review stage. The details of these were explained to the Board and examples provided. It was recognised that the identified actions to reduce the year end position might impact on the delivery of additional Board targets.
- 79.5 The Board noted that although achievement of financial breakeven was close to being delivered, further work was needed to conclude this position.
- 79.6 Mrs Goldsmith, in response to a question from Councillor Toner, advised that the Board paper referred to the current financial year and that the £70m figure related to challenges inherent in the forthcoming financial year. Proposals to attempt to bridge that gap would be reported to the Board in detail at the appropriate time. It was noted that financial plans were being reviewed and the first iteration of these would be discussed at the Board Development Session in March 2016 in an appropriate level of detail.
- 79.7 The Board were advised in respect of the limited ability to carry forward resources including SGHSCD allocations into the following year that this represented a real risk although attempts would be made to protect carry forward in key areas although this could not be guaranteed at this point. It was noted in the event that carry forward allocations were the difference between achieving financial breakeven or not then they would be taken to the bottom line. It was recognised this would have an impact on the financial position moving into the following year and would need to be discussed with business units.
- 79.8 Mr Walker commented that as Chair of the Finance & Resources Committee he could confirm that the Committee was very sighted on the financial position. Additional meetings of the Committee had been instituted to discuss the NHS Lothian financial position and IJB budgets and he hoped the minutes of meetings reflected the level of focus and debate. He advised he was happy to provide further feedback outwith the meeting. Mr Walker was comforted by the degree of effort being exercised around the difficult position.
- 79.9 The Board noted and agreed the recommendations contained in the circulated paper.

80. Integration Joint Boards (IJBs) – Summary of Financial Assurance Process

- 80.1 The Board noted that the circulated paper provided an overview of the due diligence process being undertaken to delegate budgets to the Integration Joint Boards (IJBs). The Board were being asked to note the position and confirm it was satisfied with the process to date and to receive a further update at its April meeting.
- 80.2 It was reported that the Board, Councils and IJBs were required to undertake a financial assurance process and part of this challenge was how to join up different resources and reach a common understanding in terms of risks associated with the IJB budget. The assurance process to date had been undertaken on a transparent basis. Meetings would be held individually and collectively with IJBs to discuss issues for 2014/15 and 2015/16. It was suggested this would not be an easy process because Community Health Partnerships (CHPs) were not the same as IJBs and there was a need to translate CHP budgets to IJBs. It was noted that further work was needed on hosted services.
- 80.3 The Board noted in terms of pan Lothian services that budgets were required to reflect historic activity and a formula had been developed to address this although further work was needed in terms of how it related to the use of services. Discussion ensued about the position in respect of sharing of pressures and financial developments as well as how in-year allocations from the SGHSCD would be dealt with. It was noted that good progress had been made.
- 80.4 It was reported that the Director of Finance had written to IJB Chair's laying out a proposed process to make a resource allocation to IJBs. Although it had not been possible to make a proposal in financial terms if IJBs agreed the basis of the process then this would be the model that would be used to derive the 2016/17 budget once the final financial position for 2016/17 was known.
- 80.5 The Board were referred to the part in the paper which stated that the proposed options recognised that the quantum of the financial pressures were greater in the non delegated acute functions than those in the functions delegated to the IJBs and assurance was sought on how this would be dealt with. In response it was advised that one option would have been to adopt an approach of evening cost pressures across the system as had been the practice in the past. However a key theme with the current proposal was to attempt to shift the balance of care to support the 2020 vision. The previous process had diverted resources to the acute sector and not primary care and the community. The approach in the current year recognised that in the past the system had not been addressing the necessary direction of travel although it was recognised this left a gap in acute services. This exposed the fact that there was a level of investment in the acute sector that could not be supported in the current financial position and this needed further discussion with IJBs.
- 80.6 Mr Ash welcomed the paper which he found helpful and further welcomed the open and transparent process. He commented in terms of the Director of Finance's offer letter for IJB allocations that there was not yet a unanimity of view around this. He recognised at some point the Board would do what it needed to do in respect of allocations although he felt there was an outstanding policy issue about how pressures would be dealt with. Mr Ash questioned whether the current process and schedule of meetings was sufficient to reach a considered position and suggested there might be merit in using part of the March Development Session for further joint discussion. He stressed as a Non Executive Board member on the NHS Lothian

Board that he would want assurance around the process as he felt it currently did not add up to 100%. He felt there would be significant benefit in having a Board level discussion about policy and process whilst accepting there were some issues that would not be able to be addressed immediately.

- 80.7 It was pointed out there was a need to agree efficiency savings to deliver the financial plan and some of this might be about reducing services that had a direct impact on budget availability. Mrs Goldsmith was confident that the next iteration of work could be presented if desired as part of the March Board Development Session. It was noted there would also be a need for the Board in open session to understand the process.
- 80.8 Assurance was sought that resource allocations were being used to support and were aligned to the Boards strategic directions and priorities in driving and paying for change. It was noted this would be an even more significant issue if there was a 7-8% gap in the acute budget with the mitigation of this being unachievable as there were a large number of services where volume and demand had increased.
- 80.9 The Chief Executive commented on the need to support people to live at home or in a homely setting to reduce the demand on the acute sector. It was reported that NHS Lothian would receive a 1.7% baseline uplift and that the Finance and Resources Committee had agreed to allocate this equitably and proportionately across all services. This exposed the position that the acute sector was overheating more than in primary care and the community. The Board were reminded that the 3 main financial drivers in the acute sector were acute drugs; access targets and patient safety and experience. In that respect if there was a disproportionate spend in primary care and the community this would serve to worsen the acute sector.
- 80.10 In terms of whether all unavoidable pressures were really unavoidable the Chief Executive commented by way of an example on the growth of insulin pump therapy and whether this would be an investment opportunity / discussion. He commented that IJBs were not responsible for insulin pump therapy and costs were therefore not reflected in the set a side budget and was therefore for the Board to address. It was noted that this was an example of difficult territory that would need to be addressed moving forward.
- 80.11 The Chief Executive advised that there were 2 aspects to the acute budgets. He commented that the set a side budget should focus on the transformational agenda to reduce absolute numbers and ratios in the acute sector. There was also a need to develop primary care services to facilitate discharge earlier into the community. The non set a side budget was for NHS Lothian to resolve and currently there was not confidence that an efficiency saving of 6-7% was achievable without compromising performance around the key financial drivers. This position would be discussed later in the private session. It was noted that a special single issue Board meeting would be held on 11 May 2016 to review the Local Delivery Plan (LDP). The Chief Executive reiterated that there was still a lack of clarity about how to close the acute gap without negative impacts.
- 80.12 The point was raised about whether it was sufficient in governance terms that NHS Lothian might not be able to provide a definitive allocation to each IJB and that the budget would be based on the previously discussed model which would provide indicative positions to the IJBs. The Chief Executive advised this needed to be the approach at this point in time and reminded colleagues that IJBs needed to agree a plan and NHS Lothian was helping this process by making accurate assumptions. He

reminded the Board that submission to the SGHSCD did not need to be made until the end of May and this would provide opportunities for further refinement.

- 80.13 Dr Williams commented in respect of resources being aligned with strategy that he supported the principle that proposals should be developed to support patient need and made reference for example to weighted capitation prescribing budgets in primary care.
- 80.14 The question was raised about to what extent the formulation of strategies to date needed to be revisited to reflect the developing IJB strategies that were pan Lothian based. The Chair commented that this was a fundamental point that would need to emerge through the financial assurance and strategic planning processes. It was noted that NHS Lothian was in the process of developing an acute hospitals plan which would need to reflect IJB directions based on the finances available.
- 80.15 Mr Ash reiterated the need for further discussions whilst recognising that some historical issues might take time to resolve. He reminded colleagues that financial plans for IJBs were supposed to be signed off by April 2016 and this would be challenging given the inconsistencies in budget setting timescales.
- 80.16 The Board agreed the recommendations contained in the circulated paper.

81. Performance Management

- 81.1 The Chair reminded the Board that at the last Board meeting and previous Board Development Sessions a different approach to performance management had been discussed. The circulated paper represented the consolidation of that process which it was felt would connect performance management and give governance assurance in terms of monitoring and stewarding performance to the Board. The new focus of the performance report was on how to mitigate poor performance. Discussions would be held with Committee Chairs and Lead Executive Directors about how they wanted information tailored to their Committee for reporting back to the Board.
- 81.2 The point was raised in respect of Psychological Therapies and the provision of non recurring resources whether this impacted on the Board's ability to meet targets. The Board were advised that this built on the financial debate and that in the past a lot of resource into Psychological Therapies had been on a non recurring basis and had not taken the system to a point of having enough capacity to meet demand. Capacity was being looked at to see if it was being utilised properly. Issues around ongoing funding and staffing needed to be looked at moving forward.
- 81.3 The point was made that the improved performance paper still contained gaps in terms of timescales and timelines. Whilst the logistics of keeping papers up to date was recognised it was noted that some of the timescales had passed without outcomes having been reported. It was agreed that future iterations of the paper would include an extra column detailing progress made. The Board were advised that performance measures had different reporting timelines although verbal updates could be provided at Board and Committee meetings on progress similar to the update provided around CAMHS and psychological therapies.
- 81.4 Concern was expressed about CAMHS and psychological therapy performance with it being agreed there was a need to raise this up the agenda. In particular consideration needed to be given on how to action the Meridian Report recommendations referred

to in the Board paper. The Board commented that it needed to see detail around next steps given the shortage of financial resources to support all strategies and plans.

- 81.5 It was reported that a more fulsome plan would be available in the next 6-12 months.
- 81.6 The Vice Chair commented that the performance paper was helpful from an Edinburgh IJB perspective. She advised in respect of CAMHS that it was important to recognise the emotional wellbeing of children and to be aware of historical service usage in an attempt to provide services where the need really existed. The Vice Chair advised that she had Chaired an event in December attended by 70+ people who were keen for holistic service provision. It was noted that young people, parents and schools were being asked for their views about services. The Board were advised that Lothian referral rates were 20% higher than elsewhere in Scotland and visits were being undertaken to Glasgow to see what they done differently as there was a need to get to the bottom of the uniqueness of the Lothian referral pattern.
- 81.7 The Board agreed that against each risk area the Board Committee responsible should be identified in order to provide additional granularity. It was noted that this would be helpful from an audit and risk perspective. Future performance reports would provide details on actual numbers.
- 81.8 The point was made that the performance paper was helpful although the question was raised about how Lothian was measured against other Scottish Health Boards. It was noted that in the past there had been various different approaches to performance papers and it was hoped that issues around comparative data would become better with each iteration of the performance paper supplemented where necessary by verbal updates at the Board meeting.
- 81.9 Reference was made to the implementation of a theatre implementation programme with the question being raised about whether this workstream would need to be project managed. The Board were advised that through the Deloitte's report that performance improvement opportunities had been recognised with it being acknowledged that this workstream could not be managed by existing staff. An improvement programme resource had been established for the Western General Hospital to be followed by St John's Hospital and the Royal Infirmary of Edinburgh on a rolling programme given the decision to get into more detail.
- 81.10 The Board agreed the recommendations contained in the circulated paper subject to the inclusion in future papers of an extra progress column to improve granularity and also the provision of numbers where appropriate.

82. Quality Report

- 82.1 The Board were advised that consideration was being given to joining up aspects of the performance and quality report. The Board received performance updates on readmission rates at St John's Hospital, HSMR data, HAI performance / stroke, patient experience and adverse events, maternity and still birth data.
- 82.2 Concern was expressed about the lack of headway being made in complaints performance. It was suggested that the Board was not receiving details of the nature of complaints and why the process was stalling. The Board were advised that some improvement was being made although the service was suffering from high sickness levels. An additional 4 members of staff had been appointed and the process of

devolution to the Western General Hospital and the Royal Infirmary of Edinburgh was happening although this was taking time to work through. A decision had been taken to close the complaints telephone line for an additional hour each day to support clearing the complaints backlog.

- 82.3 The Chair commented that the key issue was how the Board obtained a picture of and insight into the reasons for complaints from the perspective of a Board of Governance. Professor McMahon undertook to bring a detailed paper on complaints to the next Board meeting.
- 82.4 Advice was sought on how the work set out in the Board paper would have a positive impact on inequality with examples of where this was happening being invited. It was agreed that this issue would be picked up in a future paper as there were many good examples that could be provided. An issue was raised about the currency of some of the figures in the paper as some of the indicated dates were historical. It was noted that a more up to date position would be helpful. The Board were advised that data currency issues represented the difference between validated versus operational data with the points raised being capable of being addressed through a verbal update around key performance issues at future Board meetings.
- 82.5 The Board agreed the recommendations contained within the circulated report.

83. Corporate Risk Register

- 83.1 The Board noted that at the December 2015 meeting it had been agreed to add traffic management to the corporate risk register.
- 83.2 The Board were advised that the risks concerning the development of NHS Lothian's Integration Schemes had been closed down as these had been approved. It was noted that the Edinburgh IJB was testing a draft risk register policy with the corporate team and that East Lothian was also testing an approach. The acute risk register was in development with a senior management team workshop having taken place in December 2015. The acute risk Register would go to the Acute Services Committee in April 2016 for discussion and approval.
- 83.3 The Board noted that in December 2016 the Audit & Risk Committee agreed a programme of reporting areas outwith risk appetite as the committee and the Board needed to be explicitly assured that actions were being put in place to bring performance back within acceptable tolerances. If the performance on a specific topic required the Board to reassess its risk appetite and tolerances or perhaps adopt another strategy then this needed to be clear.
- 83.4 Dr Williams commented in respect of the primary care workforce crisis that he had concerns that this was falling between 2 stools with there being a lack of clarity about whether NHS Lothian or the IJB had responsibility. The Chief Executive commented that there was no confusion in his mind and that primary care was a delegated function to IJBs with them having singular responsibility for the strategic development of primary care services at local level. He commented it would have been neater if GP contracts had also been led by IJBs. The Chief Executive commented where NHS Lothian could be helpful it would be happy to contribute although prime responsibility sat with IJBs.

- 83.5 The Chair commented that he would slightly qualify the above statement by stating that NHS Lothian Board would still like to see primary care information because of its critical effect on the total system of care.
- 83.6 In terms of the unscheduled care: delayed discharge risk the question was raised about whether it would be reasonable to assume that IJBs would appear in the corporate risk register. The Chief Executive advised that the commissioning of services for social care services was an IJB responsibility. Delayed discharges appeared on the corporate risk register because they had a direct impact on the front door of the acute sector. It was agreed that IJBs needed to be part of the delayed discharge solution.
- 83.7 Mrs Blair expressed concern that NHS Lothian was operating outwith its risk appetite and she felt assurances were needed around this. She felt a major aspect was around the effectiveness of the implementation of IJB schemes. The Board were advised that the key outstanding risk was around the IJB directions which were not yet available. It was agreed that this represented a risk to the total system and would be considered by the Risk Management Steering Committee Chaired by the Chief Executive.
- 83.8 It was reported that the Audit and Risk Committee when looking at areas of red performance had felt that they were not getting reports on what was being done to address these areas. The committee had asked for more action and performance focussed reports to be prepared by the lead Director. It was felt to be important to not necessarily overlap performance reporting and risk management.
- 83.9 The point was raised in the establishment of the IJBs that initially an in principle decision had been taken not to disrupt the NHS Lothian governance structure although the suggestion was made that there was a need to look at this to ensure the sustainability of every IJB being involved in appropriate decisions. The Chair commented that this was the key reason for having joint representation and cross cover of membership on respective Boards.
- 83.10 Councillor Toner commented in terms of including IJBs in the risk register that care needed to be taken in terms of messages sent out as he felt there was no more risk of IJBs not delivering than there was of the Acute Committee not delivering. The Chair commented that he accepted the point being made although he felt in governance terms there was a need to recognise risk delegated to IJBs.
- 83.11 In terms of governance and avoiding duplication and repetition it was noted that the Healthcare Governance Committee had set up a workshop session with it being questioned whether this could be widened to a larger membership. Mr Ash and Dr Williams agreed whilst it might be appropriate to widen the workshop to pick up other aspects of governance that the prearranged workshop should continue to be held as the work plan was already well established. It would be possible to identify other governance aspects that needed to be addressed in a different fora.
- 83.12 The Board agreed the recommendations contained in the circulated paper.

84. Healthcare Associated Infection

- 84.1 The Board noted that at the previous meeting a request had been made for inclusion of timescales and lead responsibility in the future paper. The production of the report in this format had been delayed because of sickness and the festive period.
- 84.2 The Board were advised that from 4 January 2016 the Medical Director had taken on the role of HAI Executive Lead working closely with the Director of Nursing, Chief Officer and the Director of Public Health and Health Policy.
- 84.3 It was noted that the NHS Lothian staphylococcus aureus bacteraemia target was to achieve a rate of 0.24 per 1000 bed days (\leq 184 incidences) by March 2016 with a current rate of 0.28 (175 incidences). NHS Lothian was not on trajectory to achieve the set targets. NHS Lothian's clostridium difficile infection target was to achieve a rate of 0.32 per 1000 bed days (\leq 262 incidences) by March 2016 with a current rate of 0.42 (260 incidences). NHS Lothian was not on trajectory to achieve the set targets. It was noted however that Lothian results had for the first time been sign posted within control limits.
- 84.4 The Board were advised in terms of c-difficile that cross transmission was not a concern with this position being supported by Health Protection Scotland. There were however Lothian specific issues in respect of the use of antibiotics that predisposed people to clostridium difficile and this was being investigated further. Visits were being arranged to General Practitioners to provide support in this area.
- 84.5 The Medical Director commented that part of the prescribing issue related to what happened in the acute sector and the recognition that in some instances long courses of some antibiotics were being prescribed. Case definitions were being looked at.
- 84.6 It was reported that temporary additional support had been recruited with a focus on invasive devices. The Healthcare Environment Inspectorate had carried out an unannounced inspection at the Royal Hospital for Sick Children on 2 & 3 December. The final report and action plan was expected to be published on 17 February 2016 and contained no issues of major concern although 5 recommendations and some requirements had been highlighted.
- 84.7 The question was raised about the use of revised local targets for clostridium difficile and staphylococcus aureus bacteraemia and whether this impinged on nationally established targets. The Board were advised that these were internal arbitrary targets and reflected a realistic assessment of what was deliverable and did not represent moving the goal posts.
- 84.8 The Healthcare Governance Committee had approved the HAI strategy and had set a clear timeline of 6 months for evidence of improvement. In addition the Vale of Leven report was a major area of agenda focus.
- 84.9 It was noted that for future reports percentage comparators would be provided against each area in order to allow comparisons of performance against and between different hospitals. This would also allow benchmarking with other Health Boards. The question was also raised about whether there was an opportunity to compare performance outwith the UK.
- 84.10 The Board were advised in respect of benchmarking that Health Protection Scotland and NHS Lothian clinicians had looked beyond Scotland and into Europe and beyond.

The areas where infection rates tended to be lower were in Norway, Sweden and the Netherlands reflecting differences in healthcare systems. It was noted that with caveats that the use of benchmarking data was a useful tool moving forward. The provision of percentage comparative data would be included in future reports. Data on hand cleaning which was already reported to the Healthcare Governance Committee would also be included in future reports.

84.11 The question was posed about whether or not there was a trigger for unannounced HEI visits being undertaken. The Board were advised that the process was generally random.

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

85. Whole System Pathway and Discharge from Hospital Improvements, Edinburgh

85.1 The Chair welcomed Mr McCulloch-Graham and Mrs McWilliams to the meeting.

85.2 The Board were advised that whilst the paper spoke about developments that real progress was already underway and that constant dialogue was happening with partners and stakeholders. An example was given of the way the Gylemuir facility had changed its use in the short term to assist the longer term issue around capacity at the Royal Infirmary of Edinburgh and the Western General Hospital. Examples were provided of a number of key events around whole systems pathway work and arrangements for discharge from hospital.

85.3 It was noted in terms of whole systems mapping for older people that a pathway was being developed with Healthcare Improvement Scotland colleagues. Activity and financial data would be overlaid, to determine the areas within the pathway that created the greatest pressures and failure demand on the system, for priority action. This would be used at a forthcoming whole system discharge from hospital event on 8 March 2016 which would be attended by the SGHSCD. It was anticipated that significant improvements would be evident on delayed discharges over the next 12 months.

85.4 The Board were advised in conjunction with management colleagues at the Royal Infirmary of Edinburgh that a process was in place to look at the top 10 most difficult discharge cases and what was needed to facilitate progress in this area. The lessons learned from this process would be fed in to the debate at the 8 March 2016 meeting. It was reported that consideration was being given to new ways of operating enablement services within the context of it remaining a Council provided service.

85.5 It was noted that following the 8 March 2016 event that a project board would be established with project management support to enact the actions from the event with a view to significant changes and improvements being delivered within a 12 month period.

85.6 The Chair commented that he could not imagine the Board other than supporting a whole system approach with the only issue being whether the Board was content with the approach itself.

85.7 The point was made that this work should help to provide a clear understanding of the core discharge pathway with best practice being that patients fit for discharge should not be kept in hospital for assessment and should be in an interim facility. It was

noted that such an agreement was not currently in place and that discharge planning should commence at the point of admission. Steps were being taken to accelerate this process. It was noted that Gylemuir was being used differently to let people move out of hospital and to look at packages of care. It was noted however that this could only be a short term measure.

- 85.8 A question was raised about when the other 10 beds at Gylemuir would be open. The Board were advised that all 60 beds were now available with some of these as previously explained being used to meet pressures in the Royal Infirmary of Edinburgh and the Western General Hospital in the short term.
- 85.9 The Board noted that the Council were out to tender for a new framework agreement for care at home which would increase the hourly rate from £15 to £16. Healthcare support workers would be appointed to undertake specific strands of work.
- 85.10 Mrs Meiklejohn supported the approach being taken and in particular the collaboration with the acute sector and the South East locality Hub test of change particularly as this would have an impact on AHP staff. She commented it would be important to ensure sufficient resource was factored in to allow people to undertake their duties.
- 85.11 Mrs Hirst commented it was clear that a lot of action was underway and referred to the Sheffield discharge assessment model and questioned whether lessons were being learned from elsewhere in the UK and Europe. It was reported that the elegance of the Sheffield approach had been built into the Hub model. The Board were advised that currently there was no dedicated resource to undertake Horizon scanning work but this would be available in the future.
- 85.12 The Vice Chair welcomed the positive progress and questioned whether resources were available to develop reablement. She questioned whether the process would work with carers and other partners in the community. Mr McCulloch-Graham commented that the intention was that the collaborative approach would be possible through the engagement of social work teams and the development of community focussed packages of care. It was noted negotiations would be needed with the third sector particularly in respect of the challenges of reduced resource availability. It would be important therefore for early engagement with the third sector to allow them to help to support gaps. This might require a move to a more commercial relationship with the third sector.
- 85.13 The Chief Executive commented as a Board there was a need to be aware of Council social care budgets. There was a real risk in terms of delayed discharges in respect of reduced budgets. He advised that he and other colleagues received 'flash' reports on a daily basis around patient delays and that there were still a significant number of patients waiting on the completion of social work assessment and packages of care. There was also a nuance in the acute sector about clinical risk management at ward level about patients waiting for assessment at home and discharge from hospital. He felt this should be a key facet of the test of change process.
- 85.14 It was noted that the 8 March 2016 event would be attended by consultants, senior charge nurses and senior managers. A meeting had been held the previous day with consultants at the Western General Hospital where the need for a change culture had been discussed. It was felt that the 8 March session would be helpful in establishing improvement and sustainable actions.

85.15 Mr Walker commented that Dr Andrew Coull, Associate Medical, Director Unscheduled Care who was a member of the Edinburgh Integration Joint Board was aware of issues around the risk aversion of some clinicians. Mr Walker advised that he would Chair the Project Board which would ensure implementation of actions actually occurred and that moving forward actions were tracked.

85.16 The Board noted in respect of the Royal Edinburgh Hospital that there were a number of challenging delays and that Professor McMahon and Mr McCulloch-Graham had discussed this with colleagues including clinicians in respect of joining up services through the South East Hub. It was hoped that this approach would lead to better outcomes. The point was made that the issue was about people with learning difficulties as well as people with mental health issues. In that respect it would be important to breakdown risk adversiveness and learn lessons from community practitioners.

85.17 The Board noted and supported the recommendations contained in the circulated paper.

86. Royal College of Paediatricians and Child Health Review of Medical Paediatric Inpatients Services in Lothian Update

86.1 The Chairman commented that the paper before the Board was principally an update report.

86.2 Mr Crombie reported that the paper represented an update on the 2 December report. It was noted that the Royal College of Paediatricians and Child Health (RCPCH) had been to NHS Lothian and had visited a number of areas. He advised that the schedule of visits and the credentials of the review team had been included as an appendix to the paper and the production of this had delayed the issuing of the Board paper.

86.3 The Board noted that through the online feedback service that 1261 responses had been made of which 25 had expressed an interest in being part of a more detailed process. The details of the next series of focus group meetings was detailed in the appendix to the papers.

86.4 The Chair advised that a single item meeting of the St John's Hospital Stakeholder Group had been held in public on 20 January 2016 where the RCPCH Team had presented on progress and received feedback. In addition NHS Lothian was in the process of arranging a series of public meetings. Two meetings would be held in each local authority area with debate documented by NHS Lothian and submitted to the RCPCH for inclusion in the feedback reports. It was noted that there might be a need for a third visit by the RCPCH Team in March and this was currently under consideration.

86.5 The Board were advised that at this point the timeline for the completion for the review and the receipt of the review report remained as previously notified, with the final report expected to be submitted to NHS Lothian in May 2016. It was planned that this would go to the NHS Lothian Board Development Session in May 2016 and then onto the June public Board meeting.

86.6 Mr Murray commented that he was grateful to receive the update report and stated that the inclusive nature of the process should be acknowledged. Mr Johnston also

thanked Mr Crombie for the updated information. He reminded the Board that throughout the process he had sought assurance that clinicians would be integral to leading the review. He noted however that only 30 minutes of time had been allocated to consultant paediatricians at St John's Hospital and questioned whether this was sufficient. The Board noted that feedback from St John's staff had suggested that they felt that they had received sufficient time with the review team. Mr Crombie commented that clinical engagement would not be limited. He advised that the data submitted to the RCPCH had been subject to review by clinical teams and in that respect fulsome discussion had been held. During February 2016 there would be further opportunities for clinicians to interact and they would be kept up to date with information as the review progressed.

- 86.7 Mr Johnston commented that he welcomed the decision to have public meetings as not all people had access to online facilities. He questioned however whether it would not be possible for the review team to participate in the public meeting process. Mr Crombie commented that the view taken had been that the review team would run the focus groups and that the 25 people expressing a desire for further engagement would be offered further opportunities. Robust gathering of information would be undertaken at the public meetings held by NHS Lothian and fed back to the review team.
- 86.8 The Board noted that the impact assessment would be undertaken after the review was complete and that the RCPCH would ensure that no voices went unheard. It was noted that confidentiality issues around information transfer had been signed off nationally.
- 86.9 Councillor Toner commented that he was less congratulatory around the process and made detailed reference to the Freedom of Information request made by Mr Findlay MSP and referred to in the appendix to the paper. In particular he expressed concern about an email exchange on 1 October 2015 between Scottish Government officials and Mr Crombie where reference had been made to NHS Lothian being bumped into making a decision in respect of the reporting timeline for the review report. Reference was also made to an email from the Medical Director as well as one from the Chair to the Chief Executive suggesting there was no need to take heed of 415 emails.
- 86.10 Mr Crombie commented that he was delighted that Councillor Toner had raised the point about the email around Scottish Government engagement. Mr Crombie commented that he had advised the Scottish Government official who had been producing a briefing paper for the Cabinet Secretary that he could not be bumped into a decision in advance of the Board meeting as it was for the Board to determine and approve deadlines.
- 86.11 Councillor Toner advised that in his opinion a protracted review process put additional risk on the service. Mr Crombie referred to Councillor Toner to the FOI email traffic. Mr Crombie commented that any suggestion that Scottish Government Officials had tried to elongate the process was not true. He advised that the initial thought had been that the review team would report in March / April 2016. However once additional detail became available about the full extent of the review and the consultation and engagement process this had emphasised the need for solid and comprehensive engagement. Mr Crombie commented that he made no apology for extending the timeline to ensure that the review process was complete and transparent.

- 86.12 Councillor Toner commented that initially the RCPCH had stated that they could conclude the review by the end of the financial year. It had then been reported that their public engagement expert had not been available immediately. At the St John's Hospital Stakeholder Group meeting it had transpired that the RCPCH did not in fact have access to the initially proposed person.
- 86.13 The Chairman advised the Board about comment made in correspondence from Mr Neil Findlay MSP following on from the previously referred to FOI request to the effect that he had suggested that the 415 emails should be ignored. The Chairman commented that he had and would again apologise for using insensitive words in respect of how the 415 essentially identical emails should be received. However, he reaffirmed that all emails had been submitted into the process and would feature as part of the review team feedback.
- 86.14 Councillor Toner welcomed the apology and the clarity around the emails as there had been concerns that they were being ignored. He commented as a Board member he did not think that he had received significant assurance around all the questions raised within the context of the FOI request as reported to the Board.
- 86.15 The Chief Executive commented that the critical issue was that the Board needed to come to a view on the sustainability of the service. The Chief Executive confirmed to the Board the need to take account of guidance issued around the Scottish Parliamentary Elections by the Scottish Government which stated that care should be taken to ensure that Board meetings did not introduce agenda items likely to be subject to controversy during the election period. Therefore even if the RCPCH report had been available prior to the Parliamentary elections if there had been any proposals for material change then the Board would not have been able to consider that during the purdah period. Furthermore if the report had made recommendations for material change then the Board would have been required to conduct a period of public consultation before coming to a decision which would also not have been able to be pursued through the purdah period.
- 86.16 Councillor Toner Moved a Motion to Make the Following Amendments to the Recommendations Contained in the Paper: -
- 2.3 After March delete the feedback from which will be submitted to the RCPCH to supplement the feedback they are already collecting and insert the Board will invite RCPCH.
 - 2.5 Delete and replace with the Board agree the submission of the Review Team's report be reported prior to the Scottish Parliament elections in May.
 - 2.6 The Board agrees that there should be no reduction in services at the Children's Ward at St Johns Hospital.
 - 2.7 The Board agrees to West Lothian Councils request that an additional meeting of the St John's Stakeholder Group be called to consider the information, obtained through a FOI request by Neil Findlay MSP.
- 86.17 The motion failed to secure a seconder and was therefore not carried and the Board agreed to the circulated recommendations to: -
- 2.1 Note that the RCPCH review team carried out their first 3 day visit to Lothian on 18 – 20 January 2016.

- 2.2 Note that the RCPCH will return on 10 & 11 February to conduct a series of patient, carer and stakeholder focus groups in West Lothian and Edinburgh.
- 2.3 Note that NHS Lothian plan to hold a series of open public meetings across Edinburgh, West Lothian, East Lothian and Midlothian from the end of February to mid March, the feedback from which will be submitted to the RCPCH to supplement the feedback they are already collecting.
- 2.4 Note that the RCPCH online survey remains open for anyone to respond to.
- 2.5 Note that the expected timeline for the submission of the review teams report is May 2016.

87. Date and Time of Next Meeting

- 87.1 The next meeting of the Board would be held between 9.30am – 12.30pm on Wednesday 6 April 2016 in the Board Room, Waverley Gate, 2-4 Waterloo Place, Edinburgh EH1 3EG.

88. Invoking Standing Order 4.8

- 88.1 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.

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LOTHIAN NHS BOARD

Minutes of the Special Meeting of Lothian NHS Board held at 9 am on Wednesday 2 March 2016 in the Boardroom, Waverley Gate, 2-4 Waterloo Place, Edinburgh EH1 3EG.

Present:

Non Executive Board Members: Mr B Houston (Chair); Mrs S Allan (Vice Chair); Mr M Ash; Mrs K Blair; Cllr D Grant; Cllr R Henderson; Mr M Hill; Mrs C Hirst; Mr P Johnson; Mr A Joyce; Mrs J McDowell; Mrs A Meiklejohn; Mrs A Mitchell; Mr P Murray; Mr J Oates; Cllr F Toner; Mrs L Williams and Dr R Williams.

Executive and Corporate Directors: Mr T Davison (Chief Executive); Mr A Boyter (Director of Human Resources and Organisational Development); Mr J Crombie (Chief Officer, University Hospitals and Support Services Division); Dr D Farquharson (Medical Director); Mrs S Goldsmith (Director of Finance); Professor A K McCallum (Director of Public Health and Health Policy); and Professor A McMahon (Interim Nurse Director/Director of Strategic Planning/REAS and Prison Healthcare).

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

Apologies for absence were received from Cllr C Johnstone; Mr G Walker and Professor M Whyte (recently appointed by the Cabinet Secretary as the University of Edinburgh Stakeholder Non Executive Board Member)

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 for consideration, identifying the relevant agenda item and the nature of their interest. There were no declarations of interest.

31. Standing Order 5.4

31.1 The Chair commented that the sole reason for holding the Special Private Board Meeting was to invoke Standing Order 5.4 to allow a meeting of the Board to be held in Private because of the need to discuss issues that were commercial and in confidence in nature.

31.2 The Board agreed to invoke Standing Order 5.4.

32. Date and Time of Next Meeting

32.1 The next scheduled meeting of the Board would be held between 9.30 am and 12.30 pm on Wednesday 6 April 2016 in the Boardroom, Waverley Gate, 2-4 Waterloo Place, Edinburgh EH1 3EG.

RUNNING ACTION NOTE

Action Required	Lead	Due Date	Action Taken	Outcome
Financial Position				
<ul style="list-style-type: none"> Finances / LRP to be discussed at a future development session. 	SG	Ongoing	<i>Further detailed review and discussion at F & R Committee and future Board Development Sessions.</i>	In progress
Integration Update (25/06/14)				
<ul style="list-style-type: none"> Update report to future Board meetings. 	AMcM	Ongoing	<i>Regular reports provided to the Board</i>	
Revised Corporate Communications Strategy (25/06/14)				
<ul style="list-style-type: none"> Arrange further discussion either at a development session or at a future Board meeting. 	AB	Ongoing	<i>Paper to future Board meeting.</i>	
Delayed Discharges (05/08/2015)				
<ul style="list-style-type: none"> Provide more detail on the lack of availability of care packages, particularly identifying if the problem was a recruitment or a budget issue 	AMcM	Ongoing		
Consent Agenda (05/08/2015)				
<ul style="list-style-type: none"> Bring forward proposals for a review of the Consent Agenda process. 	BH	September 2015	<i>Process of evaluation underway</i>	
Review of Medical Paediatric Inpatient Services (02/12/2015)				
	JC	Mid 2016	<i>Update report to Board on 6 April 2016</i>	
Workforce Risk Assessment (02/12/2015)				
<ul style="list-style-type: none"> The Slater Report to be considered in more detail at a future Board meeting. 	AMcM/JC			

Action Required	Lead	Due Date	Action Taken	Outcome
<u>Integration Joint Boards - Financial Assurance Process</u> (03/02/2016)				
	SG	March 2016	<i>Discussed further at March Development Session</i>	Completed
<u>Performance Management</u> (03/02/2016)				
<ul style="list-style-type: none"> Improving access to Psychological Therapies and Child and Adolescent Health Services. 	AMcM	April 2016	<i>Paper on April Board Agenda</i>	
<u>Patient Feedback (Complaints)</u> (03/02/2016)				
	AMcM	April 2016	<i>Paper on April Board Agenda</i>	

ACUTE HOSPITALS COMMITTEE

The draft minutes of the Acute Hospitals Committee held on Tuesday March 1 are attached.

Key issues discussed included:

- NHS Lothian Hospital Plan - importance of improved delayed discharge outcomes to allow the Plan to develop. Key milestones identified and IJB involvement considered. The Committee expressed disappointment at the lack of a National Hospitals Plan,
- Overview of St John's Hospital - issues, challenges, opportunities and sustained good outcomes highlighted.
- Assurance around the formal review of the Cardiology Waiting List
- Update on the Medical Paediatric Review Service
- Renaming of Sick Kids Hospital to the Royal Hospital for Children and Young People. Royal status of the hospital to be pursued.
- Financial Planning 16/17 and divisional financial performance this year,

Key issues on the horizon are:

- **Work to address Deloitte report, particularly in terms of theatre improvement and Frailty improvement. Committee needs continued assurance regarding ownership, pace and outcomes.**
- **Bed flow and delayed discharge**
- **Independent Paediatric Review and its findings and recommendations.**
- **Financial and risk challenges for the Acute sector**

Kay Blair, Acute Committee Chair

9 March 2016

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NHS Lothian

ACUTE HOSPITALS COMMITTEE

Minutes of the Meeting of the Acute Hospitals Committee held at 2pm on Tuesday 1 March 2015 in the Board Room, Waverley Gate, 2-4 Waterloo Place, Edinburgh.

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

In Attendance: Mr A Bone (Business Partner); Mr C Briggs (Associate Director of Strategic Planning); Ms J Brown (Associate Director of Human Resources); Ms J Campbell (Site Director - St Johns Hospital); Ms L McDonald (Site Director - Royal Infirmary of Edinburgh); Ms F Mitchell (Director - Woman and Children & Associated Services); Mr P Reith (Secretariat Manager); Mr David Ridd (Communications); Mr A Tyrothoulakis (Service Director) and Mrs C Young (Business Manager).

Apologies for Absences: Mr G Walker.

Declaration of Financial and Non-Financial Interest

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

The Chair welcomed Mr John Oates, Non Executive Board Member, to his first meeting of the Committee.

51. Minutes of the Previous Meeting

51.1 The previously circulated minutes of the meeting held on 30 November 2015 were approved as a correct record subject to:

- Minute 39.14 - delete 'in ENT' in the second line.
- Minute 40.4 - in the fourth line add 'Nurse' after lead infection.

52. Running Action Note

52.1 The Committee noted the previously circulated running action note.

53. NHS Lothian's Hospitals Plan

53.1 The Chair welcomed Mr Briggs who explained that a hospital plan was needed to set out how NHS Lothian's specialist hospital services would respond to changes in clinical treatment and demography, financial, workforce and estate challenges and the Patient Safety in Quality Improvement agenda.

- 53.2 It was noted that this presentation was the same as had been delivered to the Strategic Planning Committee and would also be delivered at the following day's Board Development Session. The Committee noted that the establishment of Integration Joint Boards with the responsibility of determining local strategic plans and direction would require a hospital plan geared up to deliver the required services. Mr Briggs reminded the Committee that any plans had to assume that the Integration Joint Boards would deliver on their targets to reduce delayed discharges.
- 53.3 Mr Briggs explained that the scope of the plan would include the functions delegated to Integration Joint Boards and delivered in NHS Lothian hospitals in the form of a delivery plan for the Integration Joint Boards directions. There would also be specialist and tertiary acute hospital services provided at the Royal Infirmary of Edinburgh, Western General Hospital, St Johns Hospital, Royal Hospital for Sick Children / Department of Clinical Neurosciences and the Royal Edinburgh Hospital as well as specialised learning disabilities services.
- 53.4 The architecture envisaged an overall Lothian hospitals plan with a workstream plan concentrating on an efficiency plan focused on optimal performance, the clinical horizon scan, the quality improvement plan and DCAQ. A site options plan would concentrate on the capital plan and its timetable for implementation.
- 53.5 Work was already underway on the Royal Infirmary of Edinburgh campus and Bioquarter and further work would be carried out at the Royal Edinburgh Hospital and St Johns Hospital.
- 53.6 The outcome of the hospital plan would be proposed site plans for each of the four sites for consultation with both the Integration Joint Boards and the public, probably with options for each site.
- 53.7 In order to achieve this there would be a re-conceptualisation and restructuring of the strategic planning function with a senior planning resource distributed to Integration Joint Boards and a refocusing of planning resource for acute, mental health and learning disabilities.
- 53.8 A new masterplanning post was envisaged to support this work, in addition to work from Finance, Capital Planning, Site Management Teams and the Integration Joint Boards themselves.
- 53.9 The Committee noted that the key milestones were:
- Outline document to Board Development day March 2016
 - Reorganisation of strategic planning resource to support March 2016
 - Workplan for each site – end May
 - Options development for each workstream to end November 2016
 - Site options developed December 2016
 - Consultation January to March 2017
- 53.10 Mr Briggs advised that there would be regular updates to the Strategic Planning Committee at each meeting and he undertook to provide dates to the Acute Hospitals Committee.

CB

- 53.11 The Chair thanked Mr Briggs for his presentation and members were given the opportunity to raise questions.
- 53.12 Mr Briggs advised that candidates being interviewed for the key posts in the Acute Hospitals Division were being asked to elaborate on how they would address the issue of how the available resources could be managed in order to deliver the hospitals plan. He explained that the key staff would be embedded in the sites and would see at first hand how best to liaise with staff without disrupting the workflow.
- 53.13 In addressing the issue of potential risks in the timeframe from the development of the hospital plan as Integration Joint Boards would have their strategic plan approved by the 1 April 2016, Mr Briggs accepted that there was an element of risk for the acute services but emphasised that none of the 4 Integration Joint Boards had yet agreed a clear direction and there would an opportunity for the hospitals plan to catch-up with the Integration Joint Board strategic plan.
- 53.14 The Chair raised the question of the hospital plan for Scotland and Professor McMahon confirmed that there was a Regional Planning System but no hospital plan for Scotland.
- 53.15 Mr Houston commented that he had raised this issue on a number of occasions and suggested that the Committee should express its concerns to the Board at the lack of national hospital planning.
- 53.16 The Committee noted that assumptions would have to be made as the ability of the Integration Joint Boards to deliver the necessary reductions in delayed discharges.
- 53.17 Mr Briggs advised the Committee that progress was being made in the Acute Hospitals Division in improving performance in a number of areas which could be expected to deliver in the forthcoming months. He conceded that there were a number of larger developments which would take longer to go through the planning and implementation process and confirmed that the Committee would be fully involved in the process, including determining what constituted best value.
- 53.18 In response to a question from Mr Oates seeking clarification on the opportunities to make changes at the annual review cycle, Mr Briggs advised that Local Strategic Planning Teams and Hospital Management Teams would identify areas that required further examination and possible changes within the overall constraints of the plan.
- 53.19 The Chair thanked Mr Briggs for his presentation.

54. Financial Planning 2016/17

- 54.1 The Chair welcomed Mr Bone to the meeting.
- 54.2 Mr Bone advised that the recent additional funding announced by the Scottish Government was equally divided between Health and Social Care and there would be some resources for the elective treatment centres referred to in the budget. He emphasised that the biggest challenge would be the step-up from the current to the expected levels of efficiency.

54.3 The Committee noted that the currently projected overspend would have an impact on the acute plan and radical actions would be required to address the problem. Key areas to be addressed included the continuing use of the independent sector and nursing and midwifery costs, particularly in respect of bank and agency staff. It was noted that there would be a detailed discussion of this issue at the following day's Board Development Session.

54.4 The Committee noted with concern the various risks and assumptions that still required to be addressed.

54.5 The Chair thanked Mr Bone for his presentation.

55. St Johns Hospital – A View from the Bridge

55.1 The Chair welcomed Ms Campbell to the meeting. Ms Campbell advised the committee that the St Johns Campus included the St Johns Hospital, the Princess Alexandra Eye Pavilion and the Lauriston Building.

55.2 The Committee noted that work was underway towards the re-provision of the Princess Alexandra Eye Pavilion which had a high volume of outpatients and day cases in a facility that had originally been built for inpatients.

55.3 St Johns Hospital had 290 adult acute beds, 14 paediatric beds, 9 special care baby cots and 66 mental health beds. In addition there was a day of surgery admission unit with 20 beds and 24 trolleys, a regional centre for head and neck and plastic surgery and a regional burns unit.

55.4 Whilst day case activity at St Johns Hospital had reduced slightly, both inpatient and out patient activity had increased. At the same time, 'did not attend' figures for new outpatients and return outpatients had reduced.

55.5 The Committee noted that a new management structure was now in place using the general management model with integrated site team, Pan Lothian collaboration and support and Pan Lothian Service Teams for anaesthetics, theatres, critical care and diagnostics as well as women and children and outpatients.

55.6 It was noted that services at St Johns were improving and Ms Campbell advised that similar improvements had been seen at other sites and she felt that this position was sustainable.

55.7 The Chair thanked Ms Campbell for her presentation.

56. Update on Formal Review of Cardiology Waiting Lists

56.1 Ms Campbell advised the committee that 28 patients on the cardiology waiting list had been moved within the pathway. All of these patients should have been routine but 2 urgent patients were mistakenly included and Ms Campbell had asked the Healthcare Governance Team to review the process.

56.2 The Committee noted that in the light of media interest, a Scottish Government visit had also been carried out and the report was expected but was thought to be unlikely to differ from the internal report.

56.3 The Committee noted the position.

57. Progress Update on the Royal College of Paediatrics and Child Health Review of NHS Lothian's Medical Paediatric Services

57.1 The Chair welcomed Mrs Mitchell to the meeting.

57.2 The Committee noted that the visit from members of the Royal College of Paediatrics and Child Health had taken place between 18 - 20 January 2016. In early February a patient involvement expert had visited and the College had placed a survey online. Public meetings were being conducted in West Lothian, East Lothian, Midlothian and Edinburgh. The purpose of these was to explain the background to the review and outline the issues. It was noted that between 60-75% of the comments received had been from West Lothian.

57.3 The Committee noted the position.

58. Royal Hospital for Sick Children Re-naming

58.1 The Chair welcomed Mr Ridd to the meeting.

58.2 Mr Ridd introduced a circulated report providing an outline of the key issues, the work undertaken to date and the recommendations proposed with regards to re-naming the Royal Hospital for Sick Children prior to it moving to Little France in 2017.

58.3 It was noted that the Project Steering Board had asked that the option to change the name of the Royal Hospital for Sick Children to the Royal Hospital for Children and Young People be explored. A consultation carried out during initial planning for the hospital found support for the addition of 'Young People' to the name of the hospital and it was accepted that many 16 year olds did not wish to be referred to as children and that this categorisation could have a detrimental impact on their self esteem before attending the hospital for treatment. It was also noted that the 'sick' was no longer used to describe the condition of a patient.

58.4 Mr Ridd explained that when a hospital with a Royal title relocated it was required to reapply to the Royal Family in order to transfer that name to the new facility and it was being proposed that the change of name be submitted to the Scottish Government Protocols Team.

58.5 The Committee agreed to endorse the recommendations in order to apply to the Royal Family to maintain the royal status of the hospital and to endorse the recommendations in order to change the name of the hospital from the Royal Hospital for Sick Children to the Royal Hospital for Children and Young People.

59. Performance Management

- 59.1 Ms Campbell introduced a circulated report giving an update on the most recently available information on NHS Lothian performance against a range of measures, using data sourced from local and national systems. It was noted that the report included a red and green summary identifying where each NHS Lothian standard sat following assessment.
- 59.2 Professor McMahon explained that the report was trying to put things into perspective showing how NHS Lothian matched against the national trend. He advised the report, which contained figures relating to services outwith the acute hospitals division would be tailored to cover the areas of the committees responsibility for future meetings.
- 59.3 The Committee agreed to note the further steps taken in performance management reporting in line with that agreed at the December 2015 Board meeting and that the report now included a pro-forma, signed off by the relevant director for each area for the Acute Hospitals Committee where desired performance had not been achieved. The committee also agreed to receive the update on the existing performance against HEAT targets and other relevant standards. On the 23 assessed 5 had been met and of the 18 not meeting expectations 8 were on an improving trend.

60 Deloitte Update: Theatres Improvement Programme

- 60.1 The Chair welcomed Mr Tyrothoulakis to the meeting. It was noted that Mr George Walker had emailed members with a number of comments on the report and the Chair advised that Mr Tyrothoulakis would be responding directly to him.
- 60.2 Mr Tyrothoulakis advised the committee that the purpose of the report was to present the Theatres Improvement Programme for endorsement as the agreed way forward for the service. He explained that the Theatres Improvement Programme was the vehicle to address the Deloitte report recommendations and to ensure delivery of the theatres and anaesthesia strategic priorities. It was noted that progress and the delivery timescale were detailed in the first appendix to the report.
- 60.3 The Committee noted that the aims of the theatre strategy were to:
- Ensure optimum utilisation of existing resources
 - Deliver a safe, high quality service for patients
 - Improve staff experience and satisfaction
 - Deliver recurring and non recurring cost improvements
 - Develop a sustainable and competent workforce
 - Encourage innovation
- 60.4 Mr Tyrothoulakis explained that it was intended to align the project to the quality improvement agenda and this would be gone into at the launch on 17 March 2016. He confirmed that the staff necessary to deliver the programme were either in place or would be within the next few months. In addition, e-health had an analyst to work with the team to ensure that the need for data was being addressed.
- 60.5 The Committee noted that one of the workstreams focussed on culture and values and the projects leads would be identified at a forthcoming workshop. It was also

noted that the introduction of 'top gear' Boards showing consultants who started first were leading to an improvement in starting times.

60.6 Ms Brown advised the Committee that the inclusion of culture and values in the programme was a huge step forward and following the introduction of i-Matters there would soon be significantly more data from staff to include in the analysis.

60.7 The Chair thanked Mr Tyrothoulakis and commented that the committee was keen to see that the timelines were met and would like to receive an update on the programme in 6 months.

AT

60.8 The committee agreed to endorse the Theatres Improvement Programme as the vehicle to address the Deloitte recommendations and to ensure delivery of theatres and anaesthesia strategic priorities and to recognise the investment required to support delivery of the aims of the programme.

61. Frailty Improvement Programme Progress Update

61.1 The Chair welcomed Ms McDonald to the meeting.

61.2 Ms McDonald introduced a circulated report giving an update on the work being undertaken to address the findings in the Deloitte Diagnostic Length of Stay Report.

61.3 The Committee noted that patients over the age of 75 were now being defined as benefitting from the frailty pathway which was vital to the delivery of health and social care services as the population aged and patients experienced great complexity and more co-morbidities. Significant work had been undertaken in the past including Hannah's Journey, which set objectives and brought together data to risk manage the population through primary care. However, there were significant issues and delays in the patients journey downstream, through acute and community services and a tableau dashboard had been developed with the objective of identifying and prioritising specialties which were out of kilter with the expected length of stay ranges.

61.4 It was noted that a number of issues in the acute hospital and local support had now been identified and the proposed Frailty Programme Board would link with the localities aim to improve patient experience and safety. The intention was to make the pathway consistent, safe and fair throughout Lothian. The programme would address the 3 essential workstreams of reducing length of stay, a consistent front door model and establishing locality hubs.

61.5 The Committee noted that a Pathways seminar had been arranged for the following week and support was being sought from the Efficiency and Productivity Group. Funding was also being made available for Deloitte to support initial work to match local variation to achievable benefits. There would be updates to the Committee on the outcome of the seminar and progress with the implementation of the proposals.

61.6 Some concern was expressed at the ability of the Integration Joint Boards to deliver on the locality hubs and local services and it was felt that 'discharged to home with community team assistance' would need to be developed. It was also noted that consistency in keeping the same carers helping the same frail patients would be an advantage.

61.7 The Committee agreed to endorse the approach contained in the report to improving NHS Lothian's Frailty Service for Patients and improving efficiency; to recognise the investment required to support delivery of the aims of the programme and express some concerns on the ability of the Integration Joint Boards to lead the workstream focusing on community streamlining rather than continuing as part of the overall frailty programme.

62. Divisional Financial Performance December 2015

62.1 The Committee received a circulated report giving an overview of the Acute Hospitals Division's year to date and forecast outturn financial performance and an update on progress towards delivery of efficiency savings targets. It was noted that the projected financial position would be discussed at the Board Development Session and the next meeting of the Finance and Resources Committee.

62.2 The Committee agreed to note;

- The Division's financial performance in December (£0.4m overspent in-month including £1.3, of reserves support).
- The year to date financial position to (£9.85m) overspend including shortfall in local reinvestment plan delivery.
- That the Q1 forecast indicating projected performance of (£10.9m) overspend after agreed management actions.
- The updated forecast prepared at month 9 indicating the revised outturn position of (£13.96m) overspend (£3m increase on the Q1 forecast).
- The requirement for additional management actions to offset the deterioration in month 9 in order to bring the Division's financial performance in line with the agreed forecast.
- The requirement for review of both in-year and recurring LRP performance and for actions to offset slippage against planned trajectory.

63. Quality of Papers and Debate

63.1 Mr Oates commented that there seemed to be insufficient time for discussion in view of the number of items on the agenda and suggested that there could be less discussions of items that were merely for noting.

63.2 Mrs Meiklejohn commented that the papers were now providing a greater degree of assurance.

60. Date and Time of Next Meeting

60.1 It was noted the next meeting of the Acute Hospitals Committee would be held on 7 June 2016 at 2:00 p.m. in Meeting Room 8.

AUDIT & RISK COMMITTEE

The draft minutes of the meeting held on 29 February 2016 are attached.

The Committee looked at the format for reporting on actions being taken to bring performance within risk tolerance levels, reviewing a pro forma that had been developed and was being used for the first time with healthcare associated infection. The Committee welcomed the effort that had been made to compile the pro forma but concluded that it did not effectively communicate the key issues presented in the oral report or provide assurance that the actions identified will bring performance back to within risk tolerance levels. Subsequent to the meeting it was agreed that instead of the pro forma a report should be provided that provides assurance that root cause analysis has been undertaken, that the root causes of the problem have been identified and that an action plan to address the root causes has been identified and implemented.

The Committee noted an increase in outstanding management actions that had not been completed. While the Committee was advised that management overload is a serious challenge it emphasised the need to demonstrate continuous improvement in this area.

Key issues on the horizon are:

The Committee will be reviewing at its next meeting audits of public dental service accounts receivable and bank and agency staffing.

Julie McDowell

DRAFT

NHS Lothian

Audit & Risk Committee

Minutes of the Audit & Risk Committee Meeting held at 9.00 am on Monday, 7 December 2015 in Meeting Room 7, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present: Ms J McDowell (in the Chair); Councillor D Grant; and Councillor C Johnstone.

In Attendance: Ms J Bennett (Associate Director of Quality Improvement & Safety); Mrs H Berry (Interim Chief Internal Auditor); Mr T Davison (Chief Executive); Mrs S Goldsmith (Director of Finance); Mr B Houston (Chairman); Ms D Howard (Head of Financial Control); Ms C Hurst (Non-Executive Member); Ms F Ireland (Assistant Director - Nursing Workforce & Business Support); Mr P Lodge (Audit Scotland); Mr T Steele (Non-Executive Director, NHS Lanarkshire); Mr J Old (Financial Controller); Mr A Payne (Corporate Governance & VFM Manager); Mr M Smith (Internal Audit Manager); and Miss L Baird (Committee Administrator).

Apologies for absence were received from Mr Ash, Dr Bryce, Ms Grant, Mr McConnell, Professor McMahon and Mr Egan.

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

28. Minutes of the Previous Meeting

28.1 Minutes of the previous meeting held on 7 September 2015– The Committee approved the circulated minutes as a correct record.

29 Matters Arising

29.1 Matters Arising from the Meeting of 7 September 2015 – The Committee accepted the update on the actions detailed within the Running Action Note.

29.2 Update on the Internal Audit on Workforce Planning – Inpatient Nursing & Midwifery – Ms Ireland gave a brief overview of the report. Ms Berry confirmed that they would follow-up the actions as part of the routine follow-up process.

29.2.1 The Committee agreed to accept the report.

Ms Ireland left the meeting.

30. Risk Management

30.1 NHS Lothian Corporate Risk Register Update

30.1.1 Ms Bennett gave a detailed overview of the report. She reported that NHS Lothian remained out with its risk appetite on corporate objectives where low and medium risk appetite had been set, with the exception of Scheduled Care.

30.1.2 Members noted the request to the Board to approve the inclusion of Traffic Management within the corporate risk register at its December meeting.

30.1.3 Members briefly discussed NHS Lothian's current position, how this could be mitigated and the importance of considering the context surrounding performance targets both locally and nationally. Further discussion on this matter would be picked up under item 3.2 of the agenda, *Monitoring Performance against the Board's Risk Appetite & Tolerances*.

30.1.4 The Committee agreed to accept the report.

30.2 Monitoring Performance against the Board's Risk Appetite & Tolerances –Mr Payne presented the paper to the Committee, setting out a new approach for the Corporate Management Team to explain what action is being taken to bring performance back within the Board's risk tolerances. The report included a proposed timetable for the committee to receive reports, with Healthcare Associated Infection and Delayed Discharge being considered first in February 2016. Mr Payne informed the committee that the Corporate Management Team members had been consulted, and that the Corporate Management Team will be discussing it next week.

30.2.1 The Committee welcomed the approach as a significant step forward. .

30.2.3 The committee was informed that the proforma should efficiently incorporate relevant actions that may have already been presented at the Board or a committee, and every effort should be made to avoid duplication. However this approach will add value by providing focus as to whether or not the actions will attend to the breached risk tolerances, and thereby better inform the Audit and Risk Committee.

30.2.4 The Committee approved the approach set out in the report.

31 Internal Audit & Counter Fraud Reports

31.1 Internal Audit – Progress Report December 2015

31.1.1 Mrs Berry gave a detailed overview of the report. She highlighted that 10 of the 20 reports were complete and Internal Audit remained on track to complete the planned schedule of work.

31.1.2 Mrs Berry reported that she had met with the Chief Internal Auditor, Midlothian Integration Joint Board (IJB) and would working to produce a draft service level agreement to set out the terms in which the NHS and Local Authority

Internal Audit Teams would work to provide assurance to the Midlothian IJB; Once approved the report would be shared with each IJB to promote consistency across Lothian.

31.1.3 The Committee expressed concern about the number of management actions that had not been completed on time and where internal audit was unaware of any planned activity to complete the action. The Committee questioned what could be done to address this situation. Ms Berry assured the Committee that internal audit would continue to work with the Corporate Management Team to provide the necessary information to close off actions within the necessary timescales, including sending a report on management actions a month in advance of each Audit and Risk Committee to make the Corporate Management Team aware of what action was required. The Chair requested that Ms Berry include narrative within the progress report on this matter.

HB

31.1.4 Mr Davison acknowledged that the trend was not good, but took some comfort that none of the actions were assessed as critical. He will discuss the issue at the Corporate Management Team, to ensure that significant actions are prioritised. It was agreed that management should always give a response to all outstanding points as part of the follow-up process.

31.1.5 Mrs Goldsmith advised the committee that the result of the recent tendering process was that Scott-Moncrieff was appointed on a three-year contract starting on 1 November 2015 to provide internal audit services under a co-sourcing arrangement. She highlighted that the arrangement gave the Board access to a wider range of expertise, and also offered development opportunities for the in-house team. The Committee welcomed the appointment and acknowledged the improvement in the quality of the service under the co-sourcing arrangement.

31.1.6 The Committee accepted the report.

31.2 Internal Audit – Reports with Green Ratings December 2015 (Expenditure and Payables, HEI Inspection Follow-Up)

31.2.1 The Committee agreed to accept the Report with Green Ratings – December 2015.

31.3 Internal Audit – Healthcare Governance October 2015

31.3.1 Mr Smith gave a detailed overview of the report and background to the Audit.

31.3.2 Members were assured that though the measures to address the gap had been put on hold, they would be addressed once the new Chair of Healthcare Governance was in place.

31.3.3 The Committee accepted the report.

31.4 Internal Audit – Procurement September 2015

31.4.1 Mr Smith gave a detailed overview of the report and background to the Audit.

31.4.2 The Committee agreed to accept the report.

31.5 Internal Audit – TrakCare Application October 2015

31.5.1 Mr Smith gave an overview of the first annual audit on IT software focusing on TrakCare. He commented that in his experience the results were fairly typical for an IT audit.

31.5.2 The Committee agreed to accept the report.

31.6 Internal Audit Plan 2016 – 2019

31.6.1 Ms Berry introduced the report and provided background on the consultation process. She highlighted that further consideration of the establishment of the IJBs and their requirements would be required once their internal Audit needs had been identified.

31.6.2 Members were encouraged that an audit on Organisation Culture had been included in the plan as a follow up measure and learn from past lessons that had been raised during the waiting times incidents.

31.6.3 Ms Berry agreed to add an annual audit relating to Staff Governance. **HB**

31.6.4 The Committee agreed to accept the report, recognising that a final draft for approval will be presented at a later meeting.

32. Counter Fraud Activity

32.1 Mr Old gave a brief overview of the report. He advised that at present there were 2 open referrals and 6 open operations.

32.1.1 Mr Old advised that there trends remained similar to previous years in both type and level of referrals received. He highlighted that the counter fraud hotline had moved to Crime Stoppers allowing Counter Fraud Staff to be more proactive.

32.1.2 The Committee agreed to accept the report.

33. General Corporate Governance

33.1 Litigation Annual Report 2014/15

33.1.1 Mrs Goldsmith gave a detailed overview and provided background to the report. She highlighted that the total cost for claims for 2014/15 was £7,578,527..

33.1.2 Members noted that there was no direct link between serious adverse events and litigation claims. The top claims for clinical claims were related to treatment problems, surgery and diagnosis. Non clinical claims focus on slips, trips and falls, sharps and manual handling. There is ongoing work with Maternity Services and Facilities to mitigate risk through an open complaints/ SAE process.

33.1.2 The Chair expressed concern that there had been a significant increase in non-clinical cases in 2014/15 compared to previous years. Mrs Bennett advised that this would be addressed during the work with facilities and HSDU. The Chair commented that it would be useful to look at trends in adverse events, and not just the trends in claims. Mr Davison advised that the Board does not contest all small claims as it is not cost-effective to do so. It may be helpful to get comparative data from other Boards to see if any lessons can be learned. Ms Bennett agreed to pursue obtaining national data and provide feedback to the Committee.

JB

33.1.3 It was noted that following the recent transfer of prison services to NHS Lothian it was not possible to have context on the claims from that area.

33.1.4 The Committee agreed to accept the report.

33.2 Review of NHS Lothian Standing Financial Instructions

33.2.1 Members noted the minor changes to the Standing Financial Instructions surrounding the IJBs and procurement.

33.2.2 The Committee agreed that the changes were appropriate, and agreed that the draft should be placed on the policy consultation zone in the period leading up to it being presented to the Board for approval.

AP

33.3 Organisational Response to the Internal Audit on Compliance with Policies and Procedures

33.3.1 Mrs Goldsmith gave a detailed overview and background to the report. She highlighted that it was key that CMT take ownership for implementation to ensure that the Chief Executive and the Audit and Risk Committee were assured on compliance of policies and procedures.

33.3.2 The Committee discussed the subject. It was agreed that the approach should link back to the Board's risk appetite, and the approach should be prioritised and proportionate to the risk to the organisation. Mr Davison gave an example of prioritising fire prevention work at the Princess Alexandra Eye Pavillion.

33.3.3 The work to date had shown that a new approach was required, with a greater regard at the development stage as to how a policy and procedure can and will be implemented in practice. The Corporate Management Team had considered a report on 9 November, and it was agreed that Mr Payne would meet with each member to gather his or her perspective, and inform the development of an action plan. Mr Payne advised that recognising the size and diversity of the organisation, it is unlikely that there will be a universal solution. The solution may be to devise an agreed set of principles, which local departments are then to apply to their local context. Ms Bennett highlighted the importance of testing things in practice, and designing out risk (rather than relying on training).

33.3.4 Mr Payne anticipated that his meetings with CMT Directors would be concluded by the end of the month and that the committee will receive a progress report at its April meeting.

AP

33.3.5 The Committee agreed to accept the report

34. Date of Next Meeting

34.1 It was noted that the next scheduled meeting of the Audit Committee would be held on Monday, 29 February 2016 at 9:00 in Waverley Gate, Edinburgh. Committee members only are asked to attend by 8.45 for the scheduled 15-minute pre-meeting.

DRAFT

NHS Lothian

Audit & Risk Committee

Minutes of the Audit & Risk Committee Meeting held at 9.00 am on Monday, 29 February 2016 in Meeting Room 7, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present: Ms J McDowell (in the Chair); Mr M Ash; Councillor D Grant; Ms C Hirst; and Mr P Murray.

In Attendance: Mr A Boyter (for item 38); Mrs H Berry (Chief Internal Auditor); Ms F Cameron (for item 36); Mr T Davison (Chief Executive); Dr D Farquharson (for item 36); Ms C Grant (Audit Scotland); Ms S Gibbs (Deputising for Ms Bennett); Mrs S Goldsmith (Director of Finance); Ms C Grant (Audit Scotland); Ms B Livingston (Deputising for Ms Howard); Mr D McConnell (Audit Scotland); Mr J Old (Financial Controller); Mr A Payne (Corporate Governance & VFM Manager); Mr D Richardson (for item 38); Ms K Steele (Internal Audit Manager); and Miss L Baird (Committee Administrator).

Apologies for absence were received from Ms Bennett, Mr Houston, Ms Howard, Professor McMahan.

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

35. Minutes of the Previous Meeting

35.1 Minutes of the previous meeting held on 7 December 2016– The Committee approved the circulated minutes as a correct record, subject to the inclusion of Ms Hirst in the attendance section.

36 Healthcare Associated Infection Proforma to Report Actions to Bring Performance Back to Within Risk Tolerance

36.1 Ms Cameron gave a detailed overview of the downward trend and consistent performance over the past year. She advised that the key challenges were antimicrobial prescribing for *Clostridium difficile* and the reduction of incidents relating to invasive devices for *Staphylococcus aureus* Bacteraemia.

36.2 In response to a query regarding consequences to employees of not adhering to NHS Lothian policy, Dr Farquharson advised that escalation to disciplinary action would only be appropriate if a colleague was persistently breaching policy. The preferred approach to date within NHS Lothian has been to respond in a more supportive and educational way so as promote implementation.

36.3 The Committee welcomed the effort that had been made to compile the newly created pro forma. However, the proforma did not effectively communicate the key issues presented in the oral report, or provide assurance that the

actions will bring performance back within the tolerance levels. The Chair also expressed specific concerns that previous assurances surrounding the Vale of Leven report recommendations had been diminished by the update received at the meeting.

36.4 The Committee agreed that:

- The issues should be referred to the Healthcare Governance Committee, so that it may provide assurance to the Audit & Risk Committee that actions are being taken to bring performance back within risk tolerance. **AP**
- The Chair of the Healthcare Governance Committee and the Medical Director be invited to attend the ARC meeting of 18 April to discuss this subject. **AP**
- The Chair of the Audit & Risk Committee and the Corporate Governance Manager will review the use of the risk appetite proforma, to improve the mechanism for the committee to receive the required assurance. **JMcD/ AP**

36.5 Members agreed to defer making a decision on the recommendations until further assurances were received.

Dr Farquharson and Ms Cameron left the meeting.

37. Matters Arising

37.1 Matters Arising from the Meeting of 7 December 2015 – The Committee accepted the update on the actions detailed within the Running Action Note.

37.1.1 The Committee agreed to accept the report.

38. Health and Safety Governance (November 2015)

38.1 Mr Boyter introduced the audit on Health and Safety Governance November 2016. He advised that the main concern flagged was that the NHS Lothian Health and Safety Policy had not been approved by the Board. The Board has since approved the policy at its meeting in February 2016.

Ms Gibbs joined the meeting.

38.1.1 The Committee acknowledged that the Board is actively considering establishing a Health & Safety Committee as a committee of the Board chaired by a non-executive.

38.1.2 The Committee accepted the report.

Mr Boyter and Mr Richardson left the meeting.

39. Risk Management

39.1 NHS Lothian Corporate Risk Register Update

39.1.1 Ms Gibbs gave a detailed overview of the report. She highlighted that NHS Lothian remained out with its risk appetite on corporate objectives where low and medium risk appetite had been set, with the exception of Scheduled Care. She also advised that work was underway to develop an acute services risk register, and that there was also development work underway for the Edinburgh, East Lothian, and Midlothian integration joint boards.

39.1.2 A member indicated that the risk management process need to consider the impact of distinguishing between integration functions that are to be funded by the set-aside arrangement, and those that are not. Ms Gibbs agreed to ensure this was discussed. **SG**

39.1.3 The Committee raised concerns that General Practice Workforce Sustainability was presenting as high risk when Members had not been advised of the risk at previous meetings, and the report did not provide any detail on it. It was noted that the report stated it had been added to the corporate risk register in October 2015. The Chair requested that Ms Bennett provide a full explanation of the process for identifying and including risks on the corporate risk register, with due regard to the circumstances leading to the inclusion of the General Practice Workforce Sustainability risk categorised as RED. **JB**

39.1.4 The Committee also agreed that there should be clearer timescales for actions identified in the report. **JB**

39.1.5 A member highlighted that there are opportunities for the risk register to make better linkages between efforts to improve quality and how this will impact on risks. It was highlighted that there was nothing in the update to the finance risk that made the link to quality and improvement work. **JB**

39.1.6 The Committee agreed to accept the report.

39.2 Risk Appetite Proforma – Delayed Discharges

39.2.1 The Panel noted that Mr Crombie had requested that this item be deferred until the April Audit and Risk Committee to allow further consideration and provide something of greater use to the Committee.

40 Internal Audit & Counter Fraud Reports

40.1 Internal Audit – Progress Report February 2016

40.1.1 Mrs Berry gave a detailed overview of the report. She reported that 15 of the 20 audits were complete and she planned to complete one additional audit that will assess the extent to which NHS Lothian followed the agreed financial assurance processes in order to arrive at the 2016/17 sums to be transferred to each integration joint board. Internal Audit remained on track to complete the planned schedule of work.

40.1.2 Mrs Berry reported that she had met with the Chief Internal Auditors for, Midlothian Council, East Lothian Council, West Lothian Council and City of Edinburgh Council to discuss the provision of internal audit services for the integration joint boards.

40.1.3 A member highlighted the poor performance in two of the key performance indicators, namely draft reports to be issued within 10 working days of completing the fieldwork, and management responses (to the draft reports) to be received within 10 working days of the issue of the draft report. He queried whether these indicators were actually realistic or achievable, and what the overall impact on outcomes is as a consequence of them not being achieved. There may be a relationship between this process, and the growth in the number of agreed management actions that have not been completed on time. Mrs Berry agreed to discuss this issue with Mrs Goldsmith out with the meeting.

HB/SG

40.1.4 The Committee accepted the report.

40.2 Internal Audit – Reports with Green Ratings – Prescribing Follow-up (February 2016); Re-Provision of the Royal Edinburgh Hospital (January 2016)

40.2.1 Ms Berry gave a detailed overview of the report.

40.2.2 The Committee agreed to accept the Report with Green Ratings – December 2015.

40.3 Public Dental Service Accounts Receivable (November 2016)

40.3.1 The Committee was disappointed that Mr Forrest was unable to attend the meeting, and agreed that the item be deferred to the next meeting.

AP

40.4 Bank and Agency Staffing (January 2016)

40.4.1 The Committee was disappointed that Professor McMahon was unable to attend the meeting, and agreed that the item be deferred to the next meeting.

AP

40.5 Internal Audit Plan 2016 – 2019

40.5.1 Ms Berry introduced the report and updated the Committee on the changes to the plan since November 2015. She highlighted that the Corporate Management Team was content with the plan and no significant changes had been made.

40.5.2 A member queried whether the Health & Safety Governance and IT Development Projects audits should be brought forward from 2018/19, given discussion earlier during the meeting. Ms Berry explained that timing of the Health and Safety Governance review was scheduled for 2018/19 as part of the cycle of review. The audit would follow up on recent eHealth and Health and Safety Audits. She anticipated that moving forward the Health and Safety Audit would not allow sufficient time for the reclassification of the NHS Lothian Health and Safety Committee. In relation to the IT Development Project audit, Ms Berry explained that an audit of e-Health Strategy was currently underway, and would be reported to the April meeting of the A&RC. Again, it would be

helpful to allow time for actions from that audit to be completed. The Annual IA Plan is presented for approval by the A&RC each year, so there would be an opportunity for Committee members to consider whether the IT Development Projects review should be brought forward to 2017/18. . .

31.6.4 The Committee agreed to accept the report.

41. Counter Fraud Activity

41.1 Mr Old gave a brief overview of the report and drew the Committees attention to the typographical error in Section 3.2. He clarified that there were 3 open referrals and 5 open referrals.

41.1.1 Mr Old advised that operation Iona had investigated the legitimacy of claims made resulting in the practitioner being deemed fit to practice. NHS Lothian cannot do anything further in terms of disciplinary action however further action may occur following a re-examination by the Dental Practitioners Board.

32.1.2 The Committee agreed to accept the report.

Mr Davison entered the meeting.

42. Follow-Up on Outstanding Management Actions

42.1 Mr Davison acknowledged that the rise in outstanding actions did not present a good picture. He advised that this matter had been discussed extensively at the Corporate Management Team and offered to share with the committee members the minutes of that discussion.

42.2 Mr Davison confirmed that the current position is not acceptable, and if a director has provided insufficient narrative to an outstanding point, then he or she will be invited to give an account to the Audit & Risk Committee.

42.3 He highlighted that the issue of management overload is a real challenge and there is a need for the organisation to consider this again. It may be the case that part of the response to this issue is to consider the relative materiality of each point, and give priority to the areas of highest risk first.

42.4 A member queried whether the performance of the 2016/17 internal audit plan will just add to the problem, and highlighted that there is a need to consider all aspects.

42.5 The Committee recognised that this area is receiving additional attention, and in the past this has led to a decline in outstanding actions. The Committee also recognised the challenges with management capacity. However the Committee does require to seek continuous improvement.

42.6 The Committee concluded that it encourages any work to identify actions that are no longer appropriate, however agreed that there needed to be continued re-focussed effort to address these outstanding actions.

AP

- 42.7 The Committee agreed that an update on this matter would be brought to the April meeting following further consideration at the Corporate Management Team in March.

HB

Mr Davison Left the meeting

43. External Auditors

43.1 External Audit Annual Plan 2015/16

43.1.1 Mr McConnell introduced the report, advising that the plan focused on the work leading up to signing off the 2015/16 Annual Accounts in June.

43.1.2 Mr McConnell advised that Integration of the Health and Social Care had not been included in appendix 2 as it would not be relevant to the 2015/16 Annual Accounts. He anticipated that this would be picked up in 2016/17 by the new External Auditor following the conclusion of Audit Scotland's current term as the external auditor for NHS Lothian.

43.1.3 The Committee agreed to accept the report.

44. General Corporate Governance

44.1 Changes to the Structure of the Annual Accounts

44.1.1 Mr Payne introduced the report. He informed the Committee of the proposed changes to the annual accounts and requested that they accept it as assurance that the process for preparing the 2015/16 annual accounts is underway.

44.1.2 The Committee agreed to accept the report.

44.2 Accounting Policies

44.2.1 Ms Livingston presented the report and highlighted that there was no significant changes to the accounting policies.

44.2.2 The Committee agreed that the accounting policies be adopted by NHS Lothian Board for its 2015/16 annual accounts.

45. Date of Next Meeting

45.1 It was noted that the next scheduled meeting of the Audit & Risk Committee would be held on Monday, 18 April 2016 at 9:00 in Waverley Gate, Edinburgh. Committee members only are asked to attend by 8.45 for the scheduled 15-minute pre-meeting.

The draft minutes of the meeting held on 20 January 2016 are attached.

Key issues discussed included:

- Financial position to end December 2015 and year end forecast
- The significant financial risks going into 2016/17
- Deloitte report on Data Diagnostics. It was agreed that progress on implementing the recommendations would be a standing item on the Finance & Resources Committee agenda.
- ESA 2010 developments; the Committee agreed to approve the legal minute in Appendix 1 on behalf of Lothian NHS Board.
- The Standard Business Case for the Reconfiguration of Learning Disability Inpatient Services at the Royal Edinburgh Hospital, was agreed.
- That all legal avenues should be pursued to achieve the best return on the sale of Bangour Village Hospital.
- A system of post payment verification had been undertaken by Practitioner Services Division in line with relevant protocols and circulars.

Key issues on the horizon are:

- The key risk to the achievement of financial breakeven in 2015/16 is the delivery of efficiency savings schemes.
- The draft Local Delivery Plan to be submitted to Scottish Government by the beginning of March 2016.
- Future paper on the process of setting the prescribing budget.

Mr G Walker/Susan Goldsmith

Chair/Executive Lead
15 February 2016

NHS Lothian

Finance & Resources Committee

Minutes of the Meeting of the Finance & Resources Committee held at 9:00 a.m. on Wednesday 20 January 2016 in the meeting room 7, Waverley Gate, 2-4 Waterloo Place, Edinburgh.

Present: Mr G Walker (Chair); Mrs K Blair; Mr T Davison; Dr D Farquharson; Mrs S Goldsmith; Councillor R Henderson; Mr M Hill and Mr B Houston.

In Attendance: Dr A Coull (Associate Medical Director); Mr J Crombie (Chief Officer); Mr J Forrest (Chief Officer, West Lothian IJB); Mr J Glover (Service Manager, Royal Edinburgh Hospital); Mr I Graham (Director of Capital Planning); Ms F Ireland (Associate Nurse Director); Mr P Lock (Deloitte); Professor A McCallum (Director of Public Health & Health Policy); Ms L McDonald (Site Director, Royal Infirmary of Edinburgh); Ms E McHugh (Chief Officer, Midlothian IJB); Mr C Marriott (Deputy Director of Finance); Mr P Reith (Secretariat Manager) and Mr D A Small (Chief Officer, East Lothian Integration Joint Board).

Apologies for absence were received from Mr P Johnstone and Professor A McMahon.

Declaration of Financial and Non-Financial Interest

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

65. Minutes of the Previous Meeting

65.1 The minute of the previous meeting held on 22 December 2015 were approved as a correct record.

66. Running Action Note

66.1 The Committee received the circulated running action note detailing outstanding matters arising, together with the action taken and the outcome. Mrs Goldsmith advised that any outstanding items were covered in the agenda and confirmed that she had received a response to her letter to Mr J Matheson at the Scottish Government Health Directorates in respect of the Board's financial position and the year end forecast. The letter, which did not contain any new information, would be circulated to members. **SG**

66.2 Mr Marriott advised that a schedule had been prepared detailing actions that had been taken for consideration at the Annual Review.

66.3 Mr Davison emphasised the need to detail proposed actions to address the financial position and Mrs Blair asked that the response be linked to the rationale of the HEAT targets. **CM**

67. Financial Position to December 2015 and Update to Year End Forecast

- 67.1 Mr Marriott introduced a circulated report giving an overview of the financial position for the 9 months to December 2015 and provided an update on the year end forecast. The committee noted that the cumulative financial position at the end of December 2015 showed an NHS Lothian overspend of £6.95m with an in-month underspend for December of £1.2m
- 67.2 It was also noted that the in-month position had benefitted from the release corporately of reserves and non recurring benefits totalling £1.3m as well as uncommitted Scottish Medicines Consortium funding of £1.5m against the year to date acute drug pressures.
- 67.3 The Committee noted that further additional recovery actions identified included: -
- Review of winter priorities and uncommitted resources, while looking to achieve full use of all existing available funding capacity for winter purposes.
 - Delivery of savings of revised contracts with the private sector during the last 3 months of the year.
 - Review of any uncommitted capacity funding.
 - Stringent management of discretionary spend.
 - Review plans in relation to hepatitis C treatment targets.
 - Review Scottish Medicines Consortium new drugs plans.
 - Rigorous agency spends controls introduced.
- 67.4 It was noted that due to the level of risk in achieving a breakeven outturn, it was very unlikely there would be any opportunity for carry forward of resources at the year end. All resources received in-year would be prioritised against the achievement of a balanced position in 2015/16 with no flexibility to reinstate in 2016/17.
- 67.5 Councillor Henderson queried the concept of reserves and Mr Marriott advised that NHS Lothian had started the year with £12m in reserves to which had been added non recurring savings. Mrs Goldsmith explained that the NHS did not have balanced sheet reserves in the same way as local authorities.
- 67.6 Mrs Goldsmith confirmed that the auditors had been taken though the proposed actions and Mr Marriott had kept the Internal Auditors fully apprised of the actions being taken.
- 67.7 Mrs Blair asked how much leeway there was in respect of potential savings in the use of capacity with the private sector and if the position in respect of Scottish Government allocations had been confirmed.
- 67.8 Mr Marriott advised in respect of procurement with the private sector it was anticipated that this would be in the region of £50m over the next 3 months. In respect of allocations from the Scottish Government, the position was not yet fully clear but Mr Marriott was not unduly concerned about outstanding Scottish Government allocations.
- 67.9 Mrs Goldsmith confirmed that there was a mechanism through the monthly reporting to indicate assumptions of outstanding allocations.

- 67.10 Mr Hill commented that given the messages sent out about how tough things were going to be he would be expected some controls to have been instituted at the start of the financial year and this was something that would need to be tackled.
- 67.11 Mrs Goldsmith advised that it had been thought that controls on agency nursing spend had been in place and this was being taken up by Professor McMahon and Ms Ireland. Patient safety requirements meant that there would still have to be some use of agency nursing but this was being reduced.
- 67.12 Mr Hill asked about management systems in place to give assurance about the achievement of financial breakeven.
- 67.13 Mr Davison commented that across the United Kingdom Boards took radical action towards the end of the year to achieve financial balance. Often actions such as filling vacancies would not be sensible for implementation throughout the entire year. In respect of contingency arrangements such as winter wards opening, this was dependant on a number of factors. Of Lothian's contingency winter wards, one had been opened and one had not. While performance had dipped, NHS Lothian was in line with the rest of Scotland.
- 67.14 Ms Ireland commented that nursing vacancies were up in December and vigorous controls were now in place on the use of agency nurses. One particularly expensive agency was no longer being used but reduced flexibility could give rise to increased clinical risk.
- 67.15 Mr Hill commented that there had been a change in risk appetite in the past three months and this was an issue that the Board would need to look at.
- 67.16 Mrs Goldsmith emphasised that the key risk to the achievement of financial breakeven was the delivery of efficiency savings. Savings in acute drugs had improved but there was a continuing residual risk around the Local Reinvestment Plan (LRP). It was up to operational units to deliver on savings to which they had committed and there were still 3 months in the financial year. Mr Marriott and Mr McCreadie were confident that the savings could be achieved but it was a very difficult situation to call. Technically NHS Lothian was in deficit but the bigger problem would be the financial year 2016/17. NHS Lothian was still aiming to achieving financial balance for 2015/16 and Mrs Goldsmith was still hopeful that this could be achieved.
- 67.17 Mr Davison reminded the committee that the Board's true position was a recurring imbalance between income and expenditure of around £32m and he felt it was important to try to achieve financial balance in the current financial year as a focus on a small overspend this year would take attention away from the £32m imbalance next year.
- 67.18 Mrs Goldsmith reassured the Committee that Mr Marriott was working closely with Mr Crombie and Mr McCulloch-Graham to achieve the necessary savings.
- 67.19 The Committee agreed the recommendations contained in the report and supported the actions implemented by the business units to support the delivery of a breakeven position.

