NHS Lothian Board

Wed 04 August 2021, 09:30 - 12:30

MS Teams

NHS Lothian

Agenda

09:30 - 09:35
5 min

1. Welcome

Verbal *John Connaghan*

09:35 - 09:37
2 min

2. Apologies for Absence

Verbal *John Connaghan*

09:37 - 09:40
3 min

3. Declaration of Interests

Verbal *John Connaghan*

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 Lesley.H.MacDonald@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

09:40 - 09:45
5 min

4. Items proposed for Approval or Noting without further discussion

Decision *John Connaghan*

4.1. Minutes of Previous Board Meeting held on 23 June 2021

For Approval *John Connaghan*

23-06-21 Public Board Minutes (Final to Board).pdf (14 pages)

4.2. Audit & Risk Committee Minutes - 26 April 2021

For Noting *Martin Connor*

ARC Minutes 26-04-2021.pdf (6 pages)

4.3. Finance & Resources Committee Minutes - 02 June 2021

For Noting *Martin Hill*

FR 02-06-21 Minutes.pdf (6 pages)

4.4. Healthcare Governance Committee Minutes - 25 May 2021

For Noting *Fiona Ireland*

HGC 25-05-21 Minutes.pdf (8 pages)

4.5. Staff Governance Committee Minutes - 26 May 2021

For Noting *Bill McQueen*

SGC 26-05-2021 Minutes (signed).pdf (10 pages)

4.6. Edinburgh Integration Joint Board Minutes - 24 March and 27 April 2021

For Noting *Angus McCann*

Edinburgh IJB Minutes 24-03-2021.pdf (6 pages)

Edinburgh IJB Minutes 27-04-2021.pdf (6 pages)

4.7. West Lothian Integration Joint Board Minutes - 20 April 2021

For Noting *Bill McQueen*

West Lothian IJB Minutes 20-04-2021.pdf (7 pages)

4.8. Midlothian Integration Joint Board Minutes - 11 March and 08 April 2021

For Noting *Carolyn Hirst*

Midlothian IJB Special Meeting Minute 11-03-2021.pdf (4 pages)

Midlothian IJB Minute 08-04-2021.pdf (11 pages)

4.9. East Lothian Integration Joint Board Minutes 25 February and 22 April 2021

For Noting *Peter Murray*

East Lothian IJB Minutes 25-02-2021.pdf (8 pages)

East Lothian IJB Special Meeting Minutes 22-04-2021.pdf (3 pages)

4.10. Appointment of Members to Integration Joint Boards

For Approval *Martin Hill*

4 August 21 Board appointments report (final 160721).pdf (3 pages)

4.11. Infection Prevention Control Annual Report

For noting *Alex McMahon*

20210722 HAI Board Paper July 2021 v1.0 final.pdf (4 pages)

Appendix 1 IPCT Annual Report 2020-2021 v1.0 final.pdf (40 pages)

Items for Discussion

09:45 - 09:50 5 min

5. Board Chair's Report - August 2021

Verbal *John Connaghan*

09:50 - 10:05 15 min

6. Board Executive Team Report - August 2021

Discussion *Calum Campbell*

BET Report August 2021 v2.pdf (19 pages)

10:05 - 10:15
10 min

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

Verbal *John Connaghan*

10:15 - 10:35
20 min

8. NHS Lothian Board Performance Paper

Discussion *JCr*

Wendy MacMillan to attend

Board Paper Performance_August 2021 Final.pdf (28 pages)

10:35 - 10:45
10 min

9. May 2021 Financial Position

Discussion *Susan Goldsmith*

NHS Lothian 2122 finance report - Board 4 August 2021 (final 230721).pdf (7 pages)

10:45 - 10:55
10 min

10. Corporate Risk Register

Discussion *Tracey Gillies*

Board Corporate Risk Register Paper 4 August 2021 Final.pdf (11 pages)

10:55 - 11:00
5 min

11. Any Other Business

Verbal *John Connaghan*

11:00 - 11:03
3 min

12. Reflections on the Meeting

Verbal *John Connaghan*

11:03 - 11:04
1 min

13. Future Board Meeting Dates

For Noting *John Connaghan*

06 October 2021
01 December 2021

11:04 - 11:05
1 min

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

Decision *John Connaghan*

LOTHIAN NHS BOARD

Minutes of the meeting of Lothian NHS Board held at 10.30am on Wednesday 23 June 2021 using Microsoft Teams.

Present:

Non-Executive Board Members: Ms E. Roberton (Chair); Mr M. Hill (Vice-Chair); Mr M. Connor; Dr P. Donald; Cllr G. Gordon; Ms C. Hirst; Mr A. McCann; Mr P. Murray; Mr W. McQueen; Cllr D. Milligan; Mr T. Waterson; Dr R. Williams; Ms K. Kasper; Ms N. McKenzie; Mr J. Encombe; Miss F. Ireland; Prof. S. Chandran; Cllr J. McGinty and Cllr S. Akhtar.

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

In Attendance: Mr J. Crombie (Deputy Chief Executive); Mrs J. Butler (Director of HR & OD); Mrs J. Campbell (Chief Officer, Acute Services); Mrs J. Mackay (Director of Communications & Public Engagement); Mr C. Briggs (Director of Strategic Planning); Mr P. Lock (Director of Improvement); Dr J. Long (Director of Primary Care); Ms A. Macdonald (Chief Officer, East Lothian HSCP); Ms M. Barrow (Chief Officer, Midlothian HSCP); Ms L. Cunningham (RCN Steward Orthopaedics) (Shadowing T. Waterson) Mr A. Payne (Head of Corporate Governance) and Mr C. Graham (Secretariat Manager).

Apologies for absence: None received.

22. Declaration of Financial and Non-Financial Interest

22.1 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. There were no interests declared.

23. Chair's Introductory Comments

23.1 The Chair welcomed members and guests to the meeting. The Chair reported that this would be Nancy McKenzie's last Board meeting and thanked her for her contribution to the work of the board over the past six months.

23.2 The Chair also welcomed Jenny Long and Dona Milne to the meeting. Jenny was now in post as Director of Primary Care and Dona was the new Director of Public Health and Health Policy. The Chair thanked Ms Katie Dee for his work and support as Interim Director of Public Health and Health Policy.

Items for Approval

24. 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.

24.1 Minutes of Previous Board Meeting held on 07 April 2021 – Minutes were approved.

24.2 Audit & Risk Committee Minutes – 23 November 2020 and 22 February 2021 – Minutes were noted.

24.3 Finance & Resources Committee Minutes – 10 March and 21 April 2021 – Minutes were noted.

24.4 Healthcare Governance Committee Minutes – 23 March 2021 – Minutes were noted.

24.5 Staff Governance Committee Minutes – 17 February 2021 – Minutes were noted.

24.6 Edinburgh Integration Joint Board Minutes – 02 February 2021 – Minutes were noted

24.7 West Lothian Integration Joint Board Minutes – 18 March 2021 – Minutes were noted

24.8 Midlothian Integration Joint Board Minutes – 11 February 2021 – Minutes were noted

24.9 Appointment of Members to Committees – The Board agreed to:

- Re-appoint Dr Ian McKay as the '*registered medical practitioner whose name is on a list of primary medical services performers*' non-voting member of the Edinburgh Integration Joint Board for the period from 27 June 2021 to 26 June 2024.
- Appoint Professor Emma Reynish as the '*registered medical practitioner who is not providing primary medical services'* non-voting member of the Edinburgh Integration Joint Board for the period from 27 June 2021 to 26 June 2024.
- Re-appoint Jacqui Macrae as the '*registered nurse'* non-voting member of the Edinburgh Integration Joint Board for the period from 12 August 2021 to 11 August 2024.
- Appoint Professor Siddarthan Chandran as a voting member of the Edinburgh Integration Joint Board from 1 August 2021 to 31 July 2024
- Re-appoint Dr Hamish Reid as the '*registered medical practitioner whose name is on a list of primary medical services performers*' non-voting member of the Midlothian Integration Joint Board for the period from 27 June 2021 to 26 June 2024.

- Appoint Fiona Stratton as the 'registered nurse' non-voting member of the Midlothian Integration Joint Board for the period from 23 June 2021 to 22 June 2024.
- Re-appoint Dr Jon Turvill as the '*registered medical practitioner whose name is on a list of primary medical services performers*' non-voting member of the Edinburgh Integration Joint Board for the period from 27 June 2021 to 26 June 2024.
- Appoint Dr Karen Adamson as the '*registered medical practitioner who is not providing primary medical services'* non-voting member of the West Lothian Integration Joint Board for the period from 1 August 2021 to 31 July 2024.
- Appoint Dr Richard Williams as a member of the Remuneration Committee with immediate effect.
- Appoint Cllr. George Gordon as a member of the Finance & Resources Committee with immediate effect.

Items for Discussion

25. Board Chair's Report – June 2021

25.1 The Chair briefed the Board on recent events which had included meetings with Non-Executive Directors and exit conversations with Ms Alison Mitchell and Mr Mike Ash. The Chair thanked Alison and Mike for their service and agreeing to stay on the Board longer as part of the pandemic response.

25.2 The Chair had also had regular meetings with the Vice Chair and Chief Executive as part of process for continuity ahead of her stepping down.

25.3 There had also been several Board Chairs meetings in April, May and earlier this week. The Vice Chair had attended the April meeting but at the meeting this week there had been discussion on Covid vaccination and testing programme; governance; innovation and population health. There had also been a presentation on the formal launch of the new Centre for Sustainable Delivery from Catherine Calderwood.

25.4 The Chair had chaired a seminar for staff on Just Transition which had been an interesting event which tied into the Board's work around sustainability and work with the Poverty Commission and Edinburgh Climate Commission. The Chair thanked Dr Jane Hopton for organising the seminar and also thanked the two speakers, Professor Mike Danson and Professor Margaret Douglas.

25.5 The Chair reported that there had also been the first meeting with the new cohort of MPs/MSPs. This had been well attended and constructive with focus on the pandemic and vaccination. There had also been meetings between the Chair, Chief Executive, NHS Lothian Public Health Team and the Cabinet Secretary to discuss concerns around growing Covid numbers in Lothian. The Cabinet Secretary had asked the Board to identify areas where more support would be of assistance.

25.6 This week the Chair had attended the NHS Conference and the Edinburgh Partnership Board. The Chair had also undertaken an exit interview with Caroline Lamb and had a conversation with the Chair of Dumfries and Galloway who would be taking over the Board Chairs group.

25.7 In conversation with Caroline Lamb the Chair had given feedback on the work of the Board, the support received, the capability and capacity of the Board, points around workload and the progress NHS Lothian had made since last year through the work of the Board, Chief Executive and Executive Team.

26. Board Executive Team Report – June 2021

26.1 The Board received the Board Executive Team report and there was discussion on the following topics:

- **Princess Alexandra Eye Pavilion (PAEP) -** Mr Crombie Advised that formal confirmation had now being received form the Scottish Government of acceptance of the submitted report and there had been a request to re-submit the Outline Business Case to the Scottish Government Capital Investment Group by August this year.

  Mr Crombie confirmed that a copy of the summary report from external team that conducted the review of ophthalmology services had been submitted to Scottish Government and the focus was on colocations in buildings and opportunities around clinical pathways, redesign and community resources. The preferred option to rebuild PAEP in Edinburgh had been re-affirmed and the resubmitted Outline Business Case would detail elements of the external review and be expanded as part of the Final Business Case process.

- **Short Stay Elective Centre -** Mr Crombie outlined that there was significant national activity underway to map out the required workforce planning for the Centre, this included looking at new roles and the redesign and training needed for these. A detailed workforce plan alongside service modelling was being developed. All alternatives in terms of workforce were being looked at e.g. use of robotics, but it was noted that surgical robots still required surgeons to operate them but they did make cases more minimally invasive, improving recovery times. There was also a national digital innovation group supporting the deployment of the national treatment centre and supporting workforce issues.

- **NRAC (National Resource Allocation Committee) -** The Board recognised the continuing disparity in relation to the NRAC allocation and supported the Chief Executive's continued addressing of this with the Scottish Government. The Chair added that she had also mentioned this in her exit conversation with Caroline Lamb. It was also noted that Local Authorities would be going through local development plans around housing and it was important to note that provision for this infrastructure included health and not just schools and roads.

- **Scottish Hospitals Inquiry – RHCYP/DCN -** Mrs Goldsmith reported that in terms of funding of costs this remained unresolved, there was ongoing discussion with the Scottish Government. There had been discussion with NHSGGC as well and a separate cost centre had been established which would be auditable and would be reported through Finance and Resources Committee and the Board.

  In relation to resources it was noted that this was not detracting from clinical service. Management was dealing with the response and project management resource had been put in place to respond to the Public Inquiry in structured way.

