



ST JOHN'S HOSPITAL STAKEHOLDER GROUP MEETING

West Lothian Civic Centre
Howden South Road
Livingston
EH54 6FF

Waverley Gate
2-4 Waterloo Place
Edinburgh
EH1 3EG

3 April 2014

DATE: WEDNESDAY 9 APRIL 2014

TIME: 2.30 pm

**VENUE: BOARDROOM 1, ST. JOHN'S HOSPITAL, HOWDEN
(and by video conference call from Waverley Gate)**

Public Session

1. Apologies for Absence
2. Order of Business, including notice of urgent business
3. Declarations of Interest - Members should declare any financial and non-financial interests they have in the items of business for consideration at the meeting, identifying the relevant agenda item and the nature of their interest.
4. Confirm Draft Minute of Meeting of St John's Hospital Stakeholder Group held on Wednesday 12 March 2014 (herewith)
5. Department of Laboratory Services Update - Presentation by Mike Gray and David Harrison (herewith)
6. Paediatric Services Update - Jim Crombie
7. MRI Scanner Update - Agnes Ritchie
8. Key Quality Indicators Update - Agnes Ritchie
9. Hospital Activity Update with Year-on Year Comparisons (Out-patients) - Jim Crombie
10. Pressures on Haematology Services Update - Jim Crombie

DATA LABEL: Public

11. Stroke Care Delivery and Update on Transport Arrangements for Out-patient Appointments - Chris Stirling
12. Hospital at Weekend Update - Chris Stirling - Report (herewith)
13. Work Plan (herewith)

NOTE **For further information please contact Elaine Dow on 01506 281594
or email: elaine.dow@westlothian.gov.uk**

MINUTE of MEETING of the ST JOHN'S HOSPITAL STAKEHOLDER GROUP held within BOARDROOM 1, ST JOHN'S HOSPITAL, on 12 MARCH 2014.

Present – Councillors John McGinty (Chair), Anne McMillan and Frank Toner and Maureen Anderson (Patient Representative) and by video link from Waverly Gate, Edinburgh – Alison Mitchell (Non-Executive Director of NHS Lothian Board).

Apologies – Dr Alison McCallum, Agnes Ritchie, John Iredale (NHS Lothian) and Jim Forrest, Director of West Lothian CHCP.

In Attendance – Jim Crombie, Libby Tait and Chris Stirling

1. DECLARATIONS OF INTEREST

Councillor Frank Toner declared a non-financial interest as a Non-Executive Director of Lothian Health Board and as Chair of the West Lothian Community Health and Care Partnership.

2. Opening Comments

The Chair advised the Group that Elaine Dow would be attending future meetings as Clerk to the Group due to the fact that Val Johnston had other work commitments. He wished to thank Val, on behalf of the St John's Hospital Stakeholder Group, for all her hard work and support provided in the past.

3. MINUTE

The Group confirmed the Minute of its meeting held on 12 February 2014 as being a correct record.

4. STRATEGIC PLAN UPDATE

Libby Tait, Associate Director of Strategic Planning, provided the Stakeholder Group with a presentation on Our Health, Our Care, Our Future, NHS Lothian Strategic Plan 2014-2024.

Ms Tait advised that the Strategic Plan set out clear direction to enable Lothian health and social care to achieve its aims, setting out the context for health and social care integration and strategic plans. Key challenges were identified for Primary Care, which included the growing and ageing population and the increasing demands on workloads.

The following priorities and actions were identified:

1. Primary Care and Long Term Conditions;
2. Managing Unscheduled Care Demand and Capacity; and

3. Improving Elective (planned) Pathways

Ms Tait then advised that the draft plan would be considered by the Health Board at its meeting scheduled to be held in April 2014. A consultation process would then be carried out from April to August 2014 with wide engagement carried out with partners, members of the public and staff. Targeted consultation on specific propositions and engagement through community planning networks would also be carried out. A final strategic plan would then be submitted to the Health Board at its meeting in October 2014.

A question and answer session then took place. In response to a question asked by Councillor Toner about whether or not services would be affected at St John's Hospital, it was noted that there were no plans to move services from St John's Hospital however more detailed information would be available when the strategic plan was reviewed by the Health Board. A further update on the NHS Lothian Strategic Plan to deliver services over the ten year period from 2014 to 2024 would be available at a future meeting of the St John's Hospital Stakeholder Group.

Councillor McGinty then asked what the proposals were for public consultation on specific propositions. Ms Tait stated that consultation would be carried out with specific groups using the community planning networks and local groups rather than holding public meetings. Leaflets would also be available in public buildings, i.e. health centres, libraries, etc.

The Chair thanked Ms Tait on behalf of the Group for providing the presentation.

Decision

1. Noted the presentation by Libby Tait; and
2. Agreed that an update would be provided to a future meeting of St John's Hospital Stakeholder Group.

5. PAEDIATRIC SERVICES

Jim Crombie, Director of Scheduled Care, provided the Stakeholder Group with an update in relation to the Paediatric Unit at St John's Hospital. He advised that the paediatric rota for March 2014 was fully populated and that work was being carried out to populate the April 2014 rota. The staff team within the paediatric service was commended for their outstanding level of commitment to ensure that the unit continued to be staffed, especially over holiday periods.

