Health Workforce and Performance Directorate
NHS Scotland Performance Director
Alan Hunter

T: 0131-244 1772
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NHS Territorial Board Chairs
NHS Territorial Board Chief Executives
GJNH Chair and Chief Executive

4th July, 2017

Dear Colleagues

HOSPITAL SCORECARD

Purpose

To provide you with the updated Hospital Scorecard which relates to the period ending December 2016. This is being circulated on a 'management information' basis.

Background

The Scottish Government examines the scorecard on a quarterly basis to gain assurance and identify areas of potential concern about the quality of healthcare services in acute hospitals across NHSScotland, based on their assessment of the full range of indicators. This exercise is carried out alongside, but aligned with, and informed by, a range of specific improvement programmes such as SPSP where HIS and ISD are in regular contact with Boards about the detail which underpins measures such as the HSMR. It also complements the assessment of progress towards LDP Standards and financial performance, considered regularly by the Health and Social Care Management Board.

This updated version of the Hospital Scorecard sets out information on key areas of quality in two tables:

Table 1 – Board-level summary of key indicators, Q3 2016-17
Table 2 – Hospital-level summary of key indicators, Q3 2016-17

The Scottish Government will continue to consider the Scorecard following each new update and any relevant on going SG/HIS improvement and performance support work with NHS Boards. We will also continue to invite Boards to use the Scorecard locally for quality assurance and benchmarking, as appropriate.

Yours sincerely

Alan Hunter
NHS Scotland Director of Performance

Health Workforce and Strategic Change Directorate
Workforce Policy, Pay and Conditions team.

Scottish Government
Riaghaltas na h-Alba
gov.scot

T: 0131-244-1826
E: sandra.neill@gov.scot

To: Directors of Human Resources in NHS Boards and Special Health Boards

Copy to: BMA Scotland and Management Steering Group (MSG)

6 July 2017

Dear Colleague

RECRUITMENT AND APPOINTMENT: NON-STANDARD MEDICAL AND DENTAL POSTS

The purpose of this letter is to provide guidance to NHS Boards who are considering engaging medical and dental staff on non-standard terms and conditions of service. **This letter and the revised guidance supersedes the previous letter on this matter which was issued on 3 September 2016.**

The Guidance clarifies that no application for a Variation Order is required unless there is an intended variance from nationally agreed terms and conditions. It follows that as long as non-standard posts are fully compliant with these terms and conditions a Variation Order is not required. NHS Boards are encouraged to engage appropriately at local Board level prior to making any such appointments.

Revised guidance which has been agreed between MSG (Scottish Government and employers) and BMA Scotland is attached to this letter at **Annex A**.

Please ensure all relevant interests are aware of the importance of the revised guidance around non-standard medical and dental posts.

Yours sincerely

Sandra Neill

SANDRA NEILL

INVESTOR IN PEOPLE
POSITIVE ABOUT DISABLED PEOPLE

ANNEX A

RECRUITMENT AND APPOINTMENT: NON-STANDARD MEDICAL AND DENTAL POSTS

The purpose of this note is to provide guidance for NHS Boards who are considering engaging medical and dental staff on non-standard terms and conditions of service. It has been discussed and agreed between MSG (Scottish Government and employers) and BMA Scotland.

Boards are required to employ medical and dental staff on the agreed national pay and terms and conditions of service relevant to the specific staff group (eg consultant, specialty doctor, specialty trainee etc). Any such appointment must be:

a) to a recognised grade appropriate to the role, with clarity at the point of advertisement as to which terms and conditions will apply;

b) subject, in full, to the nationally agreed pay and terms and conditions for that grade, with no variation.

