Review of Whistleblowing Allegation

Final Report

NHS Lothian

November 2017-March 2018

Academy of Medical Royal Colleges and Faculties in Scotland

Scottish Government
Riaghaltas na h-Alba
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Executive Summary

Introduction

Background

- In October 2017, a whistle blowing letter was received by NHS Lothian (NHS Lothian), copied to the Scottish Government. This letter raised concerns about the validity of the recording of breaches of the 4 hour unscheduled care standard on the St John's Hospital site. It also alleged that there was coercion of staff by certain individuals on other hospital staff to amend breach times. NHS Lothian triggered an internal review soon after the letter was received.
- Professor Derek Bell, as Chair of the Scottish Academy of Medical Royal Colleges and Faculties, was asked by the Scottish Government to undertake an external review of the issues raised in the Whistleblowing letter. A review team was assembled (Appendix i) and terms of reference for the review were developed. A request for documents was made from NHS Lothian and a subsequent document review undertaken by the review team.
- Interviews were held with Board members of the NHS Lothian on 1st December 2017 and site visits to St John's Hospital (SJH), Royal Infirmary of Edinburgh (RIE) and the Western General Hospital (WGH) were conducted between December 2017 – February 2018. The site visits included interviews with a broad range of clinicians and managers. Informal feedback was given to the Deputy Chief Executive on 3rd January 2018 and the review team attended a meeting with members of the senior Health Board team in February 2018 to give the high level interim observations prior to completion of the site visits and receipt of additional documentation.
- This report contains the summary of observations made from the activities conducted and the recommendations made to the Board of NHS Lothian. This is intended to be a helpful report with a focus on improving the quality of care for patients.
- The review team is keen to support NHS Lothian with the follow up from this review.

Approach

- The review team was made up of independent clinicians and health managers from the UK (Appendix i) and undertaken by;
  - A desk top review of documentation (Appendix ii).
  - A series of interviews with members of the executive and non-executive team, key clinicians, plus a range of other staff and stakeholders with a responsibility for aspects of the patient journey in emergency care.
  - Walk through visits of the emergency care pathways at SJH, RIE and WGH.
  - Observation of the safety huddles, the post huddle debrief (at the SJH and RIE) and attendance at the pan Lothian flow telephone conference (at SJH and WGH).
  - Drop in sessions for staff on all three sites. In total over 100 individuals were interviewed or directly contributed to the content of the report with information cross correlated during the process
  - As agreed verbal feedback with members of the Senior NHS Lothian team was undertaken during the development of the report

Terms of Reference/ governance of review

Terms of Reference

1. Review the concerns raised in the October 2017 whistle blowing letter in relation to the recording of breaches of the 4 hour unscheduled care standard.
2. Undertake a high level review of governance of NHS Lothian.
3. Review the concerns raised in the October 2017 whistle blowing letter in relation to the culture of St John's Hospital.
4. Review the internal NHS Lothian report in response to the whistle blowing concerns.
5. Highlight any concerns around patient safety.
6. Highlight any concerns around staff/ leadership.
7. Produce a report for the Scottish Government to be shared with the Board of NHS Lothian.
8. Provide support for NHS Lothian with development and implementation of action plan (if requested).
9. Provide support for individuals from NHS Lothian (if requested).

Governance of this review

- The activities and outputs of this review are overseen by an advisory group of members of the Scottish Academy of Royal Colleges and Faculties and other invited organisations (oversight group – Appendix iii).
- This report has been reviewed by the oversight group.

Summary of observations pan Lothian (i)

This is a high level summary of the observations made by the review team; **further detail is given in the thematic and site specific sections of this report.**

- The review team would like to thank the staff of NHS Lothian for their hospitality, support with organisation and the open response to our enquiries. It was clear that there was a commitment from all staff to improve care for patients in the unscheduled care pathway.
- There was no evidence of bullying and harassment at Board level
- The review team was concerned about the apparent lack of a clear and robust governance structure. We felt that this had contributed significantly to the events that led to this review, specifically the development and use of a non-compliant SOP. We were unable to assess how the Board was able to obtain assurance or have oversight of the site level issues on patients and staff.
- In the context of unscheduled care and the associated high level of risk described in the Board's risk register, we felt that the ownership, knowledge and engagement of the Executive and Director level members in relation to the subject of this review was variable. Not all the interviewees were clear about their role and involvement in the issues.
- Clinical leadership did not come across as strong, engaged (in the bigger picture) or fully empowered. In particular, we felt that the alignment of senior medical leadership structure (at site level and pan Lothian) contributed to this.
- Patient safety and quality of care is not always prioritised as it should be, particularly at times of high activity. Patient flow is not owned by everyone and largely left to nursing teams to manage.
- Concerns were raised by some staff who felt bullied and harassed at two sites (SJH and RIE) which appears to have been exacerbated by the lack of robust management structures and governance at site level. NHS Lothian has had a previous review into its culture and, despite action being taken, we felt that this had not yet been fully embedded at all levels of the organisation.
- We were concerned by the experience of some staff who had raised concerns (out with whistleblowing); they felt that the response they received from their managers may discourage them from using the NHS Lothian processes for raising concerns. We met with staff who felt they had been admonished and blamed rather than supported.
- The site leadership teams were variable in terms of experience and skills, including the roles and responsibility of the management and clinical leads. This may have contributed to a lack of consistency in senior leadership roles across the sites leading to confusion and a lack of focus on patient safety and experience. This was particularly evident within the medical leadership.
- There was an acknowledged hierarchy of priority for beds in NHS Lothian, it was a consistent view held by staff we met that "RIE is seen as the mothership" a term used by several members of staff. SJH and WGH felt compelled to directly or indirectly respond to pressure from RIE, even when under significant pressure themselves including after registering concerns about potential clinical risk.

Summary of observations pan Lothian (ii)

- The review team initially felt the NHS Lothian internal investigation report was thorough, robust and open, given the timescales. However, following discussion with staff and a review of documents we felt that it did not accurately capture the role of the Access and Governance Committee in failing to identify the inaccurate recording of breach times (from as early as 2015) and the development and governance of the NHS Lothian SOP and thus the interview groups may not have been fully representative. As such, in retrospect we felt that some of the recommendations needed to be strengthened.
- The review team did not feel that SAE review conducted following the internal audit report clarified the issues any further in terms of the Access and Governance Committee in failing to identify the inaccurate recording of breach times and the development of the NHS Lothian SOP. However, staff felt that they were given the opportunity to give their views as part of the process.
- The action plans developed in response to the internal audit and SAE had limited input from site management or site clinicians. This requires a focussed and outcome related approach and actions should be SMART.
- Staff at all levels felt that there was limited focus on unscheduled care from the Board.
- NHS Lothian does not appear to be approaching improvement in unscheduled care in line with national 6 essential actions improvement programme.
- All three sites had senior leadership team meetings planned to discuss operational issues but these were frequently deprioritised, cancelled or had poor attendance. It was similar for inter site meetings.
- Communication in relation to the internal review, press involvement and follow up was felt to be poor by many staff. Staff described internal communications at NHS Lothian as variable with limited opportunities to give views on new developments.
- The pan NHS Lothian daily flow teleconference is of concern in terms of the style of how it is chaired, the lack of focus on patient safety and experience and the impact on staff attending. Several staff felt intimidated or worried by attending and felt that they would be overruled, regardless of any issues they raised.
- The site and capacity team were unclear about their own line management and they appear to have limited oversight .
- We were told that the use of SOPs was extensive across the organisation, the governance of their development was not made clear to staff and the purpose not always thought to be necessary.
- Boarding is commonplace across Lothian and appears to have been accepted as inevitable and has been normalised, despite concerns having been raised about the negative impact on the experience for some patients by staff.
- We saw evidence of mixed sex bays within the AMUs (out with the monitored bays) at SJH and WGH, we also heard that it was commonplace at RIE – this is outwith national guidance and impacts on quality of care

