NHS Lothian Board

Wed 03 February 2021, 09:30 - 13:00

MS Teams

Agenda

Declaration of Interests

1. Declaration of Interests

Verbal *Esther Roberton*

Members should declare any financial and non-financial interests they have in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. It is also a member's duty under the Code of Conduct to ensure that changes in circumstances are reported within one month of them changing. Please notify changes to Georgia.Sherratt@nhslothian.scot.nhs.uk

For further information around declarations of interest please refer to the code of conduct section of the Board Members' Handbook.

Items for Approval or Noting

2. Items proposed for Approval or Noting without further discussion

Decision *Esther Roberton*

2.1. Minutes of Previous Board Meeting held on 09 December 2020

For Approval *Esther Roberton*

09-12-20 Public Board Minutes (final draft 14-01-21).pdf (14 pages)

2.2. Finance & Resources Committee Minutes - 25 November 2020

For Noting *Martin Hill*

Finance and Resources Committee 25-11-20 Minutes Final (Signed).pdf (8 pages)

2.3. Healthcare Governance Committee Minutes - 10 November 2020

For Noting *Tracey Gillies*

Healthcare Governance Committee 10-11-20 Minutes Final (Signed).pdf (8 pages)

2.4. Staff Governance Committee Minutes - 21 October 2020

For Noting *Bill McQueen*

Staff Governance Committee 21-10-2020 Minutes Final (Signed).pdf (7 pages)

2.5. Edinburgh Integration Joint Board Minutes - 27 October 2020

For Noting *Angus McCann*

Edinburgh IJB Minutes 27-10-2020.pdf (4 pages)

2.6. West Lothian Integration Joint Board Minutes - 10 November 2020

For Noting *Bill McQueen*

West Lothian IJB Minutes 10-11-2020.pdf (7 pages)

2.7. East Lothian Integration Joint Board Minutes - 29 October 2020

For Noting *Fiona O'Donnell*

East Lothian IJB Minutes 29-10-20.pdf (10 pages)

2.8. Midlothian Integration Joint Board Minutes - 08 October 2020

For Noting *Carolyn Hirst*

Midlothan IJB Minute 08-10-2020.pdf (10 pages)

2.9. Appointment of Members to Committees

For Approval *Esther Roberton*

3 Feb 21 Board appointments report (final 220121).pdf (3 pages)

2.10. Review of the terms of reference of the Finance & Resources Committee

For Approval *Esther Roberton*

Feb Board - Review of F&R TOR (AP 180121).pdf (6 pages)

2.11. Update on the Epidemiology of COVID-19 in Lothian

For Noting *Katie Dee*

2021 01 20 UPDATE ON THE EPIDEMIOLOGY OF COVID-19 IN LOTHIAN.pdf (3 pages)

Items for Discussion

3. Board Chair's Report - January 2021

Verbal *Esther Roberton*

4. Board Executive Team Report - January 2021

Discussion *Calum Campbell*

BET Report February 2021.pdf (18 pages)

5. Opportunity for Committee Chairs or IJB Leads to Highlight Material Items for Awareness

Verbal *Esther Roberton*

6. Covid Vaccination Programme

Discussion *David Small*

Board Vaccination Programme Paper 030221.pdf (9 pages)
App 1 SDHD-CMO(2020)33 -COVID-19 Vaccination Programme.pdf (8 pages)
App 2 CMO Letter - Oxford AZ and Update on Pfizer Dec 2020 - v2.pdf (12 pages)
App 3 Guidelines and Documents.pdf (1 pages)

7. Scheduled and Unscheduled Care Performance

Discussion *Jacquie Campbell*

Board Paper_Sched Unsched Care_Feb 21_Submitted_Final v2.pdf (23 pages)
Scheduled Care - Uscheduled Care Paper - Appendix 1b - Covid Impact on Performance - Long Waits, Wave and Clinical Prioritisation.pdf (14 pages)

7.1. Covid-19 Second Wave Impact on Waiting Times - Prioritisation of Cancer care and Clinical Prioritisation

Presentation *Jacquie Campbell*

8. December 2020 Financial Position

Discussion *Susan Goldsmith*

NHS Lothian 2021 - December 2020 finance report - Board 030221.pdf (4 pages)

9. Corporate Risk Register

Discussion *Tracey Gillies*

Board Corporate Risk Register Report 3 February 2021 - Final.pdf (12 pages)

10. RHCYP, DCN & CAMHS Project Update

Verbal *Susan Goldsmith*

11. Any Other Business

Verbal *Esther Roberton*

12. Future Board Meeting Dates

For Noting *Esther Roberton*

07 April 2021
23 June 2021 * (Annual Accounts)
04 August 2021
06 October 2021
01 December 2021

13. Invoking of Standing Order 5.23 - Resolution to take items in closed session

LOTHIAN NHS BOARD

Minutes of the meeting of Lothian NHS Board held at 09.30am on Wednesday 09 December 2020 using Microsoft Teams

Present:

Non-Executive Board Members: Ms E Roberton (Chair); Mr M Hill (Vice-Chair); Mr M Ash; Mr M Connor; Dr P Donald; Cllr G Gordon; Ms C Hirst; Ms F Ireland; Mr A McCann; Mrs A Mitchell; Mr P Murray; Mr W McQueen; Cllr F O'Donnell; Mr T Waterson; Professor M Whyte; Dr R Williams and Ms K Kasper.

Executive Board Members: Mr C Campbell (Chief Executive); Ms T Gillies (Executive Medical Director); Mrs S Goldsmith (Director of Finance); Ms K Dee. (Interim Director of Public Health and Health Policy); Professor A McMahon (Executive Director, Nursing, Midwifery & AHPs – Executive Lead REAS & Prison Healthcare).

In Attendance:) Mr J Crombie (Deputy Chief Executive); Mrs J Butler (Director of HR & OD); Mr P Lock (Director of Improvement); Mrs J Campbell (Chief Officer, Acute Services); Mr C Briggs (Director of Strategic Planning); Mr D A Small (Director of Primary Care Transformation); Mr A Payne (Head of Corporate Governance); Ms A MacDonald (Chief Officer, East Lothian HSCP); Mr A Short (Chief Officer West Lothian HSCP); Dr Jane Hopton (Programme Director, Facilities, NHS Lothian) (Item 90); Professor Angela Timoney (Director of Pharmacy)(Item 97); Ms K Taylor (Communications Manager NHS Lothian); Mr A Jackson (Assistant Director of Healthcare Planning); Ms A Kirkpatrick (Waiting Times Governance Manager); Mr G Fender (Area Manager Soft FM, C Hirst Paired Learning Partner) and Mr C Graham (Secretariat Manager)

Apologies for absence: Mrs J Mackay (Director of Communications & Public Engagement) and Cllr D Milligan (Non-Executive Board Member).

85. Declaration of Financial and Non-Financial Interest

85.1 The Chair reminded members that they should declare any financial and non-financial interests they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest.

85.2 Cllr O'Donnell declared that she, Mr McQueen and Cllr Gordon were members of the Board's Pharmacy Practices Committee. This was noted in relation to the Pharmaceutical Services Care Plan which is on the agenda. The Board agreed that the fact that Board members are also members of a Board committee does not create a conflict of interest.

85.3 Mr Hill declared an interest in relation to the Sustainable Development Action Plan as he was also a member of the SEPA Board. The Board agreed that this would not preclude him from the discussion on this item.

86. Chair's Introductory Comments

86.1 The Chair advised that this would be Professor Whyte's last meeting before stepping down from the Board. The Board thanked Professor Whyte for all her contributions as a Board Member and wished her well for the future.

Items for Approval

86.2 The Chair reminded those present that the Board agenda was made up of two separate sections. The first was the section for approval commonly referred to as "the consent agenda". The Chair reminded members that they had the opportunity to advise in advance if they wished matters to be moved out of this section. There had been no such requests.

86.3 Minutes of Previous Board Meeting held on 14 October 2020 – Minutes were approved

86.4 Finance & Resources Committee Minutes - 23 September and 28 October 2020 – Minutes were noted

86.5 Healthcare Governance Committee Minutes - 08 September 2020 – Minutes were noted

86.6 Audit and Risk Committee Minutes - 24 August 2020 – Minutes were noted

86.7 Staff Governance Committee Minutes - 29 July 2020 – Minutes were noted

86.8 Edinburgh Integration Joint Board Minutes - 24 August 2020 – Minutes were noted

86.9 West Lothian Integration Joint Board Minutes - 22 September 2020 – Minutes were noted

86.10 East Lothian Integration Joint Board Minutes - 27 August and 17 September 2020 – Minutes were noted

86.11 Midlothian Integration Joint Board Minutes - 27 August and 10 September 2020 – Minutes were noted

86.12 Appointment of Members to Committees - The Board agreed to appoint Professor Emma Reynish as a non-voting member of East Lothian Integration Joint Board for the period from 9 December 2020 to 8 December 2023.

Items for Discussion

87. Board Chair's Report – December 2020

87.1 The Chair briefed the Board on recent events and pieces of work that she had been involved with.

87.2 The Board noted that there had been a virtual Board Chairs' away day that had looked at Board constitutions, received presentation from Public Health Scotland and on the review of adult social care. There had also been the regular Board Chairs' group meetings which had considered Covid track and trace arrangements; vaccination programme; remobilisation and winter planning.

87.3 The Board also noted that there had been shortlisting and interviewing for new non-executive Board Members. There had been 84 applications and 8 interviews had taken place. The submission to Ministers was currently being worked through.

87.4 The Chair also referred to the recent NHS Lothian Annual Review with the Cabinet Secretary. The Chair thanked Mr Briggs and his team for the comprehensive preparation of the Annual Review submission. This had been a constructive session and the Annual Review letter had been circulated for members to note.

87.5 The Chair also reported that there had been regular MPs/MSPs meetings and an extra session had been scheduled before Christmas to brief on the Covid vaccination programme. There had also been a briefing session held with the Royal Society for Arts, Manufactures and Commerce (RSA) and colleagues to give a progress report on the Board's strategy.

88. Board Executive Team Report – December 2020

88.1 The Board received the Board Executive Team report.

88.2 Mr Connor asked about the St John's Hospital Elective Centre and the delay to the project. Mr Crombie stated the new design work was underway to protect the centre from the main hospital in the light of Covid and any future pandemic.

88.3 Mr McQueen asked for an update on the Covid vaccination programme and how the system was working for staff. Mr Small reported that staff vaccination had started on 08 December 2020. There had been a controlled start and 500 people to date had been vaccinated. There was currently around 4,500 members of staff booked in to receive vaccinations up to Christmas, but there was caution around bookings as the vaccine was being received on a day by day basis at the moment, so it was hard to commit far ahead. Work to build up the supply to start vaccination of care home residents was also underway and there would be a plan in place for care homes by the end of this week.

88.4 The staff booking call centre was currently extremely busy and internal measures were being taken to smooth the process and remove frustration. The line had now been made a freephone number to remove any financial disincentive to staff. At this time, it had not been possible to put an online booking system in place given the short notice and technical issues involved. However, management are exploring the functionality of TRAK as an option. It was hoped that for the mass public vaccination this would be through a large online national booking system. Mr Waterson asked that appreciation be recorded for the sterling work Mr Small and his team had undertaken around vaccination, given the circumstances and ever-changing protocols and information.

88.5 Mrs Mitchell highlighted the positive work being done within Human Resources and Organisational Development, as outlined in section 6 of the report, around the driving forward of excellent resources and work around mental health and wellbeing. The Chair's involvement with the Edinburgh Poverty Commission was noted and the Chair congratulated Mrs Butler and her team for their work on NHS Lothian becoming a 'trailblazer' organisation for the Young Persons Guarantee.

88.6 Ms Hirst asked about EU Exit and assurance around actions being taken particularly in relation to supply chain, medicines, PPE and vaccine. Mr Crombie confirmed that the Board's EU Exit Strategic Management Group had been meeting regularly again since September 2020 and remain assured that systems were in place although this was currently a dynamic situation as to whether an Exit deal would be agreed.

88.7 Mr McCann asked for clarification around Caldicott Guardian arrangements. The Chief Executive confirmed that this role was currently sitting with the Executive Medical Director as an interim measure until the skill set of the new Director of Public Health and Health Policy was known. It was noted that the interviews for the Director of Public Health post would be taking place on 10 December after interviews scheduled for 25 November 2020 were postponed.

88.8 Mr Murray asked about the new senior post in the organisation for infection prevention control. Professor McMahon outlined that interviews would take place on 17 December and that this post, a new business manager and a HAI Scribe post would give much needed capacity to the team.

88.9 Cllr O'Donnell raised contact tracing, current rates and compliance levels. Ms Dee agreed to circulate further data around themes. The Public Health Silver Tactical Group received reports from each of the local authorities and this data was looked at in depth at the weekly meetings.

88.10 Mr Hill asked about Realistic Medicine as mentioned under section 4 of the report. Miss Gillies confirmed that there was a session planned for 10 December, with the RSA, clinical directors and senior nurses. This session would pick up discussion around strategic planning work and there would be further updates to the Board in the coming months.

88.11 Dr Williams asked about unscheduled care and redesign nationally of the urgent care programme. It was noted that the new system was an add-on to be encouraged but not a replacement for people attending A&E. The Board agreed that the best route for monitoring of progress with this work would be through the Board's Healthcare Governance Committee, picking up on pathways, safety and satisfaction explicitly.

89. Opportunity for committee chairs or IJB leads to highlight material items for awareness.

89.1 **Staff Governance Committee** – Mr McQueen provided an update on the Staff Governance Committee's progress on equalities issues. The Board noted that in response to concerns raised by the Black and Minority Ethnic ('BME') Staff Network, five actions had been undertaken, these were to:

- Support managers to talk to BME staff and support risk assessments
- Contribute to a national effort on risk assessments
- Prepare to support and protect staff at increased risk from a second wave of Covid
- Develop a Race Equality Action Plan
- Ensure leadership attendance at BME staff network meetings.

89.1.1 These actions were underway ahead of the receipt of two Scottish Government letters to Health Boards in June and July 2020 asking Boards to redouble their efforts on Race Equality, and to make various commitments including on clear governance and accountability to their Boards.

89.1.2 NHS Lothian currently has several workstreams in place, making significant progress through the Staff Governance Committee on equalities issues in conjunction with the Board's Lead for Equalities and Human Rights and BME Staff network lead. Progress included:

- The Chief Executive and Director for HR and OD attending BME Staff Network meetings in August 2020 and making public statements of support about involving staff networks in our actions and processes going forward;
- Making information available and running online sessions for managers to support staff returning from shielding and to help staff have effective risk assessments; the BME Staff Network has hosted workshops on this and on a Risk Assessment Toolkit;
- Relevant staff have been involved in the development of Scottish Government's national risk assessment tool which the Board adopted in July;
- Four Staff networks have been established for BME, LGBT+. Disability and Youth groups and each of these is working with HR to develop their own Equality Action Plan by April 2021, including a campaign for staff to record personal demographic data on the HR system;
- HR and Communications will produce a Communications Strategy with the Staff Networks to promote the action plans.
- In collaboration with Edinburgh Lothians Health Foundation, a series of short films are being produced to capture staff member's lived experience

and will be used for training and learning purposes.

89.2 **Audit and Risk Committee** – Mr Connor flagged recent discussions that had taken place around the effectiveness of the Board's risk management system and the process for assurance used by committees. It was noted that further review would be taking place at the Board's Corporate Management Team and it would be appropriate for a future whole Board development session to be held in the new year as part of the review of the whole risk system.

89.3 **Finance and Resources Committee** – Mr Hill reported that Finance and Resources Committee had also recently discussed risk and assurance and mitigation against actions out with the Board's control such as EU Exit and Covid-19. The committee had also recently discussed any impact EU Exit may have on the Board's capital programme. The Committee had also reviewed its terms of reference, including considering how it would work with the Board's new Performance, Planning and Development Committee.

90. NHS Lothian Sustainable Development Framework and Action Plan

90.1 Mr Crombie introduced the paper asking that the Board endorsed the Sustainable Development Framework and Action Plan. Dr Hopton provided a presentation on the Framework which looked at mitigation of climate change, carbon emissions targets, actions around sustainability goals, sustainable models of care.

90.2 The Board noted that there was significant challenge involved with the Framework but that having an agreed visible Framework would also help in accelerating engagement with national organisations and local partners.

90.3 Dr Donald highlighted that the Green Space and Health Group that she chaired was also actively involved in supporting this work.

90.4 Mr Hill added that Scotland had declared a climate emergency and that the Covid-19 pandemic had thrown up incredible levels of innovation and imagination in dealing with and mitigating against the virus. This is the type of approach required to tackling climate change and the Board should be looking in at more meaningful way at areas that can be influenced.

90.5 The Board noted that there was an invitation for NHS Lothian to become part of the Edinburgh Climate Commission and that Mr Crombie and Dr Hopton were looking at the commitments involved with that.

90.6 Mr McCann asked about the impact of the pandemic and what were the thoughts around a significant number of staff working at home and not travelling and how this may evolve into a hybrid working situation. Dr Hopton stated that there was now analytical support to help look at some of this. Outpatient redesign, environmental impact of changing travel patterns and staff travel to offices were all now being looked at and modelling undertaken based on literature was underway.

90.7 In relation to the Waverley Gate and Comely Bank offices review, Mr Crombie reported that a test of change was being undertaken to look at implications and impact of the pandemic. Feedback surveys had been completed with a vast majority of responses supporting a blended approach with continued working at home whilst retaining the wellbeing and mental health benefits engaging with colleagues in an office offers. Principles around home working would be established.

90.8 The Board agreed to endorse the Sustainable Development Framework and Action Plan, recognising the importance of the framework to set ambitions and a direction for engagement on the across NHS Lothian and with partner organisations and within NHS Scotland. The Board also noted the current opportunity for NHS Lothian to maximise the benefits of the high level of interest and motivation from staff and the important opportunity of a Green Recovery from Covid 19.

90.9 The Board accepted significant assurance that the Finance and Resources Committee on 23 September 2020 agreed to recommend the Sustainable Development Framework to the Board.

91. COVID-19 in Lothian – Descriptive Epidemiology (Phase 1)

91.1 Ms Dee introduced the report briefing the Board on the incidence of COVID-19 during the first four months of the pandemic in Lothian from March to June 2020.

91.2 There was discussion on policy changes and dynamic reporting over the timescale of the report; how learning from data had been moved forward and how the Board had used the collected data to impact the future Public Health strategy. It was noted that there had been a move from data to intelligence, working with the Health and Social Care Partnerships and local authorities daily.

91.3 There was also discussion on learning from the pandemic, implications for delivery of services and projects in Lothian; the sustainability agenda; alterations to back room functions; effectiveness of PPE and infection prevention and control requirements and changes to how services are planned for the future.

91.4 The Board agreed to note the recommendations as outlined in the report:

- COVID-19 incidence in the first four months of the pandemic (March to June 2020) peaked in Lothian on the 22nd April 2020. Confirmed cases in the general population peaked first at the end of March 2020, followed by later peaks in health care workers and care home staff (20th April 2020) and care home residents (22nd April 2020).
- Across Lothian, approximately one third of all positive cases during this first phase were in health and care workers and care home staff (32%), with just under a third in care home residents (29%).
- There were significant differences in standardised incidence rates

between Health and Social Care Partnership (HSCP) areas which may result from differences in case ascertainment1 and/or differences in exposure as a result of different geographies, proportion of population in health and care work occupations, and outbreaks in care homes.

- There was a pronounced socioeconomic gradient in COVID-19 infections. As the pandemic evolved, people from the most deprived communities in Lothian were more likely to test positive from the disease.

92. Scheduled and Unscheduled Care Performance

92.1 Ms Campbell updated the Board on performance for Scheduled Care standards: New Outpatient (OP), Treatment Time Guarantee (TTG), Diagnostic key test and 31 & 62 Day Pathway Cancer pathways; and the Unscheduled Care 4EAS and Delayed Discharge Standards.

92.2 Ms Campbell reported that there continued to be a focus on the Clinical Prioritisation Framework within Rehab, Inpatients, Outpatients and Diagnostics. Despite increased activity and the Clinical Prioritisation Framework there were concerns around the urgent suspicion of cancer waits.

92.3 There remained pressures on beds particularly at the RIE where elective bed numbers had been reduced to accommodate unscheduled flow. Dedicated orthopaedic elective bed numbers have reduced from 25 to 0, resulting in 150 routine procedures being cancelled. The site had implemented a small number of protected elective beds to maintain cancer and urgent activity. Theatre availability is maintained at 90%. Activity remains constrained due to increased turn-around time for infection prevention measures.

92.4 Ms Campbell added that cancer performance remained an area of significant focus but that September 2020 saw deterioration in both 31 and 62 days performance, with an oversight board and the reinstatement of weekly MDT pathway tracking meetings. Performance for Urology performance, one of the largest tumour groups decreased slightly for the 31 day pathway but improved for the 62 day pathway. Prostate and Bladder pathways will benefit from an additional robot that will be sited at SPIRE, scheduled to start in December 2020. It was anticipated this additional capacity would support a reduction in bladder cancer backlog and reduce the Robot Assisted Prostatectomy waiting list. Ms Campbell also reported on Endoscopy diagnostic activity; Endoscopy mobilisation plans and the Regional Endoscopy Unit.

92.5 In relation to unscheduled care, Ms Campbell stated that the national redesign of urgent care programme was accelerating to improve access to urgent care pathways so people receive the right care, in the right place, at the right time. This would be achieved by:

- clear and concise public and staff information;
- access and triage through a national single point of access (111) 24/7;
- implementation of a flow navigation centre in each NHS board;
- optimising technological solutions for urgent care needs;
- scheduling attendances for urgent care

92.6 There was discussion about the recommendation in the report around the

limited assurance being offered that remobilisation actively underway would mitigate growing volumes of long wait patients for scheduled care and cancer services, against proactively dealing with a Covid second wave, winter activity and a known backlog of patients from the first wave of cessation of routine activity, impacting on over 52 weeks in January 21. Ms Kasper asked what would need to happen for the Board to be more confident of getting through the waiting times backlog.

92.7 Ms Campbell stated this work was part of the Clinical Prioritisation process and it was noted that there remained constraints due to implementation of 2 metre social distancing requirements which meant that there was currently not enough activity to manage all the backlog and demands coming through the system.

92.8 Mr Murray asked if there was a plan between now and the summer to use the Covid-19 vaccine to allow for growth in procedures and reduction in use of Personal Protective Equipment (PPE). Ms Campbell confirmed that there was no written plan for that approach. Professor McMahon added that there continued to be a strategic meeting looking at PPE across the whole system.

92.9 Ms Hirst asked about patient feedback and communication. Ms Campbell highlighted there were several mechanisms that patients could use to feedback on elements of services whether this be written or verbal communication. Professor McMahon stated that the Care Opinion mechanism was become more widely used by patients for feedback along with more traditional process around feedback, complaints and tell us 10 things.

92.10 The Board agreed to the recommendations as outlined in the report:

- Acknowledged the impact of the first and second waves of Covid on OP, TTG and Diagnostic performance. The reintroduction of services and screening has not impacted cancer waiting times performance significantly, although some diagnostic capacity remains reduced.
- Took limited assurance that remobilisation actively underway will mitigate growing
- volumes of long wait patients for scheduled care and cancer services, against proactively dealing with a Covid second wave, winter activity and a known backlog of patients from the first wave of cessation of routine activity, impacting on over 52 weeks in January 21.
- Acknowledged that 57.4% of patients were seen within the Treatment Time Guarantee
- (TTG) in September 20. Provisional management information indicates that 8,940
- inpatients were waiting longer than 12 weeks by the end of October 20.
- Acknowledged that 4 hour Emergency Access Standard performance is 89.5% for October 20.
- Recognised that NHSL is prepared for the second phase of the national redesign of urgent care programme.
- Recognised that while the number of delayed discharges have increased

since April 2020, numbers are still historically low for Lothian. HSCPs continue to work with acute colleagues to improve discharge planning, transfers of care and embedding Home First approach to reduce number of delays and associated occupied bed days.

93. October 2020 Financial Position

93.1 Mrs Goldsmith updated the Board on the financial position at Period 7. The paper also set out the financial impact from Covid-19 to-date.

93.2 Mrs Goldsmith reported that the financial position was becoming clearer and that despite a lot of uncertainty, the mid-year review was underway. As the year end moved closer there would be more confidence around the delivery of a breakeven position, making sure that all Covid-19 costs are separated from core business.

93.3 The Chief Executive highlighted that finance was not preventing the Board from doing anything but it was recognised that lack of infrastructure and capacity to meet demands were the biggest drivers.

93.4 The Board is agreed to accept the report as a source of limited assurance that the Board will achieve a breakeven position in this financial year.

94. Discharges to Care Homes

94.1 Professor McMahon introduced the report updating the Board on the clinical audit and analytical investigation into discharges to care homes.

94.2 The Board welcomed the report and expressed thanks to Mr Jackson and his team for pulling this complex and detailed piece of work together.

94.3 The Board noted that there had been two background briefing sessions for non-executive Board members about hospital discharges to care homes and the need to understand if Covid-19 could have been transferred from a hospital setting to a care home and if national guidance regarding testing and isolation requirements has been followed.

94.4 The Board recognised that work within virology to undertake genome sequencing to inform further the assessment that has been made on the chains of transmissions within the individual outbreaks, remains ongoing and this would complete the review and support any necessary communications or inform any other actions required. It was hoped that this piece of work would be completed before the new year.

94.5 Mrs Mitchell asked about the application of learning into clinical practice and an indicative timeline around this. Professor McMahon confirmed there would be a report taken to the Board's Healthcare Governance Committee in January 2021. This paper would use the output from the submitted report, and analysis and action plan around the Root Cause Analysis that was published to ensure there was a marry up and a whole system action plan. There would

be a focus on Infection Prevention and Control and PPE.

94.6 Mr Jackson reported that there remained continued dialogue with the Lord Advocate's team around the inquiry but confirmed that NHS Lothian's process had been found to be robust and helpful and may encourage other boards to adopt a similar approach.

94.7 The Board accepted the recommendations in the report (as set out below) and requested that a further update come to the February 2021 Board meeting:

- Accepted the detailed report on the review into the discharges to care homes, considering the pattern of testing undertaken and investigating the possibility that there may have been introduction of Coronavirus (SARS-CoV 2) from hospital into the home.
- Acknowledged the complex processes that support discharges into care homes including the responsibilities of Health and Social Care Partnerships and Local Authorities and the professional accountabilities of social workers in this context.
- Noted that Virology is undertaking genome sequencing to inform further the assessment that has been made on the chains of transmissions within the individual outbreaks. This will complete the review and support any necessary communications.
- Noted that NHS Lothian has a duty of candour to appropriately communicate relevant findings to patients or their families which will be undertaken following completion of the internal review which will be once the virology results have been analysed.
- Approved use of the internal review report to support learning across the organisation to improve administrative and clinical processes and in communication with the Scottish Government and Public Health Scotland to facilitate further learning given that this is an issue nationally.
- Noted that the detail of the review has been made available to the Lord Advocate's team for their consideration.
- Approved moderate assurance of the process followed to examine the likelihood of hospital discharges introducing COVID into care homes, given the limitations in the methodology adopted.

95. Project Bank Account Approval

95.1 Mrs Goldsmith outlined the report recommending that the Board approve the opening of a Project Bank Account for the Oncology Enabling Linac/Admin capital project.

95.2 The Board noted that the Standing Financial Instructions stated:
'The Board shall approve the banking arrangements. No employee or Local Authority Employee may open a bank account for the Board's activities or in the Board's name, unless the Board has given explicit approval.'

95.3 Mr Hill asked whether it was possible for the Board to delegate the decision to open a bank account given that this will be a requirement for all projects

above £2m. Mrs Goldsmith agreed to discuss this with the Board's Head of Corporate Governance.

95.4 The Board accepted the recommendations outlined in the report and:

- Approved the opening of a project bank account for the Oncology Enabling Project at the Western General Hospital.
- Confirmed that the five executive members of the Board will provide the required personal information to complete the forms for the Royal Bank of Scotland to carry out the bank's Know Your Customer and Know Your Business regulatory checks.
- Authorised the Director of Finance to be the designated signatory to sign the account application on behalf of the Board.
- Authorised the Director of Finance to be the designated signatory to sign the trust deed on behalf of the Board.

96. Corporate Risk Register

96.1 Miss Gillies introduced the report providing an update on the NHS Lothian's Corporate Risk Register for assurance.

96.2 The Board accepted the recommendations in the report and noted that a review of the Corporate Risk Register would be arranged as part of a 2021 Board development session:

- Accepted the risk assurance table, as a summary of all risks including levels of assurance and grading, as agreed by the relevant committee.
- Noted that a high-level review of the risks on the corporate risk register is being undertaken.

97. NHS Lothian Pharmaceutical Care Service Plan 2020

97.1 Ms Dee and Professor Timoney outlined the report recommending that the Board consent to publication of the Pharmaceutical Care Services Plan: Provision of Pharmaceutical Services Delivered via Community Pharmacy 2020.

97.2 The Board noted that due to the requirement to divert a lot of staff to the Covid19 response, the Plan had not received the level of refresh or engagement with partners that would have normally been expected and as a result a significant update was expected for the 2021 Plan to include extensive engagement with the Integration Joint Boards and the Board members who sit on the Board's Pharmacy Practices Committee.

97.3 There was discussion on the role of the Board's Pharmacy Practices Committee and the continued frustrations around the backlog of applications and blockages to the Committee's effective working.

97.4 The Board accepted the recommendations in the report:

- Noted that the Pharmaceutical Care Services Plan: Provision of Pharmaceutical services Delivered via Community Pharmacy 2020 has been supported by the NHS Lothian Corporate Management Team on 24th November 2020.
- Noted that IJB Chief Officers and Planning Officers have seen the 2020 plan for information and will be included in future development of the plan
- Provided consent for the plan to be published on The Community Pharmacy Lothian website.
- Provided consent that the plan continues to be reviewed annually and brought to the Board every three years.
- Supported the recommendations in the Pharmaceutical Care Services Plan.

97. 5 The Board agreed to use the plan for 2020, accepting that additional update work would now be undertaken and the Plan would be built on. The Plan would then be revisited by the Board once the update work had been completed. There would be an update at the February 2021 Board meeting as to how the work on the plan was being taken forward.

98. RHCYP, DCN & CAMHS Project Update

98.1 Mrs Goldsmith updated the Board on the current status of the project as it approaches final completion. Mrs Goldsmith highlighted that work in CAMHS had been finished and migration of services was planned from 15 January 2021. Commissioning work to migrate other services as soon as possible after the end of January 2021 continued.

98.2 The Chair stated that there had been also been discussion about the project and the recent annual review with the Cabinet Secretary. The Cabinet Secretary had been supportive of the work that had been undertaken to make sure migration was clinically led given the context of Covid-19 and winter pressures.

98.3 The Board noted that in terms of oversight and governance of the project, the Executive Steering Group reporting to the Scottish Government Oversight Board would remain in place until the migration of the remaining services is finalised. It was also noted that the current Senior Programme Director, Ms Mary Morgan, had been appointed as Chief Executive of NSS from 1 April 2021. The Board passed on its congratulations. The Board also noted that Chair of the Scottish Government Oversight Board, Ms Fiona McQueen, had deferred her retirement to see completion of the project.

98.4 Mrs Goldsmith also reported that in terms of the Public Inquiry this remained at the information gathering stage and a further update would be taken to the Board's Finance and Resources Committee.

98.5 The Board agreed to accept the contents of the report as an update on the progress to completion of the facility and the planning underway for final migration of services.

99. Any Other Business

99.1 There was no other business.

100. Next Board Meeting

100.1 The next Board meeting would be held on 3 February 2021.

101. Standing Order 5.23 Resolutions to take Items in Closed Session

101.1 The Board agreed to invoke Standing Order 5.23 to allow a meeting of Lothian NHS Board to be held in Private. The reason for this was due to the commercial and confidential nature of the business to be discussed.

Chair's Signature ……

Date ……

Mrs Esther Roberton
Interim Chair – Lothian NHS Board

FINANCE AND RESOURCES COMMITTEE

Minutes of the meeting of the Finance and Resources Committee held at 9.30 on Wednesday 25 November 2020 via MS Teams.

Present: Mr M. Hill, Non-Executive Board Member (Chair); Mr B. McQueen, Non-Executive Board Member; Mr J. McGinty, Non-Executive Board Member; Mr P. Murray, Non-Executive Board Member; Professor M. Whyte, Non-Executive Board Member; Mr A. McCann, Non-Executive Board Member (from 10:30am); Mrs S. Goldsmith, Director of Finance and Miss T. Gillies, Medical Director.

In Attendance: Mr C. Marriott, Deputy Director of Finance; Mr I. Graham, Director of Capital Planning and Projects; Mr A. Payne, Head of Corporate Governance; Ms T. Shearer, Group Chief Executive – The Piper Group (Shadowing Mrs Goldsmith); Mr A. McCreadie, Head of Management Accounts (Item 47.2); Dr J. Hopton, Programme Director, Facilities (Items 47.3 and 47.4) and Mr M. Porteous, Assistant Head of Finance (Item 47.3).

Apologies: Mr C. Campbell, Chief Executive and Professor A. McMahon, Executive Nurse Director.

Chair's Welcome and Introductions

The Chair welcomed members to the meeting and members introduced themselves.

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

The Committee noted a declared interest form Professor Whyte at item 47.2 - Research and Development. The Committee noted that the University of Edinburgh and NHS Research and Development had a joint research office and it should be made clear that such a relationship exists. The Committee were content that Professor Whyte could remain present for the discussion at that item.

45. Committee Business

45.1 Minutes and Actions from Previous Meeting (28 October 2020)

45.1.1 Members accepted the minutes from the meeting held on 28 October 2020 as a correct record, subject to the following amendment:

- Mr Murray's apologies to be recorded.

45.1.2 The circulated cumulative action note was received. The Committee noted that item 14 – Sustainability Report, would require a date for when this would be expected back to the Committee. Item 15 – RHCYP/DCN Public Inquiry, it was noted that this remained an ongoing action and a report on the next steps of engagement would come to the next Committee meeting.

45.2 Review of the Terms of Reference of the Committee - Mr Payne set out the context behind the report asking the Committee to review its terms of reference and make a recommendation to the Board. The Committee noted that this item had been on the agenda for a while, however the process had been paused whilst some investigations around the RHCYP/DCN project were clarified.

45.2.1 Mr Payne outlined the changes made in relation to committee structures; making best use of the new Planning, Performance and Development Committee (PPDC) and the inclusion of the relevant themes from RHCYP/DCN audit. There had also been minor wording changes for sections covered in the NHS Lothian Board Standing Orders.

45.2.2 There was discussion on the PPDC role in reviewing Initial Agreements and the capacity that the PPDC would have for this work given involvement with other strategic planning work and the RHCYP/DCN Public Inquiry. It was accepted that there remained mechanics and specifics to work out in relation to this, but the principle of the approach was accepted.

45.2.3 There was also discussion around the revised membership in the terms of reference. It was noted that the proposed membership does not specifically include the University stakeholder member. This is due to the member being on the Planning, Performance & Development Committee which would have a proposed role in reviewing initial agreements. The Committee recognised that the Board's Standing Orders have a provision which allows all Board members the right to access committee papers and to attend meetings. The Committee agreed that it would be appropriate to revisit this point after the further detailed consideration of the approach to initial agreements.

45.2.4 The Committee agreed to recommend the revised terms of reference to the Board, incorporating the changes as discussed. The revised terms of reference would be worked through by Mr Payne and circulated to Committee members ahead of being taken to the Board meeting in February 2021.

46. Capital

46.1 Property and Asset Management Investment Programme - Mr I Graham provided the Committee with an update on the status of the Property and Asset Management Investment Programme (PAMIP) and sought approvals on matters of asset management and performance.

46.1.1 Mr I Graham highlighted that the outcome of the Scottish Government spending review was still unconfirmed and could impact some NHS Lothian projects. There was discussion on the capital prioritisation process and the ongoing work on capital projects assurance and resources which would be brought back to the Committee in the new year.

46.1.2 The Committee also discussed the ongoing oncology enabling project. It was noted that there was an issue with infrastructure at the Western General Hospital which could create a delay with the link project programme. It was intended to work with the contractor in an attempt to minimise the delay as the project progresses.

46.1.3 Mr I Graham confirmed that the Initial Agreement for the Cancer Centre would go to Lothian Capital Investment Group (LCIG) in December 2020 for full discussion. It was noted that a recent presentation to Health and Social Care Partnerships' (HSCPs) Directors had been received positively. Mr McQueen asked if there was anything that could be done to shorten the time the project would take. Mr I Graham stated that the main constraint was money although early release of capital by SG could shorten the time. There was lead time for clearing the site and at the moment the earliest the site would be available was around 2.5 years away.

46.1.4 The Committee agreed that more time would be taken at the next meeting to discuss the Cancer Centre and look at alternative ways of providing access and services if capital is not to be available following the Scottish Government spending review outcome.

46.1.5 Mr Murray asked about options around charitable funding and Edinburgh and Lothians Health Foundation funding. Mrs Goldsmith confirmed that the Foundation could not provide core funding but could add enhancements that would help the patient and staff experience. Ms Shearer added that from her perspective on charitable funding, there were very few high net worth individuals and that people would normally fund projects which were close to their heart or of which they had personal experience. Mrs Goldsmith and Mr Murray would have a further conversation offline and Mrs Goldsmith would prepare a briefing on the pipeline for smaller primary care projects and population growth.

46.1.6 The Committee members agreed to:

- **accept moderate assurance on project timeframes due to the impact of the COVID19 pandemic and the ongoing Scottish Government Capital Spending Review; and**
- **accept moderate assurance around the delivery of the 20/21 Property and Asset Management Investment Programme (PAMIP).**

46.1.7 The Committee also requested that for Mr I Graham's next report reference be made to impact and risks around EU Exit.

46.2 Hub Programme Procurement - Mr I Graham and Mr Marriott outlined this technical paper inviting the Committee to consider the risks associated with the hub programme procurement following a review undertaken by Scottish Futures Trust.

46.2.1 There was discussion on the national and South East programme for hub delivery; the fact that NHS Lothian was no longer contractually obliged to use hubco for works in scope; the success of Hub and the recommendation from SFT to issue a territory specific Voluntary Ex Ante Transparency (VEAT) notice to ensure openness and transparency about the programme values. This VEAT notice would indicate the values of the pipeline going forward too.

46.2.2 There was also discussion about the importance of taking explicit learning from the RHCYP/DCN audit around roles of various parties and the issuing of appropriate procurement notices to mitigate risks going forward for continuing arrangements.

46.2.3 The Committee were content to accept significant assurance that Scottish Futures Trust has taken appropriate steps to review risks and challenges arising from revised procurement regulations.

46.3 RHCYPDN Update - Mrs Goldsmith reported that work remained ongoing on the programme of construction works and testing and although challenging, this remained on target to conclude by the end of January 2021. The Committee noted that the moving in date was still to be confirmed but services were planning for March 2021, with entry dates being reviewed on an ongoing basis by the Board's Executive Steering Group.

46.3.1 There was discussion on the overall costs of the project. The Committee recognised that decision making remained with the Scottish Government Oversight Board but that it was important they were sighted on the overall costs and the final cost profile for works undertaken.

46.3.2 Mrs Goldsmith stated that she would bring a financial report following the completion of works and would also provide an update to the Committee before the end of January 2021 along with providing the IHSL cost estimate report which showed significant movement between estimated and actual costs. IHSL had agreed to provide a report setting out the reasons for the movment , but had asked that they provide this after completion of works.

47. Revenue

47.1 October 2020 Financial Position - Mr Marriott provided on overview of the financial position at Period 7 and set out the financial impact from Covid-19 to-date.

47.1.1 The Committee discussed deficit issues relating to Covid-19, the expected funding and offsets still working through the system; provision of sustainability payments to IJBs; East and Midlothian hospital beds and prescribing costs.

47.1.2 The Committee also discussed the key risks around agreement of final funding from Scottish Government, the impact of EU Exit (food, pharmaceuticals and labour); the ongoing public sector and business unit financial recovery plans; the adequacy of the Board's risk assessment process and entries on the Corporate Risk Register which the Committee were responsible to update. The Committee noted that the new PPDC would also have input into this discussion in terms of considering the impact on systems.

47.1.3 In the context of concerns around the risk assessment process, the Committee were content to:

- **Receive the financial position as at October 2020 which reported a deficit of £13.3m, of which circa £10.5m related to the costs associated with Covid-19.**

- **Agree that, based on information available at this stage, NHS Lothian remained able to provide limited assurance on its ability to deliver a breakeven position in 2020/21.**

47.2. Research and Development - Mr McCreadie introduced the report, which had been requested by the Committee in May 2020, to provide an overview on the funding arrangements for Research and Development within NHS Lothian highlighting potential risks for the Board.

47.2.1 The Committee discussed the source and application of resources; the financial challenges presented by Covid-19; impact on commercial and non-commercial income and reduction in expenditure. There was also discussion on the revenue position and costs that were attributable to Covid-19. There was an awareness that other boards had recognised reduction of R&D investment as a Covid-19 issue, but Lothian had not yet done this. All boards had been asked to reflect such costs back through local mobilisation plans.

47.2.2 The Committee recognised that as well as the challenges with Covid-19, the pandemic had also galvanized a lot of clinical research which in which Lothian was taking part, e.g. being 1 of 18 sites for the Oxford Vaccine Trial.

47.2.3 Mr McQueen asked about the oversight of the benefit of R&D spending. Miss Gillies confirmed that R&D oversight was through the Board's Healthcare Governance Committee and that a significant amount of R&D resource was sessional support from individual clinicians, which was subject to annual review. It was also noted that the NHS R&D Team work closely with the University of Edinburgh R&D Team when it came to strategically planning areas to focus on.

47.2.4 The Committee noted the different elements of NHS Lothian Research & Development and the funding mechanisms and recognised the risks which have evolved as a result of Covid-19. The Committee felt it would be helpful to have explicit guidance around potential funding between the Board, commercial, non commercial and the Edinburgh and Lothians Health Foundation.

47.3 Procurement of Total Bed Management Contract for NHS Lothian

47.3.1 The Chair welcomed Dr Hopton and Mr Porteous to the meeting.

47.3.2 Dr Hopton introduced the report asking the Committee to approve the LCIG recommendation that NHS Lothian proceeds to tender for the provision and maintenance of its bed and mattress base to replace the existing Total Bed Management (TBM) contract which ends on 30 November 2021.

47.3.3 The Committee discussed the current contract; current technology and bed stock frame life expectancy; issues around procuring a solution; options around purchasing or leasing new equipment; advantages and disadvantages of having an in house service; options for a national approach and models used by other boards in Scotland and trusts in England; disposal of existing beds; repairs services and the different arrangements in place for community beds. Dr Hopton agreed to take the point around availability of repairs service and specification of service away for further

investigation with the team. There was also discussion on quality measures within the tender evaluation and weighting which covered cost and quality.

47.3.4 The Committee:

- **agreed to approve the LCIG recommendation that NHS Lothian should progress with a tender for a 10 year Total Bed Management (TBM) contract based on the financial and economic analysis of the purchase or lease (TBM) options which indicates that the TBM would be most cost effective and efficient.**
- **noted that any increased costs arising from the tendering process would be noted as a corporate pressure through the NHS Lothian Financial Planning process.**
- **noted that the procurement time frame had been set to accommodate this analysis and input from Central Legal Office and that it had been possible to extend the existing contract for a further 6 months to 30 November 2021.**
- **noted the risks associated with the delay in terms of increasing challenge of accessing parts to maintain the current bed stock to an acceptable standard.**

47.4 Update on Climate Change and Sustainability - Dr Hopton gave a verbal update that covered the outstanding questions from the previous Committee meeting. In relation to active travel and cycling, there were no e-bike charging stations in place at the moment but a pilot being led by physiotherapy to start using ecargo bikes instead of pool cars was underway and a solution around insuring people to use bikes during working practice had been found with NHS Lothian having become a member of Cycle UK. It was noted that there was no information back yet on the cycle to work scheme but the application to Sustrans for an active travel officer had been unsuccessful which was a disappointment.

47.4.1 The Committee also noted that first stage feedback options had been received in relation to the energy efficiency framework and there would be an update brought back to the Committee on this and the timescale to access the Scottish Government funding.

47.4.2 There had also been a Pharmacy Impact Environment webinar held last week and this had looked at the use of different inhalers, impact of poly pharmacy and work to reduce the environmental emmissions of anaesthetic gases. The Chair requested that given the Committee's remit on sustainability, if there were further opportunities to join such webinars then these should be circulated to members of the Committee.

47.4.3 Dr Hopton stated that there were ongoing discussions around engagement with Health and Social Care Partnership colleagues. It was noted that there had also been an informal session held with Public Health and Health Promotion.

47.4.4 The Committee noted the update and recognised the role the Committee could play in pursuing the green agenda. There would be further discussion on the sustainability framework and action plan at the December Board Meeting.

48. Reflection on the Meeting

- Good discussion on the Committee's terms of reference, its relationship with PPDC and the PPDC role in relation to Initial Agreements.
- Good Discussion on the risk assessment approach and processes.

49. Date of Next Meeting

49.1 The next meeting of the Finance and Resources Committee would take place at **9.30** on **Wednesday 20 January 2021**.

50. Dates of future meetings

- 20 January 2021
- 10 March 2021
- 21 April 2021
- 2 June 2021
- 14 July 2021
- 25 August 2021
- 13 October 2021
- 17 November 2021

Signed by the Chair
Date: 20 January 2021

Original kept to file

HEALTHCARE GOVERNANCE COMMITTEE

Minutes of the meeting of the Healthcare Governance Committee held at 9.00 on Tuesday 10 November 2020 by video conference.

Present: Professor M. Whyte, Non Executive Board Member (chair); Ms A. Crippen, Patient and Public Representative; Dr P. Donald, Non Executive Board Member; Councillor G. Gordon, Non Executive Board Member; Ms C. Hirst, Non Executive Board Member; Ms F. Ireland, Non Executive Director; Ms S. Mackie, Patient and Public Representative; Ms L. Rumbles, Partnership Representative; Mr D. Stavert, Patient and Public Representative.

In attendance: Ms J. Bennett, Associate Director for Quality Improvement and Safety; Ms J. Campbell, Chief Officer, Acute Services; Dr A. Coull, Consultant Physician (item 42.7); Ms L. Cowan, Chief Nurse, East Lothian Health and Social Care Partnership; Ms C. Craig, Chief Nurse, Western General Hospital (item 40.1); Ms T. Gillies, Medical Director; Ms M. Hughes, Chief Nurse, West Lothian Health and Social Care Partnership; Mr S. Malzer, Patient Involvement Manager (item 41.2); Ms G. McAuley, Nurse Director; Dr A. Mackenzie, Scottish Clinical Leadership Fellow (observing); Ms T. McKigen, Services Director, Royal Edinburgh Hospital (item 43.1); Professor A. McMahon, Executive Nurse Director; Ms C. Myles, Chief Nurse, Midlothian Health and Social Care Partnership; Ms J. Macrae, Associate Nurse Director; Ms B. Pillath, Committee Administrator (minutes); Ms J. Proctor, Chief Officer, Edinburgh Health and Social Care Partnership; Ms G. Rodger, Non Executive Director, NHS Highlands (observing); Dr C. Whitworth, Medical Director, Acute Services.

Apologies: Mr J. Crombie, Deputy Chief Executive; Professor A. Timoney, Director of Pharmacy.

Chair's Welcome and Introductions

The Chair welcomed members to the meeting and members introduced themselves.

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

36. Minutes from Previous Meeting (8 September 2020)

36.1 The minutes from the meeting held on 8 September 2020 were approved as a correct record.

36.2 The updated cumulative action note had been previously circulated.

37. Patient Story

37.1 Mr Stavert read out feedback from two patients on their experience with the influenza vaccination. One of the patients experienced an efficient service at the local primary care centre while the second patient experienced an unacceptably long delay at a drive in clinic at Craiglockhart and left without receiving the vaccination.

37.2 The patient group enquired whether there would be a review of the different vaccination processes prior to the larger operation of COVID vaccination. Ms Gillies advised that the influenza vaccination experience was being taken into account in COVID vaccination planning, which would be even more complex. Ms Morrison also noted that feedback from patients was being taken into account.

38. Matters Arising

38.1 Edinburgh Health and Social Care Partnership Annual Report

38.1.1 A paper had been previously circulated and Ms Proctor and Ms Macrae gave a presentation. In response to a question about previous concerns about the SMART Centre, Ms Proctor advised that work was being done to ensure that regional funding for the service matched other regional funding. A system had been purchased for managing devices and a quality improvement manager was now in post to drive forward agreed improvements.

38.1.2 Ms Proctor advised that collaboration between the different Health and Social Care Partnerships took place through a number of formal and informal fora which allowed sharing of challenges and joint solutions where appropriate, for instance care home support.

38.1.3 Members accepted the recommendations laid out in the paper and accepted moderate assurance.

39. Emerging Issues

39.1 COVID-19 Response and Update

39.1.1 Ms Gillies gave a verbal update and reported that urgent clinical procedures were being kept going as much as possible and that hospital occupancy on each site was high. There had been several outbreaks of COVID in hospitals involving visitors, patients and staff, including in regional services which were more complex with patients coming from outwith the Lothian area.

39.1.2 The number of patients in intensive care with COVID was proportionately lower than in the first wave of COVID; it was speculative as to why this was, possibly due to better treatment.

39. Acute Services

40.1 Lothian Accreditation and Care Assurance Framework

40.1.1 Ms Craig gave a presentation. A paper had been previously circulated. It was noted that this framework was part of a wider system of quality improvement work including safe staffing and other elements.

40.1.2 In response to a question about the roll out of the care assurance framework beyond acute services, Professor McMahon advised that care assurance leads had been appointed in each of the Health and Social Care Partnerships and work was starting in

the community hospitals. The chief officers would also be working to roll out to non inpatient areas including district nursing and general practice nursing.

40.1.3 It was recognised that patient experience data would contribute to this work and this would be included as part of the work. Ms Morrison and Professor McMahon would be on the programme board and would ensure this was taken into account. Ms Morrison also noted that separate work on the 'Care Experience and Improvement Model' used patient experience in multidisciplinary team discussions.

40.1.4 Members accepted the recommendations laid out in the paper and accepted moderate assurance.

40.2 Acute Services Annual Report

40.2.1 Ms McAuley gave a presentation. A paper had been previously circulated. This paper had been reviewed by the patient and public representatives group. Dr Mackie reported that the group was reassured that work was ongoing on falls and pressure ulcers.

40.2.2 Dr Whitworth advised that initiatives for the use of new technology to improve efficiency of the service were considered by the Clinical Management Group in terms of safety and effectiveness and processes for measuring these. A business case process would be carried out separately to obtain funding.

