

BOARD MEETING



DATE: WEDNESDAY 7 DECEMBER 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 Meeting held on 5 October 2016 | BH | * |
| 1.2. | Running Action Note | BH | * |
| 1.3. | Corporate Risk Register | DF | * |
| 1.4. | Primary Care Update | DAS | * |
| 1.5. | Health Promoting Health Service | AKM | * |
| 1.6. | Staff Governance Committee Terms of Reference | JB/AJ | * |
| 1.7. | Appointment of Pharmacy Practices Committee Members | DAS | * |
| 1.8. | Board Development Sessions 2017 | BH | * |
| 1.9. | Finance & Resources Committee - Minutes of 13 July and 14 September 2016 | GW | * |
| 1.10. | Healthcare Governance Committee - Minutes of 27 September 2016 | RW | * |
| 1.11. | Staff Governance Committee - Minutes of 26 October 2016 | AJ | * |
| 1.12. | East Lothian Integration Joint Board - Minutes of 25 August 2016 | DG | * |
| 1.13. | Edinburgh Integration Joint Board - Minutes of 16 September 2016 | GW | * |
| 1.14. | Midlothian Integration Joint Board - Minutes of 18 August and 15 September 2016 | CJ | * |
| 1.15. | West Lothian Integration Joint Board - Minutes of 18 October 2016 | MH | * |

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

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

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|-------|---|------|---|
| 1.16. | Review of Standing Financial Instructions | SG | * |
| 1.17. | Review of the Scheme of Delegation | SG | * |
| 2. | Items for Discussion (subject to review of the items for approval)
(9:35am - 12:00pm) | | |
| 2.1. | Financial Performance & Forecast Outturn 2016/17 | SG | * |
| 2.2. | Quality & Performance Improvement | AMcM | * |
| 2.3. | NHS Lothian Quality Directorate Progress and Next Steps 2016-17 | SW | * |
| 2.4. | Healthcare Associated Infection | DF | * |
| 2.5. | Better Information, Better Decisions, Better Care | AMcM | * |
| 2.6. | Person Centred Culture | AMcM | * |
| 2.7. | Lothian Hospitals Plan | AMcM | * |
| 2.8. | Paediatric Programme Board Update | GW | * |
| 2.9. | Ensuring the Right Thing Happens in Practice | SG | * |
| 3. | Next Development Session: 11 January 2017 at 9:30 a.m. in the Howden Park Centre, Howden, Livingston, West Lothian, EH54 6AE | | |
| 4. | Next Board Meeting: Wednesday 1 February 2017 at 9:30 a.m. in the Howden Park Centre, Howden, Livingston, West Lothian, EH54 6AE | | |
| 5. | Resolution to take items in closed session | | |
| 6. | Minutes of the Previous Private Meeting held on 5 October 2016 | BH | ® |
| 7. | Matters Arising | | |
| 8. | Complaint | BH | ® |
| 9. | Any Other Competent Business | | |

Board Meetings in 2017

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

HPC
SHSC
SHSC
SHSC
SHSC

Development Sessions in 2017

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

HPC
SHSC
SHSC
SHSC
SHSC
SHSC

*Annual Accounts Meeting

HPC (Howden Park Centre, Howden, Livingston, West Lothian, EH54 6AE)

SHSC (Scottish Health Service Centre, Crewe Road South, Edinburgh EH4 2LF)



DRAFT

LOTHIAN NHS BOARD

Minutes of the Meeting of Lothian NHS Board held at 9.30am on Wednesday 5 October 2016 in the Boardroom, Waverley Gate, 2-4 Waterloo Place, Edinburgh.

Present:

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

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

In Attendance: Mr R McCulloch-Graham (Chief Officer Health & Social Care Partnership for Edinburgh for item 36); Ms E McHugh (Joint Director Midlothian Health & Social Care Partnership for item 36); Mr D A Small (Joint Director East Lothian Health & Social Care Partnership for item 36) Dr C Whitworth (Consultant in Renal Medicine (for item 38)) and Mr D Weir (Corporate Services Manager).

Apologies for absence were received from Mr T Davison, Mrs J McDowell and Professor M Whyte.

Mr Robert Wilson

The Chairman reminded the Board that this was the first public meeting since the death of former Board member Mr Robert Wilson. The Board recorded its sadness at the death of Mr Wilson and recorded its appreciation for all the sterling work that he had done on behalf of the Board. The Board recorded its sympathy to Mr Wilson's family.

Welcome and Introduction

The Chairman welcomed members of the public and press to the Board meeting. He also welcomed Ms K Preston, Non Executive Board Member, Health Improvement Scotland as an observer to the meeting.

The Board also welcomed Mrs Janis Butler, Interim Director of Human Resources and Organisational Development who was attending her first formal Board Meeting in her new role replacing Mr Boyter. Ms F Ireland was also attending her first formal Board Meeting replacing Ms Meiklejohn as Chair of the Area Clinical Forum.

The Chair advised that Joint Directors Mr David Small, Mr Rob McCulloch-Graham and Ms Eibhlin McHugh Joint Directors / Chief Officers of 3 of the Partnerships would be attending to discuss agenda item 2.5 (Primary Care Update).

He also advised that Dr C Whitworth would attend the last part of the meeting for the discussion on agenda item 2.7 (Support and Development of Realistic Medicine in Lothian). Dr Whitworth had clinical commitments in the morning and the paper had been placed last on the agenda to accommodate her work pattern.

Declaration of Financial and Non-Financial Interest

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

31. Items for Approval

- 31.1 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.
- 31.2 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.
- 31.3 Minutes of the Previous Board Meeting held on 3 August 2016 – Approved.
- 31.4 Running Action Note – Approved.
- 31.5 Research and Development Strategy 2016-2020: Clinical Research Driving Efficient, Innovative and Effective Healthcare – The Board approved NHS Lothian's Research and Development (R&D) Strategy for 2016-2020.
- 31.6 Committee Memberships – The Board confirmed Professor Moira Whyte as an ex-officio member of the Finance & Resources Committee and confirmed that Professor Whyte and Ms Ireland would be ex-officio members of the Strategic Planning Committee. The Board appointed Cllr H Cartmill as a member of the Healthcare Governance Committee and also appointed Ms F Ireland as a member of the Acute Hospitals Committee.
- 31.7 Review of Board's Standing Orders – The Board reviewed the proposed changes and approved the revised standing orders.
- 31.8 'Stick Your Labels' Campaign – The Board recognised the adverse effects on health of poverty and the stigma associated with poverty and signed up to the 'Stick your Labels' campaign and the 3 pledges noted in the paper. The Board also supported the actions in the report to meet the 3 pledges and recommended that the Integration Joint Boards also consider endorsing the campaign.
- 31.9 Acute Hospitals Committee – Minutes of 6 September 2016 – Endorsed.

- 31.10 Audit & Risk Committee – Minutes of 5 September 2016 – Endorsed.
- 31.11 Healthcare Governance Committee – Minutes of 26 July 2016 – Endorsed.
- 31.12 Strategic Planning Committee – Minutes of 11 August 2016 – Endorsed.
- 31.13 Staff Governance Committee – Minutes of 27 July 2016 – Endorsed.
- 31.14 East Lothian Integration Joint Board – Minutes of 30 June 2016 – Endorsed.
- 31.15 Edinburgh Integration Joint Board – Minutes of 15 July & 19 August 2016 – Endorsed.
- 31.16 Midlothian Integration Joint Board – Minutes of 16 June 2016 – Endorsed.
- 31.17 West Lothian Integration Joint Board – Minutes of 31 May 2016 – Endorsed.

Items for Discussion

32. Financial Position to 31 August 2016

- 32.1 The Board were advised that the Quarter 1 financial position had been discussed at the Finance & Resources Committee based on the month 4 position. The month 5 financial position was showing a slight improvement with an in-month underspend of £1m after factoring in corporate flexibility and NRAC (National Resource Allocation Committee) benefit received from the Scottish Government.
- 32.2 In terms of the current financial position the key drivers were GP prescribing; junior doctors and 2015/16 unachieved efficiency savings. The Board acknowledged a positive improvement in nursing costs particularly in respect of agency spend.
- 32.3 At the Finance & Resources Committee the main discussion had been around the quarter 1 review. A detailed consideration of the forecast of breakeven at the year end had been undertaken as well as the details of discussions being held between a number of Health Boards and the Scottish Government around the challenging financial position. At national level there was now more focus on joint working to identify potential financial savings and also to share intelligence.
- 32.4 The quarter 1 financial review was suggesting that the Board could be provided with reasonable assurance that financial breakeven could be achieved in 2016/17 although there would remain a reliance on non recurrent resources. It was for this reason that the Director of Finance was keen to focus attention beyond 2016/17 with a view to moving to a sustainable recurrent financial position.
- 32.5 The Finance & Resources Committee had expressed concern about how financial breakeven would be achieved given the level of necessary savings in the financial plan. The Board were advised that the following 3 factors provided the necessary degree of assurance – a changed approach to the local reinvestment plans and funding – improved operational performance and finally the availability of additional NRAC and reserves which had been factored into the financial position.
- 32.6 The Finance & Resources Committee debate had discussed the risks of achieving financial breakeven with particular focus on the detrimental impact on outpatient performance. It had been agreed that the concerns around the consequential impact

on the delivery of service performance targets should be escalated to the Board and the Acute Hospitals Committee for discussion. This request featured as one of the recommendations contained within the circulated Board paper.

- 32.7 It was noted that in parallel to the Finance & Resources Committee debate that Mr Crombie as Chief Operating Officer and Acting Chief Executive along with the Director of Finance had held separate discussions with the Scottish Government around inpatient and treatment time guarantees (TTG) and what could be done to improve the position. The discussions had concluded that the position came down to the availability of finance and physical capacity within the system. With the exception of minor local capacity it had been concluded that the only viable option was to start to reuse the independent sector with it being recognised that there would be financial consequences of adopting this approach. The Scottish Government had identified 2 funding sources to support this change in direction. It was noted that even with the additional funding of £6m that this only delivered 9000 outpatients and still left 11000 at the end of March 2017 who would be in excess of their TTG. The shift in emphasis therefore still represented a significant residual risk to the Board.
- 32.8 The Board were advised that work was underway around the 2017/18 financial position to address the significant underlying recurrent gap which was not sustainable. In the previous financial year the position had been further complicated with the introduction of the Integration Joint Boards and the time taken to agree budgets. It would be important to try and move to a position of aligning the budget setting process with the 4 Lothian Local Authorities. Part of the consideration of the 2017/18 position would be to look at primary care fragility. The Board noted that a primary care summit event had been held on 29 September and had identified the need to use some of the NRAC benefit to invest in primary care pressures. Discussions were ongoing with the Scottish Government about how best to support primary care. It was noted that given the fact that the National Spending Review would not conclude until later in the year that there was a need to invest immediately in primary care.
- 32.9 The Chairman suggested that the main issue for the Board to consider was in terms of the concerns raised by the Finance and Resources Committee in respect of service delivery impacts.
- 32.10 The suggestion was made that the achievement of targets depended on different factors of which finance was only one. In response to a question the Chairman advised that he had attended the launch of the Independent Review of Targets in Scotland's NHS to be chaired by Professor Sir Harry Burns. The Chairman described the objectives and process for the review advising that this would include consultation opportunities. It was agreed that the Acting Chief Executive would invite Professor Sir Harry to a meeting of senior colleagues to discuss the review process and how best NHS Lothian could play into this.
- 32.11 The Board were advised that savings in the current year would be factored into forecasts of delivery and validated by finance. Where areas of uncertainty had been identified discussions would be held between finance and managers to identify non recurrent solutions. The Board noted that it was for reasons like these that focus on the future financial position was so important as it was necessary to address the gap between revenue expenditure and revenue income.
- 32.12 The Acting Chief Executive provided a detailed update on progress being made with the theatre improvement plan process which would include some cultural training and

data drive information. He was optimistic that benefits would be evidenced moving forward.

- 32.13 The question was posed about whether the extra use of the private sector was realistic and pragmatic and to what timeline this work would be delivered. The Board were advised of the National Procurement Contract which would ensure value for money. It was noted that the first part of the exercise would be to identify what capacity was available at what cost. The timeframe continued to be work in progress. It was confirmed that appropriate safeguards would be put in place through the Acute Medical and Nurse Directors to ensure a safe and efficient patient experience.
- 32.14 The issue was raised about whether work had been undertaken to drill down and find out whether there was any correlation with the ongoing quality work and whether formal engagement was underway to maximise opportunities. The Board were advised that there was evidence emerging that there were downstream improvements in the quality of care provided which would in the longer term lead to financial benefit. A recent presentation around the re-provided Royal Hospital for Sick Children had evidenced this movement. It was noted that although the process was not entirely embedded that this work would be taken forward by the Chief Quality Officer.
- 32.15 The Board were advised that the Clinical Change Cabinet model was being used to engage with people on a site and campus basis. At these sessions clinicians presented their ideas to Executive and Corporate Directors and took them back to their workplaces for progressing endorsed by the support of the Clinical Change Cohort model. It was felt there was evidence that this sent a powerful message about engagement. Work was underway to link quality work with patients with it being expected that this would take a short time to develop.
- 32.16 In terms of expenditure assurance was sought that appropriate levels of scrutiny had been applied to areas like property, equipment and administration. The Board noted that significant work had been undertaken in facilities where savings had been made. Work also continued around the rationalisation of the estate although it was felt that further work might be needed around transport.
- 32.17 It was agreed in terms of next steps following the Board debate around recommendation 4 in the paper that the following activities would be carried out: -
- A meeting would be sought with Professor Sir Harry Burns as previously discussed by the Board.
 - The Risk Management Committee and the Audit & Risk Committee would look at the issues with a view to providing more granularity to address the various points raised.
 - The Healthcare Governance Committee would also take account of the issues raised within the context of the new risk assurance function for Board Committees. Dr Williams confirmed this would be appropriate commenting that the Committee had escalated a number of issues in the past to the Board.
- 32.18 It was agreed that there would also be benefit in the Finance and Resources Committee, Healthcare Governance Committee and the Acute Hospitals Committee triangulating to progress matters further. The Chairman commented on the essential performance and risk management linkages which he felt were pivotal. It would be important therefore for the 3 committees to coalesce to work out these dynamics.
- 32.19 The Board agreed the recommendations contained in the circulated paper.

33. Quality and Performance Improvement

- 33.1 The Board were advised that diagnostic, inpatient and TTG performance had been discussed with the Scottish Government in terms of how best to move to a balanced position for the rest of the year. The 4 hour access target performance was positive and above the Scottish average.
- 33.2 The Board were advised that the delayed discharge position was unprecedented across all 4 of the partnerships. The lack of care at home provision had been signposted by all partnerships as an issue that needed to improve moving into the winter period as current levels were not sustainable.
- 33.3 Child & Adolescent Mental Health Service (CAMHS) performance had deteriorated slightly with psychological therapy performance having shown slight improvement. It was noted that delayed discharges, CAMHS and psychological therapy performance would all be considered at a Healthcare Governance and Acute Sector Workshop to be held later in the year. It was noted that Board Committees were also using the assurance process to obtain evidence against performance.
- 33.4 The question was raised about whether respective action plans were costed prior to being agreed. The Board were advised that a parallel process was in place around outpatients, TTG and access targets with there being a need to look at using finance to improve respective positions as well as consideration being given to quality links. It was reported that CAMHS and psychological therapy action plans were costed and therefore affordable.
- 33.5 The Board were advised that the position moving forward was to create services that were self sustaining. It was important to remember that not all issues that need to be addressed were from an acute perspective. It was noted that if a successful self sustaining quality programme was managed internally then more appropriate performance focus could be introduced. It was agreed that such an approach would be transformational and would need initial investment although once sustained it should reduce cost.
- 33.6 Surprise was expressed about the national removal of the primary care 48 hour access indicators from the Quality Outcomes Framework (QOF) given the poor position which was worsening. The Board were advised that in the past targets had moved to reflect changing circumstances. The Acting Chief Executive commented however that the previous week's primary care summit had been testament that NHS Lothian was committed to primary care and that this level of commitment transcended finances and agreement had been reached that there was a need for a more intrinsic view of how to practice primary care. The enthusiasm generated by the primary care practices at the summit meeting had been welcomed and the Board now needed to consider how to provide additional investment in discussion with the Scottish Government. The Board were advised that primary care would be a critical area to make progress in during the following year. The Board would remain focussed on primary care performance even in the absence of the national monitoring target. It was agreed that there was still some way to go to translate aspirations into tangible benefits.
- 33.7 The Healthcare Governance Committee agenda had changed focus and now used the quality and performance report and the risk register as well as seeking information from Executive Directors who if necessary would attend the Committee. If necessary the issue would be escalated to the Board to provide performance assurance. At the next

meeting there would be a specific focus on patient care and outcomes where the Committee would be looking for detailed action plans and timescales.

- 33.8 The point was made in respect of delayed discharges and the winter plan that there was a need for more assurance given the current issues about the limited availability of people to deliver packages of care. There was a need to understand better what contingency plans were being put in place. The Board were advised that a number of workstreams were underway with close working between the acute sector and IJBs to address and come forward with responses when capacity was under duress. This collegiate approach assured a wider understanding of the components and limitations of individual plans.
- 33.9 In terms of the above consideration was being given to demand and capacity with initial work to be concluded by the end of October 2016. There would be a need to identify capacity that could reasonably expect to be delivered. If capacity was not being delivered then there would be a need to consider how best to respond to this position. It was noted that all 4 partnerships were working on the delayed discharge and ergo the winter position.
- 33.10 In terms of winter planning a planning group had been established looking at proposals with £2.6m having been deployed to allow appropriate preparation for winter. The First Minister had announced an additional £1m for this area and this would be utilised appropriately to ensure additional capacity supported by contingency arrangements. It was noted that the winter planning process was a data based intelligence one with a clearer understanding being available within the next 2 – 4 weeks.
- 33.11 The Board were updated on work being undertaken by the Chief Quality Officer in stroke and accident and emergency. The work had been taken forward through workforce engagement. This process had heard a lot of detail about what the statistics meant and whether in fact the correct things were being measured. The intention was to bring together a range of stakeholders. All of this work was being conducted within the quality framework and also linked to patient safety. The Healthcare Governance Committee remained concerned about the position in respect of stroke performance and had asked the Clinical Lead to provide a paper for consideration by the Committee.
- 33.12 It was noted that the Healthcare Governance Committee focus was helpful. In terms of issues like delayed discharges it was noted that each Council had a process of scrutiny in place. It was felt there was a need to think about how best to join up governance arrangements between respective organisations. The Board noted that it was hoped that the Healthcare Governance and Acute Hospitals Committee Workshop would bring more focus about how to link with IJBs and partnership to provide appropriate assurance.
- 33.13 The Chairman suggested that the recommendations in the current Board paper were not adequate and needed to address issues where the answer was not yet known. This point would be addressed in future iterations of the paper.

34. Healthcare Associated Infection

- 34.1 The Board were advised that the Vale of Leven Report recommended that the Board should receive a paper on Healthcare Associated Infection (HAI) providing high level data and performance outcomes.

- 34.2 The Board were advised in respect of Staphylococcus Aureus Bacteraemia that since May 2015 the incidence had generally fallen. However there had been a significant spike of 19 cases in August. The breakdown of the 19 cases was provided to the Board. It was noted that it would be important to be vigilant around this and any potential similar issues given recent positive performance in this area.
- 34.3 Positive progress was being made with Clostridium Difficile performance particularly in the over 65 year age group despite an outbreak at St John's Hospital in the summer. The benefits of the revised model of antimicrobial prescribing continued and had been discussed at previous Board meetings.
- 34.4 It was noted from the paper that St John's Hospital had received an unannounced Healthcare Environment Inspectorate visit on 10-11 August 2016 with the report due to be published on 18 October 2016.
- 34.5 The Board agreed the recommendations contained in the circulated report.

35. NHS Lothian's Corporate Risk Register

- 35.1 The Board noted that quite appropriately most of the issues contained in the risk register had either been discussed separately or would subsequently be discussed at the meeting.
- 35.2 It was reported that the Board paper was work in progress in respect of the roles of the Board Governance Committees. The Board agreed that paragraph 3.2.4 which stated 'the Board is to ask for assurance through its Governance Committees that adequate improvement plans are in place to attend to the corporate risks and in most instances are set out in the quality and performance paper presented to the Board and relevant governance committees (see table 1 below)' should be included as a recommendation in the main Board paper.
- 35.3 Reference was made to the bottom two bullet points in table 2 of page 4 of the paper with the question being raised about whether there was an issue that interpretation of data when within tolerance levels. The point was made different tolerance levels were in play and in some instances this reflected a cumulative position.
- 35.4 The Board were advised that a reference to the fact that 90% of staff would recommend NHS Lothian as a good place / very good place to work by December 2015 with a tolerance level of 93 – 95% linked to the Annual Staff Survey which would not be occurring in the current year. The reference should therefore be removed from the paper. National discussions were being held about whether the staff survey would continue given the introduction of iMatter. The Chairman commented there was a need for a measure in this area and that it should be preferably be iMatter based.
- 35.5 The Board agreed the recommendations contained in the circulated paper subject to the inclusion of para 3.2.4 as part of the main Board paper recommendations.

36. Primary Care Update

- 36.1 The Chairman welcomed Mr McCulloch-Graham, Ms McHugh and Mr Small to the meeting. Mr Small explained to the Board the differences between the original version of the Board paper and the revised version.

- 36.2 The Board were advised that in Lothian there were 42 practices with restricted lists as well as a number who had not yet reached that point although they had suggested and signalled difficulties through a combination of issues including population growth, demographic changes and difficulties around recruitment and retention.
- 36.3 The position in Edinburgh and Midlothian was that 50% of practices were restricted with the position in Edinburgh worsening. It was noted however that there were no Lothian practices with a closed patient list. In the event that a patient was experiencing difficulty in obtaining registration with a Lothian General Practitioner there was an assignment process in place where a practice would be identified for the patient. The recruitment and retention difficulties were also being felt by the Lothian Unscheduled Care Service.
- 36.4 The Board were advised of the significant steps being undertaken to address primary care priorities. It was noted that following on from a previous Board Development Session that all of the phase 1 recommendations identified had been implemented partly assisted by Scottish Government funding. The additional investment had supported the provision of more phlebotomists, advanced nurse practitioners and practice based pharmacists all of which were intended to reduce workload on GPs leaving them to deal with things that only a GP could deal with.
- 36.5 In addition to the above additional support was being provided through 'leg up' funding, the primary care transformation fund, premises and the review of Health Visitors.
- 36.6 The Board noted that all of the above efforts had not resolved the pressures being experienced in general practice. A primary care summit had been held on 29 September 2016 which had been positively received. A key output from this event had been the agreement that each Integration Joint Board would have local discussions over the next few months. The outcome of these discussions would be fed back into a future summit event which would be used to influence the Integration Joint Board and the NHS Lothian strategic plans and to also assist in the prioritisation of additional investment. It would be important through this ongoing process to demonstrate that NHS Lothian was a good place to work.
- 36.7 The summit event had concluded that the immediate issues to be addressed were around increasing the pace of implementing skill mix in primary care through the deployment of advanced nurse practitioners and phlebotomists; addressing previously identified issues and progressing the need for new ways of addressing workforce issues.
- 36.8 The Board were advised that the situation varied even within partnerships. In East Lothian the position was affected by levels of deprivation and significant housing developments which were moving some practices to crisis point. Practices were being engaged in attempting to find solutions. In East Lothian the system was about to go out to tender for a new practice in Newtongrange and this would help to alleviate some current pressures. A lower level mental health issues pilot was also being undertaken in Newbattle and it was anticipated that by addressing this and some other longer term conditions that this would relieve pressure on GP practices. The point was made that public engagement around how to use services differently would be important. Work was already underway with lead partners to obtain and encourage localised responses.
- 36.9 The point was made that there was a danger of focussing on a small number of practices rather than addressing the broader issues. A key issue was felt to be the need to consider how to make GP practice more attractive to medical students. There

was also felt to be a risk in terms of the amount of effort made around practices in crisis and the possible detrimental effect this had on other practices. The Board were advised in terms of making GP practices more attractive that work had been undertaken to address some of the previous issues of concern like building dilapidation; the selling of existing premises often by the sole remaining partner ('last man standing') and the need to show that investment was being made in primary care and other professions to free up GP time to do only what they could do. It was also felt that the improvements made in the new GMS contract would be beneficial.

- 36.10 The Board were reminded that 'Our Health Our Care' made clear statements about the role of primary care. It was felt the demise of the 48 hour access target was an issue. The suggestion was made that the Board needed a future looking strategy which clearly laid out ambitions and timelines around primary care investment and development. This should cover a 10-20 year timeframe and address issues around recruitment and premises etc. It had been encouraging at the Primary Care Summit Event that GPs had not perceived the service as being in crisis. The Chairman concurred with the need for a longer view strategic approach and felt that the basis of this would emerge from the primary care summit process.
- 36.11 The point was made in terms of the predominant use of the 'face to face' model of care that consideration should be given to the opportunities afforded by the use of IT and that this should be addressed in any future Board paper. An example was provided of phone based access and a vision online approach where appointments and prescriptions could be ordered and this was being rolled out. It was noted that issues around IT was an area of general concern within primary care. A national procurement process was underway to scope what a replacement system would look like.
- 36.12 The suggestion was made that primary care needed the same degree of level of focus and attention as had been applied to the paediatric service. The Acting Chief Executive commented that at the Primary Care Summit this issue has been addressed and he had advised that an Executive Board Director would focus on primary care. The composite views of IJBs would also be important to supplement the Executive level of focus in primary care for the next year. This increased focus would be reflected in discussion at future Board meetings.
- 36.13 The need for a longer term primary care strategy was broadly welcomed given the potential for reputational risk around access to GP practice lists. The point was made that if solutions were agreed at local level then there was a need to give serious consideration about how to engage with the local population through vehicles like community groups and patient groups to obtain their views and ensure these were reflected in the strategy. There was a clear need to work with the public to manage GP demand whilst recognising that in some instances other staff could respond to patient issues rather than the GP.
- 36.14 The point was made that any engagement process needed to produce tangible outcomes with it being noted that the GP Sub-committee had produced a useful paper around skill mix. The point was made however that in the past NHS Lothian and partners had not been good at up-scaling proposals. There was also a need to consider what to do about the situation where a practice was reduced to 'a last man standing' position with a partner who often owned the premises and was looking to disengage from the service. It was suggested that more medical graduates might be attracted to GP practice if they did not have to worry about the business aspects of being an independent contractor e.g. premises etc. The Board were advised that the system had moved to the second phase of recruiting more pharmacists and advanced nurse

practitioners. In terms of advanced nurse practitioners the Scottish Government had created 200 training places through National Education Scotland. The Health Visitor position was also improving with the Nurse Director chairing a group looking at skill mix and other issues. In terms of issues around the 'last man standing' in a practice it was noted that the Health Board was the place of last resort to take on issues like leases.

- 36.15 It was suggested that the move to locality working should help with skill mix and that in Edinburgh locality teams were being appointed to. There was also an issue about how good business support was provided to primary care through the transformational process rather than waiting until a crisis position had been reached.
- 36.16 It was recognised that despite the difficulties that the GP service provided in Scotland was a world class one which provided responsive solutions to issues that emerged through the public health out of hours rota. Moving forward it was suggested there would be significant benefit in working with the most vulnerable populations to develop appropriate models of care. The point was raised that compared to other parts of the UK that Scotland did not tender for primary care services with appointments being made from competent professionals. In addition there was a cadre of expert professional people who worked in the third sector who could deliver services to people whose diagnosis was not the top priority.
- 36.17 The Chairman reminded the Board that the paper had been put forward as a comment document. He felt the Primary Care Summit Event had been useful and full of positivity.
- 36.18 The suggestion was made that the paper before the Board was a seminal one in terms of a key risk area for the Board. Discussions had been held with GPs in East Lothian with simple but important issues emerging like the fact that not all GPs understood demand and whether GP practices would be expected to know what to do about that. In those instances expertise and support should be offered to GP practices. Whilst it was recognised that there was a need to concentrate on overcoming staffing issues there were a number of issues that could be addressed quickly at an affordable cost to ease the transformational process.
- 36.19 The Board noted that the summit event outcomes had identified short term process improvement issues as well as the need for fundamental redesign.
- 36.20 The question was raised about whether enough was being done with Scottish housing providers to address some of the reported issues around the condition of GP practice buildings given that they had experience in managing and maintaining property. It was agreed this was an issue that needed to be considered at Integration Joint Board level. The Board were advised that the Area Clinical Forum would welcome ongoing engagement following the primary care summit. It was noted in terms of housing development growth that there was currently insufficient engagement with developers about the approach to impacts on local GPs etc and this dialogue needed to be enhanced as this was currently a fundamental weakness in the process. It was noted that the local development plan for the City of Edinburgh Council for the first time ever picked up on these issues although a formula for the 'ask' from developers was still missing. It was suggested that this would be a key focus for the NHS and IJBs moving forward.
- 36.21 The Primary Care Summit had reported on experiences in NHS Forth Valley where solutions had been quickly applied and where these had been unsuccessful this had been accepted and lessons learned. The importance of creating the correct conditions

at local level to test initiatives and learn from them would be important as would be the ability to change direction. It was suggested that this approach needed to be an explicit part of the forward direction. It was noted that in the corporate world this approach was embedded with there being an acceptance that mistakes would often happen before progress was evidenced. There was a need to give staff permission to try out different approaches even if this went wrong. The embedding of a self sustainable approach was supported.

- 36.22 The Chairman thanked IJB colleagues for sharing their thoughts with the Board and advised that the position paper had provided a degree of confidence about the forward direction albeit this would be the start of a wider higher level of focus around the development of primary care. In terms of the need for longer term transformational change the granting of permission to test initiatives at local level demonstrated quality improvement in real time. The Area Clinical Forum was also accepted as being a useful focal point.
- 36.23 In terms of the development of a plan for the Board to engage with IJBs and others it was reported that the newly appointed Medical Director who would replace Dr Farquharson when he retired had agreed to lead the forward programme as the Executive Director Lead. A Star Chamber Group would be established to support short term improvements and a testing model would be central to this work.
- 36.24 It was agreed there would be a need to provide a position paper to the next Board meeting recognising that a key output of the primary care summit had been that each IJB over the next few months would come up with local plans and this would inform any future final strategic plan.
- 36.25 The Board agreed that primary care should remain a standing item on the Board agenda and that assurance on progress should be reported through the Healthcare Governance Committee. The Strategic Planning Committee would also have a role in adopting a holistic approach in support of the Healthcare Governance Committee.

37. Person Centred Culture

- 37.1 The Board noted that in the previous few months the focus of attention had been on where the system was in respect of managing complaints, addressing feedback and learning arising from complaints. The focus had shifted following a meeting with the Scottish Public Services Ombudsman (SPSO) and his team on 17 August 2016 with the Chairman along with senior managers in NHS Lothian where it had been agreed to implement a focussed programme of work.
- 37.2 In response to this meeting the Nurse Director had responded to the SPSO detailing a list of actions that would be taken forward during the coming months. This work would incorporate the recommendations from the external report that had been undertaken by Dr Dorothy Armstrong at the beginning of 2015. NHS Lothian was in the progress of completing an SPSO self assessment framework which was being progressed through the Chief Nurses Group. At a future meeting the Board would receive a final composite action plan to replace the current draft version.
- 37.3 The Nurse Director and the Head of Patient Experience had met with Chief Nurses to understand local level issues. As part of this process an exercise was underway to look at the way in which complaints were responded to as well as issues around how response letters were compiled. Updates on progress in this area would be made to

both the Board and the Healthcare Governance Committee. In recognition of the importance of this issue a small working group had been established chaired by Ms Hirst, Non Executive Board Member. This group had agreed to be the complaints champion in order to understand the actions needed to address concerns and recommendations and how to take these forward. Future work would need to address cultural issues as there was a need to move from a position of viewing complaints as a negative issue and move to viewing them in a more positive light. Consideration was being given on how to support teams through the transition.

- 37.4 The Board noted that the inpatient survey publication had been timely as it reinforced a lot of known messages. It was important to recognise that more than 90% of respondents had stated that they had received good care. There was however a need to reflect on those patients who did not feel the same. A key issue had been that a lot of people had not been able to distinguish who had been in charge and how to make a complaint. Noise had also featured as an issue of patient concern.
- 37.5 The Board were advised that work was underway to build on the survey results and other issues with additional information being available from the 'tell us 10 things' (TTT) process. In respect of the TTT process consideration was being given to using volunteers to distribute and take back in questionnaires. An electronic solution through the use of an app board was being considered for the Royal Hospital for Sick Children. There was a recognition that there was need to make it easier for people to provide feedback. A good response rate of 43% had been received from the inpatient survey.
- 37.6 An update was provided on the increasing demands being experienced by the complaints team. The majority of telephone complaints related to waiting times issues and it was felt there was need to let patients and GPs know what the current position was in order to reduce the number of complaints received into the system.
- 37.7 Ms Hirst commented that complaints had been an issue for some time and that there was no quick fix with improvement taking some time because of the complexity of the issues. There were a number of immediate issues that needed to be addressed. The importance of recognising positive performance was stressed with there being a need to recognise and learn from aspects that were working well. In terms of communication there was also a need to consider those complained about. There was a need to do subtle but significant changes to the way in which complaints were handled. It would not be possible in the short term to transform SPSO complaints as there was a significant backlog. There was a need to understand why NHS Lothian did not uphold complaints and the SPSO office did. It was felt that the complaints upheld rate was the best measure and that this should be focussed upon to see why NHS Lothian was not upholding as many complaints as the SPSO.
- 37.8 An observation was made that prison complaint numbers appeared to be disproportionate to the prison population. It was felt there was a need to drill down into the numbers to understand why these numbers were so high. It was reported that there was some context about complaints from prisons that could not be discussed in public. Dr Dorothy Armstrong had visited both of the Lothian prisons. The Nurse Director would also be meeting with prisoners to see if there was a way of moving towards an improvement in the prison complaint process.
- 37.9 The point was made that it would be useful if the Internal Audit department could bring focus to complaints as part of the improvement process. The Nurse Director commented that he would arrange for this to be included in the work programme for the Internal Audit department in the forthcoming year.

- 37.10 Reference was made to the previous 'power of apology' training that had been undertaken with it being understood that current problems would not be resolved overnight. It was felt to be important however for the Board to have sight of the sequence of actions and anticipated delivery timescales. The Board noted that the final action plan would address this issue and come to the Board in December 2016. The indicators suggested that NHS Lothian's complaints performance was improving and it was important therefore for the discussion to recognise this context. Team and site specific work was being undertaken as the whole organisational approach needed to link to the quality agenda.
- 37.11 The Board noted that the Healthcare Governance Committee maintained a focus on complaints performance. It was noted that it would be useful for this Committee and the Board to learn about changes made as a result of the proposals discussed at the current Board meeting. The Board were advised that this would form part of the learning process and there would be a need to provide evidence assurance that this was the case. Ms Hirst commented there was a high level of data contained in the Board report and this needed to be narrowed down to what the Board and the Healthcare Governance Committee really needed to know about. Work was underway to distil down the information in order to provide data in order to demonstrate change.
- 37.12 The Board welcomed the spotlight on complaints with it being recognised that responding to a complaint about yourself was difficult and inappropriate. It was reported that investigatory work could be undertaken by human resources staff with expertise in this area. This approach would also be beneficial if a complaint needed to progress to consideration by a professional regulatory body.
- 37.13 The Board agreed the recommendations contained in the circulated paper.

38. Support and Development of 'Realistic Medicine' in Lothian

- 38.1 The Chairman welcomed Dr Caroline Whitworth to the meeting.
- 38.2 The Board noted that discussion around realistic medicine should be considered within a 200 year historical context reflecting back to a time when the harmful effects of medicine was recognised. The Chief Medical Officer report reflected this position. There had been significant shifts and outcomes in respect of improvements and cures as medicine moved into a more scientific arena with the availability of guidance based healthcare and the production of guidance and recommendations.
- 38.3 The Board advised that there was a strong feeling internationally that healthcare professionals needed to embrace a technological approach with there being a need for patients and families to decide whether there was a different more holistic approach in future. It was noted that medical treatment did not always work out and that people needed to be part of the decision making process.
- 38.4 The move to realistic medicine would represent a big and challenging cultural change. This CMOs report synthesised a lot of international thinking around realistic medicine which required complex issues to be looked at with patients.
- 38.5 It was noted in order to deliver high quality modern health care that there was a need to look at all of the available options and to open dialogue with patients about what mattered to them and then give them time and space to reach a considered decision.

To make this happen would require a cultural shift from Board members and others to achieve these aspirations whilst recognising that at the moment the exact outcomes were not known. The process moving forward was about transformational change through the cultural quality change process.

- 38.6 The importance of nurturing realistic medicine in Lothian that was already happening would be important through consultation and discussion with others through the adoption of the following broad principles: -
- Better shared decision making should be the norm
 - Leadership should be provided to support people delivering realistic medicine recognising the influence of national issues around education and the need to reflect this in the examination curriculum structures
 - To obtain a feel for the challenges that realistic medicine meant in practice and report this to meetings like the Board and the Healthcare Governance Committee.
- 38.7 A key challenge moving forward would be to allow clinicians to practice realistic medicine and learn from mistakes in a supportive leadership environment. This position would need to be discussed with the Scottish Government and other Health Boards. The way forward would be to think about visible leadership to create permission for people to carry out small tests of change. A key aspect would be around patient centred care and shared decision making. It was noted that realistic medicine was already being practiced in primary care and some other areas in the acute sector.
- 38.8 The Acting Chief Executive commented that this was a seminal paper and was an example of something that challenged the heart of existing procedures. The steps that were evolving would require a Board leadership and engagement process with clinicians. The proposals had been discussed and fully endorsed by Executive and Corporate Directors.
- 38.9 The Board's role would involve providing a safety net for clinicians and to support them through very difficult decisions and this was discussed and recognised.
- 38.10 The point was made that the Board paper referred to patients and needed to be expanded to include relatives and carers as part of the process of working with the full family unit. It was noted that often patients were clear about what they wanted and this led to difficult discussions with the family about expectations.
- 38.11 The question was raised about whether what was being proposed was outside NHS Lothian's ability to influence and how this would be reflected in discussions around the training of future medical practitioners. In response a suggestion was made that NHS Lothian was probably not that far ahead of other Boards who would also be discussing this issue and it would be important to fully utilise the levers that were available to pull.
- 38.12 The Board were reminded that one of the core principles of realistic medicine was around patient centred care and this would need to be a key part of the strategy. Reference was made to a recent stroke event where the focus had been on compassionate care and patient centeredness. There was a view that this was the correct time for the Board to show leadership around realistic medicine.
- 38.13 A point was raised that while momentum was growing that there was still a lack of understanding around the impact on the patient and their families. It was agreed that communication would be fundamental and there would be a need to properly and clearly articulate the benefits of this process if it were to be successful. The suggestion

was made that the Board and its Non Executive members had a formal role in raising awareness around the process. Assurance would be obtained through proper testing of difficult approaches before wider implementation.

- 38.14 The testing model was broadly supported with it being noted that a risk was that clinicians would feel vulnerable if using treatment plans that were different from the standard. It was noted that the discussions being held would be about the most important life decisions and that there was a need to look at legislative advocacy arrangements as part of the testing process. The vulnerability of clinicians was recognised as being important with reference being made to a National Institute of Clinical Excellence paper which was an English based guidance document which addressed a summary of helpful approaches. It was noted that the vulnerability of clinicians was one of the key reasons for seeking the support of the Board and the Executive.
- 38.15 It was suggested that the key challenge for the Board would be the first time that something went wrong. It was noted that with any roll out of a programme it should be possible to obtain a quick impact and the question was posed about where these impacts might occur in the near future and how the process would systematically build up from patient feedback in this area.
- 38.16 The Board noted that the CMO's report had provided the 'big bang' impact and that realistic medicine had been happening for a number of years in primary care and areas like renal medicine albeit it had not been tagged as such.
- 38.17 A key consideration would be to provide recognition to the process that would allow clinicians to make the cultural move. It would be important that patient feedback included recognition of the patient experience. The point was made that it would be important to provide project management support to manage the required transformational change. It would be important to build wherever possible on existing work and patient feedback rather than create a new process.
- 38.18 The point was made that whilst the proposal was exciting that it would inevitably lead to a lot of focus and there would be a significant task to balance the proposal in respect of transformational change with philosophy and behaviour. The power relationship would be with patients and families who would have explicit expectations of the process. A significant workstream would be to support healthcare professionals and measure the benefits to patients. The missing part of the proposal to date was how to empower patients and families to ask difficult questions.
- 38.19 A suggestion was made that whilst the direction of travel was appropriate that the tag-line of realistic medicine needed to be considered to make it more appropriate with the use of phrases like dignity, compassion and supporting patient care as these were more positive when moving to debate in potentially more hostile discussion environments. The point was made that the CMO report had been positively received by virtually all recipients. It was suggested that realistic medicine could be delivered as part of the key values of NHS Lothian.
- 38.20 It was suggested there was a need to gather data systematically about patient choices as part of the transformation process as this would change the way the organisation invested in services. It was reported that the intention would be about the systematic collection of evidence to understand the decisions that people made and to identify any trends such as people not attending for treatment because of reasons like travel distances which would reinforce existing inequality issues.

- 38.21 The primary care cost implications were discussed with it being noted that implementation would have financial consequences in the short and medium term because of the time needed to discuss issues with patients.
- 38.22 The Chairman commented that the discussion at the Board meeting had been significant and fundamental. Acceptance of the proposals would give clinicians a licence to adopt the philosophy and features of realistic medicine. The Chair stressed that the Board was being asked to support and provide commitment as the accountable body and it would be important to stand behind this commitment and to provide support to clinicians where necessary if things went wrong that were not related to competency.
- 38.23 The Board endorsed the paper and the discussion held at the meeting.

39. Any Other Competent Business

- 39.1 Strategic Planning Board Workshop – Board members were advised that a workshop session would be held on 13 October to which all Board members were invited to attend.
- 39.2 Integrated Impact Assessment - Dr Williams commented that the Healthcare Governance Committee had raised concerns about the process for and the number of impact assessments being undertaken. The Acting Chief Executive advised that he would take this issue away and bring back a recommendation for the next Board meeting.

40. Date and Time of Next Meeting

- 40.1 The next meeting of Lothian NHS Board would be held at 9:30am on Wednesday, 7 December 2016 in the Boardroom, Waverley Gate, 2-4 Waterloo Place, Edinburgh.

41. Invoking of Standing Order 4.8

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

RUNNING ACTION NOTE

Action Required	Lead	Due Date	Action Taken	Outcome
<u>Delayed Discharges</u>				
<ul style="list-style-type: none"> Provide more detail on the lack of availability of care packages, particularly identifying if the problem was a recruitment or a budget issue 	AMcM	Ongoing	<i>For IJB Chief Officers to address</i>	
<u>Healthcare Associated Infection</u>				
<ul style="list-style-type: none"> The Acting Chief Executive advised that he would take concerns about the process for and the number of impact assessments being undertaken away and bring back a recommendation for the next Board meeting 	JC	7 December 2016	<i>The Acting Chief Executive in discussion with various Executive Directors has identified that the ability to undertake an impact assessment should be a core part of any work stream that is recommending service change and redesign or the possible cessation of any service. To that extent this is a function that all staff involved in such processes need to be aware of and should have the skills to undertake such an assessment. The Director of Public Health and Health Policy and the Director of NMAHP's with his strategic planning responsibilities will work together to create training and support for those who frequently undertake such work, in order that we grow knowledge and capacity. This approach will be taken back through HCGC for assurance.</i>	

Action Required	Lead	Due Date	Action Taken	Outcome
<u>Financial Position to 31 August 2016</u>				
<ul style="list-style-type: none"> It was agreed that the Acting Chief Executive would invite Professor Sir Harry to a meeting of senior colleagues to discuss the review process and how best NHS Lothian could play into the Independent Review of Targets in Scotland's NHS to be chaired by Professor Sir Harry Burns. 	JC	7 December 2016	<i>Diary dates being discussed. Attendance at meeting to be confirmed.</i>	
<u>Primary Care Update</u>				
<ul style="list-style-type: none"> It was agreed there would be a need to provide a position paper to the next Board meeting recognising that a key output of the primary care summit had been that each IJB over the next few months would come up with local plans and this would inform any future final strategic plan. 	DAS	7 December 2016	<i>Paper on agenda.</i>	
<u>Person Centred Culture</u>				
<ul style="list-style-type: none"> The Nurse Director would arrange for the Internal Audit department to bring focus to complaints as part of the improvement process, this to be included in the work programme for the Internal Audit department in the forthcoming year. 	AMcM	2018/19 Plans	<i>Action Plan being progressed</i>	

NHS Lothian

Board Meeting
7 December 2016

Medical Director

SUMMARY PAPER – NHS Lothian Corporate Risk Register

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

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

<ul style="list-style-type: none"> Use the risks in the Corporate Risk Register to inform assurance requirements and provide context for papers and issues discussed on the Board agenda. 	2.1
<ul style="list-style-type: none"> There are 13 risks in total (set out in Table 1), with 5 risks at Very High and 9 at High, which were reviewed and reported to the October 2016 Board. 	3.2.1
<ul style="list-style-type: none"> The Patient Experience risk – Management of Complaints & Feedback has been increased to Very High 20 in Quarter 2 in response to the Scottish Public Services Ombudsman's requirement to improve the management of complaints. 	3.2.4
<ul style="list-style-type: none"> The reporting (Table 2) would suggest NHS Lothian is outwith risk appetite on corporate objectives where low risk appetite has been set with respect to patient safety (Corporate Objective 2/2.2), staff experience (Corporate Objective 2/2.1) and improving the way we deliver unscheduled care (Corporate Objective 2/2.4) and unscheduled care (Corporate Objective 2) and Value & Sustainability (Corporate Objective 3), where a medium appetite has been set. The Quality & Performance Report aims to set out actions to address current compliance and reduce associated risks. 	3.3.1

Jo Bennett
Associate Director for Quality Improvement & Safety
29 November 2016
Jo.bennett@nhslothian.scot.nhs.uk

NHS Lothian

Board Meeting
7 December 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

The Board is recommended to:

- 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, and to inform assurance requirements
- 2.2 Acknowledge that as a system of control, the Governance committees of the Board have been asked to assess the level of assurance provided to the committees with respect to plans in place to mitigate the risks pertinent to the Board, as set out in the Quality & Performance Report and associated committee papers.

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 2 position. Table 1 below provides a summary of the corporate risks and movement in risk grading over last 4 quarters. Appendix 1 provides additional details of each individual risk on the Corporate Risk Register with recent October 2016 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 13 risks in total, with one risk: Patient Experience – Management of Complaints & Feedback, being increased from High to Very High (20) in Quarter 2; the top 5 risks at Very High 20 are set out below.

1. **The scale or quality of the Board's services is reduced in the future due to failure to respond to the financial challenge ***
2. **Achieving the 4-Hour Emergency Care standard ***
3. **Achieving the Delayed Discharge targets at 2 and 4 weeks ***

4. General Practice Sustainability.

5. Patient Experience – Management of Complaints & Feedback

* Outwith risk appetite as illustrated in Table 2 on page 4.

- 3.2.2 The Risk Management Steering Group (RMSG), through the executive lead for each risk, examined very high risks in detail to assess risk both individually and across risks. The review concluded that the four very high risks set out above in bold remained very high and the rationale was reported to the September Healthcare Governance Committee, September Audit & Risk Committee and October Board.
- 3.2.3 The Board needs to assure itself that adequate improvement plans are in place to attend to the corporate risks pertinent to the committee. In most instances these plans are set out in the Quality & Performance paper presented to the Board and relevant governance committees.
- 3.2.4 The Patient Experience risk – Management of Complaints & Feedback has been increased to Very High 20, following a meeting with the Scottish Public Services Ombudsman (SPSO). The SPSO highlighted a number of areas that required improvement with respect to the management of complaints. A programme of improvement in response to the SPSO recommendations has been drawn up. The HCG Committee in September 2016 reviewed this risk and agreed it will continue to be a key item on its agenda to inform assurance requirements.
- 3.2.5 The General Practice Sustainability risk was discussed at the September 2016 HCG Committee. The committee asked for a paper to come to the November 2016 meeting to address current gaps in assurance.
- 3.2.6 Delayed Discharges have been identified by HCG committee as a complex area that requires further discussion, acknowledging there is an assurance gap at present.
- 3.2.7 Financial Sustainability risk is overseen by the Finance & Resources Committee (F&R), Audit & Risk Committee and Board. Recovery plans have been submitted to both the F&R Committee and the Board, along with Board Development days. This risk remains very high in response to issues of financial sustainability. The rationale for this is set out in the detailed risk in Appendix 1.
- 3.2.8 Achieving the 4-hour Emergency Target risk. Should the current target continue to be met in a sustained manner, there will be a recommendation to reduce its risk score when reviewed in Quarter 3.
- 3.2.9 Nursing Workforce – Safe Staffing Levels risk has been reduced from High 16 to Medium 9. The rationale for this is that the risk associated with safe staffing levels is reducing, with the exception of district nursing due to a range of interventions including the recruitment plan.
- 3.2.10 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	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sept 2016
3600	The scale or quality of the Board's services is reduced in the future due to failure to respond to the financial challenge. (Finance & Resources Committee)	High 12	Very High 20	Very High 20	Very High 20	Very High 20
3203	Achieving the 4 hour emergency target (Acute Services Committee) (Set out in Quality & Performance Improvement Report)	High 10	Very High 20	Very High 20	Very High 20	Very High 20
3726	Achieving the Delayed Discharge targets at 2 weeks (New areas for HCG Committee) (Set out in Quality & Performance Improvement Report)	Very High 20	Very High 20	Very High 20	Very High 20	Very High 20
3829	General Practice Sustainability (new risk – October 2015) (HCG Committee)	Very High 20	Very High 20	Very High 20	Very High 20	Very High 20
1076	Healthcare Associated Infection (HCG Committee) (Set out in Quality & Performance Improvement Report)	High 12	Very High 20	↓ High 16	High 16	High 16
3480	Patient Safety - Delivery of four SPSP Work streams. (HCG Committee & Acute Services Committee) (Set out in Quality & Performance Improvement Report)	High 16	High 16	High 16	High 16	High 16
3211	Achievement of National Waiting Times Targets (Acute Services Committee) (Set out in Quality & Performance Improvement Report)	High 12	High 16	High 16	High 16	High 16
3454	Patient Experience – Management of Complaints and Feedback (HCG Committee) (Set out in Quality & Performance Improvement Report)	High 12	High 16	High 16	High 16	Very High 20
3527	Medical Workforce Sustainability (Workforce assessment reported to Board) (HCG Committee)	High 16	High 16	High 16	High 16	High 16
3189	Facilities Fit for Purpose (accepted back on the Corporate Risk Register October 2015) (Finance & Resources Committee)	High 15	High 16	High 16	High 16	High 16
3455	Health & Safety – Management of Violence & Aggression. (Reported at H&S	Medium 9	High 15	High 15	High 15	High 15

Datix ID	Risk Title	Initial Risk Level	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sept 2016
	Committee, via Staff Governance Committee)					
3828	Nursing Workforce – Safe Staffing Levels (HCG Committee)	High 12	High 12	High 12	High 16	↓ Medium 9
3328	Roadway / Traffic Management (Risk placed back on the Corporate Risk Register December 2015) (Reported at H&S Committee, via Staff Governance Committee)	High 12	High 12	High 12	High 12	High 12

3.3 Risk Appetite Reporting Framework

NHS Lothian's Risk Appetite Statement is:-

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

Risk Appetite relates to the level of risk the Board is willing to accept to achieve its corporate objectives and measures has been identified as set out in Table 2 to provide a mechanism for assessing the delivery of these objectives.

Table 2

	Current Status	Current Position	Data Report
Corporate Objective 2 – Improve the Quality & Safety of Healthcare (LDP 2015-16 - 2.2 Deliver Safe Care) Low Risk Appetite			
<ul style="list-style-type: none"> Scotland target to reduce acute hospital mortality ratios by 10% with a tolerance of 15-20% by Dec 2018 ¹ All sites within HS limits & <=1 	Green	0.82	Quality & Performance Improvement Report
<ul style="list-style-type: none"> Achieve 95% harm free care with a tolerance of 93-95% by Dec 2015 	Green	99.7%	Patient Safety Programme Annual Report (July)
<ul style="list-style-type: none"> Achieve 184 or fewer SAB by March 2016 with a tolerance of 95% against target. n=193 to 184 	Red	124	Quality & Performance Improvement Report
<ul style="list-style-type: none"> Achieve 262 or fewer C.Diff by March 2016 with a tolerance of 95% against target. n=275 to 262 	Green	125	Quality & Performance Improvement Report
<ul style="list-style-type: none"> Reduce falls with harm by 20% with a tolerance of 15-20% by Dec 2015 	Green	20%	Quality & Performance Improvement Report
Corporate Objective 2 – Improve the Quality & Safety of Healthcare (LDP 2015-16 - 2.1 Deliver Person-			

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

	Current Status	Current Position	Data Report
<u>centred Care) Low Risk Appetite</u>			
<ul style="list-style-type: none"> Patients would rate out of 10 their care experience as 9.5, with a tolerance of 9 	Green	N/A	Quality & Performance Improvement Report Tell us Ten Things (TTT) Patient Survey Person-centred Report
<ul style="list-style-type: none"> 90% of staff would recommend NHS Lothian as a good/very good place to work by Dec 2015 with a tolerance of 93-95% 	Red	74%	iMatters first report. Frequency of reporting to be confirmed.
<ul style="list-style-type: none"> Staff absence below 4% with a 5% tolerance (4-4.2%) 	Red	4.86%	Quality & Performance Improvement Report
Corporate Objective 2 – Improve the Quality & Safety of Healthcare (LDP 2015-16 - 2.4 Scheduled Care & Waiting Times) Low Risk Appetite			
<ul style="list-style-type: none"> 90% of patients of planned/elective patients commence treatment within 18 weeks with a tolerance of 85-90% 	Red	80.2%	Quality & Performance Improvement Report
<ul style="list-style-type: none"> 95% of patients have a 62 day cancer referral to treatment with a tolerance of 90-95% 	Red	78.7%	Quality & Performance Improvement Report
Corporate Objective 2 – Improve the Quality & Safety of Healthcare (LDP 2015-16 - 2.3 Appropriate Unscheduled Care) Low Risk Appetite			
<ul style="list-style-type: none"> 98% of patients are waiting less than 4 hours from arrival to admission by Sept 2014 with tolerance of 93-98% 	Green	93.1%	Quality & Performance Improvement Report
<ul style="list-style-type: none"> No patients will wait no more than 14 days to be discharged by April 2015 with an appetite of 14 days, and a tolerance of 15 days * 	Red	236	Quality & Performance Improvement Report
<ul style="list-style-type: none"> No of all patients admitted to hospital with an initial diagnosis of stroke should receive the appropriate elements of the stroke care bundle, with an appetite of 80% and a tolerance of 75%. 	Red	67.0%	Quality & Performance Improvement Report for management actions
Corporate Objective 1 – Protect & Improve the Health of the Population. Medium Risk Appetite			
<ul style="list-style-type: none"> Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% SIMD areas, with a 10% tolerance (36-40%). (Target = 293 minimum per quarter). 	Red	211	Quality & Performance Improvement Report
<ul style="list-style-type: none"> At least 80% of women in each SIMD percentile will be booked for antenatal care by 12th week of gestation, with a 10% tolerance (69.3-77%) 	Green	Lowest SIMD is SIMD 4 – 88.6%	Quality & Performance Improvement Report

	Current Status	Current Position	Data 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% 	Red	£943k overspent at period 6 equating to 1.0%	Period 6 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	£6,973k overspent for the year-to-date, equating to 0.8%	Period 6 Finance Report

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

3.3.1 The above table 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), staff experience (Corporate Objective 2/2.1) and improving the way we deliver unscheduled care (Corporate Objective 2/2.4) and unscheduled care (Corporate Objective 2) and Value & Sustainability (Corporate Objective 3), where a medium appetite has been set. The Quality & Performance Report aims to set out actions to address current compliance and reduce associated risks.

4 Key Risks

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

5 Risk Register

5.1 Not applicable.

6 Impact on Health Inequalities

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

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

7.1 This paper does not consider developing, planning and/or designing services, policies and strategies.

8 Resource Implications

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

Jo Bennett
Associate Director for Quality Improvement & Safety
14 November 2016
jo.bennett@nhslothian.scot.nhs.uk

List of Appendices

Appendix 1: 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. Support to the clinical teams and service deliverables is currently being impacted due to staffing within the service. This is a combination of staff moves, sickness and absence and ratio of trainees. Due to the level of trainees within the service and a reduction in available IPCN numbers there is an increased frequency in weekend working for the remaining staff. This has an impact on their availability for other duties throughout the week.</p>	<p>Leadership and Governance: In April 2016, the NHSL infection services integration was launched. The new NHSL Infection Service, encompasses all specialist clinical/medical, nursing and pharmaceutical aspects of infection. The aim is to offer a coherent, clinically excellent and efficient approach to improve the quality of NHSL care of patients with, or at risk of, infection whilst ensuring cost-effectiveness of service by 'delivering more for less'. The proposal strongly supports the Scottish Governments' 'Vision 2020' that aims to improve the nation's health whilst providing integrated health and social care. The integrated service project board consists of key professional stream representatives and these are: Head of Infection Prevention and Control Service, Lead Infection Prevention and Control Nurse, Infection Control Doctor, Senior Consultant Microbiologist and Virologist, Chair Antimicrobial Management Team, Senior Consultant Infectious Diseases. Work will progress in 2016 to develop the roles and responsibilities and deliverables of the integrated service. The service reflects the move to Geographical Structure as currently is the standard for the Infection Prevention and Control Team and the wider NHS Lothian services and departments.</p> <p>The committee structure was reviewed in 2015 and this has been updated to reflect the introduction of the Integrated Service. NHS Lothian Infection Committee is supported by the regional acute services committees and the CHP Infection Prevention and Control Committee. The CHP Committee will require a review in future as Integrated Joint Boards become more established. The NHS Lothian Infection Committee reports to the Board through Healthcare Governance Committee. Lothian Infection Control Advisory Committee receives the reports from the committee along with reports from the public health and environmental aspects. It has been suggested that LICAC's role should be reviewed in 2016/17 to reflect the changes and assess the future role and responsibilities. In addition to LICAC and local committees, Infection Prevention and Control routinely report at a senior management level to CMG and bi-monthly board papers.</p> <p>Within the NHS Lothian Infection Prevention & Control team, there are 4 geographical regions (Edinburgh North, Edinburgh South, Mid & East and West Lothian) established with responsibility for both acute and community settings within their remits. This will be reviewed at a later date with the move of RHSC to RIE site.</p> <p>A review of the current workload across the regions is being undertaken to provide temporary changes to work streams to accommodate the current staffing position within the service. There have been 2 resignations (Sept. 2016), 1 member of staff on long term absence and of the remaining 14.2 WTE Band 6 IPCNs in post 6 are trainees. There are also 2 staff anticipated maternity leave commencing in February 2017.</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. 	<p>Risk Reviewed September 2016:</p> <p>The risk has been updated to include current staffing challenges which has arisen as a consequence of staff moves and sickness and absence within the service.</p> <p>Control measures updated to include a review of the work streams and relocation of staff to assist the management of the staffing issues and reduce the impact to services.</p> <p>Actions have been added to reflect the work stream review, recruitment and training of staff.</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	David Farquharson	Fiona Cameron	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
				<p>Controls Continued:</p> <p>In addition local and ad hoc sessions are provided at each of the sites as and when required.</p> <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. • With the exception of 2 Public Holidays (Christmas Day and New Years Day) the Infection Prevention and Control Service provides a single point of contact duty nurse 7 days per week between 0830-1600hrs facilitating access to Infection Prevention and Control advice for clinical teams. Support out with these hours and on the two noted Public Holidays support is available from the duty medical microbiologist/virologist. <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. • Enhanced investigation and surveillance is carried out of all SAB and CDI incidences. From April 2016 enhanced surveillance on ECB became mandatory. 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. <p>As part of the work stream review a proposal has been submitted to discontinue voluntary fracture neck of femur surgical site infection surveillance. The infection rates have been below 1% for over 3 years.</p> <p>Antimicrobial Stewardship:</p> <ul style="list-style-type: none"> • 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. <p>Policies and Guideline:</p> <ul style="list-style-type: none"> • 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. 							

			<p>Controls Continued:</p> <p>Decontamination:</p> <ul style="list-style-type: none"> • There is a Decontamination Steering Group to progress/monitor actions associated with reusable surgical, dental and podiatry equipment. <p>Procurement of Equipment:</p> <ul style="list-style-type: none"> • 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. <p>Healthcare Associated Infection System for Controlling Risk In the Built Environment(HAI SCRIBE): IPCT, facilities and clinical teams work collaboratively to implement current national standards and guidance in new builds, refurbishments and maintenance programmes</p>								
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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> <ul style="list-style-type: none"> - other parts of the health and social care system eg secondary care, referrals, costs <p>As a result of these pressures practices may choose to return their GMS contracts to the NHS Board.</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. 8. Risk reflected on IJBs and PCCO Risk Registers. 9. Primary Care Summit on 29 September 2016 to agree a joint set of priorities for primary care (NHS Lothian and the IJBs). 10. NHS Lothian proposed investment of £5m over three years from 2017/18 to address the key pressures. <p>Rational for Adequacy of Controls In development</p>	<p>Risk Reviewed: November 2016</p> <p>Description & Controls in place updated.</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
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 September 2016:</p> <p>The Q1 review reports that, if the identified efficiency schemes are achieved and non-recurring funding is utilised, then the Board expects to achieve financial balance in 2016/17.</p> <p>However, current plans show that financial balance will not be achieved in 2017/18, Service managers are being encouraged to think long term and the Finance Director plans many sessions across all the main NHS Lothian sites to present the financial position to service managers and clinicians.</p> <p>The key focus for 2017/18 will be to support the Board to deliver a medium term Financial Plan that identifies how NHS Lothian achieves recurring financial balance.</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	<p>There is a risk that patients are not seen in a timely manner that require emergency care as required by the Emergency Care standard of 95% resulting in sub optimal care experience and outcome.</p>	<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 Chief Officer ; NHS Lothian University Hospitals & Support Services.. - The Unscheduled Care Programme Group (Executive Leads for CEC and NHS Lothian) meets on a weekly basis. - Monthly SMG and SMT meetings in place for acute services in Lothian - Further weekly briefings to the Scottish Government on performance across the 4 main acute sites (RHSC, RIE, WGH, SJ H <p>NHS Lothian's Winter Planning Project Board is now established as NHS Lothian Unscheduled Care Committee in collaboration with the Integrated Joint Boards to promote sustainability of good performance all year round</p> <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 6 <i>Essential Actions</i> initiative to support achievement of 95% target (stretch target of 98%) for 4 hour performance.</p>	<p>Risk Reviewed: October 2016: Risk Grade/Rating remains Very High/20</p> <p>Work continues in line with the Scottish Governments 6 Essential Actions initiative. Boards now involved in taking forward set of actions (per site) to support a step change in performance. Priority interventions will focus on:</p> <ul style="list-style-type: none"> • Clinical Leadership • Escalation procedures • Site safety and flow huddles • Workforce capacity • Basic Building blocks models • Proactive discharge • Flow through ED/ Acute Receiving • Smooth admission/ discharge profiling • Effective capacity and Demand models being developed re in /out , BBB methodology • Patients not beds principle <p>The above has been absorbed as part of approach to winter planning, led by NHS Lothian UCC Committee. The approved Winter Plan outlines the approach to supporting performance over the winter period and beyond. 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 has been changed to NHS Lothian UCC Committee and will meet monthly throughout the calendar year. Winter Preparedness will be on the Agenda seasonally, however notable improvements through planning will be embedded as systems to promote sustainable access performance and mitigate risk. This year's process was developed following a 2015/16 winter planning de-brief which is the platform for the next iteration of winter planning during 2016-17.</p> <p>The Winter Planning Board was established 2016/17 as NHS Lothian Unscheduled Care Committee to enhance performance as a collaborative response all year round.</p>	Adequate but partially effective: control is properly designed but not being implemented properly	Very High 20	Low 1	Jim Crombie	Angela Tuohy	Acute Services 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 is now established as the NHSL Unscheduled Care Committee in collaboration with the Integrated Joint Boards</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: October 2016: Risk Grade/Rating remains Very High/20 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. • A capacity and demand exercise is being implemented re hours of care at home required across the City of Edinburgh and other councils • Locality based Services (hubs) being developed to support pulling patients out of hospital and promoting prevention of admission and reducing delayed discharges • Evidence Based Dynamic Discharge White Board Meetings being rolled out across the whole system in collaboration with Scottish Government Improvement • Enhanced cover for Day Bed suite to protect elective capacity • Extending Hospital to Home capacity • Additional capacity to support weekend discharge (diagnostic, pharmacy, AHPs, transport etc) • Twice daily Teleconference to plan and match transfer of care to right place for patients • Joint Venture with CEC to create additional models of interim care 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/ NHS Lothian Unscheduled Care Committee are overseeing the necessary actions in support of sustained performance during the winter period and beyond. Lothian's approved Winter Plan sets out the key requirements in supporting service delivery and access performance during winter and beyond. Actions include:</p> <ul style="list-style-type: none"> • Development of robust site winter readiness plans • Focus on Capacity and Demand in relation to beds and hours or care requirements • Clear measures in terms of escalation procedures • Counter any demand as a result of the extended 4 day break during the festive period. • Focus on DD and POC liaising with IJB Partner organisations to support patient flow and sustainable performance throughout the winter period. • Agreed data set to assist with developing a wider capacity plan that covers all health and social care areas • Further planning capabilities have been enhanced following the 2015/16 winter de-brief process • Health and social Care Partnerships are embracing the Integration agenda and working collaboratively to mitigate risk to patients due to poor performance and have put joint plans in place to support 	Adequate but partially effective; control is properly designed but not being implemented properly	Very High 20	Low 1	Jim Crombie	Angela Tuohy	Acute Services Committee in partnership with IJBs

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3480	Improve the quality and safety of health care	Delivery of SPSP Work Programme	There is a risk that NHS Lothian does not reliably implement the 4 workstreams of the Patient Safety Programme leading to potential patient harm	<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 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 October 2016:</p> <ul style="list-style-type: none"> Annual report presented to November Healthcare 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. As part of the Quality and Performance reporting the issue of meeting the 50% reduction in Cardiac Arrests by January 2016 was considered. Lothian has achieved 17% with the 3 major sites having a lower rate than the Scottish rate. Work is ongoing within current resources to improve cardiac arrest rate. However, given our rate is lower than Scotland, it is not expected to be able to meet the 50% target NHS Lothian is on the HIS risk register for MCQIC Paeds and Neonatal. A HIS visit has taken place, plans are in place and monitored through the service supported by QIST and reviewed by HIS. Plan progressing well. The risk is not related to quality of care but about data reporting NHS Lothian was on the HIS Suicide Risk Register with respect to timely reviewing of suicides and has been removed since last reporting. A recovery plan was agreed at the May and update reported in September Healthcare Governance Committee and current performance is improving. <p>Risk grade/rating remains High/16 based on unmet actions for key safety priorities and currently a risk on the HIS risk register for MCQIC Paeds and Neonatal Services.</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>Inability to meet national waiting times targets for a number of reasons due to lack of core capacity, demand exceeds capacity or resources are not optimally utilised</p> <p>Withdrawal from independent sector April 2016 sees a deteriorating performance for some specialties</p> <p>Financial overspend due to reliance on ad hoc additional capacity – i.e waiting list initiatives/ locums; 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>Adverse publicity relating to failure to meet waiting times targets.</p>	<p>Delivering for Patients II- a detailed Demand, Capacity, Activity and Queue (DCAQ) process undertaken providing a consistent approach across all acute services, giving detailed understand of capacity gaps and has efficiency opportunities identified and monitored.</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>Monthly Access and Governance Meeting to review adherence to National Guidance and local access policy/SOPs. Underpinned by regular staff training and updates easily accessible on intranet relating to SOPs</p> <p>Use of Non Recurring Scottish Government funding to target services at highest risk of excluding, diagnosing, treating cancers and services with the longest waiting times.</p>	<p>Risk Reviewed September 2016:</p> <p>Controls in place updated.</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	Jacquie Campbell	Acute Services 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
3454	2: Improve the quality and safety of health care	Management of Complaints and Feedback	There is a risk that the quality of patient experience is compromised due to staff attitudes and lack of reliable engagement of patients/families in their care. 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.	<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 National Person Centred Health & Care Collaborative has been concluded and work is being undertaken nationally to embed patient experience into the existing quality improvement programmes with a particular focus on real time patient feedback. 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. TTT is live on 3 acute hospitals and will be reviewed on the 13 April with the Lothian Professional Nurses Committee. Regular reports on Complaints management through Datix Dashboards and reports. Monthly meetings of the Complaints & Improvement Committee. 	<p>Risk Reviewed & Controls Updated October 2016</p> <ul style="list-style-type: none"> Regular reports to the Healthcare Governance Committee that brings together complaints performance and patient experience reports. Additional reports have been submitted to the Audit & Risk Committee and the Board. Both complaints and patient experience are part of the monthly quality and performance reporting arrangements. Devolved complaints process now in place: WGH, DATCC, Women's services, RIE, REAS, East Lothian HSCP, Midlothian HSCP & Edinburgh HSCP/ Meetings with the clinical teams planned to discuss local arrangements and performance Weekly performance reports shared with clinical teams Agreement to have the PE Team contact details on all correspondence Telephone lines now open from 9am – 4pm Work ongoing to support the complaints and feedback systems within the 2 prisons encouraging early resolution and the devolved complaints function. Met with the Director of Patient Opinion. Quality Assurance Group ToR agreed and first meeting being arranged. Complaints improvement work commissioned directly by the RIE & WGH sites. Programme of improvement work to support the Scottish Public Services Ombudsman activity following August meeting with SPSO. Specialist in complaints management is contributing to the Daring to be Great Nov programme Recruiting to current vacancies <p>Risk Grade/Rating increased to Very High/20 following the meeting with SPSO</p>	Inadequate; control is not designed to manage the risk and further controls & measures required to manage the risk	Very High 20	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 October 2016</p> <p>A recent review of trained doctor establishments show significant improvements in recruitment from 2 years ago with an overall establishment gap of 5%. There remain challenges in particular at the St Johns Site within Ophthalmology, Respiratory and General Medicine. Within Paediatrics there are 13wte posts under recruitment to provide additional capacity at both RHSC and St John's sites in line with the recommendations of RCPCH review. Recruitment to GP posts within independent practices continues to be very challenging, recruitment to permanent salaried Board employed GP posts has been relatively successful however recruitment to fixed term posts has thus far been unsuccessful.</p> <p>Risk Grade/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 2015/16. 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. <ul style="list-style-type: none"> 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 re-provision covering significant sites in Lothian will reduce the burden considerably over the next 4-5 years. 	<p>Risk Reviewed September 2016</p> <p>No change from previous update.</p> <p>The Programme of works for 2016/17 has been agreed and currently progressing. The allocation for the works is £2.5m for the current financial year . The programme of works concentrates on high and significant risk areas including fire precaution works at all sites, mechanical and electrical plant replacement, legionella, HEI, building fabric.</p> <p>Programme of works will be prepared for future years.</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.</p> <p>Scottish Government has now agreed that BLM should not be reported on vacant properties which have been declared surplus. As a result the BLM items highlighted in a number of vacant properties will now be archived.</p> <p>Surveys have recently been carried out on WG, Edington, Belhaven and a few community properties – this information will be update the BLM for these sites. Further surveys will be undertaken this financial year.</p> <p>The disposal programme , capital investment projects will contribute in reducing the overall backlog maintenance liability for the Board.</p> <p>The disposal programme for 16/17 also includes the disposal of 15 Craiglea Place, 162 & 163 Craiglea Drive, 151 Morningside Drive and 63 Morningside Drive.</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	Jim Crombie	George Curley	Finance & Resources Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3455	2: Improve the quality and safety of health care	Management of Violence & Aggression	There is a risk of Corporate Prosecution by HSE under the Corporate Homicide Act or the H&S at Work Act Section 2, 3 and 33 or any relevant H&S regulations If the risk from violence and aggression adverse events are not adequately controlled. Highest risk would be under H&S at Work Act Section 2 and 3. If we harm our staff (2) or visitors to our sites (3). There is also a statutory requirement to provide an absolute duty of care regarding NHS Lothian staff safety and well being.	<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 September 2016:</p> <p>Feedback from the majority of the 12 local Health and Safety Committees into the main NHSL H+S Committee at the end of August, by way of the quarterly reporting system, clearly evidences current significant risk control failings, including and in particular, provision of V+A training. It is therefore suggested that the risk level still remains as "High".</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	Dr David Farquharson	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>The Performance Monitoring meetings continue, led by the Nurse Director and Deputy Finance Director. An effective agency embargo has been in place from 15 May 2016. Theatres and Anaesthetics, Critical Care and complex care packages for adults in the community have continued exemption pending work to establish a national critical care / theatres bank and national exclusion of NHS staff from agency placement.</p> <p>Service areas are investing in technological solutions to manage some patients that would previously have had 1:1 care for falls / wandering.</p> <p>A recruitment plan, including open days and external recruitment events has been established with success in reducing the establishment gap. Increased numbers of training places for the Health Visiting and District Nursing specialist qualification have been funded and recruited to. Recruitment of HV completing course and newly qualified graduate nurses will reduce establishment gap significantly.</p> <p>A calendar to ensure the annual use of the nationally accredited workforce tools has been developed.</p> <p>eRostering and SafeCare Live tools 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>Datix reports are escalated on a weekly basis for all adverse events with staffing issues identified as a major or contributory factor and these are reviewed by the senior management team at the PSEAG.</p> <p>National arrangements for bank for critical care and theatres being developed.</p>	<p>Risk Reviewed October 2016:</p> <p>The risk with the exception of District Nursing the likelihood is reducing to possible from likely although the impact would remain moderate (until the improvements can be sustained)</p> <p>Risk Grade/Rating decreased: Medium/9</p>	Satisfactory: controls adequately designed to manage risk and working as intended	Medium 9	Low 2	Alex McMahon	Fiona Ireland	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
3328	1: Improving the Quality and Safety of Healthcare	Roadways / Traffic Management	There is a risk of injury to staff, patients and the public from ineffective traffic management across NHS Lothian sites	<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 NHS 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 revisited on a number of hospital sites and has resulted in additional high risk works being undertaken Banks man arrangements in place on high volume high risk delivery areas, Risk assessments and procedures are being developed and reviewed all areas where risk has been identified – a more robust risk assessment process has been developed NHSL fleet vehicles fitted with reversing cameras and audible alarms. Traffic Management training in place along with regular refreshers. Work Place Transport policy available and reviewed within agreed time scales. Escalation process in place should congestion become an issue Site traffic management groups to review all sites established. Action plans developed from the above groups and implemented monitored and reviewed by Traffic Management Review Groups Capital proposals to introduce engineered solutions for in-patient sites. High Risk Capital proposals funded. Reviews regularly carried out as to effectiveness of plans and operational procedures Site walk rounds in place conducted by site stakeholders Improved monitoring systems in place – formally recorded Known areas of people v vehicle conflict segregation measures put in place to avoid risk of injury due to contact where reasonable and practicable to do so <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 & Action ID6326 updated September 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. Funding has now been approved to undertake the works required to comply with the TRO requirements. Works will commence early October.</p> <p>The resurfacing of car park P (main visitors car park) is now complete and is subject to final snagging. This will now provide additional traffic management controls due to the relining of spaces etc. .</p> <p>Funding has now been approved to undertake high risk items at the WGH - works will be to alter the road layout at Turner House which will reduce the speed of traffic. This is understood to be the highest risk on the WGH site. Cycle path works are due for completion in November 2017.</p> <p>Traffic Management works are due to commence at Whitburn, Health Centre, Liberton Hospital, PAPE and Midlothian Community Hospital. .</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	Jim Crombie	George Curley	Staff Governance Committee

SUMMARY PAPER - PRIMARY CARE UPDATE

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

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

<ul style="list-style-type: none"> The board is asked to take moderate assurance that there is comprehensive programme of work to improve GP sustainability.. 	2.1
<ul style="list-style-type: none"> Capacity and sustainability of general practice remains under pressure due to many factors, some of which are national in origin 	3.1, 3.2, 3.3
<ul style="list-style-type: none"> The four Health and Social Care Partnerships (HSCPs) are involved in local and joint work to reduce risks of primary care service failures. 	3.5, 3.6
<ul style="list-style-type: none"> A series of Integration Joint Board (IJB) hosted Primary Care Summits have commenced to identify and pursue actions to support primary care. 	3.18
<ul style="list-style-type: none"> Board recurring investment of £2m in 17/18, rising to £4m in 18/19 and £5m from 19/20 onwards will assist HSCPs in addressing pressures. In addition, by 21/22 there will £500m of Scottish Government investment in primary care. The Lothian share of this has not been announced. 	3.17, 3.21
<ul style="list-style-type: none"> Three practices are under direct HSCP management. This has financial and staffing implications for the affected HSCP. 	3.6
<ul style="list-style-type: none"> Although there are many primary care premises developments underway, about to commence or at the planning stage, there are still many premises in need of development or which have problematic lease arrangements. 	3.8
<ul style="list-style-type: none"> HSCPs are currently providing management or other support to 15 practices. 46 practices (39 in Edinburgh, 5 in Midlothian, 2 in West Lothian, 0 in East Lothian) have in some way restricted new patient registrations. 	3.9
<ul style="list-style-type: none"> There are numerous risks for NHS Lothian, the four HSCPs and the Primary Care Contracts Organisation (PCCO) arising from the current situation across primary care. 	4.1

PRIMARY CARE UPDATE

1 Purpose of the Report

- 1.1 This report provides an update to the Board regarding ongoing concerns about the sustainability of general practice services and the action taken since the previous update report in October 2016.

2 Recommendations

- 2.1 The Board is recommended to accept moderate assurance that there is a comprehensive programme of work underway in Lothian and nationally to reduce the risks relating to GP sustainability.

3 Discussion of Key Issues

- 3.1 As detailed in the October 2016 paper, GP practices in Lothian continue to experience rising patient demand from a growing and ageing population and from the drive to provide care in community settings as an alternative to hospital admission. This experience is replicated in most parts of Scotland
- 3.2 The increasing frailty of the ageing population and the growth in long term conditions places increasing demands on GPs and the practice team. These changes are happening at the same time as GPs are moving to part-time working, there is growing interest in salaried rather than GP Partner posts and senior, experienced GPs are considering early retirement to avoid taxation penalties and NHS pension impacts. Not surprisingly, surveys have found low morale among GPs.
- 3.3 The increase in Lothian's population has not been matched by provision of further GP Practices, so existing practices have had to expand their patient lists to accommodate the growth. In many areas this patient list growth has stalled with many practices restricting, but not yet closing their lists. List restrictions impact negatively on neighbouring practices.
- 3.4 The vast majority of practices in Lothian still operate on an independent contractor basis, managing their business without direct NHS Lothian or IJB input. However, for some practices the recruitment, patient demand, financial, premises and other challenges are such that they have required practical and financial support from the IJBs and the Primary Care Contractors Organisation (PCCO) to maintain services.
- 3.5 Responsibility for primary care is shared between the NHS Board and the IJBs. The NHS Board has a duty to ensure that its population receives general medical services and can register with a General Practice. The NHS Board through the PCCO also holds the contracts with practices and is responsible for delivery of services through the HSCPs and the PCCO, with IJBs responsible for the strategic planning and direction of primary care in their areas.

- 3.6 In some cases, it has been necessary for HSCPs to take over direct management of practices under Section 2c of the GMS contract and the direct employment of the practice staff under TUPE (Transfer of Undertakings (Protection of Employment) Regulations 1981) arrangements. There are currently 3 practices managed under Section 2c as the result of practice failures and 1 practice established as a result of a practice being unable to continue to support its branch surgery.
- 3.7 Practice premises development has provided purpose built accommodation across the Health and Social Care Partnerships. However, some practices are subject to inflexible and expensive lease or other premises arrangements or are within buildings that are too small or otherwise unsuitable for modern GP Practice. Across all practices IT systems are badly in need of upgrades to equipment, infrastructure and software inter-connectivity with clinical systems.
- 3.8 Investment is committed for a number of primary care premises developments that will be completed in 2017:
- Allermuir Health Centre (£7.3m)
 - Blackburn Partnership Centre (£8.2m)
 - NW Edinburgh Partnership Centre (£12.1m)
 - Liberton Medical Centre Extension (£0.3m)
 - New Loanhead Surgery (£2.7m)
 - Prestonpans Health Centre Extension (£1.9m).

Further work is in the pipeline to deliver:

- New Leith Walk Surgery (£1.2m)
- New Newtongrange GP Practice (£0.3m)
- New Ratho Surgery (£1.3m)
- South Queensferry additional accommodation (£0.3m)
- Minor Premises Improvements (£0.3m).

Planning is underway for work to:

- Cockenzie Health Centre
- Newton Port Medical Centre in Haddington
- Edinburgh Access Practice
- Gamechanger
- The Leith Community Partnership Hub
- Whitburn Health Centre.

- 3.9 The current position across GP Practices in Lothian is:

- 15 GP practices in Lothian are currently receiving support from their HSCPs. This is a small decrease on the previously reported number
- 46 practices have restrictions on new patient registrations (39 in Edinburgh, 5 in Midlothian, 2 in West Lothian, 0 in East Lothian)
- GP recruitment difficulties continue and future availability of GPs may be affected by 20% of GP training places remaining unfilled
- Work is underway to share patient demand across the Practice team through the introduction of Advanced Nurse Practitioner and Pharmacist posts

- The previously signalled recruitment and retention issues across Community Nursing continue, restricting the opportunities for this staff group to take work redirected from GPs. The current review of District Nursing and Health Visiting should assist in arriving at solutions.
- 3.10 In Edinburgh, discussion with Southside Surgery about options to maintain its services is likely to result in transfer of the Practice to a Section 2c (directly managed) contract on 1 January 2017.
- 3.11 Also in Edinburgh, East Craigs Medical Practice has withdrawn from its branch surgery (Parkgrove). Patients that were registered with East Craigs and Parkgrove, but historically seen at Parkgrove Surgery have received letters to inform them of this change. Parkgrove Surgery became a separate directly managed Section 2c practice on 1 November 2016.
- 3.12 Edinburgh HSCP is recruiting 1.5 WTE Salaried GPs, a part time Practice Nurse and a full time Practice Manager for the new practice. As the practice settles, Edinburgh HSCP will also assess what other health and social care staff may be required. However, the main priority will be to maintain access to medical and nursing staff at Parkgrove and to ensure this change of management arrangements has no detrimental effect on patients.
- 3.13 Given the current pressures being experienced in general practice across Edinburgh, Parkgrove Surgery will be able to absorb some of the registration pressures within the area and expand in future.
- 3.14 There is no change in Midlothian with half of the practices having restricted lists and plans well underway to establish a new practice in Newtongrange.
- 3.15 In East Lothian one Musselburgh practice continues under direct HSCP management. No East Lothian practices have restricted lists.
- 3.16 There are no directly managed 2c practices in West Lothian.
- 3.17 In recognition of the problems assailing Primary Care an IJB-hosted Summit was held on 29 September to develop a shared set of primary care priorities for the IJBs and NHS Lothian. A report on the summit is in preparation and will be distributed to all attendees, to the IJBs and to primary care teams across Lothian. The Board is already aware of the commitment to invest £5m in primary care over the next three years.
- 3.18 The themes emerging from the summit highlight the need for:
 - Workforce and skill development
 - Public information and public education
 - Transfer of work from GPs to an expanded Multi-disciplinary Team
 - Better electronic information exchange
 - Continuing interface work; and
 - Improved professional to professional communication.
 - Resolution to key premises issues.
- 3.19 On 3 November 2016 the Cabinet Secretary for Health and Sport and Chair of the Scottish General Practitioners' Committee (SGPC) issued a letter to all GPs along with

a Joint Memorandum between the Scottish Government Health Directorates (SGHD) and the SGPC.

- 3.20 The letter and Memorandum set out how the Scottish Government and SGPC will work together over the next few years to transform the GMS Contract in the context of wider transformation of primary care services. As a consequence, further work is to take place on how GPs are paid in future with an emphasis on collaborative working between all parties in the months and years ahead. In the meantime, further changes to the GP contract are expected commencing October 2017.
- 3.21 The First Minister has committed to increase annual investment in primary care by £500 million by 2021/22. The increased investment is intended to help deliver the shared vision for general practice in the long and short term. The precise details are yet to be received.

4 Key Risks

4.1 The previously noted risks listed in the October update report remain extant:

- The Board's ability to meet its statutory obligations to provide general medical services for the population of Lothian, both in and out of hours, may be at risk
- If service delivery by independent contractors can not be maintained then provision of primary medical services through an employed and managed service will be significantly more expensive
- Impaired GP capacity will impact on the rest of the healthcare system e.g. by pressure on secondary care, increasing referrals, increasing A&E attendances, increasing costs (e.g. prescribing)
- If more practices impose restrictions on new registrations there is a risk that patients will not be able to access existing services
- Insufficient investment in primary care will put at risk delivery of the Board's strategic ambitions and the Scottish Government 2020 vision.
- Recruitment and retention issues for out of hours GP services put at risk the ability to deliver the recommendations made in the out of hours national review. 'Pulling together: transforming urgent care for the people of Scotland'
- Delay in progress with the development of a revised model of care for the frail elderly in the community both in and out of hours will impact on emergency admission rates and delay in discharge
- The focus of investment of time and money on a small number of practices risks preventing investment in broad measures to support sustainability in all practices
- If individual GP practices destabilise to the point where they have to close then this may have a knock on effect for neighbouring practices and may cause even greater recruitment difficulties
- In line with the established evidence of primary care efficacy, if significant primary care shortage areas develop this is likely to have a negative impact on health inequalities, referrals, planned deaths at home and increased admissions.

5 Risk Register

- 5.1 The issue of General Practice sustainability is included on the Corporate Risk register as very high (Risk ID 3829) and is also included on the HSCPs and the PCCO risk registers.

6 Impact on Inequality, Including Health Inequalities

- 6.1 No impact assessment has been carried out on the issues discussed in this paper. Practices in difficulty are not concentrated in one geographic area or specifically in areas of deprivation.
- 6.2 The enhancement of Primary Care Services should assist in addressing the causes and impact of inequality more effectively and efficiently but as stated above in 4.1 there is the potential risk in that unless the capacity issues are addressed a number of scenarios could be forecast, one of which is the potential for a widening of health inequalities due to the lack of GP capacity to see, support and treat patients.

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

- 7.1 The primary care priorities outlined in this paper were included in NHS Lothian's Strategic Plan 2014-2024 which was subject to a period of public consultation in 2014.
- 7.2 A number of papers detailing the recommendations outlined in this paper have been discussed and supported with a wide range of stakeholders who attend the Primary Care Forward Group, Primary Care Joint Management Group and Strategic Planning Committee.
- 7.3 This issue has been discussed at Primary Care Joint Management Group, GP Sub-Committee, Local Medical Committee and GP Fora within the HSCPs.
- 7.4 Dialogue continues between NHS Lothian, the four Lothian IJBs and General Practitioners on the necessary actions to address the issues summarised in this paper.

8 Resource Implications

- 8.1 The resource implications will flow from prioritised investment areas in the IJB Strategic Plans, potential changes to the value of the GMS contract at national level, the local and national investment in primary care and capital investments.

David Small

Director of Health and Social Care and Primary Care Policy Lead

22 November 2016

David.A.Small@nhslothian.scot.nhs.uk

Board Meeting
7 December 2017

Director of Public Health & Health Policy

SUMMARY PAPER - HEALTH PROMOTING HEALTH SERVICE: IMPLEMENTATION AND IMPACT OF CMO (2015) 19

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"> Overall, moderate assurance that standards relating to prevention, treatment and care are being met. 	2.1
<ul style="list-style-type: none"> Evidence of good practice that should be sustained, embedded and extended in relation to welfare advice, information technology and health literacy. The main report also provides examples of excellence in specific areas across NHS Lothian. 	2.5, 2.6
<ul style="list-style-type: none"> Evidence of significant improvement in the Royal Infirmary, out-patients, retail outlets and catering. 	3.1
<ul style="list-style-type: none"> Good progress in piloting collection and analysis of service use by people with protected characteristics to improve quality of care, enable services to be more tailored and staff to have the access to the information required to provide more person-centred care. 	3.2.4
<ul style="list-style-type: none"> Staff and operational managers require additional support to create time to work on those priority actions that will improve patient care, address barriers to the delivery of equitable care, improve the working environment and reduce sickness absence. 	3.2.7
<ul style="list-style-type: none"> To support staff to reduce manual and narrative one off data collection and work with them to develop ways of gathering, recording and embedding the action required to assess progress against CMO (2015) 19. 	3.2.4-3.2.8
<ul style="list-style-type: none"> There is a requirement for ongoing support for the non- Executive Board Champion, for increased patient and public engagement in the design and delivery of the programme, to consider the development of a Staff Health and Wellbeing Strategy, and for the update report in six months to describe progress towards embedding this programme within the wider strategic approach to quality improvement . 	2.9-2.12 3.3`

Professor Alison McCallum
Director of Public Health and Health Policy
16 November 2016
Alison.mccallum@nhslothian.scot.nhs.uk

NHS Lothian

Board Meeting
7 December 2016

Director of Public Health & Health Policy

HEALTH PROMOTING HEALTH SERVICE: IMPLEMENTATION AND IMPACT OF CMO (2015) 19

1 Purpose of the Report

- 1.1 To provide the Board with an overview of performance against 2015-16 Health Promoting Health Service requirements and to support the action plan required to deliver against Scottish Government 2017 targets.
- 1.2 This report outlines local progress towards Scottish Government's external commitment to ensuring that 'every healthcare contact is a health improvement opportunity'. Appendix 1(HPHS 2015/16 report)

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

2 Recommendations

- 2.1 Overall, we can offer moderate assurance that the standards relating to direct prevention, treatment and care are being met, while several areas, highlighted below, demonstrate excellence.
- 2.2 To recognise formally the improved performance against several of the Health Promoting Health Service standards.
- 2.3 To develop a staff health and wellbeing strategy designed to improve consistency of performance in relation to staff health and to address those areas where progress is limited.
- 2.4 In line with the Health Inequalities Strategy, to ensure that all services are designed and clinical teams trained and supported to ensure that they help mitigate and reduce health inequalities.
- 2.5 To provide welfare advice on all acute sites and in primary care facilities serving patient and staff populations with significant levels of deprivation and hardship.
- 2.6 To maintain and extend the Information Technology and health literacy programme delivered currently as 'Bite-size' across services and staff job families.
- 2.7 To ensure that resources are allocated to ensure staff can be released to develop or participate in activities that will improve their working environment, reduce sickness absence and improve patient care, resources need to be identified to backfill staff to scope priorities, embed prioritised workstreams in quality improvement programmes and provide a means to report progress and problems through site and locality management teams.

- 2.8 To support and strengthen our monitoring, accountability and feedback systems by supporting staff, through training, to gather and record appropriate information that is essential to produce and evidence the necessary improvements in patient safety, staff health and well-being, training, absence rates, productivity and turnover.
- 2.9 To receive six monthly updates so that CMT members can review performance, recognise good practice and agree any additional actions required to assure the Board that they will meet these performance standards within their areas of responsibility.
- 2.10 To work with Integration Joint Boards and Health and Social Care Partnerships to increase awareness and understanding of Health Promoting Health Service while developing an action plan to embed within the new structures.
- 2.11 To develop closer working relationships with Quality Improvement Teams to embed the aims and intended outcomes of the Health Promoting Health Service programme in NHS Lothian's quality improvement management system.
- 2.12 To increase patient and public engagement in the design and delivery of Health Promoting Health Service activity

3 Discussion of Key Issues

NHS Lothian has strategies, frameworks and directorate plans that demonstrate the commitment to addressing the social determinants of health that underlie persistent health inequalities. NHS Lothian's Health Inequalities Strategy (2014) and *Fair Society, Healthy Lives* remind us that health professionals having a key role to play in improving the conditions of people's lives.¹

- 3.1 There are several areas of excellence, innovation and ongoing improvement. These include work addressing health inequalities and person-centred care, development of the neonatal collaborative and positive evaluations of the staff physiotherapy and counselling services. Significant improvements have been made over the last year within the Royal Infirmary, out-patients, retail outlets and catering and in those areas that have received short-term charitable funds
- 3.2 Despite the many areas of success identified in the Health Promoting Health Service Annual Report, the following areas require further attention.
 - 3.2.1 Development of a staff health and wellbeing strategy is likely to become a Scottish Government requirement and has the support of the Health Promoting Health Service Non Executive Champions
 - 3.2.2 Ensuring that all services are designed and delivered equitably will help reduce disparities in patient experience and in clinical outcomes between population groups. It will contribute to reductions in levels of ill health from conditions that can be prevented, have onset delayed or the severity reduced².

¹ Fair Society Healthy Lives. (2010), <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

² Marmot, M et al. (2013), Working for Health Equity: The Role of Health Professionals. Executive Summary University College, London

- 3.2.3 Provision of welfare advice and support for health literacy helps release senior hospital and primary care staff time and enables appropriately trained staff to respond personally and expertly to patient's welfare needs. It can also facilitate the planning of and expedite hospital discharge.
- 3.2.4 Current systems do not enable this area of work to be captured routinely for reporting to NHS Lothian Health Promoting Health Service group, Board Committees or to Scottish Government. Good progress has been made in some areas, for example, collecting and analysing data on people with some protected characteristics that can help care to be tailored more effectively. Most of the other information required to measure the performance of the Health Promoting Health Service programme, however, will not be included routinely in TRAK until 2018 at the earliest. It is essential therefore that staff are supported, through training, to gather and record appropriate information, and to produce and evidence the necessary improvements in patient safety, staff health and well-being, including absence rates, productivity and turnover. National efforts to develop reporting templates are being led by NHS Health Scotland.
- 3.2.5 In areas and sites where there is limited assurance of participation in delivery of the requirements of CMO (2015) 19 (originally CEL (2012) 1), staff report additional difficulties in being released to help develop or participate in activities that will improve their working environment, reduce sickness absence and improve patient care.
- 3.2.6 Performance has improved where it has been possible to devote resources. Much of this resource stems from non-recurrent or charitable funding as implementation of this circular does not attract additional funding. To ensure that performance is sustained and continues to improve, this work needs to be recognised formally and funded as core NHS business.
- 3.2.7 Specifically, to ensure staff can be released to develop or participate in activities that will improve their working environment, reduce sickness absence and improve patient care, resources need to be identified to backfill staff to scope priorities, embed prioritised workstreams in quality improvement programmes and provide a means to report progress and problems through site and locality management teams.
- 3.3 **Moving forward the priorities will be to:**
- 3.3.1 Increase our focus and commitment to staff health and wellbeing and develop a staff Health and Wellbeing Strategy to support this work in line with increasing emphasis on this area by Scottish Government.
- 3.3.2 Work with multi-disciplinary staff groups to enhance and scale up current efforts across the health system so that all acute and Health and Social Care Partnership services to promote the Health Promoting Health Service agenda
- 3.3.3 Embed the Health Promoting Health Service ethos into all our policies, strategies and services.
- 3.3.4 Whilst new funding in the current climate is unlikely, improvements in staff and patient health and wellbeing are required to deliver safe, effective care. Further

work with services will be required to enable them to release staff for training and generally drive forward this agenda.

4 Key Risks

- 4.1 The health of our workforce will deteriorate with increased sickness absence, impact on staff morale with consequent negative impact on patient outcomes and financial governance.
- 4.2 Inability to comply with Scottish Government Health Promoting Health Service reporting requirements.

5 Risk Register

- 5.1 All plans are required to identify any key risks at a local level and establish measures to manage risk.

6 Impact on Inequality, Including Health Inequalities

- 6.1 An impact assessment was undertaken when the work was established. The Marmot review² **established** the evidence base for this work.

7 Involving People

- 7.1 The NHS Lothian-wide HPHS programme will continue to increase involvement of staff and the public in preventative measures that can improve the conditions in which people live and work, lengthen people's lives and years spent in good health, improve services and help reduce the human and financial costs of avoidable ill-health and inequitable care.

8 Resource Implications

- 8.1 Cost of current levels of staff sickness is £35.8 million
- 8.2 Reduction in external funding from Scottish Government and requirement for invest to save, link with organisational justice and iMatters.
- 8.3 Time from a non-executive Director to act as Board Champion optimising the opportunities offered by the use of the Health Promoting Health Service Framework as a tool to help achieve NHS Lothian's goals.

Professor Alison McCallum
Director of Public Health and Healthy Policy
17 October 2016
Alison.McCallum@nhslothian.scot.nhs.uk

List of Appendices

Appendix 1: Health Promoting Health Service - 2015/16 report

HS Reporting Template: CMO (2015) 19 letter

Please submit your annual report by September 30th 2016 to:

nhs.HealthScotland-hphsadmin@nhs.net

**All annual report evidence submissions should report on actions undertaken between
April 1st 2015 - March 31st 2016. Required submission details:**

NHS Board	NHS Lothian
Submission Date	30 th September 2016
HPHS Lead	Sue Muir / Dr Dermot Gorman
Contact email address	Sue.muir@nhslothian.scot.nhs.uk Dermot.gorman@nhslothian.scot.nhs.uk
Please note that NHS Lothian's application is organisation wide not restricted to the acute sector.	
Acute	Royal Infirmary of Edinburgh St John's Hospital (includes paediatrics) Western General Hospital Princess Alexandra Eye Pavilion Lauriston Building (includes Edinburgh Dental Institute for place based interventions)
Community	Chalmers Hospital Midlothian Community Hospital Liberton Hospital Roodlands Hospital Edington Cottage Hospital Astley Ainslie Hospital Royal Victoria Hospital Belhaven Hospital Calareidh Hospital/Sunndach (associated to RHSC) Ferryfield House Findlay House Ellens Glen House
Maternity	Simpson's Royal Infirmary of Edinburgh St John's Hospital
Paediatric	Royal Hospital for Sick Children
Mental health	Royal Edinburgh Hospital Herdmanflat Hospital St John's Hospital
Other	Edinburgh Dental Institute is part of a pan Lothian integrated acute, community and academic service hosted by West Lothian Health and Social Care Partnership
Hospital sites not included in this reporting (specify category as above) and brief rationale	

Summary questions

1. Describe what went well in the delivery of HPHS in 2015/16 and provide examples:

- The Steering Group was reviewed and expanded to reflect the new Health and Social Care structures and give an increased emphasis on staff health and wellbeing
- Our main acute site the RIE has replaced retail outlets with much improved stores. These are self-reported as being compliant with the new Healthcare Retail Standards. They certainly present a much improved offering to users of the site and are a very welcome sign of co-operation with our PFI partners.
- Positive evaluation of staff physiotherapy and counselling services.
- In line with UNICEF, the development of the neonatal collaborative and embedding the work on baby friendly and maternal and infant nutrition has enabled improvements to be made in the use of breast milk in neonatal intensive care and a significant reduction in neonatal enterocolitis.
- Ongoing support from the Lothian Partnership Forum
- Ongoing development of partnerships with third sector organisations e.g. in the development of the community gardens for recreational, therapeutic and community developments use.
- Sunday choices – support for change for patients in custody over the weekend and custody based referral and intervention.

2. Describe barriers to progressing the delivery of HPHS in 2015/16 and describe how you have, or plan to overcome them:

- Data collection – despite best efforts we must report that there is not a central system for routine data recording and thus our reporting tends to rely on ‘snapshot audits of activity’. The e-health agenda is very crowded and capacity limited so priority within NHS Boards Scotland-wide is given to measuring those acute targets and process measures prioritised by the Chief Operating Officer of the Directorate of Health and Social Care at the Scottish Government.
- Capacity to deliver HPHS - the year has been challenging with the extent of the public sector reorganisation in Scotland – particularly the advent of the Integrated Joint Boards and Health and Social Care Partnerships which will require time to embed
- Wider financial pressures
- Limited resources in regards to staff time and no dedicated funding to support HPHS activity

- The change agenda for our clinical and medical leadership is such that it is more effective to build on areas of strength, existing networks and champions, than develop formal Board wide approaches.
- Despite high levels of active travel, there have been some challenges. This reflects the building programme on the NHS Lothian estate, particularly the RIE and REH where safety and security are the immediate priority. There has been encouraging collaboration with the University of Edinburgh on sustainable travel – however this has uncovered tensions, with for instance University staff enjoying covered secure cycle parking on our sites while NHS Lothian cannot afford to replicate this quality of facilities.
- NHS Lothian is a leader nationally in developing Smokefree Grounds and has launched a new publicity drive on this during the year. The Scottish Government legislation due in 2017-18 will be important in addressing this agenda and ensuring enforcement.

3. Describe how you have built on activity reported in previous years.

The improvement in retail outlets at RIE represents a big step forward and credit is due to the NHS Lothian facilities team in their negotiations with PFI partners. It is important to maintain this momentum and ensure that Lothian is an 'early adopter' of Health Retail Standards across our whole estate.

Appointing a new HPHS Board champion has assisted the DPH in dialogue at NHS Board meetings, helped ensure that HPHS has sufficient priority in discussions and provides additional expertise of successful change management in the Scottish Fire and Rescue Service.

Contents

Section A: Strategic Actions

Section B: Smoking

Section C: Alcohol

Section D: Maternity

Section E: Food and Health

Section F: Staff Health and Wellbeing

Section G: Reproductive Health

Section H: Physical Activity and Active Travel

Section I: Managed Clinical Networks - **NEW**

Section J: Inequalities and person-centred care - **NEW**

Section K: Mental Health - **NEW**

Section L: Innovative and Emerging Practice

Appendix A: Additional contributors

Appendix B: Training data

Strategic Actions: Lead contributor

Name	Prof. Alison McCallum / Sue Muir / Dr Dermot Gorman
Job Title	Director of Public Health and Policy / HPS Team Leader / Public Health Consultant

Section A: Strategic Actions

Action 1	<p>Chief Executives are asked to delegate responsibility for implementation to the appropriate committee and governance structures and to provide a report to the Board on progress.</p> <ul style="list-style-type: none"> This should account for new health and social care integration structures. Role of Facilities Managers and HR Directors should be integrated into HPHS delivery.
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A. Named executive lead for delivery of the actions within this letter and their role.	Professor Alison McCallum Director of Public Health and Health Policy
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B. Description of plans or developments with Health and Social Care Integration Boards	There is a representative from each of our Health & Social Care Partnerships on the NHS Lothian strategic group. Healthy Working Lives has been the focus for health promotion activity within Council workforces. Widening the agenda to include additional Health Promoting Health Service activities has been challenging in this transitional year due to staff changes. Activity has started to be reported through the new governance structures.
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C. Named Health Facilities Lead(s) to support measures for vending, catering and the provision of green space developed to enable physical activity	George Curley Director of Operations - Facilities
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Action 2	The attainment of generic health behaviour training, including inequalities training. Please ensure any duplicate reporting on staff training in relation to specific evidence requirements for physical activity and mental health are referenced within the submission.			
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	Name of module or course	Course description & method of delivery	Professional Role	Number and proportion
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A. Hospital-based staff completing health behaviour training, including training on inequalities	It is not currently possible to capture coverage of all training undertaken using current systems – appendix 1 provides a snapshot from the areas that are captured.			
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Action 3 Clinical and medical leadership

A. Description of clinical and medical leadership responsible for delivery of health improvement in a specific clinical area (include successes	A significant number of clinical staff act as personal role models in addition to e.g. Professor Chris Oliver, Orthopaedic Surgeon for his tireless support of efforts to improve levels of physical activity, Dr Julie-Clare Becher for the neonatal collaborative and for ensuring that breastfeeding, attachment and maternal			
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<p>& challenges)</p>	<p>and infant feeding is a core workstream. One of the challenges in maternal and infant nutrition is the marketing of funding and sponsorship of education and training by formula and confectionary manufacturers. Alison Meiklejohn, Chair of Area Clinical Forum, for championing the leadership role of every health professional and the requirement for good jobs and healthy workplaces to improve mental health. Elizabeth Gallagher, Chief Nurse, Forensic and Custody Nursing Services for providing an enabling environment in which to address health inequalities. This is a small selection of newer areas- examples can be provided in every specialty.</p>
<p>B. Evidence of sustained health improvement practice by clinicians</p>	<p>Smoking status is documented in clinical notes and TRAK. Smokefree Lothian staff are paged to review patients while in clinic to increase engagement. St John's Hospital Nurse practitioners refer patients to Smokefree Lothian mailbox. Smokefree services have been developed for the Lung Cancer and COPD services at RIE with nursing staff trained to do CO monitoring and Smokefree staff present at clinics (see below).</p> <p>Nursing staff in the REH and Midlothian Community Hospital link with the Community Garden to facilitate 'outside time' and activities for psychiatric patients. This has given another therapeutic opportunity for teams and been popular with patients.</p> <p>Increased use of breast milk in the neonatal unit and a reduction in necrotising enterocolitis.</p> <p>Improved assessment of support, developmental and mental health and wellbeing needs of young people in contact with the criminal justice system. Further evidence of this work is presented on pages 43 -44.</p>
<p>Action 4 (NEW)</p>	<p>Assessment of impact of HPHS CEL (1) 2012 and CMO letter, and forward planning Overall suggested word count of 600 words</p>
<p>A. Evidence of the impact of strategic actions, including assessment of impact across person-centred care, staff health and wellbeing and hospital environment.</p>	<p>HPHS provides a helpful focus for a broad range of work with different patient and staff groups. It has taken a while for clinical staff to realise that their work is recognised, valued and reported to CMO. Smoke free grounds have reduced staff, patient and visitor smoking; further will depend on Scottish Government support for enforcement if no improvement on smoking near hospitals.</p> <p>NHS Lothian staff and PFI partners have embraced the new Healthy retail standards. Royal Infirmary of Edinburgh has opened new compliant retail outlets ahead of schedule. These have proved popular with patients, visitors and staff.</p> <p>AHPs have piloted health inequalities training aligned with the NHS Lothian Strategy. Additional sessions with them have reviewed the impact of the training on their professional practice, especially if staff were better able to help identify appropriate support for patients and enable them to access services e.g. welfare advice, social prescribing. Planned to roll out to other staff groups.</p>

	<p>Links with Further and Higher Education Establishments are in place to provide health promotion and inequalities training. This includes nursing, physiotherapy and medical students.</p> <p>The strategic focus for person-centred care arises from the integrated patient pathways that form the core of the strategic plan which have 'good conversations' with patients with long term conditions, developing patient and staff capacity and specific interventions to improve wellbeing and quality of life. Preliminary evaluation of these interventions is promising.</p> <p>We have used research on greenspace and healthy built environments to build these into our NHS Health Inequalities strategy and HPHS work.</p>
<p>B. Briefly describe the intended / unintended consequences of the programme</p>	<p>We are only partway through a cultural change programme to sustain smokefree mental health services and are still uncovering previously hidden challenges. Making Mental Health sites completely smokefree has resulted in some people concealing their smoking habit and the potential to increase the amount of concealed smoking indoors, where it is easier to hide than in open spaces.</p> <p>As throughout the UK, there are often people smoking at the entrance to NHS sites and management have been working hard to eliminate this behaviour to avoid annoyance to our neighbours (notably at REH and WGH) with more signage and wall mounted 'stub out' bins as appropriate. The Royal Infirmary is planning modifications to the front door area to remove areas adjacent to the main thoroughfare where patients and visitors often smoke (prompting a high volume of complaints).</p>
<p>C. Briefly describe a forward plan for sustaining implementation of HPHS and inequalities focus in hospital settings</p>	<p>This is incredibly challenging with no dedicated funding and funding for core programmes reduced significantly by the Scottish Government. We have tried to embed behaviour change activity in strategic plans, pathways and routine practice and continue to do so. Each hospital site and Health and Social Care Partnership has its own management team and we have reconfigured our HPHS committee to ensure representation accordingly.</p> <p>NHS Lothian's health inequalities strategy addresses: procurement, requirement for contractors to pay the living wage, good work, socially responsible recruitment and a requirement to undertake integrated impact assessment (equality and diversity and socioeconomic) of policies, strategies and service change.</p> <p>There are also pan Lothian specialist services to support vulnerable populations and provide expert advice and support. These include: the Patient Experience and Anticipatory Care Team which supports homeless patients and frequent attenders / patients with multiple and complex needs. Other examples include the Additional Needs Information Task Force, Welfare Support and Health Literacy.</p>

<p>D. Briefly describe plans to include HPHS in recent changes for health and social care integration</p>	<p>The Health & Social Care Partnerships have been asked to look at how they can incorporate Health Promoting Health Service actions into their plans. Initial work in 2016 has been through the Healthy Working Lives programme and linking Health & Social Care Partnership Healthy Working Lives groups with Local Authority Healthy Working Lives groups.</p>
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Complete the exception table below where you have been unable to provide the requested evidence:

Action (provide number and any assigned letter)	Section A: Strategic Actions. Exception submitted: [Limit each entry to 200 words]
	<p>Training data of this type is not collated centrally in NHS Lothian and we lack systems to support this within the organisation therefore we cannot provide data requested within this report</p> <p>A number of staff will have health and wellbeing indicators included under their eKSF, however extracting these data would be a manual, time consuming job and there are no resources available to do this.</p> <p>Health Scotland provided data to enable us to report training on health behaviour change and inequalities, however the format of this data was challenging and it is not possible to produce the level of detail asked for from the data for such a large number of staff (approximately 24,000)with no resources to support this work.</p> <p>While some data is provided on specific training courses attended, NHS routine data systems do not provide the facility and there are no routine processes in place to collate the data necessary to examine the impact of the training on staff practice, patient care and outcomes. However, within NHS Lothian we are exploring ways of measuring impact from training.</p>

Smoking: Lead contributor

Name	Dr Dermot Gorman / Alexis Rumbles
Job Title	Consultant in Public Health / Smoking Cessation Coordinator

Section B: Smoking	
Action 5	All smokers, on admission to hospital, are supported to manage their smoking, offered NRT, and encouraged to quit. Boards are asked to focus efforts on targeting specific settings including: respiratory, vascular, cardiac, diabetes, mental health, maternity and cancer.
A (i) Name of system used to record the smoking status for each patient	Comprehensive TRAK solution sought Scottish National Database for quits
Provide the role of the person who records the smoking status for each patient.	Administration Assistant, Smokefree Service staff
A (ii) Provide the number of smokers supported with NRT while in hospital	The number of patients provided with NRT / other medication to manage abstinence in hospital is not known as there is no electronic prescribing system. The total number of acute referrals were 3521 and of this 1629 were provided with NRT.
If the above number is not known, note the number of prescriptions issued for NRT products	195 No electronic prescribing system. Study planned for 2017/18
A (iii) Provide the number of quit dates set in hospital.	716
If possible, provide this figure as a proportion of all smokers recorded in a hospital setting.	Smoking status in hospital is not centrally recorded – see below.
If the quit date is set for when the smoker returns home, indicate how they will be supported once they are home.	Smokefree Lothian primary care team. Group sessions, telephone support. 1:1. Local pharmacy.
B. Evidence of referral pathways to support smoking cessation pathways in the targeted settings	
List pathways in place or being developed. Include setting, targeting and if aligned to a Managed Clinical Network	Pathways for referral to Smokefree Scotland are in place in several settings, including: SJH's diabetes, respiratory,

	<p>plastic surgery, gynaecology and oncology clinics.</p> <p>Pathways are being developed within dentistry and maxillofacial outpatient clinics, ENT and Head & Neck. Further, all pre-op assessment nursing staff at SJH have been trained to use CO monitors and raise the issue of smoking. A referral pathway for all smokers is in development.</p> <p>Integrated care pathway (ICP) was piloted within medical acute admissions in SJH to ensure a brief intervention occurred and timely NRT offered to each smoker who is admitted.</p> <p>Challenging staffing levels affect referral rate and consistency.</p>
Note if an opt-out scheme is in operation and if the approach is integrated with primary care	<p>Care pathways are integrated with Primary Care</p> <p>Routine in Primary Care, however, recorded inconsistently.</p> <p>Particular focus within specialities i.e. Opt out planned for pre-op assessment. Plastic surgery and gynaecology/oncology planned for 2016/17.</p>
How has pathway(s) impacted on patient-centred care through referral and uptake of support	While NRT prescribing has increased, referral to Smokefree Lothian remains inconsistent.
Action 6	Maintenance of a comprehensive organisational tobacco policy and alignment with partners on shared sites
A (i) Description of progress on tobacco policies relating to shared sites	<p>April 1st 2015, NHS Lothian became smoke free. At this time it was decided by the Board that mental health settings would not be given exemption from this policy and Smokefree Lothian offered assistance to all sites in implementing the policy.</p> <p>Work is ongoing to align NHS Lothian and local authority Smokefree policies.</p> <p>There are challenges related to shared NHS sites with partner organisations i.e. the RIE and University of Edinburgh continue to have a different tobacco policy resulting in the presence of smoking shelters outside University buildings despite the removal of these from all NHS sites. This is an area of ongoing negotiation.</p>
A (ii) How is the NHS Smoke-free grounds policy communicated to staff, patients and visitors?	<p>National campaign posters, routine communication, leaflets, wallet sized cards and reminders on patient literature are used to communicate the policy. SJH also play a verbal message at their main entrance. There is ongoing promotion of the implementation of Smokefree grounds policy training for managers.</p> <p>Increasing patient and staff complaints have revitalised management</p>

	action.
A (iii) Description of implementation and assessment of adherence to smoke-free NHS grounds.	Hospital site managers have reinstated the site policy and implementation groups. In addition, the Smokefree grounds policy will be discussed within each ward and department at the safety brief/huddle. Within West Lothian, training sessions were held for all band 7 and above and reminders of the policy and ICP were issued at site wide charge nurse meetings. Reminders were sent to all staff on the 1 st anniversary of the introduction of the policy. Support offered to all staff to quit during work and specific training was held for the laundry staff to address the health inequalities in this workforce.
Action 7 (NEW)	Provide a narrative on your assessment on the impact of smoking actions since their introduction in 2012. Frame your narrative to reflect impact on patient-centred care, staff health and wellbeing and the hospital environment.

Input your narrative on the page below. Refer to the guidance for associated themes and observe the word count of 500 words / 1 page:

There has been ongoing improvement and implementation of smoke free grounds, recording of smoking, intervening and referring to the smokefree service. There is also a gradual change in culture with partnership support. Additional interventions undertaken in areas with high proportions of smokers include respiratory medicine. Consultant Dr John McCafferty, Royal Infirmary of Edinburgh supported by a Clinical Support Worker and Smokefree Lothian facilitator from St John's Hospital successfully piloted recording routine CO readings within the lung cancer out-patient clinic. Challenges included staff apprehension with concerns regarding impact on clinic time and room allocation; however these issues were addressed through support from a Smokefree Lothian facilitator and the employment of a specific member of staff to support the pilot. It is hoped that pulmonary function may take this forward in the future. There is a plan to repeat the pilot at Dr McCafferty's clinic at St John's Hospital.

Within Gynaecology out patients, all consultants establish smoking status, provide written literature regarding the risks of smoking and the benefits of cessation and deliver brief interventions when appropriate with each patient and recorded within clinical notes as part of routine practice. For those wishing to engage, a referral from OPD to Smokefree Lothian is made. Between April 2015 and March 2016, 119 patients were referred. This service is under ongoing review to ensure equity across Lothian.

The IMPACT project, running from mid 2015 – mid 2017, focuses on addressing smoking within third sector mental health organisations to raise awareness, develop and deliver implementation guidelines to support people with mental health issues who want to stop smoking.

Within Diabetes out-patients there are constraints on development to perform routine CO readings on every patient. There are plans to re-visit once staffing levels and clinical support workers are settled into post. Consultants routinely establish smoking status and perform a brief intervention, written literature provided.

The Lothian smokefree service was among the first to provide support to patients using electronic nicotine delivery systems / vaping.

Complete the exception table below where you have been unable to provide the requested evidence:

Action (provide number and any assigned letter)	Section B: Smoking. Exception submitted: [Limit each entry to 200 words]
A (III) A(ii)	<p>No consistent recording of smoking status on TRAK fields (rather than in the narrative section) to enable numbers and rates of smokers admitted to hospital to be extracted.</p> <p>The limitations of the national smoking cessation database mean that, due to the previous reporting system we are unable to establish, for patients seen initially in hospital, whether NRT began in hospital or once the patient returned home or the exact source of the referral. It is unlikely that this will be able to be addressed on TRAK until 2018-2020.</p> <p>Smokefree Lothian is being redesigned, partly to address requirement to ensure that organisation and interventions delivered continue to reflect best practice and to respond to Scottish Government funding cuts. Plans to increase the involvement of Smokefree staff in acute services are delayed until beyond September 2016.</p> <p>Adherence to our Smokefree Policy remains partial. Increased signage, publicity materials, training and environmental support is being put in place and we have produced Smokefree banners and are providing training for managers in summer 2016 and beyond. New SG regulations and support for enforcement will be key to progress in 2016-17.</p>

Alcohol: Lead contributor

Name	Eleanor McWhirter
Job Title	ABI lead

Section C: Alcohol	
Action 8 (NEW)	Provide narrative on your assessment of the impact of alcohol actions, since their introduction in 2012. Frame your narrative to reflect impact on patient-centred care and if appropriate, also the impact on staff health and wellbeing and the hospital environment.

ABI delivery has been sustained within priority settings (Primary Care, Antenatal and A&E). This treatment, which facilitates earlier intervention in alcohol related health problems and helps prevent alcohol related damage, will contribute to reduced health inequalities and promotion of health and well being in communities, especially harder to reach groups where deprivation is greatest.

We have developed a local data collection system that has recorded data from the start of the programme. This data has been shared with Scottish Government, informing the direction of future programme delivery. NHS Lothian continues to exceed the ABI delivery targets and report data quarterly to Information Services Division (ISD) submitting further demographic data.

NHS Lothian delivered 28,972 ABI's - 297%of the original target (9,757).

The Lothian training programme was delivered in accordance with NHS Health Scotland's national ABI training course, to build practitioners confidence and increase knowledge and skills.

ABI Training for trainers and Trainer's Forum

NHS Lothian developed a local Training for Trainers programme to enable the delivery of interventions to be sustained in health and wider community settings. We now have 12 ABI trainers.

The ABI Lead developed and leads the NHS Lothian Trainer Forum, providing ongoing support and performance monitoring for 12 trainers; ensuring all ABI delivery meets national competencies.

Criminal Justice

NHS Lothian Health Promotion Service, NHS Health Scotland and West Lothian Drug and Alcohol Service (WLDAS) commenced a one year study in August 2015 testing the inclusion of Alcohol Brief Interventions in a custody setting.

Custody suite officers at Livingston Police Station, screen all arrestees for hazardous and harmful drinking. WLDAS staff attend the police station every morning, providing information on local alcohol services and liaise with client, linking with appropriate community services.

Arrestee consent is obtained to allow sharing of information across local services, prompting appropriate service access. The work has been recognised nationally and awarded best visual display and best example of partnership working at the national Public Health conference 2015.

Canvassing with patients in custody when ABIs were first introduced showed limited interest. The high enthusiasm now may reflect advocacy and peer support from experts by experience.

Higher education establishments

In partnership with Queen Margaret’s and Napier University staff, we facilitated ABI training for 2nd and 4th year Nursing students (350) leading to the ABI training model being accepted for inclusion in 2016 -2017 curriculum for Health and Social Care (600 students).

This work was illustrated in a publication in the Nurse Education in Practice. [Nurse Education in Practice 20 \(2016\) 45e53](#)

Joint intervention training with Smoking service for Dental Staff

In partnership with the Smoking Service we developed and delivered joint alcohol and smoking brief intervention training and will continue to expand the delivery of the programme 2016-2017.

ABI e-learning module

The ABI lead designed and developed an e-learning module which launched on the 30th May 2011. This is accessible via LearnPro for NHS Lothian staff. The module is also accessible to community and 3rd sector agencies. In 2015 -2016 663 staff accessed the module.

Several other health boards and agencies throughout Scotland, including the Scottish Fire and Rescue Service, Police Scotland and Edinburgh City Council have adopted the course content developed by NHS Lothian for staff in their areas.

Evaluation

To further the emerging national evidence base of ABI effectiveness in non-NHS settings, NHS Lothian has coordinated three separate evaluations within the criminal justice setting, youth agencies and Queen Margaret University.

Complete the exception table below where you have been unable to provide the requested evidence:

Action (provide number and any assigned letter)	Section C: Alcohol. Exception submitted: [Limit each entry to 200 words]
	There is no field in TRAK to record ABIs delivered in A&E. Requests have been made to have this incorporated in TRAK for 3 years, but as yet have been unsuccessful. This is unlikely to be incorporated in TRAK until 2020.

Maternity: Lead contributor

Name	Frances McGuire
Job Title	Chief Midwife

Section D: Maternity	
Action 9	UNICEF UK Baby Friendly Initiative accreditation
A. Mechanism or plans for monitoring of WHO Code compliance (local monitoring details, informing staff & managing breaches)	<p>The Simpson Centre for Reproductive Health maternity unit was assessed for re-accreditation under the UNICEF standards (May 2016). This included standards on the WHO code. St John's maternity unit gained full Baby Friendly accreditation in June 2016.</p> <p>NHS Lothian Community undergoes stage 2 UNICEF assessment in November 2016.</p> <p>The neonatal unit at the Simpsons Centre for Reproductive Health and special care baby unit at St John's have had their UNICEF implementation visit beginning their UNICEF Baby friendly journey. The mandatory teaching programme has begun.</p> <p>All teaching programmes are approved by UNICEF and include the WHO code. The NHS Lothian breastfeeding policy is also UNICEF approved and complies with WHO code. Staff are required to undertake a practical skills review which includes a discussion on how to access the Infant feeding policy.</p> <p>Hospital and community facilities are required to undertake an annual audit of the policy which requires an environmental audit of the facilities.</p> <p>Health Promotion provides WHO code compliant materials and leaflets for staff training and families, by approval via the NHS Lothian documentation group. Mothers are referred to additional information for support via NHS Lothian website and links are made to Scottish government – www.feedgood.scot NHS Lothian infant feeding web page is a more in-depth intranet site available to staff to support them in giving advice to parents. All WHO code compliant.</p> <p>The formula forum in NHS Lothian meets twice a year where representatives from formula companies can present an update on products to staff. The information is shared using non-logo format on the NHS Lothian intranet infant feeding web page. Staff are encouraged to access information via First Steps Nutrition, a non-sponsored website to provide evidence based information on breast milk substitutes.</p> <p>Breaches of the code are reported locally and the local infant feeding advisor is informed. These are escalated to their manager and the MIN (maternal infant nutrition) lead if deemed appropriate. Specific UK level violations raised by staff have been reported previously to CNO and the Head of a health trades union.</p>

Action 10	Pathways are in place to support continued breastfeeding when infants or mothers are admitted to hospital settings, out with the maternity unit
<p>A Initiatives supporting breastfeeding in wider settings, including:</p> <p>(i) ensuring that procedures and drugs have as little impact on breastfeeding as possible</p> <p>(ii) how staff enable mothers in acute settings to express and store milk</p> <p>(iii) how staff enable mothers in acute settings to have their infants in their room</p>	<p>The NHS Lothian Infant feeding policy applies to infants in NHS Lothian hospital and community settings.</p> <p>Development of guidelines- Expressed Breast Milk storage and cleaning of breast pump equipment applies to all NHS Lothian ward areas and a guideline for analgesia for breastfeeding mothers is in process. Hospital pharmacists are available for information to prescribing staff and a medicines information service is accessible via email for staff. Medication and Mothers Milk (Hale) 2015 is available on wards for reference.</p> <p>Family support staff at Royal Sick Children’s Hospital are encouraged to attend the breastfeeding and relationship building course although this is only mandatory for all maternity staff and health visiting teams in NHS Lothian.</p> <p>The Joint Education Lothian (JEL) group has contact with staff across NHS Lothian hospital sites to support education.</p> <p>Rooming in policies are implemented in maternity services as part of the Baby Friendly Hospital standards and written into the infant feeding policy.</p>
<p>B. Evidence of systems supporting expression of breast milk (e.g. policies, breast pump loan schemes, expressing logs) for preterm and sick babies and for mothers encountering feeding problems</p>	<p>Staff attend mandatory training in Breastfeeding and Relationship Building in maternity, community and a specialist course has commenced for staff in the NNU & SCBU in NHS Lothian.</p> <p>Guidelines- Expressed Breast Milk storage and cleaning of breast pump equipment applies to all NHS Lothian ward areas and are available to all staff on the NHS Lothian intranet & Badger system.</p> <p>Mothers of preterm or sick babies are supported to express in accordance with the newborn collaborative care pathway and the NNU UNICEF Baby Friendly standards. Early expressing is encouraged within the first 6 hours (gold standard is within one hour) following birth and thereafter 8-10 times in 24 hours. An expressing log has been developed for use in the NNU.</p> <p>Mothers receive breastfeeding support booklets following delivery and a intranet website is in development (June 2016) for mothers to access breastfeeding support and support for infant feeding issues</p> <p>A breast pump loan service exists across NHS Lothian community infant feeding teams.</p> <p>For breastfeeding problems the clinic service is accessible to mothers in four clinics across NHS Lothian. The service is in the process of a review in accordance with UNICEF Baby friendly guidelines, developing a referral pathway.</p> <p>We also have a developing service M2M (midwife to mother) which uses video conferencing to a mother in her own home to support breastfeeding. This work is in collaboration with eHealth and referrals have come from the breastfeeding clinics when mothers have been experiencing breastfeeding challenges and</p>

	<p>may need additional support from the lead infant feeding advisor. There is also a support system with ongoing support from trained peer supporters as many problems are practical. This also helps reduce the potential for isolation.</p>
Action 11	Identify common causes and work towards reducing breastfeeding attrition rates
A. Provide evidence of the analysis of local attrition rates, common causes and actions taken	<p>Breast feeding data is collected on TRAK – first feed, hospital discharge and transfer to health visitor. Guthrie, ISD and Infant feeding survey data are also available and reviewed on an ongoing basis. TRAK data for Jan 2015- Dec 2015 is as follows:</p> <ul style="list-style-type: none"> • RIE exclusive breastfeeding at birth was 71.12% • RIE exclusive breastfeeding at hospital discharge 54.43% • RIE exclusive breastfeeding transfer from community midwife to health visitor 37.72% • SJH breastfeeding exclusive at birth 62.67% • SJH exclusive breastfeeding at hospital discharge 49.54% • SJH exclusive breastfeeding transfer from community midwife to health visitor 32.82% <p>The UNICEF UK Baby Friendly audit requires collection of supplementation rates which can have an impact on breastfeeding duration.</p> <p>The UNICEF standards require all staff to attend an approved training programme for breastfeeding and relationship building and this is implemented across NHS Lothian. We are working towards the 80% standards at RIE and SJH have achieved this level of staff education. This enables mothers to received consistent, evidence based information to support breastfeeding initiation and maintenance.</p> <p>Ongoing staff education at RIE is required as a result of the UNICEF reassessment (May 2016) to reduce the number of supplementations given to babies without a fully maternal informed choice. An education programme with Baby Friendly champions is planned. At St John's hospital this has been addressed and rates of supplementation have been reducing since Jan 2016 and the hospital is now fully Baby Friendly accredited. A program of monitoring will now be implemented to ensure these standards remain.</p>
B (i) Provide a description of quality improvement methodologies being applied to support the maintenance of breastfeeding during birth to hospital discharge	<p>UNICEF BFI requires ongoing audit of the care received by breastfeeding mothers to assess the information and support they receive during their hospital stay. The recent RIE results have been encouraging and the majority of mothers feel supported in the care they have received.</p> <p>At SJH the unit has been accredited as Baby Friendly (June 2016) therefore standards of care have been assessed and reached. Ongoing audit is now required to maintain these excellent standards of care. The UNICEF standards to support breastfeeding form birth to hospital discharge are:</p>

	<ul style="list-style-type: none"> • Support all mothers and babies to initiate a close relationship and feeding soon after birth • Enable mothers to get breastfeeding off to a good start • Support mothers to make informed decisions regarding the introduction of food or fluids other than breast milk • Support parents to have a close and loving relationship with their baby <p>Mothers are encouraged to bring in their copies of 'Off to a Good Start' (OTAGS) into hospital with them to facilitate conversations that support breastfeeding from birth to hospital discharge.</p>
<p>B (ii) Provide a description of quality improvement methodologies being applied to support the maintenance of breastfeeding during hospital discharge to handover to Health Visitor</p>	<p>Using the PDSA (Plan, Do, Study, Act) methodology, we are implementing a universal breastfeeding assessment tool at four key points during the first 10 days of a mothers breastfeeding journey ; hospital discharge, community midwife (around day five), handover to the health visitor and health visitor first visit</p> <p>This tool has been developed to enhance effective information sharing. It enables multiple health care professionals to complete a breastfeeding assessment on the same form, developing a care plan (where necessary) each time and facilitating information sharing regarding a mother's breastfeeding support/care. This assessment tool is being piloted with two community teams in Lothian for 3 months and feedback will be sought to ensure the tool is effective. PDSA will be utilised to amend and re-test the assessment tool, if required.</p>
<p>Action 12</p>	<p>All staff working within the NHS who are pregnant are advised (prior to going on maternity leave and again prior to returning to work) of the Board policy to support breastfeeding on returning to work</p>
<p>A Evidence of an infant feeding policy for staff returning to work. Include details of how policy is communicated to line managers, pregnant staff and to mothers returning to work</p>	<p>Staff and managers have access to NHS Lothian's positive approach to staff returning to work and breastfeeding/pumping through the Infant Feeding Policy and Facilitating Breastfeeding Policy. These policies actively support breastfeeding by providing information about breastfeeding for pregnant workers, allowing flexibility in hours and/or regular breaks for employees to breastfeed or express milk in a private, lockable room and where possible, dedicated storage space is made available. Both policies are available to managers and staff and breastfeeding is discussed, in conjunction with a breastfeeding risk assessment on return to work.</p> <p>Mothers returning to work are supported by health professional staff through the Infant Feeding Policy, Breastfeeding Scotland (etc) Act 2005 and providing information on returning to work and breastfeeding/expressing.</p> <p>Infant Feeding Advisors are available on the phone/email to offer assistance to managers, staff and mothers. Reminders of the policy and how to source storage facilities have been sent out to all staff at SJH and a HWL event offering advice and information on breastfeeding and policies was held at SJH and Strathbrock PCC in 2015 and 2016.</p>

B. Describe the facilities available to support mothers to continue to feed and/ or express their breast milk on returning to work	Several sites across NHS Lothian have private, lockable rooms dedicated to use by breastfeeding staff for expressing. Fridges are available for the exclusive storage of breast milk.
Action 13 (NEW)	Provide narrative on your assessment of the impact of maternity actions since their introduction in 2012. Frame your narrative to reflect impact on patient-centred care, staff health and wellbeing and the hospital environment.

The UNICEF UK Baby Friendly assessment process has overwhelmingly provided us opportunities to develop support for breastfeeding mothers by working towards the best practice standards which were revised in 2012. The updated education programme is mandatory for all maternity staff and health visiting teams within 6 months of starting employment (a two day course) and a three yearly update thereafter. We have recently introduced a practical skill review into the training to support staff communication and teaching skills to mothers.

The challenges of implementing this are releasing staff to attend training and completing the practical skill element following their classroom training within six weeks. We are considering with UNICEF how best to apply more learner-centred models that require less classroom based activity while delivering the same or improved learning outcomes. The infant feeding team in maternity services is provided by one part 0.6 WTE band 7 and one WTE band 6. An infant feeding advisor in the NNU/SCBU (one WTE band 6 post) has responsibility for implementing the UNICEF standards for the specialist area.

A cohort of Baby friendly champions will be trained to support the infant feeding advisors in maternity services. These key workers will support the role by embedding practice and sharing best practice in the local wards areas. They will also support audit.

The UNICEF assessment process has highlighted the strengths of the service by mothers reporting their experiences of the care they received and this has also provided a mechanism whereby improvements can be identified to maintain standards.

Both St John's hospital and RIE had UNICEF assessments in the past 12 months with a action plan in place to address outstanding issues at RIE while celebrating the success of achieving full Baby friendly accreditation at St John's.

Going forward the we will work with the Chief Quality Officer to establish how we link to and inform the work of the Quality Team at an Organisational level.

Action (provide number and any assigned letter)	Section D: Maternity. Exception submitted: [Limit each entry to 200 words]

Food & Health: Lead contributor

Name	George Curly / Gordon Fender
Job Title	Director of Operations / Catering Manager

Section E. Food and Health


Action 14 (NEW) Strategic responsibility for all non-patient food provision (catering, retail, vending, retail)

Provide name of lead(s) with strategic responsibility of non-patient food provision.	The strategic responsibility rests with George Curley Director of Facilities, assisted by Danny Gillan, Michelle Finnie, Gordon Fender,
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Action 15 All **catering outlets** in healthcare settings must meet the Healthyliving Award Plus (HLA+) by 31 March 2017 (or, for private sector directly operated catering outlets, at the point of contract (re)negotiation).
Vending machines located within catering outlets, or covered by the catering contract should be reported below.

	Number operated by the Health Board		Number operated by voluntary sector organisations		Number operated by private sector organisations		Total number in operation
	HLA	HLA+	HLA	HLA+	HLA	HLA+	
Catering outlets		13	15				28
Vending machines within, or part of, catering outlet /contract.	28						57

Please note our smaller hospital /community sites are linked / serviced by our larger sites.

Action 15 (continued)
 Guidance for vending within heal
 Appendix C
 All **vending machines*** in healthcare settings must comply with NHS Guidance for vending within healthcare settings (which is aligned to HLA+ vending criteria) by 31 March 2017 (or for privately operated vending machines, at the point of contract (re)negotiation).
 * For the purposes of reporting this question refers to all vending machines **located out with** catering outlets and not covered by catering contracts. E.g. foyer, corridor etc.

	Number of vending machines operated by the Health Board		Number vending machines operated by voluntary sector organisations		Number vending machines operated by private sector organisations		Total number in operation
	HLA	HLA+	HLA	HLA+	HLA	HLA+	
Vending machines	2		0		0		0

Action 16 (NEW)	All retail outlets and retail trolley services operated in healthcare settings must meet the Healthcare Retail Standard (HRS) by the 31 March 2017 (or, for private sector directly operated outlets and trolley services, at the point of contract (re)negotiation).			
	Number meeting the HRS operated by the Health Board out of the total	Number meeting the HRS operated by voluntary sector organisations out of the total	Number meeting the HRS operated by private sector organisations out of the total	Total number operating
Retail outlets				7
Retail trolley services				3
Issues or challenges in achieving HRS	HRS assessments have not yet taken place however RVS have an action plan in place to ensure compliance by 2017			
Action 17	Where appropriate, healthcare facilities have community food co-ops and /or other social enterprises in place, achieving the Healthcare Retail Standard.			
A. (i) Number of community food co-ops and /or other social enterprises achieving the Healthcare Retail Standard. (include a brief description of the product / service offered)				4
A. (ii) Total number of sites operating a community food co-op and /or other social enterprises (include number listed in box A (i))				4
Action 18 (NEW)	Provide a narrative on your assessment of the impact of food and health actions, since their introduction in 2012. Frame your narrative to reflect impact on patient-centred care, staff health and wellbeing and the hospital environment.			

Input your narrative on the page below. Refer to the guidance for associated themes and observe the word count of 500 words / 1 page:

All catering outlets have achieved the HLA or HLA+. There is one unit where due to an admin error a reapplication for the HLA+ has been delayed, however this unit continues working to the award criteria. There is currently A procurement tender for vending across NHS Lothian in process which requires the successful supplier to meet the HLA standard in all machines on all sites. This contract will be in place by year end. The RIE and Waverly Gate content is being reviewed and contract arrangements discussed.

The Healthcare Retail Standard is currently being rolled out and NHS Scotland have conducted a survey, to be replicated for comparison, on the RIE site. The results of this survey have not yet been shared. Both WH Smith and RVS were involved in the shaping of the standard and are on board with the implementation. Scottish Grocers Federation have carried out preliminary work on all NHS Lothian sites. The status of the retail outlet on the St John's site is unknown at present.

Community food groups are encouraged to utilise areas within the main sites the community fruit outlets are popular with both staff and visitor to the sites. The Community Garden at Midlothian Community Hospital sells their produce of fruit, vegetables and plants to staff and visitors to the site.

The provision of healthy choices from retail outlets is improving as the retailers adopt the new criteria. This has a positive impact on the availability of healthy choices and therefore the diets of staff patients and visitors.

Complete the exception table below where you have been unable to provide the requested evidence:

Action (provide number and any assigned letter)	Section E: Food and Health. Exception submitted: [Limit each entry to 200 words]
A	At time of completion the information from RIE has not been included as their return is awaited
	<p>PFI sites have outlets which do not currently comply with the retail standards</p> <p>Currently all drinks vendors meet the HLA requirements. We are currently implementing a vending contract which specifies full compliance with HLA for all vending machines.</p> <p>Anecdotal evidence would suggest an improvement in the choices being made within catering outlets. It is difficult to gather evidence to prove an improvement in staff health directly attributable to the food served in outlets as most of the evidence from other countries related to the combined benefits of teams eating together and eating healthier food over a sustained period, combined with formal assessment of staff health and wellbeing. Scottish Government and NHS Scotland have not funded similar staff health surveys.</p>

Staff Health and Wellbeing: Lead contributor

Name	Janis Butler
Job Title	Interim Director of Human Resources

Section F: Staff Health and Wellbeing					
Action 19	NHS Boards have a staff safety, health and wellbeing strategy in place, including Healthy Working Lives, and a supportive and proactive approach to staff mental health and wellbeing, physical health and financial insecurity				
	HR department		Occupational Health		
A Named lead responsible for delivery of staff safety, health and wellbeing strategy (include position)	Janis Butler		Alastair Leckie		
Note if there is no identified strategy or individual with responsibility	There is no staff health and wellbeing strategy as described above. There is a human resources and Organisational & Development strategy that incorporates some elements of staff health and wellbeing strategy				
B. Details of all hospital and community hospital sites HWL Award status and stage of progress Please note our smaller hospital /community sites are linked / serviced by our larger sites.					
Enter hospital name below	Bronze	Silver	Gold	Working towards (enter level)	Maintaining – (enter level)
SJH			√		3 rd year
WL HSCP		√		Gold	
Lauriston campus		√		Gold	
Liberton Hospital	√				
REH		√			
RHSC	√				
RIE	√				
WGH	√				
Waverly Gate					No award
Midlothian					No award
Roodlands					No award
19 C. (NEW)	Description of interventions which support staff in the areas below. Interventions should be tailored to meet the needs of different demographic staff groups and include support for engagement, health literacy, fair work and financial inclusion.				
C (i) supporting the mental health and wellbeing of staff	<p>NHS Lothian’s Dealing Positively with Stress at Work policy was updated in May 2016. The policy outlines the requirement for managers to carry out an annual stress risk assessment both at a team level and at an individual level as part of the annual personal development planning process using the paperwork provided in the policy and taking actions to address any issues identified.</p> <p>Several initiatives are in place across NHS Lothian sites to support the mental health and wellbeing of staff, including HWL providing information stands on health and wellbeing and stress control relaxation discs, free yoga sessions, notice boards providing information on organisations that offer help (i.e. carers support and mental health organisations). Further to this mindfulness/relaxation/stress control classes are advertised and run as well as a regular Stress Resolution Programme which had 49 attendees during April ’15 – March ’16. The staff counselling service continues to support staff, with client numbers in 2015 (755) increasing by 4.5% from</p>				

2014 (721, approximately 2% of staff population).

There are several initiatives in place to support the general wellbeing of staff, including a 2 month public display on health literacy and dyslexia in WGH. Further wellbeing support includes the creation of a Transgender Workplace Support Guide to support transgender employees, managers and HR staff and enable gender transition as well as support systems for staff that have responsibilities as paid or unpaid carers outside of work.

The University of Edinburgh has funded planned joint development of a Sanctuary for the Lauriston site. This facility provides a place for prayer, quiet time for patients and staff and has areas suitable for breastfeeding/expressing.