Priority recommendations – to commence within the next 6 months (i)

The review team does not wish to reiterate, or add to the burden of, the recommendations by the internal review team but has put forward additional recommendations where it was thought to be necessary to ensure that corrective action is taken. We have seen the NHS Lothian action plan developed in response to the recommendations of the internal review and Significant Adverse Event (SAE) review. We would strongly recommend consolidation of all action plans, to be led and implemented by a nominated Executive, with full engagement of staff, in a programme managed structure with full Board oversight. To optimise delivery we further recommend that there is external (independent) review of progress to provide assurance. The following are our priority recommendations that we felt must be commenced urgently (within next six months)

Governance

1. Undertake a review of governance and supporting framework across the HB, as soon as possible, with a particular focus on site governance arrangements and how this provides assurance to the Board. This should include plans to;

- Revise/clarify the governance structure and supporting framework with high quality, safe care for patients as the key objective.
- Provide site leadership teams with visible support with the implementation of good governance practice.
- All staff should have responsibility for clinical governance, patient safety and quality of care, however, we recommend that the nominated leads for this should be the Associate Medical Directors and the Medical Director (Acute Services).
- The Access and Governance Committee should be chaired by a Non-Executive Director with a full review of the terms of reference to provide the Board with the appropriate assurance.

Culture

1.Develop a more transparent culture within NHS Lothian that enables staff at all levels to report concerns without fear of repercussions. Adopt and deliver zero tolerance of behaviour that could be construed as bullying and harassment. The relevant NHS Lothian policy should be reviewed in line with the revised PIN Policy and all staff required to demonstrate adherence.

2. Through existing programmes NHS Lothian should continue to facilitate sessions on culture and values, particularly for the site leadership teams, the site and capacity and senior nursing teams. At the centre of any OD programme there should be a focus on patient safety and quality of care to give staff confidence especially when systems are under pressure.

3. Adopt a team-based approach to the management of the 4 hour standard, with clear responsibility for all staff including the senior clinical leaders (consultants and lead nurses).

5. Undertake an urgent review of the value of the daily pan Lothian teleconference.

6. The RIE ED multidisciplinary team should have leadership and team development to improve relationships and trust, and should include the site management team.

Priority recommendations – to commence within the next 6 months (iii)

Recording of 4 hour standard data

1. Continue to review the use of the SOP. There remains the opportunity for staff to apply local adaptation or amendment. The review team believe that the national A&E data manual is clear and so did many of the staff interviewed. Ensure that inappropriate terminology such as "non-compliant" patient is not recorded or used.
2. There should be continuous audit of 4 hour unscheduled care data to ensure that the expected practice is being followed. NHS Lothian may wish to consider external support until the Board is assured.

The internal audit report, SAE and this review

This report should be read in conjunction with the internal NHS Lothian investigation report, SAE report and a single action plan developed in response to all reviews. This must be done with site and clinical team engagement. In line with national guidance the Board's Whistleblowing champion should have regular oversight of the Boards processes and responses.

1. Develop a clear mechanism for the implementation and monitoring of the agreed action plan with external scrutiny and support.

2. The issue of bullying and harassment requires urgent action. The NHS Scotland Staff Governance Standard requires all staff to be treated with dignity and respect. Staff should be made aware of internal arrangements for raising concerns, which should include internal confidential contacts and the Board should ensure that arrangements are fit for purpose and command the confidence of staff. Additionally, staff should be made aware of the national confidential help line. In particular this needs to be reinforced at SJH and RIE.

3. Staff directly affected by the whistleblowing allegations and the subsequent investigation should receive individual feedback and support related to overall findings. In addition, all staff should receive clear and appropriate communication about the investigation report and the planned actions.

Priority recommendations – to commence within the next 6 months (iv)

Patient safety and quality of care

1. Ensure there is a focus and alignment with the Scottish Government "6 essential actions" programme for unscheduled care.

2. Use patient need to drive a culture of the right place, right time for patients and staff as the norm; with mixed sex bays not tolerated, boarding used only in extreme circumstances and after clinical review

Site Leadership

A review of the leadership requirements on all three sites should be undertaken aimed at strengthening the overall general and clinical management of the whole site :

1. Review the structure, skill mix and experience of the senior triumvirate site team and ensure the appropriate support and development needs are addressed to resolve the identified challenges. This should include;
    - Site Directors should be given support to implement good staff management structures and processes. This should include formalising meetings with minutes, actions and regular communication with staff etc. ensuring all staff have regular contact with their line manager with effective annual appraisal, including PDP.
    - Appoint site-based medical leads with sufficient allocated time and responsibility for all medical matters, patient safety and quality. - consistent with the '6 Essential Actions'.

2. Review the management arrangements of the site and capacity team with clear line management established immediately. In addition, the role should include responsibility to manage the patient journey rather than a just focus on beds.

Other recommendations – for the next 12 months

The following is a list of further recommendations that were felt to be important but that could delivered over a medium term timescale (within twelve months)

Governance

1. Ensure that all documents produced follow the principles of good governance. This should include a review of;
    - The need for SOPs when national guidance is available.
    - Ratification/ assurance processes.

2. Review all risk registers to ensure that all risks are captured and the correct mitigation is in place. NHS Lothian business planning process to include a review of risk registers.

3. Undertake a facilitated Board seminar on unscheduled care, with the non executive directors (NEDs), so that the appropriate challenge can be given.

Culture

1. Review current processes for staff engagement by the site leadership teams and the wider Board including methods of communication for all staff.

2. Undertake process mapping of the ED and AMU co-ordinating nurses work designed to removing all non value added steps. This should include the "texting" system of reporting currently in place which staff report as adding no value to patient care, distracting and invasive rather than supportive.

3. Review the purpose and leadership of the safety huddle and ensure quality and patient safety is the driving objective, encouraging staff to voice their views on the proposed actions.

Site based observations

St John's Hospital (sourced from NHS Lothian website)

St John's Hospital

- St John's Hospital is a modern teaching hospital with a comprehensive and expanding range of services for the people of Lothian and beyond.
- The hospital, based in Livingston, has a 24-hour Accident and Emergency department and a range of specialist services including burns treatment and plastic surgery.
- There is a full paediatric service at the hospital, including an acute receiving unit, special baby unit, paediatric ward and a comprehensive range of outpatient services.
- St John's is the Short Stay Elective Surgical Centre for NHS Lothian and treats around 3,000 patients a year.
- The hospital hosts Lothian's specialist head and neck unit and the Hooper Hand Unit with and has a reputation for excellence in maternity services, with around 3,000 babies born at the hospital every year.
- The Emergency Department has around 150 attendances each day.
- Performance against the 95% standard can be found in Appendix iv.

St John's Hospital observations

The review team undertook an initial visit to St John's Hospital on Saturday 2nd December 2017 to walk through the unscheduled care patient pathway and understand the local geography. This was followed by two further visits (20th and 21st December 2017) interviewing a range of clinical and managerial staff. We were impressed by the openness of all staff.