- **Skill Boost, Band 2 and Band 5 recruitment (Nursing) -** Noted that videos would be used to support recruitment and multiple media channels would be used for this, but not television at this stage. Band 2 and Band 5 recruitment programmes had been successful in recent months. A new programme entitled 'Skill Boost' had been developed, aimed at students from both Edinburgh and West Lothian College's, each student will get a three-week placement with a detailed training programme attached and at the end of the training they can apply for a band 2 post. This has opened a new workforce pipeline for NHS Lothian.

- **Unscheduled care and redesign of urgent care programme -** Redesign showing positive improvement, but now seeing increasing attendances at front doors. Impact of 'Call MIA' and scheduled appointments at front door can be demonstrated. Unscheduled attendance or use of flow centre masking redesign work in urgent care. Seeing impact of scheduled minor injury assessment. Relies on patients coming through 111 route, hoping with national communications campaign the volume of patients through this route will increase. Working with NHS24 around readiness for greater volume.

- **Theatre Remobilisation -** Noted that theatres remobilised at 88% of pre-Covid levels. This is due to a vacancy rate of 8.6% or 56 WTE. Prior to Covid rate was 4.4%. There has been an increase in the number people leaving through retiral, some staff positively undertaking development (ODP programme) and personal decisions to move to areas with no on call commitments. There were several ongoing initiatives focused on theatres and alternative pipelines for staff. Services were using videos to help support staff around recruitment and retention. There was a deep dive to look at other initiatives on 25 June 2021. Sickness absence is lower than it has been, it is vacancies that are the issue and it will take time to build up theatre work as any staff coming in have a lead in time to delivering service.

- **Performance Recovery Work -** Noted that the governance route for these streams of the Director of Improvement work would be through the Planning, Performance and Delivery Committee along with updates to the Board each month. There was also the Performance Oversight Board now meeting each Friday to consider issues. The responsibility for

governance over the finance element of this work would remain with Finance and Resources Committee.

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

27.1 **Finance and Resources Committee** - The Vice Chair reported that the committee had met on 02 June 2021 and had dealt with a wide range of matters including the standard business case for Cockenzie Health Centre. The Vice Chair also wished to bring the following items to the Board's attention:

- Edinburgh Bio Quarter – engagement and joint venture project. The committee were considering whether moving this engagement forward was more appropriate for the Planning, Performance and Development Committee or the Board, to give assurance that the broader innovation networks were functioning well and developing. Miss Gillies reported that she sat on the Bio Quarter Board and there was an Innovation Sub Committee that she was also part of.

- *Scott Government funding of free parking at RIE* – there had been discussion on concerns around what this might mean for car parking demands on site and the committee were looking at the various ways the Board could respond to this.

- *Climate Change – NHS Lothian Annual Report* – The committee had discussed the work being done and the greater focus on sustainability. In terms of the 89% carbon emissions target the committee had noted that only 20-30% of the total footprint was being reported on. There would be further updates back to the Board and the committee would continue to develop the work to understand environmental impact.

27.2 **Staff Governance Committee** - Mr McQueen reported that at the committee meeting of 26 May 2021 it had been agreed to highlight the new Staff Wellbeing Strategy for the next three years to the Board. The Strategy had been approved by the committee and there was further detail in the Director of HR & OD Board Executive Team report entry that was part of the Board papers. There would be further work on the appropriate communications plan for the strategy. The Chair added that the strategy was timely as staff wellbeing was one of the new Cabinet Secretary's priorities.

28. NHS Lothian Board Performance Paper

28.1 Mr Crombie outlined the report recommending that the Board discuss and review the current performance position of key metrics relevant to the Lothian Performance Recovery Programme and Remobilisation Plans.

28.2 Mr Crombie explained that this paper followed the previously agreed format and provided clear signals around the return of demand to pre-Covid levels; development of capacity and dealing with backlogs. There were also issues in the report beyond acute and across systems this included Delayed Discharges, REAS, Mental Health and HAI Performance.

28.3 Mr Crombie reminded the Board that NHS Lothian continued to operate in the pandemic environment and with compromised capacity due to 2 metre spacing and PPE requirements.

28.4 The Board noted the highlighted areas of good performance within the report relating to the new Children's Hospital Emergency Department four-hour performance and breast cancer 62-day performance target.

28.5 Mr Crombie made a point on staff wellbeing and that teams had worked incredibly well during the pandemic and people were tired but continued to be committed to the ongoing challenge within the current environment. The Board supported this point and added their gratitude to staff for what they had done.

28.6 The Chair reported that she had raised the 2-metre spacing issue with Jason Leitch, Scotland's national clinical director, during a Board Chairs session. She had urged him to progress the review of this as soon as possible as moving to 1 metre would make an important impact to NHS Lothian's capacity.

28.7 There was discussion on actions take to deal with performance issues that would be looked at deeper at the Performance, Planning and Development Committee. The Board also noted the good news story around Bed Days. Mr Crombie commented that sustained improvement was being made across the system and with health and social care partners.

28.8 The Board discussed the actions being taken to work through the pandemic backlog without diluting service provision, as the report highlighted some demand increasing to pre-pandemic levels.

28.9 Mr Crombie stated that there was a process of understanding around patient profiles and urgency profiles when reviewing the backlog and capacity opportunities that can be deployed. There was use of the Golden Jubilee Hospital and independent sector to provide additional capacity.

28.10 Ms Campbell advised the Board that the backlog for outpatient appointments was about 37,500 and for patients with a treatment time guarantee just over 9,000. There was also still a rising number of patients through the urgent suspicion cancer route along with rising number of routine referrals almost back to pre-pandemic levels.

28.11 The Board noted that priority was being given to the most urgent patients so with the increased number of urgent suspicion of cancer referrals, more capacity would be skewed towards these patients. Action was being taken to look at overarching redesign, looking at RefHelp models to ensure patients were referred at the right time and looking at alternatives to face to face appointments such as self-management and use of technology.

28.12 The Chair highlighted that there had been discussion on capacity and backlogs at the Board Chairs group and had been referenced by the new Cabinet Secretary. It was recognised that this was a national issue and not just a Lothian issue and that there needed to be clear messaging to help the public understand the scale of the challenge that would take years not months to resolve.

28.13 Ms Hirst welcomed the richness of information within the report. The report was positive in increasing focus on plans to improve performance rather than looking backward. More emphasis on the aspects of performance within the Board's control in terms of improvement would be helpful along with information on key levers that have the most impact on performance and prevention.

28.14 Mr Crombie took on board Ms Hirst's comments and explained the cultural element involved with the need to support and education the population to take better accountability for health and health improvement, whilst recognising the opportunities technology and new ways of working offered. A report such as this needs to reference cultural aspects as recovery from the pandemic would be seismic in nature and NHS Lothian could not return wholesale to the previous ways of working.

28.15 Mr Encombe asked for clarification around the Psychological Therapies waiting list and patients with ADHD and other neuro-developmental conditions.

28.16 Professor McMahon explained that with Psychological Therapies if a patient had not reached 18 weeks on the waiting list and was then unavailable for a period of time, then the clock would be paused at no detriment to the patient. For patients over 18 weeks there would be no further detriment and the system would offer appointments to patients as slots became available. Added capacity for more appointment slots was being put in place and a reduction in waiting for Psychological Therapies could be seen in the last 9 months. Appointments within Child and Adolescent Mental Health Services (CAMHS) were taking longer and the CAMHS team were working to create better job planning and improve appropriate discharging of patients based on clinically driven decisions to create additional.

28.17 There was also Choice and Partnership Approach (CAPA) work underway and the use of private sector capacity to reduce waiting times and provide support young people. This work focussed on working with community specialist outpatient teams to make sure appropriate signposting of referrals was in place.

28.18 In relation to neuro-developmental conditions, Professor McMahon explained this was also part of the CAPA work along with working with nursing and non-medical prescribers to take some prescribing workload away from psychiatrists.

28.19 Ms McKenzie asked about 4-hour emergency access standard performance and performance at St John's Hospital around triage, and reduced time for first assessment. This was shown in the improvement plan but not all of them, she questioned how quickly were local successes being turned into broader action across the NHS Lothian estate? Could clarification also be provided around same day emergency care and its implementation.

28.20 Mr Crombie stated that impact of actions taken across the system were monitored and where there was evidence of things working then these themes and principles were taken elsewhere as part of the overarching unscheduled care programme board.

28.21 Ms Campbell added that the work at St John's Hospital had been part of a small Quality Improvement Test of Change with the data being used to help ensure the right thing was being done. The clinical lead for the work also worked at the Royal Infirmary of Edinburgh and had been asked to replicate the Quality Improvement Methodology at that site.

28.22 The Board agreed the recommendations within the report:

- To acknowledge the supporting performance infrastructure in place which provides formal assurance on a wider set of metrics aligned to Board priorities through existing committees.
- To recognise the performance challenges detailed in this paper including; exacerbated pre-existing performance issues and dips in performance following the impact of Covid-19 and current measures.
- To consider the clinical reprioritisation exercise undertaken on all inpatient and day case waiting list patients and the focus on maintaining and improving performance in order of clinical priority and longest routine waits.
- To agree that if further deeper dives are requested by the Board, these are addressed in separate reports to maintain the structure of the core performance report.

29. Oversight of Care Homes

29.1 Professor McMahon introduced the report updating the Board on the developments relating to the Executive Nurse Director's enhanced professional oversight of Care Homes (CHs) in Lothian that was instigated on the 17th of May 2020 and is place until at least March 2022.

29.2 The report and the Lothian Care Home Annual Report 2020/21 provided an overview of developments and progress to date whilst recognising the responsibilities that the four Health & Social Care Partnerships (HSCPs) have for Care Homes in Lothian.

29.3 The Board noted that the report had been discussed at the Healthcare Governance Committee and it had been agreed to bring this to the Board given the amount of work undertaken since May 2020. The work had been done in partnership with care homes, care inspectorate and the health and social care partnerships.

29.4 Professor McMahon explained that the report had been written from a point of learning in a proactive way to help shaping plans moving forward. The report also detailed investment made against governance, education, training and infection control.

29.5 There was discussion on inspection arrangements for care homes, the current Nurse Director role in relation to care homes, required infrastructure and funding from the Scottish Government. The Board recognised the sustaining care home performance benefited the whole system as hospital admissions could be avoided. Professor McMahon confirmed that there would be a meeting with the new Minister for Mental Health tomorrow and he expected the Nurse Director role to be developed rather than removed with the arrangements currently remaining in place until end of March 2022 at the earliest.

29.6 Professor McMahon outlined that at local level there was very much a partnership approach and that at national level discussion could be confusing where so many groups were involved such as Care Inspectorate, Health Improvement Scotland etc. Which was why NHS Lothian were looking to develop the Health and Social Care Academy with its partners. A project manager had been recently appointed and there had been great buy-in from health and social care partners along with national interest in the concept. There was also interest from local authorities given the social care element, this would not just be NHS Lothian's investment.

29.7 Ms Macdonald added that the oversight arrangements for care homes had provided more consistency of approach and had been welcomed by independent care homes giving more scrutiny and a more joined up approach.

29.8 The Board thanked Professor McMahon and his team for this work and recognised that this was an excellent piece of work and a great example of partnership working and that the report should be shared and promoted widely.

29.9 The Board agreed to the recommendations in the report:

- That the Board continue to support the delegated responsibility for assurance of the enhanced professional oversight of CHs in Lothian.
- To accept moderate assurance that the governance infrastructure put in place to allow the Board to deliver the enhanced professional oversight of care homes across Lothian is working effectively.
- To note progress and accept moderate assurance in respect of the four aspects of Covid-19 related accountability bestowed on the Executive Nurse Director:
  - ➢ Workforce requirements and supply of mutual aid
  - ➢ Infection prevention and control, including PPE and cleaning requirements
  - ➢ Education and training
  - ➢ Supportive Review / Visits
- To note the Lothian Care Home Annual Report 2020/21.
- To note the Care Home Support Framework which details the NHS Lothian and four HSCPs response to the additional responsibilities for multi-professional oversight of all care homes, irrespective of their status (private, local authority or third sector) by Health Boards related to the Covid-19 pandemic.

30. COVID Vaccination Programme

30.1 Professor McMahon introduced the report updating the Board on the Covid vaccination programme.

30.2 The Board noted the vaccination position as at 22 June 2021 with 976,263 vaccines administered by NHS Lothian. Significant coverage was being achieved and the process of offering first vaccinations for the over 18s age group had started with a target completion date of 12 July 2021.

30.3 Professor McMahon reported that there were ongoing national discussions around workforce requirements for vaccinations and that he, the Director of Public Health and the HSCPs Chief Officers would be meeting tomorrow to discuss local management of the vaccination programme. The Chair added that there had also been discussion at the recent Board Chairs meeting about moving the vaccination programme forward.

30.4 There was discussion on concerns around the rate of people not attending appointments (DNA) and the huge number of returned appointment letters. Professor McMahon explained that the DNA rate went up and down quite significantly almost on a day-today basis. The Board noted this was currently around 8% which was relatively low but had been much higher. The rate was now tracking within the Scottish norm benchmarking or slightly below.