40.2.3 Ms McAuley advised that the peer review tool was for use in all areas including mental health and that part of this was a conversation with patients to get feedback.

40.2.4 Members commended the significant progress made in the past year in the more organised reporting of significant adverse events. Members accepted the recommendations laid out in the paper and accepted moderate assurance.

41. Person Centred Culture

41.1 Patient Experience and Feedback

41.1.2 Ms Morrison presented the previously circulated paper. Ms Hirst noted that a faster complaint response was not necessarily a better quality response and asked for a more nuanced discussion about those missing the 20 day deadline. Professor McMahon advised that the focus for speeding up the response was on those complaints waiting over 75 days for response, as this was too long to wait regardless of the complexity. Guidance was being developed for staff on how to facilitate more meetings for discussions with families waiting for a final outcome, as this engagement improved both staff and patient experience.

41.1.3 Members accepted the recommendations laid out in the paper, accepted moderate assurance, and provisionally accepted the annual report for submission to the Scottish Government.

41.2 Involving People Framework

41.2.1 The chair welcomed Mr Malzer to the meeting and he presented the previously circulated paper. Mr Stavert reported that the patient and public representatives group welcomed the progress made in the last year and would like to see more quantitative data on the number of community engagements and have more information on engagement with partnerships. They also thought it would be helpful for information about public engagement opportunities to be more widely promoted to make the public aware that their input was welcomed.

41.2.2 Members accepted the recommendations laid out in the paper and accepted moderate assurance.

42. Safe Care

42.1 Healthcare Associated Infection (HAI) Update

42.1.1 Professor McMahon presented the previously circulated paper, highlighting that there were currently 15 COVID outbreaks across NHS Lothian's services including a total of 111 patients and 94 staff. There had been considerable strain on the Infection Prevention and Control Team involved in incident management teams as well as implementing COVID infection control precautions. The Scottish Government was looking to increase infection control capacity but the workforce was not currently available.

42.1.2 It was noted that closure of wards to admissions due to COVID outbreaks also further impacted on access to treatment.

42.1.3 Members expressed thanks to the team for their hard work and accepted the recommendations laid out in the paper, accepting moderate assurance.

42.2 Winter Planning

42.2.1 Ms Campbell presented the previously circulated paper. It was noted that the evaluation included on the number of patients being redirected from the front door was early evaluation on the first few days of using the flow centre and this would be under review before full implementation during the winter. Access via 111 would begin in December and was expected to increase the number redirected. It was noted that the estimated 20% of people currently being seen at the front door that could be redirected elsewhere would not be enough to solve the problem but it would reduce overcrowding and would spread attendance by appointment throughout the day.

42.2.2 It was agreed that the equalities impact assessment on this change in policy would be reported back to this group. **JCa**

42.2.3 It was noted that although attendance at the Emergency Department was 20% lower in September 2020 compared to September 2019 the four hour wait compliance had only improved by 3%. Ms Campbell advised that this was due to greater acuity of patient presenting and running red/green system according to COVID guidance which meant resources had to be used differently and capacity was reduced.

42.2.4 Members accepted the recommendations laid out in the paper and accepted moderate assurance that there was a robust winter plan in place.

42.3 Learning from Adverse Events and Duty of Candour

42.3.1 Ms Gillies presented the previously circulated paper and members accepted the recommendations laid out.

42.4 Access to Treatment

42.4.1 Ms Campbell presented the previously circulated paper. Ms Rumbles advised that there had been full and robust engagement with Partnership and staff side regarding the changes being made.

42.4.2 Regarding the proposed patient information letters for patients on the waiting list for routine elective treatment, Ms Campbell advised that letters were already being sent to patients but that the change would be to enhance these.

42.4.3 Members accepted the recommendations laid out in the paper and accepted moderate assurance.

42.5 Recommencement of Acute Hospitals Inspections

42.5.1 Ms McAuley presented the previously circulate paper. Members accepted the recommendations laid out in the paper and accepted moderate assurance.

42.6 Edinburgh Older People's Care Joint Inspection Improvement Plan

42.6.1 Ms Proctor presented the previously circulated paper. Ms Proctor noted that this paper reported on the Partnership's response to the inspection report, but that other support was also being provided to care homes. The feedback from care homes on what was being offered was varied with some finding it helpful and others struggling with the extra work they were being asked to do.

42.6.2 Further informal feedback from the inspectorate was expected at a meeting in November which would give an indication on whether they were content that improvements could be demonstrated.

42.6.3 Members accepted the recommendations laid out in the paper and Ms Proctor agreed to submit an update report to the next meeting including further detail on the risk profile. **JP**

42.7 Stroke Care

42.7.1 The chair welcomed Dr Coull to the meeting and he presented the previously circulated paper. He noted that more work could be done on aspirin prescribing as this had also been an indicator in the previous year. An improvement plan was in progress. It was noted that there was a lower figure for aspirin usage in this year's data set as COVID restrictions had impacted the ability of the auditor to be on site to see aspirin prescribed.

42.7.2 It was noted that in other areas a higher early discharge rate had been achieved by having an integrated team facilitating rehabilitation at home; the current model could be improved with a small resource and a better process for working together.

42.7.3 Members accepted the recommendations laid out in the paper and accepted moderate assurance.

42.8 Enhanced Professional Oversight of Care Homes

42.8.1 It was agreed to withdraw this paper from this meeting as a further paper was due for discussion at the next Board meeting.

42.9 Review of Children's Services Governance in NHS Lothian

42.9.1 Professor McMahon presented the previously circulated paper. Members accepted the recommendations laid out.

42.10 Public Protection Update

42.10.1 Professor McMahon presented the previously circulated paper. He noted that there had been increased focus on child and adult protection during COVID restrictions and thematic issues were being identified.

42.10.2 Members accepted the recommendations laid out in the paper and accepted moderate assurance.

43. Effective Care

43.1 REAS Governance – Psychological Therapies

43.1.1 Professor McMahon presented the previously circulated paper. Members were encouraged to see progress being made and accepted the recommendations laid out, accepting moderate assurance.

43.2 Supporting clinicians in making decisions during COVID

43.2.1 Ms Gillies presented the previously circulated paper and noted that this paper did not match to a known risk but gave detail for the Committee's information. It was expected that the group set up would continue beyond COVID and be expanded as it had proved a valuable forum.

43.2.2 Members supported the approach to facilitate clinician conversation with patients being supported by a governance process.

43.3 Annual Quality Report

43.3.1 Ms Gillies presented the previously circulated paper. Ms Bennett noted that a number of papers on the agenda had been related to the overall quality management structure laid out in this paper.

43.3.2 It was noted that the support for improvement projects had continued to be provided in clinical areas during the period of COVID restrictions but that it was accepted that improvements may take longer in some areas because of other pressures on staff although a high level of engagement had continued.

43.3.3 The suggestion had been previously made that the Board paper template have a section to draw out quality improvement work as this was underlying all work but not always explicitly highlighted.

43.3.4 Members accepted the recommendations laid out in the paper and accepted moderate assurance.

44. Exception Reporting Only

Members noted the following previously circulated papers:

44.1 Midlothian Health and Social Care Partnership – change to governance committee structure;
44.2 Litigation Annual Report;
44.3 Respiratory Managed Clinical Network Annual Report;
44.4 Scottish Intercollegiate Guidelines Network (SIGN) Annual Report;

45. Other Minutes: Exception Reporting Only

Members noted the previously circulated minutes from the following meetings:

45.1 Clinical Management Group, 9 June, 15 July, 11 August, 9 September 2020;
45.2 Lothian Infection Control Advisory Committee, 9 June 2020;
45.3 Health and Safety Committee, 18 August 2020;
45.4 Organ Donation Sub Group, 18 June 2020;

46. Corporate Risk Register

46.1 Ms Bennett presented the previously circulated paper. Ms Gillies noted that monthly meetings were now taking place to address and mitigate the risks associated with withdrawal from the EU and plans were being put in place.

46.2 Members accepted the recommendations laid out in the paper.

47. Date of Next Meeting

47.1 The next meeting of the Healthcare Governance Committee would take place at **1.00pm** on **Tuesday 12 January 2021** by video conference.

48. Further Meeting Dates

48.1 Meetings would take place at **1.00pm** on the following dates in 2021:
- 12 January 2021;
- 23 March 2021;
- 25 May 2021;
- 27 July 2021;
- 7 September 2021;
- 9 November 2021.

Signed by the Chair
Date: 12 January 2021

Original kept to file

NHS LOTHIAN

STAFF GOVERNANCE COMMITTEE

Minutes of the meeting of the Staff Governance Committee held at 9.30 on Wednesday 21 October 2020 via Microsoft Teams.

Present: Mr W. McQueen, Non Executive Board Member (Chair); Ms J. Butler, Director of Human Resources; Ms H. Fitzgerald, Partnership Representative; Ms T. Gillies, Medical Director; Ms C. Hirst, Non Executive Board Member; Ms K. Kasper, Non Executive Board Member, Whistleblowing Champion; Councillor J. McGinty, Non Executive Board Member; Mr S. McLaughlan, Partnership Representative; Professor A. McMahon, Executive Nurse Director; Councillor D. Milligan, Non Executive Board Member; Ms A. Mitchell, Non Executive Board Member; Mr T. Waterson, Employee Director, Non Executive Board Member;

In Attendance: Mr C. Bruce, Equalities and Human Rights Lead (item 20.2); Mr G. Curley, Director of Operations, Facilities (item 19.1); Ms J. Duncan, Head of Recruitment (item 21.1); Dr S. Edgar, Director of Medical Education; Mr S. Haddow, Head of Medical Workforce Planning (item 20.4); Ms A. Langsley, Associate Director of Organisational Development and Learning; Mr A. Leckie, Director, Occupational Health Service; Ms B. Pillath, Committee Administrator (minutes); Ms R. Suleiman, Equality and Diversity Advisor (item 20.2).

Apologies: Mr J. Crombie, Deputy Chief Executive; Ms R. Kelly, Deputy Director of Human Resources.

Chair's Welcome and Introductions

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

17. Minutes and Action Note of the Previous Meeting of the Staff Governance Committee held on 29 July 2020

17.1 The minutes from the meeting held on 29 July 2020 were approved as a correct record.

17.2 Members noted the previously circulated updated cumulative action note.

18. Matters Arising

18.1 Staff Governance Work Plan Update

18.1.1 Ms Butler gave a brief verbal update noting that the new whistleblowing standards required to be implemented by 1 April 2020 and that the 'I Matter' staff survey would be replaced this year by an 'Everyone Matters' pulse survey. **JB**

18.2 Mandatory Training and Compliance

18.2.1 Ms Langlsey gave a verbal update. A paper would be brought to the next meeting in December 2020 with details about what compliance monitoring would be possible using LearnPro software. It was noted that there was no compliance monitoring solution used by other Boards that could be adopted. The discussion with LearnPro

was on a low cost interim solution which would allow some oversight to ensure that staff were doing the required training. A national solution was awaited.

19. Assurance and Scrutiny

19.1 Corporate Risk Register

3328 Traffic Management Risks

19.1.1 The chair welcomed Mr Curley to the meeting and he gave a verbal update. Limited assurance was offered regarding safe traffic management at the acute sites. This was due to the government guidance for staff and patients to avoid public transport and car sharing when traveling to hospital resulting in an increase in traffic at all three acute sites. Major building works were also ongoing at all three sites.

19.1.2 A management group was liaising with staff and patient representatives on car park use and possible solutions. An additional 300 car parking spaces had been proposed at the Royal Infirmary but this was subject to planning permission from the City of Edinburgh Council. The reintroduction of staff parking permits was being considered with a model prioritising business need rather than distance from work and social commitments as previously; clinical staff would be prioritised and office based staff encouraged to work from home. Mr Curley advised that retail parking spaces had been procured and were already in use at all three sites.

19.1.3 Ms Butler agreed to ask Mr Crombie as executive lead for this risk to brief the Board on progress.

3455 Management of Violence and Aggression

19.1.4 Professor McMahon presented the previously circulated paper. It was noted that significant part of staff training was in de-escalation of the situation, with physical restraint as the last resort. A number of programmes were in place to help leadership groups with softer communication skills including the 'civility saves lives' programme with a conference and associated follow up messaging. There was also work on staff resilience individually and as part of a team, covering a number of areas such as COVID and violence and aggression.

19.1.5 All incidents involving violence and aggression in Mental Health Services recorded in datix were investigated. A paper would be brought to the next meeting drawing out some themes and considering whether any experiences could be shared in other areas of the organisation. **AMcM**

19.1.6 A separate paper had been circulated giving an update on the Identicom lone working device for staff. Further considerations on sharing of devices and cost would be brought to the Corporate Management Team and to this Committee.

19.1.7 It was noted that staff were also experiencing aggression from visitors when asking them to wear appropriate PPE and follow COVID safety guidelines.

19.1.8 Members accepted the recommendations laid out in the paper and accepted limited assurance on implementation of actions and moderate assurance on the process for implementation.

3527 Medical Workforce Sustainability

19.1.9 Ms Gillies gave a verbal update. Recruitment for both trainee and substantive medical workforce was stable and there had been success in filling posts recently. There was currently 100% recruitment to trainee programmes, similar to the position in the rest of Scotland.

19.1.10 In March 2020 trainee doctors had been redeployed from areas where they were receiving specialist training to areas of business need. This process had been managed well with support for trainees and good feedback had been received, however this meant that some trainees had not had enough experience in their chosen specialty to reach competency there. NES had reported that 10% of trainees had not progressed with training at the expected rate because of this redeployment. This could cause problems for medical workforce supply in the future and redeployment of trainees would be avoided in future if possible to avoid further exacerbation of this risk. There had also been agreement across the UK that opportunities in the private sector could be used for trainees where NHS work was undertaken.

3828 Nursing Workforce – safe staffing levels

19.1.11 Professor McMahon gave a verbal update. Newly graduated nurses had been successful in filling many vacancies filled. There was still a vacancy rate of 400 vacancies at 5%. This was not a problem now but may be more of a concern as winter wards were opened; recruitment to staff these wards would be for permanent posts so that staff could move to other posts afterwards. There was recruitment ongoing to areas with higher vacancy rates. The sickness absence rate was just over 6% which was slightly higher than the usual 5% but was similar to other Scottish Boards.

19.1.12 The date for implementation of national safe staffing standards had been pushed back to 2022, but the criteria were already being used in local management. More staff engagement was required for this at ward and at organisational level so that agreed staffing levels were based on the tool rather than subjective. A paper would be brought to the Committee on the implementation strategy for 2022. **AMcM**

19.1.13 A limited number of staffing models currently existed and more work was to be done on this to allow consideration of different staff mix and interdisciplinary teams, for instance in psychiatry it had been shown that art and music and occupational therapists as part of the team were beneficial to the patient group.

19.2 <u>Health and Safety Assurance</u>

19.2.1 Ms Gillies presented the previously circulated paper. Work was in progress to give local health and safety committees more experience in assigning assurance levels when assessing risks and to support discussions on what evidence would be required to be better assured so that the assurance level given reflected the real situation.

19.2.2 Members accepted the recommendations and assurance levels laid out in the paper.

19.3 Water Safety

19.3.1 Ms Gillies presented the previously circulated paper. Members accepted the recommendations laid out and accepted limited assurance.

19.4 Staff Engagement and Experience Framework

19.4.1 Ms Butler advised that the previously circulated paper would be withdrawn from this meeting and replaced at the meeting in December 2020 with more historical detail so that members could consider what had previously been previously been presented as the underpinning evidence of assurance. This was agreed. **JB**

19.5 Director of Medical Education Report

19.5.1 The chair welcomed Dr Edgar to the meeting and he presented the previously circulated paper, noting that the annual report was also sent to NHS Education Scotland (NES) and the General Medical Council (GMC) to satisfy their training oversight responsibilities.

19.5.2 With regard to support for trainee doctors who had been unable to achieve competency levels in their specialty due to COVID redeployment and service changes, Dr Edgar advised that students had access to all support available to NHS Lothian staff and that there were also formal and informal networks and measures specifically for students. A communication would be sent out to all students in the next few days explaining the decision to avoid redeployment of students again and explaining the situation to ensure transparency.

19.5.3 Attention was drawn to the comments section in the paper where there were some frustrated comments. Dr Edgar advised that the unit in question had done a lot of work to ensure that it supported student learning, and noted that a high level of incident reporting and investigation in this unit showed a good reporting culture and there was evidence of positive learning. It was suggested that it would be useful to add this type of context into the report in future years.

19.5.4 The GMC would use the annual report to prepare a report on all teaching Boards in the region, which – for their purposes - was Scotland. They would also use the data provided to target interventions where they had concerns.

19.5.5 Members accepted the recommendations laid out in the paper and accepted moderate assurance, while acknowledging that the challenges were known and work was in progress to mitigate any risks.

20. Healthy Organisational Culture

20.1 Staff Engagement and Experience Framework 2020-23

20.1.1 Ms Langsley presented the previously circulated paper. She advised that a process for monitoring local delivery plans was being mapped out based on oversight by sub groups of the Staff Experience and Engagement Programme Board which would report back on progress. Ms Langsley agreed to bring a further paper to the meeting in December 2020 to lay out this process in detail. **AL**

20.1.2 Members accepted the recommendations laid out in the paper and accepted significant assurance.

20.2 Advancing Equalities

20.2.1 The chair welcomed Mr Bruce to the meeting and he presented the previously circulated paper. Ms Butler noted that more innovative ways of training and raising awareness among staff than traditional face to face training needed to be considered due to the large number of managers and the high volume of training they were required to complete.

20.2.2 Mr Bruce noted that hearing individual voices was key to staff awareness of the issues. A film was being produced showcasing the experiences of black and ethnic minority staff in NHS Lothian. It was important that the experiences of 1,000 black and ethnic minority staff were able to positively influence organisational recruitment. The black and ethnic minority staff in writing the action plan to ensure that the focus was on what mattered to them.

20.2.3 Members accepted the recommendations laid out in the paper and accepted significant assurance. Ms Butler and Mr McQueen had undertaken to update the Board at its next meeting about progress on delivery of the Equalities Action Plan.

20.3 Whistleblowing Monitoring Report

20.3.1 Ms Butler presented the previously circulated paper and noted that since the date of writing there had been two further whistleblowing incidents raised which were being investigated.

20.3.2 A paper would be submitted to the Corporate Management Team in the next few months detailing risks and next steps to the implementation of the Scottish Government Whistleblowing policy by 1 April 2020. It was anticipated that the implementation would require additional resources as this would now include independent practices and third sector organisations which were not previously covered. The ‘speak up’ process, the step before the formal complaint, would also be implemented in independent practices.

20.3.3 Ms Butler clarified that the care sector would be covered by the Councils rather than by the Health Board.

20.3.4 Members accepted the recommendations laid out in the paper and accepted moderate assurance.

20.4 Everyone Matters Pulse Survey Update

20.4.1 The chair welcomed Mr Haddow to the meeting and he presented the previously circulated paper and gave a summary of the first part of results from the survey received that week. A full report and break down of results would be submitted to the next meeting. Part two of the survey results were still awaited. **JB**

20.4.2 The high number of staff reporting high levels of anxiety was noted although it was noted that this represented general feelings rather than specific to work. Mr Butler advised that the Health Foundation had invested money into psychological therapies for staff and the Scottish Government was also providing money for this. More information on progress with the Wellbeing Strategy would be brought to the Committee soon. **JB**

20.4.3 The full national report on the survey results was expected by 20 November 2020 and there would also be reporting at directorate and board level with local results sent to directors.

20.4.4 Members accepted the recommendations laid out in the paper and accepted moderate assurance.

21. Sustainable Workforce

21.1 Regional Recruitment Transformation

21.1.1 Ms Butler and Ms Duncan presented the previously circulated paper. NHS Lothian was the only bidder to be the lead Board in the east region for recruitment. The assurance criteria were being worked through before submitting the bid. The bid would be signed off by the Corporate Management Team but would also be circulated to the Staff Governance Committee to give assurance. The paper would be circulated by 11 November 2020 and members should return any comments within 10 days of this date. **JB**

21.1.2 Ms Butler advised that there had already been significant engagement with local recruitment teams at all the Boards in the region. There would also be formal consultation as part of the organisational change process. Regional and national services in other areas already existed and so models were available for transfer of staff. Implementation would start from 1 April 2021 but time could be taken to get each stage right.

21.1.3 Members commended the work done to get to this stage and accepted the recommendations laid out in the paper.

22. For Information and Noting

22.1 Staff Governance Statement of Assurance Need

22.1.2 The Committee approved the updated Statement of Assurance Need for 2020/21.

23. Date of Next Meeting

23.1 The next meeting of the Staff Governance Committee would take place at 9.30 on Wednesday 16 December 2020.

24. Further Meeting Dates in 2020

24.1 Meetings would take place on the following dates in 2021:
- 17 February 2021;
- 26 May 2021;
- 28 July 2021;
- 20 October 2021;
- 15 December 2021.

Signed by the Chair
Date: 16 December 2020

Original kept to file

Minute

Edinburgh Integration Joint Board

10.00am, Tuesday 27 October 2020

Held remotely by video conference

Present:

Board Members:

Angus McCann (Chair), Councillor Ricky Henderson (Vice-Chair), Councillor Robert Aldridge, Colin Beck, Carl Bickler, Andrew Coull, Councillor Phil Doggart, Christine Farquhar, Helen FitzGerald, Councillor George Gordon, Kirsten Hey, Jackie Irvine, Jacqui Macrae, Councillor Melanie Main, Ian McKay, Moira Pringle, Judith Proctor, Ella Simpson and Richard Williams.

Apologies: Martin Hill, Peter Murray.

Officers: Matthew Brass, Tom Cowan, Tony Duncan, Rachel Gentleman, Lauren Howie, Angela Ritchie and David White.

1. Minutes

Decision

To approve the minute of the Edinburgh Integration Joint Board of 24 August 2020, subject to the addition of apologies from Helen Fitzpatrick.

2. Rolling Actions Log

The Rolling Actions Log for October 2020 was presented.

Decision

1) To agree to close the following actions:

- Action 1 (2) – Primary Care Transformation Programme
- Action 3 – Home First
- Action 7 (4) – 2020/21 Financial Plan

- Action 11 – Return to Transformation
- Action 12 (1) – Savings and Recovery Programme 2020/21
- Action 13 – 2020/21 Financial Plan
- Action 14 – Annual Performance Report
- Action 15 – Fair Work and the Living Wage in Adult Social Care.

2) To note the remaining outstanding actions.

(Reference – Rolling Actions Log, submitted.)

3. Public Bodies Climate Change Return and Wider Considerations

Approval was sought for the Public Bodies Climate Change Return prior to its submission to the Scottish Government, as required under the Climate Change (Scotland) Act). The report provided an update on measures taken to tackle climate change, including the Transformation Programme, which had been adopted to contribute to the wider goal of making the city carbon neutral by 2030.

Decision

1) To note the requirements of the Climate Change duties.
2) To approve the draft EIJB Public Bodies Climate Change Duties (PBCCD) Report 2019/20 at Appendix 1 to the report.
3) To note the wider climate change and sustainability considerations as outlined in the report.
4) To note that the Futures Committee had undertaken to develop an EIJB Climate Change Charter.
5) To note that climate considerations could be included with future directions.

(Reference – report by the Chief Officer, Edinburgh Integration Joint Board, submitted.)

4. Review of Edinburgh Integration Joint Board Strategic Plan 2019-2022

A review of the EIJB Strategic Plan 2019-2022 was presented to the IJB. This provided an update on progress made in key areas of the current strategic plan and outlined timelines for the next planning cycle 2022-25.

The report noted that Phase 2 had succeeded in the progression and implementation of the current Plan, whilst having made a start to the planning of the Strategic Plan for 2022-25. This was due to be progressed to the SPG by March 2021 and then to the EIJB.

Decision

1) To acknowledge that the SPG had conducted an annual review of the current Strategic Plan.
2) To note the progress made against specific tasks and key elements of the transformation programme in phase 1 of the strategic plan.
3) To note the progress and planned activity during phase 2 of the strategic plan.
4) To note the proposed outline timeline for the next strategic planning cycle 2022-25.

(Reference – report by the Head of Strategic Planning, Edinburgh Health and Social Care Partnership, submitted.)

5. Edinburgh Primary Care Improvement Plan Update

An update on the Edinburgh Primary Care Improvement Plan (PCIP) was presented.

Following delays due to the Covid-19 pandemic, the report provided an update on different schemes within the plan, including Premises, Health Inequality and Change Management. The report also updated the Board on the implementation of the Adult Flu Programme after its shift from NHS Lothian to the EHSCP, now being part of the PCIP.

It was noted that, unlike some others, Edinburgh HSCP had accelerated the implementation of the programme.

Decision

1) To note the report on the full year 2019/20 at Appendix 1 to the report.
2) To note the submission template to the Scottish Government covering the period up to 31 August 2020 at Appendix 2 (due 15 October).
3) To formally record the Board's thanks to all staff involved in the PCIP and the flu vaccination programme.
4) To circulate a briefing note providing a status update on the THRIVE programme.

(Reference – report by the Head of Strategic Planning, Edinburgh Health and Social Care Partnership, submitted.)

6. Finance Update

An update was provided on the IJB's projected in-year financial performance.

Decision

1) To note the current year end forecasts provided by the IJB's partners.
2) To note the recently announced funding allocation to meet the additional costs of COVID-19.
3) To recognise that further work was required to better understand the impact of both this and future allocations on the financial out turn for delegated services.
4) To agree the phase 2 savings and recovery programmes set out in the report.
5) To request that concerns relating to the lack of permanent leadership and the governance of the Edinburgh Alcohol and Drugs Partnership were raised through the Public Protection Chief Officers Group.

(Reference – report by the Chief Finance Officer, Edinburgh Integration Joint Board, submitted.)

7. Edinburgh Integration Joint Board Annual Accounts 2019/20

The EIJB's audited annual accounts for 2019/20 were presented to the Board for approval.

Decision

1) To note the 'amber' rated internal Audit Opinion for the year ended 31 March 2020.

2) To approve and adopt the accounts for 2019/20.

3) To delegate authority to the Chief Finance Officer to resolve and amend any minor textual errors in the annual report up to the date of sign off with Audit Scotland.

4) To authorise the designated signatories (Chair, Chief Officer, Chief Finance Officer) to sign the annual report & accounts on behalf of the Board.

5) To authorise the Chief Finance Officer to sign the representation letter to the auditors, on behalf of the Board.

(Reference – report by Chief Finance Officer, Edinburgh Integration Joint Board, submitted.)

8. Update on the Recruitment of Carer and Service User Representatives

A verbal update was provided to members on the recruitment of carer and service user representatives to the Board. The presentation updated the Board on the progress with recruiting more representatives, including a social media campaign that had recently been released in an attempt to encourage carers and service users to the Board.

Decision

1) To note that a social media advertisement had been released to encourage the recruitment of carers and service user representatives to the Board.

2) To circulate an information pack on the role to members which could be sent to potential representatives without social media access.

(Reference – report by the Head of Strategic Planning, Edinburgh Health and Social Care Partnership, submitted.)

8. Committee Update Report

A report was presented to the Board which provided an update on the work of the five IJB committees. The update was agreed to become a standing item on the IJB agenda, with this first update providing information on the work of sub-committees between July and September 2020. This covered the Audit and Assurance, Clinical and Care Governance, Futures, and Performance and Delivery Committees and the Strategic Planning Group.

As well as a summary report, draft minutes of each committee were submitted for noting. It was also agreed that in future draft minutes of committees would be submitted to the following Board meeting.

Decision

1) To note the update and note that draft committee minutes would be included on IJB agendas as a means of updating the IJB on the work of committees.

2) To note the minutes of the committee meetings.

(Reference – report by the Chief Officer, Edinburgh Integration Joint Board, submitted.)

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within WEBEX VIRTUAL MEETING ROOM, on 10 NOVEMBER 2020.

Present

Voting Members – Harry Cartmill (Chair), Bill McQueen, Martin Connor, Martin Hill, Katharina Kasper and George Paul

Non-Voting Members – Allister Short, Steven Dunn, David Huddlestone, Mairead Hughes, Alan Jo MacPherson, McCloskey, Caroline McDowall, Ann Pike, Patrick Welsh and Rohana Wright

Apologies – Damian Timson

Absent – Dom McGuire

In attendance – Robin Allen (Senior Manager Community Health and Care Partnership), Lorna Kemp (Project Officer), Yvonne Lawton (Head of Strategic Planning and Performance), James Millar (Standards Officer), Kenneth Ribbons (Audit, Risk and Counter Fraud Manager), Jeanette Whiting and Fiona Wilson (Team Manager, Community Health and Care Partnership

1 DECLARATIONS OF INTEREST

There were no declarations of interest made.

2 MINUTES

The Board approved the minute of its meeting held on 22 September 2020 as a correct record.

3 MINUTES FOR NOTING

a. The Board noted the minutes of the West Lothian Integration Joint Board Audit Risk and Governance Committee meeting held on 9 September 2020.

b. The Board noted the minutes of the West Lothian Integration Joint Board Strategic Planning Group held on 3 September 2020.

4 MEMBERSHIP & MEETING CHANGES

The Clerk advised members that the Health Board had reappointed Martin Connor as a voting member of the IJB from 6 December 2020 to 5 December 2023. The IJB noted the appointment.

The IJB appointed Jo MacPherson to the role of Chair on the Health and Care Governance Group on an interim basis until a permanent Chair was

appointed.

5 CARE HOMES UPDATE

The Board considered a report (copies of which had been circulated) by the Chief Officer providing an update on the current situation within care homes as a result of the Covid-19 pandemic and setting out current support arrangements. The report also provided an update on the recent Public Health Scotland report on discharges from hospitals to care homes between 1 March and 31 May 2020.

It was recommended that the Board:

1. Note the current situation in care homes as a result of Covid-19 and the support arrangements in place; and

2. Note the recent Public Health Scotland report on discharges from hospitals to care homes.

Decision

To note the terms of the report.

6 CHIEF OFFICER REPORT

The Board considered a report (copies of which had been circulated) by the Chief Officer providing a summary of key developments relating to West Lothian IJB and updates Board members on emerging issues.

It was recommended that the Board note and comment on the key areas of work and service developments that had been taking place within West Lothian in relation to the work of the Integration Joint Board.

Decision

To note the terms of the report.

7 JOINT INSPECTION OF THE EFFECTIVENESS OF STRATEGIC PLANNING IN THE WEST LOTHIAN HEALTH AND SOCIAL CARE PARTNERSHIP

The Board considered a report (copies of which had been circulated) by the Chief Officer presenting a draft action plan to address the recommendations made in the report of the joint inspection of the effectiveness of strategic planning in the West Lothian Health and Social Care Partnership.

The contribution of carers as a key stakeholder group was discussed and it was agreed that specific mention should be made to carers in the action plan. The ongoing collaboration across finance teams to support

investment & disinvestment decisions was also clarified.

It was recommended that the Board:

1. Approve the action plan to address the recommendations made in the inspection report;

2. Agree the campaign branding for the implementation of the inspection action plan; and

3. Agree the reporting cycle for monitoring progress.

Decision

1. To approve the terms of the report.

2. To include mention of carers as a key stakeholder group at an appropriate point in the action plan.

8 STRATEGIC COMMISSIONING PLAN FOR OLDER PEOPLE AND PEOPLE LIVING WITH DEMENTIA

The Board considered a report (copies of which had been circulated) by the Chief Officer presenting a revised strategic commissioning plan for services for older people and people living with dementia, and seeking the Board's approval.

It was recommended that the Board:

1. Approve the strategic commissioning plan for services for older people and people living with dementia; and

2. Approve issue of a strategic direction to NHS Lothian and West Lothian Council to implement the action plan associated with the strategic commissioning plan.

Decision

1. To approve the terms of the report.

2. To note thanks to Jeanette Whiting and Yvonne Lawton and all officers involved in the production of the Strategic Commissioning Plan.

9 WEST LOTHIAN IJB 2020/21 BUDGET UPDATE

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer providing an update on the 2020/21 budget position, including updated Covid-19 financial implications and, based on this, a forecast outturn position for the year.

It was recommended that the Board:

1. Note the forecast outturn position for 2020/21 in respect of IJB delegated functions taking account of delivery of agreed budget savings;

2. Note the currently estimated financial implications resulting from Covid-19 in relation to both expenditure and additional Scottish Government funding; and

3. Note that further updates on the 2020/21 budget position and progress towards achieving a balanced budget position will be reported to future Board meetings.

Decision

1. To note the terms of the report.

2. To review set aside resources and consider the position of and potential collaboration with other IJBs.

3. To add implementation of whistleblowing standards to a future agenda.

10 INCLUSION OF IJBS AS CATEGORY 1 RESPONDERS

The Board considered a report (copies of which had been circulated) by the Chief Officer advising of the Scottish Government's intention to include Integration Joint Boards as Category 1 responders under the Civil Contingencies Act 2004 and advising of the current consultation exercise taking place in relation to the proposed changes.

It was recommended that the Board:

1. Note the proposed changes to the Civil Contingencies Act 2004 in relation to the inclusion of IJBs in the list of Category 1 responders; and

2. Consider its response to the consultation, to be issue on behalf of the IJB by the 22November deadline.

Decision

To note the terms of the report.

11 PUBLIC SECTOR CLIMATE CHANGE DUTIES

The Board considered a report (copies of which had been circulated) by the Chief Officer advising the Board of its statutory duties under the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015; and to ask the Board to agree the contents of the

draft submission.

It was recommended that the Board:

1. Note the Board's statutory requirement to report on climate change on an annual basis and no later than 30 November each year;

2. Agree the contents of the draft 2019/20 submission to the Scottish Government and the proposed improvement actions;

3. Note the outcome of the 2019 Scottish Government consultation on climate change duties for public bodies

4. Agree to submit a response supporting removing Integration Authorities from the list of public bodies required to report; and

5. Consider inviting the council and health board to a future meeting or development session to talk to their respective sustainability plans and how they relate to the commissioning of health and social care services.

Decision

1. To approve the terms of the report.

2. To note recommendation 4 should be removed from the report.

12 PERFORMANCE REPORT

The Board considered a report (copies of which had been circulated) by the Chief Officer presenting performance based on the latest data available on the Core Suite of Integration Indicators. The report also provided the IJB with a copy of the current log of strategic directions for noting.

It was recommended that the Board:

1. Note the contents of the performance report and its limitations;

2. Agree that more up to date performance data will be presented when available;and

3. Note the log of strategic directions issued to NHS Lothian and West Lothian Council.

Decision

To approve the terms of the report.

13 MEMBERS' CODE OF CONDUCT

The Board considered a report (copies of which had been circulated) by the Standards Officer informing members of developments and activity in 2019/20 in relation to the ethical standards in public life regime and the Board's Code of Conduct.

It was recommended that the Board:

1. Note the summary of the work carried out in 2019/20 by the Commissioner for Ethical Standards in Public Life in Scotland and the Standards Commission for Scotland;

2. Note the resumption of the Scottish Government review of the Model Code of Conduct and the formal consultation on a proposed revised version

3. Since a revised Model Code would require the Board to revise and adopt its own local version, agree that the Board's review of its own Code was further postponed until after the revised Model Code was approved and published; and

4. Agree that a presentation by the Standards Officer concerning the Code of Conduct, covering 2018/19 and 2019/20, should be arranged to take place at a Board development day.

Decision

To approve the terms of the report.

14 RISK MANAGEMENT

The Board considered a report (copies of which had been circulated) by the Chief Officer advising members of the risks in the IJB's risk register.

It was recommended that the IJB consider the risks identified, the control measures in place, and the risk actions in progress to mitigate their impact.

Decision

1. To note the terms of the report.

2. Risks to be reviewed in due time to ensure transparency and consistency.

15 WEST LOTHIAN ADULT PROTECTION COMMITTEE 2018-2020 ADULT PROTECTION BIENNIAL REPORT

The Board considered a report (copies of which had been circulated) by the Head of Social Policy informing members about West Lothian Adult Protection Committee 2018-2020 Adult Protection Biennial Report.

It was recommended that the Board note the content of the West Lothian Adult Protection Committee 2018-2020 Adult Protection Biennial Report.

Decision

1. To note the terms of the report.

2. To review wording on equality considerations to ensure clarity and transparency.

16 WORKPLAN

A workplan had been circulated for information.

Decision

To note the workplan.

East Lothian
Integration Joint Board

MINUTES OF THE MEETING OF THE EAST LOTHIAN INTEGRATION JOINT BOARD

THURSDAY 29 OCTOBER 2020
VIA DIGITAL MEETINGS SYSTEM

1

Voting Members Present:
Councillor F O'Donnell (Chair)
Councillor S Akhtar
Dr P Donald
Councillor N Gilbert
Ms F Ireland
Councillor S Kempson
Mr P Murray
Dr Richard Williams

Non-voting Members Present:
Mr D Binnie
Ms A MacDonald
Mr T Miller
Mr P White
Ms C Flanagan
Ms M McNeill
Ms J Tait

Officers Present from NHS Lothian/East Lothian Council:
Ms L Berry
Mr P Currie
Ms D Gray
Ms T Carlyle
Ms C Goodwin
Ms L Kerr

Clerk:
Ms F Currie

Apologies:
Mr I Gorman

Declarations of Interest:
None

1. MINUTES OF THE MEETINGS OF THE EAST LOTHIAN IJB ON 27TH AUGUST AND 17TH SEPTEMBER (FOR APPROVAL)

The minutes of the meeting on 27th August and the minutes of the public session within the meeting of 17th September were approved.

The minutes of the private session on 17th September would be considered in private, following the conclusion of today's public business.

2. MATTERS ARISING FROM THE MINUTES OF 27TH AUGUST AND 17TH SEPTEMBER

There were no matters arising from the public minutes.

3. CHAIR'S REPORT

The Chair highlighted the consultation on the independent review of adult social care, to be considered in more detail later in the agenda, and encouraged members to contribute both as part of the IJB and as individuals.

The Chair referred to the First Minister's announcement earlier in the day outlining the level assigned to each local authority within the five tier system of COVID-19 restrictions. East Lothian had been placed in Tier 3, although figures suggested it may be on the cusp of Tier 2. She added that it was more important than ever to encourage people to follow the appropriate restrictions.

The Chair invited the Chief Officer to make a statement regarding the recently published report on deaths in care homes. Alison MacDonald informed members that East Lothian had had a relatively low number of delayed discharges in recent years and, in March 2020, it had one of the lowest rates in Scotland with very few patients requiring onward care. She said that while there were a few discharges to care homes she was not aware of any cases that were the subject of further investigation. However, this may change in the future. She added that admissions to care homes were not solely from hospital; there had been some admissions from the community where an individual's care package was becoming fragile. The use of Ward 5 at the community hospital had also helped to keep care home admissions low.

The Chair thanked Ms MacDonald and encouraged members to raise any questions they may have about the report or East Lothian's response. She also wished to place on record her thanks to all care home staff and the Care Home team for their continued efforts to keep people safe.

4. INCLUSION OF IJBS AS CATEGORY 1 RESPONDERS

The Chief Officer had submitted a report advising the IJB of the Scottish Government's intention to make changes to the Civil Contingencies Act 2004 to include Integration Joint Boards as Category 1 responders; and advising the IJB of the current consultation exercise taking place in relation to the proposed changes.

Claire Goodwin presented the report outlining the background, purpose and implications of the proposed change. She advised that the deadline for consultation responses had been extended to 22nd November and she invited members to submit their comments to the Planning and Performance Team no later than 16th November. This would allow time to collate individual replies into a single IJB response.

The Chair encouraged members to provide their comments and said she considered it sensible for IJBs to become Category 1 responders.

Peter Murray welcomed the proposal as a good opportunity for IJBs but said that further detail of the potential implications was required. He would be providing comments to Ms Goodwin on two issues: information sharing and the expectation that IJBs would find the necessary resource from within existing Chief Officer and staff resources. He cautioned that further details would be required before the potential impact on staff time could be clearly understood.

Paul White commented that in recent years organisations had become used to doing more with less and he was concerned by the assumption from Government that there would be sufficient resource available to manage any additional work.

The Chair agreed with these comments and noted the existing pressures on officers' time which would only increase over coming months.

Ms MacDonald informed members that, nationally, Chief Officers were already discussing what this change might mean and she welcomed the opportunity for IJB members to comment on the proposal. She said that as Director of the Health & Social Care Partnership she was already involved in emergency and community planning aspects and that this change would consolidate the IJB's place within these structures. However, she acknowledged that the staff resource implications had yet to be fully understood.

The vote on recommendation (ii) was taken by roll call:

Councillor Shamin Akhtar	Agreed
Dr Patricia Donald	Agreed
Councillor Neil Gilbert	Agreed
Ms Fiona Ireland	Agreed
Councillor Susan Kempson	Agreed
Mr P Murray	Agreed
Councillor Fiona O'Donnell	Agreed
Dr Richard Williams	Agreed

Decision

The IJB:

i. Agreed to note the proposed changes to the Civil Contingencies Act 2004 in relation to the inclusion of IJBs in the list of Category 1 responders; and

ii. Agreed to the submission of a consultation response on behalf of the IJB, by the 22nd November deadline. The response will include the identification of potential impacts on the IJB, including any resource, personnel or other implications.

5. INDEPENDENT REVIEW OF ADULT SOCIAL CARE

The Chief Officer had submitted a report informing the IJB of the current independent review of adult social care and seeking to reach agreement on how the IJB should engage with the review process.

Claire Goodwin gave a brief presentation outlining the background, purpose and scope of the review. She encouraged members to submit their views both as part of a formal IJB response and directly to Government as individuals.

The Chair observed that members may want to comment on the process and as well as the terms of reference for the review. She encouraged all members to give a view, either as part of the IJB or individually, and she noted the very tight timescale for submission. She noted that this was also the opportunity for the IJB to put forward its view on what would be a realistic model of care.

Judith Tait noted that there was very little reference to social work in the review document despite it being the gateway to accessing sate funded social care services. She urged the IJB to consider the difference between social work and social care when submitting its response.

Peter Murray supported Ms Tait's remarks. He also suggested that the IJB might want to make use of some of. He also offered to share the comments already submitted by the IJB Chairs and Depute Chairs' Group, which represented all IJBs, and that Ms MacDonald may wish to include some of these comments in the East Lothian IJB response.

Paul White welcomed the review but was concerned about the timing and limited timescale for responses. He said that the current public health restrictions made it very difficult to involve people with lived experience as it was not possible to visit care homes or individual's homes. He was concerned that their voices, and those of busy social care staff, may not be heard.

The Chair said she shared Mr White's concerns and noted that there was no carer or service user representatives on the Review Board.

Marilyn McNeill echoed Mr White's comments, particularly in relation to the timescale for response and the timing of the IJB's own work on service reprovision. She asked if it would be possible to speed up this work as it related to models of care for the elderly.

The Chair suggested that their response needed to honestly reflect the fact that, as a result of COVID and without having undertaken proper community engagement, it was not possible to say at present what future models of care would look like. She said it would be wrong to rush to a view of a future vision just because they had been asked to respond to a review.

Ms MacNeill agreed but said it would be important to emphasise that the IJB was trying to develop a vision for services in East Lothian and that this work should not be undermined.

David Binnie said that Carers of East Lothian (CoEL) had discussed the review and concluded that they needed to make their own formal response. CoEL had also asked if it would be possible for the IJB to share their response so that CoEL could support it as part of their own submission. Mr Binnie also suggesting including in the IJB's response the comments around the need to establish a more sustainable and efficient workforce and creating a carer career structure. This was an important point to make.

The Chair agreed noting the wider implications such as the need for a professional body and appropriate protections for staff, and the need to professionalise the role of Personal Assistants as well as care staff. She welcomed the idea of a national care service but did not want this to take away the opportunity for local decision-making.

Councillor Akhtar echoed Mr Binnie's remarks regarding valuing the workforce and recruitment and retention. As well as the need to place social care on an equal footing with other professions.

Councillor Gilbert commented that a very important component of any national care service would a national living wage. He asked if this was something that the IJB could recommend.

The Chair said they should not only recommend this but highlight the efforts of the IJB to quickly deliver previous changes to the living wage.

The members then discussed the process for collating and finalising the IJB's response. There was general agreement that members should be allowed sight of the response and that voting members should be asked to formally sign-off the content. The document would reflect where there was a commonality of viewpoint but also highlight where a comment reflected a more personal view, rather than that of the IJB as a whole. All comments would be anonymised.

The Chair proposed an amendment to the recommendations of the report to include the following additional recommendation:

> "Agree that the draft submission will be circulated to voting members of the IJB for their approval. Any individual submissions which do not fall within this remit will be appended to the submission."

This proposal was seconded by Councillor Kempson.

The vote on the recommendations, as amended, was taken by roll call:

Councillor Shamin Akhtar	Agreed
Dr Patricia Donald	Agreed
Councillor Neil Gilbert	Agreed
Ms Fiona Ireland	Agreed
Councillor Susan Kempson	Agreed
Mr P Murray	Agreed
Councillor Fiona O'Donnell	Agreed
Dr Richard Williams	Agreed

Decision

The IJB agreed to:

i. Note the independent review of adult social care currently underway and agree to develop a formal IJB response for submission by the deadline of 6th November 2020;
ii. Invite individual IJB members to provide comments to the Planning and Performance Team to inform a coordinated submission on behalf of the IJB;
iii. that the draft submission will be circulated to voting members of the IJB for their approval. Any individual submissions which do not fall within this remit will be appended to the submission; and
iv. Note that a future IJB development session will focus on the implications of the review for delegated services.

6. SOCIAL CARE SUSTAINABILITY PAYMENT

A SBAR report was submitted providing an update on the support offered to local social care providers in East Lothian through the Scottish Government scheme: National Principles for Sustainability and Remobilisation Payments to Social Care Providers.

Ms MacDonald informed members that the first and second tranche of funding had been provided by the Scottish Government and all adult service providers in East Lothian were notified on 24th June of the availability of sustainability funding, with regular reminders issued thereafter. To date 30 providers had responded and 16 had received payments. Of the remaining 14: 2 did not intend to claim; 7 were yet to submit a claim; 4 claims were under review; and 1 claim had been refused. A total of £750, 477.20 had been paid in claims (£151, 701.26 in additional costs and £598,775.92 in reduced occupancy). The process for claiming had been the subject of an internal audit review and the initial feedback was positive.

Ms MacDonald confirmed that the HSCP continued to work with local providers to support them and to encourage them to access available funding. However, she acknowledged that this would be a very difficult winter with significant additional pressures.

In response to questions, Ms MacDonald said that she expected the payment scheme to be extended but there had been no formal confirmation as yet.

Laura Kerr said that she was confident the Partnership had offered all possible support to care homes during the pandemic, including reminders and encouragement to apply for funding, and that they would continue to do so.

Decision

The IJB agreed to note the content of the report.

7. FINANCIAL UPDATE 2020/21

The Chief Finance Officer had submitted a report providing an update to the IJB on its year to date financial position in 2020/21 (month 5) and the updated projected year end outturn, undertaken by both the IJB partners.

The report also presented the IJB with a medium term rolling 5 year financial plan (2020/21 to 2024/25) for noting. This plan was prepared in a 'Business as Usual', pre-COVID, scenario and would be refined when clarity on future service provision was known.

Ms Flanagan presented the report summarising the position in the health and social care budgets and confirming that regular dialogue continued with the partners over the likely impact of mobilisation and remobilisation plans. She reported that as at the end of August 2020 the IJB was £1.8m overspent, with a projected year end position of £4.8m overspent. She advised that additional funding had been received by NGHS Lothian from the Scottish Government and she was currently working with colleagues to calculate the allocation for local HSCPs.

She then drew Members' attention to the rolling 5 year financial plan which had been prepared on a 'Business as Usual' footing but which would be refined to take account of the impact of COVID-19. She advised that Year 1 reflected recent projections but that this position would improve when additional COVID funding was included in the calculations. She highlighted the projected funding gaps in future years and reminded

members that Years 2-5 were based on indicative figures. She confirmed that the position would continue to be monitored closely and further updates would be provided.

Responding to questions, Ms Flanagan confirmed that the 5 year rolling plan included a 3% demographic uplift for East Lothian. She outlined the Scottish Government methodology for its allocation of additional COVID-19 funding to health boards and advised that a further funding allocation was likely, possibly in January 2021. She also provided further detail on some non-recurring costs which were included in the 5 year rolling plan.

Decision

The IJB agreed to:

i. Note the financial forecasts provided by the partners;
ii. Note the work ongoing to refine and understand these forecasts;
iii. Note that additional COVID-19 funding had been received at Health Board level but was not yet allocated to partners so was not included in these positions;
iv. Note ongoing uncertainties of COVID-19 and the remobilisation of services for both partners and the financial impact; and
v. Note the pre-pandemic medium term rolling 5 year financial plan (202/21 to 2024/25), the ongoing work to refine this financial plan and the requirement for significant recovery actions to bring the plan back into balance.

8. CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2019/20

A report was submitted providing the IJB with the annual report of the Chief Social Work Officer (CSWO) for 2019/20 on the statutory work undertaken on the Council's behalf. The report's purpose was also to encourage debate and discussion around the IJB's Directions and the impact these were having on tackling the issues and challenges identified within the CSWO Annual Report.

Ms Tait advised members that the annual report had had to be pulled from the East Lothian Council meeting agenda on 27th October due to time constraints. It would be considered by Council at its December meeting but, in the meantime, it had been agreed that the report should be presented to the IJB, as planned.

Ms Tait summarised the report highlighting the role of the CSWO and the key areas of focus during 2019/20. She said the report provided an overview of activity within social work and social care in East Lothian and demonstrated the continuous improvement and service development work that services had been engaged in during 2019/20. She commended the efforts of her staff who, she said, had worked incredibly hard during the pandemic to continue to improve outcomes for the most vulnerable.

Ms Tait and her colleague, Trish Carlyle, responded to a question from the Chair on capacity. Ms Tait advised that additional funding had been made available for Mental Health Officer (MHO) roles and that although they were currently 50% under established, this was not unusual for this service. Ms Carlyle added that they had always taken a proactive approach to developing staff by offering training and seeking to fill MHO and other roles from within their service. They had also undertaken a review of roles and structures with a view to better aligning services to address priority areas.

Richard Williams said it was an excellent and comprehensive report but suggested that the inclusion of a section on sustainability and environmental impact might be of benefit. Ms Tait agreed to consider this for next year's report.

The Chair welcomed Dr Williams' suggestion and wondered if this might also be extended to the IJB's Directions. She proposed that a development session might be a helpful way of exploring this issue further.

Mr Murray said he had enjoyed the annual report and had found it very helpful. He welcomed the positive trajectory shown between referrals and allocation but questioned the apparent reduction in hours of care provided. He asked whether this was an area with potential for more integration.