- At the time of the visit staff in general, felt unsupported in the aftermath of the internal review. Some felt individually blamed.
- Many staff felt that the regularity of structural change at senior level had contributed to fragmentation in leadership.
- We found evidence of bullying and harassment of some individuals and observed styles inconsistent with good working relationships with several staff who were openly distressed.
- Medical leadership felt almost non existent and, at best, disjointed.
- Concerns around the behaviour of the site and capacity team were repeatedly raised by staff interviewed. The review team heard that performance management of certain individuals had been commenced, but had limited effect on the behaviours.
- We heard several examples of when staff were left "in tears" by the behaviour of others, including from those relatively new in post.
- Conflicting accounts were given of the governance arrangements, many describing them as unclear. How the 'amended SOP' was adopted at St Johns being a consistent example. We were told by several staff that the amended SOP was put in place at SJH following the appointment of a member of staff from RIE. We subsequently found this to be inaccurate. Of note, unscheduled care was not discussed routinely as a quality issue despite being the second highest risk on the NHS Lothian risk register.
- No member of staff at service level at St Johns could describe governance or the flow of information.
- It was unclear to the review team how risks were identified, added to the risk register and mitigating actions taken, e.g. the risks of inaccurate reporting of breaches in unscheduled care had not been added to the NHS Lothian risk register at the time of our review.
- The site huddle felt the least inclusive that we attended with a focus on a "sit rep" rather than on quality and safety.
- Nurses described the safety huddle as oppressive and "not very nice" with no opportunity for challenge and that unrealistic expectations were placed on them at times. The review team observations were consistent, perceiving the approach as mechanical with a very directive approach that did not encourage discussion or debate.
- An open document, written by the site leadership team, was given to us that gave gave permission to board patients normally considered unsuitable. The clinicians who provided the document and others interviewed felt that this was unacceptable practice but that it was commonplace and their views were overridden.

Royal Infirmary of Edinburgh (sourced from NHS Lothian website)

Royal Infirmary of Edinburgh (RIE)

- The Royal Infirmary of Edinburgh is a major acute teaching hospital based in Little France. With a 24-hour accident and emergency department, it provides a full range of acute medical and surgical services for patients from across Lothian and specialist services for people from across the south east of Scotland and beyond.
- The RIE provides a range of expert medical and surgical services, including:
  - Accident and emergency
  - Acute medicine
  - Cardiology and cardiothoracic surgery
  - Gastroenterology
  - General surgery
  - Laboratories
  - Maternity, gynaecology and neonatal units
  - Orthopaedic surgery
  - Renal (kidney) medicine and dialysis
  - Respiratory medicine
  - Sleep medicine
  - Transplant surgery (kidney and liver transplant)
  - Vascular surgery.
  - The Emergency Department has around 330 attendances each day.
  - The performance against the 95% standard can be found in Appendix iv.

Royal Infirmary of Edinburgh observations

The review team visited the RIE on 26th January and 16th February 2018. The team conducted a walk through of the ED and AMU and interviewed a range of clinicians and managers. We were again impressed by the openness of staff.

- The huddle appeared to be well led with a clear focus on quality and safety. Staff appeared better able to raise concerns. How medical staff contribute to the decision making was less clear and considered in the context of the role of medical decision making and better support of site/system management.
- The site senior team felt unsupported by some members of the Health Board and senior unscheduled care team in relation to the significant issues around flow on the site.
- The internal review was not accepted by the site team as some evidence they had submitted was not included. In particular in relation to the role of the Access and Governance meeting and the SOP working group resulting in missed opportunities to identify the 4 hour breach amendment concerns.
- Medical leadership of the site was fragmented with unscheduled care not a priority and most medical staff unaware of the detail and the lead up to the internal review.
- Shop floor Consultants in ED described a lack of visibility of the medical leadership, at AMD and MD level, in unscheduled care. There appears to be no site team based approach.
- Some staff in unscheduled care felt that there was no hospital wide clinical ownership or responsibility for unscheduled care with ED and AMU taking full responsibility.
- Some staff felt they were treated badly and unsupported when raising concerns and stated they would be wary about doing so again.
- The lead up to and aftermath of the whistleblowing incident was detrimental to the relationship between the medical and nursing staff in the emergency department. During our visits this was still obvious, with a breakdown in trust from both sides and staff felt that attempts by senior management to resolve were unsuccessful or detrimental. Staff felt this had not affected patient care or general day to day working, despite the obvious departmental pressures but this has not been formally tested.
- Consultants described being “told off” in relation to “blaming the nurses” for the data recording inaccuracies of breach amendments. Consultants described feeling disengaged from the senior management team.
- Clinical involvement and engagement appeared disjointed with medical and nursing teams having separate fora.
- The shift patterns of the ED consultants do not appear to maximise consultant cover or continuity of patient care.
- Most interviewees were unable to describe the NHS Lothian governance structure or describe what constitutes good governance.
- Perception held by some of staff that members of the Scottish Government were aware of the system for amending breach times. This view was not expressed on other sites and we found no evidence of this including review of e-mails.

Western General Hospital (sourced from NHS Lothian website)

Western General Hospital

- The Western General Hospital is based in central Edinburgh in Crewe Road and provides a comprehensive range of general and specialist services to the people of Edinburgh, Lothian and beyond.
- There is no Emergency department but there is a minor injuries unit and a direct access medical assessment unit, which is "on the clock".
- The hospital has circa 570 beds (including day beds) and is home to the regional centres for cancer and clinical neuroscience and the Regional Infectious Diseases Unit.
- There are around 125 attendances to the AMU and minor injuries unit per day.
- The performance against the 95% standard can be found in Appendix iv.

Western General Hospital observations

The review team spent the day of 23rd February 2018 at the Western General. The team conducted a walk through of the minor injury unit, AMU and SAU and interviewed a broad range of clinicians and managers. We were again impressed by the openness of staff.

- Several staff talked about a cohesive and supportive team at WGH.
- Staff spoke highly of the site Director and Director of Nursing. The culture felt more positive on this site.
- The huddle appeared to be well led with a clear focus on safety. However, staff felt that there were missed opportunities to undertake a thematic analysis of lessons learned and to use them effectively as an improvement plan for the site.
- The hospital management team has met infrequently since September due other pressures.
- Concern was expressed about the future of WGH with a feeling that the WGH site is less important than the other sites.
- The RIE is seen as the priority for beds in the system, regardless of WGH's own internal pressures. Staff felt that patients were often moved inappropriately, overruling clinical decisions including overnight transfers without senior medical review to accommodate RIE transfers.
- Front door boarding was said to be common practice and there appeared to be limited clinical risk assessment of patient transfers; decisions for this were not made always by clinicians.
- Flow was felt to be the responsibility of the nursing teams. Clinical staff felt that their judgement on what was best for their patients was sometimes over ruled by non clinical management
- We saw evidence of mixed sex breaches in the AMU (outside of the monitored bays). We were told that this is accepted practice within the AMUs across Lothian
- Staff raised concerns about the lack of on site cardiology presence after 1pm. They told us that there had been a number of patient safety issues as a result.
- Staff described issues with the domestic cleaning contract as contributing to delays in bed availability.
- Some staff told us that they refused to implement the SOP as they knew that it was not in line with recommended practice and recognised it gave a false impression of the overall functioning of the site and was felt to be detrimental to patient care.