Mr Crombie then provided an update in relation to staff recruitment. He advised that a micro-site had been developed with web links available providing opportunities for advertising and attracting recruitment. Nurse specialist roles were also being advertised to encourage experienced staff to apply for jobs.

It was also noted that refurbishment work would commence on the Special Care Baby Unit at St John's Hospital on 17 March 2014. Work would be planned to ensure minimum disruption during the refurbishment.

The Chair thanked Mr Crombie for the update and confirmed that the item would remain on the agenda.

Decision

1. Noted the update in terms of the Paediatric rota;
2. Noted the update in terms of staff recruitment;
3. Agreed that the item of business would remain on the agenda.

6. NUCLEAR MEDICINE UPDATE

Jim Crombie provided the Stakeholder Group with an update in relation to the progress made within St John's Hospital regarding nuclear medicine, which was going well. He advised that protocols had been set up and referral points finalised for the provision of CT equipment.

The Chair thanked Mr Crombie for the update and confirmed that the item would remain on the agenda.

Decision

1. Noted the nuclear medicine update; and
2. Agreed that the item of business would remain on the agenda for the next meeting.

7. HOSPITAL ACTIVITY WITH YEAR-ON-YEAR COMPARISONS

Jim Crombie provided the Stakeholder Group with an update on the outpatient activity at St John's Hospital for 2013/2014 compared to 2012/2013. Figures available for month 11 (2013/14) reported that outpatient attendances at St John's Hospital was 12,000 higher compared to the same time the previous year. Mr Crombie proposed that more detailed information would be submitted to the next meeting of the Stakeholder Group on the outpatient activity to the year-end 2013/2014 compared to the previous year. It was also agreed that information relating to in-patient day care activity at St John's Hospital would be reported to the meeting of the Stakeholder Group scheduled to be held in May 2014.

The Chair thanked Mr Crombie for the update.

Decision

1. Noted the update on the outpatient activity at St John's Hospital;

2. Agreed that a detailed report would be submitted to the April 2014 meeting on outpatient activity; and
3. Agreed that an update be provided to the Stakeholder Group scheduled to be held in May 2014 on the in-patient day care activity at St John's Hospital.

8. PRESSURES ON HAEMATOLOGY SERVICES

Mr Crombie provided the Stakeholder Group with an update in relation to staffing levels within the Haematology Service at St John's Hospital. He reported that one member of staff was retiring and four members of staff were on maternity leave, which increased the pressures within the service. Locum staff were brought in to cover the periods of maternity leave and support was also provided from staff from the Western General Hospital. The situation would continue to be monitored.

It was agreed that an update would be provided to the April meeting of the Stakeholder Group and then bi-monthly thereafter.

Decision

1. Noted the update in relation to staffing levels; and
2. Agreed that an update would be provided to the April meeting and then bi-monthly thereafter.

9. STROKE CARE DELIVERY

Chris Stirling, Site Director for St John's Hospital, provided the Stakeholder Group with an update in relation to the delivery of stroke care services at St John's Hospital. He advised that Quality Standards were in place to measure the speed of delivery of the service and a Pan Lothian Pathway Group was set up to look at long term planning and individual patient performance. Support was also being provided by a multi-disciplinary team within St John's Hospital and in the community.

Councillor Toner enquired about the staffing levels within the service and asked if there was any possibility that more patients would be moved to the Western General Hospital for treatment.

Mr Stirling advised that a review of the service provision would be carried out and if a gap was identified in the requirement for trained/specialist staff then consideration would be given on whether to use services available throughout the system.

Maureen Anderson (Patient Representative) then asked for an update in relation to the provision of services available to transport patients to and from hospital to attend outpatient appointments.

Mr Stirling stated that reports from members of staff within the outpatient

department indicated that there were no issues highlighted in relation to patients attending hospital on an outpatient basis. A number of transport options were available to patients and a Transport Policy was in place to assist patients who struggled to attend on a regular basis. It was also noted that an overview of transport resources was being carried out, which patients were being asked to participate in.

It was agreed that a further update would be provided to the next meeting of the Stakeholder Group.

Decision

1. Noted the update in relation to stroke care delivery; and
2. Agreed that an update would be provided to the April meeting of the Stakeholder Group;

10. WORK PLAN

The Stakeholder Group considered the work plan (copies of which had been circulated) and which contained new items of business and recurring items of business.

It was agreed that the following items of business be included on the work plan:

- Strategic Plan Update – reported to a future meeting;
- Nuclear Medicine – April meeting;
- Hospital Activity Report – year on year comparisons (outpatients) – April meeting;
- Hospital Activity Report – year on year comparisons (in-patients) – May meeting;
- Pressures on Haematology Services update – April meeting then bi-monthly thereafter.