If a Board considers, as a result of exceptional circumstances, that it may be necessary to vary from nationally agreed terms and conditions in any way, in relation to either a new or existing post, then an application must be made to the Scottish Government for a Variation Order. For the avoidance of doubt, this includes any appointment where the proposed appointee does not meet the minimum criteria for entry to the grade. Guidance on the use of Variation Orders can be found via the attached link: http://www.msg.scot.nhs.uk/headlines

The post title itself is not the sole determinant as to whether or not a Variation Order is necessary. Provided that an appointment is made to a nationally recognised grade appropriate to the role, and is fully compliant with the relevant nationally agreed pay and terms and conditions of service, including any minimum entry requirements, appointment procedures etc, a Variation Order will not normally be required.

In the interests of openness and transparency, NHS Boards wishing to appoint doctors and dentists to posts which could be construed as 'non-standard' in any aspect should engage with their BMA Local Negotiating Committee (LNC) at an early stage, and well in advance of advertising such posts, advising on the reasons for adopting this course of action, clarifying the terms and conditions to be applied to the post(s), and appropriately taking into account any feedback provided.

6 July 2017

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ihub
supporting health and social care

[redacted]

Portfolio Lead, Primary Care

Ihub, Healthcare Improvement Scotland

The Improvement Hub (ihub) is a part of Healthcare Improvement Scotland

Our role in one sentence.....

Supporting health and social care services to **redesign** and **continuously improve**