One GP practice is redesigning reception space and support roles based on work with staff to reduce stress levels.

Welfare issues

- Staff Training has been provided on:
 - General welfare changes
 - Specific training on Personal Independence Payment (PIP)
 - Money/debt management training
 - Heating/Energy savings training
 - Crisis Guide and training attachedThis empowered staff to assist patients and take action in relation to their own situations, helping them make positive changes to assist them around welfare issues.
- Credit Union – payslip campaign to increase uptake of their savings programmes. Largest uptake ever within NHS Lothian. This was assisted with the removal of “red tape” which was preventing the smooth enrolment of staff within NHS Lothian.
- Stalls in staff canteens to promote budgeting and money management to staff. This has allowed staff, from all grades, to access a service which addresses debt as well referral for benefit checks.
- Welfare Rights and Health Project – acute sector
Welfare officers from CAB available to advise patients, staff and visitors on money, debt and family matters in RIE and WGH. This is a pilot project, further information in Section J.
- Welfare Rights and Health Project – primary care
This has been included in the staff section as some staff prefer to access through primary care and also because the feedback from primary care staff is that this relieves stress among staff as patients receive the expert help they need and GPs and practice nurses have time freed up for other patients, Formal evaluation is underway. The project tackles health inequalities through
 - Reduction of poverty and debt, and income maximisation
 - Improve self-reported health status and well-being
 - Reduced impact of financial, employment and housing problems on physical and mental health.Based in sixteen GP practices, primarily in areas of deprivation in Edinburgh, and working in partnership with local third sector advice agencies, this service provides patients with – individualised welfare rights advice, casework and representation; debt management; representation at appeal tribunals; employability support; housing advice, casework and representation; and training/briefings for NHS

	<p>staff on welfare reform, financial inclusion and income maximisation. The success of the current service in terms of financial gain is clear – for every £1 invested there is £15 gained for vulnerable people living with health conditions in Edinburgh. In 2014/15 the following were achieved;</p> <ul style="list-style-type: none"> • Target: Responding to a minimum of 2050 new and ongoing cases Output: 2,912 cases have been dealt with by the service. The most common enquiry was about health related welfare benefits. • Target: Providing training / briefing / awareness raising sessions to 160 NHS staff on welfare reform and changes to welfare benefits, tax credits and income maximisation. Output: 45 sessions within health settings have been delivered to approximately 8 staff per session, therefore 360 staff have attended sessions to increase their awareness and understanding about changes to welfare benefits, tax credits and income maximization. • Target: Delivering welfare rights advice, casework and representation to maximize household income in excess of £984,000 previously unclaimed benefits Output: £1,658,940 has been gained for patients through advice work, casework and representation. It is difficult to accurately predict the real financial gain that this service achieves as frequently patients do not report on the successful outcome of welfare benefit applications. <p>Healthy Start welfare advice has been reported separately in Section J.</p>
<p>C (ii) supporting the physical health of staff</p>	<p>Several initiatives are in place across NHS Lothian sites to support the physical health of staff, these include</p> <ul style="list-style-type: none"> • staff step count • stair climb • sit-stand and healthy desk challenges • the promotion of walking routes onsite • specific exercise classes • joint exercise and nutrition classes • HWL events on physical activity • initiation of sports clubs • upgrading changing rooms to support exercise and active travel • regular onsite JogScotland groups • led lunchtime cycles • discounted memberships rates for corporate sports and leisure facilities. <p>The ‘New Royal Mile’ initiative offering free and accessible onsite exercise facilities at RIE launched in June 2016 and saw 167 staff members walking with a 3 hour period. Further to this, there is a variety of work being conducted to support active travel. This includes the running of travel clinics, creating personal travel plans and offering free bike servicing to staff. A Bicycle Users Group is also being set up to address the active travel agenda. Smoking cessation is promoted to all staff.</p>
<p>C (iii) Promotion of health screening</p>	<p>Health screening is promoted to the Lothian population, linked to the UK agreed population screening programmes. Including a public stall on bowel screening cancer awareness month, promotion of Aortic Aneurysm screening (for males over 65), with clinics held at the WGH.</p>

	<p>A further example included The Detect Cancer Early programme in Lothian has performed well with particular effort made to improve uptake of cancer screening programmes in disadvantaged populations. Uptake of cervical and breast screening services in migrant and ethnic minority populations is being examined and work ongoing with those communities to identify appropriate interventions and improve health literacy in this area as there is evidence of over and underuse in different communities in absolute terms and in THE level of risk of cancer they face.</p> <p>Further examples available if required.</p>
C (iv) Promotion of immunisation	<p>Information regarding immunisations and annual seasonal flu vaccine clinics are offered and promoted to all staff across NHS Lothian. 180 clinics were held across Lothian hospital and primary care settings to increase accessibility and uptake of vaccines. Clinics are promoted through newsletters (Lothian wide and site specific), messages on payslips, intranet banners and target setting competitions within wards/departments.</p> <p>The total number of seasonal flu vaccines provided to staff throughout NHS Lothian and social care was 13,274, an overall uptake of 46% among NHS Lothian staff – down slightly from last year. We also struggle with an outdated system of collecting paper consents which underestimates uptake. Business cases to introduce electronic systems have been unsuccessful but we continue to review this area.</p>
Action 20 (NEW)	<p>Provide a narrative on your assessment of the impact of staff health and wellbeing actions, since their introduction in 2012.</p> <p>Frame your narrative to reflect impact on patient-centred care, staff health and wellbeing and the hospital environment.</p>

Input your narrative on the page below. Refer to the guidance for associated themes and observe the word count of 500 words / 1 page:

Since the introduction of the CEL in 2012, NHS Lothian long term sickness has reduced from 3.01 to 2.51% and short term absences have increased from 1.94 to 2.01%. Further, the number of reportable staff accidents, incidents and near misses has reduced from 124 to 104. In order to address sickness absence rates NHS Lothian Work Support Services have presented a proposal to undertake Consensus Based Disability Management Audit' (CBDMA) to reduce NHS Lothian's staff sickness absence and disability management costs. This proposal was made to the Efficiency & Productivity Team in August 2015 and shared with Employee Relations in 2016. It proposes that NHS Lothian Work Support Services could play an important part in the reduction of NHS Lothian staff sickness and disability costs if the organisation undertook this audit.

In NHS Lothian 8,791 staff members completed the staff survey (proxy of staff engagement) in 2015 (38%). This is an increase from last year's 36% and is in line with the national average. Within the section relating to provision of a continuously improving and safe working environment that promotes health and wellbeing of staff, patients and the wider community, the following questions were answered more positively than in 2014; feeling able to meet the conflicting demands on time at work (45% in 2015 compared to 43% in 2014) and provision of health and safety training (87% in 2015 compared to 85% in 2014).

After a pilot of iMatters was run by the Directorate for Public Health, NHS Lothian will be rolling this out across the board in due course.

Complete the exception table below where you have been unable to provide the requested evidence:

Action (provide number and any assigned letter)	Section F: Staff Health and Wellbeing. Exception submitted: [Limit each entry to 200 words]
	NHS Lothian continues to work towards meeting the CEL requirements for Healthy Working Lives but progress is slow, largely due to national changes. HWL awards in parts of NHS Lothian are under review and some have been downgraded because of lack of activity and national changes.
	NHS Lothian also has a high rate of use of other codes which makes it difficult to discuss effective interventions with the Partnership Forum. The significance and reasons for this require further investigation.

Reproductive Health: Lead contributor

Name	Dr Sharon Cameron
Job Title	Clinical Director, Sexual and Reproductive Health

Section G: Reproductive Health	
Action 21	NHS Boards have a plan in place to support women with LARC in maternity and termination services, with a focus on vulnerable women
A. Describe evidence of impact on numbers of repeat terminations	<p>Uptake of the most effective long acting reversible methods of contraception (LARC) has been shown to prevent repeat abortion in the next 2 yrs. In recognition of the importance of high quality contraceptive counselling and provision of LARC at abortion, we shifted one half of abortion assessment services from hospital to community sexual and reproductive health setting of Chalmers Centre in 2012. We demonstrated significantly higher LARC uptake in women assessed pre abortion at our specialist contraceptive service of Chalmers compared to hospital setting (Cameron et al JFPRHC 2016). This has given impetus to service reconfiguration & forthcoming shift of more abortion assessment clinics from hospital to community contraceptive setting. ISD data for 2015 shows rates of repeat TOP in NHS Lothian of 3 per 1000. Recent (local) analysis of NHS Lothian abortion data up to Oct 2015 has shown that women who had abortion in 2013 and who were assessed at Chalmers TOP service had almost one third risk of another abortion in the next two years, compared to counterparts assessed in the hospital TOP service (1.14% vs 2.6% repeat TOP in next 2 yrs respectively). This currently being prepared for NHS Lothian Sexual Health Programme Board report & publication.</p> <p>NHS Lothian has also been a partner in undertaking quantitative and qualitative research in Scotland (CSO/ MRC Social Sciences Unit) in 2015 to understand characteristics and experiences of women who experience more than one abortion in a two year period. This study (WEMA) has been completed and a report in preparation for Scottish Dept of Sexual Health and Blood Borne Viruses. This will have implications for future policy.</p>
B (i) Describe how you define vulnerable women in your area and collate termination information	<p>Whilst we understand the broader definitions of vulnerable women (including women with alcohol and substance misuse, sex workers, victims of domestic abuse) we are only able to provide the data that we routinely input into our termination of pregnancy (TOP) service database.</p> <p>We can provide data on vulnerable groups based on age and deprivation by a postcode area of residence i.e. young women (under 20 years) and on women from the most deprived postcodes (SMID 1 and 2). Data relates to hospital (Royal Infirmary of Edinburgh) and Community (Chalmers Centre) which account for 80% of all TOP in NHS Lothian. In the calendar year 2015, 35.1% and 48.9% of < 20 yr olds requesting TOP from hospital and community respectively, were provided with a LARC method. For women from SMID 1,2, the corresponding LARC figures after TOP were 35.1% and 45.6% from hospital and community setting respectively.</p>
(ii) Describe how you support vulnerable	NHS Lothian maternity services provides LARC to women from ALL backgrounds, is not just vulnerable women. In this way we aim to avoid stigmatising groups of women.

<p>women within maternity services</p>	<p>The NHS Lothian 'APPLES' (Access to Post Partum 'LARC' in Edinburgh South) project to facilitate access to contraception postpartum, esp. the most effective long acting reversible contraceptives (LARC) – implant and intrauterine devices postpartum is being rolled out across NHS Lothian.</p> <p>Nevertheless, we do have two projects that provide an 'enhanced service' to vulnerable groups.</p> <p>(i) PREPARE team – The midwives looking after women with alcohol and substance misuse, provide antenatal contraceptive counselling and the maternity service aims to provide the chosen method after childbirth. If women choose the contraceptive implant then a further option is that women can be provided with the implant by the PREPARE team midwife in their home. This is a novel service; implants provided using a topical spray (ethyl chloride), overcoming risks of needles, and local anaesthetic injections. Evaluation from women has been positive. Formerly women required to make an accompanied visit to a specialised clinic in the postpartum period.</p> <p>(ii) Family Nurse Partnership. Work in partnership with FNP nurses in Edinburgh. FNP nurses deliver antenatal contraceptive counselling and maternity services in NHS Lothian provide women with their chosen method following childbirth.</p>
<p>(iii) Describe how you support vulnerable women within termination services</p>	<p>We offer both vulnerable and non vulnerable women the same comprehensive information and all methods of contraception. Contraceptive information (in addition to information on what happens at the TOP clinic) is also available in audiovisual format (DVD and sexual health website). Audiovisual information is important as 23% of Scottish adults have low literacy levels.</p> <p>In the Chalmers TOP service, we have an onsite Vulnerable Adults and Children Team (multidisciplinary: medical nursing, social work) which facilitates best holistic management of vulnerable women passing through the TOP service. From Sept 2016 all TOP assessments (Edinburgh) will move to Chalmers site.</p> <p>NHS Lothian has undertaken research on the views and knowledge of young people around abortion (Harden et al 2016 https://www.era.lib.ed.ac.uk). This has informed current work we are undertaking on developing information on abortion designed specifically for younger age groups.</p>
<p>C (i) Description of maternity services role in the delivery of the Sexual Health and Blood Borne Virus Framework 2015 – 2020 Update</p>	<p>The NHS Lothian 'APPLES' (Access to Post Partum 'LARC' in Edinburgh South) project was designed to facilitate access to contraception postpartum, esp. the most effective long acting reversible contraceptives (LARC) –implant and intrauterine devices postpartum.</p> <p>The elements of this were contraceptive counselling by community midwives to women at antenatal clinics in Edinburgh South (also included women from Family Nurse Partnership and PREPARE). This is supplemented with information for women (contraceptive leaflets & audiovisual information on the NHS Lothian sexual health website)</p> <p>Contraceptive plans are then documented in maternity record and chosen contraceptive method provided before discharge home after childbirth</p>

	<p>(where appropriate)</p> <p>Evaluation of APPLES showed high patient and midwife acceptability of service, and high proportion of women (40%) wishing LARC postpartum (although difficulties in providing LARC with short hospital stays and busy maternity wards and esp. at weekends).</p> <p>Following on from the APPLES project, NHS Lothian is now rolling out routine contraceptive counselling throughout NHS Lothian, delivered by community midwives in the antenatal period. Women will (as in APPLES) be provided with progestogen only methods, implant (and intrauterine contraception- IUC if having elective Caesarean section).</p> <p>Other initiatives to improve access to LARC postpartum:</p> <p>(i) Contraceptive midwife champions Training of community midwives to be 'contraceptive champions' is underway, with the aim of more than one midwife in each community team being able to provide more in depth advice on contraception and provide the implant to women postpartum in the community (if this is not provided from the maternity service following birth).</p> <p>(ii) Fast track IUC insertion at local SRH Service postpartum For women delivering vaginally, who want IUC, there is a fast track system in place so that they can be offered an appointment to have IUC inserted in Chalmers SRH service at 4 weeks postpartum. Data from APPLES showed 5% of women were referred for fast track IUC and 42% attended.</p> <p>(iii) IUC at elective c/section NHS Lothian also set up the first UK service of providing IUC at elective c/section, since August 2015 (20% of all women having elective c/section currently choose this). Women who are planning a c/section birth receive information antenatally about IUC at c/section, and if medically eligible then proceed to have IUC at delivery. Women are also offered a follow-up at six weeks at Chalmers SRH service for a thread check if they wish to do so. Patient feedback to date has been positive.</p>
<p>(ii) Description of termination services role in the delivery of the Sexual Health and Blood Borne Virus Framework 2015 – 2020 Update</p>	<p>TOP services in NHS Lothian provide high quality contraceptive counselling and all methods at time of TOP. The only method that cannot be provided <i>immediately</i> is IUC for women who go home for early <i>medical TOP</i>.</p> <p>Fast track IUC after early medical TOP Since 2008, NHS Lothian has offered a fast- track to IUC insertion, service between TOP services and SRH clinics, to facilitate timely insertion (1-2 weeks later) of the method after medical abortion.</p> <p>Routine screening for HIV/syphilis in TOP service NHS Lothian has provided routine HIV/syphilis screening (opt out) of all women presenting for TOP since Jan 2015. 95% of women are currently being tested.</p> <p>Reducing Stigma of abortion for staff working in TOP service Following each TOP clinic (Chalmers service) there is a 'debrief' for staff to discuss challenging cases and general support.</p> <p>There is a bimonthly 'T clinic bulletin'- an e-newsletter that all clinical & non clinical staff in NHS Lothian abortion services are sent that keeps them up to date with issues related to TOP service and promotes team working.</p>

	<p>All staff in NHS Lothian abortion service are encouraged to attend the annual Scottish Abortion Care Providers network (SACP) conference which is held annually in Edinburgh since 2009. This has been highly evaluated by staff and raises moral and permits networking with colleagues also working in a stigmatised area of work.</p> <p>Patient involvement in improving services</p> <p>Qualitative research that we conducted amongst women having early medical TOP in NHS Lothian showed that they would value experiential information, in addition to clinical information. In response to this we developed a patient film: ‘Lara’s story’- based on one woman’s experience. It has been highly evaluated by women and staff as likely to be valuable to many women considering and undergoing any medical abortion at home. This is planned for edit and then to be made available to women on the NHS Lothian sexual health website.</p> <p>We have also used our Patient Public Involvement (PPI) networks to help us determine questions of importance to women surrounding terminology that we use around abortion (abortion or termination or voluntary interruption of pregnancy). This led us to conduct a national survey of women seeking TOP in 2015 (<i>report in preparation</i>). This showed that most women not find any of the abortion terminology distressing (although termination was the preferred term). We will use ‘termination’ as the preferred term in future patient information leaflets.</p>
Action 22 (NEW)	<p>Provide a narrative on your assessment of the impact of reproductive health actions, since their introduction in 2012.</p> <p>Frame your narrative to reflect impact on patient-centred care, staff health and wellbeing and the hospital environment.</p>

The introduction of Reproductive Health actions has been important as it has placed strategic importance on raising the priority of contraception after key reproductive events. This has undoubtedly added support for strategies to improve contraceptive provision, especially within maternity services. The reproductive health actions should also contribute to helping to destigmatise termination of pregnancy (TOP) i.e. recognising that it is an important part of reproductive health. The actions have also resulted in closer working between sexual and reproductive health services, primary care and maternity services in NHS Lothian. This facilitates provision of contraception and supports staff training (contraception) but also the close links can help seamless care of patients passing between services at different stages of their reproductive life.

NHS Lothian has been leading strategies to improve contraceptive services for women after TOP and Childbirth (e.g. .APPLES). We also undertook the formative research in these areas that demonstrated that 1:8 mothers presenting for TOP have given birth within 12 months, and that 1 in 8 mothers giving birth have conceived within a year of another birth (Heller et al JFPRHC 2016). NHS Lothian were the first service to offer fast track from TOP services to IUC clinics for women choosing IUC (Cameron et al JFPRHC 2012) and have led the way in shifting TOP from hospital to community SRH settings to improve contraceptive provision post TOP and prevent further TOP for women (Cameron et al 2015).

NHS Lothian has kept the reproductive health actions patient -centred by involving patients at all stages. Specifically, we have engaged closely with patients and public (inc.

discussions with young mothers groups, mums and toddlers from post code areas of deprivation) to determine their ideas for improving postpartum contraception services.

In addition, we have conducted anonymous surveys of women (undergoing termination or following childbirth) to evaluate the quality of the contraceptive service provided. We have also conducted qualitative research with women about

- (i) their experience of medical abortion at home
- (ii) experiences of women who present toward the end of the midtrimester for abortion and reasons for this,
- (iii) women’s experiences of more than one abortion and (iv) women’s views on receiving contraceptive advice antenatally and having the method provided postpartum.

In response to patient feedback we are improving the quality and range of information on the NHS Lothian sexual health website for women presenting with an unintended pregnancy. We are implementing and evaluating strategies to improve access to LARC postpartum.

NHS Lothian also actively involves staff (clinical and non clinical) in quality improvement of TOP and post partum contraceptive services. Good communication and multidisciplinary working between community and hospital (multidisciplinary quality improvement groups, e-newsletters, joint meetings) also support staff groups and this in turn benefits the service. Staff wellbeing is taken seriously and with the recognition that TOP care can be a stigmatising service to work in, the main TOP service (based at Chalmers site) incorporates routine post clinic debriefing. There is also free mindfulness sessions and affordable weekly yoga sessions for all staff.

Going forward the we will work with the Chief Quality Officer to establish how we link to and inform the work of the Quality Team at an Organisational level.

Challenges: Data on contraception at TOP is not available from TRAK , so requires TOP service databases to be maintained.

Complete the exception table below where you have been unable to provide the requested evidence:

Action (provide number and any assigned letter)	Section G: Reproductive. Exception submitted: [Limit each entry to 200 words]
	Much of the intelligence is from standalone studies given the limitations of routine data.

Physical Activity & Active Travel: Lead contributor

Name	Dr Dermot Gorman
Job Title	Public Health Consultant

Section H: Physical Activity and Active Travel	
Action 23	Physical activity interventions are routinely embedded into hospital settings. Boards are asked to focus efforts on the priority settings of: cardiology, pulmonary rehab, mental health, diabetes, paediatrics, oncology, orthopaedics, care of the elderly, pre-assessment and outpatient clinics A system or process is developed and/ or in place to assess the delivery and impact of physical activity interventions in hospital settings.
A. Provide details on revising documentation to record physical activity status	Recording of physical activity status is an ongoing challenge. Taking a person-centred care approach, physical activity is built into patient pathways and so is discussed and recorded as and when appropriate for each patient. See section I for examples.
B. Provide details and description of a development plan or assessment of impact in one or more of the priority settings listed above.	Within our mental health settings, Greenspace and the use of openspace has been a priority within patient centred care. For example, the Community Garden at the REH has linked with the Nursing and Occupational Therapy staff at the REH and promoted therapeutic use of the garden. This has resulted in patients both coming to the garden for planned activities or simply to walk and enjoy exercise in the calm environment the garden offers. The main patient groups involved are general psychiatry and also the Young People’s Unit (adolescent mental health). Work is also underway to use community gardens here and on our other sites as a safe space for early intervention / conflict resolution interventions to prevent homelessness in vulnerable individuals and families. The REH has 50 regular volunteers contributing an annual 10,000 hours of work. Belhaven and Midlothian Community Hospitals have around 25 volunteers. See section I for examples of development plans within the priority settings.
Action 24	NHS Boards develop an infrastructure to enable and signpost patients, staff and visitors to access local physical activity opportunities, accounting for equitable access for all.
	A. Evidence of hospital based physical activity support and/or services targeting individuals or populations experiencing inequalities (e.g. those with long term conditions, disabilities, in receipt of benefits, carers or living in areas of deprivation)
A Include: (i) system for referral (ii) system for	We have developed walking ‘medal routes’ in conjunction with the Ramblers Association and the various Healthy Working Lives Groups have promoted these amongst staff and held ‘step challenges’ to promote physical activity. The routes at Royal Edinburgh Hospital were developed (and redesigned due to the current redevelopment of the site) partly in recognition of the disadvantage mental health

<p>signposting</p> <p>(iii) assessment of use</p>	<p>patients experience and our efforts have a strong inequalities focus and there are several physical activity initiatives running for users of mental health services. At Astley Ainsley Hospital the Pathways project is developing two walks on the hospital site which will be sign posted with way markers and interesting historical facts about the hospital. There are several initiatives in place to facilitate physical activity and active travel including the upgrading of onsite changing rooms, travel clinics and a bicycle users group.</p> <p>Wildlife walkways and bird feeding stations are being developed at REH.</p> <p>The Edinburgh and Lothian's Health Foundation funded the use of activity and heart rate monitors in the Physiotherapy department at the Royal Hospital for Sick Children to monitor and improve the physical activity of children referred for respiratory physiotherapy who often have complex LTCs and therefore have poor exercise tolerance and poor activity levels.</p> <p>An elearning course is available to support staff in raising the issue of physical activity which have been completed by 19 staff members.</p>
<p>B Evidence of hospital based services working in partnership with local physical activity providers</p>	<p>There are partnerships in place across all four board areas with corporate leisure providers to offer a range of services to patients, including referral only classes, reduced membership rates and a variety of targeted activities. Several of these initiatives provide benefits beyond increased physical activity, including social and mental wellbeing.</p> <p>The health and wellbeing team are a mobile unit that can provide taster sessions of PA and information sessions to the community through workplaces, partnership centres, schools, hospitals, care homes etc.</p>
<p>C Provide details of use, and plans for improved access and use of outdoor estate for physical activity and promotion of active travel for patients, staff and local community</p>	<p>In NHS Lothian the topic of greening the NHS is an important part of our environmental and sustainability work as well as the Health Promoting Health Service agenda. We have many hospital and other NHS sites and endeavour to maintain them to be an attractive for staff and other users of the NHS to use and enjoy.</p> <p>A thriving Community Gardens programme runs on three sites (Royal Edinburgh Hospital, Belhaven Hospital, Dunbar and Midlothian Community Hospital). These are most successful involving hospital and local communities in gardening activities and being an important part of the recovery pathway for many clients. They are also offering placements and programmes for young people seeking a way into work and linking successfully with our estates department.</p> <p>More generally NHS Lothian has been engaged with local councils on such as Edinburgh's Open Space strategy where we are seeking to promote green infrastructure, including open space and green networks, as an integral component of successful placemaking. This work may be given increased impetus with the new Health and Social Care Partnerships where emphasis will be on reducing inequalities, promoting sustainable travel modes etc.</p>

	<p><i>April '15 to March '16</i></p> <p><i>Liftshare - 16 members registered</i></p> <p><i>Cycle 2 Work - 291 contracts approved</i></p>
Action 25 (NEW)	<p>Provide a narrative on your assessment of the impact of physical activity and active travel actions, since their introduction in 2012. Frame your narrative to reflect impact on patient-centred care, staff health and wellbeing and the hospital environment</p>

Input your narrative on the page below. Refer to the guidance for associated themes and observe the word count of 500 words / 1 page:

Within Lothian there has been substantial and continuous redevelopment of the NHS estate since 2002. This has both provided opportunities - allowing us to build in exercise opportunities, good public transport links, greenspace and exercise opportunities - and caused problems as we have had to restrict walking and recreational opportunities due to building work. The main hospital campus is now out of town – which presented challenges to sustainable travel and we have had to combat the desire of many staff (often because of domestic circumstances) to use their cars to travel to work. This we have done working with partners in the development of the South East Wedge where the RIE is located and where the Sick Children's Hospital and other services are due to open in 2017. There is very active planning to utilise the greenspace to create the 'new meadows' on the site. This is linking residential, NHS, University of Edinburgh and science park zones with priority given to sustainable modes of transport. The last year has seen increased co-ordination and co-operation between NHS and University of Edinburgh on this agenda.

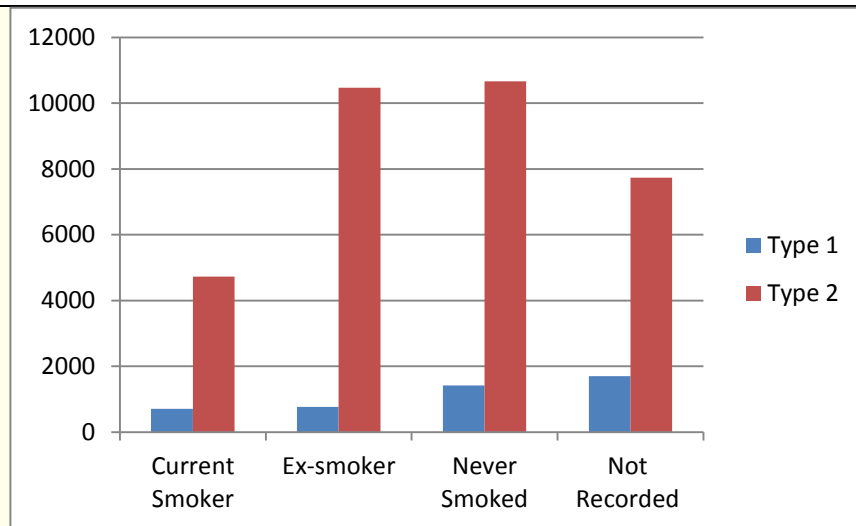
Complete the exception table below where you have been unable to provide the requested evidence:

Action (provide number and any assigned letter)	Section H: Physical Activity & Active Travel. Exception submitted: [Limit each entry to 200 words]
A	Currently this is not recorded centrally in Lothian although physical activity assessment will often be contained within individual's clinical notes, making monitoring a very resource heavy task. Attempts have been made to have section added to central TRAK system, however prioritisation of this work has been unsuccessful and a national solution is being brokered by the NHS Health Scotland. TRAK changes are unlikely to be incorporated before 2020.

Managed Clinical Networks: Lead contributor

Name	Alyson Cumming
Job Title	Strategic Programme Manager - Corporate Planning, Public Records, Diabetes, Respiratory and Heart Disease Managed Clinical Networks Directorate of Strategic Planning, Performance Reporting and Information

Section I: Managed Clinical Networks - NEW	
Action 26 (NEW)	All Managed Clinical Networks (MCNs) are aligned with HPHS and promote the use of health improvement pathways amongst clinical staff, with the appropriate support
A. Submit MCN improvement plans, with specific reference to embedding health improvement within clinical pathways. Include at least one response for (i) – (iv):	
(i) smoking cessation	<p>Smoking cessation is offered routinely – the main constraint is funding, which does not provide the capacity required to monitor CO routinely and provide an opt out service. Lack of physical space to see patients is a secondary constraint – these limitations apply to cardiac and diabetes services.</p> <p>Cardiac - Cardiology -One Stop Chest Pain Clinic Provides diagnosis, management and basic behavioural intervention. The disease process has a number of potentially modifiable risk factors such as smoking, diet and exercise but these are patterned by socioeconomic and ethnic group and other measures of disadvantage. Following a cardiac event, patients are more likely to be ready to make behavioural changes. Cardiac rehabilitation has developed to encompass an individual menu-based approach incorporating exercise, education and behavioural change to assist in self-management and behaviour change.</p> <p>Diabetes - The percentage of smokers in Lothian is similar to the Scottish average, however it is recognised there is room for improvement in the recording of smoking status on SCI-Diabetes. Actions to support improvements in recording and opportunities for referral to smoking cessations include:</p> <ul style="list-style-type: none"> • Provide targeted information on smoking cessation for people with diabetes by the end of 2016. The information leaflet for the smoking cessation service is currently being reviewed. • Increase the percentage of people with a recorded smoking status from 75% to 80% by the end of 2016 <p>In 2015, smoking status of those with type 1 diabetes in Lothian was recorded for 63% (64% for Scotland). Of those. 25% were recorded as current smokers, 26% as ex-smokers and 49% as never smoked. Within type 2 diabetes in Lothian, smoking status was recorded for 77% (83% for Scotland). Of those, 18% were recorded as current smokers, 41% as ex-smokers and 41% as never smoked.</p> <p>Figure 1. NHS Lothian Smoking Status in Type 1 and Type 2 Diabetes (recorded within the last 15 months)</p>



(ii) physical activity

Cardiac rehabilitation has developed to encompass an individual menu-based approach incorporating exercise.

Diabetes - All patient education courses include provision of support to individuals in the management of diabetes and physical activity. The Lothian diabetes team and a representative of Edinburgh Leisure have filmed a series of digital postcards which are available on the Living It Up website to encourage individuals to seek referral and participate in physical activity <https://flourish.livingitup.org.uk/content/no-delays-introduction-diabetes>

The diabetes MCN is exploring opportunities through the GameChanger initiative (NHS Lothian, Hibernian Football Club and Hibernian Community Foundation) to undertake patient education classes and a diabetes healthy lifestyle programme (aimed at those at risk of developing diabetes) at Hibernian Football Club stadium with the aim of increasing participation in physical activity in addition to supporting healthy eating and other health promotion interventions. It is also hoped in conjunction with Living It Up, diabetes risk assessments can be undertaken on match days during the 2016-17 football season.

In 2015, NHS Lothian and the Hibernian Community Foundation hosted a health promotion event aimed at young people with type 1 diabetes was attended by circa 300 young people and their families who heard Hibernian player Scott Allan talk about how he manages his type 1 diabetes as a sportsman. <http://www.nhslothian.scot.nhs.uk/MediaCentre/PressReleases/2015/Pages/HIBERNIAN-footballer-shares-experience-of-diabetes-with-local-youngsters.aspx>

Funding from Edinburgh and Lothian’s Health Foundation has been used to deliver free weekly exercise sessions open to everyone with diabetes in West Lothian, with a personal trainer qualified in exercise for people with diabetes.

Respiratory

- Singing for Lung Health Choir.

A number of Lothian COPD choirs have been created which demonstrate

	<p>good social impact and better clinical outcomes for those who participate. There are now 3 choirs in the Lothian (Stockbridge, Niddrie, Musselburgh), The most recently established choir 'The Warblers' received funding from the Edinburgh and Lothian Health Foundation. An evaluation report on the choir's activities is to be submitted to the foundation by the end of June 2016.</p> <ul style="list-style-type: none"> • Pulmonary Rehabilitation (PR) <p>PR supports a programme of exercises and information for people living with COPD and supports individuals to learn ways to control symptoms and improve general well-being. The Lothian PR service received efficiency and productivity funding to support the establishment of pan Lothian service to ensure a standard of delivery care if provided across Lothian and has assisted with expanding capacity to support an increase in referral. PR remains the single most effective therapy for patients with COPD.</p> <p>In 2015, the respiratory MCN supported the bronchiectasis patient group to develop and launch a patient website which includes a section relating to living with bronchiectasis and exercise. http://www.bronchiectasis.scot.nhs.uk/living-with-bronchiectasis/exercise-and-work</p>
(iii) weight management	<p>Cardiac – Cardiac rehabilitation has developed to encompass an individual menu-based approach incorporating weight management.</p> <p>Diabetes - The national diabetes performance measure relating to weight management is the % of people with a BMI \geq 30 who have lost \geq 5% body weight in the last year. NHS Lothian benchmarks similarly to the Scottish average with 14% of obese individuals with type 2 diabetes losing at least 5% of their body weight. To support improvements, changes have been made to referral criteria into the Lothian weight management service which should assist to support increases against this target. Clinicians were reminded of the new referral criteria in February 2016.</p>
(iv) routine enquiry to identify patients vulnerable to financial stress, homelessness or other social or environmental factors	<p>Cardiac Equity audit undertaken in 2007 (data 2005-2007) was used to assess presentation and event rates (MI, admission, death) by socioeconomic group. Men (56 vs. 62 years) and women (59 vs. 63 years) from the most deprived decile were referred significantly younger than those from the least deprived. Base on postcodes of referred patients, age-standardised rates of referral to clinic were over twice as high for most deprived as least deprived – 423 vs. 194 per 100,000 for men, ratio 2.18 and 295 vs. 102 for women, ratio 2.89). This is due to be repeated in 2017. There were no significant differences in investigation or management by socioeconomic group once patients presented. A significant amount of work went into cardiac rehabilitation because of apparently lower referral and participation rates (NB small nos.) among those from areas with the highest levels of deprivation (SIMD I). Cardiac rehabilitation has developed to encompass an individual menu-based approach incorporating enquiry to identify patients vulnerable to social factors.</p> <p>Diabetes The Edinburgh Health and Social Care Partnership recruited 2 community</p>

	<p>diabetes specialist nurses (2 year fixed term posts) who focus on supporting individuals who frequently attend the emergency department, heard to reach groups and those who do not attend clinic appointments. An evaluation of this role will consider the impact on admission prevention, reduction in occupied bed days and improved patient engagement. Whilst discussion has taken place with Chief Officer in the other Lothian partnerships, resources to support investment in community diabetes nurses across Lothian continues to be a challenge.</p> <p>The Lothian diabetes health improvement programme developed by the East Lothian Community Health Inequalities Manager was developed for vulnerable groups. The diabetes MCN is engaging with the manager with the aim of rolling out this programme across Lothian; however this is dependent securing additional funding streams.</p> <p>All patients in Lothian are encouraged to register with My Diabetes My Way to support self management of diabetes which includes information relating to lifestyle. http://www.mydiabetesmyway.scot.nhs.uk/</p>
<p>(v) any other to note</p>	<p>Improvement plans associated with diabetes, respiratory and heart disease is monitored via the MCNs / Programme Board, NHS Lothian Healthcare Governance Committee (via submission of annual reports), relevant national advisory committees and the Scottish Government Clinical Priorities Team (for monitoring priorities associated with national improvement plans).</p> <p>Heart Disease Strategy Programme Board (not an MCN) The Heart Disease Strategy Programme Board (HDSPB) has an improvement plan which includes a priority on the prevention of cardiovascular disease. This highlights how HD services and staff contribute to health improvement work, with a focus on inequalities, specifically targeting case finding strategies for people at high risk of developing cardiovascular disease. The NHS Lothian Strategic Plan 2014-24 highlights the 'Hannah' pathway relating to heart failure and other long term conditions. The House of Care approach has been identified as a useful care model.</p> <p>House of Care 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 centred 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.</p> <ul style="list-style-type: none"> • House of Care British Heart Foundation (BHF) funded project The House of Care Lothian Collaboration is supporting 7 GP practices (funded by the BHF) to deliver a House of Care model to a cohort of patients 'with heart disease'. Full evaluation will be available (2 year project). We hope to extend this to a further 3 practices in 2016. • House of Care and Cardiac Rehabilitation Lothian's House of Care collaborative is supporting the cardiac rehabilitation team to deliver a more patient centred, care planning approach to their patients.

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.

Lothian Lipid Guidelines –relaunch

Whilst awaiting the outcomes of the national review of Lipid Guidelines, prescribers in Lothian were surveyed to ask their opinion on what lipid guidance to support risk assessment and prevention of CVD. The Lothian Lipid Group has published a two-page Lothian guideline updating management of adult patients with hyperlipidaemia. The Lothian Lipid Management in Adults Guideline was launched on 4 November 2015 at the annual Edinburgh High Blood Pressure Symposium. It provides clear and concise advice on the management of cardiovascular risk in adults. The guidelines are aimed at new patients or those requiring a management change.

QOF Benchmarking against Scottish Statistics

The annual NHS Lothian Healthcare Governance Report which includes QOF data is benchmarked against Scottish Statistics. An update report is due to be submitted to the Healthcare Governance Committee in November 2016.

The key elements of the New GP Contract and Transitional Quality Arrangements (TQA) are to include a requirement for practices to maintain current disease registers at GP practice level within the GP clinical system and coding of patients based on diagnoses including the offer of appropriate lifestyle advice. It is therefore up to IJBs to determine the ongoing reporting arrangements this is under discussion.

Diabetes MCN

The focus of the Diabetes MCN is to support delivery of the improvement priorities outlined within the 2014 Scottish Government National Diabetes Improvement Plan and quarterly reporting against the 12 national plan diabetes performance measures.

Pathways for type 1 and type 2 diabetes include attendance at structured, accredited patient education courses which include a focus on health improvement. NHS Lothian's patient information booklets are provided to those diagnosed with diabetes which includes information relating to diet, exercise and smoking.

The diabetes MCN is in the process of recruiting a joint primary care clinical lead (interviews June 2016), this post will be key to supporting health improvement and prevention activities within primary care / community settings.

Sleep Service

A review of the sleep service pathway was undertaken in 2015 resulting in a change in referral pathway to secondary care services. A new SCI-gateway referral protocol and key messages has been created which includes linking

	<p>lifestyle choices concerning alcohol, smoking and obesity to health promotion and weight management services to provide support and intervention in advance of any referral to secondary care services.</p> <p>My Lungs My Life The respiratory MCN provided support to Chest, Heart and Stroke Scotland in the development of their My Lungs My Life self help website which is highly regarded and used across Scotland. The MCN supported promotion of the website through the provision of business cards to Lothian pharmacies for distribution to individuals collecting inhalers. http://mylungsmylife.org/</p>
Action 27 (NEW)	<p>Provide a narrative on your assessment of the impact of MCNs. Frame your narrative to reflect impact on patient-centred care, and if appropriate, staff health and wellbeing and the hospital environment.</p> <p>Note: If you are unable to report on any MCNs already in place, submit information on activity and plans to develop MCNs. Include the setting, who is involved and a timescale for becoming operational.</p>

Input your narrative on the page below. Refer to the guidance for associated themes and observe the word count of 500 words / 1 page:

The respiratory and diabetes MCNs and heart disease programme board continue to strive to support patient-centred care and delivery of the key priorities outlined in the associated national improvement plans. MCNs continue to be the vehicle to drive provision of patient centred care.

MCNs will require to engage with the newly established Health and Social Care Partnerships / Integration Joint Boards to ensure continued support with health promoting activities associated with long term conditions.

MCN activities will continue to be constrained by the need to provide activities within a limited budget (heart disease programme board has no dedicated budget); the availability of staff to support MCN activities including the lack of dedicated programmed activity time from clinicians.

Respiratory MCN

The respiratory MCN is currently without a clinical lead following retirement of the clinical lead at the end of March 2016. The post of clinical lead has been advertised on 2 occasions, most recently in May / June 2016, however there have been no applicants therefore the activities of the respiratory MCN are likely to be curtailed in light of the current position. There is currently no respiratory national improvement plan, however the respiratory national advisory committee are discussing the development of a plan with the Scottish Government Clinical Priorities Team and it is expected a plan will be developed during 2016. The respiratory MCN work plan 2015-16 focused on the following areas to support health improvement (Physical activity, health improvement and smoking).

Complete the exception table below where you have been unable to provide the requested evidence:

Action (provide number and any assigned letter)	Section I: Managed clinical Networks. Exception submitted: [Limit each entry to 200 words]

Inequalities and person-centred care: Lead contributor

Name	Professor Alison McCallum / Dr Simon Watson
Job Title	Director of Public Health and Health Policy / Chief Quality Officer

Section J: Inequalities and person-centred care - NEW	
<p>Action 28 (NEW)</p>	<p>All NHS Boards will plan and deliver hospital services that ensure routine enquiry for vulnerability is built into person-centred care and, therefore, those at risk of poverty or inequality attain the best possible health outcomes.</p> <p>Boards are asked to focus efforts on priority settings: paediatrics, maternity, neurology, cancer, cardiology, mental health, respiratory and/ or HIV and Hepatitis C</p>
<p>A. Provide a description and examples of inequalities sensitive practice in hospital settings. This can include routine enquiry in assessment of vulnerability through:</p> <ul style="list-style-type: none"> • Asking patients if they have money worries and offering a direct referral to advice services • Support for patients who are, or at risk of, homelessness • Support in access to services for vulnerable groups / examples of hospital based inequalities sensitive practice (as in updated required evidence). 	
<p>Within the MCNs, several of the rehabilitation pathways encompass inequalities sensitive practice, including routine enquiry to identify patients vulnerable to social factors and specific staff focusing on engaging and supporting hard to reach groups.</p> <p><u>Training and Capacity Building</u></p> <p>Health Inequalities training provided to the Community Planning Partners, GPs and practice staff, HSC staff and third sector agencies, with 85 participants to date. Training included health inequalities, health literacy, money worries, food and fuel poverty and good conversations. 85-100% said the training would benefit their practice.</p> <p><u>Health and Homelessness</u></p> <p>Lothian is among the founding members of the Scottish Faculty for Homeless and Inclusion Health. There are established specialist health and multiagency services for people who are homeless, new migrants etc. This extends beyond the city so the detailed example given is Midlothian. The Steering group established (Sept 15) as well as a Professional Forum (June 16) which has been attended by 65 people and informed the ML action plan with objectives to improve local evidence base on the health needs of homeless people, maximise opportunities to prevent homelessness through integrated work involving health and homelessness services, review and improve health service provision to ensure needs of people and families who experience homelessness are being met and integrate health and homelessness into Midlothian Housing strategy. Training has been delivered to 12 places for people who support those in temporary accommodation covering good conversations, mental health, drugs and alcohol. 100% felt it increased their confidence in recognising signs of difficulties and their ability to support them. There is ongoing work with hospital PACT teams to develop routine enquiry with regards to 'having a home to go to'.</p> <p><u>Health and Wellbeing Services</u></p> <p>There are 12 services including; Health and Wellbeing Team, Living Well Team (OTs), Midlothian Active Choices, Community Health Inequalities Team, Local Area Co-ordination (Enable Scotland), Macmillan – Transforming Care After Cancer, Orchard Centre Mental Health Access Point, Midlothian Volunteer Centre, Gateway to Recovery (Alcohol and Substance Use), VOCAL (carers) and Red Cross Local Area Coordinators.</p> <p>Community Health Inequalities Team:</p>	

Providing health checks for 56, Veterans, Mental health, Adult Literacy & numeracy Criminal Justice social workers Homeless Hostels, Gypsy/Traveller site Substance misuse service, Women's Aid and Carers. Self management outcomes that individuals identified were important to them.

Assertive Outreach and anticipatory care planning for vulnerable groups

Patient Experience and Anticipatory Care Planning Team (PACT) –integrated response to physical and mental health needs in vulnerable patients.

PACT provides patient-centred anticipatory care planning for those patients carrying the greatest illness burden (as evidenced by very high SPARRA score). Demographic data from SPARRA shows that patients with very high SPARRA scores are much more likely to live in deprived areas. When the patients in the PACT cohort are grouped by the practice that they are registered with and then the practices are ranked according to the number of PACT patients that they have – there is a very clear tight correlation with deprivation. For example, the Edinburgh Access (Homeless) Practice has the most PACT patients and the Deprivation Interest Group (DIG) practices are likewise high in the list Hence by targeting clinical services towards this group PACT has a direct impact upon health inequalities. The PACT project has improved access to specialist mental health and addictions support for some of the most deprived and difficult to reach patients

The PACT Team is working with others to revise pathways for patients who are in A&E or admitted to hospital where local services would seek out people while they are in hospital or soon after their discharge. These services would include; homeless, mental health, domestic abuse and the Community Health Inequalities Team.

Healthcare services for people in the Criminal Justice System

There is work to improve services in this field happening throughout Lothian.

Health and Wellbeing groups and action plans have been established in both prisons to provide support on a variety of health related topics. The Community health inequalities team provides comprehensive Health Needs Assessments for patients/prisoners and there is work ongoing to improve the screening pathways for all patients/prisoners. Mental health courses and telephone support services are also available.

- Funding from Edinburgh and Lothian Health Foundation was provided to Midlothian Council to support an increase in the number of women accessing the Spring Engagement Service. Spring supports women with complex needs and/or involved in the Criminal Justice System. Many have histories of trauma, mental and physical health issues and/or addiction problems and due to the marginalised status experience health inequalities and difficulty accessing support.

Hep C prevalence is much higher in the prison population than in the 'general' population. To address this in both prisons in Lothian, BBV testing is offered at a variety of points during a patient/prisoners period of incarceration and BBV staff carry out assertive outreach to try and engage the prison population and encourage BBV testing and treatment.

It is recognised that those in police custody face a number of health and social inequalities. One priority is to address those that arise from alcohol and substance misuse, because of the high percentage of offences attributed to alcohol and drug use. In order to address the Quality Outcome Framework developed by the National Coordinating Network for People in Police Care, several strategies have been implemented:

- All nursing staff trained to undertake alcohol (FAST) and drug misuse (DASH) screening and deliver ABIs and brief drug interventions or harm reduction interventions – 723 ABIs have been delivered since 1st August 2014.
- Dependent on health board/local authority/ADP, a number of models of engagement

are offered to support people with problematic alcohol use and substance misuse in police custody including; referral to Arrest Referral following liberation following a healthcare referral (West Lothian) and signposting to self referral recovery hubs upon liberation (Edinburgh, Mid and East Lothian).

- A pilot project ('Sunday Choices') developed by our Edinburgh team, funded by the QNIS and delivered by SACRO, saw the introduction of support workers into Scotland busiest custody centre at St Leonard's, Edinburgh, and aimed to engage people in custody to support their recovery upon liberation. As a result of the pilot's evaluation, this project has attracted new funding from Health Scotland and is due to start again later 2016 with a view to sustainability.
- Recognising that 1/3 of drug related deaths had been in police custody in the 6 month period prior to their death; all nursing teams are now trained to deliver and supply take home Naloxone This year 41 people in police care have been trained and supplied with take home Naloxone in police custody.
- Children in the criminal justice system
Ensuring that mental health assessment is incorporated into risk assessments for child offenders with in West Lothian interagency procedures. This was not previously present. The aim is to ensure that school age offenders who have committed violent or sexual crimes have an appropriate assessment for potential autism, ADHD or learning disability, etc. These conditions are often under diagnosed in offending populations. These children and young people are usually from our most vulnerable families affected by poverty, physical ill-health, mental ill-health and adverse early experience including domestic violence and substance misuse.

Welfare Advice Services

Several hospital departments have links with Citizens Advice to offer ward based advice and support for patients with financial issues from health professionals with signposting and in some cases automatic referral to appropriate services, including welfare rights advice. An overall plan is being developed to provide routine Welfare Advice Services. While staff also use patient services –services designed for staff and primary care services are included in the staff health and wellbeing section (page 23-25).

Other interventions include partnership working with DWP within NHS to improve services and outcomes for patients. Specific work with the Drug Treatment Testing Order (DTTO) Team has seen clients no longer being subject to sanctions and efficient processing and resolving of benefit issues. This has freed staff time to be able to concentrate on recovery issues rather than benefit issues

GPs have been trained to ask about money worries including payday and illegal lending and received training.

Job Retention Services

NHS Lothian Work Support Services (formerly only called Working Health Services) now comprises 4 key job retention elements to its vocational rehabilitation delivery, including:

Working Health Services - a nation-wide job retention service. In NHS Lothian, the service works with people with a wide range of physical and mental health conditions, and aims to:

- Prevent sickness absence,
- Support people to return from sickness absence quickly,
- Prevent unemployment

In order to do this the service provides both case management and therapeutic interventions.

Everyone who attends the service is allocated a Case Manager, and has access to:

- Advice about reasonable adjustments / return to work plans
- Employment rights advice
- Money / benefits / debt advice
- Signposting to other services / resources / sources of information
- Employer liaison / mediation

Individuals can also access rehabilitation support. This may be from an occupational therapist, physiotherapist, and/or counsellor, and can include:

- Assessment of functional capacity / abilities / skills / aptitude/ motivation
- Symptom management: education, advice or support
- A space to talk about how you are feeling
- A chance to build strength / stamina / range of movement
- Job analysis / work site visits

The **Fit for Work Scotland Service** - a national service seeking to reduce the length of sickness absence from work and reduce the impact that absence has on individuals, employers and the State.

The service aims to:

- support people to reduce the length of sickness absence
- reduce the chances of people falling out-of-work and on to benefits
- increase awareness of the benefits of working to a persons health
- Increase the positive actions taken by employers, employees and GPs in contributing to a change in attitudes towards health and work.

The **Cancer & Work Service** aims to provide a responsive, practical and accessible expert work service for cancer patients attending NHS Lothian for treatment (or from SCAN region health boards : NHS Fife, Borders, Dumfries & Galloway), to help them stay at work during treatment or return to work after treatment.

The **Case Management Service** - Patients who do not fit into any of the other service criteria can get basic case management advice and signposting with work

Paediatrics

Development of the Sophie pathway-

Sophie is the exemplar patient for specialist children's services – a young child with a chronic illness that has acute exacerbations and some evidence of learning difficulty. Her pathway and care for her family is the focus for development of patient centred care and inequalities sensitive interventions.

FGM across Lothian

Over the last two years we have coordinated multi-disciplinary work both within NHS Lothian and with our interagency colleagues (police, education, social work and third sector) in order to develop a collaborative multidisciplinary approach to families affected by FGM. In parallel with drawing up the multiagency guidance we have worked with colleagues, families and community groups. There has been a continuous process of adaptive learning as we have increased our knowledge and confidence with the best way to support and progress child protection risk assessments within affected families. In the region of 50 FGM risk assessments for children have been progressed each year (work in progress)

Key actions

- Delivering multi agency training to social work police and health colleagues dealing with child protection discussions where FGM is a risk.
- Meeting community groups on their own premises to discuss their approach to affected families and also discussing individual cases with the staff and community

groups.

- Forging links between the specialist FGM midwife and the child protection service. Establishing a secure means of sharing relevant information for FGM risk assessment for both review of individual cases and overview for governance processes.
- Providing training to relevant groups including mental health support services, hospital colleagues, etc.
- We have developed flowcharts for women and girls in families affected by FGM
- We have developed a risk assessment document for use by all professions.
- We have evolved a system of meeting interagency colleagues to address systems, workload and training issues in a collaborative and ad hoc but regular basis.
- There has been extensive training regarding FGM within the midwifery services. It is routine to enquire about cutting and piercing of the genitalia. There is a clear pathway of referral and cases are discussed with the child protection team.
- Pathways to share relevant information with regards to FGM affected families have been clarified.

Our experience shows that families and communities affected by FGM are many and varied but there is an over representation of people who are the most vulnerable in society including those without access to public funds and those fleeing violence and oppression. Language and cultural isolation are often barriers to the families accessing support and information from any service.

Sexual and Reproductive Health

i) The Women's Clinic

Offers services in partnership with SACRO's 'Another Way' project focusing on vulnerable hard to reach women, in particular those involved in the sex industry. Nurses offer weekly health promotion services on an outreach basis to saunas and lap dancing bars. A partnership agreement allows a nurse employed by the Willow project working with Scot-PEP to work between the services, supporting women to engage in clinical services while also providing social support. In partnership with Police Scotland, staff participate in SHAW (Sexual Health and Welfare) visits to premises believed to be used for sex work, where a welfare approach is taken to engage women and offer support while aiming to also restore a trusting relationship with the police.

ii) Vulnerable Adults and Children Team

Multidisciplinary team working within Chalmers TOP service to facilitate best holistic management of vulnerable women using TOP service.

iii) PREPARE

Dedicated midwives looking after women with alcohol and substance misuse

iv) Prisoners

There is a revised pathway to facilitate access to services for women prisoners which aims to protect dignity under escort or restraints. Direct communication between the nursing teams ensures that women prisoners are expected when they arrive and receive correct preparation for their clinic visit.

v) Gender Identity

The clinic within the Chalmers Centre has expanded considerably within the past year. In partnership with LGBT Health, a Transgender Information Evening was held; giving service users the opportunity to meet clinicians and ask questions relating to the gender identity journey. A full time gender nurse has been appointed. Focused work to reduce waiting times has resulted in a reduction from 14 months to 9 months, with 6 months being projected by December. In order to improve the pathway of assessment for gender dysmorphia and increase the number of staff involved, work is in progress to set up a sexual health testing clinic for gender patients within Chalmers.

Maternity

There are several services in place to support breastfeeding across NHS Lothian, many of which are specifically designed and located to target deprived programmes within the field of infant feeding, particularly in areas with low breastfeeding figures and high deprivation. The infant feeding team attend Bumpstart pregnancy cafes (delivered in conjunction with City of Edinburgh Council Health and Literacy Team) monthly to talk to pre and postnatal women. The Bumpstart parenting co-ordinator can also refer women to the programme. A Test of Change for telephone breastfeeding support services to reach areas of low breastfeeding and deprivation in Musselburgh is underway. Cycle 1 was completed in March 2016 with Cycle 2 planned for September 2016. A Looked After Children nurse and social worker led Vulnerable Young Mum's group provides weekly group support to ex care leavers relating to pregnancy, childbirth, development, contraception, bonding, play, nutrition, stress management, hygiene, sleep, money management, mental health, self-esteem and employability. Existing services in West Lothian are being maintained and expanded into areas of deprivation with groups opening in Dedridge and Knightsridge.

Neurology

In addition to the general access to welfare support, there is a specific focus on reducing discrimination and disadvantage by building in communication support.

Cancer

There are specific cancer welfare rights and vocational rehabilitation and work support services supported by MacMillan.

<http://www.macmillan.org.uk/aboutus/healthandsocialcareprofessionals/newsandupdates/macvoice/spring2016/worksupportinedinburgh.aspx>

Palliative care

There is well-established social work and welfare support delivered as part of the partnership between the NHS and the hospices. Local clinicians have published studies on inequalities in access to palliative care – by age, diagnosis and ethnic group.

Cardiology

Lothian's four Integrated Joint Boards (IJB) recognise the increasing issue around multiple morbidity and long term conditions and this is reflected in their strategic plans. Edinburgh's strategic plan looks at integrating the locality based hub approach to 'high risk' patients, to deliver a more person centred care planning approach, whilst delivering the 'Many Conditions One Life' strategic outcomes.

Jointly led by NHS Lothian and the Thistle Foundation, this initiative supports 11 primary care practices across Lothian and the Cardiac Rehabilitation service to use the house of care framework to offer person centred care and support planning to people experiencing multiple morbidity, focusing on what matters to the person and identifying personal outcomes, often social determinants of health. Multi-morbidity is strongly associated with deprivation and the practices taking part were selected from areas of high socio-economic deprivation. Targeted support has been delivered to the most deprived practices in the form of the Wellbeing Team whose practitioners receive referrals from the primary care. Since August 2015, the team have seen over 400 people, 42% from the bottom two SIMD deciles.

Mental Health

In addition to services based outside mental health, Health Works is a tailored programme of support for people with mental health problems that takes into account the structural determinants of poor mental health, difficulties sustaining work and requirement for tailored vocational rehabilitation.

Respiratory

Patients with respiratory disease have access to the range of generic and specialist services identified elsewhere in the report.

HIV and Hepatitis C Services

and vulnerable groups. This includes Best Buddies, a peer support group in Edinburgh, aiming to develop and support

An HIV Patient Forum has been established and is working with partners to formalise a HIV peer support network. A core group hold monthly meetings as well as periodic information evenings open to all people living with HIV in the Lothian area. The Forum is represented on the National Involvement Network and on the Lothian Sexual Health and BBV strategy group in order to contribute towards improvements to the services the members and wider community attend.

All Hep C patients have a full assessment of housing and financial issues by a Clinical Nurse Specialist as part of routine assessment of suitability for treatment. A dedicated BBV social worker from City of Edinburgh Council is attached to the units and accepts referrals of Lothian patients. An information pack given to all new patients provides information on sources of advice on financial and housing issues available. All clinical staff have been made aware of the benefits and financial services provided and the NHS Lothian hospital sites. Representative clinical staff from all Hep C treatment units attend a MCN Care Co-ordination Group, with a specific remit of ensuring patient pathways are accessible for people who may have difficulties accessing services.

Out-reach treatment clinics are provided at the Edinburgh Access Practice for patients with Hep C who are homeless. Workers, funded by the Viral Hepatitis MCN at the Access Practice and at the Homeless Outreach Project support people who are homeless into BBV testing and treatment. Waverly Care and Positive Help are funded to help with access and transport to Hep C and HIV treatment services. Outreach clinics are also provided at drug treatment centres to improve access. Additionally, treatment clinics are provided in both prisons in the NHS Lothian area. Further out reach work is conducted by the Community BBV Team and Specialist Nurses from RIDU and WGH aimed at Minority Ethnic populations including at sites of worship, workplaces and community centre. Information about BBV testing and treatment has been translated for NHS Lothian and is available as printed leaflets including in Chinese, Urdu and Bengali.

Interpretation and Translation Work including assistive communication

This is a summary of progress against the detailed action plan. Materials to facilitate communication, such as language identification cards/posters circulated. A brochure is to be produced and distributed to provide readily available information on site. A review of patient documentation is in progress via the Clinical Policy, Documentation and Information Group and ways to enhance the accessibility of the NHS Lothian website, including the production of videos in British Sign Language, as well as the use of large print/read aloud functions are being explored. The Psychiatry Unit of St John's Hospital, in partnership with various university departments (Strathclyde and Heriot Watt) and policy representatives from the Mental Welfare Commission for Scotland developed recommendations to enhance the delivery of mental health care to residents who use a range of spoken and sign languages, which may feed into some local policy discussions in Scotland. This work also led to the development of a central repository of academic literature as well as practice/information documentation relating to access to mental health care for linguistically and culturally diverse patients. The Chalmers centre has produced information on TOP and contraception in audiovisual format to increase accessibility for those with low literacy levels.

B. Evidence of actions within health inequalities strategy and/or community planning structures which demonstrate to what extent inequalities sensitive practice is implemented in the hospital sector.

Health Inequalities Strategy

NHS Lothian has developed a Health Inequalities Strategy to ensure the organisation is prepared to respond to the issue of health inequalities and work towards achieving better equity for the Lothian population. The strategy details the most vulnerable groups in Lothian

and well as the context and evidence base surrounding current actions within NHS Lothian, priority areas for future action as well as action plans and monitoring and evaluation methods for the strategy. The strategy can be found here:

<http://www.nhslothian.scot.nhs.uk/OurOrganisation/Strategies/healthinequalities/Documents/NHS%20Lothian%20health%20inequalities%20strategy%202014.pdf>

Health inequalities training.

Sessions have been held with Allied Health Professionals on how health inequalities training had impacted on their particular profession to help staff identify appropriate support for patients and sign post them. It is planned to roll out this approach with other staff groups.

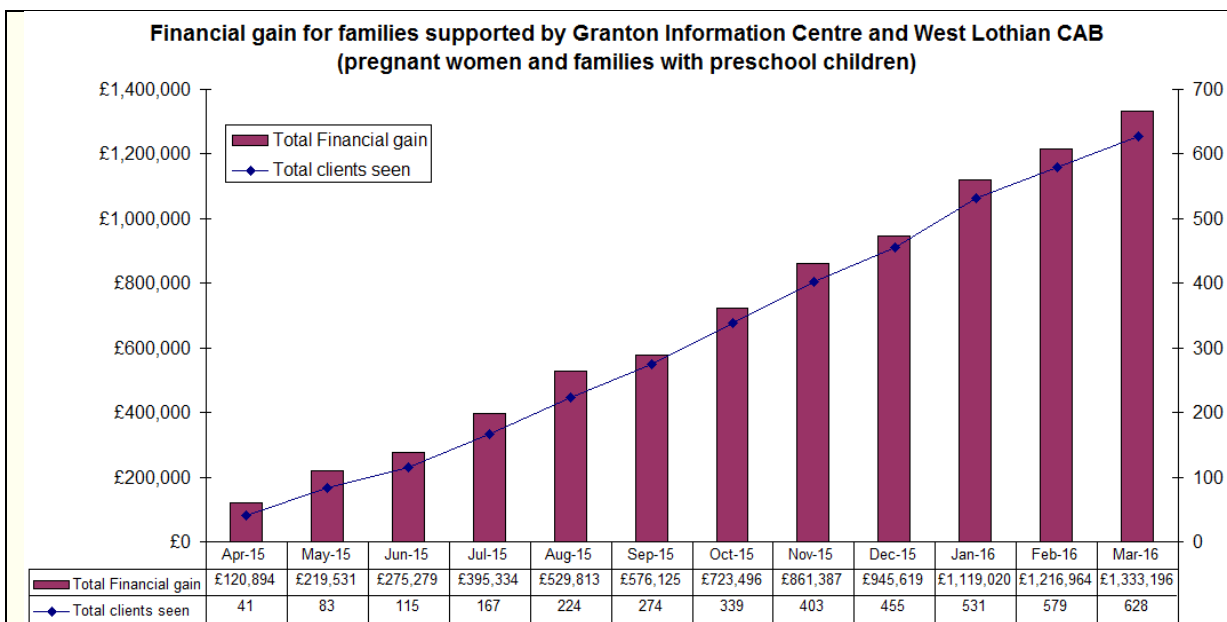
Boosting pregnant women's household income and healthy eating choices

Starting with the Healthy Start initiative, a UK-wide food and vitamin voucher programme for low income families, NHS Lothian used quality improvement methods to boost family incomes during pregnancy. Initially, one midwife focused on signing up women to the Healthy Start vouchers, identifying way to simplify and improve the application process. As many women still struggled with the process after simplification, links were established with the welfare rights advice service to support them, which led to further work to address unclaimed general welfare entitlements for these families and further improving their income. The Healthy Start scheme is monitored so as to continue running smoothly. Further, NHS Lothian has advocated for changes to the eligibility for Healthy Start, particularly for women in work to receive vouchers during their first pregnancy, something that may be within the remit of Scotland Act (2016) under the Welfare Food section. This work has had an impact on policy, practice and potentially legislation at a national level. The new operation of the scheme is continuously reviewed and has achieved increases in the number of women referred for welfare rights advice on benefits, tax credits, employment rights, childcare and debt.

Between January 2014 and August 2015 there was a 13.3% rise in the receipt of Healthy Start vouchers in Lothian, while there was an 8.4% decline for the rest of Scotland. Work in north Edinburgh and West Lothian (Granton Information Centre and West Lothian Citizens Advice Bureau respectively) has secured families £1.333m in previously unclaimed entitlements during 2015/6 (Figure 2). This work has led to a change in policy and working practices, with the potential for it to lead to further developments at a national level. This work has relevance across the UK, and has been disseminated at conferences, including the International Forum on Quality and Safety in Healthcare (Gothenburg, April 2016), in a peer-reviewed publication in the British Medical Journal Quality Improvement Reports, and on social media.

An automatic referral process for welfare rights advice has been established in Leith with aims to extend this across Lothian.

Figure 2: Number of clients receiving welfare rights advice and cumulative financial gain for 2015/6.



Credits: Angela Dougall, NHS Lothian; Roddy Samson and team Granton Information Centre; Matt Dale and colleagues West Lothian Citizens Advice Bureau

Breastfeeding Peer Support Programmes - Part of an Improvement project within a small area of deprivation

One young woman who was supported by the Family Nurse Practitioner Edinburgh continues to be able to offer support to younger women if required. She now volunteers as a Best Buddies peer supporter. There are 17 Best Buddies covering four areas of Edinburgh – Muirhouse/Crewe, WesterHailes/Sighthill/Slatford, Southhouse/Burdiehouse and Leith – targeted related to SIMD areas. Plans are in progress to train a further cohort of Best Buddies in January/February 2017 with 15 women who have expressed an interest in becoming a supporter being contacted. There is one specialist peer supporter for mothers with Down Syndrome babies

Results of telephone breastfeeding support in area of East Musselburgh show that 100% of mothers who agreed to telephone follow-up were still breastfeeding at the end of the first cycle. However, only 50% of mothers consented to be followed up and it is unknown whether the other 50% continued to breastfeed. (n=10) Any breastfeeding rates at 6-8 weeks at local GPs in East Musselburgh average 43%. Cycle 2 is planned for September 2016.

Attendance at newly formed Dedridge and Knightsridge Breastfeeding Support Groups is lower than anticipated, however groups are still becoming established.

Arts in Health & Wellbeing

In March 2015, Trustees continued to make a firm commitment to this area by agreeing a new 5 year **Arts in Health and Wellbeing Strategy** on behalf of NHS Lothian. One year on, clear advances have been made. Underpinned by an established evidence base and set within the overall purpose to improve and support the health and wellbeing of patients, visitors, staff and communities through the provision of high quality arts and creativity; to conserve the artistic assets of NHS Lothian and to foster a culture where the role of the arts in healthcare and health prevention is valued, highlights of the first year include:

- intensive participatory arts programme of workshops, performances and exhibitions

<p>for priority patient groups across multiple NHS Lothian sites.</p> <ul style="list-style-type: none"> • new partnerships with national organisations such as the Scottish Book Trust, with six thousand free books distributed across sites. • some of the largest national arts and therapeutic design programmes of collaborative workshops, events, artists’ residencies and permanent commissions for the Royal Hospital for Sick Children/ Department of Clinical Neurosciences and Phase 1, Royal Edinburgh Hospital. • artists’ community residency and commission programme developed in partnership with local North Edinburgh Arts for the new integrated North West Edinburgh Partnership Centre, Muirhouse, and programmes in development for Blackburn and Allermuir community health centres. • audit and conservation programme for the ELHF art collection and the appointment of the Royal Scottish Academy on a comprehensive two year management contract. • Arts & Health Networks initiated for both NHS Lothian and Scotland, with a 50-strong meeting inaugural meeting for the latter hosted by ELHF. • match funding and in-kind support awarded from partner organisations and funders. 	
<p>Action 29 (NEW)</p>	<p>Provide a narrative on your assessment of the impact of inequalities and person-centred care. Frame your narrative to reflect impact on patient-centred care, staff health and wellbeing and the hospital environment.</p> <p>Note: If you are unable to submit evidence on impact, report activity underway to build this area of activity.</p>

Input your narrative on the page below. Refer to the guidance for associated themes and observe the word count of 500 words / 1 page:

Lothian house of care collaboration: The approach is being evaluated using qualitative and quantitative data. A qualitative researcher is interviewing staff, patients and practitioners at base-line and after one year. This is being supplemented by extensive qualitative data arising from regular learning cycles with the early adopter practices.

Early findings suggest that the Wellbeing Team is providing a very useful service for primary care practices in areas of deprivation:

Someone referred with chronic back pain, social isolation, depression and poor motivation. “After one to one support, the person completed a Lifestyle Management course and is now back working with animals and working for her father. Coping and confidence has increased.”

“It seems compelling that wellbeing support is associated with reduction in visits. For example with one person “the impact is clear, it feels like I can really work with her” Seems use of GP is more appropriate, she is coming in for infection or other medical problems, not low mood”.

Other positive signs of change have been established for the people referred to Wellbeing Team: mental wellbeing assessed by WEMWBS was much lower than national average (35 compared to 50) at point of referral and increased to 45 after being seen; confidence and coping self-reported scores increased.

In the practices where care and support planning is being introduced as routine for patients with multi-morbidity, the impact is being monitored using patient reported process (CARE, PEI) and outcome (WEMWBS) measures. Patients receiving the approach are flagged on

primary care systems and the plan is to extract data to characterise these patients further and monitor provision according to SIMD score.

Complete the exception table below where you have been unable to provide the requested evidence:

Action (provide number and any assigned letter)	Section J: Inequalities and person centred care. Exception submitted: [Limit each entry to 200 words]
	<p>This is a new section with HPHS and although there are challenges around embedding HPHS within health and social care where there are ongoing changes in the structure, a lot of work is underway.</p> <p>HSCP have representatives on the HPHS strategic group, aiming to address specifically what and how HSCP can contribute.</p>

Mental Health: Lead contributor

Name	Sheena Lowrie		
Job Title	Senior Health Promotion Specialist - Mental health (Strategic Planning)		
Section K: Mental Health - NEW			
Action 30 (NEW)	All users of mental health services (with a diagnosis of severe and enduring mental illness) have an assessment for physical health on admission and an action plan for health improvement should be incorporated into their care plan. All discharged patients should have an action plan for physical health contained within their care plan, which informs community care and treatment.		
A. Name of lead(s)	1. (strategic) Linda Irvine Jim Forrest	2. (operational) Marion Barton REH	
professional role	Strategic Programme Manger Mental Health and Wellbeing Director	Head of Health	
NHS Board or hospital site	NHS Lothian	St John's Hospital	
B. Number of staff trained to promote physical health			
	Undertaking physical health assessments	Developing action plans to support health improvement	Responsible for both assessments and action plans
(i) Total number of staff trained to promote physical health	Data collected but not currently in an analysable form	Data collected but not currently in an analysable form	Data collected but not currently in an analysable form
(ii) Name and format of course / module	No specific course or health promotion training. Physical health training included in undergraduate nurse course. Unregistered staff complete vital signs module Raising issue of smoking Brief interventions for alcohol National early warning score (NEWS) training MUST training		
Role of staff completing training	Staff use their training to provide education and refer patients to relevant services, or signpost to services on discharge from hospital. Registered nurses have a key worker role and are responsible for care planning for physical health issues.		

<p>C. Provide details confirming that relevant patient documentation has been revised to record physical health and action plan for health improvement.</p>	<p>As part of the Integrated Care Pathway paperwork a physical examination that is carried out by the admitting doctor with a section for nursing staff to complete.</p> <p>The rehabilitation service uses an integrated Care Plan (ICP) which incorporates a yearly assessment of all physical health issues for inpatients. This assessment is completed by the Specialist Registrar who has a GP role for the service. There is a SOP in place since March 2016 to provide guidance to staff around escalating deteriorating physical health issues. The SOP also requires physical observations to be completed weekly, or at a clinically appropriate interval which is discussed and documented by clinical team.</p> <p>Patients prescribed Clozapine have yearly physical health screening at routine blood monitoring clinics.</p> <p>Admission ICP includes physical health questions which will highlight areas for care planning. On discharge from hospital any physical health issues will be included in the final discharge letter sent to GP's for follow up.</p> <p>Information on physical health is recorded on specific paperwork on patient notes and in case notes. Electronic recording on TRAK.</p>
<p>Action 31 (NEW)</p>	<p>Provide a narrative on your assessment of the impact of mental health actions: Frame your narrative to reflect impact on patient-centred care and if appropriate, also an impact on staff health and wellbeing and the hospital environment. Note: If you are unable to submit evidence on impact, report activity underway to build this area.</p>

There are now a number of initiatives in place to address the mental health actions and ensure physical health of mental health patients is assessed, monitored and improved within both hospital and community settings.

Following the success of the 'Keep Well Project' offered in the clinic last year we made available an additional day of appointments, again this proved successful resulting in various recommendations for treatment for physical health issues.

The Midlothian Joint Mental Health Team delivers a healthy lifestyles pathway using the generic ICP and the Rethink My Physical Health tool. Patients can access this via their Key worker, sessions are available at the Midlothian Community Hospital, where patients can get all the necessary tests done (such as a heart tracing, weight, height, blood tests, blood pressure etc) and be linked in to health promotion activities. Access to a physiotherapist and to the gym is available to start a fitness plan. This work is done is person centred and there is the opportunity to discuss physical health issues. This is an ongoing physical health programme and following a one to one session or group work, patients will have annual healthy lifestyle check.

Looking After my Physical and Mental Wellbeing is a group work programme for new and existing patients delivered in East Lothian by the community mental health. The 10 week programme focuses on a different physical and mental health topic each week including physical activity, healthy eating and cancer screening.

Healthy Active Minds is a physical activity referral programme for people with mild to moderate mental health problems, it is delivered by qualified staff from Edinburgh Leisure and links in with community health projects. Patients are referred by GP and outcome measures demonstrate better mental health on Warwick Edinburgh Mental Wellbeing Scale and increased physical activity.

Branching Out is a 12 week conservation on referral programme developed by Forestry Commission Scotland and delivered in Lothian by environmental organisations including Edinburgh and Lothian Greenspace Trust. It has demonstrated very positive results in both mental wellbeing and physical activity.

ASH Scotland is funded from the Edinburgh and Lothian Health Foundation for a two year project (from mid-2015 to mid-2017). The IMPACT project will focus on if/how smoking is addressed by and within third-sector mental health organisations, will raise organisational awareness about the specific links between smoking and poor mental health, and will develop and deliver comprehensive guidelines and implementation suggestions for those organisations in order to help them support people with mental health issues who want to stop smoking.

The physical health of people with mental health problems will be a key focus for Sense of Belonging 2, the Joint mental health strategy for Lothian. This will be initiated at a dialogue event on 27 September 2016 with key stakeholders from inpatient, community mental health services, third sector and people with lived experience.

Complete the exception table below where you have been unable to provide the requested evidence:

Action (provide number and any assigned letter)	Section K: Mental Health. Exception submitted: [Limit each entry to 200 words]
B (i) (ii)	<p>The focus of improving physical health in the inpatient and community setting has been on implementation of ICP.</p> <p>The outcome from the dialogue event will ensure sharing of learning across sectors.</p>

Innovative and emerging practice: Lead contributor

Name	Sue Muir / Dr Dermot Gorman
Job Title	Team Leader / Public Health Consultant

Innovative practice should be interpreted as being a completely original project for your NHS Board e.g. either a new approach or adopting / testing new quality improvement methodology in the area.

Section L: Innovative and Emerging Practice	
	1. Include: project name, setting, format, targeting, any collaborative working and outcomes
1. Development and piloting of opt out services for smoking cessation services	Challenging staffing levels affect referral rate and consistency.
Name & contact details	Alexi Rumbles Alexis.Rumbles@nhslothian.scot.nhs.uk
	2. Include: setting, role of person delivering ABI, reach, any targeting or collaborative working and outcomes
2. Alcohol brief intervention delivery in hospital settings	<p><i>ABI Delivery in Custody Suites:</i> In partnership with NHS Health Scotland and West Lothian Drug and Alcohol Service (WLDAS), NHS Lothian Health Promotion Service commenced a one year pilot in August 2015 to test the inclusion of ABIs in a custody setting.</p> <p>Reach: Custody suite officers at Livingston Police Station screen all arrestees for hazardous and harmful drinking</p> <p>Activity: WLDAS staff attend the police station every morning, providing information on local alcohol services and continue to liaise with client if arrested or released from custody, linking with appropriate community services.</p> <p>Arrestee consent is obtained to allow information to be shared across local services to prompt appropriate service access.</p> <p>Aims/Outcomes: increase support and capacity across partnerships to achieve early indication of hazardous alcohol use, promote and support multi-agency working and improve evidence-base through evaluation and up-scaling throughout Lothian and Scotland.</p> <p>The work is recognised nationally and our poster presentation was awarded best visual display and best example of partnership working at the national Public Health conference. 2015</p>
Name & contact details	Eleanor McWhirter ABI Lead Eleanor.McWhirter@nhslothian.scot.nhs.uk
	3. Include project name, setting, format and any targeting, collaborative working and outcomes
3a. Development of staff and / or patient weight management service	<p><i>Get Moving with Counterweight,</i> FREE one year diet and physical activity programme led by NHS Lothian in partnership with local councils and leisure trust. Open to individuals with a BMI greater than 30 who are looking to increase physical activity, eat healthier and lose weight. Funded by SG Primary Prevention bundle funding (2013 – 2016) with hope to extend into 2017.</p> <p>Reach: Available to all individuals in NHS Lothian with a BMI</p>

	<p>greater than 30. Specific emphasis on providing access in more deprived communities, at accessible times (evenings and weekends). Promoted to NHS Lothian Staff via HWL.</p> <p>Activity: Initial 12 week diet, behaviour change and physical activity programme with follow up at 6, 9 and 12 months. Local incentives to continue with physical activity programmes long term.</p> <p>Outcomes: 1700 referrals into service since January 2013. Equates to 850 patients referred per annum. 36 groups run so far in 2015 with capacity for 39 (equivalent of 468 individuals)</p> <p>Impact and future actions: Full analysis of impact ongoing as clinical benefits of weight loss are long term. Aim is to improve physical activity levels and minimise risk of obesity related co-morbidities. Key short term outcome is % weight loss. Average weight loss of all completers = 2.4% which is comparable to outcomes nationally and in the literature</p>	
Name & contact details	Fiona Huffer Fiona. Huffer@nhslothian.scot.nhs.uk	
3b.	<p><i>Football Fans in Training</i> Funded collaboratively by grant request Health Foundation NHS Lothian Weight Management Service and Scottish Professional Football League Trust (SPFLT)</p> <p>Reach: Available to all men aged 30+ years old with a BMI >30 who would like to lose weight and get the chance to improve fitness at their local football club, plus get an insider view of the club! Self-referral and HCP referral encouraged from general public, patients and staff.</p> <p>Activity: 12 week FREE diet, behaviour change and physical activity programme in collaboration with Hearts FC, Hibs FC and Livingston FC.</p> <p>Outcomes: 70 patients referred and 25 participated so far. 5 groups planned to run in 2015/16. Average weight loss so far was 4.2% and the highest weight loss was 11.6%.</p> <p>Impact and future actions: Project only commenced January 2015 so full impact and analysis awaited</p>	
Name & contact details	Fiona Huffer Fiona.Huffer@nhslothian.scot.nhs.uk	
3c.		
Name & contact details		
Additional examples can be submitted below. These examples may include updated evidence from former CEL annual reports if there is any further development to report or assessment of impact.		
<p>Provide brief details on the name of the project; setting; format; targeting; collaborative work and why this is innovative in your NHS Board.</p> <p>Include name and contact details for each input Add extra rows if required.</p>	Indicate if project has previously been reported	Indicate which core theme the project is aligned to: 1. Person-centred care 2. Staff Health 3. Hospital Environment
<p>1.Hep C services in Prisons Hep C prevalence is much higher in the prison population than in the 'general' population. To address this in both prisons in Lothian, BBV testing is offered</p>		1

<p>at a variety of points during a patient/prisoners period of incarceration and BBV staff carry out assertive outreach to try and engage the prison population and encourage BBV testing and treatment. Contact: Hilda Stiven Hilda.Stiven@nhslothian.scot.nhs.uk</p>		
<p>3. Transgender Workplace Support Guide – Produced in partnership with NHS Lothian Health Promotion Service and LGBT Health and Wellbeing to support transgender employees, managers and HR staff and enable gender transition. Contact: Helen Smart, NHS Lothian Health Promotion Service Helen.Smart@nhslothian.scot.nhs.uk</p>		2
<p>4. ABIs in Dental Service- Working in partnership with Stop Smoking service, a joint brief intervention training programme has been developed and will be delivered across all dental services, with scope to be extended nationally. Contact: Eleanor McWhirter ABI Lead Eleanor.McWhirter@nhslothian.scot.nhs.uk</p>		1
<p>5.</p>		

Appendix A

Additional contributors for each section can be named in the table below:

Section	Name of contributor	Job Title
A: Strategic actions	Megan Watson	Health Promotion Specialist
B: Smoking	Professor Alison McCallum Sue Muir Megan Watson	Director of Public Health and Health Policy Team Leader Health Promotion Specialist
C: Alcohol	Professor Alison McCallum Dr Dermot Gorman Sue Muir Megan Watson	Director of Public Health and Health Policy Public Health Consultant Team Leader Health Promotion Specialist
D: Maternity	Professor Alison McCallum Dr Dermot Gorman Sue Muir Megan Watson	Director of Public Health and Health Policy Public Health Consultant Team Leader Health Promotion Specialist
E: Food & health	Professor Alison McCallum Dr Dermot Gorman Sue Muir Megan Watson	Director of Public Health and Health Policy Public Health Consultant Team Leader Health Promotion Specialist
F: Staff health & wellbeing	Professor Alison McCallum Dr Dermot Gorman Sue Muir Megan Watson	Director of Public Health and Health Policy Public Health Consultant Team Leader Health Promotion Specialist
G: Reproductive health	Professor Alison McCallum Dr Dermot Gorman Sue Muir Megan Watson	Director of Public Health and Health Policy Public Health Consultant Team Leader Health Promotion Specialist
H: Physical activity & active travel	Professor Alison McCallum Sue Muir Megan Watson	Director of Public Health and Health Policy Team Leader Health Promotion Specialist
I: MCN	Professor Alison McCallum Dr Dermot Gorman Sue Muir Megan Watson	Director of Public Health and Health Policy Public Health Consultant Team Leader Health Promotion Specialist
J: Inequalities & person centred care	Dr Dermot Gorman Sue Muir Megan Watson	Public Health Consultant Team Leader Health Promotion Specialist
K: Mental health	Professor Alison McCallum Dr Dermot Gorman Sue Muir Megan Watson	Director of Public Health and Health Policy Public Health Consultant Team Leader Health Promotion Specialist
L: Innovative and Emerging Practice	Professor Alison McCallum Megan Watson	Director of Public Health and Health Policy Health Promotion Specialist

Appendix B: Health Promoting Health Service CEL 1 Training Data

Course title	Method of delivery	Staff Group	Numbers attending the course
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Health Promotion skills and approaches

Health Behaviour Change 1	e-learning and Face to Face	A mix of clinical and non clinical staff	33
Health Behaviour Change level 2	e-learning and Face to Face	A mix of clinical and non clinical staff	13
Health Promotion Service: Understanding Health Inequalities	Face to Face	A mix of clinical and non clinical staff	8
Health Promotion Service: Promoting Health with People with Learning Difficulties	Face to Face	Clinical	1
Health Promotion Service: Group Work Skills	Face to Face	A mix of clinical and non clinical staff	5
Health Promotion Service: Introduction to Creative Imaginative Learning	Face to Face	A mix of clinical and non clinical staff	6
Health Promotion Service: Understanding Health Promotion	Face to Face	Clinical	1
Health Promotion Service: Community Development and Health	Face to Face	A mix of clinical and non clinical staff	6

Tackling Health Inequalities in Health and Social Care	e-learning	Clinical	1
Health Promotion Service: Fuel Poverty and Health	Face to Face	Clinical	2

Improving Health Developing Effective Practice

Improving Health Developing Effective Practice	Face to Face		Figures not available for this report
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Tobacco/ Smoking Cession

RIS Raising the Issue of Smoking	e-learning	A mix of clinical and non clinical staff	35
Smoking - raising the issue	Face to Face	Clinical	58
University Awareness Raising - Smoking	Face to Face	Student Nurses	40
Smokefree Grounds Policy Implementation	Face to Face	A mix of managers and clinical staff	72

Alcohol

ABIs	e-learning	A mix of clinical and non clinical staff	663
Raising the issue of Alcohol	e-learning	A mix of clinical and non clinical staff	3

Physical Activity and Nutrition

Physical Activity -raising the issues	e-learning	A mix of clinical and non clinical staff	19
Learning/AHP Physical activity day e-module	e-learning and Face to Face		Figures not available for this report
Raising the issue – hospital staff	e-learning and Face to Face		Figures not available for this report
Volunteer Walk Leader Training	Face to Face		Figures not available for this report
Physical Activity workshops for AHPs	Face to Face		Figures not available for this report
Raising the Issue of Child Healthy Weight	e-learning	Clinical	3
Raising the Issue of Maternal and Infant Nutrition	e-learning	Clinical	2
Health Promotion Service: Promoting Healthy Eating in Young Children and Families	Face to Face	Clinical	3

Sexual Health and Relationships

Health Promotion Service: Sexual Health and Relationships Education	Face to Face	Clinical	1
Health Promotion Service: Introduction to Sexual Health and Wellbeing	Face to Face	A mix of clinical and non clinical staff	3

Health Promotion Service: Introduction to Domestic Abuse	Face to Face	A mix of clinical and non clinical	2

Mental Health

Health Promotion Service: SafeTalk	Face to Face	A mix of clinical and non clinical staff	4
Health Promotion Service: Applied Suicide Prevention Skills	Face to Face	A mix of clinical and non clinical staff	2
Health Promotion Service: Good Mental Health for All	Face to Face	A mix of clinical and non clinical staff	7

Mentally Healthy Workplace training for managers

Mental health first aid

Mental health first aid YP

Staff Health and Wellbeing

Mindfulness Based Stress Reduction Course	Face to face		Figures not available for this report
Stress resolution Programme	Face to Face		49

Guidance for vending within healthcare settings

Drinks vending

- A drinks vending machine must contain water, unsweetened fruit juice and/or low-fat milk.
- Healthyliving drinks must be prominently positioned, for example at eye level in glass-fronted machines or listed first in product lists.
- 70% of soft drinks (by both volume and brand) must be sugar-free (less than < 0.5g of sugar per 100ml). Soft drinks include flavoured waters.
- Sugar-free soft drinks must be prominently positioned

Snack/confectionery vending

- At least 30% of the product range must meet the healthyliving bought-in specifications outlined in What do I need to do?
- At least one healthyliving item must be available for each type of product, for example crisps and confectionery.
- Healthyliving items must be prominently positioned, for example at eye level, and should be priced competitively with other products.

Refrigerated food vending

- 70% of the product range must meet the healthyliving bought-in specifications.
- At least one healthyliving item must be available for each type of product.
- Healthyliving items must be prominently positioned and should be priced competitively with other products.

REVISED TERMS OF REFERENCE FOR THE STAFF GOVERNANCE COMMITTEE

1 Purpose of the Report

- 1.1 The purpose of this report is to present to the members of the Board the revised Terms of Reference for the Staff Governance Committee.

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

2 Recommendations

- 2.1 Approve the revised Terms of Reference for the Staff Governance Committee.

3 Discussion of Key Issues

- 3.1 The Staff Governance Committee has recently been carrying out a review of the role and purpose of the committee and as part of this review undertook to revisit the Terms of Reference for the Staff Governance Committee (current Terms of Reference are attached as Appendix 1). The Committee were keen that the scrutiny and assurance role was clear in the Terms of Reference and it is considered that the revised Terms of Reference attached as Appendix 2 reflect this important role of the Committee.

4 Key Risks

- 4.1 There are no key risks associated with this paper.

5 Risk Register

- 5.1 There is no requirement for anything to be added to the Risk Register.

6 Impact on Inequality, Including Health Inequalities

- 6.1 As this paper relates to the review of the Terms of Reference for the Staff Governance Committee no local Rapid Impact Assessment has been undertaken.

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

- 7.1 As this paper relates to the review of the Terms of Reference for the Staff Governance Committee and does not relate to the planning and development of health services no public involvement is required.

8 Resource Implications

8.1 There are no resource implications.

Ruth Kelly

Associate Director of HR

28 November 2016

Ruth.kelly@nhslothian.scot.nhs.uk

List of Appendices

Appendix 1: Terms of Reference for the Staff Governance Committee - June 2013

Appendix 2: Proposed Revised Terms of Reference for the Staff Governance Committee

STAFF GOVERNANCE COMMITTEE

TERMS OF REFERENCE

The Staff Governance Committee is a standing committee of the Board and together with the Healthcare and Clinical Governance Committee and the Audit Committee forms the full governance framework for the Board. The role of this Committee is to support and maintain a culture within NHS Lothian where the delivery of the highest possible standard of staff management is understood to be the responsibility of everyone working within NHS Lothian and is built upon partnership and collaboration. The Staff Governance Committee must ensure that robust arrangements to implement the Staff Governance Standard are in place and monitored.

Specific Responsibilities

The specific responsibilities of the Staff Governance Committee are to:

- Oversee the commissioning of structures and processes which ensure that delivery against the Standard is being achieved;
- monitor and evaluate strategies and implementation plans relating to people management;
- provide support to any policy amendment, funding or resource submission through the normal routes to achieve the Staff Governance Standard;
- take responsibility for the timely submission of all staff governance information required for national monitoring arrangements;
- provide staff governance information for the statement of internal control;
- provide assurance that systems and procedures are in place through the Remuneration Sub Committee to manage the issues set out in MEL (1993) 114 and subsequent amendments;
- monitor governance arrangements around health and safety and in particular staff health and safety related issues and ensure compliance with health and safety law, the Staff Governance Standard and a continuing improvement in health and safety performance. The Staff Governance Committee will also receive the Annual Health and Safety Report.

Membership

- Employee Director (Chair)
- Board Chair
- 6 x Non Executive Directors
- Director of Human Resources and Organisational Development
- Nurse Director
- Medical Director
- 2 x Representatives from the Lothian Partnership Forum

In Attendance

- Associate Director of Human Resources (Governance)
- Director of Occupational Health and Safety
- Director of Communications

All Board members shall have the right of attendance and have access to papers.

Frequency of Meetings

Meetings of the Committee shall be held at such intervals as the Committee may determine in order to conduct its business. In any event, meetings shall normally be held four/five times a year.

Quorum

No business shall be transacted at a meeting of the Committee unless at least six members are present of which three are members of Lothian NHS Board. Any member may be represented by a Deputy at any meeting.

Reporting Arrangements

The Committee will report to the Board by means of submission of minutes to the next available Board meeting along with a summary highlighting the key issues discussed and also any issues that will be required to be addressed in the future.

The Chair of the Committee will also present an Annual Report to the Board.

Committee Sub Structure

The following committees report directly to the Staff Governance Committee:

- **Remuneration Committee** – the main function of this committee is to ensure the application and implementation of fair and equitable pay systems on behalf of the Board, as determined by Ministers and the Scottish Government, and described in MEL (1993) 114 and subsequent amendments;
- **Health and Safety Committee** – the Health and Safety Committee is established in compliance with the Health and Safety at Work Act 1974, Safety Representatives and Safety Committees Regulations. It is recognised that the remit of the Health and Safety extends beyond staff into health and safety issues affecting patients, visitors and contractors. However, as the Director of Human Resources and Organisational Development is the Executive Director lead for Health and Safety it is deemed appropriate that the Health and Safety Committee reports to the NHS Board through the Staff Governance Committee.

Each of these committees will provide an update at each meeting of the Staff Governance Committee through presentation of the minutes of their meetings or additional reports if required.

June 2013

STAFF GOVERNANCE COMMITTEE

TERMS OF REFERENCE

The Staff Governance Committee is a standing committee of the Board and together with the Healthcare Governance Committee and the Audit and Risk Committee forms the full governance framework for the Board. The role of this Committee is to support and maintain a culture within NHS Lothian where the delivery of the highest possible standard of staff management is understood to be the responsibility of everyone working within NHS Lothian and is built upon partnership and collaboration.

Purpose of the Committee

The purpose of the Staff Governance Committee is to monitor and scrutinise performance against the Staff Governance Standard, including the key deliverables from Everyone Matters:2020 Workforce Vision to secure the fair and effective management of staff, compliance with all legal obligations and implementation of all policies and agreements to ensure that staff are :

- Well informed;
- Appropriately trained;
- Involved in decision which affect them;
- Treated fairly and consistently;
- Provided with an improved and safe working environment.

The Committee is required to provide assurance to the Board on the overall performance of NHS Lothian against the individual elements of the Staff Governance Standard and Everyone Matters:2020 Workforce Vision. The Committee will need to ensure that systems and procedures are in place to monitor, manage and improve performance across the whole system, and liaise closely with the other Governance Committees (Health Care Governance and Audit and Risk) to ensure appropriate integrated governance. The Committee will also be responsible for monitoring and reviewing the strategic risks relating to staff and workforce issues.

Specific Responsibilities

The specific responsibilities of the Staff Governance Committee in line with the Staff Governance Standard are to:

- Oversee the commissioning of structures and processes which ensure that delivery against the Standard is being achieved;
- monitor and evaluate strategies and implementation plans relating to people management;
- provide support to any policy amendment, funding or resource submission through the normal routes to achieve the Staff Governance Standard;
- take responsibility for the timely submission of all staff governance information required for national monitoring arrangements;

- provide staff governance information for the statement of internal control;
- provide assurance that systems and procedures are in place through the Remuneration Sub Committee to manage the issues set out in MEL (1993) 114 and subsequent amendments;
- monitor governance arrangements around health and safety and in particular staff health and safety related issues and ensure compliance with health and safety law, the Staff Governance Standard and a continuing improvement in health and safety performance. The Staff Governance Committee will also receive the Annual Health and Safety Report.

Membership

- Non Executive Board Member(Chair)
- Board Chair
- Employee Director
- 3 x Non Executive Board Members
- Director of Human Resources and Organisational Development
- Nurse Director
- Medical Director
- Chief Officer – Acute Services
- 2 x Representatives from the Lothian Partnership Forum

In Attendance

- Associate Director of Human Resources
- Director of Occupational Health and Safety
- Head of Communications

All Board members shall have the right of attendance and have access to papers.

Frequency of Meetings

Meetings of the Committee shall be held at such intervals as the Committee may determine in order to conduct its business. In any event, meetings shall normally be held five/six times a year.

Quorum

No business shall be transacted at a meeting of the Committee unless at least six members are present of which three are Non Executive Members of Lothian NHS Board. Any member may be represented by a Deputy at any meeting.

Reporting Arrangements

The Committee will report to the Board by means of submission of minutes to the next available Board meeting along with a summary highlighting the key issues discussed and also any issues that will be required to be addressed in the future.

The Chair of the Committee will provide assurance on the work of the Committee on an ongoing basis to the Board. An Annual Report will also be prepared for presentation to the Board describing the outcomes from the Committee during the year and providing assurance to the Board that the Committee has met its remit during the year.

Committee Sub Structure

The following committees report directly to the Staff Governance Committee:

- **Remuneration Committee** – the main function of this committee is to ensure the application and implementation of fair and equitable pay systems on behalf of the Board, as determined by Ministers and the Scottish Government, and described in MEL (1993) 114 and subsequent amendments;
- **Health and Safety Committee** – the Health and Safety Committee is established in compliance with the Health and Safety at Work Act 1974, Safety Representatives and Safety Committees Regulations. It is recognised that the remit of the Health and Safety extends beyond staff into health and safety issues affecting patients, visitors and contractors and links will therefore need to be made with other Committees as appropriate.

Each of these committees will provide an update at each meeting of the Staff Governance Committee through presentation of the minutes of their meetings or additional reports if required.

The Committee may establish any further Sub Committees to support its function as required.

October 2016

NHS Lothian

Board Meeting
7 December 2016

Director of Health and Social Care, East Lothian

APPOINTMENT OF PHARMACY PRACTICES COMMITTEE MEMBERS**1 Purpose of the Report**

The National Health Service (Pharmaceutical Services) Regulations 2009 require the Board to establish a Pharmacy Practices Committee. The Board is required to appoint the members as prescribed by the Regulations.

Due to recent changes in membership of the PPC the Committee has had difficulty in achieving quorum and has been unable to assemble a hearing for one particular application; and consequently has not been able to carry out its statutory function.

The Regulations do allow the Board to appoint deputies for the members of the Committee, and this option allows the Board to develop a pool of members that the Committee can draw from. This report invites the Board to appoint new members so as to reduce the risk that the Committee fails to reach quorum.

2 Recommendations

- 2.1 Approve the appointment of two deputy contractor pharmacist members, Mr Naveen Ramdeehul and Mr Philip Galt and one non-contractor pharmacist member, Mr Alan Glauch to the Pharmacy Practices Committee. These appointments will be for a four year term, commencing from the date of approval from the Board.

3 Discussion of Key Issues

- 3.1 The function of the Pharmacy Practices Committee is to consider new applications by community pharmacists for the inclusion of their names in the pharmaceutical list, in accordance with the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, as amended.
- 3.2 On 1 October 1999, the responsibility for this function was devolved to Primary Care NHS Trusts. However, with the dissolution of NHS Trusts on 31 March 2004 the responsibility for such matters returned to the Board.
- 3.3 It had been anticipated that with the implementation of the new Community Pharmacy contract that a national system would be introduced, however this has not happened and it falls to the Board to discharge this statutory responsibility via the Pharmacy Practices Committee.
- 3.4 The regulations state that the Pharmacy Practices Committee shall have 7 members as follows:

- (a) a chair who must be a non-executive member of the Board but must not be, nor previously have been, a doctor, dentist, pharmacist or ophthalmic optician, nor the employee of a person who is a doctor, dentist, pharmacist or ophthalmic optician;
- (b) 3 lay members who must not be an officer of the Board nor must be, nor previously have been, a doctor, dentist, pharmacist or ophthalmic optician, nor the employee of a person who is a doctor, dentist, pharmacist or ophthalmic optician;
- (c) 1 non-contractor pharmacist; who is not on the pharmaceutical list, and is not employed by a person who is so listed. The pharmacist needs to be nominated by the Area Pharmaceutical Committee
- (d) 2 contractor pharmacists; whose names are included in the pharmaceutical list, or is employed by a person who is so listed. These persons should be nominated by the Area Pharmaceutical Committee.

3.5 To achieve a quorum for the meeting, at a minimum, attendance is required from:

- (a) A chairperson
- (b) 1 non-contractor pharmacist
- (c) 1 contractor pharmacist
- (d) 2 lay members

3.6 Currently, the pool of available members from which a Committee can be created include:

- (a) Chair: Mr Peter Johnston (Non Executive Board Member)
- (b) Deputy Chair: Ms Catherine Johnstone (Non Executive Board Member)
- (c) Non-contractor pharmacist: (Vacant)
- (d) Deputy non-contractor pharmacist: Ms Julie Blyth
- (e) Contractor pharmacists: Mr Mike Embrey
Ms Kaye Devlin
- (f) Deputy contractor pharmacist: Mr John Connolly
- (g) Lay members: Ms Patricia Eason
Mr Ian Melville
Ms Margaret Tait
Ms Carole Stevenson

- 3.7 Mr Peter Jones (non-contractor pharmacist) has recently retired from the Pharmacy Practices Committee, leaving one available deputy non-contractor member.
- 3.8 The Lothian Area Pharmaceutical Committee has identified Mr Naveen Ramdeehul and Mr Philip Galt who have both indicated willingness to serve on the Committee as deputy contractor pharmacists.
- 3.9 The Lothian Area Pharmaceutical Committee also has identified Mr Alan Glauch, who has indicated willingness to serve on the Committee as a non-contractor pharmacist. Mr Glauch recently retired from the PPC as a deputy contractor pharmacist and from working in community pharmacy but having retained his professional registration would still be eligible to serve on the PPC as a non-contractor pharmacist.
- 3.10 The proposed term of appointment for the contractor and non-contractor pharmacist members is a four year period. However, a review of each appointment, in consultation with the chair of the Pharmacy Practices Committee, will take place at the end of the first year of each appointment. Should it be considered appropriate that any appointment be extended beyond four years this can only be granted with the consent of both the Board and the individual concerned.

4 Key Risks

- 4.1 Failure to appoint a PPC will mean that the Board cannot fulfil its statutory responsibility. Indeed, this has already been the case as the PPC cannot form a quorate with existing members to hear a pharmacy application.

5 Risk Register

- 5.1 There are currently no implications for the Board's risk register.

6 Impact on Inequality, Including Health Inequalities

- 6.1 Equality and Diversity Impact Assessments will be carried out as required in relation to the service following advice from the leads for equality and diversity issues in NHS Lothian. When considering applications the Pharmacy Practices Committee will take into account the needs of the diverse population in NHS Lothian. An impact assessment is not required on this paper as there will be no change to the service as a result of this proposal.

7 Involving People

- 7.1 Lay members are part of the statutory process and appointments are sought from Public Partnership Forums and local networks through Midlothian Community Health Partnership, West Lothian Community Health Partnership, Edinburgh Community Health Partnership and East Lothian Community Health Partnership to ensure that applications can be considered from all sectors of the local population.

8 Resource Implications

- 8.1 Contractor pharmacists who are self employed can claim loss of earnings for any time they are away from their business at the rate of £54.30 per hour applies. Non-contracted pharmacists can claim £190 for the first 3.5 hours. Thereafter a maximum rate of £54.30 per hour applies. Additionally travel expenses can be claimed. Lay members may only claim for travel expenses. These are paid from the Committee fees budget held by the PCCO.

Alison McNeillage
Interim General Manager PCCO
Alison.mcneillage@nhslothian.scot.nhs.uk
28 November 2016

David Hill
Contractor Support Officer
david.hill@nhslothian.scot.nhs.uk

BOARD DEVELOPMENT SESSIONS 2017**1 Purpose of the Report**

- 1.1 The purpose of this report is to recommend that the Board agree the programme of Development Sessions for 2017.

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

2 Recommendations

- 2.1 Agree the provisional programme of Development Sessions for 2017 detailed in Appendix 1. The programme may be subject to variation by agreement with the Board during the year, dependent upon emerging issues throughout the year.

3 Discussion of Key Issues

- 3.1 The Programme of Development sessions requires to be agreed so that arrangements can be put in place for 2017.
- 3.2 The development sessions in the past have been used as briefing sessions or for advance discussions of issues which would subsequently be discussed at a public Board meeting. To date there has been relatively little focus on the “development” of the Board and how it functions. Future development sessions will therefore be topic specific with the topic acting as a focus on how the Board works. This will need some reflection and planning in advance of each development session with the topic lead and the Chair and Chief Executive.
- 3.3 The following two overarching questions should be explicitly addressed during the development sessions across each of the topics:
- What is the role of the NHS Board in relation to the topic and has it changed in the context of the functions delegated to the Integration Joint Boards?
 - How can the new approach to our quality management system play a role in helping with this topic?

Douglas Weir
Corporate Services Manager
14 November 2016

List of Appendices

Appendix 1: Draft Programme of Development Sessions for 2017

PROPOSED BOARD DEVELOPMENT SESSIONS FOR 2017

11 January 2017 09.30 – 12.30	Finance Including wicked issues that need a regional/national solution. Acute Hospitals Plan presentation	SG JC/CB
1 March 2017 09.30 – 12.30	Primary Care and Integration Joint Board Progress	TG/Joint Directors
17 May 2017 09.30 – 12.30	Patient and Public Experience to include co-production and Partnership Working. – themed around engagement and influencing service change Production of a 5 Year plan for Health	AMcM/SW
19 July 2017 09.30 – 12.30	Quality and Clinical Strategy and the General Medical Council (the GMC will visit NHS Lothian in 2017 and there will be an expectation that the Board is aware of issues including Doctors in Training)	TG
6 September 2017 09.30 – 12.30	Innovation, Clinical Quality and ehealth	AMcM/SW
1 November 2017 09.30 – 12.30	Research and Development and Public Health	AKM

DRAFT

NHS Lothian

FINANCE & RESOURCES COMMITTEE

Minutes of the Meeting of the Finance & Resources Committee held at 9.30am on Wednesday 13 July 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; Mr B Houston; Professor A McMahon and Mrs L Williams (by teleconference).

In Attendance: Ms E Anderson (Associate Medical Director); Mr A Bone (Business Partner); Ms J Campbell (Site Director, St John's Hospital); Mr J Crombie (Chief Officer); Mr G Curley (Director of Operations, Facilities); Mr I Graham (Director of Capital Planning); Ms J Hopton (Programme Director); Mr A Milne (Project Director, HUB Major Initiatives); Mr P Reith (Secretariat Manager); Mr I Robertson (Head of E-Health Operations) and Mr D A Small (Chief Officer, East Lothian Integration Joint Board).

Apologies for absence were received from Mr T Davison, Councillor D Grant, Councillor R Henderson, Mr M Hill 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.

8. Minutes of the Previous Meeting

8.1 The minute of the previous meeting held on 4 May 2016 were approved as a correct record.

9. Running Action Note

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

10. Matters Arising

10.1 Members' Development Session - Mrs Goldsmith advised the Committee that she had discussed this with the Chair and it had been agreed that there should be two types of sessions, one for new committee members and one for existing Committee members. Both sessions would deal with the Integration Joint Board Interface and she and the Chair would be working up a programme following which members would be consulted on appropriate dates.

SG/GW

11. Financial Update

- 11.1 Mrs Goldsmith introduced a circulated report giving an update on the financial performance and efficiency programme against the recently submitted local delivery plan. Mrs Goldsmith also tabled a briefing on the financial position to 30 June 2016.
- 11.2 The Committee noted that the overspend in the month was £112k after phasing in £1.5m of the additional NRAC funding confirmed in the local delivery plan letter received from the Scottish Government. The final financial plan showed an anticipated overspend of £20.1m before the additional £6m NRAC funding. Based on the current run rate the operational overspend would be around £24m.
- 11.3 Mrs Goldsmith advised that the year to date position was £6m overspent which was broadly on trend. Whilst some inroads had been made in the month in reducing the carry forward efficiency target the main areas of overspend continued to be the University Hospitals Services and Edinburgh Health & Social Care Partnership. Both areas were struggling to deliver the level of savings required to cover the carry forward efficiency targets as most of the efficiency measures were still to come into effect.
- 11.4 It was noted that there had been an improvement in the nursing position with both bank and agency showing a reduction in the month.
- 11.5 Mr Crombie advised that the 700 nurse vacancies were reducing as a result of successful recruitment across the area and the use of agency nurses was not permitted outwith areas of critical care. Professor McMahan commented that student nurses were also being directly recruited and the increase in the nursing establishment should see a corresponding reduction in bank nursing costs.
- 11.6 Mr Crombie advised that lessons were being learned about what actions were effective in recruiting nursing staff and he did not think that this would be a one-off improvement. There would be opportunities for career progression and with an annual turnover of 6% there would be a need to recruit constantly.
- 11.7 In response to a question from Mrs Blair, Mrs Goldsmith confirmed that the additional NRAC funding was a direct consequence of NHS Lothian raising the matter with the Scottish Government. The Cabinet Secretary recognised the issue with Glasgow and Edinburgh and different funding mechanisms were currently being examined.
- 11.8 Professor McMahan confirmed that 29% of Health Visitors were over the age of 55 and could retire if they wished. District Nursing was in a similar position and a number of options were being considered including part time contracts. Acute Nursing had a different age profile and did not have the same problem although efforts were being made to offer contracts rather than using bank staff.
- 11.9 The Chair emphasised the need to closely monitor the overspend and Mrs Goldsmith advised that over the next few months Finance would be working with the service areas to assist in the implementation of the financial plan.
- 11.10 The Committee agreed to:
- note that NHS Lothian had submitted the 2016/17 Local Delivery Plan to the Scottish Government identifying the requirement to deliver a further £20.9m of

savings/ resources to achieve financial balance. The final update to the plan showed a marginal reduction of this gap to £20.1m.

- note that in their letter of 30 June the Scottish Government had responded to NHS Lothian's Local Delivery Plan and had agreed to provide a further £6m in recognition of NHS Lothian's position in relation to NRAC parity.
- note that the financial position as at May 2016 was reporting a deficit of £4.4m with a further £112k in June 2016.
- note that that ongoing actions were being progressed to reduce the predicted financial deficit in order to achieve a year end balanced position.
- accept the limited assurance that could be given to the committee and the Board at this stage about delivery of breakeven.

12. Delivering for Patients II – Demand and Capacity Analysis

- 12.1 Mr Crombie introduced a circulated report giving an update on the acute services demand capacity activity and queue exercise and reporting on the status of investments to date. The report also provided an update on the next steps to move the data collection and analysis into a performance improvement framework that had clear performance measures and reporting process.
- 12.2 Ms Campbell explained that previously there had been a variable approach to these matters and it had not been possible to clearly measure activity gain against investment. Currently the independent sector was not being used and as they had previously dealt with 13000 outpatients and 7400 inpatients/ day cases there was an underlying capacity gap which required to be addressed.
- 12.3 It was noted that of the 156 services included in the exercise, 10 specialties were identified as having a capacity deficit and improvement actions identified through the review offered scope to minimise the ongoing deficits against inpatient and day case capacity in particular.
- 12.4 Delivery of these improvements would rely heavily on consultant job planning and on a new approach to theatre scheduling which sought to maximise utilisation of sessions. In addition to the requirement to develop a programme infrastructure to support this work, there would be a requirement for investment and support functions and clinical supplies budget in order to deliver this gain.
- 12.5 In response to a question from Mrs Blair, Ms Campbell advised that it had not yet been possible to absorb all the additional work previously undertaken by the independent sector but arrangements had been made with the Golden Jubilee Hospital and efficiency drives were in place to improve throughput.
- 12.6 The Chair welcomed the paper and the actions being taken to address the issues.
- 12.7 The Committee noted that the trajectory had improved as a result of some reductions in demand and possible increases in productivity.
- 12.8 Mr Crombie conceded that there were a number of elements in job planning that still required to be addressed and problems with significant numbers of consultant

vacancies. In particular, in dermatology the outpatient system had not been as efficient as it could be and work was underway to modernise a number of working practices.

- 12.9 The Chair thanked the teams involved in producing the analysis and the committee agreed to note demand, capacity, activity and queue investment profile and changes to activity across key specialties and the proposed performance improvement framework and reporting process. It was agreed that the committee should receive regular updates on the position at future meetings. JC

13. Initial Agreement for Cancer Services Bridging Programme at the Western General Hospital, Edinburgh

- 13.1 A circulated report seeking approval on the development proposals for 4 oncology bridging projects that came together under a single initial agreement covering a critical programme needed at the Western General Hospital was received.

- 13.2 Dr Anderson delivered a presentation outlining the need for change, what had been done so far and how this stage had been reached. She emphasised the material and immediate risks faced by Cancer Services which would become more pronounced as demand increased.

- 13.3 The Committee noted that there were increasing demands across all facets of cancer services in an estate with significant compliance and capacity issues. These were compromising patient safety and experience, quality access and the sustainability of service delivery. Work had already been carried out on ward 1 at the Western General Hospital with urgent work currently being carried out in wards 2, 3 and 4. The success in delivering the initial agreement in 6 months had been driven by strong engagement from the clinical multidisciplinary team and proposals were supported by the Acute Hospitals Senior Management Team and the Lothian Capital Investment Group.

- 13.4 The Chair thanked Dr Anderson for her presentation and advised that he had discussed this with the Director of Finance and suggested that a visit to oncology by Committee members could be arranged. SG/GW

- 13.5 Mrs Goldsmith advised that the level of capital investment required would require a national approach and dialogue with Scottish Government.

- 13.6 Mrs Williams asked about the timescale and Mrs Goldsmith advised that the issue would be presented to the Scottish Government on 19 July. In addition, National Services Scotland was also being involved in the dialogue in respect of the Scottish Health Service Centre.

- 13.7 Dr Farquharson confirmed that he was supportive of the proposals and asked about the impact on staffing numbers. Dr Anderson confirmed that additional staff would be required.

- 13.8 The Chair commented that the ultimate need for a new cancer centre should also be addressed and asked if the outline and final business case could be combined as with the East Lothian Community Hospital.

- 13.9 Mr Graham advised that the Scottish Government process was being used and there was a lot of work to be done between the stages.

- 13.10 Mr Houston expressed his support for combining the cases and pushing for a quick decision. He reminded the committee that Dr Williams had raised the role of primary care in cancer treatment at the Board and Dr Anderson confirmed that links with primary care did need to be improved.
- 13.11 Mr Crombie agreed that these suggestions would be built into the introductory paragraphs of the business case and the Committee agreed to:
- note that the initial agreement was presented to the Lothian Capital Investment Group on 21 June 2016 where the group approved the onward submission of the initial agreement to the Finance and Resources Committee.
 - note that the basis for these projects was the key assumption for the proposed New Edinburgh Cancer Centre would not be completed and opened by 2023 at the earliest.
 - note that the delay in completing a New Edinburgh Cancer Centre would mean that the service had past the point in time where investment could be avoided regardless of the timetable for a new centre.
 - note and approve the initial agreement which covered all 4 projects.
 - note the next step in governance was for the Scottish Government Health Departments Capital Investment Group to consider the initial agreement in August 2016
 - note the indicative cost covering all of the projects was £25.62m.

14. East Lothian Community Hospital

- 14.1 Mr Small introduced a circulated report seeking approval for the combined outline business case and full business case to be forwarded to Lothian NHS Board.
- 14.2 The Committee noted that the Scottish Government had agreed to the combination of the initial agreement outline business case and full business case into a combined business case.
- 14.3 Mr Milne advised that Roodlands Hospital was the preferred site as the existing hospital was considerably outdated. The affordability gap had now been reduced to £1.15m and the East Lothian Integration Joint Board had agreed that they were comfortable with the proposals.
- 14.4 Mr Small explained that the reference to future expansion of general practice services would leave options open once the new general practice was agreed and came into effect.
- 14.5 It was noted that the existing Roodlands Hospital had 92 beds and the proposed East Lothian Community Hospital would have 126 beds. There would also be a space available for the creation of an additional ward simply by the inclusion of beds.
- 14.6 The committee noted that the option of including a scanner had not been supported by consultants who would be unable to support the service and which there would be insufficient demand.

14.7 Mr Crombie advised there was still an issue with a capacity gap in terms of surgical facilities with no solution as yet as to where NHS Lothian would find additional capacity. Mr Small reminded the committee that the theatre at Roodlands would not cease functioning until 2019 which would give time for the problem to be addressed.

14.8 The Committee agreed to:

- confirm that it had reviewed, scrutinised and given due consideration to the combined business case for the project (the combined business case).
- note that discussions between NHS Lothian and the Scottish Government had taken place in relation to a proposal that the project proceed on the basis of the combined business case, rather than by way of an outlined business case followed by a full business case. The committee noted that the Board's Scheme of Delegation (at section 24 bullet 4) provided that the outlined business case and final business case must be taken in turn through the Finance and Resources Committee and the Board ('the requirement'). The committee considered that proceeding on the basis of the combined business case was likely to maintain value for money for the Board and to allow the project to be progressed more expeditiously. The Committee therefore recommended that the project should proceed on the basis of the combined business case, subject to the Board formally waiving their requirement.
- approve the combined business case.
- recommend that the combined business case be submitted to the Board for its approval.
- recommended that the Board approve the combined business case and in particular that the Board, in approving the combined business case, confirmed the matters outlined in paragraph 1.2 of appendix 15 to the combined business case and approved the matters outlined in paragraph 1.3 of appendix 15 to the combined business case.

15. Business Case – The Development of Ward 20 at St John's Hospital and its Refurbishment

15.1 Mr Crombie introduced a circulated report recommending that the committee support the development and refurbishment of Ward 20 at St John's Hospital.

15.2 Mr Graham advised that part of process had been a detailed design development and the project team had developed a business case for approval which meant the clinical and operational drivers at St John's Hospital alongside detailed design and costing.

15.3 The Committee agreed to:

- approve the clinical drivers and rationale for investment.
- recognise that the scope of the ward 20 redevelopment project and other factors had increased, requiring a revised budget of circa £3.351m.
- approve the business case subject to the project team securing an alternative principle supply chain partner or alternative supplier to re-price due to a failure to achieve a satisfactory commercial agreement with the appointed Scotland Framework to principle supply chain partner.
- approve that conclusion of the project an agreement be delegated to the Director of Finance in line with the scope and budget defined in the business case.

16. Rationalisation of Corporate Office Accommodation

- 16.1 Mr Crombie introduced a circulated report together with an outline business case to rationalise corporate office accommodation currently provided at Pentland House and Waverley Gate onto a single site and seeking funding to support the implementation of preferred solution.
- 16.2 Mrs Goldsmith commented that a number of other services would be requiring accommodation but this was not addressed by this particular business case. The success of the move would involve more home based staff and proposals still had to go to partnership.
- 16.3 Mr Houston asked if any other options had been examined and the committee noted that a number of alternative options had been considered but that the proposal was the most cost effective.
- 16.4 Mr Curley advised that the proposal, to relocate staff at Pentland House to Waverley Gate and use the 5th Floor at Waverley Gate for meeting rooms would be carried out with the introduction of additional pods for private working in the same ratio as was currently in place for the existing open plan area. He explained that whilst there would be meeting rooms on the 5th Floor the current proposals did not envisage a Boardroom large enough for Lothian NHS Board meetings and alternative venues were being explored through the Local Authorities and Integration Joint Boards.
- 16.5 The Chair commented that, in his experience, more meeting room space would be required and it was agreed that the meeting room proposals should be re-examined to achieve maximum meeting room space.
- 16.6 The Committee noted that the proposals would involve considerable changes in working practice and Mr Curley gave reassurance that as much testing as could be done had been carried out and he conceded that the meeting room space was the largest risk.
- 16.7 Subject to taking on board the need for partnership consultation and a review of the provision of meeting rooms the Committee agreed to:
- note that the corporate office accommodation project was part of the wider estates rationalisation work, which aims to improve the utilisation of office accommodation by identifying opportunities for consolidation and rationalisation of current rented and owned facilities.
 - recognise that the circulated outline business case had been developed out of the previous iteration of the document, formally recognised as the initial agreement. It had been agreed at the Lothian Capital Investment Group meeting on 21 June 2016 that the content of the document surpassed that of a normal initial agreement.
 - approve the accompanying outline business case which sought funding of £3.231m during 2017/18 for the rationalisation of corporate office accommodation currently based at Pentland House and Waverley Gate onto a single site at Waverley Gate.
 - note that the adoption of the preferred option would realise recurring savings of £945k.

17. Addressing Anti-ligature Environmental Risks

- 17.1 Professor McMahon introduced a circulated report giving an update on the significant progress in addressed anti-ligature risks at the Royal Edinburgh Hospital and St John's Hospital and seeking support in resourcing outstanding risks.
- 17.2 Professor McMahon advised the Committee that work was continuing to try and manage the ligature environmental risks through an ongoing programme but that suicides by ligature in Hermitage Ward through the use of beading around a wardrobe, the Orchard Clinic at the Royal Edinburgh Hospital through the use of a bathroom tap and a previous suicide in Ward 17 at St John's Hospital through the use of a ligature on a collapsible curtain rail necessitated significant remedial works.
- 17.3 The Committee:
- noted the progress of measures taken by NHS Lothian to address environmental ligature and barricading issues identified at red/ high risk in clinical areas.
 - noted the remaining areas within the Royal Edinburgh Hospital and St John's Hospital estates identified as red/ high risk and supported the prioritised programme to address these by approving the funding proposed.
 - approved as part of this programme the initial agreement for works to the Orchard Clinic which were above the delegated limit for Lothian Capital Investment Group.

18. Initial Agreement - Replacement of NHS Lothian Telephony System

- 18.1 Mr Robertson introduced a circulated report seeking approval for the progression to the outline business case for the replacement of obsolete telephone systems across NHS Lothian via the Scottish Government Capital Investment Group.
- 18.2 Mr Robertson advised the Committee that NHS Lothian's current telephony infrastructure was predominantly built on technology which was no longer manufactured and whose manufacturers support was being removed as of first quarter of 2017. This created a risk to NHS Lothian's ability to communicate with patients, communicate internally, impacting patient care and potentially causing reputational damage to the organisation.
- 18.3 The Committee noted that NHS Lothian required to undertake a wholesale replacement of the telephony system through the Scottish Government PAMS process. This might include a wider regional solution although this was not what the initial agreement sought to deliver at this stage.
- 18.4 Mr Robertson explained there were a number of risks associated with this work not being completed in time and, in the worse case scenario resulting in a clinical service or wards not being able to make or received telephone calls including 999 and cardiac arrest calls. A failure of the central infrastructure at the Lauriston Buildings or St John's Hospital could result in telecoms operators not being able to receive or transfer calls from the staff or public. The team currently dealt with approximately 12,500 calls per day.
- 18.5 Mr Robertson advised that the options were purchasing an entire system managed within NHS Lothian or procuring a service managed by the supplier. NHS Tayside was

currently looking at a managed and hosted service and their experience was being examined.

18.6 In response to questions concerning the two different options Mr Robertson undertook to discuss these and their implications for the acute hospitals with Mr Crombie. **IR/JC**

18.7 The Committee agreed to:

- approve the initial agreement to progress to an outlined business case in order that NHS Lothian could identify the full costs, resources and timescale for implementation.
- approve an approach to the Scottish Government Capital Investment Group to secure funding to underpin the programme.
- note that the strategic assessment and draft initial agreement document were reviewed at the NHS Lothian Capital Investment Group on 21 June 2016 and accepted for future discussion at the Finance & Resources Committee.

19. Property and Asset Management Investment Programme

19.1 Mr Graham introduced a circulated report providing an update on the property and asset investment programme for 2016/17. Mr Graham advised the committee that in order to address the most recently reported ESA 2010 issues, the Scottish Futures Trust had amended the delivery structure for HUB DBFM Projects including, in particular the establishment and involvement in the structure of the HUB Community Foundation and the removal of capital contributions by authorities.

19.2 The Committee agreed to:

- note the updated 5 year property and asset management investment programme and spend to date including updated project budgets.
- approve the recommendations to the Board necessary for the Royal Edinburgh Hospital phase 1 project to comply with ESA 2010 account requirements namely
 - Approve the restructuring.
 - Delegate the negotiation, finalisation, approval, execution and delivery of the restructuring documents to the Chief Executive and / or Director of Finance for the Board.
 - Approve the performance of the restructuring documents by the Board following the finalisation, execution and delivery of the same.
- note that work was ongoing on prioritisation in supportive development of the hospital plan and direction from Integration Joint Boards.

20. Commercial Agreement in Principle to Return Domestic Services at the Royal Infirmary of Edinburgh from the Private Finance Initiative Provider to NHS Lothian In-house Provision

20.1 Mrs Goldsmith introduced a circulated report informing the Committee of the in-principle commercial agreement reached in relation to the return of domestic services at the Royal Infirmary of Edinburgh from the private finance initiative provider to NHS Lothian in-house provision.

- 20.2 The Chair commented that it would have been helpful for a detailed breakdown of all costs to have been included in the report.
- 20.3 Ms Hopton advised the Committee that NHS Lothian already funded Consort to pay staff the full Agenda for Change rates and bringing back the services to NHS Lothian would allow a review of the role of staff. Much of the information regarding numbers and costings was not currently available from Consort.
- 20.4 The Committee agreed to endorse the in-principle agreement.

21. Property and Asset Management Investment Programme 2016/17 Business Case Monitor

- 21.1 Mr Graham introduced a circulated report giving a detailed overview of the major capital projects.
- 21.2 The Committee agreed to note the progress and performance to date for each of the projects and the associated key risks and issues.

22. Date of Next Meeting

- 22.1 It was noted that the next meeting of the Finance & Resources Committee would be held on Wednesday 14 September 2016 at 9.30am 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 14 September 2016 in the meeting room 7, Waverley Gate, 2-4 Waterloo Place, Edinburgh.

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

In Attendance: Ms J Campbell (Site Director, St John's Hospital); Mr I Graham (Director of Capital Planning & Projects); Ms L Irvine (Strategic Programme Manager) (for item 32); Mr C Marriott (Deputy Director of Finance); Mr P Reith (Secretariat Manager) and Mr A Tyrothoulakis (Director of Services).

Apologies for absence were received from Mrs K Blair, Mr T Davison, Professor A McMahon and Professor M Whyte.

Declaration of Financial and Non-Financial Interest

The Chair reminded members that they should declare any financial and non-financial interests they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. Mr Houston declared an interest in item 32 'GameChanger Public Social Partnership: Transformative Opportunities'.

23. Minutes of the Previous Meeting

23.1 The minutes of the previous meeting held on 13 July 2016 were approved as a correct record.

24. Running Action Note

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

25. Matters Arising

25.1 Development of the Effectiveness of the Finance & Resources Committee - Mrs Goldsmith introduced a circulated report providing feedback from the members' survey and giving a brief update on the next steps to be taken in response to the issues raised. Mrs Goldsmith reminded the Committee that, in addition to the survey,

Mr Alan Payne had been undertaking a piece of work developing the use of standard levels of assurance. The Board Committee Chairs had agreed that Governance Committees should use standard levels of assurance and the Corporate Management Team had endorsed the use of the template. Some work was still being done on developing the standards, especially around capital and business cases. Another aspect being examined was the skills, knowledge and experience of Committee members and Mr Marriott was pulling together an induction programme for Committee members. In addition, the impact of health and social care integration necessitated meetings with Integration Joint Board Chief Officers and Chief Financial Officers about how the assurance process would work and once these had been concluded a workshop would be held.

Mr Hill commented that this was a helpful paper although it might take some time before all Committees and Integration Joint Boards were aligned. In the interim it would be necessary to ensure that nothing was missed and it could not simply be assumed that other parties were actioning issues. He felt that it would be helpful for all Board members to participate in a generic induction course with separate courses specific to individual Committees also being held for their members. Mr Johnston suggested that it would also be worthwhile having Integration Joint Board members present.

Councillor Henderson commented that there was still a lack of clarity about who was responsible for what. With Local Government Elections being held in May 2017 there could be a number of changes in Councillors and thought would need to be given as to how this should be dealt with. Mr Johnston suggested that NHS Lothian could collaborate with Councils in providing training for Councillors. Mr Marriott suggested that it would be helpful to have the Finance Team present at the sessions so that they could ensure that the Committee's requirements were included in subsequent reports.

Mrs Goldsmith undertook to issue Mr Marriott's report and seek the views of Committee members. SG

The Committee agreed to take forward the work to introduce the use of standard levels of assurance and to accept the report as a briefing as to the action being taken to respond to the members' survey. SG

- 25.2 Scottish Government Capital Investment Group Update - Mr Graham advised that the combined business case for East Lothian Community Hospital had been considered at the Scottish Government Capital Investment Group on 16 August and was now heading toward financial close on 21 September 2016. A number of issues and risks still had still to be closed off and the Capital Projects Team were working with Health Facilities Scotland to sign off the business case. The Scottish Government Capital Investment Group was not encouraging combined business cases. The incorporation of extra ward space had been an issue and there had been some issues around ESA2010. In response to a question by Mr Houston, Mr Graham advised that the Capital Investment Group's concerns about the combined business case related to whether appropriate checks and balances were in place. The Capital Investment Group took the view that the final business case should be a formal matter and the lawyers viewed combined business cases as presenting a potential risk to procedures. The Committee noted the position.

25.3 Cancer Services Bridging Projects - Mr Graham reported that the Capital Investment Group had advised that there was no funding available for a single project of that scale and had suggested that NHS Lothian should focus on the Edinburgh Cancer Centre. This raised significant risks around the provision of cancer services and a meeting would be held at the Edinburgh Cancer Centre in October with the Capital Investment Group to discuss this. The visit to the Edinburgh Cancer Centre by Committee members had been arranged for 12 October and Mr Graham would endeavour to arrange the meeting with the Capital Investment Group for the same day.

IG

26. Quarter 1 Financial Review and Financial Position to July 2016

26.1 Mr Marriott introduced a circulated report giving an overview of the financial position at month 4 2016/17 together with the year end forecast following the Quarter 1 review. The Committee noted that the overspend in month 4 was £2.57m bringing the year to date position to £7.11m overspend against the revenue resource limit.

26.2 Mr Marriott advised that there was now a moderate level of assurance that financial breakeven could be achieved by the end of the financial year. There was still continuing pressure on GP prescribing and the run-rate was broadly consistent. The latest figures showed that the overspend in month 5 was £2.50m.

26.3 Mr Hill commented that the prescribing volume increase was significantly higher than had been estimated and Mr Marriott advised that the volume had not been such an issue in the previous financial year. GP prescribing had significantly increased and Mrs Goldsmith advised that a review to examine this was currently underway in Fife and Tayside. NHS Lothian was also undertaking its own analysis and this would be compared to the results from Fife and Tayside.

26.4 Mr Marriott commented there was always 12 months of data available so the trend was easily monitored.

26.5 Mr Johnston asked if there was any known medical reason for the increase in prescribing and Mrs Goldsmith advised that this was being analysed by 'chapters' such as drugs used in the treatment of central nervous system disorders. Mr Marriott advised that this would be undertaken as part of the trend analysis

26.6 In response to a question from Mrs Williams, Mrs Goldsmith confirmed that there was no limit on GP practices for prescribing but NHS Lothian was encouraging incentive schemes whereby practices reducing their prescribing costs could retain a proportion of the savings for the practice.

26.7 The Chair advised that the General Practitioners Sub-committee had commented on the pressure from patients for prescriptions and the number of occasions on which GPs felt pressured to prescribe drugs such as paracetamol.

26.8 Mr Marriott commented that a member of the finance team was examining GP prescribing and he would arrange for a section on GP prescribing to be included in the next financial report.

CM

- 26.9 Mr Marriott advised that a series of meetings had been held with Business Unit leads to discuss issues driving the overspend within services with actions agreed to reduce expenditure. The output from these meetings was a forecast operational overspend of £12.90m which is a reduction of £6.00m from the financial plan forecast gap. This improvement was included within the overall operational improvement of £4.06m shown in the report. Significant benefits had been achieved in Facilities and Consort as well as Strategic Services. There was still a need for an analysis of the numbers by Integration Joint Boards to be undertaken on a partnership basis. Funds had been passed to the Integration Joint Boards and the impact of these was being assessed.
- 26.10 The Committee noted that there was a plan to deliver a breakeven position by the end of the financial year and Mr Marriott was more positive than previously that this could be achieved. However, he noted that the recurring position was not improving. Mrs Goldsmith commented that discussions with Scottish Government would be needed to seek a transfer of capital to revenue to support the forecast position.
- 26.11 Mr Hill commented that the move from an initial overspend position to a moderate assurance of breakeven was a remarkable achievement and asked it remained the case that only low and moderate risk saving plans were still being pursued.
- 26.12 Mrs Goldsmith confirmed that this was the case and that because budgets had been allocated to teams on the basis that services had to be delivered within budgets, funding was not being removed from one team to address an overspend in other teams. Departments were now required to estimate their cost rises and work out how these would be addressed. The approach of making business units manage their own expenditure seemed to be working.
- 26.13 The Chair commented that he was concerned about the amount of non recurring savings and of the Board being seen as 'crying wolf' if it was able to move from a significant overspend position to breakeven by the end of the financial year.
- 26.14 Mrs Goldsmith commented that with the benefit of additional NRAC and incorporating reserve set aside as part of the financial plan, in addition to improvements in operational performance the financial plan had in fact been delivered. However she pointed out this financial performance had only been achieved with a consequential reduction in service performance particularly in relation to outpatients. This was consistent with what had been set out in the LDP.
- 26.15 The Chair commented that the issue of performance in hospitals would require to be addressed, and that the Boards tolerance to the current risk profile should be escalated to both the Audit and Risk Committee and the Board. Mrs Goldsmith agreed that the Board would require to re-examine its level of tolerance to risk as the whole system was under pressure.
- 26.16 Mr Houston commented that the Scottish Leaders Forum had discussed hospital targets and there was a move towards deconstructing targets into clinical areas to identify where the real risks lay.

26.17 Mr Hill raised the question of how the Board monitored the balance between finance and performance and Mrs Goldsmith advised that the Healthcare Governance Committee would play a part in this in escalating performance matters to the Board.

26.18 The Committee agreed:

- To note the financial position at month 4 is of an overspend of £7.11m across all services, after the release of additional NRAC flexibility of £2m.
- To note the Quarter 1 yearend forecast indicated that yearend balance was achievable, dependant on a number of key assumptions.
- To note that at this stage a moderate level of assurance could be given to the Committee at a breakeven position would be achieved and a further review of the assurance level would be given as part of the mid year review.
- To recognise that the achievement of the financial results had a consequential impact on the delivery of service performance targets and that this risk was flagged as part of the Board's approved financial plan and that this issue would be escalated to the Board for further consideration.

27. Maximising the Financial Benefit of Change Projects

27.1 The Committee noted a circulated report giving an overview of the programme activity within NHS Lothian currently targeted to delivery and efficiency and productivity gains and providing assurance that robust management of oversight structures was in place.

27.2 The Committee noted that the Efficiency and Productivity Team had been restructured to provide support for the delivery of complex multi faceted projects to release efficiencies. These programmes would include significant planning and service redesign and therefore represented projects with anticipated return on investment in the medium term as opposed to short term.

27.3 Alongside the significant investment in the clinical quality management system, additional investment had been targeted to the traditional Efficiency and Productivity programme to the maximisation of the financial and non financial benefits of the change programmes. This resource and its attribution was summarised in the report.

27.4 Mr Hill referred to the initial agreement for the replacement of the NHS Lothian telephony system discussed at the July meeting and the potential saving achievable. He had discussed this with the Nurse Director and anticipated that a view would achieve significant savings.

27.5 Mr Marriott advised that work was being carried out with the Nurse Director and the Director of e-Health who was looking at how this could be achieved.

27.6 Mr Houston commented that he had held discussions with a group of general practitioners around what could be achieved through the telephone system and suggested the approach should be to come up with a model of change and instruct e-Health to implement this.

- 27.7 Mr Johnston commented that there was a need to take an integrated approach and Mr Hill suggested that it would not be necessary to identify every aspect of the vision before starting to develop an initial agreement.
- 27.8 The Chair commented that more detail on the possibilities for change were required and he was expecting an update on the IT strategy in respect of this for the next meeting. **AMcM**
- 27.9 The Committee agreed to note the summary of the programme activity for information as part of the assurance process as financial performance and agreed to seek more detailed information on the progress towards achieving savings and efficiency improvements with the introduction of a new telephony system. **AMcM**

28. Theatres Improvement Programme

- 28.1 Mr Tyrothoulakis introduced a circulated report giving a summary of the progress of the theatres improvement programme.
- 28.2 The Committee noted that, following work carried out with Deloitte in the summer of 2015 to develop a data driven approach to identification of improvement and efficiency opportunities, a tableau dashboard had been developed with the objective of identifying and prioritising opportunities for improvement and efficiency through looking at a number of key measures of productivity such as utilisation, cancellations, late starts and early finishes. A potential productivity opportunity of £1.4 to £2.2m had been identified based on a proposed reduction in cancellations. Additional productivity gains could be released by improving theatre under utilisation by addressing late starts, early finishes and turnaround times.
- 28.3 It was anticipated that the theatres improvement programme would be the vehicle to deliver the strategic priorities of the service providing both quality and efficiency benefits. A project manager had been recruited and would come into post on 3 October 2016 and a dedicated analyst for the programme was already in post.
- 28.4 Dr Farquharson commented that the current position did not seem to be improving and that on two recent occasions there had only been a theatre list with only 1 patient.
- 28.5 Mr Tyrothoulakis explained that the first part of the exercise was a detailed consultation and analysis to identify the problems and potential solutions before bringing forward proposals. He had a list of action plans but there was an urgent need to go through the painful engagement process to get the co-operation of staff. He would be reporting details of the work to be done over the next three months and would be able to report on what had been achieved at the 18 January 2017 meeting of the Committee.
- 28.6 The Committee noted the current position and that a report detailing the work being undertaken and achievements to date together with outcomes and metrics would be available for the 18 January 2017 meeting. **AT**

29. Financial Planning Process 2017/18 and Beyond

- 29.1 Mrs Goldsmith introduced a circulated report providing an overview of the financial planning process for 2017/18 and beyond.
- 29.2 Mrs Goldsmith reminded the Committee that she had previously been unable to give any assurance on the Board's ability to achieve financial balance. Whilst work continued on the process of financial planning for the 5 year period from 2017/18 much would be determined by government policy. It was however possible to make assumptions in terms of the level of resource but the process for agreeing budgets for 2016/17 had been difficult. Earlier engagement with the Integration Joint Boards for the financial year 2017/18 was being undertaken and communications were being sent to Chairs and Chief Officers alerting them to the planning process and requesting that each Integration Joint Board provides support to the process.
- 29.3 The Committee noted that the paper set out what it was hoped to achieve in the light of the potential gap of £60m in the 2017/18 financial plan.
- 29.4 The Committee noted that the engagement process with the Scottish Government was already underway and there was some detailed work still to be done on NRAC.
- 29.5 Mr Marriott commented that NHS Greater Glasgow and Clyde were undertaking a similar exercise. Mr Houston commented that the Board Chairs Group had received a presentation on NRAC but it was unclear what the outcome of further discussions would be. A common theme was the importance of predictability.
- 29.6 Mrs Goldsmith advised the Committee that there was an issue about the NRAC formula itself which was based on population movements and she explained that Lothian was trying to focus on longer term financial strategy.
- 29.7 Mr Hill commented that financial balance would be achievable if the Board could get into the debate on what activities could be stopped in order to achieve the correct balance between activity and resources.
- 29.8 Mr Houston commented that Realistic Medicine was a start to that debate and would be the subject of the next Board Development Session.
- 29.9 Mr Hill advised that it would be necessary to look at what the service would look like if funding was reduced and Mr Marriott reminded the Committee that the position that had been taken in the current financial year was to allocate budgets and advise services that they should identify how to deliver their services in line with the available budget.
- 29.10 Mrs Williams commented that this was a sensible approach and it had to be recognised that the achievement of financial parity meant performance in equality.
- 29.11 Mr Houston commented that the current weakness in the system was in failing to address the strategic issues in any way.

29.12 Mrs Goldsmith commented that there was a need to examine the demographics of primary care and what the transfer of resources would mean for the acute capacity.

29.13 Mr Johnston queried how credible the figures would be in the financial plan by the end of the calendar year and Mrs Goldsmith advised that these would be based on the best assessment of the budget available to Integration Joint Boards. This would include NRAC funding and half of NHS Lothian's reserves.

29.14 The Committee agreed to note that:

- NHS Lothian would, following the update of the Quarter 1 review, forecast position as part of the midyear review, and begin the process of financial planning for the 5 year period from 2017/18.
- Communication would be sent to Chairs and Chief Officers imminently alerting them to the planning process and requesting each Integration Joint Board to provide support to the process.
- The recurrent gap identified within the previous year's financial plan of £60m would be the basis of the plan for early discussions.
- On the basis of the gap identified the previous business units would be asked to consider cost reducing recovery actions up to 7% of total budget.

30. Property and Asset Management Investment Programme

30.1 Mr Graham introduced a circulated report providing an update on the property and asset investment programme for 2016/17.

30.2 Mr Graham gave a breakdown of the anticipated 5 year capital plan. There was a great deal of activity around primary care and a Scottish Government Short life Working Group had been established to come up with options for the Cabinet Secretary. There was a suggestion that there should be more Board involvement in GP premises in future.

30.3 In respect of the Ratho Health Centre, a revised programme was expected that day. Discussions in respect of Ferryfield were ongoing and the completion date for the Royal Hospital for Sick Children / Department of Clinical Neurosciences had been put back from autumn 2017 to spring 2018 as result of a number of delays due to a number of factors including the impact of adverse weather. A revised programme and handover date would be available in October 2016.

30.4 The Committee noted that following an inspection of the Royal Edinburgh Hospital by the Health and Safety Executive examining the three patient suicides, a number of changes to the anti ligature policy in excess of current legal requirements were being investigated and it might prove necessary for higher standards to be applied to certain units. It was noted that this would not delay current work being undertaken at the Royal Edinburgh Hospital as any enhancement work could be carried out after the contract work had been completed as there would be financial penalties for delaying the completion for the contracted work.

- 30.5 Mr Johnston raised the diagnostic and treatment centre at St John's Hospital and Ms Campbell advised that a Programme Board had been established which would determine the work required and the figures contained in the report were only illustrative.
- 30.6 Councillor Henderson thanked Mr Graham and his team for the work they had facilitated on Ratho Health Centre.
- 30.7 It was noted that the Bangour Village Hospital site visit had taken place on 12 September and following this the reporters would advise on whether the appeal would be dealt with by written submissions, public hearing or public enquiry.
- 30.8 The Committee noted that following interviews with five bidders, the recommendation of the Lothian Capital Investment Group based on property advice was for NHS Lothian to accept an unconditional offer for the site which was not subject to planning approval based on the site being vacated by learning disability services in late summer 2017. The land and property team and strategic planning for learning disabilities had confirmed that decant proposals would meet this timescale.
- 30.9 The Chair asked that a briefing paper on the review of the anti-ligature policy be circulated to members of the Committee. **AMcM**
- 30.10 The Committee agreed to:
- Note the updated 5 year property and asset management investment programme and spend to date including updated project budgets.
 - Noted the submission of NHS Lothian's property and asset management strategy update for 2016/17 to Scottish Government.
 - Note the assurance that NHS Lothian Capital Planning and Land and Property Teams were addressing threats to the sustainability of GP practices to consideration of premises issues, and were also engaging in national work to review these risks.
 - Approve the acceptance of the offer of £6.5m for the sale of the Corstorphine Hospital site in summer 2017.
 - Note work was ongoing on prioritisation and supported development of the hospitals plan and direction from Integration Joint Boards.