Department of Laboratory Medicine

Current Position

Overview of Labs in Lothian

- Budget of over £30 million per annum
- Currently there are 19 labs across 4 sites
- Circa 14 million tests per year performed
- Volume of test are increasing year on year e.g. Microbiology test increasing at a 4% per year
- A headcount of over 600 with the equivalent of 6,530 years worth of Experience
- Potential retirement profile presents significant risk to the service
- Currently has 10 disciplines

NHS Lothian Laboratory Disciplines

1. Haematology
2. Biochemistry
3. Blood Transfusion
4. Microbiology
5. Virology, Molecular Virology
6. Clinical Genetics
7. Molecular Genetics
8. Cytogenetic
9. Pathology, Molecular Pathology
10. Cytology

Current

SJH
bacteriology

SJH
Biochemistry

SJH
Haematology
/BT

SJH

RHSC

Sick kids
Biochem
Haem

RIE
Biochemistry
Haematology

RIE
Pathology
Cytology

RIE
bacteriology

RIE
Pathology
Molec

RIE
Immuno

RIE Repro
med

RIE
Virology
Serology

RIE
Viro
Molec

RIE
UK
NEQAS

RIE
Haem
Molec

RIE
Common
recept

RIE
NSD
Micro

HPV
Molec

RIE

WGH

WGH
Genetics

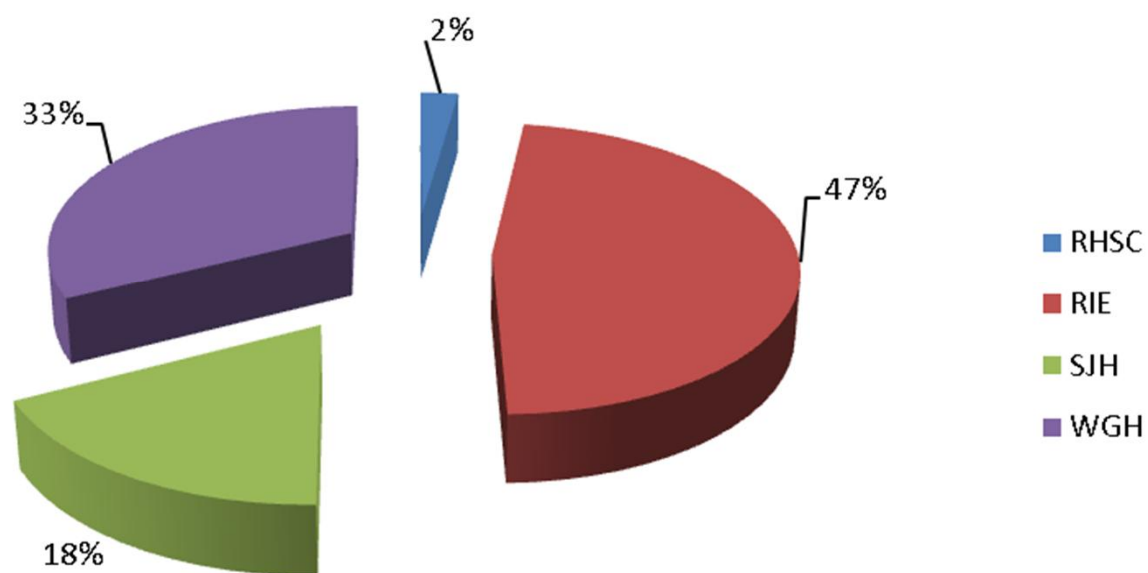
WGH
Genetics
NSD

WGH
Pathology

WGH
Cyto
Genetics
NSD

WGH
Biochem
Haem
BT

Breakdown of Work Across Lothian Labs



SJH is currently the main processing site for 30 GP practices.

Laboratories at SJH

- Separate Biochemistry Laboratory
- Separate Haematology & Blood Transfusion Laboratory
- Bacteriology Laboratory

Age profile Laboratory Medicine

- A headcount of 670 which equates to 577 WTE
- 60% (342 WTE's) of the workforce are over 40 years old
- 34% (195 WTE's) of the workforce are over 50 years old
- 19% (112 WTE's) of the workforce are over 55 years old

Summary of Age Profiling

Only 3% of the Laboratories work force is between the ages on 20 to 24 years old

Only 13% of the Laboratories work force is between the ages on 20 to 29 years old

A summary of the Age Profiling of WTE's reveals that **59%** of the Laboratories WTE's are **over 40 years old**