Our Team

Our Primary Care Support

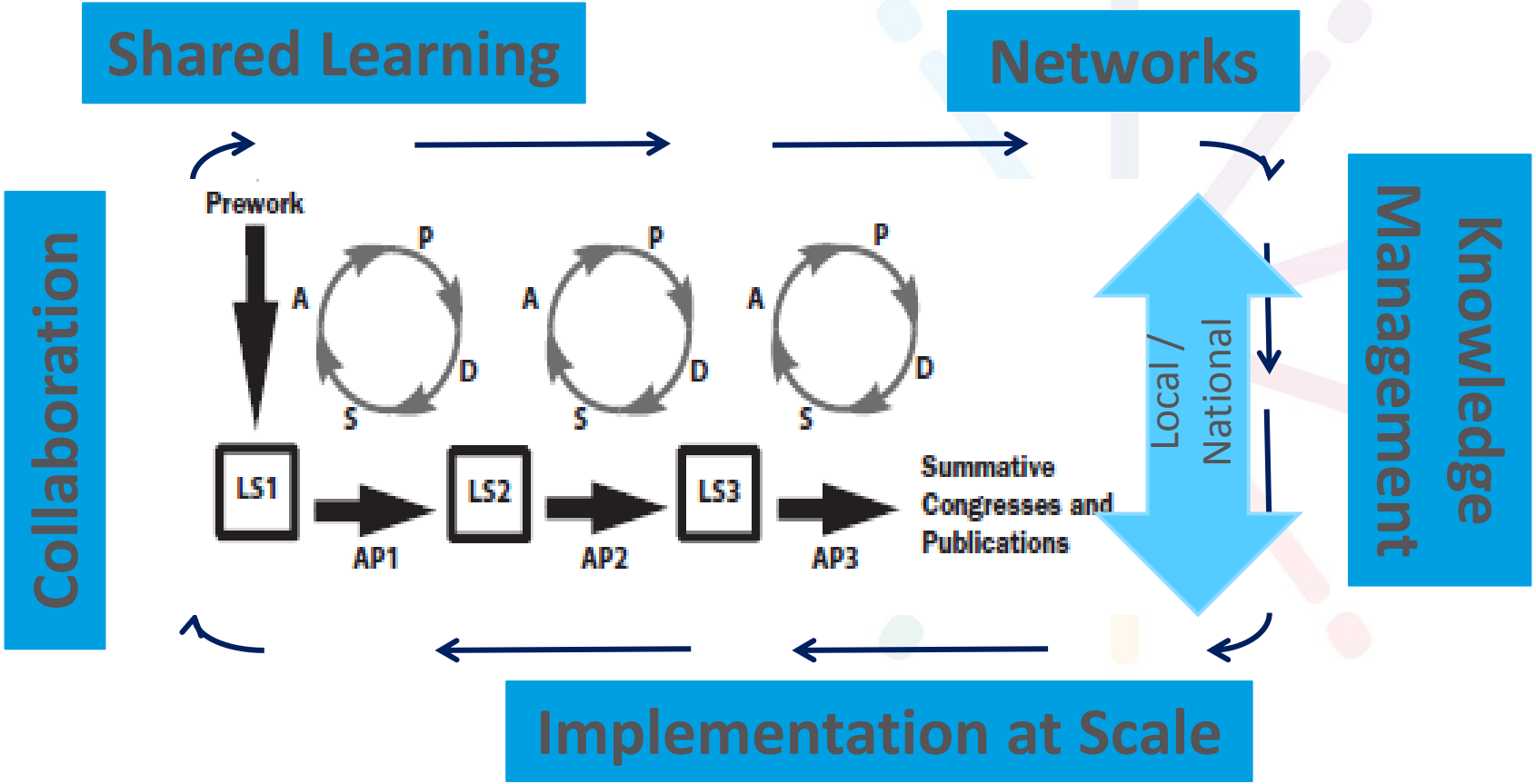
GP Cluster Support

- Quality Improvement Programme Support
- Development of Quality Improvement and Leadership Skill
- Development of a national learning system

Primary Care Transformation Fund

- Review and analysis of Primary Care Transformation Fund and associated projects
- Development of a national learning system

Our approach to developing a National Learning System



Quality Improvement Support

Improving Together: A National Framework for Quality and GP Clusters in Scotland set out the intrinsic and extrinsic functions of clusters as follows:

Intrinsic	**Extrinsic**
Learning network, local solutions, peer Support	Collaboration and practice systems working with Community MDT and third sector partners
Consider clinical priorities for collective Population	Participate in and influence priorities and strategic plans of Integrated Authorities
Transparent use of data, techniques and tools to drive quality improvement – will, ideas, execution	Provide critical opinion to aid transparency and oversight of managed services
Improve wellbeing, health and reduce health inequalities	Ensure relentless focus on improving clinical outcomes and addressing health inequalities

‘Consider clinical priorities for collective population’

How are clusters doing this and how might we help?

In collaboration with ISD LIST analysts:

- Cluster Population Health Needs Assessment *(consider what population? What are you trying to achieve? What resources are required?)*
- Develop Cluster Quality Improvement Plan (identify health priorities, population profiling, etc.)
- Support implementation of Quality Improvement Plan (assess health priority areas,
- scale and impact, etc.)
- Using QI methods implement changes (action planning, monitoring and evaluation)
- Support continuous quality improvement (learning, measuring impact, identifying next priority)

- **Capture and share learning, share tools and resources for national use.**

What else can/ should we be doing?

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Thank you

Questions/Discussion

NHS Borders

Chair & Chief Executive's Office

Chair & Chief Executive's Office
NHS Borders
Headquarters
Borders General Hospital
Melrose
Roxburghshire TD6 9BD

Tel : 01896 826000
www.nhsborders.scot.nhs.uk

Penny Curtis
Deputy Director Mental Health and
Protection of Rights Division
Penelope.Curtis@gov.scot

Date 7 July 2017
Your Ref
Our Ref JD/KA

Enquiries to Kirsten Austin. Delivery Support Officer
Extension 8220.
Direct Line 01896 828220
Email Kirsten.austin@borders.scot.nhs.uk

Dear Penny

Thank you very much for your letter of 6th June and our apologies for the delay in replying. We are of course fully committed to the excellent work that our local service is doing, and the support it has given to a larger than anticipated group of eservices people in the Borders. The level of unmet need and the complexity of some individual cases has been greater than anticipated as we started the pilot and coping with the level of demand has been one of the challenges, as you are aware we have needed to change the balance of effort to boost our support worker staffing although reducing the administrative staffing.