68. Update on the 2016/17 Financial Planning Process

- 68.1 Mrs Goldsmith introduced a circulated report giving a further update on the current NHS Lothian's financial planning process. She reassured the Committee that a cost analysis would continue to be refined and whilst progress was being made responses were still awaited from the Integration Joint Boards and agreement was still awaited on Integration Joint Board budgets.
- 68.2 Mr Marriott commented that much of the content of the report had been discussed at the Board Development Session and he was continuing to meet with all Directorates to discuss recovery plans. Councillor Henderson queried spending of £1.5m on prescribing paracetamol which could be readily purchased in supermarkets. Mr Davison explained that the Board could not take unilateral action on issues such as this but would be suggesting to the Scottish Government that such drugs that were readily available over the counter should no longer be prescribed.
- 68.3 It was noted that the current level of investment in public dental services was unlikely to be sustainable and could be reduced although detailed figures had not been provided.
- 68.4 Mrs Blair questioned how assurance could be obtained that funding provided to Integration Joint Boards was used appropriately.
- 68.5 Mrs Goldsmith advised that Integration Joint Boards had discretion but if it was considered that funding was being used inappropriately it could be escalated to Committee and ways would need to be found to measure the impact.
- 68.6 The Chair commented that it was unlikely that Integration Joint Boards would be able to reach a balanced plan by April 2016 and that whilst there was clarity about uplifts there was still no decision on the bundle funding or NRAC.
- 68.7 Mr Small advised the Committee that East Lothian Integration Joint Board would be meeting the following day and was anticipating a £5.2m gap in its budget for 2016/17. East Lothian Council would be setting its budget in February and the Council had a legal obligation to set a balanced budget.
- 68.8 Ms McHugh advised that Midlothian was in a similar position and it was hoped that the financial position would be clearer in the near future.
- 68.9 Mr Forrest advised that there was still no final date for the West Lothian Council to set its budget and difficulties on sharing numbers and risk sharing were still being encountered.
- 68.10 Mr McCulloch-Graham advised that Edinburgh was in a difficult position on the prescribing budget and that there would be reductions in funding for adult care.
- 68.11 Mr Hill asked what funding NHS Lothian was likely to receive from the additional £250m investment in the NHS in Scotland.
- 68.12 Councillor Henderson commented that Local Authorities would be looking to bridge the gap in the budget from its share of the additional funding and that the City of Edinburgh Council was looking to save £85m through cuts in services and loss of jobs.

- 68.13 The Chair advised that there had been a 2.6% cut in the City of Edinburgh Council contribution to the Integration Joint Board budget.
- 68.14 The Chair thanked the Integration Board Chief Officers for their contributions to the debate.
- 68.15 The Committee agreed to note that an updated assessment of projected baseline costs had been undertaken as part of the ongoing process to establish the total financial gap for 2016/17.
- 68.16 It was also noted that the current gap between estimated 2016/17 costs and assumed funding was £72.9m before the inclusion of recovery plans. This gap comprised £108.6m of unfunded costs against £35.7m of additional resources and excluded NHS Lothian's element of the additional £250m of social care funding equating to around £35m.
- 68.17 The Committee noted the assumed additional resources of £35.7m remained a planning assumption as the additional £14m NRAC funding had still to be confirmed.
- 68.18 The Committee supported the application of uplift across business units for recommendation to the Board and supported the ongoing development of recovery actions to achieve a balanced plan for next year and beyond.

69. Data Diagnostic Review

- 69.1 The Chair welcomed Mr P Lock to the meeting.
- 69.2 The Committee noted the circulated draft final report on Deloitte's data diagnostic review.
- 69.3 Mr Lock explained that the aim of the review had been to develop a data driven and repeatable diagnostic approach to identifying improving opportunities in a patient pathway based approach; a focus on variance; areas that drove significant cost and validate these findings from direct observations and granular analysis to influence clinical behaviour.
- 69.4 A key challenge was to identify and prioritise areas for further analysis. Working with NHS Lothian it had been agreed to focus on an analysis of length of stay data and theatre information.
- 69.5 A 5 stage approach had been taken one starting with a review of information management followed by a high level system benchmarking then identification of length of stay opportunities using Trak data followed by identification of theatre opportunities using theatres data and concluding with developing this into LRP opportunities / project initiation documents.
- 69.6 Mr Lock advised the Committee that high level benchmarking data suggested that NHS Lothian was not performing as well as it could do and that metrics such as length of stay, day case rates and hospital readmissions were significantly above the peer group average.

- 69.7 Further data analysis and observations had confirmed these findings, with the length stay variance being driven by long stays within medicine of the elderly. In addition, day case rates were 10% lower than target and theatre utilisation metrics were 10-20% below that expected from a well performing organisation.
- 69.8 The Committee noted that in respect of length of stay, up to 380 beds could be saved if the upper quartile performance was delivered and there was an opportunity to close 150 frail elderly beds. The majority of actions required to deliver these savings were within the control of NHS Lothian.
- 69.9 In terms of theatre utilisation, needle to skin utilisation ranged between 60-70%, lower than well performing theatres. Cancellation rate exceeded 9% and late starts and finishes exceeded 70% on all 3 of the main surgical sites. Sessions were scheduled to start at 9am (and start later) and session use dipped in the afternoon, indicating capacity to maximise theatre utilisation in core hours.
- 69.10 In respect of waiting times, NHS Lothian had missed the treatment time guarantee and outpatient waiting time targets over the past 3 years despite significant investment. 15% of inpatient capacity was delivered by non core capacity in the form of waiting lists initiatives and in the private sector.
- 69.11 Dr Coull gave a short presentation on the Frail Elderly Project Initiation Document. He commented that in respect of the care of the frail elderly, Deloitte's analysis had added to the discussion. The objective was to develop equitable consistent safe and streamlined community services as an alternative to hospital admission.
- 69.12 The second important workstream was on length of stay and the analysis indicated a similar position for delayed discharges. There was no single system in operation throughout NHS Lothian so different sites had different systems and it would be important to have consistency.
- 69.13 The Committee noted that additional resources including project management would be needed to achieve the necessary changes.
- 69.14 Mr McCulloch-Graham advised that a number of groups were working on different aspects of the problem and it would be important to tie these together.
- 69.15 The Chair indicated that Edinburgh Integration Joint Board would be leading an event in February on delayed discharges.
- 69.16 Mrs Blair commented that the Deloitte report, which had been considered by the Acute Hospitals Committee, was excellent and it was unfair to simply concentrate on delayed discharges. There were also operational inefficiencies which were within NHS Lothian's control and these would require proper implementation plans and timescales to achieve. Mr Crombie advised that work to be done in Edinburgh to implement the changes had already been identified and there had been a real focus on the utilisation of data with recommendations already being implemented in theatres.
- 69.17 Mrs Goldsmith commented on the need to tie improved performance to achievement of financial balance and the Acute Hospitals Committee would have a key role in this.

- 69.18 Mr Hill emphasised that NHS Lothian could not be seen to fail to follow through with all these recommendations.
- 69.19 Mr Davison welcomed the Deloitte report and commented that with the potential shortfall in funding of £70m in 2016/17 these were still a fraction of what was needed to be achieved. Delayed discharges drove a lot of the problems associated with length of stay. The proposals tied in with the quality programme and it would be important to translate the recommendations into actions that would generate savings. Greater Glasgow and Clyde had been able to reduce their delayed discharges substantially.
- 69.20 The Chair advised that discussions would be required on Board Committees' responsibilities in this area and progress on implementing the recommendations would be a standing item on the Finance & Resources Committee agenda. JC

70. NHS Lothian Delivering for Patients - Demand and Capacity Analysis

- 70.1 Mr Crombie introduced a circulated report on the methodology used to carry out a demand, capacity, activity and acute exercise across the acute sector, the use of key performance indicators to maximise efficiency and the status of work to evaluate the impact of investment to date and evaluate any requirement of further investment.
- 70.2 The Committee noted that the report detailed examples of the performance indicators being employed and the use of the newly available job planning tool. Within the specialties highlighted in the review there were a number where demand appeared to have reduced over the period and the drivers influencing these movements were being investigated but no conclusion had been drawn as yet.
- 70.3 Mr Crombie advised that whilst there had been additional investment in consultant staffing, maternity and sickness leave had not only reduced capacity but increased costs.
- 70.4 Mr Hill commented that the deficit between demand and capacity in the acute sector would be matched by a similar gap in primary care. He commented that the emphasis had previously been on buying additional consultants but this had resulted in delivering only 5 or 6 weekly sessions from each of them.
- 70.5 Mrs Goldsmith advised the Committee that she and Mr Crombie had not yet had a chance to discuss the report and commented that capacity was modelled on the way in which business was currently conducted and it was important to determine how change could impact on this. If only one patient could be added to each list there would be a significant impact.
- 70.6 Mr Crombie advised that the campuses in Lothian were responding to a chaotic situation and he would be happy to bring a report to the next meeting of the Finance & Resources Committee. JC
- 70.7 Mr Crombie reminded the Committee that there had been spikes in admissions which had been reported to the Board across all practices. Mr Davison commented that there had been a spike in outpatient attendances across Scotland.

70.8 Mr Crombie advised that the acute services were working with the relevant specialities in areas where demand had spiked.

70.9 The Committee agreed to note the demand, capacity, activity and queue methodology used and the use of and impact on key performance indicators to meet the 12 week treatment time guarantee and the outpatient 12 week standard.

71. Property and Asset Management Programme 2015/16

71.1 Mr Graham introduced a circulated report providing the committee with an update on the property and asset investment programme for 2015/16.

71.2 The Committee noted that following close monitoring of the property and asset management investment programme throughout 2015/16, an over commitment of £500k was currently forecast. Spend of £14.8m had been incurred against the programme to date and details were provided in the circulated confidential report.

71.3 The Committee noted progress in respect of the Royal Hospital for Sick Children and the Department of Clinical Neurosciences at Little France. Progress reports on phase 1 of the Royal Edinburgh Hospital and proposals for phase 2 were also noted as was an update on the position in respect of East Lothian Community Hospital.

71.4 Mr Graham also reported on developments in masterplanning in respect of the Edinburgh Bioquarter, St Johns Hospital, Western General Hospital, Lauriston Campus, Royal Victoria Hospital Site and the Astley Ainslie, as well as disposals and demolitions.

71.5 The Committee agreed to recognise the financial performance to date and the highlighted key risks and issues from this programme of work and noted the requirement to prioritise major infrastructure developments in the context of the strategic plan and limited financial resources.

72. Briefing on Developments relating to ESA 2010

72.1 Mr Graham advised that the statistical classification on the Hub design build finance and maintain programme had reached resolution and the impact would be less severe than previously thought. The Integration Joint Boards would be involved and as a result of the changes, these facilities would be on the balance sheet and would reduce the amount of capital available. The Committee agreed to note that the NHS Lothian Partnership Bundle had been instructed to proceed to financial close and to note the funding arrangements for costs resulting from the delay in the programme and changes to the Hub structure.

72.2 The Committee also agreed to approve the legal minute contain in Appendix 1 of the circulated report on behalf of Lothian NHS Board and in advance of recognition by the Board of the Finance & Resources Committee legal minute from this meeting.

73. Standard Business Case for the Reconfiguration of Learning Disability Inpatient Services at the Royal Edinburgh Hospital

73.1 The Chair welcomed Mr Glover to the meeting.

- 73.2 Mr Glover introduced a circulated report together with the Standard Business Case for the Reconfiguration of Learning Disability Inpatient Services at the Royal Edinburgh Hospital.
- 73.3 Mr Glover explained that the estimated capital cost had increased to £1.78m because of a number of design changes necessary including secure doors and windows, improved heating provision and anti ligation measures in response to incidents elsewhere within the service. This increase in capital costs however was offset by an increase in anticipated recurring revenue savings of £0.6m and due to the estimated recurring revenue savings of £0.8m the net present value of the project over a 5 year period was a saving of £1.89m.
- 73.4 The Committee agreed to note the increase in estimated capital cost from £1.13m to £1.78m as well as the increase in revenue savings; to note the key drivers for this cost change: construction inflation, legislative changes and design improvements as a result of lessons learned from the Harris redesign and noted that the project still delivered a positive net present value of £1.89m over 5 years. The Committee agreed to approve the circulated standard business case based in pre-tender cost, with a requirement for further approval should the tender exceed this estimate.

74. Bangour Village Hospital Disposal

- 74.1 Mr Graham introduced a circulated confidential report and Initial Agreement relating to the disposal preparations for Bangour Village Hospital.
- 74.2 The Committee noted that discussions were ongoing with West Lothian Council and Scottish Government planning officials in respect of contributions to education provision.
- 74.3 The Committee agreed to note the progress to date and the intent to market the site in 2016 in anticipation of receiving a 'minded to grant planning in principle' decision from West Lothian Council.
- 74.4 The Committee noted the risk to the planned marketing strategy and potentially end the development as a result of a substantial or unsustainable claim for contributions to education provision by West Lothian Council and agreed to receive an update on further discussions with West Lothian Council currently being scheduled.
- 74.5 The Committee agreed that all legal avenues should be pursued to achieve the best return on the sale of Bangour Village Hospital. IG

75. Performance Management of NHS Lothian Public Private Partnership Contracts

- 75.1 Mr Graham introduced a circulated report providing an overview of the current work being undertaken to improve the performance of the private finance initiative contract arrangements in place for the Royal Infirmary of Edinburgh.
- 75.2 The Committee also noted an overview of the proposed management and government structure to enhance NHS Lothian's approach to the management of all current and anticipated public private partnership contracts.

75.3 The Committee noted a summary of current issues and agreed to endorse the work being undertaken and approve the proposed governance and reporting arrangements.

76. Property and Asset Management Investment Programme 2015/16 Business Case Monitor

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

76.2 The Committee agreed to note the progress and performance to date on each of the projects and the associated key risks and issues.

77. Payment Verification in Primary Care Financial Year 2014/15 & 2015/16

77.1 Mrs Goldsmith introduced a circulated report providing the Committee with assurance that a system of post payment verification had been undertaken by Practitioner Services Division in line with the partnership agreement, payment verification (PV) protocols in circular CEL15 (2013) and Directors Letter DL (2015) 18 and that Payment Verification Managers had confirmed payments made to family health service practitioners were in line with relevant regulations.

77.2 The Committee noted that a review of this process and of the detailed payment verification reports provided by Payment Verification Managers from Practitioner Services Division had been undertaken within the Primary Care Contractor Organisation including finance on behalf of NHS Lothian by way of a meeting with the relevant Payment Verification Manager. It was noted that payment verification managers had not highlighted any significant risks for NHS Lothian in terms of these payments.

77.3 The Committee agreed to accept the report confirming that the payments made to family health services practitioners were appropriate as follows:

- General Medical Practitioners – made in the quarters ending 30 June 2014, 30 September 2014, 31 December 2014, 31 March 2015, 30 June 2015 and 30 September 2015;
- General Dental Practitioners – made in the quarters ending 30 June 2014, 30 September 2014, 31 December 2014, 31 March 2015 and 30 June 2015;
- Community Pharmacist - made in the quarters ending 30 June 2014, 30 September 2014, 31 December 2014 and 31 March 2015;
- Optometrists - made in the quarters ending 30 June 2014, 30 September 2014, 31 December 2014, 31 March 2015 and 30 June 2015.

77.4 The Committee noted the actual recoveries made in quarter 1, 2, 3 and 4 2014/15 by practitioner services division as detailed in the partnership agreement key performance indicator report included at Appendix 1.

77.5 The Committee also noted that Practitioners Services Division and the Primary Care Contractor Organisation were addressing any issues that arose with particular

contractors as agreed at the quarterly meetings and that a similar report would be taken to the Primary Care Joint Management Group and Integration Joint Boards were requested to inform their Sub-Committees.

- 77.6 Mrs Blair proposed that this could be shared as best practice with other NHS Boards and it was agreed that a further report should be brought to the committee on this question. **SG**

78. Committee Starting Time

- 78.1 It was agreed that, for the convenience on members, meetings of the Finance & Resources Committee should now start at 9:30 a.m. with a target finishing time of 12.30pm. **PR**

79. Local Delivery Plans

- 79.1 Mr Davison advised the Committee that Local Delivery Plan guidance had recently been received by the Scottish Government and the draft Local Delivery Plan would require to be submitted by the beginning of March 2016. It was being proposed that a special Board meeting be held at the start of the Board Development Session on 11 May 2016 to agree the final local delivery plan for submission to the Scottish Government.

80. Date of Next Meeting

- 80.1 It was noted that the next meeting of the Finance & Resources Committee would be held on Wednesday 9 March 2016 at 9:30 a.m. in meeting room 7, Waverley Gate, 2-4 Waterloo Place, Edinburgh.

DRAFT

NHS Lothian

Finance & Resources Committee

Minutes of the Meeting of the Finance & Resources Committee held at 9.30am on Wednesday 9 March 2016 in the meeting room 7, Waverley Gate, 2-4 Waterloo Place, Edinburgh.

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

In Attendance: Mr J Crombie (Chief Officer); Mr I Graham (Director of Capital Planning); Mr C Marriott (Deputy Director of Finance); Mrs M Pringle (Finance Officer, Edinburgh Integration Joint Board); Mr P Reith (Secretariat Manager) and Mr J Sherval (Consultant in Public Health).

Apologies for absence were received from Mr T Davison.

The Chair welcomed Mrs Williams to her first meeting of the Committee.

Declaration of Financial and Non-Financial Interest

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

81. Minutes of the Previous Meeting

81.1 The minutes of the previous meeting held on 20 January 2016 were approved as a correct record.

82. Running Action Note

82.1 The Committee received the circulated running action note detailing outstanding matters arising, together with the actions taken and the outcome.

82.2 Mrs Goldsmith advised that East Lothian Community Hospital had now received planning permission.

82.3 Mr Graham reported that in respect of ESA10, the Scottish Futures Trust had come forward with proposals for the Royal Edinburgh Hospitals Phase 1.

83. Members Survey Feedback

83.1 The Chair thanked members for their participation in the member's survey feedback.

- 83.2 The Committee noted a circulated report detailing the feedback contained in the survey together with questions posed by the Corporate Governance Manager.
- 83.3 The Chair commented that the survey had identified a number of development opportunities and the possibility of a Finance & Resources Committee Workshop was being explored.
- 83.4 Mr Hill suggested that as one of the main issues for the forthcoming year related to integration, there could be an emphasis on the relationship between the Integration Joint Boards and Board Committees in order to avoid duplication between Board Governance Committees and Integration Joint Board Governance Committees.
- 83.5 The Chair advised that Edinburgh Integration Joint Board was setting up an Audit and Risk Committee, Strategic Planning Committee, Performance Sub-group and a Professional Advisory Committee in line with their statutory obligations. The Integration Joint Board was trying to avoid a duplication where possible.
- 83.6 The Chair advised that in conjunction with the Director of Finance proposals would be brought forward for a Development session. **SG/GW**
- 83.7 The Chair expressed the Committee's thanks to the Corporate Governance Manager for his work on the Committee member's survey.

84. Matters Arising

- 84.1 Data Diagnostics Review - Theatres Improvement Programme - Mr Crombie introduced a circulated report on the Theatres Improvement Programme as the vehicle to address the Deloitte report recommendations and to ensure delivery of theatres and anaesthesia's strategic priorities.
- 84.2 Mr Crombie reminded the Committee that the Deloitte report had identified two particular issues, one in respect to the efficiency of the operating theatres and the other being the length of stay of patients in hospital.
- 84.3 The Committee noted that improving the efficiency of theatres required a significant amount of work and had to address the previous 14% vacancy level, national United Kingdom wide issues on operating department assistants and an environment of nurse shortages. In addition, a lack of beds as a result of delayed discharges had led to a number of operations being cancelled at a late stage.
- 84.4 Mr Crombie advised that there were a number of administrative improvements that could be made and the report set out the workstream process and deadline. Whilst these would be resource heavy, there was no alternative to taking this approach.
- 84.5 Mrs Blair commented that the report had been considered by the Acute Hospitals Committee who had received assurances from Mr Tyrothoulakis, Service Director for Diagnostics, Anaesthesia and Theatres Critical Care, in respect of addressing the concerns highlighted in the Deloitte report.
- 84.6 Mr Hill commented that it was a very impressive proposition and should deliver real improvements. It had taken six months to work up these proposals and delivering them would be a huge managerial task. He queried whether the acute division had the necessary capacity.

- 84.7 Mr Crombie agreed that the staff were trying to do not only their day job but also to develop proposals but the programme managers delivering the programme would be full-time. Mr Tyrothoulakis would remain in charge but with the right programme managers it would be manageable.
- 84.8 Mrs Goldsmith commented that the recent Chief Executives' meeting had identified the lack of project management to manage change as an issue to be addressed and there was a possibility that some support in this respect would be forthcoming from the Scottish Government.
- 84.9 Mr Houston commented that there was an issue of quantity as well as quality of support and Lothian had a very good project management approach to capital business case implementation but limited project management support to service change.
- 84.10 Mrs Goldsmith undertook to keep the Committee updated on any developments in project management support. **SG**
- 84.11 Councillor Henderson referred to the Chief Executive's earlier comments about the need for Deloitte to substantiate a number of the assertions contained in their report. Mr Marriott advised that any references in the report which were not evidence backed had been removed.
- 84.12 The Chair commented that he had raised a number of questions in respect of the Deloitte report when it was considered at the Acute Hospitals Committee and Mrs Blair advised that these were being responded to individually by Mr Tyrothoulakis.
- 84.13 Mr Crombie confirmed that the overall use of sessions had been addressed and only one specialty was in the position of requiring improvement. All the other specialties were now performing at levels above the Scottish Benchmark and he would cover this in more detail in his next report. **JC**
- 84.14 The Committee agreed to endorse the Theatres Improvement Programme as the vehicle to address the Deloitte report recommendations and to ensure delivery of theatres and anaesthesia strategic priorities and recognised the investment required to support delivery of the aims of the programme.

85. Financial Position to January 2016 and Update to Year End Forecast

- 85.1 Mr Marriott introduced a circulated report providing an overview of the financial position for the 10 months to January 2016 and an update on the year end forecast.
- 85.2 The Committee noted that there had been a £2.7m improvement in the position due to the release of reserves. However, the cumulative variance on the core position and efficiency savings had both been showing a deterioration month on month. Increasing levels of reserves and flexibilities had been released over the year and the month 10 position did show a flattening of the core position, but also increased levels of reserves and flexibility which had impacted favourably on the overall variance.
- 85.3 The Committee noted that the cumulative overall position for the year compared to the previous two financial years demonstrated a move closer to breakeven for 2015/16.

- 85.4 It was noted that the main areas reflecting ongoing pressure against budget were Primary Care prescribing with a year to date overspend of £10.4m, pay expenditure with a £2.2m overspend and a shortfall of £6.9m in the achievement of efficiency and productivity plans. The latest year end forecast showed a predicted deficit of £850k.
- 85.5 Professor McMahon commented that in respect of nursing, there was a 7.3% vacancy rate evenly distributed amongst specialty which had led to an increased use in bank and agency staff. Efforts at recruitment were increasing with a national agreement to avoid NHS Boards poaching from other NHS Boards and Lothian was considering hosting a national nurse bank as well as offering full time contracts to existing nurse bank staff.
- 85.6 Mr Crombie reassured the Committee that the acute sector was not holding vacancies and the issue was that of the availability of registered nurses. Efforts were being made to speed up the processing of recruitment.
- 85.7 Mr Crombie confirmed an element of the failure to achieve efficiency savings had been caused by the levels of delayed discharge although there were other non delayed discharge issues. Problems with the management of projects had been encountered although the projected deficit in the acute sector was encouraging the involvement of clinical staff and improving engagement.
- 85.8 Mrs Goldsmith advised that the approach for 2016/17 was being changed with the move to fixed to budgets which would require efficiencies to be measured. The Chair commented on the need to track how efficiencies were being implemented.
- 85.9 The Committee noted that clinicians were starting to understand the nature of the problem and see the need for efficiency savings and confirmed that finance required to emphasis the message to all staff.
- 85.10 Mr Houston commented that the difference between this year and the previous year was that staff were beginning to understand the pressure the issue was now choosing wisely and thinking about the cost effectiveness of those choices.
- 85.11 Mrs Goldsmith advised the Committee that she still hoped that NHS Lothian would be able to achieve a financial balance for 2015/16 as there was sufficient flexibility in the system to allow this to be achieved.
- 85.12 The Committee agreed to:
- Note that the cumulative financial position at period 10 showed an NHS Lothian overspend of £4.3m, with an in-month underspend for January of £2.7m.
 - Note the in-month position had benefitted from the release corporately of reserves and non recurring benefits totalling £3.8m.
 - Consider the on-going risks around delivery of a breakeven position for 2015/16.
 - Support the actions implemented by the business units to support the delivery of a breakeven position.
- 85.14 Mr Marriott confirmed that there would be a report to a future meeting of the Committee detailing the suite of actions to be taken to deliver the efficiencies necessary to achieve financial recovery.

CM

86. Update on the 2016/17 Financial Planning Process

- 86.1 Mrs Goldsmith introduced a circulated report providing a further update on the current financial planning process of NHS Lothian. The paper set out the updated assessment of pressures and resources for 2016/17, including the full year impact of 2015/16 expenditure and the step-up in costs anticipated for 2016/17.
- 86.2 Mrs Goldsmith advised that the Local Delivery Plans would not be signed off until the end of May 2016. The report would allow NHS Lothian to issue final budgets even although the system was not in financial balance.
- 86.3 Mr Marriott took the Committee through the report explaining that these areas had been covered at the earlier Board Development Day. Ultimately NHS Lothian was facing pressures of £136.7m in 2016/17 and these were being identified so that it was clear what required to be managed.
- 86.4 It was noted that notification had now been received from the Scottish Government confirming an uplift of 1.7% on the NHS Lothian baseline of around £1.2b (amounting to £20,963m) and a further £14m of funding to bring NHS Lothian closer to NRAC parity. This was inline with previous assumptions. In addition, NHS Lothian would receive £35.3m from the social care fund with the assumption built into the financial plan that this would be transferred to the four IJB's for the provision of adult social services in the Councils and would not impact on the NHS Lothian financial plan directly.
- 86.5 It was noted that final details around the impact of the new outcomes framework for in-year funding were still to be received. An assessment of the potential 7.5% efficiency target had been made in conjunction with the impact of other known savings targets. The impact of these changes showed that in net terms NHS Lothian would receive a 1% uplift on its NRAC adjusted base allocation.
- 86.6 Councillor Henderson commented that the report showed NRAC funding distribution for GP prescribing for East, Mid and West Lothian Integration Joint Boards but nothing for Edinburgh.
- 86.7 Mrs Goldsmith explained that a key change to the budget settings arrangements for 2016/17 related to the move to a Prescribing Budget Setting Group (PBSG) based budget setting approach. Results of this change meant that additional resources of just under £3.2m were transferred to Edinburgh's prescribing budget from the other CHP areas. In order to support the transition to PBSG and giving due recognition to concerns expressed by Integration Joint Boards on this issue, a principle of nil detriment was being applied for the next year whereby resources transferred from CHPs to Edinburgh would be supported. In essence, the additional funding of nearly £3.2m for Edinburgh as part of a glide path to PBSG parity would be funded by NRAC resources. Any subsequent discussion on risk share arrangements within the GP prescribing budget would be a matter for the Integration Joint Boards.
- 86.8 Mrs Goldsmith confirmed that she would be writing to Integration Joint Boards with formal budget proposals following the meeting. **SG**
- 86.9 Mrs Blair commented that the expectation on Integration Joint Boards was possibly unrealistic and Mrs Goldsmith advised that NHS Lothian would be looking to bridge any gaps.

86.10 It was agreed that a meeting to discuss the budget proposals should be held between the Director of Finance and the Integration Joint Board Chief Finance Officers. **SG**

86.11 Mr Crombie commented that the projected funding gap for the Acute Hospitals Division was the equivalent of closing an entire hospital. He reminded the Committee that reducing the use of the private sector would affect NHS Lothian's ability to deliver the legally required Treatment Time Guarantee and commented that whilst the acute services team was focussed on the issue, any recovery plan would involve significant change.

86.12 Mr Johnston advised that he was not certain that Integration Joint Boards Chief Finance Officers would be able to confirm that the planned resources were adequate to deliver services.

86.13 Mrs Goldsmith commented that the resources were being allocated in the fairest way possible. Every part of the system would be fully funded for pay and national insurance but the budget allocation was the best that could be achieved in an environment when the entire health sector would not receive sufficient funding to be able to continue to deliver services in the same way as previously.

86.14 Mrs Goldsmith undertook to circulate a paper showing the outcome of the financial plan. **SG**

86.15 The Committee agreed:

- To note that an updated assessment of projected baseline costs had been undertaken as part of the ongoing process to establish the total financial gap for 2016/17.
- That further discussions were required on the proposition set out in the draft financial plan which distributed available resources in a manner which supported the 2020 vision and a move from acute services to primary and community care.
- To note that £25.4m of low and medium risk financial recovery actions had been submitted reducing the gap on the financial gap to £76.4m.
- To note that a high level assessment of further opportunities had been made with an opportunity for other non recurring flexibility which if delivered would yield a further £15m of benefit with another £15m on additional non recurring benefit for a balanced sheet review, reducing the total gap to £46.4m.
- To support the ongoing development of further recovery actions to achieve a balanced plan for next year and beyond.

87. Primary Care Prescribing Budget Setting

87.1 Mrs Goldsmith introduced a circulated report providing an overview of the primary care medicines budget setting and describing the stages in the process to identifying a budget, utilising information in the current year as a baseline with projections for growth in the current year provided with support from the Medicines Management Team.

87.2 Mrs Goldsmith explained that this was the detailed report previously requested by the Committee and commented that a number of pricing issues had led to significant increases in costs in primary care prescribing. The Committee noted that a risk share arrangement across the Health and Social Care Partnerships was in place which meant

that each Partnership took a share of the overall Lothian overspend and not just their own local share.

- 87.3 It was noted that the Medicines Management Team undertook an annual estimate of the forthcoming year and for 2016/17 was predicting £7m or 4.7% growth on the 2015/16 baseline position with an emphasis on further growth in cardiovascular services due to the continued introduction of new drugs to replace warfarin and also a treatment for diabetes. Both these factors were seen across Scotland in 2015/16. During 2015/16 Lothian remained the lowest cost per patient Health Board and continued to have 14% of the national spend with 16% of the population. Lothian had an average cost per patient and item / volume growth increase with slightly higher than average expenditure growth. There was also a nationwide pressure on generic drug tariff medicines which was greater than planned.
- 87.4 As this was in addition to the underlying overspend there was a considerable challenge for Health and Social Care Partnerships to deliver recovery plans in order that spend was consistent with available budget.
- 87.5 The Committee noted that options being examined included formal compliance with the formulary and discussions about over the counter medicines.
- 87.6 The Committee agreed to:
- Note the overspend at the end of January of £8.6m and expected year end position of £9.2m.
 - Note the financial planning process for primary care prescribing budgets involving forecasts from the Medicines Management Team and efficiencies and other recovery actions.
 - Consider opportunities identified for further savings including formulary compliance and provision of over the counter medicines.
 - Note that in 2015/16 Health and Social Care Partnership level budgets were set at historic spend levels and there was an overall risk sharing agreement. There were proposals towards the distribution of budget in 2016/17 to a weighted capitation model.

88. Property and Asset Management Investment Programme 2015/16

- 88.1 Mr Graham introduced a circulated report providing an update on the property and asset investment programme for 2015/16.
- 88.2 The Committee noted that following a quarter 3 review of the property and asset management investment programme, a breakeven position was currently forecast. This followed a recommendation from the Lothian Capital Investment Group to agree deferral of £1m of capital funding with the Scottish Government in to 2016/17. As at month 10, spend of £23.5m had been incurred against the programme.
- 88.3 The Committee noted that a draft proposition for the investment programme to 2020/21 would be included within the financial appendix of local delivery plan to be submitted to the Scottish Government by 30 May 2016. This assumed funding for schemes above the NHS Lothian delegated limit of £5m.
- 88.4 It was also noted that the major challenge faced by the programme was that much of the estate was not fit for purpose. Consequently, every business case being brought forward

was more expensive because of the higher standards that now applied. Mr Graham advised that an update would be brought to committee when it was available.

- 88.5 It was noted that, in respect of the partnership bundle, financial close would be 22 March subject to due diligence being completed and agreement by the Integration Joint Boards.
- 88.6 The Committee noted that on 3 February 2016 the West Lothian Council Planning Committee had deferred a decision on the various applications for the Bangour Village Hospital site for '3 planning cycles'. NHS Lothian was working with planning advisors and the Scottish Government to review the impact including identifying appropriate action to protect the Board's position arising from the deferment and an appeal against the decision had now been lodged.
- 88.7 Mr Hill asked if there was any statutory guidance or policy for local authorities in respect of such planning applications. Mr Graham advised that where there was economic development potential, local authorities had flexibility although they were required to seek best value. Mr Johnston indicated the Councils also had an obligation to ensure the wellbeing of the population in their area.
- 88.8 It was noted that the work currently being carried out on Ward 20 identified an increased budget cost to £3m. It is part of the existing development of ophthalmology and plastic surgery and ENT and would allow the expansion of the number of people to be treated rather than increasing services. This was not a formal part of the elective centre approach.
- 88.9 Mrs Goldsmith advised that references to endowment funding at East Lothian Hospital referred to art.
- 88.10 In response to a request from Mrs Pringle, Mr Graham advised that he would make sure that she was briefed on issues with Corstorphine Hospital and Murraypark.
- 88.11 The Committee noted that a project group had been started with relevant representation to look at the proposed closure of Liberton Hospital and Mr Crombie undertook to send the relevant minutes to the Committee Chair.
- 88.12 The Committee agreed to recognise the financial performance to date and the highlighted key risks and issues from the property and asset management investment programme and to declare the full extent of the Corstorphine Hospital site surplus, now including the Murraypark facilities to facilitate the marketing of the site.

89. Edinburgh Bio-quarter Collaboration Agreement Heads of Terms

- 89.1 Mrs Goldsmith introduced a circulated report together with proposed heads of terms for entering into a formal collaboration agreement with the University of Edinburgh, City of Edinburgh Council and Scottish Enterprise to facilitate development at the Edinburgh Bio-quarter.
- 89.2 Mrs Goldsmith explained that the Edinburgh Bio-quarter was seen as an opportunity to provide expansion space for the Royal Infirmary of Edinburgh with associated benefits of close linkage with Edinburgh University and the commercial sector. This would be an important landmark and would secure NHS Lothian's position in the Edinburgh Bio-quarter.

89.3 At the Chair's request the Committee agreed to request a briefing for new Non Executive members on the background to the involvement with the Edinburgh Bio-quarter which Mr Graham undertook to produce. **IG**

89.4 The Committee agreed to heads of terms and authorised the Chief Executive or Director of Finance to progress the development of the formal legal collaboration agreement and associated agreements. The Committee also agreed that the Chief Executive or Director of Finance enter into the formal agreements on behalf of the Board.

90. Property and Asset Management Investment Programme 2015/16 - Business Case Monitor

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

90.2 Mrs Blair queried when the catering strategy would be addressed and Mr Graham advised that this was being led by Facilities.

90.3 Mrs Goldsmith advised that proposals for a shared solution for catering had been considered but was not viable for NHS Lothian alone and further work needed to be done to develop proposals for a shared service.

90.4 Mrs Pringle commented that the catering strategy had been agreed but that the problem had arisen around the issue of production in kitchens and proposals would be submitted to the Capital Planning and Investment Group.

90.5 Mrs Goldsmith undertook to provide an update on this for a future meeting of the Committee. **SG**

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

91. Date of Next Meeting

91.1 It was noted that the next meeting of the Finance & Resources Committee would be held on Wednesday 4 May 2016 at 9.30am in Meeting Room 7, Waverley Gate, 2-4 Waterloo Place, Edinburgh.

HEALTHCARE GOVERNANCE COMMITTEE

Minutes of the Meeting of the Healthcare Governance Committee held at 9.00 on Tuesday 26 January 2016 in Meeting Room 7, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present: Dr M. Bryce, Non-Executive Director (chair); Ms S. Allan, Non-Executive Director; Ms P. Eccles, Partnership Representative; Ms W. Fairgrieve, Partnership Representative; Ms N. Gormley, Patient and Public Representative; Ms C. Hirst, Non-Executive Director; Mr A. Joyce, Employee Director, Non-Executive Director; Ms A. Meiklejohn, Chair of the Area Clinical Forum, Non-Executive Director; Mr J. Oates, Non-Executive Director; Mr A. Sharp, Patient and Public Representative; Cllr F. Toner, Non-Executive Director; Dr R. Williams, Non-Executive Director.

In Attendance: Mr A. Boyter, Director of Human Resources and Organisational Development; Ms J. Bennett, Clinical Governance Manager; Ms M. Christie, Head of Health, West Lothian; Dr B. Cook, Medical Director, Acute Services; Ms L. Cowie, Associate Nurse Director, Royal Hospital for Sick Children (item 48.1); Mr J. Crombie, Chief Officer, Acute Services; Mr P. Currie, Strategic Programme Manager (item 53.1); Ms S. Egan, Associate Director of Strategic Planning, Child Health Commissioner (item 49.3); Dr D. Farquharson, Medical Director; Mr B. Houston, Board Chairman; Ms F. Ireland, Assistant Director, Nursing Workforce (on behalf of Professor McMahon); Professor A. McCallum, Director of Public Health and Health Policy; Ms J. Morrison, Head of Patient Experience; Ms B. Pillath, Committee Administrator (minutes); Mr A. Short, Head of Healthcare, Midlothian (item 49.3); Professor A. Timoney, Director of Pharmacy; Dr C. Whitworth, Consultant, Associate Medical Director, Surgery and Orthopaedics; Ms M. Wilson, Chief Nurse, Edinburgh (item 53.3).

Apologies: Mr T. Davison, Chief Executive; Professor A. McMahon, Interim Nurse Director; Mr D. Small, Joint Integration Manager, East Lothian.

Chair's Welcome and Introductions

Dr Bryce welcomed members to the meeting and members introduced themselves. Two new Board Members, Mr John Oates and Ms Carolyn Hirst, were welcomed as Members of the Committee.

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.

46. Patient Story

46.1 Ms Ireland gave a summary of patient feedback on the diabetes service from an evaluation session with the Lothian Diabetes Representative Group in October 2015.

47. Committee Cumulative Action Note and Minutes from Previous Meeting (24 November 2015)

47.1 The updated cumulative action note had been previously circulated.

47.2 The minutes from the meeting on 24 November 2015 were approved as a correct record subject to one amendment to item 37.3.3.

48. Matters Arising

48.1 Healthcare Improvement Scotland Review on the Inpatient Complex Care Unit

48.1.1 Ms Wilson advised that Healthcare Improvement Scotland would be reviewing the Inpatient Complex Care Unit in Edinburgh and would focus on quality of care, sustainability, and capacity for improvement. The visit would take place on 4 February 2016. Information on the unit had been submitted, and they had requested further information on workforce and workforce planning, which had been a significant challenge for the unit. The report from the review was expected in March 2016. A workshop had taken place to identify any issues which might be picked up and an action plan had been put in place for improvement.

48.1.2 Ms Cowie summarised the events leading up to this review: In November 2013 the family of a patient admitted to Ellen's Glen Hospital for palliative care were unhappy with the care the patient received, particularly around consultant cover and the standard of nursing care associated with the number of staff available. At the time the unit had consultant cover during the day and GP cover at night as this was not an acute unit. A meeting with the family was arranged to address these concerns, but the patient died and the family did not feel ready to meet with staff. In October 2014 the family made a complaint in more detail on the Patient Opinion website, again citing staffing levels as a problem. As a result of a meeting between the family and the Chief Executive and Nurse Director, it was agreed that an external review of the service would take place.

48.1.3 Ms Cowie advised that since November 2013 work had been carried out on improving the workforce and skill mix including adding band 6 posts to fill the gap between the previous band 5 and band 7 posts and increasing the percentage of registered nurses to unregistered nurses. Band 2 posts had also been introduced. However, since then there had been a high staff turnover and a high sickness level in the service which meant that although posts were now in place, there were not filled to capacity. Use of bank staff was increasing pressure on existing staff who were committed but who were also under added pressure due to the review of their service.

48.1.4 Ms Wilson noted that initiatives to improve staff retention were being considered including staff rotation to increase the range of opportunities for newly qualified staff. It was noted that an increase over time in complexity of patients may have contributed to the current situation, but that staff were very committed and offered a good quality of care and needed support. Ms Fairgrieve noted that staff turnover was also affected by pressures elsewhere in the organisation, for example opening additional winter beds.

48.1.5 The family who submitted the initial complaint had been kept updated with the situation and had met with the Nurse Director in 2015. There had been no recent complaints although Cllr Toner noted that assurance should not be measured on the number of complaints as patients in this group may be less likely to complain about a poor experience.

48.1.6 Although the review would not consider the inpatient complex care unit in West Lothian, Marion Christie advised that these issues were also being considered here.

48.1.7 In response to a question from Ms Gormley, Ms Wilson advised that processes for family engagement were being reviewed.

48.2 Regional Eating Disorders Unit and West Lothian Mental Health Service

48.2.1 Dr Farquharson advised that a clinical director for the service had now been recruited. Ms Christie advised that the unit was undertaking an accreditation process and was expecting the report in the next few days. The initial feedback had been positive. The improvement plan discussed at the previous meeting was in place, and workforce models were being considered. A service manager for mental health had also been recruited and would take up the post in February 2016.

48.2.2 In response to a question from Cllr Toner, Ms Christie advised that as a regional unit communication with community services for ongoing care in Boards other than NHS Lothian were important, and engagement with these services had increased. The accreditation process had considered communication with community services and transition of patients to community services.

48.3 Winter Planning

48.3.1 Mr Crombie advised that in the week beginning 18 January 2016 91% of patients arriving at front door units were seen within the 4 hours. For the month of January the 88-95% of patients were seen within 4 hours, with 19 patients waiting more than 12 hours. This was an improvement on the previous year's performance.

48.3.2 Winter beds were opened at the Western General Hospital on 1 January 2016 and the final seven beds at Gylemuir would be opened by the end of January. These additional beds allow more space in front door areas and also reduce cancellations of elective surgery. Patients were also being boarded throughout the service, but a system was in place for clinical monitoring of these patients.

48.3.3 The front door areas were experiencing peaks in demand, with the patient profile being mainly elderly patients with respiratory diagnoses as expected. Dr Williams pointed out that a mild winter and no influenza outbreak so far could have meant that the impact has been reduced, and asked whether the winter beds had had an impact on delayed discharges.

18.3.4 Winter planning was carried out in conjunction with the Local Authorities and the Integrated Joint Boards to ensure an overall strategy which included care provision in the community. An evaluation of performance would take place in the spring, which would be submitted to this Committee. **JC**

48.4 Staff Absence and Staff Wellbeing

48.4.1 Dr Williams noted that questions had been raised at the previous committee about the increasing use of bank and agency staff, the impact on permanent staff and possibility that this could have a detrimental effect on quality of care. Mr Boyter had been asked to give an overview of support arrangements in place for staff wellbeing.

- 48.4.2 Mr Boyter outlined the services available: The Occupational Health Service included the staff physiotherapy service and the staff counselling service, both of which were unique in Scottish health boards. The physiotherapy service made a major contribution to helping staff with musculo-skeletal problems to get back to work sooner. The manual handling service would carry out observations of practice in wards and departments and work with teams to ensure the safest way of working was adopted, this had resulted in a reduction in manual handling injuries and issues. The Violence and Aggression Team supported and trained staff to avoid and deal with violence and aggression from patients and members of the public, which was the highest health and safety risk to NHS Lothian staff.
- 48.4.3 The HR-Online tool was available for staff to access policy information; this site was designed in house and had been very successful. HR Enquiries was a service to help staff access training and policy advice and was accompanied by a number of other information services.
- 48.4.4 A number of staff were trained in mediation, which could be used to resolve issues and reduce the need for disciplinary action.
- 48.4.5 A Scottish Government initiative 'iMatter' was a questionnaire based monitoring of organisational culture run at team level which was to be rolled out by 2017.
- 48.4.6 Mr Boyter noted that services such as the staff physiotherapy, staff counselling, manual handling and violence and aggression teams were required to reduce costs, in line with other business units, which may mean a reduction in posts and level of service. This would be discussed at the Staff Governance Committee along with the possibility that investment in these services would be beneficial. Ms Fairgrieve noted that the staff counselling service had 6 posts and the waiting list was 6 weeks, and that anxiety and stress was the most common reason for long term absence; reducing this service could have an adverse effect on staff wellbeing. Mr Boyter added that as the general population was ageing so was the workforce, and that a change in current practice could be needed to take this into account and be more pro-active.
- 48.4.7 Ms Ireland advised that use of bank and agency staff had increased over the last two years and that demand outstripped supply. 900 WTE bank and agency staff were used each month, which was above the target of 5% of permanent staff for all staff groups. Improved data on activity would be available using the new e-rostering system which would show whether staffing levels matched patient numbers and acuity in any area. It was likely that this data would show a gap in staffing that could not immediately be filled, but focused action could then be taken to improve this.
- 48.4.8 The Committee was assured by this update and Dr Bryce noted that the Board needed more information on staff wellbeing in general. The staff survey report submitted to the Staff Governance Committee on 27 January 2016 would be included for information at the next meeting. **BP**
- 48.5 Clinical Governance Internal Audit Recommendations
- 48.5.1 A paper had been previously circulated which updated the Committee on the recommendations from the audit.

49. Emerging Issues

49.1 Paediatrics Review Visit 18-25 January 2016

49.1.1 Mr Crombie advised that the review team from the Royal College of Paediatricians had arrived and established contacts at the Royal Hospital for Sick Children and at St John's Hospital as well as MSPs, interested groups, and members of the public. Focus groups would be held in February 2016 and public engagement meetings were being funded.

49.1.2 Cllr Toner questioned the timing of the review and expressed the opinion that it should have been held earlier, and proposed a motion that an additional meeting be held in public to explore any influence the government had in the delay of the review and whether this was detrimental to the service, but there was no seconder; Mr Crombie advised that the reasons for the timing had been considered and explained elsewhere and that any issues of governance should be raised formally.

49.2 MBRRACE Lothian and National Still Births Data

49.2.1 Ms Bennett noted that Information Services Division data which showed Lothian as an outlier in still births and birth weight had been challenged and the data had been revised as it was incorrect. It had transpired that NHS Lothian had the lowest incidence in Scotland.

49.3 Health Visiting

49.3.1 The Chair welcomed Mr Short and Ms Egan to the meeting and they spoke to a previously circulated paper. Ms Bryce noted that the paper outlined a solution for Midlothian only, where a whole system approach would be beneficial. This issue was on the Corporate Risk Register and the Integrated Joint Board Risk Registers.

49.3.2 In response to a question from Dr Bryce on whether earlier solutions to this problem could have reduced its effect, Ms Egan advised that although there had been some early indications of a problem the situation had changed rapidly. Although the problem was national, other Boards had started investing earlier and were not in the same position as Lothian. There was now capacity for training of 30 health visitors per year in Lothian.

49.3.3 Professor McCallum advised that the reason that the Scottish Government introduced the legislation including the 'named person' role was because outcomes for children in Scotland were poor. When this policy had been outlined in 2005/6, the lack of availability of midwives and health visitors to deliver these was raised, but although there was some local investment at this time there was no national funding.

49.3.3 Mr Boyter noted that resources needed be used to solve the immediate problem, but that once the situation was more stable there should be a review of why this shortage of staff had happened and how it could be prevented from happening again in another service.

49.3.4 Cllr Toner suggested that the Scottish Government should accompany policies with appropriate funding and investment to allow them to be carried out. Ms Egan advised that there had been additional investment from the Scottish Government as

well as funding to Higher Education Institutions for more training places. Ms Egan represented NHS Lothian in the relevant groups associated with this legislation.

49.3.5 Dr Williams noted that the paper identified areas that were of significant concern and suggested that there seemed to be key risks not specified in the paper. It was important to be specific about risks to focus action for improvement. Mr Short agreed and advised that this was an initial update to the Committee and a further paper would be submitted to the next meeting identifying the risks and associated proposed actions to mitigate these. **BP**

49.3.6 Ms Eccles noted that covering the service when it was short staffed also had an effect on the wellbeing of existing staff.

50. Corporate Risk Register

50.1 The Risk Register had been previously circulated. Dr Farquharson noted that the integration scheme risk had been closed for the reasons explained in the paper.

50.2 Audit and risk had agreed a programme of reporting for areas outwith their risk appetites, for example Healthcare Associated Infection, and were asking for improvement plans to be submitted showing how the risk would be reduced to an acceptable level, and a performance review would be carried out. Dr Williams was concerned that the requirement for improvement plans to be submitted to the Risk Management Steering Group would be a duplication of work as the Healthcare Governance Committee were also seeking assurance in these areas. Dr Farquharson agreed and stated that this was a work in progress and issues still needed to be considered.

51. Person Centred Culture

51.1 Person Centred Culture Report

51.1.1 A paper had been previously circulated and Ms Morrison gave an overview of the key points. The proposed terms of reference for the Quality Assurance Committee for reviewing complaints would be submitted to the next meeting.

51.1.2 Dr Bryce suggested that a timeline for the review programme and key challenges needed to be outlined in the key risks section of the paper. Ms Morrison noted that changes would take time, but that improvements were being made. New members of the complaints team would be in post in February 2016 which would give resources to look at data in a more meaningful way. Implementation would include a culture change at every level as it required a change in the interaction between clinicians and patients in dealing with complaints.

51.1.3 Cllr Toner highlighted the high number of complaints from prisoners. Ms Morrison advised that many contacts from prisoners were feedback about access to treatment rather than complaints, but those which were complaints about quality of care were being considered and a piece of work was being done on this.

51.1.4 Ms Hirst advised that as a former deputy ombudsman she was interested in being involved in the work on complaints and could help with contacts and insight. This offer was accepted.

51.1.5 Mr Sharp noted that due to the low response rate to the patient survey in some areas it was difficult to draw conclusions on experience. Ms Bennett advised that some wards had a much higher response rate as they had developed well defined processes for distributing and collecting the questionnaires.

51.1.6 Members supported the recommendations laid out in the paper.

52. Safe Care

52.1 Healthcare Associated Infection Update

52.1.1 A paper had been previously circulated. Dr Farquharson noted that the improvement plan had been discussed at the previous meeting. The report showed that an improvement had been made in the last year with 49 fewer *Staphylococcus aureus* Bacteraemia and 43 fewer *Clostridium difficile* Infections in patients in the last year compared to the previous year. Improvements were not yet statistically significant.

52.1.2 The Therapeutics Indicators annual report showed that although NHS Lothian had a lower rate of antibiotic prescribing than other Boards, the rate of prescribing of antibiotics which increased risk of *Clostridium difficile* Infection was higher than other Boards and showed as an outlier. This data was a year old and the position had improved since then. It was noted that transmission of infection was not the cause of the high incidence rate in NHS Lothian, but that prescribing was a key factor.

52.2 Public Protection Update

52.2.1 A paper had been previously circulated. Ms Ireland advised that the management of Interagency Referral Discussion (IRD) had improved, but staffing levels were still low, and drew attention to the part of the paper on gathering information for the national historical child abuse inquiry.

52.3 Learning from Adverse Events

52.3.1 A paper had been previously circulated. Ms Bennett advised that as a result of a Freedom of Information request there was a commitment to publishing all future significant adverse event review reports on NHS Lothian's website in redacted and anonymised form. Reports would not be meaningful in this form so work was being done on how summaries which align learning points with improvement plans could be prepared as part of the review report.

52.3.2 Members agreed the recommendations outlined in the paper.

53. Effective Care

53.1 Diabetes Managed Clinical Network

53.1.1 The Chair welcomed Mr Currie to the meeting and he gave a presentation on the Diabetes Managed Clinical Network. Professor McCallum noted that socio-economic factors were key as there was less opportunity for healthy eating and exercise for those of lower socio-economic status.

- 53.1.2 Professor McCallum was on a group commissioned by the Scottish Government to consider a sugar tax, although this issue would be reserved to the UK government. A food standard was being considered as a development of this. Ms Christie noted that local as well as national initiatives were needed as there were different issues in different local areas which were important.
- 53.1.3 In response to a question from Ms Bennett, Mr Currie advised that it was hoped that resources would soon be available to look at data on improvements implemented to identify any effect on the population and impact on outcomes. There was data and a good data system available which needed interrogation. Dr Bryce noted that it was important for services to demonstrate their efficiency using a strong process driven evidence base for improvement.
- 53.1.4 Mr Boyter noted that education of and communication with patients at risk of becoming diabetic due to lifestyle would be important for prevention. Cllr Toner felt that early intervention in schools especially in lower socio-economic areas was also important. Mr Currie advised that education on understanding of food and a healthy diet was available through NHS and other services, and that this was backed up with legislation such as the smoking ban.
- 53.1.5 Mr Sharp noted that not all cases of diabetes were due to poor lifestyle, and commended the support he had personally received at the metabolic clinic at the Western General Hospital.
- 53.1.6 The Diabetes Managed Clinical Network Annual Report would be submitted to the next meeting. **BP**

53.2 Quality Report

- 53.2.1 A paper had been previously circulated. Ms Bennett highlighted the high re-admission levels in West Lothian. Data collected since February 2014 had been analysed and readmissions were for different reasons and covered all areas, some were very complex, with few obvious themes. Work was being done to improve this rate. Mr Crombie noted that this was a good example of using data to inform improvements.
- 53.2.2 Ms Bennett noted that all staff had access to live complaints and adverse events data on Datix but that more work was required on how this data was used in clinical areas for improvements.

53.3 Choosing Wisely

- 53.3.1 The Chair welcomed Dr Whitworth to the meeting and she spoke to her previously circulated paper. "Choosing Wisely" was based on the concept of not doing interventions unless they added value, and basing decisions on individual circumstances and informed patient preference. It recognised the burden of treatment on patients and that some interventions in some cases could cause harm and not improve quality of life. To facilitate informed patient decisions clinicians needed to be explicit about what treatments could be offered and what the advantages and disadvantages were, and make an individual care plan based on this discussion. The result of this work would be a better experience for patients and staff by reducing treatments offered as routine and considering individual alternatives.

- 53.3.2 Mr Sharp as patient representative also supported this work. Ms Allan agreed that interventions which may not help and could cause harm should not be carried out, but was worried that this may mean patients miss out on interventions that would be helpful. Wording was important to make it clear that the purpose of this initiative was about choosing the best option for patients, not saving money by reducing interventions. Resources should be available for education of patients and the public so that the approach was properly understood and the patient could be in partnership with the clinicians in making decisions.
- 53.3.3 Dr Williams as a GP supported this work and agreed that education of the public was important as difficult discussions and decisions may have to be made. Patients needed to be aware of what the real benefits and disadvantages of treatment were.
- 53.3.4 Dr Whitworth advised that this was a clinical approach which was already happening, and there had been focus on discussion about this in the public domain recently in for example in Atul Gawande's *Being Mortal* and the 2014 BBC Reith Lectures. This approach was the basis of the guidance in the CMO annual report which must be supported.
- 53.3.5 It was agreed that the Board needed a clear understanding of what this approach meant. There had been a presentation at the Board at a previous meeting but it was agreed that a Board development session on this subject would allow engagement, reflective discussion and understanding. As the approach was part of an overall strategy already approved by the Board and was following CMO guidance it was not felt appropriate for a formal paper to be submitted to the Board for approval.

54. Any Other Competent Business

54.1 Chair End of Term

- 54.1.1 This was Dr Bryce's last meeting as Chair of the Committee as her term as Non-Executive Board Member had ended. Dr Williams would take on the Chair. Dr Williams thanked Dr Bryce on behalf of Members for her proactive and challenging, yet supportive approach which had transformed the Committee, and improved its ability to provide assurance to the Board.

55. Exception Reporting Only

Members noted the following items for information:

- 55.1 Tissue Governance Annual Report;
 55.2 Emergency Planning and Resilience Update
 55.3 ADTC Policy Statement on Prescribing of Branded Generics

56. Other Minutes: Exception Reporting Only

Members noted the minutes from the following meetings for information:

- 56.1 Area Drug and Therapeutics Committee, 11 December 2015;
 56.2 Clinical Management Group, 10 November 2015;
 56.3 Lothian Infection Control Advisory Committee, 8 December 2015;

56.4 Public Protection Action Group, 18 November 2015.

57. Date of Next Meeting

57.1 The next meeting of the Healthcare Governance Committee would take place at **9.00** on **Tuesday 15 March 2016** in **Meeting Room 7, Second Floor, Waverley Gate**.

57.2 Further meetings in 2016 would take place on the following dates:

- 24 May 2016;
- 26 July 2016;
- 27 September 2016;
- 29 November 2016.

STAFF GOVERNANCE COMMITTEE

The draft minutes of the meeting held on 29 July 2015 are attached.

Key issues discussed included:

- A presentation on the new staff engagement tool iMatter;
- An update on the current position with Mandatory Training compliance across the organisation;
- A progress report on the Learning and Development Strategy Action Plan;
- Adoption of the Staff Physiotherapy and Staff Counselling Service Reports for 2014;
- The Annual Report of the Confidential Contacts Activity;
- An update on the progress with the Protection of Vulnerable Groups Retrospective Checking Exercise;
- Consideration of the Equality and Diversity Monitoring Report for 2014/15

Key issues on the horizon are:

- The roll out of iMatter across NHS Lothian;
- An improvement with the compliance rates for Mandatory Training.

Alex Joyce
Chair

NHS Lothian

Staff Governance Committee

Note of a meeting of the Staff Governance Committee held at 9:30 a.m. on Wednesday 29 July 2015 in the Meeting Room 7, Waverley Gate, 2-4 Waterloo Place, Edinburgh.

Present: Mr A Joyce (Chair); Mr A Boyter; Dr D Farquharson; Mr B Houston; Mr S McLauchlan; Mrs A Meiklejohn; Mrs A Mitchell and Mr L Turner.

In Attendance: Mrs S Ballard-Smith (Director of Nursing, Acute Hospitals); Mr J Crombie (Chief Officer); Mr S Haddow (Head of Medical Workforce Planning); Ms F Ireland (Assistant Director - Nursing Workforce & Business Support); Ms A Jones (Head of Staff Physiotherapy Service); Ms A Langsley (Manager - Centre for Management of Aggression) ; Ms M Parkhouse (Head of Education & Employee Development); Mr P Reith (Secretariat Manager) and Ms E Riley (Scottish Government).

Apologies for Absence were received from Councillor D Grant, Ms M Johnson and Mr P Johnston.

Declaration of Financial and Non-Financial Interest

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

18. Minutes of the Previous Meeting

18.1 The previously circulated minutes of the Staff Governance Committee meeting held on 29 April 2015 were approved as a correct record.

19. iMatter

19.1 Mr Haddow and Ms Riley gave a presentation on progress being made with the implementation of iMatter in NHS Lothian. It was noted that at the heart of iMatter were wellbeing, resilience and living the values. The Scottish Government had purchased iMatter for all NHS Boards and it would be implemented by the end of 2017. Each Board was developing local implementation plans with 2 Boards implementing it by December 2015, 10 Boards by December 2016 and the final 12 Boards December 2017.

19.2 Mr Haddow explained that the reporting structure would be through the Staff Governance Committee and in NHS Lothian iMatter was currently being rolled out in the Royal Edinburgh hospital and the public health department. The second cohort would be Corporate Services, including non-Executive Board members, starting in October 2015 with named individuals in each directorate to liaise with the iMatter development team. Some reports were already sitting on the system with a 62% response rate and a 75% return rate which were already starting to provide some rich data.

- 19.3 Ms Riley advised that NHS Lothian's response rate was slightly ahead of the 73% delivered by other Boards.
- 19.4 The Committee noted that the next steps would be working with the Knowledge and Skills Framework, Health Environment Scotland Inspectors and Management Development Programmes.
- 19.5 The Chair thanked Mr Haddow and Ms Riley for their presentation.
- 19.6 The Chair queried turnout at some of the events held to introduce I-matters and Mr Haddow explained that difficulties had been experienced in obtaining a suitable room and there had been some operational problems but staff were not saying they could not come and additional events would be put in place.
- 19.7 Mrs Meiklejohn asked if the staff survey was going to continue as well as iMatter and Mrs Kelly advised that the next staff survey would be running from 10 August to the end of September 2015 but that once iMatter was fully operational it was hoped that the annual staff survey would eventually be replaced by iMatter..
- 19.8 Mrs Meiklejohn asked about the aggregation of data and Mr Haddow explained that reports were owned by the team and the team manager and could be shared with others if the team agreed. Otherwise he was the only other person who would see individual reports. The aggregated reports would be public but the information could not be drilled down into.
- 19.9 It was noted that initial data about who was in each Directorate was in the process of being gathered and would be confirmed with Directors. Staff on long term sick leave would be taken out of the surveys to avoid skewing results. Validation of iMatter would be through local line managers.
- 19.10 Mrs Kelly advised that it would be made clear to staff involved in iMatter at present that the emphasis would be on the staff survey in August and September and efforts to improve the response rate for the staff survey would be made.
- 19.11 Mr Crombie commented that the benefits of iMatter were clear and it was important to be able to map who worked for each department and who they reported to. Mrs Kelly advised that the new HR system was itself hierarchical and would contain this information.
- 19.12 It was noted that bank staff were currently removed from I-matter but once the system was fully operational bank staff would be included in the longer term.
- 19.13 The Chair thanks Ms Reilly and Mr Haddow for their presentation and the Committee noted the progress made with iMatter.

20. Matters Arising

- 20.1 Staff Governance Committee Annual Report – Mr Boyter advised that he had attended the Audit & Risk Committee where the Staff Governance Committee Annual Report had been considered and advised that comments would be inserted into the report on mandatory training.

20.2 HR & OD Strategy 2015 – 2018 - Mr Boyter introduced the circulated HR & OD Strategy 2015 - 2018 action Plan and advised that he would be bringing 6 monthly reports to the Staff Governance Committee, the next report coming to the October meeting. Mrs Mitchell asked if substantive timelines could be included in the action plan in order that actual progress could be determined. **AB**

20.3 Statement of Assurance Needs Update – Mrs Kelly advised that the Healthcare Governance Committee had moved to different categories for determining assurance needs but Mr Payne had confirmed that the categories used by the Staff Governance Committee were appropriate.

21. Mandatory Training Update

21.1 Mr Boyter introduced a circulated report giving an update on actions being taken to improve mandatory training compliance.

21.2 The Committee noted that over the past year a system for compliance reporting had been established and for the first time it was possible to report centrally on mandatory compliance and this data provided a baseline from which targets could be set for improvement. A compliance rate of 80% had been set as a target allowing for sickness absence, vacancies, etc. To achieve this rate of compliance an improvement of between 33.5% and 8.5% dependent on subject would be required.

21.3 A set of recommendations and associated action plan was detailed in the report which set out a proposal for a new approach for mandatory requirements. The action plan also addressed issues in relation to quality and impact, communication, reporting and resources.

21.4 Ms Langsley gave a presentation highlighting the challenges involved and it was noted that performance had already improved between January and April 2015.

21.5 Mrs Mitchell commented that it was important for the Committee to know when 'tweaks' had been made to the figures and that the criteria for determining what training should be mandatory for which staff should be made clear.

21.6 Mr Boyter advised that once acceptable levels of compliance had been reached attention would be turned to looking at the quality of training.

21.7 Mrs Ballard-Smith advised that a mixed delivery mechanism would be required as electronic means of delivering training were not appropriate for all staff.

21.8 Mr Turner suggested that more attention should be paid to the reasons for training being mandatory. More advanced training in areas such as fire safety should be specifically targeted to staff with specialised needs such as tradesmen who might be exposed to specialised fires which could be prevented from spreading if appropriate training was given. Mr Boyter undertook to discuss this with Mr Turner. **AB**

21.9 Mr Crombie emphasised the importance of having a process in place to enable staff to demonstrate that they had undertaken mandatory training and suggested that approval of any other training should be conditional on either having undertaken, or have in place a plan to undertake, mandatory training.

21.10 The Committee agreed to note the progress made and endorsed the improvement action plan.

22. Annual Review of Learning and Development Strategy Action Plan

22.1 Mrs Parkhouse introduced a circulated report giving a progress update on action plans laid out on the NHS Lothian Learning and Development Strategy 2013/15.

22.2 The Committee noted that the report contained considerable detail and included outcome measurements which were not done by other Health Boards.

22.3 It was noted that the views of staff on the ground would be valuable and it was hoped that iMatters might help in obtaining this. Gaps in training were being addressed but this was not necessarily well articulated.

22.4 The Chair thanked Mrs Parkhouse for her presentation and report and agreed to discuss with her the format of future reports. **AJ**

22.5 The Committee agreed to note the progress that had taken place across the organisation in respect to the Learning and Development Strategy Action Plan.

23. Staff Physiotherapy Service Annual Report 2014

23.1 Ms Jones introduced the previously circulated annual report for the Staff Physiotherapy Service for 2014 and the Committee noted that for each pound spent on the service there was saving of between £1.35 and £5.79 with a medium estimate of £3.38 to the Board. 9% of the workforce had been clients in 2014 and it had been calculated that savings had been achieved of over £2m, working out at approximately £4.55 for each pound spent on the service.

23.2 Mr Boyter thanked Ms Jones for her comprehensive presentation and reassured the Committee that whilst the Occupational Health Service review was underway there was little doubt that a service which stopped people going on sick leave and got them back to work more quickly would be protected for the future.

23.3 The Committee reaffirmed its support for the Staff Physiotherapy Service and adopted the annual report for 2014.

24. Staff Counselling Annual Report 2014

24.1 The Committee noted the previously circulated Staff Support and Counselling Service annual report for 2014. It was noted that this service had evolved over the past 20 years. Now, of the 20% of clients who had commenced sickness absence before accessing the service only 3% remained on sickness absence on discharge from the service.

24.2 Mr Boyter commented that as part of the Occupational Health and Safety Service this confidential service contributed to reducing sickness absence rates and a business case for developing these types of service was in hand. The object of this exercise would be to make the services as efficient and effective as possible and to achieve the optimal level of investment.

24.3 The Committee agreed to adopt the Staff Counselling Annual Report for 2014.

25. Confidential Contacts Annual Report

25.1 Mrs Kelly introduced the circulated annual report for the NHS Lothian Confidential Contacts Scheme for October 2013 – March 2015.

25.2 The Committee noted that a confidential contact scheme was a PIN requirement and was part of the Bullying and Harassment Policy. A number of contacts were listed on the website to provide a listening ear, information about preventing and dealing with bullying and harassment at work policy and procedure and signposting to more formal sources of support such as staff counselling or Trades Unions.

25.3 The Committee agreed to adopt the Confidential Contacts Annual Report.

26. eRostering and Safe Care Systems Implementation Update

26.1 Ms Ireland introduced a circulated report providing an update to the implementation plan for the eRostering and safe care systems being progressed for nurses and midwives working in all NHS Lothian wards, departments, community teams and corporately.

26.2 The Committee noted that the report detailed progress after 3 months since the system was established and was being implemented across NHS Lothian at the rate of about 4 wards or rosters per week.

26.3 Mrs Ballard-Smith commented that the SSTS interface was problematic and the eRostering interface was much easier to use. Bank staff could check the needs for cover and book themselves directly onto shifts.

26.4 Ms Ireland advised that 5 project support managers were implementing e-rostering and were already substantially reducing agency costs through more efficient bank fill. In the light of the savings already being made the possibility of increasing the speed of the rollout was under consideration.

26.5 The Committee agreed to support the implementation of the eRostering system which would deliver consistent efficient and equitable use of the nursing and midwifery recourse and recognised that the 3 year rollout plan might be compromised by the absence of an interface to SSTS and agreed to support the efforts to progress this work nationally.

Mr Crombie and Dr Farquharson left the meeting.

27. Protection of Vulnerable Groups – Retrospective Checking Exercise

27.1 Mrs Kelly introduced a circulated report on the progress made to date in relation to the Protection of Vulnerable Group's (PVG) retrospective checking exercise.

27.2 It was noted that it was anticipated that all staff would be covered before the deadline of 31 October 2015. An estimated 17,700 PVG retrospective checks were

required and as at the end of June the number of completed checks was 16,824 leaving 774 checks to be completed by 31 October.

- 27.3 Mr Boyter commented that this had been a gargantuan task delivered by staff and very few instances of convictions not being declared had been uncovered.
- 27.4 The Committee congratulated the team and agreed to note the good progress being made with the protection of vulnerable group's retrospective checking.
- 27.5 Mrs Meiklejohn left the meeting.

28. Corporate Risk Register – Staff Governance Committee

- 28.1 Mrs Kelly advised that there were no further updates to the corporate risk register in respect of the Staff Governance Committee.

29. Scottish Government Response to the Freedom to Speak Up Review

- 29.1 The Chair introduced a previously circulated letter from the Cabinet Secretary for Health, Wellbeing and Sport outlining the Scottish Government's response to the Freedom to Speak up Review.
- 29.2 It was noted that further information on the introduction of Non Executive whistle-blowing champions and the provision of further national whistle-blowing training events was awaited.
- 29.3 Mrs Kelly advised that the NHS Lothian policy on whistle-blowing would be reviewed and revised in line with the Scottish Government requirements. **RK**
- 29.4 The Committee noted the position.

30. Management of Sickness Absence

- 30.1 Mr Boyter introduced a circulated report giving an overview of the arrangements in place for the management of sickness absence, current performance across NHS Lothian and the position relative to other NHS Boards.
- 30.2 The Committee noted that NHS Lothian's performance was relatively stable and in line with other NHS Boards. It was noted that the average age of the workforce was growing and it might be necessary to review 12 hour shifts as there was evidence to suggest that staff efficiency deteriorated after 8 hours.
- 30.3 The Committee noted the Board's framework for managing sickness absence; the Board's performance comparative to other Boards; the areas of good practice and areas of concern and the actions in progress to support improvements in management of sickness absence.

31. Equality and Diversity Monitoring Report 2014/15

- 31.1 Mrs Kelly introduced the previously circulated Equality and Diversity Monitoring Report for 2014/15.
- 31.2 Mrs Kelly advised the Committee that it would be a requirement to report on all protected categories in 2017. It was noted that a high number of staff declined to respond to the monitoring questionnaire, as was their right.
- 31.3 The Committee noted the Equality and Diversity Monitoring Report.

32. Statement of Assurance Needs Update

- 32.1 The Committee noted the previously circulated Statement of Assurance Needs. It was agreed that this item should be placed earlier in the agenda for future meetings. **RK**

33. Lothian Partnership Forum

- 33.1 The Committee noted the previously circulated minutes of the Lothian Partnership Forum meeting held on 12 May 2015.

34. Workforce Organisational Change Group

- 34.1 The Committee noted the previously circulated minutes of the Workforce Organisational Change Group meetings held on 27 April, 25 May and 22 June 2015.

35. Date of Next Meeting

- 35.1 It was noted that the next meeting of the Committee would be held on 28 October 2015 at 9.30am in Meeting Room 7, Waverley Gate, 2-4 Waterloo Place, Edinburgh.

STAFF GOVERNANCE COMMITTEE

The draft minutes of the meeting held on 28 October 2015 are attached.

Key issues discussed included:

- A presentation on Electronic Job Planning and the roll out across NHS Lothian;
- A further update on the compliance with Mandatory Training;
- Presentation of the NHS Lothian Workforce Plan 2015/16;
- The Staff Governance Action Plan for 2015/16
- A further update on the progress of the Protection of Vulnerable Groups Retrospective Checking Exercise.

Key issues on the horizon are:

- Mandatory Training compliance;
- Results of the 2015 Staff Survey.

Alex Joyce
Chair

NHS Lothian

Staff Governance Committee

Note of a meeting of the Staff Governance Committee held at 9:30 a.m. on Wednesday 28 October 2015 in the Meeting Room 7, Waverley Gate, 2-4 Waterloo Place, Edinburgh.

Present: Mr A Joyce (Chair); Mr A Boyter; Councillor D Grant; Ms M Johnson; Mrs A Meiklejohn; Mrs A Mitchell and Mr L Turner.

In Attendance: Mr J Crombie (Chief Officer); Mr S Haddow (Head of Medical Workforce Planning); Mrs R Kelly (Associate Director of Human Resources); Ms A Langsley (Manager - Centre for Management of Aggression); Mr N McAlister (Head of Workforce Planning) and Mr P Reith (Secretariat Manager).

Apologies for Absence were received from Dr D Farquharson; Mr B Houston; Mr S McLauchlan, and Mr P Johnston.

Declaration of Financial and Non-Financial Interest

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

36. Minutes of the Previous Meeting

36.1 The previously circulated minutes of the Staff Governance Committee meeting held on 29 July 2015 were approved as a correct record.

37. Electronic Job Planning

37.1 A circulated report from Mr Haddow informing the Committee of progress relating to the roll out of electronic job planning to all Consultants, SAS doctors and Clinical Academics across NHS Lothian was received. Mr Haddow gave a demonstration of the electronic job planning software package which covered all NHS Lothian and Edinburgh University Consultants. and SAS doctors. Participation in electronic job planning would be necessary for the staff concerned to demonstrate delivery of their job plan and receive pay progression. The system could also be used to assist in the Discretionary Points process and ensure compliance with the European Working Time Regulations.

37.2 Mr Haddow advised that the delivery of the job plans would be monitored and discussed with staff at their next appraisal. It was noted that, amongst other things, the system could generate a number of pre-set reports, allow activities to be compared and identify cross border activity. It would also enable Service Managers to ensure that consultants were carrying out work that was required and identify where work could be delegated appropriately. It was noted that NHS Tayside used this software and that NHS Greater Glasgow & Clyde was also introducing it which would allow comparisons to be made with these two Boards.

- 37.3 It was noted further licences for the software would not be required and that the new system would allow Service Managers to generate their own reports rather than allowing a system of 'learned helplessness' to develop. Mr Haddow would be training all the users himself so everyone would receive a consistent message. It was also being considered for use by salaried General Practitioners.
- 37.4 Mrs Mitchell asked about the flexibility in the activities recorded and Mr Boyter advised that these were usually negotiated with applicants when first appointed and reviewed annually. Mr Haddow commented that the process was defined in the Terms of Service and the Workplan could be made to reflect the needs of the service.
- 37.5 The Committee agreed to note the progress of the roll-out of the electronic job planning software.

38. Matters Arising

- 38.1 Freedom to Speak Up Review - The Committee noted that confirmation had been received from Scottish Government that a 'Whistleblowing Champion' was to be appointed from amongst the non-Executive Board members and this was being taken forward by the Board Chairman. **BH**
- 38.2 HR & OD Strategy 2015 - 2018 - Mrs Kelly advised that the review was not yet due as the strategy had only been approved at the previous meeting but a review of progress would come to a future meeting.. Mrs Mitchell reiterated the need for substantive timelines to be included in order that progress could be determined. **AB**
- 38.3 Staff Survey - Final Position - Mrs Kelly advised that NHS Lothian had a 38% return rate for the 2015 Staff Survey. This was the same as the Scottish average and ahead of the other larger Boards in Scotland. The full results of the survey were still awaited and should be available in early December with a presentation coming to the January meeting of the Committee and the February Board. **AB**

39. Mandatory Training Update

- 39.1 Ms Langsley introduced a circulated report giving an update on actions being taken to improve mandatory training compliance.
- 39.2 The Committee noted that the prioritisation of fire training in combination with the shift to fire e-learning as a replacement for annual face to face lectures had resulted in a 9.9% increase in compliance for July - August. Healthcare Associated Infection and Public Protection had also seen above average percentage compliance improvements during this period.
- 39.3 Mr Boyter advised that the quality of the training was being looked at as well as the uptake and different ways of training effectively were being examined. Mr Crombie commented that very positive feedback in respect of the Fire Safety training had been received from the Fire Service.
- 39.4 It was noted that as NHS Lothian was the only NHS Board to record data in respect of mandatory training it was not possible to make comparisons with other NHS

Boards. There was currently no measurement of the quality of the training but the possibility of introducing this was being examined.

39.5 Mr Boyter advised that this item would be a standing item on the agenda and a report had also been submitted to the most recent Audit & Risk Committee meeting which had agreed to note the progress made to date and endorse the improvement action plan.

39.6 Councillor Grant commented that he was pleased to see the September figures for the Fire Safety training and asked if there was anything that could be done to improve the Facilities compliance figures. Ms Langsley advised that many Facilities staff had little or no access to IT services and alternative arrangements were being made where possible.

39.7 Mr Turner asked how Fire Safety training was being configured for tradesmen who had very specific needs and Mr Boyter undertook to provide him with details of the additional training over and above the mandatory training provided to tradesmen.

AB

39.8 It was agreed that in addition to the generic update report on Mandatory Training, each meeting would also consider a specific element of the training. It was also agreed that there would be a separate report to the next meeting on Fire Safety in Facilities.

AB

39.9 The Committee agreed to note the progress made to date and supported the plans for continued performance improvement.

40. iMatter Continuous Improvement Model Update

40.1 Mrs Kelly introduced a circulated report on progress on implementation of the iMatter Continuous Improvement Model (iMatter). It was noted that iMatter would produce an accurate, reliable and valid NHS Employee Engagement Index which would enable benchmarking across Teams, Directorates and Boards as well as with external organisations. It would enable accurate strategic planning and create a motivational stimulus to improve results, enhancing Corporate, Directorate and Team Resilience. Following the first two pilots in Public Health and Royal Edinburgh and Associated Services both teams were currently working to finalise Action Plans.

40.2 It was noted that it was intended to leave Acute Services and the Integration Joint Boards to the end of the roll-out process because of all the changes currently being implemented in those areas. It was also noted that detailed reports would not be received on the reports as the information collected would be kept confidential to the teams.

40.3 The Committee agreed to note the progress made toward rolling out iMatter and noted the next cohorts to implement the model.

41. NHS Lothian Workforce Plan 2015/16

41.1 Mr McAlister introduced a circulated report setting out a detailed analysis of the national and local workforce planning context, including an assessment of workforce supply and demand. It was noted that the guidance set out six steps, which would form the framework for this plan. These were defining the plan, visioning the

future/mapping service change, defining the required workforce, understanding workforce availability, developing an action plan and implementing, monitoring and refreshing it.

- 41.2 Mr McAlister explained that much of the action required was at a national level where the numbers of consultants in various specialities needed to be addressed.
- 41.3 Ms Johnson advised that a lot of work was being carried out on this at a national level. The problems with specialty numbers were even greater in England.
- 41.4 Mrs Meiklejohn commented that whilst there were a number of national issues, NHS Lothian was not doing enough to forecast staffing and specialty needs. It was noted that Integration Joint Boards were also supposed to have a Workforce Plan in their first year.
- 41.5 Mr Boyter advised that workforce planning was no different from any other planning and the creation of Integration Joint Boards just added an extra level of complexity.
- 41.6 The Committee noted the NHS Lothian Workforce Plan 2015/16

42. Staff Governance Action Plan 2015-16

- 42.1 Mrs Kelly introduced the circulated Staff Governance Action Plan 2015-16 and advised that work was ongoing to identify ways of improving the presentation of the information and including areas such as Healthy Working Lives, Sickness Absence and Occupational Health. An update would be brought to the January meeting of the Committee which would include a 'traffic light' system to indicate progress. **RK**
- 42.2 It was agreed that it would be useful to share Local Partnership Forums' local plans with the Committee. **RK**
- 42.3 Mrs Mitchell suggested that the Committee should focus on at least one particular area of the action plan at each meeting with an update and that the action plan itself should include details of the progress made. **RK**

43. Statement of Assurance Need Update

- 43.1 Mrs Kelly introduced the circulated report and advised that regular updates would come to future meetings.
- 43.2 Mrs Mitchell commented that whilst there was a workforce plan, she was not confident that NHS Lothian would be able to meet the demand obligations.
- 43.3 Mr Boyter confirmed that NHS Lothian did have a workforce plan and that it was affordable but agreed that he was not confident that it would be sufficient to meet all the demands being placed on the service as there was no guarantee that the supply of appropriately trained staff would be available to meet NHS Lothian's requirements.
- 43.4 Mrs Johnson commented that the ability to recruit the necessary trained staff had already been recorded as a risk on the Board's Risk Register.

43.5 The Committee agreed to note the Statement of Assurance Need.

44. Protection of Vulnerable Groups - Retrospective Checking Exercise

44.1 Mrs Kelly introduced a circulated report on the progress made to date in relation to the Protection of Vulnerable Group's (PVG) retrospective checking exercise.

44.2 Mrs Kelly advised that there had been only 195 checks outstanding at the end of September and there were no reports of any service issues. Managers and staff were aware that any staff locally who had not completed the retrospective checking exercise would no longer be able to deal with patients after 29 October 2015.

44.3 Mrs Mitchell congratulated Mrs Kelly and the staff involved in achieving this result.

44.4 Ms Johnson commented that managers had focussed on the issue and earlier concerns over the number of convictions that might have been uncovered had proved groundless and a full report on implementation would be going to the Corporate Management Team (CMT) in November. Mrs Kelly agreed to circulate a copy of this CMT paper to the members of the Committee rather than wait until January meeting to give them the final update position.

RK

44.5 The Committee noted the good progress being made with the Protection of Vulnerable Groups retrospective checking.

45. Corporate Risk Register - Staff Governance Committee

45.1 Mrs Kelly advised that previously there had been four risks identified for the Staff Governance Committee but two of these risks had subsequently been removed from the register by the Audit & Risk Committee. The two risks had recently been updated with the current position and a recommendation made about the level of risk that should be attached to each of the issues. Following discussion and approval by the Staff Governance Committee, feedback would be provided to the Audit & Risk Committee. This would then be a standing item on the agenda for the Staff Governance Committee to ensure the risks were regularly reviewed.

45.2 The Committee noted the risks on the Corporate Risk Register that had been attributed to the Staff Governance Committee in terms of assurance; and agreed the update section for each of these risks for feedback to the Audit & Risk Committee.

RK

46. NHS Lothian Health & Safety Committee

46.1 The Committee noted the circulated minutes of the NHS Lothian Health and Safety Committee meetings held on 28 April and 24 July 2015.

47. Lothian Partnership Forum

47.1 The Committee noted the circulated minutes of the Lothian Partnership Forum meeting held on 14 July 2015.

48. Workforce Organisational Change Group

48.1 The Committee noted the previously circulated minutes of the Workforce Organisational Change Group meetings held on 27 July and 28 September 2015.

49. Date of Next Meeting

49.1 It was noted that the next meeting of the Committee would be held on 27 January 2016 at 9.30am in Meeting Room 7, Waverley Gate, 2-4 Waterloo Place, Edinburgh.

STAFF GOVERNANCE COMMITTEE

The draft minutes of the meeting held on 27 January 2016 are attached.

Key issues discussed included:

- Presentation of the Staff Survey results;
- A consultation document on the proposed introduction of an Independent National Whistleblowing Champion;
- Further update on Mandatory Training Compliance;
- An update on the Internal Communications Strategy;
- The Health and Safety Annual Report 2014/15.

Key issues on the horizon are:

- Staff Governance Standard Monitoring Framework – Arrangements for 2015/16

Alex Joyce
Chair

DRAFT

NHS Lothian

Staff Governance Committee

Note of a Meeting of the Staff Governance Committee held at 9.30am on Wednesday 27 January 2016 in Meeting Room 7, Waverley Gate, 2-4 Waterloo Place, Edinburgh.

Present: Mr A Joyce (Chair); Mr A Boyter; Dr D Farquharson; Councillor C Johnstone and Mrs A Mitchell

In Attendance: Mr R Aitken (Associate Director of Operations); Ms J Chalmers (Violence & Aggression Adviser); Mr D Gillan (Head of Soft Facilities Management); Ms C Harris (Head of Communications); Mrs R Kelly (Associate Director of Human Resources); Mr J McCaffery (Facilities Ind Officer); Mr J Oates (Non-Executive Board Member); Mr P Reith (Secretariat Manager) and Mr I Wilson (Acting Director of Occupational Health and Safety).

Apologies for Absence were received from Ms H Fitzgerald; Councillor D Grant; Mr B Houston and Mr P Johnston.

Declaration of Financial and Non-Financial Interest

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

50. Minutes of the Previous Meeting

50.1 The previously circulated Minutes of the Staff Governance Committee meeting held on 28 October 2015 were approved as a correct record.

51. Staff Survey Presentation

51.1 Mrs Kelly advised the Committee that there would not be a Staff Survey in 2016 because of the roll-out of iMatter and a decision would be taken in 2017 whether there was still a need for a National Staff Survey.