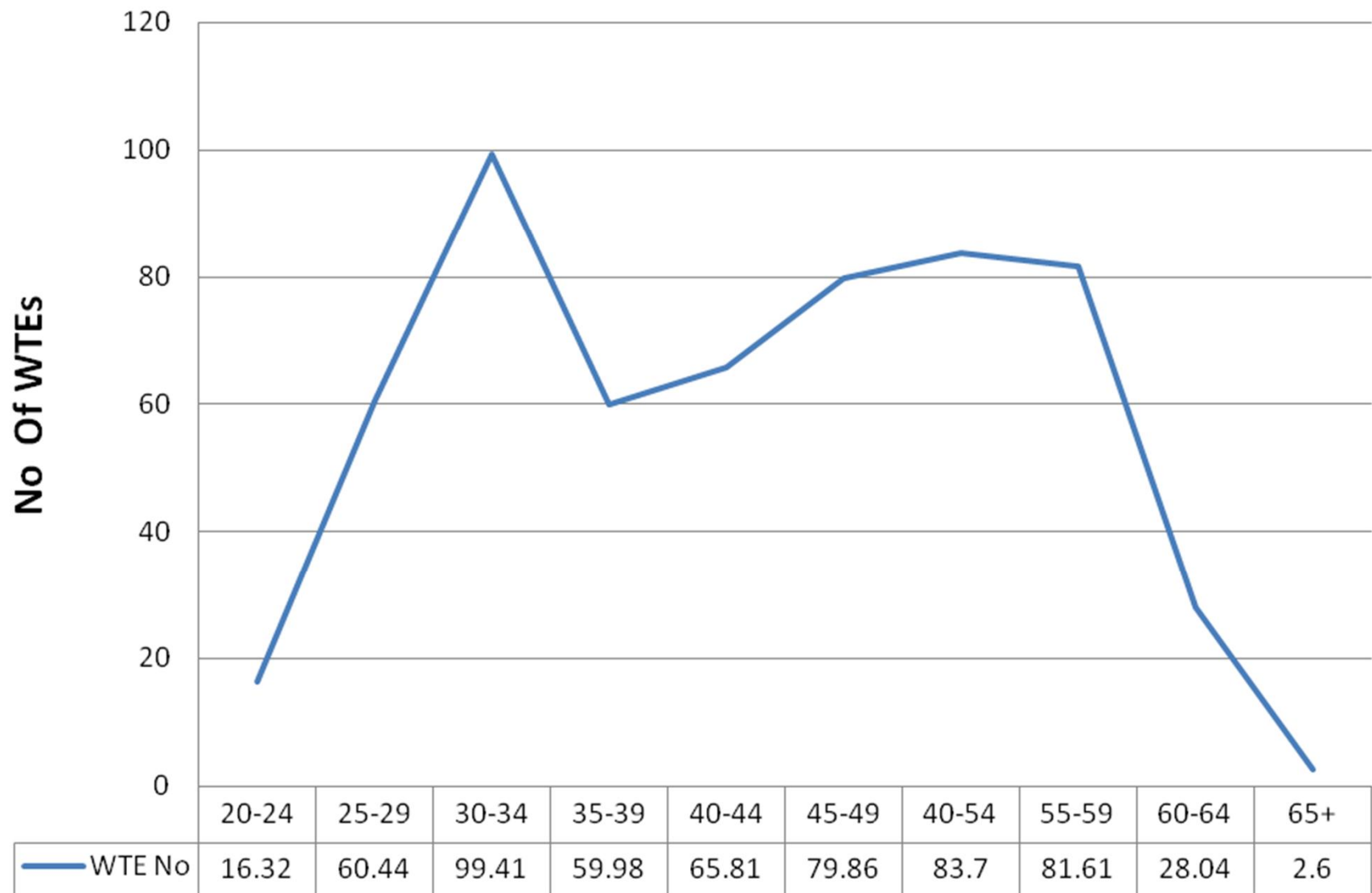
Summary of Age Profiling shows that as at March 2012 of the 577.77 WTE **275.81 or 48%** of WTE's are **over 45 Years old**

The figures below provides evidence that Laboratory Medicine needs to address the staffing profile to ensure viability for future service provision

There is an inherent risk of attracting young members of staff into what could be seen as an "old" department and there is a significant risk in terms of the potential retrials

Age Category											
20 to 24 years	25 to 29 years	30 to 34 years	35 to 39 years	40 to 44 years	45 to 49 years	50 to 54 years	55 to 59 years	60 to 64 years	65+ years	Total Sum of WTE	%age of total WTE's
Sum of WTE	Sum of WTE	Sum of WTE	Sum of WTE	Sum of WTE	Sum of WTE	Sum of WTE	Sum of WTE	Sum of WTE	Sum of WTE		
16.32	60.44	99.41	59.98	65.81	79.86	83.7	81.61	28.04	2.6	577.77	100%
Under 24										16.32	3%
Under the Age of 29										76.76	13%
Over the age of 40 Years old										341.62	59%
Over the Age of 45										275.81	48%
Over the age of 50										195.95	34%
Over the Age of 55										112.25	19%
Over the age of 60										30.64	5%
65 plus										2.6	0%

WTE Numbers by Age Category





Department of Laboratory Medicine

Laboratory Medicine Strategy

What is the “Lab Strategy”

- Ensure that the skilled workforce is delivering accurate test results as efficiently and effectively as possible
- Ensure that the skilled workforce are equipped to the challenges of the future
- Modernise the service where ever possible
- Review the number of sites where duplication of laboratory tests occurs

Why is a Strategy Required?

- Laboratory Medicine workforce is aging
- Future demands will add additional pressures to the workforce.
- Investment in Technology will be required to keep pace with growth in volume.
- Duplication across sites of this technology is unaffordable.
- To support the NHS Scotland 2020 vision and 2020 workforce and clinical strategy.