Specific observations related to Access and Governance Committee and site based flow

The Access and Governance Committee and Development of the SOP

- The Access and Governance Committee is a high-level management group originally formed and chaired by the Chief Operating Officer to review performance against government targets and ensure national waiting time's guidance was being applied appropriately.
- Over time, the focus of the meeting shifted solely to waiting times governance issues while performance was discussed at Acute SMT and at the Chief Operating Officer's senior management group meetings. Due to this shift, in June 2015, chairing of this meeting transferred to the Director of Strategic Planning and Information Services. This removed the review of waiting times governance from the operational line.
- The Chief Quality Officer assumed the Chair of this committee in April 2016.
- This committee reported to the Acute Hospital Committee

The review team undertook a review of the Committee Minutes (**see Appendix iv for timeline**). The review team believe that NHS Lothian missed the opportunity to detect the mis-reporting of 4 hour standard breaches due to the management of this committee based on the following observations;

- All agendas and minutes allocated most time to discuss scheduled care access standards with minimal focus on unscheduled care.
- Meetings were inconsistently chaired. The named chair was infrequently present with three changes in the chair(s) in three years.
- No medical representation until the Chief Quality Officer took on the role of Chair.
- No clarity on who was expected to attend or the quoracy of the meeting.
- Poor discipline in follow up of actions and significant delay in asking for answers to key questions.
- Poor attendance at meetings which led to not having the right detail to make decisions.
- No evidence of triangulation of evidence – statements from individuals appeared to be accepted without any data or further information, including alignment with national standard data definitions.
- The issue of the amendment of breach waiting times was first raised in April 2015, however, limited action was taken until May 2016. There were no established outputs from this until after the Whistleblowing letter in September 2017.
- The creation of the new SOP was apparently developed by a short life working group (SLWG), however, this group operated informally with no minutes or clarity about leadership. It is unclear what assurance process was used to develop the SOP or who was involved. There is no governance of sign off or implementation of the SOP documented.
- There appeared to be no focus on the impact for patients in developing the SOP.

Management of Flow across all Sites

The following observations were not confined to site and whilst not strictly part of the terms of reference of this review it was felt important to highlight to NHS Lothian as such we recommend a more detailed review of the following structures and processes;

<u>The pan Lothian daily flow teleconference (observed on 2 occasions)</u>

- Occurs daily at 09:30 following the safety huddle and is chaired by a senior manager from the RIE site with membership from all acute sites, primary care, community and social care. It takes around 45 Minutes daily.
- It appears to be a review of activity of the sites and capacity (including the community) although the true purpose felt unclear and was unclear to most staff.
- The message "received" by many staff is that RIE is the site with the most urgent and pressing issues and must be given priority.
- The tone and approach by the Chair was perceived as aggressive on occasions and some staff described feeling intimidated and worried about attending the telephone conference.
- If decisions were challenged from a patient safety and experience perspective these were overruled or implied to be of less importance. Vulnerable patients were asked to be boarded including frail elderly, demented.
- Discussions were observed to be one sided and a problem solving approach was not used. Staff were witnessed to be uncomfortable during the conference.

<u>The flow text system</u>

- The review team heard from several staff about the text system for the site and capacity team, which we understand has been the subject of review since our visit
- Staff felt that this was unnecessary as the information asked for on a two hourly basis was available on Trak and distracted them from patient care; particularly when they were busy. Others, particularly site and capacity teams felt it was necessary for them to be able to have a "grip".
- The tone of some the texts observed appeared inappropriate and would add 'pressure' to already busy staff.
- Staff informed us that it was rare that a positive response was received in response to a request for assistance.

<u>The RIE ED</u>

- The main Emergency Department area within the RIE has inappropriately taken on the role of an ambulatory care unit. This does not comply with guidance for ambulatory care. In addition, pre-assessed GP medical and surgical referrals are seen in the ED. This is not recommended practice including the '6 essential actions 'to improving patient experience and outcomes and minimise ED overcrowding.

Thematic observations in line with ToR of this review - further detail

Thematic Observations – Governance (i)

This section of the report gives further detail from the pan Lothian and site specific observations and responds directly to the terms of reference of this review.

Review of governance;

- The review team accepts the findings of the internal NHS Lothian investigation, however, the role of the Access and Governance Committee in presiding over a significant delay in discovering the issue is absent from the report. As such those recommendations do not address the deficit in good governance.
- We were told that an audit of unscheduled care data was suspended, despite concerns having been raised about the validity of this data. We found evidence that the Board was unaware of this decision which raises concern about the Board's oversight.
- Based on interviews and documentation submitted we found no evidence of a clear and coherent governance structure that described the flow of information across the organisation or demonstrated robust assurance mechanisms. Of note no one at service level at NHS Lothian could describe governance or the flow of information.
- We were told that unscheduled care was not discussed extensively at Board level despite being the second highest risk on the risk register
- Unclear to the review team how risks were identified, added to the risk register and mitigating actions taken at site or organisational level, e.g. the risks to inaccurate reporting of breaches in unscheduled care had not been added to the HB risk register at the time of our review.
- Based on interviews the links to risk management, business planning and the NHS Lothian annual plan were unclear.
- We saw evidence of poor document control; documents undated, no version control, dates for review very outdated.
- We were told that the use of SOPs appears to be extensive across the organisation. We were informed that the initial SOP for breach management was implemented by NHS Lothian in 2012 and amended and implemented for acute sites in 2015/6.

Thematic observations – Governance (ii)

Review of governance;

- The process for the development of the initial breach management SOP was undertaken outwith any formal governance process.
- As decisions to amend the policies can be taken outwith a formal governance process this leads to limited challenge or endorsement; e.g. the St John's policy on boarding (a concern to many clinicians) was re-issued without the knowledge of the Site Hospital Director.
- No evidence of a structured forum for NHS Lothian and broad site based clinical engagement / multi professional discussion re unscheduled care.
- The NHS Lothian governance structure is complicated and specifically the role and relationship of medical leadership for unscheduled care is unclear.
- Some senior leaders interviewed had not seen/read the internal review. We would have expected them all to have had direct communication from the Executive team with their direct involvement given the seriousness of the findings in the previous external report.
- The Non Executive Directors (NEDs) interviewed had not received training on the guidance for the four hour unscheduled care standard and related quality of care. This may have led to limited understanding and a lack of challenge, at Board level.

Thematic observations – culture in unscheduled care

Review of the culture in unscheduled care;

The review team does not agree with the findings of the internal NHS Lothian investigation, in relation to culture. Whilst the term "pressure" was used to describe how staff felt in the internal review the external review team felt the staff descriptions, tone and content of communication with the associated degree of stress (including witnessed stress) was consistent with a definition of bullying and harassment.

- Several examples were cited where staff felt they were asked to take actions that they felt were not right for patients but often felt unable to challenge this for fear of the consequences or their concerns were dismissed. Staff interviewed gave anecdotal evidence of the inappropriate behaviour of certain individuals. We also saw evidence of "texts" from the site and capacity team that could be construed as inappropriate in tone.
- Several members of staff, across NHS Lothian, challenged the introduction of the application of the initial SOP, however, their views were dismissed and they were asked to comply. Some felt the whistleblowing episodes helped bring this to attention.
- The nurses in the EDs felt that when co-ordinating (nurse in charge) the department, much of their time was taken up with complying with requests for information rather than focussing on patient care and flow.
- The co-ordinating nurses in the ED spend a significant amount of time on competing and often duplicate documentation in relation to unscheduled care performance with no added value for patient care or staff support.
- There was a disconnect in terms of doing the right thing by individual patients and for the system at large.
- There was a perception that ED and other consultants did not own patient flow
- Nurses felt blamed for the mis- amendment of breach times.