30.5 Higher rates had been associated with good weather and people returning to work finding attending appointments more challenging. This was where the vaccination drop-in clinics had proven to be attractive, especially for second-dose vaccinations.

30.6 Professor McMahon expressed his frustration with the issues around the large number of returned appointment letters, with well over 10,000 returned which could be more like 15,000. The addresses used for these letters had been take from GP registers and it was recognised that the cause of the problem may be Lothian's transient student population and people who live at a property for a short period and information not then being updated with GPs when they moved on. There was a significant challenge ahead for the Board and Universities when the students return to Edinburgh and the Lothians after summer.

30.7 Professor McMahon explained that time and money was being invested in opening all the returned letters and trying to contact people. This was not a good use of the resource available but ethically there was a need to follow up with these people. It was likely that a look back exercise would be required to look at lessons learned for moving forward with any future vaccination programme. The Chair highlighted that although the letters were returned to NHS Lothian they were not initially issued by the Board.

30.8 Mr McQueen asked about the older age groups e.g. over 50 years old and if there was intelligence around vaccination numbers. Professor McMahon stated that 95.6% of over 80s had received a first jab and the second dose number was close to this. It was possible that people may have moved out of area to another care home for example.

30.9 Professor McMahon added that there were people that were still reluctant to be vaccinated and this was not just within younger cohorts. There was targeted work ongoing with GPs to contact hard to reach cohorts and offer local vaccination. There would likely be further communication of walk-in clinics for any age group but it was hard to believe that people had not heard or seen information about vaccination or been invited to come forward.

30.10 The Board noted the update on the Covid vaccination programme performance and noted that NHS Lothian's reported performance against the whole eligible population was skewed by several issues and that Lothian's performance against the cohorts offered vaccination was better than reported.

31. NHS Lothian Remobilisation Plan 3

31.1 Mr Briggs outlined the report seeking approval from the Board for Remobilisation Plan 3.

31.2 The Board specifically noted the immense work undertaken by members of staff working in escalated areas and the challenges the Lothian system still faced in the areas around escalation. The Board also noted that the underlying capacity issues related to NRAC remain.

31.3 The Board agreed to approve Remobilisation Plan 3 and noted the position regarding escalation.

32. Lothian Strategic Development Framework Progress

32.1 Mr Briggs introduced the report to update the Board on progress in developing the Lothian Strategic Development Framework (LSDF).

32.2 The Vice Chair mentioned the continuing 'buddy group' arrangements and that there was still the opportunity for discussion to be widened to allow a schedule of engagement for all Non-Executive Directors to contribute to.

32.3 The Board thanked Mr Briggs and his team for progress with the Framework and agreed the following recommendations:

- To note general progress
- To note that our 4 IJB partners have agreed to collaborate in the process of developing the LSDF
- To agree proposed phasing of work to deliver the LSDF document
- To agree the fixed points identified by the NHS Lothian Corporate Management Team
- To note the process in train to answer key questions
- To note the establishment of the "buddy group" and the headlines from that group's first discussion

33. 2020/2021 Financial Position

33.1 Mrs Goldsmith provided an update to the Board on the financial position for 2020/21 for NHS Lothian.

33.3 The Board agreed to Accept NHS Lothian had achieved its financial target of breakeven for the year 2020/21, subject to external audit review.

34. Corporate Risk Register

34.1 Miss Gillies introduced the report reviewing NHS Lothian's Corporate Risk Register and associated processes to ensure these remains fit for purpose.

34.3 The Board agreed to the recommendations in the paper to:

- Approve the recommendations for individual risks on the Corporate Risk Register (CRR) as set out in Table 1.
- Approve the revised risk descriptions, governance, management, and assessment of adequacy of controls and grading.
- Approve the new risks for inclusion on the CRR.
- Note the Chairs' risk assurance meeting.
- Note the yearly internal audit into Lothian's Risk Management System will be presented to the June 2021 Audit & Risk Committee

35. Any Other Business

35.1 **Valedictory Comments – Esther Roberton**

35.1.1 The Vice Chair paid tribute to the outgoing chair highlighting her leadership of the Board through the challenges of the past 16 months and her successes in bringing in a new Chief Executive and new Non-Executive Directors against the backdrop of a pandemic and the delayed opening of the new RHCYP/DCN.

35.1.2 The Board expressed its thanks to Esther, wished her every happiness and success in whatever form that takes in future and looked forward to seeing where her experience and boundless energy would take her next.

35.1.3 The Chair replied that she was also interested to see what her next challenge would be and welcomed the Board's kind words and appreciation. She expressed regret that she had not managed to meet the full Board in person given the pandemic restrictions and paid tribute to the Chief Executive and the Executive Team for how they have gelled as a group and supported her with the recent challenges. The Chair also thanked all staff in the organisation for their hard work throughout the difficult times and was looking forward to a time when she would be able to see the board members in person and visit the new Children's Hospital.

35.1.4 Finally the Chair expressed her gratitude to the Vice Chair for his help and support over her time as chair.

36. Reflections on the Meeting

36.1 None.

37. Next Board Meeting

37.1 The next Board meeting would be held on 04 August 2021.

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

38.1 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 ……………………………………………………………………………………………

Esther Roberton
Interim Chair – Lothian NHS Board

NHS LOTHIAN

AUDIT AND RISK COMMITTEE

Minutes of the Audit and Risk Committee meeting held at 9:30 am on Monday 26th April 2021 via MS Teams.

Present:
Mr M. Connor, (Chair) Non-Executive Board Member; Ms K. Kasper, Non-Executive Board Member; Mr J. McGinty, Non-Executive Board Member and Mr P. Murray, Non-Executive Board Member.

In Attendance:
Ms J. Bennett, Associate Director for Quality Improvement & Safety; Ms K. Brooks, Grant-Thornton; Mr C. Brown, Azets; Ms J. Brown, Chief Internal Auditor; Mr C. Campbell, Chief Executive, Mr J. Crombie, Deputy Chief Executive; Mrs S. Goldsmith, Director of Finance; Mr C. Marriott, Deputy Director of Finance; Ms O. Notman, Head of Financial Services; Mr J. Old, Financial Controller; Mr A. Payne, Head of Corporate Governance and Miss L. Baird, Committee Administrator.

There were no apologies for absence

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. There were no declarations of interest.

Welcome and Introductions

The Chair welcomed the members to the April 2021 meeting of the Audit and Risk Committee

1. Minutes of the previous meeting held on 22nd February 2021

1.1 The minutes of the meeting held on 22nd February 2021 was accepted as an accurate record.

2. Running Action Note

2.1 The committee noted the actions marked complete and those that were not due for consideration detailed within the report.

2.2 The committee accepted the running action note.

3. Corporate Risk Register

3.1 Ms Bennett presented the previously circulated paper.

3.2 Members advised that next steps would focus on ownership of the risks under review. This would include a review of the risk description; what action plans were in place to mitigate the risk and confirmation of controls around management and assurance reporting.

3.3 Members noted that an internal audit looking at the acute and health and social care risks had been commissioned. The audit would consider whether there was a

robustness around the escalation process from an operational level into the Corporate Risk Register.

3.4 The Chair thanked Ms Bennett for her informative paper. The Chair was pleased to see that the recommendations to the Board had been approved. He also welcomed the proposed bi-monthly review of the report by the Corporate Management Team going forward.

3.5 The committee discussed the timely discharge of patients and impact on flow that resulted from the unknown factors around the second wave of the pandemic. Ms Bennett advised that the report back to the Board would describe the positive steps made against delayed discharges and reflect in the Corporate Risk Register both the high and lows during that period.

3.6 Mr Murray drew the committee's attention to risk 3211 – Access to Treatment. He questioned what aspects of the remobilisation plans had provided the Healthcare Governance Committee with limited assurance given the growing volume of long waits. Ms Bennett explained that the committee had recognised that access to treatment was out with their control however, they were comfortable that the processes around clinical prioritisation ensured that those with the greatest need were being put forward for treatment.

3.7 Mr Campbell explained that discussions around the review of risk and the Corporate Risk Register had focused on the impact on the NHS Board rather than the integration joint boards (IJBs). Mr Campbell would have a discussion with Mr Murray out with the meeting to identify how the respective risk registers of the IJBs could be linked to the Corporate Risk Register.

3.8 Ms Bennett provided an overview of her work with Ms Kasper around a future session on risk and the proposed programme. She noted that a formal programme would be circulated to the non-executives when available.

3.9 Members thanked Ms Bennett and her team for their extensive work on the review of risk across the organisation and the assurance that it provides the Committee and the Board.

3.10 The committee noted the April 2021 Board approved the Corporate Management Team recommendations for individual risks on the Corporate Risk Register.

3.11 The committee noted the scope of the internal audit of risk management in 2021.

4. Internal Audit Progress Report – April 2021

4.1 Ms Brown presented the report. She reported that since the February meeting two reports had been finalised. The remaining five reports and the annual audit opinion would be presented to the June Audit and Risk Committee.

4.2 The committee noted that the internal audit team were working with the Corporate Management Team to develop the 2021/2022 Internal Audit Plan. In advance of the June meeting Ms Brown was seeking the Committee's views on the proposed Q1 audits for the 2021/22 plan detailed within the report.

4.3 The committee discussed the work with the chairs of the IJB audit committees and the best use of resources in terms of assurance. Ms Brown advised members that going forward arrangements would remain the same in West Lothian with joined up assurance through the operational risk register. A revised proposal that would see the Internal Audit Team support one piece of work for each of the IJBs was being developed. Overall there was a broad agreement for each of the IJBs going forward.

4.4 The committee agreed to approve the 2021/22 Q1 audits of violence and aggression, property transactions, whistleblowing and water safety.

4.5 The committee discussed the timing of the whistleblowing audit considering that the systems to implement the new national standard were in the early stages of development. Ms Brown assured the committee that the internal audit team would take on an advisory role. Her team would work with management on the design process, identifying gaps and progress against the guidance. Ms Brown continues to work with Ms Butler to refine the scope of the audit.

4.6 The Committee accepted the report.

5. Waiting Times – Compliance with Data on TrakCare (March 2021)

5.1 Ms Brown presented the Waiting Times – Compliance with Data on TrakCare (March 2021). She explained that the audit had achieved all green ratings.

5.2 The committee were assured that although there had been a period of uncertainty around waiting times, there was clear adherence to Scottish Government Guidance and continued checks on the underlying data.

5.3 The committee accepted the report.

6. Internal Audit Report: Follow Up of Management Actions (April 2021)

6.1 Ms Brooks presented the Internal Audit Report: Follow-up of management Actions (April 2021). She noted the good progress reflected within the report and actions that were closed off.

6.2 Ms Brooks had discussed the GP Sustainability Audit with the Director of Primary Care Transformation and come to agreement that the audit would be put on hold until the New Director of Primary Care Transformation was in post. This would ensure that the audit provides the best assurance to the committee and new Director.

6.3 The Committee accepted the report.

7. Counter Fraud Activity

7.1 Mr Old presented the report. He reported that CFS held four Microsoft Teams events and shared two alerts with all relevant parties. Since the February meeting there were six active referrals and eight operations in progress.

7.2 Work to re-establish the Counter Fraud Action Group was in progress. The group would focus on recommendations from CFS, follow-up of those recommendations, developing better communications and training.

7.3 The committee accepted the report as a briefing on the current status of counter fraud activity.

7.4 The committee agreed that the report provides a moderate level of assurance that all cases of suspected fraud are accounted for and appropriate action is taken.

8. Update on Service Audit Activity during 2020/21

8.1 Mr Marriott presented the previously circulated update on Service Audit Activity during 2020/21 from Caroline Lowe. The letter outlined the specific concerns and highlighted the commitment to work with new auditors, KPMG to provide assurance on actions carried out in year to enable NHS Lothian's plan's to be finalised.

8.2 Ms Lowe would meet with NHS Lothian on 3rd June 2021 and it was expected that NSS would provide a qualified opinion depending on how the audits conclude. The Committee recognised the importance of the NSS audits in underpinning NHS Lothian's audit and accounts.

8.3 Mr Brown noted concerns about the timing of the opinion from NSS and how close the deadline was to the close out meeting. Mr Marriott would discuss the concerns of the external auditor with Ms Lowe, requesting early notification on material risk and report back to Mr Brown.

CM

8.4 The committee noted the update on Service Audit Activity during 2020/21 and the information therein.

9. Accounting Policies

9.1 Ms Notman presented the previously circulated accounting policies. She explained that the report was the annual report that invites the committee to review and approve the accounting policies that would support the preparation of the annual accounts.

9.2 It was noted that NHS Board had been instructed by the NHS Scotland Technical Accounting Group to use the 2019/20 Annual Accounting and Capital Accounting Manual to complete the 2020/21 accounts. No new manual would be released for the period of 2020/21. Key updates to the 2020/21 accounts were detailed on a separate appendix.

9.3 The committee noted that the timeline for the completion of the annual accounts had been extended to 30th September 2021 however NHS Lothian would continue to work to its original timelines.