51.2 Mrs Kelly advised that the survey, carried out between 10 August and 23 September 2015 had achieved a 38% response rate across NHS Scotland compared to 35% in 2014. 8,791 staff had responded in NHS Lothian which was 38% compared to 36% in 2014 and was higher than in the other teaching Boards in Scotland.

51.3 Out of the 11 mainland Boards, NHS Lothian had the 6th highest response rate compared to the 4th highest in 2014.

- 51.4 Mrs Kelly explained that the response rates across NHS Lothian varied between locations and directorates. An issue had been identified where 995 staff had not chosen a work location and the system had not prevented this happening. This meant that for this group of staff it would not be possible to do any further analysis.
- 51.5 The Committee noted that the majority of the response rates in the survey had remained the same compared to 2014 with only 6 responses showing a significantly statistical deterioration. Staff appeared to have a less positive experience working in NHS Lothian in the past 12 months compared to the previous year and the percentage positive responses involved in decisions and consultation about changes at work remained low and was one of the least positive areas of the survey.
- 51.6 Despite there being no change in the number of positive responses to staff feeling well informed, this was still 3% below the NHS Scotland position.
- 51.7 The Committee noted that access to the provision of health and safety training had increased by 2% from 2014 and this position in NHS Lothian was now 8% above the NHS Scotland average. There had also been a slight decrease in the emotional/ verbal abuse of staff by patients / service users and no change in terms of physical abuse but the position in NHS Lothian was still worse than the NHS Scotland position.
- 51.8 There had been a 4% statistical deterioration in the number of staff having an appraisal/performance review and this was 4% below the NHS Scotland average.
- 51.9 Despite a 27% more positive response to staff being aware of "Our Values into Action" there had been little change to the 48% of staff who believed these values were demonstrated from the workplace. Staff also remained unconvinced that internal communications had improved in the past 12 months with 50% remaining neutral.
- 51.10 Mrs Kelly advised that these results had been presented to the Lothian Partnership Forum on 19 January 2016 and would be presented to the Board. A breakdown of the results for local service areas was provided as part of the Appendices to the Staff Survey result and further breakdown for service areas, in particular the larger acute sites would be possible through the investigated tool.
- 51.11 The Committee noted that actions, once agreed, would be included in the Staff Governance plans for 2016/17 and in local Staff Governance improvement plans.
- 51.12 Mrs Mitchell commented that it was depressing to see an overall decline and queried how actions could be translated into appraisals and managers made accountable for carrying these out. There was no point in the Board having a set of values if these could not be demonstrated and action plans to address this would be required.

- 51.13 Mrs Kelly commented that work would need to be undertaken to identify the areas of weakness in order to address them.
- 51.14 Mr Boyter reminded the Committee that this had been a relatively positive report and it was difficult to demonstrate how on a day to day basis on how the values were being lived, particularly in an environment of organisational change.
- 51.15 The Committee noted that the Chief Executive had agreed to request an internal audit report on the organisational culture and Mr Boyter advised that iMatter would give much more detailed information although a response rate of more than 60% would be required to get the necessary results, although the iMatter pilots had been very positive. Mr Oates asked if the source of the complaints had been analysed and Mrs Kelly advised that with the current format of the Staff Survey it was difficult to identify this but iMatter would enable areas of concern to be identified.
- 51.16 Mr Boyter advised the Committee that NHS Lothian was required to have every department through iMatter by December 2017 and this would provide valuable staff engagement information.
- 51.17 The Chair commented that this was likely to be the last Staff Survey and thanked Mrs Kelly for her presentation.

52. Matters Arising

- 52.1 Role of the Non-Executive Whistleblowing Champion - Mrs Kelly introduced a circulated letter from the Director General Health & Social Care and Chief Executive of NHS Scotland advising that Board Chairs had been asked to identify appropriate candidates to undertake the role of Non-Executive Whistleblowing Champion by the end of October 2015. Mrs A Mitchell had been nominated as NHS Lothian's Non-Executive Whistleblowing Champion and the Committee noted that she had already undergone some training.
- 52.1.2 The Annex to the circulated letter outlined the role of the Whistleblowing Champion who would have a critical oversight and assurance role in making sure that the Board's responsibilities were acted upon effectively, and whether or not to bring these issues to the attention of the Board.
- 52.1.3 The Committee also noted a circulated report on a consultation document on the role of the Independent National Whistleblowing Officer and seeking views on a number of ways in which the independent national Whistleblowing Officer would work. The Committee agreed the following responses to the set questions:

Question 1: What should the Role of the INO be? Answer: Option 2 to consider complaints about application of the local Whistleblowing process, including examination of the decision-making and outcome of the Whistleblowing complaint.

Question 2: Do you agree with the principles on process for raising concerns with the INO? Answer: Yes

Question 2a: Do you feel that there should be any additional principles or changes in the process of raising concerns with the INO? *Answer: No*

Question 2b: Do agree with the proposed INO Whistleblowing complaint criteria? *Answer: Yes*

Question 2c: Do you feel that there should be any additional complaint criteria? *Answer: No*

Question 3: Do you agree that consideration should be given to the INO having prescribed powers? *Answer: Yes*

Question 3a: If yes, do you think that these powers should need compel a public body to provide evidence only; to enforce recommendations only or both? *Answer: Both*

Question 4: Where should the INO role be hosted? Option 1 – Healthcare Improvement Scotland; Option 2 – Scottish Public Services Ombudsman? *Answer: Option 2*

Question 5: Do you think employees of adult health and social care services, who are not employed by NHS Scotland, should have access to the INO? *Answer: Yes, consideration should be given in due course once the obstacles of staff being employed by different Authorities under different terms and conditions although Local Government employees were not covered by the Board’s Human Resources policies.*

Question 5a: If Yes, which IJB services should be covered? - *All.*

Question 5b: If Yes to Question 5 do you have a view on how employees who have access to the INO could be defined? - *See Answer to Question 5*

Question 6: What do you feel would be an appropriate title for the INO in Scotland? - *Answer: Independent National Whistleblowing Officer for NHS Scotland*

Question 6a: What do you feel would be an appropriate title for the INO in Scotland if the role also covered staff that were employed by NHS Scotland who delivered health and social care services in Scotland? - *No Comment*

52.1.4 It was agreed that Mrs Kelly would prepare a response for the submission to the consultation.

RK

52.1.5 It was also agreed that a paper should be brought to the next meeting looking at how NHS Lothian would deal with this overall issue and link it in with existing Counselling services etc.

RK/AB

53. Mandatory Training Compliance

- 53.1 Mr Boyter introduced a previously circulated report providing an update regarding actions being taken to improve mandatory training compliance.
- 53.2 Mr Aitken advised that Local Improvement Plans had been submitted for service areas, detailing how compliance would be achieved and it was expected that compliance would continue to improve in line with these plans,
- 53.4 The Facilities Directorate had made a concerted effort to improve compliance with fire training and currently had 61.6% compliance. This was a 28.5% shift since August 2015 when compliance was 33.1%. Although facilities remained in red grading for many subjects overall, there had been an average 16% improvement in compliance since August which was encouraging,
- 53.5 The Committee noted that with a workforce of 26,000, some literacy issues had been encountered and there were a number of staff who were either not IT literate or did not have access to a computer.
- 53.6 The draft Mandatory Education and Training policy had been out for consultation via the Local Partnership Forums and comments had been considered and changes made to the policy. It was expected that the policy would be launched mid-March to assist with monitoring following approval by the Lothian Partnership Forum and it was hoped that the mandatory dashboard would be launched at the same time.
- 53.7 Mr Gillan advised that Facilities was trying to be as creative as it could be and would be working more closely with the programme lead for safety and compliance education to develop the capability to bring training to all local areas.
- 53.8 Mrs Mitchell commented that this was a very positive report and very helpful. She asked about the position of staff employed by Consort and Mr Boyter advised that work was currently underway on plans to bring staff working for Consort back into the NHS.
- 53.9 Mr Boyter commented that NHS Lothian was the only Board that recorded this information and the Committee agreed that compliance with mandatory training should be a standing report on the agenda.
- 53.10 The Chair thanked Mr Aitken, Mr Gillan and Mr McCaffery.

AB

54. Healthcare Improvement Scotland: Report on Medical Revalidation Progress in 2014/15

- 54.1 Dr Farquharson introduced a circulated report advising the Committee of the outcome of the review by Healthcare Improvement Scotland of NHS Lothian's Progress on Medical Revalidation in 2014/15 and providing an update on progress with the improvement plan.
- 54.2 Dr Farquharson advised that the revalidation exercise was coming to the end of its 3 year run. Of all the doctors identified for revalidation in 2014/15, the

reporting officer had made a positive recommendation to the GMC for 97% which was above the national average of 93%. The number of requests made for deferral was 3%, lower than the national average of 7%.

54.3 The Committee noted that it was recommended that all doctors going forward for revalidation in the current year should have had 3 appraisals. This would be the case for the majority but it was for the reporting officer to make a judgement on recommending an individual doctor for revalidation if they had missed an appraisal for good reason, taking into consideration their ability to evidence the requirements set out in paragraph in 3.3 of the report.

54.4 The Committee noted the outcome of the Healthcare Improvement Scotland assessment of Progress on Medical Revalidation for NHS Lothian, St Columba's Hospice, the Marie Curie Hospice and for Scotland.

54.5 The Committee noted the relationship between NHS Lothian and St Columba's and Marie Curie Hospice for medical revalidation and noted the current improvement plan which had been approved by the Healthcare Governance Committee.

55. The Human Resources and Organisational Development Strategy - June 2015 to March 2018 - Review of Progress

55.1 Mr Boyter introduced a circulated report giving an update on the progress to date with the implementation of the Human Resources and Organisational Development Strategy.

55.2 The Committee noted that the current strategy had been approved by the Board in July 2015 and this was the first 6 monthly update on the progress to date with the implementation of the strategy.

55.3 The Committee agreed to note the progress that had been made to date with the implementation of the Human Resources and Organisational Development Strategy for the period June 2015 - March 2018.

56. Internal Communications Strategy Update

56.1 Ms Harris introduced a previously circulated report presenting the findings from a recently completed audit of internal communications within NHS Lothian and recommending a number of improvements to the existing channels of communication with staff to enhance their engagement and involvement.

56.2 The Committee noted that an internal communications audit had been carried out during 2015 to determine how well staff communication channels were received by staff, how effective they believed them to be and to gain comments and views on improving how we engaged and communicated with our most important stakeholders.

56.3 The Committee recognised that, despite a wide range of internal communication channels being available, many of these were not as effective as had been hoped and in response to the audit findings a number of changes

and improvements to these communication channels were outlined in the report.

- 56.4 Ms Harris advised that iMatter would impact on this as a means of communication and it had also been decided to bring the production of the digital publication Connections in-house. It was proposed to continue with the digital option of making Connections available for reading on a mobile device. The Team Brief would continue as would sites specific Newsletters of which there were now seven. Ownership of these would need to belong to the sites rather than Communications.
- 56.5 The Committee noted that the current Intranet was outdated and difficult to navigate through. The possibility of a redesign was being looked at possibly taking the HR Online approach.
- 56.6 Mrs Mitchell commented on the usefulness of a paper version of Connections as a number of staff did not have access to the Internet or the Intranet.
- 56.7 Mr Owens supported this view and felt that some physical publication should also be produced.
- 56.8 Ms Harris advised that as most staff had personal mobile devices that could access the Internet the possibility of making the Board's website more mobile friendly was being examined and efforts were being made to get eHealth to allow social media access.
- 56.9 Mr Boyter advised that the main problem to producing a paper version of Connections was cost and in the current financial climate the funding for such an exercise on a wide scale was not available.
- 56.10 The Committee agreed to note the findings of the audit and the improvements proposed.

57. Health and Safety Annual Report 2014/2015

- 57.1 Mr Wilson introduced the circulated Health and Safety Annual Report for 2014/2015 and advised that he had tried to streamline the format and the report contained details of incidents, training etc.
- 57.2 Mrs Mitchell commented on the incidence of traffic management problems and asked if these were just accidents. Mr Wilson advised that the number of incidents was very low and difficult to examine in more detail. Traffic management groups in each locality were looking at the patterns and site based Health and Safety Committees were examining local issues. The categorisation of incidents was in the Datix system and this could skew the figures and he reassured the Committee that both local traffic management and Health and Safety committees monitored the incidents of traffic management problems.
- 57.3 Mr Boyter commented that there were now no outstanding pending prosecutions or improvement notices on NHS Lothian. He also advised that the status of Health and Safety within the Board's Committee Structure was being

discussed with the Chairman and Chief Executive and it might be that the Health and Safety Committee would be made a formal Board Committee with a Non-Executive Board member as Chair. If appropriate a paper would be brought to the Board.

AB

57.4 The Committee agreed to endorse the Health and Safety Annual Report 2014/15.

58. Statement of Assurance Need Update

58.1 Mrs Kelly introduced the Statement of Assurance Needs advising that updates were shown in red.

58.2 The Chair advised that he would be meeting with Mr Payne to discuss how the establishment of the Integration Joint Boards would impact on the Statement of Assurance Needs.

58.3 The Committee noted the Statement of Assurance Needs.

59. Staff Governance Standard Monitoring Framework: Arrangements for 2015/16

59.1 The Committee noted the Circular issued by the Scottish Government on Staff Governance Standard Monitoring Framework Arrangements for 2015/16.

60. Staff Experience in NHS Scotland

60.1 The Committee noted circulated correspondence from the Health of Workforce Practice of the Scottish Government on future staff engagement in NHS Scotland.

61. Local Staff Governance Improvement Plans

61.1 The Committee noted the circulated Staff Governance Local Improvement Plans for 2015/16.

62. NHS Lothian Health and Safety Committee

62.1 The Committee noted the circulated Minutes of the NHS Lothian Health and Safety Committee held on 27 October 2015.

63. Lothian Partnership Forum

63.1 The Committee noted the circulated Minutes of the Lothian Partnership Forum meetings held on 8 September and 10 November 2015.

64. Workforce Organisational Change Group

- 64.1 The Committee noted the circulated Minutes of the meetings of the Workforce Organisational Change Group held on 26 October, 23 November and 21 December 2015.

65. Date of Next Meeting

- 65.1 The Chair advised that he was proposing that the date of the next meeting be rescheduled and Mr Boyter proposed that the venue be moved to the Western General Hospital, if possible, in order that the Committee could receive a presentation from the 12 members of Project Search, a joint venture training and development programme for young people with a disability in conjunction with City of Edinburgh Council to help young people with a disability get into employment. It had been agreed that successful completion of the programme would guarantee employment at NHS Lothian.
- 65.2 It was agreed to canvas members for a suitable date and investigate possible venues at the Western General Hospital.

PR

STRATEGIC PLANNING COMMITTEE

The draft minutes of the meeting held on 21 January 2016 are attached.

Key issues discussed included :

- NHS Lothian responses to Consultations on IJB Strategic Plans
 - Responses to Midlothian and West Lothian has already been submitted to the IJBs
 - Response to the East Lothian plan was before the committee for approval
 - Response to the Edinburgh Plan would be considered at the February SPC meeting
- A paper was circulated for discussion on the Future Provision of Elective Orthopaedic Capacity
- A presentation was given on the Hospitals Plan

Alex McMahon

Interim Nurse Director

NHS Lothian

Strategic Planning Committee

Minutes of the Strategic Planning Committee Meeting held at 2.00 pm on Thursday 21 January 2016 in Meeting Room 7, Waverley Gate, 2-4 Waterloo place, Edinburgh.

Present: Mr B Houston (Chair); Mrs J Anderson; Mr A Boyter; Mr C Briggs; Mr J Crombie; Mr T Davison; Dr D Farquharson; Mrs S Goldsmith; Mrs C Harris; Mr M Hill; Mr P Johnson; Mr R McCulloch- Graham; Mrs A Meiklejohn; Mrs E McHugh; Mr P Murray; Mr J Sherval and Mrs L Tait.

In Attendance: Mr I Graham (for item 72) and Mr D Weir.

Apologies for absence were received from Mr M Ash; Mrs K Blair; Mr A Joyce; Professor A K McCallum; Professor A McMahan and Mr G Walker.

65. Declaration of Financial and Non Financial Interest

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

66. Quorum

66.1 The Chair commented that he had been advised that the meeting was likely to become inquorate at 3.30 pm when a number of Committee members would have to leave. In order to ensure business requiring approval was discussed it was agreed to reorder the agenda to take items 3, 4 and 7 immediately after the Minutes of the Previous Meeting.

67. Minutes of the Previous Meeting held on 10 December 2015

67.1 The Minutes of the previous meeting held on 10 December 2015 were approved as a correct record.

68. Future Provision of Elective Orthopaedic Capacity

68.1 Mr Crombie advised that the circulated paper presented a position statement on a number of elements around the reprovisioning of elective orthopaedic capacity within the context of the Royal Infirmary of Edinburgh (RIE) campus and the delivery of both the trauma unit and the Department of Clinical Neurosciences (DCN) building.

68.2 The Committee were provided with a summary of DCAQ (Demand Capacity and Activity Queue) work undertaken to support the desire to repatriate private sector

orthopaedic activity back into the NHS. The paper before the Committee looked at options for increasing capacity to support this aspiration. The Committee noted that there was significant financial data available around the options and the implications of this needed to be further considered.

- 68.3 Mr Crombie provided details of the financial implications of re-providing the service on the existing RIE campus. He advised that he was seeking the approval of the Committee to progress with the preferred option that in patient orthopaedics remained on the RIE site and that day surgery should be developed on the St John's campus site. It was noted that more work was needed as decisions on capital investment were not yet secure. It had been felt to be important to appraise the Committee of existing plans around the use of the RIE, St John's Hospital and the Bio Quarter.
- 68.4 The point was made that it would be important for the Committee to understand the rationale for the preferred option and also its economic foundation. The point was raised about whether the RIE option was least disruptive to patients in terms of travel time. Reference was made to the Deloitte report which stated that the price that NHS Lothian was paying for private work was higher than the tariff being paid in England and that there was not much marginal cost difference between NHS and private sector costs. The Committee were advised that the tariff referred to in the report reflected the English position and that NHS Lothian within the Scottish context was achieving upper quartile performance. The point was made that the £6.5m for activity within the private sector included £1m of reinvestment in the NHS therefore producing a net position of £5.5m.
- 68.5 The question was raised about whether job plans had been considered and if there was benefit in Consultants currently undertaking work in the private sector being employed by NHS Lothian to increase capacity. It was noted that NHS Lothian did have Consultants employed in the private sector and the proposals might impact on that. The Committee were advised that the Outline Business Case would need to address the economic position. The timing of the Business Case would be picked up under the agenda item on the development of the NHS Lothian Hospital Plan.
- 68.6 The point was raised about how the preferred option sat with the Scottish Government intention to create Regional Elective Capacity possibly at St John's. It was noted for 2016/17 a capital financial line of £28m had been identified for elective and diagnostic centres and there was a desire for one of the concept centres to be in Lothian for Orthopaedics/ Ophthalmology. The Committee were advised of work around the development of a Business Case for the Eye Pavilion to provide that capacity. Elective Regional capacity was also being considered around orthopaedics. If Lothian accepted elective and trauma work then the additional capacity would go to St John's Hospital.
- 68.7 The Committee noted that the total requirement for investment around theatre capacity at St John's Hospital fitted cohesively with other investment plans. The question was raised in respect of option B and the provision of a theatre and an additional 12 beds whether there were any implications given the PFI status of the RIE and potential links with the Bio Quarter.
- 68.8 The point was made that with new models of care the possibility of not requiring out patient clinics should be the ultimate aspiration. The Committee were advised that work streams were in place considering this option and this would feature as part of

the Outline Business Case. It was noted however that this model would not change the number of people who would require surgical interventions.

- 68.9 The suggestion was made that the proposals contained a number of key risks including the availability of Scottish Government financial support which should feature more predominantly. The Committee were advised that the paper required further work around risks which would be needed in any event for the Outline Business Case.
- 68.10 The Committee agreed the recommendations contained in the circulated paper and that further work should be progressed around the further development of the preferred option.

69. Linear Accelerator Capacity – Option Appraisal

- 69.1 The Committee noted that the circulated paper provided feedback requested at the previous meeting around the non financial option appraisal regarding additional linear accelerator capacity and outline agreements for bringing this outcome to Business Case stage.
- 69.2 The Committee were advised that there was a degree of urgency around the provision of short term capacity with there being a requirement to construct at least one additional LinAc bunker before 2017 in order to ensure service sustainability with more significant capacity implications if a longer term solution was not found by 2022.
- 69.3 The Committee noted that at the October meeting two broad themes had been outlined around the short and longer term options as follows:
- A pragmatic solution of 2 bunkers co located to the current Edinburgh Cancer Centre building.
 - A more ambitious solution whereby a suite of 8-10 LinAc bunkers would be constructed on the cleared site of the Department of Clinical Neurosciences (DCN) when the service left the site in 2017.
- 69.4 It was reported that a non financial option appraisal workshop had been undertaken including participation by Regional clinical and managerial colleagues and including representatives from the Western General Hospital (WGH) and the Edinburgh Cancer Centre. The Committee were advised that based on a scoring exercise the preferred option had been to provide a modular build for 2 bunkers alongside the car park with a view to moving it in future as part of a 10 bunker solution. Following discussion on the practicalities and timescales there had been a desire to progress with the 2 bunker solution as this provided capacity and fitted with the concept of the hospital plan for a future 10 bunker solution. This had been felt to be the best way forward by the clinical team. The Director of Finance also supported this way forward given there were significant risks about getting the DCN site cleared to meet required timescales. The Committee noted that discussions were ongoing with NHS Glasgow and Clyde and the Beatson Centre to give some comfort when it came to estimating costs.

- 69.5 The Committee were reminded that in 2022 there would be a need for additional linear accelerators and extra bunkers and this increased the attractiveness of the modular facility.
- 69.6 Mr Davison advised that he felt the proposed 2 bunker solution was the correct initial approach in practical terms given current restrictions on major capital availability. He commented that the proposal resulted in the loss of car parking capacity and there would be a need at some point to consider whether the WGH should become a public transport accessed site. There remained a need to progress the longer term planning for the Cancer Centre as currently some of the services provided in Portakabins were not fit for purpose. The Committee noted that modular facilities had been used successfully elsewhere in the UK and the USA.
- 69.7 The Committee agreed the recommendations contained in the circulated paper.

70. NHS Lothian Response to Consultations on Integration Joint Board Strategic Plans

- 70.1 The Committee noted that its revised terms of reference agreed by the Board on 2 December 2015 included the requirement to consider consultation drafts of any IJB Strategic Plans and to prepare and submit responses to these drafts on behalf of the NHS Board.
- 70.2 It was reported that responses had been submitted to both the Midlothian and West Lothian Strategic Plans with a subsequent response back having been received from Midlothian accepting the points made. The response to the East Lothian strategic plan was before the Committee for approval. It was noted that the formal response to the Edinburgh Strategic Plan would be considered at the Committee meeting on 11 February 2016. The circulated paper set out the key themes emerging in the consultation responses.
- 70.3 It was noted that the Public Health Department had welcomed the reference in the East Lothian Strategic plan to Hannah, Callum and Scott. The Committee noted that the IJB Strategic Plans and the Single Outcome Agreements would contain common indicators.
- 70.4 Mr Hill suggested that in the short term that the Chief Executive should satisfy himself that IJBs had sufficient planning capacity. Mr Davison commented he did not yet have that confidence although he pointed to the appointment of Mr Briggs to the Associate Director of Strategic Planning (Acute) role. It was reported that planning capacity represented a significant challenge and that the Planning Department resource was being reviewed. A proposal for the redistribution of resources to Partnerships would be considered by the Workforce Organisational Change Group the following week although this would not plug all gaps. Mr Hill commented that he would be happy to facilitate discussions in West Lothian if there were on going engagement issues.
- 70.5 Issues around Business Continuity were discussed in respect of ensuring that NHS Lothian's existing Strategic Plan and pathway redesign were not interrupted and subject to unintended consequences. It was noted that an IJB / Acute Interface

Group was in place and that existing Pan Lothian collaboration should continue. It was felt there was a willingness to not lose the benefits of existing joint planning.

70.6 The Committee approved the recommendations contained in the circulated paper.

71. Major Trauma Centre Status

71.1 The Committee were advised that the circulated paper represented an update on the position reported at the October 2015 meeting. The paper was purely for noting at this stage.

71.2 It was recalled that at the October meeting a process had been outlined to firm up on costings for NHS Lothian and other Boards through the Major Trauma Oversight Group and the National Planning Group before proposals were considered by the Scottish Board Chief Executives Group. It was noted that the additional work had required NHS Lothian to provide 3 different costings to reflect the 3 potential models as detailed in the circulated paper. The financial consequence of the 3 models ranged between £7.3m and £9.9m of revenue and £5.4m of capital. It was stressed that this would not come forward to NHS Lothian as a funding request as the expectation was that National funding would be made available. The Committee noted that Appendix 1 to the paper summarised the national work that had been undertaken to ensure that costings were aligned.

71.3 The Committee noted that at discussions at both the Major Trauma Overview Group and the National Planning Forum it had been noted that between 450 and 500 members of specialised staff would need to be recruited across Scotland, as well as the volumes outcomes issues and risks associated with both centres being located in the Central belt. It was reported that the National Planning Forum had concluded that additional work was needed to finalise cost and activity levels, but also significantly that the working assumption would be that there would be 2 centres in Scotland, with further work required on the risks associated with not having a centre in the North of Scotland. The timescale for the completion of this additional work was April 2016 for presentation to Board Chief Executives in June/July 2016.

71.4 It was noted that in the meantime NHS Lothian's Major Trauma Implementation Group continued to meet and develop an action plan and risk register.

71.5 The point was made that the principal risk was the availability of highly specialised staff and confirmation was sought that this was being reflected in workforce planning. The Committee were reminded that when the idea had been first mooted the view of the then Cabinet Secretary was that this would be a no cost development that would be implemented in 2016. The understanding of the complexity of the model had evolved over the previous 12-18 months. It was stressed that the proposal could not progress unless additional national funding was received.

71.6 The Committee noted the recommendations contained in the circulated paper.

72. Development of NHS Lothian Hospitals Plan

- 72.1 The Committee received a detailed presentation on the Lothian Hospitals Plan copies of which were circulated to Committee members immediately following the meeting.
- 72.2 It was noted that the development of the plan was at the Initial Agreement stage and this would develop the service plan and engagement process. The Scottish Government were clear that moving forward the key issue was about delivery of services and not buildings. A web based tool had been developed by the Scottish Government to allow a prioritisation of capital schemes tested against benchmarked outcomes. In future capital projects would need to fit with this new process. The new methodology had been rehearsed in both the Royal Hospital for Sick Children and Princess Alexandra Eye Pavilion business cases.
- 72.3 The Committee were advised that the new national process meant that additional resources needed to be applied to the early stages of business cases as a result of the high level of detail needed before presentation to the Capital Investment Group. It was noted that the Scottish Government expected Health Boards to undertake prioritisation work. The Committee noted that the Hospitals Plans would need to be able to respond to IJB Directions.
- 72.4 It was reported that the outcome of the development process would be to produce proposed site plans and likely options for each of the 4 sites for consultation with the IJBs and the public. In addition capital, revenue and workforce plans would be developed for each site. The plans would provide clarity about how to shift the balance of care based on a consulted upon plan for acute and specialised services.
- 72.5 The key milestones for the process were explained to the Committee with it being noted that this would culminate in a period of consultation between January - March 2017. It was noted that there would be interdependency between IJBs and retained elements of acute services and this was the reason for the need for robust IJB Directions. It would not be possible to make firm plans without obtaining detail from the IJBs about the future of delegated functions.
- 72.6 The Chairman commended the well structured presentation. He commented that the presentation had looked at a planning model for acute hospitals and that the IJB planning model and process would be considered at the next meeting. He commented on the importance of patient pathways and outcomes driving the forward process. The Chair reminded the Committee that the Scottish Government were looking for outcomes that were not reliant on capital builds. He commented that there were still complex questions to be answered in terms of how to set up a truly integrated model.
- 72.7 The Chairman advised that there was a need to develop planning systems that drove a new approach to Quality Improvement that delivered best effect for cost and quality. He commented on the need to get the overarching model correct.
- 72.8 The simplicity of the linear model was welcomed with the pathway development being identified as a key driver. It was suggested that the identification of change and the evaluation of benefits realisation needed to be added into the ongoing work.

- 72.9 The Committee noted that if you looked at different wards then different pathways would be evident as would the move to delivery of services at home and in the community. It was agreed this would need significant engagement between the acute sector and IJBs. Mr Johnson left the meeting.
- 72.10 Mr Davison commended the presentation commenting that it brought clarity to a complex area of work and suggested that it should be disseminated wider.
- 72.11 The point was made that in the development of the Hospital Plan that crucial departments like HSDU, catering and cleaning should not be overlooked as this would have an enormous impact. Mr Briggs advised that planners would be identified for each hospital and it would be a key responsibility for them to ensure appropriate interdependencies were addressed.
- 72.12 The Committee noted that discussion had been focussed on the hospital estate. The point was made that through integration there would be a need to consider estate that existed in Local Authority and other areas. It was agreed that planners should not be constrained by estate sites. Mr Briggs advised that planners would be made aware of the need to maximise estates opportunities. Mr Davison and Mrs Goldsmith left the meeting.
- 72.13 The need for staff training in redesign as well as IT solutions was stressed particularly in respect of opportunities around supported self management for patients. The Chair commented on the need in future for alternative models for delivering care throughout the whole system.
- 72.14 It was noted in terms of public involvement that the Scottish Government view was that this needed to be evidence based and should include public engagement from the outset. The need to resource the process from the beginning was referenced.
- 72.15 Mrs Anderson welcomed the presentation and the model that it proposed. She advised she was confident around pathways although there was a need to recognise all strands of this including the need for infrastructure, staffing, training and IT etc.

73. Date and Time of Next Meeting

- 73.1 The next meeting of the Strategic Planning Committee would take place at 9.30 am on 11 February 2016 in Meeting Room7, Waverley Gate, Edinburgh.

STRATEGIC PLANNING COMMITTEE

The draft minutes of the meeting held on 11 February 2016

Key issues discussed included :

- A revised version of the eHealth Strategic Plan was circulated for discussion and comment
- The SPC work plan for 2016/17 was circulated
- Final draft of the Edinburgh Integrated Joint Board Strategic Plan was presented along with the draft NHS Lothian response to the Plan

Alex McMahon

Interim Nurse Director

DRAFT

NHS Lothian

Strategic Planning Committee

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

Present: Mr B Houston (Chair); Mrs J Anderson; Mr M Ash; Mrs S Goldsmith; Mr M Hill; Mr P Johnson; Professor A McCallum; Professor A McMahon; Mrs A Meiklejohn; Mr P Murray and Mr G Walker.

In Attendance: Mr C Briggs; Ms K Dimmock; Mr M Egan; Mrs R McCulloch-Graham; Ms E McHugh; Mr P Reith; Mrs L Tait; Ms C Whitbread and Mr I Wilson.

Apologies for absence were received from Mrs K Blair; Mr A Joyce; Mr J Crombie, Mr T Davison, Dr D Farquharson, Mr J Forrest, Mrs C Harris and Councillor F Toner.

74. Declaration of Financial and Non Financial Interest

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

75. Minutes of the Previous Meeting Held on 21 January 2016

75.1 The Minutes of the previous meeting held on 21 January 2016 were approved as a correct record.

76. Midlothian Draft Strategic Plan

76.1 Professor McMahon introduced a circulated report containing a letter from the Chair together with the proposed NHS Lothian response to the Midlothian Health and Social Care Partnership draft strategic plan.

76.2 Professor McMahon advised the Committee that he continued to Chair the Midlothian Strategic Planning Group and gave a brief update on progress with the strategic plan and the responses received.

76.3 Ms McHugh advised the Committee that there had been a considerable amount of activity around the consultation and the next stage would be the production of the financial plan that would underpin the strategic plan. Additional funding received from Scottish Government was being used to maximise activity in this respect.

76.4 Ms Dimmock advised that Mr Jackson was anxious to emphasise the 'smart objectives framework' and Professor McMahon reported that efforts were being made to achieve a degree of standardisation between all four Integration Joint Boards in terms of the consistency of reporting.

- 76.5 The Committee noted that work was underway on a suite of standard reports that all four Integration Joint Boards would use after 1 April 2016.
- 76.6 Mr Ash commented that the East Lothian Integration Joint Board had held its first Audit and Risk Meeting and the Councillors wanted to know how performance reporting would be aligned between the Council and the NHS. This was an issue that would need to be resolved as soon as possible.
- 76.7 Professor McMahon advised that discussions were talking place with all four Integration Joint Boards about appropriate performance indicators. Mrs Goldsmith advised that the timely production of financial information would be critical to all parties and that the NHS was usually able to report on the previous month's activity by day 9 of the subsequent month. No difficulties were anticipated with the reporting of NHS financial information but local authorities' accounting procedures were different and they might have problems producing equivalent figures.
- 76.8 The Committee noted the response to the draft Midlothian strategic plan and the current position.

77. Response to Edinburgh Integration Joint Board's Final Draft Strategic Plan

- 77.1 Mr McCulloch-Graham introduced a circulated report together with the final draft strategic plan for the Edinburgh Integration Joint Board.
- 77.2 The Committee noted that the Edinburgh Integration Joint Board would be considering the final draft strategic plan on 11 March 2016. Mr McCulloch-Graham drew attention to the 6 linked priorities: prevention and early intervention, tackling inequalities, managing resources effectively, making best use of capacity across the system, right care right place right time and person centred care.
- 77.3 The Committee noted that there were 12 areas of focus in the strategic plan and linkages across and between the 6 priorities and were interconnected so that actions taken in one area would also impact on others. These 12 areas were:
- Locality working
 - Sustainable primary care
 - Living within our means
 - Technology to support independence and efficient working
 - Understanding our population better
 - Tackling inequalities
 - Prevention and early intervention
 - Integrated workforce development
 - Frail older people and those with dementia
 - People with disabilities
 - Long term conditions
 - Mental health and substance abuse
- 77.4 For each of these priorities the strategic plan set out the case for change and what the Integration Joint Board proposed should be done to deliver that change.
- 77.5 The Committee noted that some quick progress had been made on locality working and Mr McCulloch-Graham advised that he wanted to redirect appropriate referrals

away from acute sector with this policy being rolled out to all 4 localities within the next few months.

- 77.6 The Committee noted that Mr Walker would be leading a workshop on 8 March as the start of a long term piece of work on the implementation of the strategic plan.
- 77.7 Mr Ash asked if East and Midlothian would be able to participate in this workshop and Mr McCulloch-Graham advised that representatives from other Integration Joint Boards were being invited.
- 77.8 Mr Murray commented that the references to finances on page 86 of the final draft of the strategic plan implied that the Integration Joint Board could choose to spend the resources differently from the agreed strategic plan and questioned how this would work.
- 77.9 Mr McCulloch-Graham advised that the overall budget was still under consideration and a final figure had not yet been agreed. The degree of flexibility would be limited and the focus would be on areas of greatest impact. An action plan would be forthcoming and a priority would be the need to invest in reducing admissions and increasing discharges.
- 77.10 Mr Murray questioned appendix E, National Strategic Policy Drivers and Mrs Tait advised that this chart had been drawn up some months earlier and required to be updated.
- 77.11 Mr McCulloch-Graham advised that there would be a number of indicators linking the policy drivers with the NHS Lothian objectives and Professor McCallum advised that a piece of work was being undertaken to examine better measures and other areas where more sophisticated outcomes would be used.
- 77.12 Mr Walker commented that there appeared to be £2m additional resources from the Cabinet Secretary for delayed discharges in the current year.
- 77.13 Mr Hill commented on the 12 areas in respect of the delivery of priorities and questioned how the information technology would link between the local authority and the NHS Board. Mr Egan advised that he had been examining this and a mature working relationship had now been built up with the City of Edinburgh Council. The governing principle would be that whoever owned the building would be providing the IT resources.
- 77.14 Professor Mc McMahan advised the Committee that further work around the policy directions would flush out further details and commented that this was a very welcome plan linking in with the acute hospitals plan.
- 77.15 The Committee agreed to note the priorities, areas focus and key issues for NHS Lothian arising from the Edinburgh Strategic Plan and to approve the response to be made by NHS Lothian to this final draft, in advance of the Integration Joint Board considering signoff of the final plan on 11 March 2016.

78. Refreshed eHealth Strategic Plan

- 78.1 The Chair welcomed Mr Egan who introduced a circulated report together with a revised version of the earlier consultation draft of the eHealth strategic plan incorporating the feedback received from across NHS Lothian.
- 78.2 Mr Egan advised the Committee that the latest version of NHS Scotland's eHealth strategy 2014/17 was published on 9 March 2015 and was a refresh of the one published in 2011. This strategy was the third in a series that started in 2008, and although focus of each had shifted significantly between publication, the strategic principles that had enabled successful delivery remained unchanged. This approach had resulted in significant progress in developing an interoperable eHealth ecosystem while being incremental and pragmatic making the best use of historic investments.
- 78.3 The Committee noted that the vision in the strategy was constrained by the view of what was realistic in view of likely funding which was mostly for replacement of existing systems rather than new developments.
- 78.4 Mr Egan advised that Microsoft was progressively moving towards a subscription model which, if implemented, would have an impact on the cost of NHS Lothian's systems.
- 78.5 The Committee noted that individual business cases would be brought forward where these were considered appropriate but it was currently unclear where the national emphasis would be. As an example, the Hospital Electronic Prescribing and Medication Administration (HEPMA) was now thought to be unaffordable by NHS Scotland in the current economic climate.
- 78.6 Mrs Meiklejohn intimated her support for the strategy but expressed concern about delays to HEPMA which had the potential to deliver significant benefits.
- 78.7 Mr Egan commented that the cost of licences for the system for Scotland was likely to be in excess of £50m.
- 78.8 Professor McCallum commented that there had been some discussion at national level about moving away from Microsoft systems.
- 78.9 Mr Egan advised that this had been looked at but any move to other operating systems would require a huge investment in new software that was not dependant on a Microsoft operating system. In addition, the committee noted that this would require significant retraining of staff in the use of new systems.
- 78.10 Mr Walker welcomed the report and commented that if it was limited in scope. There had never been a major business case to the Finance and Resources Committee and he had some concerns over the ability to support Integration Joint Boards.
- 78.11 Mr Egan advised that most eHealth business cases were strategic and came in at a threshold below that requiring referral to the Finance and Resources Committee. One system which had been to the Finance and Resources Committee was paper light the system for scanning paper records.
- 78.12 Mrs Goldsmith commented that the strategy refresh was an opportunity to factor in how larger schemes might be managed.

- 78.13 Mr Murray sought clarification on the extent to which data share would impact on NHS Lothian.
- 78.14 Professor McCallum advised that Lothian had procedures in place to share all relevant information with the local authorities.
- 78.15 Mr Egan advised that National Services Scotland were involved in this as a supplier to the Board.
- 78.16 Mr Ash welcomed the report and asked how far away integration of all systems was.
- 78.17 Mr Egan suggested that as general practitioners continued to have a choice of different systems integration was decades away. Some steps forward had been made particularly with portal technology which allowed information to be shared between different systems. He advised that dedicated account managers would be seeking meetings with Integration Joint Boards to take this forward.
- 78.18 Professor McMahon commented that he chaired meetings with local authority and NHS bodies and process with the local authorities was very protracted. Neither the NHS nor local government had the resources to recruit the additional capacity required.
- 78.19 Mrs Tait commented that the Edinburgh plan identified areas of potential developments and consideration would need to be given to how decisions would be taken about which produced the greatest benefits.
- 78.20 Mrs Goldsmith emphasised the need to examine how investment could be increased in eHealth and an appropriate report brought to the Finance & Resources Committee.
- 78.21 Mr Hill commented that the document had been helpful as far as it went but brought out a mindset of additionality. He agreed with Mrs Goldsmith that the planning should be more ambitious and the role of eHealth as a key facilitator of change did not come though.
- 78.22 The Chairman commented that this was a business issue and not simply about eHealth, although eHealth did require to be part of the total drive towards change.
- 78.23 Mr Johnston commented that expenditure on IT should be viewed as a spend to save issue as well as a means of improving outcomes and questioned how robust the dates contained in the report would be.
- 78.24 Mr Egan expressed the view that the dates were robust but the key issue was one of prioritisation. There was now an Efficiency Programme Manager in eHealth to go out find and drive forward such projects in order to test the potential savings.
- 78.25 The Chairman commented that whilst there needed to be a suitable form of words around Integration Joint Board integration. It was agreed that the Integration Joint Board Chief Officers and Mr Egan should meet to discuss this. **IJBs/ME**
- 78.26 The Committee concluded that there should be wider discussion about the place of a revised eHealth strategy and agreed to refer the issue to the Corporate Management Team, Board and Finance and Resources Committee to discuss further.

79. Strategic Planning Committee Workplan 2016-2017

- 79.1 Professor McMahon introduced the circulated programme of work for the Strategic Planning Committee for 2016.
- 79.2 Professor McCallum commented that there were a number of national strategies, such as a refreshed research and development strategy, for which a local strategy would be required and Professor McMahon accepted that there was flexibility in the programme for these to be included.
- 79.3 Mr Walker queried the timing of the discussions on the paediatric services review and Mr Hill suggested that the review of the strategic direction should take place after all the Integration Joint Boards' strategic plans had been reviewed.
- 79.4 The Committee agreed with Mr Hill's suggestion and otherwise endorsed the programme of work for 2016.

80. March Strategic Planning Agenda

- 80.1 Professor McMahon advised that he would be producing a plan for the March Strategic Planning Committee agenda and would discuss this with the Chair. **AMcM**

81. Date and Time of Next Meeting

- 81.1 The Committee noted that the next meeting would be held on Thursday 24 March at 1pm in Meeting Room 7, Waverley Gate, 2-4 Waterloo Place, Edinburgh.

The draft minutes of the meeting held on 28 January 2016 are attached.

Key issues discussed included:

- **Chair's Report** – An update regarding the appointment process for the Head of Adult Wellbeing was provided. Despite two attempts to fill the post the process had been unsuccessful. A consultation and was currently underway with stakeholders and members would be updated once this was concluded.
- **Update on Financial Assurance Process** – A report was submitted by the Chief Finance Officer of the IJB to update the IJB on the current progress towards completion of the financial assurance process for the IJB's opening 2016/17 budget.
- **Changes to the Standing Orders of the East Lothian Integration Joint Board** – A report was submitted by the Chief Officer of the IJB to seek approval of proposed change to the IJB Standing Orders to include the terms of reference for the newly created Audit and Risk Committee and these were approved accordingly.

Key issues on the horizon are:

- **Financial Assurance**
- **Audit and Risk Committee**

Cllr Donald Grant

Chair/Executive Lead



MINUTES OF THE MEETING OF THE EAST LOTHIAN INTEGRATION JOINT BOARD

THURSDAY 28 JANUARY 2016
COUNCIL CHAMBER, TOWN HOUSE, HADDINGTON

Voting Members Present:

Councillor S Akhtar
Mr M Ash
Councillor S Currie
Councillor J Goodfellow
Councillor D Grant
Mr A Joyce
Ms A Meiklejohn

Non-voting Members Present:

Ms M Allan
Ms F Duncan (Items 3 – 4)
Dr R Fairclough
Dr A Flapan
Mr D King
Ms A MacDonald
Mr K Maloney
Mrs M McKay
Mr T Miller (Item 4)
Mr E Stark
Mr A Wilson

Officers Present:

Mr C Briggs
Ms C Lumsden
Ms J McCabe
Ms J Ogden-Smith

Clerk:

Ms F Currie

Apologies:

Mr D Small
Dr J Turvill

Declarations of Interest:

None

1. MINUTES OF THE EAST LoTHIAN INTEGRATION JOINT BOARD MEETING OF 26 NOVEMBER 2015 (FOR APPROVAL)

The minutes of the East Lothian Integration Joint Board meeting of 26 November 2015 were approved.

2. MATTERS ARISING FROM THE MINUTES OF THE MEETING OF 26 NOVEMBER 2015

The following matters arising from the minutes of the meeting of 26 November 2015 were discussed:

Delayed Discharges – the Chair advised members that the ‘options paper’ requested by Councillor Currie would now be presented to the IJB at its meeting on 25 February 2016.

3. CHAIR’S REPORT

The Chair reported that there had been a number of meetings since November to consider the IJB’s financial settlement for 2016/17. He advised members that he would not go into details as the substance of these discussions would be covered in the next agenda item.

The Chair also provided an update on the appointment process for the Head of Adult Wellbeing. He indicated that despite two attempts to fill the post the process had been unsuccessful. A consultation was currently underway with stakeholders regarding options for filling the post and he would provide a further update to members once this was concluded.

Councillor Currie sought an assurance that the post would be filled timeously and with a long-term appointee. He asked if further information could be provided on the options being considered and the timetable for appointment.

The Chair acknowledged that the failure to appoint on two occasions was disappointing but stated that David Small had prepared three possible options for a way forward. David King suggested that this paper be circulated to members of the IJB.

Alison Meiklejohn agreed that while it was disappointing, the recruitment process had been very thorough.

Following a proposal by the Chair, members agreed that the paper containing the options for filling the Head of Adult Wellbeing post should be circulated to all IJB members.

Margaret McKay raised two queries relating to the financial settlement but was advised that these would be better addressed under the new agenda item.

4. UPDATE ON FINANCIAL ASSURANCE PROCESS

A report was submitted by the Chief Finance Officer of the IJB to update the IJB on the current progress towards completion of the financial assurance process for the IJB’s opening 2016/17 budget.

Mr King presented the report, indicating that neither NHS Lothian nor East Lothian Council were as yet in a position to make a formal offer which could be considered by the IJB. Although NHS Lothian had put forward a proposed model for each of the Lothian IJBs, he advised that this was an indicative offer and would likely remain so until after the end of the financial year. He added that the Council's formal offer would follow its budget meeting on 9 February 2016.

Mr King reminded members that the financial position for each partner body was driven by the Scottish Government budget for 2016/17 and he referred to a recent letter from John Swinney MSP outlining the settlement offer. He summarised the key factors and the implications for the IJB.

Mr King stated that further discussions would need to take place before the financial assurance process could be completed. However, the timescale was very tight and as there may not be time to call additional meetings of the IJB, he sought members' approval to delegate authority to the IJB's Chief Officer, Chief Finance Officer, Chair and Vice Chair to sign off on the agreement on the use of the Integration Fund with East Lothian Council and to report back to the next meeting of the IJB.

Mr King responded to questions from members on topics including the allocation of NRAC and its implications for drug budgets and acute services, the introduction of the Living Wage and its impact on charging thresholds for social care services and the procedures for signing off the IJB's 2016/17 budget.

Councillor Currie asked how long the figures put forward by NHS Lothian were likely to remain indicative. He reminded members that before the end of March the Audit & Risk Committee was required to make a recommendation to the IJB on the 2016/17 budget. The lack of a firm offer from NHS Lothian would make this more difficult.

Mrs McKay sought clarification on who would make the decision on charging for domiciliary care. With regard to the Living Wage, she said that public money should not be used to subsidise what was an employers' responsibility. She considered this to be a point of principle and a poor use of public funds.

The Chair acknowledged Councillor Currie's points and said that these would be addressed as part of forthcoming discussions. In response to Mrs McKay's remarks, he said that the Scottish Government's offer made clear that private third sector organisations would be expected to meet their share of the costs of paying the Living Wage. Mrs McKay responded that those who did not pay it should be subject to close scrutiny.

Maureen Allan commented that most employers did pay at or near the Living Wage but that this had to be balanced within the overall cost of their contracts.

Richard Fairclough asked about contingency plans should the monies allocated not be sufficient for the IJB to meet its obligations. Mr King pointed to the need for risk sharing and identification of key financial pressures which would allow the IJB to plan ahead and allocate appropriately. Joanne McCabe advised that there were provisions within the Integration Scheme for approaching the Council or NHS Lothian for additional funds.

The Chair drew the discussion to a close and sought members' approval of the recommendations in the report, as amended by Mr King.

Decision

The IJB agreed:

- i. to note the content of this paper; and
- ii. to delegate authority to its Chief Officer, Chief Finance Officer, Chair and Vice Chair to sign off on the agreement on the use of the Integration Fund with East Lothian Council and to report back to the next meeting of the IJB.

5. CHANGES TO THE STANDING ORDERS OF THE EAST LOTHIAN INTEGRATION JOINT BOARD

A report was submitted by the Chief Officer of the IJB to seek approval of proposed changes to the IJB Standing Orders to include the terms of reference for the newly created Audit & Risk Committee.

The Chair presented the report noting that the proposed changes were required to reflect the setting up of the new committee.

Councillor Currie, as Chair of the Audit & Risk Committee, commented that the terms of reference set out clearly the role of the Committee and its relationship with the IJB, although these may be subject to change over time. He also hoped that there would be opportunities to share information with other Audit & Risk Committees within Lothian.

Decision

The IJB agreed to approve changes to the Standing Orders as outlined in the report.

Signed

Councillor Donald Grant
Chair of the East Lothian Integration Joint Board

The minutes of the meeting held on 15 January 2016 are attached for information.

Key issues discussed included:

- Progress with Locality Hubs
- NHS/CEC Financial Proposals
- Review of Edinburgh Professional Advisory Committee and agreed that the PAC would be represented on the Joint Boards Performance Group
- Feedback from public consultation on the Edinburgh Draft Strategic plan, this would be the subject of the Joint Board Development Session on the 12 February
- Community planning arrangements
- Delayed discharge update, and noted that this would be a standing agenda item

George Walker/ Rob McCulloch-Graham

Chair/Executive Lead

Minutes

Edinburgh Integration Joint Board

9.30 am, Friday 15 January 2016

Waverley Gate, Edinburgh

Present:

Board Members: George Walker (Chair), Councillor Elaine Aitken, Shulah Allan, Carl Bickler, Kay Blair, Andrew Coull, Christine Farquhar, Councillor Joan Griffiths, Councillor Ricky Henderson, Kirsten Hey, Councillor Sandy Howat, Angus McCann, Moira Pringle, Gordon Scott, Ella Simpson, Richard Williams and Councillor Norman Work.

Officers: Nikki Conway, Wendy Dale, Carol Harris, Susanne Harrison, Ian McKay, Lesley McPherson, Gavin King, Michelle Miller and Katie McWilliam.

1. Previous Minutes

Decision

To approve the minute of the meeting of the Edinburgh Integration Joint Board of 20 November 2015.

2. Matters Arising

2.1 Progress with Locality Hubs

Katie McWilliam provided an update on progress with the implementation of Locality Hubs across Edinburgh. A South East Locality Hub, including implementation of referral mechanisms and pathways, had been established as a pilot. Next steps were detailed, including a roll out to other localities.

Decision

- 1) To include as a standing item for future Joint Board meetings.
- 2) To note that information on the following would be included in the next update:
 - a) Case studies.
 - b) Confirmation of consultation arrangements with partners.

- c) Information sharing.

2.2 NHS/Council Financial Proposals

Moira Pringle tabled an update report on the potential financial settlement for the Edinburgh Integration Joint Board. This took into account the December 2015 Scottish Government budget announcement on the resources available to both the City of Edinburgh Council (CEC) and NHS Lothian. Further work would be required to quantify the full impact on the financial settlement for the Joint Board; however, it was advised that from the information currently available, significant financial challenges were expected in 2016/17 and beyond.

Decision

To include as a standing agenda item for future Joint Board meetings.

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

3. Rolling Actions Log

The Rolling Actions Log for 15 January 2016 was presented.

Decision

To note the Rolling Actions Log and to approve the closure of items 1, 4, 5, 7, 8, 9, 11, 14, 17.1 and 17.2.

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

4. Standing Orders and Code of Conduct

The Joint Board was advised that an amendment had been made by Scottish Ministers in December 2015 to the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014. This amendment, which related to the determination if a member, who had declared an interest, should take part in a discussion, required the alteration of the Joint Board's Standing Orders and Code of Conduct. The amended governance documentation was presented for approval.

Decision

To repeal the existing Standing Orders and Code of Conduct of the Integration Joint Board and approve in their place appendices 1-2 of the report by the Chief Officer, such repeal and approval to take effect from 1 February 2016.

(References – minute of the Integration Joint Board 17 July 2015 (item 4); report by the IJB Chief Officer, submitted.)

5. Review of Edinburgh Professional Advisory Committee

As previously requested by the Joint Board the findings of a review of the Professional Advisory Committee (PAC) was submitted. The process had included wide consultation with key stakeholders and the outcome was a recommendation that the role of the PAC was enhanced, improving and formalising the relationship with the Strategic Planning Group, and ensuring adequate resourcing of the committee.

Decision

- 1) To note the review of the Professional Advisory Committee (PAC) and wide consultation with key stakeholders across Health and Local Authority.
- 2) To agree to provide professional advice and opinion to the Edinburgh Integration Joint Board via the PAC.
- 3) To note the membership of the PAC.
- 4) To agree that the PAC should be consulted upon before any significant service redesign was implemented.
- 5) To agree that there would be two co-chairs, one from each of the parent professional organisations (NHS Lothian and City of Edinburgh Council) and that they should serve their three-year terms in an overlapping manner, to allow for continuity.
- 6) To agree that the co-chairs should have a seat on the Strategic Planning Group.
- 7) To acknowledge that the PAC and its office bearers would require appropriate administrative and secretarial support.
- 8) That the PAC would be represented on the Joint Board's Performance Group.
- 9) That the general issue of Joint Board support be discussed at the next meeting of pan-Lothian IJB Chairs.

(References – minute of the Integration Joint Board 17 July 2015 (item 6); report by the IJB Chief Officer, submitted.)

6. Feedback from public consultation on the Draft Strategic Plan

Feedback following the three month public consultation process on the Edinburgh Integration Joint Board Draft Strategic Plan; including specific responses, overarching themes and actions that would be taken in response to feedback; was submitted.

A total of 67 responses had been received to the consultation, 47 of which were from groups or organisations and the remaining 20 from individual members of the public.

Decision

- 1) To note analysis of the feedback received through the consultation on the draft strategic plan and Joint Strategic Needs Assessment (JSNA) and the proposed responses to that feedback detailed in the report and Appendix B.
- 2) To approve the use of Appendix B as the basis for communicating the feedback received and the actions to be taken in response to that feedback.
- 3) To note that the next steps were:
 - a) To present a draft to the Strategic Planning Group on 29 January 2016.
 - b) To present a further draft to the Joint Board Development Session on 12 February 2016.
 - c) To present to the Joint Board on 11 March 2016 for sign off.

(References – minute of the Edinburgh Integration Joint Board 17 July 2015 (item 13); report by the IJB Chief Officer, submitted.)

7. IJB Structure

Decision

To note that the item had been withdrawn from the agenda.

8. Communications Resource and Strategy for Edinburgh and Lothian's Integration Joint Board (IJB)

Key communications and engagement priorities were outlined, including the establishment of a dedicated communications team to support the work of the Joint Board in Edinburgh.

Decision

- 1) To agree the initial communications and engagement priorities outlined in the report and the draft communications plan set out in Appendix 1. These actions would be taken forward jointly by CEC and NHS Lothian in the interim. This would include the development of a communication and engagement strategy for the Joint Board and further programme of activity for 2016/17.
- 2) To agree to the development of a dedicated structure and resourcing budget for a new communications team to support the Edinburgh Integrated Joint Board.

- 3) To ensure that sufficient links with localities existed.
- 4) To request further development of staff communication including:
 - a) Roles and Remits of the Joint Board and Executive Team.
 - b) Scope for newsletters and staff events.

(References – minute of the Edinburgh Integration Joint Board 25 September 2015 (item 12); joint report by the Chief Communications Officer, CEC, and Head of Communications, NHS Lothian, submitted.)

9. Development Sessions 2016/17

As previously requested by the Joint Board a reworked programme of topics for discussion at development sessions during 2016/17, including suggestions made by Board Members, was submitted.

Decision

- 1) To note the schedule of Development Sessions for 2016/17.
- 2) To include updates on Joint Board Structure and the Leadership Group to the 12 February 2016 Development Session.
- 3) To add hospital capacity as an additional topic.
- 4) To invite board members to submit issues regarding ICT for consideration as part of the development session scheduled for 15 April 2016.

(References – minute of the Edinburgh Integration Joint Board 20 November 2015 (item 7); report by the IJB Chief Officer, submitted.)

10. Community Planning Arrangements

Community planning arrangements within Edinburgh, and the changing statutory landscape, including the Public Bodies (Joint Working) (Scotland) Act 2014 and the Community Empowerment Act 2015, were detailed. The Joint Board was presented with options regarding how to approach its role as a statutory community planning partner.

Decision

- 1) To note the role of the Joint Board as a statutory partner in community planning arrangements.
- 2) To agree to option 2, becoming a formal member of the Edinburgh Partnership, as the way forward for supporting community planning arrangements in the city.

- 3) To agree to the proposals for delivery of the Community Plan outcome 'improving health and tackling health inequalities in health' in line with Strategic Plan delivery/ implementation arrangements.
- 4) To note that many of the wider determinants of health and health inequalities were outwith the scope of its functions and would need to be supported by all partnerships and agencies within the city.
- 5) To note the linkages to the wider Edinburgh Partnership local community planning and governance arrangements.
- 6) To request that the management/ support role associated with this work was suitably addressed through the Professional/ Technical and Administrative work stream.

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

11. Delayed Discharge Update

Nikki Conway (Locality Manager, South East, CEC) provided an update on Delayed Discharge.

It was advised that the winter period was the most challenging time of year with regard to delayed discharges and capacity. A number of changes had been implemented to assist with the additional pressure; this included key links between locality managers and the Western General, adjustments to support team and line management arrangements, and the placement of Service Matching Unit personnel within acute facility discharge hubs.

Efforts had also focussed on the Gylemuir House Interim Care Facility. This had included; increased Social Care resource, the introduction of a residency agreement to clearly articulate charges and length of stay; and approximately 60 additional beds, due to come online by the end of January 2016. Discussions were ongoing with Bupa regarding the purchase of the building.

Recruitment of staff to the homecare and reablement teams was also ongoing. A tender had been put out for an additional 200-250 hours per week for hospital to home services. It was expected that this would release pressure to allow for capacity reviews in other service areas to be worked through.

Decision

- 1) To note the update.
- 2) To request regular updates on delayed discharge, including relevant statistics.

12. Edinburgh Integration Joint Board (EIJB) Directions - Policy

Details were provided on a policy for making 'directions' for the carrying out of the functions delegated to the Joint Board under the Public Bodies (Joint Working) (Scotland) Act. It was advised that the policy had been prepared in the absence of any detailed guidance on the form or content of a direction from the Scottish Government.

Decision

- 1) To approve the proposed policy for the making of directions for 2016/17.
- 2) To review the approach to making directions in light of Joint Board operations at the end of 16/17 and/or any guidance issued by Scottish Government.

(Reference – report by the Integration Programme Manager, CEC, submitted.)

13. Scotland's National Dementia Awards 2015 – Edinburgh Finalists

The recent success of several Edinburgh based initiatives recognised at Scotland's National Dementia Awards 2015 was outlined. There had been four finalists from Edinburgh, with two of these being selected as winners of their category.

Decision

- 1) To note the recent success of Edinburgh in Scotland's Dementia Awards 2015.
- 2) To note the excellent examples of partnership working and significant contribution to improving services for people with dementia and their circles of support.
- 3) To agree that to build on this success for Edinburgh citizens, further dementia related developments be considered through the Edinburgh Integration Joint Board.
- 4) To congratulate the finalists on their success.

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

14. Any Other Business

14.1 Joint Board Committee and Sub-Groups

The Chair advised that, in addition to the Professional Advisory and Strategic Planning groups, a Performance Sub-group would be established. Shulah Allan would chair this group and it would be operational from 1 April 2016. Two

workshops had been scheduled in advance of this date to progress meeting arrangements.

As previously agreed an Audit and Risk Committee would be established. This would be chaired by Angus McCann and the membership would consist of representatives from the Council, NHS Lothian and key stakeholders. This was also scheduled to be operational from 1 April 2016 onwards. Further information would be shared with Committee members in the coming weeks.

It was not envisaged that any additional groups would be formed and regular meetings between the four sub-group chairs would be organised.

Decision

- 1) To note the update and agree that regular updates would be provided to the Joint Board.
- 2) To note that further discussions would take place regarding the reporting of Quality Assurance.

(Reference – minute of the Edinburgh Integration Joint Board 20 November 2015 (item 9))

14.2 Standing items

Decision

To note that the following would be considered as standing items going forward:

- a) Locality Hubs.
- b) Delayed Discharge – including relevant statistics.
- c) Finance update.
- d) Sub-group/Committee updates.

Minute of Meeting



Midlothian Integration Joint Board

Date	Time	Venue
Thursday 10 th December 2015	2pm	Council Chambers, Midlothian House, Buccleuch Street, Dalkeith EH22 1DN.

Present (voting members):

Cllr Catherine Johnstone (Chair)	Peter Johnston (Vice Chair)
Cllr Bob Constable	Melanie Johnson
Cllr Derek Milligan	Alex Joyce
Cllr Bryan Pottinger	

Present (non voting members):

Eibhlin McHugh (Chief Officer)	Alison White (Chief Social Work Officer)
Dave Caesar (Medical Practitioner)	Caroline Myles (Chief Nurse)
David King (Chief Finance Officer)	Patsy Eccles (Staff side representative)
Margaret Kane (User/Carer)	Jean Foster (User/Carer)
Ruth McCabe (Third Sector)	

In attendance:

Jamie Megaw (Strategic Programme Manager)	Tom Welsh (Integration Manager)
Graham Herbert (Chief Internal Auditor)	Mike Broadway (Clerk)

Apologies:

Dr Morag Bryce	Hamish Reid (GP/Clinical Director)
Kenneth Lawrie (Chief Executive, Midlothian Council)	

Midlothian Integration Joint Board

Thursday 10 December 2015

1. Welcome and introductions

- 1.1 The Chair, Catherine Johnstone, welcomed everyone to the meeting of the Midlothian Integration Joint Board.
- 1.2 In terms of the membership of MIJB, it was noted that Margaret Kane had taken over as one of the two user/carer representatives, and that John Oates and Alison McCallum would be taking over as the new NHS Lothian representatives in the new year. The Board joined with the Chair in expressing their thanking to all the outgoing members - Jane Cuthbert, Morag Bryce and Melanie Johnston – for their contributions to the work of the MIJB and the Shadow Board.
- 1.3 The order of business was as set out in the agenda papers.

2. Declarations of interests

- 2.1 No declarations of interest were intimated.

3. Minutes of Previous Meeting

- 3.1 The Minutes of Meeting of the Midlothian Integration Joint Board held on 29th October 2015 were submitted and approved.
- 3.2 With regards the Creation of an IJB Audit and Risk Committee (paragraph 4.4), it was noted that good progress was being made and that it was hoped that an initial meeting would be held late January/ early February once the proposed membership had been finalised.

4. Reports

Report No.	Report Title	Presented by:
4.1	Chief Officer Report	Eibhlin McHugh

Executive Summary of Report

The purpose of the report was to (i) describe the progress being made on integration; (ii) describe some of the significant pressures being faced by health and care in recent months; and (iii) highlights some recent or forthcoming key service developments.

Summary of discussion

The Board, in considering the Chief Officer's Report, discussed the growing pressures within health visiting services and noted that a range of actions had been agreed, which included a workforce plan to train and recruit additional Health Visitors between 2015 and 2018 – there would be 23 new trainees in 2016. Moves to develop a local Transforming Care After Treatment (TCAT) initiative as part of the national programme were also welcomed.

Midlothian Integration Joint Board

Thursday 10 December 2015

Decision

The Board:

- ***Noted the issues raised in the report***

Report No.	Report Title	Presented by:
4.2	Financial Assurance and Budget Setting - Update	David King

Executive Summary of Report

The purpose of the report was to consider the timescales and the underlying issues that required to be addressed by the IJB in completing its financial assurance processes.

The report advised that now that Midlothian Council and NHS Lothian had delegated functions to the IJB, they must now offer financial resources ('budgets') to the IJB to allow the IJB the resources which it would use to deliver these functions. It should be noted that these functions would be delivered on the IJB's behalf by either NHS Lothian or Midlothian Council.

Summary of discussion

The Board, having heard from the Chief Finance Officer, who explained that the two key questions for the IJB were:-

- Was the budget fair?
- Was the budget adequate?

noted that work was ongoing and that a follow-up development session would be held in the new year.

Decision

The Board:

- ***Noted the issues raised in the report***

Report No.	Report Title	Presented by:
4.3	Adoption of a policy on IJB Directions	David King

Executive Summary of Report

The purpose of this report was to consider the Board's policy on directions and lay out some broad principles. The report explained that the IJB would action its Strategic Plan by issuing 'directions' to both the Council and the Health Board in regard to all the functions delegated to it. This was clearly laid out in the Public Bodies (Joint Working) Act which allowed the setting up of the IJB. These directions would lay out how the partners (the Council or the Health Board) would deliver the function and what resources (budgets) would be used in that delivery.

Given that the IJB's plans for different functions were at different stages of development the IJB might wish to be as flexible as possible in how it issued directions.

Midlothian Integration Joint Board

Thursday 10 December 2015

It may also wish to issue 'joint' directions with the other Lothian IJBs for services which are managed and delivered on a pan-Lothian basis

Summary of discussion

Having heard from the Chief Finance Officer, the Board welcomed the proposed policy on Directions.

Decision

The Board:

- ***Noted the content of this report;***
- ***Adopted this policy; and***
- ***Agreed to receive a further report on the details of the Directions and the reporting mechanism when these are completed***

Report No.	Report Title	Presented by:
4.4	Midlothian Strategic Plan for Health and Social Care	Tom Welsh

Executive Summary of Report

The purpose of this report was to describe the outcome of the formal consultation on the Strategic Plan and seek approval of the revised Plan. The report also sought approval of the Localities Plan and the Housing Contribution Statement. It also sought approval in principle of formal "Directions" which the IJB must issue to NHS Lothian and Midlothian Council describing the key changes which must be made in the delivery of health and care services.

Summary of discussion

The Board, having heard from both the Integration Manager and the Chief Officer, discussed the Strategic Plan and the work which had gone into its preparation. It was noted that both Midlothian Council and NHS Lothian had confirmed their support in principle for the Plan and that dialogue with both was ongoing to ensure that the Directions, once finalised where viable, deliverable and not in conflict with those issued by neighbouring IJBs.

Decision

After further discussion, the Board:

- ***Approve, in principle, the Strategic Plan and key supporting documents including the Locality Plans and the Housing Contribution Statement***
- ***Approve, in principle, the draft Directions and agree to receive a finalised version of the Directions following confirmation of the budget arrangements for 2016-17***

Report No.	Report Title	Presented by:
4.5	Performance Information	Jamie Megaw

Midlothian Integration Joint Board

Thursday 10 December 2015

Executive Summary of Report

The report described the content and development of a performance information framework for the IJB and the emerging draft performance indicators.

Summary of discussion

The Strategic Programme Manager explained that the challenge facing the IJB in establishing a performance framework was the collation of information that provided a strategic perspective and operational oversight for all adult community health and social care provision (including care homes, home care, district nursing, AHP services, primary care, pharmacy, dentistry, and other community health and social care teams) and all hospital functions delegated to the IJB, which would enable the IJB to oversee implementation of the Strategic Plan and make amendments where and when required.

The Board, in discussing the report, commented on:-

- the importance of the performance data being fit for purpose;
- in terms of the indicators quality not quantity;
- seeking input from carers/users, the third sector and others in developing the performance framework; and
- the possibility of broadening out the weather vane indicators to include non hospital related functions.

Decision

The Board:

- ***Note the challenges and process to develop the performance information framework.***
- ***Note the draft content proposed for the IJB performance report.***
- ***Note the points raised by IJB members in discussing the possible IJB performance reporting framework.***
- ***Note the intention to have an IJB workshop on the Strategic Plan and Performance.***

Report No.	Report Title	Presented by:
4.6	Internal Audit Plan and Service Level Agreement	Graham Herbert

Executive Summary of Report

The report provided the IJB with:

- a Draft Internal Audit Plan for approval for the remainder of the current financial year (2015/16); and
- a Draft Service Level Agreement between the IJB and the Internal Audit Services of NHS Lothian and Midlothian Council.

The report also detailed that permission would be requested from NHS Lothian and Midlothian Council to share Internal Audit Reports related to the operational management of services by NHS Lothian or Midlothian Council on behalf of the IJB.

Midlothian Integration Joint Board

Thursday 10 December 2015

The Plan and the Service Level Agreement were based on relevant Scottish Government Guidance and would be presented to the NHS Lothian and Midlothian Council Audit Committees for noting (Plan) and approval (Service Level Agreement).

Summary of discussion

The Board, having heard from the Chief Internal Auditor, Midlothian Council, welcomed the work being undertaken in relation to the IJB audit functions.

Decision

The Board:

- ***approved the proposed 2015/16 Audit Plan;***
- ***approved the proposed Service Level Agreement;***
- ***noted that the Internal Audit functions of NHS Lothian and Midlothian Council would seek authority to release Internal Audit Reports to the IJB Audit and Risk Committee which covered the operational management of services on behalf of the IJB by NHS Lothian and Midlothian Council; and***
- ***noted that the Audit Plan and Service Level Agreement would be passed to the Audit Committees for NHS Lothian and Midlothian Council for noting (Plan) and approval (Service Level Agreement).***

Report No.	Report Title	Presented by:
4.7	Integrated Care Fund – Mid-Year Progress Report	Eibhlin McHugh

Executive Summary of Report

This report was concerned with the progress made on the implementation and delivery of the Integrated Care Fund within Midlothian at the mid-year point of the first year of the 3 year plan. The report detailed the key actions and outputs that had been achieved over the previous 6 months and presented the current financial position.

The report concluded that overall, good progress had been made over a relatively short period of time and that the work remained on track for delivering against the agreed outcomes of the Integrated Care Fund as reported to Scottish Government.

Summary of discussion

Having heard from the Chief Officer, the Board welcomed the progress being made.

Decision

The Board:

- ***noted the work achieved to date in implementing the services funded through the Integrated Care Fund.***
- ***noted the Integrated Care Fund Mid-Year Progress Report submission to Scottish Government.***

Midlothian Integration Joint Board

Thursday 10 December 2015

Report No.	Report Title	Presented by:
4.8	Feedback from Members in relation to the last meeting of the MIJB	Eibhlin McHugh

Executive Summary of Report

The purpose of this report was to provide Members of the Midlothian Integration Joint Board with consolidated feedback that was collected from Members following the last meeting of the MIJB and to discuss how this can be used as part of the ongoing development of the Board.

Summary of discussion

The Board, having heard from the Chief Officer, welcomed the opportunity to provide feedback and also the steps taken to address the issues arising from the last meeting.

Decision

The Board:

- **Note the feedback that was received following the last meeting of the MIJB;**
- **Agree that this information be used to develop the working of the MIJB going forward; and**
- **Agree that this type of feedback continue to be collect following meetings of the MIJB.**

5. Any other business

No additional business had been notified to the Chair in advance

6. Date of next meeting

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

- Thursday 14th January 2016 2pm Development Workshop on Operational Oversight
- Thursday 11th February 2016 2pm **Midlothian Integration Joint Board**
- Thursday 17th March 2016 2pm Development Workshop on tbc
- Thursday 14th April 2016 2pm **Midlothian Integration Joint Board**

The meeting terminated at 3.26pm.

WEST Lothian INTEGRATION JOINT BOARD – SUMMARY

MEETING	KEY ISSUES	ACTION
West Lothian Integration Joint Board 16 February 2016	Minute – West Lothian Strategic Planning Group	Noted. Agreed to review membership of SPG after 6 months of operation.
	Additional Board meeting	Agreed an additional meeting to ensure compliance with Board's legal duties prior to delegation of functions and that this meeting would be held on 23/3/16.
	IJB Finance Arrangements and Financial Assurance Update	<p>Noted</p> <ul style="list-style-type: none"> • Proposed financial management and governance arrangements • Proposed approach to financial assurance and progress and proposed timescales for completion • Presentation and concerns expressed by Board members in relation to the proposed method of calculating West Lothian's share of pan Lothian prescribing budget • In relation to these concerns Board wished to make challenges as appropriate.
	WL IJB Strategic Plan Draft 2	Noted content, progress in revising and agreed that a final draft be brought to the March meeting and that the draft would incorporate comments made by Board members.
	Audit Committee	<p>Agreed to establish and Audit Committee. Delegated to the Director and the Chair of the committee the arrangements for its first meeting, with a schedule of meeting dates to be agreed there by the committee itself.</p> <p>Noted that the legislation regarding the Board's Standing Orders, and the Board's Standing Orders themselves, applied to committees of the Board as they did to the Board itself.</p> <p>Agreed that the Audit Committee comprise six members of the Board as undernoted:-</p> <ul style="list-style-type: none"> 2 voting members appointed by NHS Lothian 2 voting members appointed by West Lothian Council

		<p>2 non-voting members (comprising Jane Houston and 1 other, with non-voting members to be canvassed about their willingness and ability to participate in the committee).</p> <p>Noted that, whilst the Board unanimously agreed that the Chair of the IJB should not be appointed to the Audit Committee, a consensus could not be reached by members when asked to determine whether the Vice-Chair of the IJB may, or may not, be appointed to the Audit Committee.</p> <p>Agreed that a report would come back to the Board to allow further consideration of these unresolved matters.</p>
	IJB Directions	Noted progress.
	New Supported Housing Development	Noted.
	Workplan	Noted.
	Urgent Business – Blackburn Partnership Centre: Part of NHS Lothian Partnership Centre Bundle	Noted terms of the report and to support the delivery of the project as recommended by the Director.
	Private Session	
	Appointments Committee Update	Noted terms of the report and verbal update provided by the Director and Standards Officer and ratified appointments as recommended by the Appointments Committee to the posts of Internal Auditor, Standards Officer, Chief Officer (Director) and Finance Officer (Section 95 Officer).

MINUTE of MEETING of the WEST LoTHIAN INTEGRATION JOINT BOARD of WEST LoTHIAN COUNCIL held within STRATHBROCK PARTNERSHIP CENTRE, 189 (A) WEST MAIN STREET, BROXBURN EH52 5LH, on 16 FEBRUARY 2016.

Present –

Voting Members - Councillors Frank Toner (Chair), Alex Joyce, Danny Logue, John McGinty, Anne McMillan, Alison Meiklejohn (substitute for Julie McDowell), Martin Haill, David Farquharson.

Non-Voting Members – Mairead Hughes (Professional Advisor), Elaine Duncan (Professional Advisor), Jane Houston (Staff Representative), James McCallum (Professional Advisor), Martin Murray (Staff Representative), Ian Buchanan (Stakeholder Representative).

In Attendance – Jim Forrest (Director), Rhona Anderson (CHCP Development, West Lothian Council), Carol Bebbington (Primary Care Manager, NHS Lothian), Alan Bell (Senior Manager, Communities and Information, West Lothian Council), Marion Barton (Head of Health Services), James Millar (Governance Manager, West Lothian Council), Patrick Welsh (Group Accountant, West Lothian Council), Carol Mitchell (Business Partner), Alister Perston and Inire Evong (Audit Scotland).

1. ORDER OF BUSINESS, INCLUDING NOTICE OF URGENT BUSINESS

The Chair ruled that an item of business concerning Blackburn Partnership Centre be taken as Urgent Business later in the meeting.

The Chair further ruled that the order of business be changed to allow the report on 'Appointments Committee – Update' (Agenda Item 10) to be taken at the end of the meeting (following Agenda Item 14).

2. DECLARATIONS OF INTEREST

There were no declarations of interest made.

3. MINUTE – WEST LoTHIAN INTEGRATION JOINT BOARD

The Board approved the minute of meeting of the West Lothian Integration Joint Board held on 8 December 2016.

4. MINUTE – WEST LoTHIAN INTEGRATION STRATEGIC PLANNING GROUP

The Board noted the minute of meeting of West Lothian Integration Strategic Planning Group held on 3 December 2015.

In response to a question raised, and following advice from the Standards

Officer, the Board agreed that the membership of the Strategic Planning Group be reviewed after 6 months of operation and that a paper be brought to the Board at the appropriate time for consideration.

5. ADDITIONAL BOARD MEETING

The Board considered a report (copies of which had been circulated) by the Acting Director seeking approval for an additional meeting of the Board to be held in March to ensure finalisation and approval of the Strategic Plan and related matters prior to 1 April 2016, and to confirm the arrangements for that meeting.

The report recalled that, on 8 December 2015, the Board had considered whether it would be possible or practicable at the meeting on 16 February 2016 to conclude all the statutory decision-making processes required of it.

The report went on to recall the Board's decision concerning an additional meeting, noting that the meeting arrangements, if any, had been delegated to the Acting Director, in consultation with the Chair. A meeting had been arranged to take place on Wednesday 23 March at 2.00 pm and members had been informed of the arrangements by email and asked to keep that date free.

It was recommended that the Board:-

1. Agree that an additional meeting of the Board should take place to ensure compliance with the Board's legal duties prior to delegation of functions on 1 April 2016.
2. Note the arrangements for that meeting which had been made in accordance with the Board's decision on 8 December 2015.

In response to a question raised concerning future meeting dates, the Chair advised that, as far as possible, meeting dates would be agreed amongst members.

Decision

1. To agree that an additional meeting of the Board be held to ensure compliance with the Board's legal duties prior to delegation of functions on 1 April 2016.
2. To agree that the additional meeting be held on Wednesday 23rd March 2016 at 2.00 pm in Council Chambers, Civic Centre, Livingston.

6. RUNNING ACTION NOTE

A copy of the Running Action Note had been circulated for information.

Decision

To note the content of the Running Action Note.

7. IJB FINANCE ARRANGEMENTS AND FINANCIAL ASSURANCE UPDATE

Report by Director

The Board considered a report (copies of which had been circulated) by the Director providing information on the proposed financial management and governance arrangements for the Integration Joint Board and providing an update on the financial assurance process for 2016/17 budget contributions to the IJB.

The report recalled that, as detailed in the approved Integration Scheme, there were four main elements of services and resources which would be delegated to the IJB. These were:-

- West Lothian Adult Social Care Services
- West Lothian Delegated Community Health Services
- Share of Pan Lothian Hosted Health Services
- Share of Acute Health Services

In preparation for resources being delegated, significant work had been undertaken to identify the level of relevant 2015/16 budgets that related to functions that would be delegated to the IJB from 1 April 2016. The 2016/17 budgets would be calculated taking account of budget growth and savings approved by the council and NHS Lothian. Members were asked to note that during the course of 2016/17 it was likely that there would be further movements in the approved contributions to the IJB, for example, as a result of additional Scottish Government funding received in year relating to delegated activities.

The Board was informed that the budgets delegated to the IJB would relate to the direct service delivery functions and would exclude budgets relating to central support and overhead services (for example Legal, HR, Finance, Facilities Management and Estates) which would continue to be managed under existing arrangements reflecting the nature of these services. For VAT clarity purposes, support in relation to these services would be provided by the Council and NHS Lothian free of charge to the IJB.

The report went on to examine financial management and governance arrangements under the following headings:-

Budget Responsibility
Chief Finance Office
Financial Regulations
Final Accounts
Strategic Plan

Financial Monitoring and Reporting

In relation to the financial assurance process in respect of 2016/17 budget resources delegated to the IJB, the proposed approach had been reported to the Board in October 2015. This took account of Scottish Government and Audit Scotland guidance and was set out in the report.

Work continued to progress around financial assurance and the key aspects of this was the 2016/17 budget settlement and planning work progressing by the Council and NHS Lothian. This was considered in section C.5 of the report.

The Board was asked to:-

- Note the proposed financial management and governance arrangements for the IJB budget in 2016/17.
- Note the proposed approach to financial assurance and the progress and proposed timescales for the completion of the financial assurance process.

Presentation

The Board heard a presentation by Carol Mitchell, Business Manager, providing detailed information in relation to the components of the IJB budget and how the IJB budget amount would be derived. The Board heard how the IJB budget differed from the HSCP budget, together with the reasons for the variations. differences between the IJB and the HSCP

In relation to resource allocation to and from the IJB, it was explained that West Lothian Council and NHS Lothian would advise WL IJB of the value of the budget and the method of deriving those budgets. The WL IJB would, in line with its Strategic Plan, allocate budgets to functions/services to be delivered by the council and the health board. The WL IJB would issue directions to the Chief Executives of the council and health board advising the value of the budget they had been allocated for each function/service and what outcomes they were required to deliver in utilising those funds.

It was noted that, where resources allocated back to each party differed from the resources allocated by each party, a balancing payment would be required to be made between the parties.

The final presentation slides outlined the Budget Management Responsibilities and details of the Operational Budget Management = Delivering Delegated Functions/Services.

Decision

1. To note the proposed financial management and governance arrangements for the IJB budget in 2016/17 as outlined in the report.
2. To note the proposed approach to financial assurance and the

progress and proposed timescales for the completion of the financial assurances process.

3. To note the terms of the presentation and concerns expressed by Board members in relation to the proposed method of calculating West Lothian's share of Pan Lothian Prescribing budget.
4. To note that, in relation to the concerns around the Prescribing budget, the Board would wish to make challenges as appropriate.

8. WEST LOTHIAN INTEGRATION JOINT BOARD STRATEGIC PLAN 2016-2026 DRAFT 2

The Board considered a report (copies of which had been circulated) by the Director outlining the progress made in revising the Strategic Plan following the public consultation and joint strategic needs assessment.

The Board was informed that consultation on the Draft Strategic Plan had been undertaken between November and December 2015. The plan was currently being revised and would take account of comments received. A summary report of the consultation responses would also be prepared for consideration.

The Board was asked to:-

1. Note the contents of the report.
2. Note the progress made in revising the Draft Strategic Plan.
3. Agree the final draft of the Strategic Plan be brought to the March meeting for approval.

Officers then responded to a number of questions raised. Officers also agreed that the final draft of the Strategic Plan would incorporate the following comments made by Board members:-

In relation to the first paragraph on page 5 of the Plan under the heading 'Strategy Development' the wording be changed to closely reflect the wording in paragraph C of the covering report.

That references to 'CHCP' be replaced by 'IJB'.

Decision

1. To note the contents of the report.
2. To note the progress made in revising the Draft Strategic Plan.
3. To agree that the final draft of the Strategic Plan be brought to the March meeting for approval and that the draft would incorporate comments made by Board members.

9. AUDIT COMMITTEE

A report had been circulated by the Acting Director seeking approval to establish an Audit Committee to assist the Board in compliance with statutory duties and contribute to good governance arrangements for the Board and its committees.

A draft remit for the Audit Committee was attached as appendix to the report. It was designed to secure compliance with the statutory duties on the Board in relation to financial and audit matters, and provide a mechanism from the Board to be assured that it was operating in accordance with legislation and principles of good governance.

The Board was asked to:-

- Agree to establish an Audit Committee, with the remit set out in the Appendix to the report.
- To delegate to the Director and the Chair of the committee the arrangements for its first meeting, with a schedule of meeting dates to be agreed there by the committee itself.
- To note that the legislation regarding the Board's Standing Orders, and the Board's Standing Orders themselves, applied to committees of the Board as they did to the Board itself.

The Board then made comments and expressed a view in relation to the issues raised in the report.

Decision

1. To agree to establish an Audit Committee, with the remit set out in the Appendix to the report, but for consideration to be given to expanding the remit slightly to give more focus to governance arrangements.
2. To delegate to the Director and the Chair of the committee the arrangements for its first meeting, with a schedule of meeting dates to be agreed there by the committee itself.
3. To note that the legislation regarding the Board's Standing Orders, and the Board's Standing Orders themselves, applied to committees of the Board as they did to the Board itself.
4. To agree that the Audit Committee comprise six members of the Board as undernoted:-
 - 2 voting members appointed by NHS Lothian
 - 2 voting members appointed by West Lothian Council
 - 2 non-voting members (comprising Jane Houston and 1 other, with non-voting members to be canvassed about their willingness and ability to participate in the committee).