31. Reprovision of Eye Services

- 31.1 Ms Campbell gave a verbal update on the position of reprovision of eye services in Lothian following the support of the initial assessment by the Committee. She advised that Scottish Government was in the process of changing the guidance and would be working with NHS Lothian to develop the business case. The Bioquarter was the preferred option and this was not considered to be a major change. There would be a requirement to look at transportation which was already part of the programme and the Committee noted that on achieving excellence and design review had already been carried out.

31.2 It was noted that one of the diagnostic and treatment centres in Lothian funded by Scottish Government would be an ophthalmic centre and this would be aligned with the re-provision of eye services further down the line. It was noted that only the regional element of the diagnostic and treatment centre would be funded by the Scottish Government. It was hoped that a final initial agreement would be completed by November 2016.

31.3 The Committee noted the position.

31.4 Mr Houston left the meeting.

32. GameChanger Public Social Partnership: Transformative Opportunities

32.1 Ms Irvine introduced a circulated report providing an update on the GameChanger Public Social Partnership, a unique collaborative venture offering huge potential to contribute to the significant transformational change agenda and strategic priorities of a number of strategic partnerships.

32.2 Ms Irvine explained that the project would bring together various organisations and would create health and wellbeing village within the Easter Road Stadium. Consultation with the public had ascertained there was a high level of support for this project. It was noted that the Health and Wellbeing Village would start to tackle the inequalities in the area.

32.3 Advice had been taken from Capital Planning and the full business case would be brought forward to the Committee once it had been approved by the Integration Joint Board.

32.4 The Committee noted that the Health and Wellbeing Village would provide a solution for a local general practice whose premises were no longer fit for purpose and would help with the migrant population in the area.

32.5 The Scottish Government was enthusiastic about the project and discussions were also being held with Heart of Midlothian Football Club and Edinburgh Rugby Club to see if similar arrangements could be made with them.

32.6 The Committee agreed to:

- Recognise the potential contribution of GameChanger to assist with delivering on a number of strategic objectives with a particular focus on preventative approaches and communities and individuals who experience significant health inequalities.
- Support the development of flagship and roadmap proposals which would include the preparation of funding applications.
- Support the healthier work strand which had a particular, although not exclusive focus on Leith and the North East locality of Edinburgh.
- Support the preparation of a business case in line with the requirements of the Scottish Capital Investment Manual which would be brought to the Committee,

following approval by the Integration Joint Board for the strategic assessment and initial agreement.

- Agree that NHS Lothian, on behalf of Edinburgh Integration Joint Board, should now enter into discussions with Hibernian Football Club to agree Heads of Terms following the approval by the Edinburgh Integration Joint Board.

33. Property and Asset Management Investment Programme 2016/17 – Business Case Monitor

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

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

34. Date of Next Meeting

34.1 It was noted that the next meeting of the Finance & Resources Committee would be held on Wednesday 30 November 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 27 September 2016 in Meeting Room 7, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present: Dr R. Williams, Non-Executive Board Member (chair); Ms S. Allan, Non-Executive Board Member; Ms P. Eccles, Partnership Representative; Ms N. Gormley, Patient and Public Representative; Ms C. Hirst, Non-Executive Board Member; Ms F. Ireland, Non-Executive Board Member, Chair of Area Clinical Forum; Mr A. Joyce, Employee Director, Non-Executive Board Member; Mr J. Oates, Non-Executive Board Member; Mr A. Sharp, Patient and Public Representative.

In Attendance: Ms C. Bebbington, Primary Care Manager, West Lothian Health and Social Care Partnership (on behalf of Mr Forrest); Ms J. Bennett, Clinical Governance Manager; Ms E. Clemente, Finance Trainee (observing); Dr B. Cook, Medical Director, Acute Services; Dr D. Farquharson, Medical Director; Ms S. Knight, Finance Trainee (observing); Professor A. McCallum, Director of Public Health and Health Policy; Professor A. McMahon, Nurse Director; Ms L. McMillan, Complaints and Feedback Team Manager (observing); Ms C. Myles, Chief Nurse, Midlothian Health and Social Care Partnership; Ms B. Pillath, Committee Administrator (minutes); Major J. Ritchie, Army Medical Services (observing); Mr D. Small, Chief Officer, East Lothian Integration Joint Board; Professor A. Timoney, Director of Pharmacy; Dr S. Tucker, Lothian Unscheduled Care Service Clinical Director (item 61.2); Mr S. Watson, Chief Quality Officer; Ms M. Wilson, Chief Nurse, Edinburgh Health and Social Care Partnership.

Apologies: Mr H. Cartmill, Non-Executive Board Member; Mr J. Crombie, Chief Officer, Acute Services; Mr J. Forrest, Chief Officer, West Lothian Health and Social Care Partnership; Mr B. Houston, Board Chairman.

Chair's Welcome and Introductions

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

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

23. Patient Story

23.1 Professor McMahon read out a patient's account of her experience of pregnancy loss which described the very good support she had received from NHS Lothian staff including Medical Photography and SANDS (Stillbirth and Neonatal Death Society) Lothian which provides counselling for bereaved parents, who had all treated her with dignity and respect and helped her cope with the situation.

24. Minutes from Previous Meeting (26 July 2016)

24.1 The minutes from the meeting held on 26 July 2016 were approved as a correct record.

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

25. Matters Arising

25.1 Review Report and Action Plan of Suicide Incident, Ellen's Glen Hospital

25.1.1 The incident which had been discussed at the previous meeting had been investigated. The post mortem examination report was awaited before the formal report could be completed. Some actions identified were being progressed. The final report would be brought to the Committee once completed. **AMcM**

25.2 Hospital Standardised Mortality Ratio measurement and target update

25.2.1 Dr Watson spoke to the previously circulated paper. The Hospital Standardised Mortality Ratio used a model which predicted the expected death for each hospital according to the services it provided and compared it with the actual death rate for that hospital. The model was updated regularly to reflect advances in medical treatment and had been updated recently. A result of this has been a change to the base rate which meant the ratio for each hospital had been raised; this was a statistical change and did not reflect any actual change.

25.2.2 The reporting of the ratios for Scottish hospitals had also changed and a funnel chart showing outliers would be used instead of the previous trend lines. The Western General Hospital appeared as an outlier as it had a low number of deaths. All Lothian's hospitals were good performers compared to the national average. A target had been set to reduce the overall Scottish ratio by 10% by the end of 2018.

25.2.3 It was noted that the ratio excluded patients who were in hospital for end of life care.

25.2.4 The Acute Hospitals Committee would receive regular updates on this data but it was agreed that if any Lothian hospitals became outliers with a high HSMR this would be reported to the Healthcare Governance Committee.

25.3 HIS Review of Edinburgh Hospital Based Complex Clinical Care Services update

25.3.1 The action plan from this inspection had been discussed at the Edinburgh Integration Joint Board. The action plan had also been shared with the other three Health and Social Care partnerships so that any actions also relevant to their services could be taken on through the Quality Improvement Teams.

25.3.2 It was agreed that a full action plan for all four areas would be reported in at the meeting in January 2016. **AMcM**

25.4 Investigation into the death of a prisoner

25.4.1 This incident had been discussed at the previous meeting. The significant adverse event investigation was in progress and the post mortem examination report was awaited. The final report would be submitted to the Committee once it had been completed. **AMcM**

25.4.2 The actions from the report would be taken on jointly by NHS Lothian and the prison services. A Quality Improvement Team had been set up for prison services to consider these issues. It was agreed that a wider report on prison services healthcare would be brought to the Committee in the next year. **AMcM**

25.5 Primary Care Recruitment Update

25.5.1 Mr Small advised that problems with recruitment of GPs and other practice staff were continuing with more practices having problems. Improvements being worked on included: providing fellowship posts as an incentive for newly qualified doctors; providing incentive for retired GPs to become locums; advertising in the British Medical Journal; attending a British Medical Association Workforce event to attract GPs to Lothian; and working on increasing the number of other personnel working in GP practices including pharmacists and nurse practitioners.

25.5.2 A government decision on funding and wider strategy was awaited as recruitment problems were national.

25.5.3 The impact on patient care was discussed. Although some GP lists were restricted, patients could all be registered at other practices and systems were in place to manage urgent appointments. A relationship between difficulty in accessing GP and amount of access to the unscheduled care service and Accident and Emergency was possible but difficult to measure. GPs were concerned that time saving solutions in GP practices including using more telephone prescribing and telephone consultation could have an impact on patient safety and patient experience.

25.5.4 Mr Small agreed that a long term action plan to mitigate risks to patient experience and safety with timescales would be submitted to the next meeting in November 2016. **DS**

26. **Emerging Issues**

26.1 Pre-Exposure Prophylaxis for HIV

26.1.1 Professor Timoney noted that prophylactic medicines for HIV negative people which would prevent them from becoming HIV positive were available but not licenced in Europe. The evidence was that the medication was highly effective. The Scottish Government had set up a short life working group to discuss whether these items should be recommended to patients. This had already been discussed by the General Medical Council and the Medical Defence organisations as well as NHS England's Ethics Committee.

26.1.2 Consideration needed to be given in the meantime as to what information should be provided to patients who may self-source the unlicensed medication using the internet and whether the NHS should be monitoring the medicine's safety. NHS Lothian would not promote this item but could direct patients to an online source of unbiased information.

26.1.3 This issue would be discussed in detail by the Lothian Area Drug and Therapeutics Committee and their advice would be brought back to the Committee at the next meeting. **AT**

26.2 Edinburgh Joint Inspection of Older People's Services

26.2.1 Healthcare Improvement Scotland and the Care Commission were in the early stages of a review of Edinburgh Health and Social Care Partnership services for older people. A staff survey had been carried out and information had been given. The inspection team would look at the patient pathway of 150 cases in detail in October 2016 and would also visit the teams and join team meetings. The report was expected in February 2017.

27. **Committee Effectiveness**

27.1 Corporate Risk Register

27.1.1 A paper had been previously circulated. The Risk Management Steering Group had reviewed the risks. The Committee accepted that the Corporate Risk Register contained all the appropriate risks. NHS Lothian remained outwith its risk appetite with very high risks in delayed discharge, finance, four hours emergency medicine target, and GP sustainability. The Committee noted that improvement in Healthcare Associated Infection performance following implementation of the recent strategy had downgraded this area to high risk.

27.2 Quality and Performance Report

27.2.1 The report had been previously circulated. A Healthcare Governance Committee workshop would be held on 21 October 2016 to introduce the services associated with new assurance areas for the Committee.

27.2.2 There was detailed discussion on the three areas which showed deteriorating performance. Mr Small noted that information on the 48 hour GP access target was no longer collected due to a change in GP contracts. The patient survey every two years gave more important feedback from patients and these showed that access was the highest area of dissatisfaction; once access was achieved patient satisfaction improved. Access was most difficult in the most deprived areas where a higher proportion of the registered population was accessing GP services each year. Assurance on this area could link in with a proposed clinical quality programme for primary care.

27.2.3 An improvement programme was in place to reduce waiting times for the Child and Adolescent Mental Health Service (CAMHS) which would be presented at the workshop in October. A paper would be brought to the Committee on this at the meeting in November 2016 illustrating the work that was ongoing on this. **AMcM**

27.2.4 An improvement programme was in place for reducing waiting times in Psychological Therapies. There was a clinical quality programme in this area which included training for staff and looking at data. The service covered many areas including

mental health, neuro-degenerative conditions, cancer care, palliative care and sexual health, and was in high demand; complex interventions were required.

28. East Lothian Health and Social Care Partnership Update

- 28.1 Mr Small spoke to the previously circulated paper. This was the first comprehensive report to the Healthcare Governance Committee on the Integration Joint Boards governance arrangements, and it was proposed that it became the template for reporting for all the IJBs to both the Healthcare Governance Committees and the IJBs.
- 28.2 It was suggested that data on clinical effectiveness, population health, equity and outcomes could be included; Mr Small advised that population health data was available, but clinical effectiveness information was collected by individual practices and not held centrally. The Quality Assurance Framework could be used as a measure, and work was ongoing nationally as to collection of equity data for primary care.
- 28.3 It was suggested that clear reporting structures be added to the report to show where and when assurance would be expected and areas of responsibility.
- 28.4 A multi-disciplinary Quality Improvement Team was to be set up for the Integration Joint Board to cover all areas.
- 28.5 Members accepted the report and agreed the template with the additions noted. Mr McCulloch-Graham would present the Edinburgh Integration Joint report at the next meeting in November 2016. **RMcC-G**

29. Person Centred Culture

29.1 Person Centred Culture Update

- 29.1.1 The paper had been previously circulated. Ms Hirst reported that there a working group had been set up to focus on issues raised by the Scottish Public Services Ombudsman about complaints not upheld by NHS Lothian, and look at the process for investigation of complaints. It would meet monthly for approximately 6 months and the first meeting had been positive.
- 29.1.2 Mr Sharp noted that although the response rate for the 'Tell us Ten Things' survey had improved, it was still low at 8%, and asked whether there could be more consistency in gathering this information; each patient need to be approached to give them an opportunity to give feedback and the time while waiting for discharge was a good time for this to happen. Professor McMahon agreed that this needed improvement and that strategies were being considered; some wards had a much higher response rates than others and learning from this could be shared.
- 29.1.3 Ms Gormley noted that she would expect an impact assessment to have been done on this paper to ensure that there was equal feedback from different gender, age and ethnicity groups, and so that trends of feedback and complaints could be analysed by

these groups to ensure equality of access to services. Professor McMahon agreed that work was required to gather this information.

- 29.1.4 Ms Allan suggested that there needed to be more discussion on the 'involving people' section in this paper as patients would have a good insight into the best methods of getting patient feedback and their input would make services and projects more sustainable. This had been discussed previously between Dr Watson, Professor McMahon and Ms Harris as meaningful engagement and designing this into the process was complex.
- 29.1.5 Members accepted the paper. Dr Williams noted that it gave some assurance in this area but some concerns remained and this would continue to be a key item on the agenda.

29.2 Spiritual Care and Bereavement Update

- 29.2.1 The paper had been previously circulated. It was suggested that more information about numbers using the service would give a better sense of what the impact of a possible depletion of the service would be. Professor McMahon agreed to bring access data back to the next meeting. **AMcM**
- 29.2.2 The paper was accepted.

30. **Safe Care**

30.1 Public Protection Update

- 30.1.1 The paper had been previously circulated. The delay in implementation of the multi-agency information sharing system 'eIRD' was discussed. This had been in use in Edinburgh for some time and the roll out to the other areas was under discussion. The sum of money required was less than £20,000 per authority but there had not yet been agreement from the local authorities. This was in progress and in the meantime robust systems were in place for information sharing.
- 30.1.2 The risks laid out in the paper were discussed weekly at the 'safety huddle' and recruitment problems were improving.

30.2 Learning from Significant Adverse Events

- 30.2.1 The paper had been previously circulated. There was a focus on improving the process of managing significant adverse events including quality of investigation reports and implementation of learning. Three areas high in incidents: falls, pressure ulcers and medication incidents; would be included in the Scottish Patient Safety Programme Annual Report at the next meeting in November 2016 to show how themes are fed from the significant adverse event investigations to SPSP programmes for improvement.
- 30.2.2 Ms Bennett reported that the backlog of open cases was being reduced and she was confident that a sustainable process was now in place to work through these. It was

important that reviews were completed on time but also that they were of good quality and supported learning.

30.2.3 Mr Oates asked about the relationship between significant adverse events and complaints and how feeding back to families after an adverse event could improve satisfaction and reduce complaints. Ms Bennett advised that this work had not been done but would be beneficial to help understanding of underlying problems which could be improved. Ms Wilson noted that in Maternity Services engagement with patient and families after adverse events had helped. This was part of the being open work.

30.2.4 Members accepted the paper; Dr Williams noted that it gave assurance on clearing the backlog of reviews but that more work was required on learning and using the key themes of complaints and significant adverse events. A presentation on learning from adverse events and patient safety programmes would be given at the Committee in January 2017 as part of the Scottish Patient Safety Programme Annual Report. **DF**

30.3 Anti-Ligature Process Update

30.3.1 The paper had been previously circulated. This was an important patient safety issue. Actions resulting from the recommendations following an incident at Ellen's Glen Hospital are being taken in all areas. This was also related to a larger piece of work about to commence on safe staffing levels. These actions would be monitored by the Risk Management Steering Group.

31. Effective Care

31.1 MBRRACE-UK Perinatal Mortality Report of Perinatal Deaths 2014

31.1.1 The paper had been previously circulated. Dr Farquharson noted that Lothian figures are best in class. A problem with the data in the 2014 report had led to an underestimation of the denominator figures which made Lothian's figures look poor; this was an issue with transfer of information and had now been investigated and resolved.

31.2 Quality Improvement Teams Annual Report

31.2.1 The Annual Report had been previously circulated. The Chair welcomed Dr Tucker who presented the Lothian Unscheduled Care Services Quality Improvement Team report.

31.2.2 Ms Bennett noted that the success of Quality Improvement Teams was variable but that some were high functioning and facilitated routine improvements and were a positive example of the success of team led work in the services.

31.2.3 Dr Tucker advised that patient complaints about the unscheduled care service were few. A patient experience survey was given but because of the interaction with NHS 24 it was difficult to get meaningful information without doing a complex survey. A method of getting reliable patient feedback was being considered by the national out of hours group.

31.2.4 The need to share the learning and success of the Quality Improvement Teams was discussed, as the content of the report was of an exceptional standard. There was a wish to recognise and share good practice but this had not yet been achieved. More forums for discussion were a possibility and publication of results. Professor McCallum agreed to investigate the process for publishing articles with the British Medical Journal now that organisation licences were no longer available. An external website could be developed to publish work. Professor McMahon agreed to discuss a communication strategy with the Head of Communications. **AMcM**

32. Exception Reporting Only

32.1 It was agreed that feedback to authors of annual reports would be written by Non-Executive Members of the Committee to acknowledge their hard work. **RW**

32.2 Members noted the following previously circulated papers:

- 32.2.1 Diabetic Retinopathy Screening Annual Report;
- 32.2.2 Learning Disabilities Managed Clinical Network Annual Report;
- 32.2.3 Information Governance Annual Report;
- 32.2.4 HIS Unannounced Inspection, St Columba's Hospice, Edinburgh;
- 32.2.5 Lothian Viral Hepatitis Managed Clinical Network Annual Report;
- 32.2.6 Palliative Care Managed Clinical Network Annual Report;
- 32.2.7 Edinburgh Transplant Service Annual Report.

33. Other Minutes: Exception Reporting Only

Members noted the previously circulated minutes from the following meetings for information:

- 33.1 Area Drug and Therapeutics Committee, 5 August 2016;
- 33.2 Clinical Management Group, 11 August 2016;
- 33.3 Lothian Infection Control Advisory Committee, 6 September 2016;
- 33.4 Public Protection Action Group, 17 August 2016;
- 33.5 Information Governance Assurance Board, 26 July 2016.

34. Date of Next Meeting

34.1 The next meeting of Healthcare Governance Committee would take place at **9.00** on **Tuesday 29 November 2016** in **Meeting Room 7**, Second Floor, Waverley Gate.

34.2 Further meetings would take place on the following dates in 2017:

- Tuesday 17 January 2017;
- Tuesday 14 March 2017;
- Tuesday 9 May 2017;
- Tuesday 11 July 2017;
- Tuesday 12 September 2017;
- Tuesday 14 November 2017.

NHS Lothian

STAFF GOVERNANCE COMMITTEE

Minutes of a Meeting of the Staff Governance Committee held at 9:30am on Wednesday 26 October 2016 in Meeting Room 7, Waverley Gate, 2-4 Waterloo Place, Edinburgh.

Present: Mr A Joyce (Chair); Mrs J Butler; Dr D Farquharson; Councillor D Grant; Mr B Houston; Mrs F Ireland; Councillor C Johnstone; Mrs A Mitchell and Mr J Oates.

In Attendance: Mrs J Campbell (Acting Chief Officer); Mr J Crombie (Acting Chief Executive); Mrs R Kelly (Associate Director of Human Resources) and Mr P Reith (Secretariat Manager).

Apologies for Absence were received from Mr S McLaughlin 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.

36. Minutes of the Previous Meeting

36.1 The circulated Minutes of the Staff Governance Committee Meeting held on 27 July 2016 were approved as a correct record.

37. Review of the Staff Governance Committee - Proposals

37.1 The Chair advised the Committee that he had discussed the workings of the Committee with the Board Chairman, the Interim Director of Human Resources & Organisational Development and the Associate Director of Human Resources and it had been concluded that the Committee could work more effectively than it currently did and that the agenda could have more structure.

37.2 Mrs Butler introduced a circulated report detailing proposals to refresh the work of the Staff Governance Committee to ensure that it was able to fulfil its scrutiny and assurance roles to the Board around staff governance.

37.3 The Committee noted that the terms of reference had last been reviewed in June 2013 and were very much based on detail included in the staff governance standard as to the role of the Staff Governance Committee. However, the remit did not currently reflect the assurance role that the Committee should have in terms of the staff governance agenda and the need to provide assurance to the Board on the overall performance of NHS Lothian in relation to staffing matters.

37.4 The Chair advised that his current role as Chair of the Committee did not allow him to discharge his role as Employee Director at meetings of the Committee as effectively

as possible. He had discussed this with the Staff Side organisations which had agreed they would be content if the decision was taken that the Employee Director did not have to be the Chair of the Committee but remained a member.

- 37.5 Mrs Butler advised that the annual survey of members in preparation of the Annual Staff Governance Committee report had identified concerns in terms of the development needs of the Committee members and it was felt that it would be helpful to produce an induction pack for new members and existing members of the Committee to include relevant documents such as the Terms of Reference, Staff Governance Standard and Everyone Matters documentation.
- 37.6 It was also being proposed that a development session be held either at the next scheduled meeting in January 2017 or on an alternative date, covering the Staff Governance Standard, Everyone Matters and a presentation around the assurance role of the Committee, partnership arrangements, iMatter etc. and any other areas members of the Committee would find helpful to include in such a development session.
- 37.7 The Committee noted that the sub structure currently had the Health and Safety Committee and the Remuneration Committee reporting to the Staff Governance Committee. The terms of reference of the Remuneration Committee prescribed and the inclusion of the Health and Safety Committee made some sense given the clear links to staff safety, although it was recognised that the role and duties were wider than staff. It had been felt however that more frequent extracts of the minutes of these meetings needed to be presented to the Committee so that it could be assured around these areas. Whilst there were no proposals to change the Committee sub structure at this stage, consideration was being given to the establishment of a Staff Experience Steering Group which would pick up issues around the implementation of iMatter, the values work and also the wider staff experience agenda.
- 37.8 It was noted that there was no specific structure to the current agenda and in future it was proposed that the agenda be based on the priorities in Everyone Matters: 2020 workforce vision. The five priority areas covered by Everyone Matters were:
- Healthy organisational culture
 - Sustainable workforce
 - Capable workforce
 - Workforce to deliver integrated services
 - Effect leadership and management
- 37.9 Papers would be provided to the Committee under each of the relevant headings to show the work that was being undertaken in each of the areas which would also assist with the assurance requirement. Appropriate members of staff could be invited to the meeting to discuss particular aspects of ongoing work to assist with providing the assurance to the committee. An annual agenda timetable would also be developed for the committee showing when certain reports needed to be considered to meet Scottish Government and Board deadlines.
- 37.10 The Committee noted that all the Board Governance Committees were adopting a new format for papers so that it was very clear precisely on what assurance was being provided to the Committee by bringing a paper on a particular issue. A workforce report was also being developed for the Committee which would bring together all of the relevant workforce indicators showing trends and highlighting areas for improvement to further assist with the assurance and scrutiny role.

- 37.11 Mrs Butler advised that whilst the quarterly frequency of meetings had been confirmed earlier in the year, this did not match the other governance committees and it was being proposed that the Committee should meet five times per year.
- 37.12 Mrs Mitchell welcomed the proposal and commented that there was a need for a root and branch review of Committees, in particular the Health and Safety Committee.
- 37.13 Mrs Butler advised that a new Director of Occupational Health had been appointed and she would be happy to review this with him and for it to be discussed at the forthcoming development session.
- 37.14 Mr Houston advised that there had been some concern at Board and Executive level over the need to escalate health and safety issues and he agreed that the sub structure for health and safety should be reviewed.
- 37.15 The Chair reminded the Committee that the Remuneration Committees role was statutory and the highly confidential nature of the business meant that only extracts of minutes could be provided.
- 37.16 Mr Crombie emphasised the importance of engagement with Committee members and supported the introduction of a performance report to provide assurance to the committee.
- 37.17 Councillor Grant intimated his support of the proposals, particularly the proposed agenda format as he found the current structure confusing.
- 37.18 Mr Oates endorsed the earlier comments and proposed that there should also be a specific item on the risk register as it pertained to the Staff Governance Committee.
- 37.19 The Committee agreed to approve the revised terms of reference for the committee for submission to the Lothian NHS Board for approval and supported the implementation of the recommendations contained in the circulated paper with the inclusion of a standing item on the risk register.

JB

38. Staff Governance Monitoring Return - 2015/16 Feedback Letter

- 38.1 Mrs Butler introduced the circulated correspondence from the Head of Staff Governance at the Scottish Government providing comments in relation to the staff governance monitoring return for 2015/16 and the PIN compliance template and summary of the 2016/17 Staff Governance Action Plan.
- 38.2 The Committee noted that the Board had been congratulated on implementing the 'Courage to Manage programme' and on the 27% increase in staff indicating that they were aware of NHS Lothian's values. It was also noted that there was some criticism about the responses to the staff questionnaire question 'did you agree a personal development plan' or equivalent (88%) which was not reflected in the eKSF status for NHS Lothian which showed only 31%. The Committee noted that the online eKSF system was widely accepted as being not fit for purpose and an improvement plan was being developed and would include monitoring performance via the workforce dashbooard, which enables monitoring down to ward or equivalent level.

- 38.3 Mr Crombie commented that the eKSF system was cumbersome and he was keen to see recommendations on improving the system, particularly given the successes in respect of mandatory training compliance
- 38.4 Mrs Kelly advised that the replacement for eKSF was anticipated in the next few months and it was hoped that this would be a significant improvement.
- 38.5 The Committee noted the position.

39. Mandatory Training Compliance

- 39.1 Mrs Butler introduced a circulated report giving an update regarding actions being taken to improve mandatory training compliance.
- 39.2 NHS Lothian was showing, on average, above 80% compliance and five of the mandatory topics and above 70% compliance in the remaining four topics.
- 39.3 All subjects had evidence of some improvement over the last quarter, with violence and aggression, equality and diversity and information governance changing rating from light to dark green. Public Protection had also changed rating from amber to light green and information governance had shown the greatest increase in compliance with 81% at the end of September. NHS Lothian was therefore on track to achieve the Information Commissioner's target of 85% by the end of November.
- 39.4 The Committee noted that work being undertaken in facilities to use a DVD and tool box programme to reach staff who did not have access to computers was particularly worthy of mention. A special programme in respect of health and safety in facilities was now in place and being rolled out.
- 39.5 The Committee agreed to note the progress made to date and supported the plans for continued performance improvement.

40. Whistleblowing Update

- 40.1 Mrs Kelly introduced a circulated report on the current actions being taken in relation to whistleblowing and detailing the action plan for the coming months.
- 40.2 The Committee noted that the Board's policy was now in line with the PIN Guideline to make the process for staff wishing to raise a concern more robust. The initial point of contact for staff to raise a concern was with their line manager. However, if the member of staff felt that their concern had not been addressed properly by their line manager or could not be raised with the line manager the policy now had 4 named contacts at Stage 2 with whom staff could raise their concern. These were the Nurse Director (Acute), Medical Director (Acute), Medical Director (Primary Care) and the AHP Director. Named contacts had also been put in place at Stage 3 and these were the Chief Executive, Nurse Director and Medical Director. Appropriate training was now being sourced for these individuals to ensure that they were able to undertake this role effectively. The policy had been through the Human Resources Policy Group and approved by the Lothian Partnership Forum and would go on HR Online shortly. In addition to the training for staff, further training for staff side and management colleagues would also be provided and publicity arranged through the

Communications Department. There would also be a need to put in place monitoring arrangements.

- 40.3 The Committee noted that Mrs Mitchell was the Board's whistleblowing champion and would need to be kept apprised of any issues raised.
- 40.4 It was noted that the policy would be published online and a regular report would come to the Staff Governance Committee on progress.
- 40.5 Mrs Mitchell commented that there had only been 1 whistleblowing report in the past year which was not satisfactory. Managers had to be advised of the policy and what they had to do and a mechanism to provide adequate assurance had to be devised and implemented.
- 40.6 The Chair commented that in his experience the policy was used very rarely by staff.
- 40.7 Councillor Grant sought confirmation that any actions would have already taken place before reports came to the Staff Governance Committee and Mrs Kelly advised that this was the case as actions would be taken by management and not Board members.
- 40.8 The Committee agreed to note the revised whistleblowing policy and supported the circulated whistleblowing action plan.

41. Nursing and Midwifery Revalidation

- 41.1 Mrs Ireland introduced a circulated report giving assurance that the new three yearly process of Nursing and Midwifery Council Revalidation for nurses and midwives which commenced on 1 April 2016 had been successfully implemented in NHS Lothian.
- 41.2 The Committee noted that the work to date to ensure that NHS Lothian's registered nurses had successfully re-registered using the revalidation process. To date only 5 nurses and midwives in NHS Lothian had not revalidated of which were 2 were staff who were retiring, 1 was on long term sick leave, 1 could not afford the fee and 1 was accidental.
- 41.3 Mrs Kelly advised that national discussions were still continuing on how to deal with staff who did not revalidate as there was currently no consensus. The NHS Lothian current policy was to pay such staff the highest non registered grade but this had not received support nationally.
- 41.4 Mrs Mitchell questioned whether the next revaluation in 3 three years would lead to increases in the number of staff retiring and Ms Ireland advised that this should not be the case and registration was something that was being done in any event.
- 41.5 It was noted that revalidation was now also on the e-rostering system and would flag up to managers when nurses were due to register.
- 41.6 The Chair asked if there was any feedback on whether any nurses re-registering had been asked to prove the completion of the necessary hours of clinical work. Mrs Ireland advised that it was more likely that nursing staff outside the NHS where there were fewer mandatory structures in place would be monitored and checked.

- 41.7 Councillor Grant asked if there were any measures in place to help staff who could not afford the registration fee and Mrs Ireland advised that it was possible to be paid in monthly instalments.
- 41.8 The Committee noted the work undertaken to date to ensure that NHS Lothian's nurses and midwives successfully revalidated . It was also noted that ongoing support had been put in place for all nurses and midwives going through revalidation from 30 September 2016 onward.
- 41.9 The Committee noted that the revalidation process was being monitored by management and congratulated Ms McGuinness and her team on the successful outcome of their hard work.

42. Safe Nurse Staffing Levels

- 42.1 Mrs Ireland introduced a circulated report detailing the ongoing work around safe nurse staffing levels and providing a moderate level of assurance that there was operational delivery against key standards of the staff governance agenda.
- 42.2 The Committee noted that this would be a regular report under the new agenda in the category of sustainable workforce. A lot of work was being undertaken in this area and NHS Lothian had a timetable to ensure compliance with the Scottish Government requirement for the national workload and workforce planning tools to be completed on an annual basis. This annual process took account of the professional judgement of the nursing and midwifery staff on duty during the census period, the calculated staffing levels for the patient acuity using the appropriate specialty tool, local indicators such as vacancy rates and use of supplementary staffing and a series of care quality measures.
- 42.3 These metrics were triangulated and the Associate Nurse Directors and Chief Nurses were required to take forward prioritised proposals for investment to local management teams. Thereafter, the Deputy Director of Corporate Nursing would take a collated position to the Director of Nursing for review and for inclusion in the financial plan where prioritised staffing deficits were not able to be addressed by local management teams.
- 42.4 The Committee noted that a number of policies, including the use of agencies were examined. Nursing staff were continuing to be recruited and the gap in the number of established posts was reducing so the overall risk level should shortly be reduced. Rather than specifying a minimum number of nursing staff which would be meaningless in terms of patient safety staff would be deployed to areas of greatest need.
- 42.5 Mrs Ireland advised the committee that a 3 year programme of work required to be undertaken both nationally and locally to determine and plan for the the legislation and Mr Crombie advised that a national working group had been established to work out how to manage the exercise.
- 42.6 The Committee noted that this was a complex area of practice and that the Nurse Director would chair a local group parallel to the national group

- 42.7 Mrs Mitchell commented that it would be useful to see key areas of concern in subsequent reports rather than just an organisational overview..
- 42.8 The Committee agreed to take a moderate level of assurance that the following staff governance standards were being considered and that in relation to nurse staffing levels the staff governance standard requirements were being met:
- The personal, health and wellbeing of patients and staff should be paramount in the design and operation of services
 - Staff were engaged and involved in decisions that affected them with the opportunity influence such decisions
 - Staff were engaged and involved in strategic developments
 - Partnership working was embedded and mainstreamed within each NHS Board
 - Service development and organisational changes were planned and implemented in partnership, and with effective staff engagement
 - A comprehensive workforce plan, based on these developments and changes, was developed in partnership
- 43. Health and Safety Committee**
- 43.1 The Committee noted the circulated minutes of the Health and Safety Committee meeting held on 30 August 2016.
- 44. Lothian Partnership Forum**
- 44.1 The Committee noted the circulated minutes of the meeting of the Lothian Partnership Forum held on 12 July 2016.
- 45. Workforce Organisational Change Group**
- 45.1 The Committee noted the circulated minutes of the Workforce Organisational Change Group meeting held on 26 September 2016.
- 46. Date of Next Meeting**
- 46.1 It was noted that the next meeting of the committee would be held on Wednesday 25 January 2017 at 9.30am in meeting room 7, Waverley Gate, 2-4 Waterloo Place, Edinburgh.



MINUTES OF THE MEETING OF THE EAST LOTHIAN INTEGRATION JOINT BOARD

THURSDAY 25 AUGUST 2016
COUNCIL CHAMBER, TOWN HOUSE, HADDINGTON

Voting Members Present:

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

Non-voting Members Present:

Dr R Fairclough
Mr D Harvie
Mr D King
Mrs M McKay
Mr T Miller
Ms S Saunders
Mr D Small
Dr J Turvill

ELC/NHS Officers Present:

Ms J Ogden-Smith
Ms C Lumsden
Mr C Briggs

Clerk:

Mrs F Stewart

Apologies:

Mr A Joyce
Ms F Duncan
Ms A MacDonald
Ms M McNeill
Mr E Stark

Declarations of Interest:

None

1. MINUTES OF THE MEETING OF THE EAST LoTHIAN INTEGRATION JOINT BOARD OF 30 JUNE 2016

The minutes of the East Lothian Integration Joint Board meeting of 30 June 2016 were approved.

2. MATTERS ARISING FROM THE MINUTES OF THE MEETING ON 30 JUNE 2016

The following matters arising from the minutes of the meeting on 30 June 2016 were discussed:

Code of Conduct

David Small advised that the Code of Conduct, agreed by the IJB at its last meeting, had been approved by the Scottish Government. He reminded members that the Code required the setting up of a Register of Interests and that forms would be issued shortly for completion by members.

Annual Accounts

David King updated members on progress with the annual accounts. He explained that these had been reviewed by the Audit & Risk Committee prior to this meeting but that due to a change in Scottish Government guidance further amendments were required. He proposed to make the necessary changes and circulate the revised version to KPMG and Audit & Risk Committee members, before submitting the final version of the accounts to the IJB at its September meeting.

Community Hospital

Mr Small advised members that the final proposal had been submitted to the Government's Capital Investment Group with the recommendation that it go forward for approval by the Cabinet Secretary. A decision was expected within the next 2-3 weeks and, barring any delays, it was hoped that the current timetable of financial close by end September and breaking ground in October would still be met.

3. CHAIR'S REPORT

The Chair reported that there would be two further project update events for the East Lothian Community Hospital on Friday 9 September (afternoon) and Thursday 15 September (evening), both of which would be held in the Townhouse, Haddington. The Chair also encouraged members to attend the Primary Care event being arranged for Thursday 29 September. The event was open to members of all four Lothian IJBs and some members of the East Lothian IJB had already expressed an interest.

The Chair noted that this was Alison Meiklejohn's last meeting as a member of the IJB. He thanked her for her contribution to the Shadow Board and the IJB and wished her well for the future. Mike Ash added his thanks to Alison and advised that her replacement would shortly be confirmed by NHS Lothian.

4. FINAL FINANCIAL ASSURANCE 2016/17

The Chief Finance Officer had submitted a report to the IJB laying out the final financial assurance process undertaken for 2016/17 after considering the formal offer from NHS Lothian (received on 14 June 2016) and updating the position on East Lothian Council's utilisation of the Social Care Fund (SCF).

Mr King advised that a detailed discussion on financial assurance had taken place at the Audit & Risk Committee meeting held prior to this meeting and his presentation would reflect not only the recommendations contained within his report but also the recommendations of the Committee. He summarised the position following receipt of the formal offer from NHS Lothian in June and the updated position on East Lothian Council's utilisation of the SCF. He referred in particular to the implications of the higher than anticipated cost of implementing the Living Wage and the revised outturn position for Adult Wellbeing for 2015/16 being an overspend of c. £1.2m, rather than the estimated £436,000. He also outlined the outstanding issues relating to the final offer from NHS Lothian including gaps in funding for Set Aside Services and GP prescribing.

Mr King concluded that while the Audit & Risk Committee endorsed the majority of the recommendations contained in his report, the Committee had also recommended that the IJB directs the Chief Officer and Chief Finance Officer to arrange a discussion with East Lothian Council to ensure an appropriate level of 'additionality' to be delivered by the SCF.

Mr Small explained that 'additionality' referred to things which were not already being done such as an increase in Care at Home services, individual high cost packages of care such as mental health, transitions from Children's services and other priorities as set out by the Government.

Councillor Currie emphasised the importance of having a clear definition of 'additionality' and of ensuring that the full 50% of the SCF was allocated to this work. In his view, he did not consider addressing budget overspends as an appropriate use of the SCF. He also commented on the importance of beginning discussions on how to do things differently, how to invest savings in existing or new services and how to measure the impact of recurring overspends on the ability of Partners to deliver efficiency savings. He advised that the Audit & Risk Committee had agreed that Mr Small and Mr King should arrange a discussion with Partners on the way forward, with a view to having a solution in place by the time of the IJB's next meeting (22 September).

Mr Ash welcomed the recommendations. On the issue of 'additionality' he agreed with Councillor Currie and expressed his own concerns that money set aside for this purpose should not be used to cover any gaps in funding or resulting reductions in services. He added that it was disappointing it had taken so long to get to this point and that it was essential that members were reassured, well before the next meeting, that these issues had been resolved.

Responding to questions from Ms Meiklejohn, Mr Small advised that the overspend included the estimated cost of introducing the Living Wage and that the contribution rate from operators had been factored in. Money from the SCF had been held back to fund the Living Wage from October 2016 but it was now clear that the cost was likely to be significantly higher. He added that although the Health Board had chosen to underwrite the funding gap in its budget, neither Partner was required to do so under the terms of the Integration Scheme.

Mr King replied to a question from Councillor Akhtar on GP prescribing. He agreed that it was a difficult issue and, should prescribing costs continue to grow at a similar rate, it was one which would continue to be a cause for concern. He said that a huge amount of work was ongoing and it would not solely be the responsibility of GPs to look at ways of managing this pressure.

Margaret McKay stated that while she supported the principle and practice of introducing the Living Wage, she felt that it was an astonishing use of public money. She enquired whether the subsidy provided through the SCF was for one year only, if officers were confident that providers who had signed up to the scheme were not also looking for further SCF subsidy in years 2 and 3, and who was taking steps to ensure

that providers changed their practices so that those who were entitled to it received the Living Wage.

Mr King advised that the cost of the Living Wage would be recurring and would be likely to cost twice as much next year. He indicated that if the Scottish Government were not prepared to cover the uplift then this would be a serious issue for the IJB. Mr Small added that the Council had written to all providers to confirm what they will be paid for the life of their contracts from 1 October 2016. These will then be replaced by new contracts next year. He also observed that the payment of the Living Wage was a Scottish Government initiative and could be written into the conditions of any new contracts.

Mrs McKay again expressed astonishment at this use of public funds. She also referred to Councillor Currie's point about 'additionality' and doing things differently and asked what was being done to consider how best to use the other half of the SCF.

Mr Small stated that the Strategic Plan set out the IJB's proposals for the development of new and additional services.

Mr Ash observed that Mrs McKay made an important point and he referred to the Integrated Care Fund and other sources of funding available to the IJB if and when it came up with the right ideas.

Peter Murray agreed with some of Mrs McKay's points but said that innovation was coming from different areas and that NHS Lothian was involved in some of that work. He added that it was not that nothing was being done but that these discussions should involve all those who need to be engaged in the process, not just the IJB, to be most productive.

Danny Harvie added that there had been discussions between the Scottish Government and care providers to ensure that contributions were in place but there was still some way to go.

Decision

The IJB agreed to:

- i) Accept the NHS Lothian offer with the following caveats:
 - That the Set Aside pressures are managed by NHS Lothian;
 - That the Partnerships can manage within their health budgets;
 - That the health budget setting model remains indicative until an appropriate baseline position is agreed;
 - That the prescribing budget setting model for 17/18 is clarified and agreed with the IJB;
 - That a proposition to manage the emerging financial pressures within the GP prescribing budgets in 2016/17 is prepared;
- ii) Conclude that the agreement it made with East Lothian Council in relation to the Social Care Fund in March 2016 has been significantly altered by the further information now available. The two key elements being:
 - A considerable increase in the projected overall costs of delivering the Living Wage – c. £800,000
 - The revised 2015/16 outturn for Adult Wellbeing which was estimated at an overspend of c. £436,000 and is now reported as an overspend of c. £1.2m.

Direct the Chief Officer and the Chief Finance Officer, reflecting on the movement in the estimates, to arrange a discussion with East Lothian Council to ensure an appropriate level of 'additionality' (for the avoidance of doubt the IJB considers that to be 50%) to be delivered by the Social Care Fund.

- iii) Defer consideration of the recommendation relating to completion of the financial assurance process until its meeting on 22 September 2016.

5. PERFORMANCE REPORT FOR THE INTEGRATION JOINT BOARD – AUGUST 2016

Carol Lumsden, Transformation and Integration Manager, had submitted the East Lothian Health & Social Care Partnership Performance Report for the IJB.

She advised members that information contained in the report was currently embargoed and, when released, it would be published on the Partnership's website. In the meantime, it was thought important to bring forward to the IJB early sight of how East Lothian was performing across a range of core indicators. This information, although still incomplete, would provide the IJB with a benchmark of performance. Identifying successes and giving early notice of areas with scope for improvement. The information would also help to shape the IJB's Directions for the next year.

Ms Lumsden guided members through the document, highlighting key indicators and expanding on what each of the results represented in terms of patient care and service provision.

A lengthy debate followed with members focusing on the outcomes for several areas including delayed discharges, avoidable re-admissions, supporting carers and access to GP services. The considered the impact that increases in population and changes in the demographic across the county was having on service provision, particularly GP services. Members acknowledged that overall many of the figures were encouraging; that significant problems existed in certain areas; and that solutions would require a degree of innovative thinking and changes to the way services were delivered and funded.

Members also discussed the importance of being able to accurately track progress in addressing these challenges. Ms Lumsden indicated that, in addition to this survey which occurred every two years, she was looking into the possibility of doing an annual survey through the Citizen's Panel.

Mrs McKay asked whether it would be possible to adopt the National Health & Wellbeing Outcome (No. 6) in respect of carers, which focused on the carer as a whole person, rather than the narrower National Indicator.

Mr Small advised that these were both set by the Scottish Government but he agreed to consider whether it might be possible to make representations to the Government about amending these outcomes.

Mr Small also proposed bringing a further update on performance management to the IJB by December 2016.

Councillor Currie suggested that the IJB may want to consider setting up a Performance Management Committee to consider this information in more detail and make recommendations to the IJB.

Mr Ash observed that the IJB had previously agreed to receive two reports on performance management and then decide on what to do in future.

Decision

The IJB agreed to note the contents of the report and that a further update on performance management would be provided by December 2016.

6. BELHAVEN HOSPITAL

The Chief Officer had submitted a report asking the IJB to agree a process regarding Ward 2 at Belhaven Hospital.

Mr Small summarised his report outlining the key issues. He advised that following discussions with GPs and hospital staff it was agreed that a Working Group would be set up and would hold its first meeting in early September 2016. Mr Small also proposed that the 'Belhaven Forum' should be re-established as a vehicle for public engagement. The Working Group would engage the Forum in its recommendations and report back to the IJB in October 2016.

Responding to questions from Councillor Currie, Mr Small advised that Ward 2 was currently 50% occupied by delayed discharges. He acknowledged that this was a problem which would need to be worked on and that he hoped that the Hospital at Home service could be seen as a real alternative.

Dr John Turvill pointed out that the Hospital at Home service had been running for 18 months and had a high level of user satisfaction. He added that unless the IJB progressed with this work there would continue to be high numbers of admissions and delayed discharges.

Councillor Currie commented that the Forum would provide the community with an opportunity to thrash out these and other issues. He said it would be important for the IJB to convince local people that there could be a better alternative.

Mr Ash agreed noting that the IJB would often be required to take difficult decisions and this would be a test of how well it could deal with that responsibility.

Dr Richard Fairclough observed that the 24/7 Hospital at Home service would go some way to offering reassurance to patients and families and asked if there was a projected start date. Ms Lumsden replied that April 2017 was the planned date.

The Chair noted that this would be a significant test for the IJB as there was a great deal of affection for Belhaven Hospital.

Decision

The IJB agreed to the proposed process to manage the issues around Ward 2 at Belhaven Hospital.

Signed

.....
Councillor Donald Grant
Chair of the East Lothian Integration Joint Board



Edinburgh Integration Joint Board

9.30 am, Friday 16 September 2016

Waverley Gate, Edinburgh

Present:

Board Members: George Walker (Chair), Councillor Elaine Aitken, Carl Bickler, Andrew Coull, Wanda Fairgrieve, Christine Farquhar, Councillor Joan Griffiths, Councillor Ricky Henderson, Councillor Sandy Howat, Kirsten Hey, Alex Joyce, Angus McCann, Rob McCulloch-Graham, Moira Pringle, Ella Simpson, Richard Williams, Maria Wilson and Councillor Norman Work.

Officers: Lesley Birrell, Colin Briggs, Eleanor Cunningham, Wendy Dale, Gohar Khan, David McConnell (Audit Scotland), Graeme Mollon, Tim Montgomery, Ross Murray, Julie Tickle.

Apologies: Shulah Allan, Kay Blair, Ian Mackay and Alex McMahon.

1. Minutes

Decision

- 1) To approve the minute of the Edinburgh Integration Joint Board of 15 July 2016 as a correct record.
- 2) To approve the minute of the Edinburgh Integration Joint Board of 19 August 2016 as a correct record.

2. Sub-Group Minutes

Decision

- 1) To note the minute of meeting of the Audit and Risk Committee of 2 September 2016.
- 2) To note the minute of meeting of the Professional Advisory Group of 30 August 2016.
- 3) To note the minute of meeting of the Strategic Planning Group of 29 July 2016.

3. Rolling Actions Log

The Rolling Actions Log for 16 September 2016 was presented.

Decision

- 1) To approve the closure of actions 2, 3, 8, 9 and 11.

- 2) To request that dates for GP visits (action 5) be scheduled as soon as possible and Joint Board members be advised accordingly.
- 3) To request a report to a future meeting of the Joint Board highlighting the key issues for ICT provision including recommendations on a proposed way forward (action 6).
- 4) To otherwise note the outstanding actions.

(Reference – Rolling Actions Log – 16 September 2016, submitted.)

4. Calendar of Meetings

Standing Orders required the Joint Board to agree its calendar of meetings. The current schedule ran until the end of 2016. Dates were proposed for meetings until August 2017, after which the diary process would sit alongside the Council diary arrangements.

Decision

- 1) To agree the proposed schedule of meetings until August 2017.
- 2) To note that consultation would be undertaken on the draft calendar of meetings for 2017/18. The Joint Board would be asked to approve the draft schedule, and diary invites would be issued alongside the Council diary arrangements.
- 3) To agree to plan and programme development sessions around the agreed scheduled Joint Board meeting dates.

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

5. Hub Update

Progress with the hub model, in particular matters surrounding information and communications technology, infrastructure and opportunities for further integration of some of the functions across Edinburgh, was detailed.

Decision

To accept the report as assurance that the Edinburgh Health and Social Care Partnership was taking a whole system approach to ensure an effective and more integrated approach to improve pathways for the city's adult population.

(References – minute of the Integration Joint Board 15 July 2016 (item 8); report by the IJB Chief Officer, circulated)

6. Financial Update

The forecast year end position for the Joint Board was detailed. This showed a projected overspend of £9.4m. Key drivers for the overspend included the Joint Board's share of the NHS Lothian financial plan gap and projected slippage in the delivery of City of Edinburgh Council (CEC) savings.

Agreement remained outstanding on financial settlements from NHS Lothian and CEC.

Decision

- 1) To agree that the Chief Officer and Interim Chief Finance Officer in consultation with the Chair continue to work with the City of Edinburgh Council and NHS Lothian with the aim of reaching a mutually acceptable offer.
- 2) To note the forecast year end position and the actions being taken to mitigate the overspend.
- 3) To agree to provisionally allocate £4.3m from the Social Care Fund (SCF) to offset potentially unachieved savings.
- 4) To note the start of financial planning for 2017/18 onwards and the potential impact on the unallocated Social Care Fund monies.
- 5) That a draft financial plan for the next financial year and beyond be submitted to the Joint Board meeting in November 2016.
- 6) That the City of Edinburgh Council financial reporting mechanism be clarified for inclusion in the above report.
- 7) That an appendix detailing progress with ongoing business cases be added to future financial reports to the Joint Board.

(References – minute of the Integration Joint Board 15 July 2016 (item 10); report by the IJB Chief Officer, circulated)

7. Accounts 2015-16

The 2015-16 Annual Accounts for the Joint Board were submitted. These were being presented to the Joint Board for approval following scrutiny by the Audit and Risk Committee on 2 September 2016.

David McConnell, Senior Auditor, Audit Scotland confirmed it was the intention to issue an unqualified opinion on the accounts. He further advised that the method by which Audit Scotland currently scrutinised best value would be changing from the financial year 2016/17 where a more integrated approach would be taken to monitoring best value going forward.

Decision

- 1) To approve and adopt the annual accounts for 2015-16.
- 2) To approve that the Interim Chief Finance Officer resolve and amend any minor textual issues in the annual report up to the date of sign off with Audit Scotland.
- 3) To authorise the designated signatories (Chair, Chief Officer and Interim Chief Finance Officer) to sign the Annual Report and Accounts on behalf of the Joint Board, where indicated in the document.
- 4) To authorise the Interim Chief Finance Officer to sign the representation letter to the auditors on behalf of the Joint Board.

(References – minute of the IJB Audit and Risk Committee 2 September 2016 (item 6); report by the IJB Chief Officer, circulated)

8. Delayed Discharge – Recent Trends

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

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

Decision

- 1) To note that a new Care at Home contract was in place. Its aim was to improve recruitment and retention of the home care workforce by offering a rate of pay that was comparable with alternative employers, e.g. retail, customer services and the private care market. The transition to these new contracts had until very recently resulted in a reduction in Care at Home capacity.
- 2) To note that following the improvement in reducing delayed discharge between October 2015 and April 2016, there has been a subsequent increase in the number of delayed discharges from hospital to both Care at Home Packages and Care Homes.
- 3) To note that the changes at national level to delayed discharge reporting from July 2016 had slightly accentuated the increase in the total number of people delayed in July by 13 to 173, (160 being the figure if the previous methodology was used.) and to note that figures using the former method were not being routinely provided by analysts in NHS Lothian. The July 2016 figures gave an indication of the level of change brought about by the new method.
- 4) To note that a review was underway to detail the reasons as to why the previous positive trajectory had reversed, and to ensure that the comprehensive range of actions that were already in place, would secure a return to the reducing trajectory for the number of people delayed in hospital.
- 5) To agree to make contact with Lothian Joint Board Chairs and Chief Officers with a view to presenting a joint case of emerging issues to the Care Inspectorate.
- 6) That future reports to the Joint Board on delayed discharge be presented in a flow programme format.

(References – minute of the Edinburgh Integration Joint Board, 19 August 2016 (item 3); report by the IJB Chief Officer, submitted.)

9. Progress Report on Managing Delayed Discharges and Community Infrastructure to Support and Sustain Bed Reductions following the Opening of Phase 1 of the Royal Edinburgh Hospital in January 2017

An update was provided on the actions being taken to ensure that on opening in January 2017, Phase 1 of the Royal Edinburgh Hospital (REH) re-provision was able to manage admissions and discharges in equilibrium with the reduced bed capacity and for this to be sustained.

It was advised that without delays to discharge, the planned capacity of the REH would be in line with the accepted business case for Phase 1 which saw a reduction of 10 older people's mental health beds and 7 adult mental health beds.

Decision

- 1) That the Edinburgh Health and Social Care Partnership (EHSCP), with the Royal Edinburgh and Associated Services (REAS) would ensure priority was given to enhance the required community infrastructure that was required to support preventing people from being admitted to hospital and to prevent any delays.
- 2) To note the actions being taken by the EHSCP and REAS partners to achieve sustainable pathways of care for adults and older people with mental health problems.
- 3) To note and support the work of the REH Phase 1 Delivery Group chaired by Alex McMahon, Nurse Director and Executive Lead for REAS.
- 4) To make use of the Joint Board mental health development session in October 2016 to further explore the key priorities and to receive an update at November 2016 and January 2017 Joint Board meetings on progress towards Phase 1 opening.
- 5) To note that Wendy Dale would liaise with Carl Bickler, Andrew Coull, Richard Williams and Maria Wilson regarding preparation and focus of the agenda for the Joint Board development session on mental health.

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

10. Delivery of the Edinburgh Health and Social Care Strategic Plan – action plan

Wendy Dale provided an overview of priorities and progress to date and steps being undertaken to deliver the Edinburgh Health and Social Care Strategic Plan. This included programme milestones, project management details, governance structures and the role of the Strategic Planning Group.

Decision

- 1) To note the arrangements in place for overseeing and progressing the Strategic Plan Action Plan.

- 2) To agree that detailed consideration and scrutiny of delivery plans and business cases should be undertaken by the Strategic Planning Group
- 3) To agree to receive twice yearly reports from the Strategic Planning Group on the delivery of the Strategic Plan Action Plan. This would include tracking of ongoing and proposed major programmes/business cases in order to provide the Joint Board with strategic oversight and governance.
- 4) To note that work was ongoing to produce a scheme of delegation for the Joint Board.

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

11. Joint Inspection – Older People

An update was provided on the forthcoming Joint Inspection on Services for Older People by the Care Inspectorate and Healthcare Improvement Scotland.

Decision

- 1) To accept the report by the Chief Officer as assurance that the Edinburgh Health and Social Care Partnership (EHSCP) was taking a whole system approach to prepare for the inspection.
- 2) To support the EHSCP welcome of the inspection which would provide a foundation for improvement moving forward.
- 3) To record the Board's thanks to the Strategic Planning and Older People team for their work in preparing for the inspection within such a challenging timescale.

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

12. Hospital Based Clinical Complex Care – Improvement Plan Update

An update was provided on the actions undertaken since October 2015 within Hospital Based Complex Clinical Care (HBCCC) facilities, and the impact of the actions associated with the recent Healthcare Improvement Scotland Inspection report recommendations received at the end of May 2016.

Decision

- 1) To accept the report as assurance that the Edinburgh Health and Social Care Partnership (EHSCP) was taking action to continuously improve the Hospital Based Complex Clinical Care experience for patients, staff and families.
- 2) To accept assurance that the EHSCP were implementing the recommendations from the Health Improvement Scotland report on the review of Hospital Based Complex Clinical Care services and were continually monitoring the action plan the Health and Social Care Quality Assurance and Risk Management Group.

(References – minute of the Integration Joint Board 16 July 2016 (item 6); report by the IJB Chief Officer, submitted.)

13. Any Other Business

13.1 Anticipatory Care Plans

Councillor Elaine Aitken enquired as to the nature of an ongoing questionnaire on anticipatory care plans and palliative care that had been launched in the Lothian area and asked if details could be circulated to Joint Board members.

Decision

To note that Carl Bickler would explore the issue and update Joint Board members.



Midlothian Integration Joint Board

Date	Time	Venue
Thursday 18 August 2016	2pm	Conference Room, Melville Housing, The Corn Exchange, 200 High Street, Dalkeith, EH22 1AZ.

Present (voting members):

Cllr Bob Constable	Peter Johnston (Vice Chair)
Cllr Derek Milligan	Alex Joyce
Cllr Bryan Pottinger	Alison McCallum
Cllr Andrew Coventry (substitute for Cllr Catherine Johnstone)	John Oates

Present (non voting members):

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

In attendance:

Norma Shippin (Legal Adviser and Director, NHS National Services Scotland)	Catherine Evans (Public Involvement Co-ordinator)
Rosie McLoughlin (VOCAL)	Martin Bonnar (MELDAP)
Tom Welsh (Integration Manager)	Graham Herbert/Elaine Greaves (Chief Internal Auditors)
Mike Broadway (Clerk)	

Apologies:

Cllr Catherine Johnstone (Chair)	Hamish Reid (GP/Clinical Director)
Dave Caesar (Medical Practitioner)	

Midlothian Integration Joint Board

Thursday 18 August 2016

1. Welcome and introductions

- 1.1 The Vice-Chair, Peter Johnston, welcomed everyone to the Meeting of the Midlothian Integration Joint Board, in particular Councillor Andrew Coventry, who was substituting for Councillor Catherine Johnstone, Norma Shippin, Legal Adviser and Director, NHS National Services Scotland, Catherine Evans and Rosie McLoughlin and Aileen Currie, Midlothian Council Staff side representative.
- 1.2 In terms of the membership of MIJB, it was noted that Jean Foster would be stepping down as one of the two user/carer representatives, and that Marlene Gill would be taking over until such time as a permanent replacement could be found. The Board joined with the Vice Chair in expressing their thanks to Jean for her contributions to the work of the MIJB and the Shadow Board.

2. Order of Business

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

3. Declarations of interest

No declarations of interest were received.

4. Minutes of Previous Meetings

- 4.1 The Minutes of Meeting of the Midlothian Integration Joint Board held on Thursday 16 June 2016 was submitted and approved as a correct record.
- 4.2 Arising from the Minutes, the Board noted that it was intended to report to the next Board meeting on the Annual Accounts.

5. Public Reports

Report No.	Report Title	Presented by:
5.1	Clinical Negligence and Other Risks Indemnity Scheme (CNORIS)	Norma Shippin

Executive Summary of Report

Following on from discussion of the Risk Register at the 14 April 2016 Midlothian IJB meeting (paragraph 5.2 refers), Norma Shippin, Legal Adviser and Director, Central Legal Office, NHS National Services Scotland provided a briefing on the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS) .

Decision

The Board thanked Norma Shippin for her presentation.

Midlothian Integration Joint Board

Thursday 18 August 2016

Report No.	Report Title	Presented by:
5.2	Public Engagement	Catherine Evans and Rosie McLoughlin

Executive Summary of Report

This report described the local approaches to public engagement in relation to health and care services and provided a summary of the key issues raised by the public over the past 9 months since the completion of the Strategic Plan. Appended to the report was a copy of the Communications and Engagement Strategy 2016-19

Summary of discussion

The Board, having heard from the Chief Officer, received a joint presentation from Catherine Evans, Public Involvement Co-ordinator, Midlothian Health and Social Care Partnership and Rosie McLoughlin, VOCAL (Voice of Carer's Across Lothian) in which they highlighted examples of the types of community engagement events that had been held and the diverse range of issues that had been raised. They also explained how this information was being used to help deliver the MIJB's corporate aims and priorities, as set out in both the commissioning plan and organisational development plan. Thereafter they responded to questions and comments from Members of the MIJB.

Decision

The Board:

- **thanked Catherine Evans and Rosie McLoughlin for their presentation**
- **Noted and approved the Communication and Engagement Strategy; and**
- **Noted the issues that had been raised through public engagement during 2016.**

Report No.	Report Title	Presented by:
5.3	Financial Assurance 2016/17	David King
5.4	Planned Use of the Social Care Fund	Eibhlin McHugh

Executive Summary of Report

This report was the final element of the financial assurance for 2016/17. It laid out the final financial assurance processes undertaken by the Chief Finance Officer, following consideration of the formal offer from NHS Lothian (received on 14th June 2016), and highlighted a range of matters which had been identified by the financial assurance process, which needed to be addressed as part of the financial planning and budget setting process for 2017/18 and beyond. It also updated the position on the Council's utilisation of the Social Care Fund, which was cover in more detail in a further report that provided information on the planned use of the £3.6 million allocated by Scottish Government to address social care pressures.

Midlothian Integration Joint Board

Thursday 18 August 2016

Summary of discussion

The Chief Finance Officer acknowledged that the process of financial assurance was a complex one and that whilst this report sought to draw to a conclusion work on the financial assurance process for 2016/17, going forward financial assurance would remain an ongoing area of work. However, it was now more important for the MIJB to plan ahead and move on to a proper budget setting process for 2017/18 and beyond rather than spend more time on considering what had gone before, the Board in discussing the position, considered the potential use of a workshop format to assist the MIJB in developing its understanding of the budget process.

The Board also heard from the Chief Officer regarding the planned expenditure of the social care monies allocated to the Midlothian IJB.

Decision

The Board:

- **Accepted NHS Lothian offer on the basis of a range of caveats including an agreement on financial risk sharing;**
- **Agreed to seek an appropriate risk sharing agreement with Midlothian Council;**
- **Accepted the revised use of the Social Care Fund (the Integration Fund); and**
- **Agreed that the financial assurance process for 2016/17 had now ended with any issues still outstanding being part of the 2017/18 financial planning and budget setting process.**

Report No.	Report Title	Presented by:
5.5	Drug and Alcohol Funding	Alison White/Martin Bonnar

Executive Summary of Report

This report explained that the Scottish Government had announced a 23% reduction in funding of substance misuse services, and outlined the approach being taken by MELDAP (Midlothian and East Lothian Drugs and Alcohol Partnership) to manage this very significant budget reduction.

Summary of discussion

Having heard from the Chief Social Work Officer, the Board discussed the potential impact that this reduction in funding would have, with serious concerns being expressed that this would have implications not just for the services provided directly by MELDAP but on other related services as well. Consideration was then given to the best way of expressing the MIJB's concerns and it was felt that could be best achieved through a response to the Minister's letter.

Midlothian Integration Joint Board

Thursday 18 August 2016

Decision

The Board:

- **Noted the contents of the report;**
- **Noted the process agreed by the Midlothian and East Lothian Drugs and Alcohol Partnership [MELDAP] Strategic Group to manage the loss of 23% of the available income for Drugs and Alcohol Services in Midlothian;**
- **Noted the intention to use MELDAP reserves for Midlothian where appropriate to smooth the transition in making the agreed changes by April 2017;**
- **Noted the high cost of alcohol misuse to public services in Midlothian - estimated to be £27 million per annum - and endorses the need to work closely with NHS Lothian and Midlothian Council to redirect core resources towards prevention and recovery from substance misuse;**
- **Agreed that the Chief Officer respond to the Minister's letter highlighting the implications of, and the MIJB's concerns regarding, the reduction in funding of substance misuse services; and**
- **Agreed to keep the position under review and seek an update report for the December MIJB meeting.**

Report No.	Report Title	Presented by:
5.6	Chief Officer's Report	Eibhlin McHugh

Executive Summary of Report

This report provided a summary of the key issues which had arisen over the past two months in health and social care, highlighting in particular service pressures as well as some recent service developments.

The report also recommended that the risks related to the capacity of care services to respond to increasing service demand and the quality of service delivery together with the increased risk of delayed discharges which were identified as high on the Health and Social Care Partnership's risk register were escalated to the IJB's risk register.

Summary of discussion

The Board, in considering the Chief Officer's Report, discussed the potential impacts arising from the service pressures and how these were being addressed.

Decision

The Board:

- **Noted the issues raised in the report;**
- **Agreed that the risks of service providers capacity to deliver high quality services and respond to service demands together with the risk of delayed discharges were both escalated to the IJB's risk register; and**

Midlothian Integration Joint Board

Thursday 18 August 2016

- **Noted the excellent work that has been done by current health visitors in delivering their work under difficult circumstances and also to note the key role played by the Team Manager in managing what was an unprecedented situation to ensure the care of children and families in Midlothian.**

6. Private Reports

In view of the nature of the business to be transacted, the Council agreed that the public be excluded from the meeting during discussion of the undernoted item, as contained in the Addendum hereto, as there might be disclosed exempt information as defined in paragraphs 8 and 9 of Part I of Schedule 7A to the Local Government (Scotland) Act 1973:-

Care at Home Services – Approved.

7. Any other business

No additional business had been notified to the Chair in advance

8. Date of next meeting

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

- Thursday 29th September 2016* 2pm Primary Care Summit - Making Primary Care in Lothian Fit for Purpose
- Thursday 27th October 2016 2pm **Midlothian Integration Joint Board**

* Please note carefully the change of date for this development session.

The meeting terminated at 4.20 pm.

Addendum to Minutes of Meeting

Midlothian Integration Joint Board held on Tuesday 18 August 2016 (relative to paragraph 6)

Report No.	Report Title	Presented by:
6.1	Care at Home Services	Eibhlin McHugh

Executive Summary of Report

This report informed the MIJB about the growing pressures within care at home services. Care at home was vital to enabling people to remain in their own homes and to be discharged safely from hospital. The service cost in the region of £8.5m per annum and supported over 800 service users as well as people supported in crises through the rapid response service. In view of the continuing difficulties with providing good quality care and in the recruitment and retention of staff, the report concluded that there was a need for Midlothian Council to consider alternative approaches to the delivery of care at home services.

Summary of discussion

In discussing the importance of ensuring a high quality of care and the long term sustainability of the service, the Board, having heard from the Chief Officer, acknowledged that although challenging there was a real opportunity to review how the service was provided and to perhaps do things differently in terms of service delivery.

Decision

The Board:

- **Noted the risks associated with the delivery of care at home services; and**
- **Agreed to issue a new Direction to Midlothian Council requiring that, with some urgency, a full review was undertaken to consider a more sustainable approach.**

Minute of Special Meeting



Midlothian Integration Joint Board

Date	Time	Venue
Thursday 15 September 2016	2pm	Conference Room, Melville Housing, The Corn Exchange, 200 High Street, Dalkeith, EH22 1AZ

Present (voting members):

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

Present (non voting members):

David King (Chief Finance Officer)	Eibhlin McHugh (Chief Officer)
Patsy Eccles (Staff side representative)	Ruth McCabe (Third Sector)
Hamish Reid (GP/Clinical Director)	

In attendance:

Grace Scanlon, Grant Thornton (External Auditor)	Janet Ritchie (Democratic Services Officer)
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Apologies:

Marlene Gill (User/Carer)	
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Midlothian Integration Joint Board

Thursday 15 September 2016

1. Welcome and introductions

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

2. Order of Business

Additional items of business were tabled at the meeting and considered at conclusion of the formal Agenda as detailed below.

3. Declarations of interest

No declarations of interest were received.

4. Public Reports

Report No.	Report Title	Presented by:
4.1	MIJB Annual Accounts 2015-16	David King

Executive Summary of Report

As a statutory public body, the IJB is required to produce a set of annual accounts for every financial year in which it was operating. These are the annual accounts for 2015/16 which have now been audited by the Board's external auditors and reviewed by the IJB's Audit and Risk committee at its meeting of 8th September 2016.

Summary of discussion

The Chief Finance Officer presented the Annual Accounts to the Board highlighting the Background of the Integration Joint Board (IJB) and details of the Annual Accounts presented. These accounts have been audited by the IJB's auditors – Grant Thornton LLP. The IJB is governed by the Local Government Scotland Act (1973) along with the 2014 regulations and these accounts are prepared on that basis.

The Midlothian Integration Joint Board Annual Accounts were presented to the Midlothian Integration Joint Board Audit and Risk Committee on 8 September 2016.

Decision

The Board members accepted the Annual Accounts for 2015/16.

Midlothian Integration Joint Board

Thursday 15 September 2016

5. Any Other Business

Item Title	Presented by:
Resource Allocation to the Integration Joint Board (IJB) in relation to functions delegated by NHS Lothian	David King

Summary of discussion

The Chief Finance Officer tabled a letter requiring the Board's approval regarding the NHS Lothian's offer as considered at their August meeting. There followed a detailed discussion on the content of the letter and it was agreed that all concerned give further consideration to this matter and provide any feedback to Joint Director of Health and Social Care.

Decision

It was agreed that all concerned would provide feedback to the Joint Director of Health and Social Care by Wednesday 21 September and thereafter with the approval of all concerned take the appropriate action.

Action

The Joint Director of Health and Social Care

The Joint Director of Health and Social Care tabled details of the 'Primary Care Summit – Making Primary Care in Lothian Fit for Purpose' to be held at the Quay, Musselburgh on Thursday 29 September 2016.

6. Date of next meeting

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

Thursday 27 October at 2 pm at Conference Room, Melville Housing,
The Corn Exchange, 200 High Street, Dalkeith, EH22 1AZ

The meeting terminated at 2.30 pm.

MINUTE of MEETING of the WEST LoTHIAN INTEGRATION JOINT BOARD of WEST LoTHIAN COUNCIL held within STRATHBROCK PARTNERSHIP CENTRE, 189 (A) WEST MAIN STREET, BROXBURN EH52 5LH, on 18 OCTOBER 2016.

Present

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

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

Apologies – Lynsay Williams, Elaine Duncan and Jane Kellock.

In Attendance – Marion Barton (Head of Health Services), Alan Bell (Senior Manager, Communities and Information, WLC), James Millar (Standards Officer), Carol Mitchell (NHS Lothian).

1. DECLARATIONS OF INTEREST

Councillor Danny Logue declared a non-financial interest as an employee of NHS Lothian.

2. MINUTE OF MEETING OF WEST LoTHIAN INTEGRATION JOINT BOARD HELD ON TUESDAY 23 AUGUST 2016

The West Lothian Integration Joint Board approved the minute of its meeting held on 23 August 2016 subject to an amendment as undernoted:-

Page 57, third paragraph – “2016/16” should read “2015/16”.

3. MINUTE OF MEETING OF WEST LoTHIAN INTEGRATION JOINT BOARD AUDIT RISK AND GOVERNANCE COMMITTEE HELD ON FRIDAY 24 JUNE 2016

The West Lothian Integration Joint Board noted the minute of meeting of the Audit Risk and Governance Committee held on 24 June 2016.

4. RUNNING ACTION NOTE

A copy of the Running Action Note had been circulated for information. It was noted that an item on the Running Action Note would be dealt with

later in the meeting, but that the item 'Needs Assessment for Older People' had been deferred.

Decision

To note the Running Action Note.

5. ADULTS' MENTAL HEALTH COMMISSIONING PLAN

The Integration Joint Board considered a report (copies of which had been circulated) by the Director seeking approval of the Strategic Commissioning Plan for Adults' Mental Health as presented in Appendix 1 to the report.

The Board was informed that a short life Working Group had been established to develop the three year commissioning plan for Adults' Mental Health. A draft plan had been considered by the Strategic Planning Group and was now before the IJB for approval.

All care group commissioning plans followed a similar structure as follows:-

Section 1 gave an overview, setting out vision, values, aims and outcomes, and the approach taken.

Section 2 detailed the main recommendations arising from the Needs Assessment, locating these against existing strategies and policies and confirming whether they were to be addressed by specific commissioning intentions.

Section 3 detailed the specific commissioning commitments, informed by the Needs Assessment, and provided information on the planned spend to meet these commitments.

Section 4 was titled Next Steps and detailed a number of strategic changes. The programmes of change were listed in the report.

It was noted that the IJB budget had not yet developed to the level appropriate to commissioning plans. This in turn limited the extent to which commissioning commitments could be detailed. In addition, organisation arrangements within the scope of the IJB were undergoing considerable change and this was likely to have an impact on commissioning commitments. There followed a discussion around the programmes of change which were set out in Section 4 of the report.

The Director advised that decisions on the investment and disinvestment of resources would require to be made as the actions in Section 4 were progressed.

In response to a question raised, the Senior Manager Community Care Support and Services advised that it had been his intention to circulate an updated Plan for approval by the IJB which incorporated amendments agreed by the Strategic Planning Group at its meeting held on 6 October

2016.

Decision

1. To approve the Strategic Commissioning Plan for Adults' Mental Health as presented in Appendix 1 to the report, but subject to minor amendments as agreed by the Strategic Planning Group at its meeting held on 6 October 2016.
2. To note that reports on the various workstreams would be brought to the Board for monitoring of progress.

6. LEARNING DISABILITY COMMISSIONING PLAN

The Integration Joint Board considered a report (copies of which had been circulated) by the Director seeking approval of the strategic commissioning plan for Adults with a Learning Disability as presented in Appendix 1 to the report.

Prior to presenting his report, the Senior Manager Community Care Support and Services informed the Board of minor amendments to the Plan which had been agreed by the Strategic Planning Group at its meeting held on 6 October 2016.

The Board noted that all care group commissioning plans followed a similar structure as follows:-

Section 1 gave an overview, setting out vision, values, aims and outcomes, and the approach taken.

Section 2 detailed the main recommendations arising from the Needs Assessment, locating these against existing strategies and policies and confirming whether they were to be addressed by specific commissioning intentions.

Section 3 detailed the specific commissioning commitments, informed by the Needs Assessment, and provided information on the planned spend to meet these commitments.

Section 4 was titled Next Steps and detailed a number of strategic changes. The programmes of change were listed in the report.

Questions raised by Board members were then dealt with by Alan Bell (Senior Manager, Community Care Support and Services) and Pamela Main (Senior Manager, Assessment and Prevention).

It was noted that, in relation to strategic change proposals outlined in Section 4 of the report, decisions on the investment and disinvestment of resources would require to be made as the actions were progressed.

The Board was asked to approve the strategic commissioning plan for Adults with a Learning Disability as presented in Appendix 1 to the report.

Decision

To approve the strategic commissioning plan for Adults with a Learning Disability as presented in Appendix 1 to the report, but subject to minor amendments as agreed by the Strategic Planning Group.

7. IJB 2016/17 BUDGET UPDATE

The Integration Joint Board considered a report (copies of which had been circulated) by the Chief Finance Officer providing an update on the financial performance in respect of the IJB's 2016/17 delegated resources based on the latest forecast position reported by NHS Lothian and West Lothian Council.

The Chief Finance Officer presented his report, advising that the forecast position reflected the most recent NHS and council outturn position. Both bodies forecasted an overall breakeven budget position for 2016/17 which meant that both parties were currently managing pressures, including in the delegated IJB functions, within total resources available.

The report provided a table showing the most recently reported 2016/17 forecast position by NHS Lothian and West Lothian Council based on their first overall year end forecast.

Appendix 1 to the report provided further detail on the forecast position shown. A summary of key risks and service pressures had been identified and these were noted in the narrative against the relevant components of the delegated budget.

The report outlined the position in relation to approved budgeted savings. While in overall terms satisfactory progress was being made on the delivery of 2016/17 savings, it was vital that savings were fully achieved on a recurring basis. NHS Lothian and the council had established processes in place for monitoring and reporting on the delivery of savings and regular updates would be provided to the Board on progress with delivery of savings.

In relation to the 2017/18 budget plan, work was progressing and it would be important that the IJB worked in partnership with NHS Lothian and the council in the development of plans. In terms of West Lothian Council, budget plans, including adult social care functions, for 2017/18 were well progressed and were largely agreed along with the council's 2016/17 budget. A key issue that might impact on this was the Scottish Government's budget announcement for 2017/18, expected on 15 December 2016. In terms of NHS Lothian, it was intended to have the 2017/18 financial plan concluded as far as possible by the end of the calendar year. The recurrent element of the financial gap for 2017/18 was currently estimated at £60 million for NHS Lothian overall which took account of 2016/17 pressures being met by one off funding. The NHS Board was estimating that efficiency savings of up to 7% would be required for 2017/18.

There followed a brief discussion concerning the Board's role in monitoring action being taken to manage key risk areas.

Questions raised by Board members were then dealt with by the Chief Finance Officer and the Director.

The Chief Finance Officer recommended that the Board:-

1. Note the roles and responsibilities for managing within budget taking account of the West Lothian Integration Scheme.
2. Note the forecast outturn for 2016/17 in respect of IJB Delegated functions taking account of saving assumptions.
3. Note the action being undertaken by Partner bodies in partnership with the IJB in respect of managing within available 2016/17 budget resources.
4. Note the position on 2017/18 budget planning.

Decision

To note the terms of the report.

To note discussion on challenges and risk areas around budget planning for 2017/18 and that the Chief Finance Officer would provide a further report to the Board updating on the 2017/18 budget position.

8. AUDIT OF THE 2015/16 ANNUAL ACCOUNTS

The Integration Joint Board considered a report (copies of which had been circulated) by the Chief Finance Officer advising the Board of the outcome of the 2015/16 Audit and providing a summary of the key points arising from the Auditor's Annual Report.

The Chief Finance Officer advised that the report by Audit Scotland on the 2015/16 audit formed part of the audit process.

The audited Annual Accounts for the period to 31 March 2016 had been considered by the Audit, Risk and Governance Committee on 23 September 2016 and the Committee had approved the accounts for signature. This meant the external audit of the Accounts and the signing of the Independent Auditor's report had been completed by the target date of 30 September 2016. There were no material changes to the figures contained in the Unaudited Accounts previously provided to the Board on 23 August 2016.

The Board noted that, on the outlook for the future, the Auditor had highlighted that Boards would continue to operate in a period of austerity with reduced funding in real terms, increasing cost pressures and a growing demand for services. There would be a requirement to shift resources to reflect changing models of service delivery and it would be

important that the Board could demonstrate these changes, which might take several years to fully evolve, were making a positive impact on service users and improving outcomes.

It was recommended that the Board:

- Note the Auditor's 2015/16 Annual Audit Report.
- Note the audited 2015/16 Annual Accounts for the West Lothian Integration Joint Board.

Decision

To note the terms of the report.

8. WORKPLAN

A copy of the Workplan had been circulated for information.

The Board heard a suggestion by the Vice-Chair that consideration be given to holding a Primary Care Summit in West Lothian (similar to the successful summit hosted by the four Lothian IJBs).

Decision

1. To note the Workplan; and
2. To agree that the Director bring forward a proposal to the next meeting of the IJB.

9. CLOSING REMARKS

Councillor Frank Toner referred to his resignation as Chair of the IJB and recorded his appreciation of the work undertaken by officers and Board members.

On behalf of the Board, the Chair thanked Frank Toner for the work undertaken as Chair of the IJB.

NHS Lothian

Board Meeting
7 December 2016

Director of Finance

SUMMARY PAPER – REVIEW OF STANDING FINANCIAL INSTRUCTIONS

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

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

<ul style="list-style-type: none">The purpose of this report is to allow the Board to review and approve revisions to the Standing Financial Instructions (“SFIs”). The Board has through its Standing Orders reserved the authority to approve the SFIs to it. The Board approved the current SFIs in February 2016.	1.1
<ul style="list-style-type: none">These revisions are being proposed to accommodate local authority employees within the system of financial governance, and thereby facilitate the efficient conduct of business by integrated management teams. There have also been a few minor updates throughout the SFIs which are unrelated to this subject.	1.2
<ul style="list-style-type: none">This review has been informed with input from management and the Central Legal Office, and the Audit & Risk Committee shall review the proposals on 5 December 2016.	1.3, 3.1-3.6
<ul style="list-style-type: none">Further work will be taken forward to support the effective implementation of the SFIs.	3.7-3.9

Alan Payne
Corporate Governance Manager
28 November 2016
alan.payne@luht.scot.nhs.uk

NHS Lothian

Board Meeting
7 December 2016

Director of Finance

REVIEW OF THE STANDING FINANCIAL INSTRUCTIONS

1 Purpose of the Report

- 1.1 The purpose of this report is to allow the Board to review and approve revisions to the Standing Financial Instructions (“SFIs”). The Board has through its Standing Orders reserved the authority to approve the SFIs to it. The Board approved the current SFIs in February 2016.
- 1.2 These revisions are being proposed to accommodate local authority employees within the system of financial governance, and thereby facilitate the efficient conduct of business by integrated management teams. There have also been a few minor updates throughout the SFIs which are unrelated to this subject.
- 1.3 The Audit & Risk Committee will review these proposals on 5 December 2016 with an aim to making a recommendation to the Board. Consequently at the time of writing this report it is not known if the Committee will have raised any points. Therefore these draft Standing Financial Instructions are being presented for approval, subject to any required amendments that the discussion at the Committee may identify.
- 1.4 Any member wishing additional information should contact the Director of Finance in advance of the meeting.

2 Recommendations

- 2.1 Approve these revised Standing Financial Instructions, subject to addressing any changes that the Audit & Risk Committee or the Board may identify.

3 Discussion of Key Issues

- 3.1 The process of integration has led to the creation of integrated management and operational teams. This leads to the possibility that a local authority employee is responsible for managing health board functions and health board employees. Similarly a NHS Board employee may be responsible for managing local authority functions and local authority employees.
- 3.2 Regardless of which organisation is the employer, the employee is subject to his or her employer’s terms and conditions of employment and employment policies. The creation of integrated teams does not change the employment status of any individual. The integration joint boards do not employ anyone.
- 3.3 These circumstances create a range of governance and operational challenges. The Corporate Governance Manager originally raised the issue with the Central Legal Office in November 2015 to clarify what would be an appropriate approach.

Historically NHS Boards have not delegated financial authority to individuals that they do not employ.

- 3.4 The Central Legal Office initially responded in May 2016, acknowledging that definitive guidance was needed on this, and that a working group was in place. However it was anticipated then that it would be 6 months before guidance was available. While a long-term solution was being developed they suggested that in the short term secondment agreements could be put in place with every affected local authority employee.
- 3.5 Human Resources colleagues advised that this was an impractical solution, and that what was required was a set of principles. The Corporate Governance Manager developed a solution which involved amending the Standing Financial Instructions and Scheme of Delegation. This solution was based on broadening the definition of an “employee” to capture relevant local authority employees involved in integration functions, and putting in explicit requirements to ensure that local authority employees are aware of and can implement the Board’s policies & procedures. The Corporate Governance Manager circulated the proposed solution to NHS and IJB colleagues who supported the approach.
- 3.6 The Corporate Governance Manager then sent the proposed changes to the SFIs and Scheme of Delegation to the Central Legal Office for review. Following a discussion with them, the Central Legal Office reviewed and revised the text, which was very helpful in defining appropriate provisions. Management have reviewed the revised version and support them. The SFIs now set out the principles to be followed. All proposed amendments have been tracked in the document.

NEXT STEPS

- 3.7 The Interim Director of Human Resources shall now take forward a project with HR colleagues in the four local authority areas to put in place a memorandum of understanding with each local authority. There is one in place with the City of Edinburgh Council already. This will include provisions that will allow local authority employees to manage NHS employees while using NHS Lothian employment policies (and vice versa).
- 3.8 The IJB Chief Finance Officers shall share this work with the Section 95 officers of the local authorities, so that they may consider similar amendments to their policies.
- 3.9 On the Board’s agenda is a separate report on the ongoing project to *Ensure The Right Thing Happens in Practice Every Time*. The issue of local authority employees complying with NHS policies & procedures is part of this work. A generic local action plan for all management teams has been drafted and is currently being reviewed and tested by the West Lothian HSCP management team. This action plan prompts consideration of making all employees aware of policies etc as well as arrangements to ensure they are effectively implemented.

4 Key Risks

- 4.1 An employee is or becomes unclear as to who his or her employer is, thereby increasing the risks that they are not managed in line with their own terms & conditions and employment policies.

- 4.2 A manager is unaware of the requirements of the terms & conditions and employment policies which apply to members of his or her team, which in turn adversely affects staff experience and performance.
- 4.3 A manager is not empowered to engage in the application of human resources policies that are relevant to members of his or her team, which in turn adversely affects staff experience and performance.
- 4.4 An employee from a local authority is not aware of the relevant policies & procedures of the NHS Board which are relevant to his or her duties, which leads to the aims of the policies & procedures not being delivered.
- 4.5 The *Ensuring the Right Thing Happens in Practice Every Time* action plan has been prepared to attend to the following key risks:
1. Employees do not understand why they have to do something.
 2. Employees do not know what they are personally expected to do.
 3. Some policies simply cannot be implemented.
 4. The organisation does not give adequate focus and support to embedding systems of internal control.

5 Risk Register

- 5.1 The corporate governance service-level risk register has captured the four fundamental risks at 4.5.
- 5.2 Given the scale and diversity of the organisation and the sub-cultures within it, it is essential that departments take ownership for championing this subject within their own area of responsibility. Where a department is not effectively implementing a policy, or does not know whether it is or not, then it is not satisfying an assurance need. Specifically defined risks should therefore be reflected in local risk registers, and at the most appropriate level of risk register.

6 Impact on Inequality, Including Health Inequalities

- 6.1 The proposed changes to the SFIs are designed to ensure the application of Board policies & procedures by relevant local authority employees. The proposed changes do not have a specific impact on an identifiable group of people.
- 6.2 Many of the risks associated with compliance with policies & procedures can be mitigated through the work undertaken when policies and procedures are being developed. One of the actions in the action plan was to develop a revised *Procedure on Developing Policies & Procedures*, and an integrated impact assessment of that procedure was carried out on 7 November 2016.
- 6.3 The assessment identified several positive impacts. It promotes the active engagement of employees in development of material which will give them more control over their work environment. The Procedure also promotes the Board's policies on Involving People and Impact Assessment. It was also recognised that improved policies and procedures reduces the risks associated with error, with the potential to reduce waste and the need for re-work. The effective implementation of policies and procedures is particularly relevant to matters relating to public safety.
- 6.4 In terms of negative impacts, the assessment identified the presumption that material will be placed on the intranet and employees will need access to a

computer to access it. It was recognised that not all employees have this access and many will be working in the community. The wider action plan needs to be cognisant of these issues and respond to them.

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

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

8 Resource Implications

8.1 There are no resource implications to making these amendments, other than the staff time that will be required to design and implement the associated systems of internal control.

Alan Payne
Corporate Governance Manager
28 November 2016
alan.payne@luht.scot.nhs.uk

List of Appendices

Appendix 1: Proposed Revised Standing Financial Instructions

Appendix 3 to the NHS Lothian Standing Orders

STANDING FINANCIAL INSTRUCTIONS



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1 INTRODUCTION

General

- 1.1 These Standing Financial Instructions (SFIs) form part of the NHS Lothian Standing Orders.
- 1.2 The SFIs explain the financial responsibilities to be observed by Lothian NHS Board (“the Board”) and its employees. They cover all activities, including when the Board is carrying out functions as directed by the integration joint boards that it is a constituent authority of. The SFIs should be used with the Standing Orders and the Scheme of Delegation (Annex 4 of the Standing Orders).
- 1.3 The principles underlying this document are:-
 - 1.3.1 The Board shall carry out its functions in line with relevant law and shall also comply with any Directions or guidance issued by the Scottish Ministers and comply with integration joint board directions.
 - 1.3.2 The Board shall conduct its activities in an open and accountable manner. Its activities and performance will be auditable.
 - 1.3.3 The Board shall perform its activities within the available financial resources.
 - 1.3.4 The Board shall conduct its activities in a manner that is cost effective and demonstrably secures value-for-money.
- 1.4 To achieve the above, ***all*** employees must observe these SFIs and the above principles.
- 1.5 For budget holders and their staff, this will mean:-
 - 1.5.1 Agreeing their budget, and performing their duties strictly within that budget.
 - 1.5.2 Following all of the Board’s approved policies and procedures.
 - 1.5.3 Acting within their levels of delegated authority.
- 1.6 Failure to comply with these SFIs is a disciplinary matter, which could result in dismissal.
- 1.7 The Director of Finance shall:-
 - 1.7.1 Approve all financial procedures and working practices.
 - 1.7.2 Provide advice and support where there is any difficulties regarding the interpretation or application of the SFIs.

Terminology

- 1.7.3 "NHS Lothian" means all elements of the NHS under the auspices of Lothian NHS Board.
- 1.7.4 "Board" and "Health Board" mean Lothian NHS Board, the common name of Lothian Health Board.
- 1.7.5 "Budget" means a resource, expressed in financial terms, proposed by the Board for the purpose of carrying out, for a specific period, any or all of the functions of the Health Board.
- 1.7.6 "Budget Holder" means the director or employee with delegated authority to manage finances (Income and Expenditure) for a specific area of the organisation. A Budget Holder may also be a Local Authority Employee, as defined below.
- 1.7.7 "Employee" means an employee of the Board. Additionally wherever the term "employee" is used, and where the context permits, it shall be deemed to include employees of third parties contracted to the Health Board when acting on behalf of the Health Board, e.g. agency staff, locums, employees of service providers.
- 1.7.8 "Local Authority Employee" means an employee of a local authority which is a party to an Integration Scheme with Lothian NHS Board, in circumstances where that employee carries out Directed Functions.
- 1.7.9 "Directed Functions" means a function which an Integration Joint Board has directed the Board to carry out under s.26 (1) of the Public Bodies (Joint Working) (Scotland) Act 2014.
- 1.7.10 "Chief Executive" means the chief officer of the Health Board.
- 1.7.11 "Director of Finance" means the chief financial officer of the Health Board.
- 1.7.12 "Legal Adviser" means the properly qualified person appointed by the Health Board to provide legal advice.
- 1.7.13 "Integration Joint Board" means a public body created under Section 9 of the Public Bodies (Joint Working) (Scotland) Act 2014, which the Board has delegated some functions to through an integration scheme.
- 1.7.14 "Integration Functions" mean the functions that the Health Board has delegated to an Integration Joint Board through the relevant Integration Scheme.
- 1.7.15 "Integration Scheme" means the scheme prepared by the Health Board and the local authority, and approved by the Scottish Ministers, for the local authority area under Section 1(2) of the Public Bodies (Joint Working) (Scotland) Act 2014.

- 1.7.16 “Edinburgh and Lothians Health Foundation” is the common name for registered charity called The Lothian Health Board Endowment Fund. The members of the Board are trustees of the charity, and it is administered under the relevant sections of the National Health Service (Scotland) Act 1978 and in line with the Charities and Trustee Investment (Scotland) Act 2005. The trustees are responsible for the general control and management of the charity, and they do so at arms-length from the conduct of the business of the Board.
- 1.8 Wherever the title Chief Executive, Director of Finance, or other nominated officer is used in these instructions, it shall be deemed to include anyone who has been authorised to represent them.
- 1.9 All budget holders shall be provided with a summary of these SFIs with instructions as to where the full version can be located. Budget holders are expected to comply with the SFIs whilst discharging their responsibilities and to ensure that employees in their area of responsibility are aware of the SFIs, and how the SFIs affect the conduct of their duties.
- 1.10 The Board shall review these SFIs no longer than 3 years after the date of their approval.
- 1.11 Local Authority Employees will remain employees of the relevant Local Authority, and will not become employees of the Board unless expressly agreed otherwise. Nonetheless, it is anticipated that for the limited purpose of delivering the relevant Directed Functions, such Local Authority Employees will require to comply with certain relevant Board policies, including these SFIs. Local management will identify such policies.

2 KEY RESPONSIBILITIES FOR FINANCIAL GOVERNANCE

The Board & The Audit & Risk Committee

- 2.1 The Board shall approve these SFIs and the Scheme of Delegation.
- 2.2 The Board shall ensure and be assured that the SFIs and Scheme of Delegation are complied with at all times.
- 2.3 The Board shall agree the terms of reference for the Audit & Risk Committee which, amongst other things, shall include:-
 - 2.3.1 Overall assurance on corporate governance, internal control and risk management, including regularly reviewing these SFIs and the Scheme of Delegation, and make a recommendation to the Board for their approval.
 - 2.3.2 Financial reporting.
 - 2.3.3 The internal audit and external audit functions.
- 2.4 The Audit & Risk Committee's terms of reference shall conform with extant Scottish Government instructions and other guidance on good practice.
- 2.5 The Board shall perform its functions within the total funds allocated by the Cabinet Secretary.

The Chief Executive (Accountable Officer)

- 2.6 The Chief Executive is the Accountable Officer for the organisation. As such, the Chief Executive is responsible and accountable for funds entrusted to the Board and is accountable, through NHS Scotland's Principal Accountable Officer, to the Scottish Parliament. This responsibility is detailed in the Accountable Officer memorandum.
- 2.7 The Chief Executive has overall executive responsibility for the Board's activities, and shall ensure that the Board's meets its financial targets.
- 2.8 The Chief Executive shall ensure that an integration joint board shall have such information as it may reasonably require for the purposes of:
 - a) Preparing its Strategic Plan or a replacement Strategic Plan
 - b) Carrying out a review of the effectiveness of its Strategic Plan
 - c) Preparing its Performance Report
 - d) Determining whether to give a direction to the Board, and what the content of that direction should be.
 - e) To provide information as may be required by the content of a particular direction.

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

The Director of Finance

- 2.10 The Director of Finance shall:-

- 2.10.1 implement the Board's financial policies and co-ordinate any action necessary to further those policies;
- 2.10.2 maintain an adequate and effective system of internal financial control. This shall include developing and implementing financial procedures that are consistent with the principles of internal control;
- 2.10.3 ensure that sufficient records are kept to show and explain the Board's transactions, and carry out its statutory duties;
- 2.10.4 be able to present the financial position of the Board, with reasonable accuracy, at any time;
- 2.10.5 provide financial advice to the Board and its directors and employees and relevant Local Authority Employees; and
- 2.10.6 propose accounting policies consistent with Scottish Government and Treasury guidance, financial reporting standards, and generally accepted accounting practice.

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

- 2.11.1 ensuring arrangements are adequate to review, evaluate and report on the effectiveness of internal control including the establishment of an effective internal audit function (in accordance with the internal audit standards applicable to NHS bodies and the Scottish Government's Audit Committee Handbook); and
- 2.11.2 designating an officer as the Fraud Liaison Officer to work with NHS Scotland Counter Fraud Services and co-ordinate the reporting of frauds and thefts.

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

- 2.12.1 access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature;
- 2.12.2 access at all reasonable times to any land, premises or employee of the health board or relevant Local Authority Employee;

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

2.12.4 explanations concerning any matter under investigation.

All Directors and Employees and Local Authority Employees

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

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

- a. ensuring that the assets within their area of responsibility are included within the appropriate asset register (see Section 9);
- b. ensuring that asset records/registers are kept up-to-date;
- c. performing verification exercises to confirm the existence and condition of the assets, and the completeness of the appropriate asset register; and
- d. following any prescribed procedures to notify the organisation of any theft, loss or damage to assets.

2.13.2 avoiding loss;

2.13.3 securing Best Value in the use of resources; and

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

2.14 All budget holders shall ensure that:-

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

2.14.2 budgets are only used for their stated purpose; and

2.14.3 budgets are never exceeded.

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

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

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

2.17.1 **Conduct**

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

2.17.2 **Accountability**

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

2.17.3 **Openness**

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

2.18 All employees and Local Authority Employees shall:-

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

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

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

2.18.4 demonstrate appropriate ethical standards of personal conduct.

2.19 Furthermore all employees and Local Authority Employees shall not:-

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

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

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

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

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

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

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

3 INTERNAL AUDIT

- 3.1 Internal auditing is an independent, objective assurance and consulting activity designed to add value and improve the Board's operations. It helps the Board accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes.
- 3.2 A panel chaired by a non-executive Board member, preferably the Chair of the Audit & Risk Committee, shall select and appoint the Chief Internal Auditor. The Chair of the Audit & Risk Committee shall approve the composition of the panel. The Chief Internal Auditor shall lead the Board's internal audit function, and be responsible for appointments to the internal audit team.
- 3.3 The Chief Internal Auditor shall ensure that the internal audit function operates in accordance with the Public Sector Internal Audit Standards (PSIAS), and shall provide assurance, at least annually, to the Audit & Risk Committee that this is being achieved.
- 3.4 While maintaining independence, the Chief Internal Auditor's management reporting line is to the Director of Finance, who will undertake the Chief Internal Auditor's performance appraisal. Every year, the Chief Executive, Director of Finance and Chief Internal Auditor will review the management reporting line to assess whether the independence of the internal audit function remains intact. The Chief Internal Auditor shall report the results of this review to the Audit & Risk Committee. If necessary, the Chief Executive shall revise the Chief Internal Auditor's management reporting line to ensure independence is maintained.
- 3.5 All employees and Local Authority Employees shall, at the request from the Chief Internal Auditor or another member of the internal audit function, provide:-
 - 3.5.1 access to all records, documents, correspondence or information relating to any transactions or matters, including documents of a confidential nature;
 - 3.5.2 access at all reasonable times to any land, premises or employee of the health board or Local Authority Employees;
 - 3.5.3 the production of any cash, stores or other property of the health board under an employee's or Local Authority Employee's control; and
 - 3.5.4 explanations concerning any matter under review or investigation.
- 3.6 The Audit & Risk Committee shall normally invite the Chief Internal Auditor to attend Audit & Risk Committee meetings and any of its sub-committees. The Chief Internal Auditor shall have direct right of access to all Audit & Risk Committee members, the Chairman, NHS Board and the Chief Executive. The Chief Internal Auditor has the right to meet in private with any of these individuals.
- 3.7 The Chief Internal Auditor shall prepare a risk-based Strategic Internal Audit Plan and an Internal Audit Charter for consideration and approval by the Audit & Risk Committee before the start of the audit year.

- 3.8 The Chief Internal Auditor shall issue a draft terms of reference for consideration by the lead executive (Audit Sponsor) and the relevant operational staff for the area under review (key contacts) before each audit. These shall set out the scope, objectives, resources and timescales for the audit. The Chief Internal Auditor shall give the sponsor and key contacts adequate time to consider and respond to the draft terms of reference before it is finalised. After that time, the Chief Internal Auditor may elect to finalise the terms of reference. The Chief Internal Auditor shall issue the final terms of reference before the start of the audit fieldwork.
- 3.9 The Chief Internal Auditor shall issue the draft report for an audit to the audit sponsor, and the audit sponsor shall have two weeks to provide a response. The sponsor, or his or her representative, should respond either in writing or during a close-out meeting with Internal Audit. If an appropriate response is not received, the Chief Internal Auditor may elect to present the report without a response to the Audit & Risk Committee. The Chief Internal Auditor shall develop an operational procedure for the distribution of all final reports, which will ensure that the Board's external auditor receives a copy of every report.
- 3.10 Management are responsible for ensuring that appropriate internal control systems exist within their own area (or parts thereof), and for deciding whether or not to accept and implement internal audit findings and recommendations. Where internal audit recommendations are not accepted, the audit sponsor should provide a comprehensive explanation to the Audit & Risk Committee, normally as part of the management response within the associated internal audit report.
- 3.11 Management must address issues raised in audit reports by the agreed target dates. The Chief Internal Auditor shall follow-up on the completion of management actions, and provide the Audit & Risk Committee with a progress report at each meeting setting out completion rates. The Audit & Risk Committee may invite the audit sponsor to attend meetings to respond to queries relating to outstanding internal audit recommendations for their area.
- 3.12 The Chief Internal Auditor shall prepare an Annual Internal Audit Report, in line with Public Sector Internal Audit Standards and any relevant Scottish Government directions, and present it to the Audit & Risk Committee to inform its review of the draft Governance Statement.

4 EXTERNAL AUDIT

- 4.1 The Auditor General for Scotland appoints the external auditor to the Board.
- 4.2 The appointed external auditor shall conduct their duties in line with what is required by law and Audit Scotland's Code of Audit Practice.
- 4.3 All employees and Local Authority Employees are to provide the external auditor:
- ❖ Access at all reasonable times to any documents or information that the Board holds; and
 - ❖ Any assistance, explanation, or information as the external auditor considers necessary
- 4.4 The Director of Finance shall prepare accounts and make arrangements to provide any information that the external auditor may require, so as to support the efficient conduct of the external audit.
- 4.5 The Audit & Risk Committee shall:
- ❖ Approve the remuneration of the external auditors within the range that Audit Scotland has set
 - ❖ Examine any reason for the resignation or dismissal of the external auditor
 - ❖ Review and confirm the external auditor's strategy and plans
 - ❖ Receive and review the outputs from the work of the external auditor.
 - ❖ Ensure that the external auditor has direct access to the Board Chairman and the Chair of the Audit & Risk Committee.
 - ❖ Meet the external auditor once a year without the presence of management
 - ❖ Annually appraise the performance of the external auditor and provide the results to Audit Scotland.
 - ❖ Receive assurance that the external auditor has arrangements in place to maintain their independence and objectivity. This should include consideration as to whether any of the audit staff have any business interest with Lothian Health Board, or personal relationships with any of the Board employees or Local Authority Employees, which could compromise independence and objectivity.
 - ❖ If required, develop and recommend to the Board a policy on the provision of non-audit services by the external auditor. The Committee will also set out in its annual report whether such services have been provided during the year.
- 4.6 In the event that there is a problematic working relationship between the external auditor and the Board, the Chair of the Audit & Risk Committee shall advise the Board of the circumstances.

5 FINANCIAL MANAGEMENT

This section applies to both revenue and capital budgets.

Planning

- 5.1 The Scottish Government has set the following financial targets for all boards:-
 - 5.1.1 To operate within the revenue resource limit.
 - 5.1.2 To operate within the capital resource limit.
 - 5.1.3 To operate within the cash requirement.
- 5.2 The Chief Executive shall produce a Local Delivery Plan. The Chief Executive shall submit a Plan for approval by the Board that takes into account financial targets and forecast limits of available resources. The Local Delivery Plan shall contain:-
 - 5.2.1 a statement of the significant assumptions within the Plan; and
 - 5.2.2 details of major changes in workload, delivery of services or resources required to achieve the plan.
- 5.3 Before the financial year begins, the Director of Finance shall prepare and present a financial plan to the Board. The report shall:-
 - 5.3.1 show the total allocations received from the Scottish Government and their proposed uses, including any sums to be held in reserve;
 - 5.3.2 be consistent with the Local Delivery Plan;
 - 5.3.3 be consistent with the Board's financial targets;
 - 5.3.4 identify potential risks;
 - 5.3.5 identify funding and expenditure that is of a recurring nature; and
 - 5.3.6 identify funding and expenditure that is of a non-recurring nature.
 - 5.3.7 identify the proposed payments to each integration joint board for its integration functions; and
 - 5.3.8 identify the proposed amounts which are to be set aside for each integration joint board for the integration functions carried out in large hospitals
- 5.4 The Director of Finance shall calculate the payments and set-aside for each integration joint board in line with the process described in the relevant integration scheme.
- 5.5 The Health Board shall approve the financial plan for the forthcoming financial year.

- 5.6 The Health Board shall approve the payments and set-aside for each integration joint board and the associated schedule of payments for the forthcoming financial year, in line with its financial plan.
- 5.7 Upon receipt of directions from the integration joint boards, the Director of Finance shall assess whether the effect of those directions requires a change to the financial plan.
- 5.8 The Director of Finance shall continuously review the financial plan, to ensure that it meets the Board's requirements and the delivery of financial targets.
- 5.9 The Director of Finance shall regularly update the Board on significant changes to the allocations and their uses.
- 5.10 The Director of Finance shall monitor the expenditure incurred in carrying out integration joint board directions against the funding given with each direction. The Director of Finance shall follow the processes described in the finance section of each integration scheme for any issues that may arise, and the results will inform the financial planning process for the following year.
- 5.11 The Director of Finance shall establish the systems for identifying and approving how the Board's capital allocation will be used. The approval of business cases shall be as described in the Scheme of Delegation.
- 5.12 The Director of Finance shall release capital funds allowing for project start dates and phasing.

Budgetary Control

- 5.13 The Board shall approve the opening budgets for each financial year on an annual basis. The Director of Finance shall review the directions of the integration joint boards. In the event that this review identifies a need to revise the opening budgets, then the Director of Finance shall present the revised opening budgets to the Board for approval.
- 5.14 The Chief Executive shall delegate the responsibility for budgetary control to designated budget holders. The Scheme of Delegation sets out the delegated authorities to take decisions and approve expenditure for certain posts. To support this process the Director of Finance shall administer a process to obtain evidence of their acceptance of the opening budgets from the following budget holders:
- The Chief Executive and his or her direct reports.
 - The direct reports to the Chief Officer (University Hospitals & Support Services).
- 5.15 Where one of the above officers wishes to delegate the role of "budget holder" to one of his or her team, then the officer should ensure that the prospective budget holder confirms his or her acceptance of the budget, and confirms to observe the Board's policies and procedures which are relevant to discharge of their duties and to use whatever financial systems may be in place.

5.16 Where a Local Authority Employee ~~an employee of a local authority~~ is to be either a budget holder or is to be delegated authority to approve expenditure of any type, it is the responsibility of the relevant Director of Health & Social Care (Chief Officer) to ensure that the individual has the necessary access to the Board's policies & procedures and the relevant IT systems (e.g. procurement, payroll & expenses), and the capability to competently implement the Board's policies and procedures.

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

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

5.18.1 the amount of the budget;

5.18.2 the purpose(s) of each budget heading;

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

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

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

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

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

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

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

b. movements in working capital;

c. capital project spend and projected outturn against plan;

d. explanations of any material variances from plan;

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

- 5.21.2 the issue of timely, accurate and comprehensible advice and financial reports to each holder of a budget, including those responsible for capital schemes, covering the areas for which they are responsible;
- 5.21.3 investigation and reporting of variances from agreed budgets;
- 5.21.4 monitoring of management action to correct variances; and
- 5.21.5 ensuring that adequate training is delivered on an on-going basis to budget holders.

Monitoring

- 5.22 The Chief Executive shall submit any required monitoring forms to the Scottish Government.
- 5.23 The Director of Finance shall provide monthly reports in the form requested by the Cabinet Secretary showing the charge against the Board's resource limit on the last day of each month.

6 PAY EXPENDITURE

Funded Establishment

- 6.1 The manpower plans incorporated within the annual budget will form the funded establishment.
- 6.2 The funded establishment of any department may not be varied without the approval of the Chief Executive, or without the application of any control procedure that the Board may put in place.
- 6.3 Only the Remuneration Committee can vary the establishment for posts directly accountable to the Chief Executive.
- 6.4 The Board shall follow national policy, procedures and guidance for the determination of commencing pay rates, conditions of service, etc, for employees.

Staff Appointments

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

- 6.6 A director or employee [or a Local Authority Employee](#) may make a staff appointment if:-

- 6.6.1 the organisation's approved procedures permits the person to do so; or
- 6.6.2 the Remuneration Committee has approved the appointment (for posts directly accountable to the Chief Executive)

and

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

Processing of Payroll

- 6.7 The Director of Finance is responsible for:-
 - 6.7.1 specifying timetables for submission of properly authorised time records and other notifications;
 - 6.7.2 the final determination of pay;
 - 6.7.3 making payment on agreed dates; and
 - 6.7.4 agreeing method of payment.
- 6.8 The Director of Finance shall issue instructions regarding:-

- 6.8.1 verification and documentation of data;
- 6.8.2 the timetable for receipt and preparation of payroll data and the payment of employees;
- 6.8.3 maintenance of subsidiary records for superannuation, income tax, national insurance and other authorised deductions from pay;
- 6.8.4 security and confidentiality of payroll information;
- 6.8.5 checks to be applied to completed payroll before and after payment;
- 6.8.6 authority to release payroll data under the provisions of the Data Protection Act;
- 6.8.7 methods of payment available to various categories of employee;
- 6.8.8 procedures for payment by cheque, bank credit, or cash to employees;
- 6.8.9 procedures for the recall of cheques and bank credits;
- 6.8.10 pay advances and their recovery;
- 6.8.11 verification, authorisation and payment of expenses;
- 6.8.12 maintenance of regular and independent reconciliation of pay control accounts; and
- 6.8.13 a system to ensure the recovery from leavers of sums of money and property due by them to the Health Board.

6.9 Nominated managers—employees and local authority employees shall have delegated responsibility for:-

- 6.9.1 completing and submitting payroll documentation, and other notifications in accordance with agreed timetables and any instructions from the Director of Finance; and
- 6.9.2 completing and submitting termination forms in the prescribed form immediately upon knowing the effective date of an employee's resignation, termination or retirement. Where an employee or Local Authority Employee fails to report for duty in circumstances that suggest they have left without notice, the Director of Finance, or relevant counterpart in the Local Authority which employs the Local Authority Employee, must be informed immediately.

6.10 Regardless of the arrangements for providing the payroll service, the Director of Finance shall ensure that the chosen method is supported by appropriate (contracted) terms and conditions, adequate internal controls and audit review

procedures and that suitable arrangements are made for the collection of payroll deductions and payment of these to appropriate bodies.

Contracts of Employment

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

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

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

7 NON-PAY EXPENDITURE

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

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

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

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

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

7.5 The Board shall comply with [the Public Contracts \(Scotland\) Regulations 2015 \(and any subsequent relevant legislation\) and the Procurement Reform \(Scotland\) Act 2014](#) for any procurement it undertakes directly.

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

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

7.8 The lead senior officer for procurement shall:-

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

7.8.2 Prepare comprehensive procedures for all aspects of procurement activity.

7.9 The following basic principles shall be generally applied:-

7.9.1 procurement activity satisfies all legal requirements;

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

7.9.3 Segregation of duties is applied throughout the process;

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

- 7.9.5 All deliveries are checked for completeness and accuracy, and confirmed before approval to pay is made; and
- 7.9.6 All payments made are in accordance with previously agreed terms, and what the Board has actually received.
- 7.10 All procurement on behalf of the Board must be made on an official order. Official Orders must:-
 - 7.10.1 be consecutively numbered;
 - 7.10.2 be in a form approved by the lead senior officer for procurement;
 - 7.10.3 state the Board's terms and conditions of trade; and
 - 7.10.4 only be issued following the authorisation of the relevant officer or officers described in the Scheme of Delegation, or officers with the necessary delegated authority on the Authorised Signatory Database.
- 7.11 The Board shall not make payments in advance of need. However payment in advance of the receipt of goods or services is permitted in circumstances approved by the lead senior officer for procurement. Examples of such instances are:-
 - 7.11.1 Items such as conferences, courses and travel, foreign currency transactions, where payment is to be made at the time of booking, or where the use of the corporate purchasing card is deemed necessary.
 - 7.11.2 Where payment in advance of complete delivery is a legal or contractual requirement, e.g. maintenance contracts, utilities, rates.
 - 7.11.3 Where payment of in advance is necessary to support the provision of services/delivery of a project by external providers (e.g. grants to local authorities or voluntary bodies.)
- 7.12 The Director of Finance shall issue procedures on the use of petty cash which all employees and Local Authority Employees shall follow.

Tendering and Contracting

- 7.13 Competitive tenders for the supply and disposal of all goods and services shall be invited unless:-
 - 7.13.1 The Scheme of Delegation (Annex 4 of Standing Orders) permits otherwise.
 - 7.13.2 The supply or disposal has been arranged by the National Services Scotland – National Procurement, Procurement Scotland, Office of Government Commerce, Hubco, or any other agreed collaborative procurement.

- 7.13.3 The supply has been arranged under a framework agreement such as Frameworks Scotland.
- 7.13.4 The supply has been arranged under the local framework arrangements (for smaller capital/construction schemes) that have been established by the Estates function.
- 7.13.5 The method of supply or disposal is subject to existing contractual obligations, and the Board is not free to put the matter out to tender.
- 7.13.6 The supply value (including VAT) is not greater than £25,000, and paragraph 7.15 below applies.
- 7.13.7 The supply value (including VAT) is greater than £49,999, and the Director of Finance has approved a decision to waive the requirement to tender (see paragraphs 7.16-7.20 below).
- 7.14 Tenders shall be issued in accordance with the Scheme of Delegation. The evaluation criteria and basis of scoring will be established prior to the issue of the tender. If it is proposed to accept a tender other than the lowest (or for disposals the highest) in the interests of Best Value, a formal record shall be retained of the reasons for doing so.

Supply of Value up to £25,000

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

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

[In the event that it is not possible to satisfy the above requirements \(e.g. it is not possible to get two quotations\), the lead senior officer \(procurement\) may waive the requirements. The lead senior officer \(procurement\) shall establish procedures to be followed in these cases, with due regard the circumstances used for the waiver of competitive tendering](#)

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

- 7.16 Where the estimated expenditure is within this range, employees [and Local Authority Employees](#) should refer the matter to the lead senior officer for procurement who shall determine the most appropriate procurement process for the supply.

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

This section must be read in conjunction with the Board's Scheme of Delegation, in particular *Section 4 – Requirements for Market Testing and Tendering (Capital and Revenue)*.

- 7.17 Budget holders are expected to anticipate their procurement requirements in advance of when the supply is to be delivered, and routinely work with the Procurement Department to undertake the appropriate tendering and contracting as is required by the law and 7.13 above. However, the Director of Finance may waive the requirement to undertake tendering in the following circumstances:-
- 7.17.1 The timescale (from identification of need to the time of required delivery) genuinely precludes the appropriate form of market testing. This provision cannot be used if the limited timescale is due to a failure to anticipate the need for the supply.
 - 7.17.2 The supply or disposal is for goods and services of a special nature or character in respect of which it is not possible or desirable to obtain competitive tenders.
 - 7.17.3 Specialist expertise is required and is available from only one source.
 - 7.17.4 The supply concerns a task that is essential to complete a piece of work, and arises as a consequence of a recently completed assignment, and engaging different suppliers for the new task would be inappropriate.
 - 7.17.5 There is a clear benefit to be gained from maintaining continuity with an earlier project. However, in such cases the benefits of such continuity must outweigh any potential financial advantage to be gained by competitive tendering.
- 7.18 The lead senior officer for procurement shall prepare standard form to be used on every occasion to set out the reasons for a proposal to waive formal tendering procedures, and which of the above clauses at 7.16 is being used.
- 7.19 The lead senior officer for procurement must confirm within that form whether the proposed waiver taken together with other associated procurement actions will breach the [Public Contracts \(Scotland\) Regulations 2015 \(and any subsequent relevant legislation\) or the Procurement Reform \(Scotland\) Act 2014](#). If the waiver would constitute a breach, then the waiver cannot proceed. (N.B. Para 1.3 of these SFIs requires the Board to follow the law.)
- 7.20 The Director of Finance must review the completed form before approving the waiver. The Director of Finance shall forward all waiver approvals to the lead senior officer for procurement. The lead senior officer for procurement shall maintain a waiver of tender register.

8 ADDITIONAL MATTERS FOR CAPITAL EXPENDITURE

Overall Arrangements for the Approval of the Capital Plan

- 8.1 The Board shall follow any extant national instructions on the approval of capital expenditure, such as the Scottish Capital Investment Manual. The authorisation process shall be described in the Scheme of Delegation.
- 8.2 The Chief Executive shall ensure that:-
- 8.2.1 the Board's ~~Property and~~ Asset Management Strategy is informed by the contents of the integration joint boards' strategic plans and the Board's strategic plan;
 - 8.2.2 to implement the ~~Property and~~ Asset Management Strategy there is an adequate appraisal and approval process in place for determining capital expenditure priorities, which also considers the impact on revenue expenditure within the service arising from each proposal;
 - 8.2.3 all stages of capital schemes are managed, and are delivered on time and to cost;
 - 8.2.4 capital investment is not undertaken without confirmation that the necessary capital funding and approvals are in place; and
 - 8.2.5 all revenue consequences from the scheme, including capital charges, are recognised, and the source of funding is identified in financial plans.

Implementing the Capital Programme

- 8.3 For every capital expenditure proposal the Chief Executive shall ensure:-
- 8.3.1 that a business case as required by the Scottish Capital Investment Manual (SCIM) is produced setting out:-
 - a. an option appraisal of potential benefits and risks compared with known costs to determine the deliverable option with the highest ratio of benefits to costs in light of the risks; and
 - b. appropriate project management and control arrangements; and
 - 8.3.2 that the Director of Finance has assessed the costs and revenue consequences detailed in the business case.
- 8.4 The approval of a business case and inclusion in the Board's capital plan shall not constitute approval of the individual elements of expenditure on any scheme. The Chief Executive shall issue to the manager responsible for any scheme:-
- 8.4.1 specific authority to commit expenditure; and

- 8.4.2 following the required approval of the business case, authority to proceed to tender.
- 8.5 The Scheme of Delegation shall stipulate where delegated authority lies for:-
 - 8.5.1 approval to accept a successful tender; and
 - 8.5.2 where a national framework/ procurement process applies, authority to agree risks and timelines associated with a project in order to arrive at a target price.
- 8.6 The Director of Finance shall issue procedures governing the financial management of capital investment projects (e.g. including variations to contract, application of Frameworks Scotland) and valuation for accounting purposes.

Public Private Partnerships and other Non-Exchequer Funding

- 8.7 When the Scottish Government or Scottish Futures Trust directs the Board to use finance which is to be provided other than through its Allocations, the following procedures shall apply:-
 - 8.7.1 The Director of Finance shall demonstrate that the use of public private partnerships represents value for money and implements the risk transfer to the private sector as laid out in Scottish Government or Scottish Futures Trust documentation.
 - 8.7.2 Where the sum involved exceeds the Board's delegated limits, the business case must be referred to the Scottish Government for approval or treated as per current guidelines.
 - 8.7.3 The Board shall specifically agree the proposal and specify which officers are authorised to agree and sign the relevant contractual documentation.
 - 8.7.4 The selection of a contractor/finance company must be on the basis of competitive tendering or quotations.

Disposals of Assets

- 8.8 The Director of Finance shall issue procedures for the disposal of assets including condemnations. All disposals shall be in accordance with MEL (1996)7: Sale of surplus and obsolete goods and equipment.
- 8.9 There is a requirement to achieve Best Value for money when disposing of assets belonging to the Health Board. Competitive tendering should normally be undertaken.
- 8.10 When it is decided to dispose of a Health Board asset, the head of department or authorised deputy will determine and advise the Director of Finance of the estimated market value of the item, taking account of professional advice where appropriate.
- 8.11 All unserviceable articles shall be:-

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

Capital Accounting

- 8.12 The Director of Finance shall be notified when capital assets are sold, scrapped, lost or otherwise disposed of, and what the disposal proceeds were. The value of the assets shall be removed from the accounting records. Each disposal must be validated by reference to authorisation documents and invoices (where appropriate).
- 8.13 The Director of Finance shall approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.
- 8.14 The value of each asset shall be indexed and depreciated in accordance with methods specified by the Scottish Government.
- 8.15 The Director of Finance shall calculate capital charges, which will be contributed to the total net expenditure that shall be debited against the general fund.

9 ASSET REGISTERS AND SECURITY OF ASSETS

- 9.1 The Chief Executive is responsible for the control of all assets. The Chief Executive shall establish a fixed asset register. The register shall hold the minimum data set required by the Scottish Government.
- 9.2 The Director of Finance shall:-
- 9.2.1 devise the format of the fixed asset register and the methods for maintaining it; and
 - 9.2.2 arrange for a physical check of assets against the asset register to be conducted at least once a year, and ensure that any discrepancies are reported.
- 9.3 Additions to the fixed asset register must be clearly identified to an appropriate budget holder and be validated by reference to:-
- 9.3.1 authorised agreements, architect's certificates, supplier's invoices and other documentary evidence in respect of purchases from third parties;
 - 9.3.2 stores, requisitions and wages records for own materials and labour including appropriate overheads; and
 - 9.3.3 lease agreements in respect of assets held under a finance lease and capitalised.
- 9.4 The Director of Finance shall approve the systems of control and procedures for the general security of assets. These shall include:-
- 9.4.1 recording managerial responsibility for each asset;
 - 9.4.2 identification of additions and disposals;
 - 9.4.3 identification of all repairs and maintenance expenses;
 - 9.4.4 physical security of assets. Where practical, assets should be marked as Health Board property;
 - 9.4.5 periodic verification of the existence of, condition of, and title to, assets recorded; and
 - 9.4.6 identification and reporting of all costs associated with the retention of an asset.
- 9.5 The Chief Executive shall designate a senior officer as the Caldicott Guardian. The Caldicott Guardian shall establish the systems for the maintenance of an Information Asset Register, as part of the Board's system of Information Governance.

10 BANKING AND CASH HANDLING

- 10.1 The Director of Finance shall manage the Board's banking arrangements and advise the Board on the provision of banking services and operation of accounts. This advice shall take into account guidance/Directions issued from time to time by the Scottish Government.
- 10.2 The Director of Finance shall ensure that the banking arrangements operate in accordance with the Scottish Government banking contract (GBS) and the Scottish Public Finance Manual.
- 10.3 The Board shall approve the banking arrangements. No employee or Local Authority Employee may open a bank account for the Board's activities or in the Board's name, unless the Board has given explicit approval.
- 10.4 The Director of Finance shall:-
- 10.4.1 establish separate bank accounts for non-exchequer funds;
 - 10.4.2 ensure payments made from bank or GBS accounts do not exceed the amount credited to the account, except where arrangements have been made;
 - 10.4.3 ensure money drawn from the Scottish Government against the Cash Requirement is required for approved expenditure only, and is drawn down only at the time of need;
 - 10.4.4 promptly bank of all monies received intact. Expenditure shall not be made from cash received that has not been banked, except under arrangements approved by the Director of Finance; and
 - 10.4.5 report to the Board all arrangements made with the Board's bankers for accounts to be overdrawn.
- 10.5 The Director of Finance shall prepare detailed instructions on the operation of bank and GBS accounts, which must include:-
- 10.5.1 the conditions under which each bank and GBS account is to be operated;
 - 10.5.2 ensuring that the GBS account is used as the principal banker and that the amount of cleared funds held at any time within exchequer commercial bank accounts is limited to a maximum of £50,000 (of cleared funds).
 - 10.5.3 the limit to be applied to any overdraft;
 - 10.5.4 those authorised to sign cheques or other orders drawn on the Board's accounts; and
 - 10.5.5 the required controls for any system of electronic payment.

10.6 The Director of Finance shall:-

- 10.6.1 approve the stationery for officially acknowledging or recording monies received or receivable, and keep this secure;
- 10.6.2 provide adequate facilities and systems for employees or Local Authority Employees whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin operated machines; and
- 10.6.3 approve procedures for handling cash and negotiable securities on behalf of the Board.

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

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

11 STORES

- 11.1 Stores, defined in terms of controlled stores and departmental stores (for immediate use), should be:-
- 11.1.1 kept to a minimum;
 - 11.1.2 subject to annual stocktake; and
 - 11.1.3 valued at the lower of cost and net realisable value.
- 11.2 The Chief Executive shall delegate the responsibility for the control of stores to officers throughout the organisation.
- 11.3 The Director of Finance shall set out procedures and systems to regulate the stores including records for receipt of goods, issues, and returns to stores, and losses.
- 11.4 The Director of Finance shall approve procedures for stocktaking, and there shall be a physical check covering all items in stock at least once a year.
- 11.5 The Chief Executive shall delegate the responsibility for the control of pharmaceutical stocks to an appropriately qualified member of the Directorate of Public Health.
- 11.6 The responsibility for security arrangements and the custody of keys for all stores and locations shall be clearly defined in writing by the designated manager/Director of Pharmacy.
- 11.7 Where a complete system of stock control is not justified, alternative arrangements shall require the approval of the Director of Finance or the Director of Pharmacy.
- 11.8 The designated Manager/Director of Pharmacy shall be responsible for a system approved by the Director of Finance for a review of slow moving and obsolete items and for condemnation, disposal, and replacement of all unserviceable articles. The designated Officer shall report to the Director of Finance any evidence of significant overstocking and of any negligence or malpractice (see also 15, Disposals and Condemnations, Losses and Special Payments). Procedures for the disposal of obsolete stock shall follow the procedures set out for disposal of all surplus and obsolete goods.
- 11.9 For goods supplied via central NHS warehouses, the Chief Executive shall identify those authorised to requisition and accept goods from the store. The authorised person shall check receipt against the delivery note before forwarding this to the Director of Finance who shall satisfy himself that the goods have been received before accepting the recharge.

12 INCOME, FEES AND CHARGES

General

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

Fees and Charges

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

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

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

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

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

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

Debt Recovery

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

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

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

13 SERVICE AGREEMENTS FOR PATIENT SERVICES

General

- 13.1 The role of the Board is to achieve long-term health gain for the resident population of Lothian. It pursues this through its strategic planning, public health and health promoting functions.
- 13.2 The Chief Executive shall negotiate service agreements for the provision of services to patients in accordance with any agreed plans, and for any non-contracted and unplanned activity.
- 13.3 The Director of Finance shall ensure all systems associated with service agreements operate in such a way as to maintain patient confidentiality, as agreed with the Board's Caldicott Guardian.
- 13.4 The Director of Finance shall ensure that all agreements satisfy the requirements of budgetary control and the Board's financial targets.

Where Lothian Board is the Provider

- 13.5 The Chief Executive shall ensure that service agreements for provision of services recover the costs borne by the Board, and minimise any risks to the Board.
- 13.6 The Director of Finance shall advise the Chief Executive regarding:-
- 13.6.1 costing and pricing of services;
 - 13.6.2 payment terms and conditions; and
 - 13.6.3 amendments to agreements.
- 13.7 The Director of Finance shall set charges for services, including non-contracted activity (cross-border) and unplanned activity ('UNPACS') (cross-Health Board boundary), in accordance with national guidelines.
- 13.8 The Director of Finance shall produce regular reports to the Board detailing actual and forecast income, linked to activity, with a detailed assessment of the impact of the variable elements of income.

Where the Service Provider is any other Organisation

- 13.9 The Director of Finance shall ensure that:-
- 13.9.1 service agreements placed are within the resources available to the organisation; and
 - 13.9.2 providers are paid in accordance with the terms of the service agreement, and any relevant national guidance.

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

14 RISK MANAGEMENT & INSURANCE

- 14.1 The Chief Executive shall ensure that the Board has a programme of risk management which will be approved and monitored by the Board and which complies with the standards issued by NHS Healthcare Improvement Scotland.
- 14.2 The programme of risk management shall include:-
- 14.2.1 a process for identifying and quantifying risks and potential liabilities;
 - 14.2.2 engendering among all levels of staff a positive attitude towards the control of risk;
 - 14.2.3 management processes to ensure all significant risks and potential liabilities are addressed including effective systems of internal control, cost effective insurance cover, and decisions on the acceptable level of retained risk;
 - 14.2.4 contingency plans to offset the impact of adverse events;
 - 14.2.5 audit arrangements including: internal audit, clinical audit, health and safety review; and
 - 14.2.6 arrangements to review the risk management programme.
- 14.3 An annual risk management report shall be prepared confirming whether adequate and effective risk management systems were in place throughout the year, and will highlight any areas of material risk. This shall be used as a source of assurance and will inform the content of the Governance Statement.
- 14.4 The Director of Finance shall ensure that insurance arrangements exist in accordance with the risk management programme.
- 14.5 The Edinburgh and Lothians Health Foundation is responsible for establishing its own risk management arrangements.

15 INFORMATION TECHNOLOGY

- 15.1 The Chief Executive shall designate a senior officer as the lead senior officer for ehealth, who shall also be the designated Senior Information Risk Owner (SIRO) (as defined by the Department of Health, *The Caldicott Guardian Manual* 2010). ehealth is the use of information, computers and telecommunications in support of meeting the needs of patients and health of citizens. The lead senior officer for ehealth is only responsible for those systems that are supported by the ehealth directorate.
- 15.2 The lead senior officer for ehealth shall ensure that there is an NHS Lothian ehealth strategy. The lead senior officer for ehealth shall ensure that there is effective engagement with healthcare professionals to inform the development and implementation of the ehealth strategy.
- 15.3 Executive directors shall ensure that the ehealth directorate has planning input to all new/refurbishment build projects to ensure that they incorporate the latest technologies to deliver the required services, but also ensure their compatibility with the existing NHS Lothian infrastructure.
- 15.4 The lead senior officer for ehealth shall ensure that on the acquisition of any new computer hardware or software Health Board procurement guidelines have been adhered to and adequate option appraisals undertaken.
- 15.5 In the case of computer systems which are proposed general applications (i.e. normally those applications which the majority of NHS organisations wish to sponsor jointly) all responsible directors and employees and Local Authority Employees will send to the lead senior officer for ehealth:-
- 15.5.1 details of the outline design of the system;
 - 15.5.2 contract details and/or standard contract conditions; and
 - 15.5.3 in the case of packages acquired either from a commercial organisation, from the NHS, or from another public sector organisation, the operational requirement.
- 15.6 The lead senior officer for ehealth shall draw up an IT Security Policy and Standards document and ensure that it is effectively communicated to all members of staff of the Health Board. This will require to be approved by the Board's Caldicott Guardian.
- 15.7 The lead senior officer for ehealth shall draw up business continuity plans to ensure minimal disruption to business operations in the event of an interruption in the operation of Health Board IT/IS systems that are supported by the ehealth directorate.
- 15.8 The Director of Finance, who is responsible for the accuracy and security of computerised financial data of the Board, shall:-
- 15.8.1 devise and implement any necessary procedures to ensure adequate protection of the Board's data, programs and computer hardware for which

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

- 15.8.2 ensure that adequate controls exist over data entry, processing, storage, transmission and output to ensure the security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;
 - 15.8.3 ensure that, in the appropriate environments, adequate controls exist such that the computer operation is separated from development, maintenance and amendment; and
 - 15.8.4 ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as he/she may consider necessary are being carried out.
- 15.9 The Director of Finance shall ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested before implementation. Where this is undertaken by another organisation, assurances of adequacy will be obtained from them before implementation.
- 15.10 The Director of Finance shall ensure that for contracts for computer services for financial applications with another body, the Health Board shall periodically seek assurances that adequate controls are in operation.
- 15.11 Where computer systems have an impact on corporate financial systems the Director of Finance shall ensure that:-
- 15.11.1 systems acquisition, development and maintenance are in line with corporate policies such as an eHealth Strategy;
 - 15.11.2 data produced for use with financial systems is adequate, accurate, complete and timely, and that a management (audit) trail exists;
 - 15.11.3 Finance staff have access to such data; and
 - 15.11.4 such computer audit reviews as are considered necessary are being carried out.
- 15.12 For all other IT systems not currently supported by ehealth or the responsibility of the Director of Finance (as defined above), the executive director with lead responsibility for the system shall ensure that the requirements of this section are applied to that system.

16 RETENTION OF DOCUMENTS

- 16.1 The Chief Executive shall be responsible for maintaining archives for all documents in accordance with the NHS Code of Practice on Records Management.
- 16.2 The documents held in archives shall be capable of retrieval by authorised persons.
- 16.3 Documents held under the Code shall only be destroyed at the express instigation of the Chief Executive, and records shall be maintained of documents so destroyed.

17 PRIMARY CARE CONTRACTORS

- 17.1 In these SFIs and all other Board documentation, Primary Care contractor means:-
- 17.1.1 an independent provider of healthcare who is registered to provide general dental, medical, ophthalmic or pharmaceutical services under the National Health Service in the United Kingdom (UK); or
 - 17.1.2 an employee of an National Health Service organisation in the UK who is registered to provide general dental, medical, ophthalmic or pharmaceutical services under the National Health Service in the UK.
- 17.2 The General Manager, Primary Care Contracts, shall devise and implement systems to control the registers of those who are entitled to provide general dental, medical, ophthalmic or pharmaceutical services under the National Health Service in Lothian. Systems shall include criteria for entry to and deletions from the registers.
- 17.3 The Director of Finance shall agree the Service Level Agreement (s) with NHS National Services Scotland for:-
- 17.3.1 the development, documentation and maintenance of systems for the verification, recording and receipt of NHS income collected by or on behalf of primary care contractors; and
 - 17.3.2 the development, documentation and maintenance of systems for the verification, recording and payment of NHS expenditure incurred by or on behalf of primary care contractors.
- 17.4 The agreements at paragraph 17.3 shall comply with guidance issued from time to time by the Scottish Government. In particular they shall take account of any national systems for the processing of income and expenditure associated with primary care contractors.
- 17.5 The Director of Finance shall ensure that all transactions conducted for or on behalf of primary care contractors by the Board shall be subject to these SFIs.

18 LOSSES AND SPECIAL PAYMENTS

- 18.1 The Director of Finance shall issue procedures on the recording of and accounting for losses and special payments, to meet the requirements of the Scottish Public Finance Manual. These procedures shall include the steps to be taken where the loss may have been caused by a criminal act.
- 18.2 The Scheme of Delegation shall describe the process for the approval of the write-off of losses and making of special payments.
- 18.3 The Director of Finance shall be authorised to take any necessary steps to safeguard the Board's interests in bankruptcies and company liquidations.
- 18.4 For any loss, the Director of Finance should consider whether any insurance claim can be made.
- 18.5 The Director of Finance shall maintain a Losses and Special Payments Register in which write-off action is recorded.

19 THEFT, FRAUD OR ANY OTHER FINANCIAL OR LEGAL IRREGULARITIES

- 19.1 Whenever any matter arises which involves, or is thought to involve, fraud, theft or other irregularity, the Director of Finance (the Board's designated Counter Fraud Champion) or the Board's designated Fraud Liaison Officer should be notified immediately. The Director of Finance shall ensure that guidance and contact information is made widely available throughout NHS Lothian.
- 19.2 The Board shall work in partnership with NHS Scotland Counter Fraud Services towards the prevention and detection of fraud and other irregularities. The Board will assist in any necessary investigations, and comply with any reporting requirements. The Board and NHS Scotland Counter Fraud Services will work together in accordance with the terms of a partnership agreement. Following discussion with Counter Fraud Services, the Board may also report cases of fraud to the Police.
- 19.3 The Fraud Liaison Officer shall facilitate the collation and reporting of returns in the event of thefts (of NHS property only). However, the local operational manager ([whether an employee or local authority employee](#)) is responsible for reporting thefts to the police, securing the area, and notifying the Fraud Liaison Officer (via the adverse event module on DATIX). The manager shall complete any required returns.
- 19.4 The Fraud Liaison Officer shall make information on frauds and thefts available for reporting, including for SFR 18 and supporting schedules.
- 19.5 The Director of Finance shall ensure comprehensive reports of frauds and thefts are available to the external auditor, and the Scottish Government as necessary. However, NHS Scotland Counter Fraud Services is responsible for nationally reporting fraud and other irregularities.
- 19.6 In the event of a loss through fraud or theft, the local manager is responsible for taking any necessary remedial action to prevent its recurrence, by reviewing the adequacy of the relevant systems of control. No such action should be taken however if it would prove prejudicial to the effective prosecution of the case.

20 ANNUAL ACCOUNTS AND REPORTS

- 20.1 The Director of Finance shall prepare and submit financial returns and reports to the Cabinet Secretary. This will be consistent with any guidance issued by the Scottish Government and the Treasury, the Board's accounting policies, and generally accepted accounting practice.
- 20.2 The Audit & Risk Committee shall review the annual accounts prior to them submitted to the Board for approval.
- 20.3 The Chief Executive shall ensure that there is a formal record of the presentation of the annual accounts to the Board.
- 20.4 The Board shall publish an annual report, in accordance with the Scottish Government's guidelines on local accountability and requirements.
- 20.5 The Board shall present its annual report at a public meeting.

21 PATIENTS' PROPERTY

- 21.1 The Board has a responsibility to provide safe custody for money and other personal property (hereafter referred to as "property") handed in by patients, in the possession of unconscious or confused patients, or found in the possession of patients dying in hospital or dead on arrival.
- 21.2 The Chief Executive shall ensure that patients or their guardians, as appropriate, are informed before or at admission, by:-
- 21.2.1 notices and information booklets;
 - 21.2.2 hospitals admission documentation and property records; and
 - 21.2.3 the oral advice of administrative and nursing staff responsible for admissions, that the Board will not accept responsibility or liability for patients' property brought into Health Service premises, unless it is handed in for safe custody and a copy of an official patients' property record is obtained as a receipt.
- 21.3 The Director of Finance shall issue procedures on the collection, custody, recording, safekeeping, and disposal of patients' property (including instructions on the disposal of the property of deceased patients and of patients transferred to other premises) for all staff whose duty is to administer, in any way, the property of patients. Due care should be exercised in the management of a patient's money in order to maximise the benefits to the patient.
- 21.4 Where patients' property or income is received for specific purposes and held for safekeeping the property or income shall be used only for that purpose, unless any variation is approved by the donor or patient in writing.
- 21.5 The Director of Finance shall prepare an abstract of receipts and payments of patients' private funds in the form laid down by the Scottish Government. This abstract shall be audited independently and presented to the Audit & Risk Committee annually, with the auditor in attendance at the meeting. The Committee is delegated the responsibility to review and recommend the approval of the abstract and draft management representation letter, to the Board. The abstract, the management representation letter, and the associated audit report must be received and approved by the Board.

22 FUNDS HELD ON TRUST (Endowments)

- 22.1 Members of Health Boards become Trustees of the charity known as the “Edinburgh and Lothians Health Foundation” ex officio by reason of their Board appointment. The appointment as Trustee is legally distinct from the appointment as a Board member. The Trustees collectively are an unincorporated body distinct from Lothian NHS Board.
- 22.2 The responsibilities of the trustees shall be discharged separately from the responsibilities of members of Lothian NHS Board and its employees. The trustees shall be accountable to the Office of the Scottish Charities Regulator for all charitable funds held on trust.
- 22.3 The over-riding principle is that the integrity of each trust must be maintained and statutory and trust obligations met. Materiality must be assessed separately from Exchequer activities and funds. The Trustees shall separately approve a Charter and other policies and procedures as required to discharge their responsibilities as trustees.
- 22.4 These SFIs shall apply to the management of funds held on trust, unless the trustees instruct otherwise.
- 22.5 The Director of Finance shall prepare annual accounts for funds held in trust, to be audited independently and presented annually to the Trustees.
- 22.6 The Chair of the Trustees of the Edinburgh and Lothians Health Foundation shall ensure that the Trustees have a programme of risk management which will be approved and monitored by the Trustees, and which complies with the standards set out by the Office of the Scottish Charity Regulator and the Charities SORP.

NHS Lothian

Board Meeting
7 December 2016

Director of Finance

SUMMARY PAPER – REVIEW OF SCHEME OF DELEGATION

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 allow the Board to review and approve revisions to the Scheme of Delegation (“the Scheme”). The Board has through its Standing Orders reserved the authority to approve the Scheme to it. 	1.1
<ul style="list-style-type: none"> The Scheme does need to be changed in order to capture changes to the management structure. The Standing Financial Instructions are also being reviewed in order to address the delegation of authority to local authority employees, and the relevant terminology has been translated into the Scheme. This review has also taken the opportunity to reduce the size of the Scheme and make it clearer. 	1.2
<ul style="list-style-type: none"> The review has not led to any material changes to the delegation of authority. The consultation process identified where there needed to be technical updates or edits to the text, and those changes have been reflected in the revised document. Integration requires us to have a solution to delegating authority to local authority employees to allow integrated management teams to operate in practice. This has been set out in the review of the Standing Financial Instructions. The practical effect of those changes to the Scheme is that includes definitions at the start, and in some places recognises new posts that were created in the integrated management teams. Otherwise the Scheme operates in the same way as it always has. 	3.3-3.4
<ul style="list-style-type: none"> In order to support the efficient conduct of business and make it easier to keep this key document current, there is a proposal to delegate authority to the Director of Finance to approve amendments relating to changes in job titles. 	3.5
<ul style="list-style-type: none"> The Audit & Risk Committee shall review the proposals on 5th December 2016, and consequently this draft is subject to any amendments the Committee may identify. 	1.3

Alan Payne
Corporate Governance Manager
28 November 2016
alan.payne@luht.scot.nhs.uk

NHS Lothian

Board Meeting
7 December 2016

Director of Finance

SCHEME OF DELEGATION

1 Purpose of the Report

- 1.1 The purpose of this report is to allow the Board to review and approve revisions to the Scheme of Delegation (“the Scheme”). The Board has through its Standing Orders reserved the authority to approve the Scheme to it.
- 1.2 The Scheme does need to be changed in order to capture changes to the management structure. The Standing Financial Instructions are also being reviewed in order to address the delegation of authority to local authority employees, and the relevant terminology has been translated into the Scheme. This review has also taken the opportunity to reduce the size of the Scheme and make it clearer.
- 1.3 The Audit & Risk Committee will review these proposals on 5 December 2016 with an aim to making a recommendation to the Board. Consequently at the time of writing this report it is not known if the Committee will have raised any points. Therefore this draft Scheme is being presented for approval, subject to any required amendments that the discussion at the Committee may identify.
- 1.4 Any member wishing additional information should contact the Director of Finance in advance of the meeting.