Ms Kerr explained the relationship between referral, assessment and hours allocated. Reductions were not about saving money or capacity. Reviews were undertaken to understand how best to deliver care and to ensure that clients were having their needs met, whether through care hours or other means.

Ms Tait added that there remained confusion about the role of social work and social care and that efforts needed to be made to educate the public and clients as to the difference. This was especially important for integration; which should be based on a true understanding and respect for these roles.

Ms McNeill observed that at Area Partnership meetings food poverty and child poverty were major issues. She asked if social work had a role in monitoring this and whether sufficient capacity existed to support and direct agencies in the community.

Ms Tait said that East Lothian had areas of deprivation where the effects of poverty could be seen, however the role of social work in mitigating and preventing this was less clear. She said that the Children's Strategic Partnership was taking forward work on the Poverty Action Plan and while this sat within community partnerships rather than social work specifically, there was a role for her service in working with other agencies.

Ms Carlyle added that there was a strong interface between the Council and partnership agencies on these and other issues, such as shielding and test and protect.

Mr White said he had also enjoyed reading the report and he had noted the challenges in delivering child protection training. He referred to the online training platform which was expected soon and asked if this would be available to third sector colleagues.

Ms Tait confirmed that a commitment had been made to have the platform up and running by the middle of next year and that the intention was to make training available to third sector agencies.

Councillor Akhtar acknowledged the phenomenal amount of work done by staff in supporting the most vulnerable in the community. She noted that domestic abuse was an increasing challenge and asked what the IJB could do to support work on this matter.

Ms Tait acknowledged that while this was primarily a public protection responsibility there was a need for a more strategic approach to prevention and to encourage zero tolerance and engagement within communities. This work would include roles for services across the Council and other agencies.

The Chair thanked Ms Tait and her staff for all of their work during this very difficult time. She referred to the Care Inspectorate report on Abbey Care Home in North

Berwick and whether the work on residents exercising their democratic rights was being rolled out to other care homes.

Ms Tait said that the good practice demonstrated in the inspection of the Abbey Care Home would be shared all directly provided services. She added that there were limited opportunities to influence externally provided services but they would continue to do what they could to promote good practice.

Decision

The IJB agreed to note the contents of the report.

9. MINUTES OF OTHER GROUPS OF RELEVANCE TO THE IJB (FOR NOTING)

The IJB was invited to note, for information, the minutes of the meetings of the Audit & Risk Committee (22nd January and 10th March 2020) and of the Community Justice Partnership (between June 2019 and June 2020).

Decision

The IJB agreed to note the content of the minutes.

SUMMARY OF PROCEEDINGS – EXEMPT INFORMATION

The IJB unanimously agreed to exclude the public from the following business containing exempt information by virtue of Paragraph 5.9.1 of its Standing Orders (the Integration Joint Board is still in the process of developing proposals or its position on certain matters, and needs time for private deliberation).

Minutes of the IJB Meeting on 17th September (Private Session)

The IJB considered the minutes of the private session which took place at the IJB meeting on 17th September. The minutes were approved as a true record.

PRIVATE

MINUTES OF THE IJB MEETING ON 17TH SEPTEMBER (PRIVATE SESSION)

The IJB considered the minutes of the private session which took place at the IJB meeting on 17th September. The minutes were approved as a true record and there were no matters arising.

Signed .....

Councillor Fiona O'Donnell
Chair of the East Lothian Integration Joint Board

Midlothian Integration Joint Board

Meeting	Date	Time	Venue
MIJB Minute	Thursday 8 October 2020	2.00pm	Virtual Meeting held using Microsoft Teams.

Present (voting members):		
Carolyn Hirst (Vice Chair)	Mike Ash	Tricia Donald
Angus McCann	Cllr Derek Milligan	Cllr Jim Muirhead
Cllr Pauline Winchester		

Present (non-voting members):		
Morag Barrow (Chief Officer)	Alison White (Chief Social Work Officer)	Claire Flanagan (Chief Finance Officer)
Caroline Myles (Chief Nurse)	Johanne Simpson (Medical Practitioner)	Hamish Reid (GP/Clinical Director)
Wanda Fairgrieve (Staff side representative)	James Hill (Staff side representative)	Keith Chapman (User/Carer)
Ewan Aitken (Third Sector)		

In attendance:		
Grace Cowan (Head of Primary Care and Older Peoples Services)	Mairi Simpson (Integration Manager)	Jacquie Campbell (Chief Officer, Acute Services)
Jenny Long (Programme Director for Unscheduled Care)	Leah Friedman (Operational Business Manager)	Jordan Simpson (Staff side representative, NHS Lothian)
Val Holtom (Care Inspectorate)	Mike Broadway (Clerk)	

Apologies:		
Cllr Catherine Johnstone (Chair)	Fiona Huffer (Head of Dietetics)	Jill Stacey (Chief Internal Auditor)

1. Welcome and introductions

The Vice Chair, Carolyn Hirst, welcomed everyone to this virtual Meeting of the Midlothian Integration Joint Board.

2. Order of Business

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

3. Declarations of interest

No declarations of interest were received.

4. Minute of previous Meetings

4.1 The Minutes of the undernoted Meetings of the Midlothian Integration Joint Board were submitted and approved as correct records:

(a) MIJB held on 27 August 2020 – subject to the addition of Lesley Kelly (MVA) to the list of those attending; correction of Jamie Megaw's name in the body of the minute and clarification that the Lord Advocate's review related to Care Homes; and

(b) Special MIJB held on 10 September 2020.

4.2 The Minutes of Meeting of the MIJB Audit and Risk Committee held on 3 March 2020 were submitted and noted.

5. Public Reports

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
5.1 Remobilisation of Acute Out-patients Services – Presentation Jacquie Campbell, Chief Officer, Acute Services provided a presentation on the Remobilisation of Acute Out-patients Services in which she highlighted some of the impacts experienced as a result of the	To thank Jacquie for her extremely helpful and informative presentation and note that this would be picked up further as part of the November Development Workshop session.	All to note	Ongoing

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
Covid-19 pandemic, and how following an initial drop demand for services was beginning to increasing again. Although not back to pre-Covid levels, the rise in demand was in itself bring additional pressures as a result of services having to operate with often reduced capacity due to having to observe strict social distancing measures. Jacquie then outlined the steps being proposed by NHS Lothian to address this and highlighted possible ways in which Midlothian IJB might assist in this process. There then followed a general discussion during which Morag Barrow in making reference to plans for a 'Near Me' service operating out of the old Bonnyrigg medical practice, confirmed that H&SC would be happy to explore possible options. Whilst the use of new technology was broadly welcomed, concerns were expressed that it might exclude those not comfortably using technology or who did not have access to it. It was also pointed out that it needed to be made clear when services were being offered in this manner how patients accessed them and also the supports available should they be required. It was acknowledged that public engagement was at an early stage and how both the IJB and the Council fed into the consultation process would be a matter for further discussion.			
5.2 Chief Officers Report This report provided a summary of the key service pressures and service developments which had occurred during the previous months across health	(a) To note and welcome the development of new Equality Outcomes for 2021-2025 and also a draft Performance Framework; (b) To note that the outcome of the unannounced	Chief Officer Chief Officer	

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
and social care, highlighting in particular a number of the key activities, as well as looking ahead at future developments. The Board in considering the Chief Officer's report made particular reference to the need to ensure that in developing new Equalities Outcomes they fed into the both the emerging Performance Framework and going forward the Directions. In addition, it was suggested that there should be a role for the Audit and Risk Committee in taking this forward which also required to be explored. The Board also noted that initial feedback received following an unannounced Healthcare Improvement Scotland inspection visit to Midlothian Community Hospital had been encouraging and discussed the challenges associated with the recommissioning works, in particular how new services would be procured and the opportunities for partners to be involved in that process.	Healthcare Improvement Scotland inspection visit to Midlothian Community Hospital would be presented to the Board upon receipt of the formal feedback; and (c) To otherwise note the content of the Chief Officer's Report.		
5.3 Midlothian IJB Directions 2020 With reference to paragraph 4.3 of the Minutes of 16 April 2020, there was submitted a report the purpose of which was to set out for the Board consideration proposals from the Midlothian Strategic Planning Group to refresh the Directions that reflected changes to timeframes and/or plans since April 2020. The report explained that the Directions had been issued to Midlothian Council and NHS Lothian at a time when both organisations were managing responses to the COVID-19 pandemic, which had	To approve the revised Directions for 2020 onwards.	Chief Officer/ Integration Manager	

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
caused significant disruption to services; health, social care and community based services. It had also influenced expectations and priorities, at least in the short term. As the Directions identified key changes that need to be progressed to support the delivery of health and care services in Midlothian, aligned to the Strategic Commissioning Plan 2019-22, it was considered appropriate that they be reviewed and where feasible amended to reflect changed ambitions or timeframes. Mairi Simpson was heard in amplification of the report after which there was a general discussion during which consideration was given to how to link actions arising from the Directions into the Performance Framework, the involvement of partners, particularly those in the third sector in the Directions and the potential need for a further review depending on future developments as a result of the ongoing COVID-19 pandemic.			
5.4 Community Justice Annual Report The purpose of this report was to update the Board on activity carried out by the Community Justice Partnership in Midlothian during 2019/20. The report explained that the Community Justice (Scotland) Act 2016 placed a duty on local community justice statutory partners to produce a Community Justice Outcome Improvement Plan (CJOIP) which outlined key local needs and priorities and the plans and actions to address these. Beyond	(a) To note the report; and (b) To note that details of the Trauma Informed Workshops (Level 1) would be circulated to Board Members.	Chief Social Work Officer/ Clerk	

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
this, partners were also tasked with reporting on an annual basis to Community Justice Scotland. Alison White was heard in amplification of the report making particular reference to items of interest to the Board, which included resumption of the Trauma Informed Training.			
5.5 Midlothian Health & Social Care Partnership Winter Plan 2020/21 The purpose of this report was to provide the Board with an update on Midlothian Health & Social Care Partnership's Winter Plan 2020/21 and outline plans in coping with increased pressure through effective forward planning and the provision of additional capacity in key services. The report outlined the work being undertaken locally to prepare for winter pressures, explaining that the overarching Winter Plan was joined up to cover a wide range of areas – reducing length of stay for people in hospital once medically fit, preventing avoidable admissions, increasing service capacity, gritting priority areas, implementing the flu programme, and resilience planning for severe weather, ongoing COVID-19 and potential local lockdowns, and staff absences. There was also an ongoing focus on supporting staff wellbeing and a winter communications plan both for staff and the public. Leah Friedman was heard in amplification of the report following which there was a general	(a) To note the update on the Winter Plan 2020/21; and (b) To approve the approach to winter planning.	All to note	

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
discussion regarding the importance of a whole systems co-ordinated approach with a single point of contact involving the use of volunteers and input from third sector partners. It was also felt that it would be helpful to acknowledge other factors which might impact on the Plan such as Brexit.			
5.6 Care for People Group During Lockdown The purpose of this report was to introduce the Midlothian's Care for People Report on the Response to Lockdown which detailed the actions taken by the Council's 'Care for People' Group during lockdown; a copy of which was appended to the report. The report explained that given the nature of the pandemic emergency, the high level of public interest and the extensive range of interventions undertaken, it is considered important that Board Members were fully briefed, particularly given the possibility of a second wave of Covid-19. Having heard from Alison White in amplification of the report, the Board discussed the role of resilience groups in providing a link to communities and how this might be grown to ensure it was fit for purpose, and also the role and use of volunteers, which had been complicated somewhat by a highly success national campaign, giving rise to a higher than anticipated capacity that it had sometime proven difficult to fully utilise.	To note the report outlining the activities and services coordinated by the 'Care for People' Group during lockdown.		

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
5.7 Clinical and Care Governance Report The purpose of this report was to provide assurance to the Board as to the clinical and care governance arrangements within Midlothian, along with highlight good practice and identify any emerging issues or risks. Additional reports would be submitted as appropriate throughout the year to provide updated information from specific service areas. Appended to this report was a copy of the Healthcare Governance Committee Annual Report – Midlothian HSCP. Carolyn Myles was heard in amplification of the report after which there was a general discussion on this matter. Issues around carers being unable to visit those in care homes were acknowledged, it being accepted that whilst there were no easy answers there was a perception of inequality that would benefit from being addressed if possible.	To note and approve the content of the report. .	All to note	
5.8 IJB Improvement Goal Progress With reference to paragraph 5.4 of the Minutes of 14 February 2019, there was submitted a report updating the Board on performance and improvement towards achieving the Local Improvement Goals set by the MIJB based on the indicators recommended by the Ministerial Strategic Group for Health and Community Care. The improvement goals focused on reducing unscheduled hospital and institutional care using	(a) To note the performance across the indicators; (b) To note that in spite of the impact of the Covid-19 pandemic many of the Improvement Indicators goals had be achieved during 2020; (c) Note that the Improvement Indicators use data provided by Public Health Scotland with a lag time of three months, so further information was included showing hospital activity for Midlothian residents up to the week beginning 7 Sept.	All to note.	

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
data provided by the Health and Social Care team at ISD Scotland. Morag Barrow was heard in amplification of the report after which there was a general discussion on this matter.			
5.9 Finance Update – Quarter 1 2020/21 This report set out the results of the MIJB's partner's (Midlothian Council and NHS Lothian) quarter one financial reviews and considered how this impacted on the projected financial position for the IJB for 2020/21. The report advised that understanding the financial position for the IJB was not straightforward as in addition to understanding the results and the financial impact of COVID-19, both in terms of the impact of the actual costs incurred to date, as well as the implications for the remainder of the financial year, the extent to which costs could be recovered from the Scottish Government through the mobilisation/remobilisation planning processes further complicated the picture. Claire Flanagan was heard in amplification of the report after which there was a general discussion during which Morag Barrow highlighted that in terms of normal core spend the IJB was looking at a balanced budget.	(a) Noted the quarter one financial reviews undertaken by partners; and (b) Noted the impact COVID has had on the IJB financial position.	Chief Finance Officer	

6. Private Reports

Exclusion of Members of the Public

In view of the nature of the business to be transacted, the Board agreed that the public be excluded from the meeting during discussion of the undernoted item, as contained in the Addendum hereto, as there might be disclosed exempt information as defined in paragraph 11 of Part I of Schedule 7A to the Local Government (Scotland) Act 1973:-

6.1 Redesign of Urgent Care – Implementing the National Model in Lothian – Noted

7. Any other business

The Board, having noted that this would be Ewan Aitken's last meeting as Third Sector representative, joined the Chair in expressing their thanks to Ewan for all his hard work in support of the Midlothian Integration Joint Board over the years.

8. Date of next meeting

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

- Thursday 12 November 2020 2pm Development Workshop
- Thursday 10 December 2020 2pm Midlothian Integration Joint Board

(**Action: All Members to Note**)

The meeting terminated at 4.31 pm.

NHS LOTHIAN

Board
3 February 2021

Chair

APPOINTMENT OF MEMBERS TO COMMITTEES

1 Purpose of the Report

1.1 Lothian NHS Board's Standing Orders state that "The Board shall appoint all Committee members". This report has been presented to the Board so that it may consider the recommendations from the Chair on committee appointments.

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

2 Recommendations

The Board is recommended to:

2.1 Re-nominate Martin Hill as a voting member of Edinburgh IJB for the period from 1 March 2021 to 31 July 2023.

2.2 Re-nominate Bill McQueen as a voting member of West Lothian IJB for the period from 1 April 2021 to 31 January 2022.

2.3 Re-nominate Angus McCann as a voting member of Midlothian IJB for the period from 4 April 2021 to 31 August 2023.

2.4 Appoint Councillor George Gordon as the Chair of the Pharmacy Practices Committee.

2.5 Appoint Vinny Bilon, David Massie and Gordon Stuart as 'contractor pharmacist' members of the Pharmacy Practices Committee.

3 Discussion of Key Issues

Changes to the Board's Membership

3.1 Prof. Moira Whyte's term as a Board member ended on 31 January 2021. The Scottish Government has appointed as her replacement Prof. Siddarthan Chandran from 1 February 2021.

3.2 The Scottish Government has also appointed two new non-executive Board members, Mr. Jock Encombe and Ms. Nancy McKenzie. They both joined the Board on 1 January 2021.

3.3 Councillor Fiona O'Donnell will be stepping down from the Board on 23 February 2021. East Lothian Council is scheduled to meet on 23 February and will agree its nominee to replace Councillor O'Donnell on the Board.

3.4 Following a recent recruitment exercise, Dona Milne will be the Board's new Director of Public Health and Health Policy. Dona will join the Board on 1 June 2021.

Edinburgh Integration Joint Board ('IJB')

3.5 Martin Hill's current term as a voting member of the Edinburgh IJB ends on 28 February 2021. It is recommended that the Board re-nominate him as a voting member for the period from 1 March 2021 to 31 July 2023.

West Lothian Integration Joint Board

3.6 Bill McQueen's current term as a voting member of the West Lothian IJB ends on 31 March 2021. It is recommended that the Board re-nominate him as a voting member for the period from 1 April 2021 to 31 January 2022.

Midlothian Integration Joint Board

3.7 Angus McCann's current term as a voting member of the Midlothian IJB ends on 3 April 2021. It is recommended that the Board re-nominate him as a voting member for the period from 4 April 2021 to 31 August 2023.

Pharmacy Practices Committee

3.8 There are regulations which prescribe the membership and operation of this committee. It has seven members, being one NHS Board member, three pharmacists, and three lay members. The NHS Board member chairs the committee. The regulations allow deputies to be used provided that the when the committee meets the prescribed membership categories are there. For practical reasons the NHS Board has appointed several individuals to fill the positions, as this facilitates convening the committee when a hearing is required and allows a fresh panel to consider any appeals.

3.9 Councillor Fiona O'Donnell is stepping down as the appointed Chair of the committee. Bill McQueen and Councillor George Gordon are the other NHS Board members who are deputies and chair Committee meetings. The regulations state that the Board should appoint the Chair, and that person cannot be an officer of the Board, nor a doctor, dentist, pharmacist, ophthalmic optician, or an employee of any of a person who is one of those.

3.10 It is recommended that the Board appoint Councillor George Gordon as the chair of the Pharmacy Practices Committee.

3.11 The Lothian Area Pharmaceutical Committee has identified individuals to fill the prescribed positions for 'contractor pharmacists. It is recommended that the Board appoint Vinny Bilon, David Massie and Gordon Stuart as 'contractor pharmacist' members of the Pharmacy Practices Committee.

4 Key Risks

4.1 A committee does not meet due to not achieving quorum, leading to a disruption and delay in the conduct of the Board's governance activities.

4.2 The Board does not make the most effective use of the knowledge, skills and experience of its membership, leading to the system of governance not being as efficient and effective as it could be.

5 Risk Register

5.1 This report attends to gaps in committee membership, and it is not anticipated that there needs to be an entry on a risk register.

6 Impact on Inequality, Including Health Inequalities

6.1 This report does not relate to a specific proposal which has an impact on an identifiable group of people.

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

7.1 This report does not relate to the planning and development of specific health services, nor any decisions that would significantly affect groups of people. Consequently public involvement is not required.

8 Resource Implications

8.1 This report contains proposals on committee membership. It is probable that some of the members may require further training and development to support them in their new roles. This will be addressed as part of normal business within existing resources.

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22 January 2021
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NHS LOTHIAN

Board
3 February 2021

Director of Finance

REVIEW OF THE FINANCE & RESOURCES COMMITTEE'S TERMS OF REFERENCE

1 Purpose of the Report

1.1 The purpose of this report is to ask the Board to review and approve revised terms of reference for the Finance & Resources Committee.

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

2 Recommendations

2.1 The Board is recommended to approve the revised terms of reference of the Finance & Resources Committee.

3 Discussion of Key Issues

3.1 The Board approved the Committee's current terms of reference on 22 June 2016. The Committee reviewed a draft version of revised terms of reference in July 2019. The Committee agreed that the revised version was appropriate, however it agreed that it would be appropriate to await the outcome of the KPMG audit on RHCYPDCN before concluding the exercise. The Committee reviewed an updated draft on 25 November 2020 and agreed that subject to some further consideration and some changes, that it be recommended to the Board.

Planning, Performance and Development Committee

3.2 The Committee considered a proposal to transfer the responsibility to review initial agreements to the new Planning, Performance and Development Committee. The purpose of initial agreements is to provide the evidence behind the need for investment and demonstrate that the proposal is a good thing to do. The initial agreement will identify the preferred strategic / service solution(s) for realising the project's investment objectives and expected benefits. The proposal is that the initial agreement stage is more aligned with what the Planning, Performance and Development Committee will do. The proposal segregates the process of defining the 'what' with the delivery of the 'how'. It introduces a discipline that ensures that every Board member sees all initial agreements, and the PPDC can take steps to ensure that all relevant stakeholders have been involved. The Finance & Resources Committee agreed with the principle of this transfer but recognised some further consideration of the capacity of the PPDC and how this would work in practice. The Board agreed on 9 December to transfer the scrutiny of initial agreements to the PPDC.

3.3 The Head of Corporate Governance has reviewed the volume of initial agreements from 2018 to 2020. In the busiest years the Finance & Resources Committee reviewed eight initial agreements over five or six meetings in a year. Looking ahead the uncertainty of capital funding means there will need to be a greater use of non-

capital solutions, and it is quite possible there will be fewer initial agreements to consider. The PPDC is scheduled to meet five times a year so it has the capacity to schedule the review of initial agreements.

Committee Membership

3.4 The Board agreed on 9 December to the principle that executive Board members should not be members of committees. It also agreed that the number of non-executive members of the Finance & Resources Committee should be reduced to five. The Committee had previously discussed the removal of the requirement to have the University stakeholder Board member on the Committee. The University member will be on the PPDC which will consider initial agreements. Changing the membership to any five non-executives does not prevent the University member becoming a member. The Committee agreed that it would be appropriate to retain a line in the terms of reference to recognise that any Board member has the right to access papers and may attend any meeting.

3.5 In order to reduce the number of Committee members to five, it is proposed to remove the Board Chair from the membership and not replace the outgoing University Stakeholder member. The revised version of the terms of reference removes the executives from the membership but stipulates who should routinely attend.

Committee Role in a Public Inquiry

3.6 The terms now describe the role the Committee would have in any public inquiry.

Recommendations from the Internal Audit of RHCYPDCN

3.7 The audit on RHCYPDN recommended developing a road map for capital projects, including improving clarity on the relationship between the governance structures and the Senior Responsible Officer for a capital projects. The Board's Scheme of Delegation already defines the role of Senior Responsible Officer as the person who owns the overall service change which the project is supporting or enabling. The current arrangements can be strengthened by ensuring that the Senior Responsible Officer is the focal point for accountability into the governance system. It is proposed that the Finance & Resources Committee should seek assurance that all capital projects have a designated Senior Responsible Officer. Additionally, the Senior Responsible Officer should directly provide reports to the Committee on the project when they are required, rather than being included in a summary update from the finance directorate.

3.8 Further detailed work is underway to develop and strengthen the business processes and systems of control and assurance relating to capital projects. The Board's Scheme of Delegation can be amended later to reflect any changes to the process. These detailed issues do not have a bearing on the terms of reference of the Committee, which are pitched at a higher level.

4 Key Risks

4.1 The Board and the Committee do not have a clear understanding of the remit of the Committee, due to the extant terms of reference not reflecting developments in thinking and current practice. The new terms of reference will form part of the arrangements put in place to address corporate risk 3600: 'The scale or the quality of

the Board's services is reduced in the future due to failure to respond to the financial challenge.'

5 Risk Register

5.1 Risk 3600 is already on the corporate risk register.

6 Impact on Inequality, Including Health Inequalities

6.1 An impact assessment is not required as the report recommends an administrative update which does not have a specific impact on an identifiable group of people.

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

7.1 Public involvement is not required as this report has no specific proposals for action or change that will impact on planning and development of health services.

8 Resource Implications

8.1 The proposal is recommending an improvement to the Board's system of governance which should assist with the consideration of resource implications generally.

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18 January 2021
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Appendix 1: Draft Terms of Reference for the Finance & Resources Committee

Appendix 1: Draft Terms of Reference for the Finance & Resources Committee

1. REMIT

The Committee has an overall remit to seek assurance that there are systems of control to meet the 'Duty of Best Value in Public Services', which is:

- ✓ To make arrangements to secure continuous improvement in performance whilst maintaining an appropriate balance between quality and cost; and in making those arrangements and securing that balance,
- ✓ to have regard to economy, efficiency, effectiveness, the equal opportunities requirements, and to contribute to the achievement of sustainable development.

This is consistent with the Board's priority of 'Achieving Value and Sustainability'.

The Committee is to continuously seek assurance on how executive management address the strategic risk that the scale or quality of the Board's services is reduced in the future, due to a failure to respond to the financial challenge. In doing so, the Committee will have due regard to the Board's Risk Management Policy, which is:

'The Board will have a systematic approach to the management of risk in all of its functions and services. As part of this approach, the Board expects employees to give greater priority to managing and reducing risks associated with the safety of people, the experience of people who receive care, and the delivery of effective care.'

2. CORE FUNCTIONS

The Committee will:

- Seek assurance that the organisation can deliver its functions and services within the available resources in the short, medium and long-term, and is effectively managing all of its resources (assets, people, knowledge, technology) to deliver specific outcomes.
- Oversee the process of planning for sustainability and the development and implementation of the Board's Sustainability Management Action Plan.
- Seek assurance that there are arrangements in place to deliver effective procurement, and that associated policies and procedures are fully implemented;
- Seek assurance any relevant legal requirements are being met in the conduct of the Committee's business.
- Seek assurance that the Board can achieve the financial targets which the Scottish Government may determine. As part of this, seek assurance that management deliver an appropriate balance between recurring and non-recurring savings, to secure medium to long-term financial sustainability
- Informed by the work of the Planning, Performance and Development Committee, oversee the development and subsequent implementation of the Board's Property and Asset Management Strategy ('PAMS'), and the delivery of the capital investment programme and any plans for rationalising the estate. As part of this, seek assurance

that the organisation is managing NHS Lothian's property and estate in line with Scottish Government requirements and guidance.

- Seek assurance that the Board operates in line with the Scottish Capital Investment Manual. The Committee will review and approve business cases (in line with the Board's Scheme of Delegation), and specifically seek assurance that:

✓ all capital projects have a designated Senior Responsible Officer;
✓ all capital projects are delivered in line with the agreed specification, on time, and on budget. The Committee will get this assurance through periodic reports from the Senior Responsible Officer for each project;

- With regard to the Board's engagement with any public inquiry which the Board may ask the Committee to oversee:

➢ scrutinise the expenditure/ value of the legal support provided;
➢ identify any key issues that need reporting to the NHS Board; and
➢ consider any lessons learned and how they can be adopted in all future developments.

- Commission and consider reports from management, in order to secure assurance on, or take any decisions on business related to its remit, or which the Board may delegate to the Committee

3. MEMBERSHIP

The members will be any five non-executive members of the Board. If the Board-appointed committee chair is not present at a meeting, then the members present may choose which of them is to preside.

The Committee will normally invite the following officers to attend its meetings: Chief Executive, Deputy Chief Executive, Medical Director, Director of Nursing, Midwifery and Allied Health Professionals, Director of Finance, Deputy Director of Finance, and the Director of Capital Planning & Premises

All Board members have the right to access the Committee's meeting papers and attend the meetings.

4. QUORUM

The Committee is in quorum when there are three non-executive Board members present.

5. FREQUENCY OF MEETINGS

The Committee will normally meet six times in a year but may elect to have further meetings.

6. REPORTING ARRANGEMENTS

The Committee will report to the Board through its chair, and by submitting its approved minutes to the Board. The Committee Chair will also provide an annual report on the Committee's activities to the Audit & Risk Committee, to inform the preparation and review of the Board's Governance Statement.

7. REFERENCES

NHS Lothian Board Members' Handbook

NHS Lothian Standing Orders, Standing Financial Instructions, and Scheme of Delegation

NHS Lothian Risk Management Policy

Scottish Capital Investment Manual, and associated Scottish Government general guidance.

8. DATE OF APPROVAL OF THESE TERMS OF REFERENCE: 3 February 2021

9. DATE BY WHICH THESE TERMS SHOULD BE REVIEWED: 2 February 2023

NHS LOTHIAN

Board Meeting
03 February 2021

Director of Public Health and Health Policy

UPDATE ON THE EPIDEMIOLOGY OF COVID-19 IN LOTHIAN

1 Purpose of the Report

1.1 The purpose of this report is to brief the Board regarding current trends in COVID-19. Any member wishing additional information should contact the Executive Lead in advance of the meeting.

2 Recommendations

2.1 Board Members are invited to note the contents of this update

3 Discussion of Key Issues

3.1 This paper provides a brief update of recent COVID-19 trends in Lothian since December 2020 until the time of writing (mid-January 2021). Figure 1 shows the seven day rates of confirmed COVID-19 cases per 100,000 population in Lothian and Scotland with other Scottish Health Boards in the background, for context.

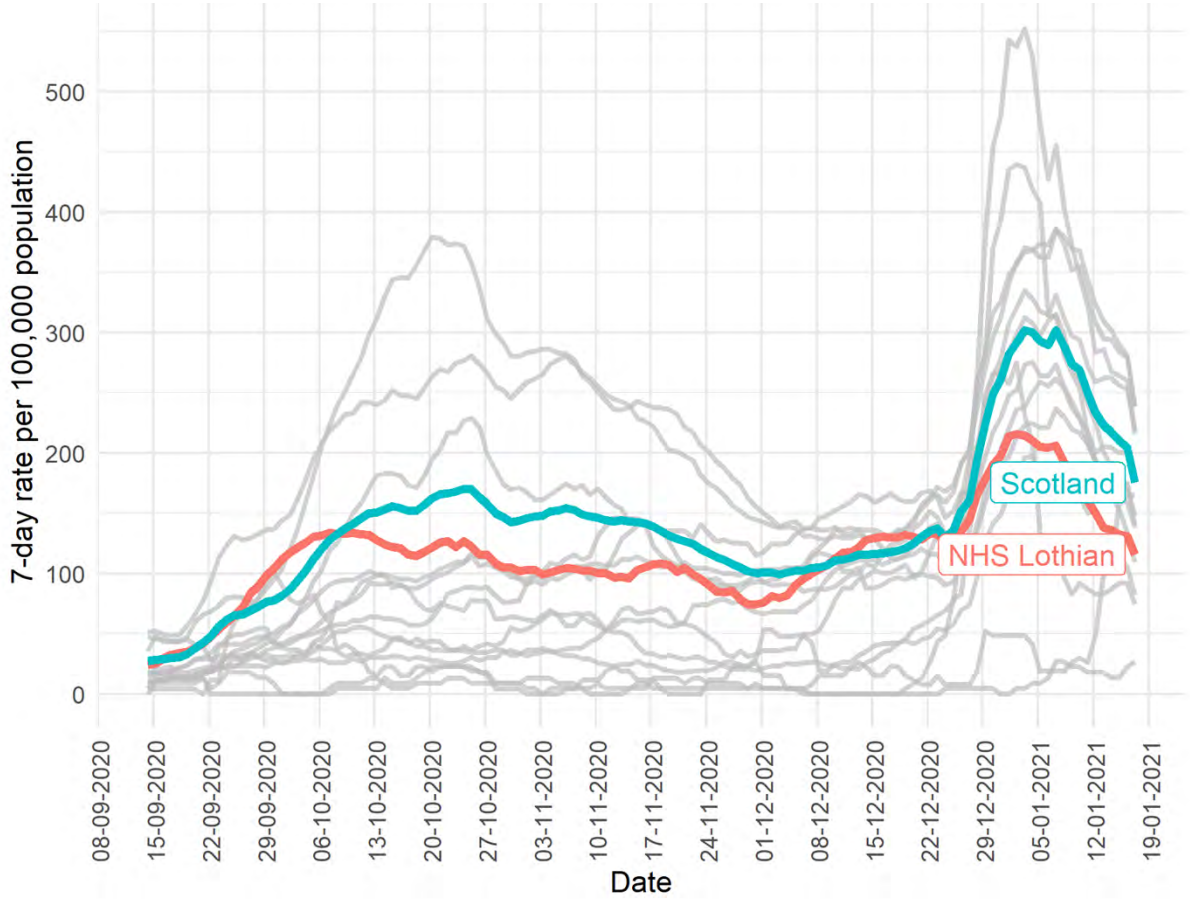
3.2 Confirmed cases of COVID-19 rose slowly in Lothian throughout December 2020. Between 01 and 24 December 2020, Lothian's seven day rate per 100,000 population increased from 74 to 124 per 100,000.

3.3 In late December, steep increases in case rates were seen in Lothian and across most of Scotland. Lothian rates peaked in early January (at 213 per 100,000 on 03 January 2021) before declining (latest data is 131 per 100,000 on 16 January). The proportion of positive tests in Lothian residents followed this same broad pattern, peaking at 9.8% on 02 January 2021 and having declined to 6.3% on 16 January. Table 1 shows the seven day case totals and rates per 100,000 for Lothian and UK nations.

Table 1: COVID-19 Seven day rate per 100,000 as at 15/01/2021 - UK comparators

Area	Cases (in 7 days)	Rate per 100,000 population
Lothian	1,222	135
Scotland	11,899	218
Wales	9,593	304
Northern Ireland	7,278	384
England	279,916	497

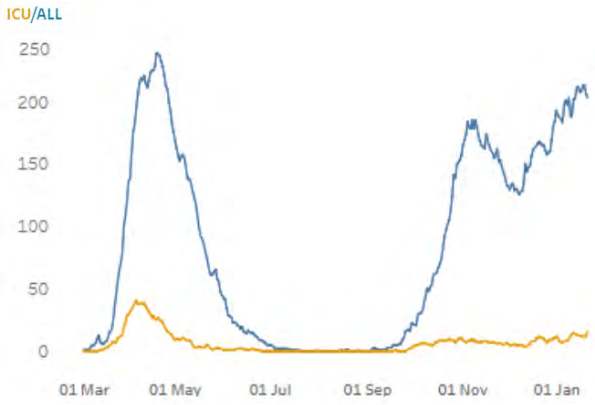
Figure 1: Seven day COVID-19 rate per 100,000 population by Health Board and Scotland



3.4 The changing pattern in case rates seen here is driven two key factors; the changing national strategies (suppressing or loosening of restrictions) and the increasing prevalence of the new UK variant of COVID, which appears to be substantially more transmissible.

3.5 The trends in patients requiring secondary and intensive care for COVID-19 follow similar patterns to community estimates of confirmed cases but with a lag given the average time from testing in the community to worsening clinical condition and any need for admission. Figure 2 shows the Lothian trends in hospital and ICU occupancy throughout the pandemic.

Figure 2: Lothian Hospital COVID-19 Midnight Occupancy in ICU (yellow) and total patients (blue)



3.6 **UK originating Variant of Concern (VOC 202012/01)**
During December 2020, Public Health England identified a UK COVID-19 Variant of Concern (VOC 202012/01) during investigations of outbreaks in southern England. It has spread rapidly within the UK and PHE have assessed this variant as having substantially increased transmissibility. Preliminary results from a cohort study found no statistically significant difference in hospitalisation and 28-day case fatality between cases with the VOC and comparators. There was also no significant difference in the likelihood of reinfection between VOC cases and comparators. There is no evidence to suggest this UK VOC will impact upon COVID vaccine efficacy.

3.7 Analysis of PCR test samples provide a reliable proxy for this UK VOC. At the time of writing it is estimated that the UK VOC is now responsible for more than 60% of new cases in Lothian which is comparable to the Scottish average.

3.8 **South Africa originating Variant of Concern (VOC 202012/02)**
This VOC is thought to be at least, if not more, transmissible than the UK VOC 202012/01. The high transmission rates observed in South Africa were considered unexpected given their much higher COVID antibody prevalence (around 40%) in the populations affected. As at 14 January 2021, 35 genomically confirmed and 12 genomically probable cases of VOC202012/02 have been identified in the UK.

3.9 **Brazilian originating Variants:** Two variants of interest have also been identified in Brazil. The first variant is known as: variant under investigation (VUI) 202101/01 and it has a small number of mutations. The spread and significance of this variant remains under investigation. As at 14 January 2021, 8 genomically confirmed cases of this variant have now been identified in the UK. The second variant has been designated a Variant of Concern (VOC202101/02) by the New and Emerging Respiratory Virus Threats Advisory Group and this variant has more mutations. This variant has not been detected in the UK. second Brazil originating strain in the UK.

4 Key Risks

4.1 No new risks identified

5 Risk Register

5.1 Not applicable

6 Impact on Inequality, Including Health Inequalities

6.1 Not applicable

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

7.1 Not applicable

8 Resource Implications

8.1 No new resource implications identified

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20/01/2021
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LOTHIAN NHS BOARD

Board
3 February 2021

BOARD EXECUTIVE TEAM REPORT

Aim

The aim of this report is to update Board Non Executive Directors on areas of activity within the Board Executive Team Director's portfolios. This report , as requested at the previous Board Meeting, also includes contributions from Integration Joint Board Directors. Directors have been invited to focus on key strategic / operational issues to bring to the attention of Non-Executive Directors, not otherwise covered in the Board papers.

1. Chief Executive

1.1 **NHS Lothian Gold Command Covid and Brexit Group:** The NHS Lothian Gold Command Group meets three times per week including throughout the Festive period. The Gold Command Group is chaired on a weekly rotational basis by one of the identified Gold Commanders and includes pan Lothian representation including the Chief Officers. The Brexit Impact Assessment Group is chaired by the Deputy Chief Executive and meets fortnightly. The Group benefits from Pan Lothian input again including HSCPs and Procurement and Pharmacy colleagues and reports any issues of concern directly into the Gold Command Group.

1.2 **2021/22 Objectives:** The Corporate Management Team (CMT) held a development session on 13 January 2021 to develop a first draft of potential 2021/22 Objectives. The initial output at this stage is being collated and once these have been checked and formatted, engagement with the NHS Board will take place in order that these can be refined to reflect the NHS Boards expectations for the year ahead.

1.3 **Scottish Government Health and Social Care Directorate Appointments:** In December 2020, the Scottish Government Health and Social Care Directorate announced the appointment of Dr Gregor Smith, a former GP, to the role of Scotland's Chief Medical Officer. Ms Caroline Lamb, previously responsible for managing the contact tracing and vaccination programme, was appointed to the role of Chief Executive of the NHS in Scotland. At the same time Professor Amanda Croft, former Chief Executive of NHS Grampian, was appointed to the role of Chief Nursing Officer. Colleagues and I look forward to working with Scottish Government colleagues in responding to the unique circumstances we are all facing at this difficult time.

1.4 **Recovery Plan:** I have proposed that a national approach is taken to the development of an Elective Waiting Times recovery plan that would support an equitable approach to meeting patient's healthcare needs in a post pandemic Scotland. I will keep the NHS Board appraised of developments.

2. Deputy Chief Executive

2.1 **Public Health**: I continue contributing additional leadership and resource to our Public Health Team. Key elements of work include; delivering our agreed revised Public Health Structure as well as supporting Interim Director in key areas of priority work. Our focus in this last period has been embedding cohesive engagement and communication system across the Public Health Team, evolving impactful reporting and intelligence to NHS Lothian Executives and governance fora as well as ensuring credible engagement with external bodies including Scottish Government colleagues.

- Work to evolve governance processes as well as driving forward significant external recruitment to support sustainable and effective Public Health provision whilst maintaining team's focus on current Covid-19 response has been significant in this period.

2.2 **Capital Projects:** There has been comprehensive discussion with Scottish Government colleagues on a number of our key capital projects; including the viability, delivery and timelines of each.

- As part of this engagement and disappointingly we were advised that our OBC for the Princess Alexandra Eye Pavilion (PAEP) replacement would not be supported to progress further due to an inability to identify capital solutions. Members will be aware of the many issues within the current PAEP.

- We immediately initiated rapid engagement with our Ophthalmology team and have established work, including external support, to rapidly review alternate options to further evaluate our models and pathways of care as well as to examine viable and innovative portals and facilities to support sustainable provision of assessment, care and treatment of our patients. This will be the focus of significant oversight in this next period.

- Members will be aware of public, MSP and media interest in this.

- I would take this opportunity to highlight and commend the significant engagement and commitment demonstrated by the Ophthalmology clinical and leadership team for their extensive work in progressing not just an OBC, but an impressive redesign and modernisation programme of work. I offer my sincere thanks to all involved and look forward to this next phase of work to ensure the continued and developed provision of modern and clinically effective models of care.

- There has also been detailed discussion on both our Regional Cancer Centre IA and Elective Centre progress to FBC. Both items will be subject to further discussions at Governance committees in the coming period.

3. Executive Director of Nursing, Midwifery, & AHPs

3.1 The new Director of Midwifery (Justine Craig) and the Associate Director Infection Control (Lindsay Guthrie) took up their posts on the 5th Jan. both of these posts report to me.

3.2 Work continues to support infection prevention control and PPE advise to care homes as well as education and training support. We have recruited additional clinical educators, going from two to six and we have agreed to develop a dedicated tissue viability service to support care homes to. This will see four band 6 being recruited to. There have been periods of demand for staffing support and we have where possible provided this.

3.3 We have developed an action plan in relation to the root cause analysis review that was commissioned by the Cabinet Secretary towards the end of 2020. This plan was taken to the Healthcare Governance Committee on the 12th January as part of our update.

3.4 Staffing remains a concern and at the Staff Governance Committee in December I highlighted the areas that were causing particular concerns. We agreed that the corporate risk register would move from high to very high at this stage. Within NHS Lothian staffing at St John's Hospital remains challenging.

3.5 A number of recruitment campaigns have commenced including new roles in housekeeping, ward clerks and healthcare support workers, with a particular focus on recruiting from those who worked in the hospitality and travel sectors.

4. Medical Director

4.1 Aspects of the Medical Director's work and portfolio of interest to the Board in December and January beyond standard work:

- Session with RSA and Clinical Directors on the clinical aspects of the strategic framework
- Liaison and collaboration with University of Edinburgh on academic appointments, prioritisation process for use of funding for Undergraduate education and joint working around information governance
- Development of clinical priorities in robotic assisted surgery at a local and regional level and contribution to the business case for regional placement
- Exploring innovation and collaboration opportunities with Heriot Watt colleagues from the National Robotarium
- Support for redesign of urgent care and the flow centre.

4.2 Given system pressures I have requested to delay the start of the Major Trauma Centre until August 2021.

5. Director of Finance

5.1 Inevitably the focus of the finance community both locally and nationally has been making a detailed assessment of the actual costs of the pandemic that will be incurred by the end of the financial year. This has now largely concluded and will enable Scottish Government colleagues to confirm allocations for 20/21.

5.2 In parallel we have been working on an assessment of the likely impact for next year and beyond and, along with all Boards, are supporting input to the Scottish Budget.

5.3 There has also been considerable work on the future capital and infrastructure requirements given the likely constraints on the capital programme going forward. With the Deputy Chief Executive, I participated in a presentation to the Scottish Government on the Initial Agreement for the Edinburgh Cancer Centre given by Chris Stirling and his team, and discussions are ongoing on the next steps.

5.4 In support of the Director of Primary Care the assessment of site options for mass vaccinations required input from Capital planning, Hubco, and the CLO and this was undertaken at pace. Contracts have been signed and orders placed for appropriate infrastructure.

5.5 Prior to Christmas, engagement, via the CLO, with the Public Inquiry team provided a clear indication of the initial focus of the Inquiry team and the F&R Committee will receive an update on this at their meeting in January. This is welcome but also requires more consideration of the resources required in support.

5.6 Within the Finance directorate the imminent retiral of our Head of Financial Services (Doreen Howard) and Payroll Manager (Graham Haggarty) is something they are both looking forward to, but we will be very sorry to see them go. Recruitment is underway for Doreen's post but with Payroll Services transferring to NSS we are in discussion with the Leadership arrangements for payroll.

6. Director of Human Resources and Organisational Development

6.1 Our 2020 leadership week – 'Leadership Everyone's Chance to Shine with Kindness' was well received with over 500 staff interactions over the course of the week.

6.2 On 8th December we commenced twice weekly lateral flow testing programme for all patient facing hospital staff, COVID Assessment Centres and Vaccinators. The programme has since been extended to include community nursing and AHP teams and healthcare workers visiting care homes. The programme is on track for full roll out by end January 2021. This support our staff to protect patients, themselves and their families and to stop the spread of the virus.

6.3 Significant focus on the recruitment of vaccinators to support our wider community vaccination programme, with c270wte new recruits and approx. c50wte infrastructure support staff. The first of which are due to start with us before 1st February.

6.4 Work on supporting staff wellbeing continues both in terms of our strategic direction for 2021 (and beyond) with significant investment from the Edinburgh and Lothians Health Foundation but also the more immediate staff wellbeing support in our current operating context, with a focus on peer support, psychological wellbeing and supporting those staff recently advised to shield at home. Two listening events have been held for those staff shielding so that we can better understand 'what matters' to them, staff have told us that an ongoing staff shielding network would be helpful and we are in the process of organising this.

6.5 Work continues in preparation for the launch of the new Whistleblowing Standards with effect from 1 April 2021 for both directly employed and independent contractor staff. Given the wider system pressures and priorities it may be challenging to engage with and prepare the service for the new standards, particularly within the independent contractor sector. The latter has been flagged to Scottish Government.

6.6 On 14th December an Independent panel approved NHS Lothian's bid to lead and manage the East Region Recruitment Services on behalf of 6 Boards in the East Region consortium – HIS, NES, SAS, NHS Borders, NHS Fife and NHS Lothian. Preparations are now underway to agree the transition plan and transfer date (later in 2021) with all 6 Boards.

7. Interim Director of Public Health and Health Policy

7.1 **COVID:** The majority of work within the Directorate remains focused on the COVID pandemic. Overall, levels of COVID within Lothian are increasing in line with UK and Scottish upward trends. Lothian COVID rates are presently lower than neighbouring areas in the Scottish Borders and central and western areas of the Scottish central belt. A combination of relaxations in COVID protection measures over Christmas and the increase in the new UK variant of COVID (which appears to be substantially more transmissible) are likely contributing to these increases. We are working closely with Lothian Analytical Services to continually develop our public health inelegance about the virus and its changing patterns and we are using this work to inform the pandemic response through NHS Lothian's GOLD command, Local Authority partners and the National Incident Management Team.

7.2 **Health Protection response:** In common with many other areas of Scotland, Lothian is seeing significant numbers of outbreaks in care home settings and in care at home staff. These have been increasing in recent weeks in line with increasing community transmission. We continue to identify many small clusters and outbreaks in workplaces with occasional larger outbreaks (e.g. in commercial warehouse settings).

7.3 **Test and Protect:** This service continues to develop and adjust as the requirements of the pandemic change. The performance of the service is consistently high against the three-national metrics:

1. Percentage of index cases interviewed within 24 hours – 93% (as at 11/01/21)
2. Percentage of contacts communicated with within 24 hours – 79% (as at 10/01/21)
3. Percentage of cases successfully closed within 72 hours – 99.7% (as at 11/01/21)

7.4 **Scottish Community Testing programme:** We have been supporting West Lothian Local Authority to develop a bid to pilot asymptomatic testing, as part of the Scottish Community Testing Programme.

7.5 **Response to the Edinburgh poverty commission :** The Executive Leadership Team response to the Edinburgh Poverty Commission was submitted in December 2020 and gave NHS Lothian's commitment to work with partners on strategies to end poverty in Edinburgh by 2030. A new NHS Lothian wide group will now be established to consider a range of issues including employability, procurement and NHS Lothian's role as an anchor institution.

7.6 **Vitamin D :**The Scottish Government Programme for Government (2019) committed to reducing the risk of Vitamin D deficiency within new mothers and babies. From the 4th Jan 2021, all NHS Boards in Scotland are being asked to provide Vitamin D3 to all children under 3 years of age and all breastfeeding mothers. This scheme will replace the Healthy Start scheme for this priority group. The Public Health directorate have been working with Scottish Government, NSS, procurement, midwifery and health visiting colleagues to support this new supply chain. From February, a pilot project will provide to all breastfeeding mothers a supply of vitamin D for them and their baby on discharge from hospital. This will be replenished at set visits in the health visitor pathway. Trak records will be used to monitor the distribution both on the ward and in the community. This work will complement the expansion in healthy start vitamin distribution during pregnancy, where all women will receive an initial healthy start vitamin supply with their booking pack and ongoing supplies of vitamins at their booking appointment.

7.7 Directorate review – we are now in the final stages of the implementation of our new way of working and are currently matching staff into their new roles and beginning recruitment to vacancies. The new structure will deliver a much greater focus on working with partners to develop public health strategies that are tailored to local needs.

8. Chief Officer Acute Services

8.1 **Scheduled Care:** Within the Acute Division the focus continues to be on providing planned services where possible within the context of current pandemic guidance. This is increasingly challenging across all areas as unscheduled admissions increase and has been particularly challenging due to significant rise in trauma, requiring multiple theatres to be allocated every day to manage this demand. We have unfortunately had to significantly reduce the routine elective programme due to these pressures. Work to look at how we provide protected elective capacity on all acute sites continues and through a contract with SPiRE 20 theatre sessions a week are allocated to us to undertake clinically suitable cancer and urgent cases. We are currently reviewing our communications with patients to ensure they are aware of their clinical priority and the potential length of time they may wait for treatment.

8.2 **Cancer:** A case was submitted successfully to Scottish Government for the temporary placement of an additional surgical robot in SPiRE to support prostatectomy procedures and free up theatre capacity at the Western General Hospital for additional bladder cancer surgery. This additional capacity is planned to start 25 January. This programme will reduce surgical waiting times for bladder and prostate cancer patients. As urology is one of the main services that contributes to NHS Lothian 62 day cancer performance it is anticipated that by May 2021, in conjunction with improvement work on the wider prostate pathway, it will also improve overall 62 day performance.

8.3 Unscheduled Care: From 1 December 2020, NHS24 has been referring patients who need further clinical assessment and who are safe to wait to the Lothian Flow Centre, via electronic transfer of information. Activity data over the first month of operation has been lower than expected with an average of approximately 40 referrals daily (a peak of 79 on 2 January) from NHS24 to the Lothian Flow Centre, of which the majority are receiving virtual or scheduled minor injury assessments through our established Call MIA service. Activity levels are likely to be low due to the soft launch to the national communications while processes are tested and workforce at NHS24 and board flow centres are expanded.

8.4 Since 1 December 2020 the Lothian Flow Centre has been operating 24/7 managing this new urgent care referral pathway from NHS24, alongside managing the existing administrative function of the GP Out of Hours LUCS service, the Covid Triage Hub, and GP referrals to acute sites.