No of Tests	2011	2012	2013 (extrapolated)	% change from 2011 to 2013
Blood Sciences	11611101	11908069	12584416	8.4%
Biochemistry	9979954	10232246	10818568	8.4%
Haematology	1595646	1637791	1724740	8.1%
Transfusion	35501	38032	41108	15.8%
Cell Sciences	1384944	1470671	1557749	12.5%
Bacteriology	707383	729827	774312	9.5%
Pathology	372447	384580	415128	11.5%
Virology	305114	356264	368309	20.7%
Grand Total	12996045	13378740	14142164	8.8%

ReNew Programme

- 14 Projects have been identified to deliver the Labs Strategy
- Project 1 **enabler** GP Order Comms Project
- Project 2 Microbiology Automation
- Project 3 SJH Blood Sciences
- Project 4 **enabler** Establishment of a Training School
- Project 5 Blood Sciences Workforce Plan
- Project 6 Genetics / Bio Quarter
- Project 7 Space at RIE and LEPP
- Project 8 **enabler** Business Management
- Project 9 Immunology
- Project 10 **enabler** Labs Van Service
- Project 11 **enabler** Qpulse
- Project 12 **enabler** Website / Visibility
- Project 13 Non-Blood Sciences Workforce Plans
- Project 14 Procurement (non managed service)

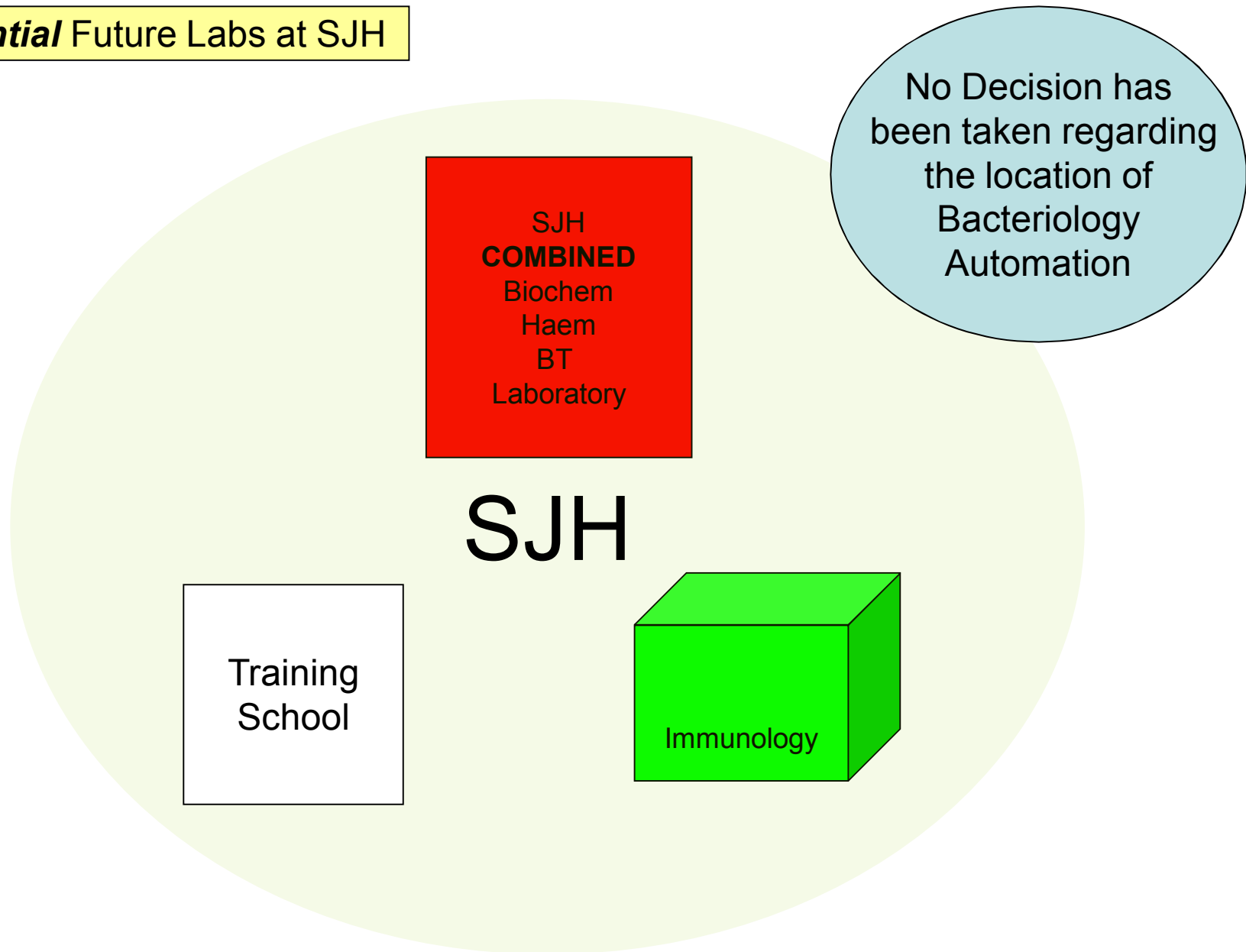
Laboratory Medicine Strategy & the Benefits for SJH

What changes have taken place at SJH?