Thematic observations – review of the recording of breaches of the 4 hour unscheduled care standard

Review of the recording of breaches of the 4 hour unscheduled care standard

We note that NHS Lothian has attempted to address the irregularities in procedure by the introduction of a new SOP and training for all staff responsible for recording 4 hour unscheduled care data but this will need to be monitored.

- The review team accepts the findings of the internal NHS Lothian investigation. There is clear evidence that breach recording was not in line with expected practice since 2012 and puts the validity of unscheduled care data into question for several years.
- The review team concluded that a different approach applied on all 3 adult acute sites of NHS Lothian further contributing to confusion of what constituted expected practice.
- There was no evidence that staff amended breach times to deliberately falsify performance. However, we felt that there is a fine line between falsification and confusion, when pressure is applied to 'meet' the 4 hour standard. This is of particular concern when there is no benefit to patient care and terms like non-compliant patients are in routine use. Staff must always have the best interests of patients at heart.
- The use of a SOP document introduced to clarify expected practice and this led to the inappropriate "clock stops" of certain patients.
- When reviewed, the initial immediate amended SOP was not dated with no version control which was highlighted immediately to the Deputy CEO of NHS Lothian.

Thematic observations – review of NHS Lothian internal investigation report

Review of NHS Lothian internal investigation report;

- The external review team felt that the internal NHS Lothian internal investigation was open and honest.
- In general, the observations and recommendations were accepted. However, the review did not highlight the role of the Access and Governance committee in the delay in highlighting the mis amendment of breach time recording.
- We disagree with the finding of no bullying and harassment. We observed some inappropriate behaviour with several examples that were consistent with bullying and harassment. This may relate to the rapidity of the internal report or the range and the smaller number of their cohort of interviewees.
- Concerns raised around governance were not clear or strong enough as the external review team noted consistent concerns over the apparent lack of a clear and understood governance process. The issue of the governance of SOPs, in general, has been historically raised as a concern within NHS Lothian.
- There appeared to be limited communication to staff following the publication of the internal audit investigation report. Staff who were specifically mentioned in the whistleblowing e-mail did not receive any direct communication of the findings.
- Some staff felt that they had been given limited or no support from senior leaders in the organisation during the investigation, resulting in additional distress. We would have expected this to have been put in place once the investigation had been commissioned and undertaken through a range of HR, occupational or line management support or externally if needed to avoid conflict of interest.

Thematic observations – Patient Quality and Safety

Patient Quality and Safety;

- There appeared to be little focus on improving unscheduled care or knowledge of or implementation of the Scottish Government "6 essential actions" programme.
- A focus on quality and safety for patients was not always evident e.g. we heard several examples of when staff were asked to prioritise patients about to breach the 4 hour standard rather than a patient with a greater clinical priority.
- The review team heard that the impact of the inappropriate "clock stops" from the 4 hour unscheduled care standard was to have patients in inappropriate areas, at times, and this contributed to overcrowding in the ED.
- We found no evidence that the current policy on boarding had been risk assessed and was likely to have contributed to delays / quality in care. It has become normalised with limited focus on what was clinically the right thing to do. Nor did we see evidence of a risk based approach to transferring patients between sites.
- The use of the term "non-compliant" to patients is inappropriate and could lead to discrimination of specific sub groups of patients.
- Mixed sex breaches were reported as a regular occurrence in the medical assessment units and had been raised as a quality issue by staff and their input overruled.
- Trainee doctors gave examples of being asked to focus on a patient who was about to breach rather than a patient who had a more urgent need of medical review.
- Trainee doctors gave examples of their time being spent finding patients to board particularly overnight when they were busy with patient care.
- We heard concerns from staff about being asked to place a patient with 'flu in a bay (in AMU at SJH with patients who had COPD). This member of staff refused to do this but was concerned that this would happen once the shift change occurred and they had gone home.
- The review team observed a patient with potential mental health issues being cared for in the main ED with a police escort. This patient was reported to have been there for several hours. This was a breach of dignity for this patient and a more appropriate area could have been found.

Thematic observations – staff/ leadership

Staff/ leadership;

This should be read in conjunction with the section on culture and governance

- The site based leadership teams appeared to have limited direct support from the Board, this is particularly important on the St John's site as the Hospital Director is new in post and has limited experience of managing unscheduled care.
- The review team recognised the value of the triumvirate based approach to site leadership. However, the site based medical leadership structure was unclear and there was no medical leader who had full responsibility for the site. The review team felt that this had led to confusion around medical matters and to some disengagement of medical staff. We heard anecdotal evidence of poor behaviour from some medical staff and that this was difficult to address.
- The management of the site and capacity team was poorly defined with limited understanding (even from the team themselves) that has led to a lack of clarity on roles and some inappropriate behaviours. We heard that some team leaders were not given responsibility for recruiting to their own teams.
- Some staff informed us that not all staff had regular access to training or appraisals.
- Across all three sites there were limited management structures in place in relation to;

  Regular and formal meetings of the senior team – no regular meetings for the General Manager, AMD and CNM.

  No clear objectives for the team.

  Clinical effectiveness was not regularly reviewed and data around this was minimal.

  It was clear that the senior teams were attempting to be approachable and visible; however, there were limited regular forums for feedback and discussion with staff .

  We were told that senior team meetings were not always formally recorded, there was often poor attendance with regular replacement by deputies.

Appendices

Appendix i – review team

Professor Derek Bell, OBE- Chair of the Scottish Academy of Medical Royal Colleges President of RCP Edinburgh, Director of CLAHRC Northwest London

Derek was appointed as the first Professor of Acute Medicine in the UK, at Imperial College London, and as the inaugural President of the Society for Acute Medicine and was a founder in the development of Acute Medicine as a clinical specialty. He is currently the President of the Royal College of Physicians, Edinburgh. His academic research interests relate to quality and organisation of care, particularly acute medical care, and methods of care delivery.

Elaine Tait –Chief Executive of the RCP Edinburgh

Elaine was appointed as the CEO of RCP Edinburgh in 2000, after previous experience as a hospital manager in acute care and running the Scottish Clinical Research and Audit Group. She has extensive management experience in Health and Social Care and Medical Education . She is a quality assurance reviewer for the General Medical Council for under graduate and post graduate education

Angela Helleur – Improvement Director at NHS Improvement

Angela is an Improvement Director at NHS improvement. She is a nurse, midwife and general manager by background and has held a number of senior management roles in acute providers, Strategic Health Authority and Acute Hospital Regulators. She is currently working with the Boards of a number of NHS Trusts in special measures and challenged providers to support improvement.

Dr Frank Dunn, CBE – Consultant Cardiologist and past President of the Royal College of Physicians and Surgeons of Glasgow

Frank was the President of the Royal College of Physicians and Surgeons of Glasgow between December 2012 and 2015. He was also a consultant cardiologist at Stobhill General Hospital between 1983 and 2017 and is an Honorary Professor in Cardiovascular disease at the University of Glasgow.