8.5 The second phase of the project focuses on improving professional (GP, SAS clinicians etc.) referral into same day community and secondary care services, that will provide care closer to home and reduce hospital attendances and admissions. Health and Social Care Partnerships have built on their existing community services to provide easy access for GPs to safely keep patients at home, and secondary care services are progressing increased same day scheduled provision (e.g. Same Day Emergency Care (SDEC) at WGH went live 23 November 2020).

8.6 **Laboratories:** Work and run-rates for laboratory testing at the RIE and Nodes sites remain steady at an average of 1,500 tests per day, which represents increasing testing since last update; our recruitment to RIE labs to provide sustainable staffing over winter is approximately 70% complete.

8.7 The increase in testing at the RIE (a previous plan aimed for 3,000 per day) has now been paused while the regional 'hub' is constructed at Lauriston Building – this is a significant project being carried out in conjunction with NHS National Services Scotland (NSS) and the Scottish Government with a handover from the initial construction phase due from mid-January. A process of commissioning and testing will precede the full operation of the laboratory, with the move to the live status of the hub thereafter being dependant on the recruitment of sufficient staffing. **The opening of the Lauriston East Hub facility is expected towards the end of January 2021.**

8.8 Significant work has been completed to move the East Lothian and Midlothian care homes to testing at 'Partner Nodes' to protect NHS Lothian core capacity and allow rapid turnaround of Care Home staff and clients. Three nodes are now fully live – Moredun, BioBest in Easter Bush and PAJS in Linlithgow.

8.9 **Point Of Care Testing (POCT):** Phase one of COVID POCT using LumiraDx began in late December 2020 across Lothian with agreed patient cohorts and sites. Learning and refinement is underway to support the expansion of this work.

8.10 NHS Lothian is currently testing all emergency admissions. We are also currently pre-admission testing all major elective admissions and are commencing the pre-admission testing of endoscopy patients from 18th January.

8.11 **Staff Vaccination :** Vaccination clinics have been established at RIE, WGH, SJH, RHSC and Lauriston building, a significant additional operational and logistical exercise, with excellent staff uptake.

9. Director of Improvement

9.1 There is no report from the Director of Improvement this month.

10. Director of Strategic Planning

10.1 Work by the team this month has continued to be a mix of supporting the system response to the demands of the pandemic and our longer-term workplan.

10.2 The longer-term workplan is built around the Lothian Strategic Development Framework, and a paper will come to the next Planning, Performance, and Development summarising progress to date. However, it is clear at this stage that there are some significant opportunities for the Board to seize and convert from "pandemic" to "business as usual". Part of this paper will include considerations for resource allocation going forward. The team continues to work with the RSA to define next steps and how best to engage with our stakeholders.

10.3 I continue to be heavily involved in the work of the National Winter Planning and Resilience Group and the Test and Protect Operational Steering Group, both of which generate pieces of work on an ongoing basis to support the national position.

10.4 I've established a Testing Expansion Tactical group to coordinate and lead the various strands associated with the rollout of COVID-19 testing for staff, contractors, care homes, care at home staff, and the general public; the establishment of a regional hub laboratory at the Lauriston Building; and pre-admission testing for elective and emergency admissions. This involved a major piece of work on capacity and demand for our laboratories which reassured us of the capacity to roll out the programmes over December and January.

10.5 In terms of the broader team's input for COVID work, we have provided dedicated programme management support to the COVID vaccination programme, the commissioning of additional elective capacity, the testing expansion programme, and the redesign of urgent care. The team also continue to provide day-to-day support for the management teams within the acute sector, especially around critical care capacity, and the Director is also acting as the Strategic Programme Manager for the Royal Edinburgh Hospital team, given maternity leave by the substantive postholder.

10.6 Of particular note is that the team have continued their work on the establishment of Scotland's third Major Trauma Centre at the Royal Infirmary of Edinburgh, and this will go live on schedule in late March. Wendy Parkinson has led this significant piece of work and I would like to note her outstanding work in this area.

10.7 In terms of the longer-term workplan, I have taken up the chair again of the national Mental Health Inpatients Project, an initiative exploring the application of a service design approach to capacity provision for mental health. This is delivered in collaboration with HIS, 8 other territorial Boards, a number of IJBs, and the third sector and this has accelerated during December and January.

10.8 I continue to lead and contribute to various other national groups and initiatives, mostly as a result of chairing Scotland's Directors of Planning group. Highlights since the last report;

- the Robotically Assisted Surgery Oversight group, which I chair and which has secured capital funding from the Scottish Government for 6 additional surgical robots across the country;
- leading the development of guidance around Remobilisation Plans for 2021-22 (and leading the local development of these).

10.9 Finally, I would note that Marjolein Don, our Strategic Programme Manager for SJH and Outpatients, has left us to return to her native Netherlands. We wish her well.

11. Director of Primary Care Transformation

11.1 **Flu Vaccination :** The seasonal flu vaccination programme has now entered the mop up stage. Vaccination has been offered to all eligible cohorts, most recently to those aged 60 to 64.

11.2 Lothian uptake is higher this year than last year across all comparable cohorts. There has been a difficulty in extracting activity data from GP systems in Edinburgh which is depressing the reported uptake for adult cohorts. This will be resolved before full year reporting is completed.

	% Uptake	% Uptake
	19 - 20 (full year)	20 - 21 (to 10/01/21)
Over 65	75.7	77.8
Under 65 At Risk	43.3	52.3
Primary School	66.7	78.5
2 to 5	52.6	61.1

11.3 **Covid Vaccination :** The situation at the time of writing (14/01/21) is changing very quickly. A verbal update will be given at the meeting on the current situation.

11.4 The staff vaccination programme started on 08/12/20 and the care home programme on 14/12/20. GPs started vaccinating the over 80's from 11/01/21.

11.5 As of 14/01/21 Lothian had administered 30,501 doses of vaccine. 24,381 to healthcare staff, 2,631 to care home staff, 2,027 to care home residents, 1,054 to social care workers and 525 to other categories.

11.6 Work is underway to deliver the beginning of Wave 2 (age 70 to 79 and clinically extremely vulnerable) for the beginning of February in line with the strategy published by the Scottish Government on 13/01/21. This will be through a mix of large-scale venues and smaller local clinics.

12. Director of Communications, Engagement and Public Affairs

12.1 **Vaccination :** Support for the design and roll out of the Covid vaccination programme has been a major area of work for the past two months. We created a Vaccination Hub on the intranet to act as a central point of reference for guidance and information that is continually updated. The staff and care home programme has been the main focus to date, though attention is now also on the over 80's programme launched in community and preparing for the launch of the mass vaccination programme scheduled to begin in February.

12.2 We organised a number of media facilities in support of the staff campaign in December, including a visit by the First Minister to meet vaccinators at the Western General Hospital preparing for launch and another by the Deputy CMO on the day the programme began (8/12/20). On 7/1/21 we arranged a media facility at Pentlands Medical Practice in Currie to mark the launch of the over 80's programme being carried out by GP practices.

12.3 Just prior to Christmas we released information about Lothian's 3 mass vaccination venues more will follow once these are confirmed and once there is confirmation of national booking arrangements launch dates etc.

12.4 On 12 Jan I participated in a meeting with SG representing comms colleagues from all Boards to discuss national planning and the urgent need for a national comms approach in order to allow Boards to develop their own local plans to support.

12.5 **Covid Response :** We held a well-attended briefing meeting on progress with the vaccination programme for MSPs and MPs in December. They, and local councillors receive weekly briefings (as do NXDs). Speed Reads have returned to daily or near daily frequency as the situation has ramped up and we also supply a more general weekly brief for staff.

12.6 We also supported Critical Care in developing their video telling the experiences of CC staff during the first wave of COVID. As well as promoting this internally and on social media we offered the material to various media outlets, including the BBC who featured an edited version of the video in the week between Christmas and New Year.

12.7 **Redesign of Urgent Care / Winter :** We launched our interim local winter plan incorporating the use of the 111 number to access the Call Mia (Minor Injuries Assessment) service in December however are as yet unable to push our paid publicity campaign on the wider Right Care, Right Place campaign as this has been subject to delay at national level. We await the green light to launch.

12.8 **Business As Usual**

- Sustainability: We have been beginning to raise awareness of NHS Lothian's sustainability goals and are developing a strategy to support. At short notice, just before Christmas we were asked to support a City-wide pledge on sustainability as Edinburgh's largest employer. The timing was not ideal however we see the sustainability agenda as an area of developing work for us in the year ahead.
- We continued to support the flu vaccination programme – internally and externally, providing case study articles and updates on progress as well as encouraging key target groups in the public programme.
- After an extended absence, we published we published a special end of year digital edition of Connections highlighting in particular our staff's Covid response and their reflections on an extraordinary year.
- We are supporting communications to staff from WG and CBC working from home keeping them up to date on progress with office reconfiguration and our plans to move to a more blended way of working (home and office) when safe to do so
- We continue to support HR in promoting a number of health and wellbeing tools and support sessions
- Behind The Headlines – we have developed a series of staff profiles featuring the reflections of individual members of staff from across the system. Originally conceived as part of our Christmas content, this has proved popular and we intend to continue this year-round. So far, we have featured Duncan McLaren, who runs the pastoral support service at RIE, Hazel Elliott, a Dietitian at the Regional Eating Disorders Unit at SJH and Belinda Hacking, Director Psychology for NHS Lothian, and Hilal Bahia, Consultant Burns, Plastic and Reconstructive Surgeon among others.

13. Director/Chief Officer, Edinburgh Integration Joint Board

13.1 **Roll out of vaccinations :**The vaccination programme is now underway and is focussing on the priority groups as agreed by the Joint Council for Vaccinations and Immunisation (JCVI). Any changes in priority groups or in the sequencing of the vaccine will follow JCVI guidance. As of Sunday 10 January, a third of care homes (residents and staff) will have been given 1st dose of the Pfizer vaccine. The 2nd doses have been moved out to 12 weeks after the 1st dose. As a result, the care home programme will now accelerate using the staff capacity that would have received their 2nd dose. The team are currently vaccinating two care homes a day, with three scheduled for weekends. Based on this level of throughput, it is anticipated all care homes will be vaccinated by the end of January (however there may be some slippage in this, due to the current COVID19 + outbreaks).

13.2 **Ongoing significant support to Care Homes under our oversight arrangements:** The Partnership through its Edinburgh Care Home Oversight Group (ECHOG) meet three times per week to discuss all care homes within Edinburgh, understand any issues and provide support where this is necessary. The group look at outcomes from the care home support team and escalate any concern accordingly to the Pan-Lothian Group. Currently 32 care homes are reporting a case of COVID19 and the ECHOG are monitoring the impact on this

carefully in terms of residents and staff and will support as necessary. There are some care homes, where serious concerns have been raised and these are being monitored through the ECHOG and will be escalated accordingly.

13.3 **Budget setting underway within the EIJB in the context of significant savings requirement and opening gap for 2021/22 :**The Chief Officer and Chief Finance Officer alongside key colleague in the Partnership continue to work to deliver on the ambitious savings targets set as part of the IJB savings programme. Work has started as part of the budget setting process to develop options to close the financial gap for 2021 /22 which will be extremely challenging. Key colleagues continue to work with finance colleagues across the partners to work through the impacts of this gap. Meetings have also been set up with all political parties, so as part of the Council budget setting process, they are aware of the implications of any assumed EIJB savings target applied.

13.4 **Implementation of the Winter Planning arrangements and a great deal of partnership working across the festive period to support the pressures across the system :**Across the system, at New Year the Partnership had 104 delays across all codes with 56 of these in acute beds. The position has remained largely stable throughout the month of December, however, has increased in January. The Partnership continue to develop approaches to increase community capacity with interim beds now in Northcare Suites, an additional 6 intermediate care beds, with 6 more in the pipeline if safe staffing can be secured, and additional winter staffing including enhanced capacity for the discharge to assess team.

13.5 The Hospital at Home Team is supporting 3 large care homes and working with the SAS to avoid admission. The Partnership has also successfully implemented urgent care pathways with a 90 minute to 4-hour response for health and urgent social care and therapy responses via the flow centre. However there does continue to be pressing challenges, in terms of care home capacity, internal care at home staffing capacity and health delays for Partnership beds and are also experiencing difficulty with external providers picking up double up care packages. However, the Partnership is reviewing what further options could be considered to provide additional community capacity.

14. Director/Chief Officer, East Lothian Integration Joint Board

14.1 **Winter Planning:** The partnership continues to adopt a ‘home first’ approach and work and have successfully reduced and maintained Delayed Discharges to the pre-April 2020 position of below 6 Social Care Delays .

14.2 Available inpatient resource at East Lothian Community hospital to support winter pressure has increased with ward 6 opening in ELCH.

14.3 **Primary Care:** One of our largest practices is reporting concern with their ability to respond to demand and is requiring significant partnership support which is time limited.

14.4 **Care Homes:** Governance arrangements for East Lothian continue under the oversight of the Chief Nurse as per Scottish Government instruction of 17 May 2020 and updated letter of 21 September 2020. Care Home infection control and outbreak status are reported through the Care Home Operational Group.

14.5 The existing East Lothian Care Home nursing team has been extended and restructured to support all care homes within East Lothian through education input, Nurse Practitioner support to anticipatory care and long-term conditions support and to respond to acute illness presentations in residents. The team are supported by lead GP practices and have also undertaken Covid Vaccinations of staff and residents in care Homes.

14.6 **Social Care Capacity:** Access to social care, particularly care at home for all client groups, i.e. over 65s, people with mental health needs, people with learning disability, people with physical disability/long-term conditions is monitored on a daily basis. There is a concern about ongoing capacity and support has been given to develop new ways of collaboration and working across independent providers.

15. Director/Chief Officer, Midlothian Integration Joint Board

15.1 **Care Homes:** In relation to the pandemic there is significant support in place for all care homes within Midlothian, under the leadership of the Chief Nurse. COVID vaccination is being rolled out across care homes in Midlothian with plans in place to vaccinate week beginning 11th January 2021.

15.2 A privately owned care home within Midlothian is subject to suspension of registration. This follows concern about standards of care raised by Midlothian HSCP staff and the Care Inspectorate. Midlothian HSCP staff, including NHS Lothian nursing staff, have been working within the care home 24/7 to ensure safe care for all residents. The Care inspectorate have lodged an application to the Sheriff Court in Edinburgh seeking suspension of the service's registration under Section 65 of the Public Services Reform (Scotland) Act 2010. Midlothian HSCP have since been working with residents, their families and others to find alternative suitable accommodation.

15.3 **Intermediate care :** Midlothian HSCP implemented a Single Point of Access for intermediate care in December 2020. This will provide streamlined access to the Midlothian Home First team to prevent unnecessary hospital admissions and support timely discharges. The local flow team will triage referrals to ensure that the right care and support is in place for each patient, and relevant priorities identified and addressed. The Home First team has also been enhanced with additional Physiotherapists, Occupational Therapists and carers, to provide additional capacity to support care available within the community.

15.4 As agreed at NHS Lothian Gold Command in November 2020, Midlothian HSCP are in the process of implementing initiatives to reduce the number of hospital delays relating to Midlothian residents. These include:

- Temporary block purchase of additional Care Home beds for patients who are requiring assessment for long term care, with provision in place for Occupational Therapists and Physiotherapists from the HSCP to support these patients. Risk assessed processes are in place.
- Additional carers are being recruited to enhance capacity within the Care at Home Team to provide additional packages of care
- Drivers are being recruited to release clinical capacity in the Home First team
- Additional administrative support within the Home First team to release clinical capacity in the Home First team
- Increased capacity in Midlothian Hospital at Home team by recruiting 2 additional Band 5 nurses to enable increased bed capacity within the service
- Opening of additional step up/down beds at Midlothian Community Hospital

15.6 As well as the recruitment of additional workforce, work has also been ongoing within the partnership to enhance data resources to enable the HSCP to identify further areas for development.

15.7 **Covid vaccination:** Vaccination planning and delivery is progressing well. Midlothian HSCP had vaccinated 1812 staff and care home residents by Wednesday 7th January 2021. The Midlothian vaccination team commenced staff vaccination on the 8th December 2020. By the end of Friday 15th January 2021 all Midlothian care homes will have been vaccinated, bringing the total vaccinations delivered by Midlothian HSCP to over 2,500.

15.8 From the start of February, the HSCP will run a six-station clinic, with capacity to vaccinate between 1800 and 2700 people each week. This will provide enough appointments for 56% of the anticipated vaccines required in Midlothian. The remaining vaccination capacity will be provided from the NHS Lothian high-volume clinics.

15.9 Psychological therapies : Midlothian HSCP are running a test of change to redesign the delivery of Psychological therapies, in relation to a tradition of long wait times for assessment and treatment. This commenced in August 2020. Data has shown a significant positive impact in both total numbers of patients waiting, and those waiting over 18 weeks. Further analysis requires to be done, which will be incorporated into local planning, as well as the NHS Lothian Psychological therapies workstream in the NHS Lothian Mental Health programme board.

15.10 Technology : In November the HSCP met with the national TEC programme team (Scottish Government) to update on progress with our Pathfinder frailty project. The presentation and report were well received and, due to the wealth of data and the long tail impact of Covid interruptions, it was agreed that an extension to the Define stage of the project until January/February 2021 would be beneficial.

15.11 Data developments have continued throughout November and December 2020. This includes developing performance reporting for the HSCP and working to enhance operational awareness with resilient dashboards. In December the HSCP were able to automate the update of the first dashboard

for delayed discharge tracking, with further developments planned to help monitor the impact of effort to maintain targets.

15.12 **Performance Management/Outcome Maps:** Midlothian HSCP is strengthening its commitment to outcome focused working and is developing a comprehensive performance management system that will capture the impact of the Partnership on outcomes for local people and on the wider health and social care system.

15.13 Working with Matter of Focus, the approach is based on contribution analysis, a theory of change approach that works well for organisations delivering complex, people-based change. At the strategic level an Outcome Map is being developed to show the contribution of the HSCP to improving outcomes. OutNav software will bring together existing data to build a robust contribution story. At a service level, Outcome Maps will be developed in two further service areas to test the approach and inform wider roll out.

15.14 To date there have been a series of workshops with key staff and stakeholders. IJB members have been represented at each workshop.

15.15 A tableau dashboard that pulls social care as well as health data has been developed. This is providing service level data from integrated teams. This information will contribute to the outcome maps.

16. Director/Chief Officer, West Lothian Integration Joint Board

16.1 **Transformation of Courtyards to Support Mental Health Services :** £6,410 has been received from the Edinburgh &Lothian's Health Foundation to transform both the Intensive Psychiatric Care Units and Ward 3 courtyards at St John's Hospital. This will complement work planned for March 2021 that will see Occupational Therapists and Activity co-ordinators upskilled in gardening practices to support mental health care, treatment and assessment.

16.2 The project will work with 'The Brock' to design the spaces and manufacture some of the fixtures and fittings including heavy duty benches, planters and bird tables It is hoped that the project will be completed by early spring.

16.3 **Discharge to Assess Weekend Working :** Discharge to Assess have received recent investment to deliver seven day working to support the unscheduled care pathways. In response to winter the team were keen to start weekends earlier in anticipation of winter pressures which was achieved through a voluntary rota. This commenced on 5th December and early indications are positive with 11 discharges facilitated over weekends to free hospital beds and interventions delivered to a further 11 patients in community settings to prevent crisis admissions to hospital. This approach has also supported the creation of more direct discharges from Royal Infirmary of Edinburgh as an alternative to moving to St John's hospital for bed base rehabilitation. This team is pushing the Home First pathways and optimising length of stay to a minimum.

16.4 **Development of Third Sector Network for Mental Health :** In recognition of the impact of the Covid-19 pandemic on mental health, £100,000 of community funding has been secured for the development of a robust third sector network in West Lothian which will bring together mental health providers and help them work in a more co-ordinated way to offer preventative approaches with focus on early intervention. The network will act as a consortium of organisations to take referrals and build informal packages of support around individuals who are not eligible for statutory support. The aim is for the network to develop close links with primary care services and for primary care practitioners to be able to refer directly into the third sector, something that has been a challenge in West Lothian to date.

17. The Board is asked to receive the report.

Policy/Strategy Implications	Policy/strategy implications will be addressed in the management of any actions resulting from these events, activities and issues.
Consultation	Board Executive Team
Consultation with Professional Committees	None
Risk Assessment	Risk assessment will be addressed in the management of any actions resulting from these events, activities and issues.
Compliance with Board Policy requirements on Equality and Diversity	Compliant
Resource/Staffing Implications	Resource/staffing implications will be addressed in the management of any actions resulting from these events, activities and issues.

Approved by

Name	Designation
Calum Campbell	Chief Executive

Author(s)

Name	Designation	Name	Designation
Calum Campbell	Chief Executive	Katie Dee	Interim Director of Public Health and Health Protection
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Janis Butler	Director of Human Resources and Organisational Development.	Judith Mackay	Director of Communications, Engagement and Public Affairs.
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NHS LOTHIAN

Board Meeting
03 February 2021

Director of Primary Care Transformation

COVID VACCINATION PROGRAMME

1. Purpose of the Report

1.1. The purpose of this report is to update the Board on the covid vaccination programme.

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

2. Recommendations

2.1. The Board is asked to:

2.2. Note the update on the covid vaccination programme.

3. Discussion of Key Issues

3.1. Vaccination is one of the most important health interventions that the NHS undertakes. High uptake is important for individual and societal protection.

3.2. The covid vaccination programme is the largest programme and is strategically central to moving out of the covid pandemic.

3.3. Two vaccines have been approved and are in use. Pfizer and AstraZeneca. Both require two doses spaced over up to 12 weeks. Policy changed from giving the second dose at 21 and 28 days respectively to giving it up to 12 weeks for both. This was made on the basis that both vaccines conferred significant protection after the first dose and that the greater public health priority is to maximise coverage of first dose rather than of second dose. This policy change required significant redesign of the programme.

3.4. Pfizer was approved in early December and has therefore been used for the earliest parts of the programme. Astra Zeneca was approved in late December and has been deployed into the newer parts of the programme.

3.5. A third vaccine, Moderna, has been approved but will not come into use until the spring of 2021.

3.6. The vaccines have different characteristics in terms of cold chain and administration that mean they are not both suitable for all venues.

3.7. The table below summarises the cohorts eligible for covid vaccination by priority.

Table 3

Priority Group	Risk Group
1	Residents in a care home for older adults and their carers
2	All those 80 years of age and over Frontline health and social care workers
3	All those 75 years of age and over
4	All those 70 years of age and over Clinically extremely vulnerable individuals*
5	All those 65 years of age and over
6	All individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality
7	All those 60 years of age and over
8	All those 55 years of age and over
9	All those 50 years of age and over

3.8. Direction and guidance to Health Boards in delivering the covid vaccination programme is contained in Joint Committee on Vaccination and Immunisation guidance, Chief Medical Officer's letters and various more detailed technical and profession specific guidelines. Scottish Government also published a Covid Vaccination Deployment Plan on 14th January. Appendices 1, 2 and 3 have copies of the key document and links to others.

3.9. The table below shows the Lothian population of these cohorts (plus further cohorts down to age 16) and the current timing of offering vaccination to them.

Table 4

JCVI Priority Group	Cohort Size	75% Uptake
Wave 1 (Dec – Jan)		
Care Home Older People	4 796	3 597
Health and Social Care Staff	43 992	32 994
Over 80 Years	30 546	22 910
Housebound	8 685	6 514
TOTAL	88 019	66 015
Wave 2 (February 2021)		
75 – 79 years	26 718	20 039
Extremely Clinically Vulnerable	13 155	9 866
70-74 years	40 598	30 449
65 – 69 years	39 476	29 607
TOTAL	119 947	89 961
Wave 3 (March 2021)		
16-64 years underlying health	122,337	91,753
Wave 4 (April 2021)		
60 to 64 years	30 268	22 701
55 – 59 years	38 015	28 511
50 – 54 years	42 593	31 945
TOTAL	110 876	83 157
Wave 5 (May 2021 Onward)		
16-49 years	366 567	274 925
TOTAL PROGRAMME	807 746	605 811

3.10. Every person requires two doses. Therefore in total c 1.2m doses have to be administered by the end of the programme.

3.11. The national deployment plan sets out that everyone down to age 50 will have had a first dose by early May and a second dose by early July 2021.

3.12. The planning assumption at present is that the programme will roll on to vaccinate the under 50's from early May onwards.

3.13. NHS Lothian started detailed covid vaccination planning in August 2020. A Programme Board chaired by the Director of Primary Care Transformation was set up with wide membership from across the system.

3.14. In addition there was early engagement with partners directly and through Local Authority liaison mechanisms to plan for individual vaccination locations.

Wave 1 (JCVI Priority Groups 1 and 2) December and January

3.15. NHS Lothian commenced the health and social care staff programme on 8th December and the Care Home residents and staff programme on 14th December. These will complete first vaccination by the end of January. The over 80's programme commenced on 11th January. This will complete first dose vaccination by the 5th February.

3.16. The staff and care home programmes have been delivered by NHS vaccinator teams. The over 80's programme has been delivered by general practices.

Wave 2 (JCVI Priority Groups 3, 4 and 5) February

3.17. The first part of wave 2 sees three cohorts all receiving an offer to be vaccinated in the first two weeks of February.

3.18. Those age 75 to 79 and clinically extremely vulnerable will be vaccinated through general practice.

3.19. Those aged 70 to 74 will be vaccinated through local HSCP clinics and mass vaccination centres in first two weeks of February.

3.20. The second part of wave 2 sees 65 to 69 year olds vaccinated through local HSCP clinics and mass vaccination centres in second two weeks of February.

Wave 3 (JCVI Priority Group 6) March

3.21. Wave 3 sees those age 16 to 64 with underlying conditions offered vaccination in March through local HSCP clinics and mass vaccination centres.

Wave 4 (JCVI Priority Groups 7, 8 and 9) April to May

3.22. Wave 4 sees those aged below 65 down to age 50 without underlying conditions offered vaccination through local HSCP clinics and mass vaccination centres.

Wave 5 (Age 49 to 16 without underlying conditions) May onwards

3.23. It is planned that the programme will continue into wave 5 through local HSCP clinics and mass vaccination centres.

Scheduling and Booking – Wave 1

3.24. For staff vaccination booking was through a local system run by NHS Lothian.

3.25. For Care Homes booking was organised through the management of each care home.

3.26. For the over 80's booking was organised by the general practice.

Scheduling and Booking – Wave 2

3.27. For 75 to 79 and CEV booking will be organised by general practice.

3.28. For 70 to 74 and 65 to 69, booking is organised through a national system. The system is loaded with a file of every member of the cohort in Lothian and it then assigns an appointment based on an algorithm using travel distance.

3.29. The national system started sending appointments to age 70 to 74 patients on 22nd January. It should be noted that, as a result, patients aged 70 to 74 may receive their appointment details before those aged 75 to 79 and CEV being called by general practice.

3.30. It should also be noted that because the over 80's in wave 1 are not due to be completed until 5th February and Wave 2 starts on 1st February it is possible that a someone age 70 to 74 could receive vaccination in an HSCP or mass centre before someone age 80 receives it in general practice.

3.31. It is important to note that despite these overlaps in the programme, all patients in wave 1 will have been offered vaccination by 5th February and all patients in the first part of wave 2 will have been offered vaccination during the first two weeks of February.

Scheduling and Booking – Wave 3

3.32. All patients in wave 3 onwards will be offered an appointment using the national scheduling system.

3.33. Patients can change their appointment and seek further information about the venue by phoning the national call centre on the 0800 number on the appointment letter. From mid-February it is planned to have an online option for patients to change appointments.

3.34. For patients with specific difficulties the national call centre will pass the enquiry to a local call centre which will be able to support with issues such as accessibility, language, transport etc.

Performance and Reporting

3.35. Data on vaccinations is collected through a system known as the Vaccination Management Tool (VMT) which is then extracted into a dashboard. This national system is used in all settings except general practice. For vaccination in general practice the tool will extract data from GP IT systems, but this has not yet been put in place.

3.36. The table below shows Lothian progress so far using data in the dashboard as at 25th January.

Table 5

Cohort	No of Patients Vaccinated First Dose	No of doses Administered First & Second Dose
Healthcare Worker	29,248	31,788
Care Home Staff	4,201	4,338
Social Care Worker	3,880	3,890
Care Home Resident	3,461	3,472
Other	1,399	1,399
Age 80 and over	593	593
Care at Home	260	260
Clinically Extremely Vulnerable	27	27
Unpaid Carer	9	9
Clinically at risk 16-65	9	9
Age 75 and over	2	2
Age 49 and over	2	2
Age 70 and over	1	1
TOTAL	43,902	45,790

3.37. The data does not yet include over 80's vaccinated in general practice. Practices have received 34,560 doses of vaccine up to 22nd January (15,800 of these on 21st and 22nd). An interim data extract from general practice showed that Lothian practices had vaccinated 18,000 over 80's by 26th January.

3.38. Numbers vaccinated are increasing by over 2,000 every weekday. A verbal update on numbers will be given at the meeting.

Vaccine Supply

3.39. Vaccine supply has been mostly as originally planned although there have been some changes to timings. The supply of Astra Zeneca to GPs was in small volumes in the first two weeks of January and this constrained practices' ability to progress quickly with over 80's.

3.40. The table below shows the amount of vaccine received by NHS Lothian including to general practice from beginning of December to 25th January.

Table 6

Pfizer (Staff, Care Homes, HBCCC)	AstraZeneca (100% to GPs for >80's)	Total
51,675	34,560	86,235

3.41. The activity table shows that 45,970 doses of Pfizer have been used in the same period. Around 20,000 doses of AstraZeneca will have been used in general practice.

3.42. The balance will largely be used in delivering the remainder of the staff and care home programmes 31st January and in GPs using the AstraZeneca supply received on 21st and 22nd January to complete the over 80's.

3.43. Looking ahead there is sufficient vaccine in the delivery schedules to offer vaccination to all of the planned cohorts. However, there is very little flex in the system and there is a risk that disruption to supply could cause disruption to the programme.

Venues and Capacity

3.44. The tables below show the venues that will be used for HSCP clinics and mass centres.

Table 7

Site	Drive/Walk Through	'Go Live'	Estimated Vaccination Stations	Estimated Weekly Vaccination Capacity
Edinburgh International Conference Centre (EICC)	Walk Through	1 February	45	18,900
Queen Margaret University (QMU)	Drive Through	10 February	12	5,040
Pyramids Business Park (PBP) Strathbrock (first two weeks from 01/02/21)	Walk Through	15 February	34 6	14,280 2,352
Royal Bank of Scotland (Gyle)	Walk Through	15 February	32	13,440
Royal Highland Showground (RHS) Members Hall	Walk Through	Resilience If Required	9	3,780
Royal Highland Showground (RHS) Lowland Hall	Walk Through	15 or 20 March	50	21,000
Total Capacity			188	78,792

Table 8

All 'Go Live' from 1 February 2021			
LOCALITY	SITE	OPERATIONAL	CAPACITY
East Lothian	East Lothian Community Hospital	Monday – Friday	1,025
Edinburgh	Sighthill	Monday - Friday	4,270
	Leith	Monday - Friday	
	Gracemount	Monday - Friday	
	Pennywell	Monday - Friday	
	Craigmiller	Monday – Friday	
Midlothian	Midlothian Community Hospital	Monday – Friday	1,500
West Lothian	Strathbrock Howden	Saturday - Sunday	400
Total Capacity			**7,195**

3.45. Spare capacity has been built into the planning of venues to allow for peaks and troughs, changes to planning assumptions and for resilience for the system.

3.46. The total weekly capacity available of 86,000 vaccinations, exceeds the likely peak demand of 60,000. Therefore some of the planned capacity will be "in reserve" at any point in time.

3.47. Due to the timing of venues becoming operational there is a smaller gap between demand and capacity in the first two weeks of February and any spare capacity will be at EICC. However, there is a process of patients rearranging appointments that don't suit them and this will free up appointments at other venues.

Governance and Management:

3.48. The Director of Primary Care Transformation chairs a programme board with wide membership across the system.

4. Key Risks

4.1. Vaccine supply may be interrupted and impact on progress. This is a national issue and NHS Lothian is unable to control it.

4.2. There may not be sufficient workforce to staff the venues. This is is under daily review and there will be sufficient workforce for wave 2. Workforce will buiold up during February for wave 3 and beyond.

4.3. A venue may be affect by unforeseen events and temporarily be unable to operate. Venues will not operate at 100% so it will be possible to divert activity (depending on the vaccine involved and the location of the venue)

5. Risk Register

5.1. This issue is included in the GMS Contract and Vaccination Transformation Risk Registers. It will be included in the Corporate Risk Register following agreement at the previous meeting.

6. Impact on Health Inequalities

6.1. An impact assessment has been carried out. It will be important to support those with access difficulties to reach venues and for the local venues to provide access.

7. Impact on Inequalities

7.1. See above.

8. Involving People

8.1. There has been extensive involvement of stakeholders across the system and with external partners. However the programme has developed at pace and there have been limits on public involvement as a result. The programme is driven by national policy and involvement has focused on the detail of the programme and impact assessment.

9. Resource Implications

9.1. The programme cost estimate is around £20m. Government has given assurance that these costs will be funded.

David Small
Director of Primary Care Transformation
03 December 2020
david.a.small@nhslothian.scot.nhs.uk

Scottish Government
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E: vaccinationsdelivery@gov.scot

Dear Colleagues

COVID-19 VACCINATION PROGRAMME

1. This letter sets out the arrangements for the initial stages of the Covid-19 vaccination programme. You will receive a further letter in relation to further stages, once future vaccine supply has been confirmed.

2. I would like to begin by thanking you for all your hard work so far in what is undoubtedly one of the most complex logistical and operational programmes we have faced. I know that this has been an extremely challenging time for staff across the health and social care sector.

3. We recognise that delivering this programme is more challenging than anything we have faced before but it is imperative that we do all that we can to reduce the impact of COVID-19 on those most at risk. It is therefore essential that we have effective plans in place to deliver COVID-19 vaccines to protect those most at risk, prevent ill health in the population and minimise further pressure on the NHS and social care services

Key Objectives

4. To commence the COVID-19 vaccination programme in line with JCVI prioritisation, set out in Annex B.

5. To protect those most at risk by achieving high vaccine uptake amongst the first priority groups.

6. To make best use of the limited initial doses of vaccines available, recognising the particular requirements relating to the vaccine, as set out in conditions of authorisation here: https://www.gov.uk/government/publications/regulatory-approval-of-pfizer-biontech-vaccine-for-covid-19/conditions-of-authorisation-for-pfizerbiontech-covid-19-vaccine

Phased Approach

7. We anticipate receiving around 476,000 doses of the Pfizer BioNtech vaccine in December.

From Interim Chief Medical Officer
Dr Gregor Smith

Date: 4 December 2020

SGHD/CMO(2020)32

Addresses

For action
Chief Executives, NHS Boards
Medical Directors, NHS Boards
Primary Care Leads, NHS Boards
Directors of Nursing & Midwifery, NHS Boards
Chief Officers of Integration Authorities
Chief Executives, Local Authorities
Directors of Pharmacy
Directors of Public Health
General Practitioners
Practice Nurses
Immunisation Co-ordinators
CPHMs
Scottish Prison Service
Scottish Ambulance Service
Occupational Health Leads

For information
Chairs, NHS Boards
Infectious Disease Consultants
Consultant Physicians
Chief Executive, Public Health Scotland
NHS 24

Further Enquiries

Policy Issues
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Medical Issues
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Pharmaceutical and Vaccine Supply Issues
William Malcolm
Public Health Scotland
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8. Please note that in line with MHRA advice, 50 per cent of doses available in the first phase must be held back to use as second doses. A phased approach is therefore required. This initial phase will cover the groups set out in table in Annex A.

9. We anticipate then working through the further priority groups as vaccine supply allows.

Communication materials

10. The phased approach required by the limited vaccine supply means that a careful communications approach is required.

Materials for staff

11. Separate communications toolkits for health care workers and social care workers to be vaccinated will be made available to staff on Friday 4th December. These toolkits will be similar to what you receive for other immunisation programmes such as flu and will include staff posters, leaflets, emails and social media content to help you understand the importance of receiving the vaccine as a health or social care worker.

12. Workforce education materials are available on the Turas Learn site.

Materials for care homes

13. Consent packs will be sent to care homes, including a letter, a leaflet, consent form and post-immunisation card for each resident.

Materials for the public

14. In later phases of the programme, when more vaccines are available and as individuals become eligible, they will be invited to attend for vaccination (via letter and accompanying leaflet). This will be in addition to a national, local and sectoral public information campaign.

Key contact points

15. For more information, members of the public will be asked to visit nhsinform.scot/covid19vaccine or call 0800 030 8013.

16. The MHRA is asking that suspected side effects to medicines, vaccines, or medical devices used in COVID-19 treatment are reported via the dedicated Coronavirus Yellow Card reporting site: https://coronavirus-yellowcard.mhra.gov.uk/

Resources

17. NHS Boards are asked to ensure immunisation teams are properly resourced to develop and deliver the COVID-19 vaccination programme, alongside the extended seasonal flu vaccination programme, noting that additional costs will be met by the Scottish Government. The established financial allocation approach we have in place will support this process and should ensure that there are no barriers or delays to delivering this programme.

18. Work continues between SG Health Finance and Boards Directors of Finance to assess the financial implications of the activities and approach set out in this letter, which we

expect will continue to develop, and from there financial allocations will be confirmed to Boards early next year. Any questions on the financial allocations process should be directed to Richard McCallum or Joe Welsh.

Action

19. NHS Boards are asked to note and implement the arrangements outlined in this letter for the COVID-19 vaccination programme.

20. It is critically important that every effort is made to ensure high uptake, and that those eligible to receive a vaccine do so. Due to limited supply of vaccine initially, ongoing and effective management at a local level is required.

21. Thank you for your continued support in delivering the COVID-19 vaccination programme

Yours sincerely,

Gregor Smith

Gregor Smith
Interim Chief Medical Officer

ANNEX A: INITIAL PRIORITY GROUPS AND DELIVERY MECHANISMS

Cohort Prioritised	Rationale	Delivery Mechanism
Care Home Residents in Care Homes for Older Adults	JCVI and CMO Priority Cohort The most vulnerable to Covid	Vaccine to be taken to Care Homes once packing down, delivery and stability issues resolved
Care Home Workers in Care Homes for Older Adults	JCVI and CMO Priority Cohort To protect staff in Care Homes with outbreaks, and to protect vulnerable residents	Provide assistance to take Care Home Workers to NHS Board vaccination centres and Vaccinate in Care Homes when we are able to take vaccine there
Healthcare Staff working with direct face to face contact in health care settings. In view of limited vaccine availability, Boards should seek to vaccinate to cover: i)Vaccinators ii) Others based on a risk assessment taking into account factors such as those who are working in Covid red areas and age (older staff)	JCVI and CMO Priority Cohort Increased exposure to Covid Ensures that we can appropriately use vaccine available at NHS Board Vaccination Centres and minimise wastage.	NHS Board Vaccination Centres
Long stay inpatients aged Over 80	JCVI and CMO Priority Cohort Long stay inpatients similar vulnerability issues to Care Home Residents	NHS Board Vaccination Centres NHS Boards should ensure that they are also able to provide the second dose to this group

Please note that we are not recommending that we call over 80s who are not long stay inpatients or Care Home residents for vaccination at this stage.

ANNEX B COVID VACCINE: COMPOSITION, ORDERING AND DELIVERY ARRANGEMENTS, PATIENT GROUP DIRECTIONS

Pfizer-BioNTech Vaccine

22. The Pfizer vaccine is the first vaccine to be approved for use in the United Kingdom and will be the primary vaccine to begin

23. The vaccine is a lipid nanoparticle-formulated mRNA vaccine. The mRNA encodes the SARS-CoV-2 receptor-binding domain of the spike protein. The mRNA in the vaccine is translated and transcribed by the body to produce this key part of the spike protein. The protein then acts as an intracellular antigen to stimulate the immune response. The mRNA in the vaccine is normally degraded within a few days and cannot incorporate into the host genome. Data from the Pfizer-BioNTech vaccine trials undertaken in over 40,000 individuals indicate high vaccine efficacy, with no serious safety concerns observed.

Vaccine Composition

24. This is a multidose vial and must be diluted before use. 1 vial (0.45 mL) contains 5 doses of 30 micrograms of BNT162b2 RNA (embedded in lipid nanoparticles).

25. COVID-19 mRNA Vaccine BNT162b2 is highly purified single-stranded, 5'-capped messenger RNA (mRNA) produced by cell-free in vitro transcription from the corresponding DNA templates, encoding the viral spike (S) protein of SARS-CoV-2.

26. Further detail is available here: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/940565/Information_for_Healthcare_Professionals_on_Pfizer_BioNTech_COVID-19_vaccine.pdf

Delivery arrangements

27. The vaccine will be delivered to authorised holding sites within Boards that are capable of handling medicines at ultra-low temperatures. Detailed information on the distribution arrangements including order-cut off times and delivery days has been shared with Health Boards. For support contact nss.fluvaccineenquiries@nhs.scot

Patient Group Direction

A national specimen Patient Group Direction (PGD) for administration by specified registered healthcare practitioners of COVID-19 mRNA Vaccine BNT162b2 has been developed and will become available at https://www.hps.scot.nhs.uk/publications/patient-group-directions/

National Protocol

In order to ensure that there is a sufficiently sized workforce to deliver a COVID-19 vaccine programme, the changes to the Human Medicines Regulations (The Human Medicines (Coronavirus and Influenza) (Amendment) Regulations 2020), also brought about a new regulation (247A). While a disease is pandemic, regulation 247A permits the supply or administration of a medicinal product used for vaccination or immunisation against coronavirus in accordance with a protocol that is approved by ministers. Such a national protocol may allow specified classes of people, which need not be limited to registered

healthcare professionals, to administer COVID-19 vaccine. A national protocol is being developed by Scottish Government and will be made available shortly.

ANNEX C JCVI PRIORITISATION and VACCINE ELIGIBILITY

28. The table below sets JCVI advice for priority groups which subsequently will guide how we deliver the vaccine

Priority Group	Risk Group
1	Residents in a care home for older adults and their carers
2	All those 80 years of age and over Frontline health and social care workers
3	All those 75 years of age and over
4	All those 70 years of age and over Clinically extremely vulnerable individuals*
5	All those 65 years of age and over
6	All individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality
7	All those 60 years of age and over
8	All those 55 years of age and over
9	All those 50 years of age and over
*	Clinically extremely vulnerable individuals are here. This advice on vaccination does not include pregnant women and those under the age of 16 years

29. Full details of the JCVI's advice as published on 2 December can be found here: https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-2-december-2020

30. It should be noted that the vaccine is not recommended for those who are pregnant, those who may be pregnant or those who are breastfeeding. Pregnancy should also be avoided for at least two months after the second dose.

31. Further guidance and a full list of eligible groups can be found in the most recent COVID-19 chapter (chapter 14a) of the Green Book available at: https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a

32. This is subject to change and updates will be made in the linked page above.

ANNEX D CONTRACTUAL ARRANGEMENTS AND FURTHER INFORMATION

Contractual arrangements

33. Information on payments associated with the COVID-19 vaccines have been set out by Primary Care Directorate, Scottish Government.

Scottish Government
Riaghaltas na h-Alba
gov.scot

Dear Colleagues

COVID-19 VACCINATION PROGRAMME: UPDATE

1. This letter updates on the arrangements for the COVID-19 vaccination programme, following authorisation for supply and use of the AstraZeneca COVID-19 vaccine and changes to advice on the use of the Pfizer BioNTech vaccine by both the Medicines and Healthcare products Regulatory Agency (MHRA) and the Joint Committee on Vaccination and Immunisation (JCVI).

2. I am grateful to you for your hard work in ensuring a successful beginning to the COVID-19 vaccination programme, despite the complex challenges posed by the particular requirements associated with the Pfizer BioNTech vaccine. I also appreciate that you are delivering this vaccination programme across the winter period and more importantly across a range of public holidays for which I am deeply grateful.

3. The programme remains a critical part of our work to reduce the impact of COVID-19 on those most at risk. Effective planning and delivery of the programme is essential to protect those most at risk, prevent ill health in the population and minimise further impact on the NHS and social care services.

Key Objectives

4. To commence rollout of the AstraZeneca vaccine from 4 January 2021 and continue roll out of the Pfizer vaccine, in line with JCVI advice and prioritisation and the additional guidance on prioritisation provided on 24 December 2020 (set out in Annex C).

5. To roll out the AstraZeneca vaccine from 4 January in existing vaccination settings, moving out into more community settings including GP practice settings from the 11 January. This does not preclude moving into community settings earlier than the 11 January.

6. To continue to protect those most at risk by achieving high vaccine uptake amongst the priority groups. It should be noted that the JCVI does not advise a preference for

From Chief Medical Officer
Dr Gregor Smith

31 December 2020

Further Enquiries

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VaccinationsDelivery@gov.scot

Medical Issues
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Pharmaceutical and Vaccine Supply Issues
William Malcolm
Public Health Scotland
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either vaccine in any specific population but notes that for operational and practical reasons, such as to enable more extensive and timely vaccine coverage, one vaccine may be offered in certain settings over another vaccine.

Timing of second doses

7. Following a review of the clinical evidence in relation to both the AstraZeneca and Pfizer vaccines, the JCVI has recommended that first doses of vaccine are prioritised for as many people as possible on the Phase 1 JCVI priority list, in advance of second doses to provide more assured longer term protection.

8. This reflects the need to reach as many people in the shortest possible timeframe, within the available vaccine supplies, against a background of immediate disease activity and high population sero-susceptibility (despite the disease burden seen).

9. This is on the basis that the protection of vaccinees after the first in a two-dose schedule is very substantial. This evidence will be published by the JCVI and PHE.

10. This strategy is also strongly supported by the UK Chief Medical Officers and their Deputies.

11. All NHS Boards should therefore now take the following actions to ensure delivery is in line with the regulatory advice from the MHRA and the updated clinical guidance from the JCVI:

    • For recipients who have received their first vaccination and are due to receive their second dose between now and Monday 4 January 2021, no further action is required, and these appointments should continue as planned.

    • For those who have received their first dose and are scheduled to receive their second after Monday 4 January 2021, the second dose appointment should be rescheduled in the last week of that 12 week period.

    • For those scheduled to receive their first vaccination from 31 December 2020, an appointment to receive the second dose should be scheduled for between three/four and 12 weeks' time, with most recipients to be booked in the last week of that 12 week period.

12. Those services that will be operational from Monday 4 January 2021 onwards should to ensure that all second dose appointments are booked in the twelfth week post the first dose.

13. I recognise that the requirement to re-schedule second appointments is operationally difficult in the short term and may be unpopular with patients booked in for a second dose in the immediate future.

14. However, for every 1000 people boosted with a second dose of covid-19 vaccine in January (who will as a result gain marginally on protection), 1000 new people would be delayed in receiving what amounts to very substantial initial protection which is in most cases is likely to raise them from 0% protected to at least 70% protected in typically 14-21 days.

15. This approach will therefore allow as many first doses as possible to be provided as quickly as possible, providing substantive levels of individual protection while reaching more of those most at risk.

Conditions of authorisation

16. The MHRA statement on AstraZeneca conditions has now been published.

17. The MHRA has also updated the conditions for the authorisation for the supply of the Pfizer BioNTech vaccine to remove the requirement to hold back 50 per cent of available doses for administration as second doses.

Phased Approach

18. We anticipate receiving up to 440,360 doses of AstraZeneca vaccine across January with deliveries beginning from 2 January 2021.

19. We anticipate that further doses will become available via regular delivery throughout early 2021.

20. A phased approach remains necessary. For the AstraZeneca vaccine, as for the Pfizer BioNTech vaccine, the intention is to provide an important layer of protection to all adults but particularly those most at risk from serious illness and death from COVID-19.

21. With age as the greatest risk factor, the JCVI has retained the same phase 1 priority list. (See Annex C).

22. The priority now is to vaccinate as many people with their first dose as quickly as possible, working through that priority list, and the advice that the second dose for both vaccines can be given up to 12 weeks after the first means that thus protection can be maximised quicker than

originally planned. **The second dose remains critical for longer term protection and to complete the course.**

Communication materials

23. Differences in vaccine characteristics between the AstraZeneca and Pfizer BioNTech vaccines, and adjustments to the JCVI advice about timing of second doses and eligibility, means that a careful communications approach is required.

Materials for staff

24. Separate communications toolkits for health and social care workers to be vaccinated have been available since the start of the programme in early December but will be updated to reflect the new advice as soon as possible and before 4 January. These toolkits are similar to those received for other immunisation programmes such as flu and will include staff posters, leaflets, emails and social media content to help you understand the importance of receiving the vaccine as a health or social care worker. These toolkits are available via the links below:
https://www.publichealthscotland.scot/covidvaccinehcw
http://www.publichealthscotland.scot/covidvaccinescw

25. Updated workforce education materials will be available on the Turas Learn site from 5 January. COVID-19 vaccines | Turas | Learn (nhs.scot)

26. From 31 December 2020 staff will have access to the updated Green Book Chapter 14a and information for healthcare professionals on COVID-19 Vaccine AstraZeneca, online here: Information for Healthcare Professionals on COVID-19 Vaccine AstraZeneca - GOV.UK (www.gov.uk)

Materials for care homes

27. Consent packs for care homes are available to download here:
http://www.publichealthscotland.scot/covidvaccinecarehome

Materials for the public

28. Those aged 80 years and over will be invited to attend for vaccination by their local NHS Board/ GP practice via a letter and accompanying leaflet. Materials to allow GPs and NHS Boards to invite those aged 80 years and over will be available here as soon as possible and before January 4th :
https://www.publichealthscotland.scot/covidvaccinegp

29. Hard copies of these leaflets will be printed and distributed to GPs / NHS Boards from January 6th. Further copies can be ordered at: phs.covidpublications@phs.scot

30. In later phases of the programme, other groups will be invited in due course in line with the JCVI prioritisation. A national scheduling tool is being built which will support the scheduling of further cohorts, this is being developed at pace and is on track for delivery by the end of January 2021.

31. This will be in addition to a national, local and sectoral public information campaign. There will be a national door drop during week commencing 4 January and a TV and radio campaign from 21 of January.

Key contact points

32. For more information, members of the public will be asked to visit Coronavirus (COVID-19) vaccine | NHS inform or call 0800 030 8013.

33. The COVID-19 vaccination helpline, for general information about the coronavirus vaccine and its delivery, is now available from 8am to 8pm, seven days a week on 0800 030 8013. It will not be possible to book or change vaccine appointments via the helpline at this stage.