2 Recommendations

- 2.1 Agree a new principle within the Scheme that the Director of Finance is authorised to approve any amendments to the Scheme which may be required to keep it up to date with the management structure.
- 2.2 Approve this revised Scheme, subject to addressing any changes that the Audit & Risk Committee or the Board may identify.

3 Discussion of Key Issues

- 3.1 The Board approved the current Scheme on 25 June 2014. Since then there has been a change in the management structure within University Hospital Services, and following the establishment of integration joint boards further changes in the management of health & social care partnerships. The Scheme has been updated to capture the posts in these new structures.
- 3.2 The process to review the Scheme has involved extensive consultation with management which in turn generated considerable feedback which has been worked through in several drafts. Every effort has been made to ensure that the levels of delegated authority are appropriate to the role, and that there a sufficient

number of posts identified in the Scheme to support the efficient conduct of business.

- 3.3 The review has not led to any material changes to the delegation of authority. The consultation process identified where there needed to be technical updates or edits to the text, and those changes have been reflected in the revised document.
- 3.4 Integration requires us to have a solution to delegating authority to local authority employees to allow integrated management teams to operate in practice. This has been set out in the review of the Standing Financial Instructions. The practical effect of those changes to the Scheme is that includes definitions at the start, and in some places recognises new posts that were created in the integrated management teams. Otherwise the Scheme operates in the same way as it always has.
- 3.5 Currently in order to make changes to the Scheme, the proposal has to be reviewed by the Audit & Risk Committee and approved by the Board. Normally changes to the Scheme are about keeping it current, rather than changing the fundamental nature of delegation from the Board to executive management. In order to support the efficient conduct of business and make it easier to keep this key document current, the following has been added to the General Principles at the start of the Scheme:
- *“The Board has delegated authority to the Director of Finance to approve amendments relating to job titles in to this Scheme of Delegation, so as to keep it up-to-date with any changes to the organisation’s management structure.”*

Alterations to the Style of the Scheme

- 3.6 On the Board’s agenda is a separate report on the ongoing project to *Ensure The Right Thing Happens in Practice Every Time*. The Corporate Governance Manager has critically reviewed the style of the Scheme in light of the lessons being learned from this work as well as feedback from colleagues. The following changes have been made:
- The current Scheme incorporates what was previously a different document which described broad subjects and the role of the Board, directors, operational areas, for each of them. This material covered 22 sections, but did not contain any active procedural instructions (unlike the rest of the Scheme). Consequently it has no practical purpose and the content can quickly become out of date. In the interests of only presenting material that people require, those sections have been removed from the Scheme.
 - The remaining sections of the Scheme have been re-positioned so that there is a more logical flow to the whole Scheme. A diagram has been introduced (at page 6) to illustrate this.
 - The Scheme has always had a number of senior managers with the highest level of authority (£250k for revenue orders), who could also approve certain other transactions, e.g. being a second signatory to orders over £250k, no limits to virement, approval of equipment leases and other contractual documents, the approval of special payments and losses. Rather than repeat this list of senior

managers in each affected section, they are identified at the start of the Scheme (page 3) as Category A approvers, and that term is used throughout the Scheme.

- Within each section the posts are presented in bulleted lists rather than paragraphs. This makes the Scheme easier to read.

3.7 The effect of these changes is to reduce the size of the Scheme from 76 pages to 42 pages. The word count has fallen from 20,280 to 10,454, which is a reduction of 48%. This should make the Scheme more understandable.

4 Key Risks

4.1 There is a risk that the potential benefits of integration are lost due to people not having clear authority to act and make decisions.

4.2 There is a risk that employees have difficulty in applying the Scheme of Delegation due to changes in the management structure, leading to delays in the general conduct of business.

4.3 There is a risk that the Scheme becomes out of date due to a change in the law or some technical requirement, leading to employees inadvertently doing the wrong thing.

4.4 The *Ensuring the Right Thing Happens in Practice Every Time* action plan has been prepared to attend to the following key risks:

1. Employees do not understand why they have to do something.
2. Employees do not know what they are personally expected to do.
3. Some policies simply cannot be implemented.
4. The organisation does not give adequate focus and support to embedding systems of internal control.

5 Risk Register

5.1 The corporate governance service-level risk register has captured the four fundamental risks at 4.5.

5.2 The need to revise the SFIs and Scheme is also captured on a risk (id: 4085) on corporate governance service-level risk register

6 Impact on Inequality, Including Health Inequalities

6.1 The Scheme is part of the Board's system of corporate governance and provides clarity about the general process of decision-making. The Scheme does not however contain any proposals with a specific impact on an identifiable group of people.

6.2 In 2010 the whole Standing Orders pack (including the Scheme) was subject to a rapid impact assessment, and this did not identify any significant impacts. This proposal is a revision to an existing document which does not introduce any changes with specific and significant implications for any particular group of people.

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

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

8 Resource Implications

8.1 There are no resource implications to making these amendments, other than the staff time that will be required to design and implement the associated systems of internal control.

Alan Payne
Corporate Governance Manager
28 November 2016
alan.payne@luht.scot.nhs.uk

List of Appendices

Appendix 1: Revised Scheme of Delegation (draft as at 24 November 2016)

LOTHIAN NHS BOARD SCHEME OF DELEGATION

INTRODUCTION

Lothian NHS Board (the “Board”) has developed and approved this Scheme of Delegation. All of the Board’s policies and other publications are available on the intranet. Instructions from the Scottish Government (HDL, CEL etc.) and other material relating to NHS Scotland can be found at [SHOW - Scotland's Health On the Web](#)

GLOSSARY

“Executive Board Members”

These are individuals whom the Scottish Government have formally appointed to the Board, and for clarity the term does apply to every executive director. Within this Scheme there are certain higher value transactions which require the approval of one or more of the executive Board members. You can confirm who the executive Board members are at any point in time by contacting the Board secretariat.

“Budget Holders” and “Employees”

As a consequence of the Public Bodies (Joint Working) (Scotland) Act 2014, and the subsequent integration of functions of services, there have been significant changes to the management structure. It is quite possible that this Scheme identifies a post which may be filled by an individual who is an employee of a local authority rather than the NHS Board.

In order to make these new arrangements work, when applying this Scheme, the following definitions for “budget holder” and “employee”, which are drawn from the Standing Financial Instructions, are to be used:

“ **Budget Holder**” means the director or employee with delegated authority to manage finances (Income and Expenditure) for a specific area of the organisation. A Budget Holder may also be a Local Authority Employee, as defined below.”

“**Employee**” means an employee of the Board. Additionally wherever the term “employee” is used, and where the context permits, it shall be deemed to include employees of third parties contracted to the Health Board when acting on behalf of the Health Board, e.g. agency staff, locums, employees of service providers.

“**Local Authority Employee**” means an employee of a local authority which is a party to an Integration Scheme with Lothian NHS Board, in circumstances where that employee carries out Directed Functions.

“**Directed Functions**” means a function which an Integration Joint Board has directed the Board to carry out under s.26 (1) of the Public Bodies (Joint Working) (Scotland) Act 2014.

“Category A” Approvers

There are certain matters which require to be approved by the relevant person who is included in a defined list of individuals (“Category A” approvers). Rather than repeat this extensive list throughout the Scheme, the list of Category A approvers is set out below:

- Chief Executive
- Chief Officer (University Hospitals & Support Services)
- Director of Finance
- Medical Director
- Director of Public Health & Health Policy
- Executive Director for Nursing, Midwifery, & Allied Health Professionals
- Director of Human Resources & Organisational Development
- Director of Health and Social Care – Edinburgh
- Director of Health and Social Care – West Lothian
- Director of Health and Social Care – East Lothian
- Director of Health and Social Care – Midlothian
- Director of Operations (Estates & Facilities)
- Director of eHealth
- Hospital Site Director
- Service Director (Diagnostics, Theatres, Anaesthetics & Critical Care)
- Service Director (Women & Children’s Services)
- Service Director (Outpatients & Associated Services)
- Nurse Director (Acute & Support Services)
- Director of Allied Health Professionals
- Medical Director (Acute)
- Head of Older People and Access & Chief Nurse (East Lothian);
- Head of Children’s Wellbeing Services (East Lothian)
- Locality Manager (Edinburgh)
- Chief Strategy & Performance Officer (Edinburgh)
- Hospital and Hosted Services Manager (Edinburgh)
- Chief Nurse (Edinburgh)
- Head of Primary Care and Older People (Midlothian)
- Head of Adults (Midlothian)
- Head of Health (West Lothian)

GENERAL PRINCIPLES TO APPLYING THIS SCHEME

- This Scheme should be implemented together with the requirements of the Board's Standing Financial Instructions and all other policies and procedures.
- All budget holders are required to formally agree their annual budgets and are accountable for their budgetary performance. It is essential that expenditure levels do not exceed the agreed delegated budget. Officers must ensure that there is available budget in place before taking any decisions in line with their delegated authority.
- Where an employee of a local authority is to be either a budget holder or someone with delegated authority to approve expenditure of any type, it is the responsibility of the relevant Director of Health & Social Care (Chief Officer) to ensure that the individual has the necessary access to the Board's policies & procedures and the relevant IT systems (e.g. procurement, payroll & expenses), and the capability to competently implement the Board's policies and procedures.
- This Scheme identifies certain positions in the management structure. The holders of those positions are allowed to delegate authority to approve transactions to other employees and this is usually done through the Authorised Signatory Database process. Nevertheless the holders of the positions identified in the Scheme remain personally accountable for all transactions in their area of responsibility, and the actions of the individuals to whom they delegate financial authority to.

If any individual leaves a position, then any delegated authority that the individual had will revert back up the route of line management to the next appropriate position that is identified in the Scheme. The more senior officer is responsible for approving all transactions, but can elect to re-delegate the authority to someone else. This general provision for further delegation of authority does not apply to revenue expenditure that is described at Sections 6, and 9-14 of this Scheme of Delegation. In those sections, the officers identified in the sections must approve the proposed transaction. If those officers are not available, then the matter should be referred up to the next level of authority.

- All figures in the Scheme are inclusive of VAT.
- The Board has delegated authority to the Director of Finance to approve amendments relating to job titles in to this Scheme of Delegation, so as to keep it up-to-date with any changes to the organisation's management structure.

STRUCTURE OF THIS SCHEME OF DELEGATION

There are two broad categories of financial business – revenue and capital. The diagram below illustrates which sections of the Scheme to refer to under these broad headings, and for different types of transactions. The vast majority of transactions will be in the Revenue column.

Section 7 of the Standing Financial Instructions relates to Non-Pay Expenditure for both capital and revenue, and sets out the arrangements for:

- Choice, Requisitioning, Ordering, Receipt and Payment for Goods and Services
- Tendering and Contracting

Lothian NHS Board does use nationally agreed procurement frameworks and supplier contracts, as well as locally agreed contracts. All employees are required to follow the systems and procedures put in place by the Procurement function, and use the Board's approved suppliers for the supply of approved products and services.

REVENUE	CAPITAL
<p>The Board will make use of national contracts or put in place local contracts with approved suppliers, to secure the supply of goods & services.</p> <p>Where a contract is not already in place for the supply, then this will need to be addressed through market testing (and possibly tendering) which leads to a contract being put in place.</p>	<p>1. Approval of items to be included in the NHS Lothian Capital Programme – Funding of the Initial Development of the Concept.</p>
	<p>2. Approval of items to be included in the NHS Lothian Capital Programme – Business Cases</p>
	<p>3. Approval of items to be included in the NHS Lothian Capital Programme – Use of Frameworks such as Frameworks Scotland 2 or HUB</p>
<p>4. Requirements for Market Testing (Capital and Revenue)</p>	
<p>6. Revenue Expenditure – Contracts and Service Agreements for Healthcare Services and other specified services.</p>	<p>5. Award of Capital Tenders</p>
<p>8. Revenue Expenditure – General Arrangements</p>	<p>1. Capital Expenditure – Delegation of Authority and Approval of</p>

REVENUE		CAPITAL
		Expenditure
9. Revenue – Use of Management Consultants		
10. Revenue – Travel and Reimbursement of Expenses		
11. Revenue – Private Finance Initiative / Public Private Partnership Payments		
12. Revenue - Payroll		
13. Revenue - Virement		
14. Revenue – Losses & Special Payments		
15. Asset Transactions (Capital and Revenue)		
16. Financial Services (Capital and Revenue)		
17. Signing of Contractual Documentation (Capital and Revenue)		

1. Approval of Items to be included in the NHS Lothian Capital Programme – Funding of Initial Development of Concept	
What does this section cover?	This concerns the development of any concept or scheme for inclusion in the capital plan up to the approval of the Initial Agreement (where required – See Section 2).
Which budget holders' are likely to incur revenue expenditure developing a future capital scheme?	<ul style="list-style-type: none"> ➤ Director of Capital Planning & Projects ➤ Director of Operations (Estates & Facilities) ➤ Associate Director of Operations (Estates & Facilities) ➤ Director of eHealth ➤ The lead service director / manager for the area that will be the beneficiary of the capital scheme. ➤ The project sponsor (per the Scottish Capital Investment Manual) of major capital projects
Delegated authority of budget holder.	<p>The budget holder is only limited by his or her available budget and his or her individual delegated authority (see Section 7).</p> <p>The budget holder must observe the principles within this Scheme of Delegation, namely that he/she must have a budget in place before they incur expenditure, and that he/she ensures that the resultant expenditure does not exceed his/her available budget.</p>

2. Approval of Items to be included in the NHS Lothian Capital Programme – Business Cases

Overview of Process

- For schemes within the Board's delegated limit, a Strategic Assessment, Initial Agreement and Standard Business case must be prepared and submitted for approval for all schemes which involve alterations to buildings or the estate, and schemes that include capital expenditure, regardless of how the schemes are financed, e.g. capital resource limit, National Services Division grants, donations. (Please see exception for schemes < £250k below).
- Business cases should be prepared in accordance with the [Scottish Capital Investment Manual \(SCIM\)](#). The approving bodies (below) will require assurance from this process that all risks have been clearly identified, and that there are controls in place to manage those risks. The Capital Investment Group shall determine for construction projects the suitability of the application of Frameworks Scotland methodology, or any other local framework arrangements (See Section 3).
- The Board's delegated limits for the approval of capital schemes is **£5m** for non-Information Management & Technology (IM&T) schemes and **£2m** for IM&T schemes. (SCIM).
- For projects beyond these delegated limits a Strategic Assessment (SA), Initial Agreement (IA), Outline Business Case (OBC) and Full Business Case (FBC) will all need to be produced, and each document must in turn be taken through the approval groups identified in this section.
- For the avoidance of doubt, the Board shall be entitled to, with the agreement of the Scottish Government, waive the requirement for an OBC and FBC to be produced and taken in turn through the approval groups identified in this section and to simply proceed on the basis of approving a combined business case.
- For construction and IM&T projects please refer to the SCIM website, which sets out the required business case documentation for different levels of capital schemes.
- Regardless of the delegated limits for the approval of business cases, the Board is required to comply with the Scottish Government's Property Transactions Handbook for transactions for all proposed land and property transactions (i.e. acquisitions or disposals by any method). This must be done concurrently with the business case process. The effect of this is that the Scottish Government shall have to approve certain matters before a transaction can proceed.
- When a scheme is approved as set out below, the approving body shall approve the capital budget to be allocated, and who the budget holder for the scheme is. No person may commit the Board expenditure to capital scheme until a capital budget has been formally allocated by this process.
- All items requiring review and approval should be agreed by the relevant management team

2. Approval of Items to be included in the NHS Lothian Capital Programme – Business Cases	
before being referred to the approval bodies described below. You can find further information on Finance Online .	
Schemes over the Board's delegated limit (£5m for non-IM&T, £2m for IM&T)	Following review by the Finance & Resources Committee, the business case must be referred to the Board. The Board must approve the Initial Agreement, Outline Business Case, and Full Business case in turn (unless it has been agreed to have a combined business case), and provide confirmation of its support prior to formally submitting the item the Scottish Government for approval.
Schemes from £0.5m up to £5m	The item should be reviewed and approved in the following order: <ol style="list-style-type: none"> 1. The Capital Steering Group or the Lothian Medical Equipment Review Group or the eHealth senior management team. 2. Lothian Capital Investment Group. 3. Finance & Resources Committee.
Schemes from £250k up to £0.5m	The item should be reviewed and approved by the Lothian Capital Investment Group.
Schemes up to £250k	<p>MEDICAL EQUIPMENT</p> <p>For <u>NEW</u> medical equipment under £250k, the first and second stage of the Capital Steering Group Pipeline documentation must be completed. There is no requirement for a Strategic Assessment, Initial Agreement, or Business Case.</p> <p>For <u>REPLACEMENT</u> medical equipment under £250k, only an equipment form needs to be completed (i.e. an Initial Agreement and Standard Business Case is not required.)</p> <p>The Lothian Capital Investment Group (LCIG) must agree the annual budget for replacement medical equipment. Thereafter the Lothian Medical Equipment Review Group (LMERG) must approve the schemes, including review and approval by the finance directorate.</p> <p>ALL OTHER SCHEMES</p> <p>The first and second stage of the Capital Steering Group Pipeline documentation must be completed.</p> <p>The finance directorate must review and approve all proposals. Thereafter the item should be reviewed and approved by the Lothian Capital Steering Group or the eHealth senior management team (for schemes related to eHealth).</p>

3. Approval of Items to be included in the NHS Lothian Capital Programme – Use of Frameworks such as Frameworks Scotland 2 or HUB	
<p>What does this section cover?</p>	<p>This section applies when the Board is a participating member of a procurement framework arrangement, or when the Board has set up a local framework.</p> <p>This explains the chronological steps of a scheme that is managed through Frameworks Scotland, and the officers / groups in NHS Lothian with delegated authority to make decisions at each stage. However the same principles should be applied to any other framework.</p>
<p>Approval of the suitability of, and the extent of application of Frameworks Scotland methodology or the local framework arrangements (for smaller schemes) to a construction project.</p>	<p>This will be determined by the NHS Lothian Capital Investment Group (see Section 2).</p> <p>If a project is within the scope of Frameworks Scotland, then Frameworks Scotland must be used. Lothian NHS Board must approve any decision to depart from this process (per paragraph 7.7 of the Standing Financial Instructions).</p>
<p>Appointment to the position of Project Director and Capital Project Manager for capital construction projects.</p>	<ul style="list-style-type: none"> • Director of Capital Planning and Projects in conjunction with the Appointed Project Sponsor <p>The posts must be in the funded establishment, or for external appointments, affordable within the project budget. The Project Sponsor shall formally communicate any delegated budgetary responsibilities to the Project Director and Project Manager(s).</p> <p>The nominees or holders of the position of Project Director and Project Manager(s) (if different individuals) and other members of the project team and project delivery resources (as appropriate given the scale of the project) must be clearly documented in the Initial Agreement documentation, and subsequently the Outline and Full Business Cases. Please refer to Health Facilities Scotland published guidance and the Scottish Capital Investment Manual on the role of the Project Director and Project Manager.</p> <p>The Project Sponsor shall assign appropriate delegated authority to the Project Director and the Project Manager to permit them to approve project transactions that are associated only with the project and commensurate with their project responsibilities. This may mean that their personal transaction limit for specific projects is different from that conferred to them for routine revenue and capital expenditure.</p>
<p>Approval of Project Initiation Document</p>	<ul style="list-style-type: none"> • Appointed Project Sponsor

3. Approval of Items to be included in the NHS Lothian Capital Programme – Use of Frameworks such as Frameworks Scotland 2 or HUB	
	The Project Director should prepare the PID for approval by the Project Sponsor, and this should identify the resources available to the Project Director.
Awarding of Professional Services Contracts (PSCs)	<ul style="list-style-type: none"> ➤ Director of Capital Planning & Projects ➤ Director of Operations (Estates & Facilities) (for projects with a capital value up to £500k) ➤ Project Director (for contracts specific to their project)
Approval of the financial envelope within which the target price is to be agreed.	<p>Please refer to Section 2 of this Scheme of Delegation.</p> <p>The estimated financial value should be included in the Initial Agreement documentation, and presented to the approving group (s) as stipulated in Section 2.</p>
Selection and appointment of Principal Supply Chain Partners (PSCP)	<ul style="list-style-type: none"> • Appointed Project Sponsor <p>The costs associated with this appointment must be within the previously agreed financial envelope.</p>
Negotiation with the PSCP to set the target price, with respect to the factors of time, quality and resources.	<ul style="list-style-type: none"> ➤ Director of Capital Planning & Projects ➤ Director of Facilities (for projects with a capital value up to £500k) ➤ Project Director (for contracts specific to their project) <p>The above officers have delegated authority to negotiate details which satisfy the previously agreed financial envelope and timescale for the project.</p>
Approval of the Target Price	<p>This depends on the scale of the project. Please refer to Section 2 of this Scheme of Delegation. It is expected that the target price should be incorporated within the Final Business Case.</p> <p>This should minimise risk exposure, as a more accurate target price will be based upon a substantially completed design. (Ref: Frameworks Scotland – The Guide, Issue 1.0, December 2008).</p> <p>Following approval of the target price, the approving body shall specify what officer will implement its decisions, e.g., signing the Framework contract with the agreed details identified.</p>

3. Approval of Items to be included in the NHS Lothian Capital Programme – Use of Frameworks such as Frameworks Scotland 2 or HUB	
Approval of project variations (time, quality and resources) within the agreed target price.	<ul style="list-style-type: none"> • Project Director or Capital Project Manager named in the Contract.
Approval of Changes to the Target Price	<p>Approval to change the target price can only be given by the body that has final authority to agree the target price for that project. Please refer to Section 2 of this Scheme of Delegation.</p> <p>Following approval of the proposed change, the approving body shall specify what officer will implement its decisions, e.g. agreeing the changes with the contractor, signing the Framework contract with the agreed details identified.</p>

4. Requirements for Market Testing and Tendering (Capital and Revenue)	
What does this section cover?	<ul style="list-style-type: none"> The Board procures goods and services which are funded by capital and revenue budgets, and aims to secure Best Value whilst doing so. A key part of this is having a fair and transparent approach to the selection of the providers of goods and services. The Board shall observe the Key Procurement Principles as set out in CEL (05) 2012. If a supply is already covered by an existing contract as a result of a previous and current procurement process (e.g. Frameworks Scotland 2, NHS National Procurement), then the Board does not need to conduct any market testing. (See Section 7 of the Standing Financial Instructions). <u>For all other expenditure, tendering or other market testing (where appropriate) must be conducted in accordance with the provisions below.</u> The Director of Finance has delegated authority to waive the tendering requirements for the supply of goods and services over £49,999 in certain circumstances. Section 7 of the Standing Financial Instructions sets out these circumstances and the process of approval. Managers should contact the Procurement department in the first instance. For all supplies under £25,000, in the event that it is not possible to satisfy the requirements expressed below (e.g. it is not possible to get two quotations), the Procurement function may waive the requirements. The lead senior officer (procurement) shall establish procedures to be followed by the Procurement function in these cases, with due regard the circumstances used for the waiver of competitive tendering (as described in the Standing Financial Instructions).
Supply of goods and services over £49,999	This supply falls into the scope of the Public Contracts (Scotland) Regulations 2015 (and any subsequent amendments) and the Procurement (Reform) (Scotland) Act 2014 and will require to be managed in accordance with these legal requirements. Managers should contact the Procurement function for advice as to how to proceed.
Supply of goods and services over £25,000 and up to £49,999	Please contact the Procurement function which shall determine the most appropriate procurement process for the supply.
Supply of goods and services from over £10,000 and up to £25,000	Competitive quotation - At least 2 written quotations should be considered.
Supply of goods and services from £2,501 - £10,000	One written quotation should be considered.
Supply of goods and services up to £2,500	There is no requirement for a quotation.

5. Award of Capital Tenders	
Overview of process	
<ul style="list-style-type: none"> • This section applies where the Board has undertaken a tendering exercise for the procurement of goods or services, which will be funded from the capital programme. <u>It therefore does not relate to schemes covered by an established procurement framework (as described in Section 3), or revenue expenditure.</u> • <u>The following groups / individuals can award tenders up to the values stated below, provided that the value of the preferred bid is within the approved budget for the scheme).</u> • If the best tender is above the approved budget for the scheme in the Board's capital programme, then the tender cannot be awarded. In these circumstances the designated budget holder must apply to the relevant approval body (See Section 2) for an increase to the scheme's budget to cover the cost. • Following the decision to award a capital tender, please refer to Section 17 to determine which officers can sign the associated documentation required to form a contract. 	
Any tender award of a value from £1m	Two executive board members must approve the award.
Any tender award of a value under £1m	<p>The relevant lead for the service or function to which the project relates, from the following list;</p> <ul style="list-style-type: none"> ➤ Chief Executive ➤ Chief Officer (University Hospitals & Support Services) ➤ Director of Finance; Medical Director ➤ Director of Public Health & Health Policy ➤ Executive Director for Nursing, Midwifery, & AHPs ➤ Director of Human Resources & Organisational Development ➤ Director of Health and Social Care – Edinburgh ➤ Director of Health and Social Care – West Lothian ➤ Director of Health and Social Care – East Lothian ➤ Director of Health and Social Care – Midlothian ➤ Director of Capital Planning & Projects ➤ Deputy Director of Finance <p>For tender awards up to £500,000, in addition to the posts above, the relevant budget holder for the service to which the project relates, from the following list:-</p> <ul style="list-style-type: none"> ➤ Director of Operations (Estates & Facilities)

5. Award of Capital Tenders

- Director of eHealth
- Hospital Site Director
- Service Director (Diagnostics, Theatres, Anaesthetics & Critical Care)
- Service Director (Women & Children's Services)
- Service Director (Outpatients & Associated Services)
- Nurse Director (Acute & Support Services)
- Director of Allied Health Professionals
- Medical Director (Acute)
- Head of Older People and Access & Chief Nurse (East Lothian)
- Head of Children's Wellbeing Services (East Lothian)
- Locality Manager (Edinburgh)
- Chief Strategy & Performance Officer (Edinburgh)
- Hospital and Hosted Services Manager (Edinburgh)
- Chief Nurse (Edinburgh)
- Head of Primary Care and Older People (Midlothian)
- Head of Adults (Midlothian)
- Head of Health (West Lothian).

6. Revenue Expenditure - Contracts and Service Agreements for Healthcare Services and other specified services

Overview of process

What does this section cover?

Income

- Contracts for Research and Development income and expenditure.
- Income from other bodies for the provision of services by the Board.
- National Services Division Contracts
- Other specified contracts and service agreements

Expenditure

- Expenditure on NHS contracts and NHS service agreements, unscheduled activity with other NHS bodies.
- Purchase of healthcare from non NHS organisations, e.g. private sector, voluntary organisations.
- Resource transfer.
- Other specified contracts and service agreements

All agreements entered into must be within approved budgets.

Furthermore all agreements should be subject to competitive evaluation to determine if Best Value is being delivered, and to observe the Standing Financial Instructions. It is possible that strategic partnerships (e.g. with Universities) may facilitate agreements that deliver Best Value within an agreed quality and resource framework. However in all cases, the requirements of **Section 4** of this Scheme of Delegation apply. All expenditure should be directed through the Board's ordering systems as described in **Section 8**.

6. Revenue Expenditure - Contracts and Service Agreements for Healthcare Services and other specified services
Contracts and Agreements for Healthcare Services
Any amount over £1.5m per annum
Three executive Board members
£0.5m to £1.5m per annum
Any two from the following list (one of whom should be the budget holder); <ul style="list-style-type: none"> ➤ Chief Executive ➤ Chief Officer (University Hospitals & Support Services) ➤ Director of Finance ➤ Medical Director ➤ Director of Public Health & Health Policy ➤ Executive Director for Nursing, Midwifery, & Allied Health Professionals ➤ Director of Human Resources & Organisational Development ➤ Deputy Director of Finance.
Up to £0.5m per annum
<ul style="list-style-type: none"> ➤ Associate Medical Director- Research & Development ➤ Director of eHealth ➤ Director of Health and Social Care – Edinburgh ➤ Director of Health and Social Care – West Lothian ➤ Director of Health and Social Care – East Lothian ➤ Director of Health and Social Care – Midlothian ➤ Director of Operations (Estates & Facilities) ➤ Director of Operations (Royal Edinburgh Hospital & Associated Services) ➤ Director of eHealth ➤ Hospital Site Director ➤ Service Director (Diagnostics, Theatres, Anaesthetics & Critical Care) ➤ Service Director (Women & Children’s Services) ➤ Service Director (Outpatients & Associated Services) ➤ Nurse Director (Acute & Support Services) ➤ Director of Allied Health Professionals ➤ Medical Director (Acute) ➤ Head of Older People and Access & Chief Nurse (East Lothian)

**6. Revenue Expenditure - Contracts and Service Agreements for Healthcare Services
and other specified services**

Contracts and Agreements for Healthcare Services

- Head of Children's Wellbeing Services (East Lothian)
- Locality Manager (Edinburgh)
- Chief Strategy & Performance Officer (Edinburgh)
- Hospital and Hosted Services Manager (Edinburgh)
- Chief Nurse (Edinburgh)
- Head of Primary Care and Older People (Midlothian)
- Head of Adults (Midlothian)
- Head of Health (West Lothian)

6. Revenue Expenditure - Contracts and Service Agreements for Healthcare Services and other specified services
Occupational Health & Safety / Library Services / Regional NHS Education for Scotland Initiatives
<p><u>Any amount over £250k per annum</u></p> <ul style="list-style-type: none"> • Three executive board members <p><u>£150k to £250k per annum</u></p> <ul style="list-style-type: none"> • Director of Human Resources & Organisational Development <p><u>Up to £150k per annum</u></p> <ul style="list-style-type: none"> • Director of Occupational Health & Safety (for occupational health & safety) • Head of Education and Employee Development (for library services and regional NHS Education for Scotland initiatives)
Maintenance Contracts / Utilities
<p>Any maintenance / utilities expenditure that is required to be directed through National Procurement must be contracted through that route. For expenditure out of the scope of National Procurement, the following officers have delegated authority to agree contracts and service agreements. This section does not relate to maintenance contracts for medical equipment. Those types of contracts should be considered as part of the procurement process for the equipment itself, and the expenditure subject to Section 8 – “Revenue Expenditure – General Arrangements</p> <p><u>Any amount over £250k per annum</u></p> <ul style="list-style-type: none"> • Three executive Board members <p><u>£150k to £250k per annum</u></p> <ul style="list-style-type: none"> • Executive Director for Nursing, Midwifery, & Allied Health Professionals (for eHealth) <p><u>Up to £150k per annum</u></p> <ul style="list-style-type: none"> ➤ Director of Capital Planning & Projects ➤ Director of Operations (Estates & Facilities) ➤ Associate Director of Operations (Estates & Facilities) ➤ Director of EHealth
Any Other Income Contract or Agreement not covered by the above
The value of the contract or agreement is over £250k per annum
Three executive Board members
The value of the contract or agreement (per annum) is over £150k and up to £250k
<p>Two people have to approve the transaction, one of whom should be the budget holder.</p> <ul style="list-style-type: none"> ➤ Any executive Board member PLUS ➤ Another individual who has been given delegated authority to approve revenue expenditure up to £250,000. This person may be a Category A approver, or someone to whom a Category A approver has (though the authorised signatory process) delegated authority to approve expenditure up to £250,000.
The value of the contract or agreement is up to £150k per annum
Please refer to the list of Category A approvers.

6. Revenue Expenditure - Contracts and Service Agreements for Healthcare Services and other specified services

Management Consultants

Section 9 of this Scheme of Delegation sets out in detail the process that is to be followed when management are considering the use of management consultants. This highlights that either the Chief Executive or the Director of Finance must approve a “pre-engagement review form” before going to market.

7. Capital Expenditure – Delegation of Authority and Approval of Expenditure

- This section is concerned with expenditure arising from schemes approved as part of the Board's capital plan (**See Sections 2-5**).
- Capital schemes or projects can be made up of several smaller pieces of work. The approval process (**Sections 2-3**) will identify and approve a Budget Holder for each piece of work, and the finance directorate will assign a unique code to it. The designated budget holder is the authorised signatory for the code, and the approving body (**Section 2**) will determine his or her delegated authority to approve expenditure for that code only. **As with all budgets this delegated authority can only be exercise when there is an available budget in the code, and the budget holder is responsible for monitoring this.** The delegated authority will end once the associated piece of work has been completed.
- The individual's established delegated authority for his or her revenue budget (**Section 8**) has no bearing or relevance to the delegated authority for a code that is used for a capital scheme or project. **If any transaction is over £250,000 it will require two individuals each with a personal delegated authority of £250,000 (for the capital code) to approve the transaction.**
- The budget holder may delegate authority to others to approve expenditure against the code. Nevertheless the budget holder will remain personally accountable for all financial transactions for the code, and the actions of the individuals to whom they delegate financial authority to.
- There may be items of expenditure that are chargeable to the code that require to be recognised as revenue expenditure. This will be identified at the planning stage (**Section 2**), and the finance directorate shall establish a system to ensure that capital and revenue elements are distinctly accounted for.
- All expenditure must be processed on official orders through the approved procurement channels. The total value of an order should be recognised when determining who the appropriate signatory is for the order.
- Officers must establish systems to ensure that all ordered goods & services or works completed have in fact been received before "receipting" the supply in the ordering system. For this purpose, the value of a particular invoice is not relevant to the application of this section: the officer is confirming receipt of a supply, rather than approving the expenditure. The officer confirming receipt must be different from the officer who approved the order.
- In the event of an invoice being received, and there is not an authorised and receipted order available, the invoice becomes the prime document for the approval of expenditure and the value of the invoice. The application of this Section will determine who the signatory must be. The absence of an approved order constitutes a breach of the Standing Financial Instructions.

8. Revenue Expenditure – General Arrangements

General Provisions for the delegation of authority and approval of expenditure

- All budget holders are required to formally agree their annual budgets with their line manager, and are accountable for their budgetary performance. It is essential that expenditure levels do not exceed the agreed delegated budget.
- All expenditure must be processed on official orders through the approved procurement channels for that type of expenditure. **The necessary approvals must be given before placing the order.**
- All items procured should be in accordance with any contracts or agreements previously established as a result of the required market testing as described at **Section 4**. All procurement activity should be in accordance with the Standing Financial Instructions, and administered through the systems that the Board establishes for that purpose.
- Where a contract for general supply to the organisation is in place, the total amount for a period of supply should be identified (if fixed amount) or reasonably estimated, and an appropriately authorised order should be raised on the system for that supply.
- Officers must establish systems to ensure that all goods & services ordered have been received prior to “receipting” the supply in the ordering system being used. For this purpose, the value of a particular invoice is not relevant to the application of this section: the officer is confirming receipt of a supply, rather than approving the expenditure. The officer confirming receipt must be different from the officer who approved the order.
- This section sets out the required authority levels for general ordering of goods and services. **However employees should refer to Sections 6 and 10-14 for the specific requirements for certain types of revenue expenditure.**

8. Revenue Expenditure – General Arrangements	
Any item over £2m	Three executive Board members
Any item over £250,000 but under £2m	<p>Two people have to approve the transaction, one of whom should be the budget holder.</p> <ul style="list-style-type: none"> ➤ Any executive Board member PLUS ➤ Another individual who has been given delegated authority to approve revenue expenditure up to £250,000. This person may be a Category A approver, or someone to whom a Category A approver has (though the authorised signatory process) delegated authority to approve expenditure up to £250,000.
Officers with a delegated authority up to £250,000	<ul style="list-style-type: none"> ➤ Any Category A approver. ➤ Director of Operations (Royal Edinburgh Hospital & Associated Services)
Officers with a delegated authority up to £150,000	<ul style="list-style-type: none"> ➤ Director of Capital Planning & Projects ➤ Associate Director of Operations (Estates & Facilities) ➤ Deputy Director of Finance
Officers with a delegated authority up to £100,000	<ul style="list-style-type: none"> ➤ Director of Pharmacy ➤ Chief Quality Officer ➤ Deputy Director (Corporate Nursing) ➤ Consultant in Public Health (finance lead) ➤ Associate Director of Strategic Planning
Officers with a delegated authority up to £75,000	<ul style="list-style-type: none"> ➤ General Manager (Medicine - WGH) ➤ General Manager (Surgery – WGH) ➤ Associate Nurse Director (WGH) ➤ General Manager (Medicine – RIE/ Liberton) ➤ General Manager (Surgery – RIE/ Liberton) ➤ Associate Nurse Director (RIE/ Liberton) ➤ Operational Manager (RIE/Liberton) ➤ General Manager (St John’s) ➤ Associate Nurse Director (St John’s)

8. Revenue Expenditure – General Arrangements	
Officers with a delegated authority up to £50,000	<ul style="list-style-type: none"> ➤ Site Chief Pharmacist ➤ Associate Director of Human Resources ➤ Health Promotion Manager ➤ Smoking Cessation Manager ➤ Research & Development Director
Officers with a delegated authority up to £20,000	<ul style="list-style-type: none"> ➤ General Manager (Primary Care Contracting Organisation) ➤ Associate Medical Director ➤ Clinical Director ➤ Clinical Service Manager ➤ Clinical Nurse Manager ➤ Chief Midwife ➤ Chief Professional ➤ Head of Communications and Public Affairs ➤ Director of Laboratory Medicine

9. Revenue – Use of Management Consultants	
What does this section cover?	<ul style="list-style-type: none"> • This section has been prepared to support the application of Section 7 of the Standing Financial Instructions (Non Pay Expenditure) for the subject of management consultancy. • This section sets out the process and the key controls to be followed with respect to the engagement of management consultants. <p>All expenditure should be directed through the Board’s ordering systems as described in Section 8.</p>
Key Definitions	<p>MANAGEMENT CONSULTANTS Management Consultants have two characteristics:</p> <ol style="list-style-type: none"> 1. They are engaged to work on specific projects that are regarded as outside the usual business of the Lothian NHS Board and there is an identified end-point of their involvement. 2. The responsibility for the final outcome of the project largely rests with Lothian NHS Board. <p>PROFESSIONAL ADVISORS Professional Advisors have two characteristics:</p> <ol style="list-style-type: none"> 1. They are engaged on work that is an extended arm of the work done in-house. 2. They provide an independent check. <p>An example of professional advice is the engagement of VAT advisors on the accounting treatment of VAT in relation to the Board’s activities.</p> <p>Professional Advisors are commonly engaged in major capital projects, e.g. architects, quantity surveyors, structural engineers.</p> <p>For the purposes of applying this section of the Scheme of Delegation, professional advisors are not management consultants, and this section does not apply to professional advisors.</p>

9. Revenue – Use of Management Consultants (continued)	
Step 1 – Clearly define what the assignment is.	<p>This is a task for the Project Lead – the manager who has identified a potential need to engage management consultants.</p> <p>The scope and objectives of the assignment should be clearly defined – what is the problem that is to be solved? What is the scale of the activity, what departments/ services are involved?</p>
Step 2 – Assess whether internal resources (the Board’s own employees or suppliers within the scope of what they are already contracted to do) can perform the task.	<p>The potential assignment should be critically reviewed, and broken down into its constituent parts. If some or all of the work is within the responsibilities of employees or contractors, then normally it should be done by them. Management consultants should only be engaged if the assignment is beyond the capacity and/or capability of internal resources to complete the assignment within the required timeframe.</p> <p>The Project Lead should reduce the costs and risks associated with engaging management consultants by ensuring that any elements of the assignment that can be done in-house to the required quality are completed in-house. This should include considering redeploying or seconding employees to do the work.</p> <p>On the occasions where it is decided that the assignment cannot be delivered by internal resources, go to Step 3.</p> <p>The Project Lead should prompt a review of how capacity and capability can be put in place for future assignments.</p>
Step 3 – Contact Procurement and document your requirements.	<ol style="list-style-type: none"> 1. The Project Lead must contact the Procurement Department and ask for a “Pre-engagement Review Form. The Form must be completed with the details of Steps 1 & 2. 2. The Form must identify the benefits to the Board (in terms of outcomes criteria) from the assignment, and how management will use the outputs of the assignment. Procurement will use these criteria in the tender documentation, and they will be used to support monitoring of progress and post-completion evaluation. 3. The Form must set out the minimum qualifying criteria for a bidder. This will be used by the Procurement function to advertise the assignment and short-list bids. 4. The Form must include an estimate of the anticipated cost of the consultancy and identify the budget to cover the costs. 5. The Form must be approved by one of the following officers before being returned to Procurement – Chief Executive; Director of Finance. (The approving officer and the Project Lead should be different people). Procurement will not proceed unless this authorisation is in place.

9. Revenue – Use of Management Consultants (continued)

Step 4 – Going to Market	<ul style="list-style-type: none"> • The Procurement function will prepare and issue tender invitations to the market, based on the instructions given on the approved form. • The Procurement will follow the requirements of Section 7 of the Board’s Standing Financial Instructions with regard to tendering and contracting. In the event that it is decided that tendering processes are not appropriate, the requirements of the Board’s Standing Financial Instructions must be followed. The Director of Finance must approve the decision to waive the tender process, and this must be formally documented. The Head of Procurement must place this in the Waiver of Tender Register. • Assignments will be offered to the market as distinct items, i.e. a contractor will not be automatically given a follow-on assignment associated with another tendered assignment. However the Board may enter into a call-off framework contract with a number of consultancies in the interests of efficient procurement. • The Procurement Department will maintain a register of all call-off contracts. The Procurement Department will perform and document systematic reviews of relationships with management consultants, to ensure that they are not self-perpetuating. • The Procurement Department will use standard documentation to record the process of evaluation of bids and the award of contract. This will include a record of whether: <ul style="list-style-type: none"> ➤ The Consultants are capable of performing the assignment. ➤ The assignment will deliver Best Value. ➤ The award of the contract is compliant with the Board’s Standing Financial Instructions. <p>The Procurement Department will hold this record in a register.</p> <ul style="list-style-type: none"> • All assignments must have a defined contract duration, with a specified contract delivery or financial cap. The Procurement department will use a standard formal contract for all assignments. The contract will explicitly cover the payment of expenses and place a limit on the amount payable.
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9. Revenue – Use of Management Consultants (continued)

Step 5 – Client Evaluation of the Performance of the Management Consultants at the conclusion of the assignment.

The Project Lead shall prepare an evaluation report on each assignment immediately following its completion. The Procurement department will provide a standard template for this purpose.

The report shall cover:

- Was the work completed on time?
- Were the costs contained within the contracted figure?
- Did the consultants carry out all their contractual obligations?
- Were the terms of reference discharged?
- How did the consultants key people perform?
- Were effective and realistic solutions proposed?
- Did the engagement represent Best Value?

The Project Lead must send this report to the officer who approved the assignment (See Step 3), and send a copy to Procurement. If the approving officer is satisfied, he or she must notify the Procurement department, to confirm that the order for services has been satisfactorily completed. The Procurement department can then “receipt” the order on the ordering system, and this will allow the invoice to be paid.

10. Revenue - Travel and Reimbursement of Expenses	
What does this section cover?	<p>The Finance Directorate provides services for all Travel and Accommodation that can be pre-booked. A dedicated Travel Team works directly with the Scottish Government National Procurement travel provider, through online facilities. The booking method ensures that NHS Lothian Standing Financial Instructions (SFIs) are complied with and the best secure price can be achieved.</p> <p>Employees can find further information on Travel, as well as making bookings for external courses and conferences on the intranet at: Corporate> A-Z>Finance Online > Ordering & Paying for Goods & Services including travel</p> <p>Employees can also find advice on the process for claiming expenses, including mileage and information on car leasing on the intranet at: Corporate>A-Z>Finance Online > Staff Pay and Expenses</p>
Approval of any amount for an event in or journey made within the UK	<ul style="list-style-type: none"> ➤ The relevant budget holder
Approval of any amount for an event in or journey made to an overseas destination	<ul style="list-style-type: none"> ➤ The relevant budget holder from the list of Category A approvers. ➤ Deputy Director of Finance

11. Revenue – Private Finance Initiative / Public Private Partnership Payments	
What does this section cover?	
This refers to the expenditure that arises from PFI/PPP contracts, following the completion of the build phase and during the operational phase.	
<u>Any contractual payments: – fixed and variable (e.g. patient meals).</u>	<p>Approval of the order – Budget holder for the contract (or his or her delegate).</p> <p>Confirmation of Receipt of goods or services – To be provided by the Director of Operations (Estates & Facilities) or Associate Director of Operations (Estates & Facilities) or their nominated officers.</p>
<u>Ad-hoc – minor works/ service changes</u>	<p>Approval of the order –The relevant budget holder must approve a minor works form.</p> <p>Confirmation of Receipt of goods or services – To be provided by the Director of Operations (Estates & Facilities) or Associate Director of Operations (Estates & Facilities) or their nominated officers.</p>
Additional Works	
These are likely to be of a value higher than £5,000 and shall be directed through the capital approval route (see Section 2).	

12. Revenue -Payroll	
What does this section cover?	This section describes the processes in place to delegate authority to compile and approve data that is required to make payments through the payroll system.
Payment of Hours through SSTS	
<p>SSTS is an electronic time and attendance system accessed through NHS Lothian's intranet, in which all attendance (absence and overtime) is recorded for staff with a NHS pay number in Lothian. Relevant absence data, e.g. sickness and overtime, is uploaded to SSPS (Payroll system) electronically prior to each weekly and monthly payroll run. It replaced the previous paper based system which involved off-duty sheets.</p> <p>Users are set up on SSTS with access rights appropriate to their role:</p> <ul style="list-style-type: none"> • Compiler – can enter data into the system • Approver – ability to approve the data for processing (and consequently the payment that it leads to) <p>The individuals selected to perform these roles will depend on the structure of the department concerned. The Pay Office shall only set up users on SSTS following receipt of an instruction from the person who has responsibility for the budget from the following list, and after confirming that the proposed user has been given the authority on the authorised signatory database:</p> <ul style="list-style-type: none"> ➤ Any post identified in Section 8 of this Scheme of Delegation. 	
Other Payments that cannot be processed via SSTS, e.g. allowance codes, waiting time initiatives payments per consultant contract	
<p>Payroll Administration and Information Services has issued a form that must be used in these circumstances, and this is available on Finance Online.</p> <p>The individual giving the final approval to make these payments must be the relevant person from the above list for the budget concerned. The Pay Office will check the authorised signatory database to confirm the person can approve the payments.</p> <p>Additionally the relevant Associate Medical Director must approve waiting time initiative payments (as defined in the Consultant Contract) to medical staff.</p>	

13. Revenue- Virement	
What does this section cover?	<p>The process of virement is defined as follows: “The agreed transfer of money from one budget heading to another within a financial year. The budget headings can be under the control of one manager, or alternatively under the control of several managers.”</p> <p>The Standing Financial Instructions state: “5.17 The Chief Executive may agree a virement procedure that would allow budget holders to transfer resources from one budget heading to another.</p> <p>5.18 If the budget holder does not require the full amount of the budget delegated to him for the stated purpose (s), and virement is not exercised, then the amount not required shall revert back to the Chief Executive.”</p> <p>The following officers are permitted to approve virement transactions for their budgets.</p>
Any Amount	<ul style="list-style-type: none"> ➤ Please refer to the list of Category A approvers. ➤ Deputy Director of Finance.
Up to £100,000	<ul style="list-style-type: none"> ➤ Director of Capital Planning & Projects ➤ Associate Director of Operations (Estates & Facilities) ➤ Director of Pharmacy ➤ General Manager (Medicine - WGH) ➤ General Manager (Surgery – WGH) ➤ Associate Nurse Director (WGH) ➤ General Manager (Medicine – RIE/ Liberton) ➤ General Manager (Surgery – RIE/ Liberton) ➤ Associate Nurse Director (RIE/ Liberton) ➤ Operational Manager (RIE/Liberton) ➤ General Manager (St John’s) ➤ Associate Nurse Director (St John’s) ➤ Director of Operations (Royal Edinburgh Hospital & Associated Services) ➤ Site Chief Pharmacist

13. Revenue- Virement	
Up to £20,000	<ul style="list-style-type: none">➤ General Manager (Primary Care Contracting Organisation);➤ Associate Medical Director;➤ Clinical Director;➤ Clinical Service Manager;➤ Clinical Nurse Manager;➤ Chief Midwife;➤ Chief Professional;➤ Head of Communications and Public Affairs➤ Director of Laboratory Medicine;➤ Operational Manager (RIE/ Liberton)➤ Deputy Director of Public Health;➤ Associate Director of Human Resources.

14. Revenue- Losses and Special Payments															
What does this section cover?	<p>This section relates to the approval of losses and special payments as defined by CEL (2008) 44.</p> <p>The Director of Finance must periodically report all losses (of whatever class) to the Lothian NHS Board Audit & Risk Committee.</p> <p>For proposed losses to be written off and proposed special payments that are above these delegated limits, management must refer these items to the Audit & Risk Committee before seeking authorisation from the Scottish Government Health Directorate.</p>														
Theft / Arson/ Wilful Damage	<p>The Director of Finance or the Deputy Director of Finance or the Head of Management Accounting can approve the write-off of losses up to the following amounts:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding-left: 20px;">1. Cash</td> <td style="text-align: right;">£20,000</td> </tr> <tr> <td style="padding-left: 20px;">2. Stores/ Procurement</td> <td style="text-align: right;">£40,000</td> </tr> <tr> <td style="padding-left: 20px;">3. Equipment</td> <td style="text-align: right;">£20,000</td> </tr> <tr> <td style="padding-left: 20px;">4. Contracts</td> <td style="text-align: right;">£20,000</td> </tr> <tr> <td style="padding-left: 20px;">5. Payroll</td> <td style="text-align: right;">£20,000</td> </tr> <tr> <td style="padding-left: 20px;">6. Buildings/ Fixtures</td> <td style="text-align: right;">£40,000</td> </tr> <tr> <td style="padding-left: 20px;">7. Other</td> <td style="text-align: right;">£20,000</td> </tr> </table>	1. Cash	£20,000	2. Stores/ Procurement	£40,000	3. Equipment	£20,000	4. Contracts	£20,000	5. Payroll	£20,000	6. Buildings/ Fixtures	£40,000	7. Other	£20,000
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4. Contracts	£20,000														
5. Payroll	£20,000														
6. Buildings/ Fixtures	£40,000														
7. Other	£20,000														
Fraud, embezzlement & other irregularities (including attempted fraud)	<p>The Director of Finance or the Deputy Director of Finance or the Head of Management Accounting can approve the write-off of losses up to the following amounts:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding-left: 20px;">8. Cash</td> <td style="text-align: right;">£20,000</td> </tr> <tr> <td style="padding-left: 20px;">9. Stores/ Procurement</td> <td style="text-align: right;">£40,000</td> </tr> <tr> <td style="padding-left: 20px;">10. Equipment</td> <td style="text-align: right;">£20,000</td> </tr> <tr> <td style="padding-left: 20px;">11. Contracts</td> <td style="text-align: right;">£20,000</td> </tr> <tr> <td style="padding-left: 20px;">12. Payroll</td> <td style="text-align: right;">£20,000</td> </tr> <tr> <td style="padding-left: 20px;">13. Other</td> <td style="text-align: right;">£20,000</td> </tr> </table>	8. Cash	£20,000	9. Stores/ Procurement	£40,000	10. Equipment	£20,000	11. Contracts	£20,000	12. Payroll	£20,000	13. Other	£20,000		
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10. Equipment	£20,000														
11. Contracts	£20,000														
12. Payroll	£20,000														
13. Other	£20,000														
14. Nugatory and Fruitless Payments	<p>A "fruitless payment" is a payment for which liability ought not to have been incurred, or where the demand for the goods and service in question could have been cancelled in time to avoid liability.</p> <p>The Director of Finance or the Deputy Director of Finance or the Head of Management Accounting can approve the write-off of losses up to £20,000.</p>														
15. Claims Abandoned	<p>The Director of Finance or the Deputy Director of Finance or the Head of Management Accounting can approve the write-off of losses up to the following amounts:</p>														

14. Revenue- Losses and Special Payments	
	<p>a) Private Accommodation - £20,000 b) Road Traffic Acts - £40,000 c) Other - £20,000</p>
Stores Losses	<p>The Director of Finance or the Deputy Director of Finance or the Head of Management Accounting can approve the write-off of losses up to £40,000 in the following categories:</p> <p>16. Incidents of the Service – Fire, Flood, Accident</p> <p>17. Deterioration in Store.</p> <p>18. Stocktaking Discrepancies.</p> <p>19. Other causes.</p>
Losses of Furniture & Equipment and Bedding & Linen in Circulation	<p>The Director of Finance or the Deputy Director of Finance or the Head of Management Accounting can approve the write-off of losses up to £40,000 in the following categories:</p> <p>20. Incidents of the Service – Fire, Flood, Accident</p> <p>21. Stocktaking Discrepancies.</p> <p>22. Other causes.</p>
23. Compensation Payments – Legal Obligation - Clinical	<p>The SGHD <u>must</u> be notified <u>immediately</u> of all possible cases of compensation payments (made under legal obligation, for both clinical and non-clinical claims), irrespective of the limit of delegation. Please contact the Financial Controller for assistance if required. All compensation payments must be notified to the attention of an Executive Board member (see Section 7). The source of the claim (area of budgetary responsibility) will normally determine who the appropriate Board member should be.</p> <p>The following officers can approve payments up to £250,000:</p> <ul style="list-style-type: none"> • The relevant budget holder from the list of Category A approvers.
24. Compensation Payments – Legal Obligation – Non-Clinical	<p>The following officers can approve payments up to £100,000:</p> <ul style="list-style-type: none"> • The relevant budget holder from the list of Category A approvers.

14. Revenue- Losses and Special Payments	
EX-GRATIA PAYMENTS	<p>Ex gratia payments are payments which a health body is not obliged to make or for which there is no statutory cover or legal liability. All ex-gratia payments must be reviewed and counter-signed by either the Deputy Director of Finance, the Head of Financial Control, or the Financial Controller (Financial Accounts).</p> <p>For the following categories of payments, the relevant budget holder from the list of Category A approvers have delegated authority to approve such payments from their budgets.</p>
25. Extra Contractual Payments	<p>An extra contractual payment is one which, although not legally due under the original contract or subsequent amendments, appears to be an obligation which the Courts might uphold. Such an obligation will usually be attributable to action or inaction by a health body in relation to the contract. A payment may be regarded as extra contractual even where there is doubt whether or not the health body is liable to make it, e.g. where the contract provided for arbitration but a settlement is reached without recourse to arbitration. A payment made as a result of an arbitration award is contractual.</p> <p><u>An ex gratia payment to a contractor</u> is one not legally due under the contract or otherwise, and usually represents compensation on grounds of hardship. Any such payment would have to be fully justified on value for money grounds. The aggregate of payments from whatever cause under a single contract governs the need for prior reference to the Scottish Government. If the Board has any reason to suspect that the ultimate total will exceed its delegated powers it should consult the Scottish Government.</p> <p>The delegated limit for this category is £20,000.</p>
26. Compensation Payments – Ex Gratia – Clinical	The delegated limit for this category is £250,000 .
27. Compensation Payments – Ex Gratia – Non-Clinical	The delegated limit for this category is £100,000 .
28. Compensation Payments – Ex Gratia – Financial Loss	The delegated limit for this category is £25,000 .
29. Compensation Payments – Ex Gratia – Other Payments	<p>The delegated limit for this category is £2,500.</p> <p>In addition to the signatories above, the General Manager (Primary Care Contracts) has delegated authority to make these payments in this category for the Primary Care Contracting Organisation.</p>

14. Revenue- Losses and Special Payments	
30. Damage to Buildings and Fixtures – Incidents of the Service – Fire, Flood, Accident, Other Causes	The Director of Finance or the Deputy Director of Finance or the Head of Management Accounting can approve the write-off of losses up to £40,000.
31. Extra-Statutory & Extra-regulatory payments	<p>These are payments considered to be within the broad intention of a statute or statutory regulation but which go beyond a strict interpretation of its terms. In some cases where health bodies have followed departmental guidance, the SGHD will advise the health bodies to classify the payments as extra statutory. In all other cases where health bodies would be acting, or believe they may have acted, beyond the strict interpretation of statute or statutory regulation they must inform the SGHD who will advise them whether the payments may be treated as extra statutory or that the payments are beyond their powers (ultra vires).</p> <p><u>Extra statutory or extra regulatory payments must not be classified as ex gratia.</u></p> <p>The Board has no delegated authority to approve these payments.</p>
32. Gifts in cash or kind	The Director of Finance or the Deputy Director of Finance or the Head of Management Accounting can approve payments up to £20,000.
33. Other losses	<p>These are losses that do not fall within the definitions of theft, arson, wilful damage, fraud, embezzlement and attempted fraud (loss categories 1-13 above) and would have fallen within the previously available categories of “Cash Losses – overpayment of salaries, wages and allowances” and “Cash Losses –other”.</p> <p>The Director of Finance or the Deputy Director of Finance or the Head of Management Accounting can approve payments up to £20,000.</p>

15. Asset Transactions	
What does this section cover?	This section relates to miscellaneous asset transactions.
Disposal of fixed assets (other than land and buildings)	All transactions to be referred to the Director of Finance. The Director of Finance shall establish a procedure to approve these disposals and this may include delegating the approval of some disposals to other officers.
Land & Property and Equipment Leases	<p>For land, property and equipment leases the Present Value of the minimum payments required under the lease contract will determine the appropriate level of authority and signatory. Such payments will include any incidental fees, commissions, documentation or registration costs, or lease premiums as well as normal annual rentals payable over that minimum period.</p> <p>In such circumstances the Director of Operations (Estates & Facilities), Associate Director of Operations (Estates Facilities) or other managers will need to seek such appropriate financial advice as required on whether any lease agreement will require approval from the capital budget. The financial advice will consider the minimum period of the lease against the overall life of the asset (as determined by its depreciation period) and whether the minimum payments required over the lease represents substantially all of the equivalent normal capital cost of the asset being procured. Any lease or rental agreement where the total minimum payment over the lease period is less than £5,000 should be considered as revenue expenditure. For "grouped assets" (as defined by the Capital Asset Manual) where the total minimum payments over the lease period is less than £10,000, such agreements should also be treated as revenue expenditure.</p> <p>All leases should be reviewed to give assurance that the terms and conditions of the lease are satisfactory, and where applicable is in accordance with the Board's estates strategies and plans, and that the NHS Scotland Property Transactions Handbook has been followed.</p> <p>The value of the lifetime cost of the lease should be quantified, the signatory will be:</p> <p><u>Land & Property Leases:</u> Chief Executive or Director of Finance</p> <p><u>Equipment Leases</u></p> <ul style="list-style-type: none"> • The relevant budget holder from the list of Category A approvers. • Deputy Director of Finance.
Notification and Certification of Property Transactions (per Property Transactions Handbook)	Chief Executive

16. Financial Services	
What does this section cover?	This section relates to financial functions and controls administered by Financial Services.
Statutory deductions from payroll i.e. PAYE, superannuation, national insurance deductions, and arretments. Voluntary deductions from payroll e.g. GAYE, trade union fees.	One of the following officers: Deputy Director of Finance; Head of Financial Control; Financial Controller (Financial Accounting)
Establishment of a cash float (any amount)	The Head of Financial Control or the Financial Controller (Financial Accounting) must grant approval of the establishment of a cash float.
Cheque Signatories - General	All designated cheque signatories must be included in the bank mandate. Only the Deputy Director of Finance (or the Director of Finance) PLUS one other Level 1 or Level 2 signatory may approve changes to the designated cheque signatories, and sign the letter to the bank to instruct it to alter the bank mandate. The required signatories depends on the value of the payment, as follows: > £100,000 – One Level 1 signatory plus any other signatory. £25,001 - £100,000 – One Level 1 or Level 2 signatory plus any other signatory. £2,000 - £25,000 – Any two signatories. < £2,000 – Any one signatory.
Cheque Signatories – Level 1	<ul style="list-style-type: none"> ➤ Director of Finance ➤ Deputy Director of Finance ➤ Chief Officer (University Hospitals & Support Services) ➤ Medical Director ➤ Executive Director for Nursing, Midwifery, & Allied Health Professionals ➤ Director of Public Health & Health Policy <p>For cheques to the Central Legal Office only:</p> <ul style="list-style-type: none"> ➤ Head of Financial Control ➤ Head of Finance - PCCO

16. Financial Services	
Cheque Signatories – Level 2	<ul style="list-style-type: none"> ➤ Head of Management Accounting ➤ Head of Financial Control; Head of Finance (PCCO) ➤ Financial Controller (Financial Accounting) ➤ Financial Controller (Corporate Reporting)
Cheque Signatories – Level 3	<ul style="list-style-type: none"> ➤ Any Business Partner ➤ Financial Controller (Accounts Payable) ➤ Financial Accountant
Electronic Banking – General Provision	<p>On each occasion that a profile is to be allocated to an officer (per the 3 sections below), that allocation shall be recorded in an internal mandate. The Deputy Director of Finance (or the Director of Finance) PLUS one other Level 1 or Level 2 signatory must approve the mandate.</p> <p>The Financial Controller (Financial Accounting) shall maintain a complete record of these mandates.</p>
Electronic Banking – Bankline	<p>The system profiles are granted to each of the following officers: Read only – Treasury Assistant</p> <p>Preparer – Treasury Team Leader; Senior Treasury Assistant</p> <p>Authoriser – Head of Financial Control; Head of Finance (PCCO); Financial Controller (Financial Accounting); Financial Controller (Accounts Payable); Financial Accountant; Financial Controller (Corporate Reporting).</p> <p>Administrator - Head of Financial Control; Financial Controller (Financial Accounting); Financial Controller (Corporate Reporting); Treasury Team Leader. N.B. There is a systematic control that requires the approval of two administrators to authorise any administrative changes to the system.</p>
Electronic Banking – Government Banking Service	<p>The system profiles are granted to each of the following officers: Read only – Treasury Assistant</p> <p>Preparer – Treasury Team Leader; Senior Treasury Assistant</p> <p>Authoriser –Head of Financial Control; Head of Finance (PCCO); Financial Controller (Financial Accounting); Financial Controller (Accounts Payable); Financial Accountant; Financial Controller (Corporate Reporting).</p> <p>N.B. HM Treasury administer this system.</p>

16. Financial Services	
Electronic Banking – BACS	<p>The system profiles are granted to each of the following officers:</p> <p>Preparer –Senior Treasury Assistant; Treasury Assistant.</p> <p>Authoriser –Head of Financial Control; Head of Finance (PCCO); Financial Controller (Financial Accounting); Financial Controller (Accounts Payable); Financial Accountant; Treasury Team Leader; Financial Controller (Corporate Reporting)</p> <p>Administrator - Head of Financial Control; Financial Controller (Financial Accounting); Financial Controller (Corporate Reporting) N.B. An administrator may grant the “Preparer” profile to another officer, in the event of a vacancy or absence of both a Senior Treasury Assistant and a Treasury Assistant. This will only be a temporary measure to support business continuity.</p>

17. Signing of Contractual Documentation	
What does this section cover?	The following individuals may sign contractual documentation on behalf of the Board, provided the decision to enter that contract has been made after following applicable due process.
Land and Property Transactions	<p>The power to purchase or dispose of land (and associated property) is reserved to the Scottish Ministers (per Section 79 of the National Health Service (Scotland) Act 1978. Officers shall follow the requirements of Section 2 of this Scheme of Delegation, and the NHS Scotland Property Transactions Handbook when considering these matters.</p> <p>Once the above processes have concluded and the necessary approvals are in place, only the following individuals may execute legal instruments on behalf of the Scottish Ministers. These individuals must take particular care to ensure that all prior Scottish Government approval required by the Property Transactions is in place before they exercise this delegated authority:</p> <p><u>All Acquisitions</u></p> <ul style="list-style-type: none"> • Chief Executive • Director of Finance <p><u>Disposals where the subjects of sale or lease would not continue to be used for NHS purposes by another party</u></p> <ul style="list-style-type: none"> • Chief Executive • Director of Finance <p><u>Disposals where the subjects of sale or lease (such as health centres or partnership ventures) would continue to be used for NHS purposes by another party</u></p> <ul style="list-style-type: none"> • The execution of legal instruments is reserved to the Scottish Ministers
Completion of associated contract documentation to put in place contracts as a result of decisions relating to building or maintenance projects or any procurement contracts	<p>The following individuals can sign off contractual documentation on behalf of the Board. However before doing so, that person needs to be satisfied that due procurement process has been followed, and the terms of the contract are acceptable to the Board. The signatory may not have been directly involved in the procurement processes, however should receive a report from the officers involved giving a briefing on the procurement exercise, and assurance that due process has been followed.</p> <ul style="list-style-type: none"> ➤ The relevant budget holder from the list of Category A approvers. ➤ Deputy Director of Finance ➤ Director of Capital Planning & Projects ➤ Associate Director of Operations (Estates & Facilities) ➤ Associate Director of Procurement

FINANCIAL PERFORMANCE AND FORECAST OUTTURN 2016/17**1 Purpose of the Report**

- 1.1 The purpose of this report is to provide the Board with an overview of the financial position at period 7 and an update to the predicted year-end forecast based on the latest financial information.
- 1.2 Any member wishing additional information should contact the Executive Lead in advance of the meeting.

2 Recommendations

- 2.1 Accept the paper and:
- Receive feedback from the Finance and Resources Committee's consideration of the moderate assurance provided on the achievement of financial balance by the year-end;
 - The approach to supporting the delivery of breakeven across IJBs through the distribution of NHS Lothian's corporately held flexibility.

3 Discussion of Key Issues**Financial Position as at October 2016**

- 3.1 In period 7, NHS Lothian under spent by £1,728k, bringing the year to date position to £5,246k overspend against the Revenue Resource Limit.
- 3.2 Table 1 shows a summary of the monthly trend and year to date position. A detailed analysis by expenditure type and business unit is shown in Appendix 1 and by operational unit in Appendix 2.
- 3.3 Appendix 3 displays a summary of this financial position by Integrated Joint Board. This also shows the element of Acute Non Delegated functions and corporate elements, reconciling to the year to date variance.

Table 1: Financial Position to 31st October 2016

	Mth 1	Mth 2	Mth 3	Mth 4	Mth 5	Mth 6	Mth 7	YTD
	£000	£000	£000	£000	£000	£000	£000	£000
Pay	(1,511)	(1,184)	48	(765)	(7)	(629)	(255)	(4,303)
Non Pay	1,283	(736)	(1,194)	(247)	(391)	(153)	413	(1,024)
GP Prescribing	(284)	(387)	(505)	(1,743)	(1,188)	(1,357)	(291)	(5,756)
Income	369	42	414	352	(188)	143	94	1,226
Efficiency Savings (15/16 c/fwd)	(1,477)	(544)	(375)	(667)	(513)	(22)	694	(2,904)
	(1,620)	(2,809)	(1,612)	(3,070)	(2,287)	(2,018)	655	(12,761)
Reserves Flexibility	0	0	1,500	500	3,368	1,074	1,073	7,515
Total	(1,620)	(2,809)	(112)	(2,570)	1,081	(944)	1,728	(5,246)

- 3.4 The year-to-date financial position incorporates three elements of flexibility that have been phased into the overall position. The first relates to additional NRAC funding of £6m which continues to be phased in on a monthly basis. The second component relates to additional reserves flexibility identified at Quarter 1 of £6.9m, also phased monthly. These two sources combine to provide just over £1m of benefit to the monthly position. The third benefit arises as a result of a savings against depreciation funding as a result of lower capital spending. This source has been anticipated since the Quarter 1 review and is now phased into the position from this month, and provides a total of £667k of a benefit in the month. Without these three elements of flexibility, NHS Lothian would be broadly breakeven in the month of October.
- 3.5 Junior Medical costs continue to be a significant area of pressure for the organisation. Overall for NHS Lothian there is £741k adverse variance reported in month 7, taking the cumulative overspend in excess of £2.5m. A short life working group has been established and analysis underway to review all rotas and understand the key drivers of pressures. The aim of the group is to use this information to advise services on recovery plans to achieve long term sustainability of the junior doctor position. The working group will also agree a process for ongoing close monitoring and governance of this staff group, their costs and funding.
- 3.6 Primary Care Prescribing moved by £0.3m adverse in the month taking the year to date position to £5.6m overspend, reflecting the increased level of volumes beyond those planned for the year to date. In addition, higher than predicted prices in some partnerships has also impacted on the variance. The forecast outturn currently predicts an £8.2m overspend across the partnerships, although this continues to be closely monitored and updated for the latest information received. Financial Plans for next year will give due consideration to the forecast spend against Prescribing in 2017/18 and options to fund projections.
- 3.7 Assumptions around the delivery of efficiency savings between now and the end of the year remain a key risk for the organisation. The revised forecast shows that a breakeven outturn is contingent on the delivery of savings of £28.3m for the year, of which £9.85m has already been achieved. Delivery of recovery actions, including a number of local non-recurring solutions, over the remaining five months represents a material increase in achievement compared to the first 7 months. Table 2 breaks this down by Business Unit.

Table 2 – Efficiency savings achievement 2016/17

	Delivered April - October	Year end Forecast
	£k	£k
Corporate Areas	3,044	4,895
Facilities	1,295	5,805
University Hospital Services	2,621	7,906
REAS	0	560
East Lothian Partnership	595	1,965
Edinburgh Partnership	695	3,133
Mid Lothian Partnership	479	1,643
West Lothian Partnership	1,125	2,433
Grand Total	9,855	28,341

- 3.8 The split of the year to date position at an IJB level is based on the current mapping table, with the outputs summarised in Appendix 3. The process can be complex, and on-going dialogue with Chief Finance Officers is required in order to ensure that all costs are allocated appropriately on a monthly basis. Further discussion will be required with Chief Officers on the application of any corporate flexibility from NHS Lothian prior to the year-end, with IJB Chief Officers keen to discuss how a balanced outturn for NHS Lothian will impact on the IJBs.
- 3.9 Linked to this issue, the Director of Finance has written to Chief Officers on the 14th November asking for confirmation on whether the IJBs plan to hold reserves at the year end for carrying into the new financial year. This needs to be clearly understood before NHS Lothian can make a decision on the application of any in-year resources it holds.
- 3.10 Supplementary to this, this letter requested that IJBs provide confirmation on the utilisation of the Social Care Fund, specifically the 50% of the resource to create increased capacity. This information will be considered in the context of Delayed Discharge figures which continue to challenge Lothian and adversely impact on capacity.
- 3.11 This challenge has a financial consequence which is difficult to measure with any accuracy, however based on 45,966 lost bed days to delays in total for the first half of the year, and applying a cost of £167 (representing the daily rate direct cost for Geriatric Long stay facilities in Lothian, excluding medical staffing) the resource impact in the first six months is estimated at £7.66m.

Year End Forecast

- 3.12 The year end forecast has been updated based on the financial position at month 6 and shows a deterioration in the operational position by £3,625k since the Quarter 1 review. A breakeven position remains achievable however, provided the agreed recovery actions to reduce expenditure and deliver corporate flexibility are achieved as planned and assumptions around outstanding funding and allocations are confirmed. This outturn is reviewed monthly based on the most current information available. The review based on month 7 results does still present the ability to achieve break even. The month 6 forecast and movement from the Quarter 1 forecast is shown in Table 2.

Table 3: Forecast by Business Unit

	Q1 YE Forecast Variance £k	Updated Forecast Variance @ Mth 6 £k	Movement from Q1 £k
University Hosp Support Services	(13,071)	(13,017)	54
REAS	(422)	(422)	0
Edinburgh Partnership	(1,787)	(2,389)	(602)
East Lothian Partnership	(266)	(1,115)	(849)
Midlothian Partnership	(13)	(400)	(387)
West Lothian Partnership	(1,877)	(2,292)	(415)
Facilities And Consort	529	562	33
Corporate Services	(1,071)	378	1,449
Inc + Assoc Hlthcare Purchases	(1,128)	(3,468)	(2,340)
Strategic Services	6,207	5,639	(568)
Operational Position	(12,899)	(16,524)	(3,625)
NRAC Funding	6,000	6,000	0
Reserves Flexibility	6,899	10,524	3,625
NHS Lothian Position	0	0	(0)

- 3.13 The deterioration in the prescribing position since Quarter 1 has had an adverse impact on the partnership forecasts. This, along with revised assumptions regarding the level of income from RTAs and updated UNPACs spend, account for the majority of the other movements. The impact of these are in part offset by an improvement in the corporate departments.
- 3.14 Whilst sufficient flexibility has been identified to cover the anticipated deterioration in the financial position, this will impact adversely on flexibility that would be available in the new financial year. It is imperative that all Business Units continue to focus on their financial position between now and the year-end to ensure balance is achieved and to maximise opportunities for year-end management of resources over the financial year. Further, additional resources are finite and continued deterioration in the outturn projection will reduce the level of assurance which can be given on delivering year end balance.

4 Key Risks

- 4.1 Non delivery of recovery actions by individual Business Units to the value required to cover the gap in the financial plan is one of the key risks continuing to face the organisation.
- 4.2 Included within the forecast are a number of assumptions regarding capital receipts and further allocations of additional DEL £5m; ODEL allocation £4.5m and a PPRS allocation of £6.5m. Ongoing discussions with the Scottish Government continue in order to gain assurance on the availability and value of these funding sources to support NHS Lothian's financial position and ability to break even.

5 Risk Register

- 5.1 There is nothing further to add to the Risk Register at this stage, although this will be reassessed on a monthly basis.

6 Impact on Inequality, Including Health Inequalities

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

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

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

8 Resource Implications

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

Susan Goldsmith

Director of Finance

29 November 2016

susan.goldsmith@nhslothian.scot.nhs.uk

List of Appendices

Appendix 1: NHS Lothian Income & Expenditure Summary 31st October 2016

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

Appendix 3: NHS Lothian Income & Expenditure Summary to October 2016 by IJB

NHS Lothian Income & Expenditure Summary to October 2016

Description	Annual Budget (£k)	YTD Budget (£k)	YTD Actuals (£k)	YTD Variance (£k)	Period Variance (£k)
Medical & Dental	244,254	141,784	144,121	(2,337)	(301)
Nursing	388,581	225,299	227,501	(2,202)	(24)
Administrative Services	86,385	48,923	48,703	220	(169)
Allied Health Professionals	62,546	36,182	35,887	295	72
Health Science Services	35,961	20,837	20,083	754	412
Management	8,858	5,214	4,761	453	58
Support Services	52,483	30,580	32,215	(1,635)	(411)
Medical & Dental Support	9,994	5,599	5,950	(351)	(62)
Other Therapeutic	27,166	15,714	15,077	637	234
Personal & Social Care	2,668	1,584	1,557	27	65
Other Pay	(3,645)	(4,008)	(3,783)	(225)	(127)
Emergency Services	25	25	25	(1)	(0)
Pay	915,276	527,732	532,097	(4,366)	(255)
Drugs	123,384	70,712	70,005	706	212
Medical Supplies	87,118	51,759	53,891	(2,131)	(989)
Maintenance Costs	5,390	3,069	3,916	(847)	(34)
Property Costs	39,378	21,468	18,742	2,726	298
Equipment Costs	26,819	18,045	19,842	(1,797)	(137)
Transport Costs	9,796	5,771	5,941	(170)	45
Administration Costs	113,068	45,504	46,496	(992)	(69)
Ancillary Costs	11,426	6,684	6,943	(259)	36
Other	(1,840)	(18,593)	(19,455)	863	317
Service Agreement Patient Serv	108,048	75,216	75,142	75	293
Non-Pay	522,587	279,636	281,463	(1,827)	(28)
Gms2 Expenditure	120,631	68,387	68,335	52	(223)
Ncl Expenditure	3	1	0	1	0
Other Primary Care Expenditure	87	51	66	(15)	(1)
Pharmaceuticals	146,965	84,368	90,125	(5,757)	(291)
Primary Care	267,686	152,808	158,526	(5,719)	(516)
Fhs Non Discret Allocation	(1,353)	(784)	(729)	(55)	(1)
Bad Debts	0	0	40	(40)	(1)
Other	(1,353)	(784)	(689)	(95)	(2)
Income	(1,765,272)	(150,160)	(151,640)	1,480	94
Capital Charges	4,000	667	0	667	667
Revenue Resource Limit	0	0	(1)	1	0
Savings Target	(4,724)	(2,903)	0	(2,903)	694
CORE POSITION	(61,800)	806,996	819,757	(12,761)	654
Additional Reserves Flexibility	7,515	7,515	0	7,515	1,074
TOTAL	(54,285)	814,511	819,757	(5,246)	1,727

NB. The above table relates to Core Services only. There is £54.285 m of Non Core Budget not shown above that balances the annual budget to zero.

NHS Lothian Summary by Operational Unit to October 2016

Description	University	East					West		Facilities	Inc + Assoc			Total
	Hosp Support Serv (£k)	Reas (£k)	Edinburgh Partnership (£k)	Lothian Partnership (£k)	Midlothian Partnership (£k)	Lothian Hsc Partnership (£k)	And Consort (£k)	Corporate Services (£k)	Strategic Services (£k)	Hlthcare Purchases (£k)	Reserves (£k)		
Annual Budget	666,727	71,164	278,838	86,609	57,706	133,677	152,002	94,465	21,315	(1,634,153)	17,364	(54,285)	
Medical & Dental	(2,137)	(164)	293	(308)	31	(80)	(6)	64	(31)	0	0	(2,337)	
Nursing	(1,325)	(398)	(333)	59	(18)	(175)	(24)	46	(34)	0	0	(2,202)	
Administrative Services	463	10	(106)	(48)	(35)	10	(12)	12	(73)	0	0	220	
Allied Health Professionals	(400)	0	476	52	97	78	(13)	7	(3)	0	0	295	
Health Science Services	409	(25)	238	8	0	63	0	62	(1)	0	0	754	
Management	(5)	1	212	47	(0)	4	50	101	43	0	0	453	
Support Services	(86)	3	(1)	(11)	(0)	(14)	(1,462)	(59)	(5)	0	0	(1,635)	
Medical & Dental Support	(468)	0	0	0	0	122	0	(5)	0	0	0	(351)	
Other Therapeutic	61	46	53	10	(7)	213	(2)	263	(1)	0	0	637	
Personal & Social Care	16	(90)	39	7	0	0	(0)	55	0	0	0	27	
Other Pay	(29)	0	(0)	(52)	0	0	10	(153)	0	0	0	(225)	
Emergency Services	0	0	0	0	0	0	(1)	0	0	0	0	(1)	
Pay	(3,502)	(617)	871	(235)	67	222	(1,459)	392	(105)	0	0	(4,366)	
Drugs	1,256	42	3	(278)	(36)	(50)	(2)	(141)	(88)	0	(0)	706	
Medical Supplies	(1,627)	20	(509)	(132)	(11)	(23)	217	(66)	(0)	0	0	(2,131)	
Maintenance Costs	(188)	(35)	(24)	(32)	(2)	(60)	(479)	(27)	(0)	0	0	(847)	
Property Costs	(4)	11	160	(61)	18	4	2,573	32	(7)	(0)	0	2,726	
Equipment Costs	(1,002)	(0)	(134)	(117)	(25)	(6)	(265)	(190)	(57)	0	0	(1,797)	
Transport Costs	(39)	(74)	30	(45)	22	22	(1)	(59)	6	(32)	0	(170)	
Administration Costs	(192)	(443)	213	17	(2)	193	(359)	265	(672)	(11)	0	(992)	
Ancillary Costs	54	(9)	(38)	(67)	6	5	(166)	(37)	(9)	0	0	(259)	
Other	24	4	575	4	0	(62)	78	241	0	0	0	863	
Service Agreement Patient Serv	91	(36)	60	43	24	435	44	(98)	474	(963)	0	75	
Non-Pay	(1,628)	(520)	337	(669)	(6)	458	1,640	(81)	(353)	(1,005)	(0)	(1,827)	
Gms2 Expenditure	(5)	(3)	(192)	28	(6)	247	(1)	(15)	0	0	0	52	
Ncl Expenditure	0	0	0	1	0	0	0	0	0	0	0	1	
Other Primary Care Expenditure	(15)	0	0	0	0	0	0	0	0	0	0	(15)	
Pharmaceuticals	(13)	(157)	(1,567)	(1,180)	(892)	(1,948)	0	0	0	0	0	(5,757)	
Primary Care	(33)	(160)	(1,759)	(1,150)	(898)	(1,701)	(1)	(15)	0	0	0	(5,719)	
Fhs Non Discret Allocation	0	0	(10)	0	0	(45)	0	0	0	0	0	(55)	
Bad Debts	(37)	0	(1)	0	0	(1)	(0)	(1)	0	0	0	(40)	
Other	(37)	0	(11)	0	0	(46)	(0)	(1)	0	0	0	(95)	
Income	1,344	26	(164)	66	12	125	23	229	47	(228)	0	1,480	
Capital Charges	0	0	0	0	0	0	0	0	667	0	0	667	
Revenue Resource Limit	0	0	0	0	0	0	0	1	0	0	0	1	
Savings Target Non-Pay	(3,006)	(107)	(1,129)	216	157	498	0	543	(76)	0	0	(2,903)	
CORE POSITION	(6,862)	(1,379)	(1,856)	(1,771)	(668)	(443)	202	1,068	180	(1,234)	(0)	(12,761)	
Additional Reserves Flexibility	0	0	0	0	0	0	0	0	0	0	7,515	7,515	
TOTAL	(6,862)	(1,379)	(1,856)	(1,771)	(668)	(443)	202	1,068	180	(1,234)	7,515	(5,246)	

NB. The above table relates to Core Services only. There is ££54.285 m of Non Core Budget not shown above that balances the annual budget to zero

NHS Lothian Income & Expenditure Summary to October 2016 by IJB

		East Lothian IJB	Edinburgh IJB	Mid Lothian IJB	West Lothian IJB	Acute Non Delegated	CHP Non Delegated	Corporate Non Delegated	Total
Delegated	Core	(1,238)	(2,287)	(717)	(972)	0	0	0	(5,214)
	Corporate	3	12	2	4	0	0	0	21
	Hosted	119	477	143	298	0	0	0	1,038
Delegated Total		(1,117)	(1,798)	(571)	(670)	0	0	0	(4,155)
Non Delegated	Acute	0	0	0	0	(3,261)	0	(2,975)	(6,236)
	CHP	0	0	0	0	0	(1,685)	0	(1,685)
	Corporate	0	0	0	0	0	0	7,410	7,410
Non Delegated Total		0	0	0	0	(3,261)	(1,685)	4,435	(511)
Set Aside	Acute	(62)	(380)	(96)	(109)	68	0	0	(580)
Grand Total		(1,179)	(2,178)	(667)	(779)	(3,194)	(1,685)	4,435	(5,246)

Executive Director, Nursing, Midwifery and AHPs

SUMMARY PAPER: QUALITY AND PERFORMANCE IMPROVEMENT

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

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

<ul style="list-style-type: none">• That assurance be taken that performance on 12 measures is met;	2.1
<ul style="list-style-type: none">• The latest performance for overall patient experience is unavailable at the time of writing due to technical issues, whilst challenges in reporting the position on waits for the Outpatient standard and Treatment Time Guarantee have been overcome.	4.2-4.6

NHS Lothian

Board Meeting
7 December 2016

Executive Director, Nursing, Midwifery and AHPs

QUALITY AND PERFORMANCE IMPROVEMENT

1 Purpose of the Report

- 1.1 This report provides an update on the most recently available information on NHS Lothian's position against a range of quality and performance measures.
- 1.2 Any member wishing additional information on a particular measure should contact the specific lead director identified. Matters relating to the monitoring and assurance process should be directed towards the Nurse Director.

2 Recommendations

- 2.1 The Committee is invited to accept this report as assurance that performance on 12 measures considered across the Board, including those relating to the Hospital Scorecard, are currently met.

3 Process

- 3.1 This paper draws together those measures agreed by the Board from across the performance and quality spectrum. Where an expectation has not been achieved, a completed proforma has been provided by the responsible director to allow the issue to be explored in more depth by providing an explanation of current performance and a timescale for improvement as well as detailing underlying actions.
- 3.2 Each measure has been aligned to a nominated board committee for the purposes of assurance. The finalised list is shown in Table A and those committees are now seeking to answer the following question when considering proforma or Directors' reports;

"What assurance do you take that the actions described will deliver the outcomes you require within an acceptable timescale?"
- 3.3 A common grading approach has been agreed by Committee Chairs and is summarised, alongside possible actions, in Table B.

Table A – Alignment of Measures to Board Committee

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

Table B – Adopted Assurance Gradings

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

4 Notable Updates

4.1 There are a recent number of changes and data issues across the measures reported through the Quality and Performance Improvement Process. These are reported below.

Patient Experience

4.2 As indicated to the Board in its consideration of Person-Centred Culture at its meeting, there have been difficulties with the database used to report patients'

overall care experience. This has resulted in no figure being available currently, although it remains possible to add patient responses to the system.

- 4.3 The timescale for the resolution of this issue is currently being explored with eHealth and Analytical Services.

Outpatient and Treatment Time Guarantee

- 4.4 The update to Trak in mid-September adversely impacted on the submission process to ISD for waiting time records, effectively understating the size of inpatient and outpatient waiting lists and levels of activity reported. Accordingly the initial figures provided for September have now been updated.

- 4.5 Although this issue has now been resolved, with performance reported within this paper, it affected the recent ISD publication on the 29th November, which included commentary describing the problem and its impact.

- 4.6 It is worthy of note that this error only impacted reporting in national systems, it had no impact on operational reports or waits experienced by patients.

Engagement Process

- 4.7 The Committee will be aware that in addition to the engagement sessions undertaken in August and September with those completing the proforma, workshops occurred during October with members of both Healthcare Governance and Acute Hospitals Committee to explore the assurance process described earlier.

- 4.8 The output from all of these sessions, as well as a meeting with the Chairman, will be used to inform changes in the proforma planned over the coming months.

National Review into Targets and Indicators for Health and Social Care

- 4.9 Board members will also anticipate that the above review, being chaired under Sir Harry Burns, will impact future iterations of this report. At a meeting of the Parliament's Health and Sport Committee during November, it was indicated that the initial report will be ready for ministers by the end of March or in April 2017.

- 4.10 The official report of the parliamentary meeting is available at <http://www.scottish.parliament.uk/parliamentarybusiness/CurrentCommittees/100624.aspx>

5 Recent Performance

- 5.1 Against the measures considered, most recent information demonstrates that NHS Lothian met 12 of the 36 measures considered. It is not possible to assess performance on dementia post-diagnostic support. The next section on the paper includes proforma for those areas that have not met the aspired level of performance.

Table 1: Summary of Latest Reported Position

Measure ¹	Healthcare Quality Domain ²	Assurance Committee	Type ³	Performance Against Target/Standard ⁴	Trend ⁵	Published NHS Lothian vs. Scotland ⁶	Date of Published NHS Lothian vs. Scotland ⁷	Target/Standard	Latest Performance	Reporting Date	Data Updated since Last Report ⁸	Proforma Narrative Updated Since Last Report ⁹	Lead Director	
Cardiac Arrest	Safe	Acute Hospitals (AHC)	Quality	Not Met	Not Applicable	Not Applicable	Not Applicable	0.95 per 1,000 discharges (median)	1.58 (median)	Oct 16 (Monthly)	Y	Y	DF	
Falls With Harm		Healthcare Governance (HGC)	Quality	Met	Improving	Not Applicable	Not Applicable	0.31 per 1,000 occupied bed days (median)	0.18 (median)	Oct 16 (Monthly)	Y	Not Applicable	DF	
Healthcare Acquired Infection - CDI (rate per 1,000 bed days, aged 15+)		HGC	LDP	Met	Improving	Worse	Jun 16 (Quarterly)	0.32 (max) (<262)	0.30 (rate) 125 (incidences)	Sep 16 (Monthly)	Y	Y	DF	
Healthcare Acquired Infection - SAB (rate per 1,000 acute bed days) ¹⁰		HGC	LDP	Not Met	No Change	Equal	Jun 16 (Quarterly)	0.24 (max) (<184)	0.32 (rate) 124 (incidences)	Sep 16 (Monthly)	Y	Y	DF	
Hospital Standardised Mortality Ratios (HSMR)		AHC	Quality	Met		Not Applicable	Not Applicable	1 All sites within HS Limits	NHS L 0.82 RIE 0.83 SJH 0.71 WGH 0.75	Jun 16 (Quarterly)	Y	Not Applicable	DF	
Four hour Unscheduled Care (% seen)	Timely	AHC	LDP	Not Met	Deteriorating	Worse	Sep 16 (Monthly)	95.0% stretch to 98.0%	93.1%	Oct 16 (Monthly)	Y	Y	JC	
48 Hour GP Access – access to healthcare prof		HGC	LDP	Not Met	Improving	Worse	2015/16	90.0% (min)	85.0%	2015/16	N	Y	DS	
48 Hour GP Access – GP appt		HGC	LDP	Not Met	Deteriorating	Worse	2015/16	90.0% (min)	75.0%	2015/16	N	Y	DS	
Alcohol Brief Interventions (ABIs)		HGC	LDP	Met		Better	2015/16	9,757 (Annual) 2,440 (Quarter 1)	11,370	Sep 16 (Quarterly)	N	Not Applicable	AMcM	
CAMHS ¹¹ (18 Weeks)		HGC	LDP	Not Met	Improving	Worse	Jun 16 (Quarterly)	90.0% (min)	56.2%	Oct 16 (Monthly)	Y	Y	AMcM	
Cancer (31-day) (% treated)		AHC	LDP	Not Met	Deteriorating	Worse	Jun 16 (Quarterly)	95.0% (min)	91.3%	Oct 16 (Monthly)	Y	Y	JC	
Cancer (62-day) (% treated)		AHC	LDP	Not Met	Deteriorating	Better	Jun 16 (Quarterly)	95.0% (min)	78.7%	Oct 16 (Monthly)	Y	Y	JC	
Diagnostics (6 w eeks) - Gastroenterology/ Urology Diagnostics		AHC											Y	JC
Diagnostics (6 w eeks) - Radiology		AHC		Not Met	Deteriorating	Worse	Sep 16 (At month end)	0 (max)	2,308	Oct 16 (Monthly)	Y	Y	Y	JC
Diagnostics (6 w eeks) – Vascular Labs		AHC											Y	JC
Drug & Alcohol Waiting Times (3 w eeks)		HGC	LDP	Not Met	Improving	Worse	Jun 16 (Quarterly)	90.0% (min)	83.7%	Jun 16 (Quarterly)	N	Y	AMcM	
IFDC Treatment Time Guarantee (12 w eeks)		AHC	LDP	Not Met	Deteriorating	Better	Sep 16 (Quarterly)	0 (max)	910	Oct 16 (Monthly)	Y	N	JC	
IVF (12 months)		AHC	LDP	Met		Equal	Sep 16 (Quarterly)	90.0% (min)	100.0%	Oct 16 (Monthly)	Y	Not Applicable	JC	
Outpatients (12 w eeks)		AHC	LDP	Not Met	Deteriorating	Worse	Sep 16 (At month end)	95.0% (min)	70.6% 17,890	Oct 16 (Monthly)	Y	N	JC	
Psychological Therapies (18 Weeks)		HGC	LDP	Not Met	Deteriorating	Worse	Jun 16 (Quarterly)	90.0% (min)	60.3%	Oct 16 (Monthly)	Y	Y	JF	
Referral to Treatment (18 Weeks)		AHC	LDP	Not Met	Deteriorating	Worse	Sep 16 (Monthly)	90.0% (min)	80.2%	Oct 16 (Monthly)	Y	N	JC	
Stroke Bundle (% receiving)		AHC	Quality	Not Met	Deteriorating	Not Applicable	Not Applicable	80.0% (min)	67.0%	Oct 16 (Monthly)	Y	Y	JC	
Surveillance Endoscopy (past due date)		AHC		Not Met	Deteriorating	Not Applicable	Not Applicable	0 (max)	3,966	Oct 16 (Monthly)	Y	Y	JC	
Delayed Discharges (over 2 w eeks) – East Lothian IJB		Effective	HGC										Y	DS
Delayed Discharges (over 2 w eeks) – Edinburgh IJB			HGC		Not Met	Improving	Worse	Sep 16 (Monthly)	0 (max)	236	Oct 16 (Monthly)	Y	Y	RMG
Delayed Discharges (over 2 w eeks) – Midlothian IJB	HGC											Y	EM	
Delayed Discharges (over 2 w eeks) – West Lothian IJB	HGC											Y	JF	
Hospital Scorecard – Standardised Surgical Readmission rate w ithin 7 days	Efficient	AHC	Quality	Met		Not Applicable	Not Applicable	All NHS L Sites (RIE, SJH & WGH), Within Hospital Scorecard Limits	NHS L 25.23 RIE 31.06 SJH 22.62 WGH 21.78	Jan - Mar 16 (Quarterly)	N	Not Applicable	DF	
Hospital Scorecard – Standardised Surgical Readmission rate w ithin 28 days		AHC	Quality	Met					47.31 57.16 37.92 51.34		N	Not Applicable	DF	
Hospital Scorecard – Standardised Medical Readmission rate w ithin 7 days		AHC	Quality	Met					57.88 57.23 67.95 66.38		N	Not Applicable	DF	
Hospital Scorecard – Standardised Medical Readmission rate w ithin 28 days		AHC	Quality	Met					118.51 121.65 131.92 121.91		N	Not Applicable	DF	
Hospital Scorecard – Average Surgical Length of Stay - Adjusted		AHC	Quality	Met					0.96 0.92 0.88 1.11		N	Not Applicable	DF	
Hospital Scorecard – Average Medical Length of Stay - Adjusted		AHC	Quality	Met					1.09 0.90 1.22 1.18		N	Not Applicable	DF	
Staff Sickness Absence Levels (<=4%)		Staff Governance	LDP	Not Met	Deteriorating	Better	2015/16	4.0% (max)	4.86%		Sep 16 (Monthly)	Y	Y	JB
Early Access to Antenatal Care (% booked)	Equitable	HGC	LDP	Met		Better	2015/16	80.0% min for each SIMD ¹² quintile	88.6%	Sep 16 (Monthly)	Y	Not Applicable	AMcM	
Smoking Cessation (quits)		HGC	LDP	Not Met	Deteriorating	Better	2015/16	367 (min per quarter)	211	Jun 16 (Quarterly)	Y	Y	AKM	
Complaints (3-Day)	Person-Centred	HGC	Quality	Not Met	Improving	Worse	2015/16	100.0%	92.0%	Sep 16 (Monthly)	Y	Y	AMcM	
Complaints (20-Day)		HGC	Quality	Not Met	Deteriorating	Worse	2015/16	80.0% (min)	67.3%	Sep 16 (Monthly)	Y	Y	AMcM	
Detect Cancer Early (% diagnosed)		HGC	LDP	Not Met	Improving	Better	2014 & 2015 (Combined Calendar Years)	29.0% (min)	27.1%	2014 & 2015 (Combined Calendar Years)	N	Y	AKM	
Dementia – East Lothian IJB		HGC	LDP	TBC ¹³								Y	DS	
Dementia – Edinburgh IJB		HGC	LDP	TBC ¹³	Not Applicable	Not Applicable	Not Applicable	100.0% (1 Year (Min))	7.7	Jun 16 (Monthly)	Y	N	RMG	
Dementia – Midlothian IJB		HGC	LDP	TBC ¹³								Y	EM	
Dementia – West Lothian IJB		HGC	LDP	TBC ¹³								Y	JF	
Patient Experience (9.5/10 – Overall Experience) ¹⁴		HGC	Quality	Not Met	Not Applicable	Not Applicable	Not Applicable	9.5 (out of 10)	N/A	N/A (Monthly)	N	Y	AMcM	

Notes

- Much of this reporting uses management information and is therefore subject to change
- 6 Domains of Healthcare Quality <http://www.ahrg.gov/professionals/quality-patient-safety/talkingquality/create/sixdomains.html>
- This describes the standard type – 'LDP' target/standards are Local Delivery Plan (previously HEAT), target/standards; Quality standards were originally reported under a separate Quality Paper.
- Performance Against Target/Standard – describes where Latest Performance meets or does not meet Target.
- Trend - describes Improvement, No Change or Deterioration for Latest Performance, where Performance Against Target/Standard is 'Not Met', against an average of the last two relevant reported data points. HAI measures use HIS run chart assessment to ascertain trend. (Black cells indicate that a Standard is 'Met' so a Trend is not available).
- Published NHS Lothian vs. Scotland – describes most recent published Lothian position against the most recent (directly comparable) published Scotland position to comply with Official Statistics' requirements - either for rates (incl. %) or against NRAC share. These may refer to different time periods than Latest Performance.
- Date of Published NHS Lothian vs. Scotland – describes most recent published Lothian position against the most recent (directly comparable) published Scotland position to comply with Official Statistics' requirements - either for rates (incl. %) or against NRAC share. These may refer to different time periods than Latest Performance.
- Data Updated since Last Report – Current performance figure, and/or Trend and/or Published NHS Lothian vs. Scotland items updated, where applicable on proformas, since last report.
- Proforma Narrative Updated Since Last Report – Trajectories and/or Action Plans and/or Comments updated since last report
- The SAB standard is 'Not Met' for this reporting round but there was insufficient time to source and receive a proforma for this cycle – this will be rectified for next reporting cycle.
- Abbreviations – CAMHS - Child and Adolescent Mental Health Services; CDI- Clostridium difficile Infection; SAB Staphylococcus aureus Bacteraemia; IPDC – Inpatient and Day-case; IVF – In Vitro Fertilisation.
- SIMD - Scottish Index of Multiple Deprivation, <http://www.gov.scot/Topics/Statistics/SIMD>
- The data published by ISD on the dementia standard reports the rate of referral for post diagnostic support based on 100,000 per population. We are currently awaiting confirmation from ISD regarding what the expected rate would be in order to evaluate performance against the standard. Please also see relevant IJB level Proforma below (in Section 5 Exception Proformas).
- No Patient Experience data is included for this month - detail of this is described in the Person Centred Culture paper submitted to the Board and Healthcare Governance Committee meetings.

6 Exceptions Proformas (for Areas where Performance Target/Standard is 'Not Met', or 'TBC')

Cardiac Arrest

Healthcare Quality Domain: Safe

For reporting at **December 2016** meetings

Target/Standard:

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

Responsible Director[s]: Medical Director

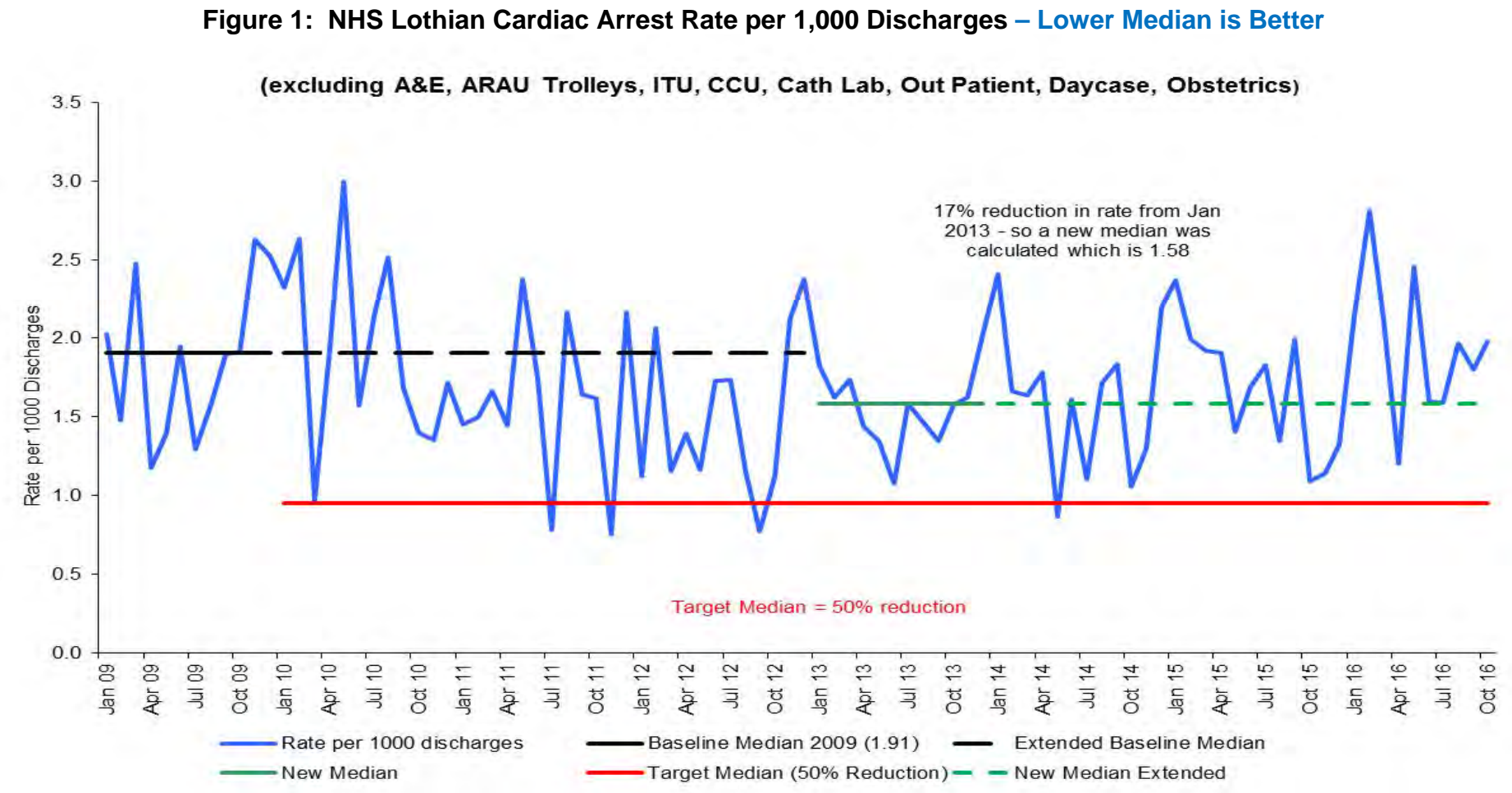
NHS Lothian Performance:-

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

Summary for Committee to note or agree

- NHS Lothian has 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



Timescale for Improvement

HIS evaluating improvement goal.

Actions Planned and Outcome

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

Comments

Reasons for Current Performance

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

Four Hour Unscheduled Care

Healthcare Quality Domain: Timely

For reporting at **December 2016** meetings

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 – NHS Lothian University Hospitals & Support Services

Performance:-

Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
Not Met	Deteriorating	Worse	Sep 16	95% (min)	93.1%	Oct 2016	Management Information	Yes	Yes	JC

Summary for Committee to note or agree

Winter planning well underway with Winter plans finalised

Local Service Improvement teams are taking forward a number of diverse improvement activities

Edinburgh locality model continues to evolve; focusing on admission avoidance and ensuring timely discharge from hospital.

Recent Performance – Numbers over 4 hour standard

Figure 1: Trend in A&E Performance – Higher % is Better



Timescale for Improvement

Various actions for improvement with timescales outlined in table below.

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Deliver on Lothian's winter plan that includes reducing elective bed pressures in January to support 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.	<ul style="list-style-type: none"> Winter de-brief workshop with IJB Directors held summer 2016 Final Site and IJB Winter Plans completed Oct-16 Winter funding now allocated and targeted at a number of flow improvement service developments. 	Improved patient flow and improved 4-hour performance.		Winter planning progressing on each of the three acute sites. This includes a focus on early discharge at SJH through strengthening their Discharge Hub, reshaping how 'boarded' are cared for at RIE and the development of a Winter ward at WGH. The Winter plan also includes increasing Respiratory capacity system-wide, strengthening out of hours medical cover and a number of funded tests of change aimed at improving flow.
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.	<ul style="list-style-type: none"> Programme initiation now complete Oct-16 	Improved 4-hour performance.	July was highest performing month for 4-hour performance in 5 years.	Service improvement teams established on all sites and focussing on rollout of Daily Dynamic Discharge (DDD) at RIE and WGH, starting DDD at SJH this November and increasing pre-noon discharge across each of the sites. Recently started Daily Dynamic Discharge at SJH. RIE is now in Phase 2 of the Daily Dynamic Discharge.
Implement recommendations from the Deloitte report around Frailty pathways and Length of Stay.	<ul style="list-style-type: none"> NHS Lothian Frailty Programme Board established August 2016 Performance reporting sub group first meeting Oct-16. 	Improved admission avoidance and discharge. Improved 4-hour performance.	Programme Board currently scoping planned benefit.	Programme Board met in October. Work underway to develop Frailty Dashboard to evidence impact of improvement work. Focus on reducing delayed discharges in West Lothian. RIE has increased Geriatrician cover in the Acute Medical Unit to cover the whole unit from Nov-16. WGH completed recent test of change allocating 4 beds in their Medical Admission Unit as Frailty beds. Project 51 is seeking to match packages of care sooner to improve out of hospital flow.
Implement SEFAL work stream shifting discharge curve to earlier in the day and avoiding more unnecessary admissions.	<ul style="list-style-type: none"> Flow Centre operational since summer 2016 	Improved 4-hour performance		Work between ED and Flow Centre underway to encourage Primary Care use of Centre. Flow Centre open day planned Dec-16. Work underway to encourage more GPs to use Flow Centre as referral route.

Comments

Reasons for Current Performance

Higher volume of unscheduled attendances through September which impacted on ability to maintain 4-hour performance.

Delayed Discharges continue to place pressure on site capacity.

48 Hour GP Access

Healthcare Quality Domain: Timely

For reporting at **December 2016** meetings

Target/Standard:

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

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

NHS Lothian Performance:-

Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
1. Not Met	Improving	Worse	2015/16	90% (min)	85.0%	2015/16	National Health and Care Experience survey ¹ [proxy measure]	No	Yes	DS
2. Not Met	Deteriorating	Worse	2015/16	90% (min)	75.0%	2015/16	National Health and Care Experience survey [proxy measure]	No	Yes	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 survey results for 2015/16 do not directly address the issue of whether 90% has been achieved, but does provide useful information on satisfaction with access. The Healthcare Governance Committee received a report at its meeting on 26th July on this subject. The national report showed a declining positive % for satisfaction with overall arrangements for getting to see a doctor from 85% in 2011/12 to 73% in 2015/16. This is 1% higher than the Scotland figure. In contrast to the overall decline in satisfaction, satisfaction in getting to see or speak to a doctor or nurse within 2 days rose from 84% to 85%. However on most measures relating to this area there has been a decline in satisfaction.

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

Recent Performance – Numbers against Standard

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

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

Timescale for Improvement

A trajectory has not been agreed with SGHD.

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

Actions Planned and Outcome

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

Comments**Reasons for Current Performance**

As 48 hour access to GP services no longer features in the Quality Outcomes Framework with the evolutionary change of the GP Contract, there is no longer any local monitoring of 48 hour access. Alternative, but not directly comparable data is available through the National Health and Care Experience survey. The most recent report shows declining satisfaction with access. This correlates with the increase in GP practices in Lothian experiencing difficulty in recruiting and retaining staff (a phenomenon being experienced across Scotland) and the introduction by some practices of restrictions on new patient registrations. There is unlikely to be any significant improvement in this position until the new GP contract is introduced in autumn 2017.

Child & Adolescent Mental Health Services (CAMHS)

Healthcare Quality Domain: Timely

For reporting at **December 2016** meetings

National Target/Standard:-

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

Responsible Director[s]: Nurse Director

NHS Lothian Performance:-

Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
Not Met	Improving	Worse	Jun 16 (Mthly)	90% (min)	56.2%	Oct 2016	Management Information	Yes	Yes	AMcM

Summary for Committee to note or agree

Local Target/Standard:-

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

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

Recent Performance – Performance against 18 Week Standard

Table 1: CAMHS Performance Trend – Higher % is Better

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

	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16
Percentage of children and young people seen within 18 weeks for first treatment	57.5%	56.7%	60.2%	70.7%	75.8%	59.1%	61.4%	53.6%	64.6%	56.3%	72.7%	69.7%	59.5%	56.1%	56.8%	58.3%	55.2%	54.7%	56.2%
Revised trajectory for seen within 18 weeks																			
Total waiting at end of month	1,687	1,709	1,708	1,737	1,737	1,668	1,677	1,826	1,900	1,929	2,060	2,078	2,085	1,996	1,857	1,817	1,691	1,629	1,588
Those waiting more than 18 weeks	481	487	516	639	694	680	730	687	709	747	815	888	931	864	817	861	853	810	783

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

Table 2: Patients Seen for First Treatment

Number seen	within 18 wks	over 18 wks	% within 18 wks	% over 18 wks
210	118	92	56.2%	43.8%

Table 3: Patients Still Waiting at Month End

Number waiting	within 18 wks	over 18 wks	% within 18 wks	% over 18 wks
1,588	805	783	50.7%	49.3%

Figure 1: Patients Seen Within 18 Weeks for First Treatment

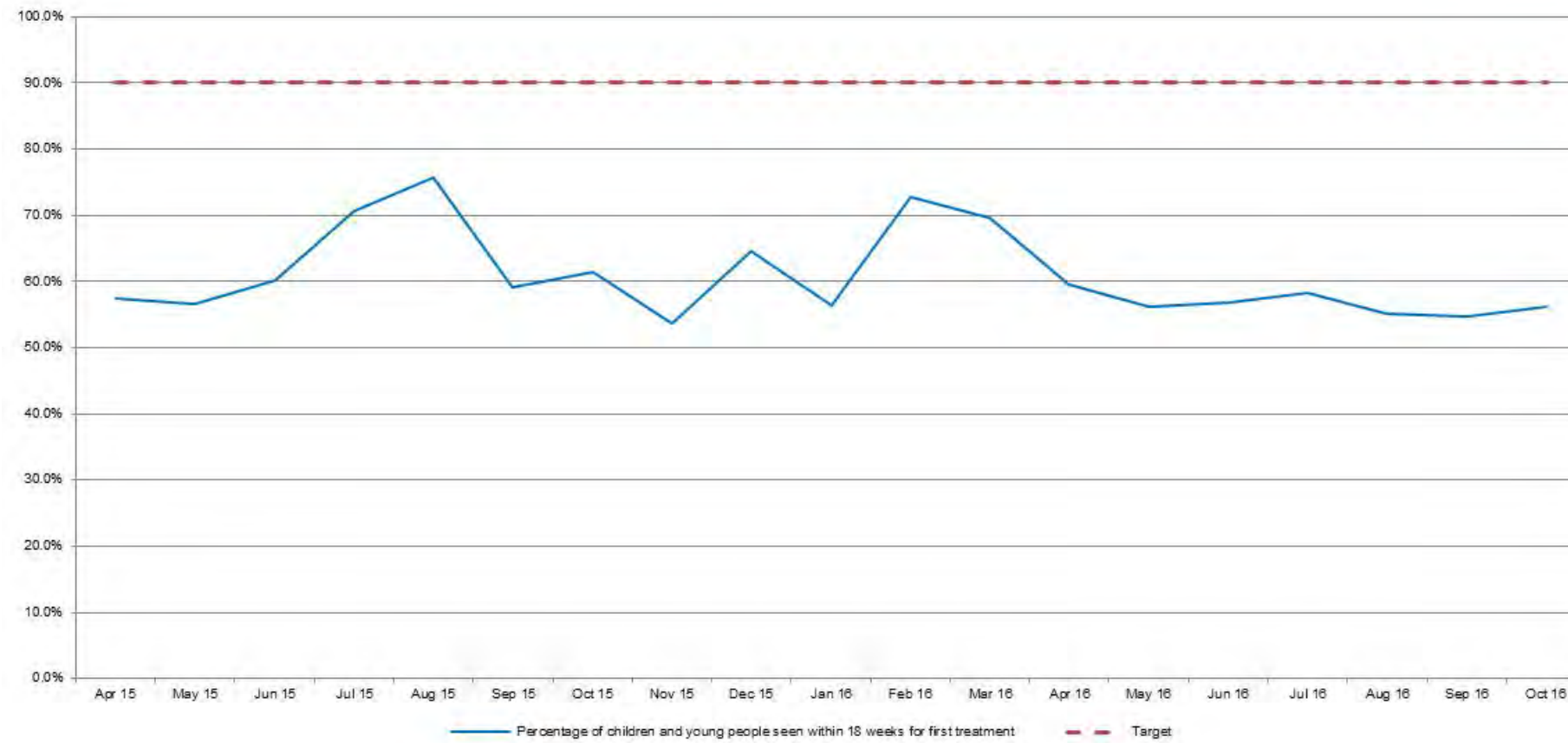
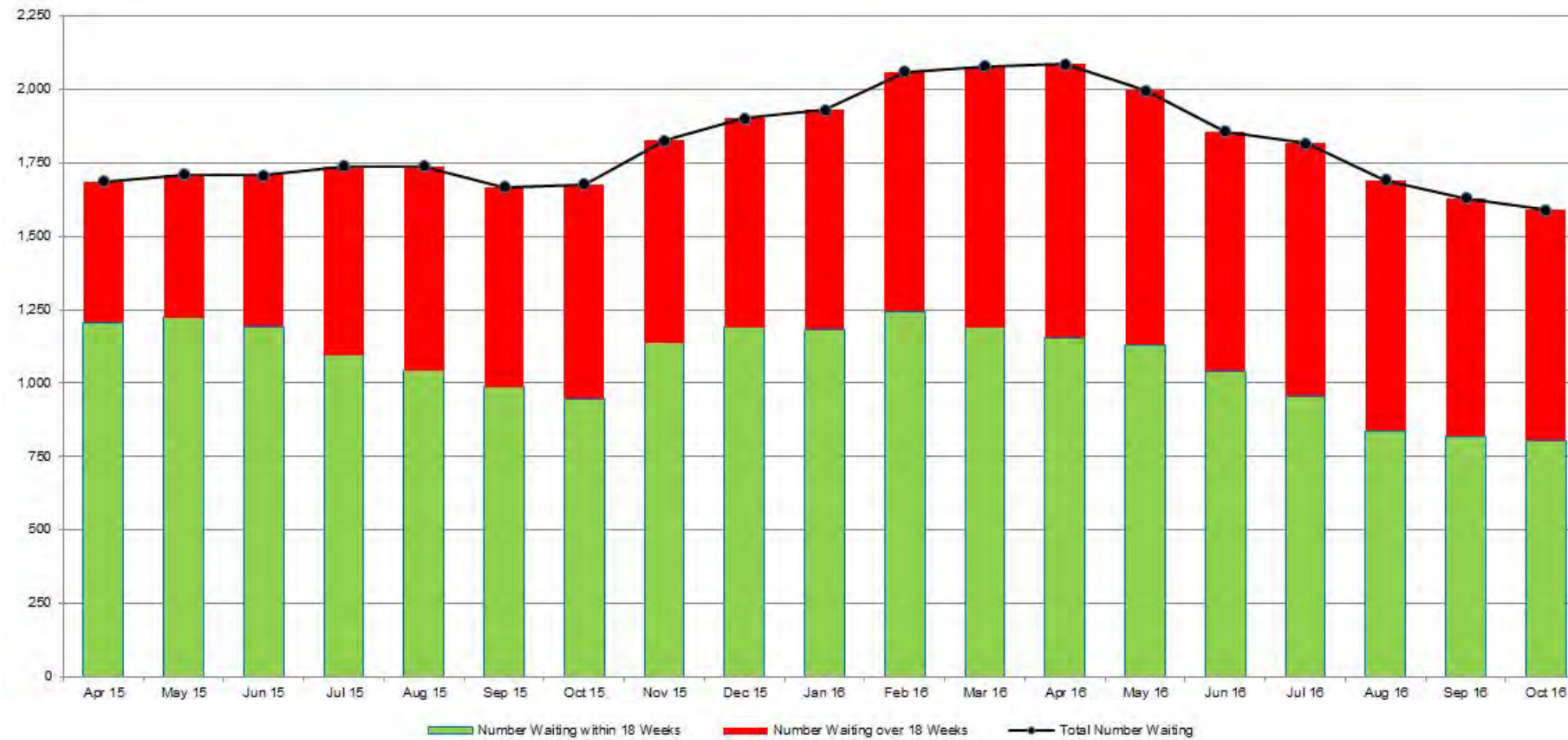


Figure 2: Number of Children & Young People Waiting at Month End



Timescale for Improvement

The figures for August reflect the fact that the schools are back and staff have been asked to focus on longest waits. The impact of the recovery plan on those waiting over 18 weeks is anticipated to be demonstrated in September data.

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Development of a single implementation plan for the introduction of Patient Focused Booking across CAMHS for Choice (Assessment) Appointment.	Anticipated to start with the South Edinburgh team beginning December 2016 – delayed as impacted by TRAK 2016 upgrade	Reduction in DNA and CNA appointments and therefore reducing loss of capacity through non attended appointments. Improved compliance with waiting times rules related to reasonable offer, unavailability and clock resets	Minimise risks associated with introduction of Text Reminders, improved capacity planning and compliance with waiting time rules	Amber
Development of an implementation plan for the introduction of Text Reminder system for CAMHS which minimises Clinical Risk	Delayed as impacted by TRAK 2016 upgrade	Reduction in DNA and CNA appointments and therefore reducing loss of capacity through non attended appointments. Reduces the Clinical Risk associated with potential breaches of patient confidentiality.		Amber
Completion of updated Demand Capacity Activity Queue (DCAQ), for CAMHS whose data is recorded and reported from TRAK. Started for most teams using a locally developed model	End November 2016	Confirm the DCAQ for each service enabling monitoring of agreed capacity against demand. Confirmation that there is sufficient capacity in each of the teams to support 18 weeks on and ongoing basis.		Amber

Introduction of revised Triage "Team Method" across all teams following the East Lothian Pilot.	Complete	Improvement in management of demand to allow reduction in the number of Choice Clinics with time converted to Treatment Clinics.	All teams have been able to reduce their Choice Assessment Clinics by at least 30% as at November 2016	Green
Reduce the community development role of CMHW in CAMHS teams for 1 school year to increase direct clinical capacity to focus on long waits.	Implemented	Provide additional capacity to reduce long waits. Risks of stopping community capacity building being managed.	Additional treatment slots have been released.	Green
Further productivity gains identified and being explored with a view to supporting recurrent achievement of the 18 weeks target following removal of the "backlog".	31 March 2017	Improved use of clinical capacity and achievement of recurrent balance.		Amber

Comments

Capacity has been released as a result of the actions in the agreed Recovery Plan being implemented. A review of the 3 month impact of the Recovery Plan will be presented to the CAMHS Executive in December 2016

Reasons for Current Performance

Teams have been asked to focus on patients waiting longest. It was anticipated that this will have some impact on the 18 weeks target performance in the short term.

Mitigating Actions

Staffing recruited using the Mental Health Innovation funding (£278,000) and Building Capacity Funding (£210,000 from July 16/17 increasing to £334,000 in subsequent years), will prioritise those children and young people who have waited the longest. All additional nursing staff will be in place by end November 2016.

Some changes to current work practices and the implementation of proven quality improvement test of change has identified additional capacity in existing teams to target longest waits.

Cancer - 31-day

Healthcare Quality Domain: Timely

For reporting at **December 2016** meetings

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:-

Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
Not Met	Deteriorating	Worse	Apr - Jun 16	95% (min)	91.3%	Oct 2016	Management Information	Yes	Yes	JC

Summary for Committee to note or agree

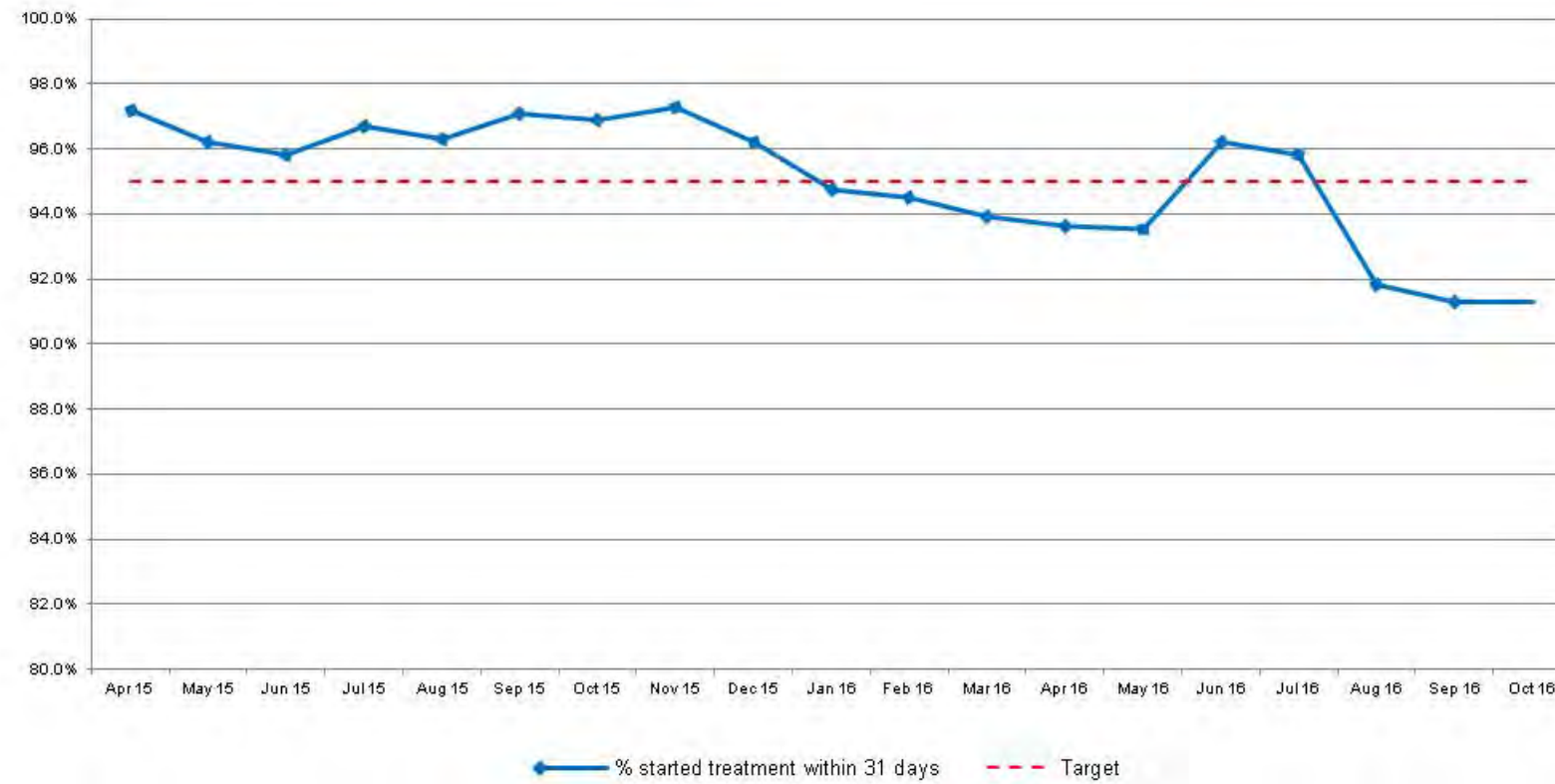
- Performance in September 16 was 91.3 % - marginal deterioration in performance compared to August.
- Performance was particularly challenging within Urology at 59.9%, this reduction in performance remains challenging and was due to a combination of gaps within the tracking team (now rectified) and reduced medical staffing availability, some remedial steps have been taken but results will not be evident until December.
- Colorectal (Screened only) performance improved to 100% for September and (Screened excluded) also saw a slight upturn 90.3% which was a significant upturn in performance.

Recent Performance – Percentages achieved towards standard

Table 1: 31-Day Performance – Higher % is Better

Cancer Type	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16
All Cancer types	97.2%	96.2%	95.8%	96.7%	96.3%	97.1%	96.9%	97.3%	96.2%	94.7%	94.5%	93.9%	93.6%	93.5%	96.2%	95.8%	91.8%	91.3%	91.3%
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%	100.0%	100.0%	100.0%	100.0%	97.6%
Breast (screened only)	100.0%	100.0%	96.7%	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%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	88.9%	100.0%	100.0%	80.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Cervical (screened only)	100.0%	n/a	100.0%	100.0%	n/a	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	n/a	100.0%	100.0%	100.0%	0.0%
Colorectal (screened excluded)	95.2%	88.9%	100.0%	96.2%	90.6%	100.0%	100.0%	96.3%	97.1%	90.3%	96.9%	100.0%	89.3%	100.0%	100.0%	100.0%	89.5%	90.3%	88.0%
Colorectal (screened only)	100.0%	100.0%	75.0%	100.0%	50.0%	88.9%	81.8%	100.0%	66.7%	83.3%	83.3%	100.0%	100.0%	80.0%	100.0%	100.0%	66.7%	100.0%	80.0%
Head & Neck	100.0%	100.0%	100.0%	100.0%	93.3%	100.0%	100.0%	100.0%	100.0%	93.8%	100.0%	100.0%	77.8%	100.0%	100.0%	100.0%	100.0%	100.0%	93.3%
Lung	100.0%	100.0%	100.0%	100.0%	100.0%	98.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.1%	98.1%	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%	100.0%	88.9%	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%	100.0%	100.0%	100.0%	100.0%	100.0%
Neurological - Brain and Central Nervous System (CNS)	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	n/a	n/a	n/a
Ovarian	100.0%	100.0%	100.0%	100.0%	100.0%	85.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	66.7%	87.5%	83.3%	100.0%	100.0%	100.0%	75.0%
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	n/a	n/a	n/a
Upper Gastro-Intestinal (GI)	95.2%	100.0%	95.2%	100.0%	100.0%	100.0%	96.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	96.2%	86.7%	100.0%
Urological	89.5%	85.5%	84.6%	85.5%	92.9%	90.3%	90.4%	87.2%	85.4%	82.0%	77.8%	73.0%	68.8%	67.4%	82.2%	73.0%	62.5%	59.5%	69.6%

Figure 1: 31-Day Performance – Higher % is Better



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
Implementation of Robotic Prostatectomy	Implementation on site by July 2016. Training for NHS Lothian and NHS Fife Surgeons to be completed by Spring 2017.	Investment in regional service with national and charitable funding to improve clinical outcomes and support the sustainability of the urology prostatectomy service.	Implementing not yet complete.	Robot was delivered July 16 to date 38 procedures have been performed. No net increase, but reduced length of stay. 2 nd NHS Lothian Consultant in process of training – due to be completed mid November, Full case load expected from December onwards, We continue the implementation programme for robot to increase capacity for prostatectomy surgery and address existing delay
Increase in access to first Outpatient appointment	December 2016	Increase of 6 new slots per week will allow quicker first assessment	Improvement on compliance	On going
Identification of 'bottle necks' in pathway	December 2016	By identifying where actual problem exists will allow management team to direct support review practice to improve service and pathway	Improved compliance and access for patients	On going

Comments

Reasons for Current Performance

Continuing capacity pressures within Urology remain a contributing factor to the performance decline.

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.

Within Urology we lost both temp cancer trackers in July and had a gap in service until we were able to recruit to 2 replacements.

Both staff have now taken up post but did require a considerable amount of training – in that, both have adapted well within their new roles and are now producing more detailed reports – anticipate improved compliance over next few months.

The decline in performance in September was twofold – tracker vacancy/recruitment and Consultant leave/vacancy resulting in reduced capacity for appointments both contributed to the down turn in reporting this has now been reversed and we anticipate seeing an upturn in performance. One further Consultant retiral in November will add to a comprised service.

Prostate Cancer: we are looking to modify the way we manage TRUS biopsy booking and follow up and aim to have this nurse led in the first instance, this will have a huge impact and reduce the delays in waiting to be seen

Renal Cancer: Consultant Renal Urologist and renal Cancer CNS took up position in August and are now actively involved in managing patients through their journey –a similar process to that of the prostate is being looked at for patients undergoing renal biopsies.

We are increasing the number of new and review appointments for patients being tracked, to ensure timely management of result outcomes is maintained,

Urology breaches primarily occur when waiting for follow up appointments so with the above actions we would expect these delays to be minimised.

Within Colorectal, majority of breaches of patients occur from patients not from screening programme and there is a delay for initial outpatient appointment. As with Urology we are increasing the number of new and review appointments for patients being tracked, to ensure timely management of result outcomes is maintained

All patients are being actively seen and tracked accordingly.

Cancer – 62-day

Healthcare Quality Domain: Timely

For reporting at **December 2016** meetings

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]: Chief Officer – NHS Lothian University Hospitals & Support Services

Performance:-

Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
Not Met	Deteriorating	Better	Apr – Jun 2016	95% (min)	78.7%	Oct 2016	Management Information	Yes	Yes	JC

Summary for Committee to note or agree

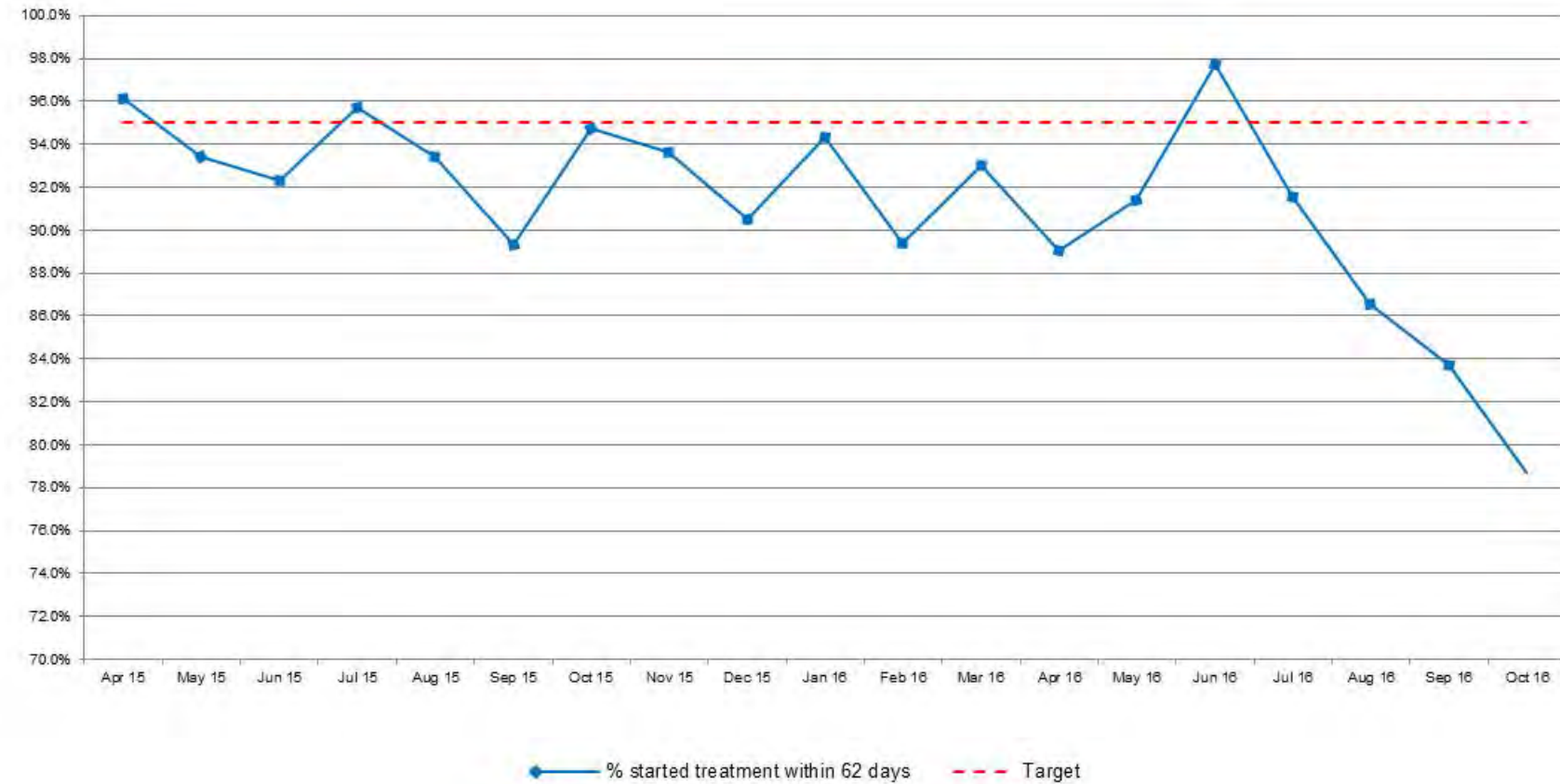
- Performance in September was 83.7% representing a deterioration against previous months.
- Tumour groups where the standard was not achieved were Colorectal, Head & Neck, Lymphoma, Lung, Upper Gastro-Intestinal and Urological.

Recent Performance – Percentages achieved towards standard

Table 1: 62-Day Performance – Higher % is Better

Cancer Type	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct-16
All Cancer types	96.1%	93.4%	92.3%	95.7%	93.4%	89.3%	94.7%	93.6%	90.5%	94.3%	89.4%	93.0%	89.0%	91.4%	97.7%	91.5%	86.5%	83.7%	78.7%
Breast (screened excluded)	100.0%	100.0%	96.8%	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%
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%	100.0%	100.0%	100.0%
Cervical (screened excluded)	n/a	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	n/a	100.0%	n/a	100.0%	n/a	n/a
Cervical (screened only)	100.0%	n/a	100.0%	100.0%	n/a	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	n/a	n/a	0.0%	n/a	0.0%
Colorectal (screened excluded)	91.7%	100.0%	84.2%	93.8%	85.7%	90.9%	94.4%	86.7%	84.2%	88.2%	80.0%	91.3%	77.8%	80.0%	100.0%	60.0%	53.3%	77.3%	69.2%
Colorectal (screened only)	100.0%	100.0%	71.4%	100.0%	50.0%	75.0%	81.8%	80.0%	33.3%	83.3%	66.7%	80.0%	40.0%	60.0%	75.0%	80.0%	50.0%	66.7%	80.0%
Head & Neck	100.0%	66.7%	87.5%	66.7%	100.0%	75.0%	100.0%	87.5%	100.0%	50.0%	0.0%	100.0%	80.0%	75.0%	50.0%	75.0%	66.7%	100.0%	75.0%
Lung	93.3%	93.3%	100.0%	100.0%	100.0%	78.9%	100.0%	100.0%	89.5%	100.0%	94.7%	100.0%	100.0%	95.5%	100.0%	100.0%	94.7%	94.7%	72.7%
Lymphoma	100.0%	100.0%	71.4%	100.0%	80.0%	85.7%	75.0%	100.0%	100.0%	100.0%	100.0%	60.0%	n/a	80.0%	100.0%	80.0%	83.3%	66.7%	71.4%
Melanoma	100.0%	100.0%	83.3%	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	100.0%	83.3%	100.0%	100.0%	100.0%	100.0%	80.0%	100.0%
Neurological – Brain and Central Nervous System (CNS)	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	n/a	n/a	n/a
Ovarian	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	100.0%	n/a	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	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	n/a	n/a	n/a	n/a	n/a
Upper Gastro-Intestinal (GI)	100.0%	83.3%	83.3%	92.9%	100.0%	86.7%	88.9%	81.8%	83.3%	100.0%	90.9%	100.0%	85.7%	100.0%	100.0%	100.0%	90.0%	87.5%	50.0%
Urological	85.2%	78.6%	92.3%	73.7%	85.2%	77.8%	88.6%	82.4%	78.3%	88.9%	77.8%	80.6%	76.9%	76.9%	96.2%	78.3%	58.8%	53.8%	52.9%

Figure 1: 62-Day Performance – Higher % is Better



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
Implementation of Robotic Prostatectomy	Implementation on site by July 2016. Training for NHS Lothian and NHS Fife Surgeons to be completed by Spring 2017.	Investment in regional service with national and charitable funding to improve clinical outcomes and support the sustainability of the urology prostatectomy service.	Implementing not yet complete.	Robot was delivered July 16 to date 38 procedures have been performed. No net increase, but reduced length of stay. 2 nd NHS Lothian Consultant in process of training – due to be completed mid November We continue the implementation programme for robot to increase capacity for prostatectomy surgery and address existing delay
Increase in access to first Outpatient appointment	December 2016	Increase of 6 new slots per week will allow quicker first assessment	Improvement on compliance	On going
Identification of 'bottle necks' in pathway	December 2016	By identifying where actual problem exists will allow management team to direct support review practice to improve service and pathway	Improved compliance and access for patients	On going

Comments

Reasons for Current Performance

Colorectal and Upper GI performance continues to be 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 OP referrals on the service which have put pressure on the overall available capacity within the pathway for these tumour groups.

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 took up an appointment in August 2016. ONE further Consultant retiral in November as added to a compromised service.

There is an increased scrutiny of weekly CWT reporting process by CSM and ASM to ensure early escalation of delays and appropriate action

Additional colorectal clinic capacity to increase USC slots and ensure availability of appointments in 14 days

An action plan has been generated with clear escalation timescales and clear pathways for staff to follow to ensure maximisation of pathway.

Ongoing work with Endoscopy management team to improve access for USC scope referrals to ensure 14 day maximum wait. Particular focus on combi patients and bowel screeners

work with oncology team to improve access to oncology outpatient appointments and reduce delays

Robust review of theatre matrix (with clinical input) to ensure timely scheduling of surgery to deliver maximum 31 day wait from DTT.