Dr John Thomson – Vice Chair Royal College of Emergency Medicine (Scotland), Consultant in Emergency Medicine

John has been the Vice Chair of the RCEM (Scotland) since September 2017 and is the Unit Clinical Director for Emergency & Acute Medicine and Consultant in Emergency Medicine at Aberdeen Royal Infirmary and Royal Aberdeen Children's Hospital.

Dr David Chung - Chair of the Royal College of Emergency Medicine (Scotland), Consultant in Emergency Medicine

Dr David Chung is the Vice President (Scotland) of the Royal College of Emergency Medicine and member of the Academy of Medical Royal Colleges of Scotland He is a Consultant in Emergency Medicine at Crosshouse Hospital, Kilmarnock, having served as Clinical Director there for a number of years. He is also a Fellow of the Royal College of Physicians and Surgeons of Glasgow.

Appendix ii – documents reviewed (i)

- **Email to Shona Robinson and Guardian Letters dated 11 October 2017**
- **NHS Lothian – University Hospital Division – Children's Services: Patient Flow and Bed Capacity Policy (Review Date, November 2010)**
- **Pubicly available NHS Lothian Board minutes Jan-Nov 2017**
- **Breach Definition Analysis**
- **Western General Hospital**
- **St John's Hospital**
- **Royal Infirmary of Edinburgh**
- **Health Board and Site and Health Board Governance Structure**
- **Health Board Risk Register including St Johns**
- **NHS Lothian, Corporate Management Team, 11 December 2017: Quality and Performance Improvement**
- **Quality Performance Improvement Reporting Repository, December 2017**
- **Yearly Employee Engagement Index Score – St John's Hospital, 2016**
- **Yearly Response Rates – St John's Hospital – 2016**
- **Whistleblowing Policy – Final – August 2016**
- **Whistleblowing Monitoring Report – Appendix 1**
- **GMC NTS ED Lothian, November 2017 v2**
- **Complaints Thematic Analysis Report to Board – Focus on ED Issues**
- **NHS Lothian: Board Meeting, 6 December 2017 – Emergency Access Standard: Review of Performance Reporting Compliance**
- **Accident & Emergency: Attendances and Time in Department by NHS Board and Month 2016/17**
- **Investigation in to Management Culture in NHS Lothian, David J Bowles & Associates Ltd, May 2012**
- **Access and Governance – Review of Terms of Reference and Meeting Structure**
- **Medical Director Organisational Chart, Updated January 2018**
- **List of Associate Medical Directors and Clinical Directors, Updated October 2017**
- **NHS Lothian Healthcare Governance Structure**
- **Working for NHS Lothian, Boarding Flow Coordinator Job, Winter 2017**

Appendix ii – documents reviewed (ii)

- **NHS Lothian – Standard Operating Procedure: 4 Hour Emergency Care Breach Review Management**
- **NHS Lothian – Standard Operating Procedure: Audit of 4 Hour Emergency Care Manual Breach Adjustments**
- **NHS Lothian – Standard Operating Procedure: 4 Hour Emergency Care Breach Review Management**
- **Minutes of NHS Lothian's Access & Governance Committee Meeting, 23 January 2015**
- **Minutes of NHS Lothian's Access & Governance Committee Meeting, 24 February 2015**
- **Minutes of NHS Lothian's Access & Governance Committee Meeting, 27 March 2015**
- **Minutes of NHS Lothian's Access & Governance Committee Meeting, 24 April 2015**
- **Minutes of NHS Lothian's Access & Governance Committee Meeting, 26 June 2015**
- **Minutes of NHS Lothian's Access & Governance Committee Meeting, 28 August 2015**
- **Minutes of NHS Lothian's Access & Governance Committee Meeting, 23 October 2015**
- **Minutes of NHS Lothian's Access & Governance Committee Meeting, 27 November 2015**
- **Minute of NHS Lothian's Access & Governance Committee Meeting, 29 January 2016**
- **Minutes of NHS Lothian's Access & Governance Committee Meeting, 26 February 2016**
- **Minutes of NHS Lothian's Access & Governance Committee Meeting, 28 April 2016**
- **Minutes of NHS Lothian's Access & Governance Committee Meeting, 27 May 2016**
- **Minutes of NHS Lothian's Access & Governance Committee Meeting, 24 June 2016**
- **Minutes of NHS Lothian's Access & Governance Committee Meeting, 23 August 2016**
- **Minutes of NHS Lothian's Access & Governance Committee Meeting, 21 September 2016**
- **Minutes of NHS Lothian's Access & Governance Committee Meeting, 4 November 2016**
- **Minutes of NHS Lothian's Access & Governance Committee Meeting, 6 December 2016**
- **Minutes of NHS Lothian's Access & Governance Committee Meeting, 10 January 2017**
- **Minutes of NHS Lothian's Access & Governance Committee Meeting, 3 February 2017**
- **Minutes of NHS Lothian's Access & Governance Committee Meeting, 3 March 2017**
- **Minutes of NHS Lothian's Access & Governance Committee Meeting, 9 May 2017**
- **Minutes of NHS Lothian's Access & Governance Committee Meeting, 6 June 2017**
- **Minutes of NHS Lothian's Access & Governance Committee Meeting, 13 July 2017**
- **Minutes of NHS Lothian's Access & Governance Committee Meeting, 5 September 2017**

Appendix ii – documents reviewed (iii)

- **Minutes of NHS Lothian's Access & Governance Committee Meeting, 3 October 2017**
- **Minutes of NHS Lothian's Access & Governance Committee Meeting, 5 December 2017**
- **Minutes of NHS Lothian's Data Quality & Waiting Times Compliance Meeting, 6 February 2018**
- **A&E SOP – Calendar Appointment 27 April 2016**
- **Email dated 27 April 2016 re 27 April 2016 Meeting re Notes from 4 Hour SOP Meeting – Actions from 27 April 2016 Meeting**
- **Email dated 4 March 2015 note of Discharge Times A&E Meeting**
- **Minute of NHS Lothian's Acute Hospitals Committee held on 7 June 2016**
- **4-Hour SOP Timeline**
- **Discharge Times A&E**
- **Email Trail dated 5 December 2017 re 4-Hour Standard SOP**
- **Email Trail dated 5 December 2017 re Recording of Transport Waits**
- **Transport Waits 29 March 2016 – Handwritten Note**
- **Email Trail dated 7 April 2016 re SOP A&E Breach Review Management Final Draft 24 October 2012**
- **Email Meeting Request meeting 27 April 2016 re A&E SOP**
- **Email Meeting Request Meeting 6 May 2016. re SOP Breach Analysis**
- **Email Trail dated 1 June 2016 re Updating of 4-Hour Standard SOP**
- **Email Trail dated 29 June 2017 re Transport/Wait Codes**
- **Email Trail dated 1 April 2016 re When is the next Thursday**
- **Email Trail dated 29 September 2015 re Troponin Trial**
- **Email Trail dated 2 October 2017 re Weekend Figures – For Information**
- **Email dated 11 December 2017 re Feedback**
- **Email dated 12 December 2017 re Breach of the 4-Hour Target**
- **Email Trail dated 12 December 2017 re Breach of the 4-Hour Target**
- **Unscheduled Care Board, 2 February 2018: Discharge to Assess Briefing**
- **NHS Lothian Unscheduled Care Committee, Draft Minute of Meeting held on 12 January 2018**
- **NHS Lothian Unscheduled Care Committee, Agenda for Meeting on 2 February 2018**
- **Public Health & Intelligence letter to unscheduled care leads across Scotland advising about transport changes – November 2015**