34. The MHRA has advised that suspected side effects to medicines, vaccines, or medical devices used in COVID-19 treatment should be reported via the dedicated Coronavirus Yellow Card reporting site: https://coronavirus-yellowcard.mhra.gov.uk/

35. In addition, health boards should follow the Framework for reporting, monitoring and escalating adverse events in the COVID-19 immunisation programme' which covers the escalation to Public Health Scotland and the national COVID-19 vaccine clinical governance group. It is available online here: Reporting adverse events that occur during the COVID-19 immunisation clinic : guide for clinic staff | Turas | Learn (nhs.scot)

Resources

36. NHS Boards are asked to ensure immunisation teams are properly resourced to develop and deliver the COVID-19 vaccination programme, noting that additional costs will be met by the Scottish Government. The established financial allocation approach that is in place will support this process and should ensure that there are no barriers or delays to delivering this programme.

37. As previously set out, work continues between SG Health Finance and Boards Directors of Finance to assess the financial implications of the activities and approach set out in this letter, which we expect will continue to develop, and from there financial allocations will be confirmed to Boards early next year. Any questions on the financial allocations process should be directed to Richard McCallum or Joe Welsh.

Action

38. NHS Boards are asked to note and implement the arrangements outlined in this letter for the COVID-19 vaccination programme.

39. Delivery should continue to reflect the service delivery framework, reflecting local delivery of the national plan for the programme.

40. It is critically important that every effort is made to ensure high uptake, and that those eligible to receive a vaccine do so. This is, of course, subject to supply of vaccine therefore ongoing and effective engagement and management at a local level is essential.

41. I am very grateful for your continued commitment and support in delivering the COVID-19 vaccination programme.

Yours sincerely,

Dr Gregor Smith
Chief Medical Officer

ANNEX A: UPDATED PRIORITY GROUPS AND DELIVERY MECHANISMS

Cohort Prioritised	Rationale	Delivery Mechanism
Care Home Residents in Care Homes for Older Adults	JCVI and CMO Priority Cohort The most vulnerable to Covid	Vaccinate in Care Homes
Care Home Workers in Care Homes for Older Adults	JCVI and CMO Priority Cohort To protect staff in Care Homes with outbreaks, and to protect vulnerable residents	Vaccinate in Care Homes
Healthcare Staff working with direct face to face contact in health care settings. In view of limited vaccine availability, Boards should seek to vaccinate to cover: i)Vaccinators ii) Others based on a risk assessment taking into account factors such as those who are working in Covid red areas and age (older staff)	JCVI and CMO Priority Cohort Increased exposure to Covid Ensures that we can appropriately use vaccine available at NHS Board Vaccination Centres and minimise wastage.	NHS Board Vaccination Centres
Long stay inpatients aged Over 80	JCVI and CMO Priority Cohort Long stay inpatients similar vulnerability issues to Care Home Residents	NHS Board Vaccination Centres NHS Boards should ensure that they are also able to provide the second dose to this group
Over 80s in the community	JCVI and CMO Priority Cohort	Vaccinate via community settings/GP practices,

ANNEX B COVID VACCINE: COMPOSITION, ORDERING AND DELIVERY ARRANGEMENTS, PATIENT GROUP DIRECTIONS

Oxford AstraZeneca Vaccine

The AstraZeneca COVID-19 vaccine is the second COVID-19 vaccine to be authorised for supply in the UK.

The vaccine uses a replication deficient chimpanzee adenovirus (ChAd) as a vector to deliver the full-length SARS-CoV2 spike protein genetic sequence into the host cell (Van Doremalen et al, 2020). ChAd is a non-enveloped virus, and the glycoprotein antigen is not present in the vector, but is only expressed once the genetic code within the vector enters the target cells. The vector genes are also modified to render the virus replication incompetent, and to enhance immunogenicity (Garafalo et al, 2020). Once the vector is in the nucleus, mRNA encoding the spike protein is produced that then enters the cytoplasm. This then leads to translation of the target protein which acts as an intracellular antigen.

Vaccine Composition

The AstraZeneca vaccine is supplied in packs of 10 vials. Each vial contains 8 or 10 doses of vaccine, and is a colourless to slightly yellow, clear to slightly opaque liquid.

Further detail is available here: Information for Healthcare Professionals on COVID-19 Vaccine AstraZeneca - GOV.UK (www.gov.uk)

Delivery arrangements

The vaccine will be delivered to authorised holding sites within Boards. Detailed information on the distribution arrangements including order-cut off times and delivery days has been shared with Health Boards. For support contact nss.fluvaccineenquiries@nhs.scot

Patient Group Direction

A national specimen Patient Group Direction (PGD) for administration by specified registered healthcare practitioners of the AstraZeneca COVID-19 vaccine has been developed and will become available at:
https://www.hps.scot.nhs.uk/publications/patient-group-directions/

National Protocol

In order to ensure that there is a sufficiently sized workforce to deliver a COVID-19 vaccine programme, the changes to the Human Medicines Regulations (The Human Medicines (Coronavirus and Influenza) (Amendment) Regulations 2020), also brought about a new regulation (247A). While a disease is pandemic, regulation 247A permits the supply or administration of a medicinal product used for vaccination or immunisation against coronavirus in accordance with a protocol that is approved by ministers.

Such a national protocol may allow specified classes of people, which need not be limited to registered healthcare professionals, to administer COVID-19 vaccine. A national protocol is being developed by Scottish Government and will be made available shortly.

ANNEX C JCVI PRIORITISATION, VACCINE ELIGIBILITY AND ADDITIONAL ADVICE

Prioritisation

Full details of the JCVI's prioritisation advice as published on 2 December can be found here: https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-2-december-2020

Further detailed guidance was provided on prioritisation on 24 December, as set out in the table below:

42. **JCVI Priority**	**Group**
1	**Residents and workers in care homes for older people.** Residents and those working in long-stay residential and nursing care homes or other long-stay care facilities for older adults where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality. This includes non-clinical ancillary staff who may have social contact with resident but are not directly involved in patient care, such as cleaners and kitchen staff.
2	**all those 80 years of age and over** Starting for logistical reasons with long-term hospital inpatients who are over 80.
2	**Patient facing, frontline healthcare workers.** Staff who have frequent face-to-face clinical contact with patients and who are directly involved in patient care in either secondary or primary care/community settings. This includes doctors, dentists, midwives and nurses, vaccinators, paramedics and ambulance drivers, pharmacists, optometrists, occupational therapists, physiotherapists, radiographers and any associated support staff of independent contractors. It should include those working in public, private, third sector and non-standard healthcare settings such as hospices, and community-based mental health or addiction services. It should include Healthcare Improvement Scotland inspectors who are required to visit premises. Temporary staff, including those working in the COVID-19 vaccination programme, students, trainees and volunteers who are working with patients must also be included.
2	**Non-clinical but patient facing staff in secondary or primary care/community healthcare settings.** This includes non-clinical ancillary staff who may have social contact with patients but are not directly involved in patient care. This group includes receptionists, ward clerks, porters and cleaners.
2	**Laboratory and pathology staff** Hospital-based laboratory and mortuary staff who frequently handle SARS-CoV-2 or collect or handle potentially infected specimens, including respiratory, gastrointestinal and blood specimens should be eligible as they may also have social contact with patients. This may also include cleaners, porters, secretaries and receptionists in laboratories. Frontline funeral operatives and mortuary technicians / embalmers are both at risk of exposure and likely to spend a considerable amount of time in care homes and hospital settings where they may also expose multiple patients. However, not included here are staff working in non-hospital-based laboratory and those academic or commercial research laboratories who handle clinical specimens or potentially infected samples as they will be able

	to use effective protective equipment in their work and should be at low risk of exposure.
2	**Social care staff directly involved in the care of their service users and others involved directly in delivering social care such that they and vulnerable patients/clients are at increased risk of exposure** This includes, for example, workers in residential care for adults and children, supported housing, and also personal assistants and social workers who have face-to-face contact in the course of their duties including child, adult, mental health officer duties and public protection. It should include Care Inspectorate staff who are required to visit care homes and other registered services. Young people age 16-18 years, who are employed in, studying or in training for health and social care work should be offered vaccination alongside their colleagues if a suitable vaccine is available.
3	**all those 75 years of age and over**
4	**all those 70 years of age and over and clinically extremely vulnerable individuals**
5	**all those 65 years of age and over**
6	**all individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality**
6	**Unpaid carers, including all adult carers and young carers aged 16 to 18**
7	**all those 60 years of age and over**
8	**all those 55 years of age and over**
9	**all those 50 years of age and over**

Eligibility and Additional Advice

The JCVI has amended its previous highly precautionary advice on Covid-19 vaccines and pregnancy or breastfeeding. Vaccination with either vaccine in pregnancy should be considered where the risk of exposure SARS-CoV2 infection is high and cannot be avoided, or where the woman has underlying conditions that place her at very high risk of serious complications of Covid-19, and the risks and benefits of vaccination should be discussed. Those who are trying to become pregnant do not need to avoid pregnancy after vaccination, and breastfeeding women may be offered vaccination with either vaccine following consideration of the woman's clinical need for immunisation against COVID-19. The UK Chief Medical Officers agree with this advice.

Advice has also changed in relation to use of the Pfizer vaccine for those with allergies/ Guidance now sets out that here are very few individuals who cannot receive the Pfizer-BioNTech or AstraZeneca COVID-19 vaccines. The vaccine should not be given to those who have had a previous systemic allergic reaction (including immediate-onset anaphylaxis) to:

- a previous dose of the same COVID-19 vaccine
- any component (excipient) of the COVID-19 vaccine

The clinical requirement for 15-minute patient observation after vaccination set out for the Pfizer vaccine is not required for the AstraZeneca vaccine.

Further guidance and a full list of eligible groups can be found in the most recent COVID-19 chapter (chapter 14a) of the Green Book available at:
https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a

This is subject to change and updates will be made in the linked page above.

ANNEX D CONTRACTUAL ARRANGEMENTS AND FURTHER INFORMATION

Contractual arrangements

Information on payments associated with the COVID-19 vaccines have been set out by Primary Care Directorate, Scottish Government.

Appendix 4 – Links to Guidelines and Documents

https://www.gov.scot/publications/coronavirus-covid-19-vaccine-deployment-plan-2021/

https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-30-december-2020

NHS LOTHIAN

Board Meeting
3rd February 2021

Chief Officer, Acute Services

SCHEDULED & UNSCHEDULED CARE PERFORMANCE

1. Purpose of the Report

1.1 To update the Board on performance for Scheduled Care standards: New Outpatient (OP), Treatment Time Guarantee (TTG), Diagnostic key test and 31 & 62 Day Pathway Cancer pathways; and the Unscheduled Care 4EAS and Delayed Discharge Standards. To review within Appendix 1b the ongoing risk to long waits and the impacts of Covid between now and the end of March 21, as well as the positive impact of clinical prioritisation. To update on unscheduled care activity and pressures over the festive and recent periods. Any member wishing additional information should contact the Executive Lead.

2. Recommendations

Board Members are recommended to:-

2.1 **Acknowledge** the impact of the first and second waves of Covid on OP, TTG and Diagnostic performance. The reintroduction of services and screening has not impacted cancer waiting times performance, although some diagnostic capacity remains reduced. Please see 3.4-3.9, and appendices 1 & 5;

2.2 **Take limited assurance** that remobilisation will mitigate increasing numbers of long wait patients for scheduled care and cancer services, against proactively dealing with on-going Covid demand, winter activity and a known backlog of patients from the first wave arising from cessation of routine activity. This will impact on over 52 weeks from January 21. Please see appendices 1-3.

2.3 **Acknowledge** that 61.9% of patients were seen within the Treatment Time Guarantee (TTG) in November 20 – a month-on-month improvement since August 20. Provisionally, 8,902 inpatients were waiting longer than 12 weeks by the end of December 20.

2.4 **Acknowledge** that 4 hour Emergency Access Standard performance was 83.4% for December 2020. Further performance data is shown in appendix 6.

2.5 **Acknowledge** that NHS Lothian has implemented the first phase of the redesign of urgent care programme as part of the national roll out of NHS24, providing a national single point of access via 111 from 1 December 2020, for people with non-life threatening injuries and illnesses to get advice and treatment as close to home as possible. Please see 3.11.

2.6 **Recognise** that while the number of delayed discharges have increased since April 2020, numbers are still historically low for Lothian, with a 31% reduction of delays in December 2020 compared to December 2019. HSCPs and acute teams continue to work together to improve discharge planning, transfers of care and embedding Home First approach to reduce number of delays and associated occupied bed days.

3. Discussion of Key Issues

Scheduled Care

3.1 The Scheduled Care Board continues to oversee scheduled care remobilisation through 4 supporting boards – Cancer, Diagnostics, Outpatient and Inpatient Daycase. The Scheduled Care programme aims to maintain as much activity, by building on new ways of working within current and ongoing constraints such as physical distancing, reduced staffing, bed and critical care capacity. Service activity is underpinned by clinical prioritisation - urgent, urgent suspicion of cancer and longest waits.

3.2 Outpatient demand remains lower than pre-covid with capacity reduced due to physical distancing and infection prevention and control guidance. Activity has increased month on month since April (by 126% from April to November), with a slight decrease in December due to impact of the festive period. Urgent new outpatient appointments in November and December exceeded pre-covid levels in February. Urgent Suspicion of Cancer outpatient appointments in December (>1,200) were higher than in February 20 (779) and November 19 last year (971), demonstrating the continued focus on managing the most urgent referrals. The number waiting over 12 weeks for an Urgent new outpatient appointment has more than halved (-68%) from 3,627 to 1,161 since May.

3.3 Virtual care including telephone and video consultations continue. There are significant differences between services and between wave 1 and now, and a detailed piece of work to understand the safe characteristics of virtual review is being undertaken to understand the potential scale of this. Demand is being proactively managed including through active clinical referral triage, patient initiated follow up, opt-in programmes, advice only, patient-focussed booking and RefHelp, and long wait patients are being clinically reviewed to identify if they require care to be escalated, continue to wait or appropriate alternatives.

3.4 Surgical activity remains focussed on urgent, cancer and priority 2 patients i.e. those requiring surgery within 4 weeks. Planned elective activity has been reduced due to unscheduled pressures on acute beds. Sites have implemented a small number of protected elective pathways to maintain cancer and urgent activity. Theatre staffing is impacted by covid related absence and underlying vacancies and activity maintained by a high amount of supplementary hours and agency staff.

3.5 NHS Lothian is now working with Spire and has been allocated 20 theatre sessions per week via a Scottish Government contract. These theatre sessions will be ring-fenced capacity utilised for Cancer and Urgent (Priority 2) patients**.** Urgent (Priority 3) patients could also be considered if they have waited longer than the maximum 12 weeks indicated and after clinical review**.** The contract will begin on 25th January and run for approximately 10 weeks. Services initially identified to access this capacity include Urology, Colorectal, General Surgery, Plastics, Neurosurgery and Orthopaedics. Patient pathways are currently being finalised with Spire and they will be clinically designed and driven.

3.6 Cancer performance remains an area of significant focus. November saw a deterioration in 62 day and an improvement in 31 day performance, with an oversight board and the reinstatement of weekly MDT pathway tracking meetings. Provisional December data suggests that 31 day performance will improve again to 98.9%, with 62 day performance

at 85.9%. Prostate and Bladder pathways will benefit from an additional robot that will be sited at Spire, starting in January. It is anticipated this additional capacity will support reduction bladder cancer backlog and reduce the Robot Assisted Prostatectomy waiting list.

3.7 Endoscopy diagnostic activity remains lower than pre-Covid levels at </=6 patients per session, due to physical distancing measures and PPE. Endoscopy mobilisation plans include increased capacity in Leith Community Treatment Centre, a fourth room at WGH and expansion of sessions at East Lothian Treatment Centre. In addition the Regional Endoscopy Unit (QMH) access has recommenced, increasing capacity for high risk surveillance, routine patients waiting >52 weeks and Urgent/ Urgent Suspicion of Cancer patients. The November Endoscopy Service capacity is 62% of that pre-Covid. The Faecal Immunochemical Test (qFIT) is being used to prioritise patients appropriately, with patients reporting a high qFIT being expedited for investigation. Active criteria-led triage for upper endoscopy has been embedded, along with ongoing active clinical triage referral for surveillance queues.

3.8 National Bowel screening recommenced on 12/10/20. Demand for Bowel screening is increasing, currently 40 referrals weekly from within the current existing capacity. Pre-endoscopy enhanced social distancing and Covid-19 testing 3 days prior to endoscopy has been introduced to patients attending QMH. Further implementation of Covid-19 testing for Lothian endoscopy patients is being modelled.

3.9 Radiology continues to focus on urgent priority cases and longest waiting patients. The department continues to experience extended timescales for scanning due to necessary cleaning regimes. Staffing levels remain pressurised compounded by the need for shielding for some staff. In spite of this, the radiography core rotas are currently being sustained, though the ability to run additional capacity is constrained. Radiology is demonstrating long term improved performance against Ultrasound, MRI and CT scanning wait lists, with trends demonstrating continued and sustained performance from late Spring to the current position. External provision of CT and MRI is being sourced from local commercial providers to support additional capacity for scanning – these additional resources are being targeted towards the longest waiting and/or high clinical priority cases in order to maximise the benefit to patients. Recruitment is progressing to increase radiography workforce to support maximised usage of scanning equipment across our hospital services.

3.10 Elective activity has been affected by unscheduled care. Since late December and throughout January to date there has been a significant increase in Orthopaedic trauma with slips, trips and falls in the winter conditions. This has added to bed and flow already under pressure at RIE due to covid demand. Routine elective activity has been significantly reduced to manage trauma workload, with up to 6 concurrent theatres operating just for trauma. Urgent/cancer procedures continue. Unscheduled demand at SJH has meant that the Day of Surgery Unit is being used as site bed capacity, impacting on routine elective capacity.

Unscheduled Care

3.11 While ED/ front door attendances have not gone back to pre-covid levels acuity remains higher than normal with the majority of presentations at RIE, SJH and WGH being majors flow, and the number of patients requiring to be seen in resuscitation remaining stable despite reduced attendance numbers in current lockdown. The conversion rate for

emergency admissions is higher than previously, for example for RIE in December the average was 35% compared to a pre-covid rate of 26%.

3.12 All adult acute sites have seen an increase in covid cases since the end of October and delivery of unscheduled care overall has been extremely difficult with the need to balance activity through Red/covid and non-covid pathways. Each site has mobilisation plans in place requiring to increase red beds to manage demand, this incrementally reduces specialty bed footprints and increases patients being boarded. The impact of extremely high trauma numbers had a significant impact on beds and flow, resulting in orthopaedic patients being boarded across the Royal site. The subsequent rehabilitation requirement for some of the trauma patients resulted in additional demand for WGH, SJH and community beds.

3.13 Hospital occupancy remains high across all adult acute sites, reflective of the acuity of patients and further impacting on flow, which has at times resulted in queues at the front door and extended trolley waits. The conversion of ward capacity to covid capacity has put particular pressure on Medicine of Elderly capacity across the sites, and impacted the MoE flows from RIE to WGH. It has also impacted on the number of patients boarded out-with their specialty, with more than 100 patients boarding daily at RIE. This creates additional pressure for medical teams to review and manage their patients when spread across the site and adds to length of stay.

3.14 A collaborative pan-Lothian approach continues to be taken with WGH supporting RIE by redirecting GP flow from south to north on a daily basis. The hospital discharge hubs continue to work closely with all HSCP teams to support timely discharge of patients, although transfers of care have become more difficult in recent months as care home accessibility has been reduced due to covid. Delayed discharges remain lower than historic levels (see chart 5, appendix 6) but have been rising over recent months. As at 21/1/21, RIE and WGH delayed discharge figures were 80 and 74 respectively.

3.15 Critical care demand has varied but to date combined covid and non-covid patients have been managed within existing bed footprint with the exception of SJH, where a second critical area has been frequently mobilised.

3.16 The national redesign of urgent care programme was launched by the Scottish Government in August 2020. The first phase is aimed at reducing and smoothing self-presenter attendance demand at acute hospital front doors, so as to minimise overcrowding and protect public, patients and staff. Access to emergency care will remain unchanged, however, it is estimated that around 20% of people currently accessing care at acute front doors could receive the care they need at home or closer to home.

3.17 National go-live of phase 1 with a single point of access via 111 was delayed from the end of October 2020, to allow for a pathfinder to test processes and share learning before national roll-out. NHS Ayrshire and Arran piloted the approach with NHS24 over November 2020, with national go-live of the new 24/7 pathway for urgent care from 1 December 2020.

3.18 For those people that NHS24 determine need further clinical consultation and are safe to wait up to four hours, they refer them to a local flow navigation centre, to provide further assessment through virtual or face-to-face consultations, in as scheduled a way as possible. In Lothian we have achieved this by expanding our existing Lothian Flow Centre who are managing patients to the Call MIA pathway, by providing either scheduled virtual

or face-to-face assessments with minor injury nurse practitioners at the acute sites, or by providing patients with a scheduled time zone to attend RIE or SJH EDs. The Lothian Flow Centre moved to a 24/7 expanded service on 1 December 2020 to receive the new urgent care referrals 24/7 from NHS24.

3.19 There has been a soft launch to the national communications while processes have been tested and workforces at NHS24 and board flow centres are expanded. Our local communications plan has continued over December with social media posts, advertising on the back of Lothian buses and a radio advert on streaming services, highlighting the change in access by ringing 111 to access Call MIA and time-zones to attend ED. While covid vaccination communications have been prioritised over wider national communication of the 111 access to urgent care, a door drop has now gone out nationally (week commencing 18 January), which describes how to access the right care at the right time.

3.20 Activity has been lower than expected over the first seven weeks of the new service with an average of 40 daily referrals to the Lothian Flow Centre from NHS24 in December, rising to a daily average of 50 in January to date. A maximum of 79 daily referrals was seen on 2 January, which has since stabilised following the New Year public holidays. NHS24 are also sending approximately similar numbers of patients directly to ED as to the Flow Centre (see chart 6, appendix 6).

3.21 The majority of patients referred to the Lothian Flow Centre have minor injuries and are suitable for Call MIA with either a virtual Near Me consultation by an ENP, or a scheduled appointment for a face-to-face minor injuries assessment at RIE, WGH or SJH. While daily Call MIA activity has increased from a median of 7 daily video consultations during the pilot period between April and October 2020, to a median of 26 since November to date as a result of the communications campaign, there remains capacity to increase this further.

3.22 As a result of this low activity via 111 to the Lothian Flow Centre, there has been no impact yet on self-presenters to EDs and MIUs, with an average daily self-presenter attendance of 240 over the same period. It is important to note this time period has also included two four day public holiday weekends, icy and snowy weather resulting in a higher number of slips, trips and falls, and the start of another lockdown. It is therefore hard to draw any conclusions yet about the impact of the service change and data will continue to be monitored.

3.23 There has been an initial national data analysis covering 1 December 2020 to 4 January 2021 of this service change. This reassuringly shows no change from the baseline activity for the GP Out Of Hours service, Covid Community Pathway or Scottish Ambulance Service since the service change on 1 December 2020. Nationally there has been a decrease in ED/MIU attendances and 4 hour performance, however, there has been minimal changes in Lothian. As appendix 6 shows, our ED/MIU attendances have however been decreasing since September. The national analysis and evaluation will continue with Sir Lewis Ritchie and Derek Bell leading this work.

3.24 The second phase of the Redesign of Urgent Care programme is aimed at improving professional (GP, Scottish Ambulance Service clinicians etc.), referral into same day community care services and same day secondary care services, that will provide care closer to home and reduce hospital attendances and admissions. Aspects of phase 2 have been progressed alongside the phase 1 work and are ongoing, with each HSCP

building on their existing community services to provide easy access for GPs to safely keep patients at home. Midlothian went live with a single point of access for GP referrals to community services on 1 December; Edinburgh went live with a new urgent referral pathway for GPs via the Lothian Flow Centre on 15 December; East Lothian have continued to expand the CWIC service, and West Lothian have built on the REACT team.

3.25 In addition there has been the development of same day scheduled secondary care with the Same Day Emergency Centre (SDEC) at WGH going live from 23 November, following a successful pilot earlier in 2020, and development of further respiratory and surgical hot clinics. RIE and SJH are developing a similar approach to SDEC for patients referred by GP for further assessment and diagnostics as part of their front door redesign programmes.

3.26 SDEC is the delivery of emergency care for patients being considered for emergency admission, by delivering assessment, diagnostics and a treatment plan on the same day. It intends to minimise and remove delays in the patient pathway, allowing services to process emergency patients within the same day as an alternative to hospital admission and 'schedule' their attendances throughout the working day rather than present through the front door as an unscheduled attendance. At WGH, the SDEC service also absorbed the previous limited Ambulatory Care that operated on Site. In December a total of 698 patient attendances were recorded through SDEC, exceeding planned numbers, and improvement work continues to maximise throughput and reduce the pressure within the Medical pathway at the front door.

3.27 As described above the redesign of urgent care programme is in its early stages, and the new access route via 111 and the Lothian Flow Centre has not had an impact yet on the numbers attending our EDs and MIUs. Sites have experienced particular pressure over the festive and recent periods as a result of covid and adverse weather, and this has resulted in a decrease of 4EAS performance to 83.3% in December 2020 and increases in long waits at ED (please see appendix 6).

4. Key Risks

4.1 There remains an unknown risk for patient outcomes due to the impact of covid on lengthening waiting times, reduced referral rates, delayed diagnosis/treatment and patient choice in not attending appointments, particularly where virtual care is not suitable. Work is focussing on long wait patients and we are continuing Keeping in Touch processes with those waiting >52 weeks across the specialties.

4.2 Risks to scheduled care performance due to reduced capacity which is focussed on clinically prioritised care extending waits for routine demand. There is reduced access to our annual Golden Jubilee National Hospital allocation and independent sector and insource provider capacity. The requirement for covid and non-covid pathways, physical distancing, PPE and cleaning regimens, are all reducing capacity. Scottish Government have secured a further short term contract with Spire Healthcare which will provide access to two theatres per week (all day Monday to Friday) in order to deliver urgent and cancer activity. This contract will commence on 2th January 2021.

4.3 There is a risk to 4 hour EAS performance due to increasing unscheduled care demand, including winter pressures whilst maintaining covid and non-covid pathways.

5. Risk Register

5.1 Corporate risk IDs 4191 (That patients will wait longer than described in relevant national standard & associated clinical risk); 3211 (That NHS Lothian will fail to achieve waiting time targets for inpatient/day case and outpatient appointments); 3203 (4-hr Target (Organisational)), and 4688 (4 Hour Emergency Access Standard (Patient)) reflect Covid.

6. Impact on Inequality, Including Health Inequalities

6.1 Capacity restrictions and waiting list delays may impact patient groups differentially. Covid's health impact will be reviewed within future public health work. The move to virtual healthcare could increase the 'digital care divide' for vulnerable groups with limited technology access. The development of new services e.g. monitoring services enable patients to have care closer to home, reducing travel, parking & time costs to attend an on-site appointment. Virtual clinics can also facilitate care. An equality impact assessment is being undertaken to mitigate potential negative impacts.

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

7.1 Public communications/ engagement events are ongoing & will inform models developed, including as part of service redesign.

8. Resource Implications

8.1 Estimated impacts of the cost of Covid have been included within Mid-Year HB Review processes and the draft Financial Plan updated as result. This has been considered by the Finance and Resource Committee. Specific proposals are considered through existing governance routes, or the Gold Command structure for rapid, tactical decisions, with regular updates to the Scottish Government through the LMP reporting process. The Scheduled Care Recovery Board also reviews and escalates any requirement for additional investment that does not require rapid approval through Gold Command.

Jacquie Campbell
Chief Officer, Acute Services
21st January 2021

Appendix 1 – Covid Impact on Performance

As previously reported the first wave of Covid, in line with Scottish Government requirements saw the ceasing of all non-urgent elective activity from 16th March last year. By the first peak of the pandemic 72,000 outpatient appointments and 3,000 inpatient & day case procedures had been cancelled within NHS Lothian, resulting in a significant backlog.

This along with the impact of a Covid second wave, Winter, continued reduced capacity and increased staff absence due to sickness or isolation, means that there were provisionally 35,601 patients waiting longer than 12 weeks for first new outpatient appointments at the end of December 20. This is the lowest figure since May 20 incl. but a 69% increase on March 20, when Covid cancellations began. Remobilisation plans have seen a month on month reduction in outpatients waiting more than 12 weeks since June 20, by >5,000 overall – please see appendix 2.

Provisionally, 8,902 inpatients were waiting longer than 12 weeks by end of December 20 – please see appendix 3.

First wave cancellations significantly increased waits for key diagnostic tests including Endoscopy (the largest portion of Gastroenterology Diagnostics) and Urology Diagnostics (Cystoscopy). Radiology CT and MRI waits have decreased considerably (from 1,049 to 200; and 2,070 to 420 respectively), since April 20. CT waits rose again in October, but have decreased in November to 200 and remain lower than July figures of 394. Radiology Ultrasound has continued to improve since May 20 from 2,668 to 330 in November, out-with an increase in October to 661. Please see appendices 4 & 5.

In terms of unscheduled care, all cause health & social care delays fell significantly in April 20 but have increased since. They do remain historically low for Lothian however, and in December 2020 were 31% lower than the same time last year (191 in December 2020, compared to 275 delays in December 2019).

The table below illustrates current performance for key unscheduled & scheduled care metrics:-

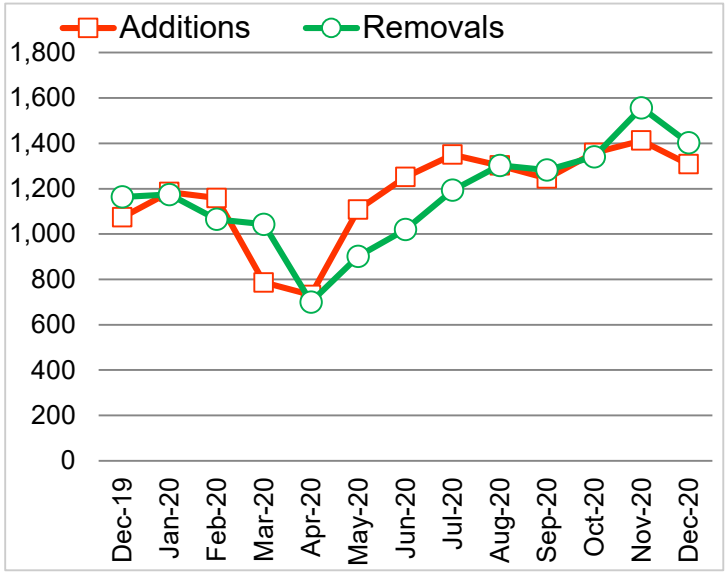
Metric		Dec 2020	Nov 2020	Oct 2020	Sept 2020	Target
Delayed Discharges	**Standard	120	122	152	166	95 by March 2021
	**Standard & Complex	191	203	212	212	-
4 Hour ED Waiting Time		83.4%	87.9%	89.5%	89.8%	95.0%
Outpatient >12 week waiting time [M]		*35,601[p]*	35,645	35,387	35,949	-
Treatment Time Guarantee [M]		*8,902[p]*	8,534	8,851	9,213	-
Cancer Waiting Times (31 day target) [M]		*98.9%[p]*	97.8%	96.9%	97.9%	95%
Cancer Waiting Times (62 day target) [M]		*85.9%[p]*	85.9%	89.0%	85.5%	95%

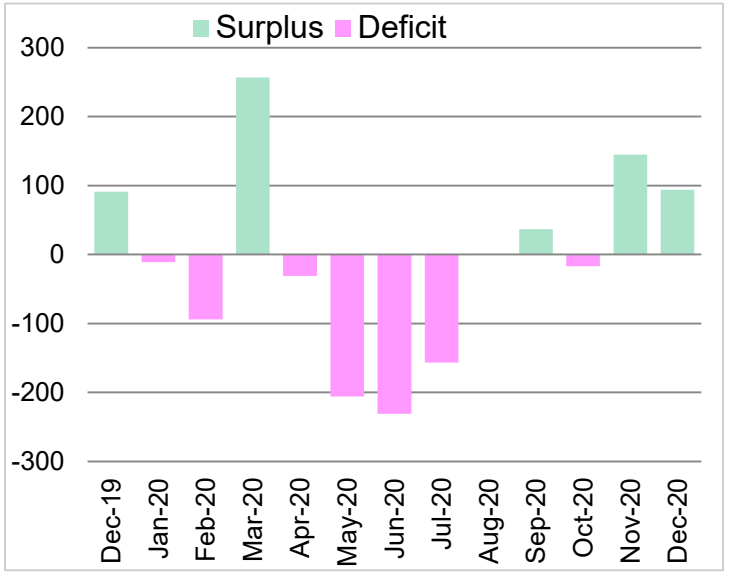
[M] Management information
[p] Provisional
** Standard (excl. code 9s and code 100s), Standard and Complex (incl. code 9s and code 100s)

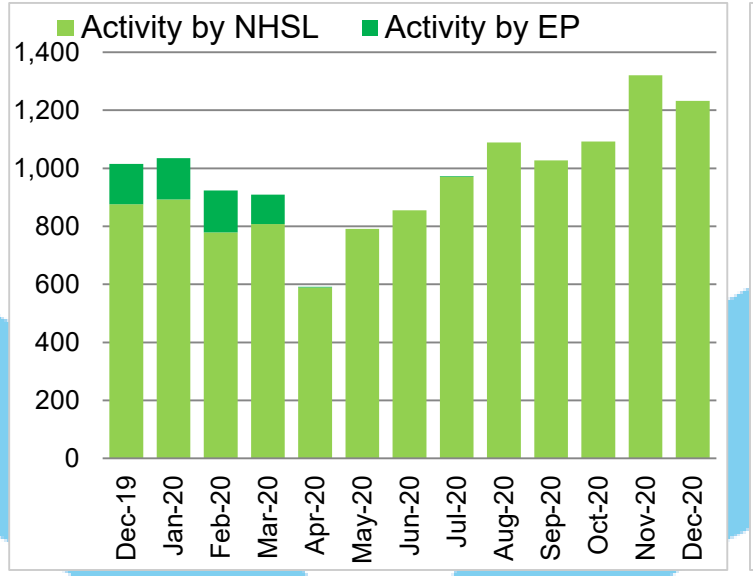
OP USoC

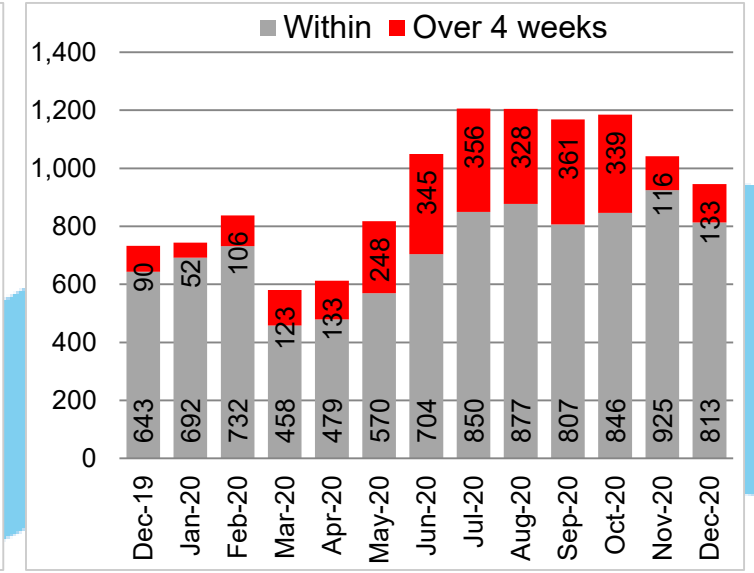
Appendix 1b -
Covid Impact on Performance – Long Waits, 'Wave' & Clinical Prioritisation

NHS Lothian









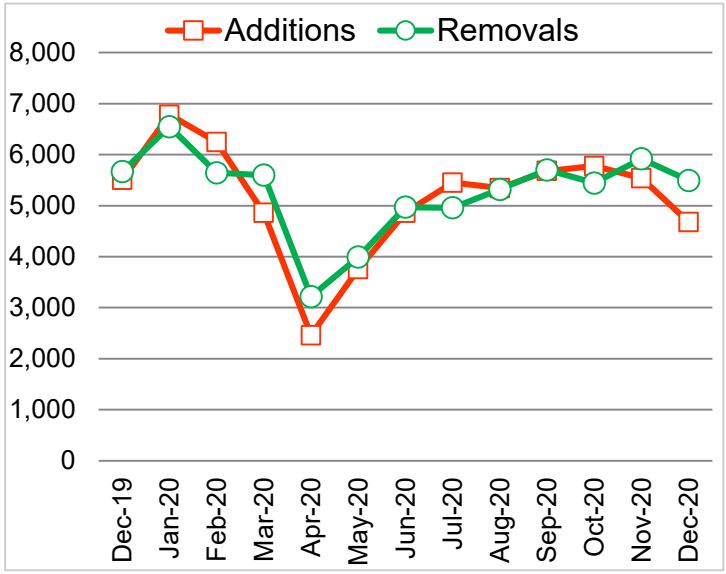
New OP
USoC Additions/Removals

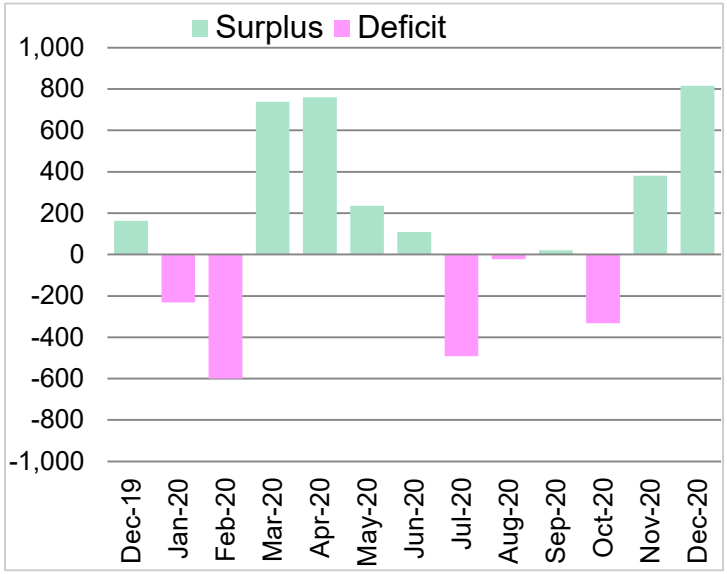
NHS Lothian

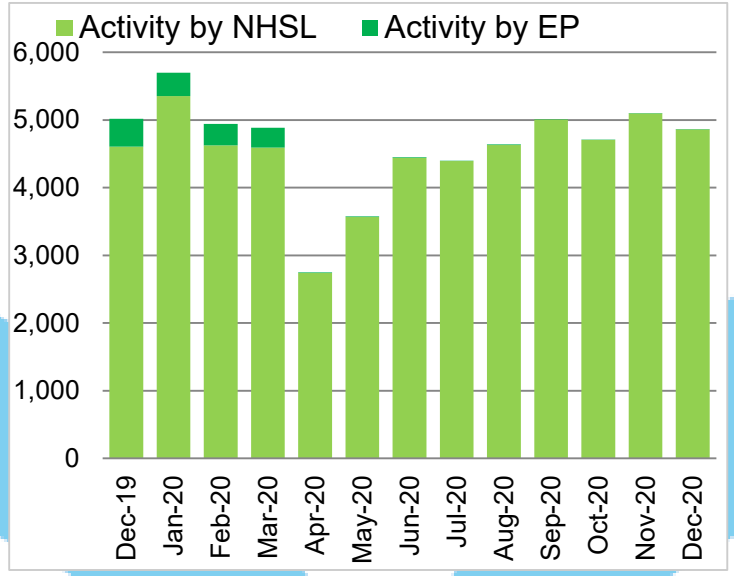
Cumulative gap since April

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Dermatology	-11	-73	-182	-251	-332	-314	-311	-190	-226
Breast	-14	32	11	-24	-63	-80	-109	-133	-59
Colorectal Surgery	-103	-270	-354	-326	-295	-211	-155	-71	-49
ENT	-29	-68	-73	-73	-14	-48	-41	-63	-31
Gynaecology	6	11	32	28	21	19	-10	-10	-19
OTHER	12	7	-9	-1		8	-3	-1	-27

OP Urgent


Additions
Removals
8,000
7,000
6,000
5,000
4,000
3,000
2,000
1,000
0
Dec-19
Jan-20
Feb-20
Mar-20
Apr-20
May-20
Jun-20
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20


Surplus
Deficit
1,000
800
600
400
200
0
-200
-400
-600
-800
-1,000
Dec-19
Jan-20
Feb-20
Mar-20
Apr-20
May-20
Jun-20
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20


Activity by NHSL
Activity by EP
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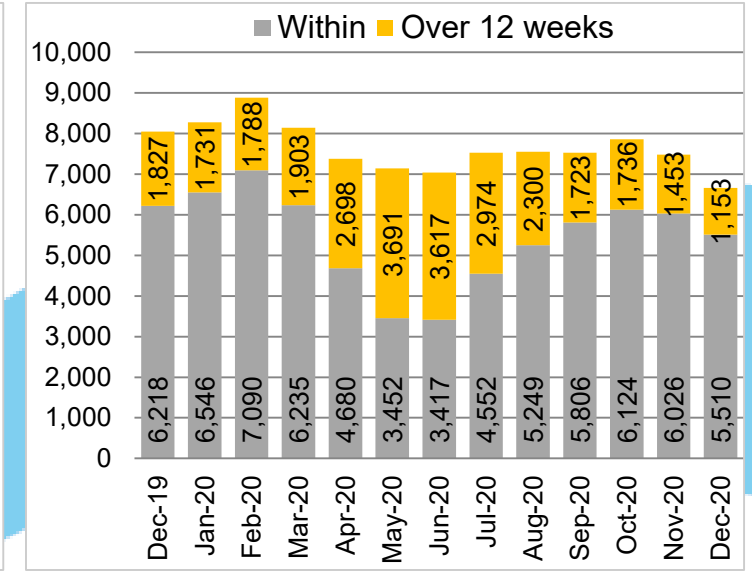
5,000
4,000
3,000
2,000
1,000
0
Dec-19
Jan-20
Feb-20
Mar-20
Apr-20
May-20
Jun-20
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20


Within
Over 12 weeks
10,000
9,000
8,000
7,000
6,000
5,000
4,000
3,000
2,000
1,000
0
1,827
1,731
1,788
1,903
2,698
3,691
3,617
2,974
2,300
1,723
1,736
1,453
1,153
6,218
6,546
7,090
6,235
4,680
3,452
3,417
4,552
5,249
5,806
6,124
6,026
5,510
Dec-19
Jan-20
Feb-20
Mar-20
Apr-20
May-20
Jun-20
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20

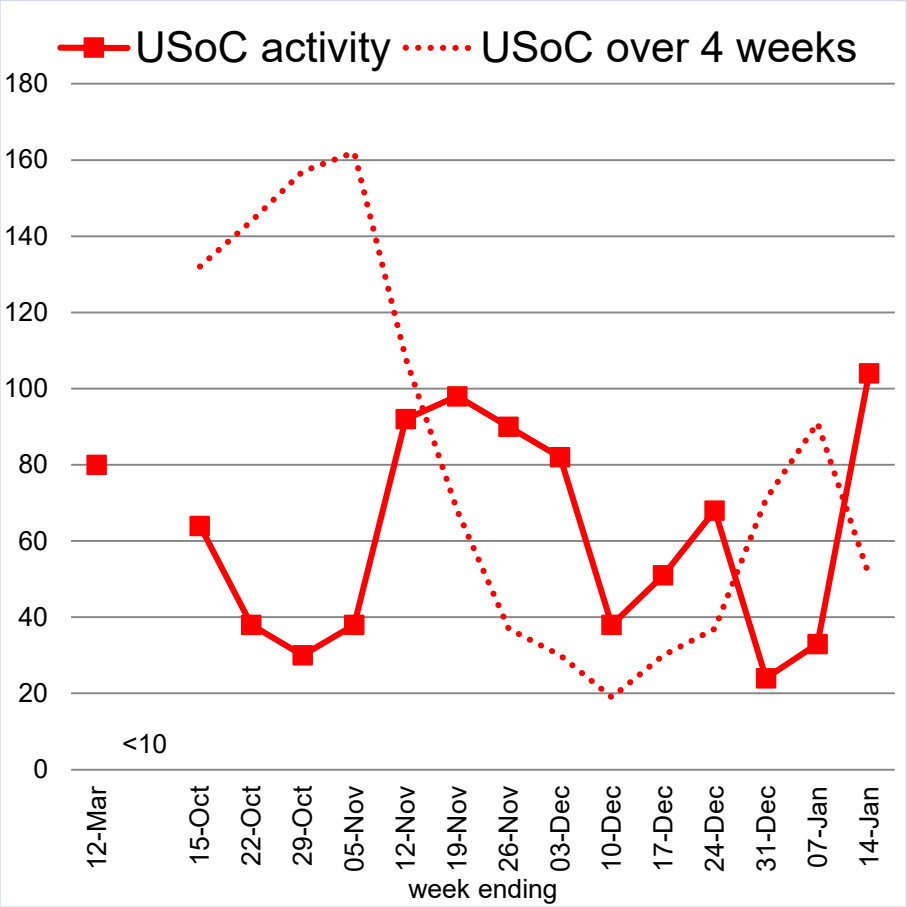
New OP
Urgent Additions/Removals

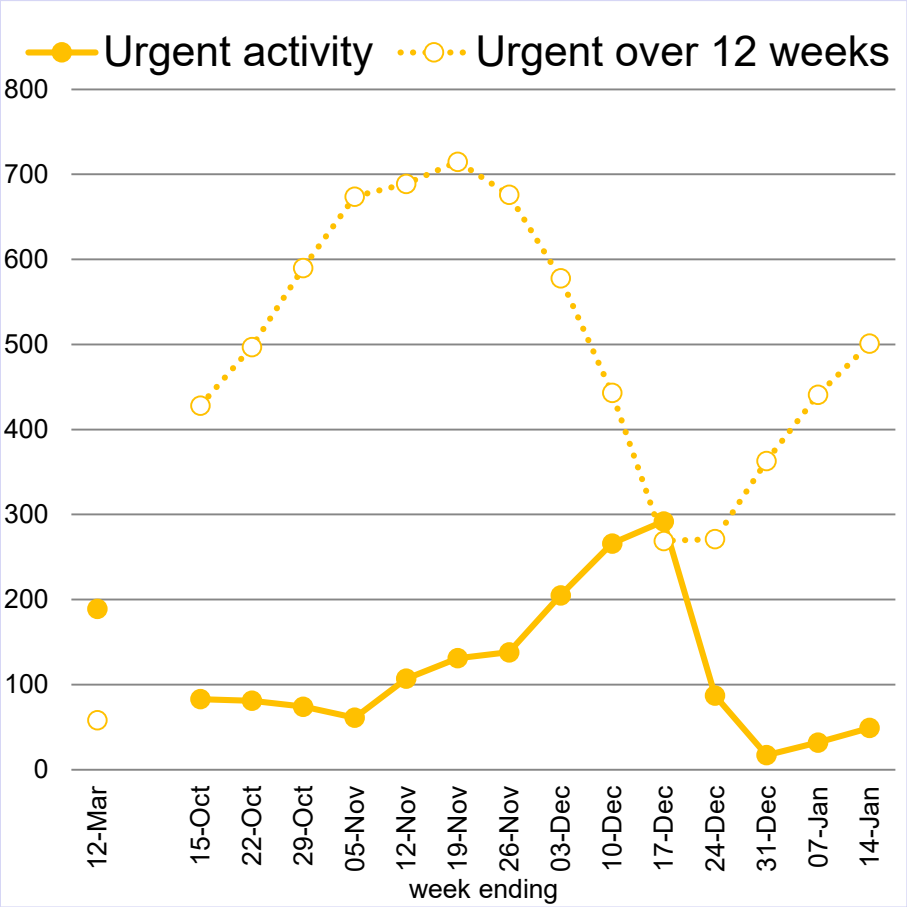
NHS Lothian

Cumulative gap since April

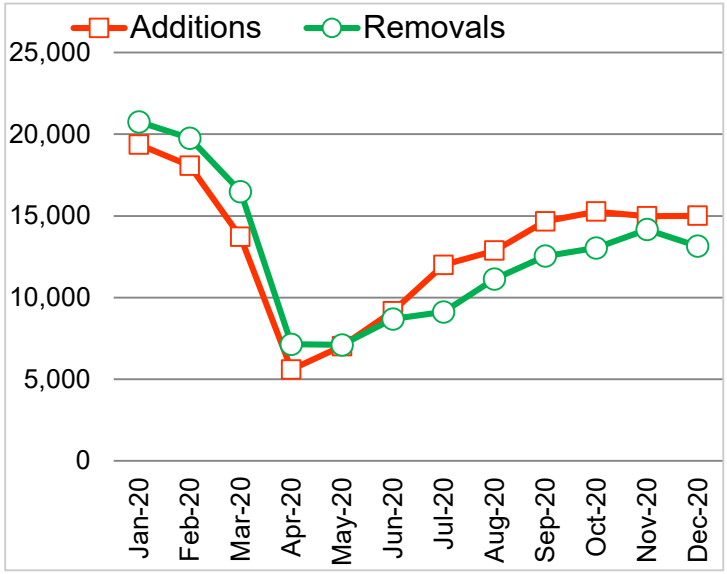
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Dermatology	-9	-207	-339	-783	-1,010	-1,309	-1,626	-1,527	-946
General Surgery		-33	-69	-42	-50	-37	-63	-97	-88
ENT	82	17	-2	-18	-2	-52	-71	-49	-36
Diabetes	8	-11	-16	-5	-8	-18	-27	-24	-34
Stroke Medicine	1	4	2	2	-3	-13	-11	-16	-22
Cardiology - RHSC	-1	-2	-4	-2	-6	-7	-5	-8	-10
Neurosurgery - RHSC	-2	-5	-3	-7	-6	-7	-12	-14	-10
OTHER SPECIALTIES	33		-8	-37	-133	-73	-45	-27	-47