5. To note that, whilst the Board unanimously agreed that the Chair of the IJB should not be appointed to the Audit Committee, a consensus could not be reached by members when asked to determine whether the Vice-Chair of the IJB may, or may not, be appointed to the Audit Committee.
6. To agree that a report would come back to the Board to allow further consideration of these unresolved matters.

10. IJB DIRECTIONS

A report had been circulated by the Director informing the Board of progress in developing directions required for the delivery of the functions delegated to the IJB under the Public Bodies (Joint Working) (Scotland) Act 2014.

The report explained that IJBs were required to issue directions to local authorities and health boards in relation to how integration functions were to be carried out. Sections 26 and 27 of the Act gave further detail about this.

The West Lothian Integration Scheme stated:-

“Each direction from the Board to the Parties would take the form of a letter from the Director referring to the arrangements for delivery set out in the Strategic Plan and would include information on:

the delegated function(s) that were to be carried out.

The outcomes to be delivered for those delegated functions

The amount of and method of determining the payment to be made, in respect of the carrying out of the delegated functions.

Once issued, directions could be amended by a subsequent direction by the Board.”

The key legislative requirements concerning directions were outlined in the report and the following appendices were attached the report:-

Template Direction for IJBs

List of Services to be Delegated in West Lothian

Draft Example of a Direction

The Board was asked to note progress in developing directions in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.

Decision

To note progress in developing directions as outlined in the report.

11. NEW SUPPORTED HOUSING DEVELOPMENT

A report had been circulated by the Head of Social Policy providing an overview of the development of Rosemount Gardens in Bathgate, a new supported housing facility for older people.

The Head of Social Policy informed the Board that Rosemount Gardens was a new build supported housing complex in Mid Street, Bathgate, situated close to the existing sheltered housing complex in Rosemount Court. Upon completion it would offer 30 new tenancies for older people in an ideal location close to Bathgate Town Centre. The building was designed to be fully accessible and dementia friendly offering ideal opportunities to promote independent living.

Although there had been some slippage in the completion date, the building contract had now indicated that Rosemount Gardens would be handed over to the Council during spring of 2016. The existing sheltered housing complex in Rosemount Court required extensive refurbishment and this could only be achieved by decanting tenants while the work was ongoing. Once the new build was complete, it would be available as temporary accommodation while Rosemount Court was refurbished.

The report went on to advise that tenancies would be allocated on the basis of the council's sheltered housing criteria. Tenants who were decanted from Rosemount Court would have the opportunity to apply for tenancies in the new build should they decide not to return to Rosemount Court.

Finally, it was noted that the team responsible for the project would invite all the members of the IJB for an introductory visit prior to the official opening.

The Board was asked note the investment in supported housing for older people and support the approach to care which aimed to maximise independence and choice.

Decision

To note the terms of the report.

12. WORKPLAN

A copy of the Workplan had been circulated for information.

Decision

To note the Workplan.

13. URGENT BUSINESS - BLACKBURN PARTNERSHIP CENTRE: PART OF NHS LOTHIAN PARTNERSHIP CENTRE BUNDLE

A report had been circulated by the Director updating the Board on the status of the Blackburn Partnership Centre, one of three schemes to be

delivered through the Hub NHS Lothian Partnership Centre Bundle.

The report explained that, along with the North West Edinburgh and Firrhill Partnership Centres in Edinburgh, the Blackburn Partnership Centre made up the NHS Lothian Partnership Centre Bundle. The Bundle had been procured through Hub South East, with NHS Lothian as the lead procuring body.

The scheme supported the priority outcomes and stated approach of the draft West Lothian Strategic Plan 2016-26 that had been issued for consultation.

The Full Business Case had been approved and this followed approval by West Lothian Council and NHS Lothian Board in December 2014. However due to uncertainty about the balance sheet categorisation of all revenue funded capital investments, the contract could not be signed at that point.

The report went on to outline hub contract changes. The funding arrangements had been agreed in principle, however formal confirmation would be required once the final numbers were available from the financial model. As a result of the agreed funding package there was no further business case approval required from the Scottish Government Capital Investment Group, although further approval might be necessary if Financial Close was delayed beyond 31st March.

The Board was recommended to:

- Support, as commissioner of the services to be provided from the Partnership Centre, the delivery of the project in accordance with the West Lothian IJB Draft Strategic Plan;
- Note the intention to progress to Financial Close by 31st March 2016;
- Note the pre-approval of the updated costs by the Scottish Government following changes to the Hub contractual structure; and
- Note the additional revenue cost as a result of the project.

Decision

To note the terms of the report and to support the delivery of the project as recommended by the Director.

14. PRIVATE SESSION

The Board agreed, under Standing Order Appendix 2, Category 1, that the remaining item of business be taken in private on the grounds that the item involved the likely disclosure of exempt information.

15. APPOINTMENTS COMMITTEE – UPDATE

A report had been circulated by the Head of Corporate Services, West Lothian Council informing the Board of progress through the Appointments Committee of the appointments to the posts of Chief Officer (Director), Finance Officer (Section 95 Officer), Internal Auditor and Standards Officer, and to seek ratification of the appointments agreed.

The report recalled that on 8 December 2015 an Appointments Committee had been established to deal with appointments to the posts of Chief Officer (Director), Finance Officer (Section 95 Officer), Internal Auditor and Standards Officer.

The Appointments Committee had met on 26 January 2015 and the committee had agreed appointments to the posts of Internal Auditor and Standards Officer.

The Board then heard a verbal update in relation to the meeting of the Appointments Committee held on 9 and 16 February 2016.

It was recommended that the Board:-

1. note that the Appointments Committee had met on 26 January 2016 and had agreed appointments to the posts of Internal Auditor and Standards Officer.
2. ratify the appointment of relevant council officers to those posts.
3. note the verbal update in relation to the posts of Chief Officer (Director) and Finance Officer (Section 95 Officer).

Decision

1. To note the terms of the report and the verbal update provided by the Director and the Standards Officer; and
2. To ratify the following appointments, as recommended by the Appointments Committee and verbally reported by the Standards Officer:-
 - the appointment of Kenneth Ribbons to the post of Internal Auditor and James Millar to the post of Standards Officer.
 - the appointment of Jim Forrest to the post of Chief Officer (Director) and Patrick Welsh to the post of Finance Officer (Section 95 Officer).



**West Lothian Integration Joint Board
16 February 2016**

ACTION NOTE

A meeting of the West Lothian Integration Joint Board was held on 16 February 2016. The items for action and the allocation of that action are listed below.

If you have any comments or questions, please contact Anne Higgins as soon as possible on 01506 281601.

Present

Voting Members – Councillors Frank Toner (Chair), Alex Joyce, Danny Logue, John McGinty, Anne McMillan, Alison Meiklejohn (substitute for Julie McDowell), Martin Hill, David Farquharson

Non-Voting Members – Mairead Hughes (Professional Advisor), Elaine Duncan (Professional Advisor), Jane Houston (Staff Representative), James McCallum (Professional Advisor), Martin Murray (Staff Representative), Ian Buchanan (Stakeholder Representative).

Apologies – Julie McDowell (Voting Member) and Robin Strang (Non-Voting Member)

In Attendance – Jim Forrest (Director), Rhona Anderson (CHCP Development, West Lothian Council), Carol Bebbington (Primary Care Manager, NHS Lothian), Alan Bell (Senior Manager, Communities and Information, West Lothian Council), Marion Christie (Head of Health Services), James Millar (Governance Manager, West Lothian Council), Patrick Welsh (Group Accountant, West Lothian Council), Carol Mitchell (Business Partner), Allister Perston and Inire Evong (Audit Scotland).

Item	Title	Decision	Action
001	Apologies for Absence	Apologies - Julie McDowell, Robin Strang	N/a
002	Order of Business, including notice of urgent business	The Chair ruled that an item of business concerning Blackburn Partnership Centre be taken as Urgent Business later in the meeting. The Chair further ruled that the order of business be changed to allow the report on 'Appointments Committee – Update' (Agenda Item 10) to be taken at the end of the meeting (following Agenda Item 14).	N/a

003	Declarations of Interest - Members should declare any financial and non-financial interests they have in the items of business for consideration at the meeting, identifying the relevant agenda item and the nature of their interest.	None	N/a
004	Confirm Draft Minute of Meeting of West Lothian Integration Joint Board held on Tuesday 08 December 2015 (herewith)	Minute Approved	N/a
005	Note Draft Minute of Meeting of West Lothian Integration Strategic Planning Group held on Thursday 03 December 2015 (herewith)	Minute Noted. Following advice from the Standards Officer, the Board agreed that the membership of the Strategic Planning Group be reviewed after 6 months of operation and that a paper be brought to the Board at the appropriate time for consideration.	James Millar
006	Additional Board Meeting - Report by Acting Director (herewith)	To agree that an additional meeting of the Board be held to ensure compliance with the Board's legal duties prior to delegation of functions on 1 April 2016. To agree that the additional meeting be held on Wednesday 23 rd March at 2.00pm in Council Chambers, Civic Centre, Livingston.	Jim Forrest/James Millar
007	Running Action Note (herewith)	To note the Running Action Note	Rhona Anderson

008	IJB Finance Arrangements and Financial Assurance Update - Report by Director (herewith) and Presentation	<p>To note the proposed financial management and governance arrangements for the IJB budget in 2016/17 as outlined in the report.</p> <p>To note the proposed approach to financial assurance and the progress and proposed timescales for the completion of the financial assurance process.</p> <p>To note the terms of the presentation and concerns expressed by Board members in relation to the proposed method of calculating West Lothian's share of Pan Lothian Prescribing budget.</p> <p>To note that, in relation to the concerns around the Prescribing budget, the Board would wish to make challenges as appropriate.</p>	Patrick Mitchell Welsh/Carol
009	West Lothian Integration Joint Board Strategic Plan 2016-2026 Draft 2 - Report by Director (herewith)	<p>To note the contents of the report.</p> <p>To note the progress made in revising the Draft Strategic Plan.</p> <p>To agree that the final draft of the Strategic Plan be brought to the March meeting for approval and that the draft would incorporate comments made by Board members as undernoted:-</p> <p>(i) in relation to the first paragraph on page 5 of the Plan under the heading 'Strategy Development' the wording be changed to closely reflect the wording in paragraph C of the covering report.</p> <p>(ii) that references to 'CHCP' be replaced by 'IJB.'</p>	Jim Forrest/Alan Bell/ Carol Bebbington

011	Audit Committee - Report by Director (herewith)	<ol style="list-style-type: none"> 1. To agree to establish an Audit Committee, with the remit set out in the Appendix to the report, but for consideration to be given to expanding the remit slightly to give more focus to governance arrangements. 2. To delegate to the Director and the Chair of the committee the arrangements for its first meeting, with a schedule of meeting dates to be agreed there by the committee itself. 3. To note that the legislation regarding the Board's Standing Orders, and the Board's Standing Orders themselves, applied to committees of the Board as they did to the Board itself. 4. To agree that the Audit Committee comprise six members of the Board as undernoted:- <ul style="list-style-type: none"> 2 voting members appointed by NHS Lothian 2 voting members appointed by WLC 2 non-voting members (comprising Jane Houston and 1 Other, with non-voting members to be canvassed about their willingness and ability to participate in the committee) 5. To note that, whilst the Board unanimously agreed that the Chair of the IJB should not be appointed to the Audit Committee, a consensus could not be reached by members when asked to determine whether the Vice-Chair of the IJB may, or may not, be appointed to the Audit Committee. 6. To agree that a report would come back to the Board to allow further consideration of these unresolved matters. 	Jim Forrest/James Millar
012	IJB Directions - Report by Director (herewith)	To note progress in developing directions in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.	Jim Forrest
013	New Supported Housing Development - Report by Head of Social Policy (herewith)	To note the report providing an overview of the development of Rosemount Gardens in Bathgate, a new supported housing facility for older people.	Jane Kellock/ Alan Bell
014	Workplan (herewith)	To note the Workplan.	Rhona Anderson

15.	URGENT BUSINESS – Blackburn Partnership Centre: Part of the NHS Lothian Partnership Centre Bundle	<ol style="list-style-type: none"> 1. To note the report providing an update on the status of the Blackburn Partnership Centre, one of three schemes to be delivered through the Hub NHS Lothian Partnership Centre Bundle. 2. To support, as commissioner of the services to be provided from the Partnership Centre, the delivery of the project in accordance with the West Lothian IJB Draft Strategic Plan; 3. To note the intention to progress to Financial Close by 31st March 2016; 4. To note the pre-approval of the updated costs by the Scottish Government following changes to the Hub contractual structure; and 5. To note the additional revenue cost as a result of the project. 	Jim Forreest/Nick Bradbury
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	<u>PRIVATE SESSION</u>	To agree, under Standing Order Appendix 2, Category 1, that the remaining item of business be taken in private on the grounds that the item involved the likely disclosure of exempt information.	
010	Appointments Committee - Update - Report by Head of Corporate Services, West Lothian Council (herewith)	<ol style="list-style-type: none"> 1. To note that the posts of Internal Auditor and Standards Officer had been filled. 2. To ratify the appointment of Kenneth Ribbons to the post of Internal Auditor and James Millar to the post of Standards Officer. 3. To note verbal update in relation to the meeting of the Appointments Committee held earlier in the day. 4. To ratify the appointment of Jim Forreest to the post of Chief Officer (Director) and Patrick Welsh to the post of Finance Officer (Section 95 Officer). 	Julie Whitelaw/Lesley Henderson

FINANCIAL POSITION TO FEBRUARY 2016 AND UPDATE TO YEAR END FORECAST**1 Purpose of the Report**

- 1.1 The purpose of this report is to provide the Board with an overview of the financial position for the 11 months to February and to provide assurance on the delivery of a breakeven position.
- 1.2 Any member wishing additional information on the detail of this paper should contact the Executive Lead prior to the meeting.

2 Recommendations

2.1 Members of the Board are asked to:

- **Note** that the cumulative financial position at period 11 shows an NHS Lothian overspend of £2.3m, with an in-month underspend for February of £2m;
- **Note** that the year to date position has been supported by the release of £17.6m of reserves and internally generated flexibility;
- **Consider** the risk of delivering £6.2m of efficiencies and a £200k under spend in Month 12 to support achievement of a breakeven position;
- **Note** the revised confidence in delivering a breakeven position;

3 Discussion of Key Issues

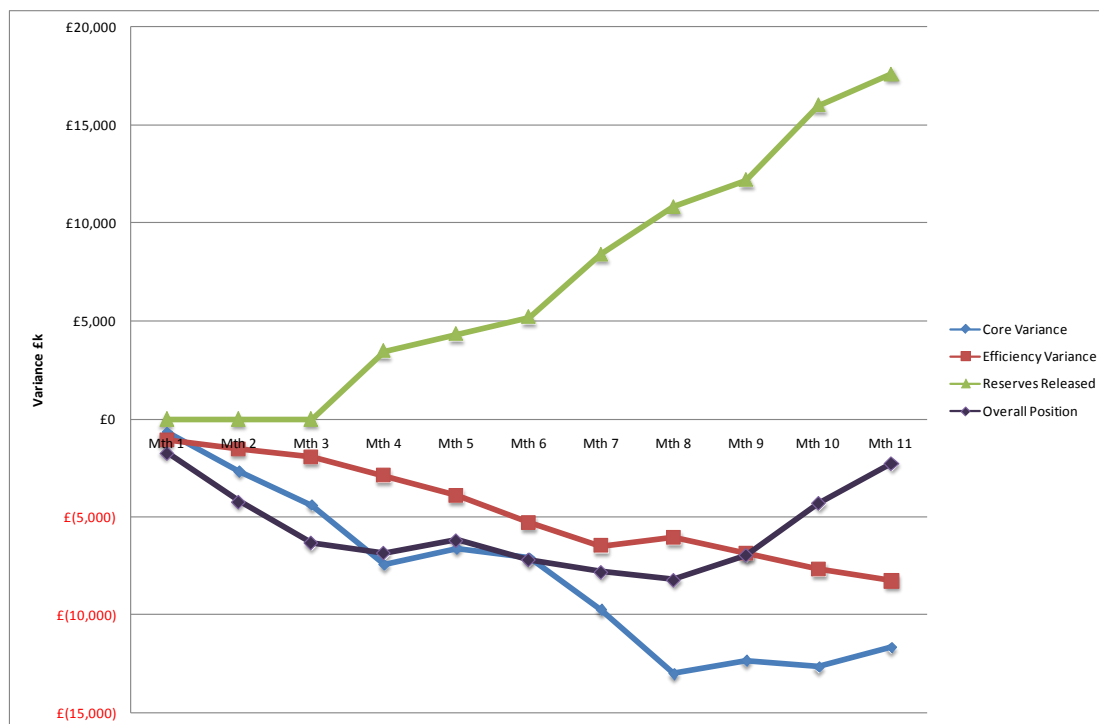
- 3.1 At period 11 of this financial year, NHS Lothian underspend by £2,013k, bringing the year to date position to £2,283k overspend against the Revenue Resource Limit. This position reflects a baseline operational position of £11,651k, unachieved efficiency savings of £8,231k offset by the release of reserves flexibility of £17,599k.
- 3.2 In order to deliver a break even position the organisation will need to deliver an efficiency target of £6.2m together with a £200k underspend in Month 12.
- 3.3 Table 1 shows a summary of the monthly trend and year to date position. A detailed analysis by expenditure type and business unit is shown in Appendix 1.

Table 1: Financial Position to 29 February 2016

	Mth 1 £000's	Mth 2 £000's	Mth 3 £000's	Mth 4 £000's	Mth 5 £000's	Mth 6 £000's	Mth 7 £000's	Mth 8 £000's	Mth 9 £000's	Mth 10 £000's	Mth 11 £000's	YTD £000's
Pay	(1,468)	(89)	(266)	(823)	571	144	(64)	(598)	343	(3)	500	(1,752)
Non Pay (incl GP Pres)	846	(1,754)	(1,800)	(3,008)	55	(916)	(2,334)	(2,644)	7	(440)	(89)	(12,077)
Income	(48)	(169)	351	800	204	273	(225)	(9)	306	112	583	2,178
Efficiency Savings	(1,044)	(475)	(414)	(949)	(1,008)	(1,384)	(1,190)	417	(779)	(824)	(581)	(8,231)
Operational Position	(1,714)	(2,487)	(2,130)	(3,980)	(178)	(1,882)	(3,813)	(2,834)	(123)	(1,155)	413	(19,883)
Reserves Flexibility	0	0	0	3,458	865	864	3,216	2,430	1,354	3,812	1,600	17,599
Total Position	(1,714)	(2,487)	(2,130)	(522)	687	(1,018)	(597)	(404)	1,231	2,658	2,013	(2,283)

3.4 Table 2 below evidences that the recovery in the Boards financial position has been generated by the identification and release of £17.6m of reserves and internal flexibility. The continuing reliance on non recurring resources to offset recurring pressures is a concerning trend and is an issue that is raised in the 2016/7 Financial Plan report, which is on the Board agenda.

Table 2: Cumulative Run Rate



3.5 For the first time this year, NHS Lothian is reporting an in month underspend against its core operational budget, however, this position is facilitated by the release of £725k uncommitted unscheduled care funding and £1.2m integrated care funding. With further reserves released, NHS Lothian continues on a trajectory towards break-even achievement.

3.6 The main areas impacting on the overall position are as follows:-

- Primary Care Prescribing is reporting an overspend in month of £1.7m taking the year to date overspend to £10.1m, after deducting £1.7m for an over delivery of LRP. It is clear that there has been a significant degree of volatility evident throughout the year. Management are currently exploring the option of undertaking an external review of the factors impacting on the outturn position.
- The nursing expenditure position continues to be an area of concern. Month 11 has evidenced a spike in expenditure across both core and supplementary staffing. The Nursing Director is instigating remedial actions to control the use of supplementary staffing for 2016/17. This is a key component of a number of Business Unit financial plans for next year and will require significant management input.
- Non-pay expenditure has benefited from the release of uncommitted funding of £725k in unscheduled care reserves.
- Following a tripartite agreement between the Council, IJB and NHS Lothian, £1.3m has been retained by NHS Lothian to offset the pressures that have been experienced

within Older Peoples Services and specifically nursing pressures. £1.2m of this has been released in the month.

- Appendix 2 out sets the efficiency savings achieved to date in further detail. To achieve the current year end forecast a further £6.2m of savings will be required to be delivered in March. Any deterioration in this position will impact on the year end position and will also impact on any recurring gap carried forward into 2016/17.

4 Year end forecast – Mid Year Review and Update at Period 11

- 4.1 Table 3 provides a breakdown of the year-end forecast, comparing the projection as at month 10 against the latest forecast position at period 11. The latest forecast shows an operational outturn position of £23.9m with an improvement of £1.4m reflecting the anticipated benefits from the unscheduled Care and acute drugs reserves. This is predicted to be offset by available uncommitted reserves and one off benefits of circa £23.7m, leaving a projected deficit of £0.2m.

Table 3: Updated Year End Forecast

	Month 10 Forecast	Month 11 Forecast	Movement
	£k	£k	£k
Business Units			
University Hosp Support Serv	(14,991)	(13,759)	1,232
East Lothian Chp	(1,024)	(1,284)	(260)
Edinburgh Chp	(7,723)	(7,423)	300
Midlothian Chp	(290)	(515)	(225)
West Lothian Chcp	(180)	(732)	(552)
Facilities And Consort	(133)	(0)	132
Corporate Services	1,180	2,099	919
Inc + Assoc Hlthcare Purchases	(5,283)	(5,901)	(618)
Strategic Services	3,151	3,603	452
Operational Position	(25,293)	(23,913)	1,380
Further potential commitments	(2,000)	(1,000)	1,000
Reserves & N/R Flexibility	27,342	25,615	(1,727)
Other Options net of Fin Plan shortfall	(898)	(898)	0
Grand Total	(849)	(196)	653

- 4.2 The level of non-recurring support realised to achieve break even is significant and comprises one off benefits including rates rebates, depreciation benefits and slippage on financial plan investments.
- 4.3 It is anticipated that sufficient flexibility will be available in Month 12 to mitigate the forecast £200k forecast deficit and ensure the Board delivers against its financial targets.

5 Risks and Assumptions

- 5.1 The ability for the board to deliver against other operational targets, including waiting times and delayed discharges as well as the unknown impact of winter may yet impact adversely on the outturn position.
- 5.2 The Audit and Risk Committee have requested the production of an action plan to bring financial performance back within risk appetite.

6 Risk Register

- 6.1 The Risk register will be considered and any changes will be made based on the outcome of this review.

7 Health and Other Inequalities

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

8 Involving People

- 8.1 The financial results and position of the Board is published annually on the FOI publications pages. The Board also shares the monthly financial position with local partnership forums and makes its monthly monitoring returns available under non routine FOI requests from other stakeholders.

9 Resource Implications

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

Susan Goldsmith

Director of Finance

30 March 2016

Susan.goldsmith@nhslothian.scot.nhs.uk

List of Appendices

Appendix 1: NHS Lothian Income & Expenditure Summary 29 February 2016

Appendix 2: NHS Lothian Efficiency & Productivity Summary at 29 February 2016

NHS Lothian Income & Expenditure Summary to February 2016

Description	Annual Budget (£k)	YTD Budget (£k)	YTD Actuals (£k)	YTD Variance (£k)	Period Variance (£k)
Medical & Dental	238,538	218,527	218,518	10	237
Nursing	381,018	348,168	352,955	(4,787)	(136)
Administrative Services	82,732	74,688	73,958	731	351
Allied Health Professionals	62,452	56,970	55,123	1,847	106
Health Science Services	36,647	33,568	32,993	575	(29)
Management	10,262	9,430	8,688	741	106
Support Services	51,687	47,710	48,909	(1,199)	(123)
Medical & Dental Support	6,396	5,860	6,056	(196)	(133)
Other Therapeutic	25,546	23,142	22,495	647	70
Personal & Social Care	2,868	2,593	2,469	124	6
Other Pay	(4,135)	(4,214)	(3,960)	(254)	42
Emergency Services	36	35	25	10	1
Pay	894,047	816,477	818,228	(1,752)	500
Drugs	119,706	107,167	107,382	(214)	(152)
Medical Supplies	87,044	80,054	83,344	(3,290)	(399)
Maintenance Costs	5,676	5,180	6,270	(1,090)	(132)
Property Costs	38,731	36,139	32,829	3,310	1,097
Equipment Costs	27,638	25,606	27,667	(2,061)	(652)
Transport Costs	10,295	9,425	9,656	(232)	12
Administration Costs	139,673	74,518	69,890	4,628	1,120
Ancillary Costs	14,854	13,509	14,004	(495)	(309)
Other	465	(12,107)	(13,613)	1,506	1,275
Service Agreement Patient Serv	103,712	97,989	100,949	(2,959)	(441)
Non-Pay	547,794	437,480	438,376	(897)	1,421
Gms2 Expenditure	117,597	100,940	100,092	848	261
Ncl Expenditure	3	2	(2)	4	3
Other Primary Care Expenditure	87	80	121	(41)	(12)
Pharmaceuticals	133,147	125,537	137,487	(11,950)	(1,719)
Primary Care	250,833	226,560	237,699	(11,139)	(1,467)
Other	(2,177)	(1,988)	(1,872)	(116)	(42)
Income	(1,755,511)	(250,051)	(252,253)	2,202	583
Revenue Resource Limit	0	(24)	(73)	50	0
CORE POSITION	(65,014)	1,228,454	1,240,105	(11,652)	994
Savings Target Non -Pay	(8,231)	(8,231)	0	(8,231)	(581)
Additional Reserves Flexibility	17,599	17,599	0	17,599	1,600
TOTAL	(57,210)	1,237,822	1,240,105	(2,284)	2,013

NB. The above table relates to Core Services only. There is £57.21m of Non Core Budget not shown above that balances the Annual budget to Zero.

NHS Lothian Efficiency and Productivity Summary as at Month 11 2015/16

Business Unit	Total Recurring Target	Current Year Plans	Gap on In Year Plans	Current Month Position					Year to Date Position				
				February					April - February				
				Plans Phased to Date	Actual Delivery	Slippage on Plan	Gap Phased to Date	Total Slippage	Plans Phased to Date	Actual Delivery	Slippage on Plan	Gap Phased to Date	Total Slippage
£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	
East Lothian Chp	484	1,223	(739)	(138)	42	(180)	0	(180)	725	354	371	(554)	(183)
Midlothian Chp	428	724	(296)	55	77	(22)	0	(22)	543	494	49	(222)	(173)
Edinburgh Chp	4,657	3,784	873	416	157	259	0	259	3,587	1,512	2,074	655	2,729
West Lothian Chp	378	1,409	(1,031)	82	161	(79)	(46)	(125)	800	943	(143)	(774)	(917)
Prescribing	1,298	3,325	(2,027)	169	334	(165)	0	(165)	2,626	2,967	(341)	(1,521)	(1,862)
University Hospital Support Service	15,846	11,849	3,997	1,528	608	920	0	920	11,062	6,209	4,854	2,998	7,851
Facilities & Consort	3,215	3,249	(34)	256	47	209	0	209	2,889	1,957	932	(26)	907
Total Business Units	26,306	25,563	742	2,367	1,426	942	(46)	896	22,232	14,437	7,795	557	8,352
Corporate Services & Strategic Programmes													
eHealth	1,348	905	443	147	296	(149)	0	(149)	413	723	(310)	332	23
Finance	408	1,411	(1,003)	284	360	(76)	0	(76)	876	1,033	(157)	(753)	(909)
Human Resource	593	678	(85)	47	40	6	0	6	610	449	161	(63)	98
Medical Director	123	125	(1)	12	12	(0)	0	(0)	114	114	(0)	(1)	(1)
Nursing	224	224	(1)	18	17	1	0	1	204	205	(1)	(0)	(1)
Pharmacy	1,012	797	215	84	96	(12)	0	(12)	766	509	257	161	418
Planning	178	173	5	15	13	3	0	3	159	140	19	4	23
Public Health	498	501	(3)	35	35	0	0	0	365	362	3	(3)	(0)
Strategic Programmes	552	124	428	30	117	(87)	0	(87)	184	276	(92)	321	229
Strategic - Other	82	0	82	7	7	0	0	0	14	75	(62)	62	0
Total Corporate Depts & Strategic Programmes	5,017	4,938	79	679	994	(315)	0	(315)	3,705	3,885	(181)	60	(121)
Total	31,323	30,501	822	3,047	2,419	627	(46)	581	25,936	18,322	7,614	616	8,231

Board Meeting
6 April 2016

Director of Finance

UPDATE ON THE 2016/17 FINANCIAL PLANNING PROCESS

1 Purpose of the Report

- 1.1 The Director of Finance, with the management team, has been developing the NHS Lothian Financial Plan for 2016/17 towards the aim of the Board approving the Financial Plan at its meeting on 11th May 2016. This is consistent with the Board's Standing Orders which state the requirement: "The Board shall approve its Financial Plan for the forthcoming financial year, and the opening revenue and capital budgets."
- 1.2 The development of the Financial Plan has been more complex this year both with the extent of the financial challenge and the creation of the 4 IJBs. As a consequence the process to date has already identified a range of issues for the Board to consider.
- 1.3 This paper sets out what those issues are and invites the Board to agree its position on them.
- 1.4 The Board also has a requirement to set budgets for the delegated functions of the 4 IJBs for 2016/17. As the Financial Plan will not be finalised until May there is a requirement for the Board to set the budgets for the IJBs in advance of this. The outline plan will form the basis of a formal offer of indicative budgets to the IJBs.
- 1.5 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 asked to:
 - **Agree** that the Board should commit to the delivery of a programme of low and medium risk efficiency schemes summarised in Appendix 2
 - **Agree** the utilisation of £20.8m of non-recurring benefits in support of financial balance set out in para 3.17/3.18
 - **Recognise** that at this stage there remains a gap of £31m and that work will continue to identify how this might be addressed, including any benefit from nationally coordinated efficiency schemes and contingency arrangements with Scottish Government in the context of NHS Lothian being £19m below its NRAC parity share
 - **Agree** to accept an increased risk around the delivery of TTG in order to avoid the current levels of expenditure in the Independent Sector, recognising the work ongoing to mitigate this risk internally

- **Acknowledge** the increasing reliance on non-recurring resources to support financial balance and the need to work with the Scottish Government and IJBs to develop a financial framework which recognises the significant demographic pressure in Lothian and, internally, to accelerate a programme of Quality Improvement which addresses unwarranted variation and waste
- **Agree** the indicative budgets for IJBs set out in Appendix 3

3 Discussion of Key Issues

3.1 Assessment of 2016/17 Cost Pressures

3.2 Further work has been undertaken to improve the quality and reliability of the forecast expenditure for 2016/17. The focus of this work has been across areas of expenditure growth for which the Board effectively has no choice but to absorb. Examples include:

- Changes to the size and nature of the population the Board serves;
- Implementing national policies including access to Medicines;
- Inflation;
- Obligations that arise from contracts;
- Commitments that arise from strategic investments the Board has previously agreed;

3.3 The work has also included an assessment of the carry forward shortfall brought into 2016/17 relating to previous years. This has been partially offset by an increase in NRAC funding of £14m, which the Scottish Government has confirmed for 2016/17, but which relates to 2015/16. This leaves a remaining NRAC shortfall for 2016/17 of £19m. This leads to the following summary of the financial challenge for 2016/17 prior to the utilisation of additional resources.

Table 1: Summary of the Financial Challenge for 2016/17

	Total
	£k
Full Year Effect of Pressures	22,157
Efficiency Savings Slippage	11,514
NRAC relating to 15/16	(14,000)
Baseline Pressures 16/17	19,670
Recurrency of Gap on 15/16 Financial Plan	4,145
Pay Uplift/ Contractual Obligations	27,236
Additional Uplifts/Growth and Other Commitments	30,133
Service Developments	849
Policy Decisions	616
Proposed Strategic Investments (F&R approved)	3,193
Projected Expenditure Uplifts & Commitments	66,172
Recurrency of Primary Care Investments	173
Essential Service Developments	4,737
Projected 16/17 Costs	90,752

- 3.4 It is important to recognise that the total at Table 1 reflects the growth where the Board has no or limited discretion on the expenditure. Any further expenditure will simply add to the scale of the financial challenge, unless of course that expenditure immediately leads to greater savings in other areas. With this in mind it is planned to continue with our approach in previous years by continuing to hold a 1% reserve as a contingency to help the Board manage unforeseen events.
- 3.5 In addition recognising the extent of the challenge the Financial Plan excludes any provision for the use of the independent sector to support the delivery of the treatment time guarantee. For 2015/16 this equated to circa £12m. The Chief Officer is currently exploring options to deliver all activity internally and the Board will receive a separate report on this

Available Resources

- 3.6 The Scottish Government has confirmed that the uplift to baseline funding is £20.9m, which is consistent with previous assumptions.
- 3.7 However this uplift is offset by a reduction in funding to health budgets as a consequence of the introduction of a new Outcomes Framework. This relates to a number of previously “ring fenced” allocations which the Board was required to spend in a defined way. The new Framework will define outputs for these services but will leave it to the NHS Board to determine how best to achieve these outcomes with the given (and reducing) allocation. Based on the available information it is assumed that this will lead to a £7.2m reduction in health budgets.
- 3.8 The net impact of these changes, excluding the NRAC adjustment, is approximately an additional 1% increase in baseline funding for the Financial Plan.
- 3.9 There are further changes to the funding of health & social care services that do not have a direct impact on the NHS Lothian 2016/17 Financial Plan. NHS Lothian will receive £35.3m from the Social Care Fund to be transferred to the four integration joint boards to support adult social care. However the new Outcomes Framework is expected to reduce the level of funding to councils for the relevant services by £1.4m.

Table 2 – Size of Financial Challenge

	£m
Deficit brought forward from 2015/16	19.670
Forecast growth in expenditure in 2016/17	71.082
Less - Base Uplift	(20.963)
Add - Funding Reductions	7.226
TOTAL	77.015

- 3.10 In Table 2 the increase in the baseline funding partially assists with the £90.8m challenge, but it leaves a financial gap of £77m which will need to be addressed by recovery actions set out their expectation that Boards would require to deliver 5% cash releasing savings in 2016/17. £77m represents 5.9% of NHS Lothian Base Core Allocation and is a higher level than the current average across other

Board of 4.95%. This most likely relates to the higher level of demographic growth in NHS Lothian.

Financial Recovery Plans

3.11 In parallel with the refinement of costs and application of additional resources, Business Units have continued to develop Financial Recovery Plans which set out those actions required to bring each Business Unit back into financial balance. These schemes have been identified as medium/low in terms of ability of management to deliver these but have not yet been assessed in relation to the corporate risk register. This work will be completed before the final Financial Plan is presented to the Board in May.

3.12 A breakdown by Business Unit of the £35.7m plans is shown in Table 3. However recognising the challenges of delivery in previous years and a high level assessment of timing of delivery the Financial Plan assumes a value of £24.7m for 16/17. These financial recovery plans continue to be planned and considered within the current CHP management structure and will required to be translated into IJB directions.

3.13 **Table 3 – Breakdown of Financial Recovery Plans by Business Unit**

	Low £k	Medium £k	Total £k
University Hosp Support Services	5,308	6,766	12,075
REAS	0	3,110	3,110
Edinburgh Chp	920	5,116	6,036
East Lothian Chp		1,809	1,809
Midlothian Chp		1,441	1,441
West Lothian Chcp	599	2,104	2,703
Facilities And Consort	2,284	823	3,107
Corporate Departments	2,283	3,191	5,473
Total	11,393	24,360	35,754

3.14 These low and medium risk plans include:

- Corporate Services reduction in pay costs of £3.6m;
- GP Prescribing efficiencies totalling £2.7m, mainly through increased formulary compliance and benefits from Scriptswitch;
- Step up in homecare service for medicines, contract price savings and rebates in Hep C drugs totalling £2.1m;
- Reductions in bank and agency usage of £2.6m across both primary care and acute, in addition to reductions in sickness rates assumed to generate savings of £340k;
- Property costs savings of £1.4m, of which £970k relates to a timing benefit for CRC payments;
- Realisation of savings from the digitalisation on records programme amounting to £1.1m;
- Assumed savings in management costs in the CHPs of £545k.
- The first tranche of savings generated on the back of the Data Diagnostic exercise are captured in the Theatres Efficiency programme.

3.15 More detail of the schemes over £150k in value are shown in Appendix 2.

3.16 A range of higher risk schemes have also been presented to the Board at its development session. At this point there is not sufficient confidence that these could be delivered without an adverse impact on service quality and/or policy imperatives and for this reason these have not been included. However work continues to assess whether there is likely to be any benefit during 16/17 from the investment in adult social care on our bed base in particular in relation to delayed discharges. A number of other high risk schemes are being considered as part of nationally coordinated work programme recognising that in a number of areas there requires to be a consistent approach across Scotland.

Balancing the Plan

3.17 Recognising the Board's statutory obligation to achieve financial balance and the risks around delivery of the higher risk schemes it is clear that financial balance will not be achieved in 16/17 without reliance on non recurring savings and the identification of other options.

3.18 Inevitably this increases further the Board's reliance on non-recurring resources to support financial balance. This is not a sustainable approach going forward and requires the development of a financial framework which recognises the significant (and growing) demographic pressure in Lothian. The four IJBs with their responsibility for strategic plans for Integration functions are key partners in this, as are Scottish Government in relation to NRAC.

3.19 Equally the Board has endorsed the development of a Clinical Quality approach with the aim of developing a more sustainable approach to care. Over time we intend to have a way of working embedded into the management system which improves patients outcome by delivering reliable evidence based care whilst maximising resources through reducing waste, improving efficiency and reducing unwarranted variation in care. As this Clinical Quality Management System is developed there is likely to be a requirement to accelerate a programme of quality improvement in support of financial balance.

3.20 In relation to 16/17 opportunities to support the achievement of a balanced outturn next year continue to be explored. Locally a total of £12.8m of projected in year flexibility has been assumed to support financial balance. This includes a £4.8m benefit on a non recurring basis from the RHSC Development Reserve following an assessment of estimated project costs for 16/17 including commissioning costs. In addition a further £8m is being assumed from year end management flexibility, one-off benefits through the review of SG allocations, the use of in-year resource from delays to projects. It is proposed that both these resources are incorporated in the Financial Plan

3.21 In addition Directors of Finance have been undertaking a national review of Boards' Balance Sheets, and potential opportunities that exist within this for non-recurrent support. An assumed £8m benefit from a review of the annual leave provision has been assumed within the plan. This requires the policy of allowing staff to carry forward up to 5 days annual leave to be reversed. This has been endorsed, in principle, by the Partnership forum.

3.22 Table 4 sets out the summary position (in year) reached to date which leaves a balance of £31m. This is the position presented in the submission of the draft LDP to Scottish Government.

Table 4 – Summary Financial Plan

	£k
Projected 16/17 Costs	90,752
Social Care Expenditure	35,281
Additional Resources	
Base Uplift	(20,963)
Funding reductions	7,226
Social Care Fund	(35,281)
Total Additional Resources	(49,018)
Financial Recovery Plans (M/L Risk)	(24,731)
Other In Year Flexibility	
Non Recurring Flexibility	(4,800)
Provisions	(8,000)
Reserves Flexibility	(8,000)
	(20,800)
Net Position	31,484

3.23 In order to achieve financial balance there are 2 further considerations:

- National workstreams and
- NRAC position

National Workstreams

3.24 At a national level, Directors of Finance and Chief Executives, with Scottish Government colleagues, have been exploring the opportunities for further efficiency savings either delivered through joint working or agreeing a national approach on a number of areas of pressure. Examples include locums, agency usage and prescribing.

3.25 Following a combined workshop a number of workstreams have been agreed with CE and DoF leads. These are currently being scoped with a specific focus on agreeing what action can be taken and areas where there are opportunities to deliver savings in year during 2016/17. Inevitably there is the potential for double count of savings but given the extent of NHS Lothian's challenge it is important that we play our part in supporting these workstreams.

3.26 In discussion with SG colleagues a number of Boards are assuming a contribution from those schemes and so this could be considered by the Board. At this stage this would need to be recognised as a high risk for the Board. A number of the schemes proposed are consistent with some of our own high risk proposals, however, they are assessed as being more achievable if the decision is taken at a national level to support the changes proposed.

NRAC Allocation

3.27 Board members are aware that NHS Lothian is not only one of the two lowest funded Boards in terms of per head of population but that it has been below its

NRAC share for a number of years. Although this position has been managed each year, with continuing pressure year on year from an increasing population, the Board has moved out of recurring balance. This year's NRAC allocation has been utilised to offset the brought forward deficit, given the extent of NRAC shortfall during 2015/16, but the shortfall of £19m this year will compound the non recurring position further. At this stage no solution has been identified to bridge this years gap other than the consideration of some of the high risk schemes referred to earlier.

- 3.28 The potential for additional funding from Scottish government has not been explored formally; however, it is proposed that at this stage of the LDP process this is followed up in our review process with Scottish Government colleagues. The current assessment is that the Board will not be able to deliver a balanced plan in 16/17 without this further move to parity.

Financial Planning for the IJBs

- 3.29 The financial planning process for 2016/17 has incorporated the requirement for financial assurance for the IJBs. NHS Lothian has formally communicated the underlying principles for budget setting in 2016/17 for IJBs, and responses from all IJB chairs have now been received. As a next stage, a formal offer of indicative budgetary resources will be made imminently, consistent with the arrangements contained within this paper.

Next Steps

- 3.30 The development of the Financial Plan is ongoing and the following steps need to be undertaken before the next version of the plan is presented to the Board at the May meeting:
- Further recovery actions to be developed and implementation plans actioned as quickly as possible to close the gap in each Business Unit;
 - Robust assessment of the recovery actions currently presented to ensure they are deliverable within the timeframe required;

4 Risks and Assumptions

- 4.1 Whilst every effort has been made to ensure all likely additional costs and national, regional and local priorities for investment have been incorporated into the Financial Plan at this time, there remain a number of inherent uncertainties and associated risks. The financial planning process is an ongoing and iterative cycle, and it remains a challenge to fully identify all financial risks facing individual service areas and the wider organisation.

- 4.2 The main risks to be highlighted include:

- For the level of change required, the organisational capacity to deliver the change, supporting the vision of a QI driven organisation;
- The complexity created by realigning CHP budgets to IJBs and how this impacts on financial management responsibilities;
- Lack of engagement and support from partner organisations and SGHD colleagues to ensure the required change is delivered;

- The potential that consolidation of the individual Business Unit recovery plans do not give the required level of assurance that a balanced financial plan is achievable;
- Continued management of the financial exposure on both elective and unscheduled care capacity pressures including delayed discharges;
- Availability of SGHSCD funding for both nationally funded programmes & initiatives and services funded annually on a non recurring basis;

4.3 A risk register for the Financial Plan is attached in Appendix 4.

5 Risk Register

5.1 The Risk register will be considered following the completion of the next stage of the financial planning process and any changes will be made at this point based on the outcome.

6 Health and Other Inequalities

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

6.2 The Public Health Director will undertake a health equality impact assessment on the plan.

7 Involving People

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

8 Resource Implications

8.1 The resource implications are set out above.

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30 March 2016

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List of Appendices

Appendix 1: 16/17 Financial Pressures

Appendix 2: Financial Recovery Plans over £150k in value

Appendix 3: 16/17 IJB Indicative Budgets

Appendix 4: Financial Plan 2016/17 Risk Register

2016/17 Financial Pressures

	Feb Board Paper	Movement	Current Version
	£k	£k	£k
Full Year Effect of Pressures	15,174	6,983	22,157
Efficiency Savings Slippage	16,074	(4,560)	11,514
NRAC relating to 15/16		(14,000)	(14,000)
Baseline Pressures 16/17	31,248	(11,578)	19,670
Recurrency of Gap on 15/16 Financial Plan	4,145	0	4,145
Pay Uplift/ Contractual Obligations			
Pay Uplift	9,600	0	9,600
Employers National Insurance Contribution	14,403	0	14,403
Auto-enrolment to Pension Scheme	660	(660)	0
Cofely - Two Tier	707	0	707
Discretionary Points (Medical Staff)	1,111	0	1,111
Removal of Band 1 to Band 2	590	0	590
NDC Uplift Topslice	260	0	260
Consort Indexation	629	(262)	367
Primary Care PFI Uplift	176	0	176
Post Graduate Radiographer Training Places	22	0	22
Delayed Discharge - additional costs	713	(713)	0
Additional Uplifts/Growth and Other Commitments			
REH Phase 1	1,572	67	1,639
Non Lothian Income	667	0	667
Horizon Scanning - Acute Medicines	7,500	3,500	11,000
GP Prescribing	8,350	(1,522)	6,828
Non Pay Uplift	7,972	(1,359)	6,613
Growth in Medical Supplies and Equipment Costs	1,860	0	1,860
Rates	398	29	427
Family Nurse Partnership	663	(663)	0
Consultant Contract - Seniority Payments	1,202	(1,202)	0
Radiotherapy Staffing	148	0	148
Health Visitors - Childrens ACT/ GIRFEC	427	0	427
Future National Services	0	525	525
Orphan Drugs	287	(287)	0
Service Developments			
NHS24 MSK	71	0	71
Complex Packages of Care	300	0	300
Insulin Pumps	478	0	478
Policy Decisions			
NSS Discovery	85	0	85
Waverley Gate Wifi	11	0	11
Waverley Gate Rent	200	0	200
E-communications	320	0	320
COPD	214	(214)	0
Capacity & Unscheduled Care			
Sustainable Delivery of TTG/WT Standards	1,324	(1,324)	0
Independent Sector & Other Contractors	5,000	(5,000)	0
Proposed Strategic Investments (F&R approved)			
REH Phase 1 Project Team	317	(317)	0
REH Phase 2 Project Team	283	(124)	159
RHSC & Neurosciences Project Team	470	(440)	30
East Lothian Community Hospital Project Team	239	(81)	158
Ratho GP Re-provision	191	0	191
NHSL Partnership Bundle	679	(679)	0
Radiotherapy Phase 9 (replacement Linacc Machine)	65	0	65
Endoscopy Decontamination RIE	149	0	149
Endoscopy Decontamination WGH	441	0	441
Revenue consequences of capital programme	500	(500)	0
RHSC & Neurosciences	2,000	0	2,000
Projected Expenditure Uplifts & Commitments	77,399	(11,227)	66,173
Recurrency of Primary Care Investments	0	173	173
Essential Service Developments	0	4,737	4,737
Projected 16/17 Costs	108,647	(17,895)	90,752

Financial Recovery over £150k in value

Area	Financial Recovery Plans over £150k	16/17 Planned Savings (£k)	FINANCIAL DELIVERABILITY	SERVICE IMPACT
All CHPs	Prescribing Initiatives	2,700	Medium	Medium
UHSS	Review of Waiting List Initiatives	2,074	Low	High
UHSS	Review Acute beds associated with Delayed Discharges	1,324	Medium	High
REAS	Manage Supplementary Staffing	1,250	Medium	High
UHSS - RIE / WGH	Control of Agency/Bank Nursing Expenditure	1,046	Medium	High
CECHP	Hospital Based Continuing Complex Care - Supplementary Staff Reduction	1,000	Medium	High
CECHP	Community nursing review	1,000	Medium	High
Facilities	Accelerated payment of EUTS/CRC Management gives in year benefit	970	Low	Low
eHealth	Digitisation of Health Records - Long term Invest to Saving project	943	Medium	Medium
UHSS - RIE / MLCHP	Assess Bed Requirement with Social Care Investment	884	Medium	High
Pharmacy	Hep C contract price savings / price rebates / primary care VAT saving	750	Low	Low
REAS	REAS CMHT integration	600	Medium	High
REAS	LD accommodation scheme completion	560	Medium	Medium
CECHP	AHP Staffing Review	550	Medium	Medium
UHSS - DATCC	Procurement - Standardise/Rationalise Theatre Non Pays	550	Medium	Medium
UHSS - SJH	Cessation of Agency Locum Expenditure	522	Low	High
CECHP	Sexual health service review	500	Medium	Medium
CECHP	CECHCP Locality based services	490	Medium	Medium
UHSS	Reduction/Offset of Investments - Ward Redesign	468	Low	Low
UHSS - W&C	Service Redesign - Women & Children's services	467	Medium	High
ELCHP	Belhaven - Service Redesign	425	Medium	Medium
REAS	REAS Recruitment effect on Bank staff	400	Medium	High
eHealth	Reduction in ehealth spend to match reduction in SG Bundle funding	400	Medium	Medium
CECHP	Management costs reduction	400	Low	Medium
ELCHP	Manage non pay price increases	371	Medium	Low
Nursing	Management of pay increases within staff bank	358	Low	Medium
Facilities	Hard FM & utilities savings	354	Medium	Medium
UHSS - DATCC	Critical Care Bed Redesign	328	Low	High
ELCHP	Review Day Centre provision	315	Medium	
REAS	REAS Rehab and OPMH bed reduction	300	Medium	High
WL CHCP	St Michaels Bed Spacing	300	Medium	Medium
Facilities	Income opportunities	300	Low	Low
eHealth	Review current eHealth programmes with a view to stopping some	268	Medium	Medium
CECHP	GMS - Review of running costs	250	Low	Medium
CECHP	Rehab service review	250	Low	Low
UHSS - DATCC	Procurement - Contract Savings	250	Medium	Medium
UHSS - DATCC	Theatre Efficiency Programme	250	Medium	Medium
UHSS - DATCC	Control of Non Pays Expenditure	248	Low	Low
UHSS - SJH	Review bed compliment	225	Medium	Medium
MLCHP	Manage non pay price increases	212	Medium	Low
UHSS - DATCC	Review of service provision	208	Medium	High
Facilities	Manage rental accommodation increases	200	Low	Low
Finance	Salary Sacrifice scheme - employers benefit	200	Medium	Low
UHSS - WGH	Review DCE Expenditure Plan	197	Medium	Low
UHSS - W&C	Reduction/Offset of Investments - Health Visiting	183	Low	Medium
WL CHCP	WLCHCP Review of Services	182	Medium	High
CECHP	Continance service efficiency	180	Medium	Medium
UHSS - RIE	Procurement - Contract Savings	174	Medium	Medium
UHSS - SJH	Frailty Pathway Redesign	172	Medium	Medium
MLCHP	Reduced agency spend across Services	170	Medium	
Facilities	REH Phase 1 actions to reduce step up costs	166	Low	Low
Nursing	Senior Management Review	160	Low	Medium
WL CHCP	WLCHCP Review of Projects and Initiatives within Mental Health	159	Medium	High
Pharmacy	MS Homecare - DI Methyl Fumerate, Fingolimod, Teri flunomide	153	Medium	Medium
WL CHCP	Review of Dental Action Plan in line with outcomes framework	152	Low	Low
UHSS - DATCC	Cessation of Agency Locum Expenditure	152	Medium	High

The above list shows all the plans where the anticipated savings are in excess of £150k, these plans represent around 80% of the savings. Although these have been classed as low or medium financial risk, some of these have a high service impact risk.

Appendix 3 - 16/17 IJB Indicative Budgets

Status	Type	Category	East Lothian (£k)	Edinburgh (£k)	Mid Lothian (£k)	West Lothian (£k)	Acute Non Delegated (£k)	CHP Non Delegated (£k)	Corporate Non Delegated (£k)	Total (£k)
Delegated	Opening Balance	Full year Recurring Expenditure Budget	64,896	279,261	59,738	101,639	0	0	0	505,536
	Budget	Base Uplift	745	3,553	750	1,064	0	0	0	6,112
		NRAC Distribution	663	482	928	1,998	0	0	0	4,070
		Reduction in 'Bundle' funding - 7.5%	(49)	(272)	(40)	(81)	0	0	0	(442)
		Reduction in Alcohol & Drug Partnership	(97)	(431)	(80)	(161)	0	0	0	(769)
		Reduction in GDS Funding	(48)	(214)	(40)	(80)	0	0	0	(381)
	Total Payment		66,111	282,380	61,256	104,380	0	0	0	514,126
Status	Type	Category	East Lothian (£k)	Edinburgh (£k)	Mid Lothian (£k)	West Lothian (£k)	Acute Non Delegated (£k)	CHP Non Delegated (£k)	Corporate Non Delegated (£k)	Total (£k)
Non Delegated	Opening Balance	Full year Recurring Expenditure Budget	0	0	0	0	445,040	46,020	302,130	793,191
	Budget	Base Uplift	0	0	0	0	6,691	759	4,800	12,250
		NRAC Distribution	0	0	0	0	9,930	0	(14,000)	(4,070)
		NRAC relating to 15/16	0	0	0	0	0	0	14,000	14,000
		PPRS	0	0	0	0	(3,719)	0	0	(3,719)
		Reduction in 'Bundle' funding - 7.5%	0	0	0	0	(154)	(86)	(1,186)	(1,426)
	Total Non Delegated		0	0	0	0	457,789	46,693	305,744	810,226
	Total Payment & Non Delegated		66,111	282,380	61,256	104,380	457,789	46,693	305,744	1,324,352
Status	Type	Category	East Lothian (£k)	Edinburgh (£k)	Mid Lothian (£k)	West Lothian (£k)	Acute Non Delegated (£k)	CHP Non Delegated (£k)	Corporate Non Delegated (£k)	Total (£k)
Set Aside	Opening Balance	Full year Recurring Expenditure Budget	19,011	88,168	17,738	28,855	18,001	0	0	171,773
	Budget	Base Uplift	288	1,334	268	437	273	0	0	2,601
		PPRS	(57)	(251)	(47)	(94)	0	0	0	(448)
		Reduction in 'Bundle' funding - 7.5%	(4)	(20)	(3)	(7)	(6)	0	0	(41)
	Total Set Aside		19,238	89,232	17,956	29,191	18,268	0	0	173,885
Grand Total			85,349	371,612	79,211	133,571	476,057	46,693	305,744	1,498,237

Financial Plan 2016/17 Risk Register

Key Assumptions / Risks	Risk rating	Impact
Recovery Actions / Efficiencies	High	Delivery of planned recovery actions to the value required to cover the known pressures and developments within the individual Business Units.
Waiting Times	High	Plans need to be developed to minimise impact on patient care and delivery of TTG/Access targets arising from reduction in use of Private Sector and Waiting List Initiatives.
Bed Configuration	High	Implementation of planned changes to Acute bed base will require management of patient flow, including admission profile for scheduled and unscheduled care, and delayed discharges.
GP Prescribing	High	A sustained level of ongoing growth and price increases have been included in the Financial Plan, however there is the potential for increases to be greater than projected.
Changes to the IPTR process	High	It has been assumed that these costs will be offset by national savings in the drug tariff along with any further costs incurred in year.
Changes to pay T&Cs and backdated pay claims	Medium	Any changes to pay, terms and conditions, in particular medical pays have not been included in the Financial Plan. NHSIL no longer has a provision for backdated pay claims, therefore any further claims will be an unplanned in year cost.
SGHD Allocations	High	Availability of SGHD funding for previously separately funded programmes and initiatives.
Capital Programme	High	NHSIL has an ambitious capital programme which requires significant resources in addition to those available to deliver. The revenue consequences of the programme are a significant pressure to the organisation. This can be mitigated by disinvestment in services, additional resources and / or rephasing of schemes.

Equal Pay	High	Discussions are continuing with CLO and Audit Scotland with regards to the treatment of this potential financial exposure.
Winter Beds	High	The risk remains whether sufficient additional resources are available to meet the pressures from anticipated winter demand
Integration	High	The plan has assumed that the additional resource passed to the IJBs from the Social Care Fund will create additional capacity and reduce the total level of Delayed Discharges in the Health System
Acute Prescribing	High	There is a risk that the level of growth exceeds the estimate contained in the Plan
Introduction of the Outcomes Framework	High	The Plan assumes that plans are in place to reduce expenditure in line with reductions in ADP and Bundles Funding
Workforce	Medium	Action will be required to manage Patient Safety and EUWTD compliance in order to support planned reductions in use of supplementary and premium rate staffing solutions.

NHS Lothian

Board Meeting
6 April 2016

Interim Nurse Director

SUMMARY PAPER - QUALITY AND PERFORMANCE

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

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

Key Points	Paragraph
That changes are proposed to the selection of performance measures reported to ensure appropriate consistency with the Scottish Government's Local Delivery Plan guidance for 2016/7;	Table A
That these quality and performance measures are assigned to board committees for them to then provide assurance on these to the Board;	4.4 Table B
That recommendations on risk tolerance for these individual measures are developed and considered by the relevant board committee	4.5
That an assurance process involving Board committees is proposed;	4.6-4.11
That better alignment of the assurance process and meetings of the board and committees is explored for dates to be rescheduled;	4.10
Of the 39 measures assessed, 15 standards were met, while 24 were not.	Table 2 , Page 8

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QUALITY AND PERFORMANCE

1 Purpose of the Report

- 1.1 This report provides an update to the Board on the most recently available information on NHS Lothian's position against, for the first time, a range of quality and performance measures.
- 1.2 Furthermore recommendations are made on alterations to measures monitored and to the assurance process. These are matters reserved, through its standing orders, for the Board to determine.
- 1.3 Any member wishing additional information on a particular measure should contact the lead director in advance of the meeting or approach the Interim Nurse Director on matters relating to the monitoring and assurance changes proposed.

2 Recommendations

- 2.1 To approve the changes proposed in the selection of performance measures reported to ensure appropriate consistency with the Scottish Government's Local Delivery Plan guidance for 2016/7;
- 2.2 To approve the suggested allocation of metrics to board committees (Table B) and the process proposed on identifying risk tolerance for these measures;
- 2.3 To approve the proposed assurance process with board committees undertaking an enhanced role; and
- 2.4 To accept this report as assurance that of the 40 measures considered, 15 are met and that lead directors have action plans in place to address performance in those 24 where performance is not of the standard sought.

3 Development of Quality and Performance Reporting

- 3.1 During 2015 the Board agreed to refocus the reporting of performance and quality into a common approach in line with best practice recommendations made by Audit Scotland, Healthcare Improvement Scotland and from NHS England. This paper sees this process continuing to evolve with these measures being brought together in a single paper.
- 3.2 The Board also agreed prior to 2015 that its committees should undertake the key assurance role in relation to the assessment of progress towards corporate objectives. Discussion at recent board meetings has suggested that this role ought to extend to the assurance of quality and performance.

- 3.3 Additionally Scottish Government's Local Delivery Plan (LDP) guidance articulates key areas of focus for Health Board. With new guidance available for 2016/7 it is appropriate to review for measures currently included.
- 3.4 Whilst there are no additional measures within the LDP yet to be reported to the Board, a number currently reported to the Board do not feature in the guidance (although most have, previously). These are listed in Table A below. It is suggested that those elements understood as being revised nationally, or where performance is largely satisfactory, are retired whilst those measures for which performance difficulties persist should remain.

Table A - Historical Measures

Measure	Comment	Proposal
Audiology	Performance also reported in 18 week RRT measure so removal would reduce duplication. Small numbers of exceptions to local (not national) stage of treatment aims.	Retire
Carbon Emission	Significant revision to this measure is reported to be under consideration by Health Facilities Scotland	Retire
Delayed Discharge	A key focus of IJBs, with significant implications for patient care and hospital performance.	Retain
Diagnostics	Although also covered in 18 weeks this is an area of significant ongoing challenge.	Retain
Emergency Bed Days	Measure is being redefined as part of national IJB performance framework.	Retire
Energy Efficiency	Significant revision to this measure is reported to be under consideration by Health Facilities Scotland	Retire
Surveillance Endoscopy	Although never featured in a LDP to date, this has been reported to the Board given close connection to Diagnostics above and importance to patient care.	Retain

- 3.5 **It is recommended that the Board accept these proposals in relation to the historical measures to be retired or retained.** Alongside measures featuring historically in the quality report and those in the 2016/7 LDP, those agreed to be retained will feature in the Quality and Performance paper over the coming year.

4 Role of Board Committees in Assurance of Quality and Performance

- 4.1 Following discussion at February's Board Meeting, the role of board committees in this area was explored with the non-executive chairs of the Healthcare Governance Committee and Acute Hospitals Committees. The relevant lead directors or their representatives also attended. The process proposed below is based on those deliberations with Board Committees taking the lead in focusing on particular areas of performance. The proposed assignment of measures is outlined in the following table.
- 4.2 It will be noted that two of the board committees receive the overwhelming majority of the measures under discussion. Furthermore, following discussion with these committee chairs, a number of topics historically considered at the Healthcare Governance Committee are to be a focus in the future of Acute Hospitals Committee, recognising the measure concerned relates fundamentally to hospital activity. Accordingly system wide measures reside with the Healthcare Governance Committee.
- 4.3 Those Board members involved with Integration Joint Boards (IJBs) will also be aware of the ongoing discussion of a shared assurance requirement of both the Health Board and IJBs, most recently articulated at the Healthcare Governance

Committee’s workshop held on the 18th March. Accordingly as assurance arrangements develop with IJBs, steps may need to be taken to ensure that these dovetail into the approach the committees are to adopt.

4.4 **The Board is asked to confirm that it is content with the assignment of measures and that the Board seeks the Committee to gain assurance on the management and progress in those areas.**

Table B - Alignment of Q&P Metrics to Committees

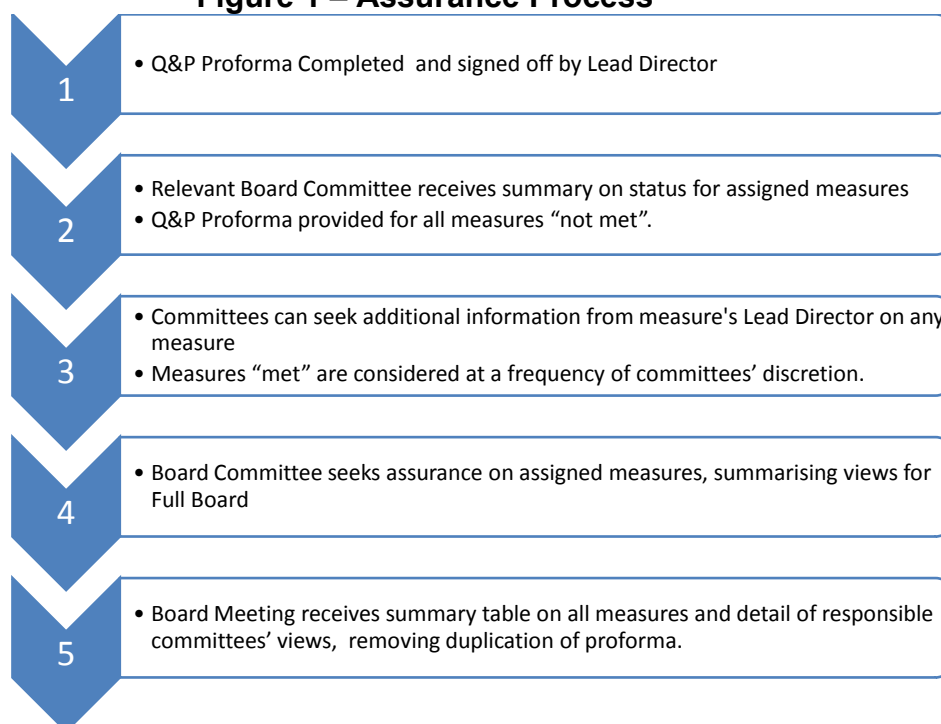
Acute Hospitals Committee	Healthcare Governance Committee
<ul style="list-style-type: none"> • 4-hour Unscheduled Care (% seen) • Adverse Incidents & Falls with Harm • Cancer (31-day) (% treated) • Cancer (62-day) (% treated) • Cardiac Arrest • Complaints • Diagnostics (6 weeks) • Healthcare Acquired Infection - CDI • Healthcare Acquired Infection - SAB • HSMR • IPDC Treatment Time Guarantee (12 weeks) • IVF (12 months) • Outpatients (12 weeks) • Patient Experience • Readmissions & Length of Stay • Referral to Treatment (18 Weeks) • Stroke Bundles (% receiving) • Surveillance Endoscopy (past due date) 	<ul style="list-style-type: none"> • 48 hour GP access & advance booking • Alcohol brief interventions • CAMHS (18 Weeks) • Delayed Discharge • Dementia & post-diagnostic support • Detecting Cancer Early (% diagnosed) • Drug & Alcohol Waiting Times (3 weeks) • Early Access to Antenatal Care (% booked) • Psychological Therapies (18 Weeks) • Smoking Cessation (quits)
Finance & Resources Committee	Staff Governance Committee
<ul style="list-style-type: none"> • Revenue resource limit; capital resource limit; and meet cash requirement. 	<ul style="list-style-type: none"> • Sickness absence (4%)

4.5 The Committee Chairs also felt that risk tolerance considerations should be extended to all of the measures within the quality and performance framework and it is suggested that recommendations on proposed level risk tolerance be developed for consideration. **It is recommended that these discussions are progressed with the relevant committee identified in Table B**

Proposed Assurance Process

4.6 Reflecting the aspiration for board committees to undertake a fuller role in the governance process. Building upon the discussion with committee chairs allowed an assurance process to be developed. This is summarised in Figure 1 and portrayed in more detail thereafter.

Figure 1 – Assurance Process



- 4.7 It is suggested that the relevant board committee receives, at each of its meetings, a summary of overall performance for the measures under its purview with proformas being provided for any of the measures that are ‘not met’. Importantly if a committee felt the requirement for more detailed information than that present in a proforma, this could be obtained by commissioning an in-depth report from the Director concerned, who would subsequently present the paper at the meeting.
- 4.8 Detail is not planned to be provided as a matter of course for those standards which are met. Although it was suggested that there should be at least a yearly review for all measures – whether met or not - ultimately it was concluded that this should be left to the discretion of the committees themselves.
- 4.9 It is appropriate that the views of the responsible committees are relayed to the full Board in order that their assurance role is discharged adequately. It is therefore proposed that committee chairs and lead directors undertake this role, with support initially from Analytical Services. With oversight occurring at committee level, and views on the level of assurance attained being made explicit at the Board Meeting, it is suggested that an overview of individual quality and performance measures would suffice at the Board Meeting itself. It was not felt necessary that underlying proformas or further detail would be required routinely, although it would of course be possible for members to direct otherwise.
- 4.10 It was also recognised, given the release of datasets around key dates, that this assurance process is unlikely to fall conveniently in line with the days currently set for the meetings of the Board and its committees. Therefore it is proposed that the potential for better alignment to be explored for those meetings yet to be scheduled.
- 4.11 The Board is therefore asked to support the changes proposed to the assurance process.

5 Recent Performance

- 5.1 Drawing together those measures historically featuring in the Quality Report and those from the Performance Reporting paper, in line with the proposal last December, where a standard has not been achieved, a completed proforma has been provided by the responsible director. These proformas seek an explanation of current performance, a timescale for improvement and detailing of underlying actions. These exception reports are intended to allow the Board to explore matters in more depth.
- 5.2 Each standard is assessed as to whether it meets the target, and if not, trend in recent performance is considered. NHS Lothian's comparative position against overall Scottish performance is also set out. Positive assessments are graded green, those which are not red. [Table 1](#) identifies where each standard sits following this assessment.
- 5.3 [Table 2](#) sets out compliance in more detail outlining whether the target is met, recent trend and comparative position, and allowing assessment of variation from standards. Those targets not met are covered in further detail in section 4. Of those considered, 15 were met whilst 24 were not.

Table 1: RAG Summary¹

RAG Count	Measures	Healthcare Quality Domain	Number of Reds ²	Notes
3 Reds	4-hour Unscheduled Care (% seen)	Timely	-	
	48 Hour GP Access – GP appt	Timely	N/A	
	Drug & Alcohol Waiting Times (3 weeks)	Timely	-	
	Outpatients (12 weeks)	Timely	-	
	Referral to Treatment (18 Weeks)	Timely	-	
2 Reds	Healthcare Acquired Infection - CDI (rate per 1,000 bed days, aged 15+)	Safe	-	Only two Reds applicable
	CAMHs (18 Weeks)	Timely	-	
	Cancer (31-day) (% treated)	Timely	-	
	Diagnostics (6 weeks)	Timely	-	
	IPDC Treatment Time Guarantee (12 weeks)	Timely	-	
	Psychological Therapies (18 Weeks)	Timely	-	
	Delayed Discharges (over 2 weeks)	Effective	-	
	Carbon Emissions (tonnes)	Efficient	-	
	Staff Sickness Absence Levels (<=4%)	Efficient	-	
	1. Complaints (3-Day)	Person Centred	N/A	
	2. Complaints (20-Day)	Person Centred	N/A	
	Reduction in Emergency Bed Days (rate per 1,000 population, aged 75+)	Person Centred	-	
Patient Experience (9.5/10 – Overall Experience)	Person Centred	N/A	Only two Reds applicable	
1 Red	Surveillance Endoscopy (past due date)	Timely		Only two Reds applicable
	Cardiac Arrest	Safe	-	Only one Red applicable
	Dementia	Person Centred	N/A	
	Healthcare Acquired Infection - SAB (rate per 1,000 acute bed days)	Safe	↓	Only two Reds applicable
	Audiology (various)	Timely	-	Only two Reds applicable
	Cancer (62-day) (% treated)	Timely	N/A	
Detecting Cancer Early (% diagnosed)	Person Centred	-		
0 Reds/Greens				
1 Green	Falls with Harm	Safe	-	Only one Green applicable
	Stroke Bundle (% receiving)	Safe	↓	
	Hospital Scorecard – Standardised Surgical Readmission rate within 7 days	Safe	N/A	
	Hospital Scorecard – Standardised Surgical Readmission rate within 28 days	Safe	N/A	
	Hospital Scorecard – Standardised Medical Readmission rate within 7 days	Safe	N/A	
	Hospital Scorecard – Standardised Medical Readmission rate within 28 days	Safe	N/A	
	Hospital Scorecard – Average Surgical Length of Stay – Adjusted days	Safe	N/A	
2 Greens	Hospital Scorecard – Average Medical Length of Stay – Adjusted days	Safe	N/A	Only two Greens applicable
	Hospital Standardised Mortality Ratios (HSMR) (20% reduction)	Safe	N/A	
	48 Hour GP Access – access to healthcare prof	Timely	N/A	
	Alcohol Brief Interventions (ABIs)	Timely	N/A	
	IVE (12 months)	Timely	-	
	Energy Efficiency (GJ)	Efficient	-	
Early Access to Antenatal Care (% booked)	Equitable	-		
Smoking Cessation (quits)	Equitable	-		

¹ This table provides a tally of the number of 'Reds' or 'Greens' achieved per measure, to a maximum of two Greens (if a measure meets target, it can currently only achieve at most one other green, by comparison against national performance). 'Greens' and 'Reds' are otherwise achieved as a result of 'Status', 'Trend' and 'Published Status vs. National Position' – please see [Table 2](#) (below) for details.

² Direction -'↑', '↓', '-' – indicates whether the measure has increased, decreased, or maintained the number of reds, compared with the previous cycle of reporting.

Table 2: Summary of Performance Position

Measure	Type ³	Status ⁴	Trend ⁵	Published Status vs. National Position ⁶	Target/Standard	Current	Current Reporting Date	Data Updated since Last Cycle ⁷	Narrative Updated Since Last Cycle ⁸	Lead Director
Safe										
Cardiac Arrest	Quality	Not Met	N/A	Not Applicable	50% (reduction)	1.58 (median)	Jan 2016	Not Applicable	Not Applicable	DF
Falls With Harm	Quality	Met	N/A	Not Applicable	20% (reduction)	21 (median)	Jan 2016	Not Applicable	Not Applicable	DF
Healthcare Acquired Infection - CDI (rate per 1,000 bed days, aged 15+)	LDP	Not Met		Worse	0.32 (max) (<262)	0.40 (304)	8 th Mar 2016	✓	✓	DF
Healthcare Acquired Infection - SAB (rate per 1,000 acute bed days)	LDP	Not Met		Better	0.24 (max) (<184)	0.29 (218)	8 th Mar 2016	✓	✓	DF
Hospital Standardised Mortality Ratios (HSMR) (20% reduction)	Quality	Met		Better	All sites within HS Limits & <=1	RIE – 0.72; SJH – 0.76; WGH – 0.66	Sept 2015	Not Applicable	Not Applicable	DF
Timely										
4-hour Unscheduled Care (% seen)	LDP	Not Met	↓	Worse	95% (min)	87.97%	Feb 2016	✓	*	JC
1. 48 Hour GP Access – access to healthcare prof	LDP	Met		Equal	90% (min)	92.4%	Mar 2014	Not Applicable	Not Applicable	DS
2. 48 Hour GP Access – GP appt	LDP	Not Met	↓	Worse	90% (min)	76.7%	Mar 2014	Not Applicable	Not Applicable	DS
Alcohol Brief Interventions (ABIs)	LDP	Met		Better	9,938 (Annual)	24,388	Mar 2015	✓	Not Applicable	AMcM
Audiology (various)		Not Met	↑	Not Applicable	0 (max)	49	Feb 2016	✓	✓	JC
CAMHS ⁹ (18 Weeks)	LDP	Not Met	↑	Worse	90% (min)	73%	Feb 2016	✓	✓	AMcM
Cancer (31-day) (% treated)	LDP	Not Met	↓	Better	95% (min)	94.7%	Jan 2016	Not Applicable	Not Applicable	JC
Cancer (62-day) (% treated)	LDP	Not Met	↑	Better	95% (min)	94.3%	Jan 2016	*	✓	JC
Diagnostics (6 weeks)		Not Met	↑	Worse	0 (max)	826	Feb 2016	✓	✓	JC
Drug & Alcohol Waiting Times (3 weeks)	LDP	Not Met	↓	Worse	90% (min)	82.8%	Sep 2015	*	✓	AMcM
IPDC Treatment Time Guarantee (12 weeks)	LDP	Not Met	↓	Better	0 (max)	221	Feb 2016	✓	✓	JC
IVF (12 months)	LDP	Met		Equal	90% (min)	100%	Feb 2016	✓	Not Applicable	JC
Outpatients (12 weeks)	LDP	Not Met	↓	Worse	95% (min)	84% (7,986)	Feb 2016	✓	✓	JC
Psychological Therapies (18 Weeks)	LDP	Not Met	↑	Worse	90% (min)	70%	Feb 2016	✓	*	JF
Referral to Treatment (18 Weeks)	LDP	Not Met	↓	Worse	90% (min)	82.4%	Feb 2016	✓	*	JC
Stroke Bundle (% receiving)	Quality	Met		Not Applicable	70% (min)	73.2%	Jan 2016	✓	Not Applicable	JC
Surveillance Endoscopy (past due date)		Not Met	↑	Not Applicable	0 (max)	2,391	Feb 2016	✓	✓	JC
Effective										
Delayed Discharges (over 2 weeks)		Not Met	↑	Worse	0 (max)	54	Mar 2016	✓	✓	RMG/EM/DS/JF/JC
Efficient										
Carbon Emissions (tonnes)		Not Met	↓	Better	26,266 (max)	27,755	Mar 2015	*	*	AB
Energy Efficiency (GJ)		Met		Better	868,351 (max)	849,930	Mar 2015	*	Not Applicable	AB
Hospital Scorecard – Standardised Surgical Readmission rate within 7 days	Quality	Met		Not Applicable	All NHS L Sites (RIE; SJH & WGH), Within Hospital Scorecard Limits	RIE – 32.5; SJH – 21.4; WGH – 21.9; NHS L – 25.4	Sep 2015	Not Applicable	Not Applicable	DF
Hospital Scorecard – Standardised Surgical Readmission rate within 28 days	Quality	Met		Not Applicable		RIE – 59.7; SJH – 30.2; WGH – 47.7; NHS L – 45.4	Sep 2015	Not Applicable	Not Applicable	DF
Hospital Scorecard – Standardised Medical Readmission rate within 7 days	Quality	Met		Not Applicable		RIE – 50.0; SJH – 55.7; WGH – 60.4; NHS L – 51.5	Sep 2015	Not Applicable	Not Applicable	DF
Hospital Scorecard – Standardised Medical Readmission rate within 28 days	Quality	Met		Not Applicable		RIE – 119.8; SJH – 128.2; WGH – 116.1; NHS L – 115.2	Sep 2015	Not Applicable	Not Applicable	DF
Hospital Scorecard – Average Surgical Length of Stay - Adjusted	Quality	Met		Not Applicable		RIE – 0.89; SJH – 0.83; WGH – 1.14; NHS L – 0.9	Sep 2015	Not Applicable	Not Applicable	DF
Hospital Scorecard – Average Medical Length of Stay - Adjusted	Quality	Met		Not Applicable		RIE – 0.89; SJH – 1.4; WGH – 1.3; NHS L – 1.2	Sep 2015	Not Applicable	Not Applicable	DF
Staff Sickness Absence Levels (<=4%)	LDP	Not Met	↓	Better	4% (max)	5.41%	Feb 2016	Not Applicable	Not Applicable	AB
Equitable										
Early Access to Antenatal Care (% booked)	LDP	Met		Better	80% (min), for each SIMD quintile ¹⁰	SIMD 1 (Most Deprived) – 87%; SIMD 2 – 95.9%; SIMD 3 – 95.1%; SIMD 4 – 93.6%; SIMD 5 (Least Deprived) – 88.0%; All – 91.9%	Dec 2015	✓	Not Applicable	AMcM
Smoking Cessation (quits)	LDP	Met		Better	293 (min)	299 ¹¹	Oct 2015	✓	Not Applicable	AKM
Person Centred										
1. Complaints (3-Day)	Quality	Not Met	↑	Worse	100%	62%	Dec 2015	Not Applicable	Not Applicable	AMcM
2. Complaints (20-Day)	Quality	Not Met	↑	Worse	80%	41%	Dec 2015	Not Applicable	Not Applicable	AMcM
Detecting Cancer Early (% diagnosed)	LDP	Not Met	↑	Better	29% (min)	26.2%	2013 & 2014	*	*	AKM
Dementia	LDP	TBC ¹²	N/A	Not Applicable	100% (1 Year (Min))	1.0	Jan 2016	✓	✓	JC
Reduction in Emergency Bed Days (rate per 1,000 population, aged 75+)		Not Met	↑	Worse	4,709.3 (max)	4,978	Mar 2015	*	*	RMG/EM/DS/JF/JC
Patient Experience (9.5/10 – Overall Experience)	Quality	Not Met	↓	Not Applicable	9.5/10	8.44	Jan 2016	Not Applicable	Not Applicable	AMcM

³ LDPS – Local Delivery Plan Standard.

⁴ Status – describes where Current meets or does not meet Target.

⁵ Trend - '↑', '↓', '-' - describes Improvement or Deterioration for Current, where Status is 'Not Met', against an average of the last two relevant reported data points.

⁶ Published Status vs. National Position – describes most recent published Lothian position against the most recent (directly comparable) published national position to comply with Official Statistics' requirements - either for rates (incl. %) or against NRAC share. These may refer to different time periods than Current.

⁷ Update – Current performance figure, Status, Trend and Published Status updated, where applicable, since last reporting cycle. Updates on comparative performance following publication not indicated.

⁸ Update – Current performance figure, Status, Trend and Published Status updated, where applicable, since last reporting cycle. Updates on comparative performance following publication not indicated.

⁹ Abbreviations – CAMHS - Child and Adolescent Mental Health Services; CDI- Clostridium difficile Infection; SAB Staphylococcus aureus Bacteraemia; IPDC – Inpatient and Day-case; IVF – In Vitro Fertilisation.

¹⁰ SIMD - Scottish Index of Multiple Deprivation, <http://www.gov.scot/Topics/Statistics/SIMD>

¹¹ Management information/provisional

¹² Please see [Proforma](#)

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

Cardiac Arrest

Healthcare Quality Domain: Safe

Target/Standard:

- 50% reduction in Cardiac Arrests with Chest Compressions Rate by December 2015 from February 2013 (1.9 per 1,000), baseline.

Responsible Director[s]: Executive Director: Medical Director

Performance:-

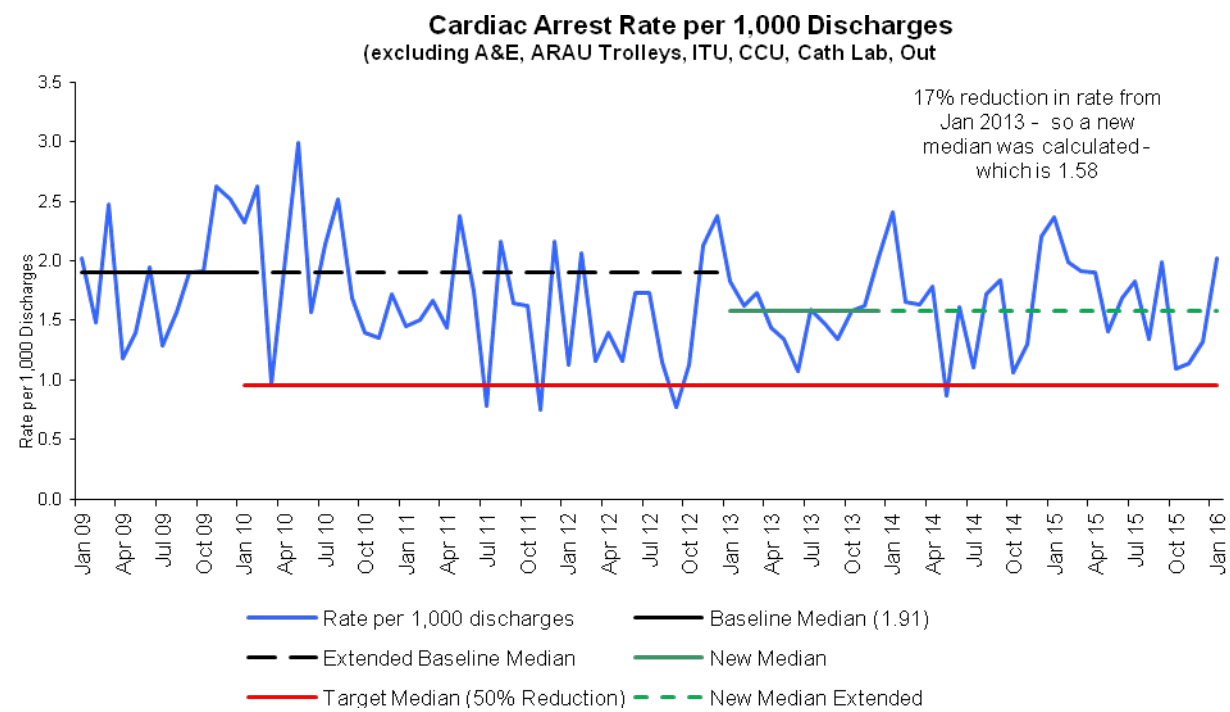
Status	Trend	Published Status vs. National Position	Target	Current	Current Reporting Date	Data Updated since Last Cycle?	Narrative Updated since Last Cycle?	Lead Director
Not Met	N/A	Not Applicable	50% (reduction)	1.58 (median)	January 2016	Not Applicable	Not Applicable	DF

Summary for Committee to note or agree

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

Recent Performance – 17% against Standard

Figure 1: NHS Lothian Cardiac Arrest Rates



Timescale for Improvement				
A trajectory has not been agreed with SGHD.				
Actions Planned and Outcome				
Action	Due By	Planned Benefit	Actual Benefit	Status
Local cardiac arrest reviews	Ongoing	Organisational learning & identification of themes for targeted improvements and a sustained reduction in cardiac arrests. MDT engagement to identify themes & actions for improvement	Changes in process and increase the days between cardiac arrest in a number of wards with 6 of the pilot wards achieving greater than 300 days between.	Ongoing
Aim: 95% of people with physiological deterioration in acute care will have a structured response. Implementation of the Structured Response Tool (in conjunction with education within Deteriorating Patient work-stream).	Planned roll out April 2016	The tool has demonstrated that it supports reliable communication, decision making and management of deteriorating patients by clinical teams, as well as enabling learning from events which informs the improvement process	Testing in surgery RIE & oncology has demonstrated improved early recognition and appropriate management of deterioration with improved documentation.	Ongoing- Planned roll out April 2016
NEWS chart implementation. (In conjunction with Deteriorating Patient work-stream & Education team). NEWS is evidence based to be sensitive to early physiological deterioration and to trigger an appropriate graded response with a reduction in cardiac arrests and mortality.	Planned roll out April 2016	Adopting the National standardised chart which is used in all Boards including SAS in Scotland to reduce variation and improve communication. Linked to the Structured Response Tool to support timely identification & management of deterioration by facilitating accurate recording of observations with appropriate early escalation & graded response.	Not yet implemented, actual benefit would be a reduction in cardiac arrest rate	Ongoing- Planned roll out April 2016
Implementation of sepsis screening and management using NEWS, sepsis boxes, education, training and simulation.	Ongoing	To improve the recognition and management of sepsis to reduce mortality from sepsis. As part of our scoping work in 2015 70% of patients in NHS Lothian who deteriorated had sepsis.	ISD % unadjusted sepsis mortality has shown a statistically significant reduction in RIE from 28% to 15%, SJH has remained stable but there has been an increase at WGH from 10% -13% however it is well below the Scottish median of 21% and WGH has a low HSMR	Ongoing
In NHS Lothian pilot areas >80% of patients have advanced conditions and are at risk of deterioration and dying & 51% of cohort died within 12 months. Development of anticipatory care planning with patients and families nearing the end of their lives to discuss potential future deterioration & facilitate shared decision making with reliable documentation. This is informed by policy context and baseline data including cardiac arrest reviews which demonstrate need for 'upstream' engagement with patients & families. Prototyping of a structured review and testing implementation is taking place. Evolving themes include the need for concurrent MDT communication skills education & patient/carer engagement in the testing & implementation.	Prototyping phase with September 2016	<ul style="list-style-type: none"> Avoidance of cardiopulmonary resuscitation for patients who either do not want or will not have a good outcome to CPR; Person centred decision making and optimal engagement with patients and families with effective communication of these decisions; Clear communication of plan for deterioration to facilitate a bespoke Structured Response in the event of deterioration; Timely transition to end of life care; Support appropriate identification of patients with anticipatory care planning needs; Closely linked with Deteriorating patient work-stream and the development of the Structured Response Tool. 	Data from small tests in 8 MoE/Stroke wards (c.200 patients) demonstrate sustained improvement in documented discussions with patients & their families regarding future wishes & plan for further deterioration. (>80% of patients have documented AnCP/future wishes discussion). In test areas data demonstrates improved access to Key Information Summary on admission & improved AnCP information within discharge documentation.	Ongoing. Prototyping testing with input from AnCP forum including expert palliative care, primary & secondary care input. Next steps include MDT communication skills workshops and test of structured review tool within MAU & an oncology ward.
Exploring electronic observation systems including electronic track & trigger.	Ongoing	NHS Fife have demonstrated a reduction in Cardiac arrests since implementation of track & trigger system.	N/A	
Comments				
Reasons for Current Performance				
The Cardiac arrest rate for 3 major acute hospitals is low, and below the Scottish rate. All three sites are approximately the same rate and do not give cause for concern. A 50% reduction from our low baseline rate is ambitious. In order for us to achieve this, identification and management of deterioration and greater numbers of earlier anticipatory care plans and DNACPR would need to be in place. The recommendation is that there should be a rapid response team for cardiac arrests. This was scoped and proposed but could not be funded and the interventions that are being put in place are all system improvements within existing resources.				