9.4 Ms Notman reported that IRF16 the revised standard for lease accounting had been deferred further by one year and would now come into effect from financial year 2022/23.

9.5 The committee reviewed and approved the accounting policies, confirming that they were appropriate for the Board at the present time for the purpose of giving a true and fair view.

10. Progress on RHCYP/ DCN Audit Actions

10.1 Ms Goldsmith presented the report. She explained that the agreed deadline for the implementation of the management response was December 2020 and she acknowledged that the timescale had not been met. This was due to the extent of the work involved in addressing the recommendations.

10.2 The committee noted the exercise that would bring a document outlining progress against the recommendation, bringing a clear way forward with key milestones. This will clearly outline the process to be followed, highlighting and identified how each recommendation sits against national guidance and strategic direction.

10.3 Mr Marriott explained that NHS Assure was in its infancy and NHS Lothian would need to see how it links into its own internal processes. The committee agreed that a fuller discussion with examples to be worked though should be brought back to a future meeting of the Audit and Risk Committee. The Chair would take advice from Ms Goldsmith and Mr Payne on the timeline for the report.

MC/SG/AP

10.4 The committee discussed whether there was added value in including an option to not proceed in diagram 1 of the report. Mr Marriott advised that although it was not explicit within the report there was the option for progress against recommendations to be halted by NHS Lothian and Scottish Government.

10.5 Mr Murray questioned whether the green agenda should be referenced under the compelling case for change section on page 10 of the report. Mr Marriott agreed to give this feedback to the authors.

CM

10.6 The committee discussed whether risk management compliance in respect of the Senior Responsible Office should be included within the report. Mr Payne explained that the Finance and Resources Committee terms of reference now includes seeking assurance regarding the Senior Responsible Officers. He advised that the Scheme of Delegation which the Board approved on 7 April includes additional controls relating to the Senior Responsible Officer.

10.7 Mr Payne advised that the Scheme also transfers the authority to approve initial agreements to the Planning, Performance & Development Committee.

10.8 The committee accepted the report as a source of moderate assurance that management have started to take appropriate action on the recommendations and that some progress has been made.

10.9 The committee accepted that due to resource constraints the full completion of the management actions will not be completed until December 2021.

10.10 The committee noted that the development of the NHS Assure may have an influence on the development of the framework.

11. Results of the Members Survey

11.1 Mr Payne presented the results of the members survey. He invited members to provide direction in respect of their individual training needs and of areas where they would like further information. Members would approach Mr Payne individually.

11.2 The committee accepted the report.

12. Audit Scotland: Covid 19 Guide for Audit & Risk Committees

12.1 Mr Payne presented the Audit Scotland: Covid Guide for the Audit and Risk Committee.

12.2 Mr Brown advised that he had not had the opportunity to go through the checklist in detail. He welcomed the work NHS Lothian had done to develop the checklist and would go through it in detail as part of the audit.

12.3 The committee discussed the effects of the answers to the checklist impact on other committees and how this flows through to the Board. Whether the necessary changes would have a long term impact as the consequence of a short term challenge and whether these were the correct solutions or if they would be reconsidered post Covid.

12.4 The committee agreed that that there should be a development session on the Audit Scotland: Covid 19 guidance for the Audit and Risk Committee. Mr Marriott confirmed that he would organise a session out with the normal cycle of meetings. He proposed that the session would be a 2 in1 session that would improve the skill set and understanding around the Audit Scotland: Covid 19 Guide for the Audit and Risk Committee and give Board members a wider understanding of the financial aspect. The session would be primarily for the Audit and Risk Committee Members, but it would be opened up to other Non-executive who expressed an interest in the session.

CM

12.5 The committee accepted the report.

13. Any Other Competent Business

13.1 The Committee agreed that there was no other competent business.

14. Reflection on the Meeting

14.1 Mr Connor commented that the meeting was much shorter and streamlined under the revised structure. He would work with Mr Payne to devise a form of words to capture the committee's discussion around how the answers in the checklist impact on other committee and flow to the Board to bring it to the Board's attention.

MC/AP

15. Date of Next Meeting

15.1 The next meeting of the Audit and Risk Committee is scheduled for Monday 21 June 2021 at 9.30 a.m. via MS Teams.

Chair signed minutes 21-06-2021

FINANCE AND RESOURCES COMMITTEE

Minutes of the meeting of the Finance and Resources Committee held at 9.30 on Wednesday 2 June 2021 by videoconference.

Present: Mr M. Hill, Non Executive Board Member (chair); Councillor S. Akhtar, Non Executive Board Member; Ms S. Goldsmith, Director of Finance; Councillor G. Gordon, Non Executive Board Member; Mr A. McCann, Non Executive Board Member; Ms N. McKenzie, Non Executive Board Member.

In Attendance: Ms J. Campbell, Chief Officer, Acute Services; Ms J. Cassells, Senior Information Analyst (item 15.1); Mr I. Graham, Director of Capital Planning and Projects; Mr I. Gorman, Head of Operations, East Lothian Health and Social Care Partnership (item 10.1); Dr J. Hopton, Programme Director, Facilities (items 14.1 and 15.1); Mr C. Marriott, Deputy Director of Finance; Mr D. Mill, Senior Project Manager, Facilities (item 15.1); Mr A. Payne, Head of Corporate Governance; Ms B. Pillath, Committee Administrator (minute).

Apologies: Mr C. Campbell, Chief Executive; Mr J. Crombie, Deputy Chief Executive; Ms T. Gillies, Medical Director; Professor A. McMahon, Executive Nurse Director; Mr B. McQueen, Non Executive Board Member.

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.

8. Committee Business

8.1 Minutes and Actions from Previous Meeting (21 April 2021)

8.1.1 Members accepted the minutes from the meeting held on 21 April 2021 as a correct record.

8.1.2 The updated cumulative action note had been previously circulated. Updates discussed would be included in the action plan circulated before the next meeting.

8.2 Community Empowerment Act Annual Report 2020/21

8.2.1 Mr Payne presented the previously circulated paper. There had been no applications under the Community Empowerment Act in the year 2020/21. Members accepted the recommendations laid out in the paper and accepted significant assurance.

9. Capital

9.1 Property and Asset Management Investment Programme

9.1.1 Ms McKenzie suggested that during the review of the business case template the connection between business case and strategy and how could this be better defined should be considered, and also that any delays and changing timescales through the business case process could be made clear at each new update along with any cost implications. There should also be consideration of whether changes in the scope of a project that affected the budget needed to be highlighted.

9.1.2 Mr Graham advised that it was recognised that changes in project scope would happen over time and these would be managed at Programme Board level. They usually related to improvements which would increase the value or benefits of the work. Any material changes would be brought through the governance process. It was agreed that this needed to be better captured in the reports to give assurance to the Committee.

9.1.3 Members would like more accuracy in cost ranges given for projects, which would take into account unexpected price rises for instance in materials costs. Mr Graham advised that the majority of projects did stay within the initial cost range given but more recently contingency funds were being used earlier in the project rather than for unexpected problems on site. He agreed to bring back a proposal for how significant changes to early costings by the final stages of the project should be presented to the Committee. **IG**

9.1.4 Mr Marriott advised that extra equipment purchased in the early stages of the covid response in anticipation of an increase in patients was originally held nationally but moved to the Boards at the end of the financial year. This would be used to replace existing older equipment as part of the replacement programme, some would be kept as contingency, and some excess equipment would go into national and international programmes for sharing equipment in areas of need.

9.1.5 Members accepted the recommendations laid out in the paper and approved the Medical Equipment Replacement Programme.

10. Cockenzie Health Centre Extension and Refurbishment – Updated Standard Business Case

10.1 The chair welcomed Mr Gorman to the meeting and he presented the previously circulated paper. He advised that the timescale given in the paper for completion of the project was realistic. The project team was working closely with the practice and resources were available to provide support for remote working if there were any problems or delays.

10.2 Mr Graham noted that the £6,000 per annum ‘rent’ included in the costings was an uplift for building maintenance which most practices received.

10.3 Mr Gorman advised that the practice had been engaged with the value engineering exercises that had been carried out to mitigate increasing costs of the project. The first and second stages of this mainly resulted in adjustments such as changing room sizes and removing parts of the projects which were not thought to be cost effective. The third change was focused on using different materials or fittings to make savings. Engagement with the service had been key throughout.

10.4 There had been no change to the size of the building as a response to changes in way of working due to covid, but there had been change to the equipment and the use of rooms. This was to manage changing demand, for instance in mental health.

10.5 It was noted that the construction costs were two thirds higher than in the first Standard Business Case which was partly due to the cost increases over the four years between the two Business Cases. Mr McCann asked how this period could be shortened so that less time was needed for reviewing work previously done. Ms Goldsmith advised that in this case the delay was due to an increase in costs and then due to covid priorities the project was not followed up during 2020.

10.6 This project was within the delegated authority of the health board, but it was suggested that for larger projects where there was uncertainty in availability of funding from the Scottish Government only minimal time should be invested in developing business cases. Ms Goldsmith explained that previously business cases were used to attract the attention of the Scottish Government before funding was available, but as Scottish Government processes changed this may no longer be necessary.

10.7 It was noted that, although not in this case, sometimes delay could be caused by lack of staff capacity as staff worked on business cases on top of their usual role. This could especially be a challenge in primary care.

10.8 Cllr Akhtar suggested that there should be a way for the Scottish Government to support the health board with infrastructure funding to go with policies on building of new houses. Funding for health facilities should be made clear at the outset for new areas of housing.

10.9 Members accepted the recommendations laid out in the paper and approved the updated standard business case.

11. Edinburgh Bioquarter – Engagement and Joint Venture Project

11.1 Mr Graham presented the previously circulated paper. It was noted that NHS Lothian had not carried out community engagement or assessment of community benefit on the bioquarter project, but this had been carried out by the bioquarter project team which had been engaging with schools, education and the community.

11.2 Cllr Gordon advised that a UK uplift fund was available to local authorities for projects like the Eye Pavilion. Ms Goldsmith agreed to liaise with City of Edinburgh Council partners to consider this option. **SG**

11.3 Strong innovation networks needed to be maintained with the bioquarter and Ms Goldsmith agreed to take it to the Planning, Performance and Development Committee for further discussion. **SG**

11.4 Members accepted the recommendations laid out in the paper.

12. Revenue

12.1 Car Parking at the Royal Infirmary of Edinburgh – permanent abolition of charges

12.1.1 Ms Goldsmith presented the previously circulated paper. Work had been done to try to ensure accurate cost estimates and these had been shared with the Scottish Government. It was expected that this project would be fully funded by the Scottish Government even if costs changed. Hospital car parks in Glasgow and Tayside were similarly being transferred to the health boards and funded by the Scottish Government.

12.1.2 Free parking would increase demands on the car park so an effort was needed to reduce the use of cars and promote alternatives. The permit system for staff was now back in operation and this had reduced some pressure on the car park. There had been investigation of the use of Shawfair Park and Ride and options for encouraging staff to use this service. Ms Campbell would provide an update at the next meeting. **JCa**

12.1.3 Members accepted the recommendations laid out in the paper.

13. 2020/21 Financial Position

13.1 Mr Marriott presented the previously circulated paper. Members noted the underspend position at the end of the financial year despite the uncertainty of the past year. It was confirmed that the underspend would be included in the following years' budget – as formally health boards could not have a reserve.

13.2 Mr Marriott advised that the process for efficiency planning had been delayed due to organisational focus on other priorities of covid treatment and the recovery programme, but a refocus on efficiency programmes was now taking place.

13.3 Members accepted the recommendations laid out in the paper.

14. Sustainability

14.1 Climate Change Annual Report

14.1.1 Dr Hopton and Mr Mill presented the previously circulated paper. Members commended the ambitious programme of work and the work done to promote it. Mr Mill clarified that the 89% of carbon emissions related to buildings noted in the paper referred to 89% of the estimated 20-30% of carbon emissions that was currently recorded.

14.1.2 It was agreed that impact assessments on the environment, sustainability and carbon impact and patient footprint could be carried out as part of designing new services. The sustainability team would need to develop a process to help teams with this.

14.1.3 Mr Mill noted that carbon reporting was only one sustainability metric which did not include other elements such as air quality, water quality and the environment; more of this could be captured in the future using other methodology.

14.1.4 It was suggested that as a focus on areas of smaller impact work could be done on gas inhalers and investigation of the benefits of the different types of inhalers currently being used in Europe which would reduce gas emissions.

14.1.5 The suggestion in the paper that the reduction in emissions of 30% in the last year would be used as a baseline was queried; this had only been achieved due to the reduced travel and services as a result of covid and may not be achievable again without making significant changes.

14.1.6 Mr Mill advised that work had started with the new contract management team set up to oversee NHS Lothian's PFI contracts with the focus on ensuring that the parts of the contracts related to sustainability were delivered. Currently the contracts were not aligned with NHS Lothian's carbon zero requirements. The Royal Hospital for Children and Young People contract included some clauses focused on efficiency. In the future there could be consideration of adding more to the contracts, but this would involve a lot of work. For example contracts often include provision for like for like replacement which would miss the opportunity for improvement when replacing items such as boilers in older buildings.