Appendix iii – the oversight group

The oversight group was made up of members from the following organisations

Scottish Academy of Medical Royal Colleges and Faculties
Royal College of Nursing
Health Improvement Scotland
Director of Workforce at a separate Health Board in Scotland

Additional input was provided by ISD (National services Scotland) and an independent consultant on governance

Appendix iv Timeline of the Access and Governance Committee Minutes and development of the SOP (i)

Date	Comments
2012	First NHS Lothian 4 hour Emergency Care Breach Review Management SOP developed
Jan 2015	No mention of unscheduled care
Feb 2015	No mention of unscheduled care
March 2015	Audit of A&E breach review showed that breach amendments did not have specific data to justify "not a breach". Report being developed **Action** – to review process and 6 monthly audits
April 2015	Mention of WGH urgent admissions
May 2015	No Minutes supplied
June 2015	Chair change noted but Chair not present Update on breach changes, further concern raised around actual discharge times. **Action –** to update next meeting
July 2015	No Minutes supplied
Aug 2015	Not discussed – action not followed up or on agenda
Sept 2015	No Minutes supplied

Appendix iv Timeline of the Access and Governance Committee Minutes and development of the SOP (ii)

Date	Comments
Oct 2015	Solution developed – use of icon for "ready to go" discharges to adjust wait time being tested by A&E – feedback requested. A&E asked to use uncorroborated evidence – this was refused. Chair expressed concern about delays and a plan was made to discuss with senior executives outside of the meeting. **Action** – paper to be included in the Acute Hospital Committee papers
Nov 2015	Still being tested **Action** – feedback to be provided next meeting
Dec 2015	No Minutes provided
Jan 2016	Draft report with analyst for testing but no update available **Action** – update requested for next meeting
Feb 2016	A&E feedback is that report not capturing all records that have had breach times adjusted. Concern raised that breach times are being amended with no evidence of reason. **Action** – meeting requested to move forward
March 2016	Meeting cancelled

Appendix iv Timeline of the Access and Governance Committee Minutes and development of the SOP (iii)

Date	Comments
April 2016	E-mail from SOP SLWG Actions from 27th April meeting Confirmed status of transport letter with Scottish Government and ISD. Circulate Trak system admin change. Language on "ongoing clinical care" requires amendment. Follow up timescale at A&G tomorrow. Clarify ambulatory care status in 4 hour flow. Update SOP following discussion In place for end of May to report to A&G (or another meeting). Speak to site and capacity about audit SOP to confirm that is in place (to come to A&G for approval). **Update: Ambulatory Care Breach Reason** Following discussion at the tail end of the meeting on ambulatory care breach reason code, to drop this line from the change request until clarification from ISD received. Current reading of the national A&E guidance is that the ambulatory care patients should be seen as clinical reason breaches (i.e., counted towards 4h performance and with a 2/5% tolerance in place to allow for that). If this is confirmed, we have not asked e-Health to implement something wrong nor held up the rest of the changes. If wrong, we can ask e-Health to add it in.

Appendix iv Timeline of the Access and Governance Committee Minutes and development of the SOP (iv)

Date	Comments
April 2016	Conversation held "yesterday to move this work to completion. Trak administrators working on necessary changes "several others" will finalise SOP. **Action** – Final SOP to be brought back in May 2016
May 2016	Report created to audit when discharge time amended. Trak changes were made before this report is ready. SOP being created to audit amendments on A&E discharges **Action** – 1. SOP to be completed 2. New process to be fully implemented by next meeting including; Trak changes, update of audit report, final SOP and SOP of audit of new process **To be included in Acute Hospital Committee papers**
June 2016	SOP of new process and audit of process complete. Trak changes delayed but will be ready by 28th June. All staff trained in new process **Action** – 1st Audit to be done Sept/ Oct 2016 and brought to A&G for review
July 2016	No Minutes provided

Appendix iv Timeline of the Access and Governance Committee Minutes and development of the SOP (v)

Date	Comments
Oct 2015	Solution developed – use of icon for "ready to go" discharges to adjust wait time being tested by A&E – feedback requested. A&E asked to use uncorroborated evidence – this was refused. Chair expressed concern about delays and a plan was made to discuss with senior executives outside of the meeting. **Action** – paper to be included in the Acute Hospital Committee papers
Nov 2015	Still being tested **Action** – feedback to be provided next meeting
Dec 2015	No Minutes provided
Jan 2016	Draft report with analyst for testing but no update available **Action** – update requested for next meeting
Feb 2016	A&E feedback is that report not capturing all records that have had breach times adjusted. Concern raised that breach times are being amended with no evidence of reason. **Action** – meeting requested to move forward
March 2016	Meeting cancelled

Appendix iv Timeline of the Access and Governance Committee Minutes and development of the SOP (vi)

Date	Comments
August 2016	SOPs in place, staff trained **Action** – audit to be brought to October meeting
Sept 2016	No Minutes supplied
Oct 2016	No Minutes provided
Nov 2016	1st audit completed Sept 2016 – 59% compliance with 123 errors. No cause for concern regarding process or any inappropriate manipulation. Overall – manual adjustments are appropriate but documented support for this not available for this audit **Action** – next audit March 2017
Dec 2016	Not discussed
Jan 2017	No Minutes provided
Feb 2017	Not discussed
March 2017	New Chair announced
April 2017	No Minutes provided