- Training School established and this will support the Modern Apprenticeship Programme
- Over £200K investment in Laboratory infrastructure at SJH
- Embryonic Immunology discussions regarding the potential for this service
- Overnight microbiology service provided by the RIE site (open 24 hours)



Potential Future Labs at SJH

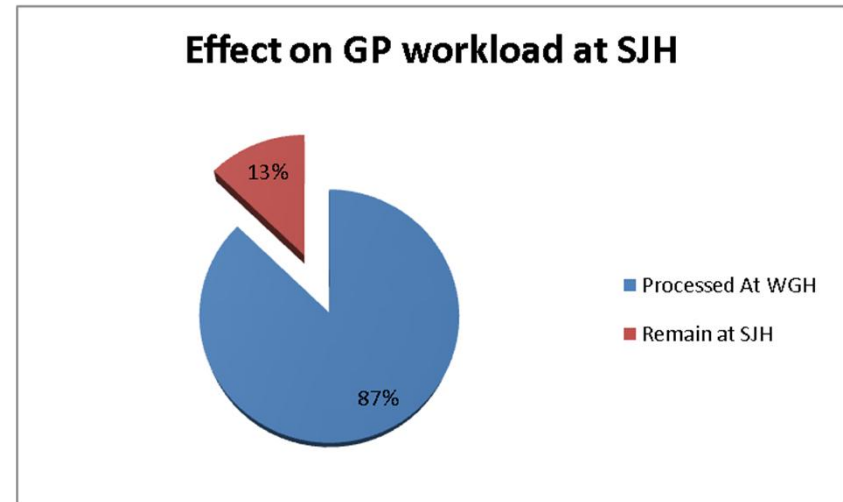
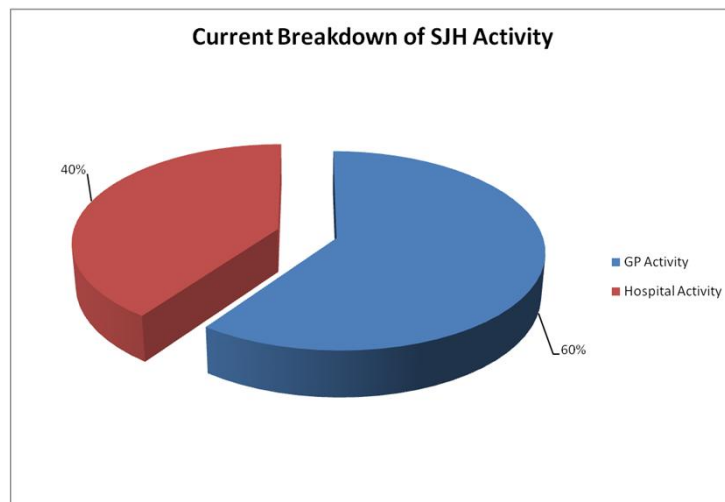


What is the desired outcome?

- Deliver the approved Labs Strategy
- Ensure that Laboratory Medicine continues as a ISO15189 compliant service.
- Ensuring that the workforce are equipped to meet future challenges in an ever changing environment.
- Increases Standardisation and Consistency across the service, therefore delivering safe effective results
- Makes the best use of the available resources
- Supporting the Lothian financial position
- Clinically supported changes
- Effective services = Efficiency + Quality

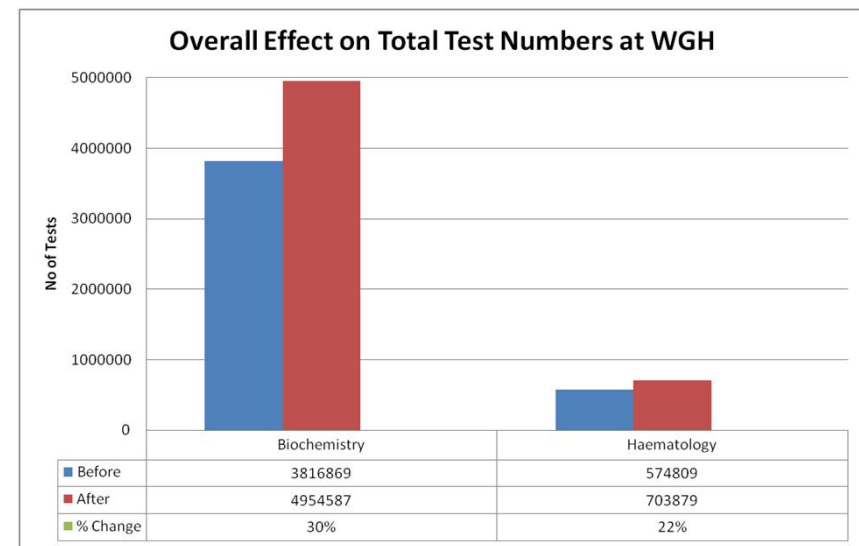
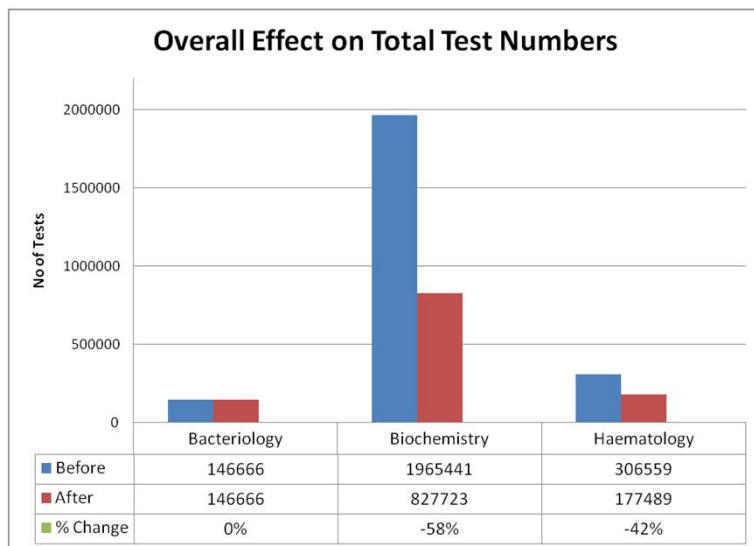
What is the effect for SJH?