Healthcare Acquired Infection – Clostridium difficile Infection (CDI)

Healthcare Quality Domain: Safe

Target/Standard: NHS Boards' rate of Clostridium difficile infections (CDI) in patients aged 15 and over is 0.32 cases or less per 1,000 total occupied bed days.

Responsible Director[s]: Executive Director: Medical Director

Performance:-

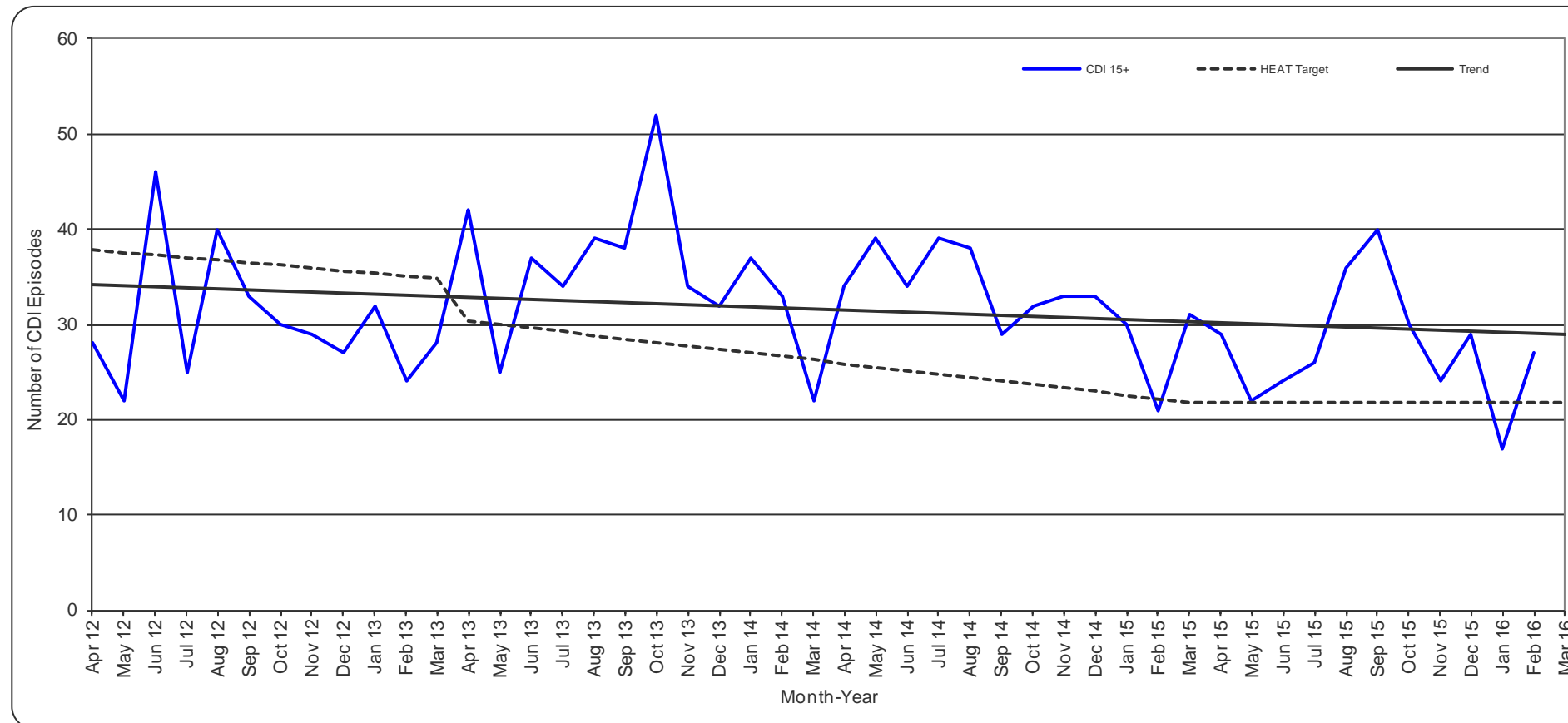
Status	Trend	Published Status vs. National Position	Target	Current	Current Reporting Date	Data Updated since Last Cycle?	Narrative Updated since Last Cycle?	Lead Director
Not Met		Worse	0.32 (max) (<262)	0.40 (304)	8 th Mar 2016	✓	✓	DF

Summary for Committee to note or agree

- Board has not met HEAT target but based on current trends and rates should demonstrate a reduction on previous year rate of 0.47;
- Estimated rate for March 2016 is 0.40.
- In the last data published by Health Protection Scotland, (comparing year-ending September 2014 with year-ending September 2015) Yearly trends in patients aged 65 years and above demonstrate that there was a decrease in NHS Lothian incidences.
- In the last data published by Health Protection Scotland it noted NHS Lothian was an outlier in Quarter 3 for patients aged 15-64 years.
- Health Protection Scotland has reviewed NHS Lothian epidemiology and there is no evidence of cross transmission, incidences are mainly associated with antimicrobial therapy.

Recent Performance – Numbers Achieved against Standard

Figure 1: CDI Progress against HEAT target – NHS Lothian (Number of CDI Episodes per Month) Source: Infection Prevention and Control Team



Timescale for Improvement

There has been no formal trajectory agreed by SGHD however based on current performance and trend it is anticipated whilst the HEAT target will not be met there should be a reduction on previous year rate of 0.47 (393). Estimated end March point is 0.40 (332 episodes). This would be a reduction of 61 incidences.

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
<p>Development of more detailed action plan in conjunction with Quality Improvement</p> <p>Responsible Person(s): Lead Infection Prevention and Control Nurse/Patient Safety Programme Manager / Clinical Management Group.</p>	February 2016	<p>All staff involved in the prescribing and administration of antimicrobials have a role to play in prevention of healthcare associated CDI. A multidisciplinary approach is essential to the prevention of CDI. The detailed action plan must include contributions from clinical teams if this is to be effective.</p>		Proposed actions circulated to key stakeholders with request for comments by 19 th February 2016. Draft submitted for discussion at Audit and Risk Management Committee 29 th February 2016.
<p>Establish local IPC Committees to increase local ownership of data and corresponding actions for improvement</p> <p>Responsible Person(s): Site Associate Medical Directors</p>	March 2016	<p>Increased local ownership and knowledge of data provides the opportunity for the site based teams to address issues more effectively and promptly.</p> <p>This needs to include a mechanism for identifying prescribers that consistently deviate from policy prescribing and discussing the reasons why, resulting either in revision of the policy or alteration in prescribing behaviour.</p>		
<p>Establishment of a Multi-disciplinary review team to improve robustness of CDI case identification and reporting to ensure all CDI patients being reported meet the definitions as advised by HPS.</p> <p>Responsible Person(s): Lead Infection Prevention and Control Nurse / Lead Infection Control Doctor / IPCT Clinical Scientist / Microbiology Clinical Lead / Microbiology Laboratory manager</p>	April 2016	<p>All <i>Clostridium difficile</i> positive laboratory results do not necessarily mean the patient has infection. It is essential that individual cases are reviewed through a patient centred approach to ensure they meet the definitions of infection in order to reduce the over reporting of CDI Incidence.</p> <p>Reduce the number of patients receiving unnecessary treatment and extended stay in hospital</p> <p>Reduce the pressures on single room accommodation for isolation</p> <p>There is scope to significantly improve the time to diagnosis of CDI but this would need to involve laboratory management e.g. having more GDH/toxin testing runs per day and not carrying over samples for testing to the next working day.</p> <p>Funding of PCR testing for C difficile may also resolve which GDH positive patients with diarrhoea are not carriers of C difficile and rule out the diagnosis in situations where there is currently uncertainty.</p>		<p>In Progress. There is a weekly multidisciplinary ward round to review patients and the documentation of daily stool frequency and consistency (using Bristol stool chart) using standardised definition when a patient has loose stools.</p> <p>The IPCNs visit each new inpatient diagnosed with CDI to ensure transmission based precautions are in place, reducing risk of cross transmission.</p> <p>NHS Lothian increased availability of single use equipment and additional reusable equipment to support designated equipment for use with patients confirmed positive for CDI infection.</p>
<p>Improved Antimicrobial Stewardship</p> <p>Key preventative strategies primarily hinge on good antimicrobial stewardship, and management of other risk factors for CDI such as prescription of Proton pump inhibitors (PPI).</p> <p>Antimicrobial Management Team to ensure that data is shared with areas of high use antimicrobials and those utilising antimicrobials associated with high risk CDI. Information will be made available on the AMT Intranet page. Associate Medical Directors and Practitioners should utilise the data to review prescribing patterns and increase education to reduce the use of</p>	Nov. 2016	<p>The national data demonstrates whilst NHS Lothian is the lowest user of antibiotics in primary care, use of the 4C antibiotics remain proportionally higher than other Boards. This is despite an 11.5% reduction last year.</p> <p>The national dataset AMIDS combines primary care and secondary care antibiotic use. This shows marked reductions in total 4C use in 2014 and again in 2015. Additionally it shows our CDI cases to be falling against a rise in the cumulative Scottish cases.</p> <p>Data from the antimicrobial pharmacists shows a drop in use of coamoxyclav and Tazocin since last Feb in the some but not all acute</p>		<p>The Antimicrobial team continue to work with clinical teams and GPs to improve medicine management.</p> <p>The invest-to-save ward round undertaken to review the use of IV antimicrobials and promote IV to Oral switch has also provided advice on general prescribing.</p> <p>NHS Lothian is implementing the NHS Education Scotland Antimicrobial stewardship workbook for registered nurses.</p>

<p>high risk antimicrobials.</p> <p>Responsible Person(s): Antimicrobial Management Team / Associate Medical Directors / General Practitioners</p> <p>Establish an explicit governance framework of how to address persistent non compliance with NHS Lothian antibiotic prescribing policies when this occurs</p> <p>Responsible Person(s): Clinical Governance</p> <p>Regular review of antimicrobial policies (including surgical prophylaxis) which use 4C Antibiotics and explore non 4C alternatives.</p> <p>Responsible Person(s): Clinical Teams / Antimicrobial Management Team / Associate Medical Directors</p>		<p>settings. It is essential this is addressed to ensure consistency and reduction across the Board as appropriate.</p> <p>Use of 4C antibiotics remains an issue in the management of community acquired pneumonia in the over 65s where practice in Lothian is to use coamoxyclav as per CURB65 score in Thorax guidance whereas other boards recognise the failings of the CURB65 scoring in the over 65s who have chronic cognitive decline unrelated to pneumonia severity.</p> <p>The use of the high risk antimicrobials has also been noted as a choice for bone infection and diabetic foot infections. Some urological and haematology/oncology antibiotic policies have also been noted as dependant on fluoroquinolones in Lothian but for which other boards have greater non quinolone option.</p> <p>To further reduce CDI as a consequence of 4C use and to bring NHS Lothian's use of 4C in line with NHS Scotland. This has been identified by Health Protection Scotland as an area for NHS Lothian that could have a significant impact on acquisition rates</p>		
<p>Prompt access to appropriate antimicrobial therapy including treatments for CDI is essential to aid recovery, help reduce potential for environmental contamination with C difficile spores and reduce hospital stay</p> <p>Responsible Person(s): Pharmacy / Senior Charge Nurse</p>	July 2016	<p>The issue of missed doses of antibiotics and delays for accessing antibiotic treatment potentially hampers recovery, prolongs hospital admission and increases risk of relapse and environmental contamination with spores if diarrhoea continues. Improved communication required between prescribers and nursing team to ensure all antibiotics prescribed are available or ordered if required.</p>		Ongoing
<p>Development of a strategy for primary care 4C prescribing authorised and supported by the medical director for primary care.</p> <p>Responsible Person(s): Medical Director for Primary Care / GP Sub Committee</p>	March 2017	<p>There is tension between GP requests for access to all antibiotic options for treatment of UTI versus restrictive reporting which is practiced in other Scottish boards. Lack of restrictive reporting makes reducing 4C antibiotic use harder</p>		Ongoing
<p>Improve access to alternatives to 4C antibiotics such as pivmecillinam, fosfomycin, aztreonam, and promote their use where they have a recognised role. Guidelines on their use are available and widely accessed via Microguide app. Shared learning from other boards that have implemented such changes successfully to allay hypothetical fears of prescribers to move from their traditionally preferred antibiotic of choice to ones with less potential collateral damage.</p> <p>Responsible Person(s): Antimicrobial Management Team / Associate Medical Directors / Medical Director for Primary Care</p>	February 2017	<p>To further reduce CDI as a consequence of 4C use and to bring NHS Lothian's use of 4C in line with NHS Scotland.</p>		Ongoing
<p>Staff undertaking administration of antimicrobials should be encouraged to complete the NES stewardship education package.</p> <p>Responsible Person(s): Associate Nurse Directors / Associate Medical Directors</p>	March 2017	<p>To improve staff knowledge and understanding. The course is available electronically via Learn Pro and is anticipated that the tutorial will take around 1-2 hours of online learning time.</p>		Ongoing
<p>The Lothian loose stool policy to be reviewed to ensure no ambiguity and that all advice is clear.</p>	April 2016			Ongoing

Responsible Person(s): Lead Infection Prevention and Control Nurse / Lead Infection Control Doctor				
Development of a enhanced surveillance report for CDI similar to that provided for SABs Responsible Person(s): IPCT Clinical Scientist / Head of Infection Prevention and Control Services.	April 2016	Revise and improve the information included in CDI monthly report (and reports to senior management) to reflect key areas for learning & improvement.		Ongoing
All patients should be risk assessed when presenting with diarrhoea symptoms to support appropriate isolation and correct sampling promptly requested. IPCT Risk Assessment uploaded to TRAK to support clinical team completing risk assessment. Responsible Person(s): Lead Infection Prevention and Control Nurse / TRAK Management Board / Associate Nurse Directors / Senior Charge Nurse	April 2016	With the introduction of Paperlite System and the transition of nursing risk assessment documentation, infection control risk assessment which covers diarrhoea illnesses, highlighting patients who are admitted with CDI symptoms which will automatically develop associated action plan which will direct patient to be isolation and transmission based precautions utilised.		Go live date within Trak is anticipated as April 206

Comments

Reasons for Current Performance

Clostridium difficile can often be an unintended consequence of antimicrobial use. Investigations indicate many of these patients have had complex health care needs resulting in multiple courses of antimicrobial therapy. All investigations and case reviews have found the cases to be individual unrelated infections and not as a result of cross transmission.

The above actions supported by the clinical teams could improve NHS Lothian performance in reducing the incidence of CDI. The support from Clinical Teams is essential to any successful reduction.

Healthcare Acquired Infection – Staphylococcus aureus Bacteraemia (SAB)

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

Responsible Director[s]: Executive Director: Medical Director

Performance:-

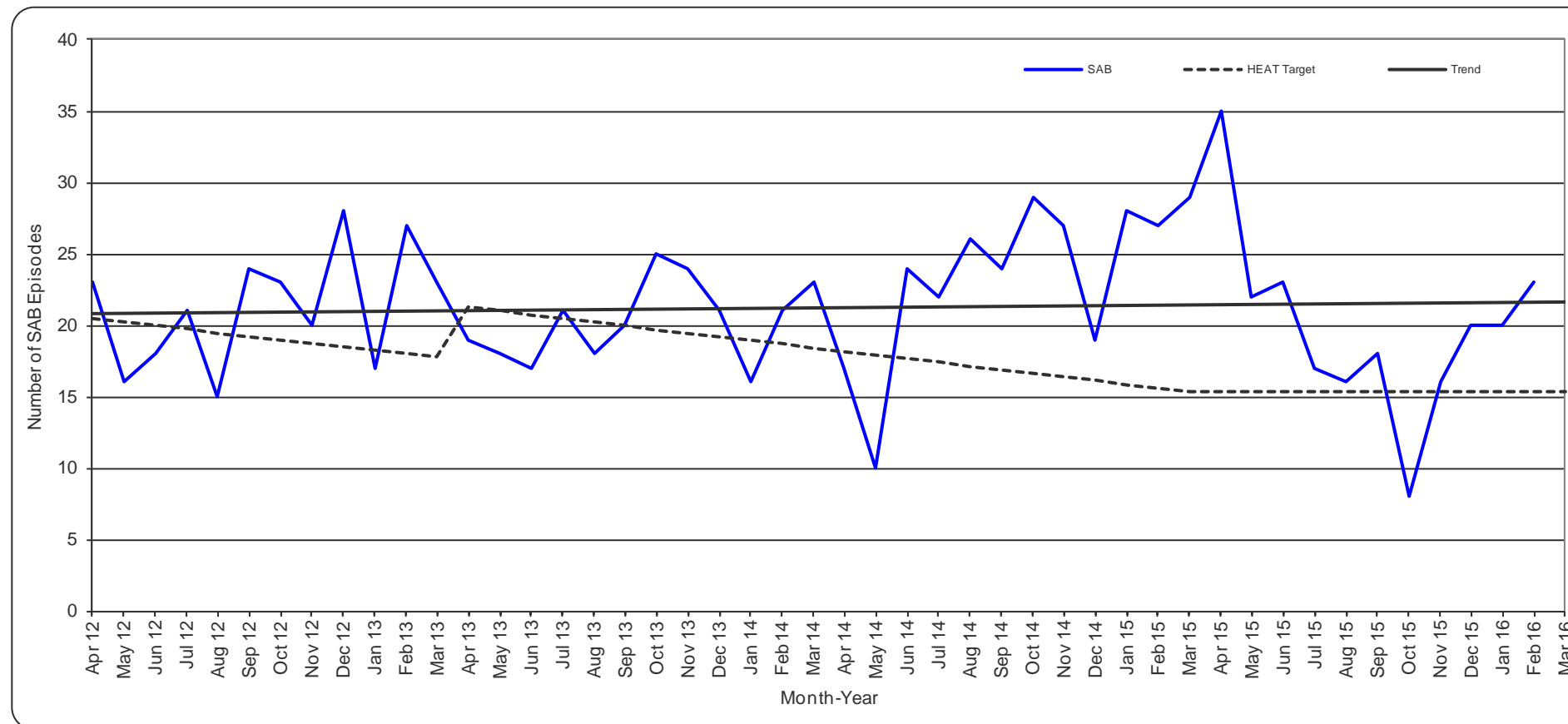
Status	Trend	Published Status vs. National Position	Target	Current	Current Reporting Date	Data Updated since Last Cycle?	Narrative Updated since Last Cycle?	Lead Director
Not Met		Better	0.24 (max) (<184)	0.29 (218)	8 th Mar 2016	✓	✓	DF

Summary for Committee to note or agree

- Board will not meet HEAT target but based on current trends and rates should demonstrate a reduction on previous year rate of 0.35;
- Estimated rate for March 2016 is 0.28.
- In the last data published by Health Protection Scotland, it was noted there was no annual increase or decrease (comparing the year-ending September 2014 with the year-ending September 2015) in MRSA, MSSA or SAB overall Scottish rates.

Recent Performance – Rates against Standard

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



Timescale for Improvement

There has been no formal trajectory agreed by SGHD however based on current performance and trend it is anticipated whilst the HEAT target will not be met there should be a reduction on the previous year rate of 0.35 (282). Estimated end March point is 0.28 (234 episodes). This would be a reduction of 48 incidences.

Estimated end March point is 0.28 (233 episodes). This would be a reduction of 4 incidences.

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
<p>Development of more detailed action plan in conjunction with Quality Improvement.</p> <p>Responsible Person(s): Lead Infection Prevention and Control Nurse/Patient Safety Programme Manager / Clinical Management Group</p>	February 2016	<p>A multidisciplinary approach is essential to the prevention of <i>Staphylococcus aureus</i> Bacteraemia. The detailed action plan includes contributions from clinical teams if this is to be effective.</p> <p>All staff involved in insertion, maintenance and interventions utilising invasive lines have a role to play in prevention of healthcare associated infections.</p>		<p>Proposed actions circulated to key stakeholders with request for comments by 19th February 2016.</p> <p>Draft submitted for discussion at Audit and Risk Management Committee 29th February 2016.</p>
<p>Infection Prevention and Control to improve quality of information reported to clinical and senior teams in relation to SAB.</p> <p>Responsible Person(s): Head of Service Infection Prevention and Control</p>	First report issued Dec. 2015	<p>Previous reporting only reported the number of SABs in each area, enhanced surveillance aims to identify source.</p> <p>Feedback from enhanced surveillance will engage clinical teams more in the review of cases which has previously predominately been undertaken by Infection Control. A multidisciplinary approach is better able to differentiate between preventable and non preventable infection</p> <p>Enhanced surveillance will raise awareness of cause/ source in order that clinical teams can target local actions to reduce healthcare associated SABs such as those related to invasive devices.</p> <p>Through multidisciplinary discussion the number of SAB categorised as "source unknown" should drop enabling more opportunities for intervention having identified the most likely source and reason for the bacteraemia.</p>	<p>Feedback from enhanced surveillance raises awareness of cause/ source in order that clinical teams can target local actions to reduce healthcare associated SABs such as those related to invasive devices.</p> <p>Report has been positively received by clinical teams</p>	Complete
<p>Additional resources to support education and clinical practice to work with clinical teams in the reduction of invasive device related SABs.</p> <p>Quality Improvement and education of all staff involved in the care of invasive devices is essential to ensure safe practice.</p> <p>The two staff appointed must deliver local education to improve practice in areas with highest incidence of device related infection.</p> <p>Responsible Person(s): Head of Education and Employment / Patient Safety Programme Manager / Practice Education Facilitator / Quality Improvement Facilitator</p>	<p>Staff appointed Nov. 2015</p> <p>Nov 2016</p>	<p>Temporary funding from Quality Improvement and Education Department has resourced 1 WTE each within their respective teams for 1 year</p>	<p>2 staff appointed on temporary contracts. They are undertaking review of current practice to support the development of targeted education at clinical level</p>	<p>Staff appointments Complete</p> <p>Education ongoing</p>

<p>Through education and patient safety ensure all levels of staff involved in insertion, maintenance and use of invasive lines deliver safe and effective practice and demonstrate competency and compliance in use of asepsis.</p> <p>Essential all medical staff as well as nursing staff are appropriately trained and competent in the handling of lines.</p> <p>Responsible Person(s): Head of Education and Employment / Patient Safety Programme Manager / Associate Medical Directors / Associate Nurse Directors. / Senior Charge Nurse / Consultants</p>	Nov. 2016	Evidence of education and improvement in the management of invasive lines.		Ongoing
<p>Shared learning and practices from areas where invasive lines infection rates are low should be developed through quality improvement teams.</p> <p>Responsible Person(s): Quality Improvement Teams</p>	Dec. 2016	RIE ITU demonstrates extremely low line related infections and have consistently ensured education of staff to reduce and prevent incidents. Clinical areas should learn from areas where there is good practice.		Ongoing
<p>A review of skin preparation products to ensure the correct product CA2CSKIN is being utilised supported by updated communication and education.</p> <p>Responsible Person(s): Senior Charge Nurses / Consultants / Procurement / Stores Top Up</p> <p>Standardise transparent dressings utilised for invasive vascular devices to ensure compliance with best guidelines</p> <p>Establish a quality improvement project to consider the efficacy and benefit of using antimicrobial lock solutions e.g. taurolock.</p> <p>Responsible Person(s): Quality Improvement /Procurement</p>	June 2016	There remains confusion regarding which skin preparation product should be used. Lothian advocates the use of Clinell Alcoholic 2% Chlorhexidine wipes. It has been observed in practice that CA2C200 for equipment are being used in areas for use on skin and invasive devices removal rather than the correct CA2CSKIN product. This may partly arise through too many products being made available at ward level to select from and thereby using the wrong product for the wrong purpose.	Practice of using antimicrobial lock solutions e.g. taurolock has been reviewed as part of epic3 guidelines as routine use of device is not advised. Use in clearly defined clinical areas maybe beneficial.	Ongoing
<p>Catheter care should be reviewed and catheter use needs to be discouraged when not absolutely necessary and access to alternatives explored.</p> <p>Roll out of SPSP CAUTI Bundle to areas reporting catheter associated infections using the Pareto charts to prioritise implementation.</p> <p>Responsible Person(s): Patient Safety Programme Manager/Clinical Nurse Managers/Senior Charge Nurses</p>	March 2017	The SPSP CAUTI reduction work has shown a reduction in the number of short term catheters inserted and the time to removal in the pilot ward at RIE. The catheter passport has been introduced across the board and catheter alternatives are being advocated. This would benefit SAB and E coli bacteraemia incidence.	The HPS initial report demonstrated that 7.9% of ECB had a urinary catheter as source. Urinary Catheters account for approximately 2% of SAB, therefore the impact of CAUTI Bundle may have limited impact on reduction of overall SAB incidence.	Ongoing
<p>Improve compliance with National MRSA Screening Clinical Risk Assessment ensuring decolonisation/suppression therapy is implemented where clinically indicated.</p> <p>Responsible Person(s): Lead Infection Prevention and Control Nurse / TRAK Management Board / Associate Nurse Directors / Senior Charge Nurse</p>	April 2016	With the introduction of Paperlite System and the transition of nursing risk assessment documentation, infection control risk assessment which covers MRSA is covered within document highlighting patients who are admitted with MRSA which will automatically develop associated action plan which will direct patient to be isolation and transmission based precautions utilised. Whilst MRSA SABs are low it is important that we do not become compliant. Currently IPCT participating in research project carried out by Glasgow Caledonian University to identify barriers to screening compliance.		Anticipated go live date on Trak is April 2016
<p>Evaluate the impact of routine decolonisation to reduce the incidence of Hickman and PortaCath related SAB should be considered with a view to implementation in other units with high central line use.</p> <p>Responsible Person(s): Quality Improvement Teams / Clinical Teams / Microbiology</p>	July 2016	Decolonisation is being used in the renal unit as a strategy to prevent dialysis line SAB and possibly could be used as a strategy to prevent Hickman line and PortaCath related SAB also.		Ongoing
<p>Review of blood culture sampling practice and education for front door areas</p>	Oct. 2016	Improved quality of sampling reduces the risk of contamination. This contamination can be interpreted as infection, resulting in patients receiving additional treatment and extended stay and over reporting of		Ongoing

<p>Test of Change within Emergency Department at the RIE on the effectiveness of grab bag approach to blood culture sampling. Grab bags would contain all equipment required for safe sampling and a reminder message outlining what is best practice within the pack.</p> <p>Responsible Person(s): Clinical Nurse Manager / Clinical Lead RIE ED / All Medical Staff</p> <p>Ensure education of all staff undertaking blood culture to ensure competency and safe practice.</p> <p>Responsible Person(s): Clinical Lead / All Medical Staff / Clinical Nurse Manager / Phlebotomists</p> <p>Review blood culture contamination rates as a standing item discussed weekly at ward safety briefs and at departmental M&M meetings, Ensure feedback and education of staff with poor technique, reducing the risk of contaminated samples.</p> <p>Responsible Person(s): Clinical Lead / Clinical Nurse Manager</p>		<p>actual infection rates.</p> <p>These interventions are designed to improve blood culture taking and reduce wastage of laboratory time and resource in working up contaminated samples. They are labour intensive to deliver and therefore this creates an additional cost.</p>		
<p>Introduction of the Visual Phlebitis scoring as part of the patient safety bundle.</p> <p>Responsible Person(s): Patient Safety Programme Manager / Senior Charge Nurses</p>	<p>March 2017</p>	<p>Early recognition of phlebitis can prompt staff to remove the cannula and reduce the risk of progression to SAB associated with Peripheral Vascular Cannulas (PVC). PVC is identified as one of the key preventable sources and reduction in these could support move to achieving of 0.24 rate in 2016/17. Episodes of venflon associated soft tissue infection are unacceptably common in Lothian. Optimal management of all invasive devices is essential. Where there is evidence of infection they should be removed and antimicrobial treatment commenced appropriately when required.</p>		<p>Ongoing</p>
<p>Raise awareness of risks associated with unsafe injection practices with People Who Inject Drugs (PWIDs).</p> <p>Frontline clinical teams to ensure opportunities for education to PWIDs when presenting within acute setting.</p> <p>Responsible Person(s): Associate Medical Directors / Associate Nurse Directors</p>	<p>December 2016</p>	<p>In the current HEAT target year there have been 17 incidences where PWIDs have developed SAB as either direct or contributing factor from recreational use of IV drugs. Preventative strategy through harm reduction services to provide information leaflets written jointly by NHS Lothian staff and Scottish Drugs Forum, education regarding safe injecting, use of filters, skin preparation, optimising wound care within needle exchanges and outreach centres and buses. Identify PWID on admission to acute services and promote information leaflets as a preventative strategy. Provide information to PWID SAB patients prior to discharge to minimise risk of further SAB associated with injecting practice.</p>	<p>Selling of ethylphenidate containing New Psychoactive Substances products illegal throughout the UK.</p>	<p>Ongoing</p>

Comments

Reasons for Current Performance

There is a high incidence of infections that are not directly healthcare acquired e.g. People who inject drugs – since April 2015 there have been 17 where drug use is identified as either main source or contributing factor. Main area from preventable infections is Peripheral Vascular Cannula and Skin and soft tissue infections.

Enhanced surveillance has been undertaken to identify root cause. And additional education provided to support clinical teams in safe management of intravenous infusions, & review of all soft tissue related SABs.

4-Hour Unscheduled Care

Healthcare Quality Domain: Timely

Target/Standard: 95% of patients are to wait no longer than 4 hours from arrival to admission, discharge or transfer for A&E treatment. NHS Boards are to work towards 98%.

Responsible Director[s]: Chief Officer

Performance:-

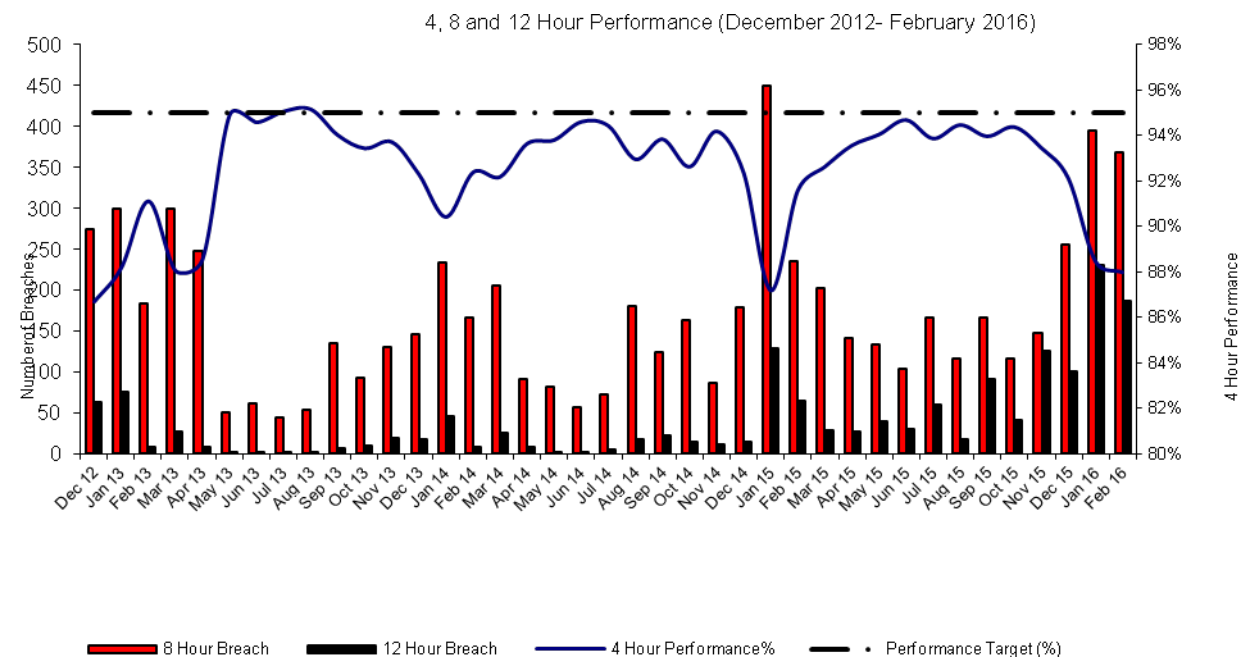
Status	Trend	Published Status vs. National Position	Target	Current	Current Reporting Date	Data Updated since Last Cycle?	Narrative Updated since Last Cycle?	Lead Director
Not Met	↓	Worse	95% (min)	87.97%	February 2016	✓	x	JC

Summary for Committee to note or agree

- 88.45% performance for January demonstrates negative trend when compared to performance over the preceding 3 months. Winter pressures will have contributed to this downwards trajectory;
- NHS Lothian 4-hour performance from April 2015 – January 2016 improved by 0.33% on the same period for 2014/15.

Recent Performance – Numbers over 4 hour standard

Figure 1: Trend in A&E Performance



Timescale for Improvement

None provided.

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Deliver on Lothian's winter plan that includes protecting first two weeks of January for unscheduled capacity, enhancing weekend services and strengthening services that manage increased winter demand and support flow. The plan builds on the need for whole system working across acute, primary and social care services. Working with Integrated Health Boards will help promote primary care services and move away from hospital admission being considered as the 'default' position	Winter Plan approved October 2015. Action in support of winter will remain ongoing to End March 2016 ahead of a winter de-brief in April/ May	Improved patient flow and improved 4-hour position compared to 2015 performance.	NHS Lothian 4-hour performance for January 88.5% compared to 87.2% Jan-15.	Complete
Implement national 6 essential actions unscheduled care toolkit on all three acute sites. These are integral to planning and delivery unscheduled care services, including winter.	Ongoing	Improved 4-hour position compared to 2015 performance.	April '15 to January '16 - 4-hour performance (93.29%) improved by 0.33% compared with same period during 2014/15.	Below target
Implement recommendations from the Deloitte report around Frailty pathways and Length of Stay.	End February 2016 (Project Board and sub groups established).	Improved admission avoidance and discharge. Improved 4-hour performance.	Programme Board currently scoping planned benefit.	On target – recruitment to project team underway
Implement SEFAL work stream shifting discharge curve to earlier in the day and avoiding more unnecessary admissions.	Ongoing	Improved 4-hour position compared to 2015 performance	Performance is variable by site	On target

Comments

Reasons for Current Performance

The majority of winter plans began at the start of January and performance for this month was 1.3% higher for Lothian than last January (2015). February has seen deterioration in overall 4-hour performance with winter pressures negatively impacting on patient flow through the system. Increased acuity and activity entering each of the three acute sites, coupled with an increased number of delayed discharges has led to deterioration in 4-hour performance.

Winter plans are now fully implemented which is increasing capacity during out of hours periods, enhancing respiratory cover across the system and providing more bridging support for patients discharged to await packages of care. The South of the City test of change to better support patients out of hospital and avoid unnecessary admissions continues. Locality hubs are under development to rationalise routes into community services across the city.

48 Hour GP Access

Healthcare Quality Domain: Timely

Target/Standard:

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

Responsible Director[s]: Executive Director: Medical Director

Performance:-

Status	Trend	Published Status vs. National Position	Target	Current	Current Reporting Date	Data Updated since Last Cycle?	Narrative Updated since Last Cycle?	Lead Director
1. Met	█	Equal	90% (min)	92.4%	March 2014	Not Applicable	Not Applicable	DS
2. Not Met	↓	Worse	90% (min)	76.7%	March 2014	Not Applicable	Not Applicable	DS

Summary for Committee to note or agree

- Following the removal of the 48 hour access indicators from the Quality Outcomes Framework (QOF) for 2015-2016 there is no longer local monitoring of 48 hour access to GP services. Access for NHS Lothian practices is instead assessed through the two-yearly and centrally delivered National Health and Care Experience survey, the results of which will be available in May 2016.

Recent Performance – Numbers against Standard

Please see above.

Timescale for Improvement

A trajectory has not been agreed with SGHD.

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Following the removal of QOF, this will no longer provide a mechanism for monitoring of 48 hour access. Instead, on the publication of the National Health and Care Experience survey in May 2016, the 4 Health and Social Care Partnerships will consider what local and Lothian-wide action needs to be taken to address any issues with access to GP services.	May 2016	To provide an alternative source of data to describe any delays in access to Primary Care services.		

Comments

Reasons for Current Performance

As 48 hour access to GP services no longer features in the soon to be stopped Quality Outcomes Framework there is no longer any local monitoring of 48 hour access. Alternative data will be available through the National Health and Care Experience survey which reports in May 2016.

Audiology

Healthcare Quality Domain: Timely

Target/Standard: Although also part of the 18 week pathway, audiology services are expected to meet stage of treatment targets for assessment and both treatment and hearing aid fitting.

The breakdown of these steps, within a total of 18 weeks, is set **locally**, also within an overall 18 week timeframe. Adult services elected to adopt 9 week standards for both elements, while paediatric services selected timeframes of 12, and 6 weeks. Small numbers of patients exceeding these standards in both areas are shown in the Tables under Recent Performance below.

The Current figure provided under Performance below is an amalgamation of number of patients waiting for audiology assessment (first contact) waiting 9 weeks and over (for Adult services) and number of patients waiting for fitting (excl. hearing aids), waiting 6 weeks and over (for Paediatric services).

Responsible Director[s]: Chief Officer

Performance:-

Status	Trend	Published Status vs. National Position	Target	Current	Current Reporting Date	Data Updated since Last Cycle?	Narrative Updated since Last Cycle?	Lead Director
Not Met	↑	Not Applicable	0 (max)	49	February 2016	✓	✓	JC

Summary for Committee to note or agree

- Adult Audiology – RTT Jan 99%, some patients seen out with local timeframe to maximise 18wk RTT while some issues with staffing and accommodation ongoing, once these issues are resolved would be hoping for 100%.

Recent Performance – Performance against Local Standards

Table 1: Adult Audiology – Performance against Local Standard

	Apr 15	May 15	Jun-15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16
Patients waiting for audiology assessment (first contact)											
02 Number waiting 9 weeks and over	1	0	0	0	1	0	0	0	24	22	4
Total number waiting	1,756	1,161	908	1,247	1,180	1,175	1,268	1,375	1,255	1,199	1,304
Patients waiting for fitting of hearing aid											
04 Number waiting 9 weeks and over	1	0	2	1	0	1	2	3	20	48	4
Total number waiting	736	796	748	723	761	791	800	826	756	388	692
Patients waiting for other treatment (excl. hearing aids)											
07 Number waiting 9 weeks and over	1	0	0	0	0	0	0	1	0	43	38
Total number waiting	119	137	146	126	142	145	152	189	168	191	221

Table 2: Paediatric Audiology – Performance against Local Standard

	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16
Patients waiting for an audiology assessment (first contact)																		
Number waiting 12 weeks and over	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Total number waiting	101	168	238	189	161	229	362	429	435	343	289	180	145	207	276	335	431	493
Patients waiting for other treatment (excl. hearing aids)																		
Number waiting 6 weeks and over	0	0	1	0	17	29	22	16	0	23	11	15	16	16	25	35	0	0
Total number waiting	8	7	38	47	50	71	69	56	38	27	60	67	62	76	83	101	0	0

Timescale for Improvement

None provided.

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Increase capacity – refurbishment of room as outlined in 2014/15 Head and Neck investments plan. Currently awaiting funding for this; once funding has been agreed, work should take approx 2 months.	Pending funds to start work.	Additional patients seen as per business case; therefore increased throughput.		On hold
Recruitment of additional staff – 2 WTE vacancies to be filled with the recruitment process commenced.	End of April 2016.	Increased capacity to treat more patients and reduce waiting times.		Ongoing
Review Return waiting list – validation of returns with phone reviews in line with clinical pathways has reduced list by over 2,000 patients. A further 750 return appointments to be validated and phone review/clinic appt for those still to be seen.	End of April 2016.	Release capacity to see future returns reducing build up of returns waiting list.		Ongoing
Undertake service redesign to look at new ways of meeting extra demand - this includes staffing levels/banding, best use of skill-mix and accommodation.	Launching end of March 2016 – works stream deadlines to be agreed.	Overall better use of resources.		Prep work ongoing
Ad hoc extra clinics being run by staff at weekends	Ongoing	Balancing gap between demand and capacity to ensure waiting times.		Ongoing

Comments

Reasons for Current Performance

Increase in referrals to service as a whole by 5.5% 2013/14 - 2014/15 and estimate 6% increase in referrals between 2014/15 – 2015/16.
 Loss of capacity due to staff absence (member of staff off for 6 weeks).
 Covering extra locum ENT consultant for past year with no extra funding/staffing for these extra sessions.
 Increase in Direct Referral to Audiology Specialist services (i.e. Balance) from ENT beyond expected in 2014/15 (approx 600 extra referrals than estimate).
 To maximise 18week RTT times some patients waited slightly longer than 9 weeks for part of their journey, i.e. 48 patients waited just over 9 weeks to get their hearing aid but the first part of their journey was less than 9 weeks so total referral to treatment pathway less than 18wks. Similarly 22 patients waited just over 9 weeks for assessment but will wait less than 9 for issue.
 Pts waiting for other treatments, we now run direct access assess and treat clinics that cover balance and tinnitus on an 18 week pathway as part of ongoing service redesign, so 43 patients seen over 9 weeks but will be seen within their RTT.

Child & Adolescent Mental Health Services (CAMHs)

Healthcare Quality Domain: Timely

Target/Standard: No child or young person will wait longer than 18 weeks from referral to treatment in a specialist CAMH service from December 2014. Following work on a tolerance level for CAMH services waiting times and engagement with NHS Boards and other stakeholders, the Scottish Government has determined that the target should be delivered for at least 90% of patients.

Responsible Director[s]: Nursing Director/ Strategic Planning

Performance:-

Status	Trend	Published Status vs. National Position	Target	Current	Current Reporting Date	Data Updated since Last Cycle?	Narrative Updated since Last Cycle?	Lead Director
Not Met	↑	Worse	90% (min)	73%	February 2016	✓	✓	AMcM

Summary for Committee to note or agree

- Increased demand from referrers;
- Reduced capacity due to non-recurring funding ceasing and precarious position of partner agency funding streams.

Recent Performance – Performance against 18 Week Standard

Table 1: CAMHs Performance Trend

	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16
Percentage seen within 18 weeks	53%	51%	50%	62%	58%	57%	60%	71%	76%	59%	61%	54%	65%	56%	73%
Revised trajectory to be set															
Total <u>waiting</u> at end of month	1,784	1,651	1,699	1,704	1,687	1,709	1,708	1,737	1,737	1,668	1,677	1,826	1,900	1,929	2,060
Those <u>waiting</u> more than 18 weeks	494	428	446	445	478	472	509	639	694	680	730	687	709	747	815

Timescale for Improvement

None provided.

Actions Planned and Outcome				
Action	Due By	Planned Benefit	Actual Benefit	Status
A single prioritised amendments / additions work-plan for TRAK with named analytical, data and system support staff from clinical services, e-health and planning.	Completed and monitored via A12 Project Board	Transparency of progress; alignment of TRAK work; reporting of progress formally to the Project Board enabling escalation and resolve of issues.		Amber
Development of a single implementation plan for the introduction of Patient Focused Booking across CAMHS.	Anticipated May 2015 for implementation (TBC as dependent on TRAK work completed)	Reduction in DNA and CNA appointments and therefore reducing loss of capacity through non attended appts. Improved compliance with waiting times rules related to reasonable offer, unavailability and clock resets		Amber
Development of a single implementation plan for the introduction of Text Reminder system CAMHS.	Expected implementation: June 2015	Reduction in DNA and CNA appointments and therefore reducing loss of capacity through non attended appts.		Amber
Completion of updated Demand Capacity Activity Queue (DCAQ), for CAMHS whose data is recorded and reported from TRAK.	1 st April 2016	Confirm the DCAQ for each service enabling monitoring of agreed capacity against demand and activity.		Amber
Review of current referral thresholds and ratio of accepted referrals. Plan to liaise with NHS GG&C to compare practice and adopt relevant learning.	End of March 2016	Improvement in management of demand to reduce capacity used in relation to inappropriate referrals.		Amber
A proposal is being developed to reduce the community development role of CMHW in CAMHS teams for 12 months and thus increase the direct clinical capacity of these staff	TBC with Tim Montgomery	Provide additional capacity to reduce long waits. Actual capacity to be confirmed if proposal accepted but initial scoping suggests around an additional 25 new patient appts would be available each month.		Amber

Comments

Reasons for Current Performance

Increased demand – 20% increase year on year for last three years.

Mitigating Actions

Staffing recruited using the Mental Health Innovation funding (£278,000) will prioritise those children and young people who have waited the longest.

Using TRAK data to identify GP practices with high referral rates - Link workers identified to liaise with the GPs regarding suitable referrals/updates on CAMHS. Too soon to see if this intervention impacts on referral rates.

Review of Emotional Wellbeing and Children and Young People's Mental Health Services underway in Edinburgh sponsored by the Edinburgh Integrated Children's Service Partnership Board.

Proposal to increase capacity for direct clinical contact of CMHWs in CAMHS teams for 12 months.

Reduced capacity

A number of staff on short term contracts funded by non-recurring funding have ended.

A number of staff whose posts are funded by Children's Partnership funding are at risk due to budget reviews by Council partners.

Cancer - 31-day

Healthcare Quality Domain: Timely

Target/Standard: 31-day target from decision to treat until first treatment for all cancers, no matter how patients were referred. For breast cancer, this replaces the previous 31-day diagnosis to treatment target.

Responsible Director[s]: Executive Director: Chief Officer

Performance:-

Status	Trend	Published Status vs. National Position	Target	Current	Current Reporting Date	Data Updated since Last Cycle?	Narrative Updated since Last Cycle?	Lead Director
Not Met	↓	Better	95% (min)	94.7%	January 2016	Not Applicable	Not Applicable	JC

Summary for Committee to note or agree

- Performance for 31 day standard has reduced in January;
- There were 262 patients eligible for the 31 day standard in January. 248 started treatment within the target period with 14 out-with the target. In the areas where the standard was not attained, 28 out of 31 Colorectal (screened excluded patients), 5 out of 6 Colorectal (screened only), 15 out of 16 head & neck and 41 out of 50 Urological patients were seen within the standard.

Recent Performance – Percentages achieved towards standard

Table 1: 31-Day Performance

Cancer Type	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16
	Percentage that started treatment within 31 days													
All Cancer types	97.4%	93.3%	94.1%	96.2%	97.2%	96.2%	95.8%	96.7%	96.3%	97.1%	96.9%	97.3%	96.2%	94.7%
Breast (screened excluded)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Breast (screened only)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	96.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Cervical (screened excluded)	100.0%	88.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	88.9%	100.0%
Cervical (screened only)	100.0%	100.0%	100.0%	100.0%	100.0%	n/a	100.0%	100.0%	n/a	0.00%	100.0%	100.0%	100.0%	100.0%
Colorectal (screened excluded)	96.3%	86.4%	94.4%	96.0%	95.2%	88.9%	100.0%	96.2%	90.6%	100.0%	100.0%	96.3%	97.1%	90.3%
Colorectal (screened only)	87.5%	75.0%	80.0%	100.0%	100.0%	100.0%	75.0%	100.0%	50.0%	88.9%	81.8%	100.0%	66.7%	83.3%
Head & Neck	94.4%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	93.3%	100.0%	100.0%	100.0%	100.0%	93.8%
Lung	100.0%	100.0%	98.6%	98.6%	100.0%	100.0%	100.0%	100.0%	100.0%	98.3%	100.0%	100.0%	100.0%	100.0%
Lymphoma	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Melanoma	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Neurological - Brain and Central Nervous System (CNS)	n/a	100.0%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Ovarian	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	85.7%	100.0%	100.0%	100.0%	100.0%
Sarcoma	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Upper Gastro-Intestinal (GI)	100.0%	95.8%	100.0%	95.8%	95.2%	100.0%	95.2%	100.0%	100.0%	100.0%	96.7%	100.0%	100.0%	100.0%
Urological	90.7%	75.9%	73.1%	82.4%	89.5%	85.5%	84.6%	85.5%	92.9%	90.3%	90.4%	87.2%	85.4%	82.0%

Timescale for Improvement

A recovery trajectory has not been agreed with SGHD. Health Boards are expected to deliver the 31 day target.

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Reintroduction of specialty meetings to review monthly performance by Site Director for WGH where tumour group is off target	March 2016	Overall improved focus on cancer target and escalation of issues	TBC	Ongoing
Ongoing work with SCAN to introduce standardised escalation pathways for tracker escalation with time based pathways for all tumour groups.	End May 2016	Increase consistency of tracker escalation process. Increase clarity about early escalation on existing clinical pathways.	TBC	Ongoing

Comments**Reasons for Current Performance**

Capacity pressures within Colorectal surgery and urology have contributed to the performance declining.

Mitigating Actions

The problems within the urological pathway have been well documented nationally and are referenced in the new national cancer strategy which references a forthcoming national review on urology services and planned Government investment in robotic prostatectomy within NHS Lothian as one of 3 centres in Scotland. An additional urologist will be taking up appointment in May 2016. The business case for a robot to support laparoscopic prostatectomy is anticipated to be sought for approval during summer 2016.

Increased service team focus on cancer escalation and pathways will support improvement. Ongoing capacity planning work linked to overall service capacity will also ensure cancer capacity is better understood.

Cancer – 62-day

Healthcare Quality Domain: Timely

Target/Standard: 62-day target from receipt of referral to treatment for all cancers. This applies to each of the following groups:-

- any patients urgently referred with a suspicion of cancer by their primary care clinician (for example GP) or dentist;
- any screened-positive patients who are referred through a national cancer screening programme (breast, colorectal or cervical);
- any direct referral to hospital (for example self-referral to A&E).

Responsible Director[s]: Executive Director: Chief Officer

Performance:-

Status	Trend	Published Status vs. National Position	Target	Current	Current Reporting Date	Data Updated since Last Cycle?	Narrative Updated since Last Cycle?	Lead Director
Not Met	↑	Better	95% (min)	94.3%	January 2016	*	✓	JC

Summary for Committee to note or agree

- Performance improved in January by 3.8% to the highest level for 7 months but still fell just below the national standard;
- Performance in January related to 122 eligible patients under a 62 pathway for all tumour types. 115 did achieve the standard. Tumour groups where the standard was not achieved were Colorectal, Head & neck and Urological.

Recent Performance – Percentages achieved towards standard

Table 1: 62-Day Performance

Cancer Type	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16
	Percentage that started treatment within 62 days															
All Cancer types	96.8%	92.9%	96.5%	94.5%	93.1%	95.6%	96.1%	93.4%	92.3%	95.7%	93.4%	89.3%	94.7%	93.6%	90.5%	94.3%
Breast (screened excluded)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	96.8%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Breast (screened only)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Cervical (screened excluded)	100.0%	100.0%	50.0%	66.7%	100.0%	100.0%	n/a	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Cervical (screened only)	n/a	n/a	100.0%	100.0%	100.0%	100.0%	100.0%	n/a	100.0%	100.0%	n/a	0.0%	100.0%	100.0%	100.0%	100.0%
Colorectal (screened excluded)	81.3%	93.8%	93.3%	78.6%	85.7%	87.5%	91.7%	100.0%	84.2%	93.8%	85.7%	90.9%	94.4%	86.7%	84.2%	88.2%
Colorectal (screened only)	100.0%	100.0%	71.4%	100.0%	66.7%	100.0%	100.0%	100.0%	71.4%	100.0%	50.0%	75.0%	81.8%	80.0%	33.3%	83.3%
Head & Neck	100.0%	66.7%	100.0%	100.0%	100.0%	100.0%	100.0%	66.7%	87.5%	66.7%	100.0%	75.0%	100.0%	87.5%	100.0%	50.0%
Lung	100.0%	100.0%	100.0%	100.0%	94.4%	94.1%	93.3%	93.3%	100.0%	100.0%	100.0%	78.9%	100.0%	100.0%	89.5%	100.0%
Lymphoma	80.0%	71.4%	100.0%	80.0%	100.0%	100.0%	100.0%	100.0%	71.4%	100.0%	80.0%	85.7%	75.0%	100.0%	100.0%	100.0%
Melanoma	100.0%	50.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	83.3%	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Neurological – Brain and Central Nervous System (CNS)	n/a	n/a	n/a	100.0%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Ovarian	100.0%	50.0%	100.0%	100.0%	n/a	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	100.0%	n/a	100.0%	100.0%
Sarcoma	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Upper Gastro-Intestinal (GI)	100.0%	91.7%	100.0%	100.0%	90.9%	100.0%	100.0%	83.3%	83.3%	92.9%	100.0%	86.7%	88.9%	81.8%	83.3%	100.0%
Urological	95.2%	87.5%	94.4%	87.0%	80.0%	82.6%	85.2%	78.6%	92.3%	73.7%	85.2%	77.8%	88.6%	82.4%	78.3%	88.9%

Timescale for Improvement

An improvement trajectory has not been agreed with Scottish Government however additional weekly monitoring of performance is being introduced which will continue until there are two successive quarters of performance above 95%.

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Introduction of additional review of Cancer breach performance information into weekly access/waiting times meetings to provide additional focus on cancer performance.	March 2016	Additional focus on performance improvement.	TBC	Ongoing
NHS Lothian continue to work with SCAN to develop a business case for Robotic prostatectomy which is aimed to support building the operator capacity to increase the overall capacity and sustainability of this service. NHS Lothian has recently appointed two new Consultant Urologists which will provide additional capacity, particularly for the renal cancer group.	Summer 2016 May 2016	Sustainable Laparoscopic Prostatectomy service for Lothian/SCAN Additional capacity.	TBC	Ongoing
Tracking of patients with cancer within individual specialties is undertaken by Cancer Trackers. Revised escalation pathways are being developed to support improved tracking escalation. This work is being undertaken conjunction with SCAN.	May 2016	More reliable escalation process. Easier cross cover for tracking roles in different tumour groups and for newly appointed staff.	TBC	Ongoing

Comments**Reasons for Current Performance**

Colorectal and Upper GI performance has been affected by capacity pressures within these services – most specifically relating to endoscopy and colonoscopy capacity. Pressures in these areas are linked to rising numbers of referrals on the overall service which have put pressure on the overall available capacity within the pathway for these tumour groups.

Urology continues to face pressures associated with the provision of laparoscopic radical prostatectomy. The new national cancer strategy (released 16 March 2015) references the challenges across Scotland with Urology and also the planned support for a robot for NHS Lothian as one of 3 in NHS Scotland. Within NHS Lothian there have been 2 operators who undertake this procedure who also support SCAN Boards demand. One of the operators has, for health reasons, recently ceased to contribute to the prostatectomy service further limiting the available capacity for this procedure within Lothian. In addition the renal cancer performance has deteriorated as a result of the loss of one consultant (relocated).

Diagnostics

Healthcare Quality Domain: Timely

Target/Standard: A six week maximum waiting time for eight key diagnostic tests (four for Endoscopy (a) & four for Radiology (b)) from 31st March 2009.

Responsible Director[s]: Chief Officer

Performance:-

Status	Trend	Published Status vs. National Position	Target	Current	Current Reporting Date	Data Updated since Last Cycle?	Narrative Updated since Last Cycle?	Lead Director
Not Met	↑	Worse	0 (max)	826	February 2016	✓	✓	JC

Summary for Committee to note or agree

- The number of scopes has reduced but not at the rate required to meet the agreed Scottish Government end December trajectory. Improvement has continued throughout January 2016;
- Provision of additional internal capacity as well as external scopes capacity has been utilised to support significant additional activity;
- Analysis of demand and capacity has identified a gap in capacity for patients referred for endoscopy procedures;
- Patients referred via the Bowel Cancer Screening Programme or as an urgent patient with suspicion of cancer are being prioritised. This cohort of patients are generally receiving an appointment within 14 days from referral but this is impacting on the ability to see routine patients within 6 weeks;
- Improvement in the Flexible cystoscopy performance is notable and the 6 weeks target will be sustained.

a) Key Diagnostic Tests - Endoscopy

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

Recent Performance: Numbers against Standard

Table 1: Endoscopy - Numbers over 6 Week Standard

	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16
Colonoscopy	49	25	151	100	51	285	303	421	654	674	680	639	406	457	418	210
Upper Endoscopy	72	36	261	288	367	654	761	841	978	846	778	850	592	497	504	389
Flexible Sigmoidoscopy (Lower Endoscopy)	17	13	99	115	87	262	284	294	310	278	235	246	171	162	173	142
Flexible Cystoscopy	602	514	495	288	237	247	224	296	410	470	487	571	179	46	28	27
Total	740	588	1,006	791	742	1,448	1,572	1,852	2,352	2,268	2,180	2,306	1,348	1,162	1,123	768

Timescale for Improvement

A weekly trajectory was agreed with SGHD for endoscopy to the end December 2015. A further trajectory for the Endoscopy element of Diagnostics standard (including flexible cystoscopy) has been set at 750 for end of February and 350 for end of March 2016.

Actions Planned and Outcome				
Action	Due By	Planned Benefit	Actual Benefit	Status
Continue to support evening and morning lists.	January onwards	72 patients per month		Ongoing
Complete clinical re-triage of waiting list to ensure it is clinically appropriate for patients to proceed to endoscopy procedure.	February	96		Ongoing
Progress Faecal Calprotectin workstream to reduce demand on the service	April 2016	Significant reduction in referral to endoscopy procedure		Ongoing

Comments - Endoscopy

The level of demand for endoscopy tests are outstripping core provision resulting in an ongoing reliance on external capacity. Additional capacity has been arranged to bridge this shortfall and reverse the trend in increasing numbers waiting over 6 weeks. Although much improved at performance at the end of December fell short of the level agreed with SGHD. There has been continued improvement throughout January and February 2016.

Reasons for Current Performance

Demand continues to outstrip capacity despite optimal utilisation of all capacity throughout January 2016. Additionally there has been a reduced level of provision available through the independent providers.

Mitigating Actions

Additional internal sessions have been organised to maximise utilisation of internal core resource. This activity is being held at weekends, early morning and evenings utilising a combination of NHS Lothian and external staff. The service has been able to support 14 additional lists per weekend from mid-January. Additional externally provided activity is also being coordinated but at a reduced level. Reviews of referrals continue to be completed to ensure patients on waiting lists remain clinically appropriate. Additional work is ongoing to review overall endoscopy room utilisation to maximise utilisation of core funded capacity. To compensate for the DNA rate, a number of lists are being overbooked to support full use of the available capacity.

b) Key Diagnostic Tests - Radiology																		
The four diagnostic tests in Radiology are Computed Tomography (CT), Magnetic Resonance Imaging (MRI), Barium Studies and Ultrasound.																		
Recent Performance: Numbers against Standard																		
Table 2: Radiology - Numbers over 6 Week Standard																		
	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16
CT	0	0	0	0	0	2	3	15	8	6	12	9	9	3	2	6	2	5
MRI	0	1	0	1	1	0	2	108	123	106	60	38	111	77	6	11	12	17
Barium Studies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
General Ultrasound	1	7	21	67	90	40	15	23	13	30	4	5	10	12	27	34	58	36
Total	1	8	21	68	91	42	20	146	144	142	76	52	130	92	35	51	72	58

Timescale for Improvement against Target/Standard

None provided.

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Additional external provision of CT and MRI	End of March 2016	80 patient examinations per month	Sustain TTG	As planned
Additional CT sessions booked where staff availability permits	End of March 2016	Pending staff availability	Sustain TTG	Ongoing
Discussion with Anaesthetics to provide required GA slots for MRI at RHSC	End of March 2016	Additional session	Sustain TTG	As Planned

Comments - Radiology**Reasons for Current Performance**

43 patient Radiology examinations tripping the 6 weeks referral to unverified report (excludes vascular ultrasound) at end **Feb 16**.
 Additional Anaesthetics support has been arranged in March to resolve MRI GA breaches at RHSC. (MRI 29 breaches all sites)
 CT and US very low due to regular monitoring and prioritising of reporting as required and winter planning. (CT 5 breaches, US 9 breaches)

Vascular Ultrasound

There were 29 waiting over 6 weeks in December (excluding delays requested by the patients). The majority of these were due to staff shortages in the vascular laboratory. Two trainees are now in post, increasing the laboratory's capacity and helping to reduce waits.

Drug & Alcohol Waiting Times

Healthcare Quality Domain: Timely

Target/Standard:

The Scottish Government set a target that by June 2013, 90% of people who need help with their drug or alcohol problem will wait no longer than three weeks for treatment that supports their recovery. This was one of the national HEAT (Health improvement, Efficiency, Access, Treatment) targets, number A11. This target was achieved in June 2013 and has now become a Local Delivery Plan (LDP) standard - that clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery (90%).

Responsible Director[s]: Director of Strategic Planning, Performance Reporting & Information

Performance:-

Status	Trend	Published Status vs. National Position	Target	Current	Current Reporting Date	Data Updated since Last Cycle?	Narrative Updated since Last Cycle?	Lead Director
Not Met	↓	Worse	90% (min)	82.8%	September 2015	*	✓	AMcM

Summary for Committee to note or agree

- Overall across Lothian performance remains below target but individually Edinburgh & West Lothian are less than 90% whilst Mid and East Lothian are above 90%;
- It is partly performance within NHS substance misuse services (SMS) in Edinburgh and West Lothian that are bringing the averages down;
- East and Midlothian NHS SMS are above target;
- Edinburgh and West Lothian NHS SMS are below target;
- With the exception of Edinburgh NHS SMS services the other areas show an improvement in % since the previous quarter;
- Action Plan updated as below;
- Following a Productivity Day on 11th Feb with the Drug Policy Unit (SG), who agreed with local approach and actions, they are focussing on a pilot across 2 areas (West Lothian & North West Edinburgh) to enhance productivity and capacity within the teams.

Recent Performance – Numbers Against LDP Target

Table 1: % Seen within 3 Weeks

	Sep 14	Dec 14	Mar 15	Jun 15	Sep 15
NHS Lothian	90.6	85.8	87.1	83.2	82.8
Edinburgh City Alcohol & Drug Partnership (ADP)	87.1	79.3	80.8	79.9	80.3
Midlothian and East Lothian ADP (MELDAP)	96.6	98.0	96.8	92.2	95.6
East Lothian	98.8	100.0	96.7	91.4	96.9
Midlothian	94.6	96.3	96.9	93.3	94.5
West Lothian ADP	96.3	94.3	97.3	86.0	81.0

Timescale for Improvement

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

Actions Planned and Outcome					
Objective	Action	When by	Responsibility	Progress	Measured by
1. Improve accuracy and consistency of performance and activity data	1.1 Review joint monthly data between NHS Lothian and EADP looking at referrals and discharges and compare this with waiting times figures to ensure accuracy	End Nov 2015	J Shanley	Monthly monitoring in place Marked decrease in long waits % of errors reduced	Percentage of errors
	1.2 Set up Business Objects (BOXI) report to present activity data on a weekly basis	End Nov 2015	J Shanley	In place Daily team reports reviewed by team managers	Report automated and running
	1.3 Ensure timely submission of contact sheets by all clinical staff	End Nov 2015	SMD CORE	Improved access across all areas	Increased data accuracy, reduction in erroneous WT breaches
2. Improve response to referrals approaching the 21 days waiting time threshold	2.1 Set up BOXI report as above	End Nov 2015	J Shanley	As 1.2	Report automated and running
	2.2 establish process to track referrals on a weekly basis to identify those approaching 21 day threshold	End Nov 2015	J Shanley	In place	Process in operation
	2.3 Train managers to implement tracking and activate ISD log-ins as required	End March 2016	P Burns	Currently being managed by J Shanley	Reduction in long waits
	2.4 Revise allocation process to allow greater flexibility of care provider type	15 Dec 2015	P Burns	NW particularly now seen by nurses and then Consultant if required not straight to Consultant	Significant reduction in long waits for first medical appointment
3. Ensure staffing capacity is maximised	3.1 Resolve fixed term contracts issue	End Dec 2015	T McKigen	Unable to resolve until funding agreed more than one year	Higher proportion of SMD staff on permanent contracts, much lower staff turnover
	3.2 Recruit to all funded staffing vacancies from April 2016	End Feb 2016	T McKigen	Unable to resolve until funding agreed more than one year	Teams have fewer vacant posts; higher activity, reduction in WT breaches
	3.3 Maximise opportunities to cover vacant posts through use of Staff Bank, particularly in NE locality	From 16 Nov 2015 onwards	P Burns	Appropriate use of skilled bank staff to support teams	Activity is maintained as far as possible
Objective	Action	When by	Responsibility	Progress	Measured by
4. Seek to revise model of assessment and care	4.1 Discussion with ISD and SG DPU to seek resolution on models of care and assessment	End Apr 2016	SMD CORE		Not to be progressed
	4.2 Continue to develop new models of assessment and treatment via the Hub Alliance	End Apr 2016	SMD Core	ISD consulted and no opportunity to change current recording	Not to be progressed
5. Improve capacity, activity levels and productivity of SMD services in Edinburgh, potentially with support from Meridian	5.1 Develop agreed norms for clinical and non-clinical interventions across all localities, implementing learning from Meridian programme	End Apr 2016	P Burns/I Davidson	Productivity day arranged for 11.02.2016 facilitated by Tracy Mcfall DPU Outputs from the day will be agreed and documented Outputs will be mapped against trajectory	Norms identified and agreed
	5.2 Develop improved referral allocation procedures and activity planning	End Apr 2016	P Burns/I Davidson	As 5.1	New allocation process in place
	5.3 Establish robust activity monitoring system taking learning from Adult CMHTs, including delivery of training for all staff and managers	End Apr 2016	P Burns/I Davidson	As 5.1	Monitoring tools established and in operation across all services
	5.4 Implement all productivity measures, identifying appropriate alternative uses of capacity realised	End Jun 2016	P Burns/I Davidson	As 5.1	Activity increases, particularly in areas where demand mismatch is highest. Reduction in WT breaches in all areas
6. Improve capacity, activity levels and productivity of contracted services in	6.1 Review role of PCFT to ensure resources used to maximum benefit across SMD service	End March 2016	F Watson	Planned review of PCFT role and resources	Availability of discharge destinations from SMD increases.

primary care/Third Sector					Activity levels increase within SMD and across Partnership. A11 performance improves
	6.2 Implement model of key working and locality approaches to working more closely with GPs	30 th June 2016	EADP Commissioner	Key working model due to implemented 1.4.16 pending SMD treatment pathway	Those discharged to the GP have a clear recovery plan, preventing the need for re-referral to clinical services within the Hub.
	6.3 Ensure there is capacity within the 3 rd sector to case manage and support those referred by SMD	Ongoing	EADP Commissioner	Tender completed. New contracts to commence 1.4.16	Treatment pathways are more linked to new processes within SMD and are mutually supportive. Activity levels across Partnership increase. A11 performance improves
7. Improve capacity within the system of care	Develop a stepped care model for interventions across the system of care	TBC	Local Partners		Clinical pathways are reflective of the level of stability and needs of the clients and based on efficiency.

Comments

Reasons for Current Performance

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

Reasons for the pressures in the city are:-

1. Short term contracts for EADP funded posts, which constitute the majority of staff – this results in high levels of staff turnover, whose caseloads need to be absorbed by remaining staff, who are then unable to take on new cases from the waiting list. We have asked that the organisation (REAS) take the redeployment risk of giving permanent contracts to staff, to reduce turnover;
2. Contracting budgets – the steady erosion of budgets by LRP has mitigated against developing services to meet the demand. Further reductions yet to be quantified in the Budgets from April 16 onwards will make delivery unlikely;
3. Bottlenecks in the patient pathway, reducing capacity for discharge to primary care, which reduces the SMD capacity to take on new cases. Several GP practices in the city have been moved into special measures due to issues around recruitment and retention of GPs.

In an effort to maximise existing capacity, the SMD has recently done some work with Meridian to identify inefficiencies. It should be noted however that, compared to data from the Mental Health services already studied, the SMD performance was already higher e.g. 3.5 patients per day versus 1.9 in MH services. The SMD SMT will use the productivity work in the actions above to maximise capacity.

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

Healthcare Quality Domain: Timely

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

Responsible Director[s]: Executive Director: Chief Officer

Performance:-

Status	Trend	Published Status vs. National Position	Target	Current	Current Reporting Date	Data Updated since Last Cycle?	Narrative Updated since Last Cycle?	Lead Director
Not Met	↓	Better	0 (max)	221	February 2016	✓	✓	JC

Summary for Committee to note or agree

- None

Recent Performance – Numbers beyond Standard

Table 1: Treatment Time Guarantee Patients waiting beyond standard at month end

	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16
Urology	109	68	63	108	97	137	123	92	104	133	143	116	76	33	23	37
Orthopaedic Surgery	64	49	89	107	53	88	86	60	55	62	40	32	24	25	28	42
Plastic Surgery	184	196	256	215	145	114	106	89	86	95	79	55	36	23	15	13
General Surgery	39	18	14	27	22	48	39	18	29	21	15	18	9	12	25	46
Ear Nose and Throat	49	62	90	102	46	39	38	33	13	28	19	13	15	4	16	18
Maxillofacial	35	30	41	52	42	42	46	34	31	30	33	30	20	2	0	3
Others	18	24	39	38	21	32	38	23	29	29	16	13	13	28	54	62
Total	498	447	592	649	426	500	476	349	347	398	345	277	193	127	161	221

Table 2: Treatment Time Guarantee Patients seen beyond 12 weeks

	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16
TTG Seen	448	397	427	406	564	692	476	463	389	314	314	368	293	276	207	163	219

Figures on Inpatient list size and unavailability are shown in the following table (Table 3). The use of unavailability and choice codes in Lothian remains low.

Table 3: List Size and Unavailability

Inpatients	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16
Total List Size (TTG)	9,832	9,961	9,600	9,481	9,140	8,941	8,692	8,642	8,421	8,599	8,826	8,820	8,944	9,140	9,216	9,809
Available	8,733	8,784	8,714	8,576	8,174	7,911	7,644	7,453	7,264	7,543	7,907	8,070	7,952	8,081	8,518	8,332
Unavailable	1,099	1,177	886	905	966	1,030	1,048	1,189	1,157	1,056	919	750	992	1,059	698	757
Percentage Unavailable	11.2%	11.8%	9.2%	9.5%	10.6%	11.5%	12.1%	13.8%	13.7%	12.3%	10.4%	8.5%	11.1%	11.6%	7.6%	7.7%
Non-TTG	572	620	1,069	1,144	1,197	1,180	1,244	1,246	1,187	1,048	1,023	1,013	1,012	1,069	1,110	1,090

Timescale for Improvement

A trajectory has been agreed with SGHD and set out below:-

	31/03/2015	30/04/2015	31/05/2015	30/06/2015	31/07/2015	31/08/2015	30/09/2015	31/10/2015	30/11/2015	31/12/2015
Total	458	553	529	472	454	392	330	241	125	30

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Detailed review of Acute Services' available capacity and demand undertaken to inform our future capacity plans and financial planning process. This Demand, Capacity, Activity and Queue exercise has examined service performance against key performance indicators and identify scope for improvement with recommendations to specialties. Work will now move from data collection and analysis to performance improvement monitoring.	Initial output end Jan 2016. Programme of further work outlined – end March 2016.	Improved performance against agreed efficiency targets, example improved Day Case rate.		
Implementation of a Theatres Improvement Programme – a significant programme with multiple work streams to improve theatre efficiency.	Full implementation by December 2016	Overall improved theatre efficiency Reducing cancellations Redesigning pre-op assessment		
Service review of all booked theatre lists one week in advance to ensure optimum booking and theatre efficiency.	Ongoing	Maximise theatre utilisation		
Implement a phone reminder to all booked patients in advance of TCI date. Pilot in Head & Neck for two months and monitor impact. Commences February 2016.	End of March 2016	To reduce late cancellations enabling the slot to be backfilled reducing wasted theatre time. Year To Date (YTD) (Apr-Nov) Theatre cancellations within 24 hours – 396 cases. YTD Theatre utilisation hours used – average 85%.		
Establish extent to which specialties plan routine elective patients requiring to be preoperatively assessed are appointed no later than week 4 of their journey – ensure consistent approach is taken.	End April 2016	Confidence that all patients on the waiting list are fit for surgery. Ensuring larger pool of patients prepped and ready to fill vacant theatre slots at short notice.		
Develop new trajectories and detailed actions maximising internal capacity; End of March trajectory agreed with SG.	End February 2016	Optimise internal capacity and maintain focus on delivery of TTG		

Comments

Reasons for Current Performance

Winter bed pressures resulted in a high volume of elective cancellations particularly within orthopaedics, vascular, general surgery and DCN.

Demand for services is greater than core capacity.

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

Performance target is for 12 weeks, therefore if late cancellation due to hospital reason i.e. bed pressures, urgent cases etc there is limited ability to re book within 12 week TTG date.

Patients remaining on waiting lists have level of complexity that excludes the use of independent sector or weekend lists.

A consistent approach is being taken across NHS Lothian to manage and book waiting lists.

Outpatients								
Healthcare Quality Domain: Timely								
Target/Standard: From the 31 March 2010, no patient should wait longer than 12 weeks for a new outpatient appointment at a consultant-led clinic. This includes referrals from all sources.								
Responsible Director[s]: Executive Director: Chief Officer								
Performance:-								
Status	Trend	Published Status vs. National Position	Target	Current	Current Reporting Date	Data Updated since Last Cycle?	Narrative Updated since Last Cycle?	Lead Director
Not Met	↓	Worse	95% (min)	84% (7,986)	February 2016	✓	✓	JC
Summary for Committee to note or agree								
• None								

Recent Performance – Numbers beyond Standard

Table 1: Trend in Outpatients over 12 weeks – Key Specialties

	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16
Trauma And Orthopaedic Surgery	408	459	647	775	517	515	665	558	912	1,291	1,623	1,847	1,982	2,165	2,366	2,166
Gastroenterology	263	198	210	252	323	477	671	902	1,208	1,334	1,360	1,375	1,292	1,439	1,445	1,547
General Surgery (Excl Vascular)	352	288	506	596	342	454	583	632	854	1,036	1,141	1,197	1,110	1,120	1,387	1,535
Gynaecology	98	112	341	284	97	256	266	216	283	379	446	583	481	524	322	308
Urology	339	358	378	339	315	398	438	321	606	648	542	525	390	377	407	404
Ear, Nose & Throat (ENT)	292	295	272	269	320	431	504	541	872	1,093	1,040	681	478	373	394	390
Vascular Surgery	6	6	49	65	23	21	23	21	28	93	182	281	293	308	341	326
Ophthalmology	288	285	335	481	296	336	378	326	475	395	412	335	212	157	192	188
Community Child Health	24	66	115	144	122	137	111	92	87	109	104	82	62	80	76	58
Neurology	380	455	355	261	113	124	125	72	100	107	82	59	49	51	56	62
Others	252	150	183	155	214	318	497	511	662	448	496	526	430	548	839	1,002
Total over 12 Weeks	2,702	2,672	3,391	3,621	2,682	3,467	4,261	4,192	6,087	6,933	7,428	7,491	6,779	7,142	7,825	7,986

Table 2: List Size and Unavailability

Outpatients	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16
Total List Size	43,004	42,639	41,721	42,861	43,694	46,547	48,672	50,243	53,046	52,040	50,788	50,850	48,845	47,999	47,199	48,434
Available	42,085	41,527	41,000	41,987	42,878	45,843	47,951	49,004	51,930	50,867	49,746	50,011	47,890	46,516	46,319	47,485
Unavailable	919	1,112	721	694	816	704	721	1,239	1,116	1,173	1,042	839	955	1,483	880	949
Percentage Unavailable	2.1%	2.6%	1.7%	1.6%	1.9%	1.5%	1.5%	2.5%	2.1%	2.3%	2.1%	1.6%	2.0%	3.1%	1.9%	2.0%

Timescale for Improvement

A trajectory has been agreed with SGHD and set out below. March position has been adjusted and agreed with SGHD:-

	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
Total Number of Outpatients Waiting Over 12 Weeks	7,500	7,233	6,094	5,250	4,485	4,185	6,800

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Additional ENT see and treat capacity- medinet	End March 2016	900		Ongoing
Additional orthopaedic out-patient capacity independent sector	End March 2016	285		Ongoing
Review of Acute Services' available capacity and demand undertaken to inform our future capacity plans and financial planning process. This Demand, Capacity, Activity and Queue (DCAQ) exercise examined service performance against key performance indicators and identify scope for improvement with recommendations to specialties. Move from data collection and analysis to performance monitoring and improvement trajectories.	Initial output end Jan 2016. Programme of further work – end March 2016.	Improved performance against agreed efficiency targets, example reduced DNA rate. Reduce waiting times for outpatients.		Ongoing Phase two currently being developed.
In line with the National Towards Our Vision for 2020 Delivering Outpatient Integration Together Programme. Aim of the programme is manage flow through consistently and sustainably delivering a suite of changes. Progress following work streams; <ul style="list-style-type: none"> Advice Only – Allows clinician to provide advice as an alternative to an outpatient appointment where appropriate and safe to do so. Accommodation Matrix – 'At a glance' view of physical clinic space which is used by Outpatient Service Manager and Clinical Service Managers to identify available staffed clinic space and facilitate clinic reconfiguration without additional resource, thus increasing capacity for both new and review patients. Return Patient List – Demand for return patients will be captured. Allowing return patients to be seen at clinically appropriate times. Capacity can be planned in advance; rescheduled return appointment through cancellation will decrease, protecting new patient slots. Patient Initiated Follow-Up – Reduce the number of return appointments allowing patients to re-engage when they are unwell and require secondary care intervention. Appointments will be released which can be transferred to new patients. Early planning stages within Dermatology, Rheumatology and Gynaecology. 	Specific work streams have various local target dates but overall programme delivering by 2020.	Decrease in number of new outpatient appointments (better demand management). Achieve upper quartile for the return: new ratio. Decrease DNAs.		Ongoing

Comments

Reasons for Current Performance

Demand greater than capacity.

Overall increase in demand of 2% but significant rises seen in General Surgery, Dermatology, Ophthalmology and Gastroenterology.

Return demand in some key specialties impacting on additional capacity- i.e. additional in house clinics required to manage return demand rather than new.

DCAQ exercise to identify any mismatch in outpatient demand and capacity and take actions to address this.

Ensuring specialties are achieving the agreed efficiency targets.

Implementing actions in line with National Programme of Outpatient Redesign.

Psychological Therapies

Healthcare Quality Domain: Timely

Target/Standard: The Scottish Government has set a target for the NHS in Scotland to deliver a maximum wait of 18 weeks from a patient’s referral to treatment for Psychological Therapies from December 2014. Following work on a tolerance level for Psychological Therapies waiting times and engagement with NHS Boards and other stakeholders, the Scottish Government has determined that the Psychological Therapies target should be delivered for at least 90% of patients.

Responsible Director[s]: Joint Director, West Lothian

Performance:-

Status	Trend	Published Status vs. National Position	Target	Current	Current Reporting Date	Data Updated since Last Cycle?	Narrative Updated since Last Cycle?	Lead Director
Not Met	↑	Worse	90% (min)	70%	February 2016	✓	*	JF

Summary for Committee to note or agree

- The last quarter’s figures for 2015 of the Psychological Therapies HEAT target will be published by ISD at the end of February. Prior to publication we have re-submitted the data for this last quarter which now includes the Clinical Health Psychology, Neuropsychology and 3rd Sector Guided Self Help services data. The revised figures for the last quarter of 2015 for patients seen with 18 weeks and patients waiting are detailed in Table 1 below.
- There are still a small number of low volume specialist services that are not included in the Psychological Therapies data.
- There has been reduced capacity in some general adult and specialist services due to non recurring funding ceasing.

Recent Performance – Percentages against Standard

Table 1: Psychological Therapies Performance Trend

	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Percentage seen within 18 weeks*	44%	34%	41%	39%	44%	40%	45%	46%	47%	68%	69%	73%	66%	70%
Revised Trajectory for seen within 18 weeks														
Total waiting at end of month	3,095	3,105	3,176	3,190	3,341	3,261	3,219	3,150	3,015	3,457	3,540	3,697	3,426	3,480
Those waiting more than 18 weeks	1201	1167	1237	1254	1257	1173	1146	1108	1085	1069	985	1,041	902	892

Timescale for Improvement

Demand Capacity Activity Queue (DCAQ) has been re-run. A revised trajectory is to be agreed by the newly convened Psychological Therapies A12 Board now chaired by Jim Forrest. Each service / team will use standard PRINCE2 project management reporting which will enable systematic review and escalation of issues to the Project Board. Each partnership area, hospital division and professional group involved in the delivery of this target is represented by a Director or their nominated lead.