Diagnostics – Gastroenterology/ Urology Diagnostics

Healthcare Quality Domain: Timely

For reporting at **December 2016** meetings

Target/Standard:

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

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

NHS Lothian Performance:-

Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated Since Last Report?	Narrative Updated since Last Report?	Lead Director
Not Met	Deteriorating	Worse	Sep 16 (Mthly)	0 (max)	2,308 N.b. This figure is made up of the Total in Table 1, for the relevant reporting date only, on each of the three Diagnostics proformas, summed – as together these cover the eight Standard tests.	Oct 2016	Management Information	Yes	Yes	JC

Summary for Committee to note or agree

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

Key Diagnostic Tests - Gastroenterology/ Urology Diagnostics

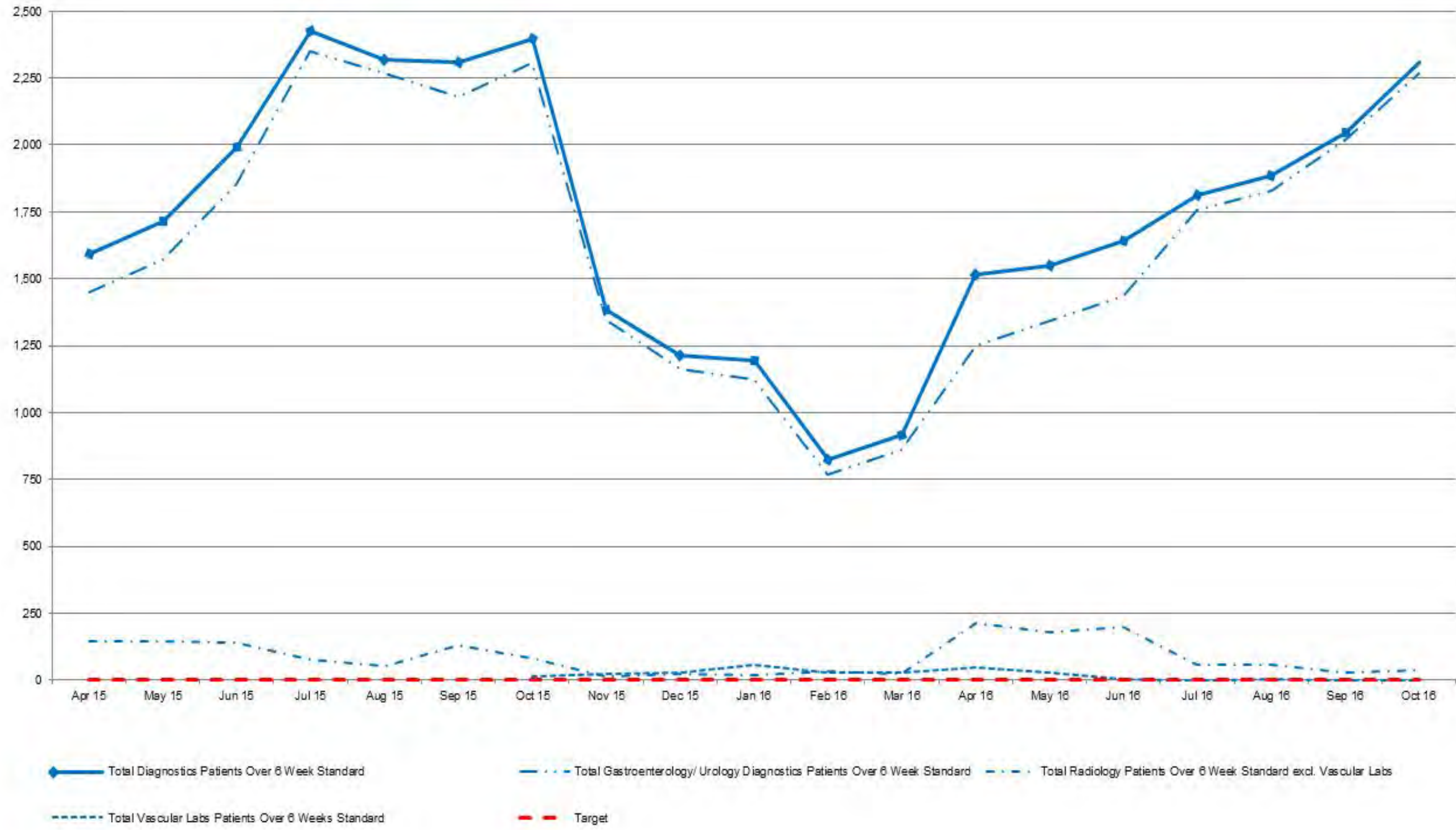
The four diagnostic tests in Gastroenterology/Urology Diagnostics are Colonoscopy, Upper Endoscopy, Flexible Sigmoidoscopy (Lower Endoscopy - excluding Colonoscopy) and Flexible Cystoscopy.

Recent Performance: Numbers against Standard

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

	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16
Upper Endoscopy	654	761	841	978	846	778	850	592	497	504	389	433	552	567	620	730	710	792	922
Colonoscopy	285	303	421	654	674	680	639	406	457	418	210	229	448	507	568	682	716	742	767
Flexible Sigmoidoscopy (Lower Endoscopy)	262	284	294	310	278	235	246	171	162	173	142	162	209	198	192	244	347	391	395
Flexible Cystoscopy	247	224	296	410	470	487	571	179	46	28	27	37	43	73	56	99	55	95	186
Total	1,448	1,572	1,852	2,352	2,268	2,180	2,306	1,348	1,162	1,123	768	861	1,252	1,345	1,436	1,755	1,828	2,020	2,270

Figure 1: Diagnostics - Numbers over 6 Week Standard – Lower Count is Better



Timescale for Improvement

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

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Continue to support evening lists via NHS	January onwards	This number has reduced since end of April to 14 per month due to staff availability	14 additional slots per month	Evening lists are in place although subject to staff availability.
To maximise use of Regional Endoscopy unit (REU) at QMH for routine repeats. Introduce Patient Focus Booking for this unit	Commence May 2016	Increase use of REU ensuring identifiable capacity for planned repeats Patient focus booking is good for patients and reduces short notice CNAs and DNAs	Example of one weeks activity at REU under the new system Booked Capacity 90.1% DNA Rate (Points) 2.7% DNA Rate (patients) 3.6% Actual Utilisation 87.7% which is a much improved position	PFB implemented and being measured and monitored
Introduce the full time nurse validation and telephone screening model for repeat endoscopies.	1 st June 2016	45% reduction in total numbers validated then telephone screened was achieved within NHS Lanarkshire, same model we are implementing. This was largely driven by patient choice. These patients may historically have been DNAs and therefore ensuring capacity is maximised	Safe managed reduction in planned repeat list by clinical validation and telephone pre-assessment screening. Patients most in need of early scope identified, reduction in DNA more efficient use of capacity. Since start of new process 37% reduction of patients contacted and a further 8.5% have had follow-up dates deferred based on current clinical guidelines.	Weekly monitoring ongoing
Progress Faecal Calprotectin workstream to reduce demand on the service	July 2016	Significant reduction in referral to Gastroenterology Outpatients and ultimately reduction in endoscopy procedure	To be seen in demand analysis	Pathways have been agreed with stakeholders (GPs) and sign-off has taken place in early November. Some actions required to achieve full roll-out including labs equipment which has been purchased and will arrive in January 2017
Implement Nurse-Led Faecal Calprotectin clinics for backlog of Gastroenterology patients	January 2017	Significant reduction in current waiting list for Gastroenterology Outpatients - when negative test results received patient can be managed in primary care. Ultimately a reduction in endoscopy procedures.	To be seen as project commences	In progress – internal discussions taking place regarding resource for nursing and lab support.
Band 2 contacting pts in the evening to confirm attendance at procedure	May 2016 onwards	Reduction in DNAs More efficient use of capacity	Already significant improvement seen in Roodlands historically very high DNAs now weekly report of 95- 100% attendance. Problem remains where small numbers of patients confirm attendance on phone week prior to scope and then still fail to attend GP letter being agreed to inform GPs.	Ongoing as DNA reduction has been noted
Review of Nurse Endoscopist workloads and recruitment of further Nurse Endoscopist	Nov 2016	Work ongoing to maximise capacity of existing Nurse Endoscopists. One further post recruited to with individual taking up post in late November.	Aim to increase fixed lists for Nurse Endoscopists while retaining flexibility for backfill	Ongoing work by Service Team to ensure Nurse Endoscopists are fully utilised
Introduction of Patient Focused Booking for all Endoscopy procedures	January 2017	Patient Focus Booking has been shown to reduce short notice CNAs and DNAs	Reduction in DNA rate which can currently vary from site to site (average 10%)	Currently being planned by Booking and Service Team
External capacity secured for 900 Endoscopy procedures	Nov 2016 – March 2017	Reduction in number of routine patients waiting over 12 weeks for an Endoscopy procedure	Anticipated reduction by 900 patients	Capacity secured and streaming has commenced.
Weekly meeting with waiting list office to maximise capacity and highlight booking issues earlier	May 2016	Increase utilisation/reduced DNAs improved communication closer working between service and booking team	Early escalation of issues, close working with booking team. Changes as a result of meeting – introduction of telephoning reminder relay evening service, reduction in last minute booking creation of consultant list to manage urgents, training and familiarisation by senior endoscopy nurses to the booking team resulting in greater knowledge of service and fewer errors	Weekly meetings now routinely taking place. ACTION NOW CLOSED
Introduce a pt letter that advises direct access pts that they have been added to waiting list for procedure	On Hold	Reduce DNA rate improved patient experience with better communication	-	This action no longer required due to the implementation of Patient Focused Booking for all sites. ACTION NOW CLOSED

Comments - Gastroenterology/Urology Diagnostics

The withdrawal from private sector since 1st April 2016 has resulted in a deteriorating position for Endoscopy where demand outstrips core provision. Additional pressure on capacity from high volume of Urgent Suspicion of Cancer patients taking priority. There has now been capacity identified for 900 Endoscopy procedures between November 2016 – March 2017 which will result in a substantial reduction of patients waiting over 12 weeks.

Reasons for Current Performance

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

Mitigating Actions

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

Diagnostics - Radiology

Healthcare Quality Domain: Timely

For reporting at **December 2016** meetings

Target/Standard:

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

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

NHS Lothian Performance:-

Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
Not Met	Deteriorating	Worse	Sep 16 (Mthly)	0 (max)	2,308 N.b. This figure is made up of the Total in Table 1, for the relevant reporting date only, on each of the three Diagnostics proformas, summed – as together these cover the eight Standard tests.	Oct 2016	Management Information	Yes	Yes	JC

Summary for Committee to note or agree

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

Key Diagnostic Tests - Radiology

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

Recent Performance: Numbers against Standard

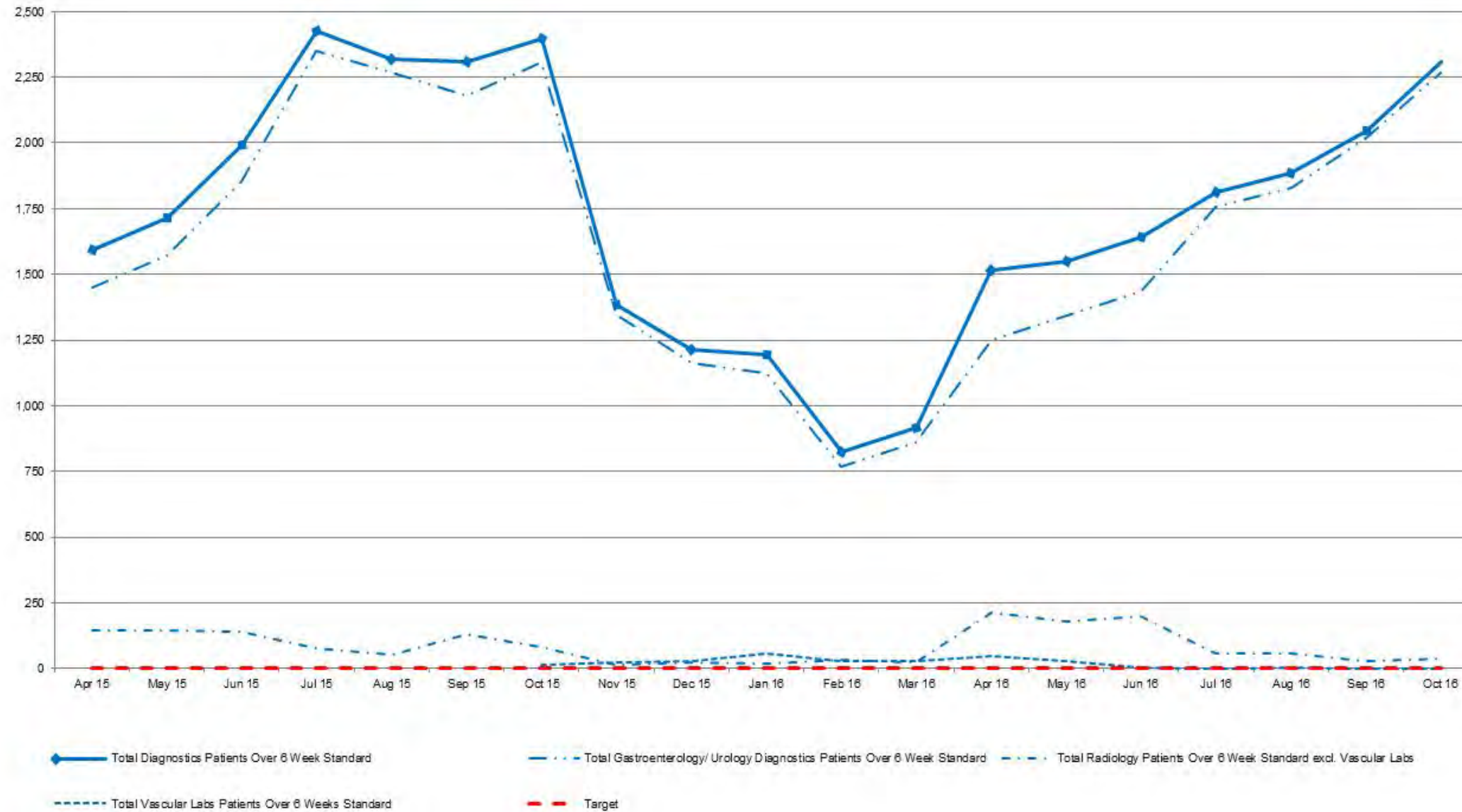
Table 1: Radiology - Numbers over 6 Week Standard² – Lower Count is Better

	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16
MRI	108	123	106	60	38	111	77	6	11	12	17	16	204	172	176	45	43	22	28
CT	15	8	6	12	9	9	3	2	6	2	5	6	7	3	19	5	7	4	8
General Ultrasound	23	13	30	4	5	10	1	5	5	3	9	3	3	3	3	5	5	1	2
Barium Studies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total³	146	144	142	76	52	130	81	13	22	17	31	25	214	178	198	55	55	27	38

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

³ Minus Vascular Labs, from Oct 15 inclusive onwards.

Figure 1: Diagnostics - Numbers over 6 Week Standard – Lower Count is Better



Timescale for Improvement against Target/Standard - Radiology

1st November to 31st March 2017

Actions Planned and Outcome - Radiology

Action	Due By	Planned Benefit	Actual Benefit	Status
External provision of CT and MRI –10 CT and 19 MRI mobile van days	End of March 2017	700 patient examinations per month	Sustain TTG	Implemented
Patients requiring MRI L. Spine invited to attend GJNH	End of March 2017	40-50 patient examinations per month	Sustain TTG	Implemented
Patients appointed to The Edinburgh Clinic for CT Colon	End of January 2017	25 patient examinations per month	Sustain TTG	Implemented
Reduce reporting beyond 6 weeks (weekly report to consultants to highlight long waits and overall position)	End of March 2017	Improved scan to report times	Sustain TTG	Implemented

Comments - Radiology

For Current Performance

33 patient Radiology examinations tripping the 6 weeks referral to unverified report at end **Oct 16**. (17 verified within 7 weeks)
23 are MRI. Extra sessions arranged to reduce and timely reporting.
8 CT and 2 US case complexity/delay in reporting.
Increase in Mobile CT days and planning Independent Provider support to meet a surge in demand for CT Colon.

Diagnostics – Vascular Laboratory

Healthcare Quality Domain: Timely

For reporting at **December 2016** meetings

Target/Standard:

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

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

NHS Lothian Performance:-

Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
Not Met	Deteriorating	Worse	Sep 16 (Mthly)	0 (max)	2,308 N.b. This figure is made up of the Total in Table 1, for the relevant reporting date only, on each of the three Diagnostics proformas, summed – as together these cover the eight Standard tests.	Oct 2016	Management Information	Yes	Yes	JC

Summary for Committee to note or agree

- A national shortage of Healthcare Scientists (HCS) has resulted in a vacancy being unfilled and a reduction in service capacity;
- The service has increased productivity, and in May 2016 brought in HCS staff from out with NHS Lothian to support a reduction in waiting times;
- The service is also prioritising training to develop the HCS workforce and to support the service in the longer term;
- Unfortunately one member of the team has handed in their notice which will adversely affect performance. The service is working to recruit to this vacancy, but there is a real risk that this may not be filled due to the scarcity of Vascular Scientists across the UK.

Key Diagnostic Tests - Vascular Labs

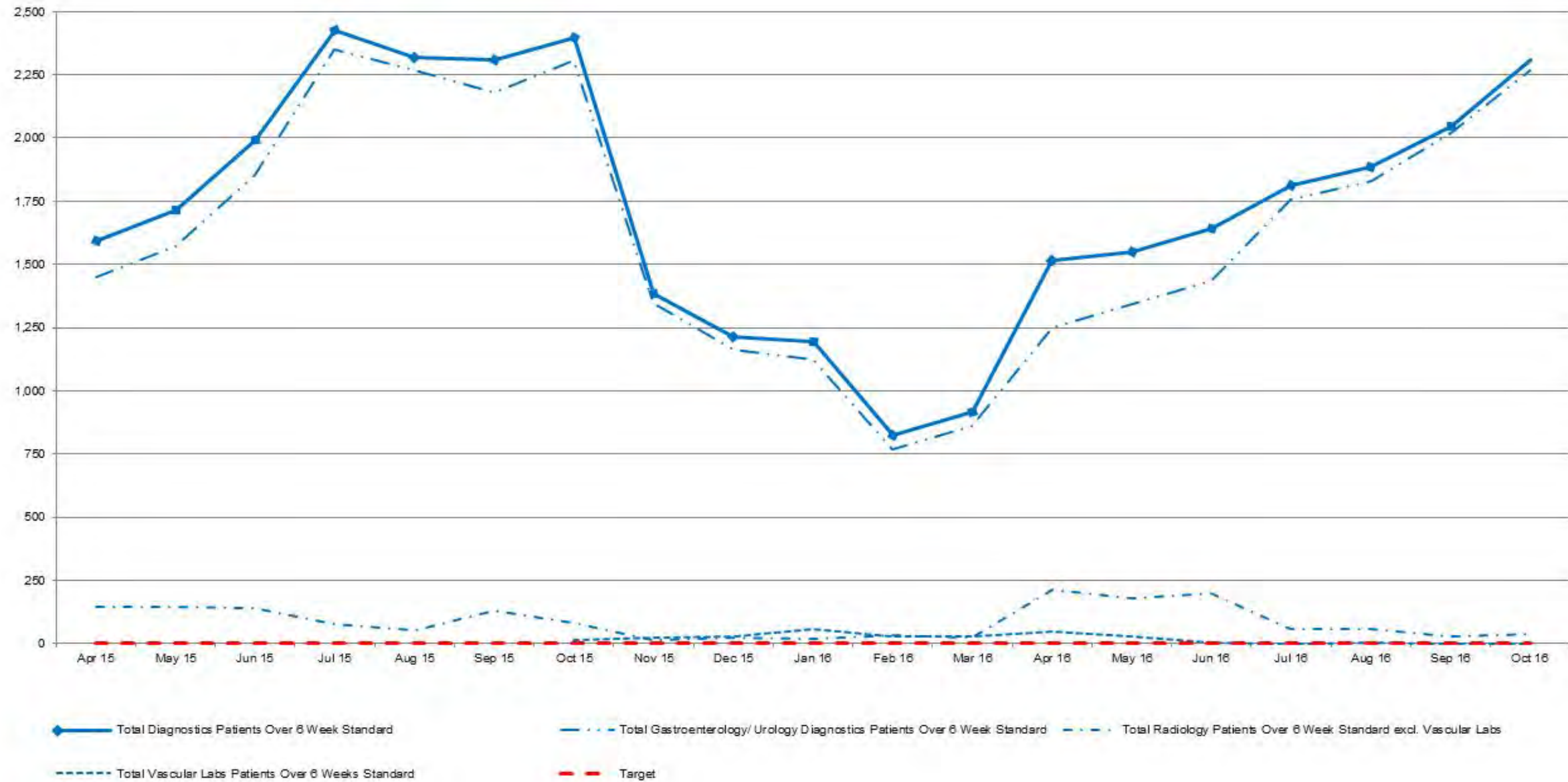
The diagnostic test for **Vascular Labs** was previously included in General Ultrasound (until September 2015 inclusive).

Recent Performance: Numbers against Standard

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

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

Figure 1: Diagnostics - Numbers over 6 Week Standard – Lower Count is Better



Timescale for Improvement against Target/Standard - Vascular Laboratory

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

Actions Planned and Outcome - Vascular Laboratory

Action	Due By	Planned Benefit	Actual Benefit	Status
Service reviewing options to further increase capacity	End of November 2016	Reduction in patients waiting over 6 weeks	To be evaluated once change has come into effect	In progress
Increase productivity by increasing patient facing direct clinical care workload and offering overtime to staff	End of December 2016	Increase capacity in vascular laboratory	As planned	Overtime is now routinely offered to staff to increase capacity

Comments - Vascular Labs

Reasons for Current Performance

A national shortage of Healthcare Scientists (HCS) has resulted in a vacancy being unfilled and a reduction in capacity. The position within the vascular lab is improving but there is an issue with the way in which the data are reported and this is being followed up with Andy Jackson's team.

Drug & Alcohol Waiting Times

Healthcare Quality Domain: Timely

For reporting at **December 2016** meetings

Target/Standard:

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

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

Responsible Director[s]: Nurse Director

NHS Lothian Performance:-

Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
Not Met	Improving	Worse	Apr – Jun 2016	90% (min)	83.7%	Jun 2016	ISD	No	Yes	AMcM

Summary for Committee to note or agree

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

- The Lothian wide figure is still below target by just over 6% but remains at a consistent level over the last 2 quarters.
- On a geographical basis services in Midlothian, East Lothian and West Lothian continue to exceed the target; partnerships
- Edinburgh's performance is similar to the last quarter but still below target.

NHS Lothian Substance Misuse Services Only

- Lothian NHS SMS as a whole continue on a rising trend and as at June showed their highest in the last 5 quarters at 81%
- NHSL SMS Services in East and Midlothian continue to meet / exceed the target;
- Within Edinburgh NHSL SMS services remain consistent with Q4 last year at 75%.
- West Lothian NHSL SMS services have continued to show an improving trend in the last 5 quarters from 38% to just under 83% in Q1 for this year. West Lothian SMD services have seen a reduction in the last month. This is mainly due to vacancies brought about by the continued uncertainty over funding and whilst the service is trying to maintain recruitment is getting difficult. New referrals will not be accepted onto case loads until some of those in treatment can be moved onto other services. There are contingencies in place for high risk individuals who may come forward. West Lothian ADP lead involved. This position may start to be replicated across other ADP

Actions

- Plans are being implemented in Edinburgh and West Lothian to enhance productivity and capacity within the teams; The productivity plans are under pressure due to numbers of staff moving to permanent contracts given ongoing uncertainty about what the 23% reduction will look like in reality.

Recent Performance – Numbers Against LDP Target

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

	Jun 15	Sep 15	Dec 15	Mar 16	Jun 16
NHS Scotland	95.3%	95.6%	95.2%	94.9%	95.0%
NHS Lothian	83.5%	82.9%	79.8%	83.9%	83.7%
Edinburgh City Alcohol & Drug Partnership (ADP)	80.7%	81.1%	75.6%	77.4%	77.0%
Midlothian and East Lothian ADP (MELDAP)	91.9%	94.8%	93.5%	96.3%	97.1%
East Lothian	91.5%	95.0%	90.5%	97.2%	95.4%
Midlothian	92.4%	94.5%	97.0%	95.4%	98.5%
West Lothian ADP	85.8%	80.0%	82.4%	93.2%	91.3%

Timescale for Improvement

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

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

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Substance Misuse Collaborative	20 th December 2016	Clarity on 17/18 funding and impact on service delivery both in community and NHS commissioning of services	Impact assessment of patient care/meeting drug treatment target	RED

The Lothian Substance Misuse Collaborative, the three ADPs and the four IJBs are working to take proposals forward to each organisation's Board to highlight what is required to meet the access target in each area and ensure sustainable services. ADPs are drawing together risk assessments on the impact on service delivery of the 23% reduction in ADP funding and these will be agreed through local IJB governance structures.

In addition NHS Lothian, the ADPs and the Health and Social Care Partnerships have agreed to progress the recommendations from a piece of commissioned work completed by McMillan Rome. The report and proposed next steps have been circulated to service leads. The Lothian Wide Substance Misuse Collaborative Group have set up several task groups to progress the detail of each recommendation. This was further discussed and refined at November Collaborative Meeting and leads identified

Comments**Reasons for Current Performance**

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

Reasons for the pressures in the city are:-

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

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

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

Healthcare Quality Domain: Timely

For reporting at **December 2016** meetings

Target/Standard:

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

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

NHS Lothian Performance:-

Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
Not Met	Deteriorating	Better	Sep 16 (Mthly)	0 (max)	910	Oct 2016	Management Information	Yes	No	JC

Summary for Committee to note or agree

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

Recent Performance – Numbers beyond Standard

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



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

Specialty	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16
Urology	137	123	92	104	133	143	116	76	33	23	37	59	122	136	182	221	296	386	398
General Surgery	48	39	18	29	21	15	18	9	12	25	30	51	51	71	59	67	45	117	155
Orthopaedic Surgery	88	86	60	55	62	40	32	24	25	28	42	52	73	52	32	47	77	105	119
Ear Nose and Throat	39	38	33	13	28	19	13	15	4	16	18	31	37	37	18	13	17	28	43
Vascular Surgery	1	0	1	2	1	0	1	2	1	13	16	21	18	5	3	4	14	10	38
Neurosurgery	6	12	14	8	6	5	0	6	14	24	39	35	45	53	54	46	42	43	35
Maxillofacial	42	46	34	31	30	33	30	20	2	0	3	4	10	9	5	7	17	21	31
Others	139	132	97	105	117	90	67	41	36	32	36	36	48	53	46	58	75	81	91
Total	500	476	349	347	398	345	277	193	127	161	221	289	404	416	399	463	583	791	910

Table 2: Treatment Time Guarantee Patients seen beyond 12 weeks

	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16
TTG Seen	476	463	389	314	314	368	293	276	207	163	219	297	297	404	398	318	402	373	454

Figures on Inpatient list size and unavailability are shown in the following table (Table 3). The use of unavailability and choice codes in Lothian remains low.

Table 3: List Size and Unavailability

Inpatients	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16
Total List Size (TTG)	8,941	8,692	8,642	8,421	8,599	8,826	8,820	8,944	9,140	9,216	9,809	8,814	8,625	8,628	8,856	9,031	8,948	9,271	9,202
Available	7,911	7,644	7,453	7,264	7,543	7,907	8,070	7,952	8,081	8,518	8,332	7,949	7,727	7,623	7,668	7,902	7,954	8,374	8,441
Unavailable	1,030	1,048	1,189	1,157	1,056	919	750	992	1,059	698	757	865	898	1,005	1,188	1,129	994	897	761
Percentage Unavailable	11.5%	12.1%	13.8%	13.7%	12.3%	10.4%	8.5%	11.1%	11.6%	7.6%	7.7%	9.8%	10.4%	11.6%	13.4%	12.5%	11.1%	9.7%	8.3%
Non-TTG	1,180	1,244	1,246	1,187	1,048	1,023	1,013	1,012	1,069	1,110	1,090	1,063	976	1,073	1,091	1,064	1,096	1,147	1,167

Timescale for Improvement

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

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Detailed review of Acute Services' available capacity and demand undertaken to inform our future capacity plans and financial planning process. This Demand, Capacity, Activity and Queue exercise has examined service performance against key performance indicators and identify scope for improvement with recommendations to specialties. Work has now moved from data collection and analysis to performance improvement monitoring. Actual activity against core capacity now implemented.	Initial output completed end Jan 2016. Quarterly meetings established with each service. First series of meetings held April 2016, second series of meetings held end July 2016. Next series of meetings scheduled November 2016.	Improved performance against agreed efficiency targets, example improved Day Case rate.	Once implemented fully this will enable teams to identify improvement opportunities where capacity can be maximised.	Quarterly meetings established with services to monitor performance.
Implementation of a Theatres Improvement Programme – a significant programme with multiple work streams to improve theatre efficiency.	Full implementation by December 2016	Overall improved theatre efficiency Reducing cancellations	The programme is on track to be implemented fully by December 2016 No delivered benefits can be claimed at this point as the work-streams are	Programme Board established. Regular meetings established

		Redesigning pre-op assessment	now being established.	
Theatre matrix meetings established on all sites. Facilitates optimum use of sessions through 'pick up' of cancelled lists due to leave and optimise use of hours within sessions. Service review of all booked theatre lists one week in advance to ensure optimum booking and theatre efficiency.	Fully implemented by October 2016	Maximise theatre utilisation	Increased theatre utilisation / increase in hours used / reduction in DNAs & CNAs	Established Weekly Theatre Matrix meeting routine practice in all specialties. Weekly waiting times meeting with E Health Waiting list office – established
Establish extent to which specialties plan routine elective patients requiring to be preoperatively assessed are appointed no later than week 4 of their journey – ensure consistent approach is taken.	End April 2016	Confidence that all patients on the waiting list are fit for surgery. Ensuring larger pool of patients prepped and ready to fill vacant theatre slots at short notice.	All patients on the IPWL are fit and ready, for surgery. Provides a pool of patients that we can contact for backfill / short notice cancellation. Detect early signs of pre / post of care.	Implemented in H&N. Next steps – roll out to other specialties.
Development of trajectories and detailed actions maximising internal capacity; New trajectories build up from, DCAQ work. Process endorsed by SG early May. Trajectories now developed until End March 2017.	End July 2016.	Optimise internal capacity and maintain focus on delivery of TTG	Once implemented fully this will enable teams to identify improvement opportunities where capacity can be maximised.	Trajectories developed and monitoring of activity-v- capacity undergoing as part of the quarterly reviews

Comments

Reasons for Current Performance

Demand for services is greater than core capacity.

Cessation of independent sector 1st April 2016.

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

Performance target is for 12 weeks, therefore if late cancellation due to hospital reason i.e. bed pressures, urgent cases etc there is limited ability to re book within 12 week TTG date.

Lack of willingness to undertake waiting list initiatives in some specialties or within theatre teams.

Sickness absence/ vacancies in some specialties reducing ability to use all scheduled sessions.

Outpatients

Healthcare Quality Domain: Timely

For reporting at **December 2016** meetings

Target/Standard:

From 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. (The target is 95% with a stretch target of 100%).

Responsible Director[s]: Executive Director: Chief Officer

NHS Lothian Performance:-

Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
Not Met	Deteriorating	Worse	Sep 16 (Mthly)	95% (min)	70.6% (17,890)	Oct 2016	Management Information	Yes	No	JC

Summary for Committee to note or agree

The software issue impacting on reporting at the Dental Institute has been effectively addressed. Patients there are now included, with updated figures presented from March 2016.

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

Recent Performance – Numbers beyond Standard

Table 1a: Trend in Outpatients over 12 weeks – Total - % – Higher % is Better

	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16
%* (Table 1b Total/Table 2 Total List Size)	92.6%	91.2%	91.7%	88.5%	86.7%	85.4%	85.3%	86.1%	85.1%	83.4%	83.5%	85.5%	84.0%	82.2%	81.5%	79.6%	75.8%	72.8%	70.6%

Figure 1: Trend in Outpatients over 12 weeks – Total - % (Table 1a) – Higher % is Better

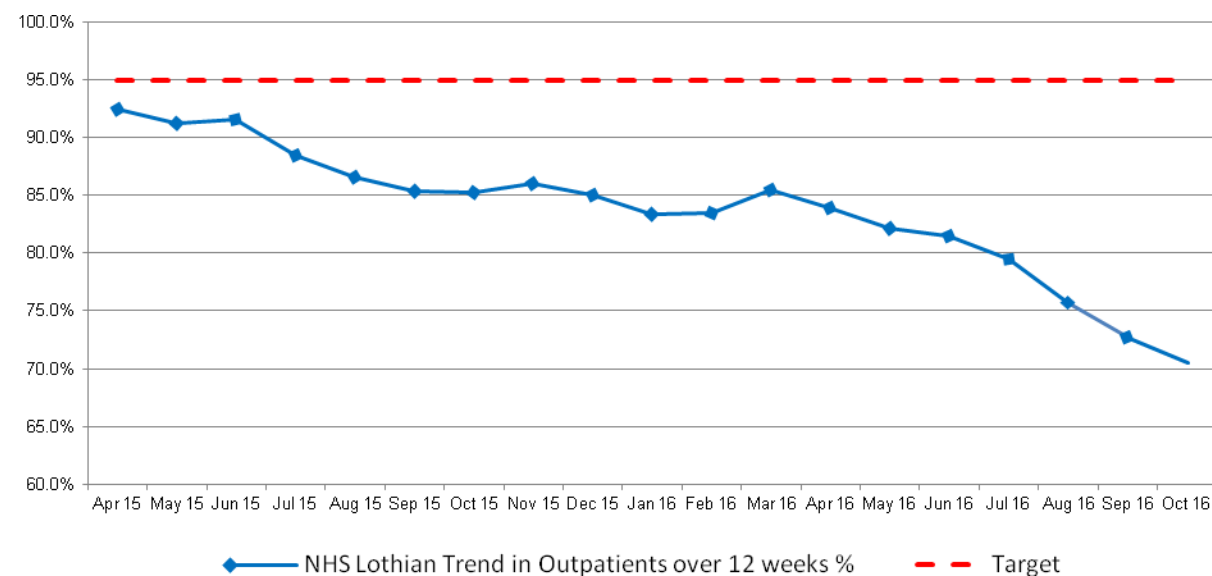
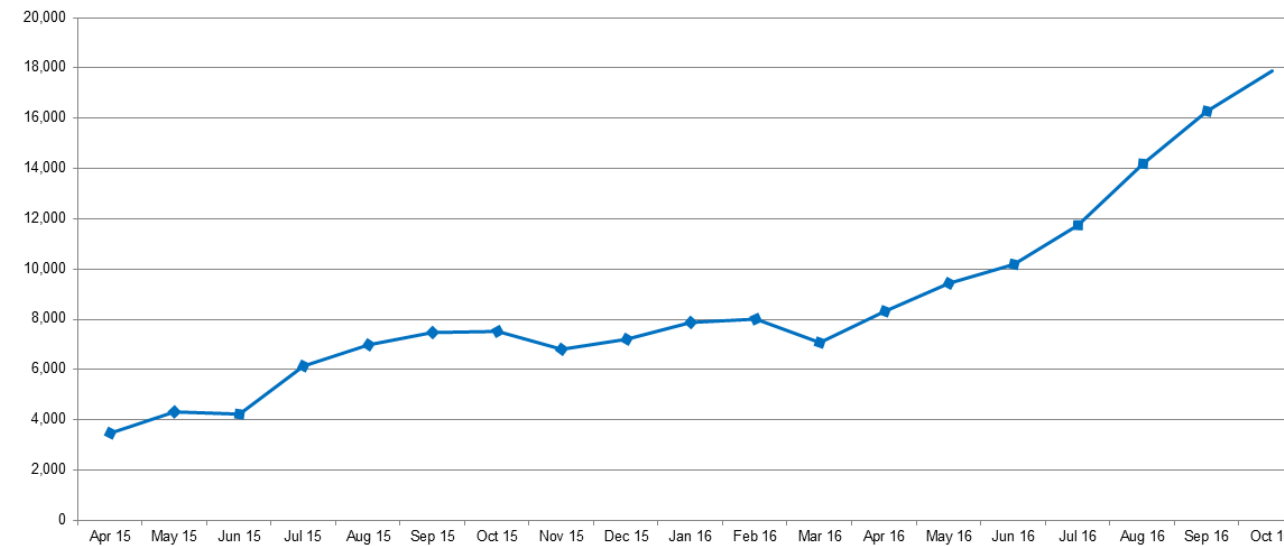


Figure 2: Trend in Outpatients over 12 weeks – Total - Numbers (Table 1b) – Lower Count is Better



◆ NHS Lothian Trend in Outpatients over 12 weeks No.

Table 1b: Trend in Outpatients over 12 weeks – Key Specialties – Lower Count is Better

	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16
GASTROENTEROLOGY	477	671	902	1,208	1,334	1,360	1,375	1,292	1,439	1,445	1,547	1,617	1,845	2,087	2,327	2,596	3,112	3,686	3,999
TRAUMA AND ORTHOPAEDIC SURGERY	515	665	558	912	1,291	1,623	1,847	1,982	2,165	2,366	2,166	1,916	2,201	2,255	2,321	2,660	2,927	2,977	3,078
GENERAL SURGERY (EXCL VASCULAR)	454	583	632	854	1,036	1,141	1,197	1,110	1,120	1,387	1,535	1,375	1,684	2,064	2,042	2,116	2,196	2,438	2,671
DERMATOLOGY	13	19	14	19	49	68	44	29	41	217	222	157	80	44	32	213	1,130	1,839	2,425
EAR, NOSE & THROAT (ENT)	431	504	541	872	1,093	1,040	681	478	373	394	390	345	492	596	827	921	1,072	1,155	1,239
VASCULAR SURGERY	21	23	21	28	93	182	281	293	308	341	326	296	333	339	362	447	578	667	795
UROLOGY	398	438	321	606	648	542	525	390	377	407	404	353	386	391	351	326	471	669	744
GYNAECOLOGY	256	266	216	283	379	446	583	481	524	322	308	178	180	254	193	200	350	512	565
ORAL MEDICINE	2	2	25	59	48	65	91	89	104	126	159	167	231	298	344	401	316	319	348
OPHTHALMOLOGY	336	378	326	475	395	412	335	212	157	192	188	121	189	224	216	342	350	356	346
OTHERS	564	712	636	771	567	549	532	423	534	628	741	511	639	852	1,120	1,489	1,666	1,647	1,680
Total over 12 Weeks	3,467	4,261	4,192	6,087	6,933	7,428	7,491	6,779	7,142	7,825	7,986	7,036	8,260	9,404	10,135	11,711	14,168	16,265	17,890

Table 2: Outpatients List Size and Unavailability

	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16
Total List Size	46,547	48,672	50,243	53,046	52,040	50,788	50,850	48,845	47,999	47,199	48,434	48,681	51,574	52,886	54,777	57,280	58,481	59,696	60,854
Available	45,843	47,951	49,004	51,930	50,867	49,746	50,011	47,890	46,516	46,319	47,485	47,874	50,912	51,652	53,490	56,083	57,414	58,721	59,783
Unavailable	704	721	1,239	1,116	1,173	1,042	839	955	1,483	880	949	807	662	1,234	1,287	1,197	1,067	975	1,071
Percentage Unavailable	1.5%	1.5%	2.5%	2.1%	2.3%	2.1%	1.6%	2.0%	3.1%	1.9%	2.0%	1.7%	1.3%	2.3%	2.3%	2.1%	1.8%	1.6%	1.8%

Timescale for Improvement

Following recent DCAQ work an out-patient trajectory has been developed until end March 2017.

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
<p>Review of Acute Services' available capacity and demand undertaken to inform our future capacity plans and financial planning process. This Demand, Capacity, Activity and Queue (DCAQ) exercise examined service performance against key performance indicators and identify scope for improvement with recommendations to specialties.</p> <p>Move from data collection and analysis to performance monitoring and improvement trajectories.</p> <p>Cessation of independent sector capacity from April 2016, factored into DCAQ work</p>	<p>Initial output end Jan 2016.</p> <p>Programme of further work around performance monitoring –quarterly review process in place First series of review meetings undertaken April 16 and second round undertaken August and September. Next series of review meetings being established for November 16.</p>	<p>Improved performance against agreed efficiency targets, example reduced DNA rate.</p>	<p>Once implemented fully this will enable teams to identify improvement opportunities where capacity can be maximised.</p>	<p>Meetings with service managers currently taking place. Completed end of September 16</p>
<p>In line with the National Towards Our Vision for 2020 Delivering Outpatient Integration Together Programme. Aim of the programme is manage flow through consistently and sustainably delivering a suite of changes.</p> <p>Progress following work streams;</p> <ul style="list-style-type: none"> Advice Only – Allows clinician to provide advice as an alternative to an outpatient appointment where appropriate and safe to do so. Accommodation Matrix – 'At a glance' view of physical clinic space which is used by Outpatient Service Manager and Clinical Service Managers to identify available staffed clinic space and facilitate clinic reconfiguration without additional resource, thus increasing capacity for both new and review patients. Return Patient List – Demand for return patients will be captured. Allowing return patients to be seen at clinically appropriate times. Capacity can be planned in advance; rescheduled return appointment through cancellation will decrease, protecting new patient slots. Template Harmonisation – process of reviewing clinic templates to ensure they reflect current practice and demand Patient Initiated Follow-Up – Reduce the number of return appointments allowing patients to re-engage when they are unwell and require secondary care intervention. Appointments will be released which can be transferred to new patients. Early planning stages within Dermatology, Rheumatology and Gynaecology. Review of the Refhelp service for GPs focusing on key specialties under significant pressure. GP and Specialist engagement in the review. Detail on waits per specialty to be made available to GPs so they are aware of length of wait prior to referring. 	<p>Specific work streams have various local target dates but overall programme delivering by 2020.</p> <ul style="list-style-type: none"> Advice only - Established within some H&N areas and two paediatric areas OP Matrix - Established on SJH Site Return waiting lists implemented within some areas with high return demand i.e. ENT/General Surgery and Vascular Surgery. Template Harmonisation fully completed by March 2017 Template with key specialty waits to be made available to GPs by end of September 2016. This piece of work is currently being progressed, and it is envisaged that the information can be pulled through from Tableau to allow the reporting of Waiting Times. 	<p>Decrease in number of new outpatient appointments (better demand management).</p> <p>Achieve upper quartile for the return: new ratio.</p> <p>Decrease DNAs.</p> <p>Improve patient and referrer awareness of waits</p>	<p>Advice only clinics set up within ENT & Plastic (hand clinics) – able to Triage letters and provide GP / Patient with advice without attending the hospital.</p> <p>OP Matrix – identify clinic space & nursing during core times – reducing the need for WLI weekend / evening clinics</p> <p>Return waiting lists - able to manage return demand, – able to track pt journey to ensure no patients are missed. Reported weekly at WT meetings.</p> <p>Harmonisation – better patient / Dr experience – pt Triage outcomes are aligned to the correct appointment slot – reducing the need for further visits</p> <p>Ref Help – providing GP with essential advice before referring pt to hospital – reduce unnecessary referrals / ensuring referrals are suitable for acute site</p>	<p>Progressing each of these work streams through the outpatient operational group.</p> <p>Advice only in place in 16 specialties. Work ongoing to implement in other areas.</p> <p>Endocrinology is almost complete</p> <p>Template Harmonisation In place for 7 specialties. 3 due to be completed by end of November. This is running later than planned due to TRAK upgrade and staffing issues within Health Records. Further 10 specialties in progress.</p> <p>Improved platform for RefHelp with enhanced navigation and search facilities now in process of being tested. Transition plan from current to new website being developed. Work is progressing well with the new Ref-Help website, with content from 2 specialties in place, with a further 2 ready for sign off. Content still to be received from 5 of the original 12 specialties and this is being chased up. Sharing sessions with GPs commenced and being received positively.</p> <p>Designing template with wait lengths for specialties which can go onto RefHelp for GP and patient information. Discussions ongoing to attempt to link Tableau and the new RefHelp website to allow the reporting of Waiting Times for GPs</p>

Comments

Reasons for Current Performance

Demand greater than capacity.

Overall increase in demand of 2% but significant rises seen in General Surgery, Dermatology, Ophthalmology and Gastroenterology.

Return demand in some key specialties impacting on additional capacity- i.e. additional in house clinics required to manage return demand rather than new.

Cessation of independent sector capacity.

DCAQ exercise to identify any mismatch in outpatient demand and capacity and take actions to address this.

Implementing actions in line with National Programme of Outpatient Redesign.

Sickness absence/vacancies in some specialties. i.e. Dermatology, urology.

Psychological Therapies

Healthcare Quality Domain: Timely

For reporting at **December 2016** meetings

Target/Standard:
The Scottish Government has set a target for the NHS in Scotland to deliver a maximum wait of 18 weeks from a patient's referral to treatment for Psychological Therapies from December 2014. Following work on a tolerance level for Psychological Therapies waiting times and engagement with NHS Boards and other stakeholders, the Scottish Government has determined that the Psychological Therapies target should be delivered for at least 90% of patients.

Responsible Director[s]: Chief Officer - West Lothian IJB

NHS Lothian Performance:-

Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
Not Met	Deteriorating	Worse	Jun 16 (Mthly)	90% (min)	60.3%	Oct 2016	Management Information	Yes	Yes	JF

Summary for Committee to Note or Agree

Recent Performance – Percentages against Standard

Table 1: Psychological Therapies Performance Trend - Revised October 2015 (including CHP, NeuroPsychology & Guided Self Help (low intensity psychological intervention - GSH) [3rd sector]) – Higher % is Better

	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16
Percentage seen within 18 weeks	39.4%	44.0%	39.7%	45.0%	45.9%	47.4%	67.6%	69.3%	73.0%	66.2%	70.5%	72.0%	71.4%	69.0%	68.1%	71.9%	72.3%	75.5%	60.3%
Revised Trajectory for seen within 18 weeks*																			
Total waiting at end of month	3,190	3,341	3,261	3,219	3,150	3,015	3,457	3,540	3,697	3,426	3,480	3,548	3,707	3,700	3,791	3,878	3,870	3,939	4,063
Those waiting more than 18 weeks	1,254	1,257	1,173	1,146	1,108	1,085	1,069	985	1,041	902	892	1,013	1,073	1,075	1,183	1,292	1,309	1,357	1,337

*Revised Trajectory to be agreed by end of July 2016 in line with agreed investment plan.

Table 2: Patients Seen for 1st Treatment – Higher % is Better

Service	Patients seen for 1st treatment (adjusted)				
	Number seen	within 18wks	over 18wks	% within 18 wks	% over 18wks
Psychological Therapies (Mental Health)	357	144	213	40.3%	59.7%
Clinical Health Psychology	108	106	2	98.1%	1.9%
Neuropsychology	55	55	0	100.0%	0.0%
GSH (3rd Sector)	21	21	0	100.0%	0.0%
Overall Position	541	326	215	60.3%	39.7%

Table 3: Patients Waiting at Month End

Service	Patients waiting at month end (adjusted)				
	Number waiting	within 18wks	over 18 wks	% within 18 wks	% over 18 wks
Psychological Therapies (Mental Health)	3,375	2,051	1,324	60.8%	39.2%
Clinical Health Psychology	474	470	4	99.2%	0.8%
Neuropsychology	126	126	0	100.0%	0.0%
GSH (3rd Sector)	88	79	9	89.8%	10.2%
Overall Position	4,063	2,726	1,337	67.1%	32.9%

Figure 1: Referrals for All Mental Health Psychological Therapy Services

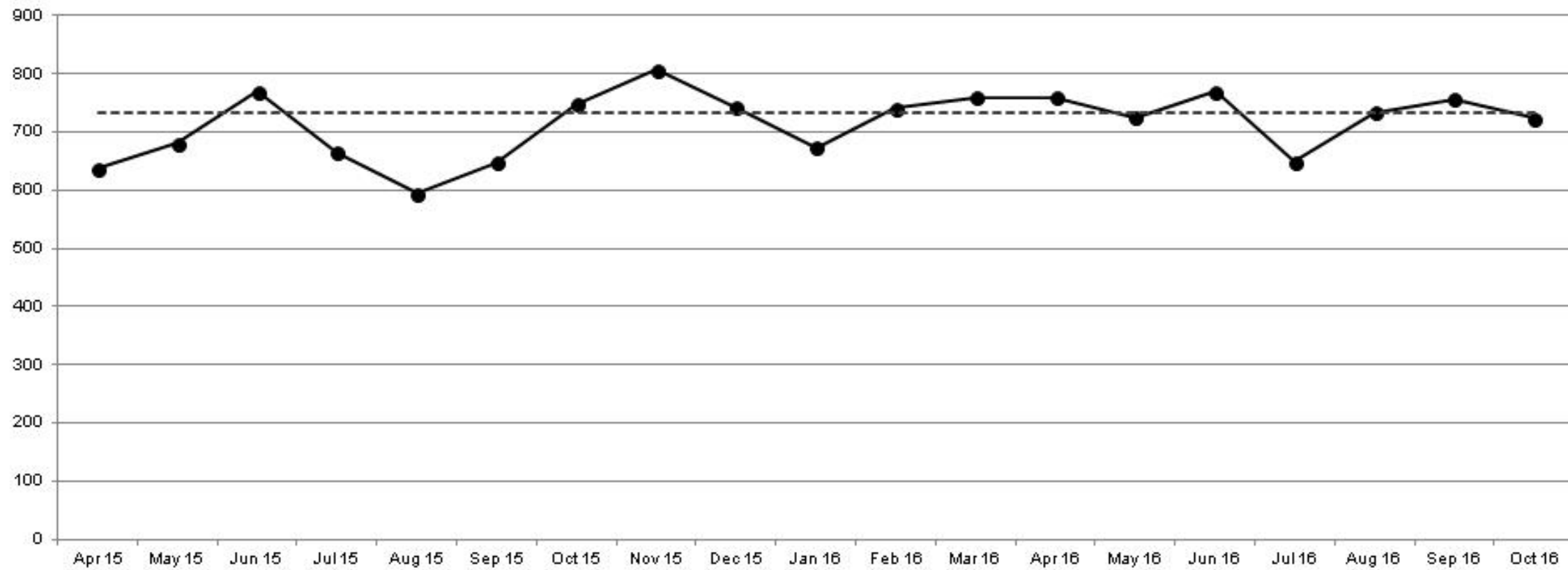


Figure 2: Psychological Therapies: % of Patients seen within 18 wks for 1st Treatment – Higher % is Better



Timescale for Improvement

The revised trajectory will be set by the end of July – this was delayed due to agreement being reached on the allocation of the “Building Capacity funding.”

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Updated Service Improvement plans for each service / team delivering psychological therapies.	Ongoing and reported and monitored via A12 Project Board.	Standardised reporting and monitoring and ability to escalate issues to Senior Management through the Project Board.	As per planned benefit.	Amber
A single prioritised amendments / additions work-plan for TRAK with named analytical, data and system support staff from clinical services, e-health and planning.	Completed and being monitored via A12 Project Board.	Transparency of progress; alignment of TRAK work; reporting of progress formally to the Project Board enabling escalation and resolution of issues.	As per planned benefit.	Amber
Development of a single implementation plan for the introduction of Patient Focused Booking across all service delivering psychological therapies.	Original date was May 2016. Due to configuration issues now anticipated July 2016. Pilot started.	Reduction in DNA and CNA appointments and therefore reducing loss of capacity through non attended appointments. Improved compliance with waiting times rules related to reasonable offer, unavailability and clock resets.	Centralised service implemented at REH and booking for SW OPD. Agreed process for utilizing TRAK PFB with Edinburgh PCMH & Edinburgh Psychology Services Clinic Templates submitted to eHealth for PCMHs & Psychology Staff training booked for end Nov/ Beginning Dec 2016.	Amber
Development of a single implementation plan for the introduction of Text Reminder system across all service delivering psychological therapies.	Expected implementation: June 2016. Delayed – anticipated delivery September 2016	Reduction in DNA and CNA appointments and therefore reducing loss of capacity through non attended appointments.	There continues to be a delay to the start of the pilot phase. The previous date was 31st August 2016 . The delay is due to issues with the TRAK 2016 upgrade which has delayed all scheduled work. The services participating in the 1 st test phase will be SE Edinburgh Psychology Service, West Lothian Psychological Therapies service, SMD Psychological Therapies Service.	Amber

Agreement of norms per WTE for direct clinical contact (appointments) based on banding and role across teams delivering psychological Therapies. Improved reporting of expected versus actual activity.	Completed	Increased number of total appointments available for psychological therapies. Increase in new patient treatment appointments available each month	Detailed under 'Summary for Committee to Note'.	Green
Amendment of the Meridian work allocation tool within Psychological Therapies for job planning with nurses and AHP delivering formal Psychological Therapies within REAS.	1 st March 2016	Continue to maximise clinical capacity through forward planning of workload and ensuring appointments slots utilised.	Tool has been amended	Green
Completion of updated DCAQ for all general adult services.	Requires to be run again for each service.	Confirm the DCAQ for each service enabling monitoring of agreed capacity against demand and activity.		Green
Completion of remaining DCAQ for all services / teams whose data is recorded and reported from TRAK.	Completed	Confirm the DCAQ for each service enabling monitoring of agreed capacity against demand and activity.	Agreed capacity for each team in March 2016. Delivery against capacity monitored on weekly basis	Amber
Introduction of Lothian-wide Group Programme funded by Mental Innovation funding.	1 February 2016	Document and agree expected activity and monitor actual over monthly periods.	Group programme implemented, reducing numbers being treated on individual basis. Training established for leads to maintain group programme after funding stopped.	Green

Comments

Reasons for Current Performance

Incomplete data

A small number of specialists in patient services (Forensic services, Psychiatric Rehabilitation) delivering psychological therapies are still unable to report data due TRAK configuration, service configuration or extracts not being available from TRAK.

To mitigate - prioritised work-plan for TRAK and service / team improvement plans.

Reduced capacity: Adult Mental Health General Services ONLY

Revised DCAQ continues to highlight capacity issues for adult mental health services. DCAQ has consistently demonstrated a capacity gap in *General Adult Psychology Services* and as at Feb 16 that gap was 13.1 WTE. An additional 12 WTE are required to clear the queue of patients waiting. "Building Capacity" allocation has been agreed at 10.5 WTE Clinical staff for Adult mental Health General Services to be recruited on a permanent basis. 9.5 WTE Clinical Staff have been recruited to as of October 2016. 1.0 WTE Band 8a remains to be recruited to.

0.8 WTE band 7 has been recruited to CFS service from these funds.

Increased demand

Increase in demand due to the increasing efficacy and awareness of the positive contribution of psychological therapies to improving patients' outcomes.

To mitigate –

Updated DCAQ for all services / teams. Reviewing the range of psychological therapies available and ensuring delivery of those with the most robust evidence bases are prioritised and matched to those who will most benefit.

Building Capacity funding will be target at those who have waited longest in adult mental health services.

18 Weeks Referral to Treatment

Healthcare Quality Domain: Timely

For reporting at **December 2016** meetings

Target/Standard:

90% of planned/elective patients to commence treatment within 18 weeks of referral.

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

NHS Lothian Performance:-

Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
Not Met	Deteriorating	Worse	Sep 2016	90% (min)	80.2%	Oct 2016	Management Information	Yes	Yes	JC

Summary for Committee to note or agree

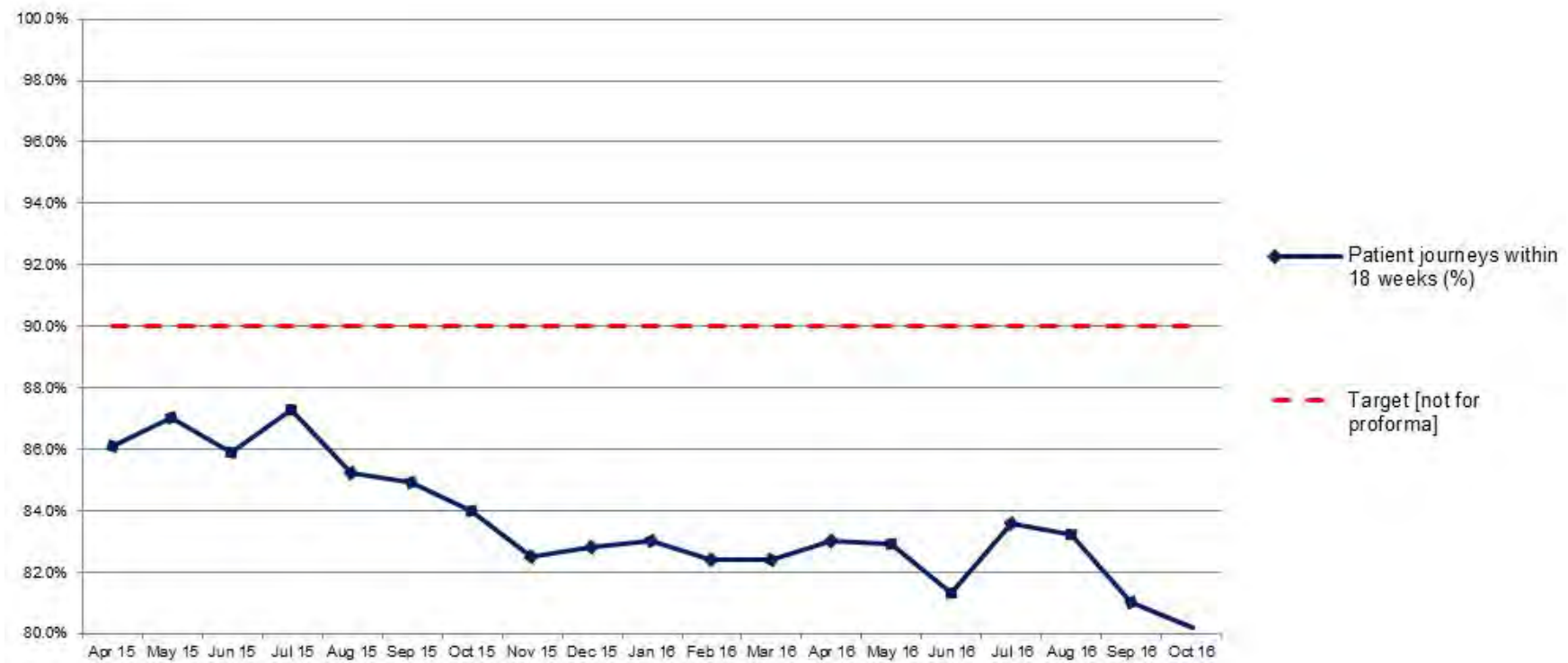
Use of independent sector ceased from April 1 2016; internal capacity is unable to fully cover this previous activity which will impact on overall RTT performance. Details of DCAQ work including efficiency improvements that we are undertaking are described in OP and IP/DC proformas.

Recent Performance – Percentages towards Standard

Table 1: Trend in 18 Week Performance and Measurement – Higher % is Better

	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16
Patient journeys within 18 weeks (%)	86.1%	87.0%	85.9%	87.3%	85.2%	84.9%	84.0%	82.5%	82.8%	83.0%	82.4%	82.4%	83.0%	82.9%	81.3%	83.6%	83.2%	81.0%	80.2%
Number of patient journeys within 18 weeks	12,446	12,417	13,795	13,297	12,631	13,820	13,642	13,000	13,133	11,931	12,396	12,791	13,157	13,067	13,303	11,213	13,080	11,498	11,307
Number of patient journeys over 18 weeks	2,001	1,849	2,265	1,941	2,201	2,449	2,604	2,749	2,720	2,443	2,647	2,736	2,688	2,703	3,061	2,197	2,632	2,691	2,785
Patient journeys that could be fully measured (%)	85.1%	85.7%	86.0%	84.8%	84.9%	86.7%	87.4%	86.3%	86.1%	86.8%	87.0%	87.1%	87.0%	87.0%	89.3%	87.3%	87.6%	87.0%	87.3%

Figure 1: % of Patient Journeys within 18 Weeks – Higher % is Better



Timescale for Improvement

None provided.

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Pursue significant programmes of work to improve efficiency and reduce patient waits for IP and OP access: Theatre Efficiency Programme; Demand and Capacity Programme, and Outpatient Redesign Programme.	DCAQ Phase1 - end of January 2016. Phase to monitoring of performance against key indicators started April 2016. Second round of performance meetings undertaken end July 16., scrutiny of progress against performance indicators , and monitoring of actual activity against baseline capacity Theatre programme- December 2016. Outpatient programme – 2020.	Improved performance against agreed efficiency targets, example improved Day Case rate. Improved demand management.	Refer to IPDC TTG and OP proformas.	Progressing individual work-streams. Refer to IPDC TTG and OP proformas.
Ensuring clinic outcome data is completed - Develop a monthly report that details by speciality and clinician clinic outcome completeness, supporting targeting improvement actions	First report December 2016	Clocks stop appropriately in line with clinical pathway.	-	Monthly monitoring of completeness data and impact of improvement actions

Comments

Reasons for Current Performance

Challenges within specific specialties as highlighted on the Outpatient and TTG proformas.

Stroke Bundle

Healthcare Quality Domain: Timely

For reporting at **December 2016** meetings

Target/Standard: This is a **New Standard**, implemented from 1st April 2016:

80% of all patients admitted to hospital with an initial diagnosis of stroke should receive the appropriate elements of the stroke care bundle.

Additional information

The key elements of the stroke care bundle are:-

1. Admission **to the stroke unit on the day of admission, or the day following presentation** at hospital;
2. Screening by a standardised assessment method to identify any difficulty swallowing safely due to low conscious level and/ or the presence of signs of dysphagia **within 4 hours of arrival at hospital**;
3. CT/ MRI imaging **within 24 hours** of admission; and
4. Aspirin is given **on the day of admission or the following day where** haemorrhagic stroke has been excluded, or other contraindication, as specified in the national audit.

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

NHS Lothian Performance:-

Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
Not Met	Deteriorating	Not Applicable	Not Applicable	80% (min)	67.0%	Oct 2016	eScottish Stroke Care Audit (SSCA) database	Yes	Yes	JC

Summary for Committee to note or agree

Stroke care is part of the Clinical Quality Programme during 2016, and stroke services have been identified as a priority to be supported by NHS Lothian's Quality Management Strategy. Projects developed from the Leadership Course are ongoing and support from NHS Lothian Quality Improvement leaders is continuing. Future SSQIB (Stroke Services Quality Improvement Board) meetings will focus on quality improvement and actions resulting from the improvement work being undertaken across the stroke units. A wide-ranging stakeholder event was held on 4th October and shared the quality improvement work that is being done. Workshops looked at quality patient care and how patient, carer and staff experiences could be improved following a stroke. The outputs of this event were taken to the SSQIB in November and ongoing priorities were agreed, including better family involvement in MDT discussions and improving staff experience of working within the stroke units.

The majority of bundle fails are for admission to the stroke unit or swallow screen. There are increasing numbers of patients being seen and receiving initial diagnoses of stroke and this has meant performance against stroke unit admission remains challenging and the target is unmet. Bed pressures across all sites and boarding patients in stroke beds have also impacted on admissions to new stroke patients. However, access to a stroke bed is improving month on month across Lothian and September's performance of 84.9% is the best performance over the last 18 months. The stroke unit bed co-ordinator at RIE (senior nurse from the unit) co-ordinates any admissions to the unit on instruction from the stroke liaison nurse. In September, there were thirteen fails for accessing a stroke unit, with the majority either admitted to the stroke unit or discharged home by day two. Three patients required admission to neuro HDU at WGH for appropriate intensive care.

The swallow screen standard is now within four hours of admission and performance against this rigorous standard still provides challenges. However, data shown at the 4th October Stakeholder event shows an increasing proportion of patients receiving an early swallow screen and the median time to delivery is improving. Stroke teams on all sites are engaging with front door teams to discuss options to support this standard. Eighteen of the 29 breaches were screened within eight hours, but there are still occasions when the screens are not documented. Quality improvement work across all sites is ongoing and draft October data shows fewer breaches. Performances for imaging and aspirin treatment remain steady, with imaging continuing to meet the updated national standard. Aspirin performance fell short of the 95% target but this is expected to remain above 90% when missing data is taken into account.

Performances in this report are against the amended national standards (from April 2016) for swallow screen and brain scan, and new national target for stroke bundle.

Recent Performance – Numbers achieved towards standard

Table 1: Stroke Bundle Performance – Higher % is Better
(provisional data for management, and liable to change)

	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16
Stroke Bundle Performance	67.0%	58.7%	57.7%	51.5%	64.7%	66.3%	79.0%	65.1%	65.0%	71.3%	66.1%	67.7%	57.6%	54.5%	72.6%	69.9%	73.7%	69.6%	67.0%
1. Access to stroke unit by day after admission	74.7%	66.3%	66.3%	48.5%	68.8%	71.1%	83.0%	75.8%	67.1%	77.3%	64.6%	71.3%	72.0%	64.1%	82.3%	78.6%	83.6%	84.9%	75.0%
2. Swallow screen within 4 hours of admission	81.7%	83.3%	82.5%	80.4%	86.3%	90.4%	89.1%	82.9%	83.5%	86.9%	84.7%	87.9%	77.7%	74.6%	85.1%	83.6%	84.1%	79.8%	84.2%
3. Imaging undertaken within 24 hours	95.4%	95.2%	95.9%	97.9%	94.1%	96.2%	97.5%	98.5%	95.2%	97.6%	97.6%	94.5%	96.2%	97.6%	92.7%	95.1%	98.3%	97.6%	95.7%
4. Aspirin by the day following admission	92.8%	90.9%	95.1%	87.7%	94.9%	92.1%	95.5%	93.8%	90.0%	93.3%	92.5%	81.7%	91.8%	93.4%	93.8%	91.9%	96.3%	90.0%	87.2%

Figure 1: Stroke Bundle Performance – Higher % is Better
(provisional data for management, and liable to change)⁴



Timescale for Improvement

A trajectory (local target), has been agreed with SGHD and set out below (Local target agreed at 70% for 2015/16. National target of 80% to be enforced from April 2016):-

	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16
Trajectory (local target)	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%

⁴ The performance line is broken on the chart as data to March 16 incl. is not comparable to data from April 16 onwards, due to change in Swallow Screen standard (from 90% on day of admission, to 100% within 4 hours of admission).

Actions Planned and Outcome				
Action	Due By	Planned Benefit	Actual Benefit	Status
Outreach service at WGH is delivered within ward nurse staffing establishment by senior band 5s and above.	Completed	Increased capacity to identify and take care of more patients, at an early stage.	To be determined. Audit of calls from ARU to Outreach underway.	Confirmation awaited from WGH team regarding improved capacity.
Determine best approach to identify stroke patients early on admission and alert stroke liaison nurse to them. Business Object (BO) report being developed by TRAK team to alert stroke unit (via blackberry) when patient with stroke symptoms is clerked in at front door (RIE).	In progress – December 2016	Early identification of stroke patients	Anticipated that this will provide patients with improved outcomes from early diagnosis.	Blackberry phone received 10 Nov. Automated TRAK report will now be trialled to identify when a patient with stroke symptoms attends front door at RIE.
AHP rehabilitation triage to identify 'fast track' patients for increased intensity of treatment and earlier sign-posting to community rehabilitation services pan Lothian. Development of a patient categorisation system to determine best pathways for them. Current test of change is looking at those who need intensive stroke-specific rehabilitation in the stroke unit.	December 2016	Decrease LOS, more patients going home quicker – LOS for patients, who met the "fast track" criteria, is reduced by three days. Increased intensity of rehabilitation for targeted patients to prepare for earlier discharge.	Mean LOS pre-test was 22.83 days, and post-test, 20.26 days. Thus a reduced LOS for patients on fast track referral to community services.	Continue to fast track suitable pts to community rehab. Currently looking at those who need intensive stroke-specific rehab in the stroke unit and whether the resources are there to achieve this.
Refocus on the role of the stroke bundle nurse at St John's, training of staff in swallow screening and completion of written documentation.	End of December 2016	Prompt identification of stroke patients and appropriate pathway in place.	Anticipated that this will provide patients with improved outcomes from early diagnosis.	Improvement team at SJH to commence looking at all aspects of stroke service with support from Service Improvement Manager. Work streams to follow.

Comments
<p>Reasons for Current Performance</p> <p>High demand on stroke unit beds across all sites. Boarding policy ensures those inpatients with ongoing therapy rehabilitation needs cannot be boarded to allow new admissions. Delays in identifying patients at front door as 'stroke' means additional pressures to swallow screen within four hours. Stroke outreach nurse role is undertaken within ward nursing establishment and there is no dedicated funding. When required, these nurses remain on the ward and cannot outreach to the front door. Stroke beds at WGH are available within a mixed stroke/MOE setting. The number of beds for stroke patients depends on the demand from MOE patients which impacts on overall stroke capacity pan Lothian.</p>

Surveillance Endoscopy

Healthcare Quality Domain: Timely

For reporting at **December 2016** meetings

Target/Standard: No patient should wait past their planned review date for a surveillance endoscopy.

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

NHS Lothian Performance:-

Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
Not Met	Deteriorating	Not Applicable	Not Applicable	0 (max)	3,966	Oct 2016	Management Information	Yes	Yes	JC

Summary for Committee to note or agree

- Surveillance scopes have continued to prove challenging;
- Activity in independent sector ceased 1 April 2016;
- Booking of the Regional Endoscopy Unit (REU) has transferred to External Provider Office;
- As well as reviewing options to increase capacity, the service has introduced a nurse led 'pre-assessment' process aimed at reducing demand. May 2016.

Recent Performance – Numbers Against Standard

Figure 1: Surveillance and Review Patients Overdue Appointment – Lower Count is Better

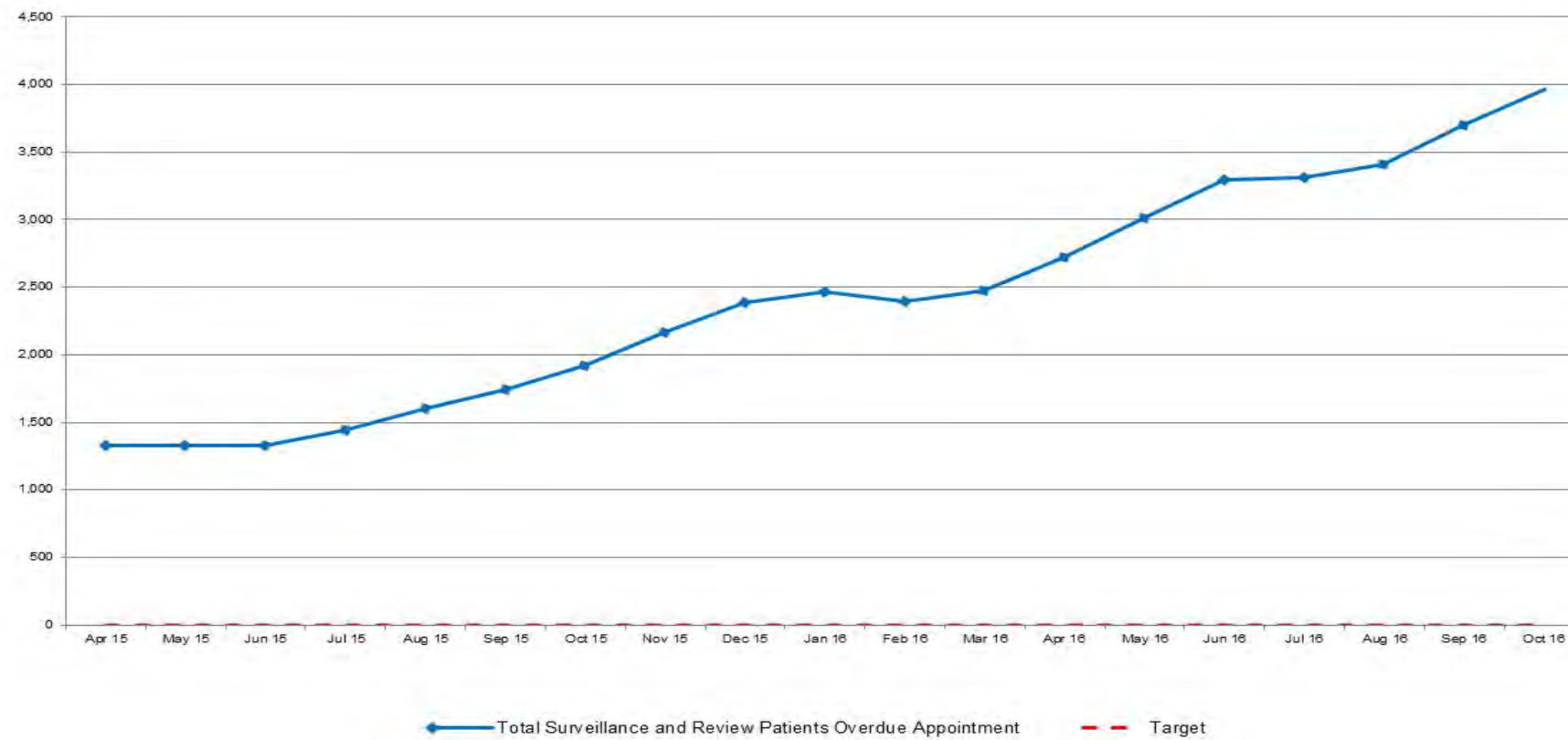


Table 1: Surveillance and Review Patients Overdue Appointment – Lower Count is Better

	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16
Colonoscopy	614	621	611	627	686	741	869	1,017	1,142	1,265	1,347	1,456	1,596	1,790	2,030	2,068	2,072	2,207	2,342
Upper Endoscopy	320	326	307	340	369	404	436	497	546	597	605	602	637	666	730	734	748	789	826
Flexible Sigmoidoscopy	109	119	126	135	155	165	153	168	182	187	186	197	206	220	236	227	222	239	248
Flexible Cystoscopy	196	164	200	235	290	327	342	355	374	273	120	73	114	145	82	53	161	248	319
Other	93	104	100	105	98	106	111	127	138	142	133	139	162	186	212	226	203	210	231
Total	1,332	1,334	1,344	1,442	1,598	1,743	1,911	2,164	2,382	2,464	2,391	2,467	2,715	3,007	3,290	3,308	3,406	3,693	3,966

Timescale for Improvement

Timelines for various actions outlined below.

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Completion of DCAQ for Endoscopy to confirm overall gap in list capacity	Quarterly monitoring process throughout 2016	Accurate measure of available capacity vs demand for both surveillance and new diagnostics	-	Due to other commitments and leave, the meeting has not occurred
Transfer of booking of surveillance scopes by PFB at Regional Endoscopy Unit to EPO, providing a dedicated resource and maximising use of REU for routine surveillance patients.	May 2016	Increase use of REU ensuring identifiable capacity for planned repeats Patient Focused Booking is better for patients and reduces short notice CNAs and DNAs	Example of one weeks activity at REU under the new system Booked Capacity 90.1% DNA Rate (Points) 2.7% DNA Rate (patients) 3.6% Actual Utilisation 87.7% which is a much improved position	Transfer occurred in May. PFB implemented and being measured and monitored
Plan for additional flexi cystoscopy activity to clear surveillance and planned repeat backlog.	Continuous evaluation of demand new and backlog demand against capacity; clear focus on reducing longest waits.	Reducing backlog and longest waits.	See status.	Continuing to evaluate.
Full time nurse validation and telephone screening model for repeat endoscopies.	1 st June 2016	45% reduction in total numbers validated then telephone screened was achieved within NHS Lanarkshire, same model we are implementing. This was largely driven by patient choice. These patients may historically have been DNAs and therefore ensuring capacity is maximised	Safe managed reduction in planned repeat list by clinical validation and telephone pre-assessment screening. Patients most in need of early scope identified, reduction in DNA more efficient use of capacity. Since start of new process 37% reduction of patients contacted and a further 8.5% have had follow-up dates deferred based on current clinical guidelines.	Weekly monitoring ongoing

Comments

Reasons for Current Performance

Underlying capacity gap for endoscopy with additional demand pressures evident. Endoscopy units also balancing provision of urgent in-patient scoping to support in-patient flow and reduced length of stay.
Consultant vacancy in Urology service resulting in shortfalls in flexible cystoscopy sessions.
Previous poor utilisation of REU with high DNAs now improved by PFB process

Mitigating actions

New Consultant Urologist appointments commenced in May 2016 providing additional flexible cystoscopy capacity.
Continued focus on booking process for surveillance patients appointed to the Regional Endoscopy Unit to maximise uptake of capacity and reduce DNA's and cancellations.
Impact of model for 'pre-assessment' service for all surveillance patients requiring a procedure continues to be monitored.

Delayed Discharges – East Lothian Integrated Joint Board (IJB)

Healthcare Quality Domain: Effective

For reporting at **December 2016** meetings

Target/Standard: To **minimise delayed discharges over 3 days**, with a current national standard of **none over 14 days**

Responsible Director[s]: Chief Officer and Joint Directors

NHS Lothian Performance:-

Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
Not Met	Improving	Worse	Sep 2016	0 (max)	236 (>3 days, excl. Code 9s ⁵ & 100s ⁶)	Oct 2016	EDISON	Yes	Yes	DS
East Lothian IJB Performance					31 (13.1% of NHS Lothian Performance)					

Summary for Committee to note or agree

- East Lothian's performance had been steadily improving from a peak of 43 in 2014, reducing to between 15 to 25 at each monthly census until spring 2016. From then until August 2016 the number rose, in part due to new reporting rules, but mainly due to suspension of admissions to a large local care home and capacity problems with care at home providers. This figure peaked at 61 in August. Since then numbers have reduced and figures in mid November show 29 patients (Monday 14th), with a delayed discharge. The care home in East Lothian, which had been closed to new admittances since early 2016, is being gradually returned to full capacity.
- East Lothian routinely had around 1,000 hours of unmet care at home demand each week due to capacity problems with providers. This had risen to 1,800 hours per week in September, but has reduced slightly to 1,750 hours. About 1/3 of this relates to hospital delayed discharges. Feedback from providers about capacity issues indicates that recruitment and annual leave were the key factors over the summer. The HSCP has implemented living wage for providers in October in order to improve recruitment and retention. The HSCP is also retendering the contracts in 2016/17 and will use this process to improve capacity and logistics. The HSCP is considering how IJB additionality will be applied to procuring additional capacity.

Recent Performance – Delayed Discharges

Table 1: Census Return Data - Total Delayed Discharges (incl. delayed discharges <=3 days, >3days, and Code 9s; excl. Code 100s) – Lower Count is Better⁷

	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16
City of Edinburgh										198	192	201	225
East Lothian										40	61	60	41
Midlothian										24	27	34	21
West Lothian										40	38	38	36
Total Delayed Discharges (incl. Code 9s, excl. Code 100s)	281	275	269	260	251	238	220	227	262	308	323	335	326

⁵ Code 9s are used for 'complex' cases - they are codes used when a partnership is unable, for reasons beyond their control, to secure a patient's safe, timely and appropriate discharge from hospital.

⁶ Code 100 is used for commissioning/re-provisioning.

⁷ New national definitions from July 2016 prevent a breakdown of delayed discharges by IJB, delay reason or length of delay being provided for prior to this point, on a comparable basis.

Figure 1: Census Return Data - Total Delayed Discharges (incl. Code 9s, excl. Code 100s) – Lower Count is Better

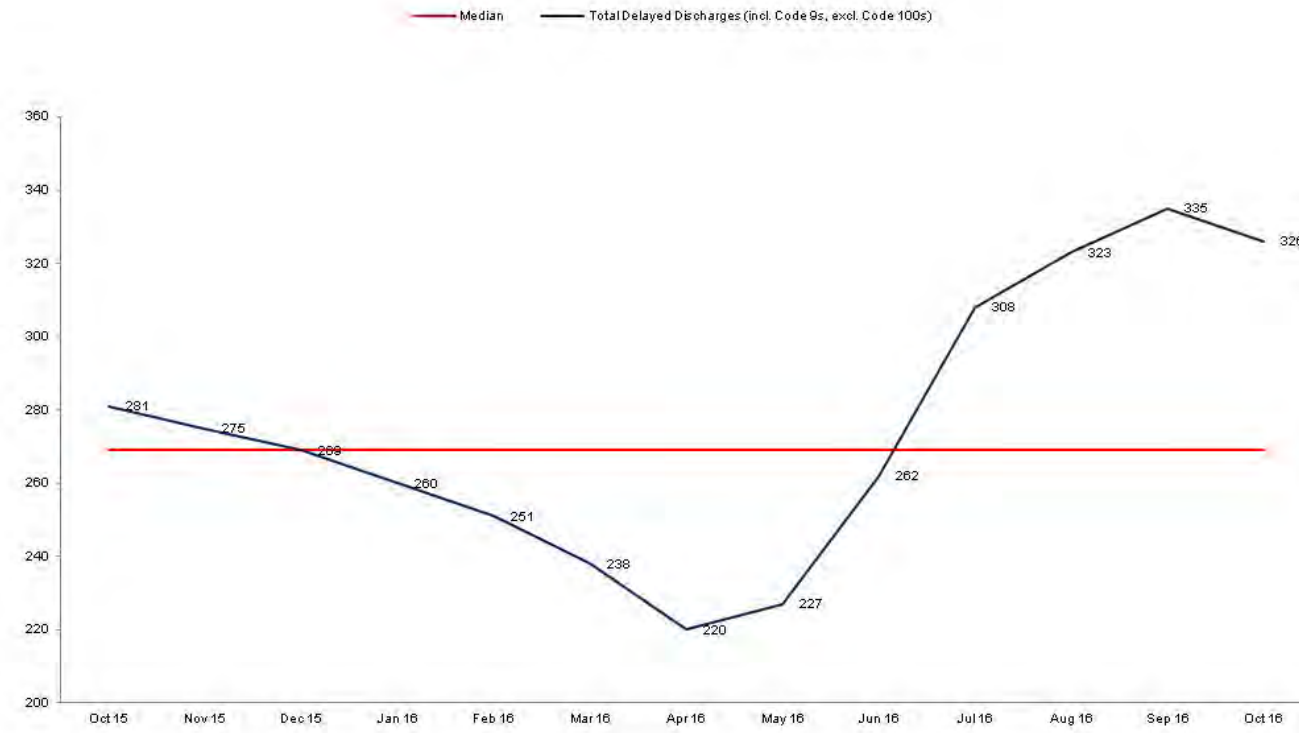


Figure 2: Census Return Data - Delayed Discharges >3 Days (excl. Code 9s & 100s) – Pre & Post-Definition Change– Lower Count is Better

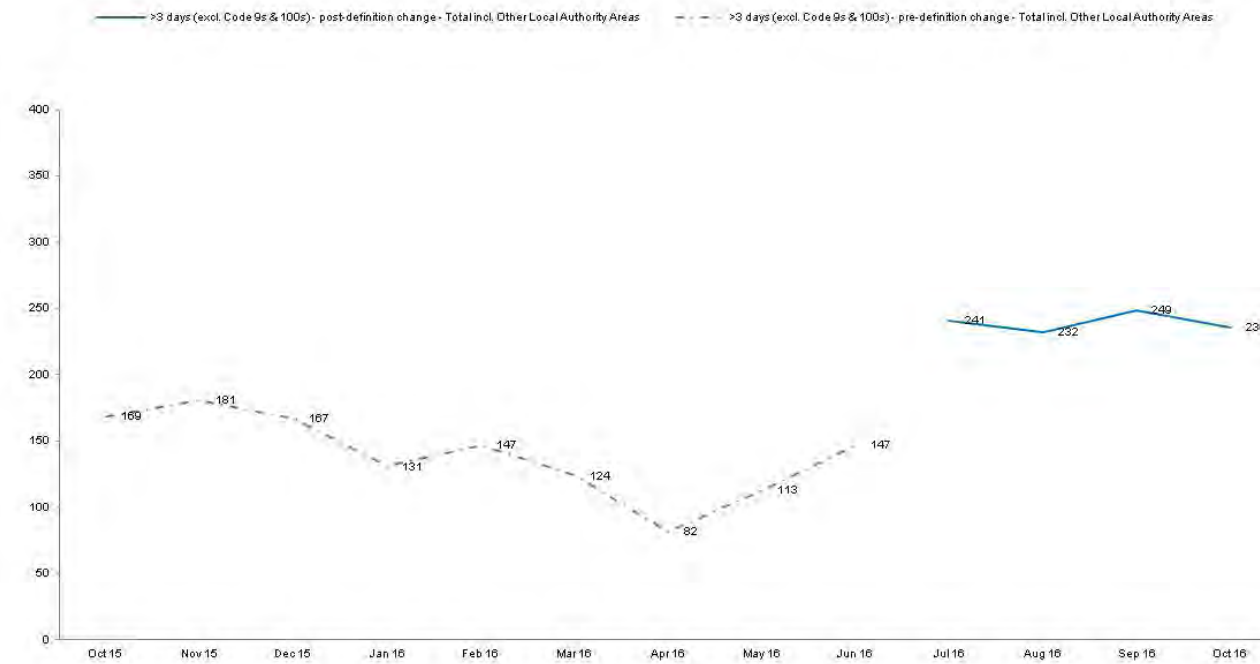


Table 2: Census Return Data - Delayed Discharges – New Methodology – Lower Count is Better

	Jul 16	Aug 16	Sep 16	Oct 16
<=3 days (excl. Code 9s and 100s)				
City of Edinburgh	20	26	23	32
East Lothian	2	11	14	9
Midlothian	2	8	4	5
West Lothian	4	10	6	8
Total incl. Other Local Authority Areas	29	55	47	55
>3 days (excl. Code 9s and 100s)				
City of Edinburgh	153	144	155	168
East Lothian	35	47	44	31
Midlothian	15	13	25	12
West Lothian	33	23	23	23
Total incl. Other Local Authority Areas	241	232	249	236
Code 9s				
City of Edinburgh	25	22	23	25
East Lothian	3	3	2	1
Midlothian	7	6	5	4
West Lothian	3	5	9	5
Total incl. Other Local Authority Areas	38	36	39	35
Code 100s				
City of Edinburgh	23	23	27	23
East Lothian	3	5	4	2
Midlothian	4	3	3	5
West Lothian	4	6	6	5
Total incl. Other Local Authority Areas	34	37	40	35

Timescale for Improvement – East Lothian IJB

A trajectory had been proposed by East Lothian that cover all delayed discharges—those that are part of the monthly census and those that are excluded from the census, and is set out below:- whilst a trajectory has not been required to be agreed with SGHD, the numbers below are a suggested trajectory for East Lothian. However since July was significantly off trajectory it has been agreed that a revised trajectory is required. This is proposed in the table below. It should be noted that East Lothian is now ahead of trajectory based on the October census (41 against a trajectory of 56) and has continued to improve into November.

Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	March 17	April 17
56	50	44	47	31	25	20

Actions Planned and Outcome – East Lothian IJB

Action	Due By	Planned Benefit	Actual Benefit	Status
East Lothian has funded additional capacity in Hospital to Home using delayed discharge fund.	Completed	Reductions in delayed discharge.	April 2015 total was 15	
East Lothian planning for implementation of living wage in home care	October 2016	Increase attractiveness of career in care and improve retention of staff.	Total numbers of delays have fallen to 42 on EDISON on 28/10/16	Implemented
East Lothian planning to invest c £1m of social care fund in purchasing additional capacity in care at home following introduction of living wage. Innovative procurement methods will be used to secure blocks of activity for people delayed in hospital.	October 2016	Increase capacity of care at home	To be determined	Being planned
Investment in ELSIE through Integrated Care Fund to provide 24/7 cover to prevent hospital admission.	tbc	Avoid admission and support rapid discharge	To be determined	Being planned
Retendering of current care at home framework	April 2017	Improve capacity of providers in tandem with Living Wage implementation.	To be determined	Project underway and specification under development
Introduction of second additional team in hospital to home service	October 2016	More care hours – 4 more complex packages	4 packages	Implemented
Introduction of third additional team in hospital to home service	November 2016	More care hours – 4 more complex packages		
Support care home to reopen	September/October 2017	Reduction in numbers waiting for care home by at least 11 (current number of vacancies)	N/A	Date to be confirmed – care home still under restrictions following most recent CI inspection
Consider bringing unused NHS or Council capacity into use.	tbc	Up to 10 residential care home places (but only 5 waiting at present – so not value for money)	N/A	Being considered

Comments – East Lothian IJB
Reasons for Current Performance

The key issue is capacity of care at home providers to meet demand. The actions above are mostly aimed at addressing this factor. The care home market is vulnerable in East Lothian, however, temporary cessation of admissions to one large care home has been reversed and patients/ clients who have this as one of their choices are being admitted on a phased basis. This will reduce the number of people waiting for care homes.

Delayed Discharges – Edinburgh Integrated Joint Board (IJB)

Healthcare Quality Domain: Effective

For reporting at **December 2016** meetings

Target/Standard: To minimise delayed discharges over 3 days, with none over 14 days, pending national clarity.

Responsible Director[s]: Chief Officer and Joint Directors

NHS Lothian Performance:-

Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
Not Met	Improving	Worse	Sep 16	0 (max)	236 (>3 days, excl. Code 9s ⁸ & 100s ⁹)	Oct 2016	EDISON	Yes	Yes	RMG
Edinburgh IJB Performance					168 (71.2% of NHS Lothian Performance)					

Summary for Committee to note or agree

- Targets for the reduction of delayed discharge for the Edinburgh Partnership have been agreed up to April 2017 with the objective of achieving a level of 50 by the end of this period.
- A comprehensive programme of actions to address delayed discharge for Edinburgh residents is being overseen by the Patient Flow Programme Board, which meets on a monthly basis. The Board has specific work streams to support improvements in discharge and admission avoidance and in September a **whole system** self-assessment was undertaken to determine performance against best practice. This was intended to enable the Flow Board to review targets and oversee the improvement plan to be developed through the self-assessment process.
- The self-assessment event led to the identification of four further priority actions in the following main categories: performance dashboard, ICT strategy, procedures and practice issues for locality working and procedures and practice issues for hospital stays.

Recent Performance – Delayed Discharges

Table 1: Census Return Data - Total Delayed Discharges (incl. delayed discharges <=3 days, >3days, and Code 9s; excl. Code 100s) – Lower Count is Better¹⁰

	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16
City of Edinburgh										198	192	201	225
East Lothian										40	61	60	41
Midlothian										24	27	34	21
West Lothian										40	38	38	36
Total Delayed Discharges (incl. Code 9s, excl. Code 100s)	281	275	269	260	251	238	220	227	262	308	323	335	326

⁸ Code 9s are used for 'complex' cases - they are codes used when a partnership is unable, for reasons beyond their control, to secure a patient's safe, timely and appropriate discharge from hospital.

⁹ Code 100 is used for commissioning/re-provisioning.

¹⁰ New national definitions from July 2016 prevent a breakdown of delayed discharges by IJB, delay reason or length of delay being provided for prior to this point, on a comparable basis.

Figure 1: Census Return Data - Total Delayed Discharges (incl. Code 9s, excl. Code 100s) – Lower Count is Better

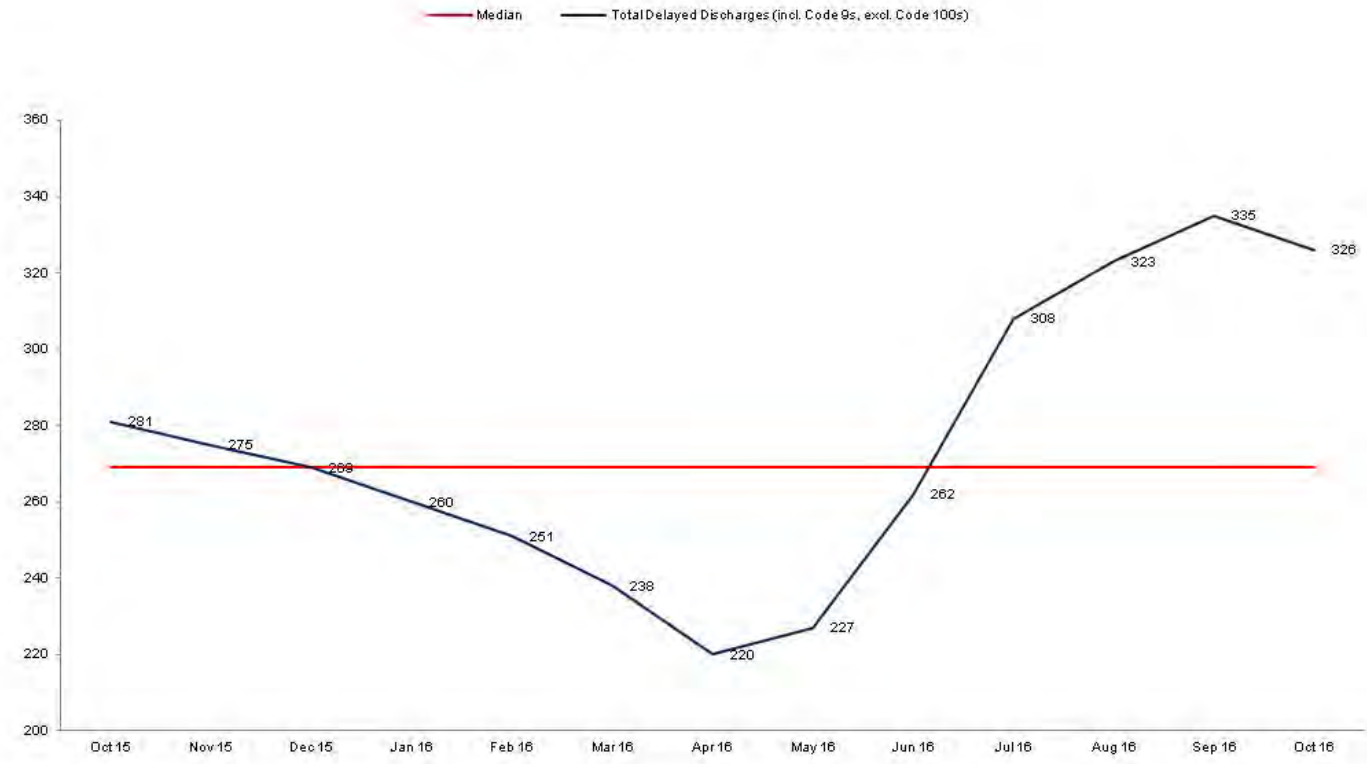


Figure 2: Census Return Data - Delayed Discharges >3 Days (excl. Code 9s & 100s) – Pre & Post-Definition Change – Lower Count is Better

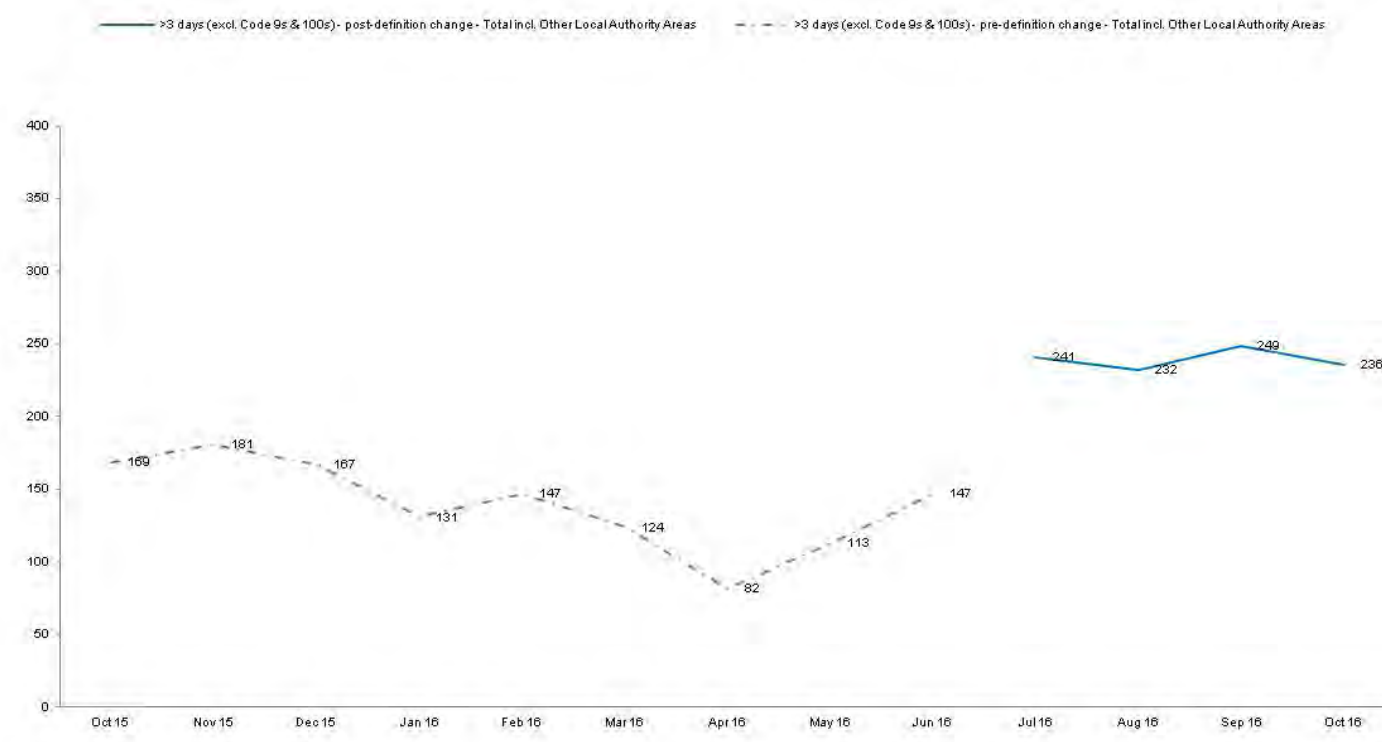


Table 2: Census Return Data - Delayed Discharges – New Methodology – Lower Count is Better

	Jul 16	Aug 16	Sep 16	Oct 16
<=3 days (excl. Code 9s and 100s)				
City of Edinburgh	20	26	23	32
East Lothian	2	11	14	9
Midlothian	2	8	4	5
West Lothian	4	10	6	8
Total incl. Other Local Authority Areas	29	55	47	55
>3 days (excl. Code 9s and 100s)				
City of Edinburgh	153	144	155	168
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Code 100s				
City of Edinburgh	23	23	27	23
East Lothian	3	5	4	2
Midlothian	4	3	3	5
West Lothian	4	6	6	5
Total incl. Other Local Authority Areas	34	37	40	35

Timescale for Improvement – Edinburgh IJB

A trajectory for the period to May 2016 was agreed with SGHD for the Edinburgh partnership, and set out below:-

Reportable Delays excluding x codes					>2 weeks (derived from all reportable delays excluding x codes)					>4 weeks (derived from all reportable delays excluding x codes)					All targets
Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jan 16	Feb 16	Mar 16	Apr 16	May 16	From June 16
118	100	80	55	50	64	46	26	1	0	36	33	15	0	0	TBD

Actions Planned and Outcome – Edinburgh IJB

Action	Due By	Planned Benefit	Actual Benefit	Status
Continued work on the work streams initiated following the key stakeholder event in March 2016: admission avoidance; reablement, recovery and rehabilitation; supporting discharge	Ongoing	Reductions in delayed discharge Reduced delays across the pathway Reduction in hospital admissions		Work is underway and progress is being closely monitored by the Patient Flow Programme Board. This includes: <ul style="list-style-type: none"> • Development of a discharge protocol and the testing of daily dynamic discharge approach • Proposal in draft for phase 2 of rehab and recovery • Admission avoidance – development and roll out of Anticipatory Care Planning (ACP) and the Key Information Summary (KIS); work on the falls pathway
Rehabilitation and recovery – phase 2: realignment of reablement provision to ensure effective use of the resource. This is part of the demand management work stream, being led by EY.	June 2016	With more effective targeting of the reablement service to people who are likely to benefit, it is anticipated that there will be a greater reduction in the level of support needed.	Average package reduction: 70% (target was 45%)	New selection criteria for the service and the referral and service pathways have been agreed and came into operation on 1 June. Monitoring of performance has commenced and shows ongoing reductions in packages of care required, exceeding targets.
Increase capacity and responsiveness of care at home through the new contracts.	November 2016	New contactors must take work within a week. In house service being restructured to support this and to enhance reablement		New contactors in place from end of October 2016 – service to be grown over the following 6 months.
Actions resulting from the whole system self assessment: performance dashboard, ICT strategy, procedures and practice issues for locality working and procedures and practice issues for hospital stays.	Ongoing	Improved flow and prevention of unnecessary hospital admission.		Work is underway to develop a performance overview of the whole system with an initial presentation made to the Flow Board on 11 November 2016. Work to prepare for the full implementation of the MATTs and Hubs is underway. The aim is to implementation to begin early in the new year. Preparations include determining ICT requirements and this is being overseen by the ICT Steering Group.

Comments – Edinburgh IJB

The number of reportable delays in Edinburgh increased in September from 144 to 155.

The main reason for delay continues to be waiting for domiciliary care, but there are also a significant number of people waiting for a care home place. Recruitment of people to posts in the care sector remains a challenge within Edinburgh.

A self assessment of the current approach in Edinburgh to tackling delays in transfer of care has been undertaken, utilising the best practice guidance contained within the Joint Improvement Team “Self Assessment Tool for Partnerships” (updated 2015) and The National Institute for Health and Care Excellence guidelines (Dec 2015) for “Transition between inpatient hospital settings and community or care home settings for adults with social care needs”. The results of the self-assessment are forming the basis of further improvement actions as outlined above.

Reasons for Current Performance

Waiting for domiciliary care continues to be the most common reason for delay (81 people) followed by people waiting for care home place (50). Recruiting staff to posts in the care sector remains a challenge in Edinburgh.

Delayed Discharges – Midlothian Integrated Joint Board (IJB)

Healthcare Quality Domain: Effective

For reporting at **December 2016** meetings

Target/Standard: To minimise delayed discharges over 3 days, with none over 14 days, pending national clarity.

Responsible Director[s]: Chief Officer and Joint Directors

NHS Lothian Performance:-

Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
Not Met	Improving	Worse	Sep 16	0 (max)	236 (>3 days, excl. Code 9s ¹¹ & 100s ¹²)	Oct 2016	EDISON	Yes	Yes	EM
Midlothian IJB Performance					12 (5.1% of NHS Lothian Performance)					

Summary for Committee to note or agree

- The performance within Midlothian remains off-target, but there has been an improvement in performance over the last month and weekly monitoring suggests that this improvement is being maintained in to November. There is still further work to be done and the recent investments in advance of Winter will continue to support work towards achieving no delays.

Recent Performance – Delayed Discharges

Table 1: Census Return Data - Total Delayed Discharges (incl. delayed discharges <=3 days, >3days, and Code 9s; excl. Code 100s) – Lower Count is Better¹³

	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16
City of Edinburgh										198	192	201	225
East Lothian										40	61	60	41
Midlothian										24	27	34	21
West Lothian										40	38	38	36
Total Delayed Discharges (incl. Code 9s, excl. Code 100s)	281	275	269	260	251	238	220	227	262	308	323	335	326

¹¹ Code 9s are used for 'complex' cases - they are codes used when a partnership is unable, for reasons beyond their control, to secure a patient's safe, timely and appropriate discharge from hospital.

¹² Code 100 is used for commissioning/re-provisioning.

¹³ New national definitions from July 2016 prevent a breakdown of delayed discharges by IJB, delay reason or length of delay being provided for prior to this point, on a comparable basis.

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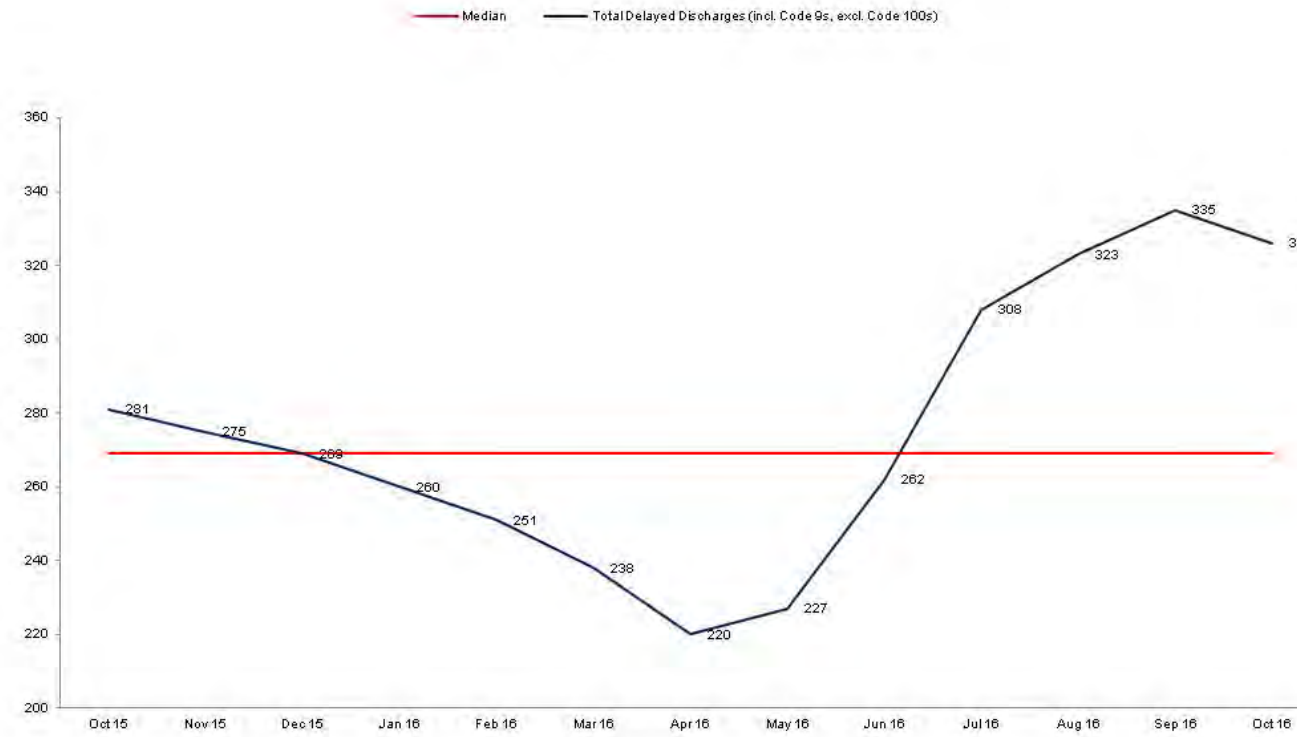


Figure 2: Census Return Data - Delayed Discharges >3 Days (excl. Code 9s & 100s) – Pre & Post-Definition Change – Lower Count is Better

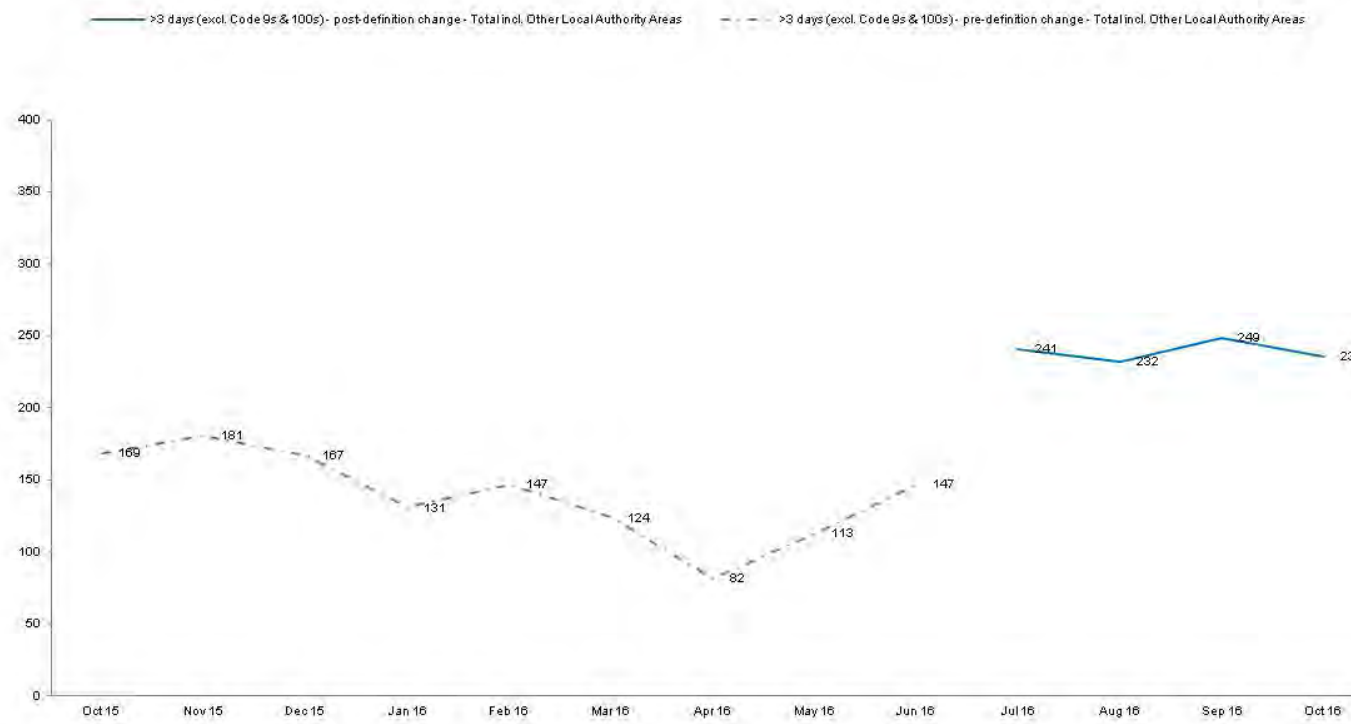


Table 2: Census Return Data - Delayed Discharges – New Methodology – Lower Count is Better

	Jul 16	Aug 16	Sep 16	Oct 16
<=3 days (excl. Code 9s and 100s)				
City of Edinburgh	20	26	23	32
East Lothian	2	11	14	9
Midlothian	2	8	4	5
West Lothian	4	10	6	8
Total incl. Other Local Authority Areas	29	55	47	55
>3 days (excl. Code 9s and 100s)				
City of Edinburgh	153	144	155	168
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Midlothian	15	13	25	12
West Lothian	33	23	23	23
Total incl. Other Local Authority Areas	241	232	249	236
Code 9s				
City of Edinburgh	25	22	23	25
East Lothian	3	3	2	1
Midlothian	7	6	5	4
West Lothian	3	5	9	5
Total incl. Other Local Authority Areas	38	36	39	35
Code 100s				
City of Edinburgh	23	23	27	23
East Lothian	3	5	4	2
Midlothian	4	3	3	5
West Lothian	4	6	6	5
Total incl. Other Local Authority Areas	34	37	40	35

Timescale for Improvement – Midlothian IJB

A trajectory has been agreed with SGHD and set out below (or please provide alternative information, if a trajectory has not been agreed):- The target for Midlothian has now been revised to reflect the ongoing pressures within care at home services and challenges in achieving discharge within agreed timescales.

May 2016	June 2016	July 2016	Aug 2016	Sept 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	March 2017	April 2017	May 2017
0	10	10	10	10	8	8	6	4	2	0	0	0

Actions Planned and Outcome – Midlothian IJB

Action	Due By	Planned Benefit	Actual Benefit	Status
Action Plan developed and being implemented to address under-performance by Care at Home provider	31 July 2016	Increase in care packages	No benefit delivered with existing provider	The actions have not yielded any benefits as the Provider is not able to take on further packages of care. The Provider has now handed back the service contract.
Increased capacity within Hospital Inreach Team to support improved discharge across acute and community sites	31 Aug 2016	Reduced length of stay and delays	Additional support for team to increase discharges	Member of staff has now been appointed and is supporting patient discharges
Appointment of 10 additional Care Support Workers within the Complex Care Team to increase capacity	30 Sept 2016	Additional 10 packages of care for complex discharges	To be monitored through Reablement systems (CRM2000)	Interviews completed and HR checks now being completed – only 5 workers appointed so further recruitment now underway.
Development of dementia and complex care beds within Partnership run Care Home to support increased choice for LA funded service users	30 Sept 2016	Reduced length of stay and delays, particularly for dementia patients	To be determined through service management	New staffing model being implemented within the Care Home to reflect changed focus of care. Interviews currently underway for staff following service review and NHS Lothian nursing staff (2.6wte) have now been appointed and will take up post in October and November.
Increased medical input to MERRIT (Hospital at Home) with further 0.6 wte doctor	30 Sept 2016	Increase in the number of patients accepted in to the service	To be monitored through MERRIT reporting processes	GP with 6 sessions now in post and increased medical cover to 1.1wte doctors per week.
Agreement being reached with alternative provider to consider options for delivering care at home service	30 Sept 2016	Stability within the service and planned increase in care packages	To be monitored through weekly contract management	Agreement reached with Carr Gomm to take on the Service from 6 November and to work towards developing a new model of care through a Public Social Partnership by April 2017.
Expansion of MERRIT (Hospital at Home) Service to enable growth in beds on virtual ward by 50% (10 to 15 beds)	31 Oct 2016	Increase in admission avoidance and more supported discharge	To be monitored through MERRIT reporting processes	Recruitment process now underway and will include Advanced Practitioner Physiotherapist that will allow expansion of Community Respiratory Service in Midlothian in advance of Winter.
Agreement to recruit additional nursing staff within MERRIT to support the expansion noted above.	31 Dec 2016	Increase in admission avoidance and more supported discharge	To be monitored through MERRIT reporting processes	Posts now being advertised – still ongoing
Appointment of staff to review care packages to identify additional capacity within the system	31 Dec 2016	Increased capacity through review process	To be monitored through Resource Panel	Staff now in place and actively reviewing care packages – additional capacity now being identified within the system.
Implementation of a 4 week pilot to divert all possible nursing home admissions to the Flow Centre and then to MERRIT to prevent admission to hospital	31 Dec 2016	Reduce admissions from Care Homes	Being monitored through the pilot	The full impact has still to be determined but early signs indicating a reduction in admissions
Increased use of Midlothian Community Hospital to support patient moves to downstream beds and relieving some of the pressures on acute sites	1 Nov 2016	Reduced number of patients delayed on acute sites	Significant reduction in patients who are delayed at RIE and WGH	Continuing to monitor and ensure that patients who are moved to MCH are discharged as soon as possible

Comments – Midlothian IJB
Reasons for Current Performance

The continued performance in Midlothian is below target and this is a reflection on the volume of patients who were delayed during September and October – there is work ongoing that is resulting in a reduction of this overall number, with a view to bringing it back in line with the trajectory. The new care at home provider, Carr Gomm, has now taken on the contract for the West of the County and this transition has gone well, with a view to additional staff joining the service, which will support more capacity within the Reablement Service and increase flow from the hospital.

Delayed Discharges – West Lothian Integrated Joint Board (IJB)

Healthcare Quality Domain: Effective

For reporting at **December 2016** meetings

Target/Standard: To minimise delayed discharges over 3 days, with none over 14 days, pending national clarity.

Responsible Director[s]: Chief Officer and Joint Directors

NHS Lothian Performance:-

Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
Not Met	Improving	Worse	Sep 16	0 (max)	236 (>3 days, excl. Code 9s ¹⁴ & 100s ¹⁵)	Oct 2016	EDISON	Yes	Yes	JF
West Lothian IJB Performance					23 (9.7% of NHS Lothian Performance)					

Summary for Committee to note or agree

- Target to reduce delayed discharge level is based on scheduled investments and anticipated benefits.
- A comprehensive programme of actions to address delayed discharge is incorporated within the West Lothian Frailty Programme which is focussed on improvements across the whole system of Health and Social Care. The Frailty Programme Board has been revised and actions taken to review the whole programme and clearly identify priorities for further work.
- Care at Home Contract has been fully implemented in April 2016 however contractors are failing to pick up packages within required timeframe. Remedial actions are in progress, in the interim we have invested in hospital to home/ community nursing teams to facilitate discharge and provide interim care until POC established.
- September position has been sustained with 23 delays over 3 days. Further actions implemented at end October to support additional discharges from hospital
- We are continuing to review all delayed discharge cases to track the key issues and are addressing these within our unscheduled care plans
- We have put in additional MHO resource to Discharge Hub to focus on Code 9 delays.
- MDT support to focus on consistent application of Moving On Policy.
- Weekly meetings held to progress work plan and monitor performance.

Recent Performance – Delayed Discharges

Table 1: Census Return Data - Total Delayed Discharges (incl. delayed discharges <=3 days, >3days, and Code 9s; excl. Code 100s) – Lower Count is Better¹⁶

	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16
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¹⁶ New national definitions from July 2016 prevent a breakdown of delayed discharges by IJB, delay reason or length of delay being provided for prior to this point, on a comparable basis.

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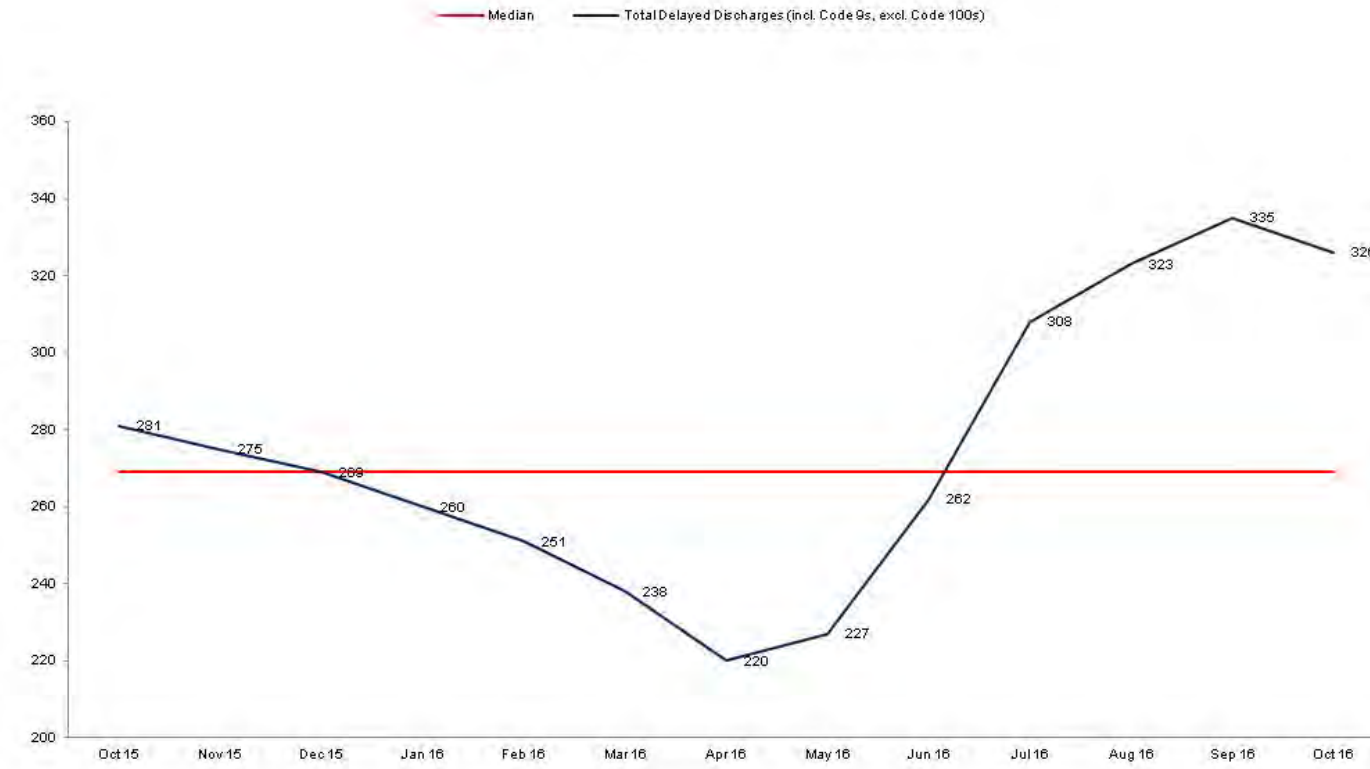


Figure 2: Census Return Data - Delayed Discharges >3 Days (excl. Code 9s & 100s) – Pre & Post-Definition Change – Lower Count is Better

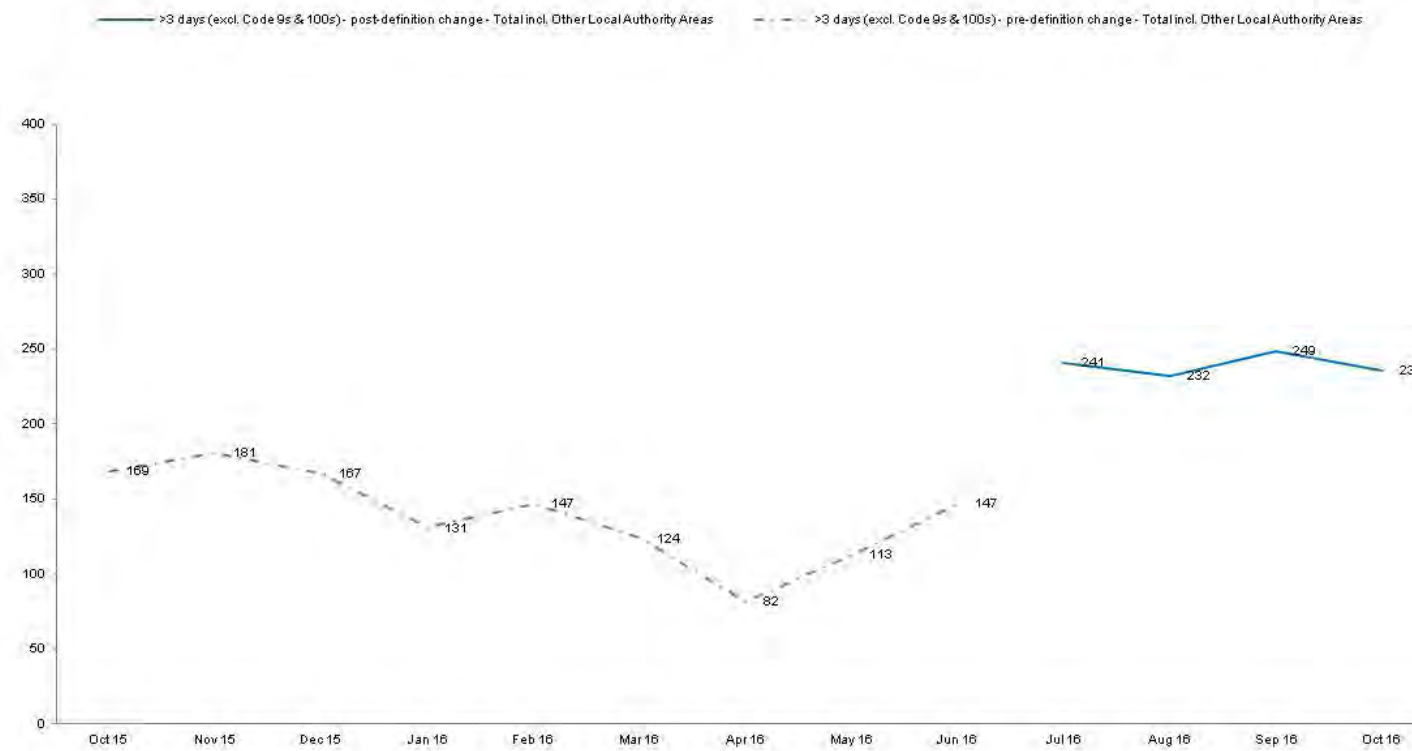


Table 2: Census Return Data - Delayed Discharges – New Methodology – Lower Count is Better

	Jul 16	Aug 16	Sep 16	Oct 16
<=3 days (excl. Code 9s and 100s)				
City of Edinburgh	20	26	23	32
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Total incl. Other Local Authority Areas	34	37	40	35

Timescale for Improvement – West Lothian IJB

An official trajectory for West Lothian has not been agreed with the SGHD.

Local improvement targets would aim to achieve compliance by end of 2016.

Actions Planned and Outcome – West Lothian IJB

Action	Due By	Planned Benefit	Actual Benefit	Status
Established Frailty Programme with following aims <ul style="list-style-type: none"> To design a whole system model of care for frail elderly adults that meet overall IJB strategic priorities To reduce hospital admission and re-admission and minimise delayed discharge To contribute to the financial efficiencies of the IJB To identify areas of skills development to support the new model of care. 	March 2017	Reduction in emergency admission Reduction in delayed discharge.	Frailty programme work streams reviewed and priorities identified Delayed discharge clearly identified within the work stream Additional work stream on Intermediate Care commenced	Amber

Embedding of new Care at Home contract: Performance management of providers to meet terms of contract	Mar 2017	Increase capacity of Care at Home provision Reduction in delayed discharge	Care at Home Contract fully implemented from April 2016 Proportion of reablement capacity blocked with clients with unmet needs reduced as independent providers are providing more packages of care leading to increased capacity in Reablement and Crisis Care teams	Amber
Further development and expansion of REACT	Dec 2016	Reduction in emergency admission Reduction in delayed discharge	REACT providing acute care at home, good evidence of success in reducing admission and high level of patient and carer satisfaction. Development plan in progress within overall Frailty Programme and within unscheduled Care plan to extend provision over 7 days	Amber
Comprehensive needs assessment is in progress which will inform the IJB Commissioning Plan for Older People	Sept 2016	Clear identification of needs for older population	Needs Assessment will inform priorities for IJB and Commissioning Plan Priorities identified within Strategic Plan	Green
Review application of Choice and Moving On Policies to ensure consistent with Lothian and Government Guidance	December 2016	Patient moved to right destination 1 st time	Awareness sessions commenced with MDT	Amber
Review Interim Care Home beds and need for intermediate care provision	December 2016	Establish optimum capacity and use of downstream beds Reduce average length of stay in interim care facility Establish requirements for intermediate care	Discussion progressed with WLC and Scottish Care to establish capacity	Amber
Provide addition MHO resource to Discharge Hub to focus on Code 9 delays	October 2016	Establish additional capacity for assessment and timeous activity to reduce delays for complex patients where possible	Ensure patients correctly coded and actions progressed to facilitate discharge process	Green

Comments – West Lothian IJB

Reasons for Current Performance

Current Capacity of Care at Home and Care Home provision continues to have impact. We are actively working with providers to improve on time taken to arrange POC and are progressing remedial actions.

Contradictions within the Care Home Choice policy and application of the Moving On policy contributing to half of the delays due to patients waiting for care home of choice and being boarded acute and community hospital beds. Agreed local improvement action to focus on MDT approach and consistent application of policies, awareness sessions progressed.

Staff Sickness Absence

Healthcare Quality Domain: Person Centred

For reporting at **December 2016** meetings

Target/Standard: 4% Staff Hours or Less Lost to Sickness

Responsible Director[s]: Director of Human Resources and Organisational Development

NHS Lothian Performance:-

Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
Not Met	Deteriorating	Better	2015/16	4% (max)	4.86%	Sep 2016	Scottish Workforce Information Standard System (SWISS) - Management Information.	Yes	Yes	JB

Summary for Committee to note or agree

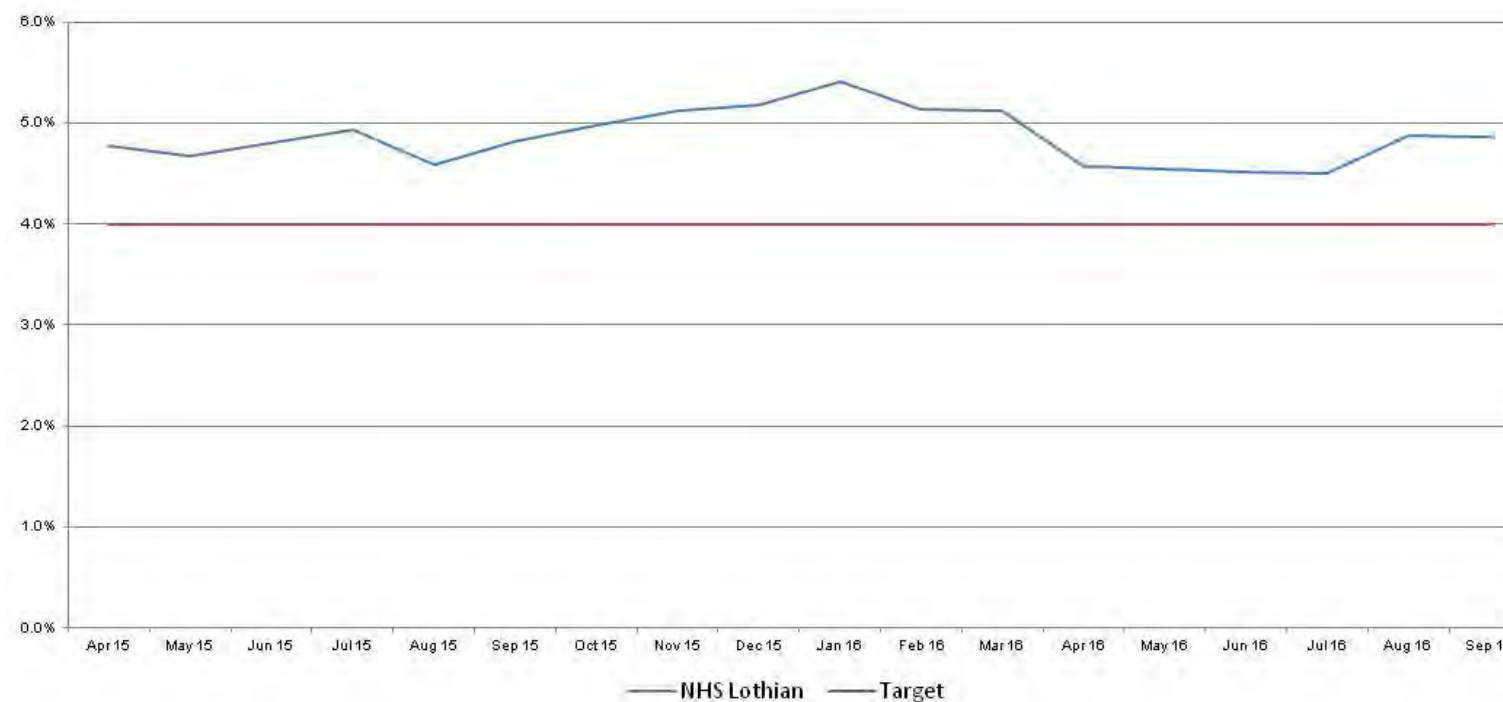
- Performance remains slightly below standard but has decreased by 0.04% in month.

Recent Performance – % against Standard

Table 1: NHS Lothian Staff Sickness Absence (% Staff Hours Lost) - Lower % is Better

	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16
NHS Lothian	4.77%	4.67%	4.81%	4.93%	4.58%	4.82%	4.98%	5.12%	5.18%	5.41%	5.14%	5.12%	4.57%	4.54%	4.51%	4.50%	4.87%	4.86%

Figure 1: NHS Lothian Staff Sickness Absence (% Staff Hours Lost) - Lower % is Better



Timescale for Improvement

A trajectory has not been agreed with SGHD.

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Attendance Management Training Sessions continue to be held.	Ongoing			
Master Classes have also been held to assist managers in dealing with difficult conversations at work in the context of staff absence.	-			Completed
Targeted support has been put in place for absence hotspots i.e. Nursing Bands 1-5 and A&C Bands 1-4.	Ongoing			
Absence Review Panels have taken place to review how absence cases are being handled and provide further advice and guidance.	-			Completed
An Absence Dashboard available to all managers has been set up to facilitate effective performance monitoring.	-			Completed
As part of the Efficiency and Productivity Group a sickness absence project has been set up to focus on what could be put in place to assist with an improvement in absence levels. This will initially be focussed on the RIE but any successful improvements will be rolled out across NHS Lothian.	Ongoing			
An Internal Audit of Absence Management has recently taken place. The overall summary was that there are appropriate controls in place to manage sickness absence within the organisation with only a few control issues to be addressed which will now be taken forward.	January 2017			

Comments**Reasons for Current Performance**

We continue to be challenged in achieving the 4% standard with the added dimension of an aging workforce. The HR function will continue to provide a range of technical support and governance frameworks to support the management of sickness absence, but ultimately it is the line managers who will need to ensure that they manage absence appropriately in their areas for the required reduction in absence to the 4% level to be achieved. Outlined above are some of the actions that are being undertaken to support managers with this task.

Smoking Cessation

Healthcare Quality Domain: Equitable

For reporting at **December 2016** meetings

Target/Standard: NHS Boards to sustain and embed successful smoking quits, at 12 weeks post quit, in the 40% SIMD areas (60% in island areas).

Responsible Director[s]: Director of Public Health and Health Policy

Performance:-

Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated Since Last Report?	Narrative Updated Since Last Report?	Lead Director
Not Met	Deteriorating	Better	2015/16	1,469 quits for 2016-17; 25% - ~367 quits (min) – to be achieved per quarter; 50% of each quarters' target to be achieved by Pharmacy & Non-Pharmacy respectively:-	211	Apr - Jun 2016	National Smoking Cessation database	Yes	Yes	AKM
				a. Pharmacy – 184 (50% of overall quarter Q1 target)	63					
				b. Non-Pharmacy – 184 (50% of overall quarter Q1 target)	148					

Summary for Committee to note or agree

- The target for Q1 2016-17 is 368 (184 for PCR Pharmacy and 'All Others' respectively).

Recent Performance – Numbers Achieved towards Standard

Table 1: Successful Quits in 40% most deprived areas for NHS Lothian for financial years 2015-16 & 2016-17 (For Quit Dates per Rolling 3 Months) - Higher is Better

Quit Dates	Jun 14	Sep 14	Dec 14	Mar 15	Jun 15	Sep 15	Dec 15	Mar 16	Jun 16	Sep 16	Dec 16	Mar 17
NHS Lothian Target (for financial year quarters)	442	441	441	441	293	293	293	293	368	367	367	367
NHS Lothian Total	251	244	276	368	304	315	234	314	211			
50% share of NHS Lothian Target (for financial year quarters) – for PCR Pharmacies; and for Non-Pharmacy & Prisons respectively	221	221	221	221	147	147	147	147	184	184	184	184
NHS Lothian Total – PCR Pharmacies only	27	55	81	139	94	86	79	121	63			
NHS Lothian Total – Non-Pharmacy & Prisons only	224	189	195	229	210	229	155	193	148			

Figure 1: Comparison of NHS Lothian Quarterly Smoking Cessation Outcomes Against Standards* incl. 50% Target Shares (HEAT for 2014/15 & LDP for 2015/16 & 2016/17) (Source: Smoking Cessation Database for 2014/15 & ISD for 2015/16) - Higher is Better

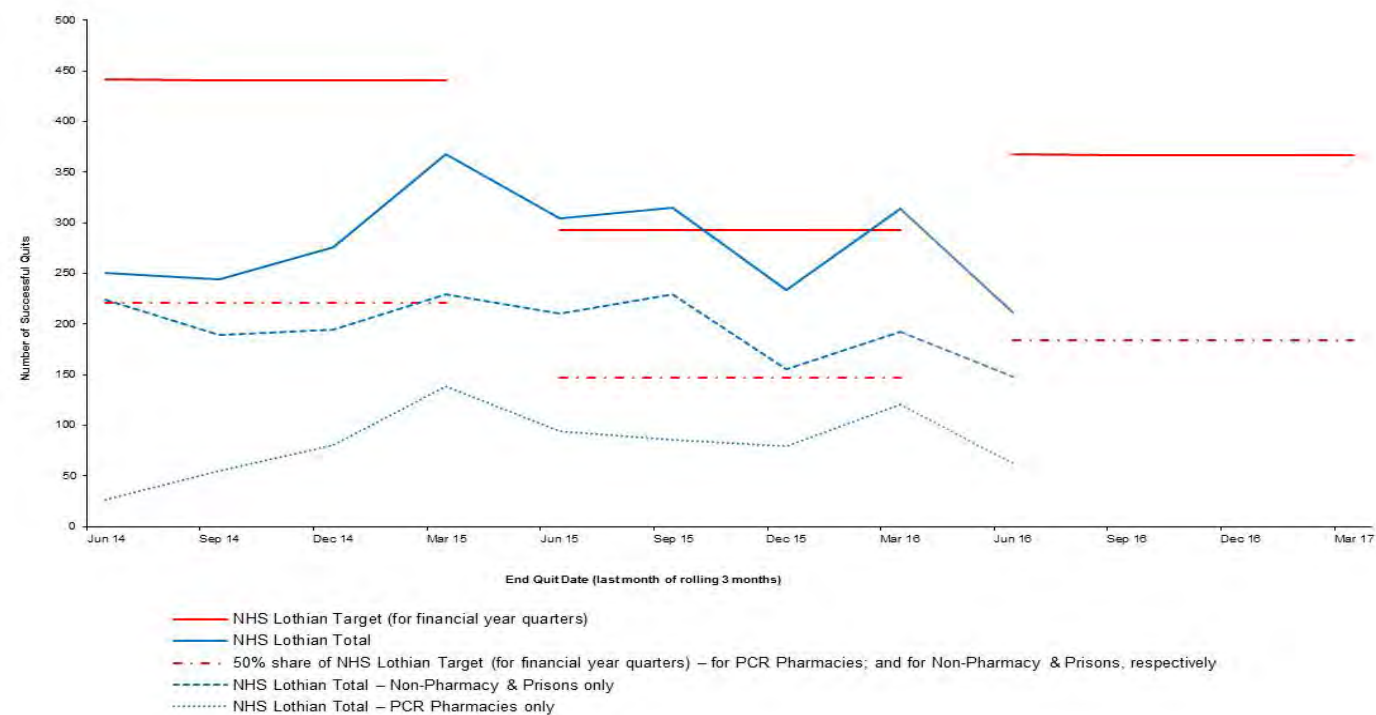
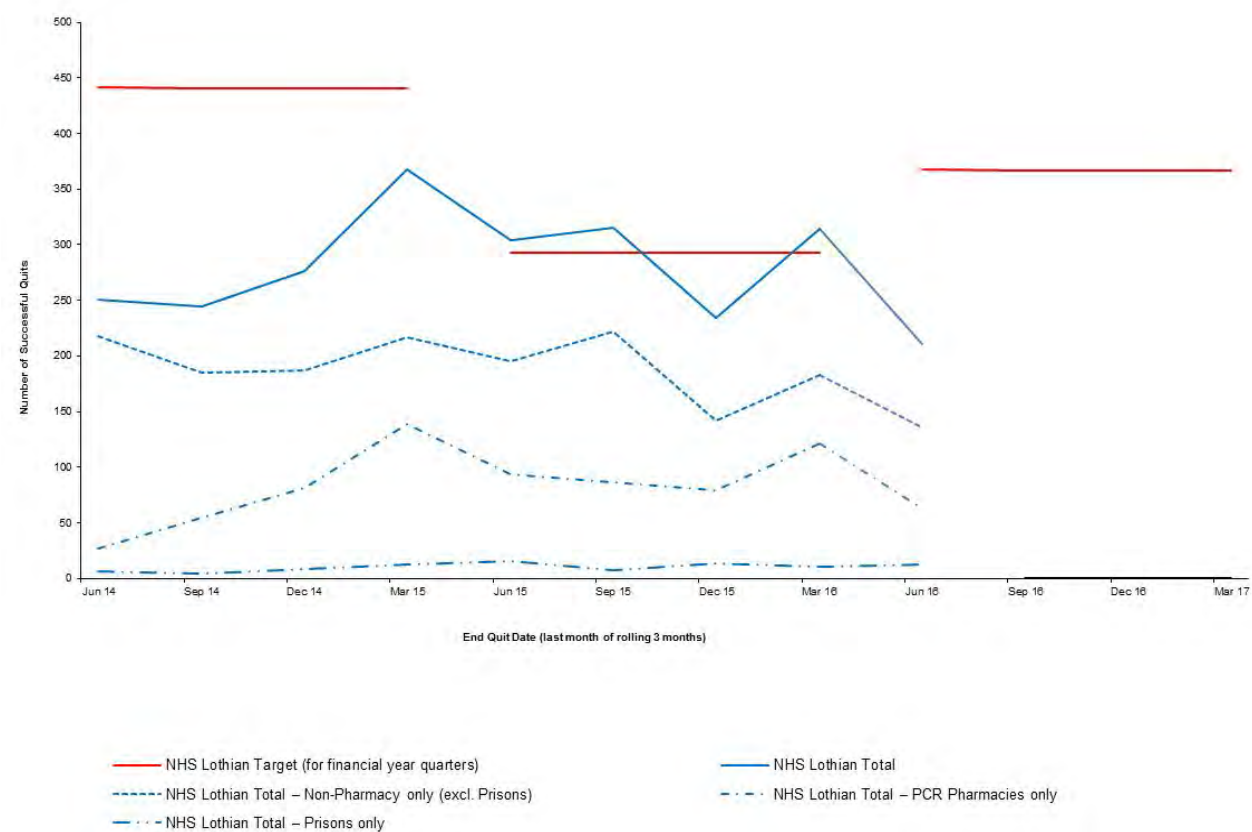


Figure 2: Comparison of NHS Lothian Quarterly Smoking Cessation Outcomes Against Standards* for Pharmacy, Non-Pharmacy & Prisons (HEAT for 2014/15 & LDP for 2015/16 & 2016/17) (Source: Smoking Cessation Database for 2014/15 & ISD for 2015/16) - Higher is Better



*Current standard is 'Successful Quits in 40% most deprived areas for NHS Lothian for financial year 2015-16 (For Quit Dates per Rolling 3 Months)'

Timescale for Improvement

A trajectory has been agreed with SGHD and set out below (or please provide alternative information, if a trajectory has not been agreed):-

Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
Figure	Figure	Figure	Figure	Figure	Figure	Figure	Figure	Figure	Figure	Figure	Figure	Figure

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
The core NHS service is entirely funded from a Scottish Government allocation. The service remains in the process of significant redesign to meet reductions in budget including a reduction in the Scottish Government allocation. As a consequence there has been disruption to staffing levels.				

Comments**Reasons for Current Performance**

The reduction in funding was coupled by a significant increase in the target which was introduced without discussion.

Mitigating Actions

A new service manager takes up post in December soon to take forward further improvements and will help optimise the outcomes the service can achieve against reduced funding.