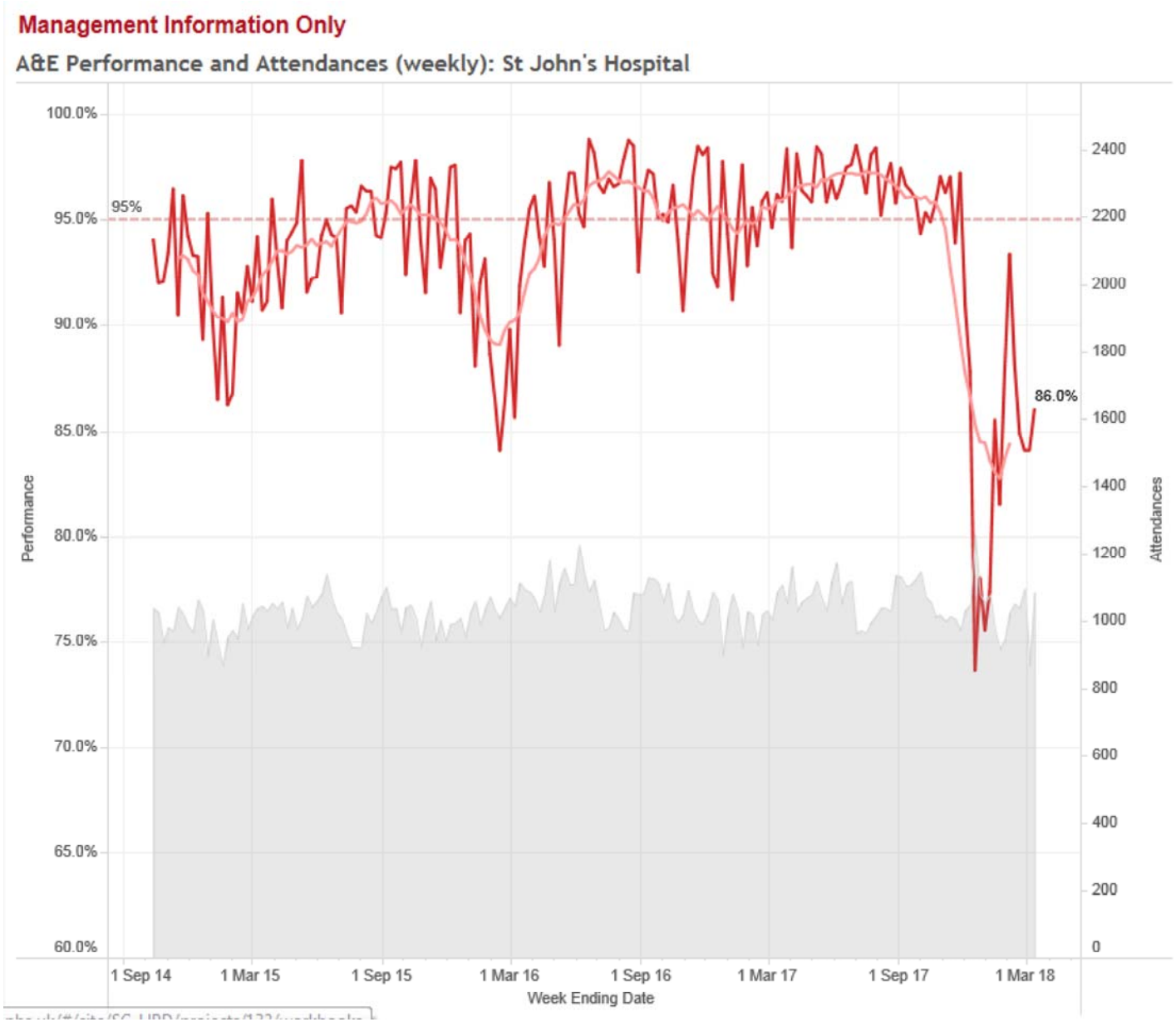
Appendix iv Timeline of the Access and Governance Committee Minutes and development of the SOP (vii)

Date	Comments
May 2017	Results from audit from RIE – 75% compliance. Escalated to managers as to why not 100% compliance. **Action** – to meet with the site and capacity team to discuss (improving compliance)
June 2017	Meeting held with e-Health on 6th June after various internal meetings to review data for audit on breach time amendments. **Action** – to update on reporting and audits for recording A&E 4 hour breaches at future meeting. **Action** – revised SOP to be circulated **Action** – Waiting time governance team to conduct audit going forward to be done at least quarterly but more likely monthly
July 2017	Working with e-Health to ensure correct data pulled for audit with operational SOP to be updated as appropriate. Audits will begin on a regular basis **Action** – update on status of ability to adequately report and audit A&E breach adjustments October 2017
Aug 2017	No Minutes supplied

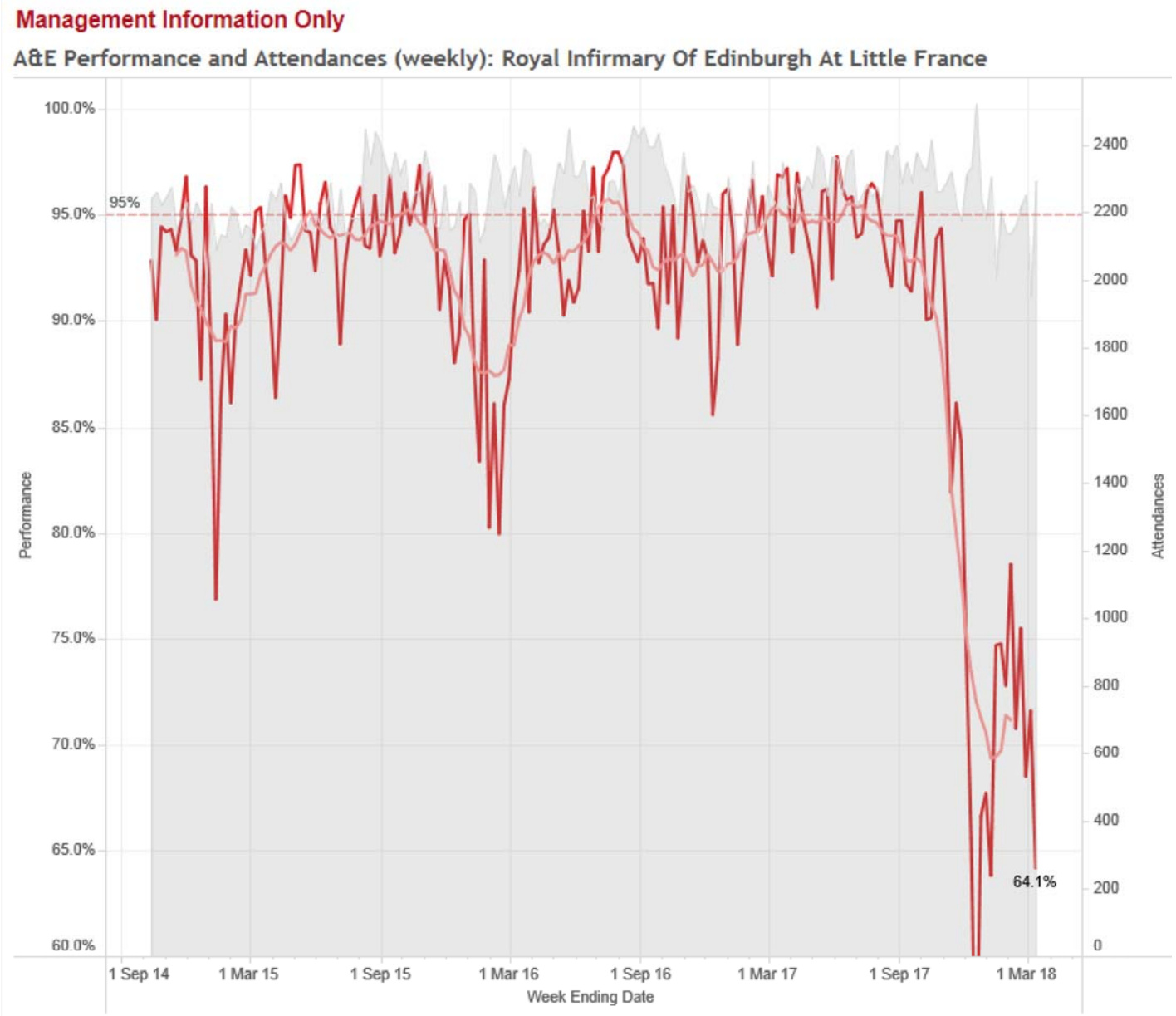
Appendix iv Timeline of the Access and Governance Committee Minutes and development of the SOP (viii)

Date	Comments
Sept 2017	Group reminded that issue around manual adjustment of breach. It's critical that there is an audit trail for this. Report was developed but discovered that a date/ time stamp not being pulled in report because the breach reason defaults in Trak – therefore, no audit trail so report can't pull data. Current SOP being reviewed and will be brought to meeting for approval. **Action** – send test scenarios to e-Health, run problem to see if problem resolved and update in Nov.
Oct 2017	Whistleblowing email received Internal audit review commenced

Appendix v Performance against the 4 hour target (SJH)



Appendix v Performance against the 4 hour target (RIE)



Appendix v Performance against the 4 hour target (WGH)