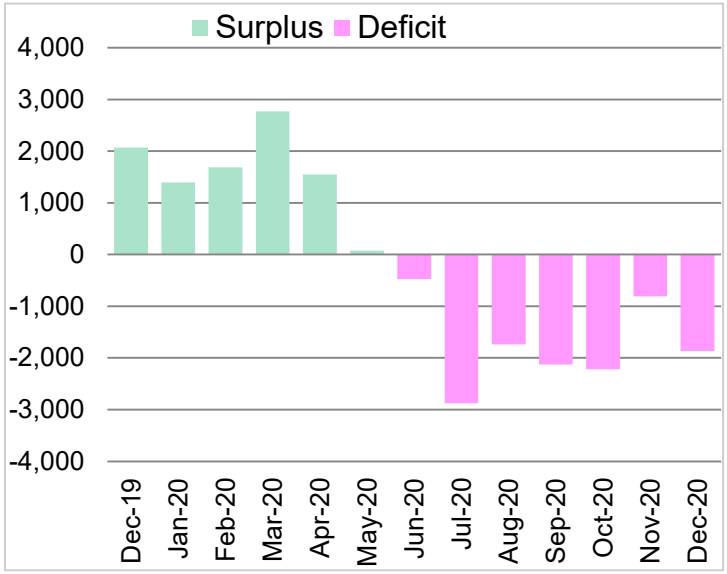
New OP Dermatology activity and performance





OP Routine


Additions
Removals
25,000
20,000
15,000
10,000
5,000
0
Jan-20
Feb-20
Mar-20
Apr-20
May-20
Jun-20
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20


Surplus
Deficit
4,000
3,000
2,000
1,000
0
-1,000
-2,000
-3,000
-4,000
Dec-19
Jan-20
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Apr-20
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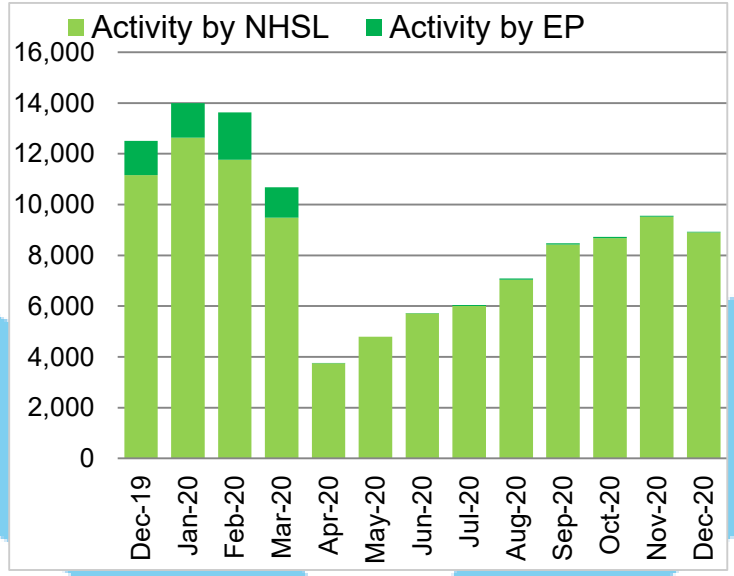
Jun-20
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20


Activity by NHSL
Activity by EP
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14,000
12,000
10,000
8,000
6,000
4,000
2,000
0
Dec-19
Jan-20
Feb-20
Mar-20
Apr-20
May-20
Jun-20
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20

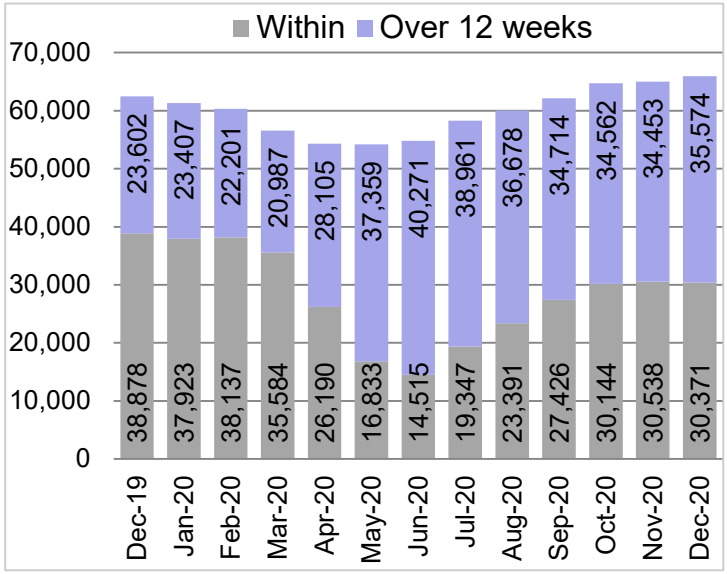
New OP Routine Additions/Removals

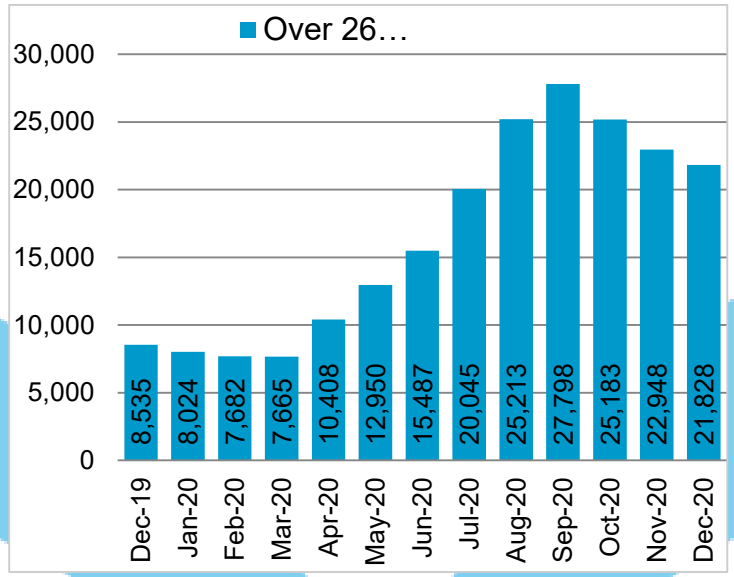
NHS Lothian

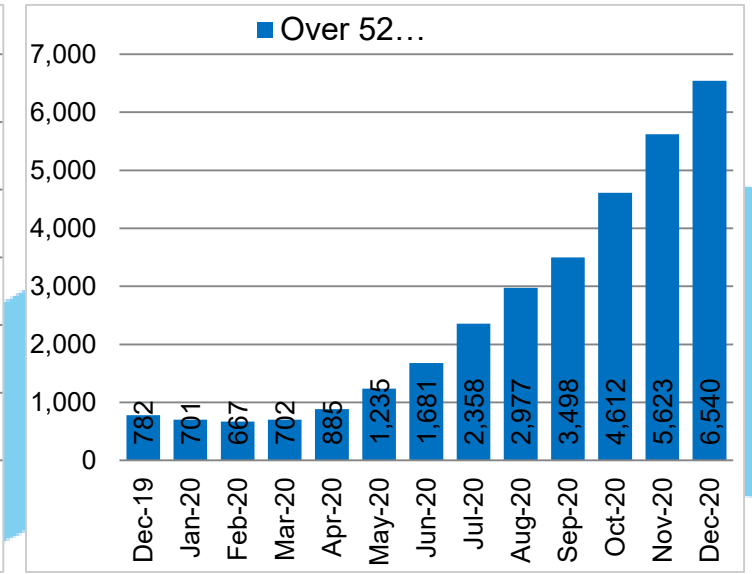
Cumulative gap since April

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Ophthalmology	-7	-91	-164	-810	-1,586	-2,348	-2,884	-3,161	-3,537
Dermatology	-137	-404	-592	-901	-1,236	-1,590	-2,008	-2,480	-3,273
ENT	-118	-288	-499	-793	-995	-1,212	-1,459	-1,607	-1,839
General Surgery	26	-118	-284	-422	-509	-513	-656	-736	-816
OMFS	-9	-22	-42	-114	-218	-333	-441	-584	-728
Colorectal Surgery	34	24	-54	-91	-90	-267	-439	-572	-679
Gynaecology	212	135	16	-70	-15	-167	-489	-577	-647
Paediatric Surgery	-16	-30	-109	-186	-261	-294	-373	-411	-480
Gastroenterology	-27	-75	-72	-223	-213	-357	-379	-396	-464
Rheumatology	49		-80	-202	-318	-414	-384	-373	-410
Fertility & Rep Endo	-43	-48	-90	-122	-151	-295	-379	-412	-402
T&O	220	-179	-358	-781	-682	-661	-525	-488	-292
Plastic Surgery	-62	-184	-329	-355	-423	-436	-357	-266	-170
ENT - RHSC	-15	-31	-55	-74	-116	-118	-129	-133	-147
Resp Med - RHSC	15	30	15	17	1	9	-15	-81	-114
OTHER	156	61	-50	-366	-556	-719	-862	-658	-623

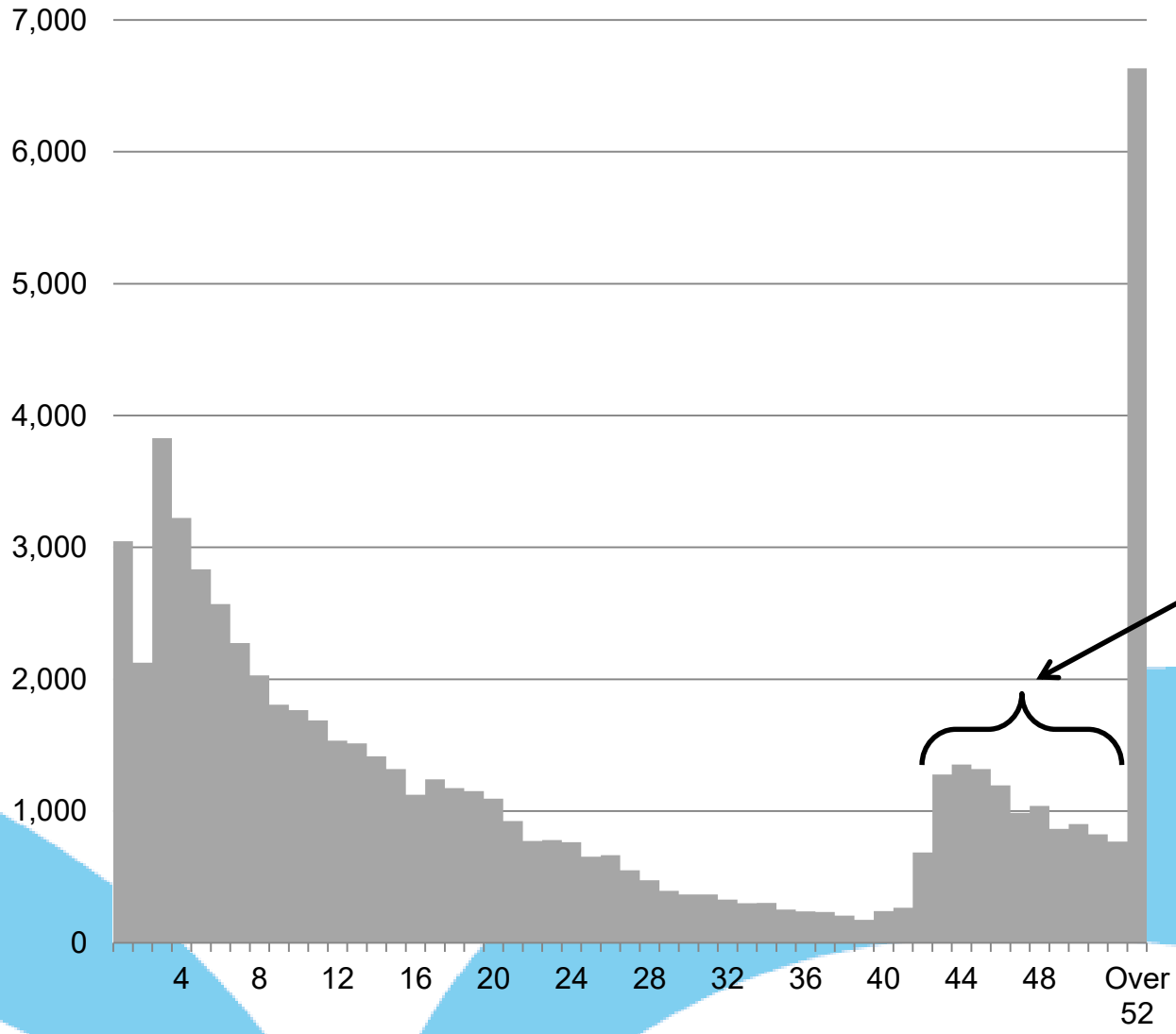
OP all priorities







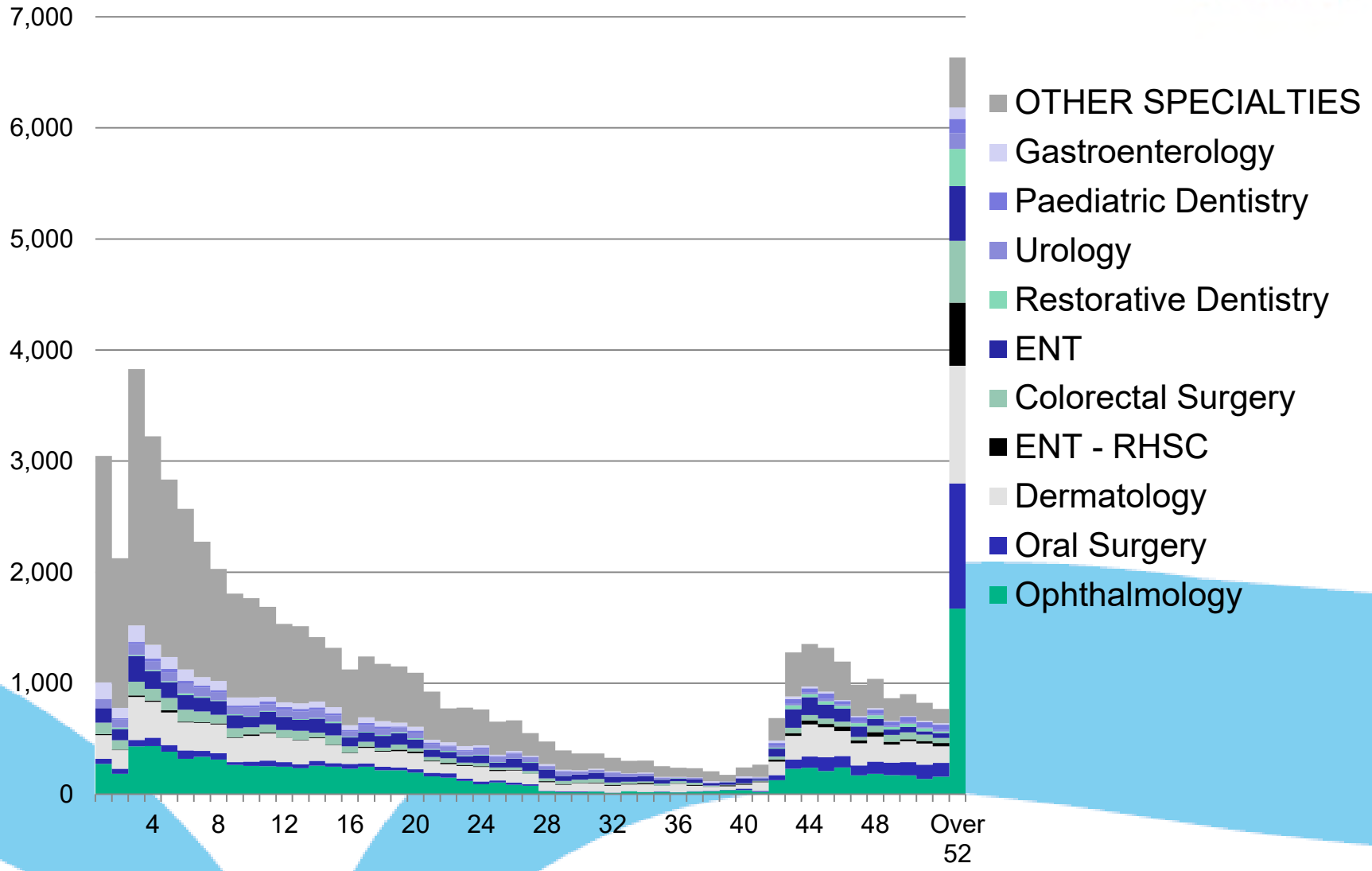
New OP waiting list



10 weeks is the end of March

New OP waiting list

Top 10 specialties with over 52 weeks



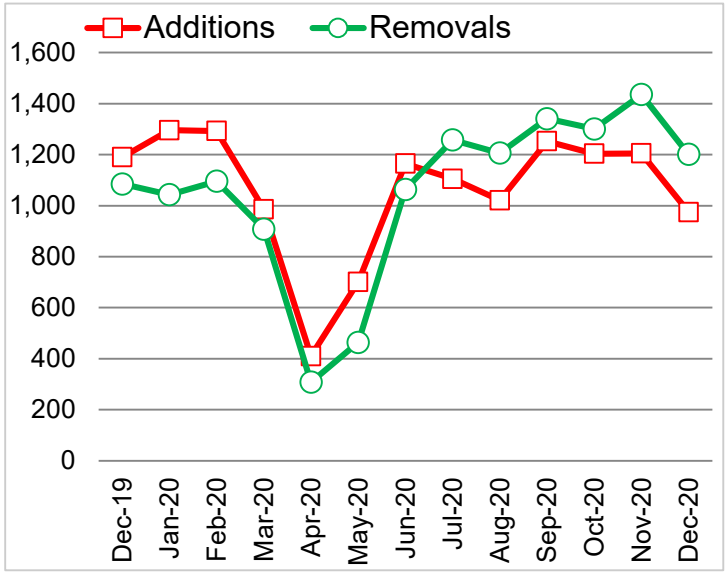
New OP waiting list

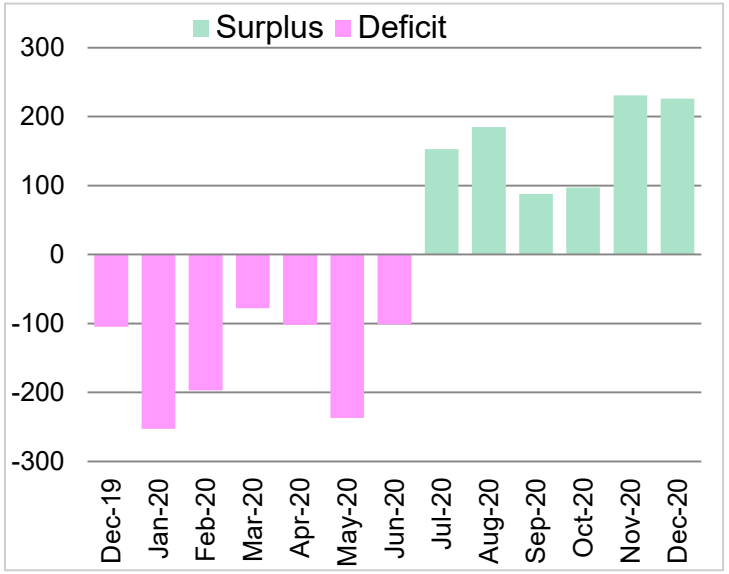
Estimated patients over 52 at end of March

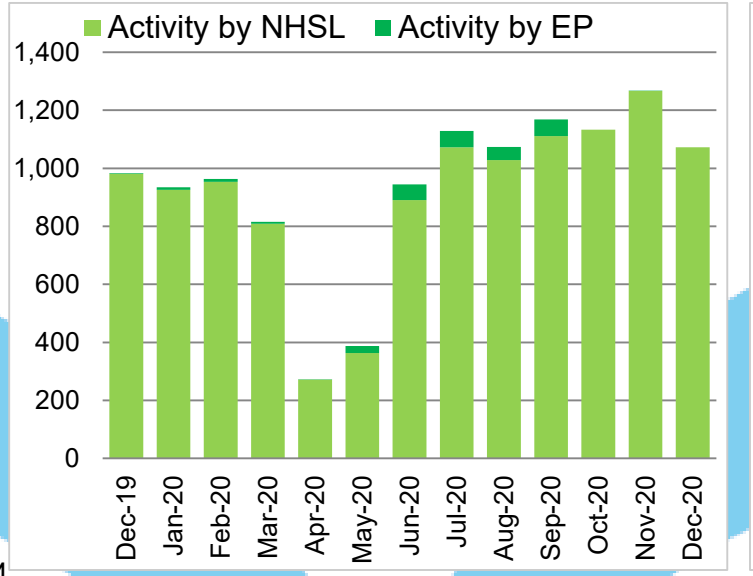
	Current total - over 52 weeks	Current total - 43 to over 52 weeks	10 weeks' of Routine activity*	Difference - estimated over 52 at end March
Ophthalmology	**1,672**	**3,586**	1,071	2,515
Oral Surgery	**1,127**	**2,219**	418	1,801
Dermatology	**1,059**	**3,166**	129	3,037
ENT - RHSC	**567**	**869**	36	833
Colorectal Surgery	**558**	**1,057**	244	813
ENT	**493**	**1,392**	385	1,007
Restorative Dentistry	**335**	**606**	137	469
Urology	**142**	**278**	537	
Paediatric Dentistry	**129**	**549**	174	375
Gastroenterology	**102**	**233**	547	
OTHER	**450**	**3,205**		
Total	**6,634**	**17,160**		

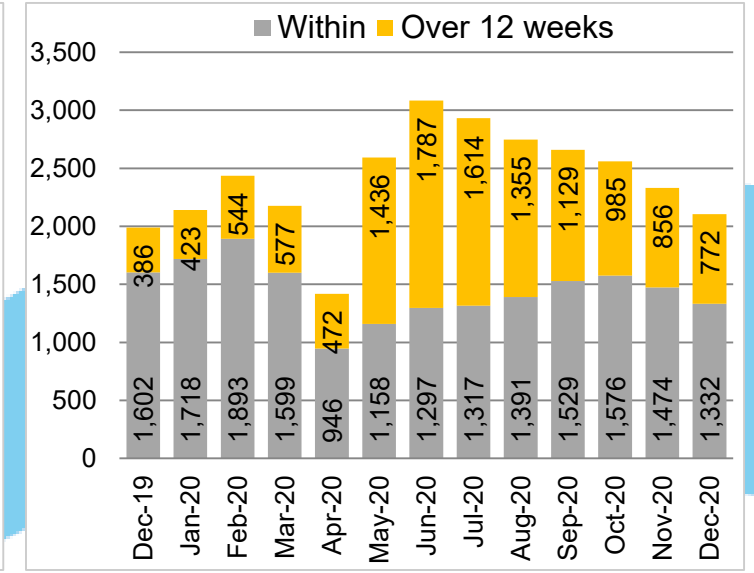
* Routine activity in the most recent 10 weeks prior to Christmas

IPDC Urgent

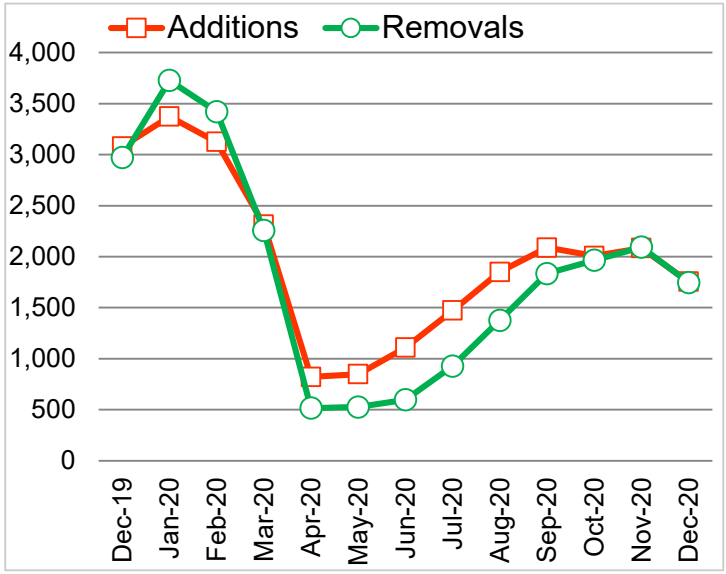

Additions
Removals
1,600
1,400
1,200
1,000
800
600
400
200
0
Dec-19
Jan-20
Feb-20
Mar-20
Apr-20
May-20
Jun-20
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20

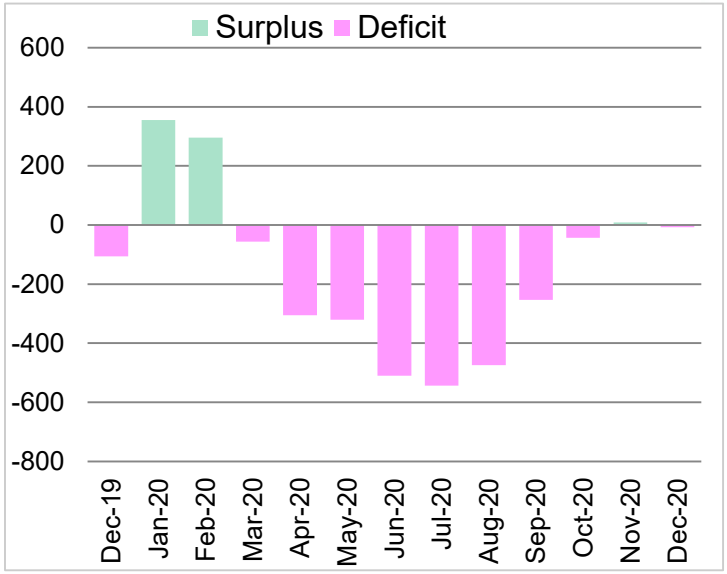

Surplus
Deficit
300
200
100
0
-100
-200
-300
Dec-19
Jan-20
Feb-20
Mar-20
Apr-20
May-20
Jun-20
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20

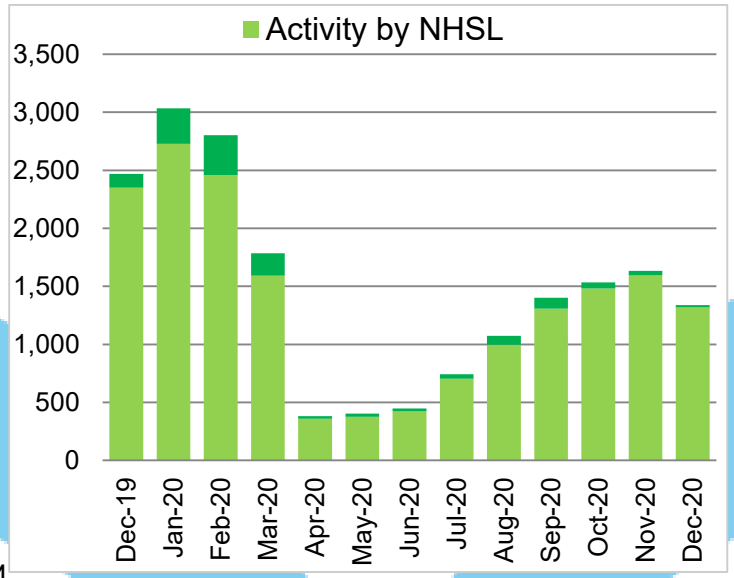

Activity by NHSL
Activity by EP
1,400
1,200
1,000
800
600
400
200
0
Dec-19
Jan-20
Feb-20
Mar-20
Apr-20
May-20
Jun-20
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20


Within
Over 12 weeks
3,500
3,000
2,500
2,000
1,500
1,000
500
0
1,602
386
1,718
423
1,893
544
1,599
577
946
472
1,158
1,436
1,297
1,787
1,317
1,614
1,391
1,355
1,529
1,129
1,576
985
1,474
856
1,332
772
Dec-19
Jan-20
Feb-20
Mar-20
Apr-20
May-20
Jun-20
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20

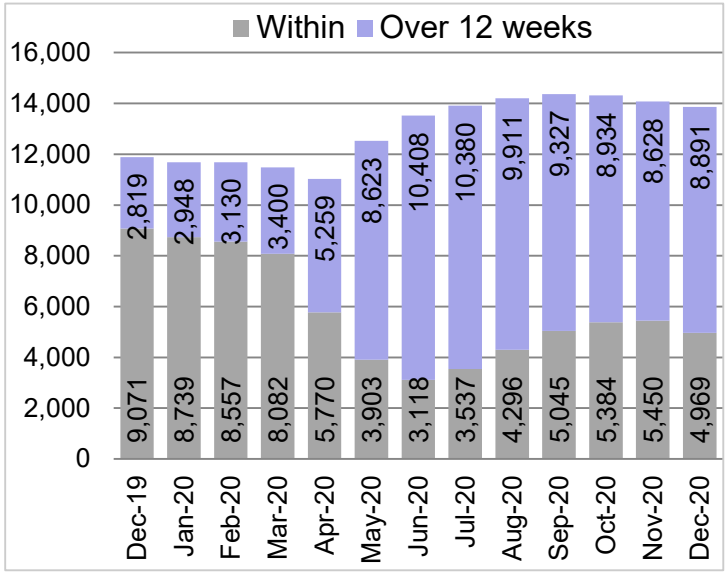
IPDC Routine

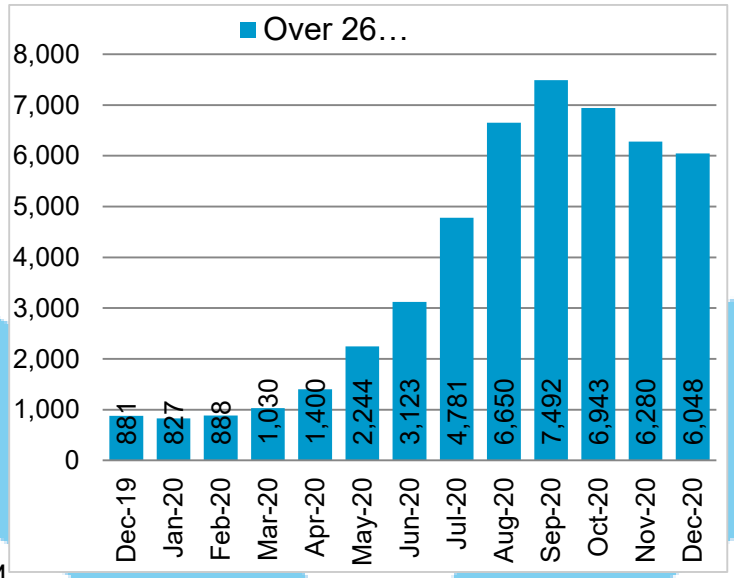


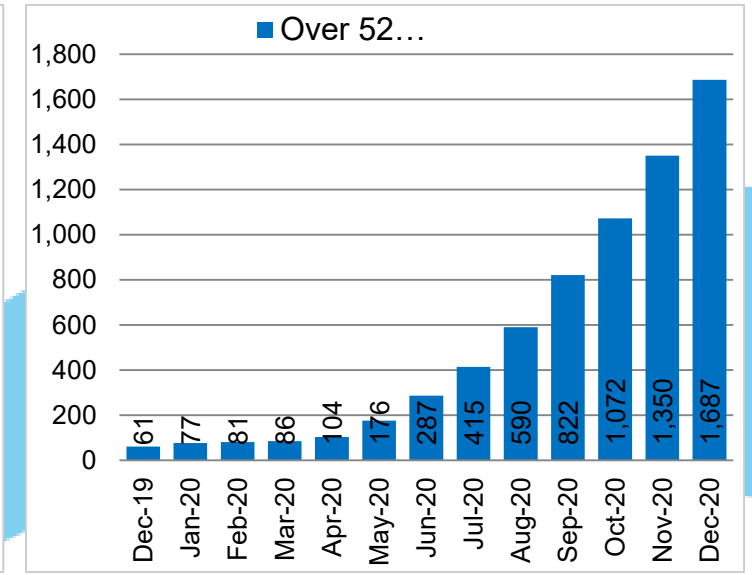




IPDC all priorities







Appendix 2 - Outpatients

Outpatient performance is detailed below in terms of patients waiting over 12 weeks for a new outpatient appointment:-

	Jun 19	Sep 19	Dec 19	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20 - *provisional*
NHSL OP >12 Wk Performance	**24,307**	**25,529**	**23,274**	**21,098**	**28,312**	**37,758**	**40,671**	**39,604**	**37,736**	**35,949**	**35,837**	**35,645**	*35,601*
OP Trajectory	26,269	25,051	20,393	18,100	-	-	-	-	-	-	-	-	-
Difference	-1,962	478	2,881	2,998	-	-	-	-	-	-	-	-	-

Please note that data provided above are management information and so may differ from published statistics

Additions to and Removals from the waiting list decreased in April although Removals to a lesser extent. Pent up demand has seen increasing additions month on month from May, with Removals also increasing but to a slightly lesser extent due to reduced capacity arising from physical distancing and infection control measures:-

	Dec 19	Feb 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20
Additions	22,858	25,477	8,775	11,884	15,266	18,793	19,531	21,592	22,384	21,881	20,763
Removals	25,178	26,471	11,059	11,989	14,670	15,271	17,755	19,521	19,825	21,650	20,163

Management Information

Urgent and USoC activity has increased to over February's levels:-

	Dec 19	Feb 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20
Urgent activity	4,608	4,624	2,738	3,567	4,438	4,394	4,632	5,008	4,707	5,096	4,890
USoC activity	876	779	589	791	855	971	1,089	1,027	1,092	1,320	1,240

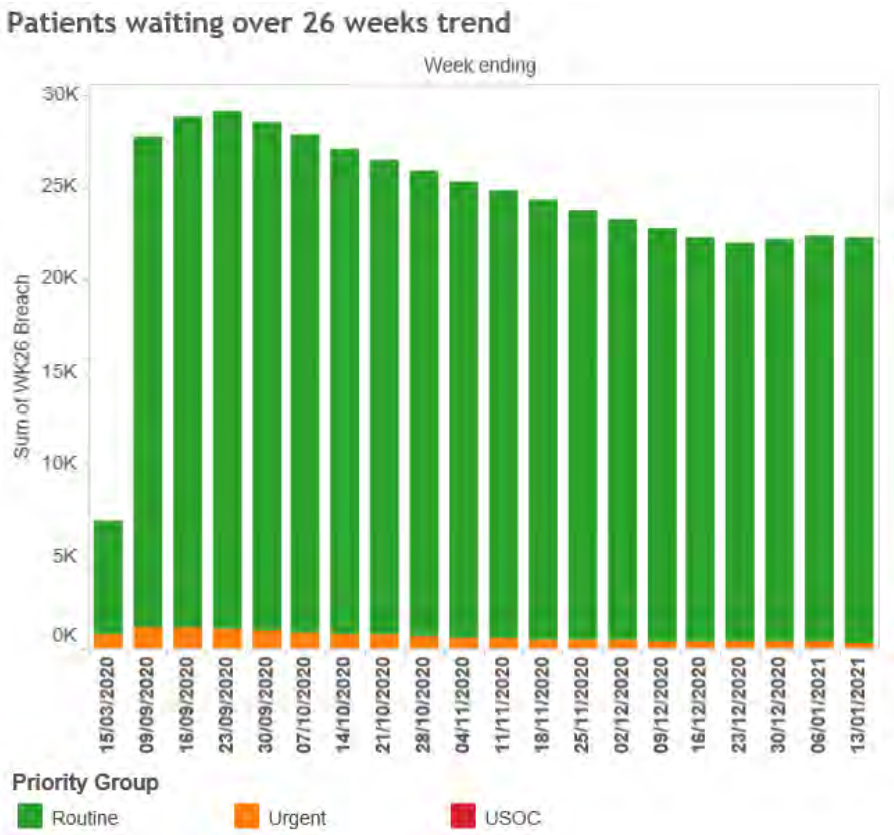
Management Information

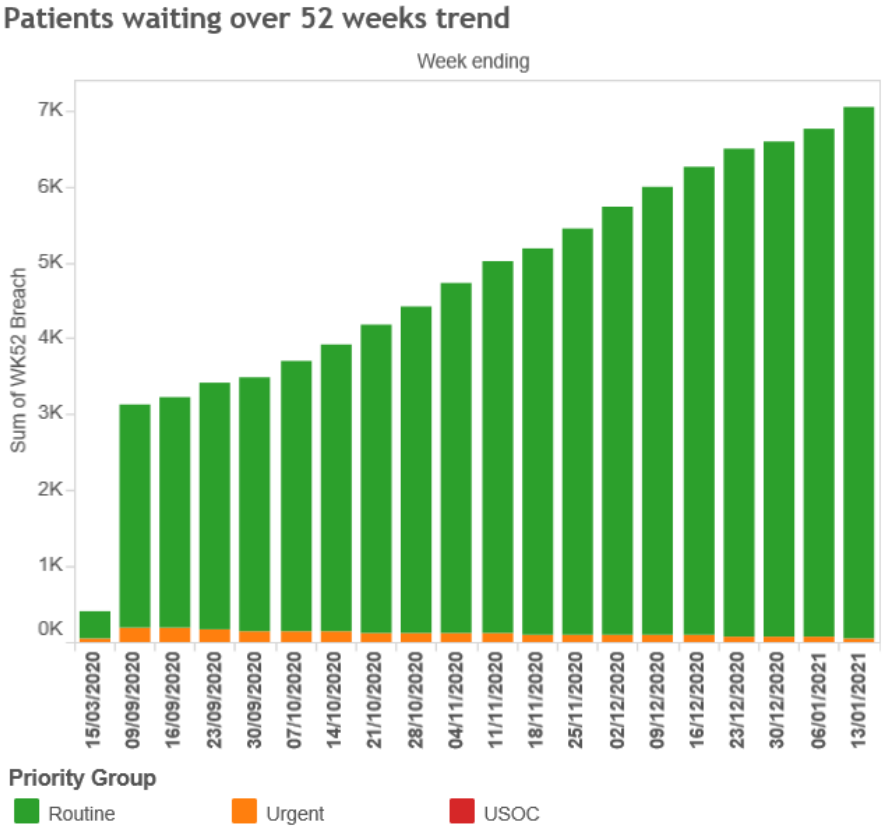
There has been a significant increase in virtual and telephone, alongside face to face Acute & AHP consultations:-

	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20
Near Me & Other Virtual – New & Return patients	1,645	2,657	4,293	4,184	3,912	4,576	4,550	5,195	3,739
Telephone – New & Return patients	4,710	10,124	13,176	14,566	14,320	14,967	15,467	17,181	15,955
F2F – New & Return patients	61,486	68,348	83,752	93,487	95,214	110,225	118,596	121,058	133,150

Management Information

Outpatient urgent and routine long waits over 26 weeks are reducing after peaking in September though there has been an increase over the festive period. Long waits over 52 weeks continue to increase as the second wave of Covid continues to impact capacity – please see below:-





USoC long waits are however continuing to reduce for both over 26 and 52 week waits.

Appendix 3 – Inpatients/ Day cases (TTG)

IPDC performance is detailed below, in terms of patients waiting over 12 weeks for an Inpatient or Day case procedure:-

	Jun 19	Sep 19	Dec 19	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	*Dec 20 - provisional*
NHSL TTG (IPDC) >12 Wk Performance	**2,622**	**2,788**	**2,753**	**3,404**	**5,750**	**8,638**	**10,233**	**10,225**	**9,801**	**9,213**	**8,851**	**8,534**	*8,902*
TTG (IPDC) Trajectory	2,839	3,190	2,922	3,100	3,141	3,028	2,900	2,873	2,959	2,917	2,856	2,844	*2,737*
Difference	-217	-402	-169	304	2,609	5,610	7,333	7,352	6,842	6,296	5,995	5,690	*6,165*
% of all patients seen, seen within the Treatment Time Guarantee	74.7%	74.2%	77.3%	80.2%	95.2%	89.2%	76.6%	63.8%	57.1%	57.4%	59.6%	61.9%	-

Please note that data provided above are management information and so may differ from published statistics
Performance figures are *Ongoing* Waits

Additions to and Removals from the waiting list decreased in April. Pent up demand has seen increased additions month on month since then, with Removals also increasing, albeit to a slightly lesser extent due as a result of reduced capacity through physical distancing, and implementation of infection control measures:-

	Dec 19	Feb 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20
Additions	4,270	4,419	1,497	1,741	2,272	2,579	2,873	3,344	3,215	3,303	3,060
Removals	4,057	4,518	1,031	1,122	1,661	2,187	2,581	3,176	3,269	3,528	2,954

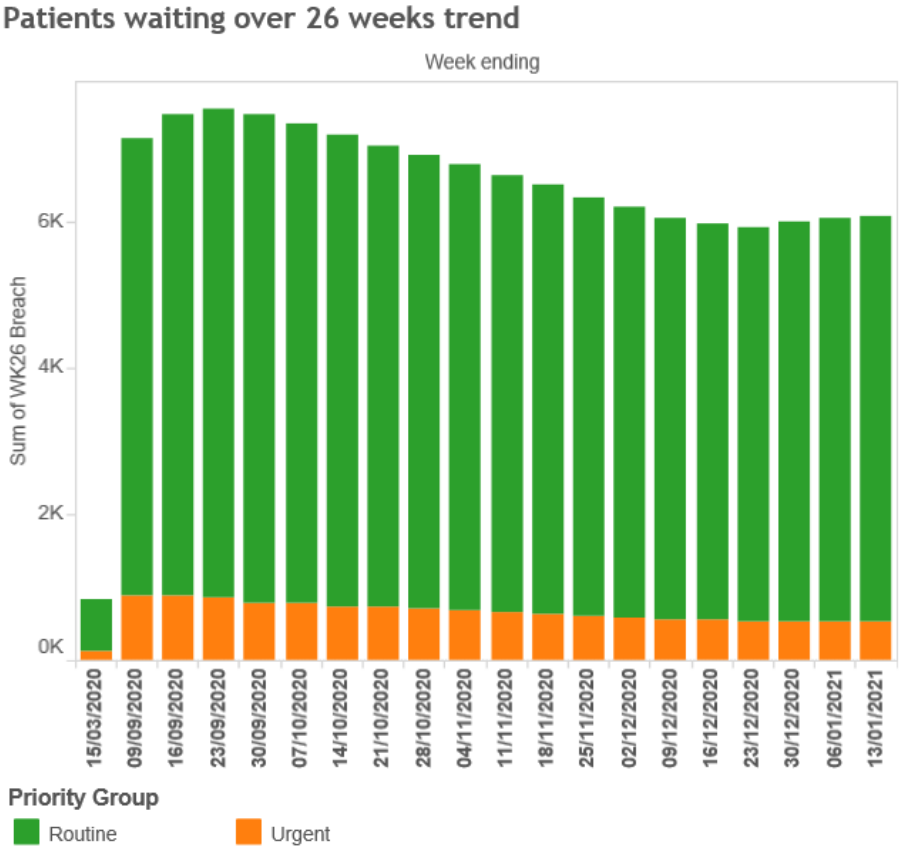
Management Information

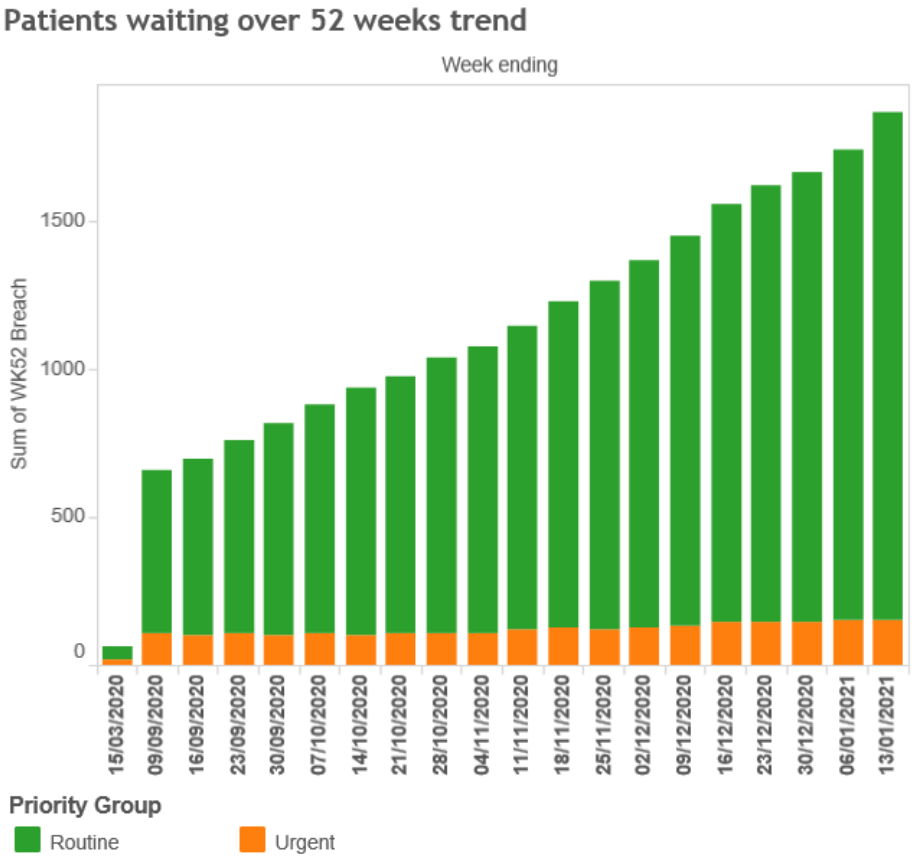
Urgent activity has increased beyond February 20 levels:-

	Dec 19	Feb 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20
Urgent activity	981	953	424	465	890	1,072	1,028	1,111	1,133	1,265	1,071

Management Information

Inpatient and daycase urgent and routine long waits over 26 weeks were reducing again after peaking in September, though during and following the festive period there has been an increase again. Both routine and urgent long waits over 52 weeks are increasing, as they will continue to do as the second wave of Covid continues to impact capacity – please see below:-





Appendix 4 - Covid Impact on Diagnostics

Gastroenterology diagnostic performance is detailed below, in terms of patients waiting over 6 weeks for a diagnostic procedure:-

	Jun 19	Sep 19	Dec 19	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20
Upper Endoscopy	625	374	792	1,276	1,823	1,909	1,871	1,759	1,816	1,895	1,851	1,728
Colonoscopy	933	521	879	884	1,406	1,517	1,476	1,325	1,372	1,412	1,416	1,172
Flexible Sigmoidoscopy (Lower Endoscopy)	340	297	332	331	464	502	503	517	556	603	590	547
Gastroenterology Diagnostic Performance	1,898	1,192	2,003	2,491	3,693	3,928	3,850	3,601	3,744	3,910	3,857	3,447

Urology diagnostic performance is detailed below, in terms of patients waiting over 6 weeks for a diagnostic procedure:-

	Jun 19	Sep 19	Dec 19	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20
Flexible Cystoscopy (Urology Diagnostic) Performance	323	340	362	599	765	792	846	896	877	913	979	995

Radiology diagnostic performance is detailed below, in terms of number of patients waiting over 6 weeks for a radiology scan:-

Specialty Radiology - CT Lothian	Jun 19	Sep 19	Dec 19	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20
CT Performance	101	112	97	203	1,049	1,000	743	394	219	194	273	200
Trajectory >6 weeks	100	40	0	0	200	200	100	100	100	100	100	100
Difference	1	72	97	203	849	800	643	294	119	94	173	100

Specialty Radiology - MRI Lothian	Jun 19	Sep 19	Dec 19	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20
MRI Performance	87	260	588	448	2,070	1,973	1,329	987	652	512	501	420
Trajectory >6 weeks	150	150	0	0	500	400	300	300	200	150	150	150
Difference	-63	110	588	448	1,570	1,573	1,029	687	452	362	351	270

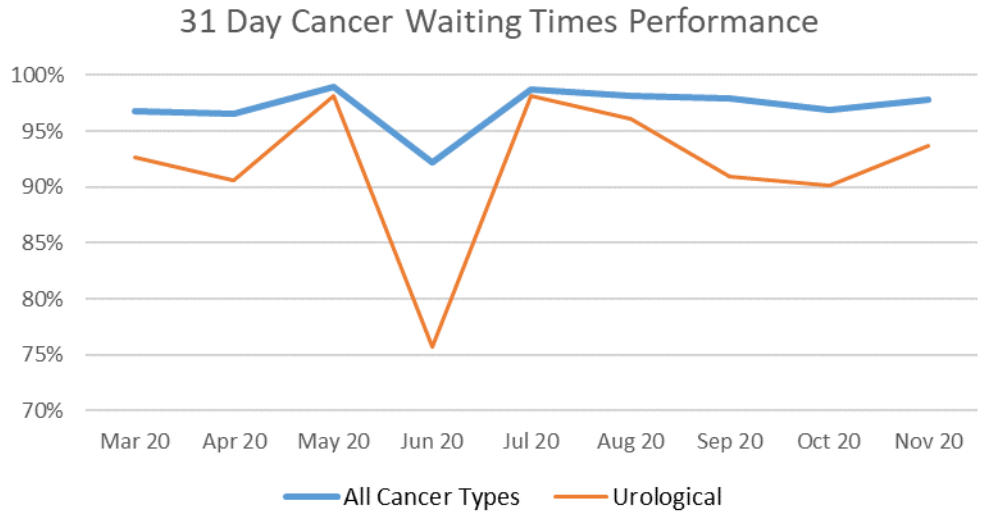
Specialty Radiology - General Ultrasound (not Vasc)	Jun 19	Sep 19	Dec 19	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20
General Ultrasound Performance	<10	<10	<10	<10	2,565	2,668	1,879	1,039	602	594	661	330
Trajectory >6 weeks	10	0	0	0	0	0	0	0	0	0	0	0
Difference	<-10	<10	<10	<10	2,565	2,668	1,879	1,039	602	594	661	330

There were 0 breaches for Barium Studies in Nov 20 (5 breaches in total across 2019/20).