14.1.7 Once any changes arising from comments made had been incorporated into the report it would be made suitable for a public audience by explaining acronyms used and would be published on NHS Lothian's website. It would also be submitted to the Scottish Government in November 2021 as required. It was agreed that the paper would go to the Board and to Integration Joint Boards to raise awareness and also suggested that the Communications Team be asked to prepare a communications strategy for wider public engagement in the document. **SG**

14.1.8 Mr Mill advised that collaboration between health boards had improved in recent years and now took place formally through the National Environment and Sustainability Group and the Energy Group. For further consideration was how to collaborate more with non NHS partners such as local authorities.

14.1.9 Members accepted the recommendations laid out in the paper.

15. Update on Sustainability

15.1 Dr Hopton presented the previously circulated paper. Ms Cassells advised that work was in progress on the sustainability dashboards and ensuring data quality. Nine dashboards were being worked on and there were a number of stages for completion. They were likely to be ready in approximately a years' time. Updates on progress would be included in future reports.

15.2 Ms Hopton advised that there was financial data to go along with a number of the metrics but that these had not been included in the paper with the other benefits identified. Ms Goldsmith was keen to capture efficiency savings associated with this work and including the sustainability element as part of the efficiency programme.

15.3 Members accepted the recommendations laid out in the paper.

16. Committee Business

16.1 Reflection on the meeting

16.1.1 It was agreed that the bioquarter and innovation would be brought to the Planning, Performance and Development Committee and that the need to mitigate demand for

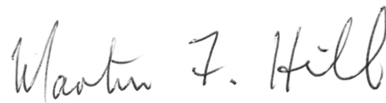
car parking, and the climate change annual report would both be brought to the Board.

17. Date of Next Meeting

17.1 The next meeting of the Finance and Resources Committee would take place at **9.30** on **Wednesday 14 July 2021**.

18. Meeting Dates in 2021

18.1 Further meetings in 2021 would take place on the following dates:
- 25 August 2021
- 13 October 2021
- 17 November 2021.



Chair Signed 14 July 2021

HEALTHCARE GOVERNANCE COMMITTEE

Minutes of the meeting of the Healthcare Governance Committee held at 1.00pm on Tuesday 25 May 2021 by video conference.

Present: Ms F. Ireland, Non Executive Board Member (chair); Dr P. Donald, Non Executive Board Member; Mr J. Encombe, Non Executive Board Member; Councillor G. Gordon, Non Executive Board Member; Ms C. Hirst, Non Executive Board Member; Mr S. Kerr, Patient and Public Representative; Mr D. Stavert, Patient and Public Representative.

In attendance: Ms J. Bennett, Associate Director of Quality Improvement and Safety; Mr C. Campbell, Chief Executive; Ms J. Campbell, Chief Officer, Acute Services; Ms L. Cowan, Interim Chief Nurse, East Lothian Health and Social Care Partnership; Ms K. Davidson, Senior Clinical Pharmacist (observing); Ms T. Gillies, Medical Director; Ms M. Hughes, West Lothian Health and Social Care Partnership; Dr J. Long, Director of Primary Care (items 7.1 and 7.4); Mr S. Malzer, Patient Involvement Manager (item 5.1); Ms G. McAuley, Nurse Director, Acute Services; Professor A. McMahon, Executive Nurse Director; Ms J. Morrison, Head of Patient Experience; Ms B. Pillath, Committee Administrator (minutes); Ms F. Stratton, Chief Nurse; Professor A. Timoney, Director of Pharmacy; Dr C. Whitworth, Medical Director, Acute Services.

Apologies: Ms A. MacDonald, Chief Officer, East Lothian Health and Social Care Partnership.

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.

1. Minutes from Previous Meeting (23 March 2021)

1.1 The minutes from the meeting held on 23 March 2021 were approved as a correct record.

1.2 The updated cumulative action note had been previously circulated.

2. Patient Story

2.1 Mr Stavert read out feedback from a patient regarding the difficulty in finding transport to their appointment . Public transport options were too time consuming and involved more than one change. The patient chose to drive but had difficulty finding parking. Once the patient arrived in the clinic they reported extremely high standard care from all staff.

2.2 The patient representatives group had discussed this feedback and felt if a move to a properly integrated public transport system or increased parking provision were not possible in the short term then perhaps appointment systems could be changed to

make them more flexible to suit patient availability. Ms Ireland noted that both improved public transport links and more flexible appointment systems were being discussed.

2.3 Ms Campbell noted that options around improved appointments systems included considering allowing the patient to choose new methods of consultation such as Near Me or telephone consultation methods.

3. Emerging Issues

3.1 Appointment attendance

3.1.1 The Board had requested that a paper be brought to the Committee considering the understanding of reasons for patient non attendance at appointments and how Did Not Attend rates could be reduced by considering the reasons for non attendance and the characteristics of patient groups failing to attend; the impact of inequalities on Did Not Attend rates, the clinical review of patients that did not attend and what better communication and flexibility in appointments systems might remove barriers to attendance. Ms Campbell would discuss with Members of the Committee regarding specific areas to look at in the paper which would be brought to the Committee in July 2021. **JCa**

3.1.2 Ms Campbell advised that there was currently no way to determine reasons for non attendance, but a way of gathering this feedback should be designed.

3.2 Paediatric Audiology

3.2.1 Ms Gillies presented the previously circulated paper regarding an Ombudsman report following a complaint from a patient's family. The communication with the patient's family and care of the patient was by the Community Child Health team and would have been dependent on receiving information back on test results from audiology.

3.2.2 It was noted that the Ombudsman was critical of NHS Lothian's audiology testing regime in this case and the handling of the complaint and recommended a clinical review of audiology cases by an external body.

3.2.3 Ms Gillies advised that the British Society of Audiologists had been commissed to carry out an audit / review of cases. There were processes for patients who also had learning disabilities or other needs and diagnoses and this should have been part of the pathway.

3.2.4. Governance reporting on services for adults and children with learning disabilities was through the Royal Edinburgh Hospital and Associated Services, but there was a challenge in reporting on how physical health services provided appropriate care for patients who also had a long term mental health or learning disability.

3.2.5 Ms Morrison noted that this was the first Ombudsman investigation report for a few years. While the recommendations from the report would be worked on as quickly as possible there would also be a longer programme of work to address wider concerns.

3.2.6 A further report would be submitted to the Committee at the meeting in September 2021 following the independent review **TG**

4. Healthcare Governance Committee Annual Report and Assurance Need

4.1 Ms Bennett presented the previously circulated paper. It was noted that a mechanism was now agreed to ensure that issues relevant to other Governance Committees would be referred to them.

4.2 There was discussion regarding the length and number of papers to read before each meeting which made it difficult for members to cover everything. It was noted that it was the responsibility of executive leads to ensure that that relevant areas were highlighted in the papers so further reading should not be required. Members also had the opportunity to ask any questions from executive leads in advance of the meetings. It was suggested that shorter, more standardised cover papers that made the risks clear could be developed. The chair proposed that discussion around the format of papers was taken off line and the meeting focussed on the governance issues at hand.

4.3 There had been conversation on ensuring the risks being addressed were clear in papers to allow members to focus their scrutiny on the areas of key concern in the organisation. . It was suggested that equitable should be considered along with the safe, effective and person centred themes used in the clustering of papers around similar areas on the agenda and Ms Ireland agreed to take this forward with Ms Bennett regarding the work programme. **FI / JB**

4.3 The chair asked that for the forthcoming year a record of the papers providing the assurance was compiled to support the annual assurance report. Ms Bennett advised that, although this detail had not been included in the paper, there was an audit trail of which papers had considered each area of assurance. An annual programme of which papers were to be presented at which meeting would be circulated to Committee members for information. **JB**

4.4 Members accepted the recommendations laid out in the paper.

5. Person Centred Culture

5.1 Involving People Update

5.1.1 The chair welcomed Mr Malzer to the Committee and he presented the previously circulated paper. Members commended the informative paper which had been developed in partnership with management teams across NHS Lothian. The framework document was highly commended and the links to the equalities work previously presented to the Committee were noted.

5.1.2 Members accepted the recommendations laid out in the paper.

5.2 Patient Experience

5.2.1 Ms Morrison presented the previously circulated paper. Ms Bennett noted that the complaints risk, that the Committee had agreed to change at the last meeting, would be submitted to the Corporate Management Team at their next meeting before being included in the risk register at the next meeting.

5.2.2 It was noted that an internal audit investigation would report on indicator 2 – learning from complaints. There was awareness of the need to learn from positive feedback but systems were not yet in place to reliably do this. Members were reminded that complaints represent a small proportion of the total number of patient reactions and that most patient feedback was positive.

5.2.3 Mr Stavert noted that most of the feedback on Care Opinion was positive about services and care, but the area where there was most negative feedback was regarding poor communication.

5.2.4 Members accepted the recommendations laid out in the paper with assurance on change and learning from complaints remaining limited.

6. Safe Care

6.1 Healthcare Associated Infection Update

6.1.1 Professor McMahon presented the previously circulated paper and Ms Gillies gave an update on the incidence of cardiothoracic mould.

6.1.2 There had been significant learning from covid outbreaks which had changed practice regarding moving patients within Lothian and nationally, and also the need to continuously reinforce messages to staff ensuring compliance with precautions. These have been incorporated into policies and procedures and in information for staff.

6.1.3 There had been a reduction in infections for SAB, CDI and E. coli in the last year. This may have been due to more time available to staff due to fewer patients and visitors during the period were most procedures had been cancelled.

6.1.4 Miss Gillies reported on an onsite visit to review the cardiothoracic mould incidents. The actions being taken by the service were endorsed by the expert review. There had also been genotyping carried out which confirmed that the incidents were not from a single source.

6.1.5 Members accepted the recommendations laid out in the paper.

6.2 Management and Learning from Adverse Events

6.2.1 Ms Gillies presented the previously circulated paper. This paper had been reviewed by the patient and public representatives group. Mr Kerr reported that that they had found the process robust. Ms Gillies advised that within the review process someone was nominated to keep in touch with the family involved in each adverse event as part of the ‘being open’ work which was currently most developed in women’s and children’s services. Training was being developed to roll out this model to other services.

6.2.2 It was suggested that staff in the complaints team and in human resources may already have the skills necessary for investigating an adverse event and in communicating with patients and this could be developed as a core skill across the organisation. Ms Morrison advised there was a piece of work ongoing on this, but noted that there was not a link between the serious adverse events process and the patient experience team except when there had been a complaint regarding an adverse event.

6.2.3 Ms Gillies noted that time and resources invested in learning from adverse events must be close to the service where staff understand where change for improvement could be made and there must be a balance of clinical time for patient care.

6.2.4 Members accepted the recommendations laid out in the paper.

7. Effective Care

7.1 GP and Primary Care Sustainability

7.1.1 Mr Small was due to retire at the end of the month and members thanked him in his absence for his huge contribution to primary care transformation and management. The Chair welcomed Dr Long to the meeting and she presented the previously circulated paper.

7.1.2 This paper had been reviewed by the patient and public representatives group. Mr Kerr noted that access to GP services seemed to have become more difficult in the last year including remotely and there was inconsistency across practices. Patients had experienced poor communication about what to do when experiencing difficulties using digital options. The patient representative group welcomed a safe return to in person practice appointments.

7.1.3 Ms Gillies advised that it was difficult to get data on the proportion of digital and telephone versus in person appointments. Dr Donald suggested that there was an opportunity to redesign GP access to fit local population regarding booking on the day versus continuity of care and different models would work for different practices.

7.1.4 The aspiration to return to in person appointments should be more nuanced as digital consultations had been positive for some patients including those with busy lifestyles or with mobility constraints.

7.1.5 Mr Campbell noted that there was not yet agreement nationally on the direction for GP services and there needed to be further conversation and agreement about what the core needs were for GP contractors to deliver.

7.1.6 Members accepted the recommendations laid out in the paper with the removal of the word ‘more’ be removed from recommendation 3.3 regarding face to face consultations.

7.1.7 It was noted that this risk had been on the risk register for over eight years and a review of the risk, controls and mitigation was underway. A revised risk would be brought back to the next meeting in September as part of the Corporate Risk Register paper. **JB**

7.2 Lothian Unscheduled Care Service

7.2.1 Ms Gillies presented the previously circulated paper. She noted that the covid triage hub was set up under requirements from the Scottish Government, but that collaborative work was needed to use the resources available.

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

7.3 Dental Services

7.3.1 Ms Gillies presented the previously circulate paper. She advised that performance data for secondary care dental services was reported through the West Lothian Health and Social Care Partnership as it hosted the service. Primary care data was reported through a national service. Primary care waiting times were monitored through reporting measures from dental practices and there was a good quality assurance process.