Complaints: 3-Day & 20-Day Acknowledgement/Response Rate

Healthcare Quality Domain: Person Centred

For reporting at **December 2016** meetings

Target/Standard:

1. 3-Day Response [Acknowledgement] Rate – 100% formal acknowledgement within 3 working days;
2. 20-Day Response Rate – 80% of complaints responded to within 3 days.

Responsible Director[s]: Nurse Director

NHS Lothian Performance:-

Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
1. Not Met	Improving	Worse	2015/16	100% (min)	92.0%	Sep 2016	DATIX	Yes	Yes	AMcM
2. Not Met	Deteriorating	Worse	2015/16	80% (min)	67.3%	Sep 2016		Yes	Yes	AMcM

Summary for Committee to note or agree

- There is no nationally agreed target for complaints. However we are required to submit data quarterly to Information Statistics Division and this data is published annually on their website.
- NHS Lothian has set a local stretch target of 80% for the 20 Day response rate.
- As the data is reviewed (extracted from DATIX) on a monthly basis it is anticipated that the previous months performance may be amended for accuracy.
- The denominator (number of complaints received) will change every month.
- Complaints account for 74 % of the team's activity in September 2016. Other types of feedback include concerns, comments, enquiries and compliments.

Recent Performance – Numbers against Standard

Figure 1: NHS Lothian 3-Day Formal Complaints Acknowledgment Rate – Higher % is Better

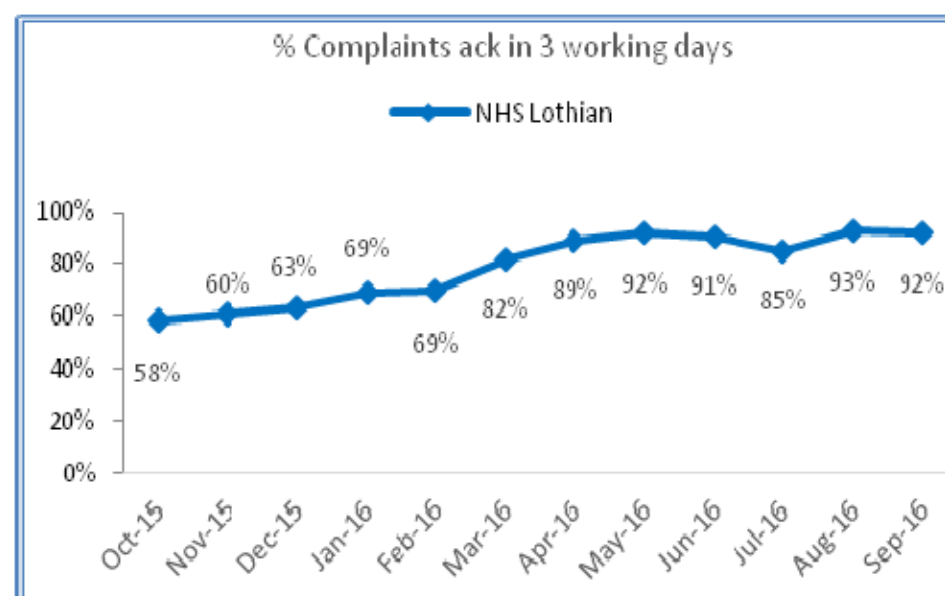
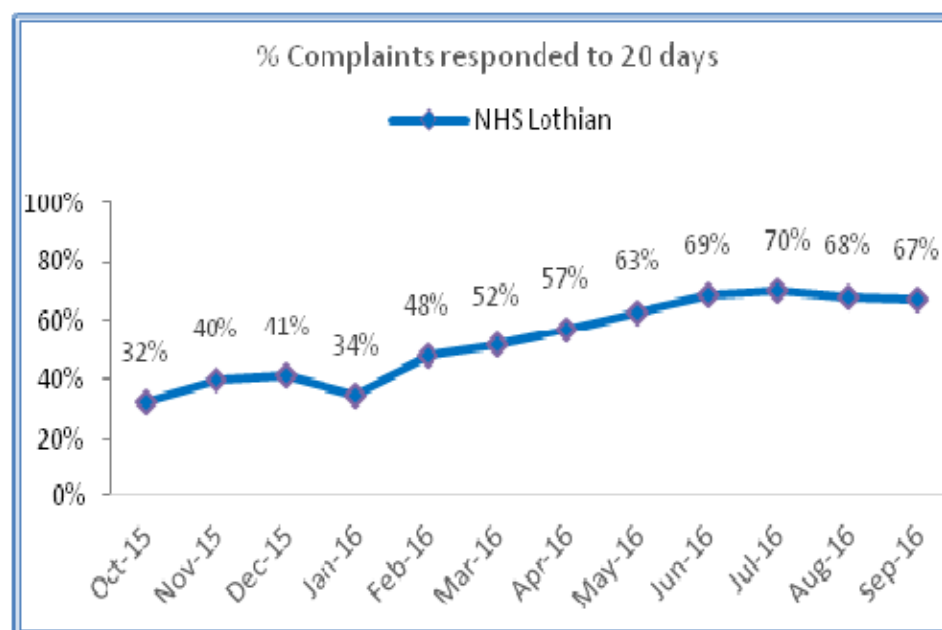


Figure 2: NHS Lothian 20-Day Complaints Response Rate – Higher % is Better



Timescale for Improvement

A trajectory has been agreed with SGHD and set out below:-

Measure	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
	Figure	Figure	Figure	Figure	Figure	Figure	Figure	Figure	Figure	Figure	Figure	Figure	Figure	Figure

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Patient Feedback paper went to April 2016 Board meeting included enhanced complaints information including themes.	Completed	Shared knowledge across organisation		
Reviewed targets with Executive Director. In the absence of national targets, targets have been set for 100% of complaints to be acknowledged within 3 days. 80% of complaints to be responded to within 20 working days.	Completed	Agree trajectory with LPNF- improved compliance with 20 working day response target		
Appoint to vacant posts.	Completed	Improved performance to meet targets		
Non-Executive appointed as Board Champion for complaints & feedback.	Completed			
Quality Assurance Committee met on 17 August and agreed to meet monthly until April 2017.	Completed	Continued improve performance, prioritisation of SPSO and Leadership support		
An improvement plan is being developed for all aspects of Scottish Public Services Ombudsman activity which will be discussed and agreed by the Patient Safety Action Group in August, Healthcare Governance Committee in Sept and the Board in October.	April 2017	Continued improved performance, reduction of premature contacts with SPSO, shared learning/ implementation of changes across the organisation.		
Appoint to vacant WTE post	Nov 2016	Improve team performance to meet targets		

Comments

Reasons for Current Performance

Slight reduction in complaints from August – September 2016 (363 complaints received in August 2016 and 349 complaints received in September). There are ongoing meetings with the Prison Team to identify ways to support them with their early and local resolution as this will then have a positive impact on the overall acknowledgement response rate.
 Slight reduction in telephone calls from the previous month (565 calls received in August 2016 and 548 calls received in September).
 1 member of staff left the PET in September and there was 9.6% sickness in the team during September in addition to annual leave,

Detect Cancer Early (DCE)

Healthcare Quality Domain: Person Centred

For reporting at **December 2016** meetings

Target/Standard: The DCE HEAT standard is for NHS Scotland to achieve a 25% improvement in the percentage of breast, colorectal and lung cancer cases (combined) diagnosed at stage 1. This is to be achieved by the combined calendar years of 2014/2015 and is the equivalent of a national rate of stage 1 diagnosis for breast, colorectal and lung cancer (combined) of 29.0%.

Responsible Director[s]: Director of Public Health & Public Policy

NHS Lothian Performance:-

Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
Not Met	Improving	Better	2014 & 2015 (Combined Calendar Years)	29% (min)	27.1%	2014 & 2015	ISD	No	No	AKM

Summary for Committee to note or agree

NHS Lothian's performance over time against this target has been consistently above the All Scotland position and has followed a continued upwards trajectory in detection of stage 1 combined cases, as shown in the chart below. NHS Lothian has increased the percentage of breast, colorectal and lung cancers (combined) detected at stage 1 by 19.9% from the baseline years of 2010 & 2011 to the final reporting period of 2014 & 2015. Scotland as a whole saw an increase of 8.0% in the same period. In NHS Lothian over the 2014 & 2015 period 27.1% of breast, colorectal and lung cancers (combined) were detected at stage 1 compared with 25.1% for Scotland as a whole. NHS Lothian delivered the second highest percentage improvement of all the mainland Boards. However along with all other mainland Boards we fell short of the final targeted performance level of 29% of breast, colorectal and lung cancers (combined) being detected at stage 1.

We will not be in any position to update from a data perspective until June 2017. ISD release national annual figures. Or from a funding perspective, until we hear from Scottish Government on the outcome from the Board's cancer implementation submission – no date given for feedback from SG.

Recent Performance – Numbers Against LDP Target

Figure 1: Current Performance for NHS Scotland and NHS Lothian – Higher % is Better

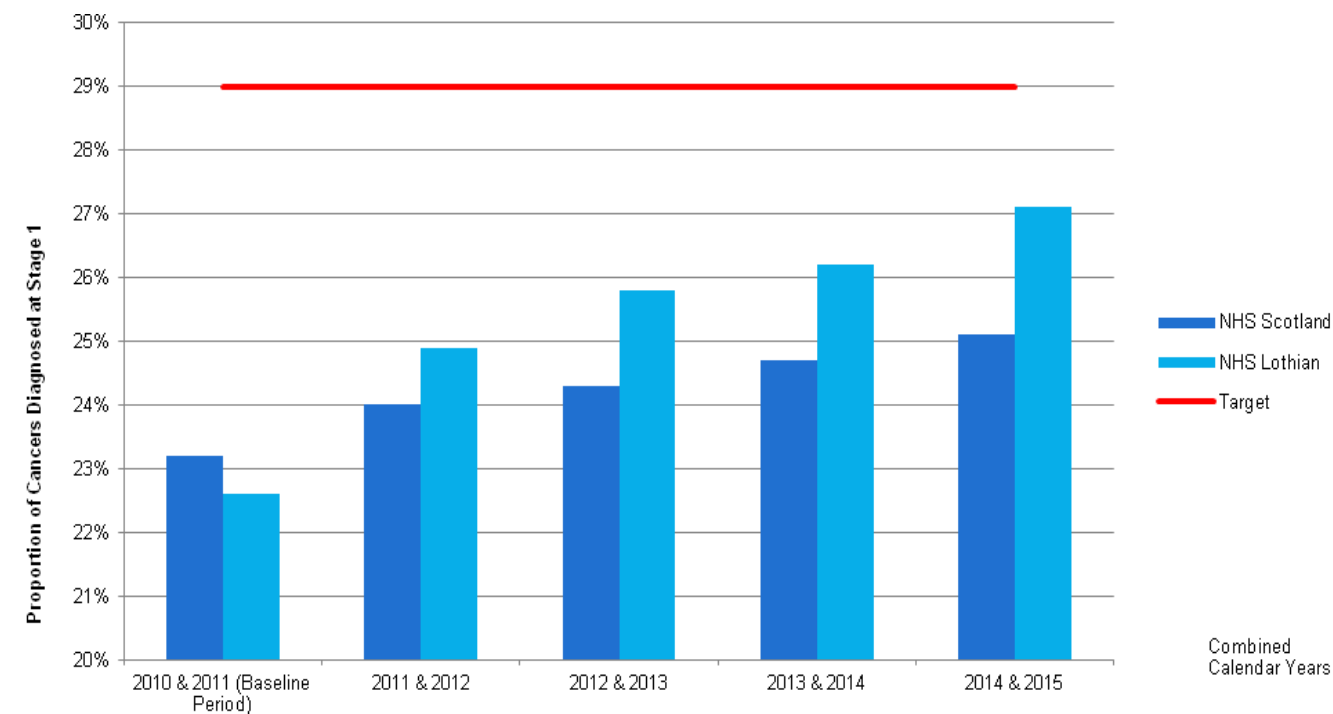


Table 1: Current Performance for NHS Scotland and NHS Lothian – Higher % is Better

	Combined Calendar Years				
	2010 & 2011 (Baseline Period)	2011 & 2012	2012 & 2013	2013 & 2014	2014 & 2015
NHS Scotland	23.2%	24.0%	24.3%	24.7%	25.1%
NHS Lothian	22.6%	24.9%	25.8%	26.2%	27.1%
Target	29.0%	29.0%	29.0%	29.0%	29.0%

Timescale for Improvement

A trajectory has been agreed with SGHD and set out below:-

	Baseline Period (2010 & 2011) – Actual Figure	Reporting Period 4 (2014 & 2015) – Target Figure
NHS Scotland	23.2%	29.0%
NHS Lothian	22.6%	29.0%

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Investment in the Lothian DCE programme in 2016/17	31/3/16 outcome awaited	Stage 1 detection performance improvement, particularly via the breast and bowel screening programmes.		Ongoing

Comments

NHS Lothian's programme is aligned to the 5 DCE work streams; public awareness, informed decision making in screening, primary care detection and referral behaviour, increasing diagnostic capacity, data evaluation and outcomes. Key initiatives during 2015/16 included rollout of digital mammography, policy changes to cervical age range and frequency changes, new referral pathways for lung cancer, multi-disciplinary audit, implementation of the bowel screening quality and outcomes framework (sQoF) and support for targeted social marketing (television and radio platforms, use of social media and field activity e.g. football matches and shopping centres).

Reasons for Current Performance

Mitigating Actions: Impact on colorectal performance across all Boards will be subject to the conclusion of the bowel screening QoF (March 2015). Discussions remain ongoing with finance colleagues concerning budgets for 2016/17 - lack of funds are likely to compromise NHS Lothian's future performance.

Dementia – East Lothian Integrated Joint Board (IJB)

Healthcare Quality Domain: Person Centred

For reporting at **December 2016** meetings

Target/Standard: People newly diagnosed with dementia will have a **minimum of 1 year** of post-diagnostic support (PDS).

Responsible Director[s]: Chief Officer and Joint Directors

NHS Lothian Performance:-

Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
TBC ¹	Not Applicable	Not Applicable	Not Applicable	100% (1 Year (Min))	9.1	Jun 2016	Management Information	Yes	Yes	DS
East Lothian IJB ¹⁷				7.7						

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 still await confirmation from ISD regarding what the **expected rate** would be in order to evaluate performance against the standard;
- The numerator is based on month of diagnosis rather than month of referral so there is always a lag time between month of publication and rate per month, with the rate continuing to increase for previous months in each subsequent publication;
- NHS Lothian’s rate for referral for post diagnostic support is currently in line with the overall national rate;
- The rate is only currently published at Health Board level not by IJB/ locality level. This has been requested from ISD.

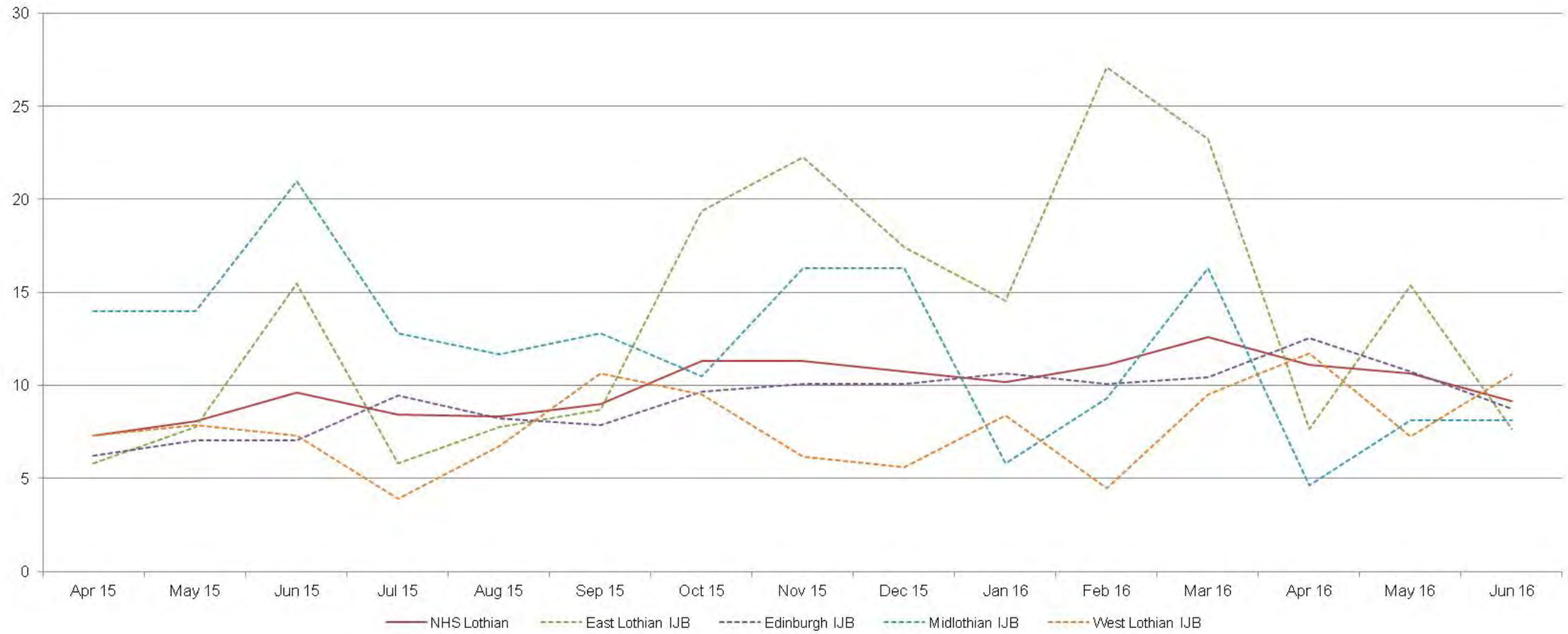
Recent Performance – % against Standard

Table 1: Rate of Referral to PDS in each month for those Diagnosed with Dementia – Higher Rate is Better

	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16
NHS Lothian	7.3	8.1	9.6	8.4	8.3	9.0	11.3	11.3	10.8	10.2	11.1	12.6	11.1	10.6	9.1
East Lothian IJB	5.8	7.7	15.5	5.8	7.7	8.7	19.4	22.3	17.4	14.5	27.1	23.2	7.7	15.4	7.7
Edinburgh IJB	6.2	7.0	7.0	9.5	8.2	7.8	9.7	10.1	10.1	10.7	10.1	10.5	12.5	10.7	8.8
Midlothian IJB	14.0	14.0	21.0	12.8	11.7	12.8	10.5	16.3	16.3	5.8	9.3	16.3	4.6	8.1	8.1
West Lothian IJB	7.3	7.8	7.3	3.9	6.7	10.6	9.5	6.2	5.6	8.4	4.5	9.5	11.7	7.2	10.6

¹⁷ For a case to be counted in an IJB, that case must have a patient postcode of residence within the IJB and have been included in a submission from the Health Board (HB), within whose bounds the IJB resides. E.g. if an NHS Lothian HB submission includes a patient with an Edinburgh postcode, they will be included in Edinburgh data – but if the same case was instead treated by a Borders IJB or was resident in a non-Lothian IJB but treated by Lothian, then they would not appear in IJB data. This is because there is currently no data on which IJB actually treats a patient, so the best approach available is to identify patients by IJB of residence unless they were definitely treated outside their local HB. In theory a patient might be resident in one IJB but treated by another within a HB –but it is currently assumed that this never happens as there is no way of verifying one way or another.

Figure 1: Rates of Referral to PDS in each month for NHS Lothian and IJBs, for those Diagnosed with Dementia - Source: ISD – Higher Rate is Better



Timescale for Improvement – East Lothian Integrated Joint Board (IJB)

A trajectory has not been set due to the proposed changes in the methodology in relation to measuring expected prevalence of dementia.

Actions Planned and Outcome – East Lothian Integrated Joint Board (IJB)

Action	Due By	Planned Benefit	Actual Benefit	Status
Improve capture of PDS being delivered by secondary care mental health services through the development of a questionnaire on TRAK to capture required data for ISD submission.	Completed	Increase reported rate of referral for PDS.	The reported rate has decreased compared with the preceding month, with the rate for June 16 at 5.8. Although the East Lothian rate has exceeded the Scottish average in many previous months, the June figure is below the Scottish and other Lothian rates.	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 diagnoses to allow comparison of actual versus expected rates for diagnosis of dementia.	Initial Position for % of patients on older adult services caseloads (with at least 1 attended appointment with a consultant) who had a diagnosis of dementia recorded in TRAK in May 2015 was 21%. Position reported in January 16 was 75%.	Will continue to monitor recording
Awaiting further guidance from ISD to develop reporting of diagnosis and referral rate by Partnership area.	July 2016	<ul style="list-style-type: none"> Enable reporting of performance by IJB; Increase local ownership of performance and improvement planning. 		Awaiting ISD guidance
Awaiting ISD guidance to inform boards of proposed changes regarding the methodology of anticipated rates for diagnosis of dementia.	TBC (ISD)	<ul style="list-style-type: none"> Allow more accurate evaluation of performance against the standard at Board and partnership level. 		

Comments – East Lothian Integrated Joint Board (IJB)

Based on the most recently available data, East Lothian's rate for referral for Post Diagnostic Support (PDS*) is below the Scottish and local rates.

PDS referral rates still have a 4-month data lag as the December report only has figures available up to June 2016. There also remains some dubiety about the accuracy of the most recently available month's figure. The East Lothian data is also subject to high variability, fluctuating month on month, as demonstrated in the data table and the accompanying chart.

The data collected for ISD utilises the date of the dementia diagnosis as a proxy for the referral date and as such there is a lag time between the date of reporting and the actual "referrals" each month, so the numbers for any given month will increase as patients diagnosed are referred to the service in coming months.

Discussion is underway in the East Lothian Post Diagnostic Support Services Steering Group on current pressures on the service and potential approaches to improve performance.

East Lothian looks forward to future performance reporting at IJB level providing extra detail such as:

- Number of people expected to be diagnosed (in time period)
- Number of people having been diagnosed with dementia (in time period)
- Number of people offered PDS (in time period).

Reasons for Current Performance

Improving recording of diagnosis remains a priority.

*PDS service refers to the Alzheimer Scotland Support worker and other staff in East Lothian older adult services providing dementia post diagnostic support.

Dementia – Edinburgh Integration Joint Board (IJB)

Healthcare Quality Domain: Person Centred

For reporting at **December 2016** meetings

Target/Standard: People newly diagnosed with dementia will have a **minimum of 1 year** of post-diagnostic support (PDS).

Responsible Director[s]: Chief Officer and Joint Directors

NHS Lothian Performance:-

Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
TBC ¹	Not Applicable	Not Applicable	Not Applicable	100% (1 Year (Min))	9.1	Jun 2016	Management Information	Yes	No	EM
Edinburgh IJB ¹⁸					8.8					

Summary for Committee to note or agree

- ¹The data published by ISD on the dementia standard reports the rate of referral for post diagnostic support based on 100,000 per population. We are currently awaiting confirmation from ISD regarding what the **expected rate** would be in order to evaluate performance against the standard;
- The numerator is based on month of diagnosis rather than month of referral so there is always a lag time between month of publication and rate per month, with the rate continuing to increase for previous months in each subsequent publication;
- NHS Lothian's rate for referral for Post diagnostic support is currently in line with the overall national rate;
- The rate is only currently published at Health Board level not by IJB/ locality level. This has been requested from ISD.

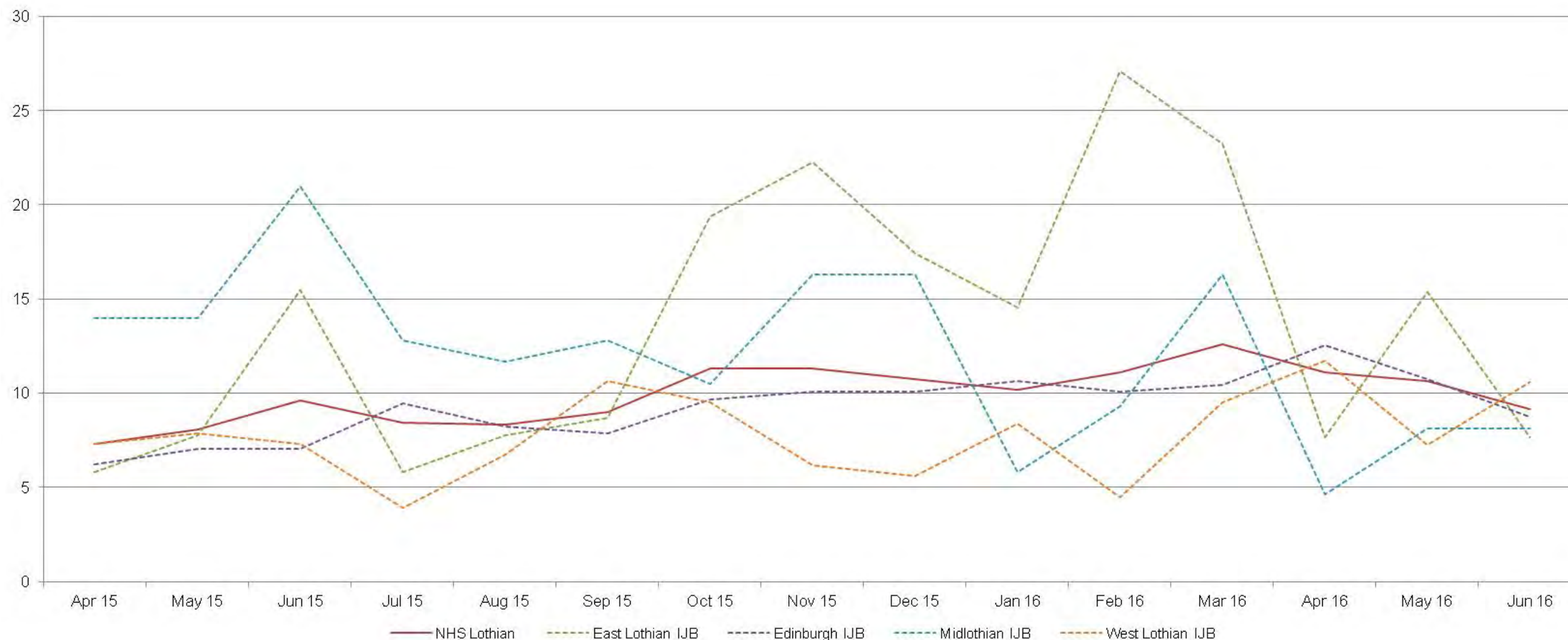
Recent Performance – % against Standard

Table 1: Rate of Referral to PDS in each month for those Diagnosed with Dementia – Higher Rate is Better

	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16
NHS Lothian	7.3	8.1	9.6	8.4	8.3	9.0	11.3	11.3	10.8	10.2	11.1	12.6	11.1	10.6	9.1
East Lothian IJB	5.8	7.7	15.5	5.8	7.7	8.7	19.4	22.3	17.4	14.5	27.1	23.2	7.7	15.4	7.7
Edinburgh IJB	6.2	7.0	7.0	9.5	8.2	7.8	9.7	10.1	10.1	10.7	10.1	10.5	12.5	10.7	8.8
Midlothian IJB	14.0	14.0	21.0	12.8	11.7	12.8	10.5	16.3	16.3	5.8	9.3	16.3	4.6	8.1	8.1
West Lothian IJB	7.3	7.8	7.3	3.9	6.7	10.6	9.5	6.2	5.6	8.4	4.5	9.5	11.7	7.2	10.6

¹⁸ For a case to be counted in an IJB, that case must have a patient postcode of residence within the IJB and have been included in a submission from the Health Board (HB), within whose bounds the IJB resides. E.g. if an NHS Lothian HB submission includes a patient with an Edinburgh postcode, they will be included in Edinburgh data – but if the same case was instead treated by a Borders IJB or was resident in a non-Lothian IJB but treated by Lothian, then they would not appear in IJB data. This is because there is currently no data on which IJB actually treats a patient, so the best approach available is to identify patients by IJB of residence unless they were definitely treated outside their local HB. In theory a patient might be resident in one IJB but treated by another within a HB –but it is currently assumed that this never happens as there is no way of verifying one way or another.

Figure 1: Rates of Referral to PDS in each month for NHS Lothian and IJBs, for those Diagnosed with Dementia - Source: ISD – Higher Rate is Better



Timescale for Improvement – Edinburgh Integrated Joint Board (IJB)

A trajectory has not been set due to the proposed changes in the methodology in relation to measuring expected prevalence of dementia.

Actions Planned and Outcome – Edinburgh Integrated Joint Board (IJB)

Action	Due By	Planned Benefit	Actual Benefit	Status
Improve capture of PDS being delivered by secondary care mental health services through the development of a questionnaire on TRAK to capture required data for ISD submission.	Completed	Increase reported rate of referral for PDS.	The reported rate has increased. For example our rate for August 15 was 0.7, following capture of additional data it is now 9.3 and our rate is comparable with the Scottish average across most months.	Completed
Improve recording of diagnosis in TRAK. <ul style="list-style-type: none"> Procedures agreed and implemented with local teams Routine reports to feedback performance to teams in place 	Ongoing	Increased recording of all diagnosis to allow comparison of actual versus expected rates for diagnosis of dementia.	Initial Position for % of patients on older adult services caseloads (with at least 1 attended appointment with a consultant) who had a diagnosis of dementia recorded in TRAK in May 2015 was 21%. Position reported in January 16 was 75%.	Will continue to monitor recording.

Awaiting further guidance from ISD to develop reporting of diagnosis and referral rate by Partnership area.	July 2016	<ul style="list-style-type: none"> • Enable reporting of performance by IJB; • Increase local ownership of performance and improvement planning. 		Awaiting ISD guidance
Awaiting ISD guidance to inform boards of proposed changes regarding the methodology of anticipated rates for diagnosis of dementia.	TBC (ISD)	<ul style="list-style-type: none"> • Allow more accurate evaluation of performance against the standard at Board and partnership level. 		

Comments – Edinburgh Integrated Joint Board (IJB)

Linked to Edinburgh Health and Social Care Partnership Strategic Plan Action 23A – improving support for people with dementia.

NHS Lothian's rate for referral for post diagnostic support remains in line with the overall national rate. Awaiting ISD guidance to report on Edinburgh rates and further develop reporting on rates within 4 Edinburgh locality areas.

As noted in the last report, post diagnostic support is mainly delivered through current 2 year contract with Alzheimer Scotland for Edinburgh Post Diagnostic Support Service which includes 6 WTE link workers based in each of the 4 partnership localities. Funded through the Integrated Care Fund until 31 March 2018 (contract £215,483 per annum). The funding source of Integrated Care Fund not yet confirmed beyond March 2018. Escalated to the IJB Risk Register. Process underway to determine how this function can be delivered going forward.

Once incidence data from national study is published by Scottish Government, in moving forward anticipated Edinburgh data measures should include:

- Expected number of people diagnosed
- Actual number of people diagnosed
- Number of people offered post diagnostic support
- People completing post diagnostic support as % of those offered
- Number of people waiting.

Reasons for Current Performance

In order to have understanding of current performance, it is recognised the need to continue to improve recording of diagnosis and remains a priority.

Dementia – Midlothian Integrated Joint Board (IJB)

Healthcare Quality Domain: Person Centred

For reporting at **December 2016** meetings

Target/Standard: People newly diagnosed with dementia will have a **minimum of 1 year** of post-diagnostic support (PDS).

Responsible Director[s]: Chief Officer and Joint Directors

NHS Lothian Performance:-

Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
TBC ¹	Not Applicable	Not Applicable	Not Applicable	100% (1 Year (Min))	9.1	Jun 2016	Management Information	Yes	Yes	EM
Midlothian IJB ¹⁹					8.1					

Summary for Committee to note or agree

- ¹The data published by ISD on the dementia standard reports the rate of referral for post diagnostic support based on 100,000 per population. We are currently awaiting confirmation from ISD regarding what the **expected rate** would be in order to evaluate performance against the standard;
- The numerator is based on month of diagnosis rather than month of referral so there is always a lag time between month of publication and rate per month, with the rate continuing to increase for previous months in each subsequent publication;
- NHS Lothian's rate for referral for Post diagnostic support is currently in line with the overall national rate;
- The rate is only currently published at Health Board level not by IJB/ locality level. This has been requested from ISD.

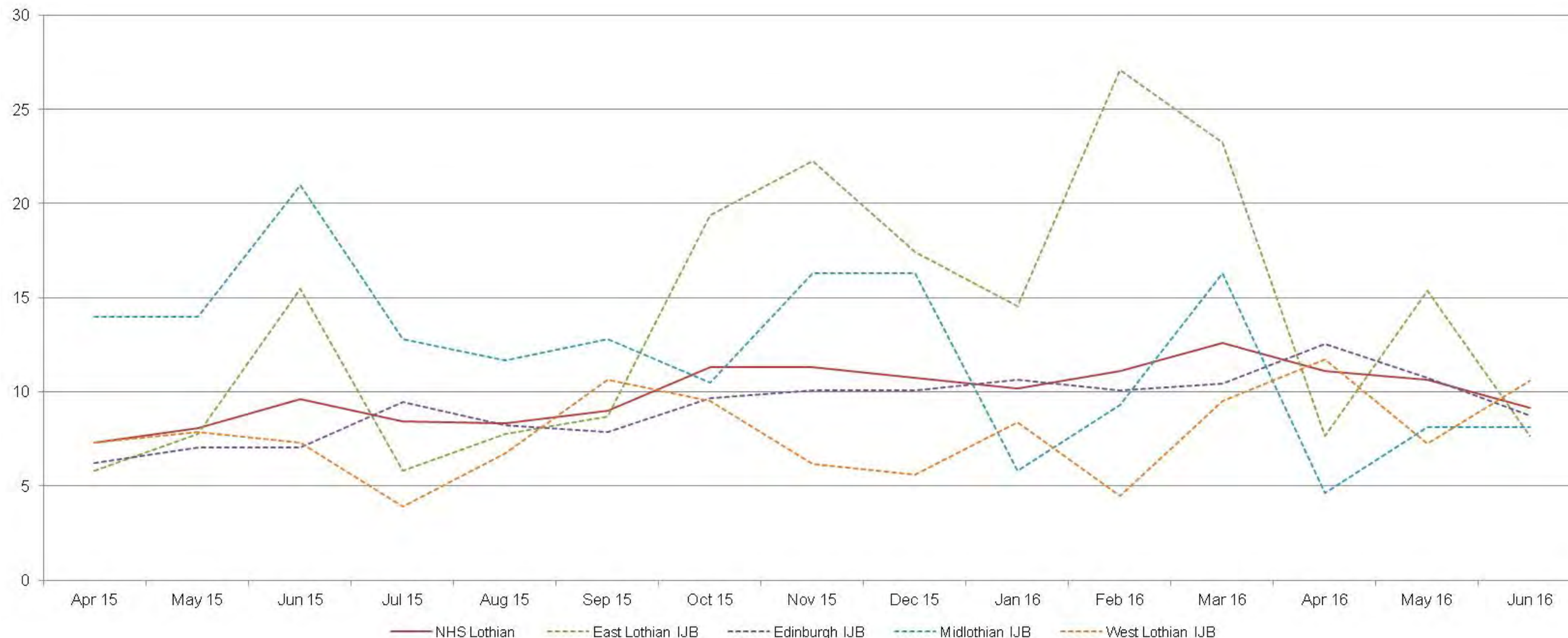
Recent Performance – % against Standard

Table 1: Rate of Referral to PDS in each month for those Diagnosed with Dementia – Higher Rate is Better

	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16
NHS Lothian	7.3	8.1	9.6	8.4	8.3	9.0	11.3	11.3	10.8	10.2	11.1	12.6	11.1	10.6	9.1
East Lothian IJB	5.8	7.7	15.5	5.8	7.7	8.7	19.4	22.3	17.4	14.5	27.1	23.2	7.7	15.4	7.7
Edinburgh IJB	6.2	7.0	7.0	9.5	8.2	7.8	9.7	10.1	10.1	10.7	10.1	10.5	12.5	10.7	8.8
Midlothian IJB	14.0	14.0	21.0	12.8	11.7	12.8	10.5	16.3	16.3	5.8	9.3	16.3	4.6	8.1	8.1
West Lothian IJB	7.3	7.8	7.3	3.9	6.7	10.6	9.5	6.2	5.6	8.4	4.5	9.5	11.7	7.2	10.6

¹⁹ For a case to be counted in an IJB, that case must have a patient postcode of residence within the IJB and have been included in a submission from the Health Board (HB), within whose bounds the IJB resides. E.g. if an NHS Lothian HB submission includes a patient with an Edinburgh postcode, they will be included in Edinburgh data – but if the same case was instead treated by a Borders IJB or was resident in a non-Lothian IJB but treated by Lothian, then they would not appear in IJB data. This is because there is currently no data on which IJB actually treats a patient, so the best approach available is to identify patients by IJB of residence unless they were definitely treated outside their local HB. In theory a patient might be resident in one IJB but treated by another within a HB –but it is currently assumed that this never happens as there is no way of verifying one way or another.

Figure 1: Rates of Referral to PDS in each month for NHS Lothian and IJBs, for those Diagnosed with Dementia - Source: ISD – Higher Rate is Better



Timescale for Improvement – Midlothian Integrated Joint Board (IJB)

A trajectory has not been set due to the proposed changes in the methodology in relation to measuring expected prevalence of dementia.

Actions Planned and Outcome – Midlothian Integrated Joint Board (IJB)

Action	Due By	Planned Benefit	Actual Benefit	Status
Improve capture of PDS being delivered by secondary care mental health services through the development of a questionnaire on TRAK to capture required data for ISD submission.	Completed	Increase reported rate of referral for PDS.	The reported rate has increased. For example our rate for August 15 was 0.7, following capture of additional data it is now 9.3 and our rate is comparable with the Scottish average across most months.	Completed
Improve recording of diagnosis in TRAK. <ul style="list-style-type: none"> Procedures agreed and implemented with local teams Routine reports to feedback performance to teams in place 	Ongoing	Increased recording of all diagnosis to allow comparison of actual versus expected rates for diagnosis of dementia.	Initial Position for % of patients on older adult services caseloads (with at least 1 attended appointment with a consultant) who had a diagnosis of dementia recorded in TRAK in May 2015 was 21%. Position reported in January 16 was 75%.	Will continue to monitor recording

Awaiting further guidance from ISD to develop reporting of diagnosis and referral rate by Partnership area.	July 2016	<ul style="list-style-type: none"> • Enable reporting of performance by IJB; • Increase local ownership of performance and improvement planning. 		Awaiting ISD guidance
Awaiting ISD guidance to inform boards of proposed changes regarding the methodology of anticipated rates for diagnosis of dementia.	TBC (ISD)	<ul style="list-style-type: none"> • Allow more accurate evaluation of performance against the standard at Board and partnership level. 		
Comments – Midlothian Integrated Joint Board (IJB)				
<p>The Single Dementia Service in Midlothian continues to provide support patients through the provision of post-diagnostic support, which is delivered as part of a multi-disciplinary team, including third sector partners and as part of the Scottish Government 5 & 8 Pillars Project – the current performance for June 2016 in Midlothian is above the Scottish rate.</p> <p>Reasons for Current Performance Improving recording of diagnosis remains a priority.</p>				

Dementia – West Lothian Integrated Joint Board (IJB)

Healthcare Quality Domain: Person Centred

For reporting at **December 2016** meetings

Target/Standard: People newly diagnosed with dementia will have a **minimum of 1 year** of post-diagnostic support (PDS).

Responsible Director[s]: Chief Officer and Joint Directors

NHS Lothian Performance:-

Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
TBC ¹	Not Applicable	Not Applicable	Not Applicable	100% (1 Year (Min))	9.1	Jun 2016	Management Information	Yes	Yes	JF
West Lothian IJB ²⁰					10.6					

Summary for Committee to note or agree

- ¹The data published by ISD on the dementia standard reports the rate of referral for post diagnostic support based on 100,000 per population. We are currently awaiting confirmation from ISD regarding what the **expected rate** would be in order to evaluate performance against the standard;
- The numerator is based on month of diagnosis rather than month of referral so there is always a lag time between month of publication and rate per month, with the rate continuing to increase for previous months in each subsequent publication;
- NHS Lothian's rate for referral for Post diagnostic support is currently in line with the overall national rate;
- The rate is only currently published at Health Board level not by IJB/ locality level. This has been requested from ISD.

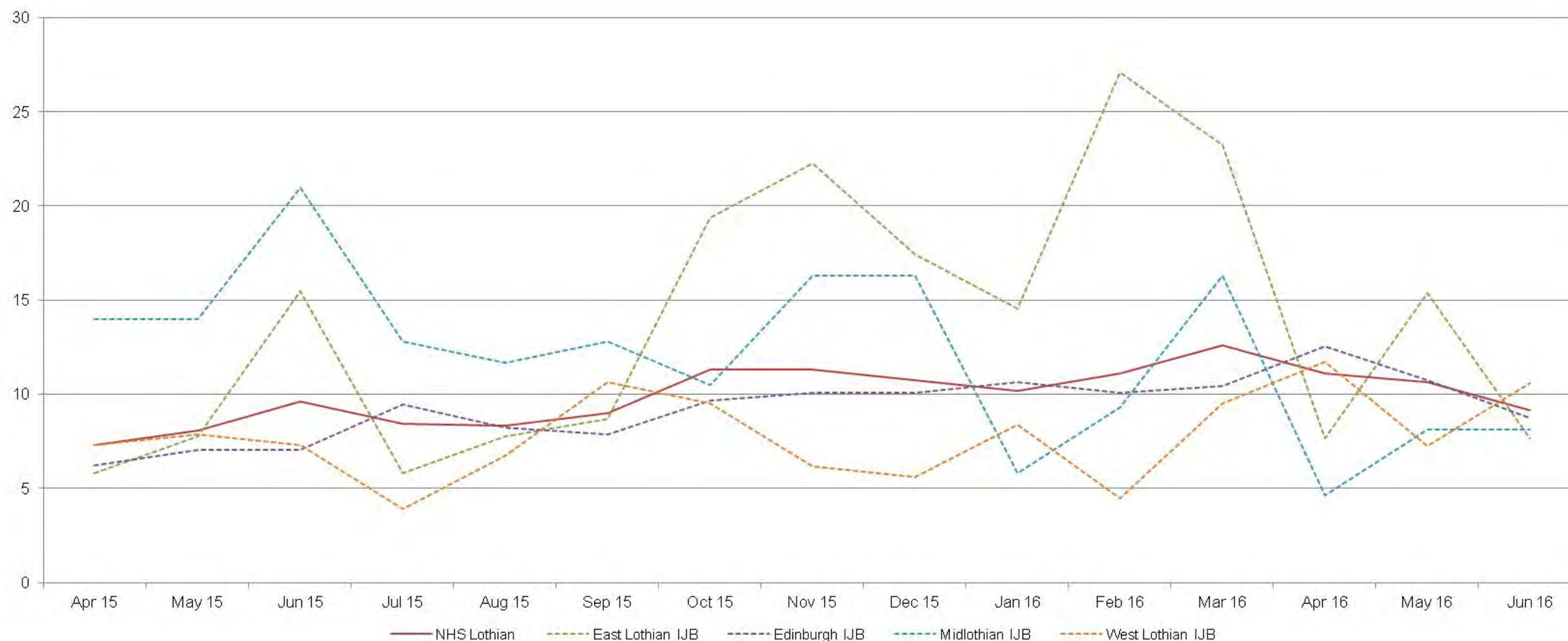
Recent Performance – % against Standard

Table 1: Rate of Referral to PDS in each month for those Diagnosed with Dementia – Higher Rate is Better

	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16
NHS Lothian	7.3	8.1	9.6	8.4	8.3	9.0	11.3	11.3	10.8	10.2	11.1	12.6	11.1	10.6	9.1
East Lothian IJB	5.8	7.7	15.5	5.8	7.7	8.7	19.4	22.3	17.4	14.5	27.1	23.2	7.7	15.4	7.7
Edinburgh IJB	6.2	7.0	7.0	9.5	8.2	7.8	9.7	10.1	10.1	10.7	10.1	10.5	12.5	10.7	8.8
Midlothian IJB	14.0	14.0	21.0	12.8	11.7	12.8	10.5	16.3	16.3	5.8	9.3	16.3	4.6	8.1	8.1
West Lothian IJB	7.3	7.8	7.3	3.9	6.7	10.6	9.5	6.2	5.6	8.4	4.5	9.5	11.7	7.2	10.6

²⁰ For a case to be counted in an IJB, that case must have a patient postcode of residence within the IJB and have been included in a submission from the Health Board (HB), within whose bounds the IJB resides. E.g. if an NHS Lothian HB submission includes a patient with an Edinburgh postcode, they will be included in Edinburgh data – but if the same case was instead treated by a Borders IJB or was resident in a non-Lothian IJB but treated by Lothian, then they would not appear in IJB data. This is because there is currently no data on which IJB actually treats a patient, so the best approach available is to identify patients by IJB of residence unless they were definitely treated outside their local HB. In theory a patient might be resident in one IJB but treated by another within a HB –but it is currently assumed that this never happens as there is no way of verifying one way or another.

Figure 1: Rates of Referral to PDS in each month for NHS Lothian and IJBs, for those Diagnosed with Dementia - Source: ISD – Higher Rate is Better



Timescale for Improvement – West Lothian Integrated Joint Board (IJB)

A trajectory has not been set due to the proposed changes in the methodology in relation to measuring expected prevalence of dementia.

Actions Planned and Outcome – West Lothian Integrated Joint Board (IJB)

Action	Due By	Planned Benefit	Actual Benefit	Status
Improve capture of PDS being delivered by secondary care mental health services through the development of a questionnaire on TRAK to capture required data for ISD submission.	Completed	Increase reported rate of referral for PDS.	The reported rate in West Lothian has fluctuated quite significantly since April 2015. This has led, in most recent months, to the West Lothian rate sitting below both the NHS Lothian rate and the national rate. Work is underway as part of the Frail Elderly Programme in West Lothian to look at how PDS is delivered in West Lothian.	Completed
Improve recording of diagnosis in TRAK. <ul style="list-style-type: none"> Procedures agreed and implemented with local teams Routine reports to feedback performance to teams in place 	Ongoing	Increased recording of all diagnosis to allow comparison of actual versus expected rates for diagnosis of dementia.	Initial Position for % of patients on older adult services caseloads (with at least 1 attended appointment with a consultant) who had a diagnosis of dementia recorded in TRAK in May 2015 was 21%. Position reported in January 16 was 75%.	Will continue to monitor recording

Awaiting further guidance from ISD to develop reporting of diagnosis and referral rate by Partnership area.	July 2016	<ul style="list-style-type: none"> • Enable reporting of performance by IJB; • Increase local ownership of performance and improvement planning. 		Awaiting ISD guidance
Awaiting ISD guidance to inform boards of proposed changes regarding the methodology of anticipated rates for diagnosis of dementia.	TBC (ISD)	<ul style="list-style-type: none"> • Allow more accurate evaluation of performance against the standard at Board and partnership level. 		

Comments – West Lothian Integrated Joint Board (IJB)

NHS Lothian's rate for referral for Post diagnostic support is currently favourable to the overall national rate. Within that West Lothian's performance has fluctuated but, in the most recent month reported, has shown an improvement and is sitting above the national rate. West Lothian IJB – through its Frail Elderly Programme – is looking at the delivery of post diagnostic support in West Lothian, particularly the model of delivery with a view to reducing waiting times and improving transition. This work is expected to be completed by April 2017. It is acknowledged that there are challenges with changing demographics and Scottish Government guidance on how PDS is to be delivered.

Reasons for Current Performance

Improving recording of diagnosis remains a priority. As outlined above, there is greater scrutiny on post diagnostic support at present with a view to ensuring the model of delivery is fit for purpose going forward.

Patient Experience – Tell us Ten Things (TTT) Inpatient Survey (Question 10 – Overall Experience)

Healthcare Quality Domain: Person Centred

For reporting at **December 2016** meetings

Target/Standard: [Score of 9.5 out of 10 for Question 10 \(Overall Experience\)](#)

Responsible Director[s]: Executive Director: Nurse Director

NHS Lothian Performance:-

Performance Against Target/Standard	Trend	Published NHS Lothian vs. Scotland	Date of Published NHS Lothian vs. Scotland	Target/Standard	Latest Performance	Reporting Date	Data Source	Data Updated since Last Report?	Narrative Updated since Last Report?	Lead Director
Not Met	Not Applicable ²¹	Not Applicable	Not Applicable	9.5/10 (min)	No Patient Experience data is included for this month - detail of this is described in the Person Centred Culture paper submitted to the Board and Healthcare Governance Committee meetings.		Tell Us Ten Things Database	No	Yes	AMcM

Summary for Committee to note or agree

To note.

Recent Performance – Numbers against Standard

Figure 1: NHS Lothian ‘Tell Us Ten Things’ Inpatient Survey Results – Higher Score is Better

No data is available for this reporting schedule

²¹ No Patient Experience data is included for this month - detail of this is described in the Person Centred Culture paper submitted to the Board and Healthcare Governance Committee meetings.

Timescale for Improvement

A trajectory has been agreed with SGHD and set out below:- **N/A**

Actions Planned and Outcome

Action	Due By	Planned Benefit	Actual Benefit	Status
Agreed with Director's of Nursing Group an initial stretch target of 10% return rate	April 2016	To achieve a response return rate that provides a sample sufficient for quality improvement.	A sample size that gives sufficient feedback to make quality improvement changes.	Review December 2016
Improved circulation of TTT site and local reports to ensure ANDs receive these	June 2016	Better informed Clinical Management Teams to achieve the targets.		Met
Reviewing return rates to highlight areas where there is a very poor return rate	June 2016	To share best practice across hospital sites to achieve the response return rate target. This will ensure sufficient sample size to carry out small tests of change to make improvements in order to enhance the patient experience.		Met
Midlothian to test TTT survey in community hospital setting once a solution has been reached for the TTT database. (Please see comments).	December 2016	To trial suitability of TTT survey in a care of the elderly/long term care setting to ensure the survey meets the needs of the patients.		Review December 2016
Discussions with Senior Charge Nurses / Clinical Nurse Managers to highlight return rates and consider local actions to improve responses	June 2016	To share best practice and carry out quality improvement actions to enhance patient experience.		Met
A submission has been made to the July HCG committee to align the measure to the national Person Centre Health & Care Programme (9/10)	Agreed			
RHSC testing TTT survey for children and younger people	October 2016	To test TTT survey in a children and young people setting. To enhance the experience of children and younger people.		Review December 2016
Recruit to vacant post for the Project Manager and Project Officer to TTT	November 2016	To lead, implement and embed TTT within in-patient areas. Responsible for data entry, analysis and reporting of TTT surveys and communicating with clinical management teams.		Review December 2016
Recruit to vacant post of Patient Experience Officer	November 2016	To support clinical staff with TTT survey response return rate and improvements.		Review December 2016
Work is in progress with IT analytical services and e-Health to provide a data capture, analyse and reporting system that is fit for purpose and supported within NHS Lothian	January 2017	To provide a robust data capture and reporting mechanism to wards, sites and the Board to enable improvements to patient care.		Review December 2016

Comments

Due to staff changes the Patient Experience Team are looking into other ways to enhance TTT reporting.

Due to IT challenges within the TTT database the Patient Experience Team are unable to provide TTT survey data for this report. IT analytical services and e-Health are working together to provide a solution.

7 Risk Register

6.1 Not applicable.

7 Impact on Inequality, including Health Inequalities

7.1 The production of these updates do not have any direct impact on health inequalities but consideration may be required elsewhere in the delivery of the actions identified.

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

8.1 As the paper summarises trends in performance and identifies remedial action, no impact assessment or consultation is expected.

9 Resource Implications

9.1 The resource implications are directly related to the actions required specified in the proforma.

Andrew Jackson, Ryan Mackie and Katy Dimmock
Analytical Services
1st December 2016
PerformanceReporting@nhslothian.scot.nhs.uk

Appendices

Appendix 1 – Technical Document

Measure	Target/Standard	Source for Current Data
Smoking Cessation (quits)	NHS Boards to sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas (60% in the Island Boards).	Smoking Cessation Database
Early Access to Antenatal Care (% booked)	Percentage of maternities booked for antenatal care within 12 completed weeks - the target is for 80% of women in each SIMD quintile to be booked within 12 weeks.	Discovery
CAMHs (18 Weeks)	No child or young person will wait longer than 18 weeks from referral to treatment in a specialist CAMH service from December 2014. Following work on a tolerance level for CAMH services waiting times and engagement with NHS Boards and other stakeholders, the Scottish Government has determined that the target should be delivered for at least 90% of patients.	Management Information
Psychological Therapies (18 Weeks)	The Scottish Government has set a target for the NHS in Scotland to deliver a maximum wait of 18 weeks from a patient's referral to treatment for Psychological Therapies from December 2014. Following work on a tolerance level for Psychological Therapies waiting times and engagement with NHS Boards and other stakeholders, the Scottish Government has determined that the Psychological Therapies target should be delivered for at least 90% of patients.	Management Information
Delayed Discharges (over 2 weeks)	No patient should wait more than 14 days in hospital once they are ready for discharge.	EDISON
Healthcare Acquired Infection - CDI (rate per 1,000 bed days, aged 15+)	NHS Boards' rate of Clostridium difficile infections (CDI) in patients aged 15 and over is 0.32 cases or less per 1,000 total occupied bed days.	NHS Lothian Infection Prevention and Control Team
Healthcare Acquired Infection - SAB (rate per 1,000 acute bed days)	NHS Boards' rate of Staphylococcus aureus Bacteraemia (including MRSA) (SAB) cases are 0.24 or less per 1,000 acute occupied bed days.	NHS Lothian Infection Prevention and Control Team
4-hour Unscheduled Care (% seen)	95% of patients are to wait no longer than 4 hours from arrival to admission, discharge or transfer for A&E treatment. NHS Boards are to work towards 98%.	Management Information
Cancer (31-day) (% treated)	31-day target from decision to treat until first treatment for all cancers, no matter how patients were referred. For breast cancer, this replaced the previous 31-day diagnosis to treatment target.	Management Information
Cancer (62-day) (% treated)	62-day target from receipt of referral to treatment for all cancers. This applies to each of the following groups: any patients urgently referred with a suspicion of cancer by their primary care clinician (for example GP) or dentist; any screened-positive patients who are referred through a national cancer screening programme (breast, colorectal or cervical); any direct referral to hospital (for example self-referral to A&E).	Management Information
Stroke Bundle (% receiving)	The stroke bundle covers four targets: 1. Percentage admitted to a Stroke Unit within 1 day of admission – 90%; 2. Percentage with swallow screen on day of admission – 90%; 3. Percentage with brain scan within 24 hours of admission – 90%; 4. And percentage of ischaemic stroke patients given aspirin within 1 day of admission – 95%.	Management Information
IPDC Treatment Time Guarantee (12 weeks)	From the 1 October 2012, the Patient Rights (Scotland) Act 2011 establishes a 12 week maximum waiting time for the treatment of all eligible patients due to receive planned treatment delivered on an inpatient or day case basis.	Management Information
Outpatients (12 weeks)	From the 31 March 2010, no patient should wait longer than 12 weeks for a new outpatient appointment at a consultant-led clinic. This includes referrals from all sources.	Management Information
Referral to Treatment (18 Weeks)	90% of planned/elective patients to commence treatment within 18 weeks of referral.	Management Information
Diagnostics (6 weeks)	A six week maximum waiting time for eight key diagnostic tests (four for Endoscopy (a) & four for Radiology (b)) from 31 st March 2009.	Management Information
Surveillance Endoscopy (past due date)	No patient should wait past their planned review date for a surveillance endoscopy.	Management Information
IVF (12 months)	The Scottish Government have set a target that at least 90% of eligible patients will commence IVF treatment within 12 months. This is due for delivery by 31 March 2015.	Management Information
Drug & Alcohol Waiting Times (3 weeks)	The Scottish Government set a target that by June 2013, 90% of people who need help with their drug or alcohol problem will wait no longer than three weeks for treatment that supports their recovery. This was one of the national HEAT (Health improvement, Efficiency, Access, Treatment) targets, number A11. This target was achieved in June 2013 and has now become a Local Delivery Plan (LDP) standard - that clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery (90%).	ISD Scotland
Detecting Cancer Early (% diagnosed)	The DCE HEAT standard is for NHS Scotland to achieve a 25% improvement in the percentage of breast, colorectal and lung cancer cases (combined) diagnosed at stage 1. This is to be achieved by the combined calendar years of 2014/2015 and is the equivalent of a national rate of stage 1 diagnosis for breast, colorectal and lung cancer (combined) of 29.0%.	ISD Scotland
Staff Sickness Absence Levels (<=4%)	4% Staff Hours or Less Lost to Sickness	Management Information (SWISS)
Cardiac Arrest	50% reduction in Cardiac Arrests with Chest Compressions Rate by December 2015 from February 2013 (1.9 per 1,000), baseline.	Management Information (Local Audits (Resuscitation Officer Database))
Falls with Harm	"Harm" is 'Moderate, Major Harm or Death'. Incidents are reported by staff using the DATIX system which records incidents that affect patients or staff. The category and degree of harm associated with each incident are also recorded. An increase in reporting of incidents is considered to be indicative of an improving safety culture and this is monitored in all Senior and Clinical Management Teams. Incidents associated with harm should not increase and this is the trend monitored at NHS Board level. 20% reduction in inpatient falls and associated harm, on a baseline median of 30 per month, by March 2016.	Management Information (Datix)
Hospital Standardised Mortality Ratios (HSMR)	HSMR is the ratio of observed deaths to expected deaths within 30 days of admission to hospital. If the HSMR for a hospital is less than 1, then fewer hospital deaths within 30 days of admission are occurring than expected. HSMRs are therefore used as system level 'warnings' for areas for further investigation. It must be emphasised that the quarter to quarter changes should be interpreted with caution. HSMRs cannot be compared between hospitals or boards; the comparison should only be against the expected number of deaths. There is some controversy about their use, but they remain widely used in this way.	ISD Scotland
48 Hour GP Access - access to healthcare profession; or GP appointment.	48 hour access or advance booking to an appropriate member of the GP team (90%) - Patients can speak with a doctor or nurse within 2 working days; or Patients are able to book an appointment 3 or more working days in advance.	Scottish Government
Alcohol Brief Interventions (ABIs)	Sustain and embed alcohol brief interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings.	Management Information
Hospital Scorecard - Standardised Surgical Readmission rate within 7 days	This is the emergency readmissions to a surgical 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 (SIMD 2009).	ISD Scotland
Hospital Scorecard - Standardised Surgical Readmission rate within 28 days	As for 7 day readmissions.	ISD Scotland
Hospital Scorecard - Standardised Medical Readmission rate within 7 days	This is the emergency readmissions to a medical 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 (SIMD 2009).	ISD Scotland
Hospital Scorecard - Standardised Medical Readmission rate within 28 days	As for 7 day readmissions.	ISD Scotland
Hospital Scorecard - Average Surgical Length of Stay - Adjusted	Ratio of 'observed' length of stay over 'expected' length of stay. This indicator is case mix adjusted by HRG* and speciality. The expected length of stay is calculated by working out the average length of stay nationally (Scotland only) for each speciality and HRG combination. This is then multiplied by the total number of spells to get the expected length of stay. A hospital with a value above the national average (e.g. 1.01 will be 1% above the national average) and a hospital below the national average (e.g. 0.99 is 1% below the national average).	ISD Scotland
Hospital Scorecard - Average Medical Length of Stay - Adjusted	Ratio of observed length of stay over expected length of stay. This indicator is case mix adjusted by HRG* and speciality. The expected length of stay is calculated by working out the average length of stay nationally (Scotland only) for each speciality and HRG combination. This is then multiplied by the total number of spells to get the expected length of stay. A hospital with a value above the national average (e.g. 1.01 will be 1% above the national average) and a hospital below the national average (e.g. 0.99 is 1% below the national average).	ISD Scotland
Complaints (3-Day; & 20-Day)	3-Day Response [Acknowledgement] Rate – 100% formal acknowledgement within 3 working days; & 1. 20-Day Response Rate – 85% of complaints responded to within 3 days.	Management Information (Datix)
Dementia	People newly diagnosed with dementia will have a minimum of 1 years post-diagnostic support	Management Information

* HRG: Healthcare Resource Groups. These are standard grouping of clinically similar treatments that use common levels of healthcare resource. They are usually used to analyse and compare activity between organizations.

Board Meeting
7 December 2016

Chief Quality Officer

**SUMMARY PAPER – NHS Lothian Quality Directorate Progress
AND NEXT STEPS 2016-17**

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 Quality Plan describes the progress to establish the Quality Management System during 2016 and the plans for further development 	
<ul style="list-style-type: none"> The Quality Academy training content has been refined, based on feedback and evaluation 	3.1
<ul style="list-style-type: none"> Increased capacity for 144 clinical leaders in Planning for Quality, and 144 places for service teams in Quality Improvement Skills is planned in 2017 	3.1
<ul style="list-style-type: none"> “Clinical Quality Programmes” have been tested and the model adapted in three wave 1 pilot areas: cancer, stroke, and mental health services. 	3.2
<ul style="list-style-type: none"> Initiation phase is underway for two wave 2 programmes in orthopaedics and cardiology 	3.2
<ul style="list-style-type: none"> Bespoke support for quality management in Primary Care will be developed in line with our review “Mapping Quality Improvement in Primary Care” 	3.2
<ul style="list-style-type: none"> Up to three further Clinical Quality Programmes will be developed in 2017-18, taking account of the quality improvement priorities identified through the NHS Lothian Hospitals’ Plan 	3.2
<ul style="list-style-type: none"> The plan describes the actions we have already taken and will take in 5 areas to create a culture which will support continuous Quality Improvement driven by front line teams 	3.3 – 3.7
<ul style="list-style-type: none"> Expenditure on the Quality Management System in 2016/17 is expected to be £742K. Infrastructure support costs will increase as the number of Clinical Quality Programmes underway increase. This will be considered as part of the NHS Lothian financial plan for 2016/17. 	6.0
<ul style="list-style-type: none"> The full NHS Lothian Quality Plan and appendices are attached 	Appendix1

Simon Watson
Chief Quality Officer
15 November 2016
Simon.watson@nhslothian.scot.nhs.uk

NHS Lothian

Board Meeting
7 December 2016

Chief Quality Officer

NHS Lothian Quality Directorate Progress and Next Steps 2016-17

1 Purpose of the Report

- 1.1 The purpose of this report is to recommend that the Board approve the attached Quality Plan which sets out our vision, approach and planning to develop NHS Lothian's Quality Management System of health and care.

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

2 Recommendations

The Board is recommended to:

- 2.1 Welcome the progress to date in developing capability, capacity and culture to create a Quality Management System;
- 2.2 Support proposed actions for ongoing developments in 2017 and beyond.
- 2.3 Consider what updates and assurances will be required for the implementation of the Quality Management System going forward.

3 Discussion of Key Issues

- 3.1 In October 2015 the Board agreed to support development and implementation of an NHS Lothian Quality Management System, and to secure strategic partnerships with public sector organisations and Intermountain Healthcare to drive this work forward. In addition to realignment of existing improvement support resources, and support received from strategic partners, including Scottish Government, funding for the initial development was secured through a business case to the Edinburgh and Lothians Health Foundation Trustees in January 2016.
- 3.2 Since NHS Lothian signalled its commitment to this transformational change, there have been further endorsements of this type of approach to healthcare leadership, notably from Professor Richard Bohmer of Harvard Medical School and the Auditor General in her report "NHS in Scotland 2016".
- 3.3 A Clinical Quality Steering group, chaired by the chief executive and attended by the executive team, has been established to oversee the implementation of the Quality Management System in NHS Lothian. This group reports to the Corporate Management Team (CMT).

3.4 The attached report describes the progress we have made to establish the Quality Management System in 2016 and our plans for further development in 2017 and beyond. The plan addresses the vision, mission and general approach to change (section 2) and outlines the progress and plans for the three key drivers for organisational transformation, summarised below.

3.5 Building capacity within the workforce (section 3.1)

What we have done

The NHS Lothian Quality Academy content was co-developed with key partners, and the first programmes started in February 2016. 26 participants from across NHS Lothian, including from within the pilot clinical Quality Programmes, attended the Leadership course and 33 attended the Skills programme. . In addition the Quality Academy has developed and delivered bespoke training in QI methods for other groups.

Feedback from participants and an independent evaluation of the Leadership course confirmed enthusiastic support for the understanding and application of QI methodology, with the opportunity to learn in a multi-disciplinary cohort seen as a major strength.

What we will do

The training programme for 2017 has been developed to provide increased capacity for potentially 144 clinical leaders in Planning for Quality, and the same number of places for service teams in Quality Improvement Skills. Further training for Executive Team and Board members to enable the spread of ‘systems thinking’ to all business activities is also a priority.

3.5 Building capacity to manage continuous quality improvement (section 3.2)

What we have done

We have developed our three-phase approach to continuous Quality Improvement (CQI) within individual services, which we have termed “Clinical Quality Programmes”, and have tested and adapted this model through our three pilot CQP areas: cancer, stroke, and mental health services. Progress and achievements to date in each of these is summarised at section 3.2.3 of the Plan.

Key programme activities include:

Phase 1 Programme Initiation	Data indicating likely unwarranted variation and opportunities for improvement. Service engagement, executive sponsorship
Phase 2 Planning	Identifying clinical leader/ champion, training leaders, putting wrap-around support services- programme management, QI coaches, healthcare analyst support, financial support, stakeholder engagement

Phase 3 CQI Cycles	Iterative improvement PDSA cycles of identifying, testing measuring and monitoring outcomes, sustaining improvements
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What we will do

- Proceed with wave two CQPs in orthopaedics and cardiology (currently in phase 1)
- Develop bespoke support for Primary Care Quality Management and the General Practice Redesign Programme in line with our review “Mapping Quality Improvement in Primary Care” (see appendix E of Quality Plan).
- Identify and develop up to a further three Clinical Quality Programmes in 2017-18, taking account of the quality improvement priorities identified through the NHS Lothian Hospitals Plan.
- Create and deploy models for smaller programmes or major projects.
- Develop our coaching model and a larger cadre of coaches.
- Continue to develop healthcare analysts to support continuous quality improvement
- Support the design, creation and implementation of a high-quality Information Strategy and collaborate on its implementation.
- Work with NES to co-create Knowledge Management roles to support CQI.
- Continue to support the development, testing and promotion of the PLICS patient-level accounting system by Finance Directorate.

3.6 Building a supportive organisational culture (section 4)

Creating a culture which will support CQI driven by frontline teams is of vital importance to creating the conditions needed to drive transformational change. The plan describes the actions we have already taken and will take in the following areas:

1. *Promote meaningful conversations on quality of care across our whole workforce.*
2. *Support innovation as a driver of quality improvement in Lothian*
3. *Engage in influencing and shaping broader organizational strategy*
4. *Effective patient, public and workforce engagement for Quality*
5. *Promote and value internal and external partnerships*

4 Key Risks

- 4.1 Time – several years will be required for the quality management systems we have developed to reach full maturity and effectiveness. NHS Lothian should expect some early gains but also adopt a long-term approach to this work.
- 4.2 The development of internal capability and capacity – particularly informatics infrastructure - could be compromised by competing national and local pressures

upon NHS Lothian. We are already seeking ways to reduce these requirements through exploring potential for automatic reporting within the stroke programme.

- 4.3 High-quality programme and project management are vital to ensure delivery at pace and scale within a robust governance framework, and development of this resource is a priority.

5 Risk Register

- 5.1 There are no new implications for NHS Lothian's risk register. The Academy and Clinical Quality Programmes should contribute to a reduction in the number and severity of registered corporate risks, especially in relation to patient experience and finance.

6 Impact on Inequality, Including Health Inequalities

- 6.1 The Quality Plan and Quality Management System is founded on the 6 dimensions of quality, including equity. Impact assessments will be undertaken as part of considering any changes to processes and protocols considered as part of the clinical quality programme.

7 Involving People

- 7.1 The actions underway are summarised at section 3.6 above. In addition we are developing a Quality Directorate website to keep patients, public and the workforce aware of developments in our Quality Management System.

8. Resource Impact

Investment in the development of a Quality Management system has been supported by NHS Lothian (£560k), and the Edinburgh and Lothian's Health Foundation (£640k). Support from the Scottish Government has also been indicated but not yet confirmed (£200k).

This investment has supported the establishment of a core infrastructure including the Chief Quality Officer, and the Quality Academy and the Quality Programmes, through the appointment of Project managers, clinical leads (backfill), analysts, coaches, a finance lead and administrative support.

The current profile of expenditure shows that funding agreed to date will support the development of Quality Management until March 2018.

We will work with the Finance Department to develop an evaluation framework to measure the impact of the investments in Quality Management to support achievement of the Triple Aim. This framework will be vital in informing ongoing investment decisions.

	2016-17		2017-18	
	Forecast	wte	Forecast	wte
Pays	644,053	15.40	1,027,945	16.70
Non Pays	117,678		211,264	
Total	761,731	15.40	1,239,209	16.70
Funding:				
EHFG	464,515		175,485	
NHS Lothian	297,216		301,526	
Scottish Government	0		200,000	
Total	761,731		677,011	
Forecast Variance	0		(562,198)	

Although this remains at the development stage, initial analysis has now given an indication of the costs for supporting a Clinical Quality programme (£99k) and a Quality Academy Course (whether leadership or skills) £80k including backfill costs. Details are set out in Appendix F.

Investment to date has supported the 3 Clinical Quality programmes (Stroke, Cancer, Mental Health) and training for 34 individuals, including backfill costs. If backfill is excluded the cost of training per individual is £700.

Further work will now be required to evaluate the likely quality and financial benefits to assess the case for both continuing investment beyond 17/18 and the level of this investment.

Simon JW Watson
Chief Quality Officer
14/11/2016
simon.watson@nhslothian.scot.nhs.uk

List of Appendices

Appendix 1: NHS Lothian Quality Plan 2017 and appendices



NHS Lothian Quality Directorate - Progress and Next Steps

2016-17

Dr Simon Watson, Chief Quality Officer

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Foreword

A year ago NHS Lothian made a major strategic decision to put 'Quality' at the centre of how we manage and deliver healthcare in Lothian. The Board supported the initiation of a programme to create infrastructure and the conditions to support this. The starting point drew heavily from Intermountain Healthcare System (Utah USA) and work already underway in Lothian. In April 2016 the responsibility for ongoing development was transferred to the newly-created Chief Quality Officer and Quality Directorate.

This report describes the progress that has been made over the first year of this programme. The emphasis has been heavily upon enabling and empowering frontline clinical teams and starting to create the culture we need. Each section describes key drivers, covering what we said we would do, what we did, lessons learned and what we will do next.

The appendices include a high-level programme outline and examples of costs of key activities. The programme reports monthly to a Steering Committee, chaired by the Chief Executive, where both direction of travel and detailed assessment of implementation plans and progress are scrutinised.

1 Introduction

Healthcare systems across the Developed World are facing a multi-dimensional crisis. Budgets and resources aren't keeping pace with the demands of an aging and multi-morbid population. Despite an increasing number of treatments and staff to deliver them, inequalities in health are not falling. Individuals have less money to spend on health. Finally, the quality of care delivered rarely fulfills the expectations of the public or commissioners [*Health at a glance*, OECD 2015]. The impact of this for NHS Scotland was vividly illustrated by the Auditor General in her recent report*. Whilst acknowledging improvements, the Auditor General gave a stark warning that the sustainability of healthcare services is in jeopardy and 'top-down' reforms would only be part of the solution. In her closing paragraph, she highlighted the untapped potential of frontline teams as agents for continuous quality improvement, and recommended the following actions:

- Engage clinicians in improvement programmes
- Invest in activities to enable staff to achieve continuous quality improvement, driven by commitment, not compliance
- Recognise the importance of stable leadership and organisations with clear strategy and credible methods to drive continuous quality improvement
- Leadership for quality to be collective and distributed, with skilled clinical leaders working alongside experienced managers

- Invest in (in-house) leadership development and training to lead quality

**[‘NHS in Scotland 2016’, Auditor General 2016 & ‘Reforming from Within’, The Kings Fund, June 2014]*

The concept of leveraging frontline teams to drive quality is not new but neither is it widely-used. Nevertheless it is increasingly seen in international exemplar high-performing healthcare providers including Salford Royal Hospital Foundation Trust, Hospital Israelita Albert Einstein (Sao Paulo, Brazil), Virginia Mason Healthcare (Seattle, USA) and Intermountain Healthcare System (Utah, USA). Articles on the impact of a distributive leadership approach to managing quality in healthcare have been appearing with increasing frequency, for example, ‘*The hard work of healthcare transformation*’, Richard Bohmer, *NEJM* 2016 (Appendix A). These ideas are all derived from deeply-rooted and well-established principles of good management, notably teachings of W Edwards Deming [*‘Out of The Crisis’*, W. Edwards Deming, MIT Press, 1982].

This distributive approach to quality management aligns to “Our Health, Our Care, Our Future”, specifically recognising that delivering the outcomes required to meet current healthcare challenges will not be achieved without radical change, accelerating innovation and redesigning how we work. Furthermore, the commitment to prioritising quality, safety and transparency is at the heart of how we plan and deliver services for patients.

NHS Lothian has recognized the impending crisis and the role of distributed leadership and management of our organization, focused squarely on quality. We have established a transformational change programme to build and embed the NHS Lothian Quality Management System (QMS) as our vehicle to deliver best patient experience, outcomes and sustainable cost. Creating the QMS focuses on three key drivers:

- Increasing the capability of frontline teams to manage continuous quality improvement
- Increasing the capacity of frontline teams to manage continuous quality improvement
- Creating an organizational culture within which distributed leadership for quality will flourish

The remainder of this paper will describe progress to establish the QMS in 2016 and plans for further development in the coming year and beyond.

2 Vision, mission and general approach to change

NHS Scotland's 2020 Vision for health and social care is that people in Scotland will live longer, healthier lives at home or in a homely setting.

The 'mission' for healthcare is to achieve a) best population health, b) best experience (ie quality) and satisfaction with care, and c) gradually reduce *per capita* cost of providing healthcare. This is the so-called 'Triple Aim' of healthcare (Institute for Healthcare Improvement (IHI)).

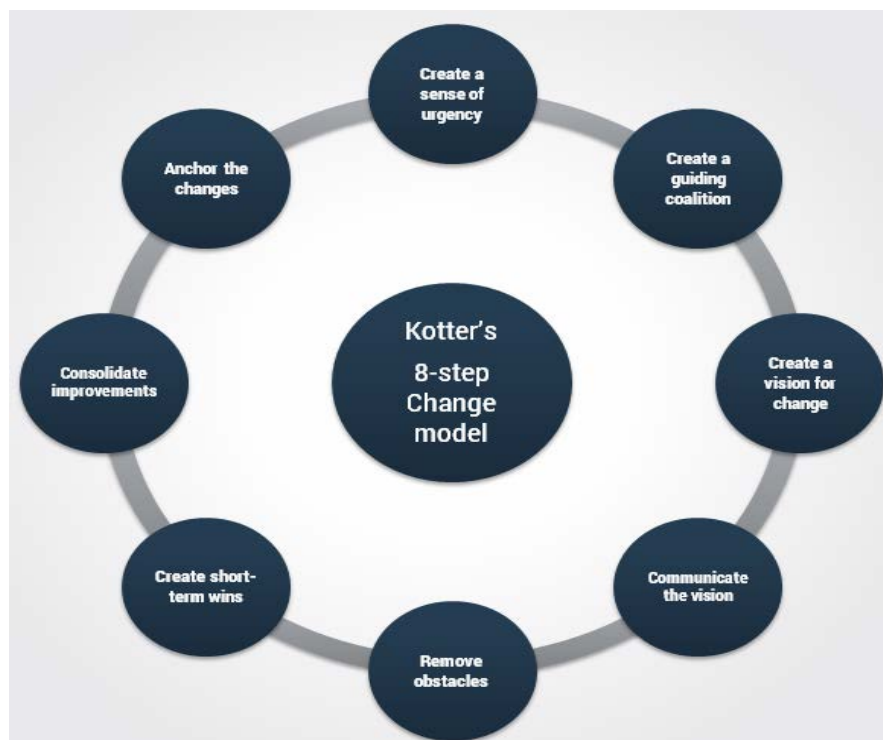
The following are the guiding principles of our approach:

- Identify, value and nurture leaders and participants in clinical teams to drive continuous quality improvement.
- Value and develop both clinical and managerial skills in clinicians and clinical teams.
- Accept that most continuous quality improvement is a series of planned experiments within a Learning Healthcare System (LHS), not the result of large plans drawn up in offices.
- Help clinical teams acquire the skills and resources to experiment in the LHS.
- Temper standardisation with an acceptance that there isn't a 'perfect system' for us to copy.
- Make the most of what you've got by collaboration - internally and with neighbours.
- Be able to measure the small gains acquired from lots of experiments.
- Use information to manage the organisation by fact, not just intuition.
- Be bold in bringing cost as a component of efficiency squarely into the remit of 'quality'.
- Put the needs of patients at the centre of clinical decision making.

Transformational change (rather than 'developmental' or 'transitional') will be needed to achieve the vision and mission described above.

John Kotter proposed what is probably the best-known model of organisational transformational change two decades ago [*Leading Change : Why Transformational Efforts Fail*, John P Kotter, *Harvard Business Review* 1995]. The key elements are illustrated below:-

Figure 1 - Kotter's eight step transformational change model



3 Delivering a Quality Management System in Lothian

This section summarises the key components of our QMS, progress and learning in their establishment, and future planned activities.

3.1 Building capability within our workforce

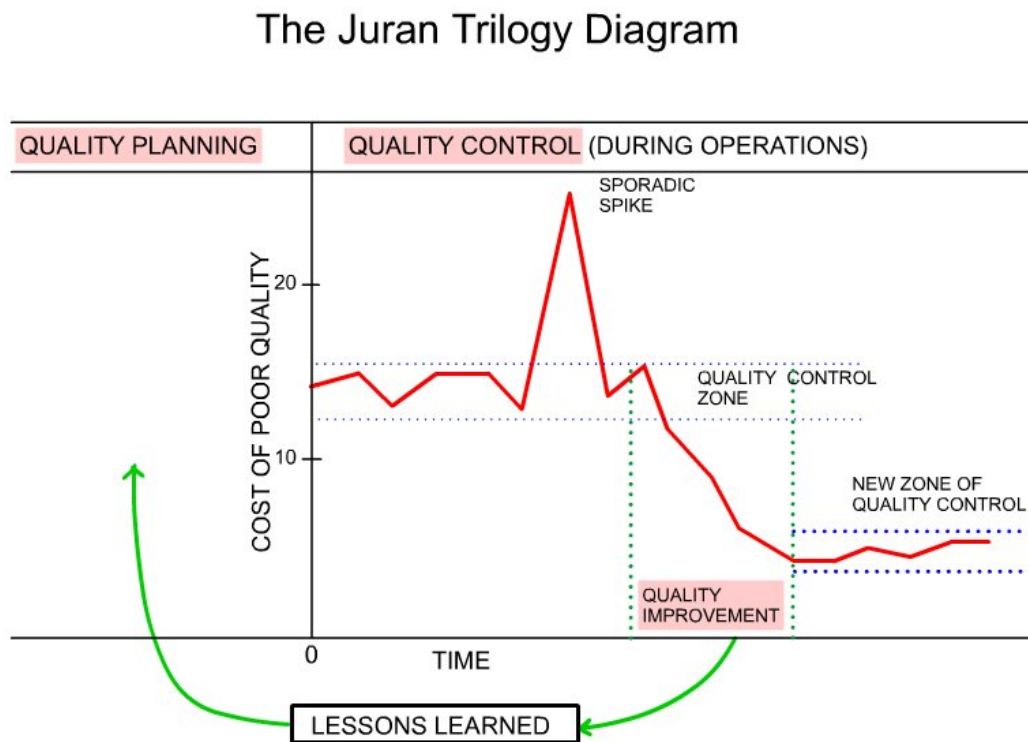
3.1.1 What we said we would do:

In late 2015 we committed to establishing the NHS Lothian Quality Academy. This would deliver training and expert faculty support to increase capacity of clinical teams, managers, improvement coaches and executive sponsors of the improvement activities. Our intent was to build capacity for QI within acute services, primary care settings and integrated health and social care partnerships. In addition, we intended to influence wider organizational culture change through leadership attitudes and behaviours focused on quality.

3.1.2 What we have done:

The Quality Academy Training Courses were co-developed with key partner organisations, particularly NHS Education Scotland, Healthcare Improvement Scotland, and Intermountain Healthcare. The expert faculty have been drawn from these partners as well as our own workforce with expertise in Quality Management and education. The first Quality Academy programmes began in February 2016, with a pilot ‘Leadership’ and ‘Skills’ course, aimed at those who would undertake Quality Planning and Quality Improvement respectively (following the Juran ‘Trilogy’ of Quality Management – Figure 2). 26 participants attended the Leadership Course, and 33 the Skills programme.

Figure 2 – the Juran Trilogy Model, describing separate phases of Quality Management



Although participants were drawn from across NHS Lothian Primary and Secondary Care services, the courses were enriched with participants representing our first pilot Clinical Quality Programmes - Cancer Services, Stroke and Mental Health services (described in more detail later).

Cohort 1 of the Leadership Programme (Q1-Q2 2016) involved 26 individuals who participated in eight days (as four two-day blocks spread over four months) of face-to-face teaching, interspersed with three face-to-face coaching sessions and three WebEx coaching sessions. The course included training in Quality Improvement (QI) theory and methodology, change management, human factors, leadership and more. Participants were also

required to select and complete an improvement project based in their own clinical area, supported by various faculty members. They were expected to present their QI project progress (aligned to pre-defined project milestones) on the final day of the eight-day educational programme.

Table 1 – Learning Outcomes for Quality Academy Training

Lothian Clinical Quality Academy: Leadership and Skills Programme
[Course Outcome Framework - Knowledge, Skill and Behaviours v1.0]

<p>Overarching Academy themes:</p> <ul style="list-style-type: none"> Quality Improvement theory and Practice Technical skills with Data, Measurement, Visualisation and Reporting Innovation, Redesign and Systems Thinking Human Factors and Safety Science & Teamwork Awareness of self and Leadership of others <p>to be explored at increasing depth, understanding and application.</p> <p>Skills Programme: Delivering Improvement [3 days] Current staff and those in training who can lead small scale, focused tests of change with support in a clinical service area.</p> <p>Leadership Programme: Driving and Leading Improvement [8 days] Current staff who lead teams of people or coordinate care services within the organisation.</p>	<p>Skills Programme: Delivering Improvement</p> <ul style="list-style-type: none"> I understand how the culture in my workplace influences the quality and safety of care and services I recognise my responsibility to question the way we work in order to improve care and services I can explain and use PDSA cycles to make small-step-change to care and services. I am able to work with a team to achieve small-step-change I can identify where teamwork could be more effective and I work with others to improve team performance I work to involve patients/service users and their carers/families in planning care and in quality improvement activities. 	<p>Leadership Programme: Driving and Leading Improvement</p> <ul style="list-style-type: none"> I communicate effectively with diverse audiences I mentor and teach others about improvement methodology I understand, use and present data to improve care and services I influence, negotiate and lead improvements in care and services I strive to motivate and energise my colleagues I demonstrate resilience in order to lead improvements in care and services I facilitate and lead teams to improve the quality and safety of care and services I encourage, promote and support a learning culture in my workplace I am aware of the impact of human behaviours on the process of care I listen to the voices of patients/service users and their carers/families using their input to inform quality improvement activities
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Adapted from HSCSF Ireland: Attributes Framework for Health and Social Care 2014 & Health Foundation Skilled for Improvement 2014

Feedback was gathered from participants in the pilot courses, including lecturers and coaches, and has been used to review and refine the next round of Quality Academy programmes.

An independent evaluation of cohort 1 of the Quality Academy Leadership for Improvement course was completed in September 2016 by an experienced educational researcher, Dr Vicky Tallentire. Her qualitative research involved thematic analysis of verbatim interview transcripts from ten of the twenty-six course participants. The construction of the evaluation ensured as much independence as possible. Dr Tallentire’s full report is available as Appendix B.

The evaluation confirmed that the course was very well-received by participants. Some aspects of organisation, delivery and integration required refinement. The multi-disciplinary, inter-professional nature of the course was seen as one of its major strengths. The educational and motivational potential of the ensuing community of practice was key to a longer-term support and sustainability network for participants. It was apparent that, for the learning from the course to translate into workplace behavioural change, supporting infrastructure should be more visible and accessible. Participants needed to be both equipped and empowered to deliver training to others in their own

areas. Alignment between the QMS and existing organisational reporting, personal development plans and job planning systems was another key area for improvement.

The key learning from the pilot Leadership Programme was that the 'Leadership for Improvement Programme' should focus more strongly on Quality Planning and, for emphasis, the Leadership Programme has been renamed 'Planning for Quality'. Cohort 2 of the programme with this revised focus began in September 2016, with an expanded class size of 36.

Review of the Practitioner Skills programme (incorporating feedback from both courses) has resulted in a new curriculum which will be flexible and could be tailored for needs of individual services. The flexibility will be especially apparent in the mode of delivery – within a local existing training programme, bespoke 'off site' model or perhaps some on line training. Building upon the approach used in the Leadership programme, a robust approach to evaluation will be deployed after the next rounds of Skills training. It is envisaged that alumni from the Leadership programme will contribute directly to skills training.

Whilst Healthcare Analysts have advanced skills in the acquisition and processing of data, some of the statistical methods of analysis used in Quality Management were relatively new. Moreover, the engagement approach needed to support clinicians and managers in frontline teams managing continuous quality improvement is a change from routine business. Training to support Analysts has been welcomed and well-received by the Lothian Analytical Service, whose pivotal role in the success of the QMS cannot be overstated.

Other training activities developed by/with the Quality Directorate this year have included:-

- NHS Board Development Session on measurement for quality and engaging patients and carers (with HIS).
- Training for QI coaches to support those undertaking continuous quality improvement within frontline services and the Quality Academy.
- Supporting candidates for lead-level national programmes in Quality Management, including the Scottish Quality and Safety Fellowship and Scottish Improvement Leaders Programme.

3.1.3 What we will do in 2017

- Deliver the Planning for Quality and Skills Development courses to increased numbers of staff. We have developed the Quality Academy programme for 2017 to provide increased capacity in both courses (see Table 2). A flexible approach means we can adapt the programme depending on requirements and feedback over the first 6 months, and repeat this format in the second half of the year.
- Develop a coaching framework and additional QI coaching capacity to support the QI Academy programme. 20 coaches received training in 2016 and we intend to train at least 60 in 2017.
- Develop the Academy Faculty utilising some external partners and mostly skilled staff in-house.
- Increase access to organisational development expertise.
- Develop the capability of the Executive Team and Board members on QI management.
- Increasingly integrate Quality Management training into existing CPD process across the workforce.

Table 2 – Quality Academy Programme 2017

Training Courses	Dates	Participants commitment	Faculty required/commitment	Coaching Required/Commitment
Planning for Quality				
Cohort 3: 36 delegates Cohort 4: 36 delegates	January to April 2016 Plus June project update day April to August 2016 Plus project update day (date TBC)	4 full taught days + 4 hours individual coaching (and one post Academy) + 2 hours in Coaching clinics Participate in project update day	3 - minimum 2.5 hours/max full day 4 full/half days of teaching 2 Coaching Clinics - minimum 1 member full day required	Minimum of 6 coaches – 1 hour per month – Jan – April + 1 hour following course completion 5 hours one-on-one coaching with team Attend minimum 1 Coaching Development Day
Quality Improvement Skills				
Cohort 2: 36 delegates Cohort 3: 36 delegates	January to May 2016 February to June 2016	4 full taught days + 4 hours individual coaching (and one post Academy)	4 full/half days of teaching	Minimum of 6 coaches – 1 hour per month – Jan – May + 1 hour following course completion 5 hours one-on-one coaching with team Minimum 1 Coaching Development Day
Faculty Open Surgery	Every Month	As required	1 faculty member full day per month	

3.2 Building Capacity to Manage Continuous Quality Improvement

3.2.1 What we said we would do

The 'vehicle' for continuous quality improvement within individual clinical services is what we have termed a 'Clinical Quality Programme' (CQP). This is an organized and coordinated local system to: a) develop a shared vision of best experience outcomes and affordability of care from the perspective of patients, the public and workforce; b) agree a rolling programme of CQI work; c) plan, initiate, monitor, develop and complete individual projects with that programme; d) repeat continuously .

We committed to establish 3 core CQPs and commence a second wave of CQPs in 2016.

3.2.2 What we have done

Although these are new entities within the formal NHS Lothian management infrastructure, it should not be forgotten that there are some existing examples of high-quality CQPs within NHS Lothian, for example – the Lothian Newborn Care Collaborative run within the Neonatal Unit.

Whilst similar systems have been described in the literature, there's no generic template for how to establish them – so we created one. It was tested and adapted through deployment in our pilot Clinical Quality Programme areas.

Figure 3 – Process for Identifying and Delivering Clinical Quality Programmes

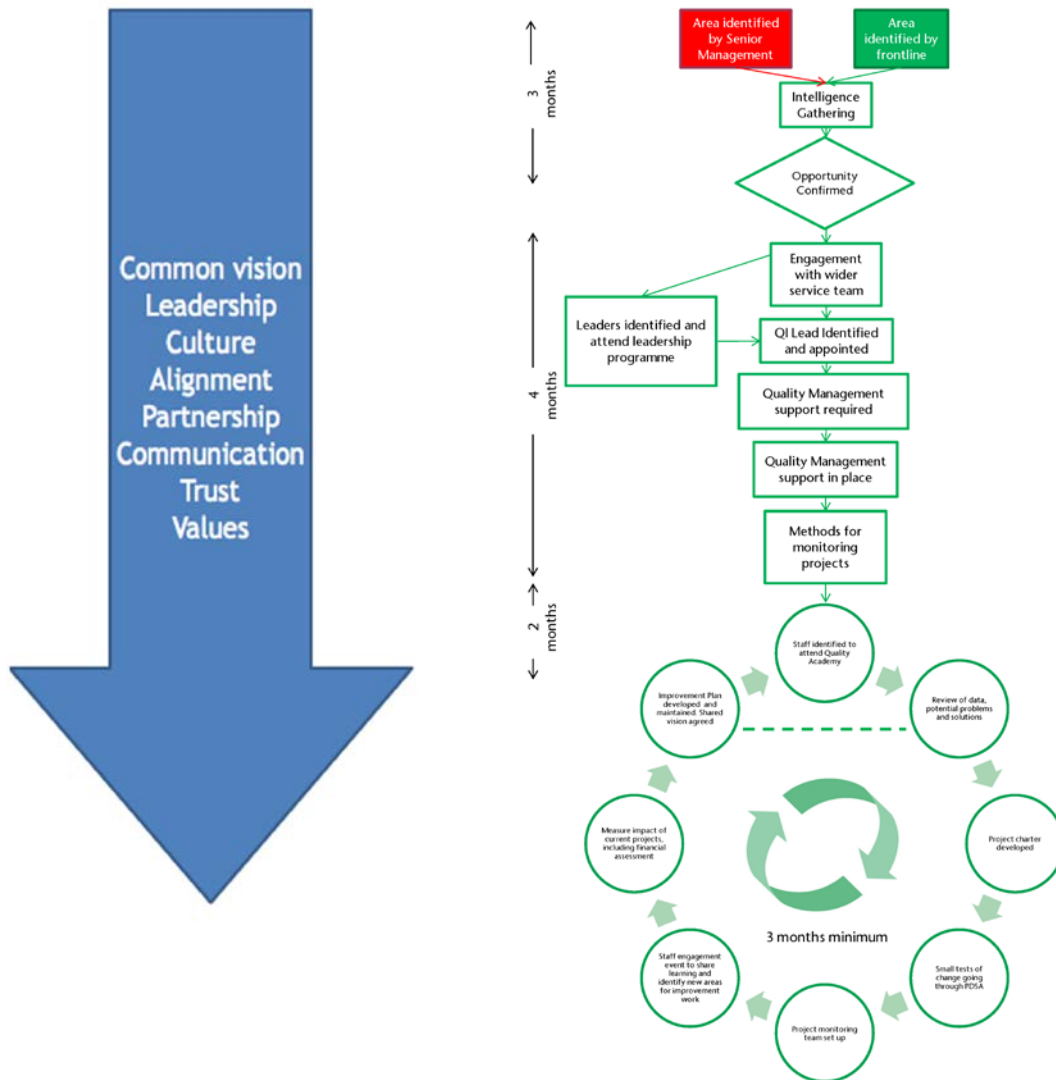
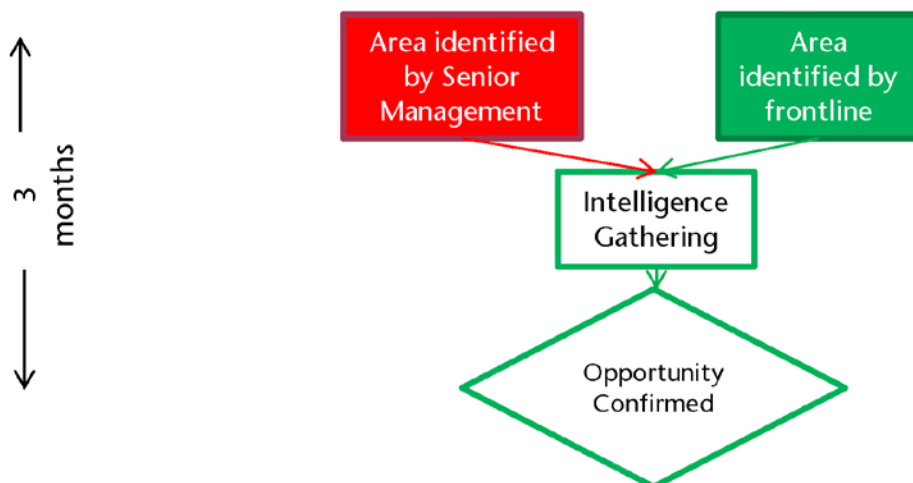
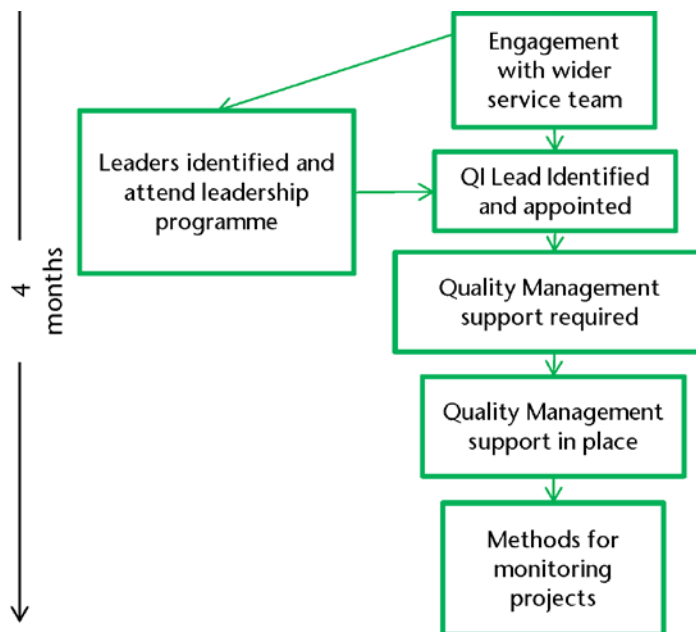


Figure 4 - Phase 1 - Identifying candidate service(s) to prototype Clinical Quality Programmes



The initiation phase is to test the hypothesis that a clinical service has fertile ground upon which to create a Clinical Quality Programme. Not surprisingly, the enthusiasm of engagement from a particular service is proportionate to the degree with which they volunteered, as opposed to being 'picked' by Senior Management. However as well as the degree of engagement, existence of data evidencing likely unwarranted variation and other opportunities for improvement are vital considerations. The process of reviewing numerous data sources and checking the degree of service engagement can take up to three months.

Figure 5 - Phase 2 - Planning for Engagement, Leadership and Support

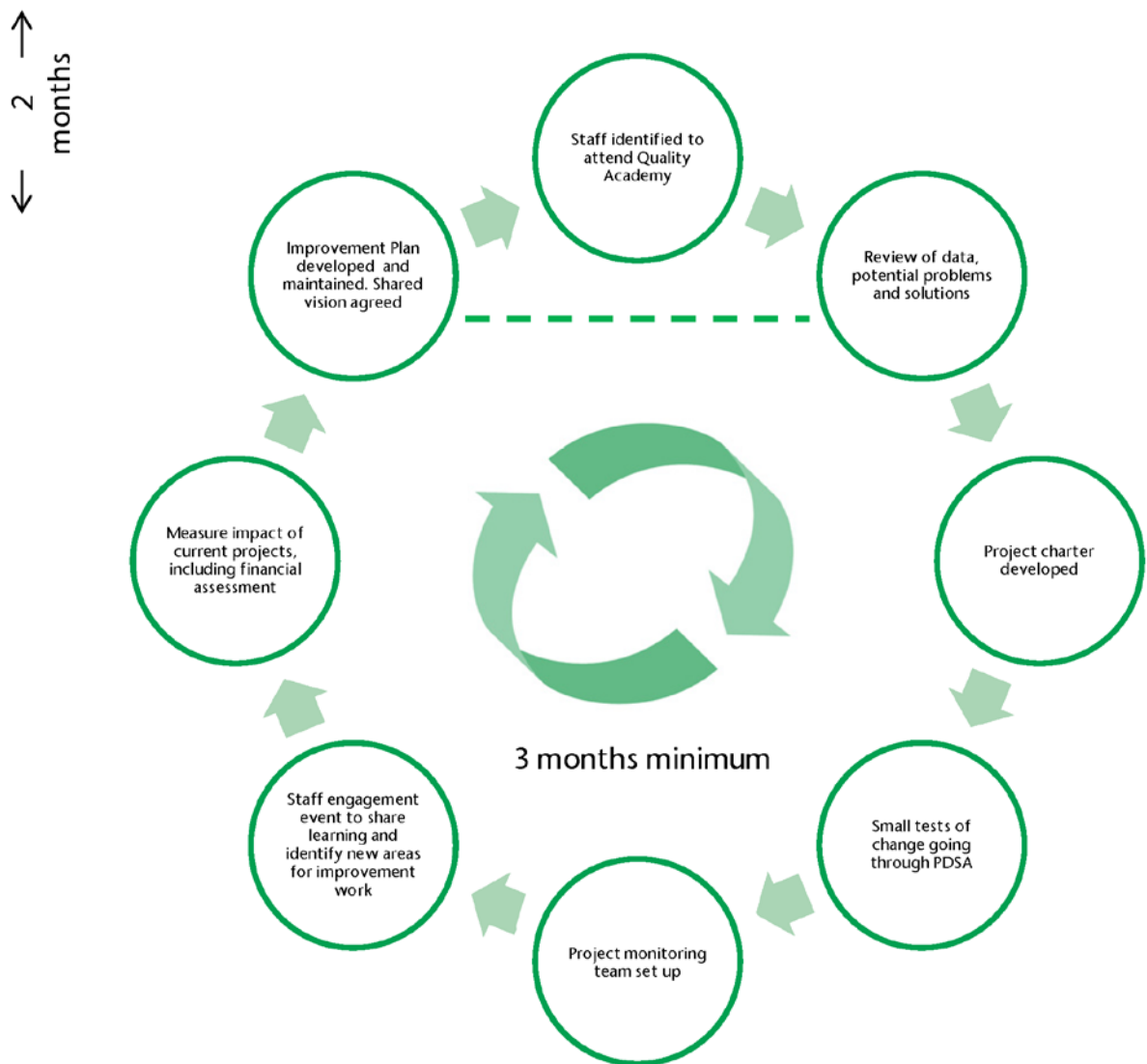


The second phase follows agreement between the service and Quality Directorate to commit to establishing a Clinical Quality Programme. Two key workstreams run in parallel: training leaders and putting necessary 'wrap-around' support services in place. A minimum of four months is required for this phase, which usually requires a recruitment process for programme management, healthcare analyst support and creation of a financial measurement framework with dedicated support. Stakeholder engagement events are a critical activity to build both a shared vision for quality and the necessary guiding coalition.

Identifying a willing local Champion for the QI programme is essential. This person must be someone who can lead, inspire and motivate a team through a challenging iterative change process. This is not necessarily the most senior

person, but they do need to have the respect and support of colleagues at all levels. They should be actively involved in concurrent and later workforce training in Quality Management skills.

Figure 6 - Phase 3 - Starting the cycle of continuous quality improvement



The true engine for the QMS is the ongoing iterative cycle, identifying, testing, monitoring, measuring and sharing the outcomes. This strategic framework and methodology has been developed to ensure a common approach and discipline across programmes, including standard formats for project charters, project reports, monitoring templates and other key documents. Further work will continue to refine and expand this framework and the supporting infrastructure as the wave 1 programmes progress, and wave 2 gets underway.

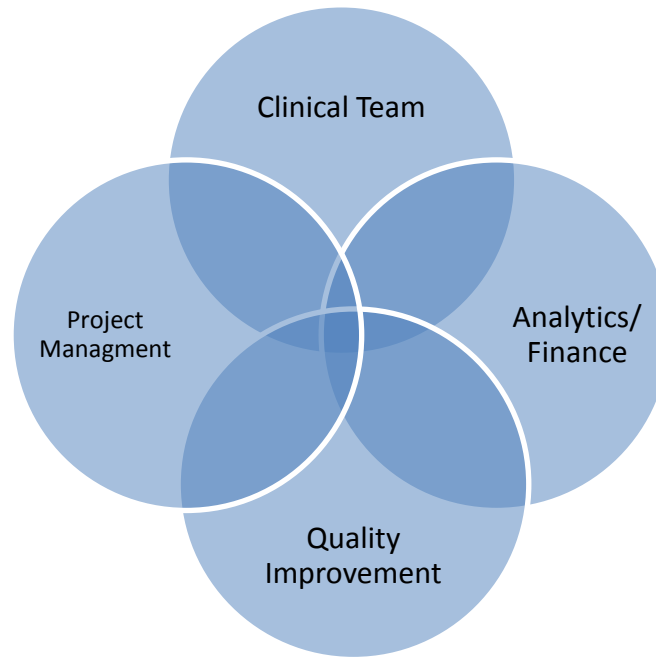
Table 3 - Clinical Programmes – Quality Improvement Compact

Clinical Service

- Provide identified dedicated clinical leadership role for clinical programme to support the delivery of the clinical programme charter.
- Utilise a multi-disciplinary approach to develop, deliver and implement improvements that delivers best health, best care, and best value person centred care.
- Take ownership of improvement projects and monitor through existing management structure
- Work collaboratively within service and share learning with wider improvement network to develop a Quality Improvement culture.

Project Management

- Support programme board and individual improvement projects.
- Co-ordinate improvement activities across the clinical programme.
- Assist the service in identification of best practice or possible spread from other areas.
- Aid in the spread of successful solutions as well as recording lessons learned from unsuccessful improvement ideas.
- Provide linkage into the wider Quality Management System programme via progress reports.
- Support engagement with the clinical programme across the clinical service.



Health Analytics

- Support the development of a clinical programme with standardised measurements.
- Assistance in identification of measures of quality.
- Providing assistance to project teams in analysing data to inform potential improvement opportunities.
- Work collectively with analytical colleagues in the service.

Finance Analysis

Quality Improvement

- Assist service in performing initial diagnostic.
- Provide training in Quality improvement tools and techniques.
- Provide ideas and advice about application of improvement techniques.
- Work with services to explore testing, implementation and spread challenges.
- Ensure standardisation of QI Methodology used across Clinical Programmes.
- Provide QI Advisor Resource.

3.2.3 What the Clinical Quality Programmes have achieved so far

The following tables summarise the progress to date within the three wave 1 CQPs. Appendix C provides fuller details including sample highlight reports and programme driver diagrams.

0.5 - Intent to Participate	1.0 - Charter and team established	1.5 - Planning for the project has begun	2.0 - Activity, but no changes	2.5 - Changes tested, but no improvement	3.0 - Modest improvement	3.5 - Improvement	4.0 - Significant improvement	4.5 - Sustainable improvement	5.0 - Outstanding sustainable results
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(Source: IHI Improvement Scale adapted by East London Foundation Trust)

Clinical Quality Programme – Stroke		
Global Aim	Improve outcome and experience of care of stroke patients in NHS Lothian	
Current status	Programme team in place; review of local data capture underway	
Stakeholder engagement	Stakeholder event held 4 th October	
Risks	Service capacity to undertake improvement activity	
Activity	Score	Comment
Improve access to ISU by reducing patients with LOS < 48 hours(RIE)	2.5	Those patients with a LOS < 48 hours not now being admitted to ISU and so has improved access to ISU for suitable patients
Improve swallow performance	3	Training programme in place. Need to focus on in-patient and non-thrombolysis pathways. Work with ED & admission processes on-going. Need automated data capture and reporting. Currently manual and labour intensive.
Therapy led rehab and discharge planning for fast track patients	3	We will continue with work on triage and prioritised therapy interventions to allow the stroke patients most likely to benefit from therapy to receive the optimal amount. Also to improve data generation and collection through AHP Informatics and TRAK to better quantify progress.
Carotid Interventions	3.5	Improved access to carotid endarterectomy referred within Lothian.
Improve access to ISU (WGH) with early ICD10 coding of patients.	2.5	Weekly measuring and reporting to stroke improvement group. Allows improved knowledge of barriers to flow. ICD10 coding also used to ensure cases identified for outpatient clinics.

Clinical Quality Programme – Cancer Services		
Global Aim	Increase timely access to chemotherapy and improved patient experience for all patients with lung cancer in ECC (ward 1)	
Current status	Programme team in place including project manager from August 16; New clinical lead starts January 2017; QI co-ordinating group established.	
Stakeholder engagement	Joint collaborative with Glasgow School of Art agreed, will facilitate patient and staff engagement.	
Risks	Service capacity to undertake improvement activity	
Activity	Score	Comment
Understanding Prescribing in Lung Cancer patients	0.5	Initial meeting being set up and being supported by public health with finance input.
Pre-assessment clinic	3.0	Pre Assessment Clinic change conducted in October. Change to be compared to baseline of August 2016.
Maximising Scheduling	2.5	First test of change conducted. Unable to demonstrate measurable reduction in rework though informal staff feedback positive. Identification of ideal process completed identifying potential changes required. Further improvements to be tested in November. Baseline Sample for length of time from referral to patient contact conducted future changes to be measured against baseline
Optimising Use of Ward 1	2.0	Joint collaborative with Glasgow School of Art agreed. Design lead review of process flow and operations within ward 1 conducted by GSA. Output will provide baseline data, patient and staff experience as well as potential improvement opportunities. In addition comparative data from NHS Ayrshire and Arran outpatient chemotherapy will be provided. To be conducted in Jan 2017. First test of change with introduction of CSW to support patient admissions sustained and funding for post being secured by CMT.
Pharmacy utilisation	3.0	First test of change implemented. Data reviewed shows improvement reducing time required on day of treatment.

Clinical Quality Programme – Mental Health		
Global Aim	Develop a comprehensive quality improvement programme across REAS	
Current status	Programme team in place including Clinical Lead and Project Manager from October 2016. Mental Health QI steering group set up.	
Stakeholder engagement	Stakeholder event September 2016; Visit from East London Foundation Trust on 28 November to learn from their QI experience will involve circa 60 staff.	
Risks	Service capacity to undertake improvement activity; capacity for training in QI	
Activity	Score	Comment
SCAMPER improving the structure and communication of ward round reviews in Acute Psychiatry	4.5	Wide variation in the documentation of ward rounds led to development of SCAMPER in order to improve communication of care plans and to improve patient care and flow. Tool recording ward round discussion, action planning and personalised care planning was implemented. Plan for this tool to expand further to other areas of mental health and to get patients involved.
activity log of all projects underway and current status	2.0	Projects include: Integration of Community Mental Health and Substance Misuse Services in NW Edinburgh in order to enhance the current care pathway for patients with mental health and substance misuse problems to optimize care outcomes Improving Communication at Key transitions in Acute Mental Health Care in order to achieve 95% of CMHT patients seen within 7 days of discharge Reducing DNAs in CAMHS to release capacity and reduce waiting times Improving communication with patients and families in CAMHS day service
Service QI Clinics	2.0	Testing service based QI clinics with project leads to identify wrap around infrastructure support needed.

3.2.4 Developed and deployed QI Coaching Role and Capacity

Eventually services will develop experienced leaders and practitioners in quality management but in the short term, however, fledgling Clinical Quality Programmes will need support from external experienced leaders and practitioners.

We have identified, organized and co-developed a coaching model with existing in-service experts. We have established a short development programme along with regular learning sessions using Quality Academy faculty to ensure that coaches reinforce common language and terminology, and have access to a network of peers for support.

We aim to develop a bank that we can readily draw on, to support both participants on the Quality Academy training courses and staff working on Clinical Quality Programmes. To date 40 coaches have been identified and we aim to have more than 60 in place by November 2017.

While some coaches will be full-time Quality Directorate staff, most coaches will have other primary roles. Therefore, agreements will be put in place to allow individuals to be released to undertake coaching duties.

3.2.5 Programme Management

Programme Managers have been appointed to support our pilot Clinical Quality Programmes in Stroke, Cancer and Mental Health services. They will ensure that the wealth of ideas for improvement are developed within supportive but robust management approaches. While those appointed have been recruited initially for programme and project management expertise, it is our strong belief that this role should develop beyond that skillset – ideally into combined programme manager and QI coaching roles. The CPD of those appointed, and others already within wider Quality Directorate infrastructure will reflect that ambition.

3.2.6 Health Analytics

Quality Improvement methodology is entirely dependent on data to understand the current system, identifying and planning areas for improvement, testing a change and measuring the impact. In other words “information is the oxygen of improvement”. Access to healthcare data and analysis is probably the single biggest barrier for frontline clinical teams undertaking continuous quality improvement. Hence ready access to data and analytical expertise to guide continuous quality improvement in services is of vital importance. To date, this service has been provided by the Lothian Analytical Service, boosted by the recruitment of an additional 4.6 Analysts, from funding provided by the Quality Directorate.

In October 2016 a review of the support provided and lessons learned was completed by a senior member of the Analytical Services Team, taking account of the views of the clinicians, managers and analysts involved in the quality programmes. This has provided valuable information on which our future plans for analyst roles and support are based. Input from the Quality Directorate into the training and development of analysts to support Quality Management is described earlier in this paper.

NHS Lothian has begun work to develop an Information Strategy and it is anticipated that a major focus for this work is to support the development of the Lothian Quality Management System.

3.2.7 Understanding the Cost Benefit of Quality

Providing high-quality healthcare at the lowest possible cost is an explicit aim of the QMS. Financial cost information has historically been at a macro level and reliant on high-level allocated and average-cost models. The Finance Directorate has been developing an approach to Patient Level Information Costing (PLICS) for a number of years working closely with a Dutch organisation called Performance.

It has been identified that PLICs can be used to support the Clinical Quality Programme in a number of specific ways:

- Identifying high-spend areas, based on costly procedures and high-volume procedures
- Identifying variation in treatment costs, analysed in a number of different ways, based on diagnosis, consultant, specialty
- Monitor the reduction in variation in treatment costs following the implementation of a quality improvement project

It is anticipated that the use of PLICs in these ways will support clinical engagement with this approach and, through clinician feedback, enable the quality of the analysis within PLICs to be improved.

An implementation programme linked to the spread of PLICS is underway to support the Finance Directorate team to engage with and contribute to all three phases of the Clinical Quality Programme approach.

Financial analysis is reliant on the quality and availability of both financial and clinical activity information. As part of the Information Strategy development the potential to create “data lakes” within NHS Lothian to bring together more, if not all, data sources into one place is being examined. The granularity of the costing provided by PLICs and its use for identifying variation at a patient level will further be improved as more patient-level data becomes available/accessible.

3.2.8 What we will do in 2017

- Continue to support and learn from the wave 1 Clinical Quality Programmes.
- Proceed with the establishment of wave 2 Clinical Quality Programmes; candidates including Orthopaedics, Cardiology and endoscopy services.
- Develop bespoke support for Primary Care Quality Management and the General Practice Redesign Programme in line with the recommendations of our review “Mapping Quality Improvement in Primary Care” (Appendix D).
- Identify and develop up to a further three Clinical Quality Programmes in 2017-18, taking account of the quality improvement priorities identified through the NHS Lothian Hospitals’ Plan under development.
- Evaluate and refine the scope and scale of support needed to establish CQP.
- Continue to develop a larger cadre of coaches and our coaching model, to include evaluation of coaches and our approach to coach recruitment and development.
- Continue to develop healthcare analysts’ confidence, knowledge and impact upon supporting continuous quality improvement.
- Support the design, creation and implementation of a high-quality Information Strategy and collaborate on its implementation.
- Work with NES and NHS Lothian to co-create Knowledge Management roles to support CQI.
- Continue to support the development, testing and promotion of the Performance patient-level accounting system by Finance Directorate.

3.3 Building a Supportive Organisational Culture

Creating a culture that will sustainably support continuous quality improvement driven by frontline teams is of vital importance. We have already alluded to some of the general actions needed to achieve transformational change (see *Kotter’s 8 Steps Process, Section 1*). This section describes the more specific actions needed to develop our QMS.

3.3.1 Promoting meaningful conversations on quality of care across our whole workforce

The single most important cultural change is to develop an engaged, trusting and supportive relationship between frontline teams and 'Management' (at all levels) to overcome quality challenges together. Much of that depends on everyone being able to "walk in others' shoes" and demonstrating commitment to support each other's work. Of particular importance is to understand how risks (clinical, financial and other) are experienced by different professional groups.

3.3.2 What have we done?

We have established 'Clinical Change Forum' meetings on all major Acute sites across Lothian, with meetings to date in the RIE, SJH, WGH, REH, RHSC. The early meetings focused on 'frontline' staff hearing about work initiated by Board leadership. However we have inverted that mode so now frontline teams present to their colleagues and attending Board-level Directors, (frequently including the Chairman and Chief Executive). The topics of discussion are typically a) new innovations that have been tested successfully but not securely embedded; b) challenging issues in clinical practice, often involving complex risk-management decisions.

The switch of emphasis in the Clinical Change Forum meetings has led to a growth in audiences and we are now in the position of having more requests to speak than spaces available. We have informally begun to capture specific actions for Exec Directors to pick up and facilitate implementation of work presented at the meeting.

3.3.3 What we will do in 2017

- We will further extend the geographical spread and frequency of Clinical Change Forum meetings to at least one per month, specifically hosting some within venues in our H&SC Partnerships with a focus on Primary Care.
- We will formally track progress of work presented, with report back on development at the subsequent meeting.
- We will create a facilitated communication network to enable GPs and other Primary Care professionals to share their experiences, ideas and lessons driving CQI.

3.4 Support innovation as a driver of quality improvement in Lothian

Cris Beswick in the book “Building a Culture of Innovation” has noted that organisations in the 21st century faced with the challenge of increased demand against constrained funding require becoming *Next Generation Organisations* that understand that the future provision of high-quality services will not be delivered through existing ways of working. (Cris Beswick, 2016)

3.4.1 What have we done?

NHS Lothian over the course of the past three years has been developing its innovation programme, along lines similar to John Kotter’s “XLR8 – Accelerate” approach – creating an innovation network of internal and external stakeholders to sit alongside the existing organisation’s structure.

Key to this approach is the identification of “Big Opportunities” for innovation that will:

- potentially lead to significant outcomes if they are exploited well enough and fast enough
- be emotionally compelling to people, leading to them bringing their hearts and minds to the task of progressing these at pace
- not be pitched directly at delivering a high-level strategic vision, but are urgently required by the organisation to ensure sustainability and service-user focus.

Outcomes from this approach have included:

- Supporting a number of staff in the subsequent development and deployment of their innovative ideas, which has included:
 - the further refinement of predictive theatre planning software,
 - the piloting of cirrhosis screening in the community,
 - the creation of digital content to inform and help young people with Type 1 diabetes to better self-manage their condition.
 - Continued support for a community nurse in the further refinement and future prototyping of his idea for the future design of beds (both in the community, hospital and care homes settings).
 - the co-creation of a web-based resource for Critical Care to be an information and support resource for staff, patients and relatives from the initial stay in ICU through to rehabilitation in the community.

- Maintaining NHS Lothian’s role as a leading test bed site for the development and adoption of new technology, which has included:
 - Enabling patients to undertake both the monitoring and subsequent reporting from their home of their blood pressure readings, enabling these to be reviewed remotely by their GP practice (now past the 500 patient mark)
 - Evaluating the effectiveness of a digital support platform for people with an early diagnosis of dementia
 - Putting in place the infrastructure to enable two GP practices to run video consultations to their patients in a sheltered housing complex
 - The same complex developing a “Health Hub” model to better support residents to manage their long-term conditions

- Developing a network of academic, third sector and industry partners, in line with the Scottish Government’s 2020 Vision for Health and Wealth that aims to make Scotland a world-leading centre for innovation in healthcare.

A consequence of the delivery of this was a major factor in NHS Lothian being chosen to be the lead NHS Board for the hosting of the Scottish Enterprise two-year funded Open Innovation Collaboration Programme. This Programme will deliver twenty national open innovation challenges across a range of service delivery areas, with NHS Lothian a test bed for transformational change in a number of these, including Type 1 Diabetes, Stroke, and Chemotherapy Outpatient services.

3.4.2 What we will do in 2017

Over the coming twelve months a range of transformation changes will be developed through open collaboration for testing and evaluation at a local level across Lothian. These will potentially cover:

- The evaluation of a non-invasive 3D diagnostic technology for people suffering chest pain – which will be formally approved by NICE in January 2017.
- The development in collaboration with a leading multi-national information systems technology company with a major facility in Edinburgh – of new pathways for outpatients, piloting these initially in Adult Audiology services.
- Setting a national health and social care innovation challenge for housing, with support from the Design School of the Glasgow School of Art.
- Being a test bed site for the development of innovations in the identification, treatment and self management of hypertension, resulting in a reduction in the number of people who will have a primary /secondary stroke, and other associated morbidities.

- Being a test bed area for three national open innovation challenges in Primary Care.

In addition to providing the opportunity to further develop and refine a methodology in Creative Problem Solving for open innovation collaboration, the next year will also be used to:

- Create an organisational “Culture for Innovation”, with a particular focus on bringing people out of their silos to collaboratively solve challenges , whilst also removing the barriers that constrain innovations being tested and evaluated at a local level – without the need for broad high-level approval.
- Plan how the learning from the open innovation collaboration work being progressed both at a local NHS Lothian and a national level can be sustained and further enhanced beyond March 2018, when the Scottish Enterprise funding ends.
- Set up for wider deployment the recently programmed Innovation Web resource that will support both the local and national innovation programmes through functionality that includes:
 - The promotion of innovation challenges to existing networks and potentially the world wide web, seeking out ideas to create the required solutions
 - Enabling stakeholders to vote on the ideas that have been proposed
 - Promoting successful innovations that have been co-created and then successfully implemented
 - Providing secure digital zones where staff and others can have robust and open discussions around innovation challenges.

3.5 Engage in influencing and shaping broader organizational strategy

Through the Chief Quality Officer, as an Executive Director, attending Board meetings, the Quality Directorate can influence and support the creation and development of many organisational strategies and plans. The principal agenda we drive is to ensure that quality is at the heart of how we manage our business.

3.5.1 What have we done?

In addition to ‘core business’ work developing our Quality Management System, the Directorate also supported the Board in the principles of Realistic

Medicine and a broad framework from which to embed them in clinical practices. This was encapsulated in a Board Paper adopted unanimously in October 2016.

We have worked closely with Lothian Analytics Service to help them develop their thinking and practice in supporting continuous quality improvement. The impact of this partnership is evident in the Information Strategy they have begun to develop, which focuses strongly on supporting the creation of a Quality Management System.

3.5.2 What we will do in 2017

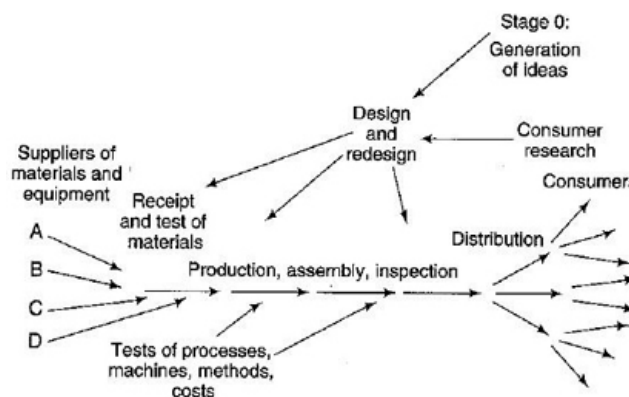
Work closely with Health & Social Care Partnerships & Health Board to ensure that the Quality Management System supports the implementation of key strategies, including 'Our Health, Our Future', National Clinical Strategy, Realistic Medicine, Lothian Hospitals plan and Scotland's 2020 Vision.

3.6 Effective patient, public and workforce engagement in Quality Management

The benefit of positive engagement with patients and public we serve, and our workforce, in the work developed by our Quality Management System is largely self-evident. However, there are some specific cultural and practical benefits worth highlighting.

Seeking, learning and applying the experience of those using our services is key to successful quality management. This was articulated in Deming's classical description of a 'system' illustrated below.

Figure 7: Deming's Model of an Organisational System and Where Value is created



Without the 'Voice of the Consumer', continuous quality improvement operates in the absence of its most valuable sense

The voice of the workforce is, and will be, of increasing importance as our work progresses. We believe that greater meaningful involvement in the management of quality will make jobs more satisfying. Indeed we would hope to see measurable changes to support that expectation. But change is challenging and we need to be sensitive to that too.

We have invested significant time in trying to understand those issues and will put an enhanced programme of patient, public and workforce engagement in place in the coming year.

4.6.1 What we will do in 2017?

With the support of the Feedback and Assurance Quality Improvement Committee, the Quality Directorate is currently leading a 90 Day Innovation Process (method developed by the Institute for Healthcare Improvement, adapted from Proctor & Gamble). This process aims to capture a) best and innovative practice from all 'industries' b) engage with stakeholders to see how that might work locally and c) assimilate all this learning into an action plan. This action plan will become the basis for our organisation-wide engagement work for the coming years.

With the support of Partnership and HR, we will help services undertaking Clinical Quality Programmes to incorporate staff experience and well-being information into 'data packs' for Quality Management.

We will launch a Quality Directorate website as part of a wider communication plan (co-developed with Communications Dept) to keep patients, public and workforce aware of developments in Quality Management.

3.7 Promote and value internal and external partnerships

4.5.1 What have we done?

Over the last year, NHS Lothian has been developing work with a range of partners to facilitate the establishment of our Quality Management System

NHS Education for Scotland:

Connection to specialist trainers and coaches, provision of significant educational resources, linkage to wider national QI training initiatives, incorporation into national capacity plan for QI and assistance with specific technical educational issues, e.g. accreditation.

Healthcare Improvement Scotland:

Linkage to the wider QI community in Scotland, Board Development Training, Strategic and specialist advice on key topics.

Scottish Government:

Funding support, strategic advice, linkage to national and international experts and opinion leaders.

Edinburgh's universities:

Advice on specialist areas – eg Information Management and Quality.

Intermountain Healthcare:

Hosted visits from senior staff in specialist roles (Finance, QI Infrastructure and Analytical Services). Contributed to training events. Guidance for Executive Team.

4.5.2 What we will do in 2017?

Continue to nurture and develop existing relationships. Develop stronger links with community and social care colleagues to extend work of Clinical Quality Programmes beyond 'Acute' care.

Work with universities to give opportunities for students and researchers to contribute to our Quality Management System.

Work (in partnership with Exec Nursing and Medical Directors) to bring Quality Management training and experience into the pre- and post-registration clinical training programmes.

5. Measuring change across a whole system

As outlined in earlier sections, we have worked with colleagues in the Finance Directorate, Analytical Service and services prototyping our Clinical Quality Programmes to create 'data packs' to allow changes in process and outcome to be measured locally. These will form a rational basis for testing changes and their impacts as part of continuous quality improvement. We will continue to develop these data packs, incorporating new elements such as patient and workforce experience, again discussed previously.

However, a transformational change programme with so many components as the Lothian QMS aims to have a wider impact on organisational performance – beyond just the sum of individual changes at a local level. Hence we need to deploy a measurement tool appropriate to that task.

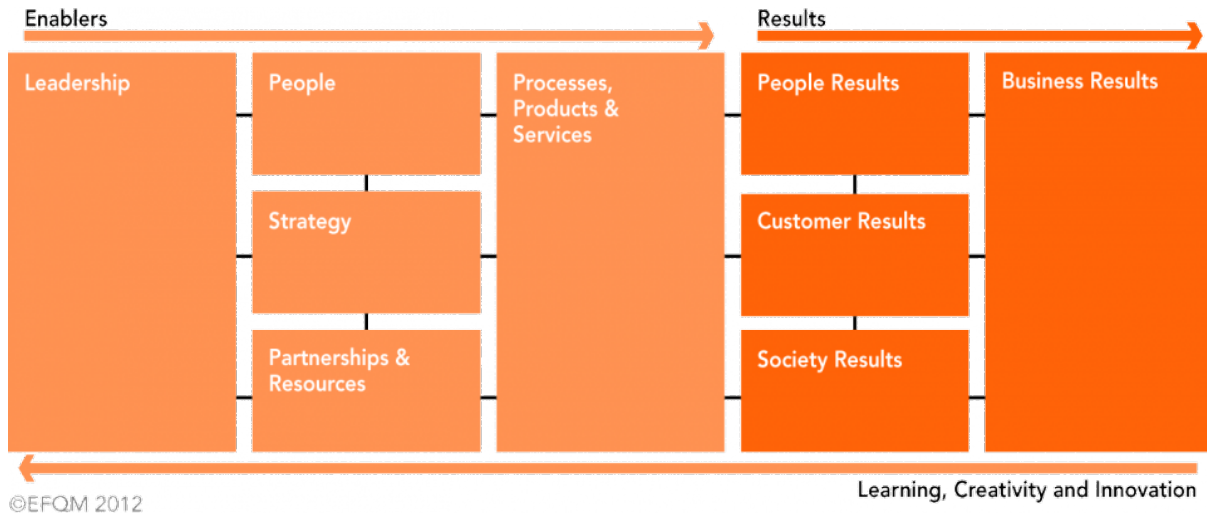
5.1 What we will do in 2017

In the first half of 2017 we will 'benchmark' NHS Lothian using a global quality measurement tool. The first task will be to select the right tool – likely candidates being the European Framework of Quality Management (EFQM) or similar products developed by the Institute for Healthcare Improvement and Balridge Foundation in the USA. This process will be repeated in the following

12-18 months to assess organisational change and help direct our future developments.

The following diagram gives a broad overview of the scope of the EFQM assessment process

Figure 8 – EFQM Assessment Process



6. Resource Impact

Investment in the development of a Quality Management system has been supported by NHS Lothian (£560k), and the Edinburgh and Lothian's Health Foundation (£640k). Support from the Scottish Government has also been indicated but not yet confirmed (£200k).

This investment has supported the establishment of a core infrastructure including the Chief Quality Officer, and the Quality Academy and the Quality Programmes, through the appointment of Project managers, clinical leads (backfill), analysts, coaches, a finance lead and administrative support.

The current profile of expenditure shows that funding agreed to date will support the development of Quality Management until March 2018.

We will work with the Finance Department to develop an evaluation framework to measure the impact of the investments in Quality Management to support achievement of the Triple Aim. This framework will be vital in informing ongoing investment decisions.

Table 3 – Quality Management System Finances

	2016-17		2017-18	
	Forecast	wte	Forecast	wte
Pays	644,053	15.40	1,027,945	16.70
Non Pays	117,678		211,264	
Total	761,731	15.40	1,239,209	16.70
Funding:				
EHFG	464,515		175,485	
NHS Lothian	297,216		301,526	
Scottish Government	0		200,000	
Total	761,731		677,011	
Forecast Variance	0		(562,198)	

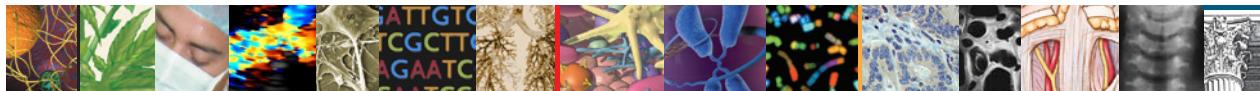
Although this remains at the development stage, initial analysis has now given an indication of the costs for supporting a Clinical Quality programme (£99k) and a Quality Academy Course (whether leadership or skills) £80k including backfill costs. Details are set out in Appendix F.

Investment to date has supported the 3 Clinical Quality programmes (Stroke, Cancer, Mental Health) and training for almost 100 individuals, including backfill costs. If backfill is excluded the cost of training per individual is £700.

Further work will now be required to evaluate the likely quality and financial benefits to assess the case for both continuing investment beyond 17/18 and the level of this investment.

Appendices

Appendix A	'The hard work of healthcare transformation', Richard Bohmer, NEJM 2016
Appendix B	Evaluation of Quality Academy Leadership for Improvement course, Dr V Tallentire, September 2016
Appendix C	1. Stroke Service Highlight Report October 2016 2. Cancer Service Highlight Report October 2016 3. Mental Health Service Highlight Report October 2016
Appendix D	Mapping Quality Improvement in Primary Care November 2016
Appendix E	Quality Programme Plan 2016 - 2018
Appendix F	Illustration of Costs for Developing a Clinical Quality Programme



The Hard Work of Health Care Transformation

Richard M.J. Bohmer, M.B., Ch.B., M.P.H.

Governments and regulators influence the performance of health care organizations and practitioners primarily through positive and negative financial incentives, regulatory constraints

on their licenses to practice, and support of performance-improvement activities through education, research, and measurement programs. The financial approaches aim to motivate change in the way organizations and practitioners configure their systems and deliver care, under the assumption that once they're motivated to seek surplus or avoid sanction, they'll be willing and able to make local operational changes to reduce cost and improve safety, patient experience, and outcomes. Unfortunately, experience shows that although a changed market may be a helpful precondition to local performance improvement, it hardly guarantees effective operational change.

Some organizations have suc-

cessfully transformed themselves, however, substantially improving efficiency and quality. How have they done so? One popular approach is top-management-led structural and governance change — moving boxes on organizational charts of an individual entity or regional system. Services are merged or broken up, new roles defined, and new responsibilities assigned. This approach appeals to boards, CEOs, and consultants because big changes can be made rapidly. But such rearrangements may disappoint.¹ Examination of organizations that have achieved and sustained substantial performance improvements reveals that lasting transformation requires the relentless hard work of local operational redesign.

Organizations' delivery of care is ultimately governed by structures and processes at the ward, clinic, or practice level. These elements have usually accreted over time, often in response to regulations or technology and without subsequent performance review or deliberate updating. In contrast, successful "transformers," from Seattle's Virginia Mason Medical Center to the Salford Royal National Health Service Foundation Trust in England, constantly make small-scale changes to their structures and processes over long periods.² Everything from communicating with patients to cleaning gastroscopes to ordering tests and choosing therapies has been subject to redesign. Major change emerges from aggregation of marginal gains.

These organizations' experiences clarify that multidisciplinary teams must undertake this redesign work.³ The provision of modern health care integrates so

many specialized skills — clinical and nonclinical — and patients routinely cross so many intra- and interorganizational boundaries that no single designer can create a highly functioning microsystem. Such teams often have diverse membership, including not only patients, referring doctors, corporate staff, and community service providers but also design engineers. When these teams redesign local structures and processes, they do more than write a “best practice protocol.” They also reconfigure the workflow, workforce, supporting technology, and even physical care delivery sites.

Other hard truths emerge from studying successful organizations. Teams often redesign local structures and processes despite the lack of senior support, adequate data, capital, or a reimbursement system that rewards their efforts. Although consultants routinely list support from senior leaders as a key prerequisite for change, initiation and early leadership of such teams often comes from the middle — committed clinicians and managers volunteering early mornings and late evenings to create better-functioning systems for their patients. Teams use whatever imperfect data are available, often collecting essential data by hand; they recognize that important organizational design decisions are often made with insufficient information. And few redesigns get it 100% right the first time. In practice, health care transformation is a long series of local experiments.

Transformation requires sustained change in individual behavior, team interactions, and operations design. Although consultants and information technology vendors can help, experience

has shown that more than anything, change depends on internal redesign work.

If detailed, low-level, repetitive redesign of local operating systems one at a time is the reality of improving health care, how do successful transformers support their staff through that process? How do they change in a systematic way? And how can organizations seeking transformation make the process easier and faster than it was for the vanguard?

Examination of high-performing organizations suggests seven essential organizational elements that support orchestrated team-based redesign. First, these organizations deploy many redesign teams concurrently — some permanent, some temporary. Virginia Mason convenes small teams transiently to redesign key processes, whereas Intermountain Healthcare (Utah and Idaho) has a permanent team structure responsible for redesign and long-term oversight. Both organizations have developed expertise in managing multidisciplinary teams.

These redesign teams are typically led by clinicians, although managers are well represented. They aim to improve the quality and the efficiency of care simultaneously, and the organizations see no conflict between those goals. Because many clinicians don't feel empowered or prepared to lead such efforts or feel comfortable with resource stewardship, transformers invest heavily in leadership development, usually creating their own leadership programs rather than outsourcing them, and they free leaders from some clinical duties to create sufficient time for this work.

Transforming organizations have a routinized process for

change. The basis for their standardized approach to analysis, redesign, improvement, and management varies, but what's most important is not which model — lean manufacturing, continuous improvement, six sigma — is chosen but that the process is internalized, repetitive, and consistent so that the same language is used throughout the organization and independent teams can undertake redesign autonomously.


In addition, these organizations have an internal support resource that includes skills in design, project management, data analysis, financial analysis, and organizational development. Organizations may be tempted to rely on management consultants for support, but the transformers have worked to develop these capabilities internally.

They also have well-developed measurement systems that include both a capability for developing or reviewing measures of clinical or financial performance and the capacity to collect, report, and act on internally generated data. Data are often an Achilles' heel: few doctors believe they have adequate data for system redesign. Transformers, however, do the best they can with available information, recognizing that data will improve over time. They address clinicians' need for evidence-based decision making by treating design change as a test of concept, rather than implementation of a known answer. Redesign becomes a process for testing new metrics and data sources, which can, over time, mitigate short-term data inadequacy.

Furthermore, a senior oversight group is responsible for establishing teams, setting their priorities, monitoring their prog-

ress, addressing institutional barriers to change, and integrating multiple teams' work. This group ensures that teams remain focused on organizational priorities and have the necessary resources, and it resolves conflicts that arise when multiple groups make demands on shared resources. The teams thus become part of a broader structure for clinical governance and form the core of performance-management and improvement efforts. At Intermountain, the permanent teams both redesign and manage care systems.

Finally, because any model of team-based redesign devolves authority and accountability away from top executives, transformers have invested in creating a widely understood set of unifying values and norms. Whether expressed in value statements, compacts, or credos, these standards help align staff behavior both with the organization's goals and among the professions working together to meet those goals, and they guide behavior when there's no clear decision rule. Many organizations find this

 An audio interview with Dr. Bohmer is available at NEJM.org

approach challenging, and not only because it's slow or requires investment. It also risks requiring job cuts, or at least job changes. Most challenging, however, is the fundamental change it represents in an enterprise's governance. Clinician-led teams take control of patient-facing organizational subsystems and reform clinical protocols and operations, review performance data and make modifications, and may even have local financial control and responsibility. In effect, instead of taking their work context as a given, staff actively create the local system needed to provide the best possible care. This shift may be a bridge too far for some organizations, especially those facing reduced revenue or an urgent need for a turnaround.

Unfortunately, in the longer term, the prolonged hard work of repetitive, incremental, and often small-scale rebuilding of local operating systems probably cannot be avoided. Individual behavior change motivated by payment reform may be insufficient to generate the quality and efficiency gains needed in coming years. In

their first year, the Pioneer Accountable Care Organizations have achieved only modest results.⁴ However, organizations seeking transformation can ease the process by building the support system described above. The short-term investments that are required can be surprisingly small, because most organizations already have many of the requisite human assets. The most substantial hurdle, it seems, is the change in mindset.

Disclosure forms provided by the author are available at NEJM.org.

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Uncertainty in the Era of Precision Medicine

David J. Hunter, M.B., B.S., Sc.D.

A National Research Council report on "precision medicine" explains that the term "refers to the tailoring of medical treatment to the individual characteristics of each patient." The report goes on to say, "It should be emphasized that in 'precision medicine' the word 'precision' is being used in a colloquial sense, to mean both 'accurate' and 'precise.'"¹ In

the colloquial sense, "precision" also implies a high degree of certainty of an outcome, as in "precision-guided missile" or "at what precise time will you arrive?" So will precision medicine usher in an age of diagnostic and prognostic certainty?

In fact, the opposite will probably result. The new tools for tailoring treatment will demand

a greater tolerance of uncertainty and greater facility for calculating and interpreting probabilities than we have been used to as physicians and patients.

Oncology has been called "the clear choice for enhancing the near-term impact of precision medicine."² New tools extract information from cancer genomes that include both the mutations



Leadership for Change: An Evaluation of the NHS Lothian Quality Academy Leadership for Improvement Course

Report of Phase 1 findings

11th September 2016

Prepared by Dr Vicky Tallentire

On behalf of Dr Simon Watson, Chief Quality Officer, NHS Lothian

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Executive summary

The report presents an evaluation of the first iteration of NHS Lothian's Quality Academy Leadership for Improvement course, the flagship educational component of an organisation-wide project that places quality assurance and improvement at the heart of healthcare delivery. The evaluation has been undertaken from a constructivist perspective and is built on the tenants of social learning theory as they relate to organisational learning. It has involved the thematic analysis of verbatim interview transcripts from ten of the twenty-six course participants. Results are presented in three sections: the course itself, the associated learning community, and lessons for the organisation more widely.

The course was received extremely positively, but some aspects of organisation, delivery and integration with other branches of the educational programme require refinement. The multidisciplinary, interprofessional nature of the course is one of its major strengths, but the educational and motivational potential of the community of practice could be better recognised and nurtured. For the learning from the course to translate into workplace behavioural change, organisational support structures need to be clearly visible and easily accessed. Participants need to be both equipped and empowered to deliver training to others in their own areas, and support from academy faculty needs to extend beyond the duration of the course. Organisational reporting systems, personal development plans and job planning processes need to be congruent with the stated priorities of NHS Lothian. The symbiotic relationship between educational interventions and wider organisational cultural change should be openly acknowledged and more critically analysed.

Acknowledgements

With thanks to Janet Corcoran for helpful advice. Of course, huge thanks to all those who gave up their time to be interviewed for this work; they will, as promised, remain nameless.



Vicky Tallentire
Consultant Physician
Western General Hospital
Edinburgh

Section 1: Introduction and context

1.1 Introduction

This report details the findings of the initial evaluation of NHS Lothian's Quality Academy Leadership for Improvement course (cohort 1) which ran between February and June 2016. It has been conducted by a single researcher who has doctoral level experience in this type of work. In order to avoid the influence of emotional investment or competing interests, the researcher co-ordinating this evaluation had not been involved in the planning or execution of the course at any stage.

Section 1 of this report will briefly summarise the context in which the Quality Academy Leadership for Improvement course (henceforth referred to as the 'leadership course') is situated. It also summarises the structure and content of the course, and, perhaps most importantly, the educational and theoretical basis of this work. Section 2 details the aims of the work and the methods used. Sections 3, 4 and 5 detail the findings of the research and section 6 consists of recommendations for both future iterations of the leadership course and the organisation more widely.

Throughout the report, direct quotes from course participants are presented in speech boxes.

Background descriptions of key theories, themes and other relevant literature is presented in boxes with a light grey background. These need not be read to follow the narrative of the report, but will be of interest to readers keen to become more familiar with qualitative research methodology and the theoretical basis of this work.

1.2 Organisational context

To address the challenges of rising demand, rising costs and limited resources, NHS Lothian is in the process of implementing an ambitious, whole organisation project that places quality assurance and improvement at the heart of healthcare delivery. Learning from world leading organisations and building on local expertise, NHS Lothian aims to generate the capacity for all parts of the organisation to engage with quality improvement activity that leads to improved patient experience at reduced cost.