We are developing our Primary Mental Healthcare provision and there is a great synergy between the Veterans First Point service and elements of the Primary Care team. It is this synergy which is particularly attractive and the continuing funding will allow us to have Veterans First Point as a key element of that support as for some individuals it has become a service of last resort and coping with those complex cases has been challenging with our initial model, by linking with the wider Psychology Team and additional Support Worker input we can provide a more comprehensive service and better address the clinical risk carried by the existing service.

To be able to commit to the ongoing service will be reassuring to both our valued staff and the very involved ex-Service community in the Borders is very welcome. We look forward to the details of the funding for the 2018-19 and onwards period from the possible third sector partner in the autumn.

Yours sincerely

Cliff Sharp
Medical Director

SCOTTISH PATIENT SAFETY PROGRAMME MENTAL HEALTH

SPSP
Improving Observation Practice
Measurement plan

The Scottish Patient Safety Programme is co-ordinated by Healthcare Improvement Scotland

1.0 Introduction

SPSP-Improving Observation Practice (SPSP-IOP) Measurement Plan:

This second stage of the programme between September 2017 and March 2019 will build on the good practice being developed in test sites to identify deterioration, focus clinical activity and improve experience and outcomes.

This phase will look to:

- Support testing in wider board areas / settings
- promote and support the use of data for improvement

Rather than changing our measurement strategy at this early stage of data collection and monitoring we will continue to utilise the simple measures adopted by our test sites to maximise the yield of useful data over time and be in a position to clearly identify where change and improvements are taking place.

2.0 Overview of SPSP-Improving Observation Practice Data Collection Strategy

The SPSP-IOP Data Collection Strategy currently focuses attention on the following areas:

- Continued intervention hours
- Quality of care, treatment and safety planning

These measures can be collected across various care settings, including community settings (with the exception here of continued intervention measures). Boards are welcome to additionally develop and test their own relevant measures.

3.0 Summary and Review

The approach and usefulness of data being collected should be constantly reviewed. There will be the flexibility to add additional measures if it becomes clear that there is a gap and also to remove measures if these are clearly not helping to identify outcomes or assess whether the changes being made are reducing harm or improving experience. Furthermore the aim of this work is not to add a significant data collection burden. Therefore the amount of time that taken to collect the relevant data will also be kept under review.

The measures for SPSP-Improving Observation Practice are as follows:

- Total number of hours of patients receiving continued individualised intervention
- Percentage of patients receiving continued individualised intervention
- Average hours per patient on continued individualised intervention
- Total number of patients whose care plans identify risk or deterioration factors and align these with tailored, specific personalised interventions
- Total number of patients whose care plans evidence engagement with aligned therapeutic activity or intervention
- Total number of patients who receive continued individualised intervention whose care plan evidence engagement with aligned therapeutic activity.

Ideally, this data will be collected alongside the SPSPMH measures looking at restraint, self harm and violence rates.

SPSP-MH Harm Reduction Outcomes Measures for Phase two

	Measure	Operational Definition	Data Source	Frequency of Reporting
MHO1a MH01b	% of patients on continued individualised intervention	Continued intervention is defined as uninterrupted periods of intervention or activity where a member of staff or a carer is with the individual all the time. **% of patients receiving continued intervention:** (Numerator: Number of individuals receiving continued intervention/ Denominator: Number of unique patients on unit throughout index month) x100 **Average hours on continued intervention:** (Numerator: total number of hours for all patients receiving continued intervention in index month**.** Denominator: Number of unique patients receiving continued intervention in index month)	Local systems require to be put in place to collect this data.	Monthly
MHO2	Total number of patients	Numerator: Number of patients with	Assessment, and care,	weekly

