



Thursday 23rd August 2018, 2.00pm

Chief Officer's Report

Item number: 5.3

Executive summary

The paper sets out the key service pressures and service developments happening across Midlothian IJB over the previous 2 months and looks ahead to the following 4 weeks.

Board members are asked to:

- 1. Note the issues and updates raised in the report*
 - 2. Note the reappointment of Caroline Myles and Dr Hamish Reid to the Midlothian IJB by NHS Lothian Board*
 - 3. Note the appointment of Dr Nik Hirani to the Midlothian IJB by the NHS Lothian Board and note the re-nomination of Alex Joyce as a voting member of the IJB*
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Chief Officer's Report

1. Purpose

- 1.1 This report provides a summary of the key activities within health and social care over the previous two months and future key developments.

2. Recommendations

- 2.1 To note the issues and updates raised in the report
- 2.2 Note the reappointment of Caroline Myles and Dr Hamish Reid to the Midlothian IJB by NHS Lothian Board
- 2.3 Note the appointment of Dr Nik Hirani to the Midlothian IJB by the NHS Lothian Board and note the re-nomination of Alex Joyce as a voting member of the IJB

3. Background and main report

Finance

The quarter 1 position is in the process of being finalised, with early indications that the Health budget is currently in a positive balance whereas the Council budget is overspent at the end of the first quarter. An updated financial position and 3 year financial strategy will be brought to the IJB meeting on 13 September, which will allow for more detailed discussion.

Service Developments

Primary Care

Following the discussion and agreement on the Primary Care Improvement Plan at the previous IJB, the Plan has since been agreed by GP Sub-committee and submitted to Scottish Government. Whilst it is unclear whether any feedback will be provided, progress is now being made on implementing the Plan. A formal feedback on progress is due to Scottish Government by the end of September.

As previously reported, work was progressing on opening a new medical practice within Newtongrange, which will be part of Newbattle Medical Group. This practice is now open and seeing patients – the IJB is asked to acknowledge the commitment from Newbattle Practice in taking on this additional practice in light of the ongoing pressures within Primary Care.

Delayed Discharge

The Partnership continues to be challenged by the number of patients who are delayed in their discharge from hospital. The recent closure of beds within Springfield Bank has contributed to this situation but with the recent decision to open up the Home to phased admissions, this should relieve some of the pressures. However, the main reason for delays continues to be care at home capacity and a meeting with the Care at Home providers within Midlothian is planned for 16 August to explore different options for increasing capacity. A verbal update on the outcome of the meeting will be provided to the IJB meeting.

Quality Issues

Springfield Bank Care Home – as previously reported, the Care Home was being monitored under a Large Scale Investigation (LSI) as part of our Adult Support and Protection Procedures and was also subject to an Improvement Notice from the Care Inspectorate. Following improvements implemented by the Care Home provider (HC One), the improvement notice has been lifted and the Home is no longer under a Large Scale Investigation. There continues to be close working with the Home and the situation is being carefully managed, with a restriction on the number of new admissions each week.

Integration

IJB Appointments

In line with the Public Bodies legislation underpinning the IJBs, there is a need for Midlothian Council and NHS Lothian to appoint certain individuals to specific roles as set out in the legislation. The appointment of the following roles are the responsibility of NHS Lothian:

- (f) a registered medical practitioner whose name is included in the list of primary medical services performers prepared by the Health Board in accordance with Regulations made under section 17P of the National Health Service (Scotland) Act 1978;
- (g) a registered nurse who is employed by the Health Board or by a person or body with which the Health Board has entered into a general medical services contract; and
- (h) a registered medical practitioner employed by the Health Board and not providing primary medical services

At the NHS Lothian Board meeting on 1 August, the following individuals were reappointed to the Midlothian IJB for a period of 3 years:

- (f) Dr Hamish Reid, Clinical Director, Midlothian H&SCP
- (g) Mrs Caroline Myles, Chief Nurse, Midlothian H&SCP

The following member of staff was appointed to the Midlothian IJB for a period of 3 years (and replaces the vacancy previously held by Dr David Caesar):

- (h) Dr Nik Hirani, Consultant in Respiratory Medicine, NHS Lothian

And Alex Joyce (Employee Director) was re-nominated by NHS Lothian as a voting member of Midlothian IJB.

Midlothian IJB is asked to note these appointments and to welcome existing and new colleagues to the IJB.

IJB Liability

Following a question raised by a non-voting member of the Midlothian IJB regarding their liability as a member of the IJB, clarity on this position was sought from NHS National Services Scotland Central Legal Officer (CLO). It was confirmed that Midlothian IJB has membership of CNORIS (Clinical Negligence & Other Risks Indemnity Scheme), which is provided to ensure cover is in place for any legitimate claims regarding decisions made by the IJB.

NHS Lothian External Review – 4hr access

IJB members will be aware that, following whistleblowing concerns raised from the Royal Infirmary of Edinburgh relating to the culture and management of the 4 hour emergency care standard, an external review by The Academy of Medical Royal Colleges was commissioned by Scottish Government.

A full copy of the report can be accessed [here](#):

NHS Lothian Board have accepted all the recommendations within the report and a series of improvement actions have been developed and are in the process of being implemented. As the 4hr standard within A&E is a delegated function to the IJB, though not directly managed by the IJB, it is important for members to be aware of the report and to be assured that progress is being made to deliver the required improvements.

It is also important to acknowledge the concerns raised in the report regarding bullying behaviour, as reported by staff at many levels within the organisation, while recognising that there was no evidence of bullying and harassment found at Board level. There has been significant progress across NHS Lothian to ensure that the values of the organisation are embedded within all services, therefore it is disappointing to note that staff have raised concerns regarding these behaviours.

In recognising the concerns raised within the report, we are keen to ensure that these behaviours are not occurring within Midlothian. Therefore, an organisational development programme for staff is being progressed to ensure our values and culture reflects how we work as colleagues, recognising the stresses and strains of workload pressures but to ensure staff are supported to manage these effectively and appropriately. In the recent iMatter staff survey for Midlothian, 84% of staff reported they are “treated with dignity and respect as an individual”, which is very positive and a strong foundation to build upon as we go forward with the OD programme.

4 Policy Implications

- 4.1 The issues outlined in this report relate to the integration of health and social care services and the delivery of policy objectives within the IJBs Strategic Plan.

5 Equalities Implications

- 5.1 There are no specific equalities issues arising from this update report.

6 Resource Implications

- 6.1 There are no direct resource implications arising from this report.

7 Risks

- 7.1 The key risks associated with the delivery of services and programmes of work are articulated and monitored by managers and, where appropriate, reflected in the risk register.

8 Involving People

- 8.1 There continues to be ongoing engagement and involvement with key stakeholders across the Partnership to support development and delivery of services.

9 Background Papers

None

AUTHOR'S NAME	Allister Short
DESIGNATION	Chief Officer
CONTACT INFO	0131 271 3605
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