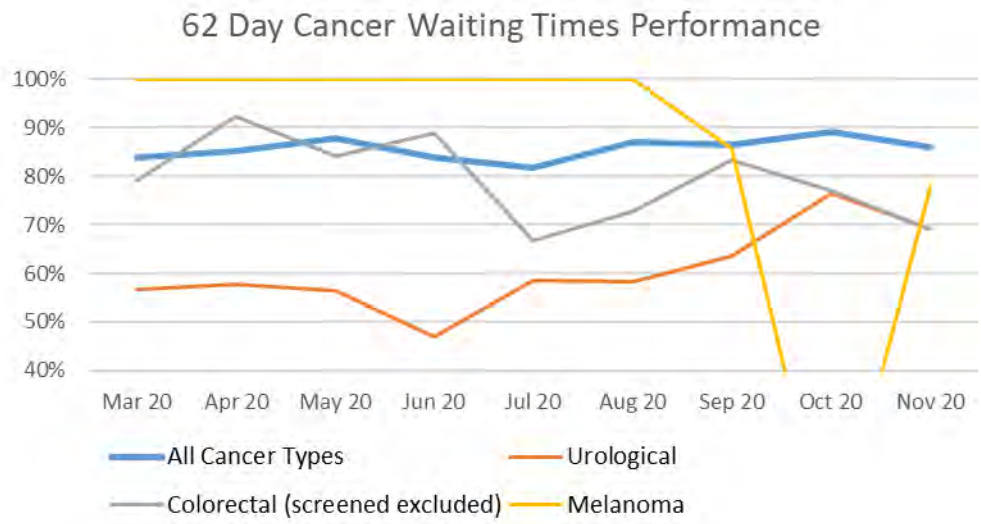
Appendix 5 - Covid Impact on Cancer Performance –

The following tables detail 31 and 62 day cancer performance against trajectory using management information. Please note that data provided are snapshots of management information and may be refreshed/differ from published statistics:-

31 Day performance, by Tumour Group, where under 95% for most recent month	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	*Dec 20 - provisional*
Urological	92.6%	90.6%	98.1%	75.7%	98.1%	96.1%	90.9%	90.1%	93.7%	-
All Cancer Types	**96.8%**	**96.5%**	**99.0%**	**92.2%**	**98.7%**	**98.1%**	**97.9%**	**96.9%**	**97.8%**	***98.9%***



62 Day performance, by Tumour Group, where under 95% for most recent month (or previous month, where 'n/a' this month)										
	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	*Dec 20 - provisional*
Urological	56.8%	57.8%	56.5%	46.9%	58.6%	58.3%	63.6%	76.5%	69.0%	-
Colorectal (screened excluded)	79.2%	92.3%	84.2%	88.9%	66.7%	72.7%	83.3%	76.9%	69.0%	-
Colorectal (screened only)	50.0%	50.0%	40.0%	0.0%	0.0%	50.0%	100.0%	0.0%	n/a	-
Melanoma	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	85.7%	0.0%	77.8%	-
Cervical (screened excluded)	100.0%	50.0%	100.0%	100.0%	n/a	0.0%	66.7%	n/a	n/a	-
Cervical (screened only)	n/a	n/a	100.0%	0.0%	0.0%	n/a	n/a	0.0%	n/a	-
All Cancer Types	**83.8%**	**85.2%**	**87.8%**	**83.9%**	**81.8%**	**87.0%**	**86.5%**	**89.0%**	**85.9%**	***85.9%***



Appendix 6 - Unscheduled Care Data Emergency Department Performance, Attendance & Admission

4EAS performance

Performance against the 4hour Emergency Access Standard has decreased over recent months due to a number of factors including increasing attendances, maintaining covid red and amber streams, increased covid positive admissions, implementing physical distancing requirements within hospitals resulting in a reduced bed base and increasing delays. However, performance in December 2020 was 3% higher than December 2019. Chart 1 below shows 4EAS performance for NHS Lothian and Table 1 beneath shows the December figures for 4EAS by Site.

Chart 1: NHS Lothian 4 hour Emergency Access Standard Performance Jan 19 – Dec 20

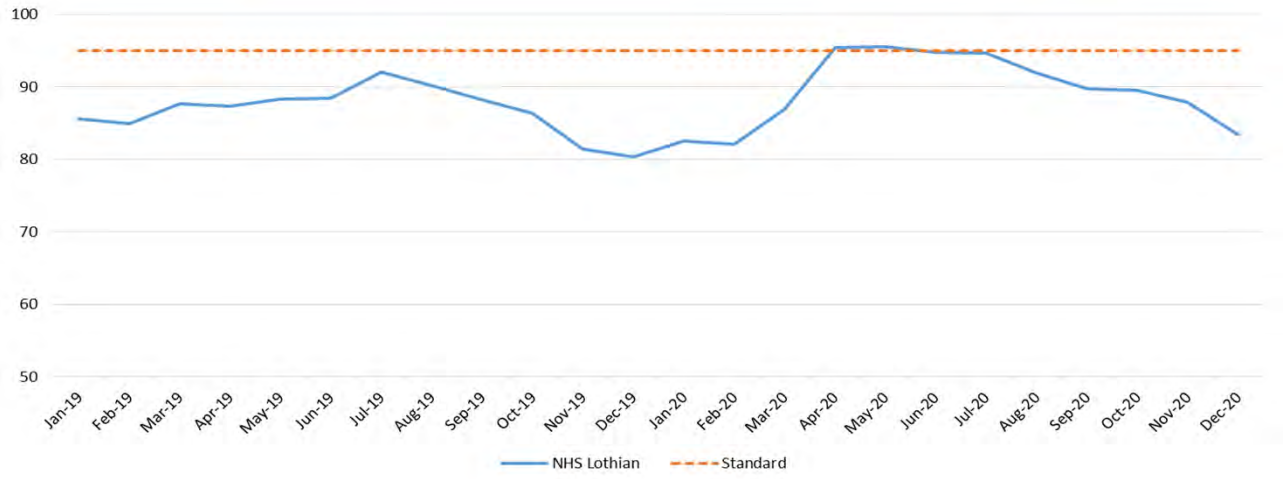


Table 1: 4 hour Emergency Access Standard Dec 19 vs Dec 20

	Dec 19	Dec 20	Difference
Royal Infirmary of Edinburgh	73.8%	77.1%	3.3%
Western General Hospital	76.2%	81.4%	5.2%
St John's Hospital	83.0%	87.4%	4.4%
Royal Hospital for Sick Children	95.3%	97.3%	2.0%
NHS Lothian	**80.3%**	**83.3%**	**3.0%**

8 and 12 Hour Breaches

8 and 12 hour breaches declined significantly over the early stages of the Covid pandemic to some of the lowest levels for over a year. However 8 and 12 hour breaches are increasing again, as shown in charts 2 and 3 below.

Chart 2: NHS Lothian 8 hour Breaches Jan 18 – Dec 20

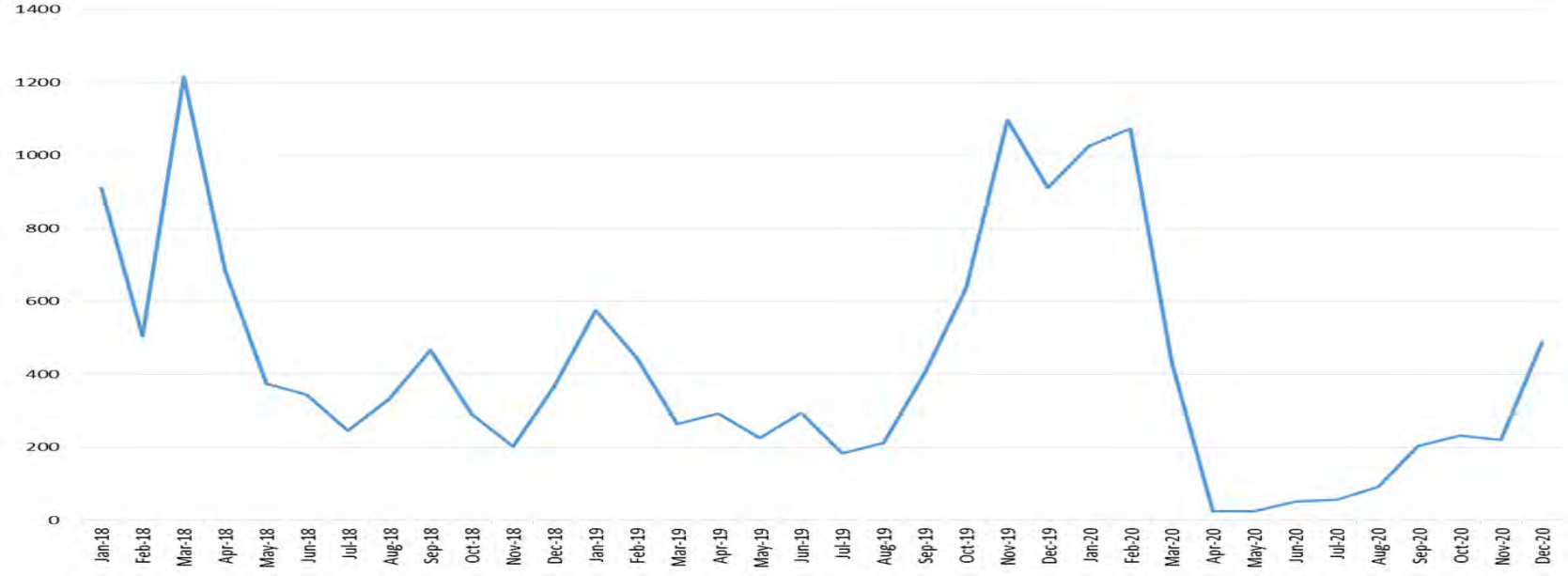


Table 2: *8 Hour Breaches Dec 19 vs Dec 20, by site

	Dec-19	Dec-20	Difference
Royal Infirmary of Edinburgh	559	338	221
Western General Hospital	217	57	160
St John's Hospital	126	93	33
Royal Hospital for Sick Children	<10	0	<10
NHS Lothian	**>900**	**488**	**>400**

*includes 8 hour breaches that went onto to become 12 hour breaches

Chart 3: NHS Lothian 12 hour Breaches Jan 18 – Dec 20

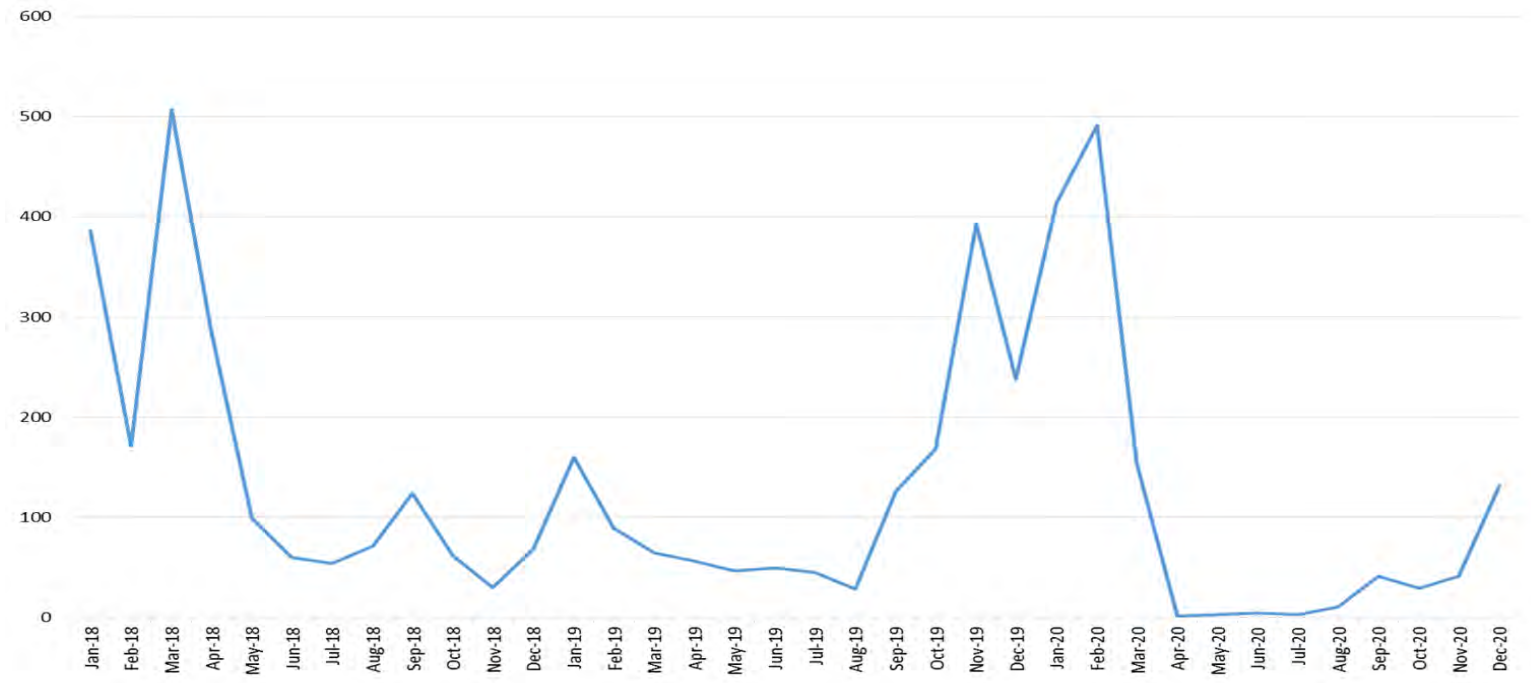


Table 3: 12 Hour Breaches Dec 19 vs Dec 20, by site

	Dec-19	Dec-20	Difference
Royal Infirmary of Edinburgh	138	85	53
Western General Hospital	72	20	52
St John's Hospital	27	26	1
Royal Hospital for Sick Children	<10	0	<10
NHS Lothian	**>235**	**131**	**>104**

Attendances

Attendances decreased significantly at the beginning of the Covid pandemic. These began to rise over the summer to 20,982 monthly attendances in August 2020 (average monthly attendances in 12 months prior to covid was 24,026) and have since declined to a monthly attendance of 16,860 in December 2020. Attendances in December were decreased by 28% compared to December 2019, which is predominantly due to the lockdown restrictions.

Chart 4: NHS Lothian Attendances Jan 20 – Dec 20

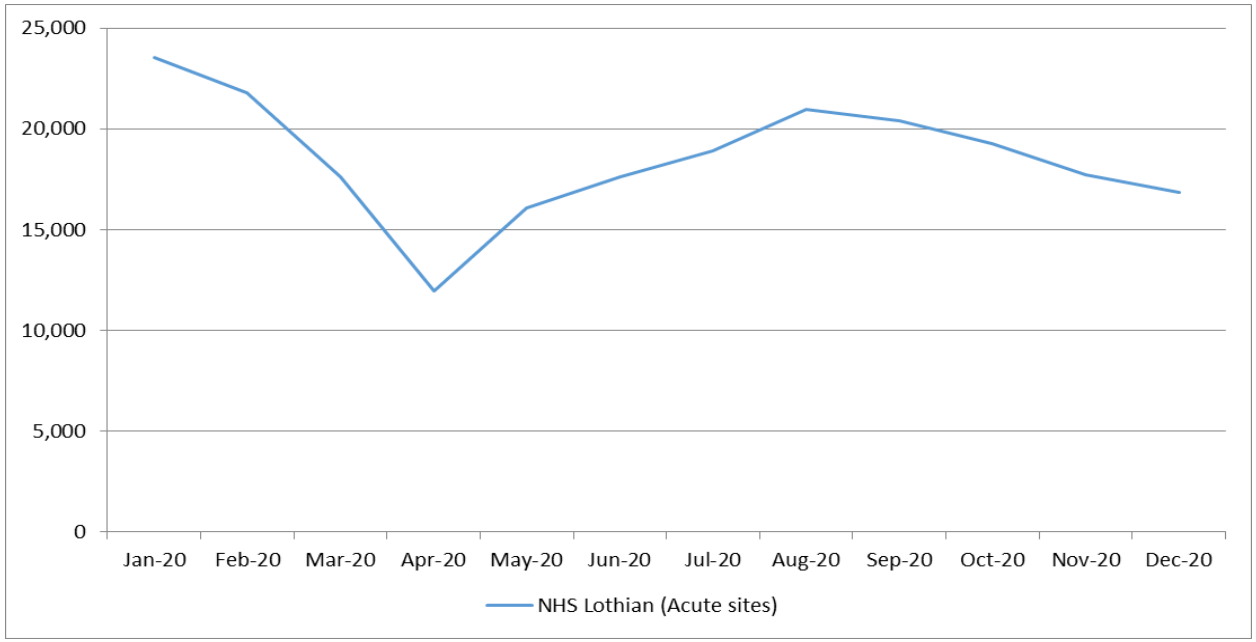


Table 4: ED Attendances Dec 19 vs Dec 20

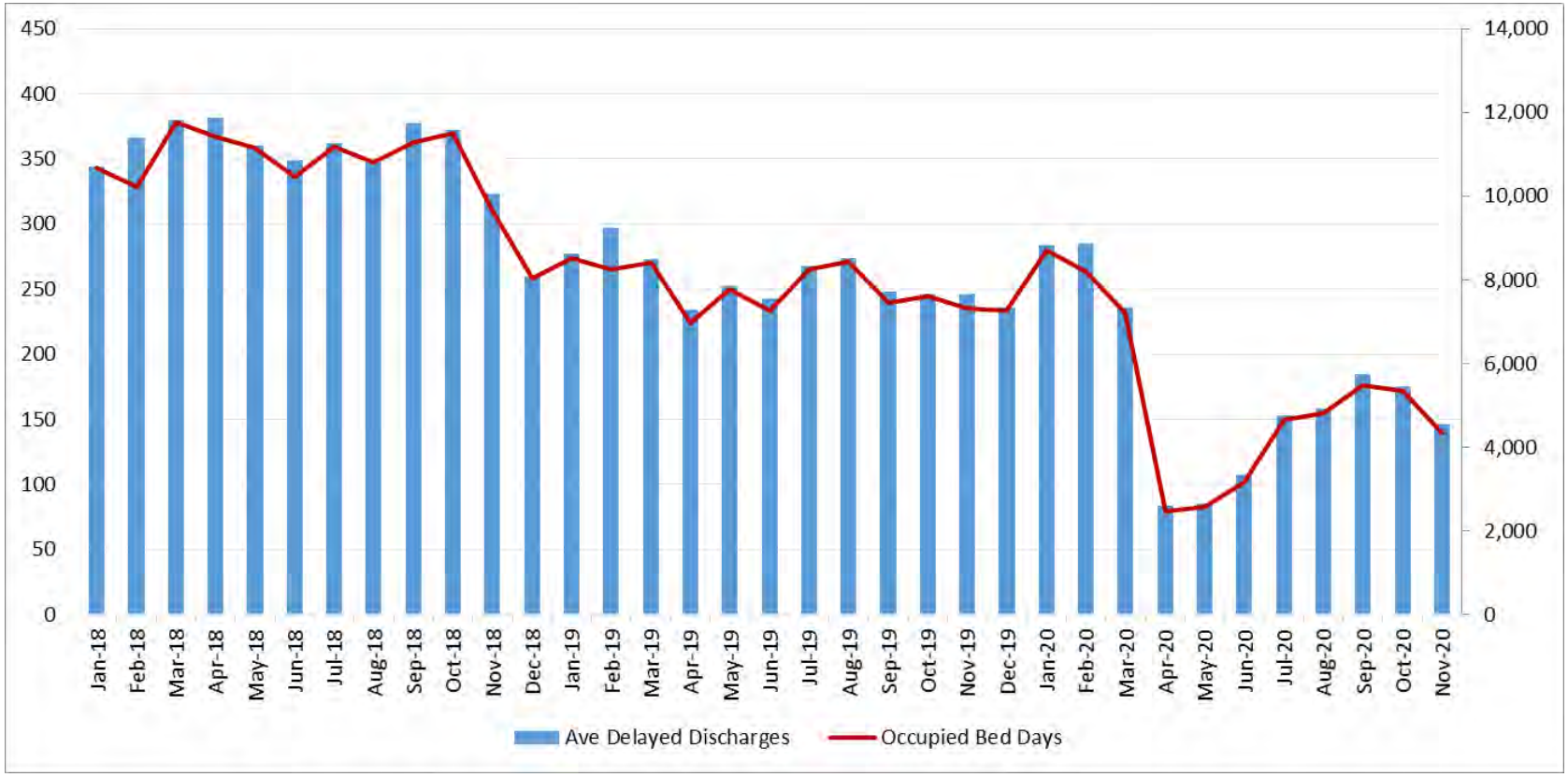
	Dec 19	Dec 20	Difference
Royal Infirmary of Edinburgh	10,398	7,980	2,418 (-23%)
St John's Hospital	4,735	3,514	1,221 (-26%)
Royal Hospital for Sick Children	4,676	2,882	1,794 (-38%)
Western General Hospital	3,763	2,484	1,279 (-34%)
NHS Lothian	**23,572**	**16,860**	**6,712 (-28%)**

Delayed Discharges

Chart 5 illustrates the number of delayed discharges and occupied bed days. The pattern follows that of attendances described above with a significant reduction in delays in April 2020, a rise up to October 2020 and then another decline. While the number of delayed discharges have increased since the low in April 2020, the numbers are still historically low for Lothian, and in November 2020 occupied bed days due to delays were 41% lower than in November 2019.

The HSCPs continue to work with acute colleagues to improve discharge planning, transfers of care and implementation of a Home First approach to continue reductions in delays.

Chart 5: NHS Lothian Average Delayed Discharges and Occupied Bed Days[1] Jan 18 – Nov 20



[1] Average delayed discharges and occupied bed days includes code 9s and excludes code 100s

Redesign of Urgent Care

Chart 6 shows the number of daily referrals from NHS24 to the Lothian Flow Centre and also the direct referrals to ED by NHS24 between the start of the new 111 access pathway on 1 December 2020 to early January 2021. Chart 7 provides the daily ED and MIU attendances over the same period for comparison.

In terms of Minor Injury Near Me video assessments from the start of the pilot in April 2020 to early January 2021, there was an increase in activity over November when a direct line to the Flow Centre was put in place to scale up the service. This decreased when the access switched to 111 on 1 December and a few issues were worked through with colleagues in NHS24 before daily activity increased again in mid December. Numbers decreased over the festive period and with the icy weather in early January, a number of people self-presented with more traumatic injuries following slips, trips and falls.

Data is being monitored on a regular basis to better understand the impact of recent service changes.

Chart 6: NHS24 urgent care referrals

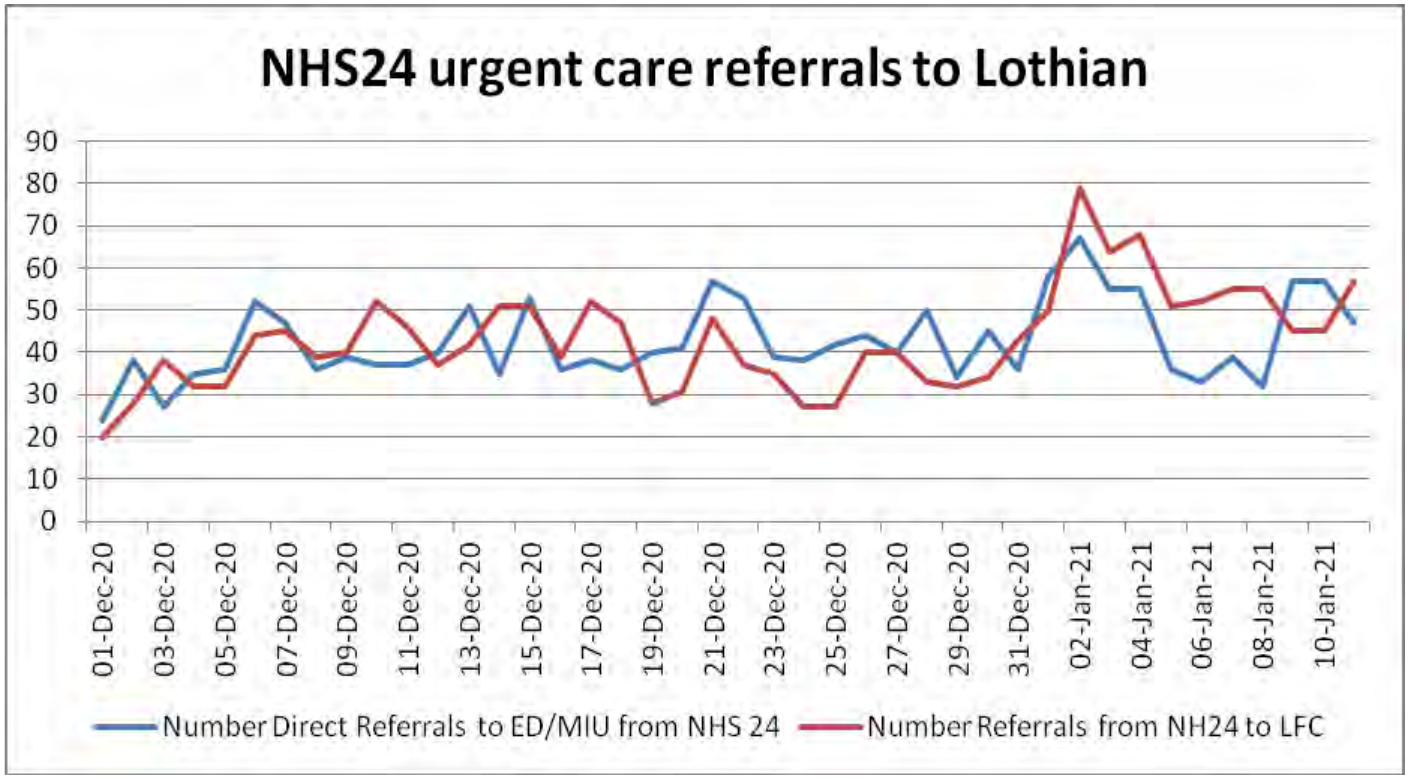
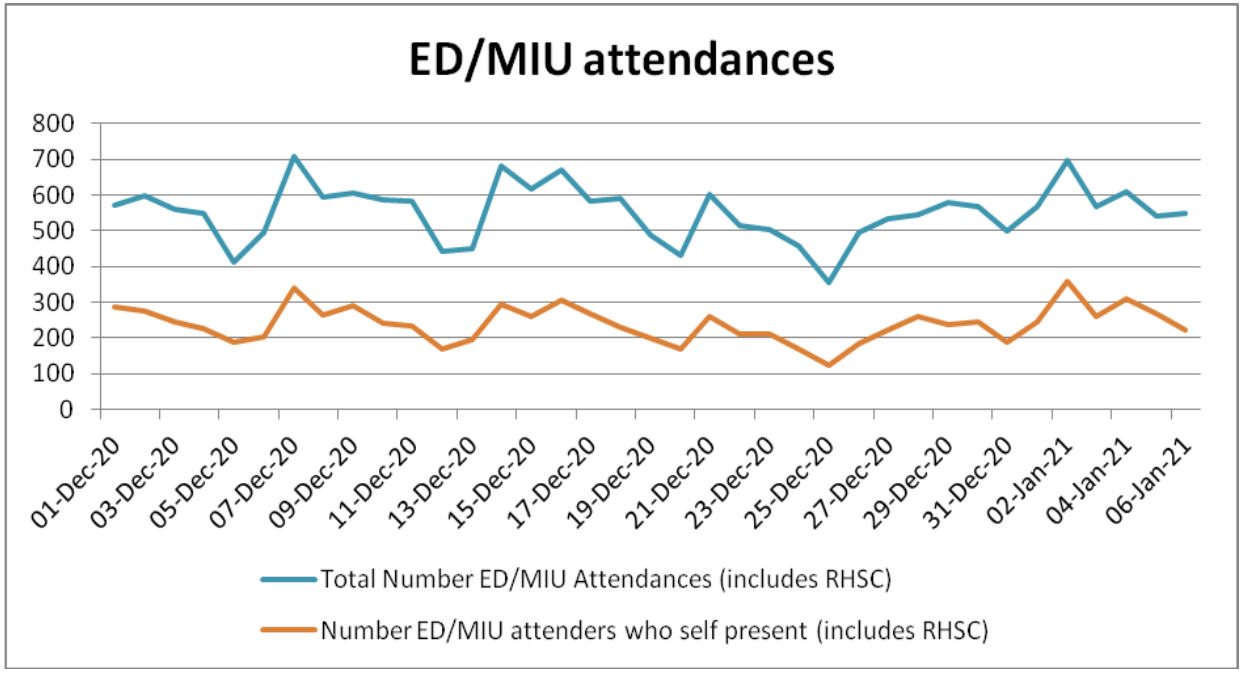
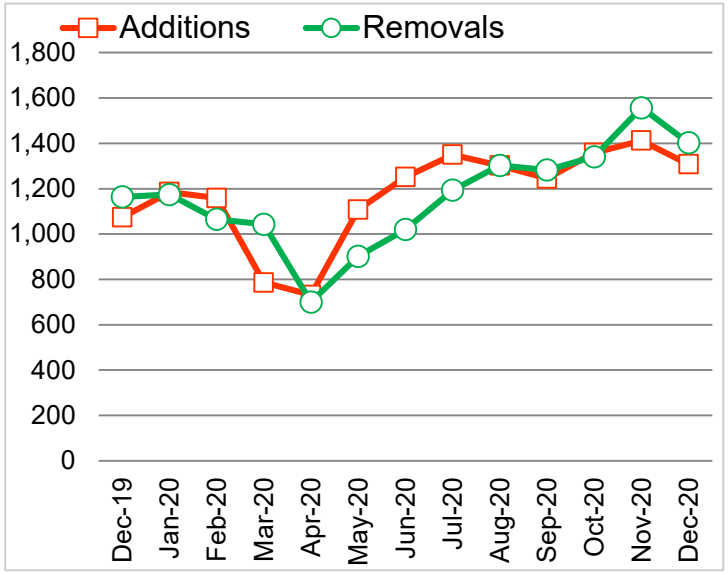


Chart 7: All NHS Lothian ED and MIU attendances



OP USoC


Additions
Removals
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1,600
1,400
1,200
1,000
800
600
400
200
0
Dec-19
Jan-20
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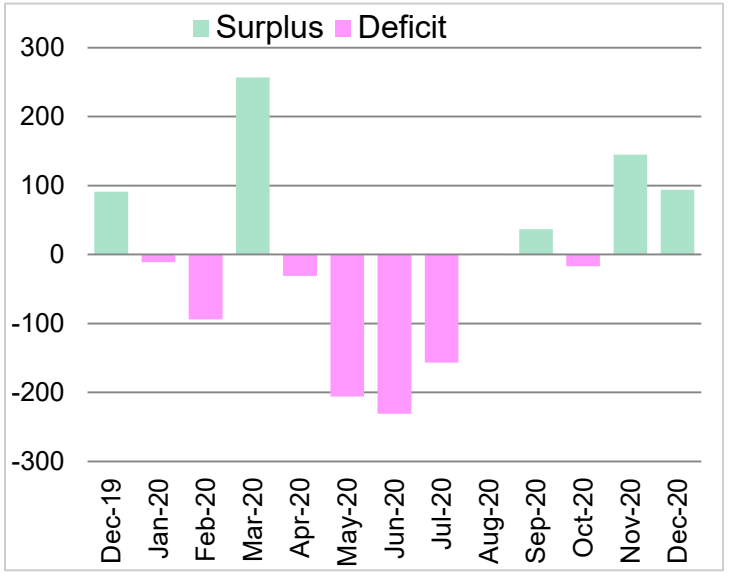
Mar-20
Apr-20
May-20
Jun-20
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20


Surplus
Deficit
300
200
100
0
-100
-200
-300
Dec-19
Jan-20
Feb-20
Mar-20
Apr-20
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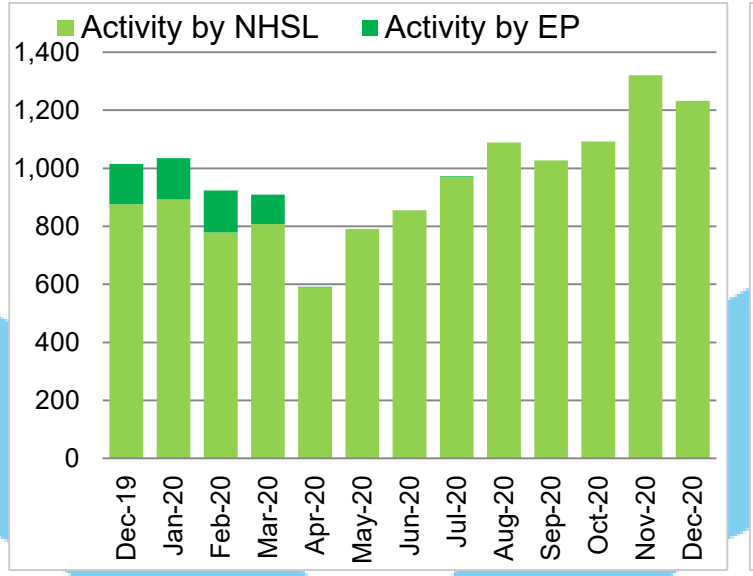
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20


Activity by NHSL
Activity by EP
1,400
1,200
1,000
800
600
400
200
0
Dec-19
Jan-20
Feb-20
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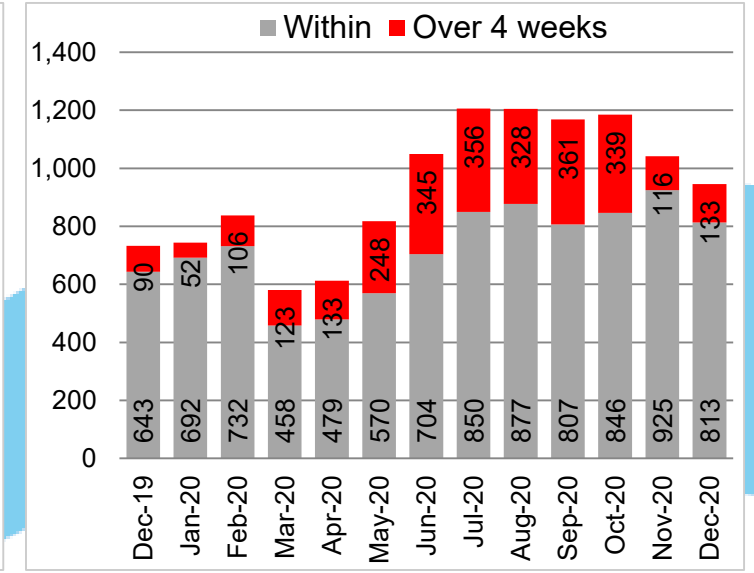
Apr-20
May-20
Jun-20
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20


Within
Over 4 weeks
1,400
1,200
1,000
800
600
400
200
0
643
90
692
52
732
106
458
123
479
133
570
248
704
345
850
356
877
328
807
361
846
339
925
116
813
133
Dec-19
Jan-20
Feb-20
Mar-20
Apr-20
May-20
Jun-20
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20

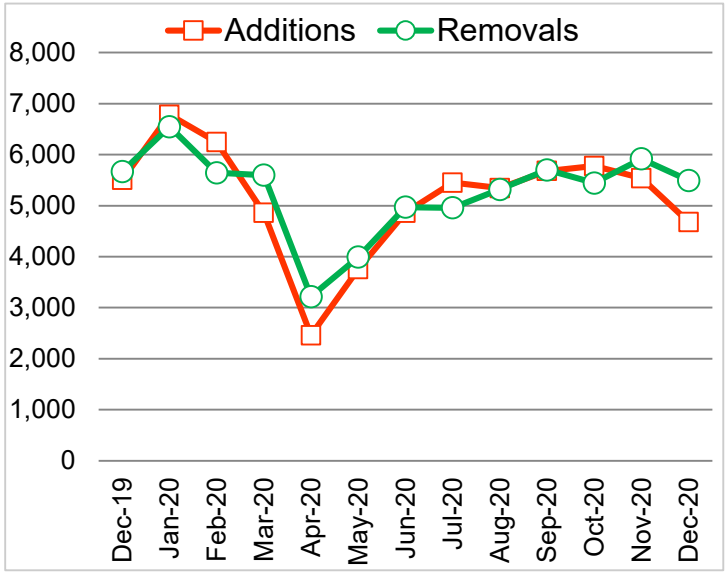
New OP
USoC Additions/Removals

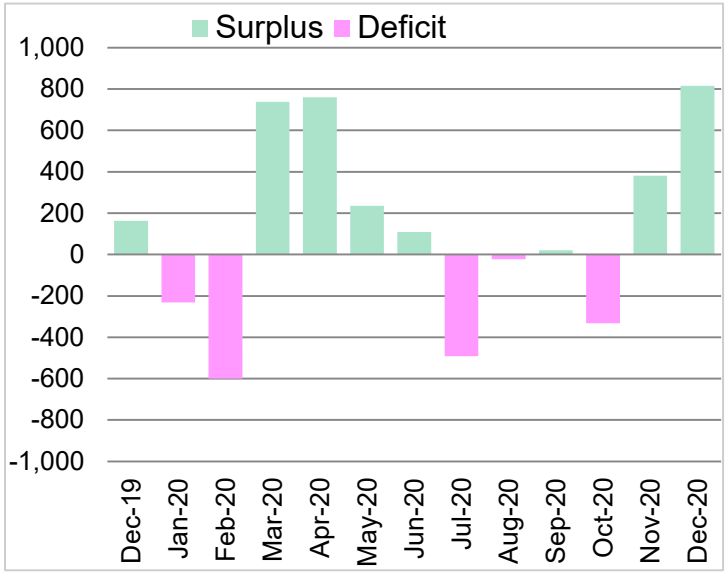
NHS Lothian

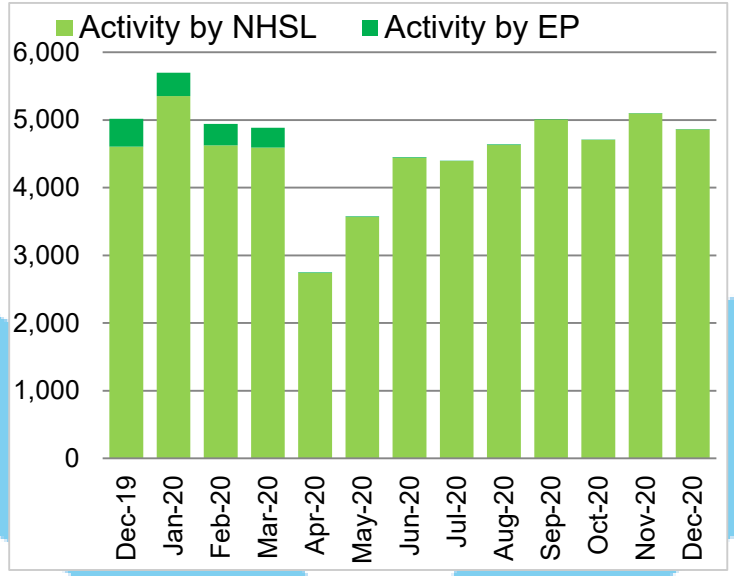
Cumulative gap since April

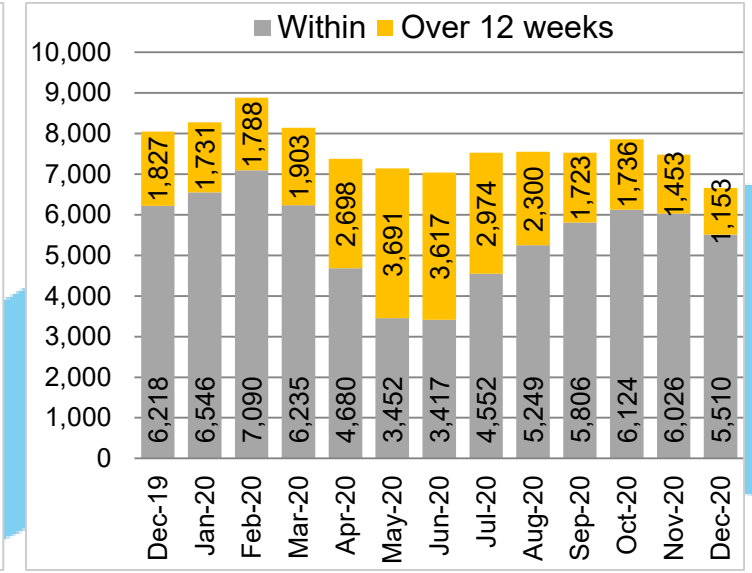
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Dermatology	-11	-73	-182	-251	-332	-314	-311	-190	-226
Breast	-14	32	11	-24	-63	-80	-109	-133	-59
Colorectal Surgery	-103	-270	-354	-326	-295	-211	-155	-71	-49
ENT	-29	-68	-73	-73	-14	-48	-41	-63	-31
Gynaecology	6	11	32	28	21	19	-10	-10	-19
OTHER	12	7	-9	-1		8	-3	-1	-27

OP Urgent


Additions
Removals
8,000
7,000
6,000
5,000
4,000
3,000
2,000
1,000
0
Dec-19
Jan-20
Feb-20
Mar-20
Apr-20
May-20
Jun-20
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20


Surplus
Deficit
1,000
800
600
400
200
0
-200
-400
-600
-800
-1,000
Dec-19
Jan-20
Feb-20
Mar-20
Apr-20
May-20
Jun-20
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20


Activity by NHSL
Activity by EP
6,000
5,000
4,000
3,000
2,000
1,000
0
Dec-19
Jan-20
Feb-20
Mar-20
Apr-20
May-20
Jun-20
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20


Within
Over 12 weeks
10,000
9,000
8,000
7,000
6,000
5,000
4,000
3,000
2,000
1,000
0
1,827
1,731
1,788
1,903
2,698
3,691
3,617
2,974
2,300
1,723
1,736
1,453
1,153
6,218
6,546
7,090
6,235
4,680
3,452
3,417
4,552
5,249
5,806
6,124
6,026
5,510
Dec-19
Jan-20
Feb-20
Mar-20
Apr-20
May-20
Jun-20
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20

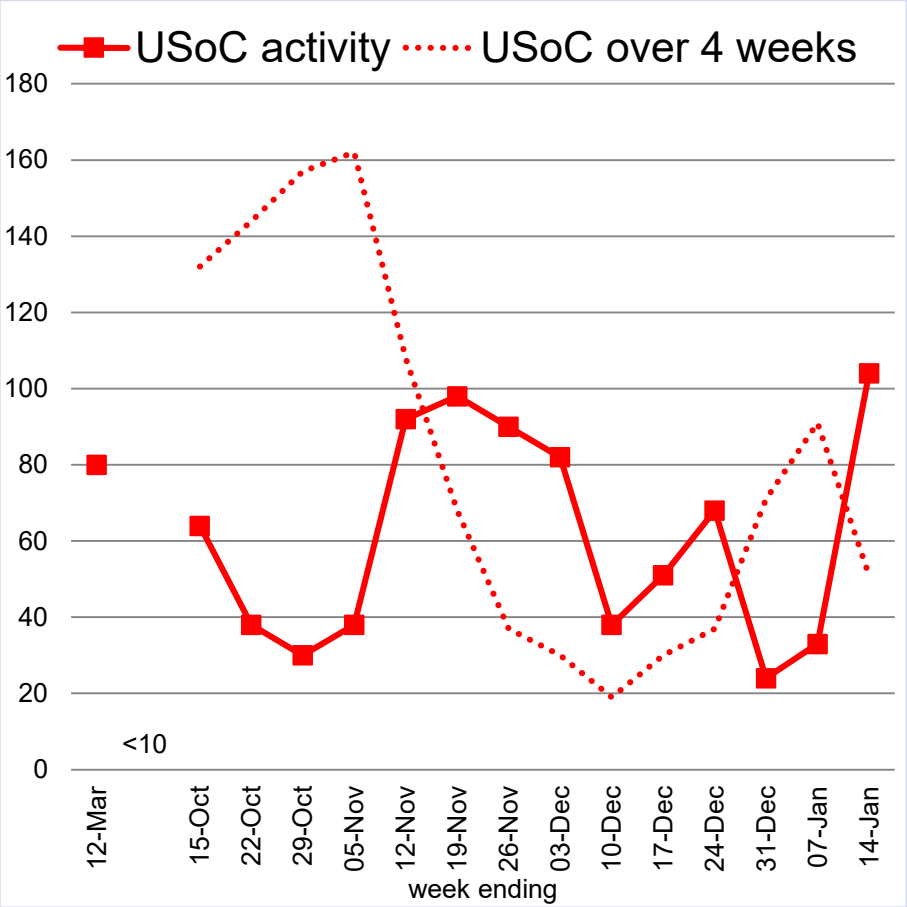
New OP
Urgent Additions/Removals

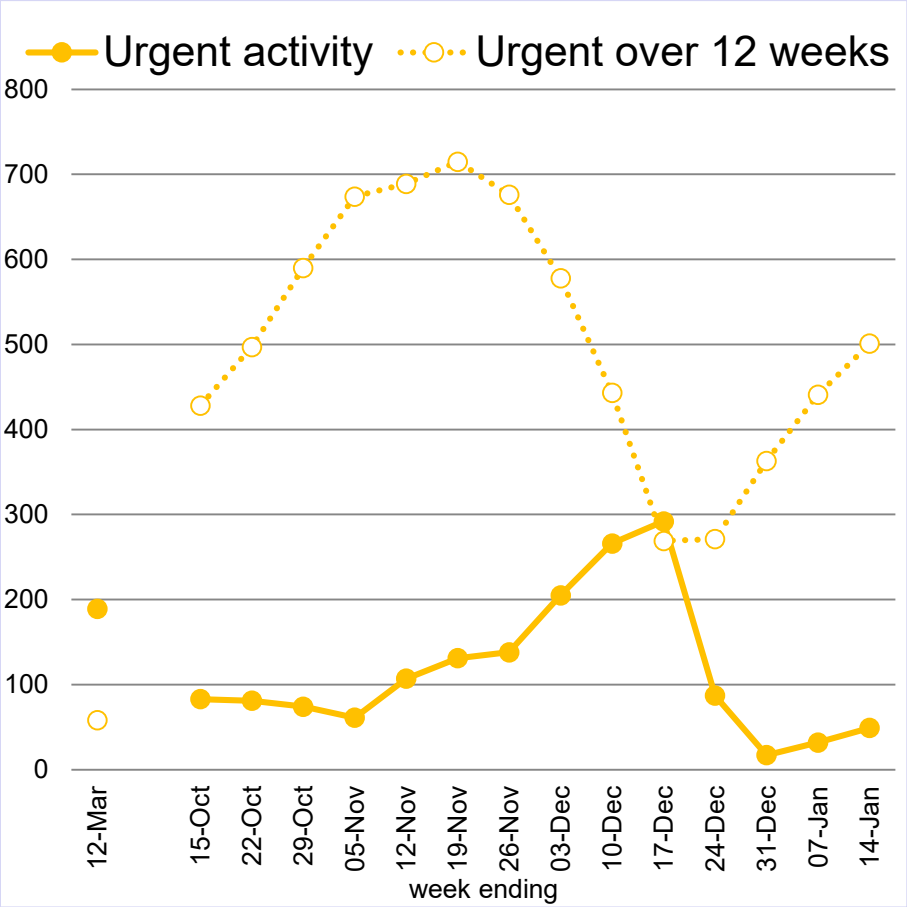
NHS Lothian

Cumulative gap since April

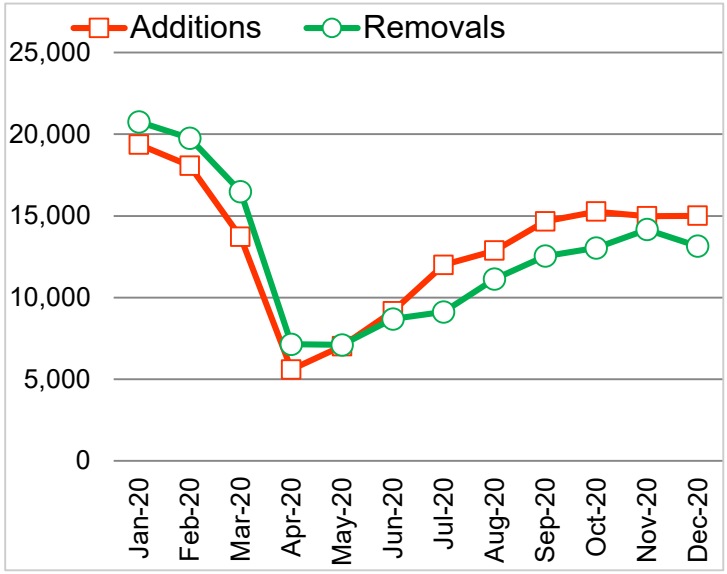
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Dermatology	-9	-207	-339	-783	-1,010	-1,309	-1,626	-1,527	-946
General Surgery		-33	-69	-42	-50	-37	-63	-97	-88
ENT	82	17	-2	-18	-2	-52	-71	-49	-36
Diabetes	8	-11	-16	-5	-8	-18	-27	-24	-34
Stroke Medicine	1	4	2	2	-3	-13	-11	-16	-22
Cardiology - RHSC	-1	-2	-4	-2	-6	-7	-5	-8	-10
Neurosurgery - RHSC	-2	-5	-3	-7	-6	-7	-12	-14	-10
OTHER SPECIALTIES	33		-8	-37	-133	-73	-45	-27	-47

New OP Dermatology activity and performance





OP Routine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Removals
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10,000
5,000
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Jan-20
Feb-20
Mar-20
Apr-20
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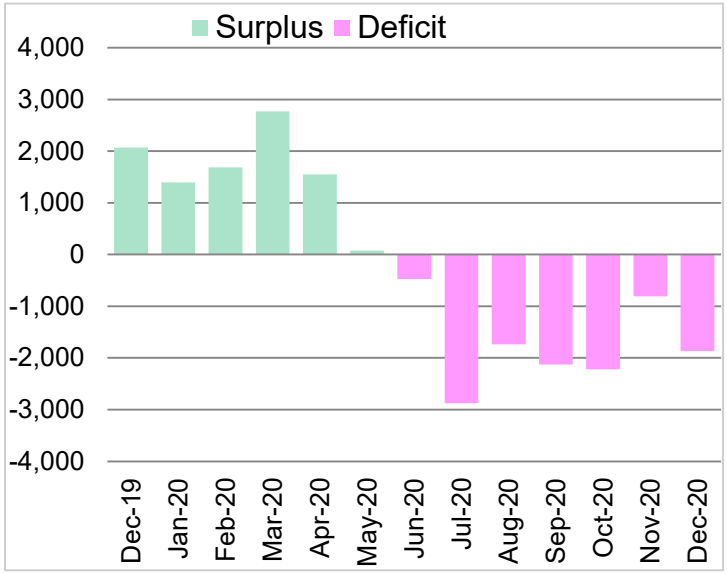
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20


Surplus
Deficit
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3,000
2,000
1,000
0
-1,000
-2,000
-3,000
-4,000
Dec-19
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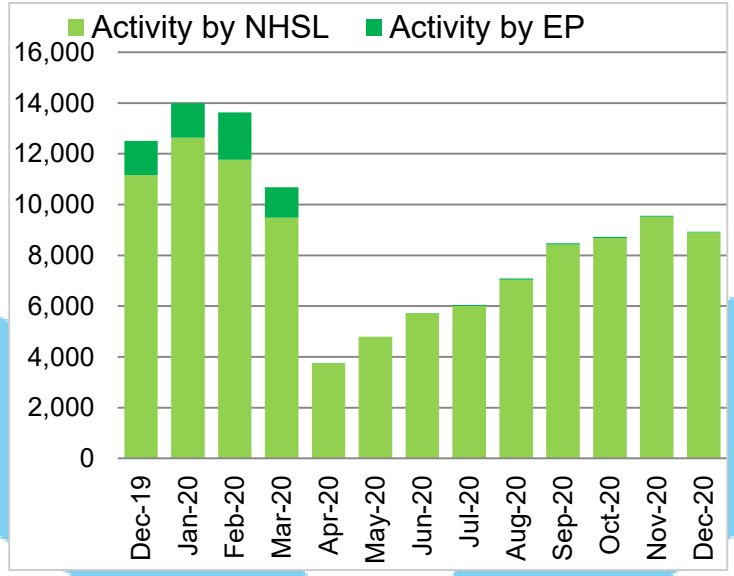
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20