	Measure	Operational Definition	Data Source	Frequency of Reporting
	whose care / safety plans identify known personal risk or deterioration factors and align these with tailored, specific and personalised interventions.	known assessed personal risk or deterioration factors aligned with tailored, personal interventions in their care and treatment plan/ Denominator: Number of patients in sample (usually 5 per week / 20 per month)	treatment and safety plans documentation.	
MHO3	Total number of patients whose care plans evidence engagement with therapeutic activity or interventions aligned with their assessed needs.	Therapeutic activity is defined by any individualised activity related to interventions on their care plan with clear psychotherapeutic goals– this may involve self help, goal setting and work towards achieving these goals, or group or 1:1 activity, including activity off the ward when in an inpatient setting. Numerator: number of patients who have been offered and have engaged with therapeutic activity/ Denominator: Number of patients in sample (usually 5 per week / 20 per month)	Assessment, and care, treatment and safety plans documentation.	weekly
MH04	Total number of patients who receive continued individualised intervention	Therapeutic activity is defined by any individualised activity related to interventions on their care plan with clear	Assessment, and care, treatment and safety plans documentation.	weekly

	Measure	Operational Definition	Data Source	Frequency of Reporting
	whose care plan evidence engagement with therapeutic activity.	psychotherapeutic goals– this may involve self help, goal setting and work towards achieving these goals, or group or 1:1 activity, including activity off the ward when in an inpatient setting. Numerator: Number of patients receiving a period of continued intervention who have been offered and have engaged with therapeutic activity/ Denominator: Number of patients receiving an episode of continued intervention.		

From: [redacted]
Sent: 31 July 2017 15:17
To: [redacted]
Subject: FW: Mental Health Practice Guidance: From Intervention to Observation

Dear All, please see the information below and send any comments to Christine directly using the email address provided.

Please also note that the deadline for comments is 7th September 2017.

Kind regards,

[redacted]

Chief Nursing Officer's Directorate | Scottish Government | 2ER St Andrew's House | Regent Road | Edinburgh | EH1 3DG [redacted]

From: [redacted]
Sent: 31 July 2017 10:13
To: [redacted]
Cc: [redacted]
Subject: FW: Mental Health Practice Guidance: From Intervention to Observation

Hello,

Please find attached papers and the final draft from the steering group looking at Improving Observation Practice (IOP). Comments are invited by 7th September. If you look to the Practice Guidance feedback on specific items is also requested.

Kind Regards

[redacted]

Occupational Therapy Service/ Community Forensic Mental Health Team.
Ailsa Hospital
Dalmellington Road

Ayr KA6 6AB
Tel: 01292513056 / 513731
[redacted]

Please consider the environment before printing this email.

Allied Health Professions
in Scotland

Allied to each other and the communities we serve

From: [redacted]
Sent: 27 July 2017 14:04
To: [redacted]
Subject: Mental Health Practice Guidance: From Intervention to Observation

Dear Colleagues,

Please find attached the final draft of the mental health practice guidance – "From Observation to Intervention: Responding proactively to the needs of deteriorating or acutely unwell people in mental health".

There is a covering letter attached to the guidance which details information about circulation and date for feedback. A measurement plan and change action package are also attached. Please send any feedback by reply to this mailbox.

Many thanks for your contribution to influencing and shaping this document, and for your patience while it has been developed.

Best Wishes

[redacted]

From: [redacted]
Sent: 31 July 2017 14:55
To: natitinfrastructureleads
Subject: NIG Infrastructure Standards Survey

Dear Leads,

At the last National Infrastructure Leads meeting I took an action to ascertain current health board alignment with the NHS Scotland National Infrastructure Standard (current v2).

To gather the information I have prepared a questionnaire in the 'YourSurvey' tool hosted on SHOW (www.yoursurvey.scot.nhs.uk) and will shortly send you each an email with an **individual access link to the survey which is specific to your Board**.

The aim is to have the survey completed in time to allow us to discuss the results at the next NIG meeting (scheduled for the 18th of August).

Could you therefore please complete the survey by close of play on **Monday the 14th of August.**

Please note that some of the questions are being asked to help inform the next revision of the National Infrastructure Standard which I aim to start working on following discussion at the next NIG meeting. Also, [redacted] has informed me that the 'Top 20 Controls' survey will ask some of the same questions. [redacted] will prepopulate the 'Top 20 Survey' with the answers provided here to reduce duplication.