Actions Planned and Outcome				
Action	Due By	Planned Benefit	Actual Benefit	Status
Updated Service Improvement plans for each service / team delivering psychological therapies.	Ongoing and reported and monitored via A12 Project Board.	Standardised reporting and monitoring and ability to escalate issues to Senior Management through the Project Board.		Amber
A single prioritised amendments / additions work-plan for TRAK with named analytical, data and system support staff from clinical services, e-health and planning.	Completed and being monitored via A12 Project Board.	Transparency of progress; alignment of TRAK work; reporting of progress formally to the Project Board enabling escalation and resolution of issues.		Amber
Development of a single implementation plan for the introduction of Patient Focused Booking across all service delivering psychological therapies.	Anticipated May 2015 for implementation (TBC as dependent on TRAK work completed).	Reduction in DNA and CNA appointments and therefore reducing loss of capacity through non attended appointments. Improved compliance with waiting times rules related to reasonable offer, unavailability and clock resets.		Amber
Development of a single implementation plan for the introduction of Text Reminder system across all service delivering psychological therapies.	Expected implementation: June 2015	Reduction in DNA and CNA appointments and therefore reducing loss of capacity through non attended appointments.		Amber
Agreement of norms per WTE for direct clinical contact (appointments) based on banding and role across teams delivering psychological Therapies. Improved reporting of expected versus actual activity. Use of the Meridian work allocation tool to increase direct clinical contact within Edinburgh teams.	Completed	Increased number of total appointments available for psychological therapies. Increase in new patient treatment appointments available each month	A comparison of direct clinical contact hours for the General Adult teams delivering Psychological Therapies showed that across teams staff were delivering 78% of expected activity. In January 2016 this figure was 91%. The average number of patients starting treatment from Aug 14 to May 15 was 177. From June 15 to December 15 the average number has increased to 279	Amber
Further development of the Meridian work allocation tool to streamline completion whilst retaining benefits of the tool.	1 st March 2016	Continue to maximise clinical capacity through forward planning of workload and ensuring appointments slots utilised.		Amber
Completion of updated DCAQ for all general adult services.	Completed	Confirm the DCAQ for each service enabling monitoring of agreed capacity against demand and activity.		Green
Completion of remaining DCAQ for all services / teams whose data is recorded and reported from TRAK.	Ongoing	Confirm the DCAQ for each service enabling monitoring of agreed capacity against demand and activity.		
Introduction of Lothian-wide Group Programme funded by Mental Innovation funding.	1 February 2016	Document and agree expected activity and monitor actual over monthly periods.		Amber
Comments				
Reasons for Current Performance				
Incomplete data A small number of specialist services delivering psychological therapies are still unable to report data due TRAK configuration, service configuration or extracts not being available from TRAK. To mitigate - prioritised work-plan for TRAK and service / team improvement plans.				
Reduced capacity Reduction in capacity due to contracts ending which were funded on non-recurring basis. Revised DCAQ continues to highlight capacity issues for adult mental health services from non-recurring posts.				
Increased demand Increase in demand due to the increasing efficacy and awareness of the positive contribution of psychological therapies to improving patients' outcomes. To mitigate – Updated DCAQ for all services / teams. Reviewing the range of psychological therapies available and ensuring delivery of those with the most robust evidence bases are prioritised and matched to those who will most benefit.				

18 Weeks Referral to Treatment

Healthcare Quality Domain: Timely

Target/Standard: 90% of planned/elective patients to commence treatment within 18 weeks of referral.

Responsible Director[s]: Executive Director: Chief Officer

Performance:-

Status	Trend	Published Status vs. National Position	Target	Current	Current Reporting Date	Data Updated since Last Cycle?	Narrative Updated since Last Cycle?	Lead Director
Not Met	↓	Worse	90% (min)	82.4%	February 2016	✓	x	JC

Summary for Committee to note or agree

- None

Recent Performance – Percentages towards Standard

Table 1: Trend in 18 Week Performance and Measurement

	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16
Patient Journeys within 18 weeks (%)	86.1	87.3	85.9	86.3	85.1	85.6	88.0	86.1	87.0	85.9	87.3	85.2	84.9	84.0	82.5	82.8	83.0	82.4
Number of patient journeys within 18 weeks	13,415	13,877	13,042	11,811	12,044	11,838	13,626	12,446	12,417	13,795	13,297	12,631	13,820	13,642	13,000	13,133	11,931	12,396
Number of patient journeys over 18 weeks	2,163	2,014	2,137	1,873	2,103	1,996	1,861	2,001	1,849	2,265	1,941	2,201	2,449	2,604	2,749	2,720	2,443	2,647
Patient journeys that could be fully measured (%)	86.3	85.9	86.0	83.4	85.5	85.6	85.8	85.1	85.7	86.0	84.8	84.9	86.7	87.4	86.3	86.1	86.8	87.0

Timescale for Improvement

None provided.

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Pursue significant programmes of work to improve efficiency and reduce patient waits for IP and OP access: Theatre Efficiency Programme; Demand and Capacity Programme, and Outpatient Redesign Programme.	DCAQ Phase1 - end of January 2016. Develop spec for phase 2 – end March 2016. Theatre programme- December 2016. Outpatient programme – 2020.	Improved performance against agreed efficiency targets, example improved Day Case rate. Improved demand management.		
Ensuring clinic outcome data is completed - achieve target of 80% clinic outcome completeness for all specialities.	End of June 2016	Clocks stop appropriately in line with clinical pathway.		

Comments

Reasons for Current Performance
Challenges within specific specialties as highlighted on the Outpatient and TTG proformas.

Surveillance Endoscopy								
Healthcare Quality Domain: Timely								
Target/Standard: No patient should wait past their planned review date for a surveillance endoscopy.								
Responsible Director[s]: Executive Director: Chief Officer								
Performance:-								
Status	Trend	Published Status vs. National Position	Target	Current	Current Reporting Date	Data Updated since Last Cycle?	Narrative Updated since Last Cycle?	Lead Director
Not Met	↑	Not Applicable	0 (max)	2,391	February 2016	✓	✓	JC
Summary for Committee to note or agree								
<ul style="list-style-type: none"> Surveillance scopes have continued to prove challenging to reduce in spite of additional activity to support reductions in new scope referrals; As well as reviewing options to increase capacity, the service is working to implement a 'pre-assessment' initiative aimed at reducing demand. 								

Recent Performance – Numbers Against Standard

Table 1: Surveillance and Review Patients Overdue Appointment

	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16
Colonoscopy	191	301	447	487	570	614	621	611	627	686	741	869	1,017	1,142	1,265	1,347
Upper Endoscopy	99	125	206	279	299	320	326	307	340	369	404	436	497	546	597	605
Flexible Sigmoidoscopy	18	35	58	80	99	109	119	126	135	155	165	153	168	182	187	186
Flexible Cystoscopy	324	282	263	259	285	196	164	200	235	290	327	342	355	374	273	120
Other	34	62	105	93	98	93	104	100	105	98	106	111	127	138	142	133
Total	666	805	1,079	1,198	1,351	1,332	1,334	1,344	1,442	1,598	1,743	1,911	2,164	2,382	2,464	2,391

Timescale for Improvement

A trajectory has not been agreed with SGHD.

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Completion of DCAQ for Endoscopy to confirm overall gap in list capacity.	End Jan 2016	Accurate measure of available capacity vs demand for both surveillance and new diagnostics		Ongoing
Prioritisation of booking staff to telephone surveillance patients to increase uptake of QMH slots which have been harder to fill.	Ongoing	Reduction of DNAs and last minute cancellations to maximise utilisation of QMH capacity		Ongoing
Plan for additional flexi cystoscopy activity to clear surveillance and planned repeat backlog.	End April 2016			Ongoing
Introduction of 'pre-assessment' service for surveillance patients to support demand management.	April 2016	Clinical triage of patients to improve appropriateness of procedures and compliance with BSG guidelines – delivering best possible standard of care to patients.		

Comments

Reasons for Current Performance

Underlying capacity gap for endoscopy with additional demand pressures evident through bowel screening programme. Endoscopy units also balancing provision of urgent in-patient scoping to support in-patient flow and reduced length of stay. Consultant vacancy in Urology service resulting in shortfalls in flexible cystoscopy sessions.

Mitigating actions

New Consultant Urologist appointments to commence in May 2016 providing additional flexible cystoscopy capacity.
Continued focus on booking process for surveillance patients appointed to the Regional Endoscopy Unit to maximise uptake of capacity and reduce DNA's and cancellations.
Plans in progress to introduce model for 'pre-assessment' service for all surveillance patients and potentially reduce number of patients requiring a procedure.

Delayed Discharges

Healthcare Quality Domain: Effective

Target/Standard: No patient should wait more than 14 days in hospital once they are ready for discharge.

Responsible Director[s]: Chief Officer and Joint Directors

Performance:-

Status	Trend	Published Status vs. National Position	Target	Current	Current Reporting Date	Data Updated since Last Cycle?	Narrative Updated since Last Cycle?	Lead Director
Not Met	↑	Worse	0 (max)	54	March 2016	✓	✓	RMG/EM/DS/JF/JC Co-ordinated by RMG

Summary for Committee to note or agree

- Targets for the reduction of delayed discharge levels have been proposed based on scheduled investments and anticipated benefits. These targets will need to be approved by the Scottish Government. Additional funding from the Scottish Government is dependent on achieving the target of 100 for the total number of people delayed by February 2016 in the Edinburgh Partnership, and 50 by May 2016 compared with 121 in December, again for the Edinburgh Partnership.
- A comprehensive programme of actions to address delayed discharge is under development, initiated at a workshop session on 8 March. The workshop was attended by the Chief Officer, senior managers from the Edinburgh Health and Social Care Partnership, NHS Lothian, a lead from the Scottish Government and colleagues from HIS. Owners have been identified for each of the key work stream areas.

Recent Performance – delayed discharge

Table 1: Breakdown in NHS Lothian Hospitals at census point

	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 16	Feb 16	Mar 16
All Delays Recorded	421	403	403	382	392	394	364	358	355	318	319
All ISD Reportable Delays	238	238	248	237	253	258	257	244	249	231	206
ISD Delays excluding X codes	178	177	188	180	199	201	188	173	161	154	163
Those over 2 weeks	105	99	104	108	126	122	117	90	76	69	54
Those over 4 weeks	70	63	69	75	73	77	75	46	47	43	34

Table 2: ISD Delays excluding X Codes by Local Authority at census point

Health and Social Care - IJB	Reportable Delays					Reportable Delays					Reportable Delays				
	All Standard Delays					>2 weeks					>4 weeks				
	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
Edinburgh	145	121	122	95	82	100	67	61	54	38	63	36	36	32	23
East Lothian	20	22	19	15	25	9	10	7	8	7	7	4	5	6	5
Midlothian	6	11	3	12	10	1	3	0	0	1	1	0	0	0	0
West Lothian	13	15	14	29	13	3	8	3	6	6	1	3	3	3	4
All (inc. other)	188	173	161	154	134	117	90	76	69	54	75	46	47	43	34

Timescale for Improvement

A trajectory has been agreed with SGHD for the Edinburgh partnership, and set out below:-

Reportable Delays					>2 weeks (derived from all reportable delays)					>4 weeks (derived from all reportable delays)				
Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jan 16	Feb 16	Mar 16	Apr 16	May 16
118	100	80	55	50	64	46	26	1	0	36	33	15	0	0

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
A Key Stakeholder Event Including Senior Managers Across The Health And Social Care Partnership took place on 8 March 2016. A work programme will be implemented in the coming weeks and will be overseen by the IJB.	8 March 2016	Reductions in delayed discharge.		Work programme being developed
Additional capacity at Gylemuir (interim care home) – 30 additional beds bringing the total capacity to 60. The phasing of the additional capacity was 15 in September 2015, 5 in December 2015 and 10 in January 2016.	Completed January 2016	Increase speed of discharge pathway for those awaiting care home	To be determined – latest figures show improved turnover within Gylemuir, showing that a higher number of hospital discharges are being supported.	All additional beds on stream
Additional Home Care Reablement Staff - recruitment is underway and staff will continue to come on-stream	October 2016	Increase capacity of Reablement	The proportion of the reablement service capacity which is blocked is reducing as a result of the increase in staffing levels, allowing more people to access the service.	Recruitment is ongoing.
Locality Hub development – employment of additional clinical support workers		Support people to leave hospital and avoid readmission	To be determined – monitoring and evaluation is being developed.	The model is being tested in South East locality

Comments

Reasons for Current Performance

January saw maintenance of performance from December. The number of reportable delays were similar for all Health & Social Care Partnerships compared to December, with a noticeable improvement for Midlothian where the number of reportable delays fell from 11 to three. Home care packages continue to be the single biggest reason for delay.

Carbon Emissions

Healthcare Quality Domain: Efficient

Target/Standard: The specific targets for NHS Scotland are to reduce CO2 emissions from hospital sites for oil, gas, butane and propane usage based on a national average year-on-year reduction of 3% by 2014/15 as a milestone to the elimination of the use of fossil fuels by 2050.

Responsible Director[s]: Director of Human Resources and Organisational Development

Performance:-

Status	Trend	Published Status vs. National Position	Target	Current	Current Reporting Date	Data Updated Since Last Cycle?	Narrative Updated Since Last Cycle?	Lead Director
Not Met	↓	Better	26,266 (max)	27,755	March 2015	x	x	AB

Summary for Committee to note or agree

This particular target is to be replaced for several reasons; for NHSL the target only focuses on 30% of CO2 arising from scope 1 emission sources. A more comprehensive target is being developed and NHSL has already provided a first year report within 2014-15 PAMS Property Asset Management System). The present target is across all of NHS in Scotland and NHSL has done well to better the average national position since it does not have the same opportunity as others to convert major plant to Biomass. NHSL has focussed on reducing energy consumption by investment in more efficient boiler plant and infrastructure, by upgrades to lighting and enhancing use of building management systems. NHS Lothian is now the only NHS Board in Scotland to hold the international quality standard for management of CO2 emissions, the Carbon Trust Standard, which is measured both qualitatively and quantitatively.

To put this in context NHSL’s verified scope 1 emissions in the base year of carbon management planning, 2007/08, was 93,673 tonnes and in 2014/15 reduced to 82,143 tonnes equivalent to a reduction of 12.3%.

Recent Performance – Numbers Achieved towards Standard

Figure 1: Climatically adjusted Tonnes of CO2 emissions per year

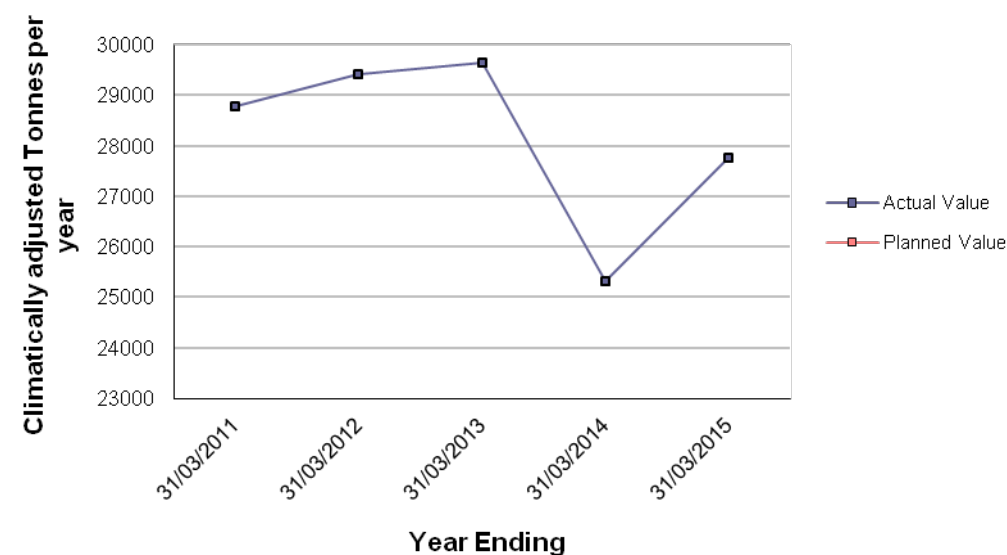


Table 1: Climatically adjusted Tonnes of CO2 emissions per year

Year Ending	Actual	Variance vs. Target
31/03/2011	28,791	-0.93%
31/03/2012	29,405	4.03%
31/03/2013	29,640	6.59%
31/03/2014	25,321	4.48%
31/03/2015	27,755	5.67%

Timescale for Improvement

A trajectory has been agreed with SGHD and set out below:-

Table 2: Trajectory (for Year 5)

Year Ending	Weighted Target
31/03/2015	-13.97%

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
St John's Hospital low carbon infrastructure via Caron Energy Fund	March 2017	Save 5,000 tonnes CO2, reduce energy by 20%, reduce revenue costs with no capital requirement.		Awaiting Scottish Capital Investment Group approval to appoint preferred bidder.
Strategic Energy Efficiency Programme	3 year programme to March 2019, currently stands at £2.2million investment but will grow as more sites are surveyed.	Save 10,000 tonnes CO2, reduce energy by 20%.		Approved by Lothian Capital Investment Group but awaiting funding source.
Western General Hospital low carbon infrastructure	First phase is August 2018 to replace present FM contract with SSE, later phases to fall in line with Master-planning for the site.	Save 5,000 tonnes CO2, reduce energy by 10%, reduce revenue costs with new funding routes.		A major option appraisal has been commissioned by Health Facilities Scotland, value £50k.

Comments

Reasons for Current Performance

NHSL's original carbon management plan has a 20% target reduction of CO2 emissions against the base year of 2007/08. The full target has not been achieved because the full level of investment required was not forthcoming, for example the St John's CEF programme was included in the original carbon management plan.

A new target has been requested of Health Boards in their PAMS reports 2015 and described as "Energy & GHG Reduction Targets for 2020/21 (against 3-year average baseline 2011/12, 2012/13 and 2013/14). There are two targets, firstly a "basic" one which reflects investment as usual and secondly a "stretch" which assumes major investment.

The baseline average over the three years is 88,249 tonnes and NHSL has provided a "basic" target of 81,702 tonnes, 7.4% reduction, and a "stretch" target of 71.897 tonnes, a reduction of 18.5%.

Mitigating Actions – as per table above

Staff Sickness Absence

Healthcare Quality Domain: Efficient

Target/Standard: 4% Staff Hours or Less Lost to Sickness

Responsible Director[s]: Director of Human Resources and Organisational Development

Performance:-

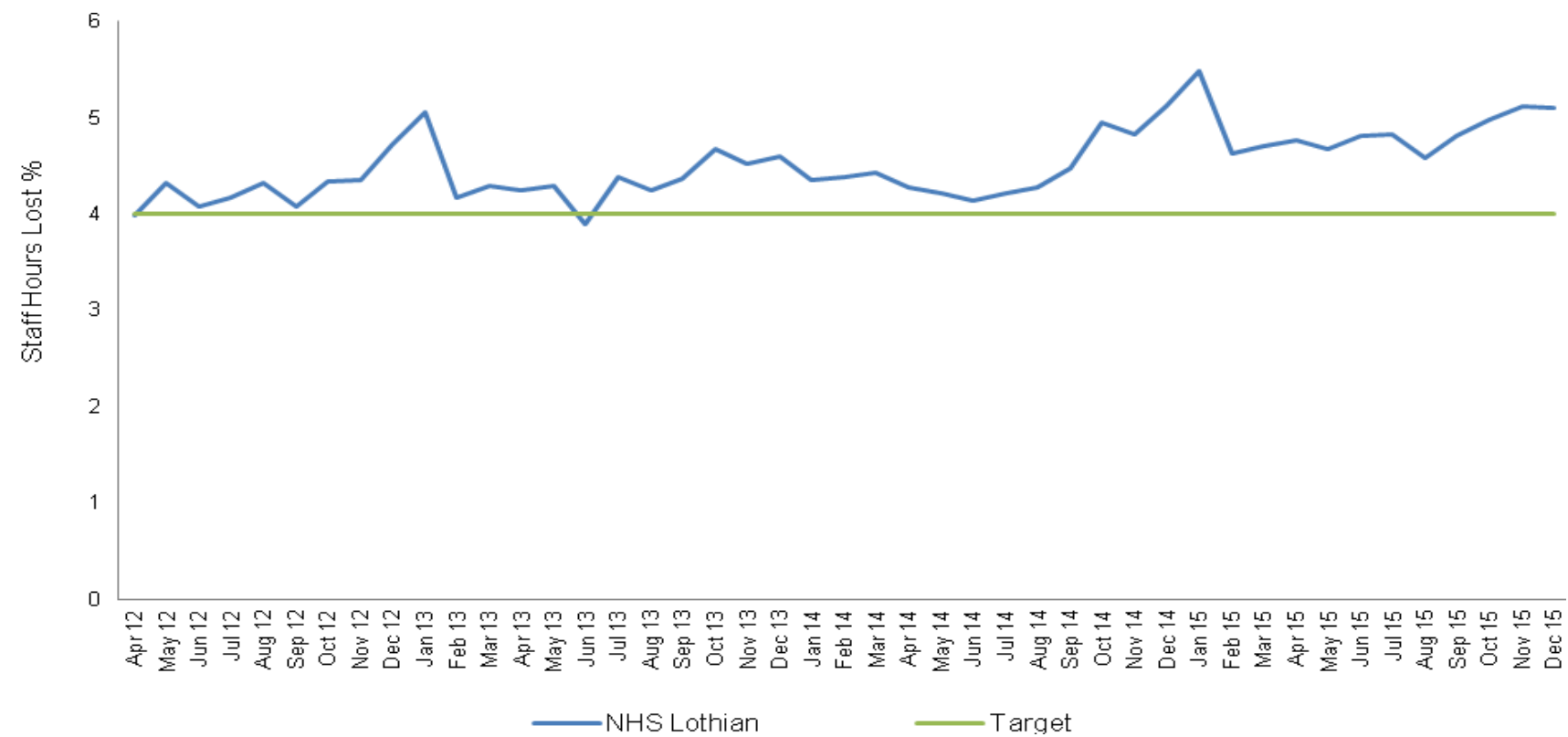
Status	Trend	Published Status vs. National Position	Target	Current	Current Reporting Date	Data Updated since Last Cycle?	Narrative Updated since Last Cycle?	Lead Director
Not Met	↓	Better	4% (max)	5.41%	February 2016	Not Applicable	Not Applicable	AB

Summary for Committee to note or agree

- Performance remains below standard but an improvement seen from the previous month

Recent Performance – % against Standard

Figure 1: NHS Lothian Staff Sickness Absence (% Staff Hours Lost)¹³



¹³ Chart only shows data to Dec 15

Timescale for Improvement

A trajectory has not been agreed with SGHD.

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Attendance Management Training Sessions continue to be held.				
Master Classes have also been held to assist managers in dealing with difficult conversations at work in the context of staff absence.				
Targeted support has been put in place for absence hotspots i.e. Nursing Bands 1-5 and A&C Bands 1-4.				
Absence Review Panels have taken place to review how absence cases are being handled and provide further advice and guidance.				
An Absence Dashboard is being set up to facilitate effective performance monitoring.				

Comments

Reasons for Current Performance

Whilst NHS Lothian continues to perform better than the NHS Scotland average it has to be noted that the overall NHS Scotland performance in relation to sickness absence has deteriorated. We continue to be challenged in achieving the 4% standard with the added dimension of an aging workforce. The HR function will continue to provide a range of technical support and governance frameworks to support the management of sickness absence, ultimately it is the line managers who will need to ensure that they manage absence appropriately in their areas for the required reduction in absence to the 4% level to be achieved. Outlined above are some of the actions that we are currently taking to support managers with this task.

Complaints: 3-Day & 20-Day Acknowledgement/Response Rate

Healthcare Quality Domain: Person Centred

Target/Standard:

1. 3-Day Response [Acknowledgement] Rate – 100% formal acknowledgement within 3 working days;
2. 20-Day Response Rate – 85% of complaints responded to within 3 days.

Responsible Director[s]: Executive Director: Interim Nurse Director

Performance:-

Status	Trend	Published Status vs. National Position	Target	Current	Current Reporting Date	Data Updated since Last Cycle?	Narrative Updated since Last Cycle?	Lead Director
Not Met	↑	Worse	100%	62%	Dec 2015	Not Applicable	Not Applicable	AMcM
Not Met	↑	Worse	80%	41%	Dec 2015	Not Applicable	Not Applicable	AMcM

Summary for Committee to note or agree

- There is no nationally agreed target for complaints and we are required to submit data quarterly to Information Statistics Division that is published annually on their website.
- NHS Lothian have historically set a local stretch target of 85% response rate for 20 days;
- As the data is reviewed (extracted from DATIX) on a monthly basis it is anticipated that the previous months performance may be amended for accuracy;
- The denominator (number of complaints received) will change every month.

Recent Performance – Numbers against Standard

Figure 1: NHS Lothian 3-Day Formal Complaints Acknowledgment Rate

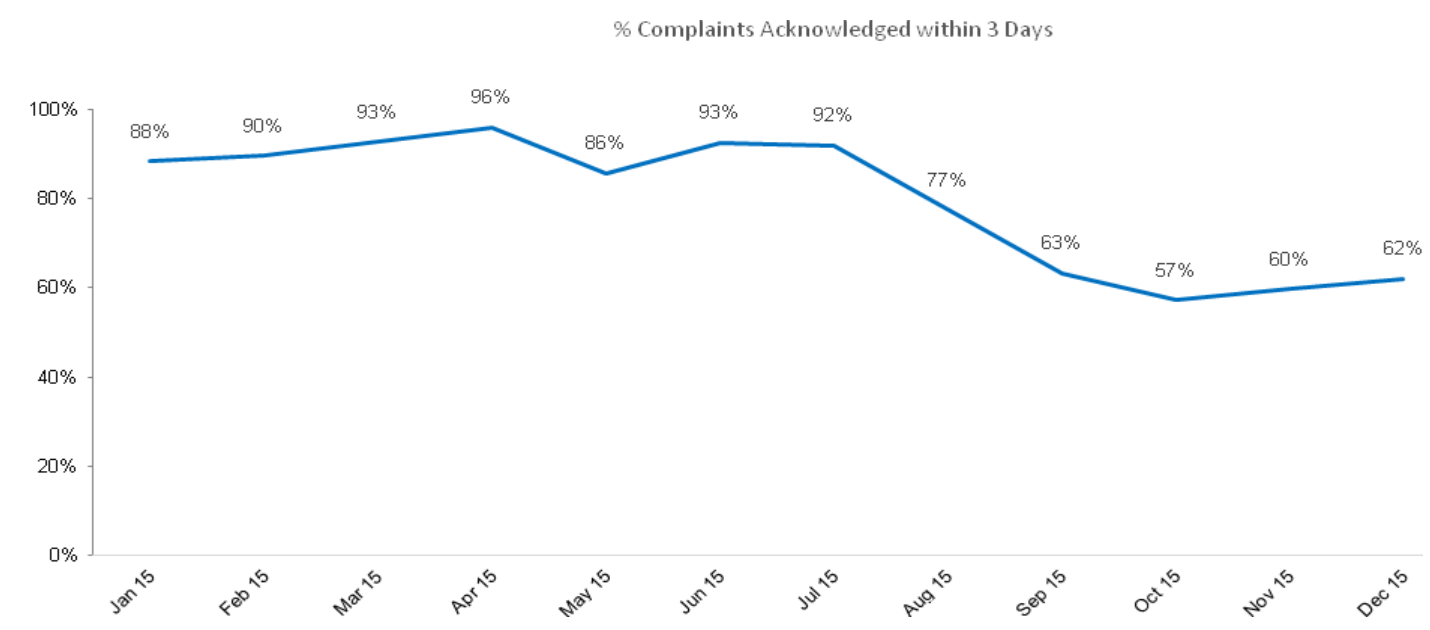
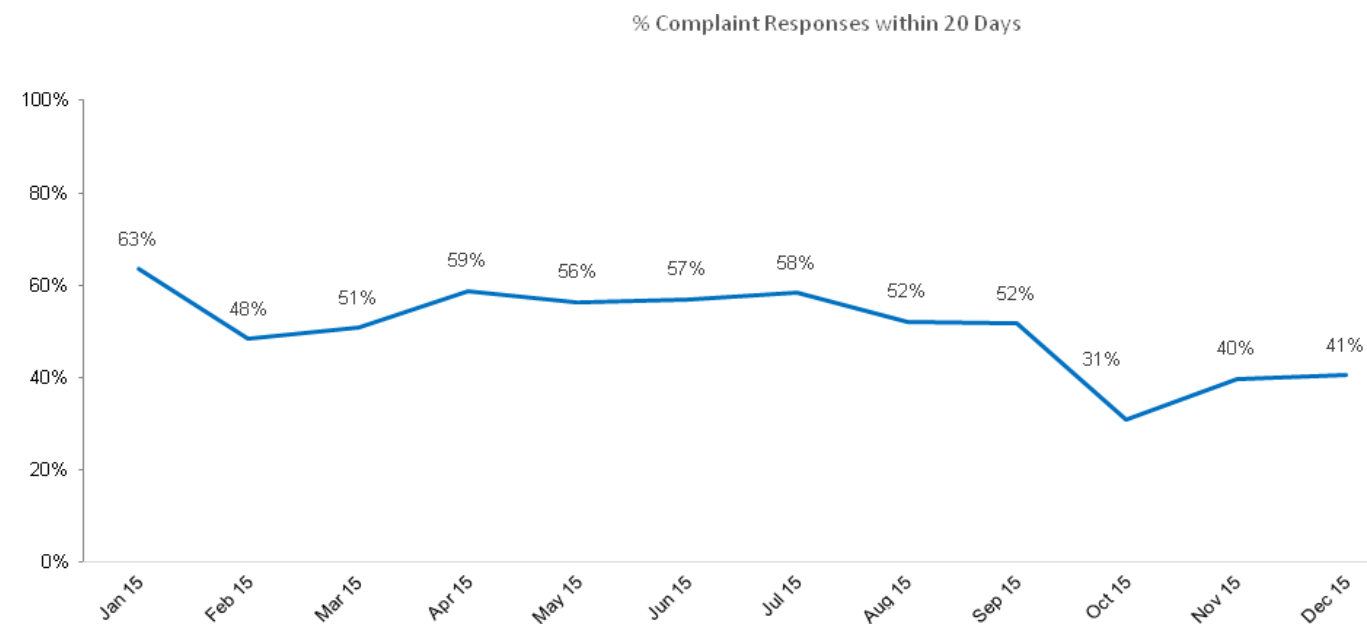


Figure 2: NHS Lothian 20-Day Complaints Response Rate



Timescale for Improvement

A trajectory has not been agreed with SGHD.

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Patient Feedback paper going to April 2016 Board meeting includes enhanced complaints information including themes.	21 March 2016			
Reviewed targets with Executive Director in absence of nationally agreed targets and have set a target of 80% of complaints to be acknowledged and to agree with Lothian Professional Nurses Forum at their April meeting.	April 2016	Agree trajectory with LPNF		
Appoint to vacant posts	June 2016	Improved performance for targets		

Comments

Reasons for Current Performance

Sickness in the team has been in excess of 40% and as of December 2015 there have been 10WTE vacant posts.

Detecting Cancer Early (DCE)

Healthcare Quality Domain: Person Centred

Target/Standard: The DCE HEAT standard is for NHS Scotland to achieve a 25% improvement in the percentage of breast, colorectal and lung cancer cases (combined) diagnosed at stage 1. This is to be achieved by the combined calendar years of 2014/2015 and is the equivalent of a national rate of stage 1 diagnosis for breast, colorectal and lung cancer (combined) of 29.0%.

Responsible Director[s]: Director of Public Health & Public Policy

Performance:-

Status	Trend	Published Status vs. National Position	Target	Current	Current Reporting Date	Data Updated since Last Cycle?	Narrative Updated since Last Cycle?	Lead Director
Not Met	↑	Better	29% (min)	26.2%	2013 & 2014	*	*	AKM

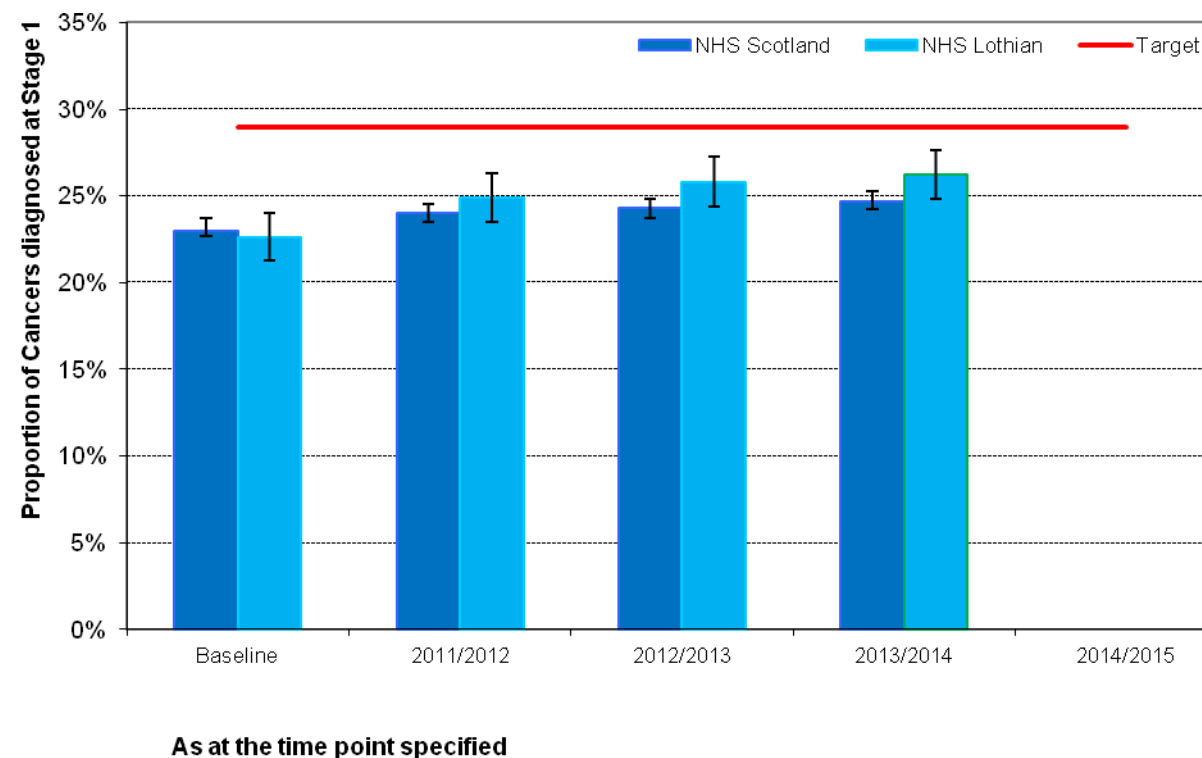
Summary for Committee to note or agree

NHS Lothian's performance over time against this target has consistently been over the All Scotland position, and has met or exceeded our agreed performance trajectory for previous years, as shown in the chart below. NHS Lothian delivered the greatest percentage improvement of all Boards in the last reported performance period (2014-2015 combined). However we are not yet at the final targeted performance level of 29% to be reached by the end of 2015. The NHS Lothian DCE programme has continued to invest in the symptomatic cancer pathways and the cancer screening programmes throughout 2015 to support further improvement from our current performance of 26.2%.

The DCE target is reported on annually by ISD. The last published report was for 2013 & 2014 combined, as depicted in the chart below. The report for the period 2014 & 2015 combined will not be published until the autumn of 2016. Considering the trends in Lothian performance over time, we can observe an average of a 1.3% improvement each year. If this performance improvement is maintained we would estimate a final 2014/2015 combined year position for the Lothian DCE programme of 27.5% (for reference our performance for the single calendar year of 2014 was 27.4%). This would represent significant improvement and overall good performance from the Lothian programme, however would fall short of the full target of 29% by 1.5%. It is expected that NHS Lothian's performance will continue to exceed the all Scotland level of performance.

Recent Performance – Numbers Against LDP Target

Figure 1: Current Performance for NHS Scotland and NHS Lothian



Timescale for Improvement

A trajectory has been agreed with SGHD and set out below:-

	Baseline Period (2010 & 2011) – Actual Figure	Reporting Period 4 (2014 & 2015) – Target Figure
NHS Scotland	23.2%	29.0%
NHS Lothian	22.6%	29.0%

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Investment in the Lothian DCE programme in 2015/16	31/3/16	Stage 1 detection performance improvement, particularly via the breast and bowel screening programmes.		Ongoing

Comments

The cancer pathways in 2015 are now complete and therefore the DCE investment and targeted schemes taken forward throughout the service have delivered their outputs. The final performance metric for 2014 – 2015 combined will not be known until the data is provided by ISD in the autumn of 2016. Because of ongoing data upload to ISD from NHS Lothian it is not possible to reliably estimate 2015 performance from our local management data.

Reasons for Current Performance

Mitigating Actions: As above. The actions undertaken, and increased capacity to address barriers to access and bottlenecks in the system, have been embedded in routine practice. An ongoing programme of surveillance, identifying areas for improvement/addressing inequalities and implementing improvements continues across the patient pathway with significant engagement of general practice.

Dementia

Healthcare Quality Domain: Person Centred

Target/Standard: People newly diagnosed with dementia will have a minimum of 1 year of post-diagnostic support (PDS).

Responsible Director[s]: Executive Director: Chief Officer

Performance:-

Status	Trend	Published Status vs. National Position	Target	Current	Current Reporting Date	Data Updated since Last Cycle?	Narrative Updated since Last Cycle?	Lead Director
TBC ¹	N/A	Not Applicable	100% (1 Year (Min))	1.0	January 2016	✓	✓	JC

Summary for Committee to note or agree

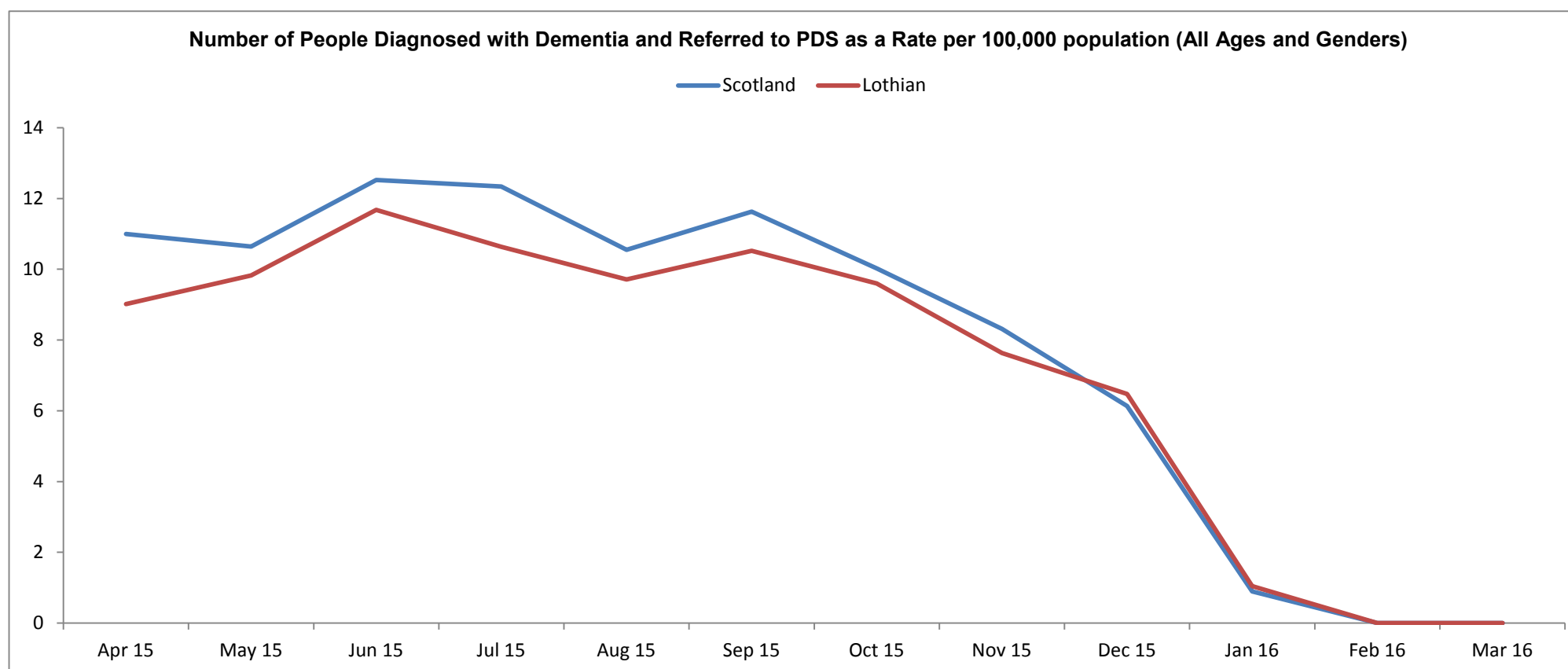
- ¹The data published by ISD on the dementia standard reports the rate of referral for post diagnostic support based on 100,000 per population. We are currently awaiting confirmation from ISD regarding what the expected rate would be in order to evaluate performance against the standard;
- The numerator is based on month of diagnosis rather than month of referral so there is always a lag time between month of publication and rate per month, with the rate continuing to increase for previous months in each subsequent publication;
- NHS Lothian's rate for referral for Post diagnostic support is currently in line with the overall national rate;
- The rate is only currently published at board level not by IJB/ locality level.

Recent Performance – % against Standard

Table 1: Rate of Referral to PDS in each month for those Diagnosed with Dementia

	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
Scotland	11.0	10.6	12.5	12.3	10.5	11.6	10.0	8.3	6.1	0.9	0.0	0.0
Lothian	9.0	9.8	11.7	10.6	9.7	10.5	9.6	7.6	6.5	1.0	0.0	0.0

Chart 1: Rates of Referral to PDS in each month for Scotland and NHS Lothian, for those Diagnosed with Dementia - Source: ISD



Timescale for Improvement

A trajectory has not been set due to the proposed changes in the methodology in relation to measuring expected prevalence of dementia.

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Improve capture of PDS being delivered by secondary care mental health services through the development of a questionnaire on TRAK to capture required data for ISD submission.	Completed	Increase reported rate of referral for PDS.	The reported rate has increased. For example our rate for August 15 was 0.7, following capture of additional data it is now 9.3 and our rate is comparable with the Scottish average across most months.	Completed
Improve recording of diagnosis in TRAK. <ul style="list-style-type: none"> Procedures agreed and implemented with local teams Routine reports to feedback performance to teams in place 	Ongoing	Increased recording of all diagnosis to allow comparison of actual versus expected rates for diagnosis of dementia.	Initial Position for % of patients on older adult services caseloads (with at least 1 attended appointment with a consultant) who had a diagnosis of dementia recorded in TRAK in May 2015 was 21%. Position reported in January 16 was 75%.	Ongoing
Awaiting further guidance from ISD to develop reporting of diagnosis and referral rate by Partnership area.	TBC (ISD)	<ul style="list-style-type: none"> Enable reporting of performance by IJB; Increase local ownership of performance and improvement planning. 		
Awaiting ISD guidance to inform boards of proposed changes regarding the methodology of anticipated rates for diagnosis of dementia.	TBC (ISD)	<ul style="list-style-type: none"> Allow more accurate evaluation of performance against the standard at Board and partnership level. 		

Comments

Reasons for Current Performance

Reduction in Emergency Bed Days

Healthcare Quality Domain: Person Centred

Target/Standard: Reduce the rate of emergency inpatient bed days for people aged 75 and over per 1,000 population by at least 12% between 2009/10 and 2014/15.

Responsible Director[s]: Director of Human Resources and Organisational Development

Performance:-

Status	Trend	Published Status vs. National Position	Target	Current	Current Reporting Date	Data Updated since Last Cycle?	Narrative Updated since Last Cycle?	Lead Director
Not Met	↑	Worse	4,709.3 (max)	4,978	March 2015	*	*	RMG/EM/DS/JF/JC Co-ordinated by DS

Summary for Committee to note or agree

- The gap between planned and actual has been steadily decreasing;
- All Partnerships are focused on developing and extending admission avoidance and reducing delayed discharges.

Recent Performance – Rates Achieved towards Standard

Figure 1: Occupied bed days per 1,000 population (Aged 75+)

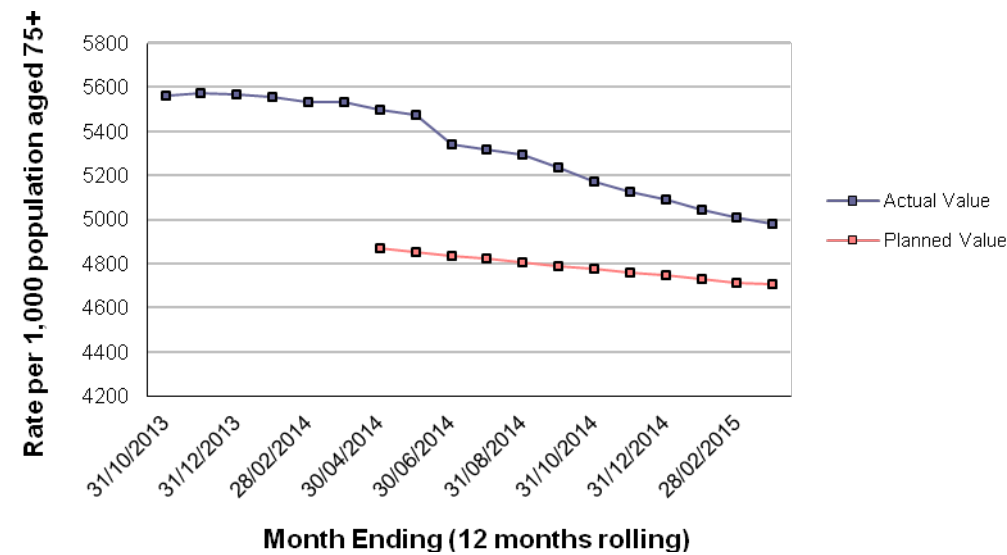


Table 1: Occupied bed days per 1,000 population (Aged 75+)

Month Ending (12 months rolling)	Actual	Planned	Deviation (%)
31/10/2013	5,564		
30/11/2013	5,575		
31/12/2013	5,566		
31/01/2014	5,558		
28/02/2014	5,530		
31/03/2014	5,530		
30/04/2014	5,497	4,867.0	12.9
31/05/2014	5,473	4,851.8	12.8
30/06/2014	5,342	4,836.5	10.5
31/07/2014	5,320	4,821.2	10.3
31/08/2014	5,294	4,806.0	10.2
30/09/2014	5,235	4,790.7	9.3
31/10/2014	5,174	4,775.5	8.3
30/11/2014	5,123	4,760.2	7.6
31/12/2014	5,092	4,744.9	7.3
31/01/2015	5,046	4,729.7	6.7
28/02/2015	5,008	4,714.4	6.2
31/03/2015	4,978	4,709.3	5.7

Timescale for Improvement

None provided.

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
All Partnerships are extending admission avoidance arrangements. In East, Mid and West these are being extended by hours of the day and days of the week. In Edinburgh the number of localities covered is planned to increase.	Various	Fewer un-necessary admissions of frail older people. Shorter lengths of stay.		Tbc
All Partnerships have delayed discharge action plans. Focused on reducing total numbers, meeting the two week target and moving towards the 72 hour delay.	Ongoing	Reduced occupied bed days.		Tbc
Edinburgh and UHS plans to redesign pathway for frail older people in hospital.	Tbc	Shorter lengths of stay.		Tbc

Comments

Reasons for Current Performance

Patient Experience – Tell us Ten Things (TTT) Inpatient Survey (Question 10 – Overall Experience)

Healthcare Quality Domain: Person Centred

Target/Standard: 9.5 out of 10

Responsible Director[s]: Executive Director: Interim Nurse Director

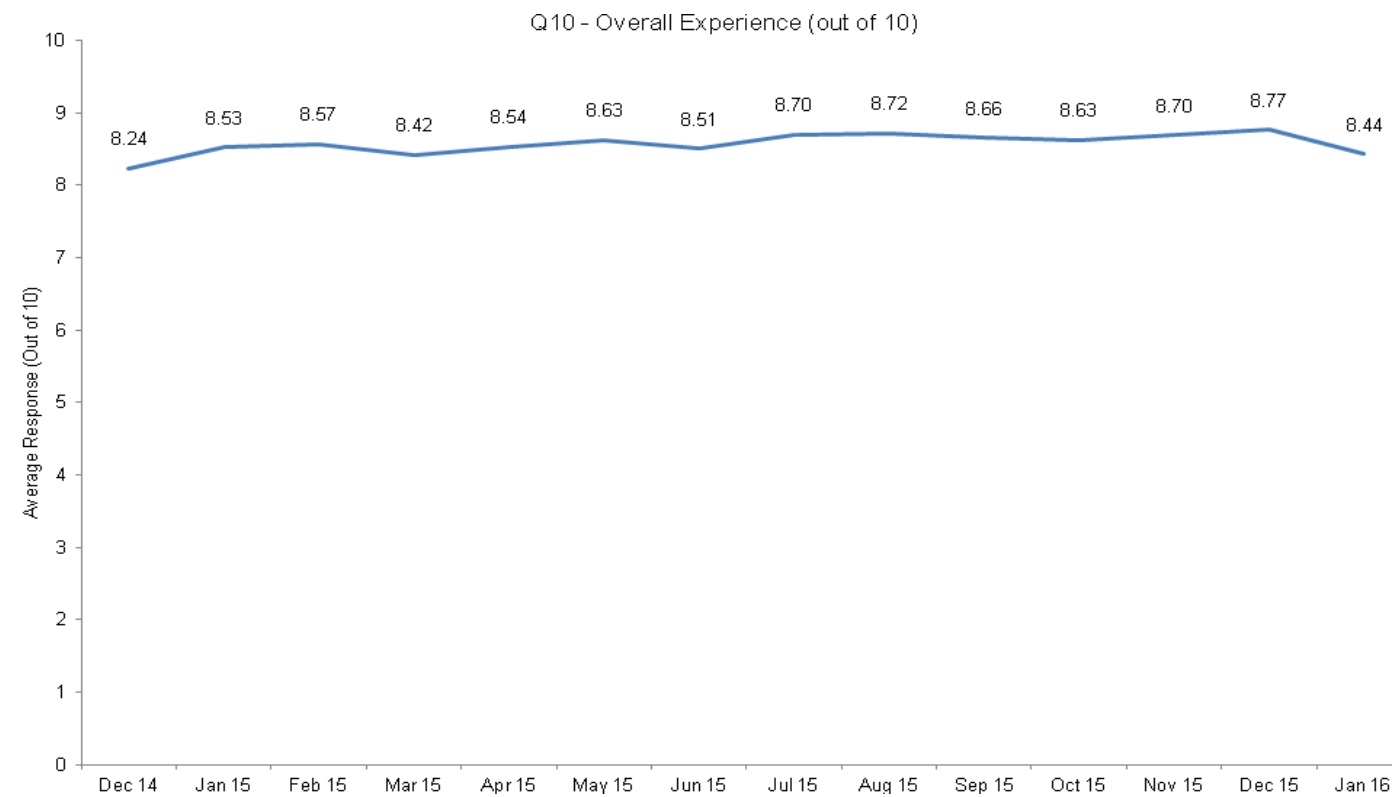
Performance:-

Status	Trend	Published Status vs. National Position	Target	Current	Current Reporting Date	Data Updated since Last Cycle?	Narrative Updated since Last Cycle?	Lead Director
Not Met	↓	Not Applicable	9.5/10	8.44	Jan 2016	Not Applicable	Not Applicable	AMcM

Summary for Committee to note or agree

Recent Performance – Numbers against Standard

Figure 1: NHS Lothian ‘Tell Us Ten Things’ Inpatient Survey Results



Timescale for Improvement

Actions Planned and Outcome				
Action	Due By	Planned Benefit	Actual Benefit	Status
Comments				
Reasons for Current Performance				

5 Risk Register

- 5.1 Responsible Directors have been asked to ensure that any risks associated with their targets have been clearly identified within the risk register. Risks are escalated to the corporate risk register as appropriate i.e. delayed discharges.

6 Inequalities and Involving People

- 6.1 This report does not consider whether an impact assessment is required in light of any actions detailed in exception proformas nor whether any proposed strategy prompts wider consultation. Such considerations are expected to be explored with the governance structure set out for performance targets.

7 Resource Implications

- 7.1 Any resource implications relating to matters in this overview document are pursued as appropriate by the relevant Director to the Board, Corporate Management Team and other committees, such as those sub-committees overseeing performance on the relevant target.

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30 March 2016

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List of Appendices

Appendix 1: Technical Document: Targets/Standards & Data Sources

APPENDIX 1

Measure	Target/Standard	Source for Current Data
Smoking Cessation (quit)	NHS Boards to reduce and embed successful smoking quits at 12 weeks post quit, to the 40% (most deprived HMs) from 30% in the latest Board.	Smoking cessation Database
Early Access to Antenatal Care (% booked)	Percentage of women booked for antenatal care within 12 completed weeks - the target is for 80% of women in each HMA to be booked within 12 weeks.	Discovery
Carbon Emissions (tonnes)	The specific targets for NHS Scotland are to reduce CO2 emissions from hospital sites by 10% (in total) and improve energy efficiency based on a national average year-on-year reduction of 3% by 2014/15 as a milestone to the elimination of the use of fossil fuels by 2050.	HEAT
Energy Efficiency (kWh)	NHS Scotland is committed to making energy consumption based on a national average just one energy efficiency target of 1% by 2014/15 as a milestone to achieving an overall improvement of 20% of 30% on the comparative performance as at 2009/10.	HEAT
CAMHS (18 Weeks)	For the majority of patients referred to CAMHS services, the target is to ensure that a specialist clinician takes over responsibility for ongoing work on a tolerance level for CAMHS services waiting times and engagement with NHS Boards and other stakeholders, the Scottish Government has determined that the target should be delivered for at least 80% of patients.	Management Information
Psychological Therapies (18 Weeks)	The current framework for NHS Scotland is to ensure a maximum wait of 18 weeks from a patient's referral to treatment for Psychological Therapies from October 2014. Following work on a tolerance level for Psychological Therapies waiting times and engagement with NHS Boards and other stakeholders, the Scottish Government has determined that the Psychological Therapies target should be delivered for at least 90% of patients.	Management Information
Delayed Discharges (over 2 weeks)	No patient should wait more than 14 days in hospital once they are ready for discharge.	EDITION
Reduction in Emergency Bed Days (rate per 1,000 population, aged 75+)	Reduce the rate of emergency inpatient bed days for people aged 75 and over per 1,000 population by at least 12% between 2009/10 and 2014/15.	HEAT
Healthcare Acquired Infection - CDI (rate per 1,000 bed days, aged 15+)	NHS Boards' rate of Clostridium difficile infections (CDI) in patients aged 15 and over is 0.32 cases or less per 1,000 total occupied bed days.	NHS Lothian Infection Prevention and Control Team
Healthcare Acquired Infection - SAB (rate per 1,000 acute bed days)	NHS Boards' rate of Staphylococcus aureus Bacteraemia (including MRSA) (SAB) cases are 0.24 or less per 1,000 acute occupied bed days.	NHS Lothian Infection Prevention and Control Team
4-hour Unscheduled Care (% seen)	90% of patients are to wait no longer than 4 hours from arrival to admission, discharge or transfer for A&E treatment. NHS Boards are to work towards 95%.	Management Information
Cancer (31-day) (% treated)	31-day target from decision to treat (not first treatment) for all cancers, no matter how patients were referred. For breast cancer, this replaced the previous 31-day diagnosis to treatment target.	Management Information
Cancer (62-day) (% treated)	62-day target from receipt of referral to treatment for all cancers. This applies to each of the following groups: any patients urgently referred with a suspicion of cancer by their primary care clinician (for example GPs or dentists), any screened-positive patients who are referred through a national cancer screening programme (breast, colorectal or cervical), any direct referral to hospital (for example self-referral to A&E).	Management Information
Stroke Bundle (% receiving)	The stroke bundle covers four targets: 1. Percentage achieving a Stroke Unit within 1 day of admission - 90%; 2. Percentage with swallow screen on day of admission - 90%; 3. Percentage with brain scan within 24 hours of admission - 90%; 4. And percentage of ischaemic stroke patients given aspirin within 1 day of admission - 95%.	Management Information
POC Treatment Time Guarantee (12 weeks)	From the 1 October 2012, the Patient Rights (Scotland) Act 2011 establishes a 12 week maximum waiting time for the treatment of all eligible patients who receive planned treatment delivered as an inpatient or day case (see below).	Management Information
Outpatients (12 weeks)	From the 31 March 2010, no patient should wait longer than 12 weeks for a new outpatient appointment at a consultant-led clinic. This includes referrals from all sources.	Management Information
Referral to Treatment (18 Weeks)	90% of non-redemptive patients to commence treatment within 18 weeks of referral.	Management Information
Diagnosis (6 weeks)	A 6 week maximum waiting time for eight key diagnostic tests (four for Endoscopy (E)) and four for Radiology (R)) from 31 st March 2009.	Management Information
Surveillance Endoscopy (past due date)	No patient should wait past their planned review date for a surveillance endoscopy.	Management Information
Audiology (various)	Although also part of the 18 week pathway, audiology services are expected to meet stage of treatment targets for assessment and both treatment and hearing aid fitting. The breakdown of these steps, within a total of 18 weeks, is set locally, also within an overall 18 week timeframe. Adult services selected to adopt 3 week standards for both assessment, with paediatric services selected treatments of 12 and 8 weeks. Small numbers of patients exceeding these standards in both areas are shown in the Tables under Recieve Performance below. The Current figures provided under Performance below is an amalgamation of number of patients waiting for audiology assessment (first contact), waiting 3 weeks and over for Adult services and number of patients waiting for fitting (first hearing aids), waiting 8 weeks and over for Paediatric services.	Management Information
HF (12 months)	The Scottish Government have set a target that at least 90% of eligible patients will commence HF treatment within 12 months. This is due for delivery by 31 March 2015.	Management Information
Drug & Alcohol Referral Times (3 weeks)	The Scottish Government set a target that by June 2013, 90% of people who need help with their drug or alcohol problem will wait no longer than three weeks for treatment that supports their recovery. This was one of the national HEAT (Health Improvement, Efficiency, Access, Treatment) targets, number A11. This target was achieved in June 2013 and has now become a Local Delivery Plan (LDP) standard - that clients will wait no longer than 3 weeks from referral to appropriate drug or alcohol treatment that supports their recovery 90%.	ISD Scotland
Detecting Cancer Early (% diagnosed)	The DCE HEAT standard is for NHS Scotland to achieve a 25% improvement in the percentage of colorectal and lung cancer cases (combined) diagnosed at stage 1. This is to be achieved by the additional cancer-free years of 2014/2015 and is the equivalent of a national rate of stage 1 diagnosis for breast, colorectal and lung cancer (combined) of 28.2%.	ISD Scotland
Staff sickness Absence Levels (<=4%)	4% Staff Hours or Less Lost to Sickness	Management Information (DWS)
Crime Avoid	0% reduction in Criminal Events with Critical Commission Rates by December 2015 from February 2013 (1.8 per 1,000, baseline).	Management Information Local Justice (Reconviction Officer Database)
Falls with Harm	Having the 'safest' target value for falls incidence is reported by team using the data's system when reporting incidents where the patient is injured or hurt. The category and degree of harm associated with each incident are also recorded. An increase in reporting of incidents is considered to be indicative of an improving safety culture and this is monitored in all Senior and Clinical Management Teams. Incidents associated with harm should not increase and this is the trend monitored at NHS Board level. 20% reduction in reported falls and associated harm, on a baseline median of 30 per month, by March 2016.	Management Information (Data)
Hospital Standardised Mortality Ratio (HSMR) (20% reduction)	Ratio of observed to expected deaths in specified areas (over 30 days of admission to hospital). If the HSMR is a hospital is less than 1, fewer hospital deaths with 30 days of admission are occurring than expected. HSMRs are therefore used as system level warning for areas for further investigation. It must be emphasised that the greater the quarter to quarter changes should be interpreted with caution. HSMRs cannot be compared between hospitals or boards, the comparison should only be against the expected number of deaths. There is some controversy about their use, but they remain widely used in this way.	ISD Scotland
4-hour GP Access - access to healthcare profession or GP appointment	48 Four access of advance booking to an appropriate member of the GP team (90%) - Patients can speak with a doctor or nurse within 4 working days, or Patients are able to book an appointment 3 or more working days in advance.	Scottish Government
Delayed Emergency (ED)	System and medical support for emergency, 24/7 priority, serious, complex, A&E, educational and broader delivery is under review.	Management Information
Hospital Scorecard - Standardised Surgical Readmission rate within 7 days	This is the emergency readmissions to a surgical speciality within 7 days of discharge as a rate per 1000 total admissions to a surgical speciality. This measure has been standardised by age, sex and deprivation (SMD 2005).	ISD Scotland
Hospital Scorecard - Standardised Surgical Readmission rate within 28 days	As for 7 day readmissions.	ISD Scotland
Hospital Scorecard - Standardised Medical Readmission rate within 7 days	This is the emergency readmissions to a medical speciality within 7 days as a rate per 1000 total admissions to a medical speciality. This measure has been standardised by age, sex and deprivation (SMD 2005).	ISD Scotland
Hospital Scorecard - Standardised Medical Readmission rate within 28 days	As for 7 day readmissions.	ISD Scotland
Hospital Scorecard - Average Surgical Length of Stay - Adjusted	Ratio of observed length of stay over expected length of stay. This indicator is case mix adjusted by HRC and speciality. The expected length of stay is calculated by working out the average length of stay nationally (Scotland only) for each speciality and HRC combination. This is then multiplied by the total number of spells to get the expected length of stay. A hospital with a value above the national average (e.g. 1.01) will be 1% above the national average and a hospital below the national average (e.g. 0.99) is 1% below the national average.	ISD Scotland
Hospital Scorecard - Average Medical Length of Stay - Adjusted	Ratio of observed length of stay over expected length of stay. This indicator is case mix adjusted by HRC and speciality. The expected length of stay is calculated by working out the average length of stay nationally (Scotland only) for each speciality and HRC combination. This is then multiplied by the total number of spells to get the expected length of stay. A hospital with a value above the national average (e.g. 1.01) will be 1% above the national average and a hospital below the national average (e.g. 0.99) is 1% below the national average.	ISD Scotland
Complaints (1 Day & 20 Day)	90% response to complaints received within 1 working day, 81% response rate to complaints responded to within 3 days.	Management Information (Data)
Complaints	Patients newly diagnosed with dementia will have a minimum of 1 year's post-diagnostic support.	Management Information
	NHS Healthcare Improvement Process. These are standard grouping of clinically similar treatments that set common levels of healthcare practice. They are usually used to compare and compare activity between organisations.	

Board Meeting
6 April 2016

Chief Officer, West Lothian Integration Joint Board/Interim Nurse Director

IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES AND CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

This paper aims to summarise the key points in the full paper.
The relevant paragraph in the full paper is referenced against each point.

<ul style="list-style-type: none"> There has been improved performance for improving access to psychological therapies and child and adolescent mental health services due to additional services' data being reported upon and increased productivity within services. 	<p>3.1 3.6</p>
<ul style="list-style-type: none"> Service improvement plans focusing on increasing efficiency and productivity are in place and actively monitored by HEAT A12 Project Board. 	<p>3.2 3.5 3.9</p>
<ul style="list-style-type: none"> DCAQ has been completed for all adult mental health services. This has identified a gap in capacity to deliver high intensity, highly specialist therapies for people with severe and enduring mental illness. 	<p>3.2</p>
<ul style="list-style-type: none"> Completion for CAMHS DCAQ is being accelerated along with a set of proposals to address accommodation and cancellation rates. 	<p>3.8 3.9.3</p>
<ul style="list-style-type: none"> The established single system for psychology which provides governance for the delivery of psychological therapies and operational management of the applied psychology and psychological therapies workforce will continue. 	<p>3.4</p>
<ul style="list-style-type: none"> The priority focus for psychological therapies in adults and CAMHS for this coming year will be on those patients who have waited in excess of 18 weeks. 	<p>3.1.3 3.9.2</p>
<ul style="list-style-type: none"> The proposed allocation of new Scottish Government funding will be targeted to build capacity which reflects this prioritisation. 	<p>8.1</p>

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24 March 2015

NHS Lothian

Board Meeting
6 April 2016

Chief Officer, West Lothian Integration Joint Board/Interim Nurse Director

IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES AND CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

1 Purpose of the Report

- 1.1 The purpose of this report is to update the Board on the progress and actions that Partnerships and NHS Lothian are taking to improve access to Psychological Therapies and Child and Adolescent Mental Health Services to meet the HEAT standard.

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

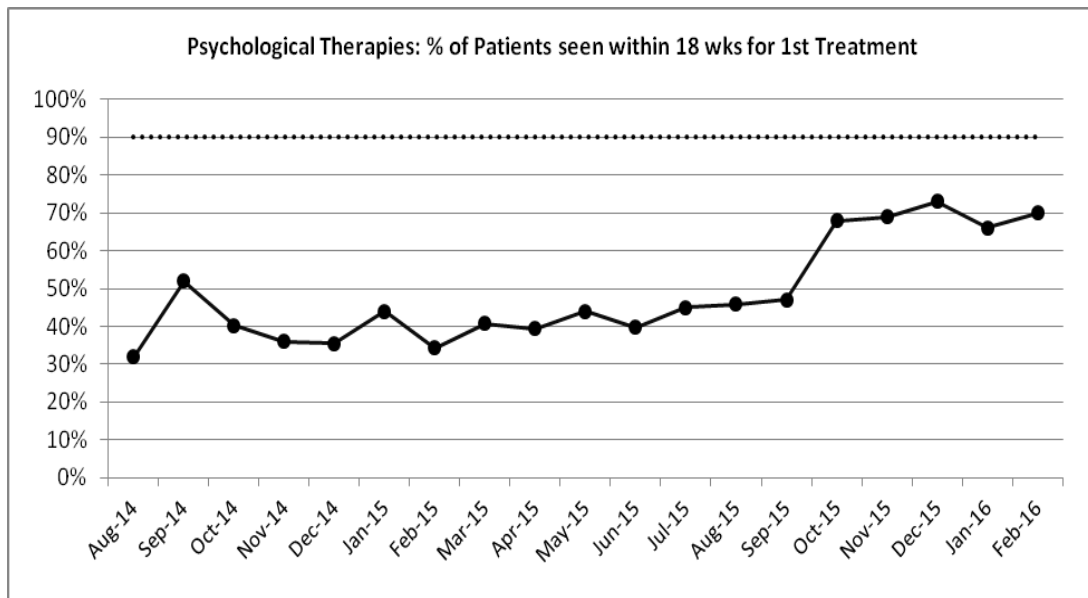
2 Recommendations

- 2.1 Accept the report as assurance that the system of performance reporting now captures previously unreported psychological therapies, and the level of performance in psychological therapies on 18 weeks for 1st treatment has improved from 30% in August 2014 to 70% in February 2016.
- 2.2 Accept the report as assurance that further work is underway to configure the remaining psychological services on TRAK.
- 2.3 Accept the report as assurance that there are robust service improvements plans in place to address the performance challenges in CAMHs, where there is increasing demand for services, and an increase in the number of people waiting over 18 weeks.
- 2.4 Agree that the priority focus for psychological therapies in adults and CAMHS for this coming year needs to be on those patients who have waited in excess of 18 weeks.
- 2.3 Support the proposed allocation of new Scottish Government funding aimed to build capacity which reflects this prioritisation.

3 Discussion of Key Issues

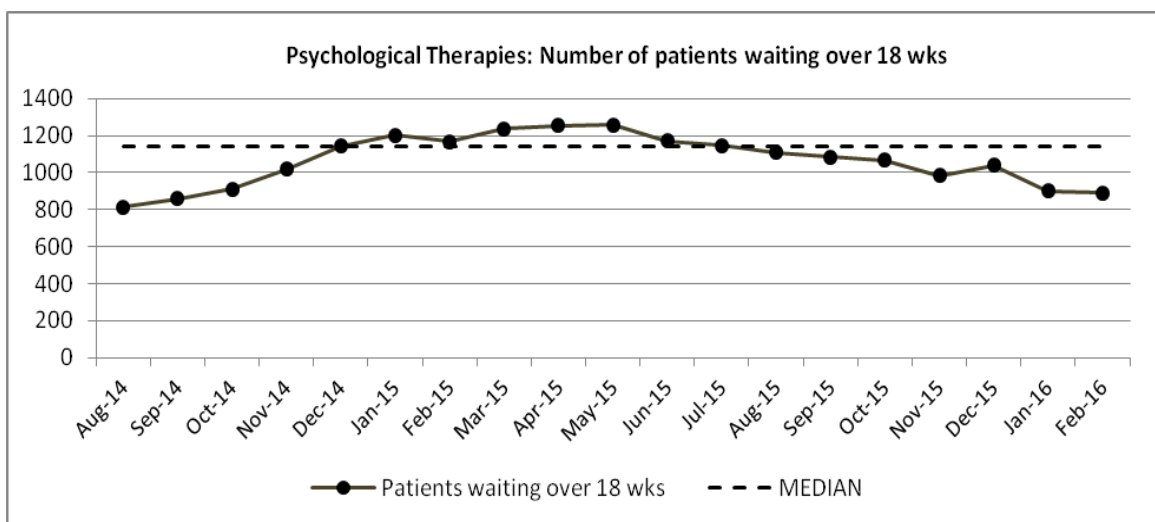
3.1 Psychological Therapies: Improved Performance

- 3.1.1 Due to TRAK configuration it has not been possible to report on all services delivering psychological therapies, this has now been rectified for a number of services (Clinical Health Psychology, Neuropsychology and 3rd Sector Guided Self Help services) and data for the last quarter of 2015 has now been resubmitted to ISD. These services are now included in our weekly and monthly performance reports. Graph one details the improved performance.



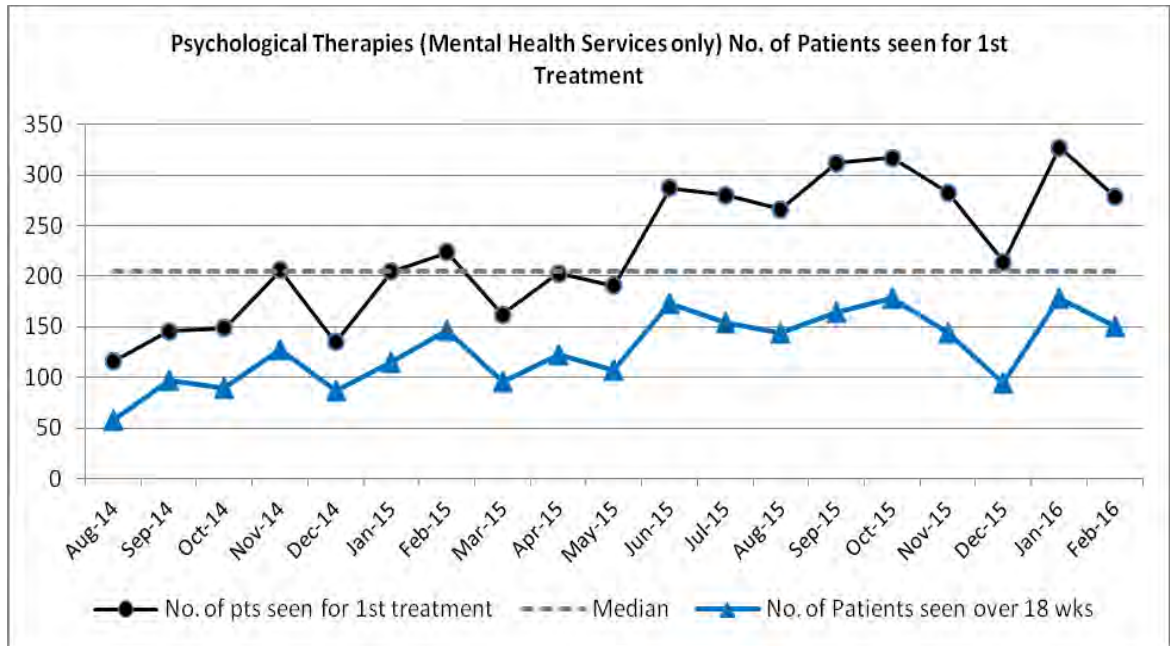
3.1.2 All patients seen by the Clinical Health Psychology, Neuropsychology and Guided Self Help Services were seen within 18 weeks; in January 2016 there were 183 new patients seen for treatment in clinical health and neuropsychology services. This data is likely to improve by a further 10% when the remaining services are fully configured on TRAK. This includes learning disabilities, forensic services, perinatal, acute and rehabilitation inpatient units, inpatient clinical health and CAMHS psychological therapies.

3.1.3 The proportion of patients waiting for more than 18 weeks for treatment has reduced to 28% of all patients waiting, compared to 39% in April 2015. However there are just over 900 people who have waited more than 18 weeks and many of these people waiting have severe and enduring mental illness and high levels of psychological morbidity who require highly specialist and high intensity psychological therapy.



3.2 Psychological Therapies – Mental Health Services - Increased Productivity

3.2.1 More patients have been seen for treatment from June 2015.

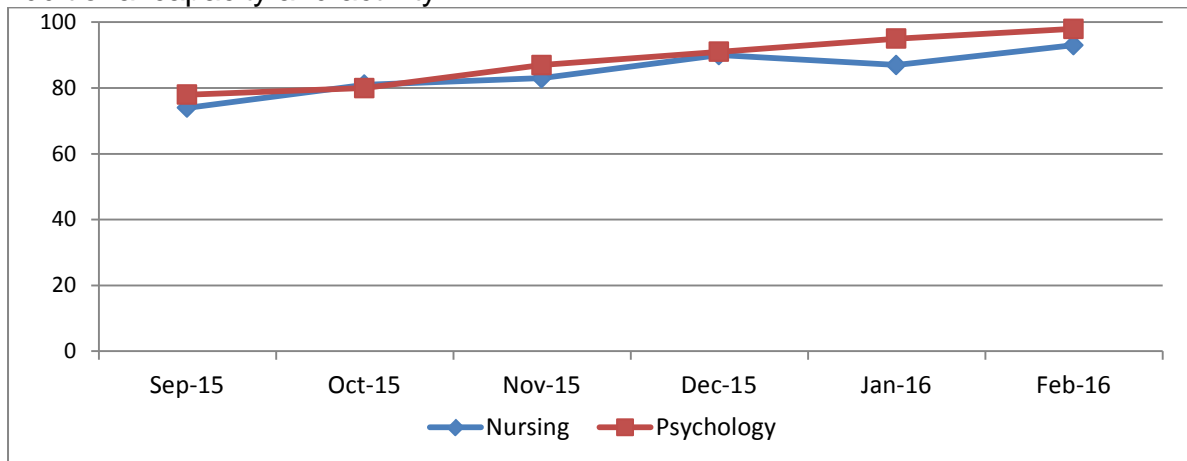


3.2.2 There has been a significant increase in productivity from June 2015 due to every psychologist having an agreed job plan with increased direct clinical contact time for the delivery of psychological therapies.

There has also been agreement on the capacity of nursing and AHP staff delivering psychological therapies (24.1 WTE).

Psychology, Nursing and AHP Team leaders are provided with a weekly analysis of capacity matched to actual activity which is discussed with all members of staff. As part of the continuous monitoring and review of service improvement plans. The graph below sets out the improvement from September 2015 to February 2016.

Additional capacity and activity



All services have agreed service improvement plans with named leads that are required to report on progress to the A12 Project Board chaired by Jim Forrest. The additional funding allocated through the Mental Health Innovation fund has enabled an expansion of the Lothian-wide evidence based group psychological treatments.

3.3 Psychological Therapies, Adult Mental Health Services - Completed DCAQ

3.3.1 The completed DCAQ work has demonstrated that there is lack capacity to deliver the high intensity, highly specialist evidence based psychological therapies as recommended by SIGN guidelines for people with severe and enduring mental illness and levels of high psychological morbidity. The DCAQ demonstrated that to reach equilibrium an additional 13.1 WTE staff are required. To manage the queue, as detailed in section 3.1.3, an additional 13 WTE for a period of nine months are required.

3.4 Psychological Therapies – Single System

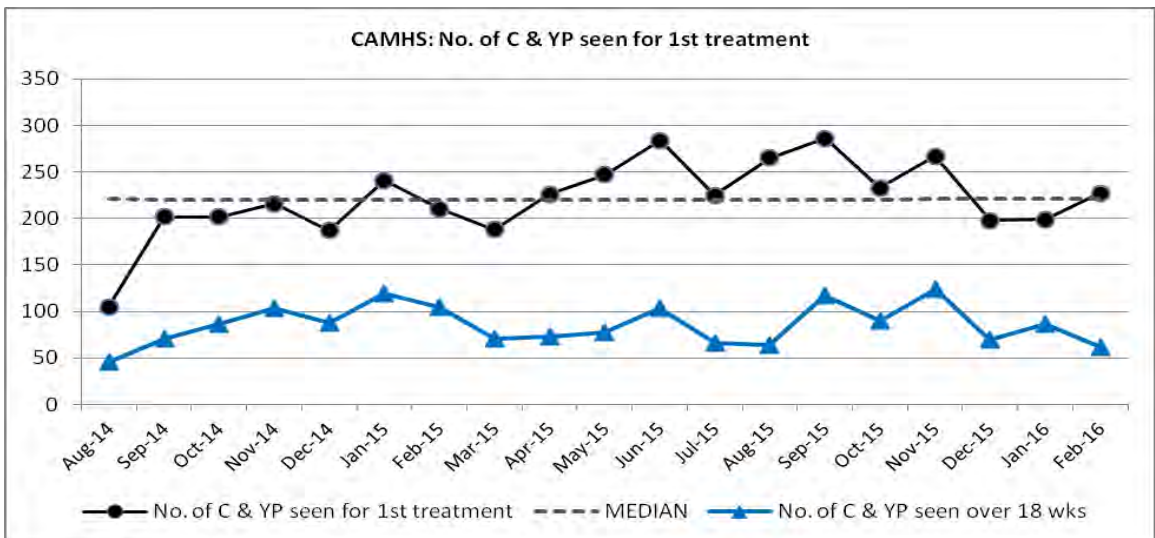
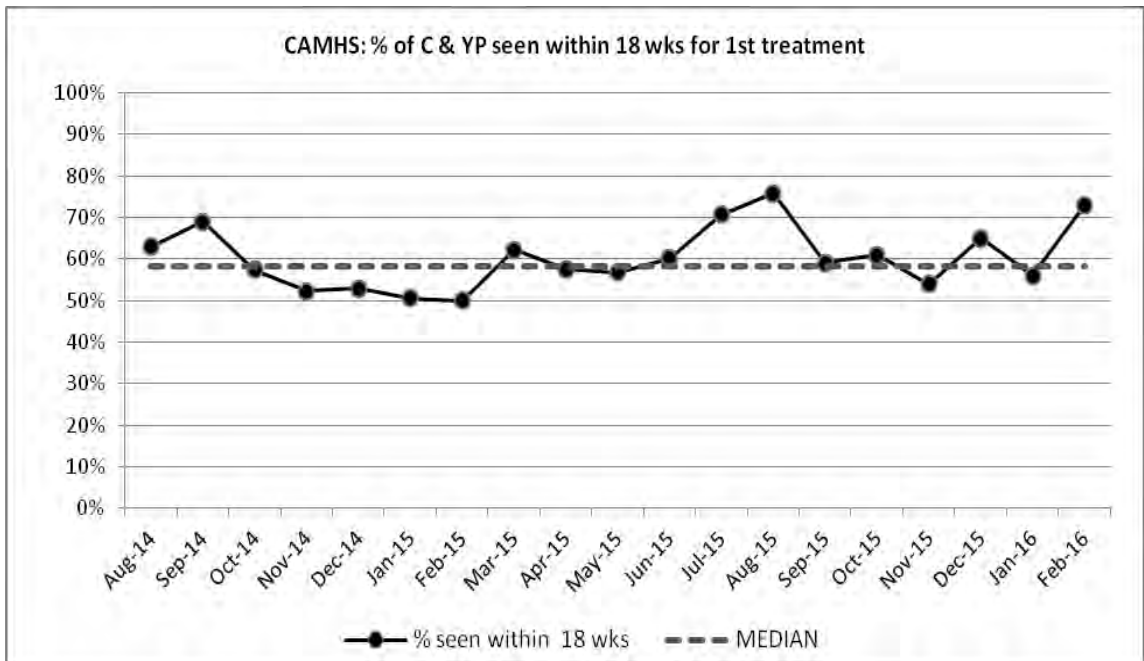
3.4.1 The single system for psychology services allows greater flexibility in service delivery and single points of accountability, both of which have led to improved productivity. Demands for psychology services vary in volume and character; greater flexibility allows capacities to be adapted, under shorter lead times, to meet this variation in demand more efficiently. At the same time, single points of accountability improve governance, quality of outcomes and co-ordination across professional groups. Flexibility in the deployment of capacity is essential to provide responsive and adaptive service provision. This allows for effective matching of treatment to psychological morbidity so that the number of treatment sessions is optimised while sustaining quality.

3.5 Psychological Therapies – Service Improvement Plans

3.5.1 All services have improvement plans in place and these are actively monitored by Team Leads and Heads of Psychology. The plans also include acceleration of services that are still unable to report from TRAK to be added to TRAK; the introduction of patient focussed booking and text reminder systems and the enhanced Lothian group programme.

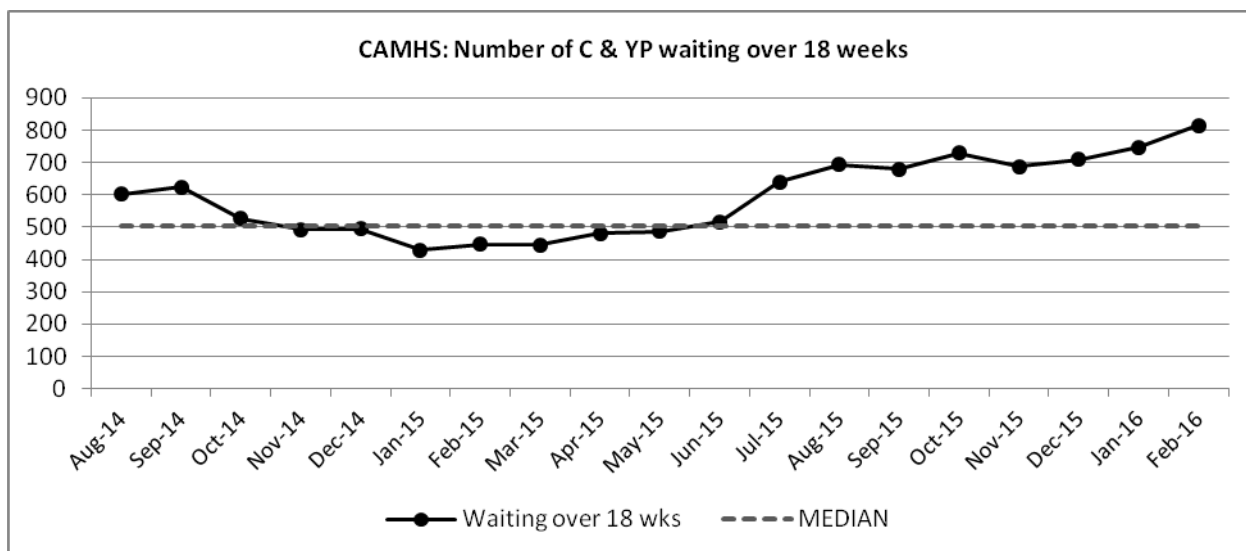
3.6 CAMHS - Performance

3.6.1 In NHS Lothian 73% of children and young people who were seen for a 1st treatment appointment were seen within 18 weeks in February.