The Lothian Clinical Quality strategy is built on the premise that front line clinical teams should be actively engaged in the process of continuous improvement, through ongoing evaluation and refinement of their clinical processes. Identification, education and nurturing of 'quality-leaders' was therefore required. With this aim in mind, individuals who lead teams or co-ordinate care services within the organisation were invited to participate in the leadership course.

1.3 Educational context

Cohort 1 of the leadership programme involved eight days (as four two-day blocks spread over four months) of face-to-face teaching, interspersed with three face to face coaching sessions and three WebEx coaching sessions. Non-taught components were optional but encouraged. For all eight days, participants were removed completely from their usual place of work. The course included training in Quality Improvement (QI) theory and methodology, change management, human factors, leadership and more. Participants were also required to select and complete an improvement project based in their own clinical area, supported by various faculty members. They were expected to present their QI project progress (aligned to pre-defined project milestones) on the final day of the eight-day educational programme.

1.4 Theoretical context

There are two interwoven strands to the theoretical stance that underpins this work. The first is the concept of 'constructivism', that is, that knowledge is not external, it cannot be 'discovered', but is constructed by humans through the meaning attributed to their experiences.

What is constructivism?

Constructivism is the view that meaning is not discovered or created, but is socially constructed (Illing, 2007). No knowledge is independent of the 'knower'; all new knowledge needs to be reconciled with existing ideas, beliefs and experiences. Through experience and reflection, humans create their own knowledge and meaning. Constructivism is one of several epistemologies grounded in the theoretical perspective of interpretivism. The central aim of research undertaken within the interpretive paradigm is to understand the complex domain of human experience (Cohen et al., 2007).

Acceptance of a socially constructed reality (as opposed to an objective reality) compels any researcher exploring human experience to focus on participant perspectives. This work explores such perspectives in an attempt to address the complex question of how socially-constructed realities influence the acquisition of knowledge, motivation to implement such knowledge and subsequent workplace behaviour.

It therefore follows that the new knowledge generated by this work will be exploratory and interpretative – it does not seek to explain or predict behaviour using linear reasoning (and positivist theories), but strives to illuminate the complexities of behavioural change within a large organisation.

The second premise on which this work is based is that the construction of knowledge is not merely a personal phenomenon, but a social one. Learning is a social activity which is

intimately associated with our relationships with others, and learning within organisations does not occur via transit of knowledge (either between individuals or from an 'expert' to a group of learners), but through participative interaction within the context of work. Individuals enhance their own learning, and contribute to the learning of others, through working together, sharing knowledge and experience and building mutually beneficial relationships. 'Organisational learning', one of the foci of this enquiry, is the study of how organisations, or groups within them, behave when they are learning.

What is social learning theory?

Social learning theory integrates cognitive and behavioural theories of learning to provide a model that helps to explain 'real world' learning (Bandura, 1963). It is based on the premise that learning is a cognitive process that occurs within a particular social context. Learning is therefore influenced by the observation of others, particularly their behaviour and its consequences. Bandura's early experiments on children showed that they observe the adults around them and encode their behaviour. At a later time, they may imitate the behaviour they have observed. This is more likely if the behaviour has been observed in an adult of the same gender as the child. Repetition of the behaviour is more likely if the initial imitation is greeted with approval. Bandura also observed 'vicarious reinforcement': children watch the consequences for others before deciding whether to engage in certain behaviours, regardless of what they have been instructed to do.

In the 1990s, Lave and Wenger built on the principles of social learning theory to develop the concept of 'communities of practice', a process of social learning that occurs when people have a common interest and collaborate by sharing ideas, strategies, solutions and innovations (Wenger, 1998). In this way, learning is often the by-product of a social process. Recent expansion of online communities has reignited interest in communities of practice as a way of developing social capital, spreading knowledge within a group (particularly tacit knowledge) and promoting collaborative innovation.

Section 2: Aims and methods

2.1 Project aims

This report pertains to phase 1 of an ongoing, longitudinal evaluation. The aims of phase 1 are to answer the following questions:

1. What are the views of the NHS Lothian Quality Academy Leadership for Improvement course participants on the course itself and how it might evolve?
2. In what ways did the NHS Lothian Quality Academy Leadership for Improvement course provide participants with the understanding and skills required to lead clinical practice improvement?
3. In what ways can the experiences of the NHS Lothian Quality Academy Leadership for Improvement course participants inform the development and implementation of the wider Clinical Quality strategy?

2.2 Methods

2.2.1 Sampling

Cohort 1 completed the leadership course over a 15-week period between 23rd February and 3rd June 2016. Twenty-six individuals completed the course and 21 improvement projects were presented on 3rd June 2016. During July 2016, all course participants were invited by email to be interviewed about their experiences. The information sheet included in appendix 1 was attached to the email to provide more detailed background. Of those who responded to the email, purposive sampling techniques were used to select participants who potentially offered the widest possible range of views. Those working in a variety of roles (e.g. Associate Medical Director, Clinical Service Manager, Senior Charge Nurse) and a range of clinical areas (e.g. oncology, mental health services) were invited for interview.

2.2.2 Conceptual framework

In order to build on the substantial body of work that already exists in this field, this evaluative work employed the conceptual framework provided by the 'improvement pyramid'. The three-sided pyramid was developed through empirical research commissioned by the Health Foundation, with the aim of encapsulating the skills required - at an individual level - for successful implementation of improvement (Gabbay et al., 2014). The framework asserts that there is a range of knowledge, skills and techniques that may not be immediately recognisable as 'improvement science' but are, nevertheless, essential building blocks for any healthcare quality improvement initiative to succeed.

The three sides of the pyramid (technical skills, learning skills and soft skills) all stand upon a sound organisation base, the essential foundation of individual development. The components of this framework guided, but did not restrict, data collection and analysis.

2.2.3 Data collection

Between 8th July and 4th August 2016, ten course participants were interviewed at a location of their choice by a single researcher (VT). Interviews lasted between 21 and 40 minutes. The use of appreciative inquiry (see below) ensured that the desire to facilitate positive change was emphasised. The semi-structured interview schedule was based on the four dimensions of the improvement pyramid and explored the new knowledge gained, and resultant behavioural changes. Any other related topics that interviewees wished to discuss were also explored. All participants signed the combined information sheet and consent form included in appendix 1. It explained that the interview would be audio-recorded and transcribed verbatim, with anonymity protected at every stage. Data collection continued until saturation was reached: defined for the purpose of this work as when new data generated did not add to the overall framework.

What is appreciative inquiry?

Appreciative inquiry (AI) is a change management tool based on social constructivism (see section 1) that builds on the premise that an organisation will develop in the direction of the questions they most persistently and passionately ask (Cooperrider & Whitney, 2005). The questions that we ask focus our attention in a particular way, and often the questions that assume most importance within large organisations are those based around a deficiency model ('What is wrong? What needs to be changed?' 'What are the challenges?'). AI was initially a managerial method, more recently adapted into a research tool, which aims to engage stakeholders in self-determined change. It emphasises the positive core of an organisation by asking about what is going well, why, and how those positive lessons can be applied to other individuals or parts of the organisation.

2.2.4 Analysis

Analysis of verbatim transcripts was undertaken using Microsoft Word and employing template analysis. In template analysis, codes are generated both 'a priori' and inductively, during the analysis. The improvement pyramid was used to help inform part of the initial coding template.

2.2.5 Ethics

The need for full ethical review was waived by the South East Scotland Research Ethics Service in accordance with the Department of Health Governance Arrangement for Research Ethics Committees.

Section 3: Analysis - The course

3.1 Initial reactions

When first invited to attend the leadership course, participants experienced a range of reactions. In general, there was a feeling of intrigue and a sense of flattery.

...it felt very good as [an] individual to be chosen to do this... to be part of the first cohort. I felt quite valued...people recognise the work I am doing... (P5)

Despite the pre-course communication, some participants described feeling uncertain of the overall aim and purpose of the course, which led to anxiety as the date of the first session approached.

...although we'd been sent out emails, and we'd [been] sent out literature, and we'd been sent out things to read; I did, but I still didn't understand the principles behind actually what was being asked of me. (P1)

Once the course commenced, there was a sense of excitement. Participants felt that the overall tone was "very positive" (P10) and they valued the explicit appreciation of the time commitment they had made. Some wondered why such concepts had taken so long to gain traction in the NHS when they had "been out there for years, and we've been trying to improve our services in a very cack-handed way." (P8)

Despite the introductory sessions, some participants described ongoing uncertainty in relation to the purpose of both the leadership course and the wider NHS Lothian strategy.

...it took me a while to realise that this was part of a culture change in Lothian. It wasn't communicated well from the beginning. So there was a sense that, as it unfolded, you began to realise that Lothian was committed to this, but that didn't come out from the very beginning (P8).

Participants valued having relevant written material available prior to each session, as they felt it gave them an idea of what would be covered, as well as allowing them to return to it at a later date. However, several participants commented that the size of email attachments was prohibitive (filling inboxes at times) and suggested an online platform for the dissemination of course information and course-related dialogue and questions.

3.2 Group dynamics

There was overwhelming support amongst participants for the multidisciplinary, interprofessional nature of the group. For some, the opportunity to interact with such a

disparate group, sharing challenges and potential solutions, was the highlight of the course. The involvement of participants from both primary and secondary care was also mentioned as a particular strength.

I think that was the best bit for me, thinking often [that] things were more straightforward or people would be listened to better in acute, than we would be. And it was easy to see some of the commonalities and some of the differences too...that was really good. (P10)

For some, however, the seniority of many of the participants resulted in an ongoing sense of unease and a reluctance to speak up. Some of the 'senior' participants also sensed the intimidation of others, and consequently also felt unsettled.

...it was just an environment with people that [I] hadn't been exposed to before...So I kind of thought 'oh, this isn't really for us'....Nobody made you feel like that, but I just felt, for me, it would have been good to have had more of my peers...(P1)

...it can be quite tricky to raise your voice I guess, or to become part of the discussion ...it's not necessarily easy for everyone to participate in that kind of environment. (P5)

Participants were keen to discuss the impact of attending the course as part of a pre-defined 'group' (referring primarily to the cohorts attending from oncology, stroke and mental health services) in contrast to attending as a sole departmental representative. The overwhelming feeling was that attending with others from the same service, as a small group, was likely to lead to more sustained and meaningful change by forming a "critical mass" (P7) of engaged and motivated individuals.

...a number of the people that were in the first cohort were there as part of a wider team...Most [of those] people are in a better place to start doing something together ...actually that makes it a bit easier to transition from a learning environment to the environment for implementation in the work place. If you don't have that support around you, it's not impossible, but it becomes a lot more difficult to transfer that knowledge and change to your working environment after that kind of programme is finished. (P5)

3.3 Time commitment

The leadership course required a commitment of two full days per month over a four-month period, plus optional attendance at project surgeries and webinars. Many participants felt that the time required for the course had a negative impact on their work and, in some

cases, their personal life. However, there was an appreciation that the transformational learning involved did require a significant investment of time.

...I did have to put a lot of things on the backburner for what felt like three or four months just to be, kind of, keep on top of the quality academy stuff...because obviously it's not just the stuff that you do on the days that you attend and the reading that you do, it's all the other ideas that come out along the way...[It] was quite a big time commitment and I think others would struggle with that in terms of time. (P2)

There was a feeling that the additional time requirement (aside from the structured eight-day course) to complete the project could have been made more explicit. Virtually all participants felt that the time commitment was greater than they had 'signed up to'. Earlier notification of course dates and deadlines would also have helped personal organisation.

Had you said 'you need to have two days in college and a day after it to do the work that we're going to expect you to do in college'...that frustrated me, I'd already committed to two days... it was really, really stressful, because there was work to do... (P4)

There was, however, an acknowledgement that a commitment to learning and personal development requires an investment of time, and that most other work can be rearranged with sufficient notice.

The time commitment of the course was felt by many to be one of the salient factors that may limit its future success. There was a feeling that members of the course design and implementation team were out of touch with the pressures of front-line clinical work.

If you run a practice, or you run a department...there aren't gaps. One of my colleagues, who I think would have been very good to have got on the course, was invited to go on the course, and he just said, 'How am I supposed to do this? Where do I not do something else?' And I think that's probably the biggest challenge of this. I don't know how much in Waverley Gate they know how stretched a lot of front line staff are...I don't think they know up there. (P8)

Many participants were keen to suggest alternative course structures that might better dovetail with clinical commitments. There were mixed views on whether the two-day blocks should be more widely spaced, with some thinking it would help with time management, and others feeling that momentum would be lost. There was a feeling that some of the repetition could be removed from the course, which would shorten it slightly.

...there are probably different ways of teaching the techniques that might work better for busy clinicians. There was a lot of overlap between different speakers who tended to present similar themes in slightly different ways, which could be confusing, and I'm not sure how much information they had about each other's presentations before they presented. (P2)

3.4 Course content

There was general agreement that the calibre of speakers was extremely high. Many individual speakers were mentioned as examples of excellence, but Matt Tite seemed to be "everyone's favourite" (P10).

The individuals that had been lined up for either direct conferences or those tele-conferences were, often, truly inspirational. (P3)

The video-conference sessions were found to be less engaging than the face-to-face teaching. The VC sessions tended to be more didactic, whilst the majority of participants wanted to be able to interact with the tutor, discuss concepts and ask questions.

So some of the bits were, we did it on the VC...and having two or three of them in the afternoon, it just about killed you because sitting in a lecture theatre trying to listen to that is almost impossible, and the quality of some of the audio... (P6)

The first of the three sides of the improvement pyramid (see section 2) relates to technical skills. Participants felt that the expert speakers taught the technical aspects extremely well. Even for those with previous QI training, the majority of the material was new and mostly presented in an easy-to-follow format. One suggestion related to the use of 'worked examples', to allow participants to have a go at using the tools as part of a formal session. Some participants suggested minimising the use of "rather evangelical language" (P8).

...I quite like, if I'm learning something new, to sort of do practical exercises or to learn by doing, rather than just sitting listening to somebody give you a lecture about things. I think it might have been more useful to maybe do a bit of supervised data management stuff. (P9)

...you were getting all this talked to you about run charts and all this kind of stuff, it didn't make sense until you put it into practice... in classes it's not until you're putting it into practice that it clicks and that. So I feel a little bit more real practice would have been helpful in the academy. (P1)

In terms of the soft skills aspect of the improvement pyramid, participants were able to clearly articulate the importance of such teaching, but sometimes felt that it overlapped significantly with prior learning. This appeared to be particularly the case for those with a psychology background, who usually had significant experience of conflict negotiation and encouraging behavioural change. Again, participants rated the interactive sessions more highly than didactic ones, and wanted more 'hands on' learning.

There were times when they were talking about the difficulties that people have in terms of change by making it a bit didactic, so telling people what to do and that, I don't think that helped me very much...I think they would have been more effective had they taught negotiation skills and managing complex problems with people in a much more experiential kind of way... (P3)

However, even those who were already familiar with many of the topics covered could see the importance of developing 'soft skills' and all agreed that such skills were integral to the success of any QI intervention.

...that's the key to being able to make changes because the technical aspects are really useful, but unless you understand your culture in your team, and who's going to sabotage or help, then those are the bits that, for me, were of more interest... (P2)

3.5 Project completion

The requirement to complete a QI project as part of the course was a topic that dominated many of the interviews. There was agreement that using the tools that had been introduced on the course was useful, as it helped to embed the new knowledge and reveal misunderstandings and misconceptions. There were feelings of excitement and satisfaction related to participants' newfound abilities to explore challenges and quantify improvement.

That project then filled me with more excitement...this is my baby, it's where I work, I have an understanding. I then started to understand the course better, what was expected of me from QI. I started to feel better and, kind of, enjoy it, because I had clear, I suppose, focus on what I was then doing... (P1)

Although many participants completed projects that are of ongoing value to the wider organisation, many also found the experience to be a significant personal value.

...I think there is value in doing a project because if nothing else, it just teaches you how difficult it is to get a project started... (P9)

However, the requirement to complete a project was, to some, an excessive burden. Some participants describe choosing projects that could be completed with "minimal amount of

hassle and pain” (P9), whilst others described becoming increasingly stressed by trying to meet deadlines.

When I went into it I was very relaxed, but after the second day of the program I was very, very stressed because, I’m sure that others you’ve interviewed probably have indicated, that the stress of the delivery of the project was a big driving force... (P6)

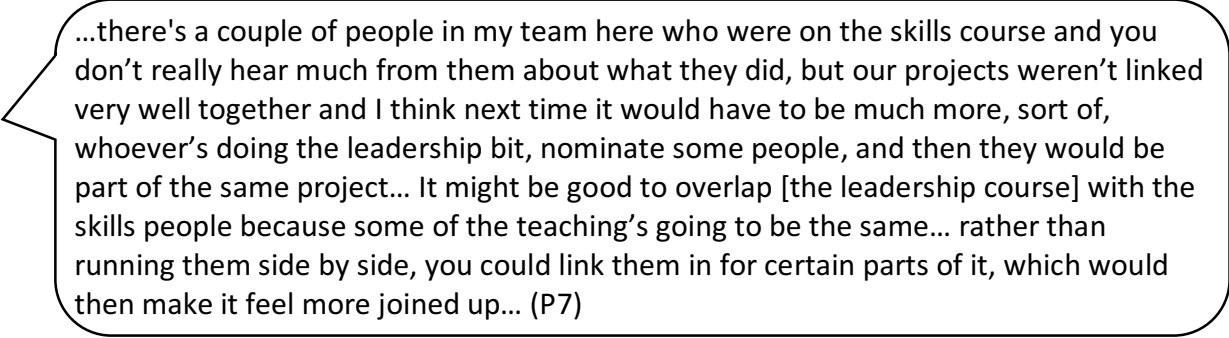
Some participants suggested dropping the requirement to complete a project as part of the leadership course, whilst others suggested extending the course to allow its completion; “I would do it over a year.... because then you potentially leave some space to actually do the project work.” (P8) Some participants felt that the addition of more practical examples to work through during the sessions, described as ‘dummy projects’, “would have achieved the same learning, but probably much faster and probably without the additional stress of having to set up a new project...” (P2)

Completed projects were presented on the final day of the leadership course. Whilst participants valued the opportunity to showcase their work, some found this a daunting and difficult experience. Participants who had not attended as part of a group (as described earlier) were concerned that their projects were not organisational priorities and were therefore anxious about how they were “going to look in comparison to some of these bigger ones.” (P6)

...initially I thought that would have been a celebration between us of the work we've done, suddenly [it] became very big. So essentially Paul Gray [Director General Health and Social Care and Chief Executive of NHSScotland] was there, Catherine Calderwood [Chief Medical Officer] was there...it suddenly becomes something different. (P5)

3.6 Integration with skills course

Under the umbrella of the Clinical Quality Academy, NHS Lothian has also implemented a ‘skills program’ – a shorter course designed to develop the skills, knowledge and confidence to plan and deliver local improvement projects. It involves three days of teaching spread over three months. Many of the leadership program participants were keen that there was, in the future, closer alignment between the two courses. Participants were very keen that places on the skills course should be used to provide trained support teams for those having completed the leadership course. It was felt that the skills course participants should undertake projects overseen and guided by the leadership course participant in their area.



...there's a couple of people in my team here who were on the skills course and you don't really hear much from them about what they did, but our projects weren't linked very well together and I think next time it would have to be much more, sort of, whoever's doing the leadership bit, nominate some people, and then they would be part of the same project... It might be good to overlap [the leadership course] with the skills people because some of the teaching's going to be the same... rather than running them side by side, you could link them in for certain parts of it, which would then make it feel more joined up... (P7)

There were also concerns expressed that the participants on the skills course had not had an opportunity to present their projects and that the skills course "...fizzled out, rather than finished... because they didn't do the presentation piece for the skills workshop... I think that has left them feeling uncertain and a bit anxious actually." (P10)

Section 4: Analysis - Community of practice

4.1 Initial integration

From the interview data, it is clear that the participants of the leadership course viewed the experience as much more than the acquisition of information and the development of skills. Participants described the process by which silo mentality gradually evolved into a truly interprofessional learning experience, with participants learning with, from and about each other.

...I think you do always get that thing at the start, where you tend to kind of gravitate to people you know. Doctors all hang around in a group and the physios or the nurses do. But I think by the end, it was sort of... it kind of thawed a bit and people mixed. (P9)

As well as learning from experts in the field, participants also learned from each other. The language used implied that, at times, participants felt that this additional learning – about the roles, challenges and environments of others – was the most valuable of all.

I remember the first two study days being really long, but the first one in the evening we had like a supper, and you could, kind of, feel the buzz after...people were getting excited, and mingling, and things. So after the supper I had a better understanding. (P1)

There wasn't much scope for more informal discussion and, actually, in many ways, that was the really useful bit, the coffee breaks and the lunchtimes, and at the end when you're talking about what challenges are you actually finding, and how are you managing this, and what do you understand by this... (P2)

4.2 Learning together

Participants were very keen to learn from the QI experiences of others in the group, and consider how specific examples could apply to their own area of work.

...you get a chance to have, you know, open arms discussions with others about the challenges they are facing. And also the good work they are doing, and the things that I could learn from, and apply it to my own areas. So again, that was really, really positive. (P5)

The interprofessional community of practice tightened and strengthened over the duration of the course. However, once the course ended, the bonds rapidly disintegrated, much to the dismay of the participants.

...you were really getting to know the people. ...I don't think there's a tight enough bond with us all now... and I think if you tighten these relationships that will be another way of taking it through and getting the change sustainable. (P4)

There was a feeling of uncertainty at the end of the course, just as there at been at the beginning. Participants were unsure whether they still had 'the right' to contact the course faculty, particularly their coaches. They were also unsure whether to expect any further correspondence in relation to the course.

There was a lot of talk around, how will we support each other after the quality improvement academy is over so that none of this learning is lost? Because we don't want to go back into our busy silos and just forget about it all. But I think those questions are still a little bit unanswered because it's all still in progress around how that's going to work. (P2)

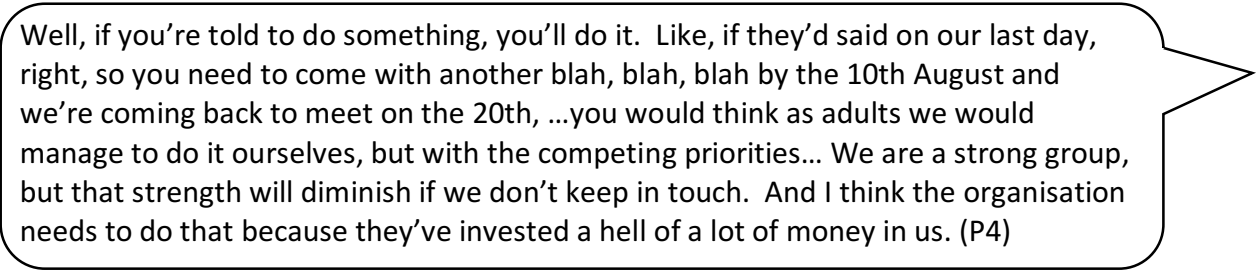
4.3 Reunion

There was unanimous support for the idea of meeting up with the group again, with some participants under the impression that a further session was in the process of being arranged. Others appeared to be unaware of any plans. Participants felt that it would be enjoyable to reunite with the new contacts they had made, but would also be very motivating in terms of seeing how others had managed to continue their improvement work and integrate it into their daily work. Some felt that it would give them another 'push', a further deadline to encourage progression of their QI work.

...there needs to still be link-in with the academy. There needs to be something, because just to be out there and left, what do you do? ...if you're just left then I don't think you would do it. (P1)

...it would be lovely to know that I might have contact with Jo or Nicky or someone from the course, that might, every four months, just ask me for an update. Because again, I think there is something about, how do you hold onto these projects which are not urgent, but probably deliver significant improvements, in contrast to the reality of the urgent that comes in every day? ...It probably helps maintain that reflective space and that determination to keep on going forwards. (P10)

Some participants went even further, insisting that unless there are plans for additional formal sessions and presentations, they fear that other work will always be prioritised.



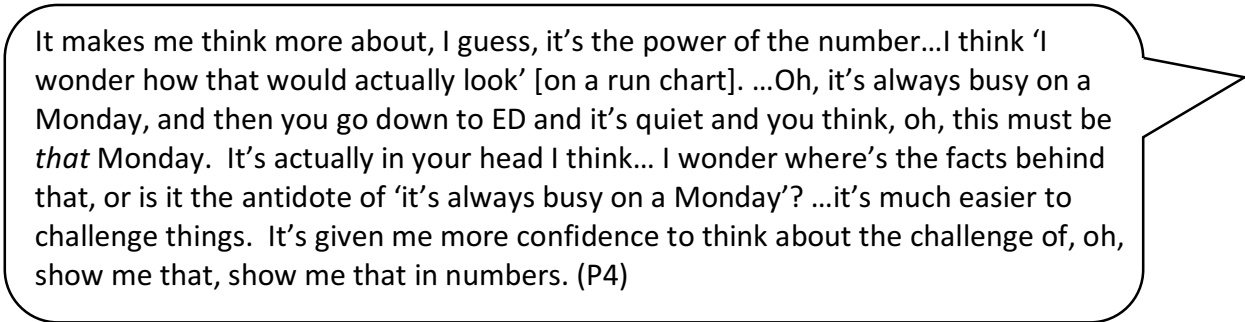
Well, if you're told to do something, you'll do it. Like, if they'd said on our last day, right, so you need to come with another blah, blah, blah by the 10th August and we're coming back to meet on the 20th, ...you would think as adults we would manage to do it ourselves, but with the competing priorities... We are a strong group, but that strength will diminish if we don't keep in touch. And I think the organisation needs to do that because they've invested a hell of a lot of money in us. (P4)

Participants were keen to have a forum (ideally online) to communicate with each other and academy faculty for ongoing support and advice. It was felt that this would facilitate organisation of a reunion and provide motivation for ongoing QI work.

Section 5: Analysis - The ripples of change

5.1 Continuing QI work

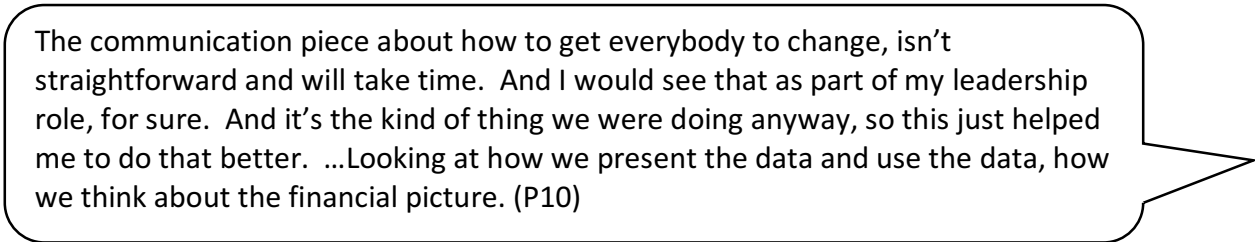
The acid test of any educational programme designed to promote organisational change is the influence on participants' work-related behaviour *after* the course has ended. All participants expressed a desire to remain actively involved with QI activity, saying that their new knowledge and skills allowed them to think differently and view existing challenges in a new light and with new found confidence.



It makes me think more about, I guess, it's the power of the number...I think 'I wonder how that would actually look' [on a run chart]. ...Oh, it's always busy on a Monday, and then you go down to ED and it's quiet and you think, oh, this must be *that* Monday. It's actually in your head I think... I wonder where's the facts behind that, or is it the antidote of 'it's always busy on a Monday'? ...it's much easier to challenge things. It's given me more confidence to think about the challenge of, oh, show me that, show me that in numbers. (P4)

Some participants described ongoing project work that utilised their new skills. The main barriers to continuing individual project work was lack of time and the difficulty prioritising 'non-urgent' work, as discussed previously. Some participants described feeling reliant on finding other (often reluctant) individuals to 'take over' a project.

However, some participants clearly viewed their ongoing involvement with this type of work in terms of a leadership role – facilitating the projects of others and co-ordinating activity at departmental level. Such participants seemed to have a bigger picture in mind, and articulated ways in which they hoped to be supported in this role by the organisation.



The communication piece about how to get everybody to change, isn't straightforward and will take time. And I would see that as part of my leadership role, for sure. And it's the kind of thing we were doing anyway, so this just helped me to do that better. ...Looking at how we present the data and use the data, how we think about the financial picture. (P10)

Participants who conceptualised themselves as QI leaders within their departments often emphasised how important it was for them to have a "critical mass" (P7) of colleagues who understood the principles and nomenclature of QI. It was felt that this could best be achieved by either facilitating groups from the same department to attend the leadership course, or developing a process by which leadership course participants could nominate colleagues to attend the skills course.

And not everyone has to go through the full-blown scheme, training programme, but even if people had short sessions for half a day, one day, when they can learn a bit more about this and how this knowledge can be applied; then it would be easier for me to go into these rooms and have those conversations as to using those tools a bit more. Otherwise people will look at me like I'm talking a different language. (P5)

Other participants had thought more laterally about developing a QI workforce, and described attempts to align some of their QI work with the requirements of clinical development fellows and both undergraduate and postgraduate students based within their departments.

5.2 Organisational prioritisation

Whilst many hoped to continue their QI work, participants were keen that such work was recognised more explicitly at organisational level.

...because of the nature of our work, because of the competing demands on our time, unless this becomes, within the organisation, ...unless this is an acute objective, in my personal development plan, it won't get the attention that it requires... So essentially, if we had some kind of a structure in place that demonstrated that actually this is part of your job now, this is something that you need to be doing, the same way that you report on targets, and the same way that you report on finance, if quality improvement is one more thing, that would be quite helpful. I'm not quite sure we've got that quite right yet. (P5)

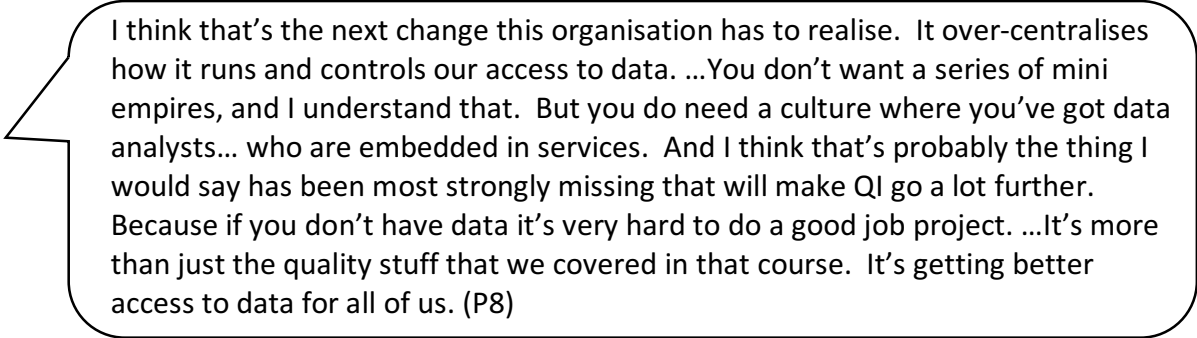
Many of the doctors interviewed raised the topic of job planning, and how QI work needs to be explicitly detailed within job plans in order to be sustainable. Some participants had successfully negotiated dedicated QI time since completing the leadership course.

...perhaps what they should have done is to say, if we're going to take a few departments where they decide to focus... you plan this ahead, you advertise for a one-year locum. So if we get an extra body into the department for a whole year, and then you leave it to the department how you deploy that to release the equivalent amount of time to run the projects. It wouldn't actually cost a fortune considering what they spend on other things. (P8)

Once again, some participants seemed to conceptualise themselves as facilitators of this work, describing attempts to rewrite job descriptions and adjust the job plans of others.

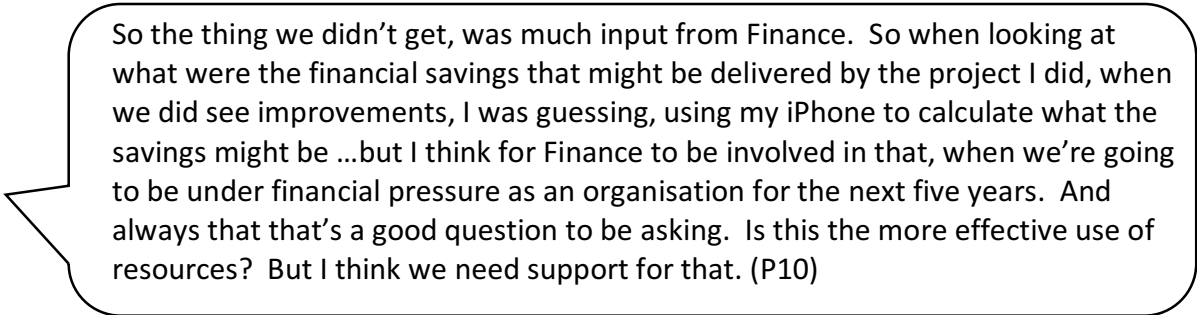
5.3 Organisational support

Participants felt that in order to continue their QI work, they required robust support with data extraction, analytics and finance. There was a general feeling that in order to facilitate meaningful change to clinical services, data needed to be extracted and analysed locally, within individual departments.



I think that's the next change this organisation has to realise. It over-centralises how it runs and controls our access to data. ...You don't want a series of mini empires, and I understand that. But you do need a culture where you've got data analysts... who are embedded in services. And I think that's probably the thing I would say has been most strongly missing that will make QI go a lot further. Because if you don't have data it's very hard to do a good job project. ...It's more than just the quality stuff that we covered in that course. It's getting better access to data for all of us. (P8)

Some participants expressed frustration that their ideas could not be developed into reality due to a lack of IT support. There was also a feeling that additional support from finance would be helpful, and that these parts of the organisation had not been involved in the academy and wider process in the way that they might have been; existing in a "separate world" (P8)



So the thing we didn't get, was much input from Finance. So when looking at what were the financial savings that might be delivered by the project I did, when we did see improvements, I was guessing, using my iPhone to calculate what the savings might be ...but I think for Finance to be involved in that, when we're going to be under financial pressure as an organisation for the next five years. And always that that's a good question to be asking. Is this the more effective use of resources? But I think we need support for that. (P10)

Some participants aspired to develop processes that allow rapid dissemination of departmental level performance data, but felt that this was impossible without better informatics support to develop automated processes. Many felt that "sitting doing a run chart isn't the best use of my time" (P4), but the lack of analytical support resulted in few alternatives.

5.4 Cross-organisational integration

Participants frequently recognised that there was much high quality QI work being undertaken in the organisation, but expressed concern that there was a lack of integration both within departments and across them.

We discovered some of our trainees had been doing it [QI work]. That wasn't mentioned on the course. One of my fellow consultants... has been involved with some QI work... she doesn't seem to have been linked into the other bits. So I have a slight fear that Lothian is, sort of, at risk of scattering this great concept, without actually stitching it all up. So we had a meeting here to try and pull all the QI projects together, and we were all a bit surprised how many were actually going on. (P8)

Some participants also wondered whether there was any integration (or even recognition) of the QI work done by some individuals within NHS Lothian on behalf of other organisations such as NES and RCGP. It was also highlighted that better use could be made of the mechanisms that already exist to share information and promote collaboration in primary care.

That's meant to be the whole purpose of cluster working now, that we share stuff and we don't just do it in our own practice and keep it to ourselves and not think to share it. So, you know, having a GP and an admin person in a practice who are both trained up on quality improvement methodology and then can, you know, have projects that are then shown to succeed and share with other clusters seems to me to be the way that you would kind of spread it in primary care.... And the GP cluster leads [n=13] are the key people, I think, that need to go through the course. (P2)

Some participants felt that the responsibility to ensure the co-ordination of QI work within a particular department should rest with the relevant clinical lead and nurse manager, supported by, and accountable to, senior management.

Lothian needs intelligence to know what's going on, and it may be a challenge in itself, but actually [senior management could say] 'these are all the projects going on in your department, you know, give us an update once a month'. 'What me?' 'Yes, you... it's your department. They're all happening in your department. I'm not expecting you to do the work but I am expecting you to find out how you join them up.' (P8)

5.5 Teaching others

Many of the participants described active engagement in the process of educating others in QI methodology – both formally and informally in the workplace. Many recognised the importance of ensuring that individuals within their departments understood the relevance of the data to their own practice, and to patient outcomes.

...just now you put data up it doesn't mean anything. ...but I actually get them to understand how that affects your practice, and what they do with their patients. (P1)

Some participants would have liked the expectation to teach others to have been made a requirement of the course, and again felt like the imposition of a deadline would have helped to provide motivation.

So I think it's about making the time to do it. So if you'd said, 'when you come back in September you need to have shared it with five people, who will they be?' Then that would go on my list of things to do. (P4)

Some participants did not feel "expert enough" (P4) to teach others. Others recognised that the skills to *teach* QI were different to those required for project completion or supervision, and that important aspect was felt to be under-represented in the leadership course.

...how you enhance their minds, how you communicate well, probably could have done with being a little bit more explicit. ...my assumption would be that most people probably had had some exposure to thinking and teaching about that. But yes, that's very much part of the piece. (P10)

There was recognition that some groups, such as doctors in training, were finding it hard to access 'QI training'. There was some concern about the perceptions of the responses to groups who were keen to learn but who were not situated within the areas of organisational priority.

...we found that it's been a bit of a problem getting QI training for people that want to do projects... there's obviously a pressure on that resource and it's being directed to areas that the organisation feels are priority areas. And so I think if people ask for training and then are told, well, actually, you're not really a priority, which I think a couple of people were, it kind of turns them off a wee bit. So I think actually, there's a bit of momentum at the moment and people are sort of receptive to learning about it. And that's why it's great if we can get these training opportunities for people, that don't need to do, or don't want to do a sort of intensive four month kind of training thing, but just want to get a bit of QI methodology skills. (P9)

5.6 Embedding change

There was widespread recognition that the major challenge for both leadership course participants and the organisation more widely was engaging front line clinical staff in the

process of QI. Many participants had realised that empowering others to identify the changes that would have most impact on their daily work was likely to be the most effective way of enlisting support.

I think that the culture is there, supported from the top, and now it's just engaging the busy teams on the ground, and that's part of the challenge, that they're so busy trying to do the day to day, if they don't see the worth of the project, the benefit to them, then they're not going to engage. ... Go to them with something, a basis, a start, where they can see the opportunity, where the benefits might be for them, within the teams, to engage. (P6)

Many appreciated the magnitude of the challenge for the organisation, if it is to deliver the "seismic change" (P3) that it aspires to. There was an appreciation that what currently felt like "a secret club... of QI converts" (P7) needed to expand and involve individuals from all disciplines and areas. It was recognised that a resistance to change in some groups might limit the success of others, underpinning the importance of senior support in all clinical areas. Once again, the importance of having a few individuals within a single department who were familiar with, and confident in, the language and tools of QI was emphasised.

...it is asking for an approach to health service improvement which is quite different to what we've all had to live with. And in order for that to work you have to gain a few people who understand the language, and a few people who know enough about the tools.... It's not that there aren't others who want to improve their services. I'm sure they exist in every service. But if they are thinking in a different way, and you've got one individual trying to use a QI approach, and they don't have the loudest voice, or the most senior position, ...they'd expect to find it very hard. You can imagine the grumpy old physician, or surgeon... who is saying 'well in my day we always did it this way and this is how we improve things'. And you've got a younger, you know, bright eyed, bushy tailed person coming in with QI talk, you could see how they would get rubbished. But if there's a group of them, and they're working on a project together, and they're seeing the methodology work, and they present it back, I would imagine that would be a more successful way infiltrating the organisation. (P8)

Overwhelmingly, there was a sense of positivity about the future for NHS Lothian and the new knowledge and skills that had been acquired.

...I think it's really exciting, it feels as if it's given me a whole new lease of life in terms of thinking about how to approach these tricky problems differently. (P3)

...there's already a plan about how we kind of continue and build capacity for quality improvement and I think that's really exciting. And I want to be very much involved with that. (P10)

Section 6: Recommendations

6.1 The course

6.1.1 Planning and logistics

1. Pre-course information needs to be concise and timely. It should explicitly state the time requirement for the course and any associated project work, and clearly articulate the aims of the course and the wider ambitions of NHS Lothian. Early notification of course dates and other deadlines would help to ensure that participants could rearrange other commitments.
2. An online platform for the dissemination of course related material, ideally incorporating an online forum for questions and discussion, would facilitate pre-course preparation and ongoing study.
3. The multidisciplinary, interprofessional nature of the course should be preserved, with involvement of primary and secondary care. Participants should be of equivalent level and status, to promote professional and social interaction. At least two participants from a given area or service should attend the course together, to facilitate project planning and promote transition of learning to the workplace.
4. The time allocation for project completion should be extended. A presentation day involving all course participants should occur two to three months after course completion, allowing participants to share their successes and discuss ongoing challenges. Participants should be given clear information about the expectations of their presentations and their audience.
5. Better integration between the skills course and the leadership course should be promoted by allowing leadership course participants to nominate colleagues in their department to attend the skills course. Such individuals could then form trained support teams for leadership course participants, collaborating in department-wide initiatives.
6. Consideration should be given to running skills courses in parallel with leadership courses, to allow some sessions to be delivered to the wider group and facilitate supported project planning. Skills course participants should be involved in the same project presentation event described above.

6.1.2 Content and delivery

7. Speakers should be aware of the content delivered by others, to try to minimise overlap and duplication. Use of video-conference facilities should be kept to a minimum. If speakers cannot be present at the course, consideration should be given to more interactive presentation of the material (such as online group sessions) or recorded lectures of consistent quality.
8. The technical aspects of the course (such as run charts, process mapping and statistical process control) should be taught, whenever possible, using worked examples and practical exercises. The sessions relating to soft skills should also be as interactive as possible, engaging participants in experiential problem solving. To emphasise the importance of such skills for effective QI leadership, the possibility of building soft skills sessions using the same worked examples as the technical sessions should be explored.
9. Consideration should be given to the inclusion of a session on teaching skills, to empower participants to share their new knowledge with others.
10. Discussion relating to the sustainability of change within a department should be incorporated into the leadership programme, emphasising the key roles of leaders in project oversight, co-ordination of departmental level activity, educating colleagues and facilitating dedicated time for others to engage in QI work.

6.2 Community of practice

11. Despite time pressures, opportunities for course participants to socialise together should be preserved.
12. Clear guidance relating to ongoing faculty support should be provided at the end of the course, ideally facilitated via an online forum for questions, discussion and the sharing of information.
13. The project presentation day, two to three months following course completion, should incorporate a social event to foster relationships and provide motivation for ongoing QI work.
14. Leadership course participants should be invited to attend reunion days every six months following the final project presentation day. At such events they will have the opportunity to present their ongoing work and discuss barriers to progress with each other and academy faculty.

6.3 The ripples of change

15. Academy faculty and the relevant DMEs should explore the idea of linking clinical development fellows to individual leadership course participants, to align CDF project work more explicitly with organisational strategy.
16. In conjunction with previous leadership course participants, academy faculty should offer bespoke, locally based training sessions for small groups from a single department to learn basic technical skills and engage in supported project planning.
17. Individuals leading QI within a particular area should have clear reference to this work within their personal development plans, and processes mandating the reporting of project processes and outcomes should be incorporated into organisational data collection systems. To facilitate this, all QI work situated within individual departments need to be co-ordinated more robustly, with opportunities for local discussion and dissemination, and clear leadership and accountability.
18. Data analyst support that is embedded within individual departments is required to ensure that appropriate data are extracted and reported. In addition, more robust support from finance is required for departments to fully understand the potential of specific QI interventions to drive down costs, and make changes that actually realise savings.
19. Informatics systems that allow rapid dissemination of relevant departmental level performance data would be of value to departments striving to improve services.
20. Greater integration of the academy with general practice cluster leads, as individuals well placed to disseminate QI concepts and provide ongoing QI leadership in primary care, should be explored.

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Clinical Quality Academy Evaluation



What is the purpose of this project?

As a recent participant of the NHS Lothian clinical quality academy, you will be aware of the wider quality strategy and its aim of providing better care in the context of rising demand and costs. The aim of this evaluation is to assess the ways in which the quality academy, and the activities related to the educational programme, have moved NHS Lothian towards the wider organisation goal.

Who is running the project?

This evaluation is led by Dr Vicky Tallentire, a consultant physician at WGH and an experienced qualitative researcher. It is overseen by a steering group of educational experts and Dr Simon Watson, Chief Quality Officer.

What will participation involve?

Participation will involve a single face to face interview with the lead researcher at a time and location of your choice, ideally during July 2016. The interview will discuss various aspects of the academy, and seek your views on what went well and how it could be improved. Interviews are anticipated to last approximately 30 minutes and will be audio-recorded. All data will be presented anonymously and, although you may be directly quoted, no quotes will be attributed to you personally.

Can I see the results?

Each participant will be offered a copy of their individual transcript for further comment and clarification, if they wish. Alternatively, or in addition, participants will be sent copies of any reports and recommendations that include direct reference to the data obtained.

Why have I been approached directly?

In order to seek the widest possible range of views, participants from a variety of clinical areas (e.g. oncology, mental health services) and working in different roles (e.g. Associate Medical Director, Clinical Service Manager, Senior Charge Nurse) will be contacted. This may mean that specific individuals are approached.

Please sign and date prior to interview:

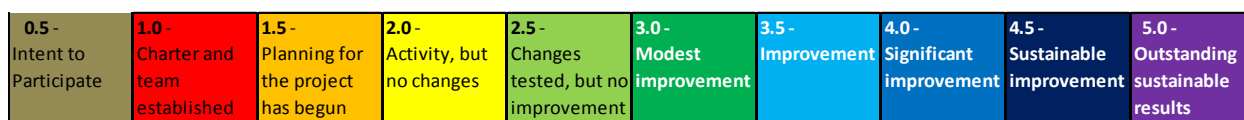
I agree to being interviewed for the purpose stated above, and to have the interview audio-recorded. I understand I may be anonymously quoted. I have had the opportunity to ask questions. I understand that participation is voluntary and that I can choose to withdraw at any time, without giving a reason.

Signed..... Print name.....

**Quality Improvement
Clinical Programme Highlight Report**



Clinical Programme:	Mental Health				
Report by	Maria Holancova				
Agreed by	Dr Jane Cheeseman				
Quality programme team: (please provide full names or likely appointment dates)	Service Clinical Lead		Informatics		
	Dr Jane Cheeseman		Duncan Sage		
	Project Management		QI Coaching		
	Maria Holancova		Dr Jane Cheeseman		
	Additional Members				
	- Fiona Hutcheson - Quality Improvement Support Team - Tim Montgomery - Services Director, Royal Edinburgh and Associated Services - Peter le Fevre – Associate Divisional Medical Director				
Report Period	October 2016				
Current progress score	2.0	Last month's score	N/A	Score two months ago	N/A



(Source: IHI Improvement Scale adapted by East London Foundation Trust)

1. Programme Overview

Aim Statement of Programme

Development of a Comprehensive Quality Improvement Programme across REAS.

Measurement Charts (Appendix A)

2. Programme Update

Programme Highlights

- Section 6 high level diagram was develop, however will require to be reviewed and prioritised.
- A visit to NSH Lothian by the East London NHS Foundation Trust (Mental Health) on 28th November is in advance stage of planning. Learning and outcomes from this event will inform the further development of the local QI Mental Health programme (draft program attached see Appendix B).
- Testing first service based quality improvement clinic.
- Development of project management support structure (see Appendix C).
- In October a Quality Improvement Lead Dr Jane Cheeseman started in the new position.
- In October a new Project Manager for Clinical Quality Mental Health Maria Holancova started.
- QI Mental Health Steering group was set up.
- NHS Lothian/REAS QI Leads and REAS managers have met regularly to discuss emerging priority areas, including acute community mental health care.
- Dr Jane Cheeseman will be presenting Mental Health QI projects at National conference for Scottish Patient Safety Program, which focuses at improving care for people in Scotland.

Concerns (including items for Escalations)

Capacity of service to undertake improvement.
Capacity for training in QI.
Developing focus on project areas.

Up Coming Key Milestones

East London NHS foundation Trust (Mental Health) visit to NHS Lothian.

3. Activity Overview

Activity (including Projects)

Activity	Score	Comment
SCAMPER improving the structure and communication of ward round reviews in Acute Psychiatry	4.5	Wide variation in the documentation of ward rounds led to development of SCAMPER in order to improve communication of care plans and to improve patient care and flow. Tool recording ward round discussion, action planning and personalised care planning was implemented. The plan is for this tool to expand further and to get patients involved. Baseline data are being collated in order to get patients involved (see appendix A for data).
QI team is working on activity log of all the projects and its current status. There are currently couple of projects ongoing, these will be part of activity log:		
<ul style="list-style-type: none">Integration of Community Mental Health and Substance Misuse Services in NW Edinburgh in order to enhance the current care pathway to ensure that patients with a mental health and substance misuse problems access the right service at the right time to optimize their care outcomesImproving Communication at Key transitions in Acute Mental Health Care in order to achieve 95% of CMHT patients seen within 7 days of discharge, which will be part of the activity log of all the projects		

4. Financial Overview

Financial support to the clinical quality projects will be provided. Management accountant supporting Mental Health appointed (Margaret Thorn).

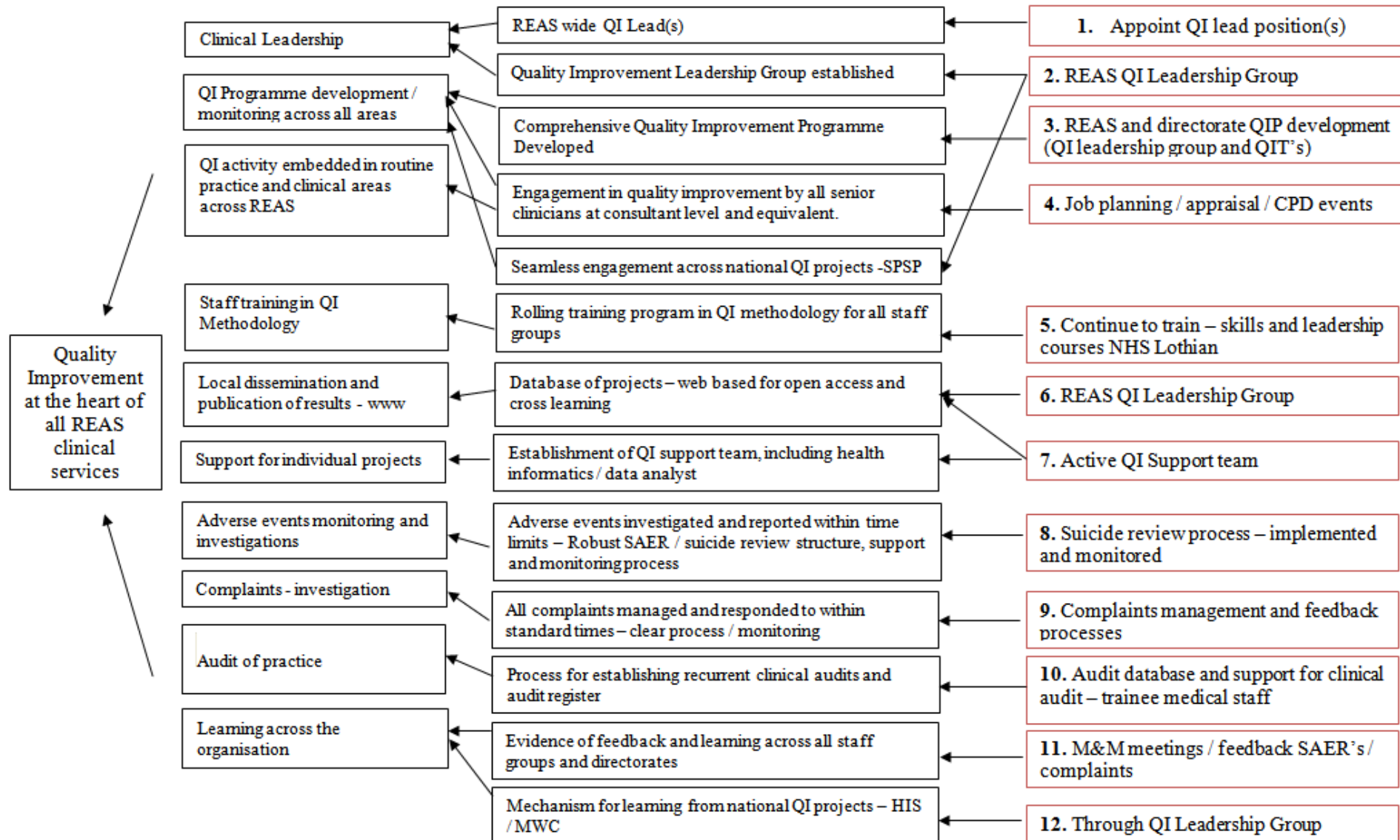
5. Risks

Description	Cause/Consequences	Actions in Place	
Programme Risks			
Service capacity to undertake improvement activity.	Speed of change and improvement compromised.	Clinical lead identified and additional improvement support being provided.	
Capacity for training in QI.	Not capable to train all the personnel that require to be educated.	QI Academy team to review.	
Project Risks			

6. Driver Diagram

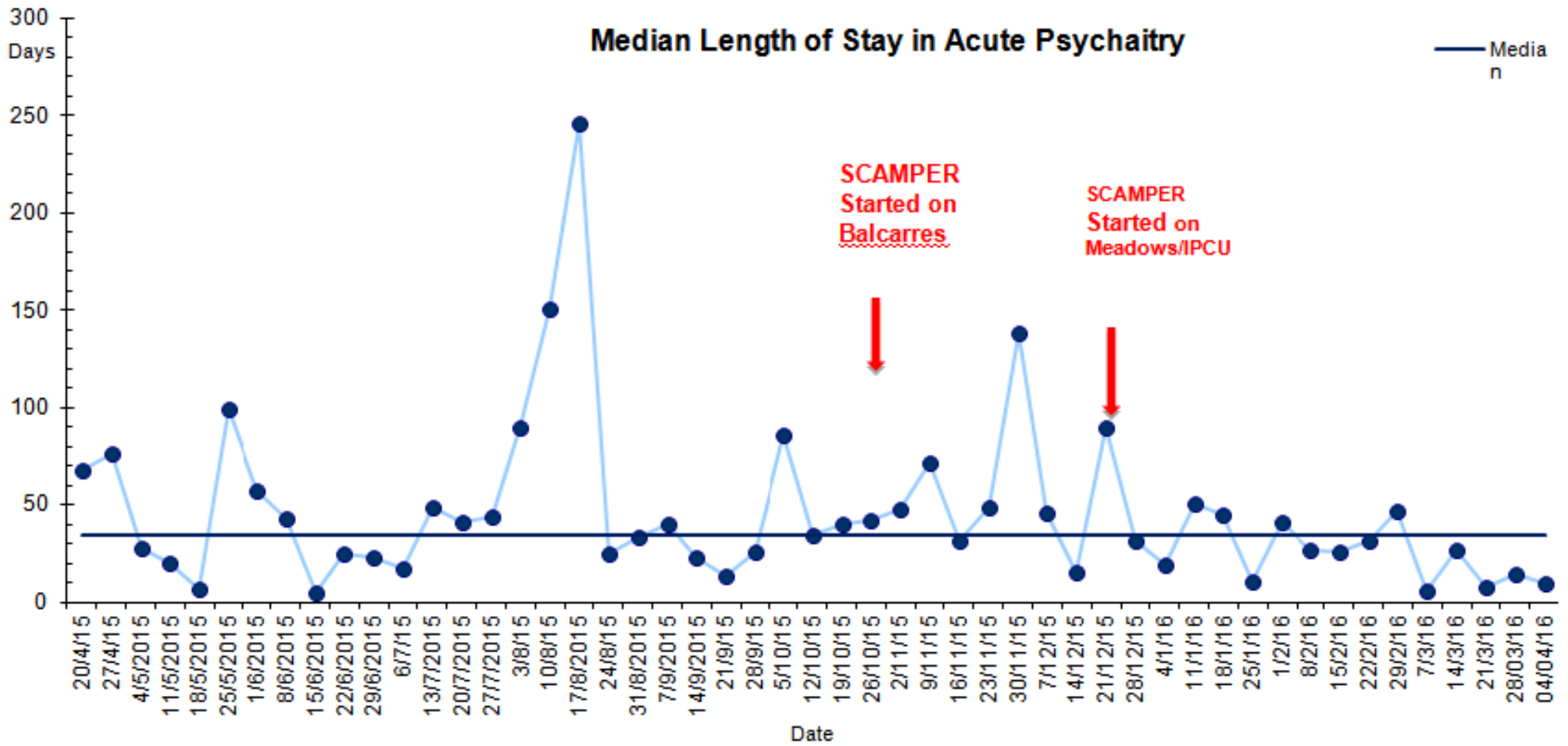
Programme Driver Diagram

Development of a Comprehensive Quality Improvement Programme across REAS



Appendix A- Measurement Charts

SCAMPER – Impact on Length of Stay



Appendix B – Draft program for East London NHS Foundation Trust event

ELFT learning event 28th November (10 a.m. till 4 p.m.)

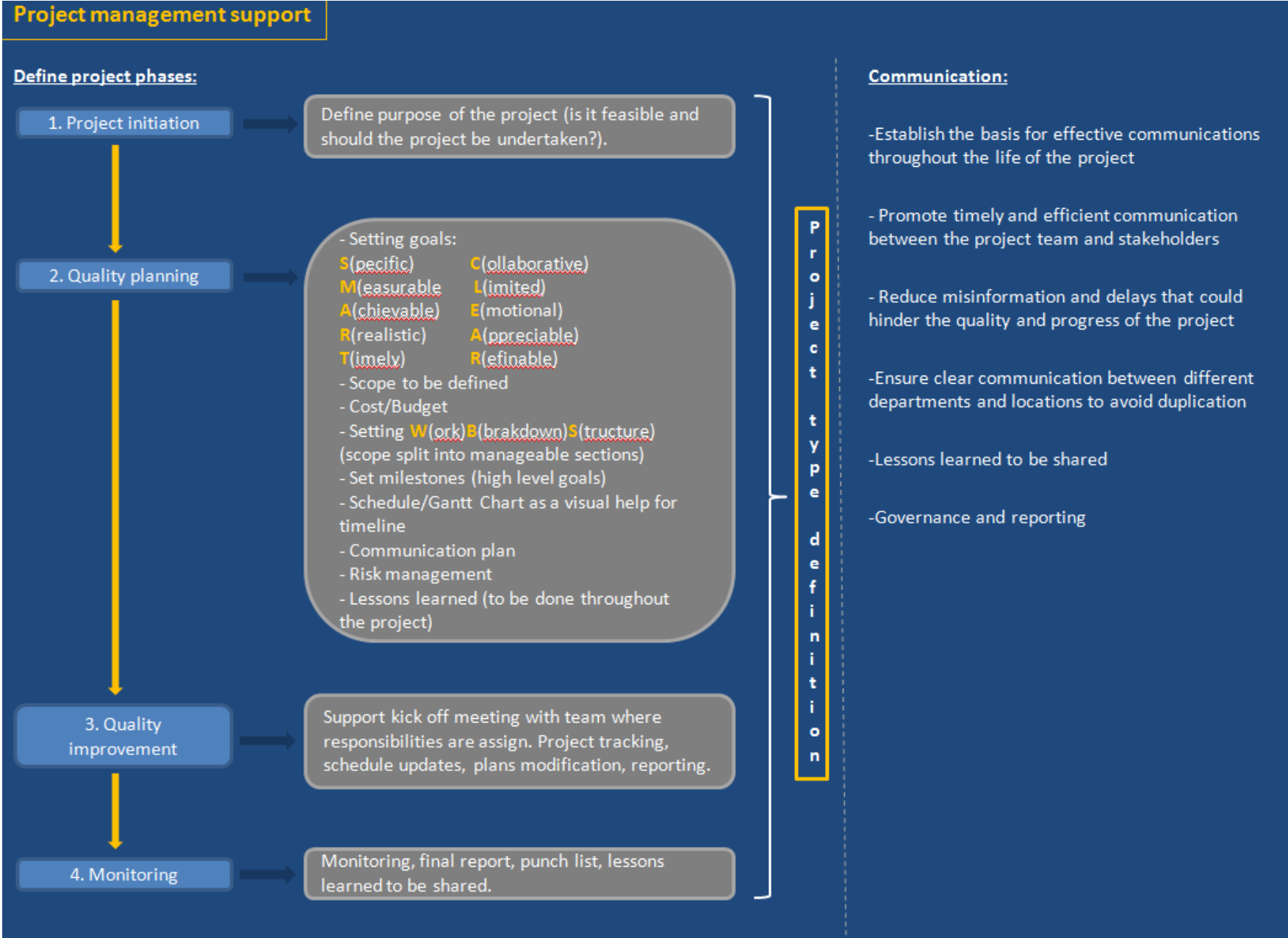
- Location: REH – Small lecture theatre and breakout rooms (Annie Altschul, ward 11, Board room, History room)
- Audience : not just staff working in mental health
Mental Health clinical leaders and QIT chairs (acute and rehab, old age, forensic, CAMHS, community (Edinburgh, WL, EL and Midlothian), Executive managers, QI trainers, Executive sponsors, Scot Gov , Councils,
- Anticipate 60 participants – workshops 10-15 people with 2 facilitators
- Choice of 2 from the 4 workshops – workshops will be run twice, one before lunch and one after lunch
- Need to have a good description of the workshops so that people can give first second, third and fourth choices.
Ask everyone to complete a workshop choice slip of paper (with their choices) and hand them in at the start or choose previously when acknowledging attendance. Need to know how many will be in each workshop so that there are equivalent numbers, so some may get their second choice - so that facilitators know who is attending the before-lunch and after-lunch workshop choices (so facilitators can round people up)
- Each workshop (1 hour) begins with one or two short presentations to set the scene and showcase appropriate work underway, set boundaries for the discussion and agree the aims of the discussion.
The facilitator will prepare a brief summary of the discussion according to a set reporting format.

	Proposed agenda	
10:00	Welcome and Introduction	Tim
10:05	High level view on approach and expectations	Simon Watson or Nikki Maran
10:20	ELFT experience, improvements, anticipation of today and beyond	Amar Shah
10:35	NHS Lothian experience of mental health quality improvement	Peter Le Fevre, Jane Cheeseman
10.50	Tea/coffee break	
11.10	Lecture Theatre – instructions for workshops Participants move to workshop locations – guided by facilitators	
11:20	WORKSHOP session 1	
12:30	Lunch break	
13:30	WORKSHOP session 2	
14:40	Gather again in Small Lecture Theatre and facilitators give 5 minute summary of what was discussed in the workshops plus short appropriate questions	Facilitators (with someone timekeeping)
15:10	Support and structures that will be put in place to facilitate the progress with clinical quality improvement in mental health services	Tim Montgomery, Peter Le Fevre, Simon Watson
15:40	Plenary session – any remaining questions and answers	Peter Le Fevre, Jane Cheeseman

16:00	CLOSE	
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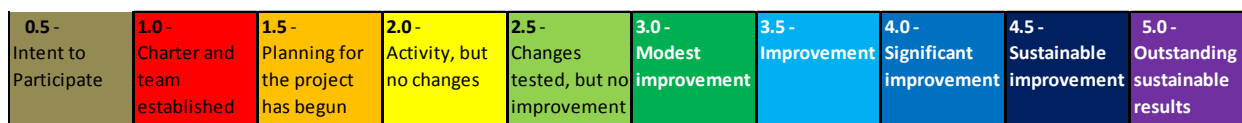
Workshop	To Topic	Facilitator
Workshop 1	Capability and capacity building at scale	Amar Shah
Workshop 2	Supporting frontline project teams ELFT to present their support structure for teams, with examples of current high priority projects underway	Auz Chitewe & Jen Taylor-Watt
Workshop 3	Engaging and involving staff and service users in QI	Andy Cruickshank & Kevin Cleary
Workshop 4	Redesigning systems to support improvement (system enablers - stopping work of lower value, communication tools, data systems, redesigning corporate structures to support)	Forid Alom & Emma Binley

Appendix C – Project Management support



**Quality Improvement
Clinical Programme Highlight Report**

Clinical Programme:	Stroke				
Report by	Lesley Morrow				
Agreed by	Jo Bennett				
Quality programme team: (please provide full names or likely appointment dates)	Service Clinical Lead		Informatics		
	Prof Martin Dennis		Jan Cassels HIU – (supported initially by Neil Pettinger) NB Within stroke service 2 x part time data managers to provide data to national stroke managed clinical network - Margrethe Van Dyke & Sophie Gilbert Morag Medwin – Stroke MCN Co-ordinator		
	Project Management		QI Coaching		
	Lesley Morrow		Sarah Keir, Lesley Morrow & Graham McKenzie		
	Additional Members				
Ms Billie Flynn – Clinical Nurse Manager stroke services RIE Mark Smith – AHP consultant, Stroke Service, NHS Lothian Dr Richard O’Brien – Stroke Clinical Lead RIE Dr Sarah Keir – Stroke Clinical Lead WGH					
Report Period	October 2016				
Current progress score	3.0	Last month's score	N/A	Score two months ago	N/A



(Source: IHI Improvement Scale adapted by East London Foundation Trust)

1. Programme Overview

Aim Statement of Programme

The global aim of the Stroke Clinical Quality Programme is to improve outcome and experience of care of stroke patients in NHS Lothian.

The focus is on the parameters which had the best evidence for having an effect on patient outcomes, e.g. stroke unit care, swallow screening, brain imaging, acute aspirin use, delays to assessment in specialist neurovascular clinics, delivery of thrombolysis and early carotid intervention.

Measurement Charts (attached)



Stakeholder meeting
4th Oct 2016 data.pc

2. Programme Update

Programme Highlights

Stakeholder Event was held on October 4th and was well attended. Feedback was good and priorities were identified by the group as being;

- Patient and Carer involvement
- Staff engagement – survey to be carried out using all types of methods including face to face.
- Mapping common process for Stroke Service using Intermountain Healthcare Structure including the

clinical information as well as patient flow information

Concerns (including items for Escalations)

Capacity of service to undertake improvement

Up Coming Key Milestones

Review local data capture – to include more detail than required for national reporting
Innovations Challenge Survey – November 2016

3. Activity Overview

Activity (Priority Projects – overall plan attached)

Activity	Score	Comment
Improve access to ISU by reducing patients with LOS < 48 hours(RIE)	2.5	Those patients with a LOS < 48 hours not now being admitted to ISU and so has improved access to ISU for suitable patients
Improve swallow performance	3	Need to focus on in-patient and non-thrombolysis pathways Work with ED & admission processes on-going Need automated data capture and reporting Currently manual and labour intensive
Therapy led rehab and discharge planning for fast track patients	3	We plan to continue with work on triage and prioritised therapy interventions to allow the stroke patients most likely to benefit from therapy to receive the optimal amount. Also to improve data generation and collection through AHP Informatics and TRAK to better quantify progress.
Carotid Interventions	3.5	Improved access to carotid endarterectomy referred within Lothian.
Improve access to ISU (WGH) with early ICD10 coding of patients.	2.5	Weekly measuring and reporting to stroke improvement group. Allows improved knowledge of barriers to flow. Prof Dennis also doing this for outpatient clinics. Other clinicians to start coding also.

4. Financial Overview

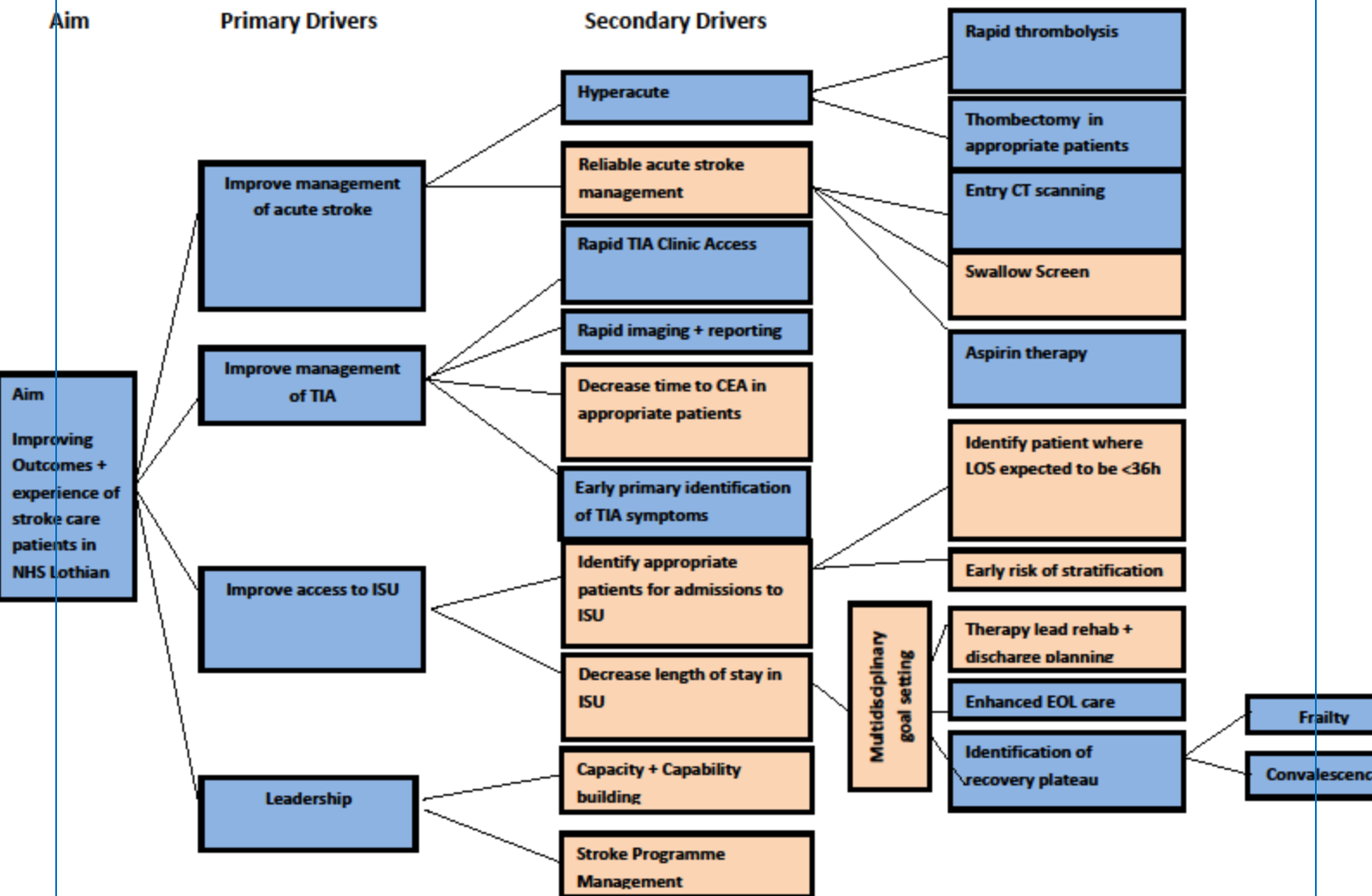
Financial input at initial stage or engagement. Initial meeting with the service has taken place.

5. Risks

Description	Cause/Consequences	Actions in Place	
Programme Risks			
Service capacity to undertake improvement activity	Speed of change and improvement compromised		
Project Risks			
As above			

6. Driver Diagram

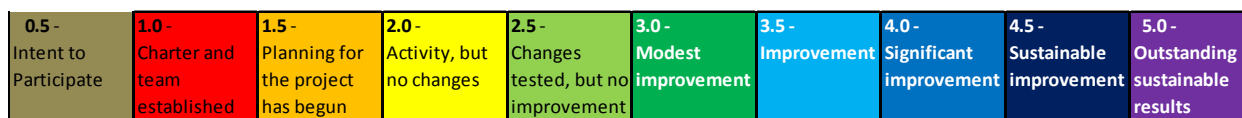
Programme Driver Diagram



**Quality Improvement
Clinical Programme Highlight Report**



Clinical Programme:	Cancer Services				
Report by	Douglas McCormick				
Agreed by					
Quality programme team: (please provide full names or likely appointment dates)	Service Clinical Lead		Informatics		
	Elaine Anderson (Interim)		Tina Fu and Richard Stoker Hamish Hamilton - Finance		
	Project Management		QI Coaching		
	Douglas McCormick		Ricky Samson, Modernisation Manager.		
	Additional Members				
Ms Gemma Couser – Service manager – Cancer & Neurological Services Ms Audrey Campbell – Clinical Nurse Manager Cancer & Neurological Services Ms Christina Lilley – Data Analyst, Cancer Services Professor David Cameron – Clinical Director, Oncology. Dr Monica Szabo – STR oncology Dr Melanie McKean - consultant oncologist Ms Julie Read – charge nurse ward 1 Ms Donna McGowan - staff nurse ward 1 Ms Heather Dalrymple – lead pharmacist oncology Ms Beverly Mitchell - Accountable Pharmacist, ECC					
Report Period	October 2016				
Current progress score	2.5	Last month's score	2.0	Score two months ago	N/A



(Source: IHI Improvement Scale adapted by East London Foundation Trust)

1. Programme Overview

Aim Statement of Programme

Increase timely access chemo therapy and improved patient experience for all patients with lung cancer in ECC (Ward 1)

Measurement Charts (attached)

2. Programme Update

Programme Highlights

- ❖ Dr Frances Yuille has been identified as the clinical lead for Quality Improvement official start Jan 2017
- ❖ Programme Support Agreed with named analytics, finance and project management in place
- ❖ Joint collaborative with Glasgow School of Art agreed.

Concerns (including items for Escalations)

Capacity of service to undertake improvement

Up Coming Key Milestones

QI working Group Meetings

Tuesday 22nd November

Monday 19th December

Tuesday 17th January

5th January 2017 Joint Programme with Glasgow School of Design reviewing ward 1

3. Activity Overview

Activity (including Projects)

Activity	Score	Comment
Understanding Prescribing in Lung Cancer patients	0.5	Initial meeting being set up and being supported by public health with finance input.
Pre-assessment clinic	3.0	Pre Assessment Clinic change conducted in October. Change to be compared to baseline of August 2016.
Maximising Scheduling	2.5	First test of change conducted. Unable to demonstrate measurable reduction in rework though informal staff feedback positive. Identification of ideal process completed identifying potential changes required. Further improvements to be tested in November. Baseline Sample for length of time from referral to patient contact conducted future changes to be measured against baseline
Optimising Use of Ward 1	2.0	Joint collaborative with Glasgow School of Art agreed. Design lead review of process flow and operations within ward 1 conducted by GSA. Output will provide baseline data, patient and staff experience as well as potential improvement opportunities. In addition comparative data from NHS Ayrshire and Arran outpatient chemo therapy will be provided. To be conducted in Jan 2017. First test of change with introduction of CSW to support patient admissions sustained and funding for post being secured by CMT.
Pharmacy utilisation	3.0	First test of change implemented. Data reviewed shows improvement reducing time required on day of treatment . See attached run chart.

4. Financial Overview

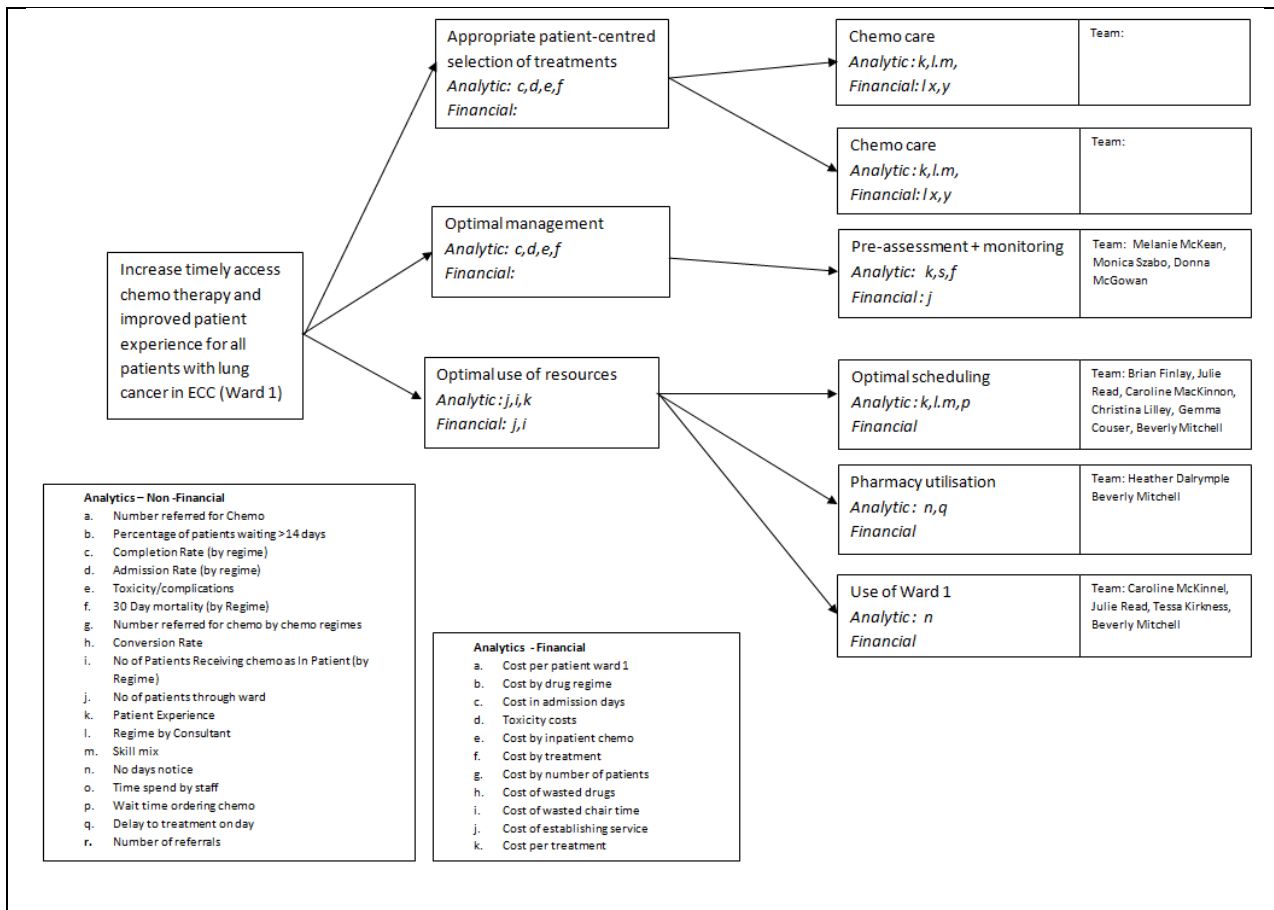
Dedicated finance support in place. Introduction to teams and projects to be conducted in November 2016

5. Risks

Description	Cause/Consequences	Actions in Place	
Programme Risks			
Service capacity to undertake improvement activity	Speed of change and improvement compromised	Clinical lead recently identified and additional improvement support being explored	
Project Risks			
As above			

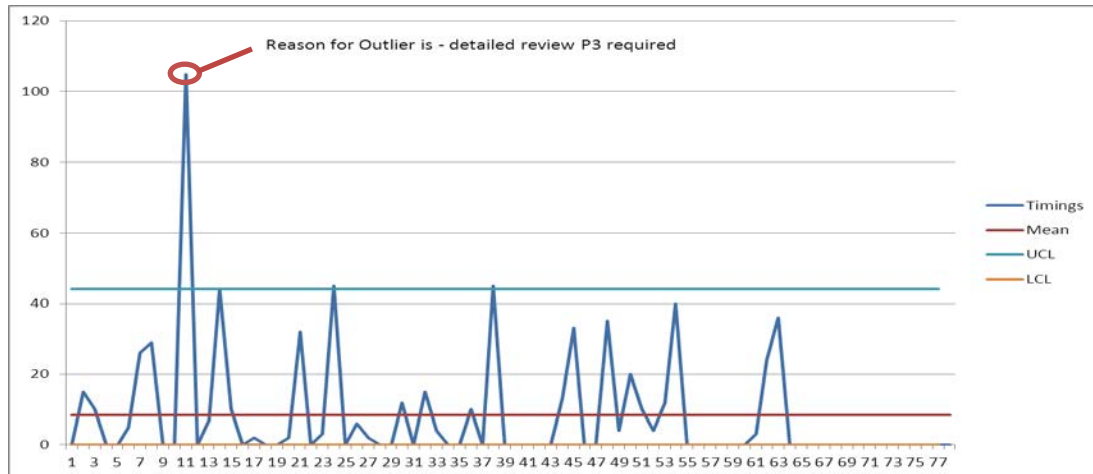
6. Driver Diagram

Programme Driver Diagram (DRAFT)

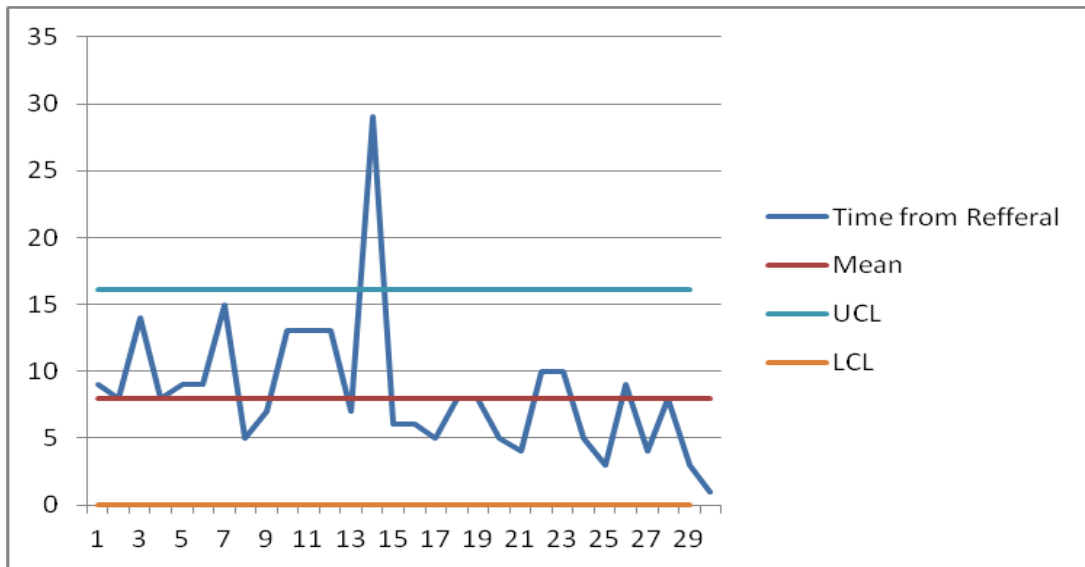


Appendix A Measurements

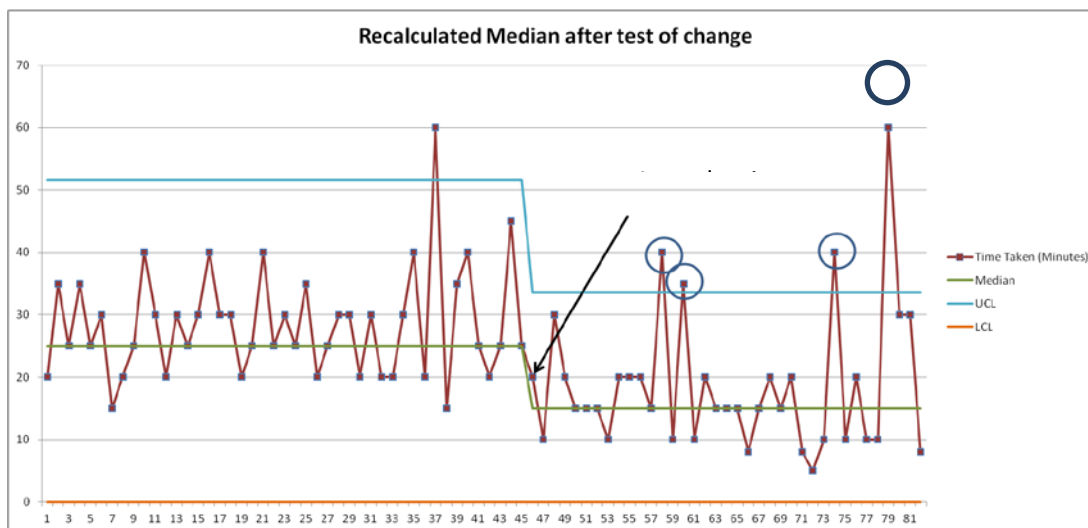
Pre assessment Baseline Measurement Time required on day of treatment



Baseline scheduling time from referral to patient informed of treatment start date



Introduction of Medicine pre review on time spent on day of treatment



Mapping Quality Improvement in Primary Care

Purpose

The purpose of this paper is to set out a high level overview of Quality Improvement activities in Primary Care, including highlighting some of the potential opportunities. This is intended to give a flavour, rather than an exhaustive account of activities or achievements.

Methodology

A range of individuals and groups were met with, including clinicians in General Practice, managers (clinical and non clinical) in Health and Social Care Partnerships, IJB members and others with central roles covering primary care (e.g. public health, medicines management and safety). See Appendix 1.

In light of the limited nature of the work, general practice was prioritised over the other Primary Care contractors.

Relevant documents were reviewed; these are detailed in Appendix 2. It is important to acknowledge that this is not an exhaustive account; these reflect documents identified by stakeholders interviewed.

Current Context

Much of the improvement work which will be described below sits within a complex context of structural change, sustainability issues and a wider transformational agenda.

National context

- This is well summarised in ‘The future of primary care in Scotland: a view from the professions’.¹
- Many of the key deliverables in The ‘Route Map to the 2020 Vision for Health and Social Care’ include primary care (for example improved care for people with multiple and chronic illnesses). Some specific deliverables were also identified: the implementation of new GP contract, 2020 Vision for expanded primary care and new models of ‘place-based’ primary care.²
- The National Clinical Strategy for Scotland also embeds primary care at the centre of the proposed changes.³
- The Ritchie Review of Out of Hours care has outlined the need for multi-disciplinary teams to work together at urgent care hubs.⁴
- SGHD, HIS and Health Scotland are all currently developing mechanisms of support for Boards.

Sustainability

- This is an extremely challenging time for general practice across the UK, in Scotland and in Lothian. This was summarised for the Corporate Management Team (CMT) in July 2016 as: “capacity and sustainability in general practice is at a critical level because of the volume and complexity of workload, recruitment and retention issues and premises and IT issues.”
- A number of practices in Lothian have handed back the GP contract and there is increasing use of the 2c contract.

¹ <http://www.qnis.org.uk/wp-content/uploads/2016/09/The-future-of-primary-care-in-Scotland-final.pdf>

² <http://www.gov.scot/Resource/0042/00423188.pdf>

³ <http://www.gov.scot/Resource/0049/00494144.pdf>

⁴ <http://scottishgovernment.presscentre.com/News/Blueprint-for-out-of-hours-care-1fcb.aspx>

- Workforce issues relate to General Practice, but also to the wider multi-professional team. Much work is ongoing, for example the review of District Nurse role, role expansion to support the delivery of new models of care, the development of a Masters programme for Advanced Nurse Practitioners, enhanced Pharmacy support in practices as part of Prescribing for Excellence
- The first of a series of primary care summits was held in late September 2016 to agree how NHS Boards, the IJBs and GPs identify a common purpose to address these issues and agree some priorities for action.
- This will include investment (initial £5m) and the development of a pan-Lothian initiative to recommend how these resources are used.

The development of 'Quality Clusters'

- As part of the 2016/17 GMS agreement between the Scottish GP Committee and the Scottish Government, it has been specified that each GP practice will have a Practice Quality Lead (PQL) that will have responsibility and protected time to engage in a local GP cluster. Each GP cluster will have a GP designated as a Cluster Quality Lead (CQL). The CQL will have a leadership and coordinating role within the cluster and liaise with the Board and HSCP.
- The timetable for these appointments and arrangements being put in place is set out below.⁵ It should be noted that a key part of this approach is the local identification of priorities.
 - Stage 1 - (1.4.16 - 30.06.16) PQLs appointed; clusters agreed; start to consider quality issues
 - Stage 2 – (1.7.16 - 30.09.16) CQLs agreed; continue to consider quality issues
 - Stage 3 – (1.10.16 - 31.12.16) PQLs and CQLS build relationships within cluster and between cluster and local system; Agree which issues to take action on in stage 4
 - Stage 4 – (1.1.17 – 31.3.17) Practices and system take action on priorities agreed in stage 3.
 - It is expected that CQLs will have a mandate from their colleagues to improve quality in the wider Health and Social Care system, including the use of secondary care

The GP contract

- The Quality and Outcomes Framework (QOF) has been dismantled from April 2016. The main change linked to this is a difference in how funding is transferred to GP practices, with the QOF data no longer used for payment purposes.⁶
- GPs and their staff are still expected to deliver the standard of care they believe to be appropriate.
- QOF data are being made available to practices for their own purposes. In future, it is expected that data extractions will be agreed with the Scottish GP Committee (SGPC) and also with the local Quality Clusters.
- Some of the funding transferred to Practices under the new arrangements is designated for quality improvement and to support the 'Transitional Quality Arrangements' (TQA).
- The TQA require Practices to maintain disease registers and code data.
- Some specific work is also required to continue under these arrangements e.g. administration of the flu vaccine.

⁵ [http://www.sehd.scot.nhs.uk/pca/PCA2016\(M\)07.pdf](http://www.sehd.scot.nhs.uk/pca/PCA2016(M)07.pdf)

⁶ <https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gp-contract-negotiations/contract-agreement-scotland>

Integration of Health and Social Care and the development of Integrated Joint Boards (IJBs)

- Work is currently ongoing between NHS Boards, Local Authorities and third sector partners to build effective Health and Social Care Partnerships and clarify strategic plans and priorities.
- It should be acknowledged that the development of IJBs and strategic commissioning, based on needs assessments, has generated a series of organisational changes and a wider transformation agenda. There are examples of this in each of the HSCPs, for example Edinburgh's transformation agenda is set out in their Primary Care Plan (Appendix 3).

Findings - General themes

Unsurprisingly, the themes that emerged from the stakeholders reflected the context outlined above:

- General low resilience with some practices focussed, by necessity, on staffing issues and sustainability.
- The challenge of releasing GP time to participate in quality activities given lack of available locum cover.
- Limited or no awareness of the Quality Management System (QMS). Those that were aware thought that it was likely to be limited to hospitals.
- Limited or no awareness of any 'central' support that might be available to practices.
- Positive views about local ownership of quality and local sharing of learning but keen to avoid any 'top down' interference (for example in the setting of priorities and in the specification of datasets).
- Awareness and generally positive views of SPSP in primary care. Support was seen as helpful, focus areas as appropriate and there continues to be good uptake/attendance.
- Lack of time, resource and sometimes skill to undertake data analysis. Generally positive views about some liaison groups with secondary care but the ongoing general challenge of how to improve care across the interface – who to contact/how to get started.
- Practical questions about linkages:
 - How Quality Clusters involve the wider multi-disciplinary team;
 - How quality improvement is a health and social care issue, not just a health issue (for example the formation of Health and Social Care QITs, rather than parallel streams of work);
 - How to continue to improve care at the interface; with interface groups welcomed but with the recognition that these are in the early stages of their work.

Findings - Infrastructure to Support Improvement

The current infrastructure in place to support improvement includes the following:

- The development of quality clusters as above – with some CQLS on the Quality Academy second cohort;
- The Scottish Patient Safety Programme (one Improvement Advisor, Clinical Lead recruitment ongoing);
- Quality Improvement support to Quality Improvement Teams (QITs) in HSCPs and in LUCS (this work is spread throughout the team and represents a small number of hours/month);
- Ad hoc training for teams by the Quality Improvements Support Team (for example in Practices where a specific need is identified);

- A variety of corporate functions such as public health, medicines which support improvement in specific areas;
- An information infrastructure, for example the Primary Care Data Group (which has worked to make the best operational use and strategic use of primary care data over a number of years and is at the early stages of exploring the potential for a Primary Care dashboard) and a Medicine and Prescribing dashboard (supported by the Medicines Management Team).
- There is also a single system IT Operational Board that examines existing and future IT infrastructure issues in General Practice. These reflect an evolution and willingness to work together, rather than a central coordination to support strategic intent.

Findings – Existing improvement work streams and initiatives

There is a huge amount of work taking place in Primary Care to improve care across the dimensions of quality; not all of this is branded as improvement work. Some work streams are linked with specific external funding and requirements, others reflect work that is taking place more locally. The evaluation arrangements for these work streams are varied, so it is not always possible to be explicit about achievements. The importance of evaluation was recognized by stakeholders, but the lack of support and/or capacity to undertake it often posed a barrier. It should also be noted that some of this work is developing, so achievements are yet to be evidenced.

The examples below are illustrative, rather than a comprehensive account. There is also overlap between these.

1. 17c Practices

The S17C Redesign Project was a nationally funded programme. In 2013, ten practices took part following a three year pilot. Practices reduced the QOF to essential elements which freed up time to test innovative ways of working. The redesign programme emphasised a bottom up approach with a person centred focus to support the development of local initiatives, building relationships within the practice team and patients, exploring new roles and connecting to community assets. The projects taken forward by practices including improved access, reducing variability of referrals polypharmacy, new roles, enhanced diabetes clinics etc. The Practices met on a quarterly basis to share learning and practice annual reports highlight the range of improvement initiatives. There was however no formal local and/or national evaluations at a project, practice and/or system level to assess impact.

2. Headroom

This is a Scottish Government funded initiative in a number of Edinburgh practices. It aims to significantly improve outcomes for people in areas of concentrated economic disadvantage by primary care working in partnership. Funding has been used to free up practice clinical time, providing some 'headroom' to work on improvement.

Headroom's overall aim is to achieve transformational change, impacting across the dimensions of quality. Much of the work described to date relates to person-centred care, recognizing the importance of 'good conversations', empowering teams and building relationships. 'Good conversations' include those between staff. There is hugely positive feedback from those involved. There is an external evaluation, which has yet to report. The learning is potentially transferable across the whole of health and social care.

3. Improved multi morbidity management, for example House of The 'House of Care' approach

This was originally developed by the King's Fund, is being used in 19 practices in Edinburgh and Midlothian.⁷ This is funded by the Scottish Government, British Heart Foundation, the Integrated

⁷ <http://www.kingsfund.org.uk/publications/delivering-better-services-people-long-term-conditions>

Care Fund and the Primary Care Transformation Fund. Many of the practices involved are also Headroom practices. In seven practices, GPs and practice nurses are developing care and support planning for patients living with multi-morbidity, a process which involves supporting people to self-manage, shared decision making and supporting the use of community based resources. This has a significant overlap with the themes in 'Realistic Medicine'. In others, primary care staff can refer patients to a wellbeing practitioner; a 'good conversation' then helps to identify personal outcomes so the person can be supported to address a wide range of factors including the determinants of health.

Versions of this are being used in various other work streams, for example:

- A number of the 17c practices in NW Edinburgh have funding to support a wellbeing/linkworker approach. This includes partnership work between a welfare advisor, someone skilled in signposting and employability advisor;
- More local practice-led initiatives are also taking place, for example in East Lothian testing the use of birthday reviews (replacing the standard QOF review) to streamline the appointments and investigations that patients with multi-morbidity require.

Some of the achievements of this approach are summarized in Appendix 5.

4. Improved frailty management, including improved anticipatory care and end of life care

There are a variety of work ongoing to address frailty and end of life care, for example:

- Work in East Lothian using ANPs rather than GPs to deliver care in nursing homes (proactive, hands on nursing care, prescribing) with associated reduction in GP time and an anticipated reduction in admissions;
- The Edinburgh Flow programme which is taking a pathway approach to support frail patients;
- Work funded by Marie Curie has taken place in Edinburgh to improve the quality of Anticipatory Care Plans (ACPs) by using the Anticipatory Care Questionnaire (ACQ). This has resulted in most acute events being managed appropriately and in accordance with the KIS, but also identified further work needed for example systems of coordination within care homes, support for care home staff in discussions with residents and families.

5. Improved Safety/SPSP

This involves an Enhanced Service and some provision of training in QI methodology. Since the programme started in 2013 this has consistently involved more than 80% of practices, with 101 practices signed up 2016. The main themes addressed in this programme have been warfarin, medicines reconciliation and out patient communication.

As part of the wider quality agenda, GP practice teams are also supported to use the Safety Climate Survey and the Trigger Tool Case-note Review. They also have access to the Quality Improvement Workbook (a framework to design and test a QI project, developing capability and surfacing new improvement opportunities). The SPSP Annual Report contains further detail and is available.

6. Improved prescribing

Work taking place to improve prescribing is outlined in the NHS Lothian Prescribing Action Plan. The devolution of prescribing budgets to the HSCPs has provided some additional focus on this area. Much of the improvement work is focused on reducing polypharmacy, linking with the

multimorbidity/ frailty/ Realistic Medicine agenda described above – improving person centred prescribing. This includes use of new roles. Areas which are receiving particular focus are respiratory and diabetes care.

Improvements in efficiency are being addressed by the use of clinical pharmacy care advisors, funded by monies attached to Prescribing for Excellence. An example of local work within practices includes that focused on reducing the use of ‘specials’ in repeat prescribing, linked to the QI workbook referred to above.

7. Improved access to primary care

Examples of this include:

- Collaborative work between practices in East Lothian to improve same day access;
- ‘Streaming’ of patients in Edinburgh so that patients see a smaller number of professionals enabling more person centred care and improving access;
- Work to standardize data on access in East Lothian in order to understand the demand and plan more effectively;
- Work to engage ‘hard to reach’ groups, for example in the ‘Gamechanger’ initiative.⁸

8. Improved care across the interface

Examples of this include:

- Small scale work to improve access to the Key Information Summary (KIS) in acute care;
- Improved care of ‘high resource use’ individuals in East Lothian aiming to reduce admission;
- A long-standing interface group in West Lothian which has worked on issues including use of investigations and medicines reconciliation.

9. Improvement work linked to academic work

There is a strong primary care academic presence in Edinburgh/Lothian. Some of the work already described links to this – for example improved ACPs using the ACPQ. Other work includes:

- Asthma UK funded development of an ‘asthma learning system’ in primary care, which aims to use data differently to achieve better treatment and management for people with asthma.
- The development of a teaching/research based care home to change the realities and perceptions of the care of older people – this is currently at feasibility study stage

Findings – Potential future improvement opportunities

Participants generally expressed the view that there were opportunities to build on existing work, by prototyping, testing, implementing or spreading. Some of these were general and some were specific. These would constitute discreet projects, rather than clinical programmes.

- Improved person centred prescribing – specifically in diabetes and respiratory care. Exploring prescribing variation in other areas for example in dermatology and ophthalmology.
- Improved models of support for care homes (from reactive to proactive, more holistic), including improved anticipatory care planning.
- Improved person centred care and efficiency by reduced ordering of investigations, for example blood tests and MSSUs by development of protocols.

⁸ <http://www.edinburghsocialenterprise.co.uk/wp-content/uploads/2016/01/Gamechanger-PSP-briefing.pdf>

- Infrastructure support including QI training, informatics/analytical support (including finance), project support and mechanisms to effectively share learning.
- Specific clinical areas viewed to have scope for improvement included multi-morbidity, frailty, diabetes and mental health.
- Improved interface with secondary care including: understanding/improving referral rates, improved access to specialist advice for GPs (for example the dedicated renal line).
- Systematic review of variation in areas such as practice consultation rates, A&E attendance rates, 999 presentations.

Recommendations

Despite enthusiasm from many areas, it has been challenging to identify how the Quality Directorate adds most value in a system that is currently under so much pressure. Securing the sustainability of General Practice is in itself a potentially enormous improvement programme which will require the engagement, leadership and infrastructure that any successful improvement programme utilizes.

Our recommendations for consideration and feedback are:

1. The main linkage for the Quality Directorate should be to the NHS Lothian General Practice Redesign Programme in partnership with the Integration Joint Boards.
2. The Quality Directorate should undertake continued engagement with primary care on improving quality by (i) supporting the delivery of clinical change fora and (ii) building on existing fora as appropriate. A clinical change forum is scheduled for East Lothian in February 2017.
3. The Quality Directorate should support the development of a QI network For General Practice to support the PQLs & CQLs within the context of the multi-disciplinary team. This will enable sharing of best practice and identification of improvement opportunities. This will include local training for teams. Funding has been secured from Health Improvement Scotland for one year to support the development of this network. To be initiated in December 2016 and developed in partnership with General practice colleagues. See Appendix 4 for an outline of the approach based on best practice.
4. The Quality Directorate should provide QI coaching and training for all CQLs and PQLs and other primary care leaders. Cohort 2 of the academy includes a number of CQLs and Clinical Leads/Directors.
5. The Quality Directorate should support and influence the development of an informatics infrastructure for primary and community care by linking with the Primary Care Data group and Prescribing Data group to shape the dashboards and test them to inform improvement work (initial meeting for the Primary Care dashboard is November 2016). There should also be consideration of how the informatics infrastructure can be used to evaluate current improvement work to inform further testing and spread.
6. The Quality Directorate should explore opportunities to extend the scope of one/more of the existing clinical programmes into health and social care – for example mental health within the next year (acknowledging that all programmes will be across Health and Social Care in future).

Jo Bennett, Associate Director for Quality

Elizabeth Bream, Consultant in Public Health Medicine

Appendix 1: Meetings/individuals

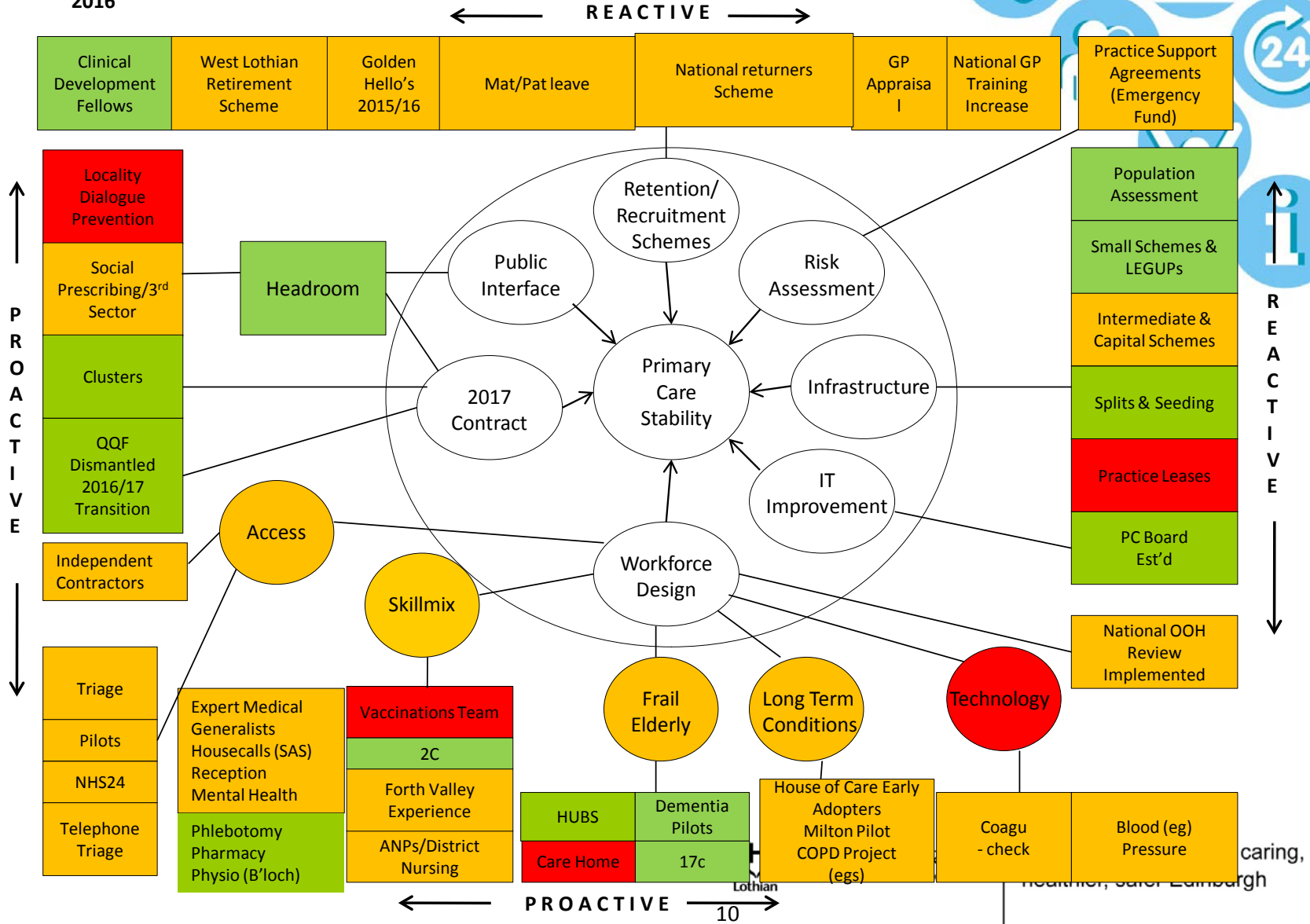
Area	Who	
WEST LOTHIAN	James McCallum	Associate Clinical Director
MIDLOTHIAN	Caroline Myles	Chief Nurse
MIDLOTHIAN	Rebecca Maran	Business Manager
MIDLOTHIAN	Hamish Reid	Clinical Director
EAST LOTHIAN	Shelagh Stewart	GP - CQL
EAST LOTHIAN	Carol Lumsden	Modernisation manager
EAST LOTHIAN	Paul Currie	Planning lead
EAST LOTHIAN		EL quality cluster meeting
EAST LOTHIAN	Jon Turvill	EL clinical lead
EAST LOTHIAN	Alison MacDonald	Chief Nurse
EDINBURGH	Anne Crandles	Headroom Programme Manager
EDINBURGH	Carey Lunan	GP Craigmillar Anticipatory Care Lead
EDINBURGH	Lisa Carter	Associate Clinical Director LUCS
EDINBURGH	Sian Tucker	Clinical Director LUCS
EDINBURGH	Peter Cairns	GP Wester Hailes /Headroom SW management committee
EDINBURGH	Alex Connan	GP Portobello, PQL HoC - One of Headroom Clinical Leads (East)
EDINBURGH	Carl Bickler	GP Craigmillar/ Chair Professional Advisory Committee, IJB
EDINBURGH	Catriona Morton	Chair of LMC
EDINBURGH	David White	Strategic Lead Primary Care
CORPORATE	Simon Hurding	Medicines Management Adviser
CORPORATE	Sandra McNaughton	Associate Director - Pharmacy
CORPORATE	Rachel Hardie	Consultant in Public Health

CORPORATE	Lorna Willocks	Consultant in Public Health
CORPORATE	Primary Care data group	
CORPORATE	John Steyn	Clinical advisor, ehealth

Appendix 2: Documentation reviewed

10/08/16 Report: Edinburgh Primary care stability - solutions
27/07/16 Report: Edinburgh Primary care stability and capacity report to Edinburgh H&SC EMT
July 2016 Edinburgh headroom Initiative – Brief Synopsis and presentation
01/07/16 Presentation to Edinburgh Flow Programme Board meeting
May 2015 Multimorbidity data in IRF: Presentation to multi-morbidity strategy day
March 2016 Marie Cure/NHS L Evaluation and further development of a primary care anticipatory care questionnaire (ACQ) for care home residents and their families
01/08/16 CMT paper Integrated organisational arrangements for H&SC in East Lothian
EL QIP 2015/16 Annual Report
26/02/16 Letter from SGHD – Communication on supporting materials to Health Board Chief Executives, Health and Social Care Partnership Chief Officers and practices in relation to the Transitional Quality Arrangements (TQA) for the 2016/17 General Medical Services (GMS) Contract.
GP clusters – Scotland – A one page guide for GP practices for 2016/17
20/06/16 Letter from SGHD – Developing GP quality clusters in Scotland - update
29/07/16 Letter from SGHD – 2016 TQA data extractions
23/03/16 Quality after QOF: report of a workshop hosted by the Scottish School of Primary Care
13/07/16 Letter from SGHD - Transforming urgent care
King’s Fund presentation on Tower hamlets Integrated Provider Partnership Vanguard
November 2015 Using routinely collected data to figure out where the BHS is going wrong. Presentation to Deep End conference
June 2011 Year of care – report on findings from the pilot programme
May 2016 NHS L medicines management report of review of broad spectrum antibiotics in primary care
30/10/15 Hannah and the House of Care – presentation for LIPKAP
NHS Lothian Prescribing Action Plan 2016/18
2016 SPSP submissions for General Practice Annual Report
November 2015 Significant Event Analysis and the potential to improve the primary-secondary care interface: a Lothian pilot
30/09/16 Carey Lunan and Sian Tucker Primary Care Interface with Secondary Care and Out of Hours
Tracey Gillies – Challenges in Primary Care in NHS FV
Catriona Morton – Primary Care Summit 29 Sept 16
Gregor Smith – Lothian Primary Care Meeting
David Small – Primary Care Summit 29/09/16
Community Nursing and Practice Nursing Briefing – Primary Care Summit
Briefing – GP Workload
GP Sub Transformation for Survival Briefing Paper
Briefing – Pharmacy in General Practice
Briefing – Primary Care Premises
Briefing – Lothian Interface Group
Executive Summary of Lothian Sea Pilot
LUCS cheat sheet
Professional to Professional Referral calls 2013 - 2016
Jim Crombie – Primary Care Presentation 29/09/16
SG Quarterly Report July – September 2016

Primary Care Plan Summary for Edinburgh May 2016



Appendix 4: House of Care approach

Care and Support Planning for multi-morbidity funded by BHF

- 7 practices signed up in September 2015 and completed Year of Care training (19 practice based participants) in January 2016. Further training is planned for early 2017
- All selected a specific cohort of patients, established a process and documentation associated with a two step care and support planning process and accessed support to embed formats in VISION/ EMIS where appropriate
- Numbers of patients seen so far varies between practices
- It's too early to be able to assess impact on system or individual patients but evidence from Year of Care suggests we should expect improved biomedical outcomes and changed pattern of use of health care over 3-5 years.

Learning

- Setting up processes takes time, starting small is really important. The project often starts with a small number of practice staff who must convince others.
- eHealth support has been critical
- Training is valued and GPs/ staff like the approach: staff are more proactive, regardless of role.
- Supported reflective learning cycles help practices to develop the approach
- People like the approach, patients think it's a good idea. Some (older patients) need time, more information to adjust to new approach.
- It's a challenge for practices to do something different when they are under pressure
- Emerging questions about how strands of work fit together, the house of care is a good tool to locate contributions of multiple initiatives to a common goal (Wellbeing input is complementary to BHF; positive impact of previous projects: for example most practices have already taken steps to consolidate appointments / introduce person centred supports)

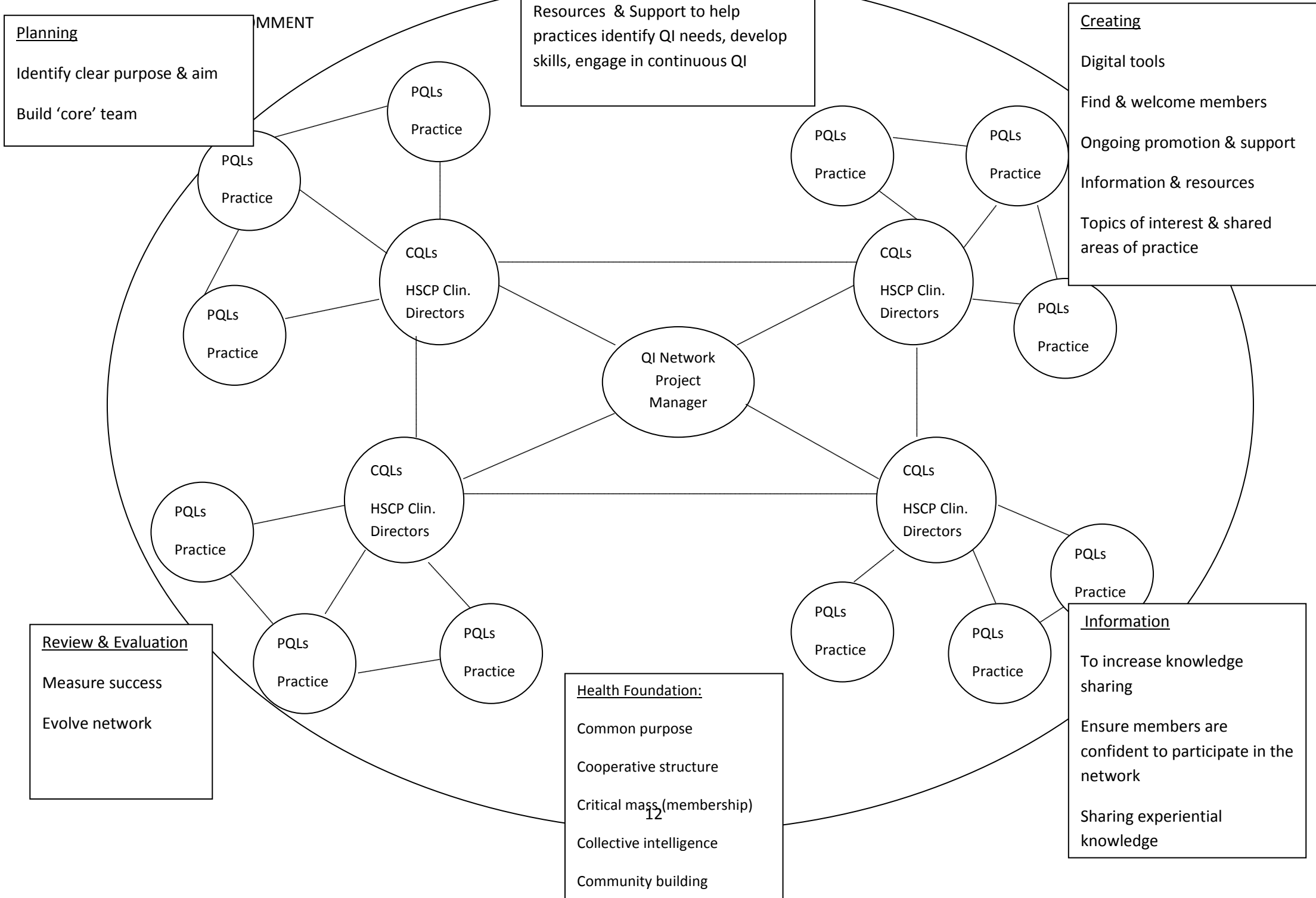
Wellbeing practitioners:

- 8 practices, staggered start from July '15
- As of July '16, 801 referrals received and 728 initial consultations
- Early signs of change (mood, confidence, coping) within 1-3 contacts, average of 5 contacts per person

Learning

- Flexible responsive approach enhances ability to reach and engage those affected by health inequalities
- Supported reflective learning cycles help practices to develop the approach
- Anecdotal evidence that Wellbeing input results in more appropriate use of GP (coming in for medical problems, not mood).
- Prompts observation that investing helping people to make a shift in lifestyle is worth it: "A lot of resource, but impact of early change can be really significant."

Appendix 5 – Draft for development of QI network



Appendix F: Illustration of Costs for Establishing a Quality Management System

Cost per Clinical Quality Programme Per Annum

Project Manager (B6)	38,238
PM Expenses (IT etc)	2,000
Analyst	38,341
PA for Clinical Lead	14,500
Finance support (0.2WTE per programme)	6,000
	99,079

Cost per Quality Academy Course

Project Manager (0.1 of WTE)*	4,000
Admin Support (0.1 of WTE)*	2,234
Academy Lead (0.1 of WTE)*	3,942
Room Hire	4,000
Other training costs/materials	600
Staff Backfill costs	57,600
Coaching Backfill costs	5,000
Professional Fees	2,500
	79,876

*These figures assume 4 Planning for Quality and 4 Quality Skills courses per year

NHS Lothian

Board Meeting
7 December 2016

Medical Director

SUMMARY PAPER - HEALTHCARE ASSOCIATED INFECTION

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

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

<ul style="list-style-type: none"> • <u>Local Delivery Plan Standards</u>: The 2016/2017 Local Delivery Plan Standards for NHS Lothian's <i>Staphylococcus aureus</i> Bacteraemia is to achieve a rate no higher than 0.24 per 1000 bed days (≤ 184 incidences) by March 2017. NHS Lothian's current rates for <i>Staphylococcus aureus</i> Bacteraemia incidence is 0.32 (n=124) 	3.1
<ul style="list-style-type: none"> • <u>Local Delivery Plan Standards</u> : The 2016/2017 Local Delivery Plan standard for <i>Clostridium difficile</i> Infection is to achieve a rate of no more than 0.32 per 1000 bed days (≤ 262 incidences NHS Lothian's current rate for <i>Clostridium difficile</i> Infection incidence is 0.30 (n=125). 	3.2
<ul style="list-style-type: none"> • <u>Antimicrobial Prescribing</u>: Co-amoxycylav remains the most commonly prescribed 4C antibiotic (antimicrobials associated with high risk of <i>Clostridium difficile</i> Infection) on all 3 acute sites although it is used less at Western General Hospital than at Royal Infirmary of Edinburgh and St John's Hospital. 	3.3
<ul style="list-style-type: none"> • <u>Healthcare Associated Infection and Antimicrobial Prescribing Prevalence Survey (PPS)</u>: The National Healthcare Associated Infection and Antimicrobial Prescribing Prevalence Survey commenced in September. Once the data has been quality assured the final submission is due to Health Protection Scotland by 9th December. 	3.4
<ul style="list-style-type: none"> • <u>Healthcare Environment Inspectorate</u>: St John's Hospital received an unannounced inspection on 10-11 August 2016. The report was published on 18 October 2016 with no requirements or recommendations noted. • The Healthcare Environment Inspectorate has issued to Boards their guidance for the HEI powers of closure. This guidance can be provided should committee members wish to see it. 	3.5

Fiona Cameron
Head of Infection Prevention and Control Services
14 November 2016
fiona.cameron@nhslothian.scot.nhs.uk

NHS Lothian

Board Meeting
7 December 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 toward achievement of Local Delivery Plan performance for Healthcare Associated Infection across NHS Lothian. Any member wishing additional information should contact the Medical Director in advance of the meeting.

2 Recommendations

- 2.1 The Board is recommended to:
- Accept this report as an update on incidence of *Staphylococcus aureus* Bacteraemia and *Clostridium difficile* Infection. The data is for the 6 month period 1 April 2016 – 30 September 2016.
 - Note the update on NHS Lothian local antimicrobial prescribing data

3 Discussion of Key Issues

The 2016/2017 Local Delivery Plan Standards for NHS Lothian's *Staphylococcus aureus* Bacteraemia is to achieve a rate no higher than 0.24 per 1000 acute occupied bed days (≤ 184 incidences) by March 2017. Lothian's current is 0.32 (n=124). Hospital data can be seen in table 1.

For *Clostridium difficile* Infection the 2016/2017 Local Delivery Plan standard is to achieve a rate of no more than 0.32 per 1,000 total occupied bed days (≤ 262 incidences). NHS Lothian current rate is 0.30 (n=125). Hospital data can be seen in table 1.

Table 1: Local Delivery Plan April 2016- March 2017

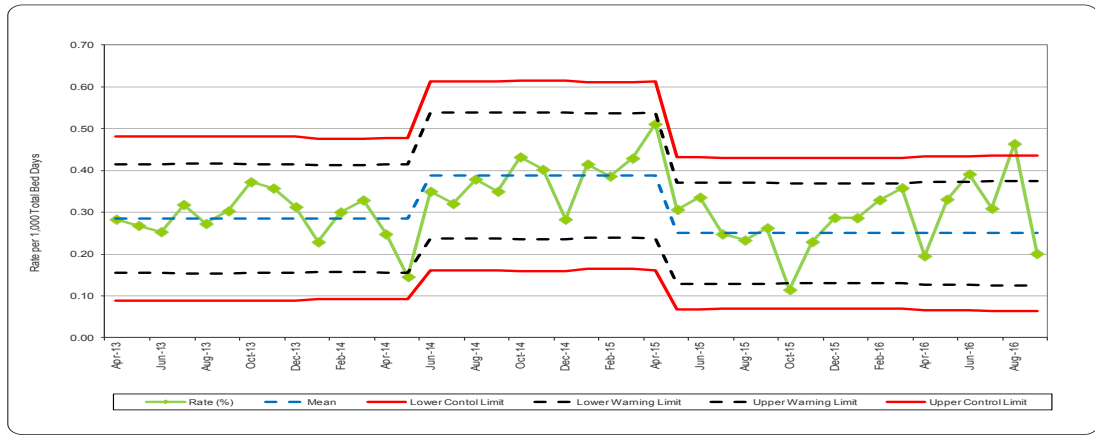
- The table shows the location where the sample (which identified infection) was collected. However this does not identify the source of the infection.
- The National Facilities Monitoring Tool is the source of data for the performance on cleaning compliance and estates monitoring.
- The Patient Safety Quality Improvement Data System is the source of data for the performance on hand hygiene monitoring.

	<i>Clostridium difficile</i> Infection		<i>Staphylococcus aureus</i> Bacteraemia		Cleaning Compliance	Estates Monitoring Compliance	Hand Hygiene Monitoring Compliance
	Number	Percentage	Number	Percentage	Percentage	Percentage	Percentage
April 2016- March 2017 Local Delivery Plan Standard	≤262		≤184		90%	90%	90%
Current Performance							
	<i>Clostridium difficile</i> Infection		<i>Staphylococcus aureus</i> Bacteraemia		Cleaning Compliance	Estates Monitoring Compliance	Hand Hygiene Monitoring Compliance
NHS Lothian	125	100	124	100	95.7%	95.8%	96.4
Royal Infirmary of Edinburgh	20	16	63	51	97.2%	98.7%	94.5
Western General Hospital	28	22	33	27	95.2%	92.9%	96.5
St John's Hospital	24	19	21	17	95.4%	94.3%	97.2
Liberton Hospital	1	1	1	1	97.5%	97.4%	97.5
Royal Hospital for Sick Children	0	0	5	4	94.8%	95.8%	96.3
Community Hospitals	2	2	1	1			
General Practices	48	38	0	0			
Unknown	2	2	0	0			

3.1 *Staphylococcus aureus* Bacteraemia

- There have been no national data releases since previous report to Board
- In August the *Staphylococcus aureus* Bacteraemia incidence exceeded the upper control limit due mainly to the high *Staphylococcus aureus* Bacteraemia incidence diagnosed at Royal Infirmary of Edinburgh that month but the overall Lothian *Staphylococcus aureus* Bacteraemia incidence in September shows that this has corrected and fallen below the current mean incidence (Figure 1). There is continued improvement in *Staphylococcus aureus* Bacteraemia incidence at Western General Hospital with the lowest recorded incidence of only one case during September 2016.

Figure 1: NHS Lothian *Staphylococcus aureus* Bacteraemia: April 2013 - September 2016



3.2 *Clostridium difficile* Infection

- There have been no national data releases since previous report to Board.
- Figure 2 shows there is a continued reduction in *Clostridium difficile* Infection incidence in age group 15-64 years in NHS Lothian. Data points for July, August and September 2016 are below the current mean. Figure 3 shows *Clostridium difficile* Infection incidence in NHS Lothian for age 65 years and over indicates an improvement in 2016. The data point for September 2016 is below the current mean and represents the lowest reported *Clostridium difficile* Infection incidence since 2013.
- The recent *Clostridium difficile* Infection incidence for Royal Infirmary of Edinburgh and Western General Hospital continues to be consistently lower than the pre-existing site mean incidence demonstrating sustained improvement. For Royal Infirmary of Edinburgh data points for July, August and September 2016 are below the current mean and September has had the lowest *Clostridium difficile* Infection incidence since 2013. At Western General Hospital the *Clostridium difficile* Infection incidence continues remain around the current mean. At St John’s Hospital no reportable cases of *Clostridium difficile* Infection occurred in September.

Figure 2: NHS Lothian *Clostridium difficile* Infection – 15 to 64 years: April 2013 to September 2016

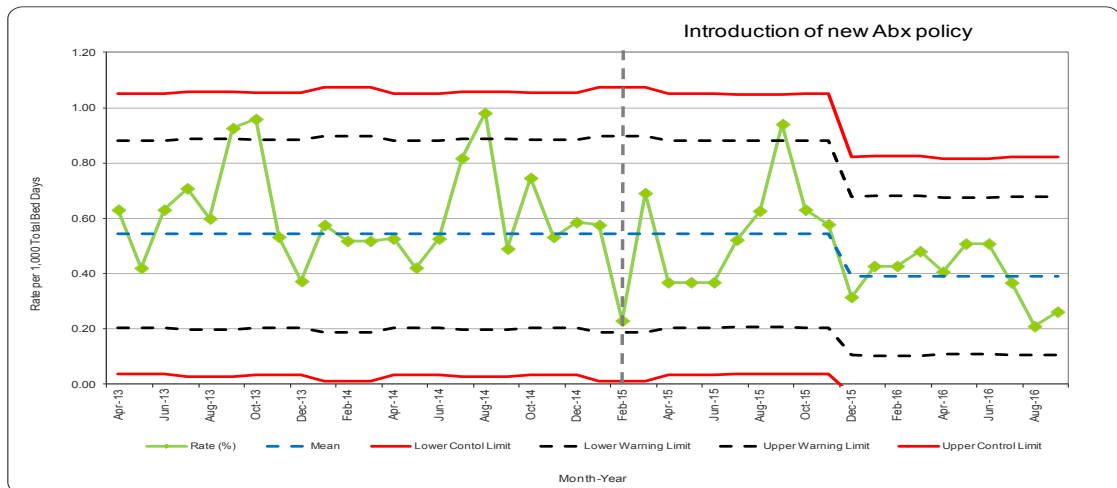
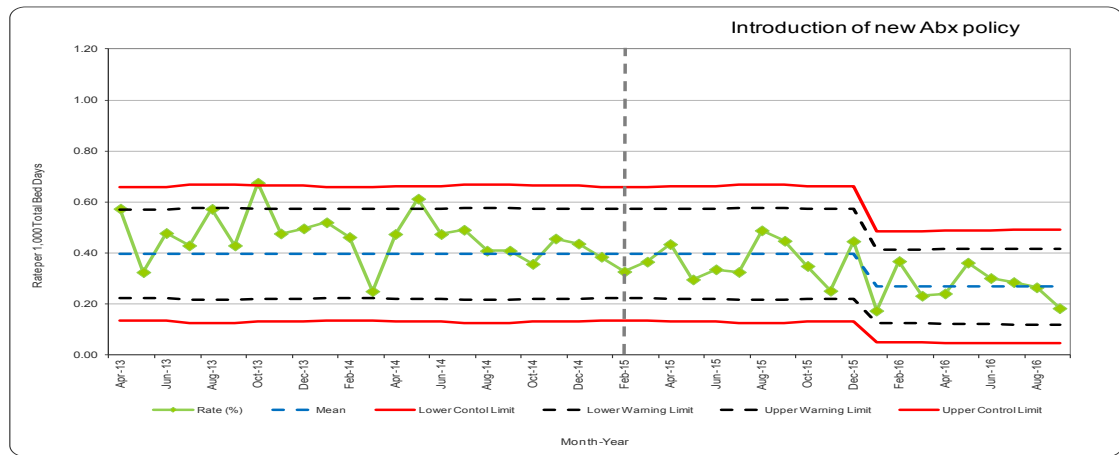


Figure 3: NHS Lothian *Clostridium difficile* Infection – 65 years and over: April 2013 to September 2016



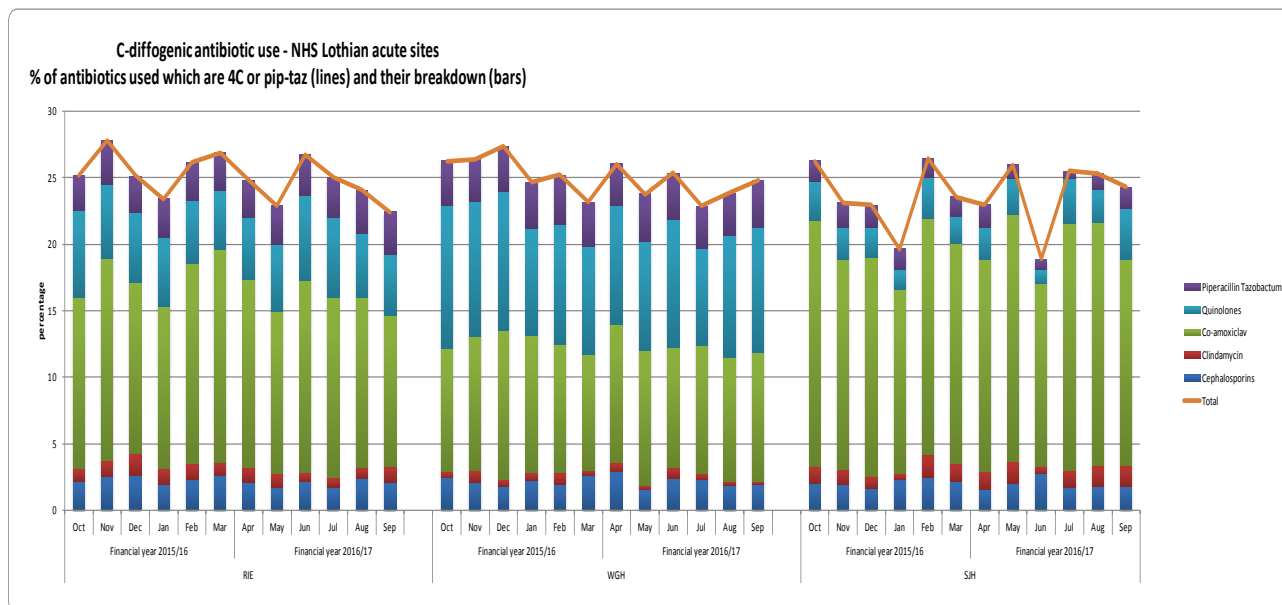
3.3 Antimicrobial Prescribing:

The lead antimicrobial pharmacists and prescribing advisers plan to use the GP prescribing bulletin to raise awareness of correctable factors which can result in *Clostridium difficile* Infection or inappropriate testing and over-reporting of *Clostridium difficile* Infection.

NHS Lothian local antimicrobial prescribing data (Figure 4) indicates:

- Co-amoxycylav remains the most commonly prescribed 4C antibiotic (antimicrobials associated with high risk if *Clostridium difficile* Infection) on all 3 acute sites although it is used less at Western General Hospital than at Royal Infirmary of Edinburgh and St John's Hospital. Reduction in use of broad-spectrum 4C antibiotics and increased gentamicin use continues to be sustained across all three acute sites. This indicates that the revised Acute Services Antibiotic Prescribing Guidelines implemented last year appear to have been adhered to as they advocated less use of 4C antibiotics in favour of greater use of narrower spectrum agents such as gentamicin.
- Quinolone use appears highest at the Western General Hospital site.
- Piperacillin Tazobactam use at St John's Hospital appears lowest when compared to Western General Hospital and Royal Infirmary of Edinburgh but the monthly use of Piperacillin Tazobactam remains unchanged on each site.
- Clindamycin and cephalosporin use contributes much less to the overall 4C antibiotic consumption.

Figure 4: C-diffogenic antibiotic use - NHS Lothian acute sites (% of antibiotics used)



3.4 Healthcare Associated Infection and Antimicrobial Prescribing Prevalence Survey: The National Healthcare Associated Infection and Antimicrobial Prescribing Prevalence Survey commenced in September. Once the data has been quality assured the final submission is due to Health Protection Scotland by 9 December.

3.5 Healthcare Environment Inspectorate:

- St John's Hospital received an unannounced inspection on 10-11 August 2016. The report was published on 18 October 2016 with no requirements or recommendations noted.
- The Healthcare Environment Inspectorate has issued to Boards their guidance for the HEI powers of closure. This guidance can be provided should committee members wish to see it.

4 Key Risks

4.1 The key risks associated with the recommendations are:

- *Staphylococcus aureus* Bacteraemias require the patient to undergo additional interventions and prolonged courses of treatment which may extend stay in hospital and can be fatal.
- Over reliance on broad spectrum antibiotics (such as ciprofloxacin, co-amoxiclav, cephalosporins, Tazocin, meropenem) to manage infection is recognised as contributing to higher incidence of antibiotic resistant organisms and *Clostridium difficile* Infection.

5 Risk Register

The Healthcare Associated Infection Corporate Risk Register 1076 is currently graded high due to the reported incidence rates of *Staphylococcus aureus* Bacteraemia and *Clostridium difficile* Infection.

6 Impact on Inequality, Including Health Inequalities

- 6.1 Healthcare Associated Infection is more common in patients with co-morbidities as they require increased interventions and therefore have increased contact with healthcare services.

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

- 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 NHS Lothian Infection Control Committees as well as Lothian Infection Control Advisory Committee. Information leaflets are available to patients for a number of Healthcare Associated Infections including Clostridium Difficile. Patients are kept informed on by their clinical care teams.

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

14 November 2016

fiona.cameron@nhslothian.scot.nhs.uk

NHS Lothian

Board Meeting
7 December 2016

Nurse Director

SUMMARY PAPER - BETTER INFORMATION, BETTER DECISIONS, BETTER CARE

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"> • Good Information is key to good decisions and good outcomes. It is a fundamental requirement for the Quality Management System 	3.1
<ul style="list-style-type: none"> • <i>Better Information, Better Decisions, Better Care</i> sets out how Lothian Analytical Services aims to ensure decision makers have the information they need 	3.2
<ul style="list-style-type: none"> • Approval from the Board is sought to seek the views of organisational stakeholders on the proposals in order to inform the prioritisation and identification of resource requirements of proposals 	3.3
<ul style="list-style-type: none"> • It is recommended that the Strategic Planning Committee oversee, on behalf of the Board, the progress of <i>Better Information, Better Decisions, Better Care</i> 	3.5

Andrew Jackson
Associate Director, Information Services
18 November 2016
andrew.c.jackson@nhslothian.scot.nhs.uk

BETTER INFORMATION, BETTER DECISIONS, BETTER CARE

1 Purpose of the Report

- 1.1 The purpose of this report is to recommend that the Board endorse the seeking of stakeholder views on “Better Information, Better Decisions, Better Care” which outlines Lothian Analytical Services’ role approach to support the Quality Management System.
- 1.2 Approval of oversight arrangements is also sought.
- 1.3 Any member wishing additional information should contact the Executive Lead in advance of the meeting.

2 Recommendations

- 2.1 The Board consider “Better Information, Better Decisions, Better Care”;
- 2.2 The Board approves that the views of stakeholders be sought on its content in order that these inform the next stage of the plan’s development, incorporating prioritisation of actions and resourcing requirements; and
- 2.3 The Board requests the Strategic Planning Committee to oversee progress

3 Discussion of Key Issues

- 3.1 As highlighted elsewhere on the agenda, information is seen as a fundamental component of the Quality Management System. In that venture, as elsewhere, good decisions and outcomes are more likely if underpinned by good information.
- 3.2 In order to purpose this approach, Lothian Analytical Services has outlined the manner in which it will support clinical and managerial decision-making in the organisation.
- 3.3 It is suggested in the document that the views of stakeholders is sought on the document, although – as would be expected – it has already been discussed with key parties during the early stages of its formation process. It is envisaged that this will involve discussions with key clinicians and managers on how information needs are currently met and views on how they ought to be fulfilled in the future. This will allow both amendment and prioritisation to the strategy to be determined, permitting the identification of necessary resources to support its implementation.
- 3.4 The views of committee members on the document and its proposed actions would also be welcome.
- 3.5 It is proposed that the Strategic Planning Committee oversees the further development and implementation of the proposals in the document.

4 Key Risks

- 4.1 Information is a key component in quality approaches. Without an overview as to how those making clinical and managerial decisions can be supported with data to inform decision-making, there is a danger that the benefits of adopting a quality approach could be dampened, with decisions elsewhere similarly effected.

5 Risk Register

- 5.1 There are no implications for the Organisation's corporate risk register.

6 Impact on Inequality, Including Health Inequalities

- 6.1 An impact assessment is not necessary in this instance.

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

- 7.1 Consultation on the document is anticipated to be limited to organisational stakeholders, rather than members of the public. The communications team is assisting in this task.

8 Resource Implications

- 8.1 The resource implications will be ascertained following the consultation process and the development of the workplan.

Andrew Jackson

Associate Director, Information Services

18 November 2016

andrew.c.jackson@nhslothian.scot.nhs.uk

List of Appendices

Appendix 1: Better Information, Better Decisions, Better Care

Better Information Better Decisions Better Care

Lothian Analytical Services' approach as part of the Quality Management System

Introduction

With the establishment of its Quality Management System, NHS Lothian has chosen to tackle the challenges of rising demand and cost against a background of limited resources by focussing on quality as driven by clinicians and clinical teams at the “front line”. Information is seen as key to facilitating Continuous Quality Improvement and enabling management and decision making through insight.

Better information means better decisions. Better decisions mean better care.

This document sets out the plan for Analytical Services to help achieve NHS Lothian’s objectives of a Quality Management System, in establishing practice and developing culture to support clinical and organisational decision-making and learning based on information.

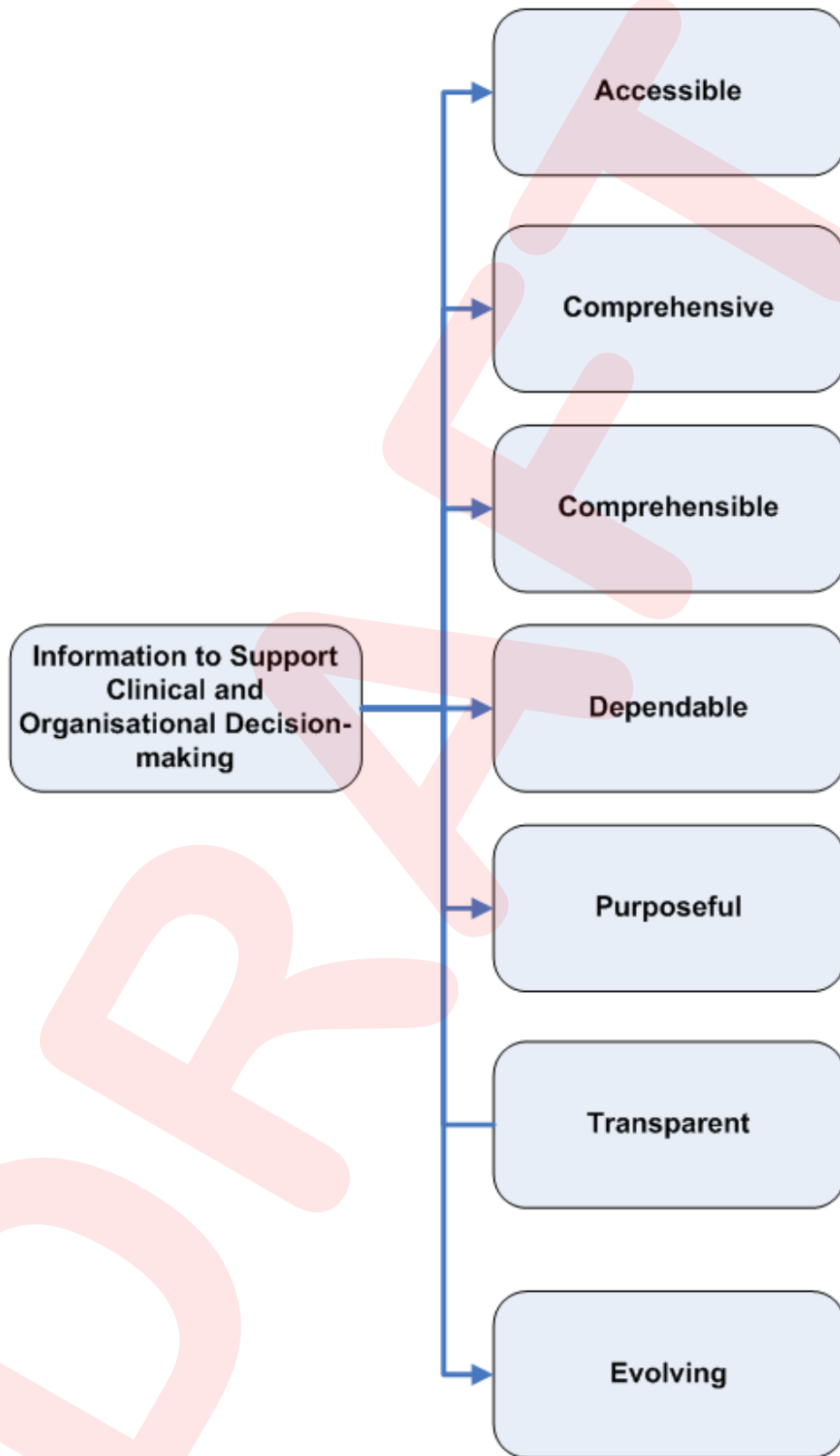
Following consideration of this plan at the NHS Lothian Board Meeting in December 2016, Analytical Services will seek views from clinical and managerial decision makers across Lothian on the actions proposed in this document, reporting progress to both the Quality Steering Group and the Board’s Strategic Planning Committee. Subsequently the prioritisation and resourcing of the actions will be articulated.