7.3.2 Ms Gillies advised that the dental recruitment problems reported in the media related to problems in England to do with contractual requirements which were different in Scotland; there was no recruitment problem in Scotland at the moment.

7.3.3 Members accepted the recommendations laid out in the paper.

7.4 Evaluation of Winter Performance

7.4.1 Dr Long presented the previously circulated paper. It was noted that the Committee was looking for assurance that adequate and effective winter services were provided.

7.4.2 This paper had been reviewed by the patient and public representatives group. Mr Stavert reported that the group was encouraged by the wide range of initiatives and asked about temporary employment.

7.4.3 Ms Ireland advised that staff were normally employed for winter services on a permanent basis and then transferred to other areas where vacancies arose. Some initiatives were covered by bank staff and additional hours.

7.4.4 Regarding section 8 of the paper on the ‘duty to inform, engage and consult’ service users it was noted that as this paper was reflective and evaluative rather than proposing changes to a service or a new service, consultation had not taken place.

7.4.5 Professor Timoney advised that there had been a robust medicine supply system despite the implications of the exit from the European Union and Covid.

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

7.5 Care Homes Annual Report

7.5.1 Professor McMahon presented the previously circulated paper. Members accepted the recommendations laid out and supported the move from limited to moderate assurance in recognition of the good progress in the past year. Professor McMahon agreed to take this paper to the Board for wider awareness. **AMcM**

8. Exception Reporting Only

Members noted the following previously circulated papers:

8.1 Research and Development Annual Report;
8.2 Pregnancy and Newborn Screening Annual Report;
8.3 Abdominal Aortic Aneurysm (AAA) Screening Annual Report;
8.4 Bowel Cancer Screening Annual Report;
8.5 Out of Area Placements Monitoring Team Annual Update;

9. Other Minutes: Exception Reporting Only

9.1 Clinical Management Group, 14 January, 9 February, 9 March 2021

9.1.1 The discussion at this meeting of serious fatigue and moral injury of acute services staff and the impact on sustainability was acknowledged. Dr Whitworth advised that staff had struggled particularly in the early phases of the covid response when there were no treatments available for covid patients and family could not be present. In the second phase staff had continued to struggle for instance when patients attending hospital for separate treatment had developed covid and become ill despite all efforts being made to limit transmission. These reports were particularly from nurses, including senior nurses.

9.1.2 Ms Campbell advised that this was recognised and more was being done to support staff formally and informally and focus on wellbeing strategies. There had also been learning from the earlier stages when wards had been used to care for more acute patients where the staff were not used to this.

9.2 Members noted the following previously circulated minutes

9.2.1 Health and Safety Committee, 24 November 2020, 24 February 2021;
9.2.2 Area Drug and Therapeutics Committee, 5 February 2021;
9.2.3 Public Protection Action Group, 2 December 2021;
9.2.4 Policy Approval Group, 30 March 2021.

10. Corporate Risk Register

10.1 Ms Bennett spoke to the previously circulated paper. The care homes risk would be changed according to the discussion earlier in the meeting. Members accepted the recommendations laid out in the paper.

11. Date of Next Meeting

11.1 The next meeting of the Healthcare Governance Committee would take place at **1.00pm** on **Tuesday 27 July 2021** by video conference.

12. Further Meeting Dates

12.1 Meetings would take place at **1.00pm** on the following dates in 2021:
- 7 September 2021;
- 9 November 2021.

Chair Signed 27 July 2021

NHS LOTHIAN

STAFF GOVERNANCE COMMITTEE

Minutes of the meeting of the Staff Governance Committee held at 9.30 on Wednesday 26 May 2021 via Microsoft Teams.

Present: Mr W. McQueen, Non-Executive Board Member (Chair); Ms C. Hirst, Non-Executive Board Member; Mr T. Waterson, Employee Director, Non-Executive Board Member; Ms H. Fitzgerald, Partnership Representative; Ms T. Gillies, Medical Director and Professor A. McMahon, Executive Nurse Director.

In attendance: Mr J. Crombie, Deputy Chief Executive; Ms J. Campbell, Chief Officer, Acute Services; Ms R. Kelly, Deputy Director of Human Resources; Ms L. Barclay Business Manager, Human Resources (Shadowing Ms Kelly); Mr C. Bruce, Equalities and Human Rights Lead Ms R. Suleiman, Equality and Diversity Adviser; Mr N. McAlister, Head of Workforce Planning; Ms A. Langsley, Associate Director of Organisational Development and Learning; Dr A Mackenzie, Scottish Clinical Leadership Fellow (Paired Learning Partner to Ms Hirst - observing) and Mr C Graham, Corporate Governance Team (minutes).

Apologies: Ms J. Butler, Director of Human Resources and Organisational Development and Ms K. Kasper, Non-Executive Board Member, Whistleblowing Champion.

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.

1. My Story is Your Story - NHS Lothian BME Staff film

1.1 The Committee were shown a short film which had been developed through work by the BME Staff Network in the last year. Members of the network had been asked about themselves; how they felt they contributed to NHS Lothian; what their experience during the pandemic had been like and if there was anything they would like NHS Lothian to do differently.

1.2 Mr Bruce explained that one of the reasons they had asked about contribution to the organisation, had been due to the fact that some people being subjected to unacceptable comments such as 'why don't you go back to your own country and stop stealing jobs.' There had also been people interested in coming to work in NHS Lothian but hadn't been able to find any BME information on the NHS Lothian website to provide reassurance our equality and diversity agenda.

1.3 The Committee noted that an extended version of the film would go online and be used as part of internal training and development.

1.4 The Chair welcomed the work of Mr Bruce, Ms Suleiman and those involved in the Staff Networks and asked if there was anything else the Committee could do to help promote the message. Mr Bruce stated that the Committee were the first to see the film outside the team and that it was expected that a press release would go out on 28 May 2021. Ms Suleiman commented that this was a work in progress and the support now coming from the organisation made a great difference.

1.5 The Committee agreed that the film was immensely powerful and professionally done and would welcome a further update at the July meeting on others' reactions to the film.

1.6 Ms Hirst highlighted that Tonic Arts who had been involved with making the film were also planning on holding an exhibition at the Western General Hospital later this year so that the story around inequalities could be continued.

2. Minutes and Action Note of the Previous Meeting of the Staff Governance Committee held on 17 February 2021

2.1 The minutes from the meeting held on 17 February 2021 were approved as a correct record.

2.2 Members noted the previously circulated updated cumulative action note.

3. Matters Arising

3.1 No matters arising not covered by the agenda.

4. Staff Experience

4.1 Wellbeing Strategy

4.1.1 Ms Langsley introduced the report presenting NHS Lothian's Staff Wellbeing Strategy to the Committee. The Strategy maps out the approach to wellbeing at a team and individual level.

4.1.2 The Committee discussed the recruitment of Wellbeing Leads for sites and services and the funding from the Edinburgh and Lothian Health Foundation. Ms Langsley confirmed that a standardised job description for the Leads would be prepared. The proposed Work Well Specialist Lead post will be funded through the Health Foundation and recruitment to this post will take place shortly.

4.1.3 There was also discussion on staff access to resources. Ms Langsley stated that leadership capability was key to staff access as there was no point in having access to wellbeing resources in theory if line managers did not enable it in practice. This was about managers being understanding around areas such as staff burnout and allowing appropriate time for staff to access resources.

4.1.4 Mr Waterson thanked Ms Langsley and her team for the work on the wellbeing programme which was the envy of the NHS in Scotland. It was important that senior leadership did not put undue pressure back onto staff who continued to work in the environment of a pandemic whilst dealing with exhaustion and other pressures. Ms Langsley confirmed that the message of 'recover staff before recover services' was being fed back to Scottish Government by the Wellbeing Champions through the network board.

4.1.5 The Committee agreed to approve the Staff Wellbeing Strategy and supported the direction of travel. The Committee accepted a significant level of assurance that the strategy and resulting actions would have positive impacts on staff wellbeing.

4.2 Staff Engagement and Experience Framework

4.2.1 Ms Langsley presented the Staff Engagement and Experience Framework 2021 – 2023 to the Committee. The Committee noted that this sits above the Wellbeing Strategy and was the second iteration replacing the 2018-2020 framework. There would be corporate enablers with a programme of work behind the framework document. Local Delivery Plans would be introduced that would show activity under four domains. The plans would be monitored by the Staff Engagement Experience Programme Board and Local Partnership Forums.

4.2.2 Ms Langsley pointed out that as per the Wellbeing Strategy, the plan was not to make this work unduly burdensome on sites and services. It will be a test of change approach so rather than mandating things must be done in a certain way, it will be for services to develop things which suit their particular circumstances, as it will work differently in different settings.

4.2.3 The Committee discussed the level of assurance around this work. It was agreed that it was too early to take significant assurance around the impact of the framework. The Committee would be content to take moderate assurance which realised that significant assurance would be the level for the framework to build towards. It was acknowledged that this work would also be a challenge for local authority partners to aspire to.

4.2.4 The Committee agreed to approve the Staff Engagement and Experience Framework and supported the direction of travel. The Committee agreed a moderate level of assurance, at this stage, that the framework and resulting actions would have positive impacts on staff engagement and experience, driven from a corporate and local level.

4.3 Advancing Equalities Staff Network Action Plans

4.3.1 The Committee received the report presenting the work done to develop Action Plans for the Staff Networks in line with the action contained in the Advancing Equalities Action Plan 2020-21 and presenting the finalised Advancing Equalities Action Plan for 2021-22.

4.3.2 Mrs Kelly reported that from the Advancing Equalities plan for 2020/21, one action had been to progress work with the Staff Networks to develop action plans with a focus on the coming year. An external organisational development company called Animate had been brought in to assist with this and the final report was included with the papers being presented.

4.3.3 Mrs Kelly pointed out that it had been recognised that not everything could be done in one year so there had to be focus which had been discussed and agreed with the Staff Network Chairs. The proposed 2021/22 action plan also included the Corporate Management Team objective around equality and diversity.

4.3.4 Mr Bruce commented that the plan looked great and there had been lots of discussion at Network meetings. The Corporate Management Team objective and commitment to meet with members of Staff Networks on an equal basis would give a different foundation to this work. Ms Suleiman added that this work would give staff the opportunity to have safe space for reflection and she looked forward to seeing the good work progressing over the year.

4.3.5 The Chair stated that the work by Animate to pull out threads and themes had been extremely informative and useful and gave an impressive analysis of the issues being reflected through the Networks.

4.3.6 The Committee discussed the characteristics (BME and others) that may prevent staff having the opportunities to move forward in the organisation. Mrs Kelly outlined plans to provide additional resources to this work with the introduction of a Diversity and Inclusion type post that would support this work and provide assistance to the Staff Networks.

4.3.7 There was also discussion on the cross cutting of strategies, structural and institutional inequality and lived experience. Mrs Kelly made the point that all the Staff Networks work closely together and they had requested a single plan rather than separate ones. There were some nuances between the Networks but a lot of common themes as well.

4.3.8 The Committee noted the work that had been done with Animate to develop the key themes to be addressed and agreed to approve the Advancing Equalities Action Plan 2021-22 based on this work that had been endorsed by the NHS Lothian Corporate Management Team on 11 May 2021 and supported by the Lothian Partnership Forum on 27 April 2021.

4.4 Equal Pay Statement

4.4.1 The Committee received the report presenting the Equal Pay Statement 2021 and the Gender Pay Gap information that was required to be published in line with the Equality Act 2010.

4.4.2 The Chair fed back comments from Ms Kasper relating to females advancing with the same degree of success as males and female pay in relation to salaried GPs and other medical staff.

4.4.3 Mrs Kelly stated she would need to look at the data in more detail. . Miss Gillies added that data from NES would give more information along with the Consultant Certificate of Completion of Training (CCT). The CCT puts people in a place to apply for consultant jobs and data is produced over a number of years. Differentials for 2C practices was an area the Board could look at. The Chair suggested that further discussion could take place out with the meeting.

4.4.4 The Committee noted the Equal Pay Statement and Gender Pay Gap information for publication and accepted significant assurance that NHS Lothian is in compliance with the requirements of the Equality Act 2010.

4.5. Equalities Monitoring Report

4.5.1 Mrs Kelly introduced the report presenting the Equality and Diversity Monitoring Report for 2020-21. The report is produced annually and would be published on the NHS Lothian public facing website.

4.5.2 The report covered all information on areas such as training, leavers and promotions. The Committee noted that current data did not allow for robust interrogation around characteristics and it was hoped this would be improved for the next iteration following a campaign to encourage staff to update their protected characteristics.

4.5.3 The report had been discussed with the Corporate Management Team and highlighted to the Staff Network Chairs and would be published at the end of this month.

4.5.4 There was discussion on completion rates and why people were not filling in the information and sending it back. Mrs Kelly clarified that there was a robust process in place to get the information from new staff, however there were a lot of staff who have been with NHS Lothian for a long time that may have never been asked to provide the information, however the action included in the Advancing Equalities Plan will hopefully address this issue when we ask staff to update their records. Mrs Kelly would bring updates on this work back to the Committee and it may be appropriate to consider this as an area for further discussion at a future point.