- The next series of changes proposed are around what happens in Biochemistry and Haematology/Blood transfusion. This centres on these service being provided by one staff group in a purpose built environment
- Continues to provide hospital services for blood sciences (Chemistry, Haematology and Blood Transfusion)
- Movement of some GP work to the large automated system at WGH



What is the effect for SJH?

- It means that in future the staff group can work across Chemistry and Haematology/Blood transfusion with a smaller group of specimens and that samples tested at WGH can have immediate access to specialised testing.



What are the potential problems?

- Increase in transportation time for GP samples to WGH
- Increase in patients referred to unscheduled care after a lab result phoned

How will we cover these issues?

- Additional transport run to WGH for west Lothian GP's
- All urgent (by GP request) and INR samples processed at SJH
- We have analysed unscheduled care activity and shown minimal increase (if any)
- Reviewing what is phoned to unscheduled care

Evidence that turnaround can be managed

- In an incident in 2012 without planning and suboptimal transport we achieved the following

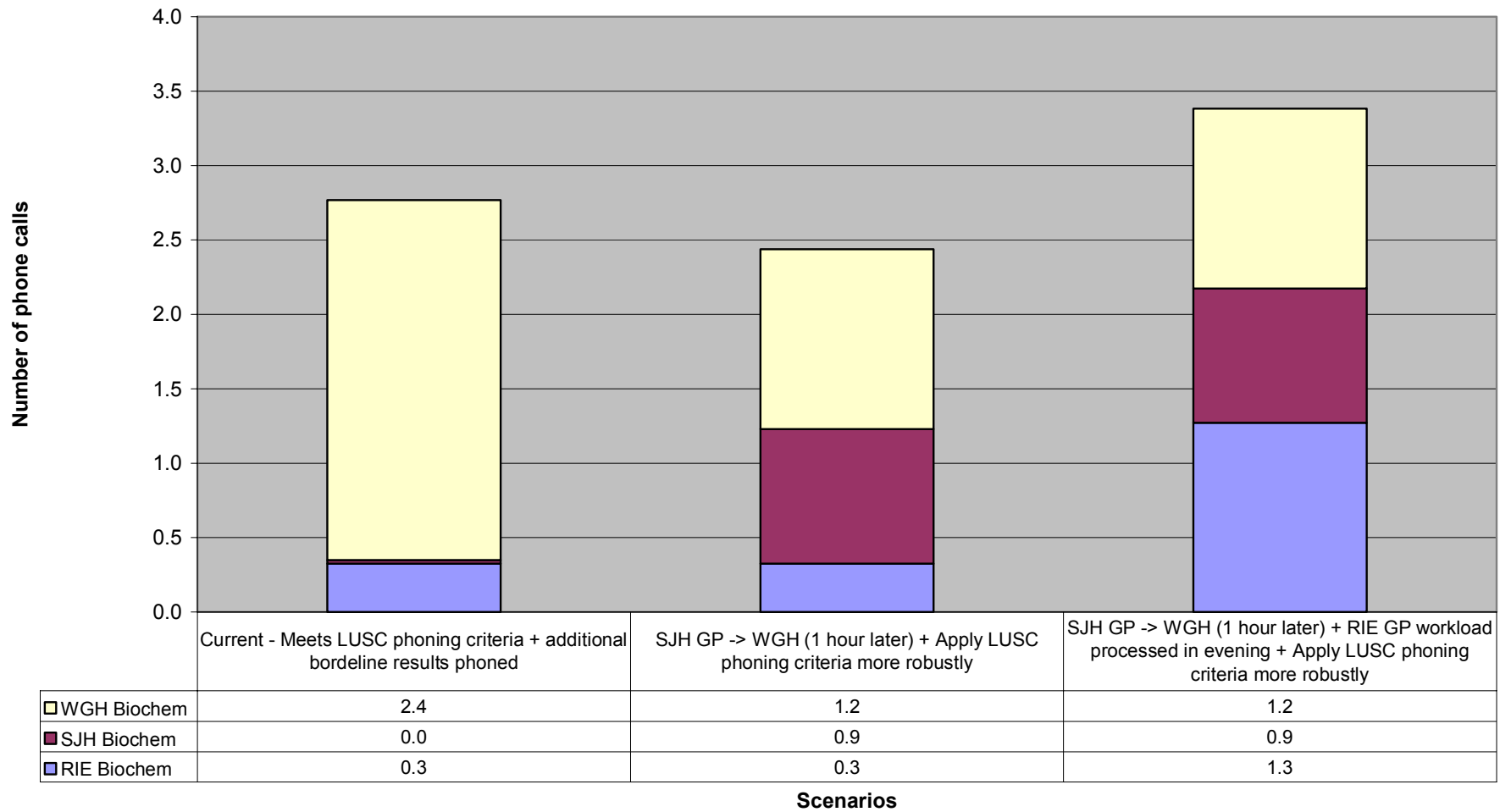
9th/10th July 2012 - Processed at SJH

		Average of Turnaround Time	Average of Turnaround Time
Test Code	No of Specimens	(Receipt to Auth)	(Collection To Receipt)
Full Blood Counts	571	1h 14min	7h 58min
INRs	273	22min	6h 37min

12th/13th July 2012 - Processed at WGH

		Average of Turnaround Time	Average of Turnaround Time
Test Code	No of Specimens	(Receipt to Auth)	(Collection To Receipt)
Full Blood Counts	473	48min	8h 34min
INRs	155	23min	7h 48min

Avg Daily No of Biochemistry Phone Calls to LUSC



The advantages of moving this work?

- More immediate access to specialist test repertoire in biochemistry and haematology at WGH for GP work redirected from SJH.
- Supports future workforce planning
- Best use of high throughput equipment

West Lothian Stakeholders Group 9th April 2014
Hospital at Weekend Update

Summary

Hospital at Weekend was launched at St Johns Hospital on 7th December 2013. The model was driven by the need to support the existing medical workforce in the medical and head and neck ward areas during the weekend.

The service has had a positive impact on:

- Allocation and distribution of weekend work
- Weekend discharge figures
- How the weekend 'feels' for the weekend medical and nursing team

Introduction

The team is made up of Senior Nurse Practitioners who have extended clinical and decision making skills. One practitioner acts as the coordinator and triages all calls from the ward areas, allocating the request to the most appropriate member of the team, be it a medic or a practitioner. Since February 2014, four Band 3 Clinical Support Workers (CSW) have also been employed to work with Hospital at Weekend and support the clinical workload.

Main findings