Thank you in advance for your help.

Kind regards,

[redacted]

[redacted] || eHealth Division || The Scottish Government || E: Russell.Fleming@gov.scot || A: BR.12, St Andrews House, Regent Road, Edinburgh, EH1 3DG [redacted]

From: [redacted]
Sent: 31 July 2017 10:53
To: [redacted]
Subject: NMC - Changes to Legislation

MESSAGE SENT ON BEHALF O [redacted]

Dear colleagues

Please see the email below that [redacted] has received from [redacted] at the NMC.

I would be grateful if you could also forward this email on to you Midwifery Heads for their information.

Thanks

[redacted]

#hello my name is... [redacted]
Chief Nursing Officer's Directorate | Scottish Government | GE.08 St Andrew's House | Regent Road | Edinburgh | EH1 3DG [redacted]

From: [redacted]
Sent: 28 July 2017 14:33
To: [redacted]
Subject: Changes to our legislation

Dear [redacted]

I wanted to let you know that long awaited changes to our fitness to practise legislation have come into force today.

Under our previous fitness to practise rules, we had to take every case to answer to a hearing regardless of how serious it was. These changes will allow us to conclude less serious cases without the need to progress to a full hearing. The changes will mean that:

- case examiners will now be able to issue warnings, agree undertakings and give advice
- we will be able to review case examiner decisions to issue warnings, give advice, or that undertakings should no longer apply
- the two committees that previously assessed the fitness to practise of a nurse or midwife have merged into a single Fitness to Practise Committee
- the Fitness to Practise Committee will be able to direct whether or not there is a need to review a conditions of practice or suspension order they have imposed.

I would like to thank you for all your input so far, and we look forward to working with you to make the implementation of these changes a success.

Kind regards

[redacted]
Nursing and Midwifery Council

Revalidation for nurses and midwives is here. Find out more at www.nmc.org.uk/revalidation

From: [redacted]
Sent: 31 July 2017 15:48
To: [redacted]
Cc: [redacted]
Subject: Youth Employment - Modern Apprenticeships - Request for FINAL Return Stats 1 April 2017 to 31 July 2017
Importance: High

Good Afternoon All,

Youth Employment – 500 Modern Apprenticeship commitment from 1 August 2014 to 31 July 2017.

As you know the Modern Apprenticeships initiatives provide jobs, work experience and training for unemployed young people aged 16 to 24 to help tackle youth employment

The overall annual figures for 2016/17 have been received from each board and these show that so far 315 Modern Apprenticeship placements have been created towards the commitment as a result of the contributions from all NHSScotland Boards.

It was clear from the data we received from the quarterly and annual returns for 2015/16 that some Boards were unintentionally double counting the existing MAs they had in place.

Can I stress that with this final return you provide me with the total number of Modern Apprentices you have recruited between 1 April 2017 and 31 July 2017 ONLY.

Can I now ask each Board to update us with their returns for the final quarter of the year 2017 covering 1 April 2017 to 31 July 2017 on the template below:-

Number of Modern Apprenticeships 4th quarter 1st April to 31st July 2017	Areas of business e.g. facilities/Health/Science/Finance/marketing	Title of MA e.g. Admin/IT/Health support

Please send your response to me at Robyn.McCormack@gov.scot by COB on 11 August 2017. **I would stress that this return is very important to us getting a final figure for the Modern Apprenticeship Target so I would grateful for your cooperation to achieve a concise and efficient return.**

The distribution list for this return was updated as at June 2017 with information given by HR Directors and/or MA Leads. If you are no longer the appropriate person to provide this information within your organisation could you please copy me in when you forward it on to the correct person so that our distribution list can be kept up to date.

Regards,

[redacted]
Policy Officer
Employee Experience
Health Workforce and Strategic Change Directorate
Scottish Government
St Andrew's House (GR)
Regent Road
Edinburgh EH1 3DG
[redacted]