3.6.2 The overall number of children and young people waiting for assessment or treatment at the end of February was 2,060 of which 815 had already waited over 18 weeks.

The number of children and young people waiting remained relatively stable in 2015 but there has been a sharp rise in the number of people waiting in the last quarter of 2015 and the beginning of 2016. Over the same period the number of children and young people waiting over 18 weeks has continued to rise from 428 in January to 815 at the end of February 2016..



3.7 CAMHS – Increased Productivity

3.7.1 Previous work to improve waiting times has focused on developing job plans and implementing the CAPA system to improve capacity and patient flow. This work has resulted in a significant increase in the number of children and young people seen for a first treatment appointment each month. On average, 239 children and young people attended first treatment appointments each month in 2015, compared to 147 each month in 2014.

3.8 CAMHS – DCAQ

3.8.1 There continues to be an increased demand for CAMH Services. The increase in referrals has continued over the last year, approximately 17%. This equates to around 66 additional referrals per month than in the previous year. NHS Lothian has one of the highest rates of accepted referrals across all Health Board areas. The Service have recognised the need to better manage demand for services whilst ensuring that children and young people get the appropriate help and support that they require.

3.9 CAMHS - Service Improvement Plan

3.9.1 Lothian CAMHS service has one of the lowest rates for DNA appointments for Scottish Boards (11.7 % for first appointment against a Scottish average of 14.5%) but there continues to be a high cancellation rate for appointments, many of which are cancelled at very short notice. This combined rate of non-attendance results in significant wasted capacity across the service. To address this information about the impact of DNA and CNA on waiting and treatment times is included in all appointment letters. Implementing text reminder systems and patient focused booking should improve the DNA and cancellation rates.

3.9.2 In terms of managing the queue, as two thirds of new treatment capacity is often directed towards urgent cases waiting less than 18 weeks this significantly reduces the capacity to target the number of people waiting over 18 weeks.

CAMHS activity has also been impacted upon by the lack of suitable clinical treatment spaces and a series of moves to temporary solutions. The future accommodation needs are being reviewed and a number of options considered,

- 3.9.3 A set of proposals to address those who have waited longest, the accommodation issues and the increased demand are being drawn together and will be implemented from April onwards. This will include Patient Focused Booking and Text reminding – both of these initiatives should impact on the DNA and Cancellation rates

4 Key Risks

- 4.1 Key risks are associated with longer waits contributing to people's mental health problems.
- 4.2 Lack of capacity to deliver evidence based treatment to those with severe and enduring mental illness and those experiencing first episode / early onset psychosis.
- 4.3 Delays in TRAK implementation which limits ability to report on full performance.

5 Risk Register

- 5.1 The risks are captured on the appropriate service risk registers. There are no new implications for NHS Lothian's risk register.

6 Impact on Inequality, Including Health Inequalities

- 6.1 Long waits for people who are experiencing mental health problems further compounds inequalities that people may already be experiencing due to their mental health state and functioning.

7 Involving People

- 7.1 There has been wide engagement with staff in relation to both the specific HEAT standard and the wider issues related to the delivery of psychological therapies.
- 7.2 Regular reports on performance are disseminated to the multi-agency joint planning groups with each Partnership area and to the Lothian Joint Mental Health and Wellbeing Programme Board.

8 Resource Implications

- 8.1 The Scottish Government recently announced a new package of support to improve access to psychological therapies and CAMHS. The first component– *Building Capacity in Services* – has now been allocated to territorial Health Boards with NHS Lothian's share being £630,325 in 2016-17 increasing to £996,793 from 2017-18 through to 2019-20. A robust capacity plan which will increase capacity to enable those who have waited longest to be seen is now being drawn up.

Focusing on those who have waited longest whilst implementing service improvement plans which will contribute to services reaching a state of equilibrium, is supported by senior management.

- 8.2 Further guidance is awaited on the further elements of the package of support. This includes £26.4 million over four years to *Develop the Mental Health Workforce* and £4.8 million over four years for a *National Mental Health Improvement Programme*

which will work intensively with a small number of Boards to review mental health access improvement plans following diagnostic assessment work.

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Interim Nurse Director

SUMMARY PAPER - NHS Lothian Local Delivery Plan 2015/16 Report

This paper aims to summarise the key points in the full paper.
The relevant paragraph in the full paper is referenced against each point.

<ul style="list-style-type: none"> The paper provides a quarterly progress update on delivery of the 2015-16 Local Delivery Plan (LDP). As the 2015-16 Corporate Objectives are aligned to the LDP there is no separate report relating to the Corporate Objectives. 	1.1
<ul style="list-style-type: none"> Appendix 1 sets out the agreed actions in the LDP and Corporate Objectives and progress that has been made against these in year. Many targets are reported to the Board on a bi-monthly basis in the performance report, waiting times report, HAI and Quality reports, therefore this report does not provide red, amber or green status. 	1.2
<ul style="list-style-type: none"> In October 2015, the Board agreed monitoring and governance arrangements for performance and quality should be delegated to appropriate Board committee. To support this, performance proformas have been developed by the Lothian Analytical Services Team. 	1.3
<ul style="list-style-type: none"> Progress against a number of LDP (HEAT) Standards, particularly 2 week delayed discharge target, delivery of CAMHS and psychological therapies targets and Treatment Time Guarantees are not as we would want and are covered in separate reports to the Board. 	1.5
<ul style="list-style-type: none"> The Board has been appraised of the financial position in year and actions to address this alongside workforce planning elements of the LDP. 	1.6
<ul style="list-style-type: none"> Board members are asked to note the risks against the delivery of the LDP particularly in relation to very high and high risks. 	2.2 and 4.1
<ul style="list-style-type: none"> The draft 2016-17 LDP was submitted to the Scottish Government on 21 March 2016. There will be no separate 2016-17 Corporate Objectives, however proposals are to build on the 2016-17 LDP and the new performance reporting arrangements aligned to the six domains of quality and work with key committees of the Board to provide performance scrutiny and governance of the Board. 	2.3
<ul style="list-style-type: none"> The LDP and Corporate Objectives include the Scottish Government six improvement priorities relating to health inequalities and prevention, antenatal and early years, person centred care, safe care, primary care and integration. 	3.1
<ul style="list-style-type: none"> The LDP also outlines how NHS Lothian will support delivery of LDP Standards, Financial Planning, Workforce and Community Planning 	3.2

NHS Lothian

Board Meeting
6 April 2016

Interim Nurse Director

NHS Lothian Local Delivery Plan 2015/16 Report (LDP and Corporate Objectives)

1 Purpose of the Report

- 1.1 The purpose of this report is to provide a progress update associated with the delivery of the 2015-16 Local Delivery Plan (LDP) actions and 2015-16 Corporate Objectives. The LDP and Corporate Objectives were approved by NHS Lothian Board on 1 April 2015. As the 2015-16 Corporate Objectives are aligned to the Local Delivery Plan, there is no separate report outlining progress associated with the corporate objectives. Going forward, it has been agreed as the 2016-17 Local Delivery Plan will outline the key objectives for the organisation, there will be no separate document outlining the 2016-17 Corporate Objectives to avoid duplication.
- 1.2 Appendix 1 sets out the agreed actions in the LDP and the progress that has been made against these in year. Progress has been reported through use of narrative as many of the targets that need to be achieved are reported to the Board, Corporate Management Team and other committees of the Board on a regular basis for example in the performance report; waiting times report; HAI and Quality reports as well as the quarterly review of corporate objectives. Therefore this report does not provide a red, amber or green status report.
- 1.3 In October 2015, the Board agreed the responsibility of monitoring and governance arrangements for performance and quality should be delegated to the appropriate NHS Lothian Committees. To support monitoring arrangements, a standardised reporting template has recently been developed by the Lothian Analytical Services Team and is being discussed with Committee chairs for implementation in 2016-17.
- 1.4 Much progress has been made in the year to date to establish the four Lothian Health and Social Care Partnerships; the children's agenda as well as developing our plans for primary care, health inequalities and cancer care and treatment. We are also progressing our thinking and developing a business case to drive the quality improvement agenda which will support service and pathways redesign which in turn will drive safety and quality and efficiency and productivity.
- 1.5 It is important to note however that progress in relation to a number of the LDP targets and standards, particularly the 2 week delayed discharge target; delivery of the target for CAMHS and psychological therapies and Treatment Time Guarantees are not as we would want and these are reported under cover of separate reports but do require to be highlighted.
- 1.6 The Board and Corporate Management Team have been appraised of its financial position in year and actions to address this but this alongside workforce planning are key elements of the LDP for this year.

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

2 Recommendations

- 2.1 To seek Board members comment or questions relating to progress against the priorities outlined in the LDP report (appendix 1)
- 2.2 The Board notes the risks against delivery of the LDP, particularly in relation to very high and high risk areas relating to delivery of LRP and performance as set out in section 4.1
- 2.3 The Board notes the draft 2016-17 LDP was submitted to the Scottish Government on 21 March 2016 for review. The final 2016-17 LDP will be presented to the special meeting of NHS Lothian Board on 11 May 2016 for approval. As the LDP outlines the key objectives for the organisation, it has been agreed there will be no separate 2016-17 Corporate Objectives but instead proposals are to build on the 2016-17 LDP and the new performance reporting arrangements aligned to the six domains of quality and work with key committees of the Board to provide performance scrutiny and governance to the Board. This will also be aligned to the work being undertaken on risk tolerance

3 Discussion of Key Issues

- 3.1 The Scottish Government have outlined six improvement priorities for focus within the 2015-16 LDP relating to:
 - Health inequalities and prevention
 - Antenatal and early years
 - Person Centred Care
 - Safe Care
 - Primary Care
 - Integration

The 2015-16 Corporate Objectives have also been structured to mirror the six key strategic improvement priorities set out in the LDP.

- 3.2 The LDP also outlines how NHS Lothian will support delivery of:
 - LDP Standards (previously HEAT standards and targets)
 - Financial Planning
 - Workforce
 - Community Planning
- 3.3 There are four overarching Corporate Objectives which relate to:
 - Protect and improve the health of the population
 - Improve the quality and safety of health care
 - Secure value and financial sustainability
 - Delivery actions to enable change
- 3.4 In addition to this report, NHS Lothian Board and Committees also receive regular reports associated with financial plans, workforce plans, performance, integration and community planning.

- 3.5 An update on delivery of the 2015-16 LDP is outlined in Appendix 1.
- 3.6 A revised performance reporting structure and process is being put in place to ensure the appropriate committees of the Board report and provide assurance to NHS Lothian Board on performance and quality related matters during 2016-17.

4 Key Risks

- 4.1 The key risks associated with delivery of the LDP and Corporate Objectives are predicated on NHS Lothian's ability to delivery local investment plans assumptions and have been identified as:
- Very High Risk – Bed reductions, income assumptions, deficit in social care investment
 - High Risk – Local reinvestment programme/financial balance, delivery of scheduled care treatment time guarantees, unscheduled care, Edinburgh and East Lothian delayed discharge position, changes to Individual Patient Treatment Review process, introduction of parental and adoption leave, Hepatitis C Drugs cost, SGHD Allocations, Capital Programme and Equal Pay
 - Medium Risk – Pay(Terms and Conditions), prescribing, rebates and property sales

5 Risk Register

- 5.1 Responsible Directors have been asked to ensure risks associated with targets and plans are clearly identified on the Risk Register and risks are escalated to the Corporate Risk Register as appropriate i.e. finance, delayed discharges.

6 Impact on Inequality, Including Health Inequalities

- 6.1 All approved strategies and plans that support delivery of the LDP will have been subject to Equality and Diversity Impact Assessment.

7 Involving People

- 7.1 NHS Lothian's LDP and Corporate Objectives are aligned to Our Health, Our Care, Our Future: NHS Lothian Strategic Plan 2014 -2024 which was subject to a public consultation in 2014. On-going strategic and service change developments will also be subject to public and staff engagement.

8 Resource Implications

- 8.1 NHS Lothian faces challenges in the delivery of the financial plan associated with the 2015-16 LDP and Corporate Objectives and has been subject to detailed discussion at NHS Lothian Board meetings, Board Development Sessions and with Scottish Government colleagues during 2015-16.

Alyson Cumming

Strategic Programme Manager Corporate Planning and Public Records

21 March 2016

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List of Appendices

Appendix 1: 2015-16 Local Delivery Plan Progress Report

NHS Lothian 2015-16 Local Delivery Plan (LDP)

Progress Report

March 2016

Improvement Priority	LDP Milestones	Progress Update
	<p><u>Health Inequalities Strategy</u> Increase in targeted community benefits as new projects specified (Nov 2015) Training Developed for Different Staff Groups (Dec 2015) Complete Pilot of Integrated Impact Assessment and identify impact assessment leads in each area (April 2015)</p>	<ul style="list-style-type: none"> • NHS Lothian Health Inequalities Strategy progress report went to the June 2015 Strategic Planning Committee. Key actions relate to procurement, employability and impact assessment were reported. • Integration Joint Boards Strategic Plans include actions to address health inequalities through the Needs Assessments within the health and social care partnerships. All four draft strategic plans have been presented to the Board's Strategic Planning Committee for comment. • The four Lothian Community Planning Partnerships all have an overarching priority to tackle inequalities. • An NHS Lothian health inequality strategy implementation group has been established and meets quarterly to monitor implementation of actions. • Specific areas for action during 2016-17 include procurement, employability, supporting vulnerable people and communities, health and justice and health inequalities training for staff.
	<p><u>Health Promoting Hospital Services (HPS)</u> Development of HPS Priorities Action Plan</p>	<ul style="list-style-type: none"> • The CMO letter 19 (2015) is transformative in its mission to bring preventative action to the fore and actively change the culture of hospitals to help support this with particular emphasis on 3 key areas: <ul style="list-style-type: none"> – Staff health and wellbeing – A health promoting environment where healthier choices are the norm – Person centred care with a focus on addressing inequalities • The new Health and Social Care Partnerships will be included in HPS during 2016-17. • Key actions to take to support delivery of the NHS Lothian HPS during 2016-17 have been outlined in the 2016-17 LDP
	<p><u>Tobacco</u> Smoke free grounds by 1 April 2015</p>	<ul style="list-style-type: none"> • NHS Lothian grounds became smoke free and use of electronic nicotine delivery systems controlled since 1 April 2015, this has been highly (if not 100%) successful and efforts will continue to improve compliance and adapt to any changed in Scottish Government policy during 2016-17. • NHS Lothian delivered the smoking cessation target for 2015-16 • A campaign in pharmacies to advertise pharmacy based cessation services will

		coincide with No Smoking Day in March 2016.
Antenatal and Early Years	Health Visitor Population	<ul style="list-style-type: none"> Challenges remain in recruitment and retention of Health Visitors to support delivery of a named person associated with the Children and Young People (Scotland) Act 2014. An additional 61 WTE Health Visitors are required to meet the named person legislation based on national SIMD quintiles by 2018. There are currently 152.4 WTE funded Health Visitor posts within Lothian, with an average pan Lothian vacancy rate of 19%, with variation in this percentage vacancy across geographical areas. Using the Scottish Government caseload weighting tool for Health Visiting caseloads (at February 2016) 219.6 WTE Health Visitors are required resulting in the need to recruit/train 96.71 WTE Health Visitors to meet the 2018 requirements. To incrementally scale up the number of Health Visitors, the provisional plan for 2016/17 includes 22 Health Visitors complete training in 2016, training intake for 2016/17 is 45 and an intake of 50 during 2017-18 (subject to HEI places) A UK wide recruitment campaign has also been launched with combines multiple professional journal advertisements, web based targeting, plus NHS Show advertisement A new pathway model is being piloted based on the health visitor working alongside early years workers (nursery nurses, family support workers) to test out new models of delivery to strengthen support to families. An example in Midlothian, where three social work family support workers have been seconded into universal health visiting teams to support families who have increased needs. The learning from this model will be explored over 2016/17 and will help to shape the skill mix model moving forward. The Refreshed Universal Health Visiting Pathway for Pre-Birth to Pre-School will commence from October 2016, this has been deferred from an implementation date of October 2015 due to shortage in the health visitor workforce. The Scottish Government are aware of this delay and accept this is the only feasible option for Lothian.
	Implementation of NHS Lothian Children and Young People's Strategy	<ul style="list-style-type: none"> NHS Lothian's strategy is underpinned by GIFEC, aligned to the United National Convention on the Rights of the Child, and is supported by an improvement plan that includes actions to take forward the requirements of the Children and Young People (Scotland) Act 2014 NHS Lothian is an active partner in the Lothian and Borders GIFREC Development

		<p>Group and will continue to work closely with the 4 Children’s Partnerships on implementation.</p> <ul style="list-style-type: none"> • NHS Lothian also has a Children and Young People’s Act Implementation Group who have a working action plan to ensure timelines are met for the Act go live date of 31 August 2016. Themes within the action plan include : <ul style="list-style-type: none"> - Staff awareness and training – NHS Lothian have developed a Learnpro Module on GIRFEC and the Act. - Systems and Processes – standard operating procedures, information sharing protocols and agreements, names person service communication systems are in place and dedicated GIRFEC administrations will be in post by April 2016 - Capacity – ensuring NHS Lothian is compliant with the Act ensure NHS Lothian is able to provide all pre-school children the named person service (see section relating to Health Visiting) • Update of the 27 – 30 month health visiting assessment in 2015 is provisionally 81% of the eligible population • The aim to have up to 80% uptake of Healthy Start Vouchers by eligible women and children by March 2016 has been challenging, overall uptake remains at 75%. Work is on-going to continue to build on recent increases in the number of women referred from welfare rights advice on benefits, tax credits, employment right and childcare an debt to support further uptake.
	<p>Family Nurse Partnership - 4th team in place by July 2015</p>	<ul style="list-style-type: none"> • The service has been expanded and currently has four full teams of staff. . • It remains the aim of NHS Lothian to continue with a sustainable model of programme delivery with start-up to East Lothian eligible clients planned to commence in 2016 when capacity becomes available across the teams. • In addition NHS Lothian is testing the delivery of a hybrid service in partnership with NHS Borders to eligible clients from August 2015.
	<p>NHS Lothian Maternity Services Strategy 2016 – 2021</p>	<ul style="list-style-type: none"> • Work is underway to develop an NHS Lothian Maternity Services Strategy 2016- 2021. It is expected a first draft will be taken to the Strategic Planning Committee in April 2016.

Person Centred Care

Tell Us Ten Things –Local Patient Experience Survey Programme

- At the end of 2015 the Tell Us Ten Things questions were reviewed against best practice and aligned with the “5 must do elements” of the national Person Centred Health and Care Programme:
 - What matters to you?
 - Who matters to you?
 - What information do you need?
 - Nothing about me without me
 - Personalised contact

As part of the survey there is a question at the end that asks “is there anything else we could have done to improve your experience of our care?” The ward staff, in particular, like this question and the comments given by patients and these are included in the ward monthly reports for the staff to take action.

Below are the survey results from November 2015.

The weighted average responses to the questions are as follows:	Overall Weighted Average	Previous Results
1. Do you feel that the staff took account of the things that matter to you?	8.83	↓
2. If you started any new medicines or tablets on this ward, were you given enough explanation about what these were for?	9.2	↑
3. How much information about your care & treatment was given to you?	8.49	↑
4. Were you involved, as much as you wanted to be, in decisions about your care & treatment?	8.36	↑
5. Were you treated with kindness & compassion by the staff looking after you?	9.33	↓
6. In your opinion, how clean was the hospital room or ward you were in?	9.03	↓
7. I was bothered by noise at night from the hospital staff:	6.77	↓
8. Do you think the staff did everything they could to help control your pain?	9.09	↓
9. I was happy with the food/meals I received:	6.94	↓
10. Overall: I had a very poor/good experience:	8.70	↑

Person Centred Care	Feedback and Complaints	<ul style="list-style-type: none"> • The previous Customer Relations and Feedback Team has been dissolved and a Patient Experience team has now been established to bring together complaints and feedback. • Work is on-going to implement the recommendations of the external review and to strengthen the relationship with clinical teams to help them undertake timely and robust investigations in the hope that when people complain we can get it right- first time. • The Healthcare Governance Committee and NHS Lothian board now receive regular Person Centred Culture reports which brings together the complaints and feedback activity and performance as well as patient experience surveys undertaken across the organisation.
	Lothian House of Care	<ul style="list-style-type: none"> • NHS Lothian continues to lead the House of Care Collaboration in partnership with the Thistle Foundation to support implementation of the approach to deliver more person centered integrated care. Strategically, links have been established with the Choosing Wisely Clinical Change Forum initiative, and with the Edinburgh and Midlothian Health and Social Care Partnerships Strategic Plans. The RCGP has endorsed the approach in its blueprint for General Practice. • The first phase (2015-16) of the House of Care collaboration is focusing on working with 11 GP practices in areas of relative deprivation, and the cardiac rehabilitation service. . Initial funding of £70,000 was received in 2014-15 from the Scottish Government to support House of Care earlier adopter sites. This has since been supplemented by a further £70,000 from the British Heart Foundation. • A cross-sectoral multi-disciplinary Learning Advisory and Resource Group has been established to identify a menu of training options for the health and care workforce to support collaborative care and support planning. This will supplement the training delivered by the Year of Care Partnership as part of the British Heart Foundation support. A measurement and evaluation framework has been developed. Two third sector led groups, Collective Voice and Supported Self Management Network, have been formed to support and enable people living with long term conditions.

Safe Care	Scottish Patient Safety Programme and Quality Improvement	<ul style="list-style-type: none"> • NHS Lothian remains committed to the Scottish Patient Safety Programme. Priorities for action during 2015-16 include spread and sustainability set within a Quality Improvement infrastructure. An annual report associated with the Scottish Patient Safety Programme will be available towards the end of 2015. • During 2015-16, NHS Lothian has been developing its clinical quality approach to support improvements in safe and patient-centred care. Planning assumptions to which this approach is based relate to: <ul style="list-style-type: none"> - a challenges of integrating care across boundaries and designing services around patient voice and choice - a global and local variation in healthcare practice leading to high rates of inappropriate or unwarranted care - unacceptable rates of care-associated patient injury and death including HAI - an inability to always “do what we know works” in relation to achieving nationally approved standards of care e.g. Stroke care bundle compliance - large amounts of waste leading to excess process costs that limit access to care especially in the face of increasing demand and rapidly changing demography - evidence from highly reliable healthcare organisations worldwide that a focus on improving the quality of healthcare controls cost of delivery • Key milestones associated with the initial programme of work to be progressed will include: <ul style="list-style-type: none"> Phase 1: Planning and Promotion (September to December 2015) Phase 2: Initial Preparation and Faculty Development (October to December 2015) Phase 3: Focused Training (January to June 2016) • NHS Lothian appointed a Chief Quality Officer who will take up post at the beginning of April 2016 to provide enhanced senior leadership allowing us to maintain the current momentum of quality improvement and to accelerate our progress over the coming years.
	Hospital Associated Infections	<ul style="list-style-type: none"> • Delivery of LDP standards associated with healthcare associated infections (CDifficile and MRSA / MSSA) continues to be challenging. • An overarching HAI improvement plan has been developed and agreed by NHS Lothian Board in December 2015 to guide priorities and actions to reduce infection. This sets out 3 key delivery areas for improvement in relation to infection prevention and control.

		<ul style="list-style-type: none"> - Leadership - Infrastructure - Reliable implementation of processes and interventions • Detailed delivery plans specific to reduction of Clostridium difficile infection (CDI) and Staphylococcus aureus bacteraemias (SAB) have also been updated to reflect this strategy. Other committees (for example the Antimicrobial Management Team) have detailed delivery plans which also compliment and support these objectives. • The detailed improvement plans will be submitted for approval at the Healthcare Governance Committee in March 2016. 															
Primary Care	Take forward work to support the priority areas outlined within the Strategic Plan	<ul style="list-style-type: none"> • NHS Lothian’s Strategic Plan ‘Our Health, Our Care, Our Future 2014-2024’ set out an ambitious primary care development plan in 3 stages: Stage 1 - access and shifting the balance of care Stage 2 - recruitment and retention and an emergency fund Stage 3 - frail elderly in the community (working across the 4 Health and Social Care Partnership areas) • Outcomes associated with the Stage 1 of the plan during 2015-16 is outlined below: <table border="1" data-bbox="891 699 2087 1337"> <thead> <tr> <th data-bbox="891 699 1438 738">Priority</th> <th data-bbox="1438 699 1821 738">Detail</th> <th data-bbox="1821 699 2087 738">Investment</th> </tr> </thead> <tbody> <tr> <td data-bbox="891 738 1438 927">Diabetes Type 2 Local Enhanced Service (LES)</td> <td data-bbox="1438 738 1821 927">92% of practices are participating</td> <td data-bbox="1821 738 2087 927">£350k</td> </tr> <tr> <td data-bbox="891 927 1438 1115">Uncapping of Very Long Acting Reversible Contraception (vLARC)</td> <td data-bbox="1438 927 1821 1115">~the current rate of activity is being met by existing funding. The extra investment may not be utilised.</td> <td data-bbox="1821 927 2087 1115">£100k</td> </tr> <tr> <td data-bbox="891 1115 1438 1187">Phlebotomy</td> <td data-bbox="1438 1115 1821 1187">74% of practices are participating</td> <td data-bbox="1821 1115 2087 1187">£360k</td> </tr> <tr> <td data-bbox="891 1187 1438 1337">Training of Advanced Nurse Practitioners</td> <td data-bbox="1438 1187 1821 1337">11 training places are currently filled.</td> <td data-bbox="1821 1187 2087 1337">£130k</td> </tr> </tbody> </table>	Priority	Detail	Investment	Diabetes Type 2 Local Enhanced Service (LES)	92% of practices are participating	£350k	Uncapping of Very Long Acting Reversible Contraception (vLARC)	~the current rate of activity is being met by existing funding. The extra investment may not be utilised.	£100k	Phlebotomy	74% of practices are participating	£360k	Training of Advanced Nurse Practitioners	11 training places are currently filled.	£130k
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Total		£1.17m*									
Integration	Establishment of Health and Social Care Partnerships and Integration Joint Boards	<ul style="list-style-type: none"> During 2015/16, the four Lothian IJB's (Edinburgh, East Lothian, Midlothian and West Lothian) were formally constituted and Chief Officers and Section 95 Officers have been appointed for the IJBs. The IJBs have appointed to a number of senior posts and management structures for each partnership are being finalised. A series of meetings has taken place to discuss budget setting principles for acute services and IJBs and these have now been agreed by all four IJBs and NHS Lothian. Discussions have included the Chairs of the IJB's, IJB Chief Officers and the Chair, Chief Executive and Finance Director for NHS Lothian. Final directions, financial planning assumptions and allocation of the £250m nationally for 'health and social' care continue to be discussed The four Health and Social Care Partnerships have also developed and consulted on their strategic plans to outline how they will meet the health and social care needs of their local population. Work is on-going to support the development of the key directions that each IJB needs to give to NHS Lothian. To support the implementation of the partnership strategic plans, NHS Lothian Strategic Planning resource is being distributed across the four partnerships. 									

	Establishment of Health and Social Care Partnerships and Integration Joint Boards	<ul style="list-style-type: none"> NHS Lothian is developing an acute hospitals plan in response to, and to complete the development of the four IJB strategic plans. An outline plan will be developed for the end of March 2016 and work will progress in tandem with the four IJBs through 2016/17.
	Support for the Care of Older People	<ul style="list-style-type: none"> A joint HSCP/Primary Care/Secondary Care workshop and discussions between the HSCPs have informed the development of proposals to provide primary care support to care homes and anticipatory care to the frail elderly. Final proposals and costings are awaited. In the meantime a Nurse-led Nursing Home Team in East Lothian is testing a promising model of approach. The ELSIE (East Lothian Integrated Care for the Elderly) team in East Lothian and MERIT (Midlothian Enhanced Rapid Response Intervention Team) in Midlothian are expanding their provision to support the frail elderly In addition, work is underway to consider options to support general practice to maintain medical services for Care Home residents, which might include General Medical Services based services or a Care Home Anticipatory Care Enhanced Service. In East Lothian a Nurse-led care home team is providing support to 5 care homes. Early indications are that this approach has greatly reduced the need for GP input to the homes and has provided the homes with anticipatory support and early and effective interventions for more acute problems and in containing a respiratory disease outbreak, without the need for secondary care admission.
LDP Standards	Monitoring and Reporting Performance	<ul style="list-style-type: none"> Delivering for Patients, an appendix to Our Health, Our Care, Our Future: NHS Lothian Strategic Plan 2014 - 2024 outlines NHS Lothian's commitment to meet and sustain treatment time guarantees and outpatient standards. Implementation of Delivering for Patients is supported through a Programme and Priority Leadership Group to ensure delivery of the national waiting times standards in Lothian. This group oversees the progress of the Clinical Management Teams reviewing and managing performance and to ensure associated risks are managed. To support a refocus on performance reporting, Lothian Analytical Services have introduced quality and performance proformas which include the LDP standards and also outline mitigating actions where performance is below standard. The proformas require to be signed off by the appropriate responsible director.

		<ul style="list-style-type: none"> NHS Lothian continues to be challenged in the delivery of the LDP Standards (previously HEAT targets). The Board should note that progress is not cited within this update, the most up to date position will be outlined in the Quality and Performance Paper presented to the NHS Lothian Board meeting on 6 April 2016.
Financial Planning	Deliver Financial Balance	<ul style="list-style-type: none"> Following the Quarter 1 review meeting with Scottish Government officials in July 2015, a mid year review meeting took place with officials in January 2016 and a further follow up meeting in March 2016 to discuss the 2015-16 financial position and recovery actions associated with the development of the 2016-17 financial plan. NHS Lothian is investing significantly in quality improvement infrastructure and capacity and is establishing a Clinical Quality Academy to support training and development of improvement methodology to improve quality and reduce cost. Resources to support the overall Quality Improvement Programme have been provided by the Edinburgh and Lothian Health Foundation. Outline proposals for national funding relating to Primary Care Transformation Fund/Primary Care Mental Health Fund were submitted to the Scottish Government for consideration on 18 March 2016.
Workforce	Reduction in Workforce Expenditure	<ul style="list-style-type: none"> A Human Resources and Organisational Development Strategy June 2015 – August 2018 was approved by NHS Lothian Board in June 2015. The 5 priorities for action outlined in the strategy relate to Healthy Organisation Culture, Sustainable Workforce, Capable Workforce, Integrated Workforce and Effective Leadership and Managers A revised management structure has been implemented within the acute services to support a reduction in workforce expenditure A review of the corporate administration function has been undertaken with implementation of the review and skill mix recommendations are being introduced across corporate directorates. An update report will be available in March 2016.
	Effective Leadership and Management	<ul style="list-style-type: none"> A Clinical Change Cabinet which brings together clinicians from across NHS Lothian has been established to support development of the new strategic direction around organisational culture and behaviours. The Cabinet will focus on how we work together to improve quality while using the resources to create sustainability. A Learning and Development Strategy 2016-2020 has been developed during 2015-16 designed around the overarching priorities associated with the 2020 Workforce Vision. The draft strategy will be submitted for approval at the Lothian Partnership Forum

		meeting at the end of April 2016.
Community Planning Partnerships	Continue to work with partner organisations to support engagement in community planning	<ul style="list-style-type: none"> • A NHS Lothian Board Director and Non Executive Director have been appointed to each of the four CPP's • All four CPP's have an overarching priority to tackle inequalities • The Edinburgh Community Plan was approved at the April 2015 NHS Lothian Board meeting. • The East Lothian Plan was signed off by partners in June 2015 and outlines a statement of intent to '<i>work in partnership to build an East Lothian where everyone has the opportunity to lead a fulfilling life, and which contributes to a fair and sustainable future</i>' • During 2015-16 the Midlothian partnership has outlined key outcomes for 2016-19 relating to reducing the gap in learning outcomes, health outcomes and economic circumstances • In West Lothian, the CPP and IJB outcomes are alighted to ensuring children have the best start in life and are ready to succeed, older people are able to live independently in the community with an improved quality of life and we live longer, healthier lives and have reduced health inequalities • NHS Lothian and the four community planning partnerships have been actively engaged in the development of the legislation around the Community Empowerment

SUMMARY PAPER - PATIENT FEEDBACK

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

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

<ul style="list-style-type: none"> Discuss the Tell us Ten Things patient experience survey results (TTT). 	3.1 & Table 1
<ul style="list-style-type: none"> To note the number of Patient Opinion posts up to the month of January and the criticality of their nature 	3.2 & Table 2
<ul style="list-style-type: none"> The Board is asked to note the ongoing progress with the complaints review. 	3.3
<ul style="list-style-type: none"> There have been a number of new members of staff appointed 	3.3.2
<ul style="list-style-type: none"> There are a number of operational units now testing the devolved approach. 	3.3.5
<ul style="list-style-type: none"> Review the most recent complaints and feedback activity and performance. 	3.4 & Charts 1 6
<ul style="list-style-type: none"> To note the different ways that complaints and feedback are received by the organisation. 	Table 3
<ul style="list-style-type: none"> To note the outcome of complaints / feedback. 	Table 5
<ul style="list-style-type: none"> Review the most recent complaints and feedback activity received into the team by telephone 	3.2.10 & Table 6
<ul style="list-style-type: none"> A new quality assurance committee will be established to review the complaints and feedback 2016/7 	Appendix 1
<ul style="list-style-type: none"> To note the Scottish Public Service Ombudsman's activity 	3.5
<ul style="list-style-type: none"> The Patient Advice and Support Service 	3.6

Jeannette Morrison

Head of Patient Experience

31 March 2016

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NHS Lothian

Board Meeting
6 April 2016

Interim Nurse Director

PATIENT FEEDBACK

1 Purpose of the Report

- 1.1 The purpose of this report is to provide an update to the Board on range of ways people can give us feedback with a focus on complaints and feedback activity within NHS Lothian.
- 1.2 In line with a request from Non-Executive Directors there was a request to provide additional information in relation to the nature and cause of complaints as well as the Scottish Public Service Ombudsman activity.

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

2 Recommendations

- 2.1 Discuss the patient experience results from:
 - Tell us Ten Things (TTT)
 - Patient Opinion
- 2.2 Review the most recent complaints and feedback activity and performance and note the draft terms of reference for the proposed Quality Assurance Committee that was supported at the March meeting of the Healthcare Governance Committee (Appendix 1)
- 2.3 Review the Scottish Public Services Ombudsman activity during January 2016
- 2.4 Note the most recent quarterly report from the Patient Advice and Support Services

3 Discussion of Key Issues

3.1 NHS Lothian Patient Experience Surveys

Tell us Ten Things

- 3.1.1 Tell us Ten Things" (TTT) was a local patient survey programme which ran within the Universities Hospital Services. In November 2014 the questions were reviewed against best practice and aligned with the "5 must do elements" of the national Person Centred Health and Care Programme:-
 - What matters to you?
 - Who matters to you?
 - What information do you need?

- Nothing about me without me
- Personalised contact

3.1.2 The TTT survey is now in place on the three main adult hospitals (St John's Hospital [StJ], Royal Infirmary of Edinburgh [RIE] and the Western General Hospital [WGH]). NHS Lothian Aggregate TTT Results are detailed in Table 1 below:

Table 1 - January Results

The weighted average responses to the questions are as follows:	Overall Weighted Average	Previous Results
1. Do you feel that the staff took account of the things that matter to you?	9.10	↓
2. If you started any new medicines or tablets on this ward, were you given enough explanation about what these were for?	9.01	↓
3. How much information about your care & treatment was given to you?	8.57	↑
4. Were you involved, as much as you wanted to be, in decisions about your care & treatment?	8.12	↓
5. Were you treated with kindness & compassion by the staff looking after you	9.39	↓
6. In your opinion, how clean was the hospital room or ward you were in?	9.31	↑
7. I was bothered by noise at night from the hospital staff:	7.11	↑
8. Do you think the staff did everything they could to help control your pain?	9.15	↓
9. I was happy with the food/meals I received:	6.99	↑
10. Overall: I had a very poor/good experience:	8.49	↑

3.1.4 The overall return rate of these surveys remain very low (rate of 3.79% [January 2016]). The ward with the highest return rate was ward 202 at the RIE (40%), the second highest return rate was ward 52 at the WGH (31%) and third was ward 203 at the RIE (31%). Further discussion will take place at the Lothian Professional Nursing Advisory Committee to ensure senior nursing support and discuss how the return rate can be improved across all areas and what actions can be taken by the clinical teams to improve the response rates for all the questions but importantly, for question 10 as this now forms part of the regular quality and performance reporting schedule.

3.1.5 As part of survey there is a question at the end that asks 'Is there anything else we could have done to improve your experience of our care?'. The ward staff particularly like this question and the comments given by patients. These comments are included in the ward monthly reports. These comments inform local improvements

Examples of positive patient feedback:

- *No, everything was excellent.*
- *No, everything went to plan, they looked after me very well. Staff very nice, thank you.*
- *Difficult to improve on excellence*
- *Thank you for taking care of me!*

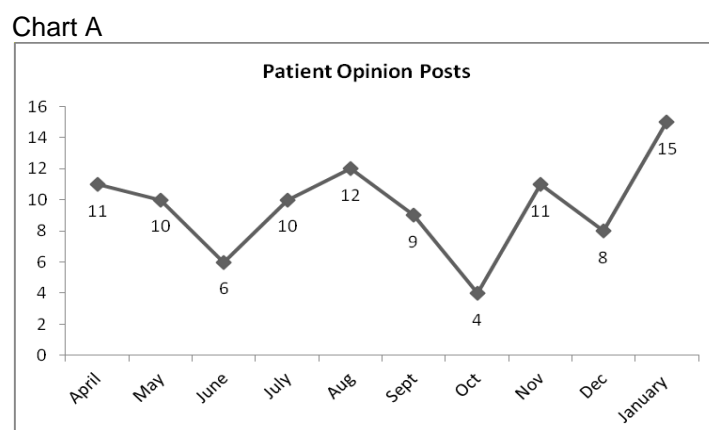
- *If all the nurses were as good as ward 31 WGH hospital would be a good place to get treated. Well done ward 31.*

Examples of negative patient feedback

- *I was in a ward of 4 joined onto another ward of 4 to which there was only 1 toilet & 1 shower. I feel that is unacceptable.*
- *Care package took 9 weeks to arrange, could have been out of hospital after 2.*
- *During the night the noise level was bad. Patients never had much sleep, at one point a patient was being difficult, no sleep that night.*
- *Too many changes, saying one thing one day and changing it the next. A few main courses were good, most were poor or nothing special. Food usually bland and lacked seasoning.*
- *Staff are very busy. Change of medicines would have been good written down to explain change. Urine bottles left on tables too long, should have been away before breakfast came. Not enough staff to cover.*

3.2 Patient Opinion

3.2.1 Patient Opinion (PO) is a not for profit organisation that was founded in 2005 and allows people to share their experiences of healthcare via their website. There are a number of NHS Boards across Scotland who encourage people to feedback using this website. Chart A below identifies the stories that have been shared about NHS Lothian up to January 2016. In January there were 15 stories that were posted. We are working with Patient Opinion to improve the reporting and sharing of these stories. Further detail on Patient Opinion can be found at www.patientopinion.org



3.2.2 The Executive Nurse Director with the Head of Patient Experience has met with Gina Alexander from Patient Opinion this month to discuss how NHS Lothian has been using this information as one element of our wider patient experience programme. Consideration is being given how this can be used to support the quality improvement work with Stroke Services and there will be further conversations with the Lothian Professional Nurses Forum.

3.2.3 Scottish Government are supporting Boards to engage with Patient Opinion and are providing funding (@£14,000 per annum) for this for 2015/6 and 2016/7. NHS Lothian will need to consider if we wish to continue with this once central funding is removed. It is anticipated that with the devolved complaints and feedback function

Patient Experience has met with one of the Boards Non Executive Directors to discuss the additional reporting requirements and as a result additional information has been provided in this paper.

- 3.3.2 There have been a number of new members of staff appointed. It is anticipated that as the staff become trained this will result in improved performance with the 3-day acknowledgement performance, which is currently at 67% for complaints being acknowledged within 3-days.
- 3.3.3 The accountability for the complaints and feedback function is devolved to the operational teams. It has taken longer than was originally anticipated and the central team, providing a triage and “specialist” function for those complaints that are complex or cross multiple management teams is now in place as of the end of February. The resources to support this triage function is not yet fully in place despite having tried to interview a number of times to recruit to these posts and this continues to impact on the 20-day response performance. This central team will also provide a co-ordinating function for all Scottish Public Services Ombudsman cases. There are 58 open cases as of 15.03.16
- 3.3.4 Work continues to quantify the workload and resource to support the Patient Experience Team moving forward. Interviews are currently taking place. It has been agreed that the position in relation to the recruitment of the central team, devolution and systems changes will be reviewed at the April meeting of the Lothian Professional Nurses Forum in order to take stock and consider any next steps. Responsibility to improve the performance of the 20-day response rate is a joint effort with the operational service and the Patient Experience Team.
- 3.3.5 The operational units that are now testing this devolved approach;
- Royal Edinburgh and Associated Services
 - Western General Hospital
 - Edinburgh Community Health Partnership
 - East Lothian Community Health Partnership
 - Midlothian Community Health Partnership
 - Diagnostics, Anaesthetics, Theatres and Critical Care
 - Maternity Services

3.4 Complaints and Feedback Performance and Activity

- 3.4.1 Charts 1 - 6 reflects the performance during the last 12 months and for the first time details of this have been included in the Quality and Performance Report. Additional detail has been provided in this section following discussion and requests from the Non Executive Directors.

Chart 1

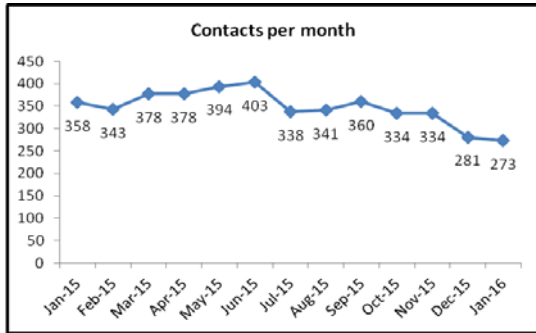


Chart 2

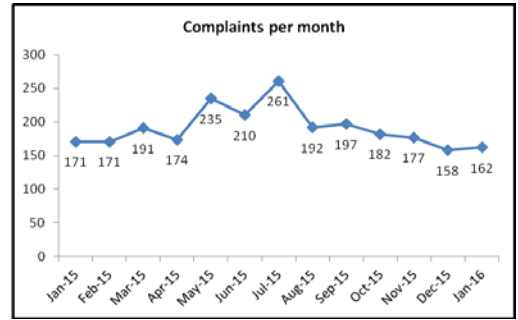


Chart 3

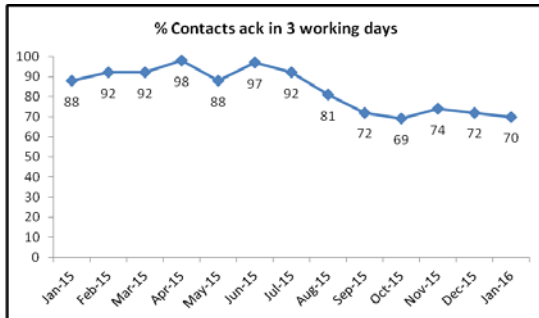


Chart 4

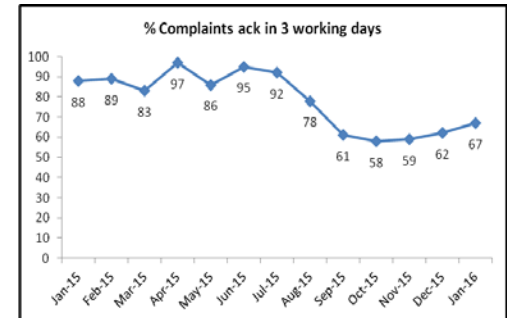


Chart 5

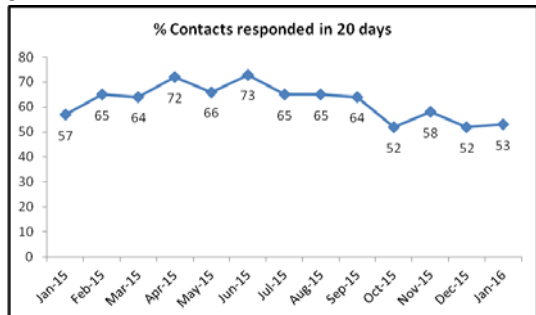
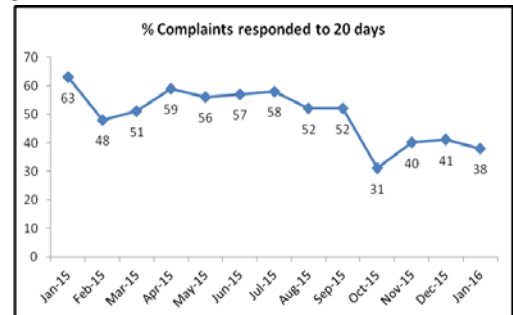


Chart 6



3.2.6 Table 3 below shows the different ways that complaints and feedback are received by the organisation. During January there were no complaints made in person and the majority of complaints are now made by email (n=93). There continues to discussion as to the difference in definition of a complaint and a concern. Whilst this is a subjective decision taken by the Patient Experience Team we encourage the clinical teams to discuss with us if they think we have incorrectly categorised a complaint / concern. This definition will form part of the revised model complaints handling process that is currently being led by the Scottish Public Services Ombudsman.

Table 3

Jan-16	complaint	concern	enquiry	feedback	comments	compliment	Total
comments card	7	0	1	1	0	5	14
email	48	19	6	5	1	14	93
letter	39	9	6	1	0	20	75
prison complaint form	33	1	0	0	0	1	35
telephone call	32	11	6	2	0	0	51
web complaints form	2	0	0	2	0	1	5
Total	161	40	19	11	1	41	273

3.4.2 Issues within complaints are recorded in table 4 using the ISD Complaints Definitions. Datix allows more than one “issue” to be recorded against each complaint / concern. Within the “staff” category includes the following attitude, behaviour, clinical judgement, insufficient staff. Within the “treatment” category this includes the following personal care, inadequate / inappropriate treatment.

Table 4

Staff	63	2	0	1	0	66
Waiting times for	19	1	1	0	0	21
Delays in/at	7	0	0	1	0	8
Environment / domestic	9	0	0	1	0	10
Procedural issues	1	0	0	0	0	1
Treatment	78	2	0	1	1	82
Transport	1	0	0	0	0	1
Other	2	0	0	0	0	2
Total	180	5	1	4	1	191

3.4.3 The outcome of complaints / feedback are detailed in table 5 below. Almost half of the complaints (n=50) and concerns (n= 6) that were received during January were not upheld. There were 17 during January where the complainant chose to withdraw the complaint / concern / enquiry. There were 26 complaints / concerns that were partly upheld.

Table 5

Jan-16	complaint	concern	enquiry	feedback	compliment	Total
Compliment / No further action	1	0	0	4	37	42
Conciliation	0	1	0	0	0	1
Irresolvable - other	2	0	0	0	0	2
Withdrawn	9	5	0	3	0	17
Upheld	25	1	0	0	0	26
Partly Upheld	8	1	1	0	0	10
Not Upheld	50	6	2	0	0	58
Total	95	14	3	7	37	156

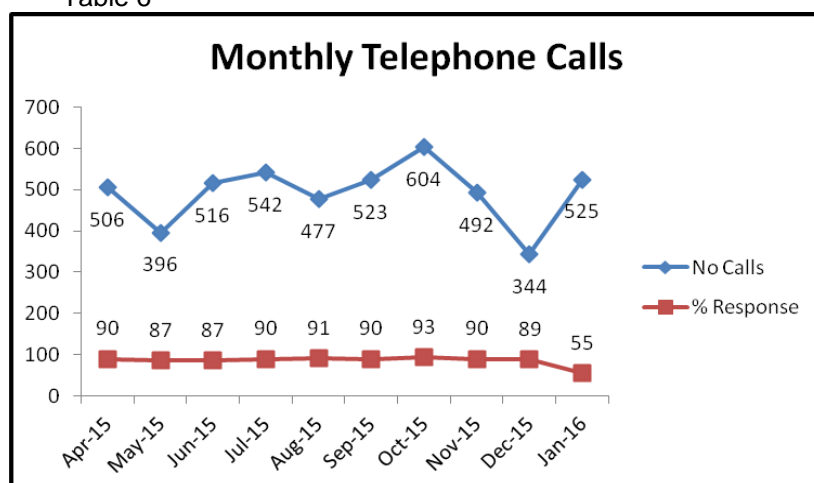
3.4.4 To help improve on both the performance and the backlog currently within the Patient Experience Team, there are a number of measures / action that have been put in place:

- Telephone lines to be available from 9am – 2pm
- An additional member of administration bank staff was employed for a 4 week period
- four members of staff commenced during January and February
- three members of staff will join the team during March

3.2.10 The number of telephone calls are now being reviewed on a monthly basis and table 6 below is the number of incoming calls received. During January, the team received 525 telephone calls and were able to respond to 55% of incoming calls. The rise in the number of telephone calls was expected returning after the festive period and was the same in 2014. The average length of each call remains 5

minutes. Reviewing the telephone data from 2014/5, it looks as though more telephone calls will be received into the team in 2015/6.

Table 6



3.2.11 At the March Healthcare Governance Committee there was a discussion on the development of a quality assurance process for our complaints and feedback, where a new quality assurance committee will be established to review the complaints and feedback 2016/7, with the first meeting expected to take place in August. Work is progressing with this with its role, remit and membership. Having made a request to the National Complaints Group it does not appear that any such committee functions elsewhere across NHSScotland. Appendix 1 provides an early draft terms of reference for discussion by the Board. The Head of Patient Experience has met with the Non Executive to discuss the opportunity to establish the role of a “Complaints Champion”.

3.5 Scottish Public Services Ombudsman

3.5.1 The Scottish Public Services Ombudsman (SPSO) opened 4 new investigations during January and table 4 below provides details

Table 4

SPSO Investigation	Details	Management Team
1	The prison health centre’s decision to discontinue his medication was unreasonable	REAS Prisoner Healthcare
2	The doctor inappropriately prescribed methotrexate medication to patient	Western General Hospital
3	Complaint not about NHS Lothian but requesting access to patient’s clinical records whilst attending A&E Dept	REAS Prisoner Healthcare
4	<ul style="list-style-type: none"> The Board did not provide reasonable care and treatment to the patient The Board did not respond reasonably to the concerns that the family raised about their care and treatment, The Board did not respond reasonably to the complaints, and The medical records inaccurately record that his family gave him drugs 	Royal Infirmary of Edinburgh
5	The Board have acted unreasonably when	Western General Hospital

	assessing their request for reimbursement of the costs of having surgery done privately because NHS Lothian failed to take into account that, despite being aware of the patient's concerns about the delay and their intention to seek treatment privately, NHS Lothian did not properly inform the patient of the alternative options that were available within the NHS. The outcome that patient is seeking in raising this complaint is that the Board reimburse him for the cost of the surgery	
6	<ul style="list-style-type: none"> The Board did not respond reasonably to your complaints about your and your daughter's care and treatment The Board did not provide the lady and her daughter with reasonable care and treatment in 2013 and early 2014. 	Maternity
7	failed to provide a reasonable standard of nursing care and treatment to the patient when they were a patient at Western General Hospital (in 2012).	Western General Hospital

3.3.2 In January NHS Lothian was able to close 2 SPSO cases, in addition to these cases NHS Lothian were informed that the SPSO were not progressing 2 other cases.

3.6 Patient Advice and Support Services

3.6.1 The Patient Advice and Support Service (PASS) is delivered by the Scottish Citizens Advice Bureau (CAB) Service. The service is independent and provides free, confidential information, advice and support to anyone who uses the NHS in Scotland. The Patient Advice and Support Service:

- Help clients understand their rights and responsibilities as patients
- Provide information, advice and support for those wishing to give feedback or comments, raise concerns or make complaints about health care delivered by NHS Scotland
- Ensure clients feel listened to, supported, and respected when raising concerns about difficult experiences
- Work with the NHS to use feedback to improve NHS service provision.

3.6.2 PASS have recently shared their quarterly report with NHS Lothian and further details on their activity can be obtained from Jeannette Morrison, Head of Patient Experience.

3.7 Programme Governance

3.7.1 The Executive Lead for this work is Alex McMahon, Interim Executive Nurse Director. This work will report through the Healthcare Governance Committee and onto the NHS Lothian Board on a quarterly basis, with patient experience data being included in the new integrated Quality and Performance Report.

4 Key Risks

- 4.1 This is an ambitious cultural programme and as such to achieve a person centred culture it needs to be woven into all aspects of NHS Lothian activity and measurement frameworks.
- 4.2 As we move forward with the transition to the new devolved service there is a risk that the performance of patient experience feedback (Complaints, concerns, comments and compliments) has deteriorated but the Board have been prepared for this and this will continue to be monitored. The Patient Experience Team are supporting the clinical teams with their performance.
- 4.3 Whilst the short term sickness within the team has improved the long term sickness remains unchanged. The existing staff within the team are providing support and induction to the new members of staff. There is now 3.38WTE in post to support all the Scottish Public Services Ombudsman and complex complaints handling across, however this is a combination of recurring and non-recurring posts and leaves 0.6WTE vacant posts. There is 1.8WTE supporting the triage function, leaving 3.2WTE vacant posts with 1WTE due to commence by the end of March and a further round of adverts required to fill the remaining establishment. The remaining Patient Experience Office post has just been filled and it is anticipated that the candidate will take up post at the end of March.
- 4.4 Acknowledging the administrative and supporting function of the Patient Experience Team the ability to influence and improve performance against the 20-day response rate sits with the operational teams across the organisation. The operational teams have the responsibility to directly impact on patient care.

5 Risk Register

- 5.1 Enabling a person centred approach within all work streams including complaints management which is on the revised Corporate Risk Register.

6 Impact on Inequality, Including Health Inequalities

- 6.1 The principles of this agenda will see the person at the centre and therefore all aspects of inequalities will be embedded in the core values of the work programmes agreed.

7 Involving People

- 7.1 The agenda for person-centredness has at its core involving people and as this work progresses patients, carers and staff are central.

8 Resource Implications

- 8.1.1 This work has brought together the previous person centred team and CRaFT. The Patient Experience Team was remodelled on existing resources and was delivered by Organisational Change process, supported by HR and partnership.
- 8.1.2 As this review continues it has identified that approximately 5000 phone calls are received into the team and this has not previously had a recognised resource

associated with this. It is possible that as we review the existing workload across all aspects of the patient experience activities this is likely to identify a resource shortfall that will need to be considered. From reviewing the current number of telephone calls during the 2015/6 we anticipate that this will exceed the numbers received during 2014/5.

- 8.1.3 To help manage the “backlog” of those complaints a proposal was submitted to the Chief Executive to reduce the number of hours the telephone lines are open however patients and members of the public can still access the Patient Experience Team by email or in writing.

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30 March 2016
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List of Appendices

Appendix 1: Quality Assurance Committee –Terms of Reference – Draft for Discussion

Quality Assurance Committee**Terms of Reference – Draft for discussion****Purpose**

To provide assurance to the Healthcare Governance Committee and the Board with the management of complaints and also the learning from complaints within NHS Lothian. Its purpose is to maintain an overview of complaints arising. Trends and patterns of complaints across the organisation are monitored and the role of the committee is to ensure that appropriate action has been taken, where called for, to improve safety and quality of services; and to ensure that the lessons learnt from complaints are utilised for service improvements, and that this is communicated appropriately to the Board and shared within the organisation, and to patients and their relatives promoting a listening learning and improving culture across the organisation.

Reporting Function

The Quality Assurance Committee will report to the Board through the Healthcare Governance Committee.

Frequency of meetings

Meetings will be held on a quarterly basis.

Membership

Brian Houston, Chairman
Alex McMahon, Interim Executive Nurse Director
David Farquharson, Executive Medical Director
Carolyn Hirst, Non Executive Director, Healthcare Governance Committee
Jeannette Morrison, Head of Patient Experience

Supporting evidence

Listening and Learning from Feedback: Report submitted to NHS Lothian Board by Dr Dorothy Armstrong (January 2015)
Complaints Management Policy (June 2011)
NHS Lothian Complaints Policy: Procedure for the management of unacceptable actions and behaviours (June 2011)
NHS Lothian Complaints Policy: Procedure for the management of patient and public complaints (June 2011)

Board Meeting
 6 April 2016

Medical Director

SUMMARY PAPER - CORPORATE RISK REGISTER

This paper summarise the key points in the full paper.

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

	Para
<ul style="list-style-type: none"> The top 5 risks at Very High 20 are:- <ol style="list-style-type: none"> Healthcare Associated Infection The scale or quality of the Board's services is reduced in the future due to failure to respond to the financial challenge Achieving the 4-Hour Emergency Care standard Achieving the Delayed Discharge targets at 2 and 4 weeks General Practice Sustainability. 	3.2.1
<ul style="list-style-type: none"> Table 1 sets out a Quarter 3 update of the NHS Lothian Corporate Risk Register. 	3.2.2
<ul style="list-style-type: none"> NHS Lothian is outwith risk appetite on corporate objectives where low risk appetite has been set with respect to patient safety (Corporate Objective 2/2.2), patient experience (Corporate Objective 2/2.1) and improving the way we deliver unscheduled care (Corporate Objective 2/2.4). NHS Lothian is also out with risk appetite for health population (Corporate Objective 1) and Financial Planning (Corporate Objective 3/3.1), where a medium appetite has been set. The Board may wish to examine the management actions to address areas which are outwith appetite to inform assurance requirements as set out in management reports submitted to the Board 	3.5

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 21 March 2016
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NHS Lothian

Board Meeting
6 April 2016

Medical Director

NHS Lothian Corporate Risk Register

1 Purpose of the Report

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

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

2 Recommendations

- 2.1 Accept this paper as assurance that the Corporate Risk Register contains all appropriate risks, which are contained in section 3.2 and set out in detail in Appendix 1, to inform assurance requirements
- 2.2 Reflect on the current position that NHS Lothian remains outwith its Risk Appetite on corporate objectives where low and medium risk appetite has been set, with the exception of Scheduled care, and refer to actions set out in accompanying Board papers which seek to rectify areas outwith appetite
- 2.3 Note that Risk Appetite on corporate objectives will be integrated into the Quality & Performance Report and actions to address current achievement against plans/targets, and reduce duplication.

3 Discussion of Key Issues

- 3.1 As part of our systematic review process, the risk registers are updated on Datix on a quarterly basis at a corporate and an operational level. Risks are given an individual score out of 25; based on the 5 by 5 Australian/New Zealand risk scoring matrix used; 1 being the lowest level and 25 being the highest. The low, medium, high and very high scoring system currently used, is based on the same risk scoring matrix, remains unchanged.
- 3.2 This report sets out the Quarter 3 position. Table 1 below provides a summary of the corporate risks and movement in risk grading over last 4 quarters. One additional risk was approved at the December 2015 Board for entry onto the Corporate Risk Register, which was Road Traffic Management. Appendix 1 provides additional details of each individual risk on the Corporate Risk Register with recent 2015 updates. When a risk's adequacy of control is inadequate or uncertain, the rationale is stated on the individual risk.

- 3.2.1 There are 10 risks in total; the top 5 risks at Very High 20 are:-

1. Healthcare Associated Infection *

2. The scale or quality of the Board's services is reduced in the future due to failure to respond to the financial challenge *
3. Achieving the 4-Hour Emergency Care standard *
4. Achieving the Delayed Discharge targets at 2 and 4 weeks *
5. General Practice Sustainability.

* Outwith risk appetite as illustrated in Table 2 below.

3.2.2 The Board needs to assure itself that there are adequate action plans in place to attend to the corporate risks, which are set out in accompanying papers and in the detailed Risk Register set out in Appendix 1.

3.2.3 If you have an electronic version of this report, links to each risk in Appendix 1 have been embedded in the below table (please click on individual Datix risk number in the table).

Table 1

Datix ID	Risk Title	Initial Risk Level	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015
1076	Healthcare Associated Infection (Standing item on Board Agenda)	High 12	↑ Very High 20	Very High 20	Very High 20	Very High 20
3600	The scale or quality of the Board's services is reduced in the future due to failure to respond to the financial challenge. (Standing item on Board Agenda)	High 12	↑ Very High 20	Very High 20	Very High 20	Very High 20
3203	Achieving the 4 hour emergency target (Standing item on Board Agenda) (Set out in Performance Report)	High 10	↑ Very High 20	Very High 20	Very High 20	Very High 20
3726	Achieving the Delayed Discharge targets at 2 and 4 weeks (Standing item on Board Agenda) (Set out in Performance Report)	Very High 20	Very High 20	Very High 20	Very High 20	Very High 20
3829	General Practice Sustainability (new risk – October 2015)	Very High 20	-	-	Very High 20	Very High 20
3480	Patient Safety - Delivery of four SPSP Work streams. (Safety Measures in Quality Report) (Set out in Performance Report)	High 16	High 16	High 16	High 16	High 16
3211	Achievement of National Waiting Times Targets (Standing Board Agenda item under Performance Report)	High 12	↑ High 16	High 16	High 16	High 16
3454	Patient Experience – Management of Complaints and Feedback. (Complaints reporting and Person-Centred Culture Programme reported to Board)	High 12	↑ High 16	High 16	High 16	High 16
3527	Medical Workforce Sustainability	High 16	High 16	High 16	High 16	High 16
3189	Facilities Fit for Purpose	High	Removed	-	High	High

Datix ID	Risk Title	Initial Risk Level	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015
	(accepted back on the Corporate Risk Register October 2015)	15	from Corporate Risk Register		16	16
3455	Health & Safety – Management of Violence & Aggression. (Reported at H&S Committee, via Staff Governance Committee Minutes)	Medium 9	High 15	High 15	High 15	High 15
3828	Nursing Workforce – Safe Staffing Levels (new risk – October 2015)	High 12	-	-	High 12	High 12
3328	Roadway / Traffic Management (Risk placed back on the Corporate Risk Register December 2015) (Reported at H&S Committee, via Staff Governance Committee Minutes)	High 12	Removed from Corporate Risk Register	-	-	High 12

3.3 The risks concerning the development of NHS Lothian Integration Schemes have been closed as they have now been approved. Service risks related to integration are being examined to inform NHS Lothian risk reporting at a local and corporate level and were discussed at the February 2016 Risk Management Steering Group.

3.4 With respect to Integrated Joint Boards, Edinburgh is testing a draft risk register policy with the corporate team and East Lothian is also testing approach. The Acute risk register is in development with a Senior Management Team workshop having taken place in December 2015 and the Chief Operating Officer plans to take an Acute risk register going to the Acute Services Committee in April 2016 for discussion and approval.

3.5 Risk Appetite Reporting Framework

NHS Lothian's Risk Appetite Statement is:-

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

Table 2

	Current Status	Current Position	Data Report
Corporate Objective 2 – Improve the Quality & Safety of Healthcare (LDP 2015-16 - 2.2 Deliver Safe Care) Low Risk Appetite			
<ul style="list-style-type: none"> Scotland target to reduce acute hospital mortality by 20% (Scotland-14.4%) with a tolerance of 15-20% by Dec 2015 ¹ 	Green	16.5%	Quality Report (charts 7-9)
<ul style="list-style-type: none"> Achieve 95% harm free care with a tolerance of 93-95% by Dec 2015 	Green	99.7%	Patient Safety Programme Annual Report (July)
<ul style="list-style-type: none"> Achieve 184 or fewer SAB by March 2016 with a tolerance of 95% against target. n=193 to 184 	Red	195 (as at Feb 2016)	Quality Report (chart 12) HAI report on Board Agenda
<ul style="list-style-type: none"> Achieve 262 or fewer C.Diff by March 2016 with a tolerance of 95% against target. n=275 to 262 	Green	277 (as at Feb 2016)	Quality Report (chart 11) HAI report on Board Agenda
<ul style="list-style-type: none"> Reduce falls with harm by 20% with a tolerance of 15-20% by Dec 2015 	Green	20%	Quality Report (chart 15)
Corporate Objective 2 – Improve the Quality & Safety of Healthcare (LDP 2015-16 - 2.1 Deliver Person-centred Care) Low Risk Appetite			
<ul style="list-style-type: none"> Patients would rate out of 10 their care experience as 9.5, with a tolerance of 9 	Red	8.4	Quality Report (chart 1) Tell us Ten Things (TTT) Patient Survey Person-centred Report
<ul style="list-style-type: none"> 90% of staff would recommend NHS Lothian as a good/very good place to work by Dec 2015 with a tolerance of 93-95% 	Tbc	Tbc	To be collected
<ul style="list-style-type: none"> Staff absence below 4% with a 5% tolerance (4-4.2%) 	Red	5.2%	Quality Report (chart 6)
Corporate Objective 2 – Improve the Quality & Safety of Healthcare (LDP 2015-16 - 2.4 Scheduled Care & Waiting Times) Low Risk Appetite			
<ul style="list-style-type: none"> 90% of patients of planned/elective patients commence treatment within 18 weeks with a tolerance of 85-90% 	Red	82.8%	Board Performance Report
<ul style="list-style-type: none"> 95% of patients have a 62 day cancer referral to treatment with a tolerance of 90-95% 	Green	91%	Quality Report (chart 17) Performance Report
Corporate Objective 2 – Improve the Quality & Safety of Healthcare (LDP 2015-16 - 2.3 Appropriate Unscheduled Care) Low Risk Appetite			
<ul style="list-style-type: none"> 98% of patients are waiting less than 4 hours from arrival to admission by Sept 2014 with tolerance of 93-98% 	Red	88%	Quality Report (chart 16) Performance Report

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

	Current Status	Current Position	Data Report
<ul style="list-style-type: none"> No of patients will wait no more than 14 days to be discharged by April 2015 with an appetite of 14 days, and a tolerance of 15 days 	Red	76	Quality Report (chart 5) Performance Report
<ul style="list-style-type: none"> No of patients will wait no more than 28 days to be discharged from hospital by April 2015 with an appetite of 28 days and a tolerance of 30 days 	Red	47	Quality Report (chart 5) Performance Report for management actions
<ul style="list-style-type: none"> 90% of all stroke patients to be admitted to stroke unit on day of admission following a stroke with a tolerance of 85-90% 	Red	70%	Quality Report (chart 18) Performance Report for management actions
Corporate Objective 1 – Protect & Improve the Health of the Population. Medium Risk Appetite			
<ul style="list-style-type: none"> Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% SIMD areas, with a 10% tolerance (36-40%) 	Green	Please see Performance report	Performance Report on Board Agenda
<ul style="list-style-type: none"> At least 77% of women in each SIMD percentile will be booked for antenatal care by 12th week of gestation, with a 10% tolerance (69.3-77%) 	Green	Please see Performance report	Performance Report
Corporate Objective 3 – Secure Value & Financial Sustainability (LDP 2015-16 – 3.1 Financial Planning) Medium Risk Appetite			
<ul style="list-style-type: none"> In the preceding month, the monthly overspend against the total core budget for the month is not more than 0.5% 	Green	£1,231k underspend at period 9 (inc. unachieved LRP), equating to 1.1%	Period 9 Finance Report
<ul style="list-style-type: none"> For the year to date, the overspend against the total core budget for the year to date is not more than 0.1% 	Red	£6,954k overspend for the year-to-date (inc. unachieved LRP) equating to 0.7%	Period 9 Finance Report

3.5.1 The above (Table 2) reporting would suggest NHS Lothian is outwith risk appetite on corporate objectives where low risk appetite has been set with respect to patient safety (Corporate Objective 2/2.2), patient experience (Corporate Objective 2/2.1) and improving the way we deliver unscheduled care (Corporate Objective 2/2.4). NHS Lothian is also out with risk appetite for health population (Corporate Objective 1) and Financial Planning (Corporate Objective 3/3.1), where a medium appetite has been set.

The Board may wish to examine the management actions to address areas which are outwith appetite to inform assurance requirements as set out in management actions submitted to the Board. Through a range of accompanying papers as set out in Table 1 to assure itself that adequate action plans are in place to attend to corporate risks.

- 3.5.2 The Board will be aware that the Quality and Performance reports are being amalgamated. As part of this work the risk appetite and tolerance set out in the above table will be integrated into this new report to align reporting, reduce duplication and inform action plans to address current issues/performance.

4 Key Risks

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

5 Risk Register

- 5.1 Not applicable.

6 Impact on Health Inequalities

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

7 Resource Implications

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

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21 March 2016
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List of Appendices

Appendix 1: Summary of Corporate Risk Register

Summary of Corporate Risk Register

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
1076	2: Improve the quality and safety of health care	Healthcare Associated Infection	<p>Healthcare Associated Infection: There is a risk of patients developing an infection as a consequence of healthcare interventions; this can lead to an extended stay in hospital, increased mortality and morbidity and further treatment requirements.</p>	<p>Leadership and Governance: Acute Services Infection Control Committees underwent a review in 2015 following the establishment of the new site based clinical services management structure. As well as LICAC, there remains a Pan Lothian Acute Services committee supported by new established site based committees. The CHP Infection Prevention and Control Committee remain unchanged but will require a review in future as Integrated Joint Boards become more established. Both Pan Lothian Acute Services and CHP Infection Control Committees report to board through LICAC. In addition to LICAC and local committees, Infection Prevention and Control routinely report at a senior management level to CMG/Healthcare Governance and bi-monthly board papers.</p> <p>NHS Lothian has an Infection Prevention & Control team in place. There are 4 geographical area teams (Edinburgh North, Edinburgh South, Mid & East and West Lothian) established with responsibility for both acute and community settings within their remits.</p> <p>Following publication of the national HAI Standards Document in February 2015, NHS Lothian IPCT has developed an HAI Strategy summarising the roles and responsibilities for the various levels across the organisation. This document has been approved by the Board and has been cascaded to the Site Directors and Associate Nurse Directors to inform their Infection Control Committee's work plans.</p> <p>Education:</p> <ul style="list-style-type: none"> There is a HAI Education Strategy which has recently been reviewed and updated version published in August 2015. The Strategy defines the training and education requirements for staff of all disciplines across the organisation. It will next be due for review in August 2017. HAI education is within Corporate Induction and mandatory update programme. Other packages are available through LearnPro. IPCT provide support for NES Cleanliness Champions Programme accessible to all staff to increase an understanding of Infection Prevention and Control Precautions. In addition local and ad hoc sessions are provided at each of the sites as and when required. <p>Incidents/Outbreaks:</p> <ul style="list-style-type: none"> IPCNs work collaboratively with clinical and non clinical services to communicate risk, support improvement and escalate concerns as appropriate. A Problem Assessment Group (PAG) or Incident Management Teams (IMT) is convened to investigate and manage any significant event or outbreak. These teams are supported by the wider multi-disciplinary team and any external stakeholders as appropriate. The Communications Team provide support to manage public release of information as required. The Infection Prevention and Control Service provides a single point of contact duty nurse 7 days per week between 0830-1600hrs facilitating access to Infection Prevention and Control advice for clinical teams. <p>Surveillance:</p> <ul style="list-style-type: none"> IT systems are in place to allow IPCNs to monitor incidence, trends and patterns of HAI within their clinical remits. Weekly and Monthly reports with progress made against HEAT Targets are shared with clinical teams and senior management and are widely available on the Intranet. 	<p>Risk Reviewed: January 2016</p> <p>Risk Owner has been changed to Dr Farquharson who is taking on the role of HAI Executive Lead from Melanie Johnston.</p> <p>Controls in place reviewed to include HAI Strategy Document approved by Board in 2015.</p> <p>Controls in place updated to reflect changes in Infection Control Committee Structure, changes to audit.</p> <p>All actions reviewed and updated.</p> <p>Risk Grade/Rating remains Very High/20</p>	Adequate but partially effective: control is properly designed but not being implemented properly	Very High 20	Medium 4	David Farquharson	Fiona Cameron	Healthcare Governance Committee

Controls Continued:

- Enhanced investigation and surveillance is carried out of all SAB and CDI incidences. An SBAR Report is provided to clinical and senior management teams where 2 or more cases are identified within the same clinical area within a defined timescale.
- Incidences where patients have CDI and SAB noted on their death certificate are reviewed in conjunction with clinical teams. The reviews are published on DATIX and are available to site management teams.

Antimicrobial Stewardship:

- The Antimicrobial Management Team are responsible for the review and development of the Antimicrobial Prescribing Guidelines. They also provide oversight of antimicrobial use and compliance with guidelines and report findings to clinical teams to help drive improvement. Summary Reports are also provided to Clinical Management Team.

Policies and Guideline:

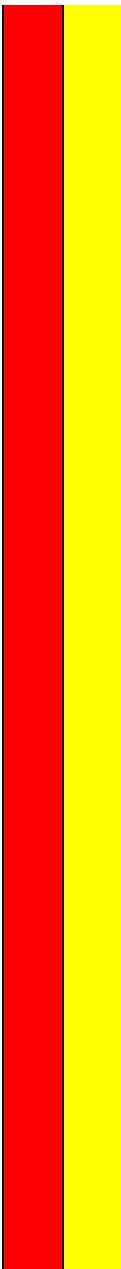
- NHS Lothian has adopted the National Infection Prevention and Control Manual and has an ongoing programme of 2 yearly policy and development review for Lothian specific Infection Control policies.
- The audits were updated in 2015 to those within the National Manual. Audit results are posted through the patient safety programme QIDs system, allowing clinical areas to directly enter data onto database and obtain reports to monitor own trends and patterns. This is an area of continued focus and improvement to support the clinical teams more effectively in 2016.

Decontamination:

- There is a Decontamination Steering Group to progress/monitor actions associated with reusable surgical, dental and podiatry equipment.

Procurement of Equipment

NHS Lothian's Procurement Strategy in support of the Efficiency and Productivity Programme and the Medical Devices Committee oversee the purchase of procurement and the supply of equipment and medical devices with input from the IPCT.



ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3600	3: Secure Value & Financial Sustainability	The scale or quality of the Board's services is reduced in the future due to failure to respond to the financial challenge.	<p>NHS Scotland is operating in a strategic context of increasing challenges and a real term reduction in resources. Local authority partners also face similar challenges. All NHS Boards will need to re-design how they carry out their functions, so that there is no unacceptable drop in the standard of public services. The focus of attention should be on 100% of activity, not just the annual 3% efficiency target.</p> <p>On 2 April 2014 the Board considered its draft Strategic Plan - "Our Health, Our Care, Our Future". Within that there is a projection that £400m worth of efficiencies will need to be delivered over the next 10 years.</p> <p>If the Board and management fail to systematically and robustly respond to this challenge now it will simply store up significant problems for future years. This will limit the Board's options in the future with regard to what it can and cannot do.</p>	<p>The Board has already established a financial governance framework and systems of financial control.</p> <p>NHS Lothian is currently reliant on non-recurring efficiency savings. A detailed Action Plan, attached to this risk, is in place and is regularly reviewed by the Senior Finance Team.</p> <p>Rationale for Adequacy of Control: A combination of uncertainty about the level of resource availability in future years, combined with known demographic pressure which brings major potential service costs, requires a significant service redesign response. The extent of this is not yet known, nor tested.</p>	<p>Risk Reviewed: January 2016</p> <p>The new approach to Financial Planning is in place and regular recovery meetings continue.</p> <p>Risk grading/rating remains Very High/20.</p>	Inadequate; control is not designed to manage the risk and further controls & measures required to manage the risk	Very High 20	Medium 6	Susan Goldsmith	Craig Marriott	Finance & Resource Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3203	2: Improve the quality and safety of health care	Unscheduled Care: 4 hour Performance	There is a risk that patients are not seen in a timely manner who require emergency care as required by the Emergency Care standard of 95% resulting in sub optimal care experience and outcome.	<p>A range of governance controls are in place for Unscheduled Care notably:</p> <ul style="list-style-type: none"> - Bi monthly NHS Lothian Board oversee performance and the strategic direction for Unscheduled Care across the NHS Lothian Board area. -The bi-monthly Acute Hospitals Committee as well as formal SMT meetings. Both are chaired by the Director for Unscheduled Care. - The Unscheduled Care Programme Group (Executive Leads for CEC and NHS Lothian) meets on a weekly basis. - Monthly SMG and SMT meetings in place for acute services in Lothian - Further weekly briefings to the Scottish Government on performance across the 4 main acute sites (RHSC, RIE, WGH, StJ). - NHS Lothian's Winter Planning Project Board responsible for ensuring sustainable performance throughout the winter period <p>A number of performance metrics are considered and reviewed, including:</p> <ul style="list-style-type: none"> - 4 hour Emergency Care Standard and performance against trajectory - 8 and 12 hour breaches - Attendance and admissions - Delayed Discharge (see Corporate Risk ID 3726) - Boarding of Patients - Winter Planning - Length of Stay (LOS) - Cancellation of Elective Procedures - Finance <p>Adherence to national guidance/ recommendations</p> <p>Plethora of work now focussed around the Scottish Government's <i>6 Essential Actions</i> initiative to support achievement of 95% target for 4 hour performance.</p>	<p>Risk Reviewed: January 2016 Risk Grade/Rating remains Very High/20</p> <p>Work is being developed in line with the Scottish Governments 6 Essential Actions initiative. Boards now involved in taking forward set of actions (per site) to support a step change in performance. Priority interventions will focus on:</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 <p>The above has been absorbed as part of approach to winter planning, led by the Winter Planning Board. The approved Winter Plan outlines the approach to supporting performance over the winter period. This reflects a number of actions namely:</p> <ul style="list-style-type: none"> • Winter Readiness plans in place for each site • Plans will have a focus on discharge capacity as well as bed capacity • Clear measures in terms of escalation procedures • Measures to counter any demand following the extended 4 day break during the festive period. • A focus on DD and POC to ensuring sustainable performance throughout the winter period liaising closely with IJB partner organisations. • Agreed data set to assist with developing a wider capacity plan across all health & social care areas <p>Winter Planning Board to meet monthly through to April 2016.</p>	Adequate but partially effective; control is properly designed but not being implemented properly	Very High 20	Low 1	Jim Crombie	Neil Wilson	Finance & Resource Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3726	2: Improve the quality and safety of health care	Unscheduled Care: Delayed Discharge	There is a risk that patients are not being discharged in a timely manner resulting in sub optimal patient flow impacting on poor patient, staff experience and outcome of care.	<p>A range of governance controls are in place for Unscheduled Care notably:</p> <p>NHS Lothian Board (bi monthly) oversee performance and the strategic direction for Delayed Discharges across the Lothian Board area.</p> <p>The Unscheduled Care Programme Group (Executive Leads for CEC and NHS Lothian) meets on a fortnightly basis</p> <p>The bi-monthly Acute Hospitals Committee as well as formal SMT and SMG meetings.</p> <p>Further weekly briefings to the Scottish Government on performance across the 4 main acute sites (data analysis from EDISON</p> <p>NHS Lothian's Winter Planning Project Board NOW responsible for ensuring sustainable performance throughout the winter period</p> <p>NHS Lothian strategy to improve unscheduled care performance and delayed discharge is being delivered under the umbrella of the Scottish Government's 6 Essential Actions initiative.</p>	<p>Risk Reviewed: January 2016 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 • Downstream hospitals to have admission and discharge quotas similar to main acute sites. • Enhanced cover for Day Bed suite to protect elective capacity • Re-balancing of weekend health delays from RIE to all sites • Any boarding to reflect those patients with an EDD of < 24 hours • Extending Hospital to Home capacity • Additional capacity to support weekend discharge (diagnostic, pharmacy, AHPs, transport etc) • Every ward to evidence a Friday morning board ward round • Twice weekly delayed discharge ward round • Joint Venture with CEC to create additional bed capacity –Gylemuir • Discharge Hubs in the Royal Infirmary of Edinburgh, the Western General Hospital and St John's Hospital • Orthopaedic Pathway Review <p>The Winter Planning Board is overseeing the necessary actions in support of sustained performance during the winter period. Lothian's approved Winter Plan sets out the key requirements in supporting service delivery during winter. Actions include:</p> <ul style="list-style-type: none"> • Development of robust site winter readiness plans • focus on discharge capacity & bed capacity • Clear measures in terms of escalation procedures • Counter any demand as a result of the extended 4 day break during the festive period. • Focus on DD and POC liaising with IJB Partner organisations to support patient flow and sustainable performance throughout the winter period. • Agreed data set to assist with developing a wider capacity plan that covers all health and social care areas 	Adequate but partially effective; control is properly designed but not being implemented properly	Very High 20	Low 1	Jim Crombie	Neil Wilson	Finance & Resource Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3829	2: Improve the quality and safety of health care	GP Workforce Sustainability	<p>There is a risk that the Board will be unable to meet its duty to provide access to primary medical services for its population due to increasing population combined with difficulties in recruiting and retaining general practitioners, staffing and premises difficulties. This may affect:</p> <ul style="list-style-type: none"> - ability of practices to accept new patients (restricted lists); - patients not being able to register with the practice of their choice; - ability to successfully fill practice vacancies; - ability to cover planned or unplanned absence from practice; - ability to safely cover care homes; and <p>difficulties in one practice may impact on neighbouring practices/populations, occur at short notice with the result that practices are unable to provide services in their current form to existing patients.</p>	<ol style="list-style-type: none"> 1. PCCO maintain a list of restrictions to identify potential and actual pressures on the system – this is shared with HSCPs and taken to PCJMG monthly. 2. Closure position set out in regulatory framework. 3. Ability to assign patients through PSD. 4. HSCP development of risk register for general practice. 5. "Buddy practices" through business continuity arrangements. 6. PCJMG review the position monthly with practices experiencing most difficulties. 7. Primary Care propositions in strategic plan – updates reported to Board and Strategic Planning Committee. <p>8. Risk reflected on IJBs and PCCO Risk Registers</p> <p>Rational for Adequacy of Controls In development</p>	<p>Risk Reviewed: January 2016</p> <p>To be discussed further at PCJMG along with HSCP and corporate register entries.</p> <p>Risk Grade/Rating remains Very High/20</p>	Inadequate: control is not designed to properly manage the risk and further controls and measures are required.	Very High 20	High 16	David Farquharson	David Small	Healthcare Governance Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3480	2: Improve the quality and safety of health care	Delivery of SPSP Work Programme	There is a risk that NHS Lothian does not reliably implement the 4 workstreams of the Patient Safety Programme leading to potential patient harm	<ul style="list-style-type: none"> The Quality Report, reported to the Board monthly, contains a range of measures that impact and relate to patient safety. Healthcare Governance Committee provides assurances to the Board on person-centred, safe, effective care provided to patients across NHS Lothian as set out in its Assurance Need Statement, including clinical adverse event reporting and response. The Patient Safety Programme reports to relevant governance committees of the Board setting out compliance with process and outcome safety indicators and includes external monitoring. Adverse Event Management Policy and Procedure. Quality of care which includes patient safety issues is subject to internal audit and compliance with recommendations, and is reported via Audit & Risk Committee and HCG Committee when appropriate. Patient safety walkrounds to gain an understanding of safety culture and work taking place at service level. Also now in general practice. Charge Nurse Ward Round and Patient Centred Audit put in place as Quality Assurance Mechanisms to validate self reporting of patient safety data Quarterly visit by HIS to discuss progress actions and Quarterly submission of data. Programme Managers have been given access to national outcome data by Board which enables boards to see whether they are outliers and escalate concern and risk as appropriate Access to <ul style="list-style-type: none"> Adverse Event Improvement Plan in place monitored via HCG Site Based Quarterly Reports including Patient Safety Data (QIDS) sent monthly. Single System medicines reconciliation group. 	<p>Risk Reviewed January 2016:</p> <ul style="list-style-type: none"> Annual report presented to November Health Care Governance Committee. Positive progress identified across all four workstreams. However reduction in outcomes in cardiac arrests, pressure ulcers and falls remains areas for improvement and have plans in place to contribute to improved outcomes in these areas. <p>Risk grade/rating remains high based on unmet actions for key safety priorities. High/16</p>	Adequate but partially effective; control is properly designed but not being implemented properly	High 16	Medium 6	Dr David Farquharson	Jo Bennett	Healthcare Governance Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3211	2: Improve the quality and safety of health care	Achievement of National Waiting Times Targets	<p>There is a risk of:</p> <p>Lack of management of national waiting times targets for a number of reasons due to lack of core capacity or appropriate use of what is available</p> <p>Overspends relating to not meeting waiting times targets e.g. through purchase of additional capacity from private providers; and risk of not achieving Value for Money.</p> <p>Lack of robust management process and staff capability to deliver consistent management of waiting lists.</p> <p>Risk of adverse publicity relating to failure to meet waiting times targets.</p>	<p>Weekly scheduled reviews between this Director and Directors of Operations and further underpinned by a TTG group, with performance reported to CMT and Acute Hospitals Committee.</p> <p>These reviews consider:</p> <ul style="list-style-type: none"> • Performance against trajectory across a range of measures (including waiting time standards) • Finance • Governance position, in terms of adherence to national guidance and local access policy/SOPs <p>Papers on CAMHS and psychological therapies presented to the Board in April 2015 outlining difficulties in delivering standards of 18 weeks coming into force in December. Further investments were approved and management consultants are currently assessing potential for productivity and efficiency in the pathway.</p>	<p>Risk Reviewed: January 2016 No change.</p> <p>Risk Grade/Rating remains High/16</p>	Satisfactory: controls adequately designed to manage risk and working as intended	High 16	Low 1	Jim Crombie	Andrew Jackson	NHS Lothian Board

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3454	2: Improve the quality and safety of health care	Management of Complaints and Feedback	<p>There is a risk that the quality of patient experience is compromised due to staff attitudes and lack of reliable engagement of patients/families in their care, leading to poor patient experience of care. It is also acknowledged that a number of other corporate risks impact on this risk such as the processes and experience of unscheduled care, patient safety and waiting times. This includes the management of and learning from complaints.</p>	<ul style="list-style-type: none"> NHS Lothian Board approved in full the Listening and Learning form Feedback and Complaints report (Jan 2015) that agreed to a devolved approach to complaints and feedback. The Healthcare Governance Committee provides assurances to the Board on person-centred, safe, effective care provided to patients across NHS Lothian as set out in its Assurance Need Statement, including clinical adverse event reporting and response. The Quality Improvement Strategy (2011-14) set out a range of improvement programmes to improve patient experience and outcome of care. The National Person Centred Health & Care Programme has been concluded and work is being undertaken nationally to embed patient experience into the existing quality improvement programmes. Tell us Ten Things questionnaire was reviewed in November 2014 and aligned to the "5 Must dos". Patient experience data feedback to the service on a monthly basis at service and site level to inform improvement planning. Regular reports on Complaints management through Datix Dashboards and reports. Delivering Better Care commitments have been agreed and plans are now in place to deliver on the required actions from the HIS Older People's review and the updated vulnerable Patient's Quality Improvement Framework. This activity is reported to the Board through the Executive lead. These plans are informed by inspection reports produced by Healthcare Improvement Scotland, local audit and regular checks i.e. PQI, mock OPAH , frailty bundle audit and via the Clinical manager ward assurance checklists. The tools in use have been adapted and updated to reflect the person centred agenda. HIS Older People in Acute Care had their initial Board Assessment day on 16th April 2014, an unannounced inspection is awaited. There has been intense work on each of the Adult Acute Sites to raise the profile of OPAH and each site has a nominated lead. The new Older peoples Standards were published in June ; Board will be notified when they will be assessed against these new standards. The PQI tool is being amended and currently in the test phase. Quality of care is subject to Internal Audits and compliance with audit recommendations reported via Audit & Risk Committee and Healthcare Governance Committee. The Delivering Better Care established on 2012 as a resource for staff (primarily nursing) but where appropriate, other disciplines continue to deliver support to clinical areas on the key ambitions of harm reduction work is now on going to streamline programmes of work for 2015/16 working more closely with Clinical Governance and using improvement methodology. As part of the improving care to vulnerable patient's support manual with detailed information inclusive of a rapid patient essential care check sheet was implemented within acute and community In patient facilities during 2013 and has recently been reviewed and the e-version on all PC's has been updated. March 2015 the Vulnerable People Manual was refreshed and updated, there is ongoing work on the web page. <p>Controls are still in development and at the present time not yet stable.</p>	<p>Risk Reviewed: January 2016</p> <ul style="list-style-type: none"> Organisational change processes have been completed with the new Patient Experience Team now established. As of Dec 2015 there are 9WTE advertised with interviews scheduled for Feb / Mar 2016. This brings together complaints and feedback with patient experience and provide enhanced reporting arrangements to the committees and Board. Throughout 2015 were regular reports to the Healthcare Governance Committee that brings together complaints performance and patient experience reports. Continue to test devolved complaints management system at WGH, REAS Edinburgh CHP, ATCC, East Lothian CHP, MidLothian CHP. Work ongoing to support the complaints and feedback systems within the 2 prisons encouraging early resolution and the devolved complaints function. Meeting the SPSP core process and outcome measures (HIS external assessment Sep 15) related to harm reduction, supported by data available to the service at ward and site including inpatients. Work ongoing to implement standardised nursing clinical documentation and care planning supported by educational events. Nursing care plan being developed in line with Paperlite project and for completion on 2016 version of TRAK in April. Meeting in January with the manager of Patient Opinion. <p>Risk Grade/Rating remains High/16</p>	Inadequate: control is not designed to manage the risk and further controls & measures required to manage the risk	High 16	Medium 6	Alex McMahon	Jeannette Morrison	Healthcare Governance Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3527	3: Secure value and financial sustainability	Medical Workforce Sustainability	<p>There is a risk that workforce supply pressures in conjunction with activity pressures will result in service sustainability and/or NHS Lothian's ability to achieve its corporate objectives, (i.e. Treatment Time Guarantees (TTG)). Risks occur across the medical workforce (trained and trainees) and non-medical elements of the workforce who could substitute for medical staff.</p> <p>Service sustainability risks are particularly high within Paediatrics, Emergency Medicine and Obstetrics & Gynaecology. Achievement of TTGs is at risk due to medical workforce supply risks within Anaesthetics, Geriatrics and Ophthalmology.</p>	<ul style="list-style-type: none"> •In response to a request from the SEAT Planning Board, a medical workforce risk assessment tool has been developed and implemented across all specialties. The assessments are fed back to local Clinical Directors and their Clinical Management Teams. They use these to inform their own service/workforce plans to minimise risk. •For the risks that require a Board or Regional response the findings are fed back to the SEAT Regional Medical Workforce Group. This group will co-ordinate actions across Boards within SEAT and feed into the national medical workforce planning processes co-ordinated by NES/SG. •A report is taken to each Board meeting updating the actions taken to minimise medical workforce risks in order to support service sustainability and address capacity issues within priority areas. The main challenges have been in Paediatrics, Obstetrics and Gynaecology, Anaesthetics, Radiology and Medicine for the Elderly. •For those specialties at high risk, local workforce plans and solutions which minimise risk have been developed and are monitored closely through existing management structures. •A Medical Workforce Group has been established who are looking at medical workforce issues in Ophthalmology and Radiology. The group will also be looking at the Greenway Report on 'Shape of Training' and how this framework should support changes to the medical staffing model. 	<p>Risk Reviewed January 2016:</p> <p>Recruitment to trained doctor vacancies in general remains challenging with only 57% of vacancies advertised in the first half of the year attracting candidates that have taken up post.</p> <p>There remain however significant problems at Roodlands with only 1 of 4 posts filled on a substantive basis. There is reliance on ad-hoc staffing measures to remain open to admissions. There have been occasions where there has been a short term closure to admissions as a result.</p> <p>Recruitment to a permanent Consultant post based at Roodlands at the end of September was unsuccessful, however a locum consultant has been appointed. Trainees will be removed from Roodlands at the weekend from the end of January, which will better meet training and supervision needs and support out of hours services at the RIE at the weekend.</p> <p>Following an intense recruitment effort the consultant psychiatrist posts within the Peri-natal Mental Health and Regional Eating Disorder Services have been filled. Consequently once successful candidates take up post the contingency arrangements can be phased out.</p> <p>Following the on-going difficulties in sustaining paediatric out of hours services at St John's hospital have resulted in the closure of the unit for a six week period in July/aug 2015 an external review of all paediatrics services in Lothian is being carried out by the College of Paediatric and Child Health (RCPCH).</p> <p>There have been significant difficulties in recruitment for GP practices. Whilst most practices are independent providers there is a risk for the board as where the workforce is no longer sustainable then the Board requires to take over the practice to avoid closure.</p> <p>Following sustained inability recruit GPs the Board has temporarily taken over 2 GP practices. As a result of other practices facing similar challenges 25 practices are restricting patient lists. Further details are contained within the separate GP sustainability risk.</p> <p>Risk grading/rating remains High/16</p>	Adequate but partially effective; control is properly designed but not being implemented properly	High 16	Low 2	Dr David Farquharson	Nick McAlister	Staff Governance Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3189	3. Secure Value of Financial Sustainability	Facilities Fit for Purpose	Insufficient funding, difficulty in obtaining capital investment, continued deterioration of the fabric and infrastructure within identified sites, failure to maintain current standards and positive HEI reporting. Possible failure to comply with statutory legislation, reputation at risk.	<ul style="list-style-type: none"> •The reported backlog maintenance as at 1st May 2015 and reported in the Property Asset Management Strategy (PAMS) 2015 is now £67.4m which includes a 13% uplift for inflation which has been applied nationally. The PAMS describes the action which will be taken to reduce the figure, which includes estate rationalisation, capital investment and Re-provision projects.. •The financial plan for 2015/16 has allowed for a further £3m BLM allocation for 2015/16, thereafter the allocation has been reduced to £2.5m. Programmes of works are being confirmed for the next three financial years. •The capital plan for 2015/16 has a number of capital projects which will improve the physical condition of the estate and reduce backlog maintenance. •The programme of works will continue to address high and significant risks. The programme continues into the financial year 2015/116. The allocation for this financial £3m has been committed. •A procurement and implementation strategy was approved in early November 2012, which described how this funding would safely expended. •An update of the PAMS each year will log the affect upon the backlog maintenance and compliance figure. - Regular updates are provided to the Capital Steering Group and Capital Investment Group •A Project Board has been set up to review the programme and amended subject to the monitoring processes put in place to measure performance. •A series of planned reprovision covering significant sites in Lothian will reduce the burden considerably over the next 4-5 years. 	<p>Risk Reviewed January 2016:</p> <p>The Programme of works for 2015/16 against and allocation of £3m is progressing well. The works include a number of high and significant risk items including fire precautionary work at large hospital sites (REH/WGH/St John's), asbestos removals and replacement of electrical and mechanical plant.</p> <p>A review of the current risks and re-categorisation of the risks dependent on use of property is currently ongoing and reviewed regularly e.g.a review of the RVH risks which from September 2015 has no inpatient services and AAH Balfour Pavilion which now is being used for inpatient services.</p> <p>The disposal programme for 2015 has reduced the BLM with the sale of Rosslynlee, Polbeth and Longstone clinic to date. Further disposals will reduce the overall backlog exposure.</p> <p>Risk Grade/Rating remains High 16</p>	Adequate but partially effective; control is properly designed but not being implemented properly	High 16	Medium 4	Alan Boyter	George Curley	Finance & Resources Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3455	2: Improve the quality and safety of health care	Management of Violence & Aggression	<p>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.</p>	<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: January 2016:</p> <p>The Internal Audit Draft H&S Governance Report has highlighted that there is a fundamental need for all Medical Staff to be fully included within the corporate Health & Safety Management system. Medical Staff can be exposed to Violence& Aggression risks.</p> <p>Risk Grade/Rating remains High/15</p>	Adequate but partially effective; control is properly designed but not being implemented properly	High 15	Medium 6	Alan Boyler	Ian Wilson	Staff Governance Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Notes	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3828	2.2 Deliver Safe Care	Nurse Workforce – Safe Staffing Levels	<p>There is a risk that safe nurse staffing levels are not maintained as a consequence of additional activity, patient acuity and / or inability to recruit.</p> <p>Risks occur across the nursing and midwifery workforce where additional capacity is opened to facilitate delivery of other corporate targets (e.g HEAT target 4 hour wait) or where patients have a greater level of acuity than the funded establishment is based upon.</p> <p>Service sustainability risks are high within theatres and anaesthetics, critical care and in health visiting owing to lower levels of workforce supply.</p> <p>Risks arise from the high use of supplementary staffing to counteract shortfalls.</p> <p>The impact of any of these situations potentially compromise the safety of the patient care delivered with consequent impact on length of stay, patient experience and long term</p>	<p>A Nursing and Midwifery Workforce Group has been long established to co-ordinate actions across the organisation.</p> <p>Nationally accredited tools to measure the nursing and midwifery workload by speciality are used on at least an annual basis. The findings from the tools are triangulated with the professional judgement, quality measures and with the local context. The findings from these exercises are used to inform local workforce plans to minimise risk and where appropriate escalated as priorities for additional funding via the financial planning process.</p> <p>eRostering and SafeCare are being rolled out to all nursing and midwifery wards, community teams and departments to provide real time information for local decision making around the deployment of the available staffing.</p> <p>Escalation procedures are in place to review the use of external agency suppliers.</p> <p>Datix reports are escalated on a weekly basis for all adverse events with staffing issues identified as a major or contributory factor.</p> <p>In response to a request from SEAT Workforce Board a regional approach is being adopted to the Health Visiting workforce recruitment, training and deployment of staff.</p>	<p>Risk Reviewed: January 2016:</p> <p>Risk Owner changed to Alex McMahon.</p> <p>Health Visiting Group established and Action Plan in place under leadership of Child Health Commissioner.</p> <p>The risk remains high particularly in relation to Health Visiting.</p> <p>Risk Grade/Rating: High 12</p>	The control is adequately designed to manage the risk, but it is not being implemented properly	High 12	Low 2	Alex McMahon	Fiona Ireland	

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3328	1: Improving the Quality and Safety of Healthcare	Roadways / Traffic Management	<p>There is a risk of injury to staff, patients and the public from ineffective traffic management across NHS Lothian sites</p>	<ul style="list-style-type: none"> Traffic surveys have been conducted across all hospital sites, and action plans have been prepared. Higher risks have been prioritised and actions taken where funding has permitted. Actions include: <ul style="list-style-type: none"> segregation of vehicle and pedestrian traffic where possible; risk assessing and controlling reversing manoeuvres for drivers and vehicles under NHSL control creation of protected walk ways where possible; development and use of one way systems where possible use of barriers and entry systems to control traffic where possible drop-off areas and disabled spaces; additional parking attendants. Interim measures have been put in place to prevent illegal and inappropriate parking including temporary barriers and bollards. RIE Site Campus Group has been put in place to co-ordinate the re-provision of DCN & RHSC, including impact on activity on traffic management. Action plans have been revised on a number of hospital sites and has resulted in additional high risk works being undertaken Banks man arrangements in place on high volume high risk delivery areas, Risk assessments and procedures are being developed and reviewed all areas where risk has been identified – a more robust risk assessment process has been developed NHSL fleet vehicles fitted with reversing cameras and audible alarms. Traffic Management training in place along with regular refreshers. Work Place Transport policy available and reviewed within agreed time scales. Escalation process in place should congestion become an issue Site traffic management groups to review all sites established. Action plans developed from the above groups and implemented monitored and reviewed by Traffic Management Review Groups Capital proposals to introduce engineered solutions for in-patient sites. High Risk Capital proposals funded. Reviews regularly carried out as to effectiveness of plans and operational procedures Site walk rounds in place conducted by site stakeholders Improved monitoring systems in place – formally recorded Known areas of people v vehicle conflict segregation measures put in place to avoid risk of injury due to contact where reasonable and practicable to do so <p>Rationale for Adequacy of Controls: There are ongoing issues with traffic management and potential for pedestrians to stray into Facilities type areas. Proposals have been prepared and costed for each site. These will have to be approved before works can commence. The plans have been provided to capital to incorporate into master plans and this is reflected in the Adequacy of Controls</p> <p>Local TM Groups will continue to apply simple and low cost actions and repairs/improvements where approvals and budgets allow.</p>	<p>Risk Reviewed January 2016:</p> <p>The Pan Lothian TM Plan is being updated monthly and tabled quarterly at each Heads of Service Meeting. This details the risks, controls and further actions required at each site.</p> <p>Applications have been submitted to extend the TRO at the REH and introduce a TRO at the AAH. The TRO for REH is due to be operational early January 2016. Date to be confirmed for AAH.</p> <p>Designs are ongoing to align with master planning on the larger acute sites, and also to align with emerging large capital investments. A recent allocation of £700k to undertake works on 5 sites, anticipate completion Spring 2016. This includes resurfacing of St John's car park, cycle and footpaths at WGH and a survey of Liberton Hospital site has been undertaken and recommendations will be auctioned</p> <p>A draft monitoring tool has been developed to ensure the TM Groups are carrying out formal and effective monitoring, findings will be discussed at each TMG and issues escalated to the Pan Lothian Plan as required.</p> <p>A review of all TM Risk Assessments in currently underway using an improved process and linked in to the monitoring activities (above) and will be reviewed at each TMG as they are updated</p> <p>Additional traffic management courses have been arranged for Facilities Staff in 2016.</p> <p>Risk grade/rating remains unchanged - High/12</p>	Inadequate; control is not designed to manage the risk and further controls & measures required to manage the risk	High 12	Medium 8	Alan Boyter	George Curley	Staff Governance Committee

SUMMARY PAPER - HEALTHCARE ASSOCIATED INFECTION

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

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

<ul style="list-style-type: none"> Table outlining <i>Clostridium difficile</i> Infection and <i>Staphylococcus aureus</i> Bacteraemia noting which hospital samples were collected and giving associated percentage for compliance with cleaning, estates monitoring and hand hygiene. 	3.1
<ul style="list-style-type: none"> <u><i>Staphylococcus aureus</i> Bacteraemia</u>: NHS Lothian's has not achieved the efficiency target of 0.24 per 1000 bed days (≤ 184 incidences) by March 2016 with a current rate of 0.29 (218 incidences) but should demonstrate a reduction on the previous year rate of 0.35 (282 incidences). 	3.1.1
<ul style="list-style-type: none"> <u><i>Clostridium difficile</i> Infection</u>: NHS Lothian's has not achieved the efficiency target of 0.32 per 1000 bed days (≤ 262 incidences) by March 2016 with a current rate of 0.40 (304 incidences) but should demonstrate a reduction on the previous year rate of 0.47 (393 incidences) 	3.1.2
<ul style="list-style-type: none"> <u>Antimicrobial Consumption Comparative Data</u>: International data is aggregated data for United Kingdom therefore is not a demonstrable comparison for Lothian performance. The Scottish Antimicrobial Prescribing data within their Primary Care Prescribing Indicators Annual Report 2014/15 suggest that NHS Lothian are the lowest use of total antimicrobials but are the highest users of high risk antibiotics. 	3.2
<ul style="list-style-type: none"> <u>Healthcare Environment Inspectorate</u>: following the publication on 17th February of the unannounced inspection report at the Royal Hospital for Sick Children on 2-3 December 2015 the Scottish Government requested Health Protection Scotland undertake additional review with NHS Lothian under the National Support Framework for NHS Boards CNO (2015). 	3.3

NHS Lothian

Board Meeting
6 April 2016

Medical Director

HEALTHCARE ASSOCIATED INFECTION UPDATE

1 Purpose of the Report

1.1 The purpose of this report is to update the Board on progress and actions to manage and reduce Healthcare Associated Infection across NHS Lothian. Any member wishing additional information should contact the Medical Director in advance of the meeting.

2 Recommendations

2.1 The Committee is recommended to:

- acknowledge receipt of the mandatory Scottish Government Health Department Healthcare Associated Infection Reporting Template March 2015 (Appendix 1).
- encourage clinical teams to reduce the number of preventable infections by taking a zero tolerance approach to invasive device related *Staphylococcus aureus* Bacteraemia.
- encourage clinical teams to be aware of high risk antibiotics that can predispose individuals to *Clostridium difficile* Infection by promoting prudent antimicrobial prescribing in both community and acute sectors.

3 Discussion of Key Issues

3.1 Progress against Health Efficiency Access Treatment (HEAT) Targets March 2016

	<i>Clostridium difficile</i> Infection		<i>Staphylococcus aureus</i> Bacteraemia		Cleaning Compliance	Estates Monitoring Compliance	Hand Hygiene Monitoring Compliance
	Number	Percentage	Number	Percentage	Percentage	Percentage	Percentage
April 2015-March 2016 Target	≤262		≤184				
NHS Lothian	304	100	218	100	95.7%	95.7%	96.3%
Royal Infirmary of Edinburgh	76	25	100	46	97.0%	96.7%	95.2%
Western General Hospital	89	29	72	33	94.6%	94.1%	95.4%
St Johns Hospital	37	12	27	12	95.2%	94.7%	97.4%
Liberton Hospital	4	1	5	2	97.4%	98.0%	99.0%
Royal Hospital for Sick Children	3	1	10	5	94.1%	95.1%	97.3%
Community Hospitals	5	2	4	2			
General Practices	88	29	0	0			
Location Unknown	2	1	0	0			

Note: Figures represent where the samples were collected and do not provide an indicator for acquisition/source of infection.

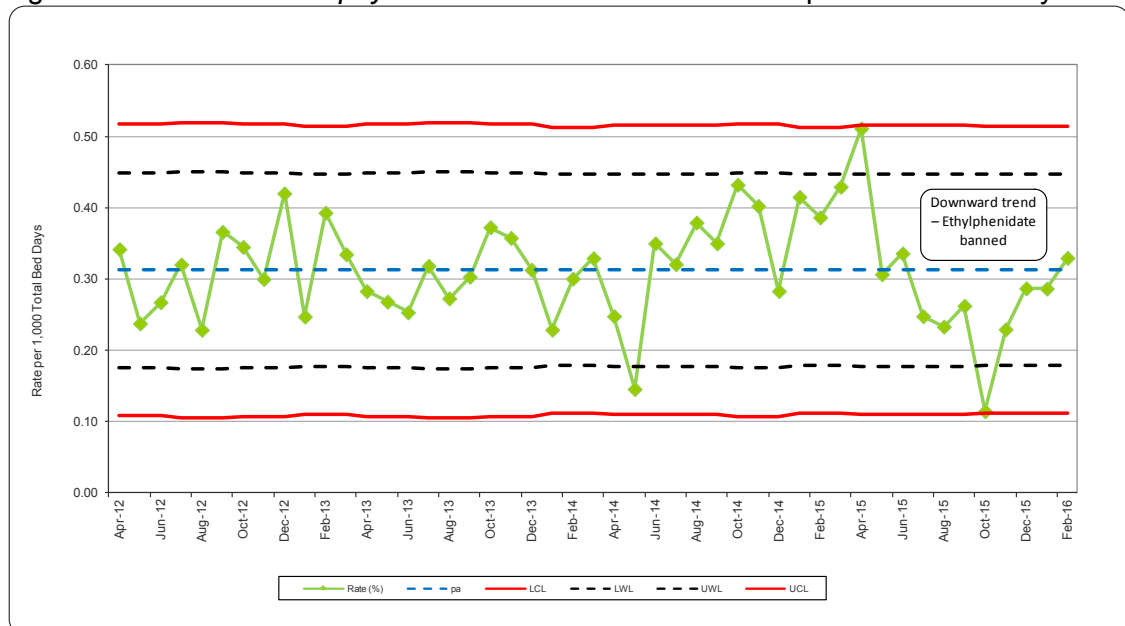
3.1..1 *Staphylococcus aureus* Bacteraemia (SAB)

- NHS Lothian has not achieved the efficiency target of 0.24 for *Staphylococcus aureus* Bacteraemia with a current rate of 0.29 (218 incidences). However it is anticipated NHS Lothian should demonstrate a reduction on the previous year rate of 0.35 (282). Based on current performance and trend it is estimated NHS Lothian will report in the region of 0.29 (238 episodes) 31st March 2016.
- The most up to date publically available data from Health Protection Scotland is the quarterly report from July to Sep 2015. This shows NHS Lothian's rate of 0.26 was lower than the overall NHS Scotland rate. It noted there was no annual increase or decrease (comparing the year-ending September 2014 with the year-ending September 2015) in Meticillin Resistant *Staphylococcus aureus*, Meticillin Sensitive *Staphylococcus aureus* or *Staphylococcus aureus* Bacteraemia overall Scottish rates.

Health Board Name (July-Sep 2015)	SAB (cases per 1,000 acute bed days)
NHS Scotland	0.32
NHS Lothian	0.26
NHS Greater Glasgow & Clyde	0.34
NHS Tayside	0.37

- Clinical Management Group continues to monitor progress through monthly reports following up with directorates and at quality improvement team meetings. The Clinical Management report demonstrates a fall in average monthly incidence of *Staphylococcus aureus* Bacteraemia since the ban in April 2015 of ethylphenidate (a substance used by people who inject drugs and contained in substances referred to as legal highs) (Figure 1)

Figure 1: NHS Lothian *Staphylococcus aureus* Bacteraemia: April 2012 -February 2016



- Blood culture contaminations rates are monitored and reported to clinical areas. Current work to reduce contamination rates includes the testing of closed system for sampling at the Royal Infirmary of Edinburgh Acute Medical Admissions Unit & Emergency Department and St John's Hospital Emergency Department.

- The *Staphylococcus aureus* Bacteraemia action plan to support delivery of the Health Efficiency target for 2016/17 has been updated and is attached as appendix 2.

3.1..2 *Clostridium difficile* Infection

- NHS Lothian has not achieved the efficiency target of 0.32 for *Clostridium difficile* Infection. However it is anticipated NHS Lothian should demonstrate a reduction on the previous year rate of 0.47 (393). Based on current performance and trend it is estimated NHS Lothian will report in the region of 0.40 (332 episodes) 31 March 2016
- The most up to date publically available data from Health Protection Scotland is the quarterly report from July to Sep 2015. The report indicates NHS Lothian's rate of 0.47 was higher than that of NHS Scotland, NHS Greater Glasgow & Clyde and NHS Tayside rates. NHS Lothian's current rate is 0.40 suggest the rate has very much improved since the third quarter of 2015.

Health Board Name (July-Sep 2015)	CDI 15Y and over (per 1,000 total occupied bed days)
NHS Scotland	0.36
NHS Lothian	0.47
NHS Greater Glasgow & Clyde	0.30
NHS Tayside	0.35

- Controlling *Clostridium difficile* Infection in a large institution requires prevention of transmission through robust infection control practices, surveillance and early case recognition, optimising case management and antibiotic stewardship.
- There is a demonstrable reduction in average monthly incidence of *Clostridium difficile* Infection in all ages since the antibiotic policy change in February 2015 but more pronounced in the over 65s even though statistically not significant (Figures 2 and 3)
- Health Protection Scotland confirmed that NHS Lothian key area for reduction in *Clostridium difficile* Infection continues to be prudent prescribing, as there is no evidence to indicate cross transmission. However it should be noted that prudent prescribing will assist reduction it cannot eliminate *Clostridium difficile* Infection as there will be unavoidable incidences, as a consequence of appropriate and essential antimicrobial treatment.

Figure 2: NHS Lothian *Clostridium difficile* Infection – 15 to 64 years: April 2012 to February 2016

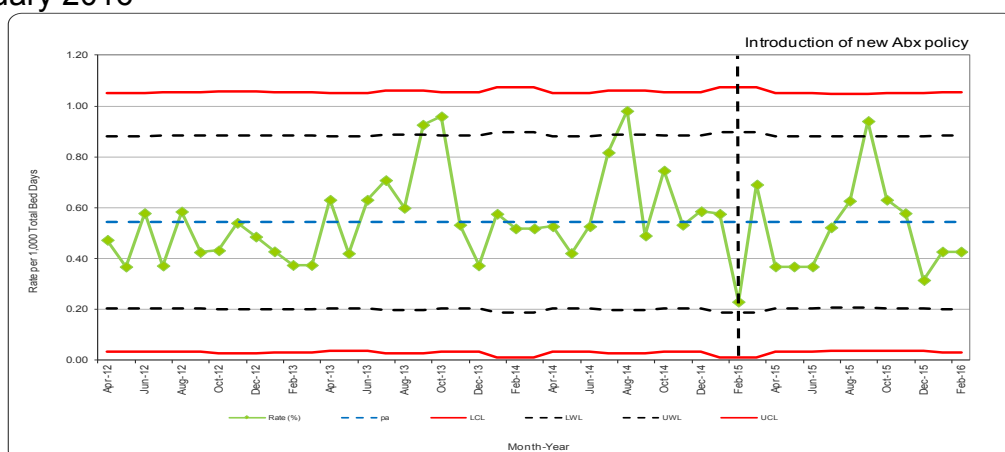
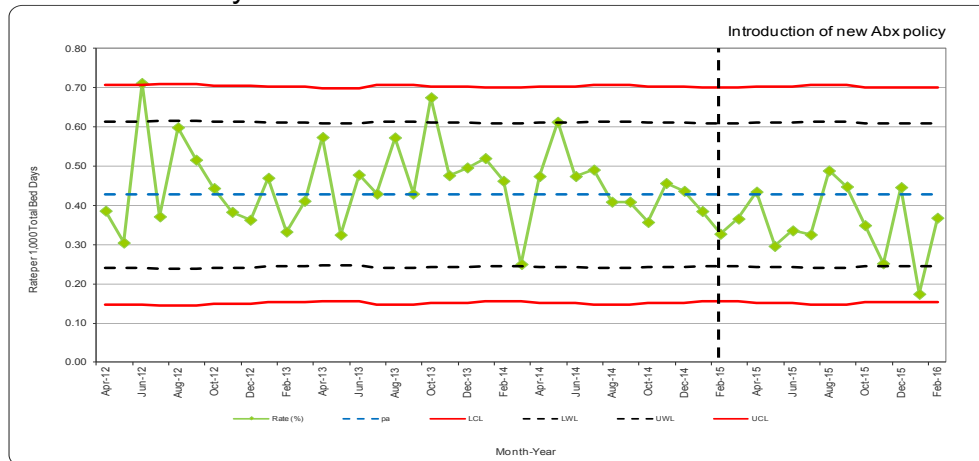


Figure 3: NHS Lothian *Clostridium difficile* Infection – 65 years and over: April 2012 to February 2016



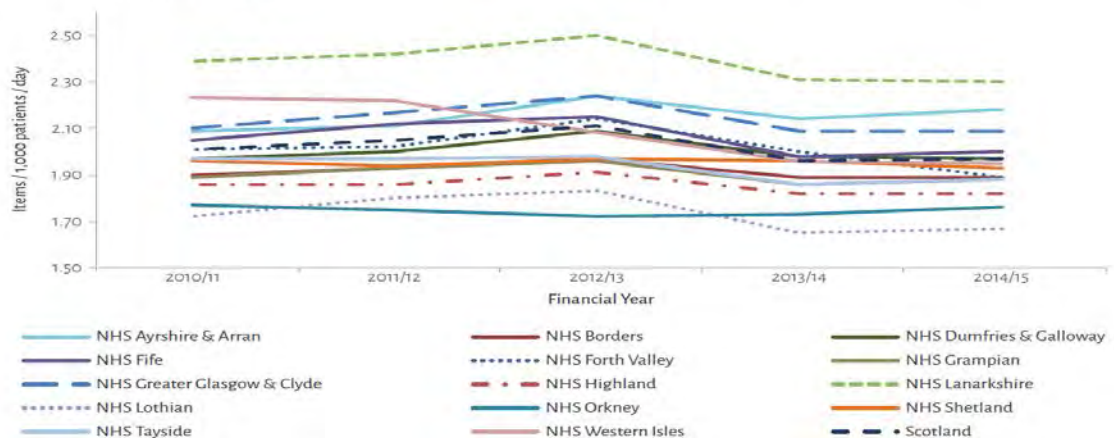
- Clinical Management Group continues to promote the antibiotic policy which was changed in 2015.
- Doctors induction sessions for all new trainees and career grades include education on prudent prescribing

3.2 Comparative data on Antimicrobial Consumption

- International data is aggregated data for United Kingdom therefore is not a demonstrable comparison for Lothian performance.
- The Scottish Antimicrobial Prescribing data annual report Primary Care Prescribing Indicators Report 2014/15) provides comparative data by board.
- The overall rate of antibacterial items dispensed changed very little, from 1.96 items/1,000/day in 2013/14 to 1.97 in 2014/15..
- NHS Lothian had the lowest use at 1.67 items/1,000/day while the highest was in NHS Lanarkshire at 2.30 items/1,000/day (figure 4).

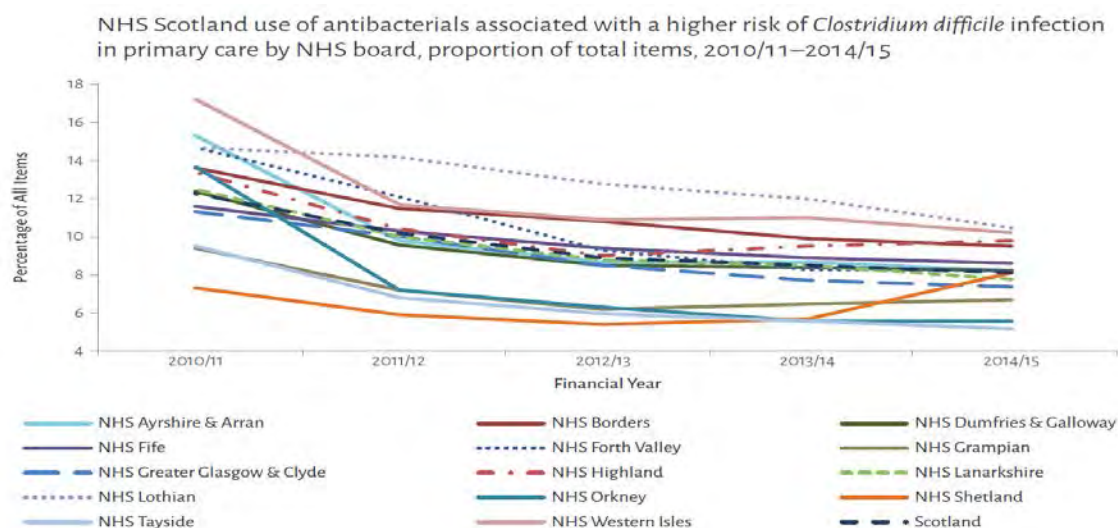
Figure 4: NHS Scotland use of antibacterials in primary care

NHS Scotland use of antibacterials in primary care by NHS board, items/1,000/day, 2010/11–2014/15



- There has been a reduction in the use of high risk antimicrobials as a proportion of overall use in most NHS boards (figure 5). NHS Tayside had the lowest proportional use at 5.2% of overall use. However whilst low overall prescribers NHS Lothian had the highest at 10.5% for antimicrobials associated with *Clostridium difficile* Infection.

Figure 5: NHS Scotland use of antibacterials associated with a higher risk of *Clostridium difficile* Infection in primary care



- This supports the key are for improvement is prudent antimicrobial prescribing.
- The *Clostridium difficile* Infection action plan to support delivery of the Health Efficiency target for 2016/17 has been updated and is attached as appendix 3

3.3 Healthcare Environment Inspectorate: Following on from the publication on the 17th February 2016 of the unannounced inspection report Royal Hospital for Sick Children 2-3 December 2015 Scottish Government Health Department requested Health Protection undertaken additional review with NHS Lothian under the National Support Framework for NHS Boards Chief Nursing Officer Letter (2015). Health Protection Scotland representatives visited site and met with key personnel on 23 February 2016. Their assessment report following this visit notes that many of the recommendations are a result of individual incidents or areas and not systematic failure and encouraged NHS Lothian to ensure the areas that demonstrated good compliance with the standards assessed were provided with positive feedback, empowering staff to challenge any non-compliance and that the organisation should continue foster a culture that allows peer monitoring across all staff groups.

4 Key Risks

4.1 The key risks associated with the recommendations are:

- *Staphylococcus aureus* Bacteraemia increases the burden of illness, the risk of additional treatment and an extended stay in hospital.
- The use of antimicrobials, although essential to manage underlying health issues remains a risk in the acquisition of *Clostridium difficile* Infection.

- Based on current data for both *Clostridium difficile* Infection and *Staphylococcus aureus* Bacteraemia NHS Lothian is not going to achieve the Health Efficiency Access Treatment Target.

5 Risk Register

- 5.1 The Healthcare Associated Infection Corporate Risk Register 1076 is currently graded very high due to reported incidences of *Staphylococcus aureus* Bacteraemia and *Clostridium difficile* Infection impacting on negative trend to achieving Health Efficiency Access Treatment Target.

6 Impact on Inequality, Including Health Inequalities

- 6.1 Healthcare Associated Infection is more common in patients with co-morbidities, diabetes and alcohol problems. Accordingly, changes made are reducing the burden of Healthcare Associated Infection.

7 Involving People

- 7.1 Patient public representatives are actively involved during the Healthcare Environment Inspectorate inspections. There is patient public representation on the Community Health Partnership and Pan Lothian Infection Control Committees as well as Lothian Infection Control Advisory Committee.

8 Resource Implications

- 8.1 Infection Prevention and Control is an invest to save service. The excess cost of each episode of *Staphylococcus aureus* Bacteraemia and *Clostridium difficile* Infection is variable, depending on increased length of stay and additional treatment requirements.

Fiona Cameron

Head of Infection Prevention and Control Services

17 March 2016

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List of Appendices

Appendix 1: SGHD Healthcare Associated Infection Reporting Template March 2016

Appendix 2: *Staphylococcus aureus* Bacteraemia action plan

Appendix 3: *Clostridium difficile* Infection action plan

NHS Lothian

Staphylococcus aureus Bacteraemia Monthly Case Numbers

	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016
MRSA	2	6	1	3	2	1	2	1	2	0	2	3
MSSA	27	29	21	20	15	15	16	7	14	20	18	20
Total	29	35	22	23	17	16	18	8	16	20	20	23

Clostridium difficile Infection Monthly Case Numbers

	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016
Age 15-64	12	7	7	7	10	12	18	12	11	6	8	8
Age 65 plus	19	22	15	17	16	24	22	18	13	23	9	19
Total	31	29	22	24	26	36	40	30	24	29	17	27

Hand Hygiene Monitoring Compliance (%)

	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016
AHP	96.53	94.36	98.12	94.36	96.30	96.05	95.77	97.08	92.57	96.31	97.12	-
Ancillary	92.55	89.22	90.37	95.02	93.85	90.79	93.31	94.20	93.90	92.31	96.45	-
Medical	93.36	93.65	94.36	92.11	92.87	92.29	91.57	92.66	92.46	93.60	93.44	-
Nurse	98.24	98.43	98.67	98.30	97.55	97.10	97.65	97.93	97.48	97.18	98.37	-
Board Total	96.74	96.40	97.21	96.46	96.25	95.62	95.89	96.48	95.73	96.06	97.24	-

Cleaning Compliance (%)

	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016
Board Total	94.55	94.25	95.55	95.25	95.50	95.45	97.40	95.60	95.70	96.00	95.80	#####

Estates Monitoring Compliance (%)

	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016
Board Total	94.75	95.85	96.40	96.15	95.70	95.35	94.90	94.85	95.65	95.70	95.95	#####

ROYAL INFIRMARY OF EDINBURGH

Staphylococcus aureus Bacteraemia Monthly Case Numbers

	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016
MRSA	0	4	1	0	1	0	1	0	2	0	1	2
MSSA	16	11	10	9	10	7	7	3	5	8	8	10
Total	16	15	11	9	11	7	8	3	7	8	9	12

Clostridium difficile Infection Monthly Case Numbers

	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016
Age 15-64	5	2	1	2	3	2	5	3	6	2	2	1
Age 65 plus	7	6	2	4	5	8	6	6	2	3	0	5
Total	12	8	3	6	8	10	11	9	8	5	2	6

Cleaning Compliance (%)

	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016
Board Total	96.62	96.92	96.61	96.53	97.26	97.12	96.52	96.96	97.02	97.43	97.26	#####

Estates Monitoring Compliance (%)

	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016
Board Total	95.99	96.45	95.87	95.94	97.24	94.42	95.23	96.86	98.47	98.79	97.80	#####

WESTERN GENERAL HOSPITAL

Staphylococcus aureus Bacteraemia Monthly Case Numbers

	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016
MRSA	2	1	0	0	0	1	1	0	0	0	1	0
MSSA	6	12	7	7	4	8	6	4	5	6	4	5
Total	8	13	7	7	4	9	7	4	5	6	5	5

Clostridium difficile Infection Monthly Case Numbers

	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016
Age 15-64	3	3	2	3	1	7	4	2	4	2	1	3
Age 65 plus	2	3	2	5	5	9	7	2	9	9	1	5
Total	5	6	4	8	6	16	11	4	13	11	2	8

Cleaning Compliance (%)

	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016
Board Total	93.22	94.53	94.65	94.17	94.01	94.02	93.74	93.94	95.73	95.58	95.16	#####

Estates Monitoring Compliance (%)

	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016
Board Total	96.50	95.36	96.07	95.33	94.84	94.87	93.24	92.55	93.33	92.74	93.03	#####

ST JOHNS HOSPITAL

Staphylococcus aureus Bacteraemia Monthly Case Numbers

	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016
MRSA	0	0	0	3	1	0	0	0	0	0	0	1
MSSA	3	3	3	4	0	0	1	0	2	3	2	4
Total	3	3	3	7	1	0	1	0	2	3	2	5

Clostridium difficile Infection Monthly Case Numbers

	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016
Age 15-64	0	0	0	0	2	1	2	0	0	0	1	1
Age 65 plus	2	6	1	4	2	1	4	4	1	2	2	3
Total	2	6	1	4	4	2	6	4	1	2	3	4

Cleaning Compliance (%)

	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016
Board Total	94.51	94.52	95.79	94.75	94.92	95.65	95.14	95.65	95.34	95.66	94.97	#####

Estates Monitoring Compliance (%)

	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016
Board Total	94.97	95.97	95.45	95.16	93.97	94.56	94.24	94.73	93.85	94.05	95.23	#####

LIBERTON HOSPITAL

Staphylococcus aureus Bacteraemia Monthly Case Numbers

	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016
MRSA	0	1	0	0	0	0	0	1	0	0	0	0
MSSA	1	0	0	0	0	0	0	0	0	2	1	0
Total	1	1	0	0	0	0	0	1	0	2	1	0

Clostridium difficile Infection Monthly Case Numbers

	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016
Age 15-64	0	0	0	0	0	0	0	0	0	0	0	0
Age 65 plus	1	1	0	0	0	1	1	0	0	0	0	1
Total	1	1	0	0	0	1	1	0	0	0	0	1

Cleaning Compliance (%)

	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016
Board Total	96.23	96.96	97.87	96.63	97.39	97.92	96.41	97.77	97.69	97.19	98.50	#####

Estates Monitoring Compliance (%)

	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016
Board Total	98.61	97.37	97.52	97.84	97.73	98.06	98.40	97.49	99.59	98.92	97.14	#####

ROYAL HOSPITAL FOR SICK CHILDREN

Staphylococcus aureus Bacteraemia Monthly Case Numbers

	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016
MRSA	0	0	0	0	0	0	0	0	0	0	0	0
MSSA	1	3	1	0	0	0	2	0	2	0	1	1
Total	1	3	1	0	0	0	2	0	2	0	1	1

Clostridium difficile Infection Monthly Case Numbers

	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016
Age 15-64	0	0	1	1	0	0	0	1	0	0	0	0
Age 65 plus	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	1	1	0	0	0	1	0	0	0	0

Cleaning Compliance (%)

	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016
Board Total	91.83	92.61	94.22	93.47	94.11	94.90	93.93	94.42	94.54	94.02	94.51	#####

Estates Monitoring Compliance (%)

	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016
Board Total	95.15	95.82	97.77	95.83	93.99	95.73	93.27	93.54	94.25	95.16	96.08	#####

COMMUNITY HOSPITALS

Community Hospitals include the following hospitals and care facilities

- Astley Ainslie Hospital
- Corstorphine Hospital
- Ellen's Glen House
- Ferryfield House
- Findlay House
- Marie Curie Hospice Edinburgh
- Midlothian Community Hospital
- Roodlands Hospital
- Royal Edinburgh Hospital
- Royal Victoria Hospital
- St Columba's Hospice
- St Michaels Hospital
- Tippethill Hospital

Staphylococcus aureus Bacteraemia Monthly Case Numbers

	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016
MRSA	0	0	0	0	0	0	0	0	0	0	0	0
MSSA	0	0	0	0	1	0	0	0	0	1	2	0
Total	0	0	0	0	1	0	0	0	0	1	2	0

Clostridium difficile Infection Monthly Case Numbers

	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016
Age 15-64	1	0	0	0	0	0	0	0	0	0	0	0
Age 65 plus	0	0	1	1	0	0	0	1	0	0	1	1
Total	1	0	1	1	0	0	0	1	0	0	1	1

OUT OF HOSPITAL INFECTIONS

Clostridium difficile Infection Monthly Case Numbers

	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016
Age 15-64	3	2	3	1	3	2	7	6	1	2	4	3
Age 65 plus	6	6	8	3	4	5	4	5	1	9	5	4
Total	9	8	11	4	7	7	11	11	2	11	9	7

Performance Reporting Proforma

Service Area: **Healthcare Acquired Infection - Staphylococcus aureus Bacteraemia (SAB)**

Reporting Cycle: 2, 2016

Deadline for Return: **20th** (or nearest Friday, if 20th falls on a weekend) of each month*

Data Status (Provisional or Final): **Final**

NHS Lothian is in the process of reviewing the current processes for reporting information to the Corporate and Senior Management Teams and Lothian NHS Board, with a view to streamlining, harmonising and enhancing current reporting arrangements. This proforma forms part of the new process and provides a mechanism for operational managers to provide feedback in relation to areas of performance that have not met the required standard.

The proforma is a 'work in progress' and we welcome feedback and suggestions for development to PerformanceReporting@nhslothian.scot.nhs.uk

The reporting that you provide within this document will represent your Performance Area at key committee meetings within each 'monthly' reporting cycle, including the public **Board** meeting.

Failure to submit signed-off forms by the deadline (please see above*) will result in updates being **omitted** from the relevant cycle of reporting. In lieu, Responsible Directors will be expected to provide **verbal updates** to all meetings within the cycle.

Please ensure **all data and comments submitted are appropriate for public release**.

Instructions for Completion

- Please **update** the [proforma](#) by updating the sections shaded in grey in the form below. Please refer to the Exemplar provided separately for guidance. Please also reference 'end of March 2016' rather than '31/3/16', and provide 1 d.p. for %s if relevant;
- Please could the Responsible Director then provide **sign-off** for the information submitted via the proforma here:-
 Name & Designation: _____
 Signature (incl. e-signature): _____
 Date: _____
- Please note – sign-off assumes responsibility for quality assurance of all data and comments submitted, and their appropriateness for committee review and **public release**;
- Please then **submit** this whole document to PerformanceReporting@nhslothian.scot.nhs.uk by the 20th (or nearest Friday) of each month.

Healthcare Acquired Infection – Staphylococcus aureus Bacteraemia (SAB)

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

Responsible Director[s]: Executive Director: Medical Director

Performance:-

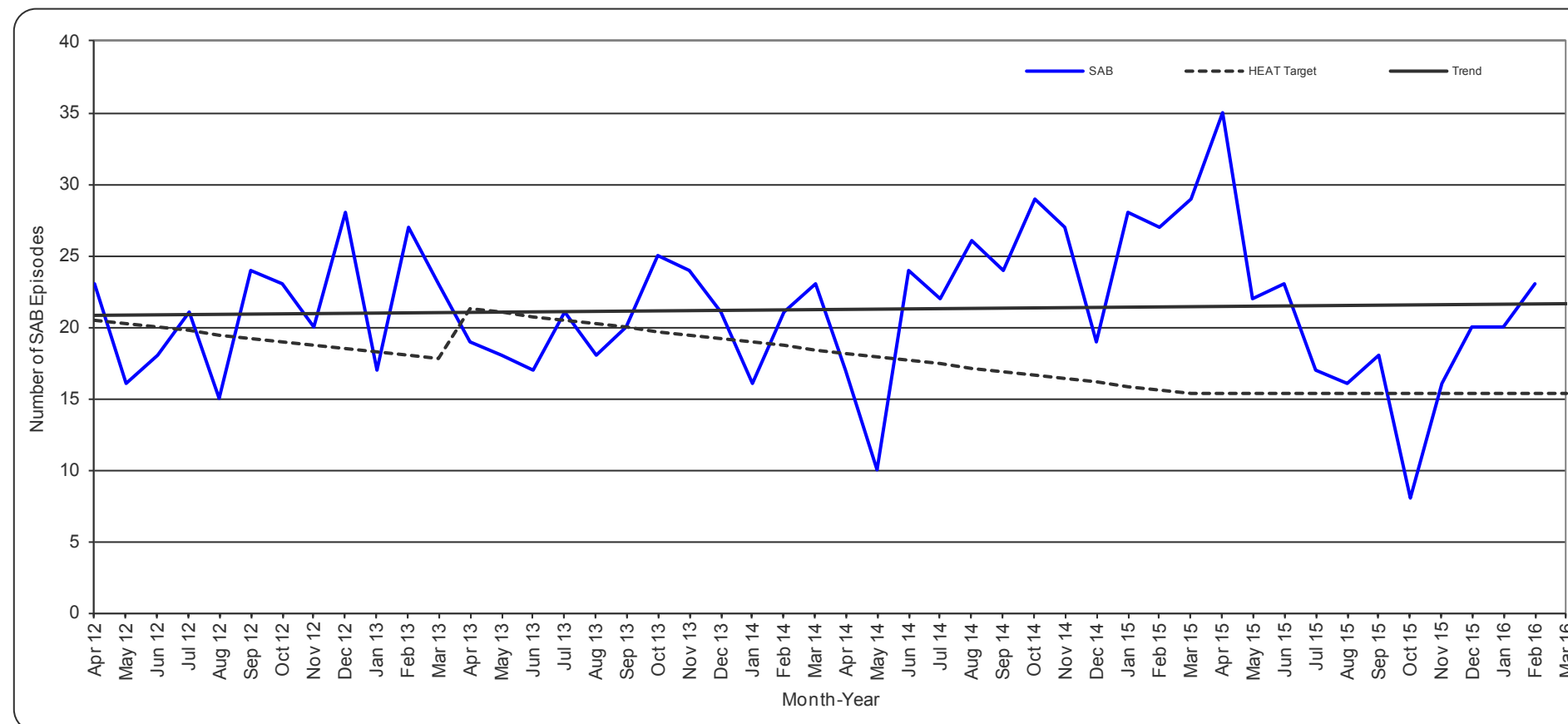
Status	Trend	Published Status vs. National Position	Target	Current	Current Reporting Date	Lead Director
Not Met	↔	Same	0.24 (max) (<184)	0.29 (218)	8 th Mar 2016	DF

Summary for Committee to note or agree

- Board will not meet HEAT target but based on current trends and rates should demonstrate a reduction on previous year rate of 0.35;
- Estimated rate for March 2016 is 0.28.
- In the last data published by Health Protection Scotland, it was noted there was no annual increase or decrease (comparing the year-ending September 2014 with the year-ending September 2015) in MRSA, MSSA or SAB overall Scottish rates

Recent Performance – Rates against Standard

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



Timescale for Improvement

There has been no formal trajectory agreed by SGHD however based on current performance and trend it is anticipated whilst the HEAT target will not be met there should be a reduction on the previous year rate of 0.35 (282). Estimated end March point is 0.28 (234 episodes). This would be a reduction of 48 incidences.

Estimated end March point is 0.28 (233 episodes). This would be a reduction of 4 incidences.

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
<p>Development of more detailed action plan in conjunction with Quality Improvement.</p> <p>Responsible Person(s): Lead Infection Prevention and Control Nurse/Patient Safety Programme Manager / Clinical Management Group</p>	February 2016	<p>A multidisciplinary approach is essential to the prevention of <i>Staphylococcus aureus</i> Bacteraemia. The detailed action plan includes contributions from clinical teams if this is to be effective.</p> <p>All staff involved in insertion, maintenance and interventions utilising invasive lines have a role to play in prevention of healthcare associated infections.</p>		<p>Proposed actions circulated to key stakeholders with request for comments by 19th February 2016.</p> <p>Draft submitted for discussion at Audit and Risk Management Committee 29th February 2016.</p>
<p>Infection Prevention and Control to improve quality of information reported to clinical and senior teams in relation to SAB.</p> <p>Responsible Person(s): Head of Service Infection Prevention and Control</p>	First report issued Dec. 2015	<p>Previous reporting only reported the number of SABs in each area, enhanced surveillance aims to identify source.</p> <p>Feedback from enhanced surveillance will engage clinical teams more in the review of cases which has previously predominately been undertaken by Infection Control. A multidisciplinary approach is better able to differentiate between preventable and non preventable infection</p> <p>Enhanced surveillance will raise awareness of cause/ source in order that clinical teams can target local actions to reduce healthcare associated SABs such as those related to invasive devices.</p> <p>Through multidisciplinary discussion the number of SAB categorised as "source unknown" should drop enabling more opportunities for intervention having identified the most likely source and reason for the bacteraemia.</p>	<p>Feedback from enhanced surveillance raises awareness of cause/ source in order that clinical teams can target local actions to reduce healthcare associated SABs such as those related to invasive devices.</p> <p>Report has been positively received by clinical teams</p>	Complete
<p>Additional resources to support education and clinical practice to work with clinical teams in the reduction of invasive device related SABs. Quality Improvement and education of all staff involved in the care of invasive devices is essential to ensure safe practice.</p> <p>The two staff appointed must deliver local education to improve practice in areas with highest incidence of device related infection.</p> <p>Responsible Person(s): Head of Education and Employment / Patient Safety Programme Manager / Practice Education Facilitator / Quality Improvement</p>	<p>Staff appointed Nov. 2015</p> <p>Nov 2016</p>	Temporary funding from Quality Improvement and Education Department has resourced 1 WTE each within their respective teams for 1 year	2 staff appointed on temporary contracts. They are undertaking review of current practice to support the development of targeted education at clinical level	<p>Staff appointments Complete</p> <p>Education ongoing</p>

Facilitator				
<p>Through education and patient safety ensure all levels of staff involved in insertion, maintenance and use of invasive lines deliver safe and effective practice and demonstrate competency and compliance in use of asepsis.</p> <p>Essential all medical staff as well as nursing staff are appropriately trained and competent in the handling of lines.</p> <p>Responsible Person(s): Head of Education and Employment / Patient Safety Programme Manager / Associate Medical Directors / Associate Nurse Directors. / Senior Charge Nurse / Consultants</p>	Nov. 2016	Evidence of education and improvement in the management of invasive lines.		Ongoing
<p>Shared learning and practices from areas where invasive lines infection rates are low should be developed through quality improvement teams.</p> <p>Responsible Person(s): Quality Improvement Teams</p>	Dec. 2016	RIE ITU demonstrates extremely low line related infections and have consistently ensured education of staff to reduce and prevent incidents. Clinical areas should learn from areas where there is good practice.		Ongoing
<p>A review of skin preparation products to ensure the correct product CA2CSKIN is being utilised supported by updated communication and education.</p> <p>Responsible Person(s): Senior Charge Nurses / Consultants / Procurement / Stores Top Up</p> <p>Standardise transparent dressings utilised for invasive vascular devices to ensure compliance with best guidelines</p> <p>Establish a quality improvement project to consider the efficacy and benefit of using antimicrobial lock solutions e.g. taurolock.</p> <p>Responsible Person(s): Quality Improvement /Procurement</p>	June 2016	There remains confusion regarding which skin preparation product should be used. Lothian advocates the use of Clinell Alcoholic 2% Chlorhexidine wipes. It has been observed in practice that CA2C200 for equipment are being used in areas for use on skin and invasive devices removal rather than the correct CA2CSKIN product. This may partly arise through too many products being made available at ward level to select from and thereby using the wrong product for the wrong purpose.	Practice of using antimicrobial lock solutions e.g. taurolock has been reviewed as part of epic3 guidelines as routine use of device is not advised. Use in clearly defined clinical areas maybe beneficial.	Ongoing
<p>Catheter care should be reviewed and catheter use needs to be discouraged when not absolutely necessary and access to alternatives explored.</p> <p>Roll out of SPSP CAUTI Bundle to areas reporting catheter associated infections using the Pareto charts to prioritise implementation.</p> <p>Responsible Person(s): Patient Safety Programme Manager/Clinical Nurse Managers/Senior Charge Nurses</p>	March 2017	The SPSP CAUTI reduction work has shown a reduction in the number of short term catheters inserted and the time to removal in the pilot ward at RIE. The catheter passport has been introduced across the board and catheter alternatives are being advocated. This would benefit SAB and E coli bacteraemia incidence.	The HPS initial report demonstrated that 7.9% of ECB had a urinary catheter as source. Urinary Catheters account for approximately 2% of SAB, therefore the impact of CAUTI Bundle may have limited impact on reduction of overall SAB incidence.	Ongoing
<p>Improve compliance with National MRSA Screening Clinical Risk Assessment ensuring decolonisation/suppression therapy is implemented where clinically indicated.</p> <p>Responsible Person(s): Lead Infection Prevention and</p>	April 2016	With the introduction of Paperlite System and the transition of nursing risk assessment documentation, infection control risk assessment which covers MRSA is covered within document highlighting patients who are admitted with MRSA which will automatically develop associated action plan which will direct patient to be		Anticipated go live date on Trak is April 2016

<p>Control Nurse / TRAK Management Board / Associate Nurse Directors / Senior Charge Nurse</p>		<p>isolation and transmission based precautions utilised. Whilst MRSA SABs are low it is important that we do not become compliant. Currently IPCT participating in research project carried out by Glasgow Caledonian University to identify barriers to screening compliance.</p>		
<p>Evaluate the impact of routine decolonisation to reduce the incidence of Hickman and PortaCath related SAB should be considered with a view to implementation in other units with high central line use.</p> <p>Responsible Person(s): Quality Improvement Teams / Clinical Teams / Microbiology</p>	<p>July 2016</p>	<p>Decolonisation is being used in the renal unit as a strategy to prevent dialysis line SAB and possibly could be used as a strategy to prevent Hickman line and PortaCath related SAB also.</p>		<p>Ongoing</p>
<p>Review of blood culture sampling practice and education for front door areas</p> <p>Test of Change within Emergency Department at the RIE on the effectiveness of grab bag approach to blood culture sampling. Grab bags would contain all equipment required for safe sampling and a reminder message outlining what is best practice within the pack.</p> <p>Responsible Person(s): Clinical Nurse Manager / Clinical Lead RIE ED / All Medical Staff</p> <p>Ensure education of all staff undertaking blood culture to ensure competency and safe practice.</p> <p>Responsible Person(s): Clinical Lead / All Medical Staff / Clinical Nurse Manager / Phlebotomists</p> <p>Review blood culture contamination rates as a standing item discussed weekly at ward safety briefs and at departmental M&M meetings, Ensure feedback and education of staff with poor technique, reducing the risk of contaminated samples.</p> <p>Responsible Person(s): Clinical Lead / Clinical Nurse Manager</p>	<p>Oct. 2016</p>	<p>Improved quality of sampling reduces the risk of contamination. This contamination can be interpreted as infection, resulting in patients receiving additional treatment and extended stay and over reporting of actual infection rates.</p> <p>These interventions are designed to improve blood culture taking and reduce wastage of laboratory time and resource in working up contaminated samples. They are labour intensive to deliver and therefore this creates an additional cost.</p>		<p>Ongoing</p>
<p>Introduction of the Visual Phlebitis scoring as part of the patient safety bundle.</p> <p>Responsible Person(s): Patient Safety Programme Manager / Senior Charge Nurses</p>	<p>March 2017</p>	<p>Early recognition of phlebitis can prompt staff to remove the cannula and reduce the risk of progression to SAB associated with Peripheral Vascular Cannulas (PVC). PVC is identified as one of the key preventable sources and reduction in these could support move to achieving of 0.24 rate in 2016/17. Episodes of venflon associated soft tissue infection are unacceptably common in Lothian. Optimal management of all invasive devices is essential. Where there is evidence of infection they should be removed and antimicrobial treatment commenced appropriately when required.</p>		<p>Ongoing</p>
<p>Raise awareness of risks associated with unsafe injection practices with People Who Inject Drugs (PWIDs).</p>	<p>December</p>	<p>In the current HEAT target year there have been 17 incidences where PWIDs have developed SAB as either</p>	<p>Selling of ethylphenidate containing New Psychoactive Substances products illegal</p>	<p>Ongoing</p>

<p>Frontline clinical teams to ensure opportunities for education to PWIDs when presenting within acute setting.</p> <p>Responsible Person(s): Associate Medical Directors / Associate Nurse Directors</p>	<p>2016</p>	<p>direct or contributing factor from recreational use of IV drugs. Preventative strategy through harm reduction services to provide information leaflets written jointly by NHS Lothian staff and Scottish Drugs Forum, education regarding safe injecting, use of filters, skin preparation, optimising wound care within needle exchanges and outreach centres and buses. Identify PWID on admission to acute services and promote information leaflets as a preventative strategy. Provide information to PWID SAB patients prior to discharge to minimise risk of further SAB associated with injecting practice.</p>	<p>throughout the UK.</p>	
<p>Comments</p>				
<p>Reasons for Current Performance There is a high incidence of infections that are not directly healthcare acquired e.g. People who inject drugs – since April 2015 there have been 17 where drug use is identified as either main source or contributing factor. Main area from preventable infections is Peripheral Vascular Cannula and Skin and soft tissue infections.</p>				
<p>Enhanced surveillance has been undertaken to identify root cause. And additional education provided to support clinical teams in safe management of intravenous infusions, & review of all soft tissue related SABs.</p>				

Quality & Performance Reporting Proforma

Service Area: Healthcare Acquired Infection – Clostridium difficile Infection (CDI)

Background

NHS Lothian is in the process of reviewing the current processes for reporting information to the Corporate and Senior Management Teams and Lothian NHS Board, with a view to streamlining, harmonising and enhancing current reporting arrangements. This proforma forms part of the new process and provides a mechanism for operational managers to provide feedback in relation to areas of performance that have not met the required standard.

The proforma is a 'work-in-progress' and we welcome feedback and suggestions for development to PerformanceReporting@nhslothian.scot.nhs.uk

The reporting that you provide within this document will represent your Performance Area at key committee meetings within each 'monthly' reporting cycle, including the **public Board** meeting.

Submission Schedule

Reporting Cycle: 3, 2016

Suggested return date to Lead Director: **10th** (or nearest Thursday), of each month;

Final Deadline - for Return of Signed Proforma to PerformanceReporting@nhslothian.scot.nhs.uk: **20th** (or nearest Friday) of each month*;

Data Status (Provisional or Final): **Final**.

Please note, failure to submit signed-off forms by the deadline* will result in updates being **omitted** from the relevant cycle of reporting – and a 'null return' will be indicated. In lieu, Lead Directors will be expected to provide **verbal updates** to all relevant meetings within the cycle.

Please ensure **all** data and comments submitted are **appropriate for public release**.

Instructions for Completion

- Please **update** the proforma on the following pages by updating all of the sections shaded in grey, and in line with the above schedule;
- If **no update** is required either for data, or narrative elements (including under 'Summary for Committee...'; 'Timescale...'; 'Actions Planned...' or 'Comments'), please could you indicate this using the relevant update fields (Data/Narrative) under 'Performance'? This should **minimise time spent** completing each proforma (but also highlight **key items for review** by Lead Directors, and Committees);
- Please also refer to the Exemplar previously provided for guidance (copies are available from PerformanceReporting@nhslothian.scot.nhs.uk);
- Please for example reference 'end of March 2016' rather than '31/3/16', and provide 1 d.p. for %s if relevant;
- Please could the Lead Director (identified in the 'Performance' table in the proforma), then provide **sign-off** for the information submitted via the proforma, below?:-

Name & Designation: _____

Signature (incl. e-signature): _____

Date: _____

- Please note – sign-off assumes **responsibility** for quality assurance of all data and comments submitted, and their appropriateness for committee review, and **public release**;
- Please then **submit** this whole document (i.e. the signed front-sheet, and proforma), as a **Word document** (rather than as a pdf), to PerformanceReporting@nhslothian.scot.nhs.uk by the 20th (or nearest Friday) of each month.

Many thanks!

(Please email any queries to PerformanceReporting@nhslothian.scot.nhs.uk)

Healthcare Acquired Infection – Clostridium difficile Infection (CDI)

Healthcare Quality Domain: Safe

Target/Standard: NHS Boards' rate of Clostridium difficile infections (CDI) in patients aged 15 and over is 0.32 cases or less per 1,000 total occupied bed days.

Responsible Director[s]: Executive Director: Medical Director

Performance:-

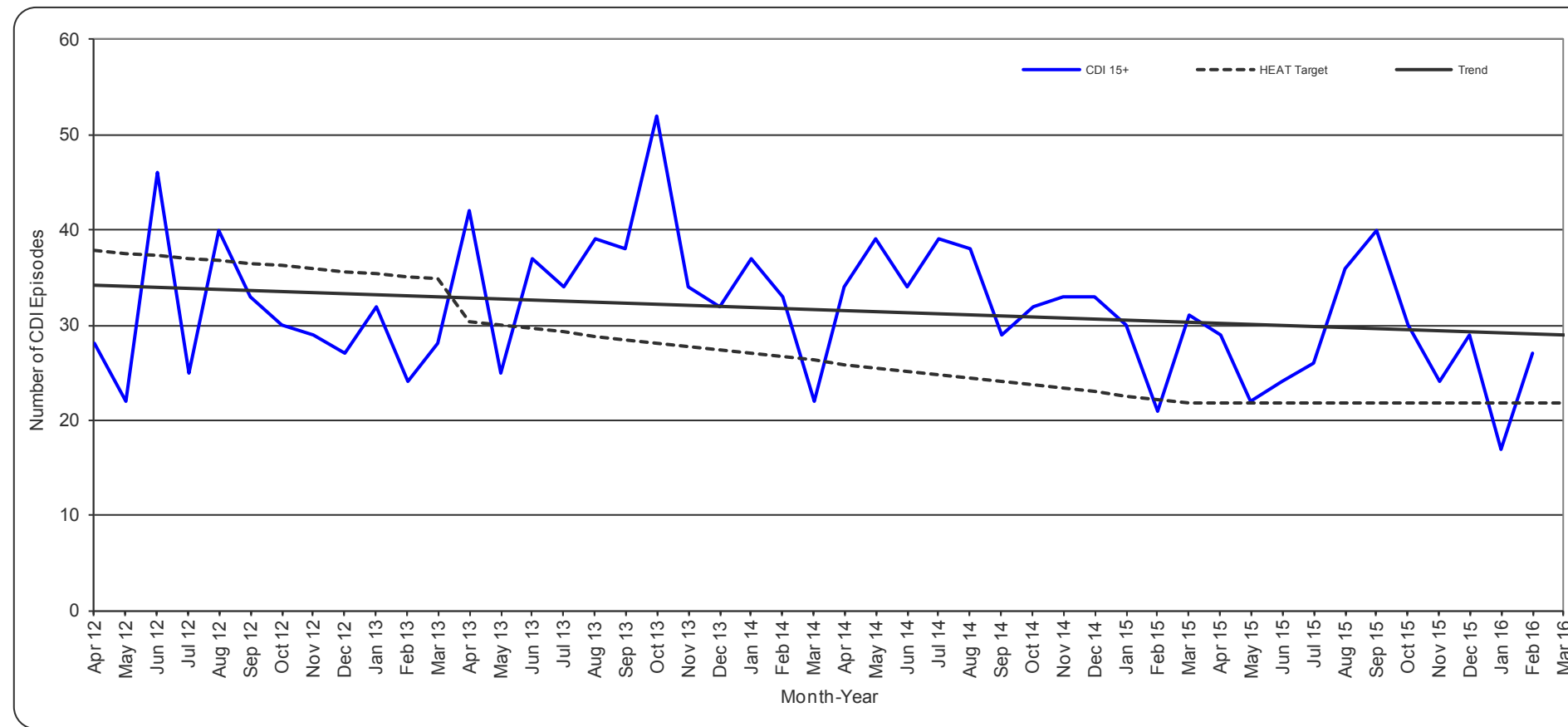
Status	Trend	Published Status vs. National Position	Target	Current	Current Reporting Date	Data Updated since Last Cycle?	Narrative Updated since Last Cycle?	Lead Director
Not Met	↔	Same	0.32 (max) (<262)	0.40 (304)	8 th Mar 2016	*	e.g. ✓ or *	DF

Summary for Committee to note or agree

- Board has not met HEAT target but based on current trends and rates should demonstrate a reduction on previous year rate of 0.47;
- Estimated rate for March 2016 is 0.40.
- In the last data published by Health Protection Scotland, it was noted that Yearly trends in patients aged 65 years and above (comparing year-ending September 2014 with year-ending September 2015) show that there was a decrease in NHS Lothian
- In the last data published by Health Protection Scotland it noted NHS Lothian was an outlier in Quarter 3 for patients aged 15-64 years, NHS Lothian are working with Health Protection Scotland to explore the reasons for this.

Recent Performance – Numbers Achieved against Standard

Figure 1: CDI Progress against HEAT target – NHS Lothian (Number of CDI Episodes per Month) Source: Infection Prevention and Control Team



Timescale for Improvement

There has been no formal trajectory agreed by SGHD however based on current performance and trend it is anticipated whilst the HEAT target will not be met there should be a reduction on previous year rate of 0.47 (393). Estimated end March point is 0.40 (332 episodes). This would be a reduction of 61 incidences.

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
<p>Development of more detailed action plan in conjunction with Quality Improvement</p> <p>Responsible Person(s): Lead Infection Prevention and Control Nurse/Patient Safety Programme Manager / Clinical Management Group.</p>	February 2016	<p>All staff involved in the prescribing and administration of antimicrobials have a role to play in prevention of healthcare associated CDI. A multidisciplinary approach is essential to the prevention of CDI. The detailed action plan must include contributions from clinical teams if this is to be effective.</p>		<p>Proposed actions circulated to key stakeholders with request for comments by 19th February 2016.</p> <p>Draft submitted for discussion at Audit and Risk Management Committee 29th February 2016.</p>
<p>Establish local IPC Committees to increase local ownership of data and corresponding actions for improvement</p> <p>Responsible Person(s): Site Associate Medical Directors</p>	March 2016	<p>Increased local ownership and knowledge of data provides the opportunity for the site based teams to address issues more effectively and promptly.</p> <p>This needs to include a mechanism for identifying prescribers that consistently deviate from policy prescribing and discussing the reasons why, resulting either in revision of the policy or alteration in prescribing behaviour.</p>		
<p>Establishment of a Multi-disciplinary review team to improve robustness of CDI case identification and reporting to ensure all CDI patients being reported meet the definitions as advised by HPS.</p> <p>Responsible Person(s): Lead Infection Prevention and Control Nurse / Lead Infection Control Doctor / IPCT Clinical Scientist / Microbiology Clinical Lead / Microbiology Laboratory manager</p>	April 2016	<p>All <i>Clostridium difficile</i> positive laboratory results do not necessarily mean the patient has infection. It is essential that individual cases are reviewed through a patient centred approach to ensure they meet the definitions of infection in order to reduce the over reporting of CDI Incidence.</p> <p>Reduce the number of patients receiving unnecessary treatment and extended stay in hospital</p> <p>Reduce the pressures on single room accommodation for isolation</p> <p>There is scope to significantly improve the time to diagnosis of CDI but this would need to involve laboratory management e.g. having more GDH/toxin testing runs per day and not carrying over samples for testing to the next working day.</p> <p>Funding of PCR testing for C difficile may also resolve which GDH positive patients with diarrhoea are not carriers of C difficile and rule out the diagnosis in situations where there is currently uncertainty.</p>		<p>In Progress. There is a weekly multidisciplinary ward round to review patients and the documentation of daily stool frequency and consistency (using Bristol stool chart) using standardised definition when a patient has loose stools.</p> <p>The IPCNs visit each new inpatient diagnosed with CDI to ensure transmission based precautions are in place, reducing risk of cross transmission.</p> <p>NHS Lothian increased availability of single use equipment and additional reusable equipment to support designated equipment for use with patients confirmed positive for CDI infection.</p>
<p>Improved Antimicrobial Stewardship</p> <p>Key preventative strategies primarily hinge on good antimicrobial stewardship, and management of other risk factors for CDI such as prescription of Proton pump inhibitors (PPI).</p> <p>Antimicrobial Management Team to ensure that data is shared with areas of high use antimicrobials and those utilising antimicrobials associated with high risk CDI. Information will be made available on the AMT Intranet page. Associate</p>	Nov. 2016	<p>The national data demonstrates whilst NHS Lothian is the lowest user of antibiotics in primary care, use of the 4C antibiotics remain proportionally higher than other Boards. This is despite an 11.5% reduction last year.</p> <p>The national dataset AMIDS combines primary care and secondary care antibiotic use. This shows marked reductions in total 4C use in 2014 and again in 2015. Additionally it shows our CDI cases to be falling against a rise in the cumulative Scottish cases.</p> <p>Data from the antimicrobial pharmacists shows a drop in use of</p>		<p>The Antimicrobial team continue to work with clinical teams and GPs to improve medicine management.</p> <p>The invest-to-save ward round undertaken to review the use of IV antimicrobials and promote IV to Oral switch has also provided advice on general prescribing.</p> <p>NHS Lothian is implementing the NHS Education Scotland Antimicrobial stewardship workbook for</p>

<p>Medical Directors and Practitioners should utilise the data to review prescribing patterns and increase education to reduce the use of high risk antimicrobials.</p> <p>Responsible Person(s): Antimicrobial Management Team / Associate Medical Directors / General Practitioners</p> <p>Establish an explicit governance framework of how to address persistent non compliance with NHS Lothian antibiotic prescribing policies when this occurs</p> <p>Responsible Person(s): Clinical Governance</p> <p>Regular review of antimicrobial policies (including surgical prophylaxis) which use 4C Antibiotics and explore non 4C alternatives.</p> <p>Responsible Person(s): Clinical Teams / Antimicrobial Management Team / Associate Medical Directors</p>		<p>coamoxyclav and Tazocin since last Feb in the some but not all acute settings. It is essential this is addressed to ensure consistency and reduction across the Board as appropriate.</p> <p>Use of 4C antibiotics remains an issue in the management of community acquired pneumonia in the over 65s where practice in Lothian is to use coamoxyclav as per CURB65 score in Thorax guidance whereas other boards recognise the failings of the CURB65 scoring in the over 65s who have chronic cognitive decline unrelated to pneumonia severity.</p> <p>The use of the high risk antimicrobials has also been noted as a choice for bone infection and diabetic foot infections. Some urological and haematology/oncology antibiotic policies have also been noted as dependant on fluoroquinolones in Lothian but for which other boards have greater non quinolone option.</p> <p>To further reduce CDI as a consequence of 4C use and to bring NHS Lothian's use of 4C in line with NHS Scotland. This has been identified by Health Protection Scotland as an area for NHS Lothian that could have a significant impact on acquisition rates</p>		<p>registered nurses.</p>
<p>Prompt access to appropriate antimicrobial therapy including treatments for CDI is essential to aid recovery, help reduce potential for environmental contamination with C difficile spores and reduce hospital stay</p> <p>Responsible Person(s): Pharmacy / Senior Charge Nurse</p>	<p>July 2016</p>	<p>The issue of missed doses of antibiotics and delays for accessing antibiotic treatment potentially hampers recovery, prolongs hospital admission and increases risk of relapse and environmental contamination with spores if diarrhoea continues. Improved communication required between prescribers and nursing team to ensure all antibiotics prescribed are available or ordered if required.</p>		<p>Ongoing</p>
<p>Development of a strategy for primary care 4C prescribing authorised and supported by the medical director for primary care.</p> <p>Responsible Person(s): Medical Director for Primary Care / GP Sub Committee</p>	<p>March 2017</p>	<p>There is tension between GP requests for access to all antibiotic options for treatment of UTI versus restrictive reporting which is practiced in other Scottish boards. Lack of restrictive reporting makes reducing 4C antibiotic use harder</p>		<p>Ongoing</p>
<p>Improve access to alternatives to 4C antibiotics such as pivmecillinam, fosfomycin, aztreonam, and promote their use where they have a recognised role. Guidelines on their use are available and widely accessed via Microguide app. Shared learning from other boards that have implemented such changes successfully to allay hypothetical fears of prescribers to move from their traditionally preferred antibiotic of choice to ones with less potential collateral damage.</p> <p>Responsible Person(s): Antimicrobial Management Team / Associate Medical Directors / Medical Director for Primary Care</p>	<p>February 2017</p>	<p>To further reduce CDI as a consequence of 4C use and to bring NHS Lothian's use of 4C in line with NHS Scotland.</p>		<p>Ongoing</p>
<p>Staff undertaking administration of antimicrobials should be encouraged to complete the NES stewardship education package.</p> <p>Responsible Person(s): Associate Nurse Directors / Associate Medical Directors</p>	<p>March 2017</p>	<p>To improve staff knowledge and understanding. The course is available electronically via Learn Pro and is anticipated that the tutorial will take around 1-2 hours of online learning time.</p>		<p>Ongoing</p>

The Lothian loose stool policy to be reviewed to ensure no ambiguity and that all advice is clear. Responsible Person(s): Lead Infection Prevention and Control Nurse / Lead Infection Control Doctor	April 2016			Ongoing
Development of a enhanced surveillance report for CDI similar to that provided for SABs Responsible Person(s): IPCT Clinical Scientist / Head of Infection Prevention and Control Services.	April 2016	Revise and improve the information included in CDI monthly report (and reports to senior management) to reflect key areas for learning & improvement.		Ongoing
All patients should be risk assessed when presenting with diarrhoea symptoms to support appropriate isolation and correct sampling promptly requested. IPCT Risk Assessment uploaded to TRAK to support clinical team completing risk assessment. Responsible Person(s): Lead Infection Prevention and Control Nurse / TRAK Management Board / Associate Nurse Directors / Senior Charge Nurse	April 2016	With the introduction of Paperlite System and the transition of nursing risk assessment documentation, infection control risk assessment which covers diarrhoea illnesses, highlighting patients who are admitted with CDI symptoms which will automatically develop associated action plan which will direct patient to be isolation and transmission based precautions utilised.		Go live date within Trak is anticipated as April 2016

Comments

Reasons for Current Performance

Clostridium difficile can often be an unintended consequence of antimicrobial use. Investigations indicate many of these patients have had complex health care needs resulting in multiple courses of antimicrobial therapy. All investigations and case reviews have found the cases to be individual unrelated infections and not as a result of cross transmission.

The above actions supported by the clinical teams could improve NHS Lothian performance in reducing the incidence of CDI. The support from Clinical Teams is essential to any successful reduction.

NHS Lothian

Board Meeting
6 April 2016

Chief Officer

UPDATE ON ROYAL COLLEGE OF PAEDIATRICS AND CHILD HEALTH REVIEW OF MEDICAL PAEDIATRIC INPATIENT SERVICES IN Lothian

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

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

<ul style="list-style-type: none"> The purpose of this report is to update the Board on the Royal College of Paediatrics and Child Health (RCPCH) review of Medical Paediatric inpatient services in Lothian and the recent Public meetings held by NHS Lothian in each Local Authority area. 	1.1
<ul style="list-style-type: none"> NHS Lothian undertook to hold two public meetings, one in the evening and one during the day, in each of Lothian’s four Local Authority areas. 	3.1
<ul style="list-style-type: none"> These meetings took place between 3 - 16 March and NHS Lothian was represented at each by the Chief Officer, University Hospitals Services and members of the Children’s Clinical Management Team. 	3.2
<ul style="list-style-type: none"> Notes were taken about the issues raised at each of the meetings and these have been submitted to the RCPCH to be taken into account in their review process. 	3.5
<ul style="list-style-type: none"> The RCPCH is expected to present its report on this review of Medical Paediatric inpatient services to NHS Lothian in May. 	3.6

Jim Crombie
Chief Officer
22 March 2016

NHS Lothian

Board Meeting
6 April 2016

Chief Officer

UPDATE ON ROYAL COLLEGE OF PAEDIATRICS AND CHILD HEALTH REVIEW OF MEDICAL PAEDIATRIC INPATIENT SERVICES IN Lothian

1 Purpose of the Report

- 1.1 The purpose of this report is to update the Board on the Royal College of Paediatrics and Child Health (RCPCH) review of Medical Paediatric inpatient services in Lothian and the recent Public meetings held by NHS Lothian in each Local Authority area.

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

2 Recommendations

- 2.1 It is recommended that the Board note that public meetings have now taken place in each Local Authority area in Lothian and that the questions and issues raised at each of these meetings have been submitted to the RCPCH, to further inform their review.

3 Discussion of Key Issues

- 3.1 NHS Lothian undertook to hold two public meetings, one in the evening and one during the day, in each of Lothian's four Local Authority areas. These meetings were widely publicised through the relevant Councils, Health and Social Partnerships, Community Councils, interest groups as well as in the local press.
- 3.2 These meetings took place between 3 - 16 March (programme details attached at Appendix 1) and NHS Lothian was represented at each by the Chief Officer, University Hospitals Services and members of the Children's Clinical Management Team.
- 3.3 Attendance at the meetings in East Lothian, Midlothian and City of Edinburgh was low, with much greater attendance at the West Lothian meetings.
- 3.4 Access to services was a general theme at each meeting but at the West Lothian meetings, there were specific and strong views expressed about the need for a 24/7 inpatient facility at St John's Hospital.
- 3.5 Notes were taken about the issues raised at each of the meetings and these have been submitted to the RCPCH to be taken into account in their review process. The notes have also been published on NHS Lothian's website.
- 3.6 The RCPCH is expected to present its report on this review of Medical Paediatric inpatient services to NHS Lothian in May.

4 Key Risks

4.1 There are no new risks associated with this update paper.

5 Risk Register

5.1 The risks associated with the fragile staffing situation in Paediatrics are on the Board's Risk Register.

6 Impact on Inequality, Including Health Inequalities

6.1 These impact assessments will be carried out once the review is complete.

7 Involving People

7.1 This paper updates on the ongoing engagement process which has been underway since the start of the review

8 Resource Implications

8.1 There are no new resource implications arising from this paper.

Jim Crombie
Chief Officer
22 March 2016

List of Appendices

Appendix 1: Schedule of Public Meetings

Schedule of public meetings held during March

East Lothian

Bleachingfield Centre, Dunbar
Thursday 3 March – 1pm

Fisherrow Centre, Musselburgh
Thursday 10 March - 6.30pm

Midlothian

Dalkeith Arts Centre, Dalkeith
Wednesday 9 March – 6.30pm

Penicuik Town Hall, Penicuik
Wednesday 16 March – 10am

Edinburgh

Leith Community Education Centre, Edinburgh
Monday 14 March – 6.30pm

Faith Mission, Gilmerton Road, Edinburgh
Tuesday 15 March 2016 - 1pm

West Lothian

Howden Park Centre, Livingston
Monday 7 March - 6.30pm

Howden Park Centre, Livingston
Wednesday 9 March - 2pm