The average number of calls that the coordinator is taking each day from the ward areas at the weekend is 112. All of these calls would have traditionally gone to the junior doctor via a bleep. The triaging, prioritisation and allocation of these requests has allowed the medics to concentrate on tasks that only they can do, and has enabled them to feel supported. The nursing staff also feel more supported, noticing a more timely response to work requests over the weekend.

There is an upward trend on discharges over the weekend period compared to the same period twelve months ago. This increase in discharges as well as the improved workload at weekend has facilitated St Johns being better able to take additional bed bureau patients from Edinburgh to assist in overall unscheduled care flows across NHS Lothian on Mondays.

Outstanding Issues

Time is needed to develop the new role of the CSW in order to optimise their function within the team. This includes extended clinical skills training, as well as training with AHP's to support the physiotherapy and occupational therapy weekend service.

Improvement is needed in the way that the medical handover on a Friday evening is given to the weekend team. The current system (which is written on paper) is leading to repetition of work, with opportunities to improve the current system from a reliability and safety perspective. A TRAK handover similar to the one used for Hospital at Night is to be discussed at the TRAK board in April 2014. This will ensure that each request is attached to the patients EPR on TRAK providing clear information and instructions, and therefore helping patient safety.

The future

Funding has been given to extend Hospital at Weekend pilot for the next financial year (2014 / 2015). We will continue to evaluate the model and work with existing services to ensure that Hospital at Weekend continues to enhance and support weekend working at SJH.

Jane McNulty Lead Advanced Nurse Practitioner
Margot McCulloch Senior Nurse Practitioner
17th March 2014



ST JOHN'S HOSPITAL STAKEHOLDER GROUP

Work Plan as at 9 April 2014

	SUBJECT	OFFICER	MEETING DATE
1	Laboratory Services Update and Presentation	Jim Crombie	9 April 2014
2	MRI Scanner Update	Agnes Ritchie	Quarterly update – next report 9 April 2014
3	Key Quality Indicators	Agnes Ritchie	Quarterly update – next report 9 April 2014
4	Paediatric Services Update	Jim Crombie	Standing item
5	Nuclear Medicine Update	Jim Crombie	9 April 2014
6	Hospital Activity Report inc year-on-year comparisons (Out-patients).	Jim Crombie	9 April 2014
7	Pressures on Haematology Services Update	Jim Crombie	9 April 2014 then bi-monthly thereafter
8	Stroke Care Delivery and update on arrangements to assist those attending out-patients appointments	Chris Stirling	9 April 2014
9	Update on Hospital Working at Weekends	Chris Stirling	9 April 2014
10	Respiratory Medicine Update	Chris Stirling	7 May 2014
11	Respiratory Medicine Strategy Overview	Chris Stirling	7 May 2014
12	Hospital Activity Reports inc year-on-year comparisons (In-patient day care service)	Jim Crombie	7 May 2014
13	A&E Staffing Resources	Jim Crombie	4 June 2014
14	Strategic Plan Update	Jim Crombie/Libby Tait	Update to future meeting