Activity by NHSL
Activity by EP
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12,000
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8,000
6,000
4,000
2,000
0
Dec-19
Jan-20
Feb-20
Mar-20
Apr-20
May-20
Jun-20
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20

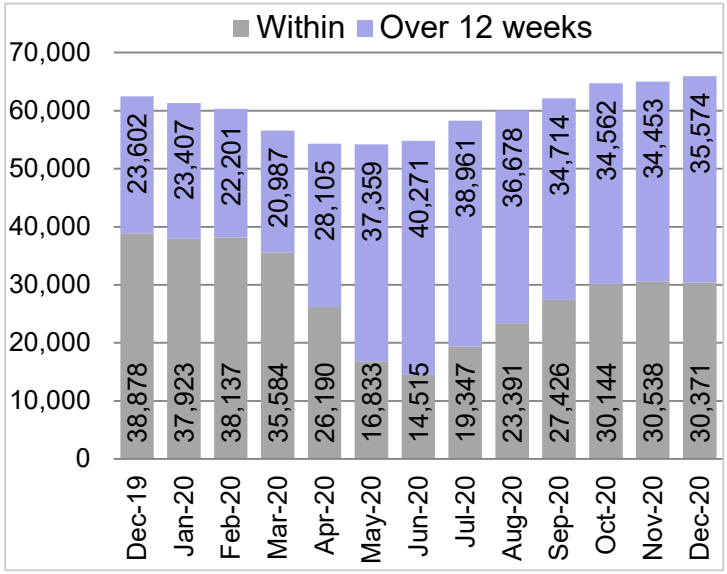
New OP Routine Additions/Removals

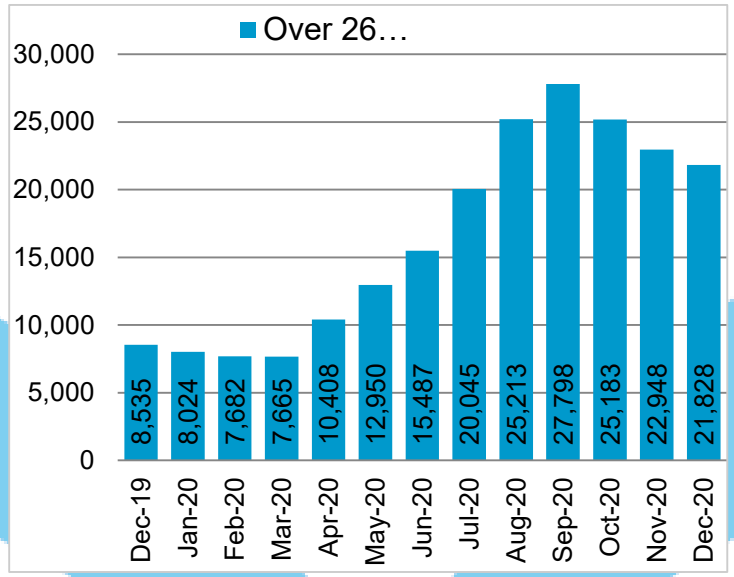
NHS Lothian

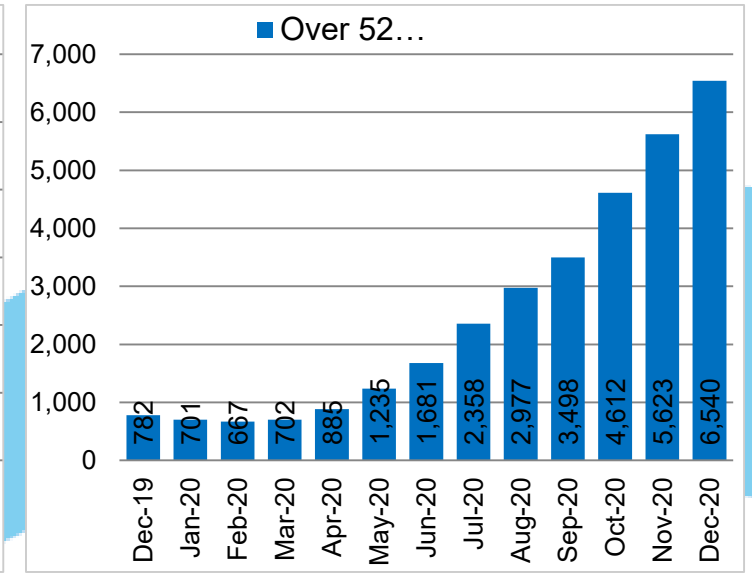
Cumulative gap since April

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Ophthalmology	-7	-91	-164	-810	-1,586	-2,348	-2,884	-3,161	-3,537
Dermatology	-137	-404	-592	-901	-1,236	-1,590	-2,008	-2,480	-3,273
ENT	-118	-288	-499	-793	-995	-1,212	-1,459	-1,607	-1,839
General Surgery	26	-118	-284	-422	-509	-513	-656	-736	-816
OMFS	-9	-22	-42	-114	-218	-333	-441	-584	-728
Colorectal Surgery	34	24	-54	-91	-90	-267	-439	-572	-679
Gynaecology	212	135	16	-70	-15	-167	-489	-577	-647
Paediatric Surgery	-16	-30	-109	-186	-261	-294	-373	-411	-480
Gastroenterology	-27	-75	-72	-223	-213	-357	-379	-396	-464
Rheumatology	49		-80	-202	-318	-414	-384	-373	-410
Fertility & Rep Endo	-43	-48	-90	-122	-151	-295	-379	-412	-402
T&O	220	-179	-358	-781	-682	-661	-525	-488	-292
Plastic Surgery	-62	-184	-329	-355	-423	-436	-357	-266	-170
ENT - RHSC	-15	-31	-55	-74	-116	-118	-129	-133	-147
Resp Med - RHSC	15	30	15	17	1	9	-15	-81	-114
OTHER	156	61	-50	-366	-556	-719	-862	-658	-623

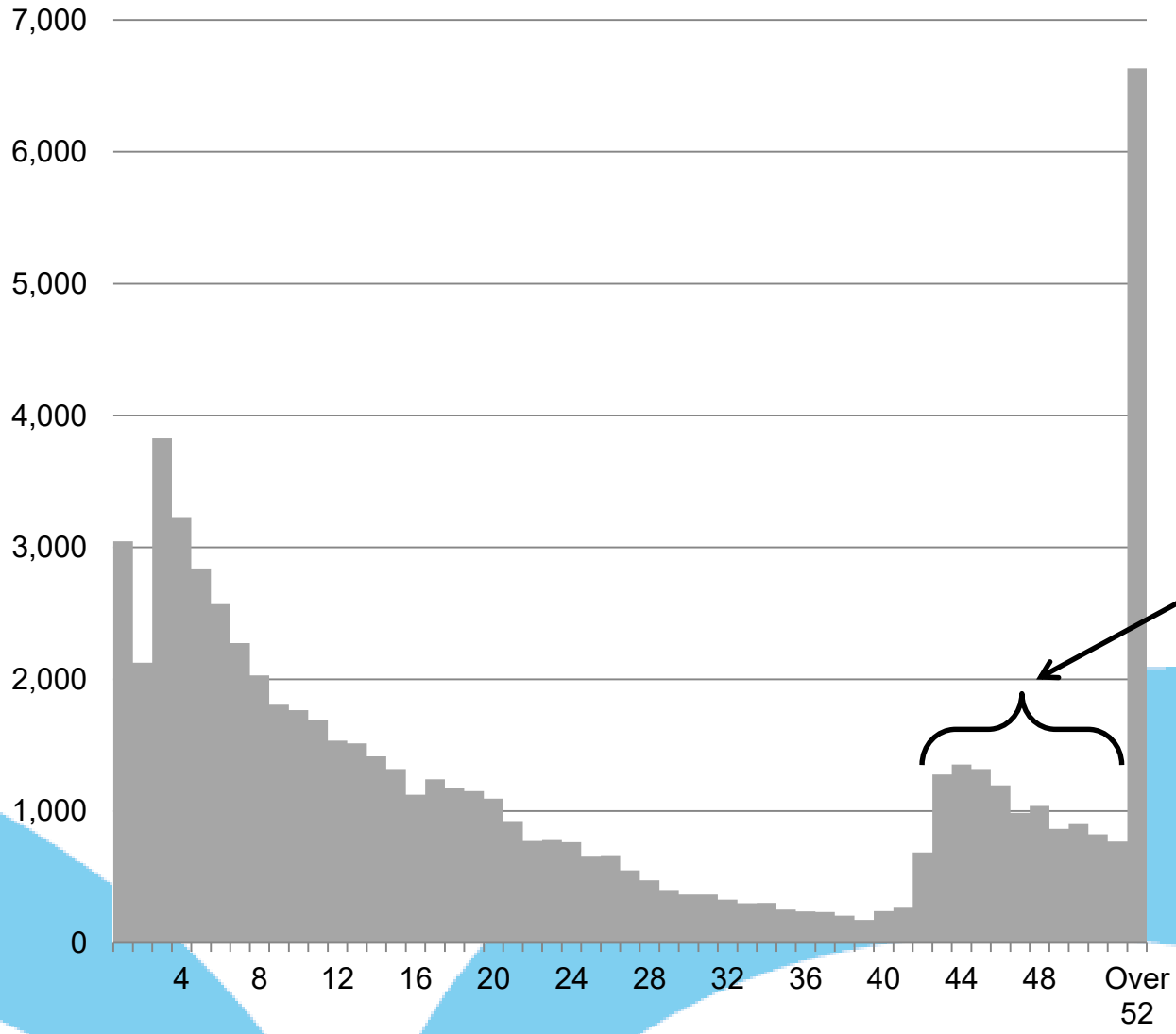
OP all priorities







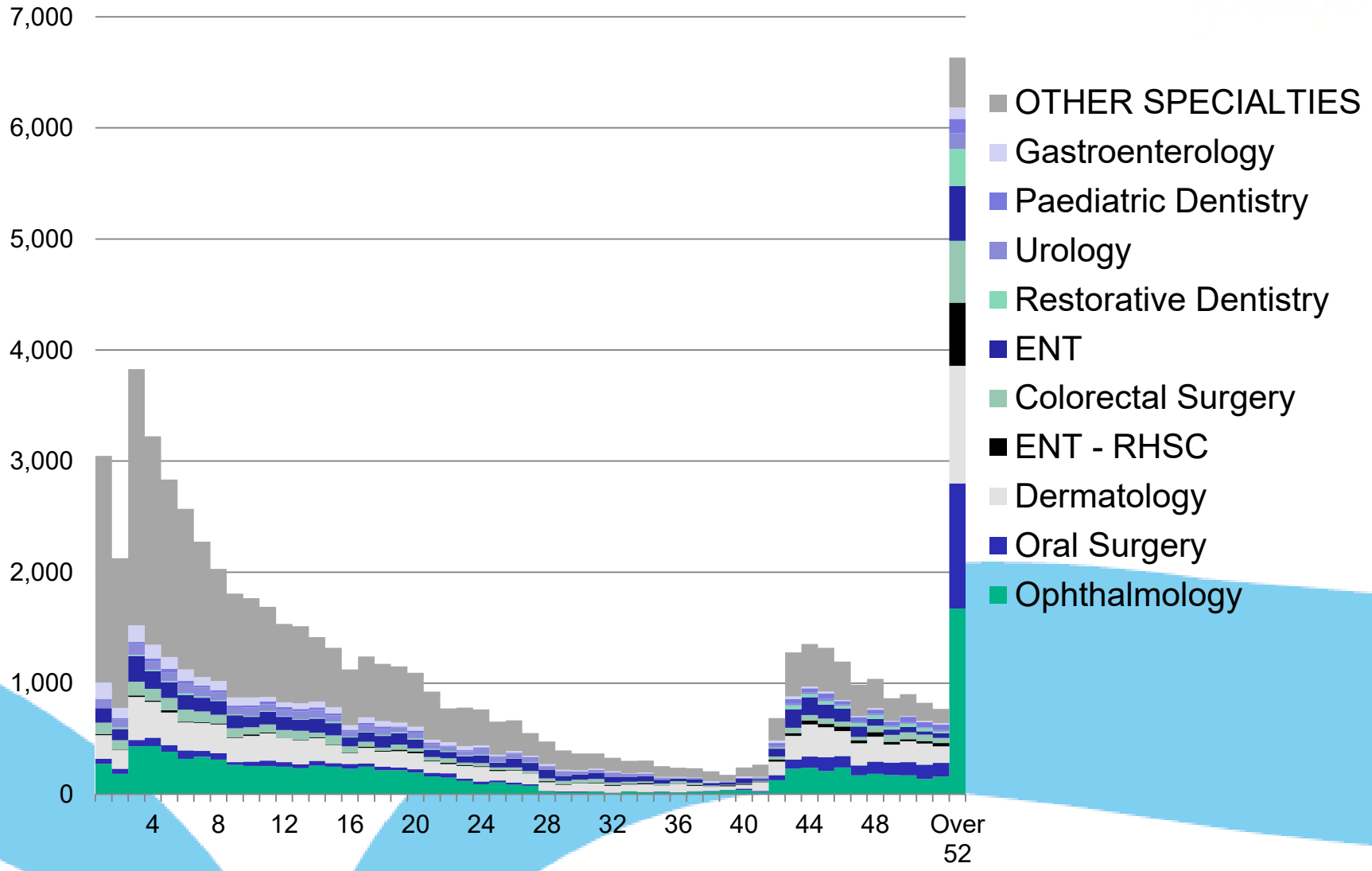
New OP waiting list



10 weeks is the end of March

New OP waiting list

Top 10 specialties with over 52 weeks



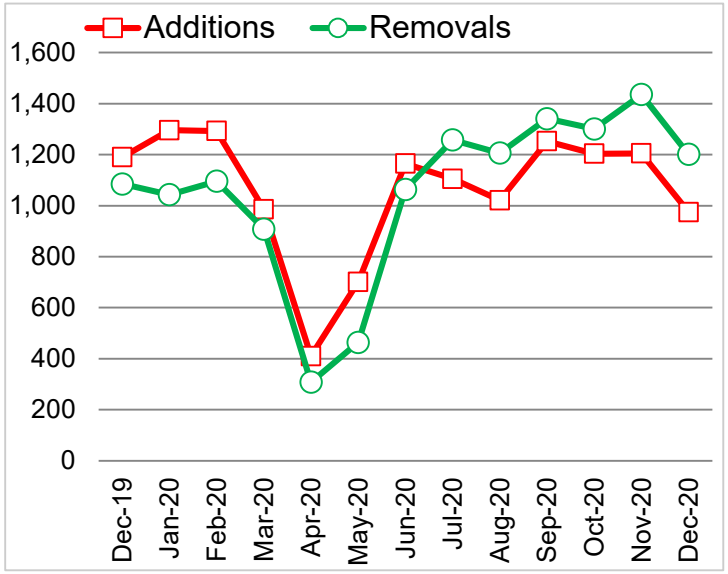
New OP waiting list

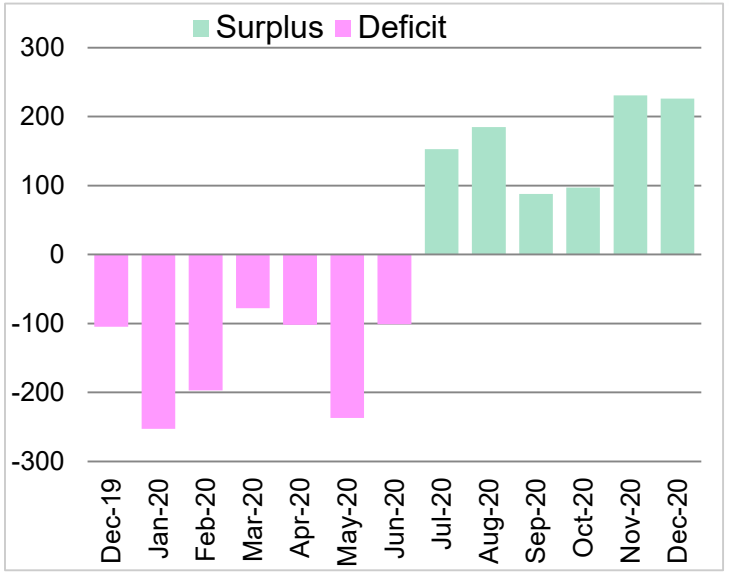
Estimated patients over 52 at end of March

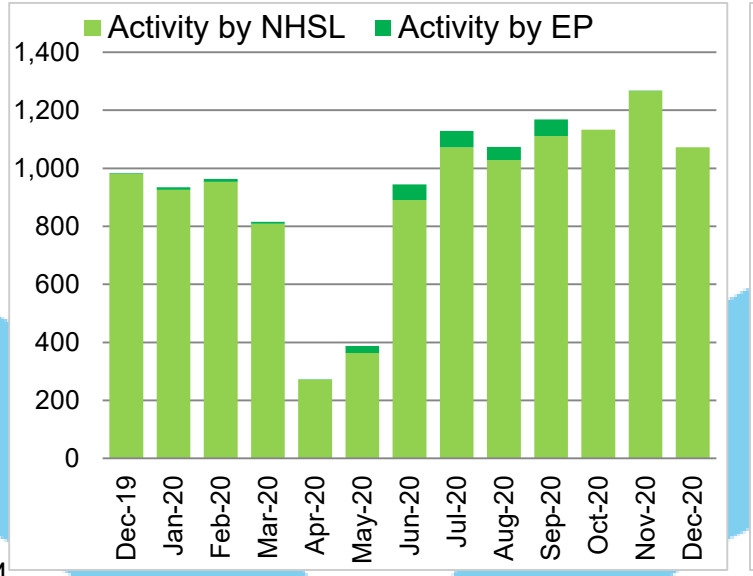
	Current total - over 52 weeks	Current total - 43 to over 52 weeks	10 weeks' of Routine activity*	Difference - estimated over 52 at end March
Ophthalmology	**1,672**	**3,586**	1,071	2,515
Oral Surgery	**1,127**	**2,219**	418	1,801
Dermatology	**1,059**	**3,166**	129	3,037
ENT - RHSC	**567**	**869**	36	833
Colorectal Surgery	**558**	**1,057**	244	813
ENT	**493**	**1,392**	385	1,007
Restorative Dentistry	**335**	**606**	137	469
Urology	**142**	**278**	537	
Paediatric Dentistry	**129**	**549**	174	375
Gastroenterology	**102**	**233**	547	
OTHER	**450**	**3,205**		
Total	**6,634**	**17,160**		

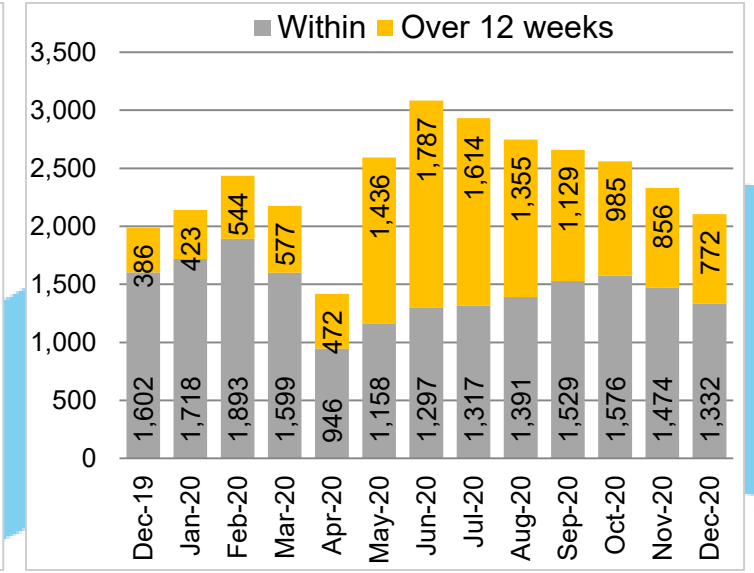
* Routine activity in the most recent 10 weeks prior to Christmas

IPDC Urgent

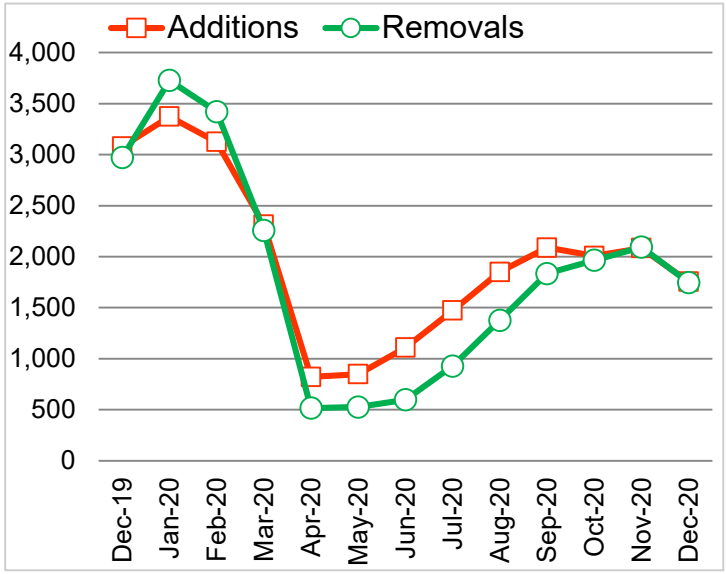

Additions
Removals
1,600
1,400
1,200
1,000
800
600
400
200
0
Dec-19
Jan-20
Feb-20
Mar-20
Apr-20
May-20
Jun-20
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20

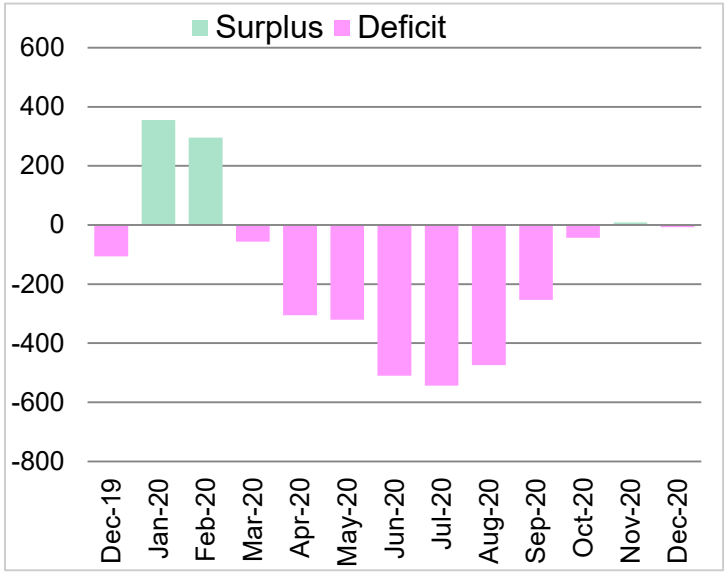

Surplus
Deficit
300
200
100
0
-100
-200
-300
Dec-19
Jan-20
Feb-20
Mar-20
Apr-20
May-20
Jun-20
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20

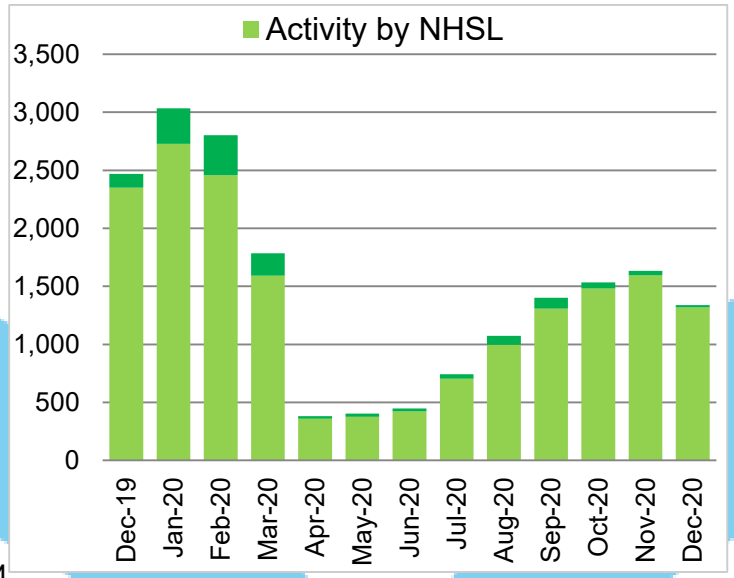

Activity by NHSL
Activity by EP
1,400
1,200
1,000
800
600
400
200
0
Dec-19
Jan-20
Feb-20
Mar-20
Apr-20
May-20
Jun-20
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20


Within
Over 12 weeks
3,500
3,000
2,500
2,000
1,500
1,000
500
0
1,602
386
1,718
423
1,893
544
1,599
577
946
472
1,158
1,436
1,297
1,787
1,317
1,614
1,391
1,355
1,529
1,129
1,576
985
1,474
856
1,332
772
Dec-19
Jan-20
Feb-20
Mar-20
Apr-20
May-20
Jun-20
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20

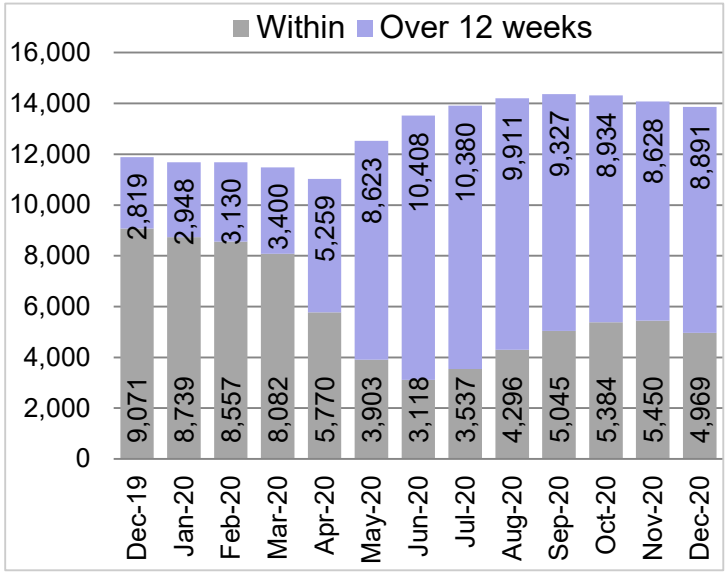
IPDC Routine

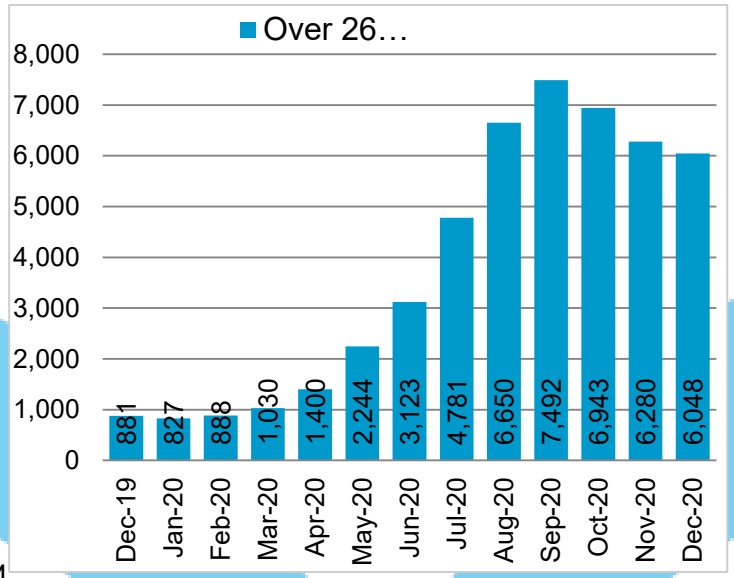


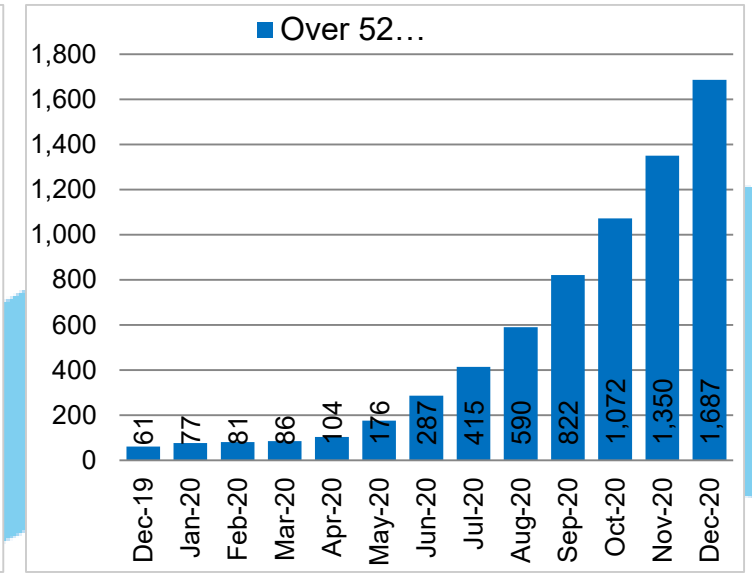




IPDC all priorities







NHS LOTHIAN

Board Meeting
3rd February 2021

Director of Finance

DECEMBER 2020 FINANCIAL POSITION

1 Purpose of the Report

1.1 This paper provides an update to the Board on the financial position at Period 9 for NHS Lothian.

1.2 This paper also sets out the financial impact from Covid-19 to-date.

1.3 Any member wishing additional information on the detail of this paper should contact the Executive Lead prior to the meeting.

2 Recommendations

2.1 The Board is asked to:

- **Accept** this report as a source of **moderate assurance** that the Board will achieve a breakeven position in this financial year.

3 Discussion of Key Issues

Financial Position as at December 2020

3.1 At its meeting of the 20th of January, members of the F&R committee received a report on the NHS Lothian financial position for the first nine months of the year. This showed a £7.3m overspend against the Revenue Resource Limit. A summary of the position is shown in Table 1 below

Table 1: Financial Position to 31st December 2020

	YTD
	£000
Pay	(7,528)
Non Pays	(10,736)
Primary Care Prescribing	(3,776)
Income	6,324
Total	**(15,715)**
Flexibility	8,439
Total	**(7,276)**

3.2 The year-to-date outturn of £7.3m recognises the components of Core and Covid related overspend as follows:

- Core (£1.2m) – This represents baseline expenditure for services excluding the impact of Covid and is now based on the latest Q2 projected year-end overspend of £1.6m. The AOP estimated gap at the start of the year was £10.8m;
- Covid (£6.1m) – this relates to allocations still to be received for Covid cost pressures and comprises:
  - Prescribing (£4.5m) – Boards have yet to receive a funding allocation for pressures within GP prescribing with the full overspend currently shown as Covid related. This is subject to further review;
  - GMS (£0.4m) – Funding was been received for public holiday payments to GPs and additional Covid related GP costs, however the allocation received did not cover the full level of costs incurred;
  - Lost efficiency (£1.2m) – This represents estimated non delivery based on those schemes identified at the start of the year in the AOP. Again, funding has not yet been allocated for lost efficiency due to wide variation across boards.

Funding allocations for Covid

3.3 As previously reported, the Scottish Government allocated £78m of funding to NHS Lothian in relation to Covid-19 costs incurred and forecast plus an additional £3m funding to cover GP Practice additional costs.

3.4 A two stage approach is being taken to allocate resource:

- Circa £31.5m has been allocated against the specific Covid cost centres created to capture new costs coming through and reported centrally e.g. student nurse costs. In addition funding has also been released to support the Test and Protect service and the latest costs in relation to the Covid Vaccination programme. The £3m allocation to cover additional GP costs has also been released to offset the costs incurred earlier in the year.
- £18m has been allocated to the Partnerships based on a split agreed by the IJB Chief Finance Officers. £1.4m has been released to date for elements including East Lothian Community Hospital beds, and services within Midlothian Partnership. This £18m funding stream is also intended to meet social care costs and Partnerships will give further consideration to allocating a share of this resource against costs in this area. This funding is in addition to an £11.7m of allocations received earlier in the year that have been passed directly across to support additional Social Care costs within councils.

3.5 At this stage, no funding has been allocated to other areas beyond that noted above. Allocating resource to meet specific Covid costs at a cost centre level is particularly complex to monitor and manage. The Covid issues are therefore largely managed corporately, recognising the requirement to make specific adjustments to manage IJB positions.

Financial Impact of Covid-19

3.6 The SG have committed to providing a further allocation by early February to meet all current and projected Covid costs for this year. We are currently working with colleagues within Lothian and across IJBs to calculate spend to the end of March. An update will be provided to the F&R committee at its March meeting.

3.7 The nature of disaggregating costs at cost centre level makes IJB financial performance reporting more complex with Covid-19 costs incurred across Set Aside, Hosted and Core areas, and this is compounded by the centralisation of significant cost elements as noted earlier in this paper. A proper assessment of the IJB financial variances will only be possible once the Covid-19 funding allocation has been confirmed in full and distributed accordingly across areas. We are working closely with CFOs across the four IJBs to ensure financial performance at IJB level is appropriately recorded.

4 Key Risks

4.1 The key risks relating to the delivery of a breakeven position include the following:

- As noted above, the achievement of financial balance is dependent on receiving full financial support from the SG to meet additional Covid-19 related costs as assumed;
- The impact of Brexit is assumed to be cost neutral in estimates to the year end. Any additional Brexit-related costs have no additional funding allocations attached to them at this stage;
- The estimates for the year end outturn are predicated on the assumption that Covid related activity levels remain within planned levels. Any material deviation from this may impact on the ability for the health board to achieve a balanced outturn;
- Delivery of Financial Recovery Plans by individual Business Units to the level identified in the Financial Plan remains a key assumption which impacts on the achievement of Core performance.

5 Risk Register

5.1 The corporate risk register includes the following risk:

Risk 3600 - The scale or quality of the Board's services is reduced in the future due to failure to respond to the financial challenge. ***(Finance & Resources Committee)***

5.2 The contents of this report are aligned to the above risk. At this stage there is no further requirement to add to this risk.

6 Impact on Inequality, Including Health Inequalities

6.1 There are no new implications for health inequalities or general equality and diversity issues arising directly from the issues and recommendations in this paper.

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

7.1 The implementation of the financial plan and the delivery of a breakeven outturn may require service changes. As this paper does not relate to the planning and development of specific health services there was no requirement to involve the public in its preparation.

Any future service changes that are made as a result of the issues raised in this paper will be required to adhere to the Board's legal duty to encourage public involvement.

8 Resource Implications

8.1 The financial results deal principally with the financial governance on operational management of existing resources and no resource implications arise specifically from this report.

Susan Goldsmith
Director of Finance
15th January 2021
susan.goldsmith@nhslothian.scot.nhs.uk

NHS LOTHIAN

Board
3 February 2021

Medical Director

NHS LOTHIAN CORPORATE RISK REGISTER

1 Purpose of the Report

1.1 The purpose of this report is to provide an update on the NHS Lothian's Corporate Risk Register for assurance.

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

2 Recommendations

The Board is recommended to:

2.1 Accept the risk assurance table, as set out in Appendix 1, as a summary of all risks including levels of assurance and grading, as agreed by the relevant committee.

2.2 Note that a high-level review of the risks on the corporate risk register and associated processes has been shared with the Chief Executive to identify the next steps.

2.3 Note that processes have been put in place to report, review and escalate adverse events relating to the Covid vaccination programme.

3 Discussion of Key Issues

3.1 As part of our systematic review process, the risk registers are updated on Datix on a quarterly basis at a corporate and an operational level. Risks are given an individual score out of 25; based on the 5 by 5 Australian/New Zealand risk scoring matrix used; 1 being the lowest level and 25 being the highest. The low, medium, high and very high scoring system currently used, is based on the same risk scoring matrix, remains unchanged.

3.2 There are currently 22 risks in Quarter 3 on the corporate risk register. The 11 risks at Very High (20) are set out below. A full copy of the corporate risk register is available on request.

1. The scale or quality of the Board's services is reduced in the future due to failure to respond to the financial challenge
2. Patient Safety in Royal Infirmary of Edinburgh Accident & Emergency Department
3. Achieving the 4-Hour Emergency Care standard (organisational)
4. Timely Discharge of Inpatients

5. General Practice Sustainability
6. Access to Treatment (organisational risk)
7. Access to Treatment (patient risk)
8. Delay in providing clinical care for RHCYP and DCN patients in new facility
9. Health of the population and impact on NHS Lothian services from Covid-19
10. Brexit
11. Nursing workforce (* see paragraph 3.4)

3.3 At the December 2020 Staff Governance committee, papers were discussed on four risks relating to Traffic management, Violence & aggression, Medical and Nursing workforce. Current levels of assurance and grading were confirmed as set out in the risk assurance table in Appendix 1, with the exception of nursing workforce.

3.4 It was agreed that the grading of the Nursing workforce risk should be increased from high to very high, which impacts on a number of other risks on the corporate risk register. This is due to significant challenges in staffing for some areas, due to COVID outbreaks across the whole system. To compound this, there are a similar number of outbreaks or suspected outbreaks across care homes. This is not only challenging for public protection, infection control and education and training but is having an impact of our ability to provide mutual aid in relation to staffing, where we have at times not been able to place staff in homes. The outbreaks within NHS Lothian have affected circa 84 staff that have required to be tested and isolate.

3.5 Significant assurance was accepted that robust corporate oversight to co-ordinate and prioritise responses across the nursing workforce is in place. Limited assurance was accepted in relation to capacity to respond to increased demand as noted in 3.8.

3.6 Limited assurance was accepted by the Board at the December meeting that the remobilisation plan will mitigate volumes of long wait patients for scheduled care and cancers services, given the rising rate of Covid-19 infection and winter pressures. Also relating to the Access to treatment risks, Healthcare governance committee deferred a decision on the proposed level of moderate assurance in relation to CAMHs, and requested that further detail was brought back in 6 months.

3.7 Healthcare governance committee considered a paper on the EU exit/Brexit at the January meeting and accepted limited assurance. This recognises the uncertainty at local and national level, including the political agenda which impacts on the ability to manage the risk at a local and national level.

3.8 It is noted that the process for delivery of the level 3 recovery plans is currently paused by the Scottish Government, given that substantial review of the plans to address this risk is required in view of the Covid-19 pandemic. All elements of this risk continue to be managed and reported under relevant risks on the corporate risk register i.e. Access to Treatment, 4 Hours Emergency Access Standard, Bed Capacity in Acute Mental Health and Timely Discharge of Inpatients.

3.9 Moderate assurance was accepted at the January 2021 Healthcare Governance Committee on the risk relating to bed capacity in acute mental health. Although 15 additional beds remain open, demand is being managed within that capacity.

3.10 With regard to the risk associated with the delay in opening of the new facility for RHCYP and DCN patients, the Scottish Government oversight board continues to meet monthly and will remain in place until the new facility if fully open. It is intended that the grading and the residual risk will be revisited, given significant progress to date and the 'amber' rating agreed by the oversight Board.

3.11 Although the new contract for waste management is now embedded and operating effectively, some risk remains as restrictions due to the pandemic are currently preventing necessary audits from being carried out. This risk therefore needs to be re-evaluated.

3.12 As part of the arrangements for the rollout the Covid vaccination programme for staff, care homes and GP practice settings, processes have been put in place for reporting, review and escalation of associated adverse events. This includes national weekly reporting to Public Health Scotland.

3.13 **Risk Review**

3.13.1 A high level review of risks on the corporate risk register and associated processes has been shared with the Chief executive to identify the next steps, set within the context of concerns raised by the December 2020 Board with respect to NHS Lothian's risk management system. This has included scoping of work required to refresh the risk register, with a particular focus on a clear description of the elements of each risk that are within NHS Lothian's control and those that are not. Training for risk owners and handlers will be undertaken and the review of processes will explicitly address how the impact of risks inform decisions taken as part of the Gold and silver command structure.

4 Key Risks

4.1 The risk register process fails to identify, control or escalate risks that could have a significant impact on NHS Lothian. It fails to describe adequately measures in mitigation of risks that could be taken but are not, or conversely, relies on control measures that are not in place reliably.

5 Risk Register

5.1 Not applicable.

6 Impact on Inequality, Including Health Inequalities

6.1 Not applicable.

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

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

8 Resource Implications

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

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21 January 2021
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Sue Gibbs
Quality & Safety Assurance Lead
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List of Appendices

Appendix 1: Risk Assurance Table

Appendix 1

Risk Assurance Table

Datix ID	Risk Title	Committee Assurance Review Date	Initial Risk Level	Jan-Mar 2020	Apr-Jun 2020	Jul-Sep 2020	Oct-Dec 2020
4984	Covid-19 New risk added June 2020 Risk update provided January 2021	Healthcare Governance & Risk Committee (HCG) July 2020 - HCG accepted limited assurance on this risk overall. A standing item on the HCG Agenda, last discussed November 2020.	Very High 20		Very High 20	Very High 20	Very High 20
4813	Royal Hospital for Children & Young People/Dept of Clinical Neurosciences Risk update provided January 2021	Finance & Resources Committee (F&R) & Healthcare Governance Committee (HCG) May 2020 - Board accepted: • Significant assurance that the facilities and the service are ready for DCN migration to Little France to commence on 11 May. • Moderate assurance of progress towards the signing of Supplemental Agreement 2 to deliver the required ventilation works in the RHCYP, noting that the timescale for Autumn completion is subject to further discussion. • Moderate assurance that the proposals for contract management of IHSL and their FM partners will be sufficient for the commencement of operations in the new facility. July 2020- F&R agreed risk remains very high.	Very High 20	Very High 20	Very High 20	Very High 20	Very High 20

Datix ID	Risk Title	Committee Assurance Review Date	Initial Risk Level	Jan-Mar 2020	Apr-Jun 2020	Jul-Sep 2020	Oct-Dec 2020
		The Scot Gov oversight Board continues to meet monthly and will remain in place until fully open. It is intended that the grading and the residual risk will be revisited, given significant progress to date and the 'amber' rating agreed by the oversight Board.					
3600	Finance Risk update provided January 2021	<u>Finance & Resources Committee</u> November 2020 – F&R continued to accepted limited assurance on the management of this risk.	High 12	Very High 20	Very High 20	Very High 20	Very High 20
3203	4 Hours Emergency Access Standard (Organisational) Risk update provided January 2021	<u>Healthcare Governance Committee</u> November 2020 - HCG accepted moderate assurance on the Winter plan which includes 4 hour emergency access performance.	High 10	Very High 20	Very High 20	Very High 20	Very High 20
4688	Patient safety in RIE ED Risk update provided January 2021	<u>Healthcare Governance Committee</u> November 2020 - HCG accepted moderate assurance on the Winter plan which includes 4 hour performance in RIE ED.	High 15	Very High 20	Very High 20	Very High 20	Very High 20
3726	Timely Discharge of Inpatients (Previously Unscheduled Care: Delayed Discharge). Risk update provided January 2021	<u>Healthcare Governance Committee</u> September 2020 – delayed discharge was discussed as part of HSCP annual reports, with moderate assurance accepted. November 2020 - HCG accepted moderate assurance on the Winter plan, which includes timely discharge.	Very High 20	Very High 20	Very High 20	Very High 20	Very High 20

Datix ID	Risk Title	Committee Assurance Review Date	Initial Risk Level	Jan-Mar 2020	Apr-Jun 2020	Jul-Sep 2020	Oct-Dec 2020
3829	GP Sustainability Risk update provided January 2020	Healthcare Governance Committee July 2020 – HCG continued to accept limited assurance. Acknowledged that risk needs to be re-evaluated. Deferred from January 2021 agenda.	Very High 20	Very High 20	Very High 20	Very High 20	Very High 20
3211	Access to Treatment (Organisation Risk) Risk update provided January 2021	Healthcare Governance Committee October 2020 - Board accepted limited assurance that Remobilisation plans will mitigate growing volumes of long wait patients for scheduled care/ cancer services, against rising Covid infections & Winter. November 2020 – HCG accepted moderate assurance on the Winter plan and Clinical prioritisation plan. December 2020 – the Board accepted limited assurance that Remobilisation will mitigate growing volumes of long wait patients for scheduled care/ cancer services, against rising Covid infections & Winter.	High 12	Very High 20	Very High 20	Very High 20	Very High 20
4191	Access to Treatment (Patient Risk) Risk update provided October 2020	Healthcare Governance Committee October 2020 - Board accepted limited assurance that Remobilisation plans will mitigate growing volumes of long wait patients for scheduled care/ cancer services, against rising Covid infections & Winter. November 2020 – HCG accepted moderate assurance on the Clinical prioritisation plan.	Very High 20	Very High 20	Very High 20	Very High 20	Very High 20

Datix ID	Risk Title	Committee Assurance Review Date	Initial Risk Level	Jan-Mar 2020	Apr-Jun 2020	Jul-Sep 2020	Oct-Dec 2020
		January 2021 – HCG discussed recommendation of moderate assurance in relation to CAMHs, however deferred decision on assurance level with request to bring back further detail in 6 months.					
4693	Brexit/EU exit Risk update provided January 2021	<u>Healthcare Governance Committee</u> Agreement to keep under review pending discussions on trade agreements. October 2020 – Board agreed to reinstatement of this risk. January 2021 - HCG accepted limited assurance.	Very High 20	Very High 20	Closed 9/4/2020	Very High 20	Very High 20
3828	Nursing Workforce Risk update provided October 2020	<u>Staff Governance Committee</u> July 2020 - increase in grading from 6 to 12 Significant assurance that there is a robust mobilisation plan and mechanism to co-ordinate the responses across the nursing and midwifery workforce. Limited assurance that there is sufficient capacity in the event the pandemic requires that the Board delivers a full surge plan in acute and community, including supporting the NHS Louisa Jordan October 2020 – verbal update provided, no new level of assurance agreed. December 2020 – increase in grading to very high agreed. Significant assurances accepted that robust corporate oversight to co-ordinate	High 12	Med 6	High 12	High 12	Very High 20

Datix ID	Risk Title	Committee Assurance Review Date	Initial Risk Level	Jan-Mar 2020	Apr-Jun 2020	Jul-Sep 2020	Oct-Dec 2020
		and prioritise responses across workforce. Limited assurance regarding capacity to respond to increased demand due to Covid activity and increase in staff absence due to Covid/isolation.					
4820	Delivery of level 3 recovery plans Risk update provided January 2021	<u>Board</u> January 2020 - Board accepted moderate assurance on the management of the risk and agreed to reduction in the risk grading. Although this process is currently paused with Scot Gov, with acknowledgement of the need for substantial review of plans/metrics in view of Covid-19, all elements of the risk continue to be managed and reported as part of relevant risks i.e. Access to Treatment, 4 Hours Emergency Access Standard, Bed Capacity in Acute Mental Health and Timely Discharge of Inpatients.	Very High 20	High 12	High 12	High 12	High 12
4921	Bed Capacity in Acute Mental Health Risk update provided January 2021	<u>Healthcare Governance Committee</u> January 2021- moderate assurance accepted. 15 additional beds remain open, but demand is being managed within that capacity.	High 15	High 15	High 15	High 15	High 15
4694	Waste Management Risk update provided January 2021	<u>Staff Governance Committee</u> August 2019 - Health & Safety Committee accepted moderate assurance. July 2020 - moderate assurance continues to be accepted by the Staff Governance Committee. Although the new contract is now embedded and operating effectively, some risk remains as	High 15	High 15	High 15	High 15	High 15

Datix ID	Risk Title	Committee Assurance Review Date	Initial Risk Level	Jan-Mar 2020	Apr-Jun 2020	Jul-Sep 2020	Oct-Dec 2020
		restrictions due to the pandemic are currently preventing necessary audits from being carried out. Risk therefore needs to be re-evaluated.					
5034	Care Homes New risk –approved by Board, 12 August 2020 Risk update provided October 2020	<u>Healthcare Governance Committee</u> September 2020 – moderate assurance accepted on oversight of quality in care homes by HSCPs as part of HSCP annual reports. January 2021 – moderate assurance accepted that governance infrastructure in place to deliver the enhanced professional oversight. Limited assurance in respect of the 4 aspects of care for which Exec nurse director given accountable.	High 12			High 12	High 12
5020	Water safety (Legionella) New risk –approved by Board 12 August 2020	<u>Staff Governance Committee</u> October 2020 – limited assurance accepted.	High 12			High 12	High 12
3454	Learning from Complaints Risk update provided October 2020	<u>Healthcare Governance Committee</u> November 2020 – Moderate assurance accepted.	High 12	High 12	High 16	High 16	High 16
3527	Medical Workforce Risk update provided January 2021	<u>Staff Governance Committee</u> July 2020 - moderate level of assurance accepted that the controls in place mitigate any risks to immediate patient safety and quality of care.	High 16	High 16	High 16	High 16	High 16

Datix ID	Risk Title	Committee Assurance Review Date	Initial Risk Level	Jan-Mar 2020	Apr-Jun 2020	Jul-Sep 2020	Oct-Dec 2020
		October 2020 – verbal update provided, no new level of assurance agreed. December 2020 – moderate assurance accepted. Grading 16 – currently considering recommendation to increase to 20 (Impact 5, likelihood 4)					
3189	Facilities Fit for Purpose Risk update provided January 2021	<u>Finance & Resources Committee</u> June 2020 - Moderate assurance agreed, reduction in grading from High 16 to high 12 (impact changed from high to moderate) On agenda for further review Jan 2021.	High 15	High 16	High 12	High 12	High 12
3455	Violence & Aggression. (Reported at H&S Committee) Risk update provided January 2021	<u>Staff Governance Committee</u> October 2020 - moderate assurance accepted on processes in place, limited assurance on implementation of required actions. December 2020 - moderate assurance accepted on processes in place, limited assurance on implementation of required actions, specifically on the use and provision of personal alarms.	Med 9	High 15	High 15	High 15	High 15
3328	Roadways/ Traffic Management (Risk placed back on the Corporate Risk Register December 2015) (Reported at H&S Committee).	<u>Staff Governance Committee</u> October 2020- limited assurance accepted regarding safe traffic management at the acute sites.	High 12	High 12	High 12	High 12	High 12

Datix ID	Risk Title	Committee Assurance Review Date	Initial Risk Level	Jan-Mar 2020	Apr-Jun 2020	Jul-Sep 2020	Oct-Dec 2020
	Risk update provided January 2021	December 2020- limited assurance accepted regarding safe traffic management at acute, East and Midlothian sites. Moderate assurance accepted for REH and community sites.					
1076	Healthcare Associated Infection Risk update provided January 2021	Healthcare Governance Committee January 2021 - Moderate assurance accepted. Standing item on HCG agenda.	High 12	High 16	High 16	High 16	High 16