4.5.5 The Committee agreed to:

- Note the content of the Equality and Diversity Monitoring Report for 2020-21 and take moderate assurance that systems and processes are in place to ensure that this information about staff is captured;
- Take moderate assurance that the information is currently being used in a meaningful way to improve the experience for all staff regardless of ethnic background, gender, disability and age.

4.6. Whistleblowing Report

4.6.1 The Committee received the report providing the monitoring data for the Whistleblowing cases that had been raised within NHS Lothian and gave an update on the progress with the implementation of the new National Whistleblowing Standards.

4.6.2 Mrs Kelly reminded the Committee that the new Whistleblowing standards came in to place on 01 April 2021. One case remains under the old process and work to close this off was underway once all concerns were addressed. Appendix 1 detailed 46 cases which had been raised during the period 1 April 2018 to 31 March 2021. This would be the final time the Committee would see this report as the next update would show cases being reported under the new standards. The July update would show new cases, actions and look at lessons learnt.

4.6.3 In terms of implementation of the new standards. Mrs Kelly stated that there was confidence that these were embedded for NHS Lothian health employed staff, however there remained work to do in Primary Care. Discussions with Facilities Contractors were also ongoing. The process for Student Nurses and Volunteers to raise concerns had now been signed off and discussions were underway with medical colleagues to finalise their process for Medical Students.

4.6.4 The Committee noted that a lot of work had taken place around the new standards and that Ms Kasper, as the Whistleblowing Champion was content with the progress being made since 01 April 2021. The Committee also noted that the Speak up Ambassadors would attend every second Staff Governance Committee meeting and noted the update on the number of cases attached to the paper as Appendix 2.

4.6.5 The Committee discussed the softer skills management training and the promotion and selection process for people to attend these sessions. It was also noted that it would be helpful to establish an appropriate link with the Board's Healthcare Governance Committee around Whistleblowing cases as there could be patient safety aspects to cases.

4.6.6 The Committee agreed to:

- Take moderate assurance based on the information contained in the paper that systems and processes were in place to help to create a climate in NHS Lothian which ensures employees have absolute confidence in the fairness and objectivity of the procedures through which their concerns are raised and are assured that concerns raised will be acted upon;
- Note the current position with the implementation of the new National Whistleblowing Standards and take moderate assurance that revised processes are in place so that staff employed within NHS Lothian know how to raise a concern and limited assurance that at this stage similar processes are in place within Primary Care and Contractors.
- Note the number and types of cases raised through the Speak Up Initiative from April 2020 to March 2021.

4.7. iMatter update

4.7.1 The Committee noted the plans to restart the iMatter staff experience survey across NHS Scotland from August 2021. Further updates would come to the Committee in due course.

5. Assurance and Scrutiny

5.1 Staff Governance Workplan 2021-22

5.1.1 Mrs Kelly introduced the Committee's Workplan for 2021-22. The Committee noted that this had been based on the Staff Experience Objective from the Corporate Management Team Objectives as the previous 2020 Workforce Vision was now out dated. . The normal regular reports considered by the Committee had also been added to the Workplan.

5.1.2 The Workplan would be monitored through the year to cover all aspects of the required Committee work. The Committee agreed to support the Staff Governance Workplan for 2021/22.

5.2 Corporate Risk Register

3455 Management of Violence and Aggression

5.2.1 Professor McMahon introduced the report updating the Committee on work being undertaken to support and improve the current level of support to staff on Violence and Aggression (V&A) management, given that this has been and remains a high risk on the corporate risk register. The report also provided an update on the management of Lone Worker Alarm (Identicom) Devices.

5.2.1.1 The Committee noted that an Internal Audit had been commissioned into the issues around Lone Worker Devices and that the Chair and Ms Kasper had contributed to the terms of reference of the Internal Audit which was expected to start in the next couple of weeks and report around the end of August 2021.

5.2.1.2 The Committee discussed V&A training. It was recognised that there had been a good staff uptake for the Learnpro online training module but capacity for face to face training remained limited. Staff would prefer face to face training.

5.2.1.3 The Committee agreed to:

- Note the steps being taken to review the organisation's approach to the management of violence and aggression and strengthen organisational assurance.
- Note that the key areas where violence and aggression are highest i.e. within the Royal Edinburgh Hospital and Emergency Departments there is good compliance with training.
- Note the internal audit that has been commissioned on violence and aggression, the findings from which will inform future work and assurance levels
- Accept a limited level of assurance regarding the implementation of the actions and a moderate level of assurance in relation to the process

3828 Nurse Workforce – Safe Staffing Levels

5.2.2 Professor McMahon gave an update on the risk around safe staffing levels risk (ID 3828) on the corporate risk register. The update covered the actions to mitigate against the specific nurse staffing risk highlighted at the last Staff Governance meeting.

5.2.2.1 Professor McMahon advised that the Health and Care Staffing (Scotland) legislation (commonly referred to as the "safe staffing legislation"), which was temporarily suspended by the Scottish Government in March 2020 had not yet been reinstated nationally but NHS Lothian were planning for a shadow year in 2021/22. The Committee noted the work being taken forward to consider the workforce recovery post Covid19.

5.2.2.2 Professor McMahon outlined significant Band 2 and 5 nursing recruitment over the last few weeks; the improvement around staff pressures on the St John's Hospital site; the ongoing work with Edinburgh and West Lothian colleges to build a Band 2 pool and the development of the Band 4 Associate Practitioner role.

5.2.2.3 The Committee noted the ongoing work looking at improvements to the generic recruitment process, to speed this up and make NHS Lothian more effective within the competition.

5.2.2.4 Professor McMahon highlighted the ask to reduce this risk's corporate risk rating. Based on current performance it was felt a move back to high from very high was appropriate.

5.2.2.5 The Committee reviewed the amendments to risk 3828 to reflect the discussion at the last Staff Governance committee and agreed to the proposed changes to reflect the mitigation put in place and the current nurse staffing status.

5.2.2.6 The Committee also considered the risk level for risk ID 3828 and agreed to reinstate at high (from very high – the level attributed at the last Staff Governance committee) with a risk score of 16.

5.2.2.7 The Committee agreed to take significant assurance that there is a robust corporate oversight mechanism to prioritise and co-ordinate the responses across the workforce. Limited assurance was accepted in relation to there being sufficient capacity to meet the increasing demands to meet Covid 19 programmes of work and localised pressures arising from staff absences and increased Covid19 activity.

5.3 Health and Safety Assurance

5.3.1 Miss Gillies introduced the report updating the Committee on the risk assurance levels for the quarter 3 Health and Safety prioritised risk topics. These covered Safer Clinical Sharps, Fire Safety, and "Other" Risk Assessments. These were submitted to and discussed at the NHSL Health and Safety Committee from the 13 local area H&S Committees on 24 February 2021.

5.3.2 In relation to fire safety, the Committee noted the detail in the paper but recognised that there was other work ongoing in other settings on fire safety. Mr Crombie explained that a significant fire risk assessment review was underway. This would look to develop a more comprehensive approach to fire safety and would roll out to the whole of NHS Lothian's estate. Funding for this work was currently being sought. The roles of the Fire Service and Fire Officers would also be reviewed over the next six months. The Committee noted that fire safety was a topic of discussion at a number of NHS Lothian Committees currently.

5.3.3 The Committee also discussed the process around recording of staff that had acquired Covid19 in the workplace. Miss Gillies explained the process with Occupational Health and Riddor reporting. There were not always direct links to workplace acquisition in staff cases and this had been evidenced through genotyping to look for direct connections. This evidence could be used if needed for any future Injury Benefit Allowance claims along with evidence from the Riddor reporting system. There remained work to do with managers around the completion of risk assessments, in real time and not in arrears.

5.3.4 The Committee noted that the NHSL H&S Committee meeting had been held on 24 February 2021. Discussions at that meeting agreed the overall assurance levels for the three risk topics, these being the Management of Clinical Sharps (Moderate), Fire Safety Management (Limited) and "Other" Risk Assessments such as those required for Covid-19 and Water Management risks (Moderate).

6. Sustainable Workforce

6.1. Interim Workforce Plan

6.1.1 Mr McAlister outlined the context behind the development of the Interim Workforce Plan 2021-22 which required to be submitted to the Scottish Government. The Committee noted that NHS Lothian already had an extant plan to 2023 and the 12-month action plan underpins this.

6.1.2 Mr McAlister clarified that Health and Social Care Partnership were also required to produce interim plans. The Committee discussed non Covid19 sickness absence rates; staff recruitment, turnover and retirals; improved staff engagement and work to reduce destabilising of other boards around recruitment to the St John's Hospital Elective Centre.

6.1.3 The Committee noted that feedback from the Scottish Government on the interim plan would be expected in the next 4-6 weeks, but it was currently not clear if there would be

additional Scottish Government resource coming through for this work. Further updates would come back to the Committee.

6.1.4 The Chair commended this excellent piece of work and the Committee agreed to note the following:

- The changes that have been made by the Scottish Government to workforce planning guidance following the Covid19 pandemic;
- The involvement of the Workforce Planning and Development Programme Board in the development of the plan and their support of it;
- The engagement process for the approval of the Interim Plan.

6.2 Workforce Report

6.2.1 Ms Kelly presented the standard Workforce Report to the Committee.

6.2.2 The Chair sought clarification around agency hours for March 2021 which were lower compared to February 2021, however the spend appeared to have increased by 26%. Mrs Kelly would investigate this with the workforce planning team out with the meeting.

6.2.3 The Committee noted ongoing issues around senior management recruitment and attracting the appropriate calibre of applicants. There was also discussion on non Covid19 sickness absence reduction over the past year and if any learning from that could be sought.

6.24 In relation to staff appraisal, the Committee noted that appraisal had been formally paused last year across the NHS in Scotland. However, the Education and Training team were now looking to relaunch appraisal with some new guidance that should make it easier for managers to update information properly.

6.2.5 The Committee agreed to note the updated Workforce Report for April 2021 and the actions being taken to address some of the issues raised in the Report.

6.3 Mandatory Training Score Card

6.3.1 Ms Langsley introduced the report providing a progress update on implementation of the LearnPro Scorecard, aimed at improving NHS Lothian's ability to monitor mandatory training compliance, and to present NHS Lothian's current organisational position.

6.3.2 The Committee noted that the Scorecard system had been available from 1 April 2021 but was not yet live for managers and staff to use. This was to allow a period of time to work on data merging and setting of system parameters. It is hoped that the system will be available for managers and staff in early June 2021. Ms Langsley stressed that it was important to make sure the compliance data was accurate otherwise staff would not trust the data. NHS Lothian was currently paying for the use of Learnpro as a license fee per head. The Scorecard was a bolt on to the Learnpro contract and an element NHS Lothian did not previously use.

6.3.3 The Committee agreed to note the current organisational position on progress to establish compliance with mandatory training and supported the plans in place to use the Scorecard functionality to inform improvements.

7. For Information and Noting

7.1 Members noted the following previously circulated papers for information:

- Staff Governance Annual Report 2021
- Staff Governance Statement of Assurance Need
- Minutes of Staff Engagement & Experience Programme Board held 22 March 2021
- Minutes of the Workforce Development Programme Board held on 2 March 2021

8. Reflections on the meeting

8.1 Noted there was nothing that required escalation to the Board or other governance committees.

9. Any Other Business

9.1 Paediatric Audiology Ombudsman (SPSO) Report

9.1.1 Miss Gillies reported that the Healthcare Governance Committee had considered this report at its meeting yesterday. Miss Gillies would bring updates on training and regulatory plans for physiologists in this type of role back to the Committee.

9.2 Reports from NES Visits

9.1.2 Miss Gillies highlighted visits to West Lothian Psychiatry and to Trauma and Orthopaedic at the Royal Infirmary of Edinburgh. There would be further detail in the annual report to the Committee at the July meeting.

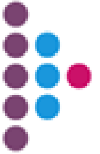
9. Date of Next Meeting

9.1 The next meeting of the Staff Governance Committee would take place at 9.30 on Wednesday 28 July 2021.

10. Further Meeting Dates in 2021

10.1 Meetings would take place on the following dates in 2021:
- 28 July 2021;
- 20 October 2021;
- 15 December 2021.

Chair Signed 28 July 2021

Edinburgh Integration Joint Board 

Minute

Edinburgh Integration Joint Board

10.00am, Wednesday 24 March 2021
Held remotely by video conference

Present:

Board Members:

Angus McCann (Chair), Councillor Ricky Henderson (Vice-Chair), Councillor Robert Aldridge, Bridie Ashrowan, Carl Bickler, Andrew Coull, Councillor Phil Doggart, Christine Farquhar, Helen FitzGerald, Councillor George Gordon, Kirsten Hey, Martin Hill, Jackie Irvine (items 1 to 5), Ian Mackay, Jacqui Macrae, Councillor Melanie Main, Moira Pringle, Judith Proctor and Richard Williams.