Necessary Characteristics of Information for Decision-making

It is Analytical Service's role to add value to the data through the intelligence the department applies in order to turn it into actionable information. To be such it has to possess a number of characteristics, summarised below and inspired by published frameworks, such as Audit Commission (2007) and Davies (2006).

Characteristic	Rationale
Accessible	It is only possible to make use of information if it is available. The more difficult it is get hold of; the less likely it is to be used. Barriers to access will decrease both the ease and likelihood of use; therefore consideration needs to be given to how to make information accessible.
Comprehensible	Making correct decisions based on data is dependent on the data being understood. Incomplete or faulty understanding and mistaken interpretation are more likely to lead to poorer decisions being made than by those who are better informed. Appropriate data intelligence support and training should be provided to assist decision-makers in the accurate interpretation of information.
Comprehensive	The number of gaps in the data landscape, where analytical services have not made use of data held in clinical systems in Lothian, is recognised as a point of weakness. Steps should be taken to reduce such inadequacies in order that decision-makers can ideally be armed with whatever information is required.
Dependable	If the information provided to decision-makers cannot be trusted, its benefit is lost. Those presented with information must have confidence that the output is fit for purpose and assured.
Purposeful	Irrelevant information does not aid decision-making. Information provision should be aligned to clinical and organisational priorities so that it specifically and comprehensively informs key decisions. It is therefore necessary to identify these needs and these are met in a timely manner.
Transparent	Transparency is seen as not only aiding comprehension but also as assisting challenge of the data. Confidence in information can be formed if its derivation is clear. Moreover, as with other processes, improvement is achieved through challenge and investigation. Showing "workings" and detailing methodology is therefore seen as a principle that ought to be adopted as good practice.
Evolving	The information provided to decision-makers needs to improve over time to provide the best support. In order to move forward, it is necessary to learn and therefore consideration is required in terms of what learning should take place, and be formally and informally supported for those involved.

Figure 1 - Necessary Characteristics of Information for Decision Making



Ensuring Accessible Information

Decision-makers can access information through a number of routes. Not all routes used are evident to Analytical Services at the moment and it is proposed that, as part of the consultation phase of this plan, this is explored. This will help Analytical Services to understand how decision-makers are currently accessing information to make decisions, their purpose and also identify instances where decisions made might have benefitted from additional insight.

Action 1.1: Users will be consulted on how information is currently sourced for decision-making, the extent to which it is felt this process (and information quality), could be improved and their views of accessing this information moving forward.

A number of routes for securing information have been identified in advance of this exercise. These can include through “self-service” options such as Business Objects, MIDAS, Tableau or national tools such as Discovery. Alternatively this can be received by decision-makers from “analysts” either based within their own team –whether formally identified as such or not, or from Analytical Services.

Self-service Options

The recent Deloitte report on Information Management highlighted the risk of users unintentionally sourcing incorrect information from Business Objects as there is no formal quality assurance route for the output. Instead the onus is on users to test the quality of their output and to engage with eHealth’s Trak BOXI team to secure feedback on a report’s reliability. This risk is heightened by the absence of documentation in BOXI’s universe and hidden relationships between items misleading the user. Some organisations have addressed these risks by significantly limiting user access to such tools. Others have moved to mitigate the risk through providing documentation and establishment of quality assurance (QA) processes. It is proposed that the culture of openness sought with regards to information and the QMS prohibits the former option.

Action 1.2: Analytical Services work with eHealth to improve documentation on BOXI and to create a BOXI user community to encourage best practice and mitigate current risks around data quality and assurance processes.

For the last decade decision-makers in NHS Lothian have been able to use MIDAS, a management information system supported by an external company. While the ward scorecard facility in the application remains well-used, take-up of the other reports within MIDAS is poor and this has been exacerbated by the gradual erosion of datasets submitted for use in the system. As with BOXI, Deloitte highlighted risks with MIDAS – notably the dependency on the external supplier for ongoing populating of data, but also the opaqueness of MIDAS definitions and their derivation. In parallel with MIDAS’ decline, Analytical Services have started to publish management information through a series of dashboards on Tableau. This shift is mirrored in the recent provision of workforce information on the dashboards and the intention to provide financial statements in the same way in the near future.

It is suggested that this transition becomes formalised, with the decommissioning of MIDAS now enacted and to move towards the establishment of infrastructure to support dashboard provision,

which ought to incorporate popular elements from MIDAS, considering , for example, the requirements of its ward-focused “QUIDS” module.

Action 1.3: Infrastructure and architecture to sustain a dashboard programme to be articulated by Analytical Services, working together with eHealth and the Quality Improvement Support Team.

Action 1.4: MIDAS’ ward scorecard facility to be incorporated into dashboard development by Analytical Services.

Analytical Support

Analytical Services supports decision-makers and others broadly through two models. The first is open to all, including applicants for Freedom of Information requests, and is the Information Request (IR) Service. Effectively this is the default route for all requests made for information. The IR service is utilised by a variety of customers from across the service. However, comments from those in clinical services suggest that the IR service is still not necessarily that well known about. The breadth of topics covered and customer profiles means that analytical expertise in a particular field is not always available and takes time to develop. While some requests are quickly completed, some evolve into more complex projects, while others become routine reports which can be put into the dashboard.

Action 1.5: Review Information Request model to consider how best to respond to such requests and to increase awareness of the IR service to those that need information which is not available elsewhere.

The alternative model to the IR service is where there is a dedicated analyst supporting a programme of work. These analysts have overwhelmingly been funded by the programme for which they are working. Development of topic knowledge in these roles is more straightforward, and can be more efficient and effective as a rapport is established with those in that field, and expertise is developed over time. It is suggested that this model becomes the preferred route for development and that the roll-out of these designated analysts occurs alongside the expansion of clinical programmes as part of, and funded through, Lothian’s Quality Management System, subsequently “embedding” the analyst alongside the service whilst recognising the value of being part of a wider analytical team.

Action 1.6: Analytical Services to develop a “roll-out and embed” model as part of the QMS approach, resulting in specific analysts being linked directly into clinical areas.

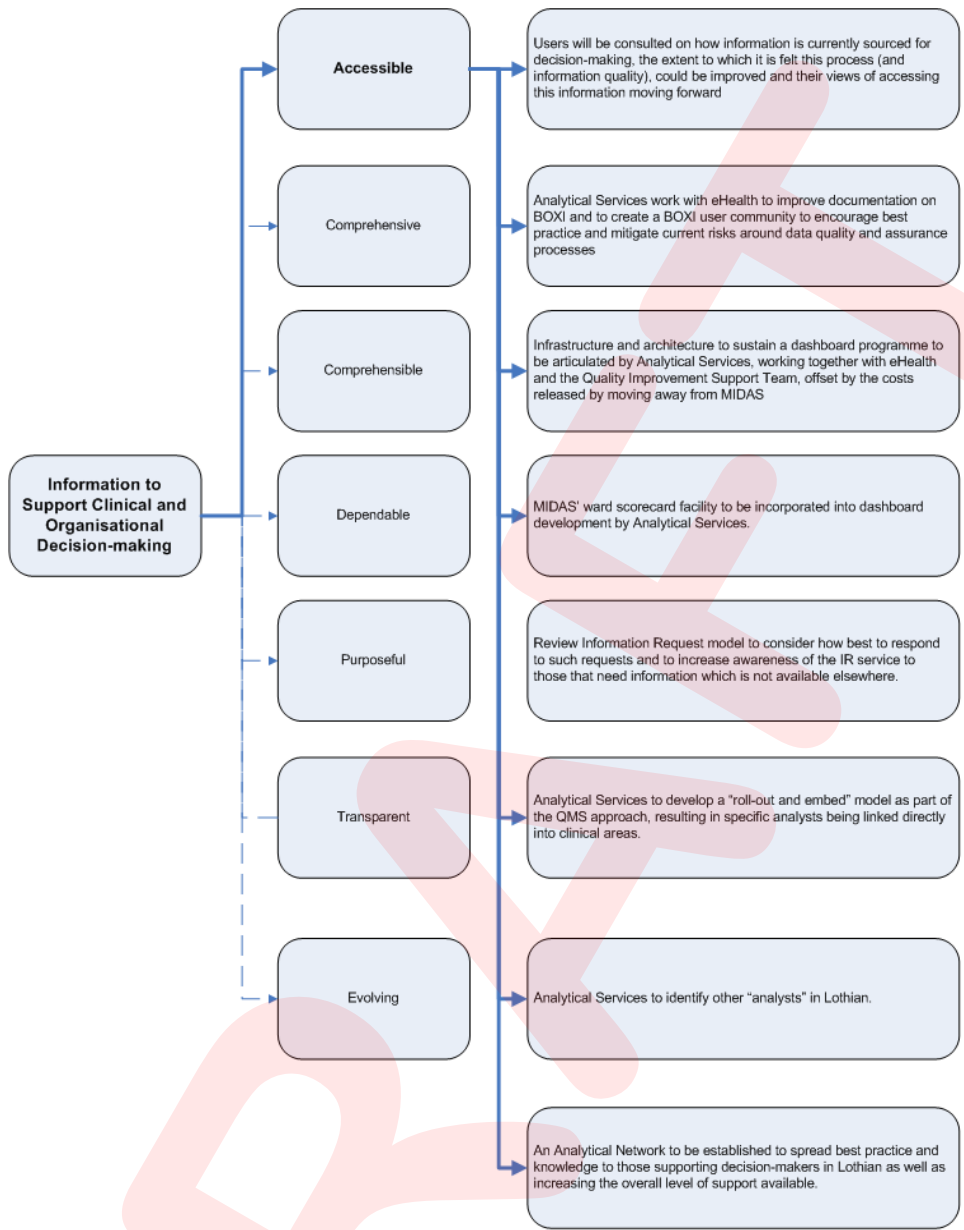
As mentioned earlier, it is recognised that decision-makers do not only receive information from Analytical Services but also from other “analysts” elsewhere. Some of these are known centrally, while others are not and often these individuals may not formally be analysts but rather possess an aptitude to undertake analytical tasks. These are valuable individuals and they have a useful contribution to make. It is suggested that these individuals are identified and, where appropriate, offered the same opportunities to access data and gain knowledge and skills as those analysts centrally. These wider themes are considered later, however a number of actions are required to

harness this potential and spread best practice. There are similar learning opportunities through similar liaison with colleagues outside Lothian – regional and national, within and outwith health

Action 1.7: Analytical Services to identify other “analysts” in Lothian.

Action 1.8: An Analytical Network to be established to spread best practice and knowledge to those supporting decision-makers in Lothian as well as increasing the overall level of support available, considering also drawing on expertise elsewhere.

Figure 2 - Actions to Support Accessible Information



Ensuring Comprehensible Information

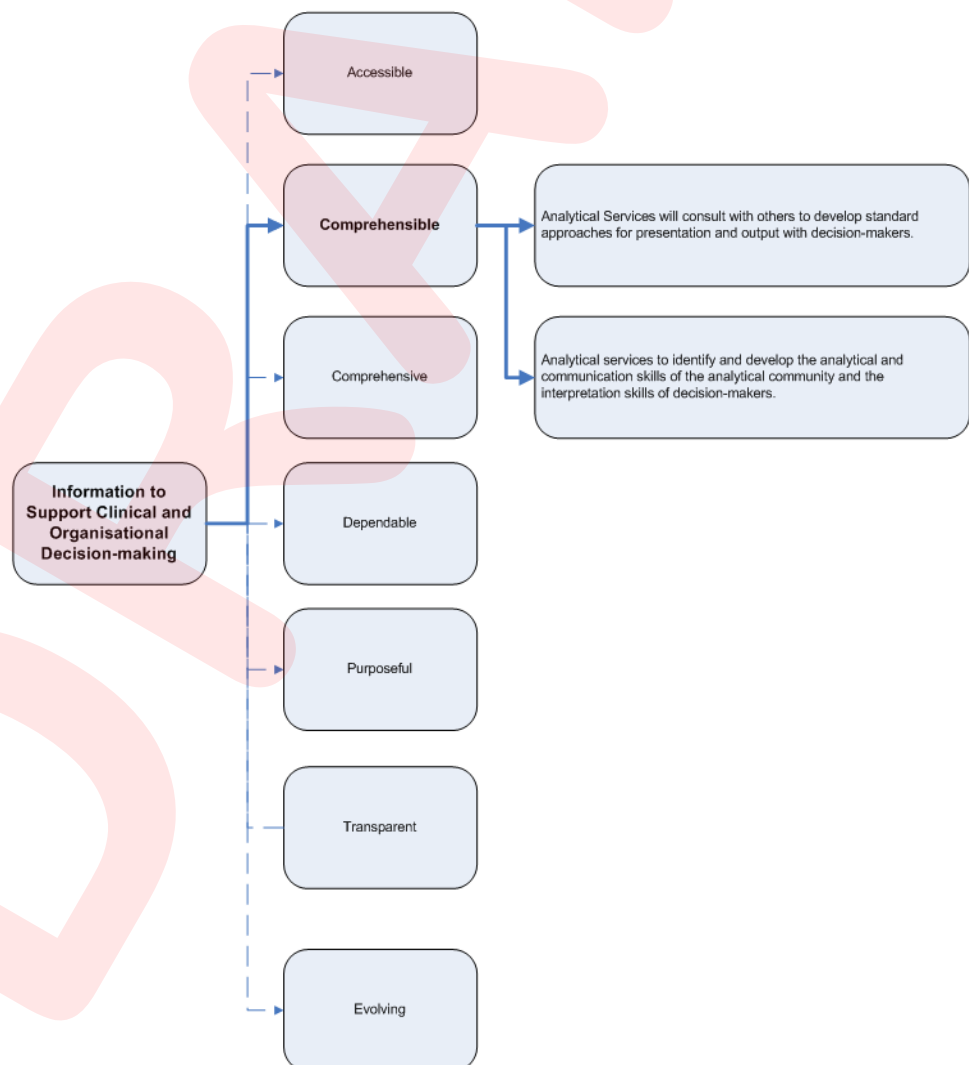
In order to be of use, information needs to be understood. Information will be easier to understand if it is presented in a helpful and familiar format.

It is suggested that Analytical Services seeks to standardise outputs as far as possible. It is believed that this will aid assimilation.

Action 2.1: Analytical Services will consult with others to develop standard approaches for presentation and output with decision-makers.

Action 2.2: Analytical services to identify and develop the analytical and communication skills of the analytical community and the interpretation skills of decision-makers.

Figure 3 - Actions to Support Comprehensible Information



Ensuring Comprehensive Information

Analytical Services' primary source of local data is Trak, extracted either via BOXI or via Oracle, where data has been structured into a format prepared for analysis. On occasion, other local sources are used but this happens sporadically and there is no standard uploading or sharing of resulting data extracts across the wider analytical community. Thus other data sources, often of potential interest to decision-makers, are not routinely made use of. This is illustrated by the work commenced recently to establish routine access to data held on the theatre information system, ORSOS. It is suggested that the landscape of potential data sources be mapped across Lothian, with consideration given to the inclusion of social care data and subsequently prioritised in order that this could be used to inform future decisions. Data sourced by medical devices may also be an area of future focus.

Action 3.1: Analytical Services to work with services to map the data landscape, drawing from the eHealth knowledge of supported systems, the Information Asset Register and through consultation with users.

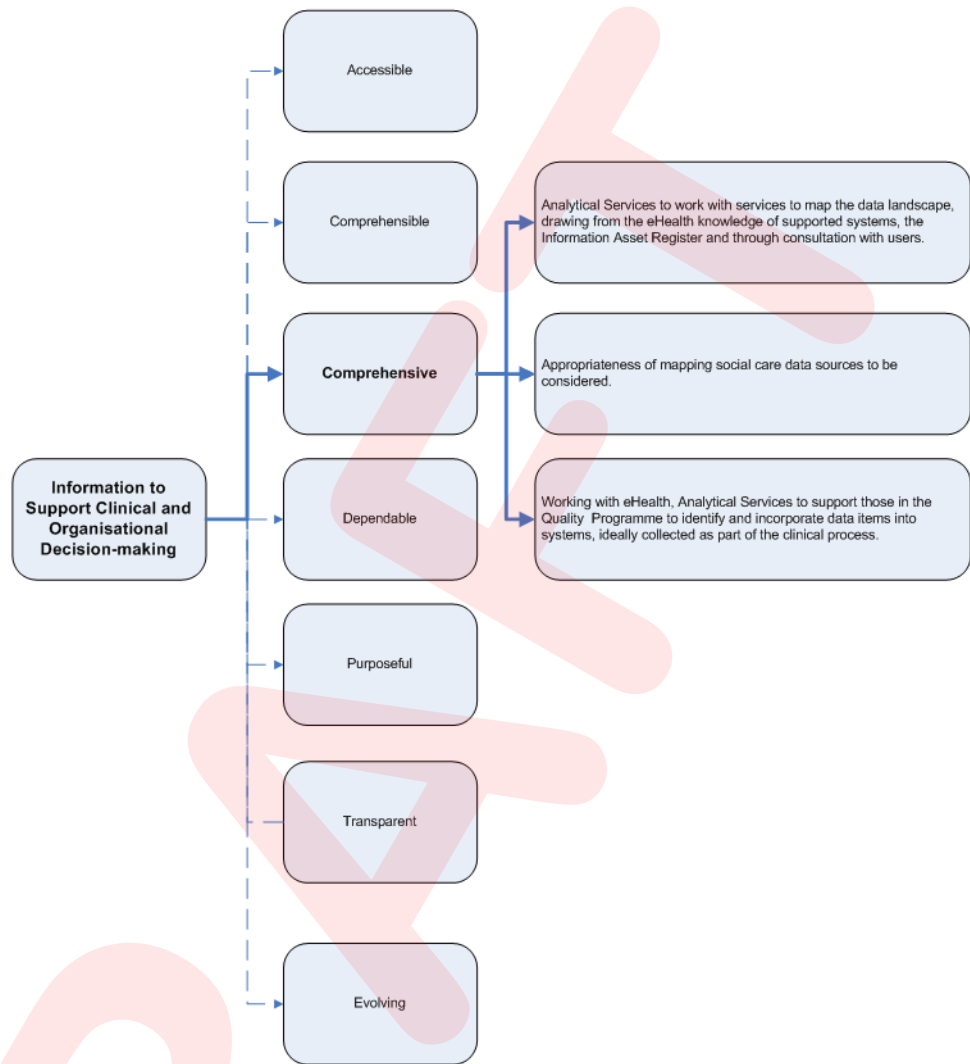
With the inception of Integration Joint Boards, Analytical Services has also been working with colleagues in Health and Social Care. It is suggested that the same approach is extended here, potentially through structures established by the Lothian and Borders Data Sharing Partnership.

Action 3.2: Appropriateness of mapping social care data sources to be considered.

It is also recognised that data items of value may not currently be collected within Trak or other data systems. In those instances Analytical Services will work with others in the quality programme, notably eHealth, to incorporate these values within systems, ideally as part of the process of work.

Action 3.3: Working with eHealth, Analytical Services to support those in the Quality Programme and clinical staff to identify and incorporate data items into systems, ideally collected as part of the clinical process.

Figure 4 - Actions to Support Comprehensive Information



Ensuring Dependable Information

One of the recurrent themes in discussions over information released is the desire for “one version of the truth”. This was identified in the recent Deloitte report in terms of instances cited whereby different individuals would meet to agree a course of action, but with each holding apparently irreconcilable pieces of information purporting to describe the same thing; whether due to variation in the question asked, the data used or the manner answered. Disagreements or misunderstanding can arise over measures as “straightforward” as the level of activity, ward occupancy or length of stay. To overcome this situation, clear definitions are required. Although there is a comprehensive data dictionary nationally, this is not always suited to local systems and, if adopted, could lose some of the value of the granularity available in local data sources.

Action 4.1: Working with key decision-makers, such as Quality Programme Leads, Analytical Services will establish a process to agree and document definitions for reporting, concentrating initially on key measures, specifying the calculation and source of those measures.

The pursuit of one version of the truth will also be dampened if numerous similar measures are available. Most obviously this occurs with hospital activity - admissions, movements, spells, patients, discharges, episodes. Although there are appropriate instances for all such variations, interchangeable use causes confusion.

Action 4.2: Analytical Services, as part of the definitions exercise, will lead an exercise to identify measures in areas where a variety of options are available and to agree on one standard approach where appropriate.

Clear definitions are necessary, but if the underlying data is inconsistent the resulting figures could be significantly misleading. Despite a large number of data quality issues having been identified over a number of years, impacting on both local and national reports, a process to address them has been slow and many remain unresolved. While this is not solely the responsibility of Analytical Services there is a need to ensure this work is centrally driven forward and given the profile it deserves. A process is required to document, investigate and, when deemed of value, to prioritise resolution of these matters of data quality.

Action 4.3: Working together, Analytical Services, clinical services and eHealth are to establish a process to document, investigate and prioritise resolution of data quality issues that impact on both local and national reporting.

Notable strides forward have been made in some areas of reporting, such as in Waiting Times Governance. Here clear guidelines have been put in place for those entering information in Trak and these transactions are monitored to test compliance with the guidelines through sampling and automated reports. These are further supported by training for and feedback to staff. This approach offers a model for adoption on other matters of data quality. Key to this process is the engagement of those entering the initial information into systems and their line managers.

Action 4.4: The work plan for Waiting Times Governance is to be set out, considering its development over the coming period and embedding best practice in areas such as Allied Health Professionals.

Action 4.5: Use the Waiting Times Governance monitoring and feedback approach as a blueprint for other data quality areas.

Information must also be dependable not only through robust definition and data control checks, but the analyses undertaken must be trustworthy. Output needs to be quality assured so that what is presented is consistent with what is understood. Methods, particularly for regular reports, need to be underpinned by standard operating procedures to remove dependencies on individual members of staff as far as possible, with automation opportunities exploited.

Action 4.6: Quality Assurance Processes, informed by NHS Scotland's Information Assurance Strategy, to be put in place for analytical output to be reviewed and strengthened while also considering that these processes may be undertaken outside of Analytical Services.

Action 4.7: Standard Operating Procedures are to be kept up to date across routine output undertaken by Analytical Services, identifying where appropriate, assumptions and definitions used in the process.

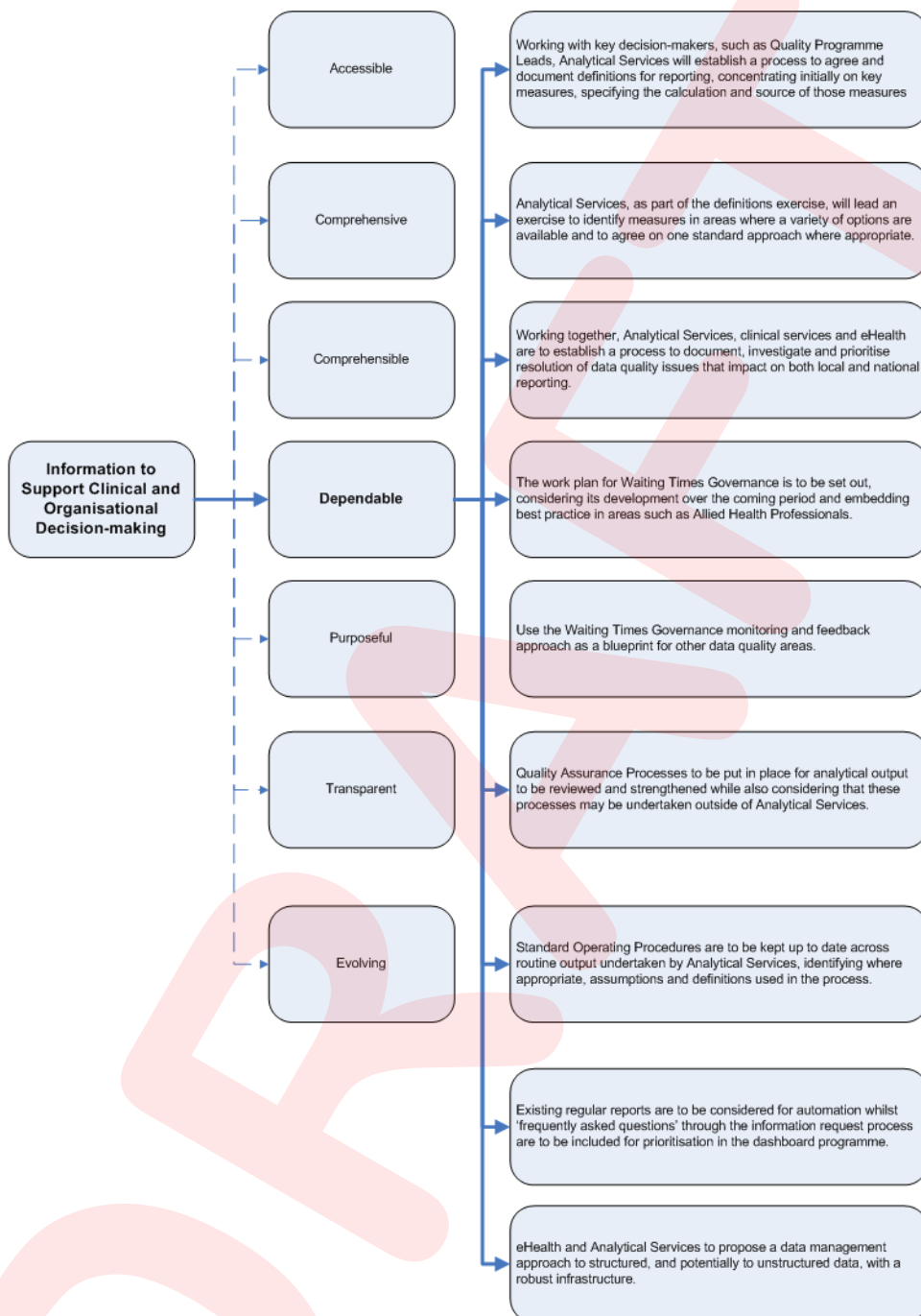
Action 4.8: Existing regular reports are to be considered for automation whilst 'frequently asked questions' through the information request process are to be included for prioritisation in the dashboard programme.

As has been highlighted in reports previously, the primary routes for the passage of data need to be improved. The infrastructure for Oracle and Business Objects is not entirely satisfactory and is without resilience to enable information to be delivered to decision-makers. As the availability for Oracle and Business Objects cannot be assured and appropriately maintained, arrangements are needed to support this. For example, Oracle is supported by one sole individual, unfunded, with no formal IT support available whereas Business Objects was not designed to support the level of demand currently being placed on it.

Early discussions have occurred with both the University of Edinburgh and ISD on this front, examining the potential of both structured and unstructured data, typically through the respective approaches of a corporate warehouse and data lakes. Incorporation of wider data sources and documentation, both mentioned earlier, is necessary here, as is consideration on how this approach should support wider information needs such as patient level costing.

Action 4.9: eHealth and Analytical Services to propose a data management approach to structured, and potentially to unstructured data, with a robust infrastructure.

Figure 5 - Actions to support Dependable Information



Ensuring Purposeful Information

If information is relevant to the decision, it is helpful. Otherwise it is not. Similarly if it is not available when it is required, it adds no value.

Over time, it appears that the amount of information provided significantly increases as efforts are made to respond decision-makers' requests. For example, over 25,000 reports are generated through Business Objects each month. These and other reports will not help decisions if they "clutter the landscape" and obscure key points. It is important therefore that such reports are attuned to the decision-maker's needs.

Earlier, it was proposed that Analytical Services adopt a "roll-out and embed" strategy for analytical services. It is suggested that this be used as a vehicle to identify information requirements of decision-makers, enabling the specification of information requirements and the prioritisation of analytical work to support patient care. One key consideration in this will be importance of timely information.

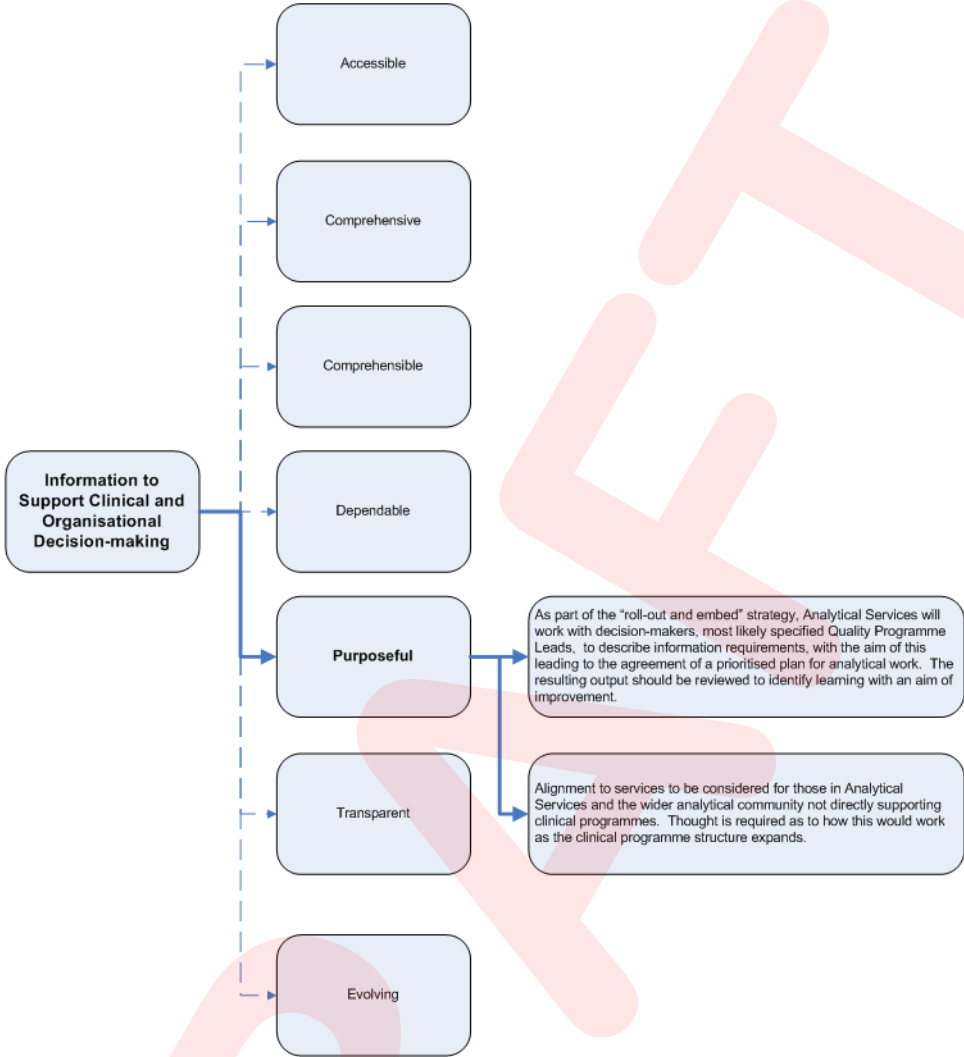
Action 5.1: As part of the "roll-out and embed" strategy, Analytical Services will work with decision-makers, most likely specified Quality Programme Leads, to describe information requirements, with the aim of this leading to the agreement of a prioritised plan for analytical work. The resulting output should be reviewed to identify learning with an aim of improvement.

As "roll-out and embed" is a gradual process, it is understood that some decision-makers will lack identified support if this was the only approach. Therefore the potential alignment of current analytical staff to groups of decision-makers is also to be explored. As will the nature of this support expected to be augmented as the quality management system rolls out be explored and the priorities within that work.

This alignment approach ought to take account of other members of the wider analytical community in order to maximise the spread of this resource.

Action 5.2: Alignment to services to be considered for those in Analytical Services and the wider analytical community not directly supporting clinical programmes. Thought is required as to how this would work as the clinical programme structure expands.

Figure 6 - Actions to Support Purposeful Information



Ensuring Transparent Information

Providing mathematical proofs and open peer review are key elements in learning. Many of the processes being adopted as part of the Quality Management System build on the achievements of others. In this vein it is proposed that a number of principles will be adopted in the management of data and information. Key amongst these is openness. This means that, safeguarded with best practice information governance, analytical work undertaken for one decision-maker would be available to all. It means that the manner in which that information was derived would be open together with the rationale for why it was presented as it was. Moreover, the underlying data would be available too.

There are risks to this as it may lead to contrary answers being generated. However this may be the case and, through such challenges, improvements can be made.

Action 6.1: Standard publication approach for all analytical work enabling, when appropriate, the detail to be available to parties outside the immediate request.

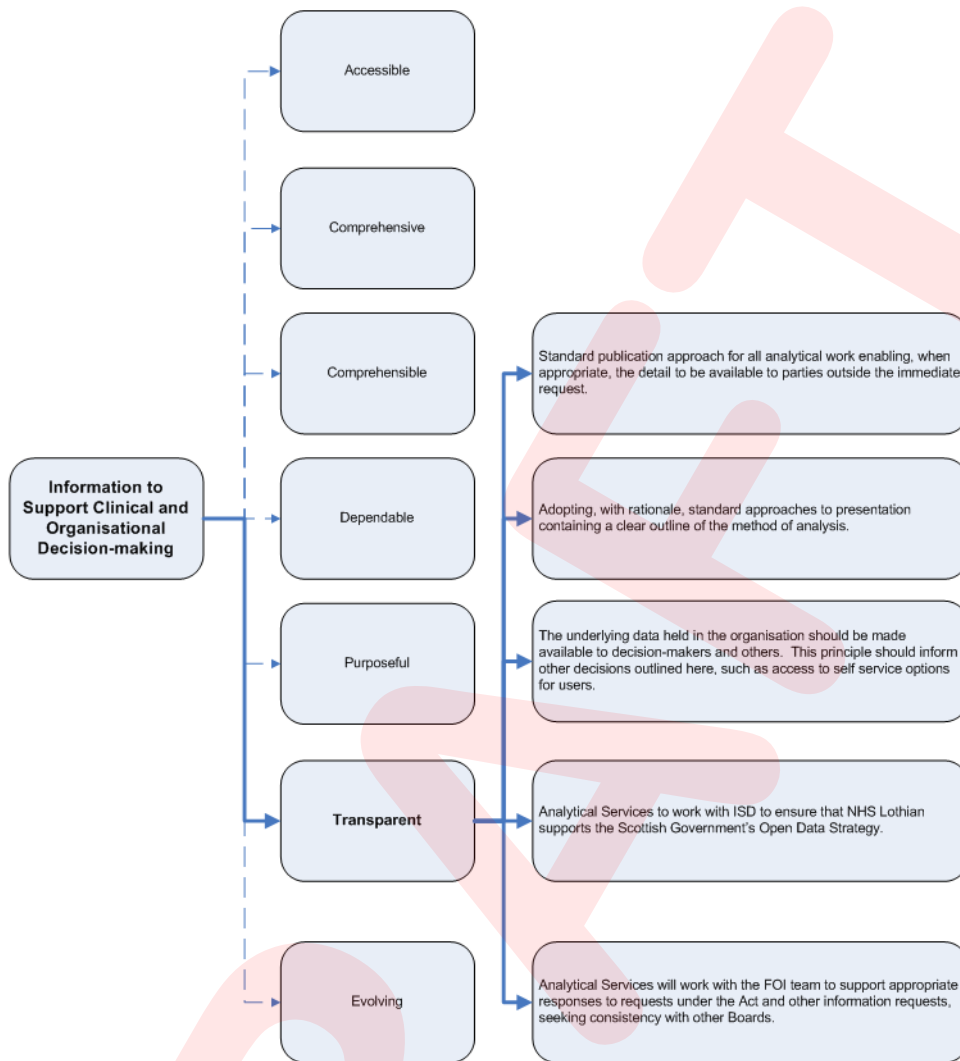
Action 6.2: Adopting, with rationale, standard approaches to presentation containing a clear outline of the method of analysis.

Action 6.3: The underlying data held in the organisation should be made available to decision-makers and others. This principle should inform other decisions outlined here, such as access to self service options for users.

Action 6.4: Analytical Services to work with ISD to ensure that NHS Lothian supports the Scottish Government's Open Data Strategy.

Action 6.5: Analytical Services will work with the FOI team to support appropriate responses to requests under the Act and other information requests, seeking consistency with other Boards.

Figure 7 - Actions to Support Transparent Information



Ensuring Information is Evolving

As already stated, one reason for transparency is learning but other steps are also necessary to support development of individuals to aid decision-making.

Firstly the decision-makers themselves need to possess the skills required to interpret and deal with the information, once it is provided in its most appropriate form. Often difficulties in dealing with information provided can be because of unfamiliarity with a tool and can be evident not only with more recently introduced applications like Tableau but also ones, such as Excel, which should be more familiar. Therefore it is suggested that, complementary to the data sessions run as part of the Academy programme, consideration should be given to how decision-makers can best be supported with analytical output.

Action 7.1: Training needs assessment to be undertaken on the information skills of decision-makers and an appropriate programme designed to provide support, some of which could be potentially ongoing in nature.

Secondly it is necessary to be assured that analysts themselves have the requisite skills and that these are subject to ongoing development. ISD have identified core team capabilities to equip analysts for a future as “data scientists”. It is proposed a programme of development is put together to support those within Lothian Analytical Services to attain these skills and that these aspirations be reflected in the personal development plans of staff. Some or all aspects of this programme ought to be open to the wider analytical community in Lothian.

Action 7.2: Development plan to be established for analysts within Lothian Analytical Services and for the wider analytical community.

NHS Lothian also benefits from its relationship with nearby academic institutions and research bodies. It is proposed that the analytical development plan takes account of the possible synergies available to all through such involvement for analytical development, such as those supporting the data “safe havens” established for medical research .

Action 7.3: Development plan to explore potential of closer liaison with higher education and research establishments.

It is also recognised that some of these skills sought may require creation of, or access to, suitable technical environments. These may be “sandboxes” where untested codes can be tried out or working with unstructured data explored. Such elements should also be considered in the development plan.

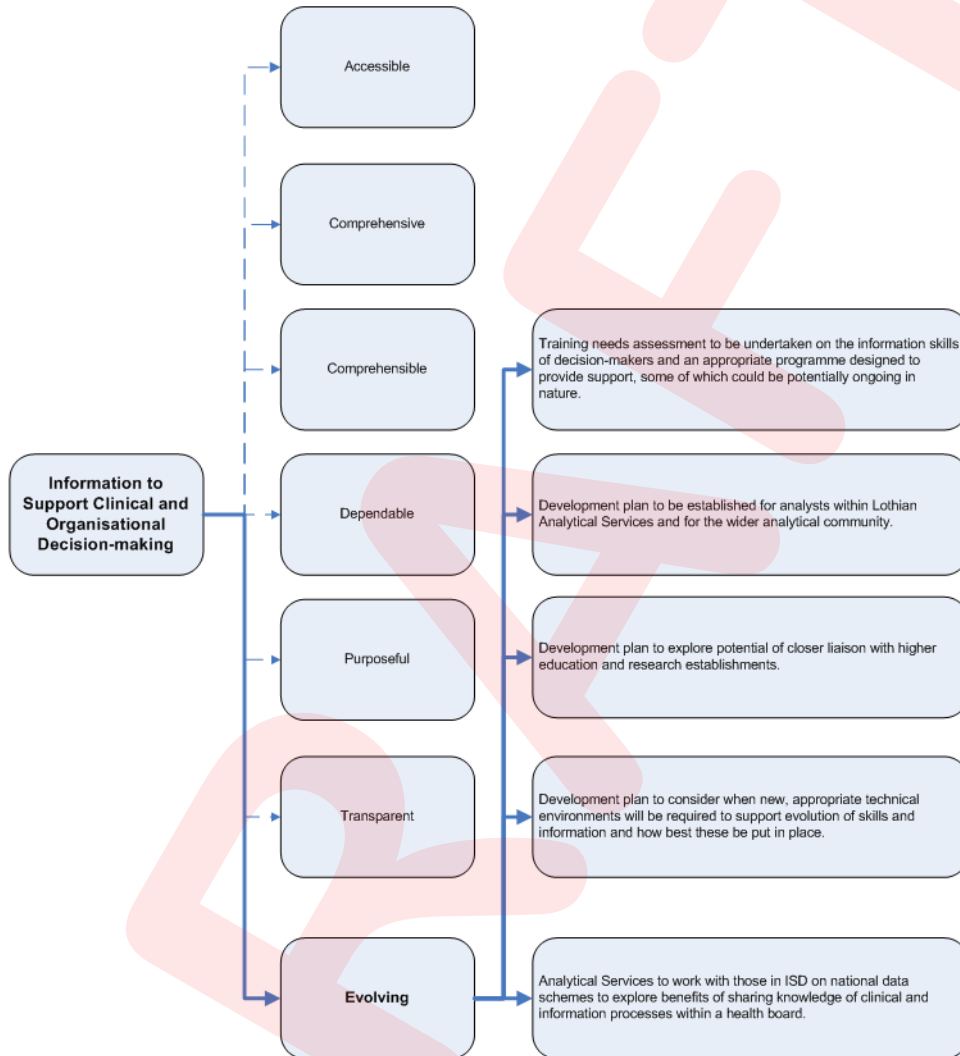
Action 7.4: Development plan to consider when new, appropriate technical environments will be required to support evolution of skills and information and how best these be put in place.

The majority of the Lothian Analytical Services team are actually employees of ISD and support Lothian through a Service Level Agreement. Historically recruitment and retention of skilled analysts was a challenge for the health board and this arrangement has allowed Lothian to access a high calibre of individuals and to draw on quick and knowledgeable support from other parts of ISD.

There is also the potential for knowledge of operational systems and content to inform national data collection by increasing the exposure of others in ISD to processes within the Board.

Action 7.5: Analytical Services to work with those in ISD on national data schemes to explore benefits of sharing knowledge of clinical and information processes within a health board.

Figure 8 - Actions to Support Evolving Information



Agreeing and Implementing the Plan

Information is seen as a key component of the Quality Management Strategy and therefore it is expected that this plan's delivery be overseen by the Quality Steering Group, chaired by the Chief Executive, with the reporting of progress made against actions, occurring there.

As will be understood by those versed in quality approaches, improvement is very much a 'bottom-up' process. Therefore the thoughts of those decision-makers "on the ground" need to be incorporated into the plan, following initial consideration by the Quality Steering Group, before it is ultimately progressed and aligned appropriately to related workstreams underway in Finance and eHealth.

Following receipt of these views, the proposals will be updated and prioritised, with timescales, before presentation once more to the Quality Steering Group, who would be asked to support the implementation of proposals and their recommendation to the Board.

Board Meeting
7 December 2016

Nurse Director

PERSON-CENTRED CULTURE

1 Purpose of the Report

- 1.1 The purpose of this report is to provide an update to the NHS Lothian Board, following the October Board meeting on the person centred culture agenda.

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

2 Recommendations

- 2.1 Note the Healthcare Governance (HCG) Committee receives a regular and detailed report at every committee meeting and assurance is provided via this committee.
- 2.2 Note the range of information that is routinely provided to the HCG committee which includes results from the Tell us Ten Things (TTT) in-patient experience survey, Patient Opinion (PO), complaints and feedback and work related to the Scottish Public Services Ombudsman (SPSO)
- 2.3 Note following the agreement by the Board at their February 2015 meeting, conclusion of the Listening and Learning Report Action Plan (Appendix 1)

3 Discussion of Key Issues

NHS Lothian Patient Experience Survey

3.1 Tell us Ten Things

- 3.1.1 Tell us Ten Things" (TTT) is a local patient experience survey used within the Universities Hospital Services is 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 There are 2 specific local measures aligned to the TTT survey programme; the first is an overall response return rate of 10% based on a calculation of the number of discharge and transfers from each ward area that participates in the survey and the number of completed surveys returned. This measure was agreed with the Nurse Director and the Associate Nurse Directors/Chief Nurses as an initial measure with an ambition to incrementally increase the response rate over time. The second measure is to achieve an average score of 9.5 out of 10 for Question 10 where patients rate their overall care experience. Agreement in principle was made by the Healthcare Governance Committee at their May committee to amend this so that it is in line with the national Person Centred

Health and Care Programme. This proposal has been to the December meeting of Audit and Risk Committee with a view to recommend this amendment being made by the Board to approve this.

3.1.3 The TTT database was developed and implemented using a Microsoft Access database and was maintained by a member of staff who has since left the organisation. There have been recent difficulties experienced with the TTT database and reporting and we are in discussions with IT analytical services and e-Health whom are carrying out an assessment and once this is complete will be able to advise timelines. It is hoped that any solution provides a more reliable platform for information to be stored in and retrieved. In the meantime all the TTT information gathered to date will be retained and processed once the new system is functional. From discussions with other boards across Scotland they all have a local arrangements and approaches for the collection, analysis and reporting of their patient experience data. As a result of this current difficulty the plan for Midlothian Community Hospital has temporarily been put on hold. Unfortunately there is no TTT report available at this time.

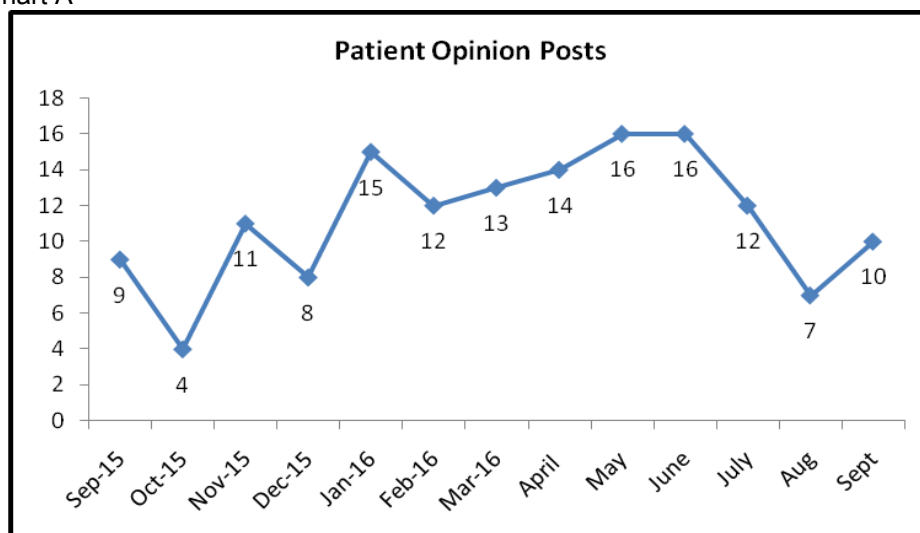
3.1.4 Meanwhile Local work continues between the Patient Experience Team and Senior Charge Nurses to improve upon the response return rate and outcome measure of each question. The final question of the TTT survey asks 'Is there anything else we could have done to improve your experience of our care?' These comments are included in the ward monthly reports and inform local improvements and are included in Appendix 2

3.2 Patient Opinion

3.2.1 Patient Opinion (PO) detailed reports are presented to the HCG committee as part of the Person Centred Culture paper, if members of the Board would like to see these reports they should contact the Head of Patient Experience. It is anticipated that these reports will be available for access via the NHS Lothian intranet site. Chart A below identifies the stories that have been shared about NHS Lothian, in September there were 10 stories posted. Appendices 1a/b & 2a/b detail the August and September 2016 reports for NHS Lothian.

3.2.2 Following agreement at the Lothian Director of Nursing Committee the Associate Nurse Directors / Chief Nurses / Midwife now all receive their "own" PO alerts. The Head of Patient Experience and the AND for the Royal Infirmary of Edinburgh have agreed that a small number of senior charges nurses will respond directly to "their" feedback from Patient Opinion and are being supported to do this. This allows them to take action and ownership of this.

Chart A



3.3 Listening and Learning Report – January 2015

3.3.1 In May 2015 NHS Lothian Board agreed to support in full the 13 recommendations from the Listening and Learning Report. Following discussion at the Feedback and improvement quality assurance working group at their October 2016 meeting, it was agreed to provide an update on this action plan and this is included as Appendix 1. The Board are asked to note that where there are any outstanding actions these have now been incorporated into the SPSO action plan.

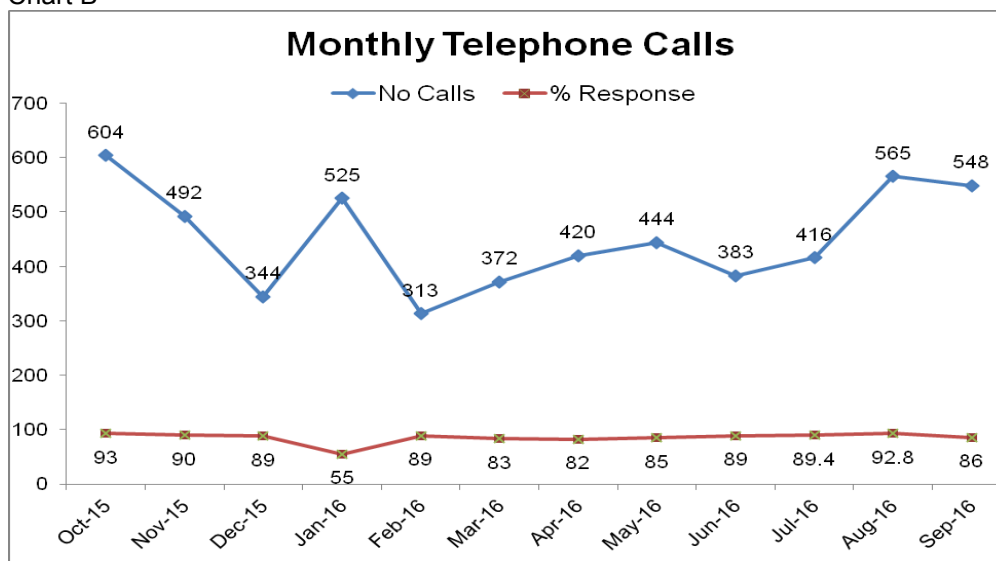
3.4 Complaints and feedback - performance and activity

3.4.1 The HCG committee receive detailed operational information as part of their regular reporting arrangements. This is reviewed and monitored at each committee. Whilst this same information is included in the next sections we will work with Ms Hirst, in her role as Complaints Champion to agree future complaints and feedback reporting and make any necessary recommendations.

3.4.2 The number of telephone calls is now being reviewed on a monthly basis and Chart B below is the number of incoming calls received. During September, the team received 548 calls which is a decrease of 3% from the previous month's telephone calls and were able to respond to 86% of incoming calls.

3.4.3 The average connected call duration during September 2016 was 5:13 minutes and this equates to 49.41 hours spent on the telephone during September. The team have been able to respond to 86% of these incoming calls which is a decrease on the previous month (93%) and one member of staff left the team in September which has affected performance. Working with the Telecoms Teams, it is hoped that we will be able to record the associated out-going calls as it is hoped that this will then be able to indicate what the full resource is to support the telephone element of the team.

Chart B



3.4.3 Chart 1 reflects all contacts received into the Patient Experience Team. In September there were 471 contacts (compliments, comments, concerns and complaints), which is a decrease 11% from the previous month (531). Complaints remain the largest category of feedback (349) and this is a decrease of 17 (4%) from August.

3.4.4 Chart 3 reflects the number of contacts that were acknowledged within 3 working days from receipt and performance is at 93%, this is a fall of 1% on the previous month.

3.4.5 Chart 4 reflects the number of complaints that were acknowledged within 3 working days from receipt and performance is at 92% which is a 1% decrease on August.

3.4.6 Chart 5 reflects all contacts responded to within 20 working days and the performance in September was 71% which is a decrease of 5% on August.

3.4.7 Chart 6 reflects the number of complaints responded to within 20 working days and the performance in September was 67% which is a decrease of 1% on August.

Chart 1

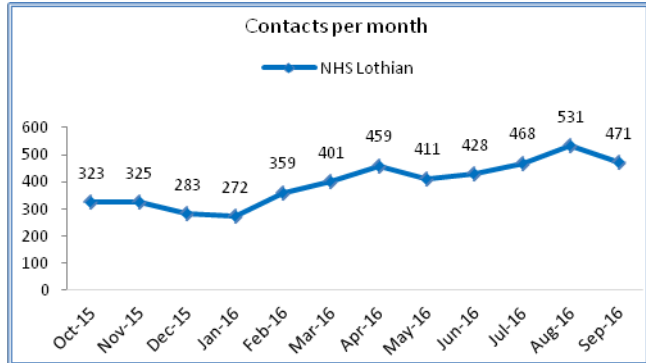


Chart 2

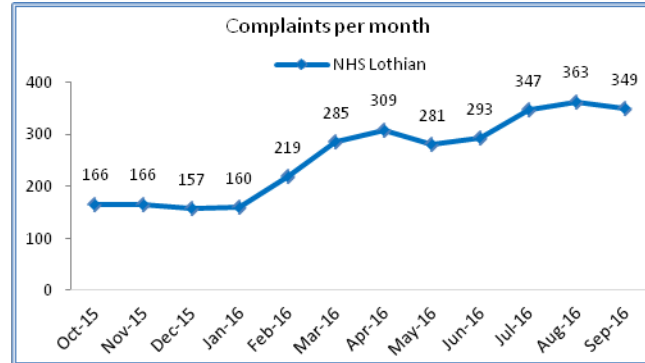


Chart 3

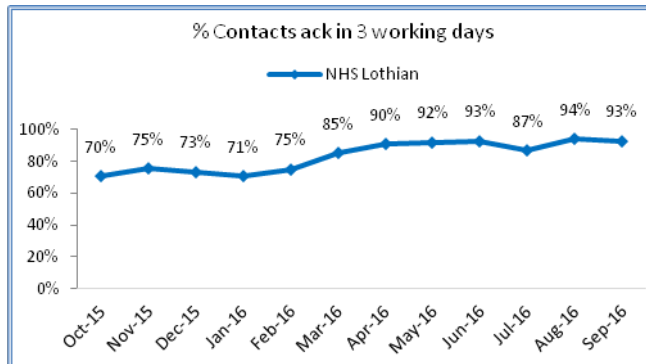


Chart 4

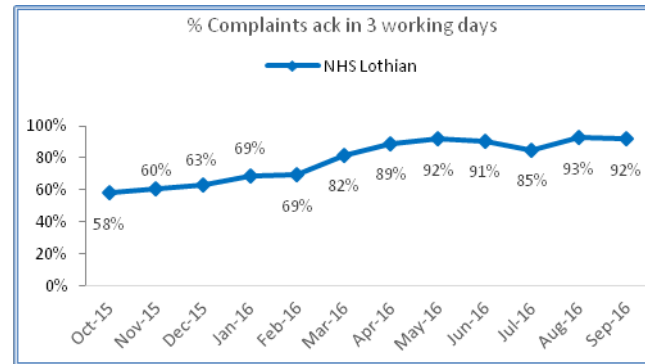


Chart 5

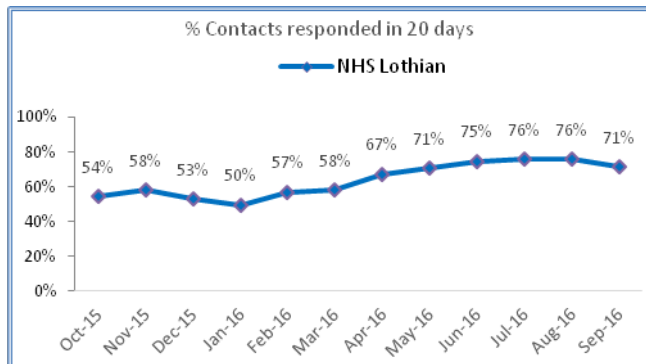
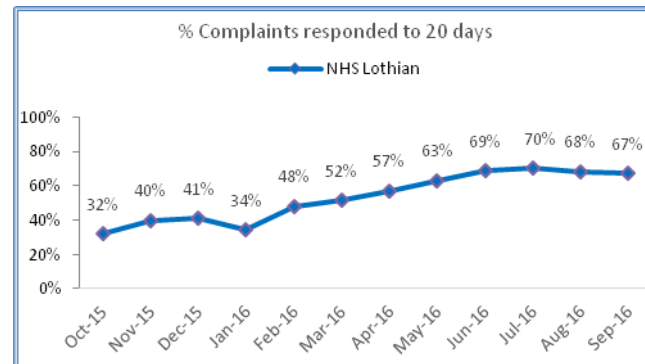


Chart 6



3.4.8 Table 3 demonstrates that during September there were two complaint / compliment made in person. We now receive the majority of correspondence electronically (n=156), of which we received 103 complaints by email. The majority of feedback received during September were complaints (n=349). There continues to be discussion as to the definition of a complaint and a concern. Whilst this is a subjective decision taken by the Patient Experience Team, we encourage the clinical teams to discuss with us if they think we have incorrectly categorised a complaint / concern. This definition will form part of the

revised model complaints handling process that is currently being led by the Scottish Public Services Ombudsman.

Table 3. Method of complaint and Type

September 2016	complaint	concern	enquiry	feedback	comments	compliment	Total
Comments card	12	0	0	1	1	5	19
email	103	19	5	4	0	25	156
In person	1	0	0	0	0	1	2
Letter	36	6	12	0	0	13	67
Other	0	0	0	0	0	2	2
Prison complaint	139	9	2	0	0	1	151
Telephone call	56	11	2	0	0	0	69
Via Advocacy	2	0	0	0	0	0	2
Web complaints	0	1	0	0	0	2	3
Total	349	46	21	5	1	49	471

3.4.9 Following the introduction of the risk assessment tool, table 4 below demonstrates the assessments made against all complaints and concerns.

Table 4. Complaints by Month and Level of Risk

	Negligible	Minor	Moderate	Major	Extreme	Total
Apr 2016	51	90	21	4	0	166
May 2016	124	141	43	11	0	319
Jun 2016	146	153	47	9	1	356
Jul 2016	144	149	45	9	0	347
Aug 2016	229	98	44	7	1	379
Sep 2016	222	127	31	12	0	392
Total	916	758	231	52	2	1959

3.4.10 Table 5 demonstrates the issues that have been recorded using the ISD codes for the month of July. The majority of issues raised concerned Treatment, followed by Staff and Waiting Times. There is a concern that as NHS Lothian manages its Treatment Time Guarantee (TTG) this may be reflected in the number of complaints regarding waiting times. These top 3 issues have been consistently observed since 2010/11. ISD codes are generally only applied to complaints and not other categories of feedback.

Table 5. Complaints by ISD Issues

September 2016	complaint	concern	enquiry	feedback	compliment	Total
Staff	133	7	1	0	0	141
Waiting times for	86	6	0	0	0	92
Delays in/at	10	2	0	0	0	12
Environment / domestic	25	3	1	1	1	31
Procedural issues	1	1	0	0	0	2
Treatment	189	9	0	0	0	198
Transport	2	0	0	0	0	2
Other	10	2	0	1	0	13
Total	456	30	2	2	1	491

3.4.11 Table 6 demonstrates that there were 10 complaints received in September where the complainant chose to withdraw the complaint. There were 116 complaints / concerns /

enquiries / comments that were not upheld (40%). There were 133 complaints / concerns that were upheld / partially upheld representing % of the month's outcomes.

Table 6. Complaint Types by Outcome

September 2016	complaint	concern	enquiry	feedback	comments	Total
Conciliation	11	1	1	1	0	14
Consent not received	8	1	0	0	0	9
Irresolvable - other	0	0	0	0	1	1
Transferred to another unit	2	1	2	0	0	5
Withdrawn	10	1	0	0	0	11
Upheld	85	10	1	1	0	97
Partly Upheld	44	6	0	0	0	50
Not Upheld	115	9	3	0	0	127
Total	275	29	7	2	1	314

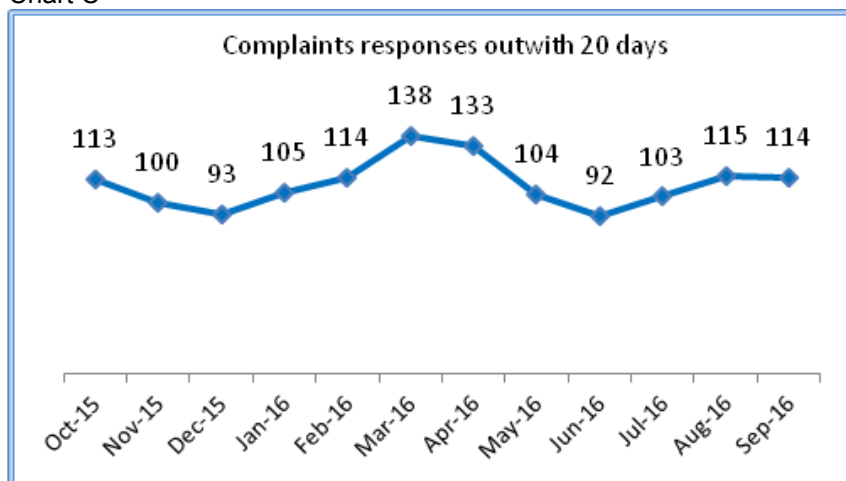
3.4.12 Table 7 identifies the information extracted from DATIX showing the actions that have been taken as a result of complaints and feedback during September. The actions recorded below are taken from the National Reference data files maintained by ISD. In many instances this data has not been recorded and the Patient Experience Team are working with the clinical teams to ensure this information is included at the end of the complaint investigation. Specific actions relating to individual complaints are held at a local level.

Table 7. Action Taken and Type

September 2016	complaint	concern	enquiry	feedback	compliment	Total
Action plan instigated	10	1	0	0	0	11
Changes to system	2	0	0	0	0	2
Communication	49	3	1	0	0	53
Conduct issues addressed	3	0	0	0	0	3
Improvements made to service access	6	1	0	0	0	7
Learning points identified by service/senior managers and shared with teams	19	0	0	0	0	19
Lessons from complaint shared with other staff/public/etc	3	1	0	0	0	4
No Action Required	202	13	4	3	1	223
Policy or procedure review	2	0	0	0	0	2
Total	296	19	5	3	1	324

3.4.13 The Patient Experience have been monitoring the number of complaints over 20 days and chart C below demonstrates the total number of complaints recorded over 20 days, although this varies on a day to day basis. This information has not previously been reported to the Board and also forms part of the weekly reports sent to the clinical teams.

Chart C



3.4.14 The Patient Experience Team monitor the number of reopened cases and table 8 demonstrates these cases. This information forms part of the weekly reports with the clinical teams and we are working with the service to see how we can reduce this number by getting the complaints response “right the first time”.

Table 8. Reopened cases

	complaint	concern	enquiry	Total
Apr 2016	2	0	1	3
May 2016	4	1	0	5
Jun 2016	16	2	0	18
Jul 2016	23	1	0	24
Aug 2016	31	3	2	36
Sep 2016	24	0	0	24
Total	100	7	3	110

3.5 Scottish Public Services Ombudsman

SPSO Annual Report 2015-16

3.5.1 On the 27 October 2016 the Ombudsman published his Annual Report (www.spsso.org.uk/annual-reports). Health complaints have increased by 9% during this period and this is the main subject of their investigation work, accounting for 58% of their activity. They received over 1500 health complaints which represents 32.88% of their activity.

3.5.2 The SPSO made a total of over 1500 recommendations for all sectors, of which 1019 relate to health complaints (66.9%). They published a total of 850 decision letters and published 41 detailed public investigation reports.

3.5.3. During this period the SPSO has led the development of a model complaints handling procedure for the NHS in Scotland, which will be implemented in 2017. The aim is to ensure that people are at the heart of the services they receive, whether from one public authority or several different agencies. In our policy work we have underscored the need for easily accessible and joined-up complaints processes, especially where vulnerable people are concerned. We are developing an implementation for this new model and details of this can be found:

[http://www.sehd.scot.nhs.uk/dl/DL\(2016\)19.pdf](http://www.sehd.scot.nhs.uk/dl/DL(2016)19.pdf)

Other SPSO Publications - October

3.5.4 In October the SPSO published an investigation report relating to NHS Dumfries and Galloway (NHS D&G) that was presented to Parliament. This report was discussed by the Patient Safety and Action Group. It relates to consent, complaints handling following a woman who injured her finger while at work on a dairy farm. She consented to surgery which she was told would be a partial amputation. However, a different procedure was carried out involving a new type of dressing. NHS D&G were unable to explain why this had happened, instead maintaining that the woman had undergone the appropriate surgery. The independent advice they received was that the failure to perform a partial amputation had significantly prolonged the healing process and it was clear from what the woman had told staff that her primary motivation was to return to work as soon as possible. The woman had asked to speak to the board's complaints team to make a formal complaint whilst still on the ward, but told us that no action was taken. She made a formal complaint later. The SPSO found that the investigation that the NHS D&G had carried out had failed to identify the lack of records supporting the woman's consent as a concern and had failed to obtain a statement from the doctor responsible for documenting this and performing the surgery explaining his actions. Their complaint response had misrepresented the records of the woman's interactions with medical staff and failed to address her concerns about the financial impact of the surgery. The SPSO upheld the complaint and made seven recommendations including a review of the consent process. NHS D&G were asked to review their complaint investigation to identify areas for improvement and ensure compliance with their statutory responsibilities, and they were asked to apologise to the patient, acknowledging that the surgery was not the one that she wished to have carried out.

3.5.6 In addition to the report detailed above the SPSO published two decision letters which concern mental health in the prison environment. In one case in NHS Forth valley the SPSO were critical of the lack of evidence of a comprehensive and structured assessment of the man's mental health, and made two recommendations to address this. In the other case in NHS Greater Glasgow & Clyde (NHS GG&C) the SPSO were concerned about a lack of a team approach to assessing a man and making a joint decision on his risk of harming himself. In this case they asked NHS GG&C to ensure that relevant staff were aware of the specific approach to self-harm which puts 'at risk' prisoners under individualised risk management arrangements

NHS Lothian Data - SPSO

3.5.7 The SPSO opened the following cases (1 April – 30 September 2016)

	April	May	June	July	Aug	Sept	Total
RIE	1	1	1	0	3	0	6
WGH	0	0	0	1	2	1	4
STJ	2	0	1	2	0	1	6
DTACC	0	0	0	1	0	0	1
Children Services	3	0	0	0	2	1	6
Women Services	0	0	0	0	0	0	0
REAS	2	0	2	0	0	2	6
Edinburgh HSCP	0	0	0	0	1	0	1
East Lothian HSCP	0	0	1	0	0	0	1
Midlothian HSCP	0	0	0	0	0	0	0
West Lothian HSCP	0	0	0	1	1	0	2
Independent Contractors	0	0	0	1	1	1	3
Outpatient and Associated Services	0	0	0	1	0	0	1
Total	8	1	5	7	10	6	37

3.5.8 The SPSO closed the following cases (1 April – 30 September 2016)

	April	May	June	July	Aug	Sept	Total
RIE	1	0	3	4	0	1	9
WGH	1	0	1	0	1	1	4
STJ	1	0	0	0	0	0	1
DTACC	1	0	0	1	1	0	3
Children Services	1	0	0	1	0	0	2
Women Services	1	0	0	0	0	1	2
REAS	4	0	1	1	5	1	12
Edinburgh HSCP	0	0	0	0	0	0	0
East Lothian HSCP	1	0	0	0	0	1	2
Midlothian HSCP	0	0	0	0	0	0	0
West Lothian HSCP	0	0	0	0	0	0	0
Independent Contractors	0	0	0	0	2	0	2
Outpatient and Associated Services	0	0	0	0	1	0	1
Total	11	0	5	7	10	5	38

Although the SPSO closed 5 cases in September, one case was a request for medical records and below is the outcome that NHS Lothian took regarding the complaint.

	Upheld	Partly Upheld	Not Upheld	Total
RIE	0	1	0	1
WGH	1	0	0	1
REAS	0	0	1	1
East Lothian HSCP	1	0	0	1
Total	2	1	1	4

SPSO Support for NHS Lothian

3.7.9 Following the meeting in August with the SPSO, they have offered to help us from their Learning and Improvement Unit (LIU). It is hoped that the LIU will provide additional support and advice to us so that we can meet their recommendations with a view to preventing recurrence and future complaints.

3.7.10 Following completion of the SPSO Complaints Improvement Framework by the Associate Nurse Directors further discussion has taken place at their November meeting. The self assessment has 6 themes:

- Organisational culture
- Processes and procedure
- Accessibility
- Quality
- Learning from complaints
- Complaints handling performance

SPSO Action Plan

3.7.11 Work is already taking place to implement the actions that are detailed in the action plan. The Modernisation Team are assisting in providing support, through process mapping an SPSO report so that as an organisation we can become as efficient and thorough as possible. As part of this work it will be important to identify what data / information the key governance committees will need so that they can be assured that this work is progressing and improvements are being delivered.

3.7.12 In addition to the specific actions set out in the plan there is an important element concerning “relationship management” between the SPSO and NHS Lothian. The Chairman has been meeting regularly with Mr Martin, Ombudsman to keep him updated of our work. It is important to recognise that this is an ambitious cultural improvement programme that will require all staff at all levels of the organisation to take a responsibility and contribute to the improvement plan.

3.11 Programme Governance

3.11.1 The Executive Lead for this work is Alex McMahon, Executive Nurse Director. This work also report through to the NHS Lothian Board on a monthly basis along with patient experience data reported through the Performance and Quality 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) deteriorate. The Board have been prepared for this and we hope that we have now moved passed this and seeing the improvements sustained. The Patient Experience Team are supporting the clinical teams with their performance.

4.3 As already highlighted the short term sickness within the team remains a challenge. However, 4 members of the staff have left during September / October and this is causing some challenges that we are trying to mitigate through the short term use of bank staff.

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. The risk was escalated to High / 20 in October 2016, following the meeting with the SPSO.

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

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 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.
- 8.2 During 2015/16 it can be seen that not only the number of telephone calls has increased as has the number of complaints / comments / concerns on the previous year. Consideration will need to be given to the resource to support this key function as the ability to contain or reduce the work of the team is out-with their gift.
- 8.3 As we work through the individual actions it is anticipated that this will require additional resource and this is currently being identified.

Jeannette Morrison

Head of Patient Experience

22 November 2016

Jeannette.morrison@nhslothian.scot.nhs.uk

List of Appendices

Appendix 1: Patient feedback and examples of local improvements

Appendix 2: Listening and Learning Report

Examples of positive patient feedback:

- *In all honestly, the attention, treatment & care I have received has been excellent. Couldn't have asked for better. Everyone is very professional in how they go about their jobs but with a really helpful & friendly attitude to both patients & relatives. All staff from Catering/ General Assistant to Nurses & Consultants have been spot on.*
- *Amazing staff. Felt like I was in a hotel. Horrible procedure made into a very comfortable stay. If there was only a trip advisor for hospitals, this would get a 5* review.*
- *I was treated so well with care and compassion & sense of humour as well, which helped so much.*
- *Staff are fantastic, caring. Always very busy but still have time to spend with me.*
- *The whole experience was much better than expected. Good old NHS.*
- *The care I received was a credit to the NHS. I was nervous after previous experience, faith fully restored.*

Examples of negative patient feedback

- *Night staff could fully understand medications and let you have them like the day staff do. As it is much harder to sleep when you don't have the right/enough medication.*
- *I feel that hospitals should get Wi-Fi in the ward.*
- *I feel more storage room is needed.*
- *Some information about potential discharge time would have been helpful to allow plans to be made.*
- *I am a light sleeper, so earplugs would be useful.*
- *It is distressing to all concerned when doctor's pass on extremely bad news to other patients in the ward and the patients are then left alone. There must be a more compassionate way of dealing with this or waiting until family members are present.*
- *If possible some fresh vegetables in the meals could be improved. Veg is often boiled and very soft. For those able to eat it some crispy steamed green vegetables would be welcomed.*

Examples of local improvements:

- **Ward 21 SJH** – Trialled the use of the Ward Clerks distributing the TTT survey daily Monday-Friday. The greatest improvement in uptake was seen when Ward Clerks then collected the TTT surveys back in again otherwise patients may not have necessarily completed. This saw an improvement in their response rate from 20% in July to 37.7% in August 2016.
- **MAU/CCU SJH** – Undertook a piece of work to redesign the layout of the ward and changed a staff room into a relative's room based on patient feedback. This had an impact on Question 7 'I was bothered at night by noise from the hospital staff?' This improved from a score of 5 in June to 7.42 in August 2016.
- **Ward 106 RIE** – Project undertaken to reduce noise at night. This included activities such as closing doors quietly; opening wrappers for Intravenous Bags away from patients rather at the bed side and they are also trialling the use of ear plugs with patients. Feedback is received from patients the following morning about how they have slept and results discussed at the safety brief daily.

- Ward 106 RIE - Trialled the use of the 'meal champion' being responsible for giving out the TTT survey on the meal trays at lunchtime. Patients are asked to complete the TTT survey following their lunch. This resulted in a response return rate of 8.54% in July increasing to 21.56% in August 2016.
- Ward 202 RIE – It was identified from the TTT results patients were scoring low Question 3 'How much information were you given about your care and treatment?' From this information the Senior Charge Nurse identified that patients may not be absorbing all the information they are given on the multidisciplinary ward round. Therefore a small test of change was implemented. Following the MDT ward round a nurse now goes back round all the patients to have a conversation with them to ensure they have understood everything the Doctor has just discussed with them. The results for question 3 has improved from a score of 2 in June, 8.4 in July and further increased to 9.5 in August 2016.
- Ward 202 RIE consistently receive high response return rates ranging from 40-83% from Jan 2016. This is achieved by identifying suitable patients at the multidisciplinary meeting and that are close to discharge. The Consultant for the ward is significantly involved in this discussion and decision too. A record is kept of whom has been given a TTT survey so that staff know whom still has to be offered the opportunity. The Senior Charge Nurse has carried out one to one discussions with the Ward clerks around education and training and how she can best support and encourage patients to engage with the TTT survey. Families are also involved in the process too. TTT results are shared with members of the multidisciplinary team.
- Ward 204 RIE – Introduced mood lighting to the ward, sleep packets with eye masks and ear buds to reduce noise and promote sleep at night. Relaxing music was trialled but this was not taken forward as the feedback was it was not always appropriate for patients receiving palliative care. This work was following feedback from Question 7 'I was bothered at night by noise from the hospital staff?' which scored 2.73 in February improving to 7.38 in August 2016. There is no TTT surveys returned in between these dates.
- Ward 204 RIE – Acknowledged low TTT survey response rates in January 4.38% and February 4.35% with no responses thereafter. Following a one to one with the Senior Charge Nurse and the Patient Experience Officer in August 2016 their response return for August improved to 7.38%. This discussion included sharing top tips to increase response return rates, increased awareness of TTT survey targets and sharing of good practice from other areas.

Listening & learning from feedback and complaints January 2015 – Action Plan

Number	Recommendation	Action / Comment	Timescale
1	All leaders across NHS Lothian should give listening and learning from feedback top priority. This means, giving feedback and complaints the same kudos as clinical governance, patient safety and experience. Lines of responsibility must be clear including Executive accountability and delegated roles and remit.	<p>Early feedback from the SPSO Improvement Framework indicates that clinical teams believe there to be good engagement from leaders, however we believe this can always be improved. Responses are currently being collated. Complaints and feedback is now identified as High (20) on the NHS Lothian risk register.</p> <p>The Patient Safety and Action Group review all SPSO activity at their monthly meetings.</p> <p>Valuing feedback is integral and promoted within leadership programmes including Leading Better Care and Delivering Better Care leadership programmes aimed at all levels within the organisation.</p> <p>Leadership walk-arounds through the Scottish Patient Safety Programme</p>	<p>Oct 2016</p> <p>Sept 2016 ongoing</p> <p>Ongoing</p> <p>Ongoing</p>
2	A non-executive member of the Board should take feedback as a main focus of their role and work across the Board to champion the recommendations made in this report.	<p>Executive Lead for complaints and feedback was resumed by Nurse Director in June 2015</p> <p>Non Executive Director appointed as “Complaints Champion”</p>	1 May 2016
3	The Board should ensure that all staff receive initial and on-going education on the principles of engaging and communicating with patients, relatives and carers and valuing feedback and complaints.	<p>A one day masterclass on the Power of Apology was delivered to the Executive and Senior Managers in 2015.</p> <p>A series of learning events were held for RIE and Liberton clinical staff.</p> <p>Support to HMP Addiwell and Edinburgh – local / early resolution and implementation of SPSO recommendations.</p> <p>Support with the devolved complaints function on the WGH – medical / clinical staff, PAs and Admin staff – early resolution and clinical ownership and engagement by medical leaders and support staff.</p> <p>Support to the RIE on the new devolved complaints process – supporting early resolution, process and staff ownership.</p>	<p>Sep – Nov 2015</p> <p>Sep – Jan 2016</p> <p>Mar – July 2016</p> <p>Mar – Oct 2016</p>

4	The Board should ensure that staff who manage complaints as a key part of their role, are recruited, trained and supported to deliver an exemplary service.	Patient Opinion case study has been and continues to be used as part of the PET appointment / interview process. A PET Development Plan has been out in place and sessions have been identified and are being delivered on a range of subjects. A team development day takes place on 24.10.16	Jan 2016 ongoing June 2016 ongoing
5	Complaints data including themes and patient experience must be presented in a meaningful, open and accessible format as a matter of urgency.	A refreshed approach to patient feedback was presented to the Healthcare Governance Committee in May 2015 – this includes complaints and feedback activity as well as our local patient experience survey results (Tell us Ten Things [TTT]). Complaints and patient experience is on every HCG agenda. A weekly report has been established that provides an overview of all “open” complaints activity, including 3 and 30-day performance, reopened complaints and SPSO activity. DATIX Dashboard has been set up for all clinical directorates to see “real time” complaints information.	Oct 2015 April 2016 Jan 2016
6	The ethos of early resolution including the power of apology should be the focus for staff in the frontline and in management.	Please see number 3. Where complainants contact PET directly, they try to resolve those complaints by speaking with complainants over the telephone. The clinical teams also try and speak to complainants more often	April 2016
7	The current CRaFt service is not fit for purpose and should be replaced with a small central streamlined Advice and Feedback Team as first point of contact Feedback and Complaints Officers devolved to hospital sites and community partnerships and integrated Boards.	CRaFT has been through organisational change process along with the PCHC Team to establish the Patient Experience Team. New structure has been agreed through Partnership and ER. Job descriptions have been developed and recruitment has taken place during 2015/6 and team in place. A number of clinical sites are testing a devolved approach to complaints and feedback.	
8	The current methods to provide feedback and complaints should be revised to make it easier for people to give feedback in whatever format they prefer.	A review of the information contained on the internet has been undertaken, some immediate changes have been made to the online form and PET are working with the Comms Team as part of the wider improvements to the NHS Lothian internet site. A review of the intranet site is also ongoing. This remains a work in progress and will need to be amended following the	April 2016 April 2017

		implementation of the new national complaints guidance.	
9	Patient Opinion is embraced and welcomed as an opportunity for the people of Lothian to provide feedback	Patient Opinion is seen as one source of a wider source for patient feedback. All postings are responded to by the Patient Experience Team. All ANDs and senior nurses receive their “own” Patient Opinion alerts.	
10	The Board should adopt a streamlined and efficient feedback and complaints process, based on the Complaints Standard Authority and Can I Help You?	A devolved complaints approach has been tested in a number of clinical areas and most recently on the RIE site. All of the clinical areas are completing the SPSO Improvement Framework to allow us to identify areas for further action and support. Work continues in this area and will form part of the ongoing implementation of the new national complaints guidance	From Sept 2015 Sept 2016 April 2017
11	There should be detailed quality standards for complaints handling that are open and accessible to the public		
12	An assessment of risk or triage should be introduced to ensure each step of the complaints process is used appropriately in a timely and user-focused manner	A risk assessment tool was introduced in April 2016, this tool has been adapted from NHS Lanarkshire. The tool identifies five levels of risk: negligible, minor, moderate, major and extreme. The assessment is initially undertaken by PET with the clinical teams being asked to confirm the assessment. This risk assessment has been incorporated into the Datix Dashboard so every clinical team can see at a glance how their complaints have been assessed.	1 April 2016
13	A two-step approach is used, based on the SPSO model, which involves a review by the operational team for medium or less complex complaints. When a complaint is assessed as being at high risk or complex, the complaint will be investigated by an impartial reviewer who has the appropriate skills and expertise.	Where complaints are identified as negligible and can be resolved quickly, these are managed by PET. A two step approach to complaints and feedback will be implemented as part of the new national complaints guidance.	1 April 2016 1 April 2017

NHS Lothian

Board Meeting
7 December 2016

Nurse Director

SUMMARY PAPER - Lothian Hospitals Plan

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 seeks support from the Board for next steps in the development of the Lothian Hospitals Plan (LHP) 	1.1-2.3
<ul style="list-style-type: none"> The paper outlines the need for the LHP 	3.1-3.4
<ul style="list-style-type: none"> The paper outlines work undertaken to date in developing the LHP 	3.5
<ul style="list-style-type: none"> The paper outlines the Strategic Headlines for each acute site 	3.8
<ul style="list-style-type: none"> The paper outlines the role of Integration Joint Boards in taking forward the LHP 	3.9-3.14
<ul style="list-style-type: none"> The paper outlines the approach to consultation 	3.15-3.16
<ul style="list-style-type: none"> The paper notes that the proposals will be subject to detailed discussion at a range of committees through the governance process, including Strategic Planning Committee as sponsor for this work 	3.17
<ul style="list-style-type: none"> The paper notes that post-consultation conclusions and a final plan will be brought back to the Board for approval in early 2017-18 	3.19
<ul style="list-style-type: none"> The paper notes that formal approval for some elements of the plan will be required from the four IJBs 	3.20

Colin Briggs
Associate Director, Strategic Planning
22 November 2016
Colin.briggs@nhslothian.scot.nhs.uk

Lothian Hospitals Plan

1 Purpose of the Report

- 1.1 The purpose of this report is to recommend that the Board support next steps in the process of developing the Lothian Hospitals Plan ("LHP").

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

2 Recommendations

- 2.1 Note the progress in developing the LHP;
- 2.2 Note the Strategic Headlines in the LHP;
- 2.3 Approve the approach for governance and further development of the LHP, including public consultation, which would be triggered following detailed discussion of the issues at the Board Development Day in January 2017.

3 Discussion of Key Issues

The need for a Lothian Hospitals Plan

- 3.1 At its Development Day in March, the Board discussed the proposed approach to the development of a strategic plan to cover the future configuration of the four acute hospitals - the Royal Edinburgh Hospital, St John's Hospital, the Western General Hospital, and the Royal Infirmary of Edinburgh.
- 3.2 This strategic plan – the Lothian Hospitals Plan – was described as the next stage in the evolution of the strategic planning approach being taken by NHS Lothian, building on *Our Health, Our Care, Our Future*, which the Board adopted as its strategy in 2014.
- 3.3 Among the key drivers for such an approach were;
- Demographic and technological change;
 - Socio-economic and political drivers;
 - The establishment of Integration Joint Boards (IJBs) and a new strategic planning environment;
 - Changes to guidance and processes governing the assignment of capital from central government.

A strategically coherent response to these issues which demonstrated how performance and quality would be maintained and improved going forward was also noted as being, simply, good corporate governance.

- 3.4 Such an approach is, necessarily iterative, to accommodate and respond to unforeseen changes within a clear prioritisation framework. The intent throughout was described as

being an approach which elegantly interdigitated with national and local strategic plans such as the National Clinical Strategy and IJB Strategic Plans, respectively.

Work to develop the plan

3.5 Work to date to develop the plan has included;

- Detailed consideration of the National Clinical Strategy and Lothian IJB Strategic Plans;
- Extensive engagement with staff across University Hospitals (UHS) and the Royal Edinburgh Hospital (REAS). There have been 5 sessions with over 300 UHS senior staff throughout 2016-17 to date;
- Progressing particular strands of the plan in conjunction with regional and national partners, for example with regard to the Edinburgh Cancer Centre, urological surgery, and the national Major Trauma system;
- Working to support IJBs in their establishment while also progressing major projects such as the transformation of Liberton Hospital;
- Establishment of 3 Programme Boards to manage the key themes of the Strategic Plan;
 - The Medical Specialties Programme Board, chaired by Dr Brian Cook, Medical Director for University Hospitals Services;
 - The Diagnostic and Treatment Centres Board, chaired by Mr Jim Crombie, Chief Executive (acting), and incorporating senior management and clinical input from partner Boards in Fife and Borders;
 - The Cancer Services Programme Board, chaired by Ms Elaine Anderson, and again incorporating senior input from across the region
- The development of an “Capital Roadmap”, outlining major capital projects for consideration for the next 5-10 years;
- Working closely with Finance, Quality, and Workforce planning teams to ensure that NHSL functions are clear on the strategic direction and are involved in the development of this vision, with the themes of financial viability, workforce sustainability, and quality improvement throughout.

Strategic Headlines from the Plan

3.6 The LHP is constructed around the four acute sites, and is focussed on identifying a “strategic headline” for each. This strategic headline is intended to be the keystone for the site to build its services around and to focus on as its identity. These are also a summary of the things that only that site can – and will – offer in the future. The intent is to ensure that there is strategic coherence across the four sites and that duplication is removed from the system.

3.7 These headlines should also assist in helping other stakeholders understand the unique offering from each site.

3.8 Table 1, below, shows the strategic headlines for each site;

Table 1 – Lothian Hospitals Plan Strategic Headlines for each site

Site	Strategic Headline
Royal Edinburgh Hospital	Edinburgh's inpatient centre for highly specialist mental health and learning disability services, incorporating regional and national services
St John's Hospital	An elective care centre for Lothian and for the South-East Scotland region, incorporating highly specialist head and neck, plastics, and ENT services.
Western General Hospital	The Cancer Hospital for South-East Scotland, incorporating breast, urology, and colorectal surgery
Royal Infirmary of Edinburgh	South-East Scotland's emergency care centre, incorporating a major trauma centre, orthopaedic services, neurosurgery, and children's tertiary care

The role of Integration Joint Boards

3.9 IJBs are now responsible for the strategic planning and commissioning of large portions of acute hospital services. The strategic headlines above focus on services which are not delegated to IJBs. NHSL can be clear on the direction for non-delegated services, but must now leave the decision-making around strategic direction for delegated services to IJB partners. This is in line not only with legislation and schemes of establishment, but with discussions within NHSL throughout the 2016-17 financial year.

3.10 The exception to this in table 1, above, is the Royal Edinburgh Hospital. The vast majority of mental health and learning disability services are delegated, but there is a well-described strategy for the reprovision of both services on the REH campus and learning disabilities inpatient provision across NHSL.

3.11 Around these delegated services, there is some direction given by the extant IJB Strategic Plans, to wit;

- An emphasis on prevention, both of chronic diseases such as diabetes, but also in the prevention of admission by strengthening community services and providing outreach support from acute services;
- A significant avoidance of further investment in institutional care (such as acute beds), with a reduction prioritised;
- Improved communication between acute services, on the one hand, and primary and social care on the other;

3.12 On the issue of medical services – and specifically the model for acute receiving within Lothian – the LHP offers a menu of options for the 4 IJBs to consider and select from. It

is also entirely possible that the 4 IJBs will request a model which is not currently “on the menu”.

- 3.13 As it stands, though, the key considerations underpinning the options reflect the financial and workforce realities of providing acute receiving services, with both resources increasingly stretched, and opportunities for quality improvement arising from reconfiguration to be seized.
- 3.14 It is important to note, at this stage, that the LHP is intended to be the next stage in the iterative process of strategically planning with partners. It is explicitly not intended to be a “final answer” or a single detailed action plan but rather, given the rapid pace of change and uncertainty affecting health and social care services, to be a framework for implementing the strategic vision outlined in *Our Health, Our Care, Our Future*.

Approach to consultation

- 3.15 Preparations are underway to publicly consult on the LHP. For proposals around elective and cancer services, this can follow the extant model of consultation, where NHSL can publish and consult in accordance with established precedent.
- 3.16 However, as outlined in paras 3.9-3.15, there is a need to consult in partnership with IJBs on certain services, and so the period of consultation will see formal consultation – and presentation of the plan to – the 4 IJBs, with these IJBs co-sponsoring local consultation events with NHSL. A full list of stakeholders is being developed with IJBs and will be presented to the Board Development Day in January.

Governance

- 3.17 The development of the LHP is sponsored by the Strategic Planning Committee, which meets after the December Board meeting.
- 3.18 Detailed discussions on the proposed content of the LHP will be held at the Board Development Day in January 2017. Ahead of this, however, the LHP will be discussed at;
- Finance and Resources Committee – 30th November 2016
 - Acute Hospitals Committee – 6th December 2016
 - Strategic Planning Committee – 8th December 2016
- 3.19 On the assumption that the Board is content, following discussion in January, to proceed to consultation, this consultation would run until April 2017. Consultation feedback and a final draft plan would then be presented to the Board at the next appropriate Board meeting after this deadline.
- 3.20 It should be noted that sections of the plan relating to delegated services will need to be approved by the relevant IJBs. Logically, the 4 IJB Strategic Plans will then incorporate the LHP and appropriate Directions issued to support implementation.

4 Key Risks

- 4.1 The key risks associated with the LHP are those risks associated with public consultation. This is heightened by the complexities of requiring IJB approval for certain sections of the LHP.

5 Risk Register

- 5.1 The LHP should, if robust and realistic, help to manage risks associated with performance, workforce, and finance.

6 Impact on Inequality, Including Health Inequalities

- 6.1 In line with the approach described throughout, impact assessments will be undertaken for each strand of the LHP as these reach action plan or business case stage.

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

- 7.1 This paper outlines an approach to consultation which will come into effect, in line with Scottish Health Council guidelines, as well as with the new mechanisms in place as a result of the establishment of IJBs.

8 Resource Implications

- 8.1 The resource implications of the LHP are potentially very significant, but are as yet not quantified. There will be costs associated with the consultation process and these will be managed internally.

Colin Briggs
Associate Director, Strategic Planning
22 November 2016
Colin.briggs@nhslothian.scot.nhs.uk

Board Meeting
7 December 2016

Jacquie Campbell
Interim Officer, University Hospitals

SUMMARY PAPER – PAEDIATRIC PROGRAMME BOARD UPDATE

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">Note the successful recruitment drive that has secured the appointment of 6 Consultant Paediatricians against an advertised eight posts. These Consultants will work pan-Lothian and all participate in out of hours work at SJH as per the recommended model described as Option 1 in the RCPCH report.	3.9
<ul style="list-style-type: none">Note the decision to re-advertise two Consultant Paediatrician posts in order to secure the long term future of 24 hour paediatric inpatient services at SJH.	3.13
<ul style="list-style-type: none">Note the progress made by the Paediatric Programme Board in implementing the Royal College of Paediatrics and Child Health’s recommendations for Medical Paediatric inpatient services in Lothian.	3.15

Jacquie Campbell
Interim Officer, University Hospitals
24/11/2016
jacquie.campbell@nhslothian.scot.nhs.uk

PAEDIATRIC PROGRAMME BOARD UPDATE

1 Purpose of the Report

- 1.1 The purpose of this report is to inform the Board about the progress of implementing the Royal College of Paediatrics and Child Health's (RCPCH) recommendations for Medical Paediatric inpatient services in Lothian, primarily that of securing a safe and sustainable 24 hour paediatric inpatient service at St John's Hospital (SJH).

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

2 Recommendations

- 2.1 Note the progress made to date by the Paediatric Programme Board (PPB) in the implementation of the RCPCH's recommendations. (see 3.15)
- 2.2 Note the considerable commitment by the existing consultants at St John's Hospital (SJH) in providing resident out of hours cover during the consultant recruitment drive, ensuring that 24 hour paediatric inpatient services at SJH could be retained during this period. (see 3.6-8)
- 2.3 Note the successful recruitment drive that has secured the appointment of 6 Consultant Paediatricians against an advertised eight posts. These Consultants will work pan-Lothian and all participate in out of hours work at SJH as per the recommended model described as Option 1 in the RCPCH report. (see 3.9)
- 2.4 Note the appointment of two trainee Advanced Paediatric Nurse Practitioners for the Royal Hospital for Sick Children (RHSC) and SJH. Once trained, both will contribute to out of hours work at SJH. (see 3.14)
- 2.5 Note that individual meetings have taken place with existing SJH clinicians in relation to securing their long term commitment to a resident out of hour's rota as per Option 1 in the RCPCH recommendations. (see 3.11)
- 2.6 Note the process as to how staff and stakeholders have been informed and engaged with throughout this process. (see 3.16)
- 2.7 Note the risks managed through the Paediatric Programme Board. (see 4.1)
- 2.8 Note the decision to re-advertise two Consultant Paediatrician posts in order to secure the long term future of 24 hour paediatric inpatient services at SJH. The two posts will make up the total of eight new consultants agreed by the Board. (see 3.13)

3 Discussion of Key Issues

- 3.1 In line with the RCPCH recommendations a PPB was established with a remit to oversee the implementation of the RCPCH recommendations and Mr George Walker in his role as a non-executive NHS Lothian board member was appointed as chair.
- 3.2 The PPB has met seven times since July 2016 and has initially focused its efforts on securing a safe and sustainable paediatric inpatient service throughout Lothian.
- 3.3 In line with the RCPCH recommendations, the PPB has vigorously striven to implement Option 1, which is to establish a resident consultant model of service that all consultants at SJH (current and future appointments) should support in principle and in practice.
- 3.4 The inaugural PPB meeting was held on 27 July 2016. It was unanimously agreed amongst clinicians that “Option 2” which recommended the unit remain open overnight but only admit “low acuity” patients carried the greatest level of clinical risk.
- 3.5 At the same meeting on 27 July, the PPB evaluated a SJH out of hour’s rota from the St John’s consultant group containing current staff working an interim resident on-call model to January 2017 within the European working time directive and without triple time payments for covering locum shifts (pending further consultant and nursing recruitment). It was agreed that in its current form, due to the level of gaps in the rota, this could not be presented to NHS Lothian Board as a safe option. Therefore the PPB decided to recommend to the Board on 03 August 2016 that Option 3 (a short stay assessment unit with no overnight admissions) be implemented.
- 3.6 At the NHS Lothian Board meeting on 03 August 2016, the Board agreed to allow an additional week for the PPB to develop a robust interim SJH OOH rota to alleviate the need to transform the unit into a Short Stay Assessment Unit as an interim measure.
- 3.7 The PPB met on 04 August 2016 and 11 August 2016 and with significant work and commitment by the SJH team, the PPB agreed that there was now an acceptable proposal in place to run a resident out of +hour’s rota at SJH though to January 2017.
- 3.8 Mr George Walker wrote to NHS Lothian Board on 12 August 2016 providing assurance that a safe rota had been agreed with clinicians and also highlighted the risks associated with the interim rota.
- 3.9 Pan-Lothian job descriptions were agreed and eight Consultant Paediatrician posts were advertised on the Scottish Health website and in the BMJ along with a social media campaign. From this recruitment drive, seven candidates were interviewed and seven were offered the posts. Due to one successful candidate being offered another post elsewhere, it is anticipated that six candidates will take up consultant posts commencing from January 2017.
- 3.10 Under the current national Consultant Contract, NHS Lothian cannot compel existing consultants to work to a resident consultant model, therefore individual formal meetings have been held with the existing SJH and RHSC consultants to ascertain their willingness to participate in a resident out of hour’s model.
- 3.11 From these meetings a matrix was devised that mapped the number of shifts per month that each clinician group was prepared to commit to the out of hours service. Table 1 below describes the remaining SJH uncovered out of hour’s shifts per month.

Table 1

Month	Number of unfilled shifts per month (40 required per month)
Jan-17	2
Feb-17	8
Mar-17	6
Apr-17	6
May-17	6
Jun-17	6
Jul-17	4
Aug-17	0-4
Sep-17	0-4
Oct-17	0-4
Nov-17	0-4
Dec-17	0-4

- 3.12 Although a gap still appears to remain until August 17, three consultants who work in other departments who have been bolstering the rota during the interim period from August 16 – January 17, have confirmed their ongoing commitment to providing support for this rota to August 17. This will mitigate the current gap remaining whilst a second phase of recruitment is undertaken, although it must be stressed that failure to secure enough Locum capacity due to unforeseen occurrence remains as a risk to paediatric inpatient services at SJH.
- 3.13 At the Paediatric Programme Board on 20 October 2016, it was agreed that a second phase of recruitment would be undertaken to further strengthen the out of hour's rota. It was agreed that two posts would be advertised which would make up the total of eight new consultants agreed by the Board. Interviews will be scheduled for February as it will allow trainees who are due to gain their certificate of completion of training in August 2017 to apply for these posts.
- 3.14 Following interviews two trainee Paediatric Nurse Practitioners (APNP) have been appointed and their 16 month training commenced in September. It is anticipated that once training has been completed and enough experience gained, the APNP's will be able to contribute to the SJH out of hour's rota from mid 2018.
- 3.15 The Paediatric Programme Board has initiated the implementation of the remainder of the RCPCH recommendations. 16 out of the 32 recommendations have been implemented and the remainder are all currently being progressed through the Programme Board. Appendix 1 details the progress made to date against each recommendation and a work plan for each remaining recommendation is being developed by the clinical team.
- 3.16 Throughout this process the clinical team and stakeholders have been kept informed throughout multiple routes; the Paediatric Programme Board, internal multidisciplinary stakeholder meetings initially held weekly and subsequently moved to fortnightly once the interim rota had been agreed, public Board meetings, the St John's Stakeholder Group, MSP meetings, press releases and the internal Children's services newsletter "Newslines".

4 Key Risks

4.1 Below is a risk matrix (table 2) of the main risks remaining;

Table 2
Paediatric Programme Board – Risk Matrix

1 - 8
9 - 15
16 - 25

RCPCH Ref No.	RISK	RISK PROBABILITY	RISK IMPACT	RISK SCORE (1 - 25)	MITIGATING ACTIONS IDENTIFIED
1.1.	If Locum shifts cannot be secured, shifts will need to be filled by existing staff until new consultants (phase 2 of recruitment) start in Aug 17.	3	4	12	Existing staff could be asked to contribute additional shifts until phase two of recruitment is complete.
1.1.	If recruitment is unsuccessful the viability of the rota will be subject to the availability and commitment of locums or increased OOH commitment by existing staff	3	5	15	Forward planning approach to the use of locums to cover unfilled shifts. Existing staff could be asked to contribute additional shifts. APNP trainees will be able to contribute to the SJH OOH rota, but not commencing until mid 2018.
1.1	Some OP activity at SJH will be lost as a result of the interim OOH rota set up to retain 24 hour inpatient services at SJH	5	1	5	Additional clinics will be run at RHSC and once new consultants start additional OP capacity will be available.

5 Risk Register

5.1 There are no new risks for the NHS Lothian Risk Register.

6 Impact on Inequality, Including Health Inequalities

6.1 An Integrated Impact Assessment will only be required if a resident out of hours model cannot be sustained and a new model of service results in changes to pathways of care for children.

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

7.1 The RCPCH committed from the start to involving and engaging with patients, families, staff, the public, voluntary sector and political stakeholders and the detail of this is set out in their Report

7.2 In addition, NHS Lothian organised two Public meetings in each of the 4 local Authority areas and the feedback from this was also submitted into the RCPCH review process.

7.3 All of the views gathered via the Review Team's visit, the online survey, the Focus Groups and the NHS Lothian Public meetings have informed the RCPCH's recommendations.

8 Resource Implications

- 8.1 The cost of the two consultant paediatrician posts are already approved as part of the Board's 17/18 financial plan.

Jacquie Campbell
Acting Chief Officer, University Hospitals
24/11/2016

List of Appendices

Appendix 1 – RCPCH Recommendations

RCPCH Review of Medical Paediatrics in NHS Lothian 2016

Completed

In progress

Stopped / Delayed

Recommendations	Actions / Comments	Lead	Time-scale	STATUS	Priority
1.1 Commit to development of a clear 3-5 year strategic plan for the future of St John's inpatient paediatric service and the workforce that meets the needs of patients and includes investment in new ways of working. (10.3)	Board decision, 22 June 2016 Reference Board paper and decisions 22 June, 3 August to commit to vision and new ways of working.	ED/FM + PPB	DONE		H
1.2 Commit to a 'one Lothian' approach to workforce and operational planning in paediatrics with staff rotation, and consistent governance which is clinically and confidently led. (10.4)	Board decision 22 June 2016 & 3 August. ANP – Pan Lothian job description. Recruited to in Aug - 2 trainees - started on course in Sept 16. Cons – Pan Lothian posts agreed Sept. Interviews October.	ED	See Comments		H
1.3 Identify a Board- level Champion to chair a 'Children's Board' which oversees all issues relating to children's services in Lothian. (10.5)	Chair appointed to PPB. PPB first meeting in July. Remit of PPB focused on Medical Paediatric services. Clarity on overall remit of PPB in relation to recommendation required.	GW	Done – Board level Champion Feb 17 – for confirm scope.		H
1.4 Clearly communicate the vision through engagement with staff, patients, public, stakeholders and the future workforce. (10.4)	Begun communication with relevant clinical teams. Meetings throughout July and August. Through; PPB - All staff groups represented Public Board Meetings Monthly SJH Stakeholder group MSP meetings Press Releases	JC/ED/FM	Ongoing through process		H
2.1 Urgently address the emergency department/ARU medical staffing rotas at RHSC with the Deanery; consider relocation of some of the daytime trainee capacity to ARU, ED or St John's or other service pressures. (5.1.16), (5.2.13)	PG Dean contacted. Teleconference to progress discussion on 13 July. Meeting with SEAT Boards & post-grad Dean 29 th of July. DRAFT minutes to be sent to PPB. PG Dean meeting it was agreed that before every rotation active consideration will be given to ability to allocate trainees to SJH during daytime shifts.	JC/ DIMF	-		M
	SJH team to undertake curriculum mapping exercise.	Dr Rashid	Dec 16 for completion		
	Review every 6 months.				
	Current position (RHSC) rota needs to be reviewed by ED/PE	ED / PE	By end of November		M

RCPCH Review of Medical Paediatrics in NHS Lothian 2016

Completed
In progress
Stopped / Delayed

Recommendations	Actions / Comments	Lead	Time-scale	STATUS	Priority
2.2 Work with the Deanery towards increasing general paediatric experience earlier in the training schedule to increase numbers wanting to become general paediatricians. (6.1.8)	See DRAFT note from meeting with PG Dean on 29 th of Lothian regarding this matter.	-	-		L
2.3 Recruitment of general consultants to the RHSC ARU against the NHS Lothian Plan should proceed swiftly. (5.2.10)	Job Descriptions developed, in line with a Pan Lothian approach, with commitment to OOH at SJH. To go to recruitment end Jul. 7 offers given for 7 pan Lothian posts – interviews 29 th September 16. 6 taken up offers Second phase of recruitment due December 2016	PE/ED	see comments		H
2.4 A robust and equitable approach to job planning and staff rotation across Lothian is required with clarity about expectations and a focus on the patients' and service needs as well as an appropriate work-life balance for the doctors. RCPCH Job planning guidance is available to assist. (6.3.2)	Recommendation taken on board for future job planning.	PE	ongoing		M
2.5 Review all nursing establishments against Scottish guidance and the acuity tool to determine whether there is a significant shortage of nurses during winter periods. (5.2.23)	As required by the Scottish Government establishment were reviewed in August using the Workforce Planning Tools and Professional Judgement tools. These will be reviewed again over the winter period but before the end of February.	LC	End of Feb		M
2.6 Develop a funded nursing strategy to include nurse staffing guidance, education and future direction of nursing including the continued development of advanced practice roles. (5.2.23)	Update - 22/11/16 - Meeting held with Alex Mc Mahon on 16/11/16 by LC. Outcome - As recommendations 2.6 to 2.10 inclusively fall outwith the remit of the Women and Children's Directorate these will be picked up within the wider strategic NHS Lothian ANP plan. First meeting arranged for 1/12/16, LC has asked to be a member and will continue to support the implementation of these recommendations. Likely that a project lead will be assigned to this piece of work. Risk - Needs to fit with the development of the wider NHS Lothian nursing strategy which is in development. This may influence the time line for development	AMcM	01/12/16 First meeting of Strategic Group regarding ANP's and future direction of nursing		M

RCPCH Review of Medical Paediatrics in NHS Lothian 2016

Completed

In progress

Stopped / Delayed

Recommendations	Actions / Comments	Lead	Time-scale	STATUS	Priority
2.7 Establish the Nurse Consultant roles in PICU and at St John's to lead the development of advanced practice across the hospitals. (6.4.12)	This will form part of the wider NHS Lothian Nursing Strategy as role of Nurse Consultant in either PICU or St John's would be quite limited and may not be a recommendation that is implemented Risk - Decision maybe that the value of Nurse Consultant roles within small units such as PICU and St John's Children's Ward are not seen as adding the value. Therefore different solution may be agreed.	AMcM	01/12/16 First meeting of Strategic Group regarding ANP's and future direction of nursing		M
2.8 Develop a funded Lothian-wide strategy for advanced nursing practice, with a five year plan for introduction of roles to address gaps in medical rotas and required service developments. (6.4.4)	2 Trainees appointed August. As above - initial discussions have begun and will need to be developed in collaboration with the NHS Lothian ANP strategy Risk - Needs to fit with the development of the wider NHS Lothian nursing strategy which is in development. This may influence the time line for development	AMcM	01/12/16 First meeting of Strategic Group regarding ANP's and future direction of nursing		M
2.9 Review the overall policy for recruitment and retention of ANPs to include career progression and mechanisms for support. (6.4.4)	As above - this will form part of the NHS Lothian ANP strategy. Have currently recruited 2 further trainee ANP's to support Medical Rota's.	AMcM	01/12/16 First meeting of Strategic Group regarding ANP's and future direction of nursing		M
2.10 Continue to support the development of in-house ANNP training and consequent strengthening of the Tier 2 rotas across the Lothian neonatal service. (6.4.9)	As Above.	AMcM	01/12/16 First meeting of Strategic Group regarding ANP's and future direction of nursing		M
2.11 Benchmark regularly linking with other units in order to clarify the gap in neonatal nursing and gain support and ideas. (5.5.10)	Scottish Neonatal Quality Framework currently requires benchmarking annually against BAPM standards exist. NHS Lothian consistently benchmarks very well.	FMcG/LK	DONE (LAST REVIEW OCT 2016)		L
2.12 Establish a rotation of nurses between the RIE and St John's neonatal units to build the team and ensure knowledge and skills are consistent across the service.	It has been agreed to rotate neonatal nurses across Lothian. Nurse rotation to commence on Jan 17.	FMcG/LK	Jan 17 for initial rotation.		L

RCPCH Review of Medical Paediatrics in NHS Lothian 2016

Completed
In progress
Stopped / Delayed

Recommendations	Actions / Comments	Lead	Time-scale	STATUS	Priority
3.1 Review protocols for assessment and transfer of young people under 16 years of age to adult wards to ensure that appropriate safeguarding and emotional support is in place. (5.1.9)	Interim measure before move to RHSC. Adult services to review procedures where children <16 attend adult wards. Brian Cook and Clinical team to discuss and review at CMG.	BC	Dec 16 CMG		L
3.2 Develop, with the involvement of young people/young adults, a Lothian-wide policy for transition of young people to adult services which is followed and audited across all hospitals in the Board area. (5.1.9)	Transition team already in place – OC liaise with ALLIANCE TRANSITION GROUP and Karen Grieve / Linda Irvine / Rhona Laskowski Sally Egan to review and coordinate. Already pathways in place for many services i.e. Diabetes / CF	SE	Dec 16 for initial OC / LI / RL / KG meeting		L
3.3 Overhaul the information available online for children, young people and carers at RHSC including advice on coming to hospital and (perhaps) details of management of common conditions, and links to useful websites. Involve CYP in website and information design. (9.5.9)	Comms team with Sonia to initially review. OC discussed with comms team - David McBain to feedback by next PPB work already in play. Longer term action.	CH	Dec 16 for initial CH/SJ meeting		L
3.4 Ensure that adequate information on RHSC is readily available to children, young people and families who are being transferred from St John's. (9.5.9)	Booklet "coming into hospital at RHSC" in development. Needs support from communications re graphical design. Laura Reilly to review before sending to comms team.	LC	March 17 for finished product.		L
3.5 Ensure that there is a clear mechanism for incorporating patient and family feedback into decision making and that where there are gaps, further feedback/information is proactively sought. (9.5.13)	M Stark circulated feedback form used in ARU. Piloting feedback from using PDSA methodology currently in RHSC. Once reviewed this will be rolled out at SJH	MS LC / AT	Dec-16		M

RCPCH Review of Medical Paediatrics in NHS Lothian 2016

Completed
In progress
Stopped / Delayed

Recommendations	Actions / Comments	Lead	Time-scale	STATUS	Priority
4.1 Establish a network approach to neonatal care with regular governance meetings and strategy. (5.7.2) link to badgernet	There are consultants, and ANNPs working between sites and a plan to implement rotation of nurses	BS	Oct-16		M
	There are Lothian Neonatal Guidelines that are in use on both sites except where issues local to St John's and the fact that they don't look after extreme preterm's mean that different guidelines are required for that site. A process is established to get the local guidelines incorporated into the Lothian guidelines so that all are accessed from the same place.				
	There are regular clinical governance meetings at St John's with input from the neonatal team				
	Final Badgernet business going to LCIG 7 Nov 16 for approval.	BS	Nov-16		
	The specialist at St John's who previously held responsibility for the neonatal unit has stood down from this role and a new lead person needs to be identified from the existing consultants or the new consultants. Discussions underway as to name of successor		Dec-16		

RCPCH Review of Medical Paediatrics in NHS Lothian 2016

Completed
In progress
Stopped / Delayed

Recommendations	Actions / Comments	Lead	Time-scale	STATUS	Priority
4.2 Develop a plan for engaging more closely with local GPs in order to implement the recommendations from Facing the Future Together for Child Health. (7.2.4)	<p>First Medical Paediatric/GP interface meeting occurred on 7th September with the Midlothian GP group. Dual purpose meeting with case discussions for professional CPD and service discussions. 66 GPs present.</p> <p>West Lothian PLT planned for 22nd February afternoon in St. Johns. Same pattern of meeting planned with CPD and then interface and service discussion. East Lothian PLT contacted by SJ but no confirmed dates as yet. OOH GP service also interested in bespoke session, their OOH ANPs already have a focused paediatric course for clinical cases set up with Sister Mary Buchanan currently but this would be for the whole cohort of GPs= up to 100, who contribute to out of hours.</p> <p>Following this scoping exercise, a core group of GPs with paediatricians should work together as a focused group of clinicians to then plan service developments using QI methodology</p> <p>Project plan to be developed by OC/SJ/AT on 24/11</p>	SJ/AT	Long term large piece of work. Milestones to be scoped during project planning		M
4.3 Agree and implement criteria for the use of the short stay facility at each site which focuses on discharge and does not require full admission paperwork to be completed. (7.2.4)	<p>MS / HR / OC to meet after new consultants in post to start process of planning.</p> <p>First planning meeting to be arranged pre PPB as it is a deep dive item</p>	MS + HRHODES	<p>Agree model / criteria Dec 16</p> <p>Implementation Feb17</p>		M

RCPCH Review of Medical Paediatrics in NHS Lothian 2016

Completed
In progress
Stopped / Delayed

Recommendations	Actions / Comments	Lead	Time-scale	STATUS	Priority
5.1 Establish a programme of alignment of policies and procedures across the three children's and neonatal units ready for the move to the new accommodation. (9.3.4)	<p>RCPCH recognised NNU were developing shared guidelines; however RCPCH felt that PEWS polices needed reviewed to ensure current & consistent on both sites.</p> <p>There is a neonatal guidelines group which is developing Lothian Neonatal Guidelines. The aim is that these will be the same for both sites except where locality issues dictate that small differences are needed. The guidelines are accessible with ease by computer via the intranet in both sites and with the introduction of Badgernet will be at the cot-side on both sites. All new guidelines and all revisions will be pan-Lothian. The neonatal service uses a NEWs form which is a version of PEWS. The process of creating a system is complete except for Badgernet. Guidelines are a live dynamic permanent process.</p>	<p>Within NNU - Ben Stenson to take forward</p> <p>Paediatrics - Paul Eunson Laura Reilly Lynne Kerr</p>	-		H
5.2 Strengthen governance arrangements to include formal reporting and actions on quality and governance issues such as risk management, incidents and complaints, clinical audit. (9.3.8)	<p>Organogram / Road Map needed – seek advice from Jo Bennett.</p> <p>Children's services clinical overnice and risk management group set up.</p> <p>Formal process for reviewing instant reporting, complaints, SPSO, infection, risk register. ED sent terms of reference to PPB.</p>	Clin Gov.	Ongoing work but group now set up.		M
5.3 Actively seek experiential data from patients and families to inform decision making, by understanding the population and any possible health and/or social inequities that may arise. (9.3.8)	<p>Duplication. In progress in ARU. Feedback from @ RHSC. See 3.5</p> <p>Integrated impact assessments required throughout change management</p>	-	see 3.5		M

RCPCH Review of Medical Paediatrics in NHS Lothian 2016

Completed
In progress
Stopped / Delayed

Recommendations	Actions / Comments	Lead	Time-scale	STATUS	Priority
5.4 Re-emphasise the processes for reporting incidents and safety concerns to ensure risks are owned and appropriate action taken. (9.3.4)	See recommendation 2. In place.				M
5.5 Devise and implement an urgent plan to record and mandate safeguarding training across the medical staff at RHSC. (9.2.4)	ED and LC to talk to Lindsay Logie – date in diary.	ED	Nov 16 for meeting with LL		M
5.6 Expedite the business case for Badgernet to enable national benchmarking. (5.6.2)	The initial agreement for the Badgernet business case was approved by LCIG on 6 October and the Standard Business Case is being finalised in order that it can be presented to the meeting of LCIG on 7 Nov. It is anticipated that this will result in the required final approval that will allow up to proceed into the procurement and implementation phase. There were not any major hurdles identified in October and the remaining required information will be ready for the November meeting.	BS	Now going through standard NHSL approval route		M
5.7 Consider an annual event for doctors to celebrate achievement across Lothian, with presentations and posters of audit and research projects and updates regarding educational developments. (9.3.16)	PPB to consider in 2017. Clinical Change Forum took place for all paediatric services in September to showcase quality improvement and good practice within paediatrics.	FM / ED	Next CMT		M

SUMMARY PAPER – ENSURING THE RIGHT THING HAPPENS IN PRACTICE

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 present the Board with the action plan towards Ensuring the Right Thing Happens in Practice Every Time. This action was prepared in response to the issues raised in an internal audit on Compliance with Policies & Procedures. The Audit & Risk Committee received an update on the action plan on 5 September 2016 and agreed that it should be presented to the Board, together with an account of how executive management are monitoring the project 	<p>1.1</p>
<ul style="list-style-type: none"> • The action plan sets out a large programme of work. The nature of the subject means that it is an area which will always require continuous development and monitoring. It essentially relates to organisational culture, how the organisation works, and how it has systematically gets assurance on the adequacy and effectiveness of policies and procedures. This report has been provided to give the Board an opportunity to consider the subject and what further steps may be required to support its success. 	<p>1.2</p>
<ul style="list-style-type: none"> • The action plan has two broad categories of work: <ol style="list-style-type: none"> I. The work which has to be progressed “corporately” to attend to the Board’s overall systems and infrastructure to support the effective development and implementation of policies and procedures. This has been the focus of work to date. II. Work which can only be taken forward in local departments to consider how the general issues relate to local context. 	<p>3.3</p>
<ul style="list-style-type: none"> • There has been good progress made on the corporate work, and there have been developments to help translate the overall project plan into actions that can be taken forward by management in their own areas. 	<p>3.5-3.7 App 1</p>

ENSURING THE RIGHT THING HAPPENS IN PRACTICE EVERY TIME

1 Purpose of the Report

- 1.1 The purpose of this report is to present the Board with the action plan towards Ensuring the Right Thing Happens in Practice Every Time. This action was prepared in response to the issues raised in an internal audit on Compliance with Policies & Procedures. The Audit & Risk Committee received an update on the action plan on 5 September 2016 and agreed that it should be presented to the Board, together with an account of how executive management are monitoring the project.
- 1.2 The action plan sets out a large programme of work. The nature of the subject means that it is an area which will always require continuous development and monitoring. It essentially relates to organisational culture, how the organisation works, and how it has systematically gets assurance on the adequacy and effectiveness of policies and procedures. This report has been provided to give the Board an opportunity to consider the subject and what further steps may be required to support its success.

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

2 Recommendations

- 2.1 The Board to accept this report as a source of significant assurance that both the Corporate Management Team and the Audit & Risk Committee are exercising oversight of this project, and that progress is being made.
- 2.2 The Board to consider what further action may be appropriate at this time to support the progress of the project.

3 Discussion of Key Issues

Development of the Action Plan

- 3.1 In response to the audit report, a workshop involving officers from throughout NHS Lothian was held in August 2015 to discuss the issues relating to compliance with policies & procedures. In that workshop there was a presentation on human factors and how this should inform our approach to policies & procedures. The Corporate Governance Manager provided a report to the Audit & Risk Committee on the outcome from the workshop on 7 September 2015, and a report providing an update on the audit recommendations on 7 December 2015.
- 3.2 The workshop informed the development of an action plan. The Corporate Management Team considered several drafts of the plan before a final version was presented to the Audit & Risk Committee on 7 April 2016. The Committee accepted the report as providing assurance that an action plan was in place and requested a progress report in September 2016.

3.3 The action plan has two broad categories of work:

- The work which has to be progressed “corporately” to attend to the Board’s overall systems and infrastructure to support the effective development and implementation of policies and procedures. This has been the focus of work to date.
- Work which can only be taken forward in local departments to consider how the general issues relate to local context.

3.4 The Audit & Risk Committee received the progress report in September 2016 and agreed that it had a moderate level of assurance that acceptable progress was being made on the issues raised in the original “Compliance with Policies & Procedures” audit report. There was an agreed action:

“The Committee agreed that the report should be presented to the Board and shared with other committees. Executive management should consider how the project will be overseen and monitored, and that this should be captured in the Board paper.”

Developments since September 2016

3.5 The Corporate Management Team considered the action plan on 17 October and agreed that the key next steps should be:

- Simplify the action plan to make it clearer what the next steps will be.
- Develop a prioritised action list, with actions for the Corporate Management Team set out on a quarter by quarter basis.
- An early priority should be to ensure that all areas have effectively implemented the [Mandatory Policy Packages](#).

3.6 Following this discussion the Corporate Governance Manager has worked with other managers to review and update Mandatory Policy Package 1 (which is for all employees), ensuring it is consistent with current policies and all the hyperlinks are up-to-date. Additionally this review has led to a simplification of the suite of mandatory policy packages, reducing it from 7 packages to 5. The remaining packages will also be reviewed.

3.7 In the interests of helping managers understand what they can practically do to take forward this project in their area, the Corporate Governance Manager has developed a generic local action plan which is a distillation of relevant points from this action plan. The Corporate Governance Manager has discussed this with members of the West Lothian Health & Social Care Partnership management team, and they agreed to review this local action plan with their local teams to test it and ensure that it is a supportive tool. The Corporate Management Team had a further discussion on the project on 14 November and asked that a similar exercise be taken forward with the Chief Officer (University Hospitals & Support Services).

3.8 There has been engagement with other groups and committees in this period relating to the project, namely the Area Clinical Forum, the IRMER Policy Board, the Healthcare Governance Committee and the Area Drug & Therapeutics Committee.

3.9 Further work will be undertaken to further define the overall action plan as the CMT has requested.

4 Key Risks

4.1 The *Ensuring the Right Thing Happens in Practice Every Time* action plan has been prepared to attend to the following key risks:

- Employees do not understand why they have to do something.
- Employees do not know what they are personally expected to do.
- Some policies simply cannot be implemented.
- The organisation does not give adequate focus and support to embedding systems of internal control.

5 Risk Register

5.1 The corporate governance service-level risk register has captured the above four risks.

5.2 Given the scale and diversity of the organisation and the sub-cultures within it, it is essential that departments take ownership for championing this subject within their own area of responsibility. Where a department is not effectively implementing a policy, or does not know whether it is or not, then it is not satisfying an assurance need. Specifically defined risks should therefore be reflected in local risk registers, and at the most appropriate level of risk register.

6 Impact on Inequality, Including Health Inequalities

6.1 Many of the risks associated with this subject can be mitigated through the work undertaken when policies and procedures are being developed. One of the actions in the action plan was to develop a revised *Procedure on Developing Policies & Procedures*, and an integrated impact assessment of that procedure was carried out on 7 November 2016.

6.2 The assessment identified several positive impacts. It promotes the active engagement of employees in development of material which will give them more control over their work environment. The Procedure also promotes the Board's policies on Involving People and Impact Assessment. It was also recognised that improved policies and procedures reduces the risks associated with error, with the potential to reduce waste and the need for re-work. The effective implementation of policies and procedures is particularly relevant to matters relating to public safety.

6.3 In terms of negative impacts, the assessment identified the presumption that material will be placed on the intranet and employees will need access to a computer to access it. It was recognised that not all employees have this access and many will be working in the community. The wider action plan needs to be cognisant of these issues and respond to them.

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

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

involvement is not required. It should be noted that the revised draft of the Procedure on Developing Policies has strengthened the profile and content on this subject, so that it is properly considered in the design of individual policies and procedures.

8 Resource Implications

- 8.1 This project does require dedicated time and resources to take it forward and to make investments that will support change, and this has been discussed and being considered by the Corporate Management Team. It should be noted however that many small changes can be and are being made at no additional cost, and cumulatively they do lead to systematic improvement.
- 8.2 There is considerable potential to secure efficiency and productivity gains through more efficient and effective administration of policies and other material. Additionally any developments which make it easier to implement policies and other material, and/or increase the likelihood that they will be implemented and provide assurance on the same, has the potential to reduce waste.

Alan Payne
Corporate Governance Manager
23 November 2016
alan.payne@luht.scot.nhs.uk

List of Appendices

Appendix 1: Progress on Ensuring the Right Thing Happens in Practice Action Plan

APPENDIX 1: PROGRESS ON ENSURING THE RIGHT THING HAPPENS IN PRACTICE ACTION PLAN

No	Issue & Action	Owner(s) and target completion date
1	<p><u>Need to Establish the Organisation's Priorities</u></p> <p>a) Corporate Management Team ("CMT") to clarify for employees what the organisation's priorities are, with particular regard to the Board's values and its risk appetite and tolerances and organisational capacity.</p> <ul style="list-style-type: none"> • Identify what the priorities are. • Determine what the practical effect of a subject being considered a priority actually is, and develop associated guidance and support. • Identify the policies and procedures which directly contribute to the priorities, and undertake further work to be assured that they are properly designed, and can be and are effectively implemented. <p>b) Agree mechanism to communicate whatever is defined above to all employees.</p>	<p>Corporate Management Team, 30 September 2016</p> <p>Head of Communications, 30 September 2016</p>
<p>Status as at 20 November 2016: IN PROGRESS</p>		
<p>Identifying Priorities</p> <p>The CMT discussion on 14 March 2016 flagged the need to ensure that the Vision (NHS Scotland 2020) and the Mission (triple aim) were commonly understood.</p> <p>The Board subsequently had a development day on Quality on 20 June 2016, and the following points were agreed in the notes: <i>"The purpose of the Board was discussed with it being felt that currently Board meetings could be refocused around the ambitions set out in the Triple Aims. Board agenda's and themes for Board meetings might be planned over the year to coincide with key outputs from strategic and service delivery points."</i> <i>"The Board should refocus its attention from HEAT standards and process standards and consider our delivery against the triple aims re population health; person centred care and cost per capita spend."</i></p> <p>Engagement activity is already taking place across the organisation, e.g. through the board development sessions, the clinical change forum and the quality improvement teams.</p>		

The Head of Communications is currently working with the quality directorate to develop an engagement plan which will set out how the Vision and Mission (the Triple Aims) are further communicated throughout NHS Lothian. This will be incorporated into the NHS Lothian Communication and Engagement Strategy which will be presented to the Lothian NHS Board in December 2016. Initial engagement activity is already underway.

The Corporate Management Team considered the overall action plan on 17 October 2016 and agreed that key next steps should be:

- ✓ Simplify the action plan to make it clearer what the next steps will be.
- ✓ Develop a prioritised action list, with actions for the Corporate Management Team set out on a quarter by quarter basis.
- ✓ An early priority should be to ensure that all areas have effectively implemented the [Mandatory Policy Packages](#).

Following this discussion the Corporate Governance Manager has worked with other managers to review and update Mandatory Policy Package 1 (which is for all employees), ensuring it is consistent with current policies and all the hyperlinks are up-to-date. Additionally this review has led to a simplification of the suite of mandatory policy packages, reducing it from 7 packages to 5. The remaining packages will also be reviewed.

In the interests of helping managers understand what they can practically do to take forward this project in their area, the Corporate Governance Manager has developed a generic local action plan which is a distillation of relevant points from this action plan. The Corporate Governance Manager has discussed this with members of the West Lothian Health & Social Care Partnership management team, and they and other members of the Corporate Management Team (as agreed by the CMT in November 2016) are currently reviewing this action plan with their local teams to test it and ensure that it is a supportive tool.

It is recognised that this overall action plan requires a blend of “corporate” organisation-wide actions, and work that can only be taken forward by local areas with due regard to their activities and circumstances.

Finding out what it takes to implement the Mandatory Policy Packages

The CMT agreed on 14 March 2016 to undertake a piece of work to identify what is required to implement the mandatory policy packages. It was noted that the work on communicating the Vision and Mission may allow for some material to be removed from the mandatory packages.

This review should identify people who represent large groups of employees to test the model. It should identify:

- ✓ What do people actually need to do their day-to-day job
- ✓ What things they need to refer to on an “as and when required basis

This action will be taken forward as a consequence of taking forward the generic local action plan. One of the points in the action plan invites managers to consider their systems to make employees aware of mandatory packs and be assured that they have read them. A further action point asks: “*What arrangements have the management team to put in place to be assured that the policies included within the mandatory policy packages are being effectively implemented?*”

New Mandatory Education and Training Policy

This contributes towards clarifying the organisation’s priorities for employees. The Lothian Partnership Forum approved this new policy in March 2016. This clarified the requirements for mandatory education and training across 4 defined job families and is supported by supplementary information on HR online. The policy was reviewed in light of the findings from the recent Information Commissioner’s audit. The Information Governance Assurance Board has raised the required compliance level for information governance LEARNPRO completion from 80% to 85%. The Director of Public Health & Health Policy (Chair of IGAG and Caldicott Guardian) shall be contacting other directors to ensure appropriate actions are being taken to achieve this.

To promote awareness of the Mandatory Education and Training Policy, awareness sessions have been set up for managers to help them understand their responsibilities associated with it. The sessions aim to help managers:

- Identify mandatory training requirements
- Identify essential training
- Understand the importance of compliance and the risks of non-compliance.
- Understand managers’ responsibilities
- Monitor compliance

Dashboards are available on Tableau to support monitoring of the completion of mandatory training. Additionally in August 2016 the HR Systems Manager sent to all managers a simple guide on how to run monitoring reports from Empower.

The internal auditors have recently confirmed through their follow-up process that they have closed the original two audit recommendations from the audit on Compliance with Policies & Procedures (April 2015), which related to Learnpro mandatory training and the review of mandatory policy packages.

No	Issue & Action	Owner(s) and target
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		completion date
2	<p><u>Improving the Approach to Developing Procedures</u></p> <p>This action was concerned with reviewing the Board's Procedure on the Development, Approval and Communication of NHS Lothian Policies and Procedures.</p> <p>The review was to factor in a range of issues identified in a workshop held in August 2015, which highlighted the need to emphasis why a policy or procedure exists, and for there to be greater consideration of the implementation of the policy during the design stage.</p>	Corporate Governance Manager, first re-draft of procedure to be ready by 31 March 2016.
<p>Status as at 20 November 2016: ALMOST COMPLETE</p>		
<p>The Corporate Governance Manager has developed a revised procedure which addresses the issues raised in the August 2015. The procedure has been subject to considerable consultation (and amendment in light of feedback received), and has also been subject to an integrated impact assessment. The aim is to present a final version to the Corporate Management Team for approval on 8 December 2016.</p> <p>Building on this work, the Corporate Governance Manager is working with colleagues to develop new ways of drafting the structure and content of new or revised policies and procedures. This is to support the implementation of the revised Procedure and inform the development of templates and other supporting material for others to use.</p> <p>The issues of approval and communication of policies are being taken forward as separate pieces of work (Numbers 5 & 6 on this action plan).</p>		

No	Issue & Action	Owner(s) and target completion date
3	<p><u>Establish the “Why?” – How is the organisation performing?</u></p> <ul style="list-style-type: none"> • Integrate reporting against the Board’s risk appetite and tolerances into the new Board performance report. • Develop a process of reporting the whole organisation’s performance to employees. • Following the establishment of a single Board-level Quality & Performance Report, “roll-up/roll down” functionality for the associated measures, using beta dashboard technology, will be developed to allow identification of improvement opportunities by, and within, management units 	<p>Associate Director for Quality Improvement & Safety / Associate Director-Information Services, 30/9/16</p> <p>Associate Director-Information Services / Head of Communications, 30/12/16</p> <p>Associate Director-Information Services, 31 March 2017</p>
<p>Status as at 20 November 2016: IN PROGRESS</p>		
<p>Management have developed and refined the Quality & Performance Improvement Report to the Board. Development work is underway to allow Board committees to undertake the detailed scrutiny of Board performance, with the Board receiving a report which summarises the overall performance and the conclusions from the committees’ activities. It has also been agreed to trial standard definitions of levels of assurance, which can be used in reports relating to performance management and assurance needs at the Board and all committees.</p> <p>The monthly Team Brief now includes updates from the Board and information on how the organisation is performing.</p>		

No	Issue & Action	Owner(s) and target completion date
4	<u>Post Implementation Feedback</u> Introduce a process where anyone can give feedback on any individual policy or procedure, so that the organisation learns what works, what does not, and takes forward remedial actions.	Corporate Governance Manager / Head of Communications, 30/4/16
Status as at 20 November 2016: COMPLETE		
<p>A previously existing intranet form to gather efficiency & productivity ideas has been adapted and re-presented in Finance Online, and cross-referred to the clinical policies section of the intranet. It now includes a second question which allows anyone to highlight when they are having difficulties understanding or implementing an existing policy or procedure. Any correspondence will be handled by the team that currently receives the efficiency & productivity ideas. There was an article in the August 2016 Team Brief highlighting this facility.</p> <p>Additionally the local generic action plan (see Action 1) includes a prompt to raise awareness of this facility.</p>		

No	Issue & Action	Owner(s) and target completion date
5	<u>Standardising the Role of the Groups, Committees, and Individuals which approve policies, procedures & guidelines for implementation</u> <i>The approvers should not be developing policies etc, but rather be satisfied that the lead development officer has followed the procedure on developing policies & procedures.</i> <ul style="list-style-type: none"> • All policy/procedure/guideline approvers to implement a system of control so that no item is approved for use unless: <ol style="list-style-type: none"> a) They are assured it has been prepared in line with the procedure on developing policies AND b) There is a credible and deliverable implementation plan. <p>Review the population of groups which can approve policy and procedures, to determine if this can be consolidated, so as to increase the likelihood of consistency.</p>	Corporate Governance Manager, 30/9/16
Status as at 20 November 2016: IN PROGRESS		
<p>The revised procedure on developing policies (see action 2) includes the role of approval bodies, as described in</p>		

the above action. The initial consultation of the revised procedure did elicit feedback on the approval of policies, which has informed this action. The Corporate Governance Manager provided a report summarising the issues relating to the approval of policies to the Risk Management Steering Group in July 2016. It was acknowledged that this is a complex area, and that the focus of the work should be on the approval of clinical policies, as that is where the risks lie. It was agreed that the next steps would be to take forward the review through discussion with the chairs of the groups that are currently approving clinical policies (of which there are many). The Corporate Governance Manager has developed a draft role of a policy-approving group for the future, and took forward the review in line with the following principles:

1. *No group will be able to both develop a policy and approve it for use.*
2. *There will be fewer groups in NHS Lothian approving policies than is the case at the moment.*
3. *The role of the approval groups following the review will be to assured that:*
 - a) *The policy/procedure was prepared in the manner required by the Procedure on Developing Policies & Procedures, and is evidently supported by those who will be required to implement it; and*
 - b) *There is a credible and robust implementation plan for the policy/ procedure.*
4. *The relevant professionals/ expert groups will remain responsible for leading the development of policies and procedures, in line with the above procedure.*

The Corporate Governance Manager is in the final stages of meeting with the chairs and key officers of groups/committees to get a better understanding of the current processes. This large exercise has identified opportunities to explain to employees how the organisation works, e.g. what groups exist and what is their role, how should the policy development and approval process work etc. The exercise has also shown that there are some opportunities to consolidate the policy approval process, and reduce the number of groups which approve policies.

The work is proceeding with an aim to have a proposal for consideration ready in January 2016.

No	Issue & Action	Owner(s) and target completion date
6	<p><u>Improve the Support to the Front-Line on Ensuring that the Right Thing Happens in Practice Every Time</u></p> <ul style="list-style-type: none"> • Improving the Control over the Population of Policies, Procedures and Guidelines • Improving the Distribution of Policies, Procedures and Guidelines ❖ Develop standard distribution procedures which will be automatically applied for any document. ❖ Create a single distribution point with the responsibility to implement the above distribution procedures. That distribution point will need to develop and maintain organisational information (organisation charts, role descriptions) in order to effectively carry out this role. • Improving the knowledge and skills throughout the organisation with respect to designing and implementing adequate and effective systems of internal control. 	<p>Corporate Governance Manager / Head of Communications, 31/3/17</p>
<p>Status as at 20 November 2016: IN PROGRESS</p>		
<p>The revised procedure envisages there being a central distribution point that will apply a standard procedure for distributing material directly to the relevant employees, but it will take no responsibility for ensuring that the material has been read, understood or implemented (that will remain with line management). Such a central distribution point does not exist at the moment and this will need to be explored further.</p> <p>There have been some developments in this area:</p> <p><u>Systematic Consultation</u></p> <ul style="list-style-type: none"> • The Corporate Nursing Team updates the policy consultation zone at the start of each calendar month with all draft policies, procedures, and patient information material provided to them for internal consultation. • The Corporate Nursing Team advises the communications team of the above, and an article highlighting what is out for consultation is included in the NHS Lothian Team Brief. 		

Communication

- The Clinical Policy, Documentation and Information Group publishes material approved by the Group on the intranet, and issues a monthly briefing note to the organisation advising the organisation what has been approved for use, and what is out for consultation. Other groups publish their own materials.
- Management are currently exploring the option of placing the Board's policies on the Board's website, rather than the intranet. There are several benefits to this, a key one being that they are more readily accessible to anyone with an internet connection, e.g. an employee can access policies through their own phones, rather than having to access a computer to log onto the Board's intranet.
- Management are currently exploring options for developing a centrally-maintained information system which captures the management structure and managers. Amongst other things this would help with communication relating to the development and awareness of policies and procedures. It should be noted however that it is a significant piece of work to develop the underlying systems to create and maintain such a system.

The above proposals require a different way of working that would need to be supported by a central team. This is likely to have resource implications which need to be worked through.

Improving the knowledge and skills throughout the organisation with respect to designing and implementing adequate and effective systems of internal control.

Within the introduction to the generic local action plan (Action No 1), there is an explanation of assurance, and the relationship to risk management and systems of internal control. There is also a description of four broad types of internal control with examples. This will help prompt consideration of this subject and identify what kind of support and advise teams actually require.

No	Issue & Action	Owner(s) and target completion date
7	<p><u>Improve the organisation's infrastructure to facilitate efficient and effective communication throughout the organisation</u></p> <ul style="list-style-type: none"> • Re-align the management structure in light of functions being delegated to integration joint boards. • Carry out a fundamental review into how the intranet is designed and managed. 	<p>Corporate Management Team, 30/12/16</p> <p>Head of Communications, 31/12/17</p>
<p>Status as at 20 November 2016: IN PROGRESS</p>		
<p>Each health & social care partnership is working through the re-design and implementation of its management structure. There has been some progress in altering the management structure within corporate functions but there remains work to do. The strategic planning function has been successfully re-aligned, however further work is required on data analysis support. There are identified contacts/ business partners (to health & social care partnerships) for public health, finance and ehealth.</p> <p>Following the substantive appointment of the new Executive Director of Nursing, Midwifery & AHPs, his previous role of Director of Strategic Planning will not be filled. Consequently NHS Lothian is operating with one less executive director.</p> <p>Within Action 6 (above) there is a piece of work to develop and maintain a comprehensive picture of the management structure so as to support effective communication. This work will have to be informed by the progress made in the re-design of the management structures.</p> <p>The review of the intranet is about to begin.</p> <p>There has also been a review of the Standing Financial Instructions and the Scheme of Delegation, to make the necessary amendments in light of the development of integrated management and operational teams. This also supports the effective implementation of the Board's policies and procedures.</p>		

No	Issue & Action	Owner(s) and target completion date
8	<u>Directors and managers have to look for information that would give them assurance that policies and procedures are being implemented effectively.</u> <u>There is very little assurance which is systematically generated</u>	Corporate Management Team, 31 March 2017
Status as at 20 November 2016: IN PROGRESS		
<p>The Corporate Governance Manager has contacted the information governance team to establish a baseline understanding of the information systems that we have in place. The Information Asset Register will assist with this. The intention is to determine how the functionality of our systems can help with systematic assurance, and what actions are required to maximise the use of that functionality.</p> <p>Within the generic local action plan (Action No 1), there is a section on “Effectively Implementing Policies and Procedures.” There are prompts in there to consider the availability of IT to access policies, and how the department makes the best use of the systems that are at its disposal.</p> <p>The work on Mandatory Education and Training (Action 1) is a good example of improvements in tools to provide systematic assurance to management.</p>		

No	Issue & Action	Owner(s) and target completion date
9	<p><u>There appears to be no consistency to the approach of enforcing the Board's policies and procedures, and no consistency in the consequences to the individuals who do not follow them (for whatever reason)</u></p> <p>Further research to be carried out to better understand why some aspects of current policies and procedures are not being followed in practice, and why action is not always taken to correct this.</p> <p>Conduct reviews and interviews to understand why this is happening and report to management, and consider how it takes a consistent approach for all employees in light of the findings.</p>	Corporate Management Team, 31 March 2017
<p>Status as at 20 November 2016: IN PROGRESS</p>		
<p>At the Risk Management Steering Group of 21 March 2016 it was agreed that the Corporate Governance Manager would take this forward with managers in the line.</p> <p>The use of a generic local action plan (see Action 1) is likely to identify the contributing factors to some policies & procedures not always being followed in practice. Individual departments do need to take forward this work with due regard to local circumstances. The local action provides a structure to support this and makes the link to this overall action plan, however the prompts are sufficiently generic so that it can be applied to any area.</p>		

No	Issue & Action	Owner(s) and target completion date
10	<p data-bbox="405 233 1189 264"><u>Assurance on all appointments to managerial positions</u></p> <ul data-bbox="405 309 1507 595" style="list-style-type: none"> <li data-bbox="405 309 1507 451">• Review the recruitment and selection techniques for the appointment to managerial positions, to determine whether the process is adequately testing for understanding of how to design and implement systems of internal control, as well as all other required management competencies. <li data-bbox="405 496 1507 595">• Corporate Management Team to decide whether there should be a given standard of selection processes applied for every vacancy in every level of management. 	Corporate Management Team/ General Management, 31 March 2017
<p data-bbox="253 611 1196 643">Status as at 20 November 2016: IN PROGRESS</p>		
<p data-bbox="253 651 1883 715">During 2016/17 two values-based recruitment pilots are being taken forward. One relates to generic nurse recruitment (bands 2 & 5) while the other relates to the recruitment of consultants.</p> <p data-bbox="253 722 1883 853">The aim of both the pilots is to improve the selection of employees who share the values of NHS Lothian. Recent recruitment exercises into executive positions have made use of a competency based approach with values-based questions also included. The Human Resources directorate will consider rolling this approach out to positions from Band 8A upwards in 2017/18.</p>		