Officers: Matthew Brass, Kirsty Dewar, Ann Duff, Nikki Conway, Tom Cowan, Tony Duncan, Rachel Gentleman, Maggie Gray (from item 6) Lauren Howie, Gavin King (item 5 only), Deborah Mackle, Jenny McCann and Katie McWilliam and David White (from item 6).

Apologies: Colin Beck and Peter Murray

1. Minutes

Decision

To approve the minute of the Edinburgh Integration Joint Board of 2 February 2021 as a correct record.

2. Rolling Actions Log

The Rolling Actions Log for March 2021 was presented.

Decision

1) To agree to close the following actions:

- Action 2 (2) – Savings and Recovery Programme 2020/21.
- Action 4 – Edinburgh Joint Carers Strategy Spending Plan.

2) To note the remaining outstanding actions.

(Reference – Rolling Actions Log, submitted).

3. Appointments to the Edinburgh Integration Joint Board and Committees

The Board was presented with a report informing members of a re-appointment and change in membership.

Decision

1) To note that the NHS Lothian Board has agreed to re-appoint Martin Hill as a voting member of the Joint Board, with effect from 1 March 2021.

2) To appoint Ruth Hendery to the Joint Board as a non-voting member (carer representative) subject to the completion of PVG checks.

3) To appoint Allister McKillop and Grant Macrae to the Joint Board as non-voting members (citizen representatives) subject to the completion of PVG checks.

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

4. Savings and Recovery Programme 2021/22

The proposed Savings and Recovery Programme for 2021/22 was presented. The programme presented followed from seven months of development through a range of working groups, forums, development sessions and Board meetings. The proposed model of savings also covered the "five pillars" identified as key to aiding and informing decision making within the EIJB.

There were four different categories encompassing 17 savings projects and proposals as below:

- Previously approved proposals
- Operational/grip and control proposals
- Projects under the transformation
- New proposals

Decision

1) To agree the new proposals presented to the Board under section 4 of the Savings and Recovery Programme.

2) To note the content of sections 1-3 of the Savings and Recovery Programme.

3) To note the work completed to date on the Integration and Sustainability Plan and agree that more details about the Plan would be brought back for consideration by the Edinburgh Integration Joint Board by the end of the year.

4) To arrange a discussion with Christine Farquhar, Moira Pringle and relevant officers on the concerns raised and best practice regarding Integrated Impact Assessments.

5) To agree to delegate the role of scrutinising the practice of Integrated Impact Assessments to the Strategic Planning Group.

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

5. Financial Plan 2021/2022

The EIJB's financial plan for 2021/22 was presented to the Board. The report set out the budgets delegated from the partner organisations, the projected costs based on the current forecast outturn, the anticipated growth and the assumptions around proposed additional funding.

It was noted that if the proposed savings and recovery programme was adopted and further mitigations were agreed, the plan would remain unbalanced. The report highlighted that this position had been the subject of urgent tripartite talks between the Chief Officer and officers from the City of Edinburgh Council and NHS Lothian.

Proposal 1

1) To note the 2021/22 budget offers from the City of Edinburgh Council and NHS Lothian and the resultant financial plan based on the revised delegated budgets, expenditure forecasts and proposed savings and recovery programme.

2) If fully funded, to delegate to the Chair, Vice-Chair and Chief Officer the decision to implement any nationally agreed uplift to contacts to reflect the living wage. Otherwise, to bring an update to an emergency IJB meeting for a decision.

3) To agree to reduce the recurring investment in community mobilisation by £1m recurringly and to delay agreeing commitments against the remaining £1m until the quarter 1 review was complete.

4) To consider the assumed financial impact of Covid-19, whilst recognising the constraints impacting on the ability of all partners to commit financial resources.

5) To agree that officers would continue tripartite efforts with colleagues in the City of Edinburgh Council and NHS Lothian to bridge the remaining anticipated in-year shortfall.

6) To agree to receive an update on progress at each Board meeting until the Board agreed this was no longer necessary.

- Moved by Angus McCann, seconded by Martin Hill

Proposal 2

1) To note the 2021/22 budget offers from the City of Edinburgh Council and NHS Lothian and the resultant financial plan based on the revised delegated budgets, expenditure forecasts and proposed savings and recovery programme.

2) If fully funded, to delegate to the Chair, Vice Chair and Chief Officer the decision to implement any nationally agreed uplift to contacts to reflect the living wage. Otherwise, to bring an update to an emergency IJB meeting for a decision.

3) To recognise the financial plan presented for the year does not provide full details of additional funding, or further savings, that would be required to eliminate the presented deficit.

4) To request officers to provide within one cycle an updated financial plan that recommends additional funding options, or further savings, that would enable the Board to set a balanced Budget.

- Moved by Councillor Phil Doggart, seconded by Councillor Robert Aldridge

Voting

For Proposal 1 - 6 votes
For Proposal 2 - 2 votes

Decision

To approve Proposal 1 by Angus McCann.

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

6. West Edinburgh (Maybury) General Medical Services Provision

An update on the Standard Business Case for the Provision of General Medical Services in West Edinburgh (Maybury) was presented.

The report noted that, as agreed by the Board at its meeting in August 2020, NHS Lothian would work collaboratively with the City of Edinburgh Council in a joint development of a new GP practice for c10,000 and a primary school. Members supported the integrated approach and were assured the building would be completed to Passivhaus standards in order to align with the ambition of achieving net zero carbon emissions by 2030.

Members noted that the proposal was subject to the formal written agreement from both partners, with agreed milestones and a reconciliation of anticipated actual costs. The urgency of this commitment was reflected in the plans to appoint a contractor in March 2021.

Decision

1) To note the progress of the West Edinburgh (Maybury) GMS Provision Standard Business Case and the planned capital allocation by NHS Lothian.

2) To affirm ongoing support for the Standard Business Case which reflects the strategic direction supported by the EIJB through its approval of the Initial Agreement in August 2020.

(References – Edinburgh Integration Joint Board, 24 August 2020 (item 3), report by the Head of Strategic Planning, EHSCP, submitted).

7. Committee Update Report

A report was presented which provided an update on the work of the IJB committees which had met since the last Board meeting. In addition to the summary report, draft minutes of each of the Committee meetings were submitted for noting.

Decision

To note the update and the draft minutes of IJB sub-committees.

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

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Edinburgh Integration Joint Board

Minute

Edinburgh Integration Joint Board

10.00am, Tuesday 27 April 2021
Held remotely by video conference

Present:

Board Members:

Angus McCann (Chair), Councillor Ricky Henderson (Vice-Chair), Councillor Robert Aldridge, Bridie Ashrowan, Carl Bickler, Heather Cameron, Andrew Coull, Councillor Phil Doggart, Christine Farquhar, Helen FitzGerald, Councillor George Gordon, Ruth Hendery, Kirsten Hey, Nancy Mackenzie, Ian Mackay, Jacqui Macrae, Councillor Melanie Main, Allister McKillop, Moira Pringle, Judith Proctor, Peter Murray and Richard Williams.

Officers: Matthew Brass, Jessica Brown, Sarah Bryson, Ann Duff, Nikki Conway, Tom Cowan, Tony Duncan, Rachel Gentleman, Lauren Howie, Linda Irvine-Fitzpatrick, Angela Ritchie and Hazel Stewart.

Apologies: Martin Hill

1. Minutes

Decision

To approve the minute of the Edinburgh Integration Joint Board of 24 March 2021, subject to the amendment of ‘contacts’ to ‘contracts’ in point 2 under Proposals 1 and 2 at Item 5 – Financial Plan 2021/22.

2. Rolling Actions Log

The Rolling Actions Log for March 2021 was presented.

Decision

1) To agree to close Action 2 – Finance Update.

2) To note the remaining outstanding actions.

(Reference – Rolling Actions Log, submitted).

3. Appointments to the Edinburgh Integration Joint Board and Committees

The Board was presented with a report informing members of changes in membership.

Decision

1) To note that the NHS Lothian Board had agreed to appoint Nancy McKenzie as a voting member to the Joint Board, with effect from 7 April 2021.

2) To appoint Nancy McKenzie to the Strategic Planning Group and the Performance and Delivery Committee as a voting member.

3) To appoint Heather Cameron as a non-voting member of the Joint Board and to the Futures Committee as the AHP Lead member.

4) To appoint Grant Macrae and Allister McKillop to the Strategic Planning Group as non-voting members, subject to the completion of satisfactory PVG checks.

5) To appoint to Ruth Hendery to the Performance and Delivery Committee as a non-voting member, subject to the completion of satisfactory PVG checks.

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

4. 2021/22 Financial Plan Update

Following approval of the 2021/22 Financial Plan in March 2021, the Board was presented with an update on progress.

Most significantly, the report updated members on the contract uplifts for 2021/22. In March, it was noted that the position was fluid, however, since then, it had been agreed nationally that there would be a 2.2% uplift to support providers to pay staff the real living wage. It was noted that the Chair, Vice-Chair and Chief Officer agreed to this position based on the advice of the Chief Finance Officer.

Decision

1) To note progress.

2) To homologate the decision made under urgency arrangements to implement the nationally agreed 2.2% contract uplift at an estimated cost of £4.7m.

3) To agree that officers would continue tripartite efforts with colleagues in the City of Edinburgh Council and NHS Lothian to bridge the remaining anticipated in year shortfall.

4) To recirculate the Edinburgh Joint Carers Strategy Spending Plan paper from the February 2021 Board meeting.

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

5. Strategy Progress Report

An update on the progress of the next strategic planning cycle was presented. Members noted the prior development through the Strategic Planning Group and Futures Committee and the effort to align the strategic framework with the Scottish Government sponsored Review of Adult Social Care, The City of Edinburgh Council's Business Plan 2030 and the NHS Lothian emerging Strategic Framework.

Moving forward, members were assured that the Transformation Programme would become the core of the Strategic Plan, and although the Transformation Programme had been delayed as a result of the pandemic, the next stage was due to be completed by August 2021.

Decision

1) To note the progress of the current strategic planning cycle.

2) To agree the SPG approved strategic ENDS, WAYS and MEANS and refined strategic priorities.

3) To note the progress of the Transformation Programme and the plan to transition this work into the Strategic Core Programme.

4) To note the progress of the Joint Strategic Needs Assessment.

5) To note the progress and plan for engagement and consultation.

6) To note the timeline and milestones for development and production of the next 3-year strategic commissioning plan 2022-25.

7) To request that consideration was given to including a shorter summary of strategy reports.

(Reference – Report by the Head of Strategic Planning, EHSCP, submitted).

6. The Edinburgh Pact: Formulation to Enactment

A summary of the creation and formulation of the Edinburgh Health and Social Care Pact was presented. The report defined the Pact and provided information on the extensive engagement and participation undertaken to date. The ways in which the Pact had been seen in action throughout different communities was highlighted and key milestone dates moving forward from now until 2024 were provided.

Decision

1) To recognise the extensive dialogue that took place from June 2020 to March 2021 with citizens, communities of interest, public, third and private sector staff and city leaders to co-create the Edinburgh Health and Social Care pact.

2) To support the formulation of the Pact framed on Wellbeing, in line with current policy and anticipating future policy direction.

3) To welcome the continuing and planned dialogue session with citizens and staff.

4) To agree to the enactment of a three-year community mobilisation plan which set out clear milestones which reflected the themes and policy drivers identified through the dialogue process.

5) To support the extension of the EIJB Grant Programme 2019-22 programme for a further year to 31 March 2023 recognising the need for a degree of stability as the third sector recovered from the Covid-19 pandemic and engaged in the community mobilisation programme.

6) To agree that the initial tranche of £1m new investment would be focused on creating a strong infrastructure to support community mobilisation and delivery in line with the evidence base.

7) To endorse the establishment of the Edinburgh Wellbeing Research into Action Community of Practice.

(Reference – Report by the Head of Operations, EHSCP, submitted).

7. EIJB Climate Change Charter

The Climate Change Charter set out the EIJB's commitment to support the attainment of the Edinburgh 2030 net zero carbon emission target, following consideration by the Futures Committee in September 2020.

The report proposed the establishment of climate change champions, a pledge of support to NHS Lothian and the City of Edinburgh Council and changes to business practices to support this aim. Going forward, it was proposed that the Futures Committee would continue to sponsor the development of a higher level and longer-term strategic direction with a particular focus on environmental protection and climate change factors.

Decision

1) To agree to adopt the draft EIJB Climate Change Charter.

2) To agree to establish climate change champions within EIJB members.

3) To note the intent of the Futures Committee to maintain a focus on longer term environmental and climate change factors.

(Reference – Report by the Head of Strategic Planning, EHSCP, submitted).

8. Revised EIJB Complaints Handling Procedure

A revised Model Complaints Handling Procedure (MCHP) was presented for approval.

In alignment with a Scottish Public Services Ombudsman's (SPSO) template and following a consultation conducted by the SPSO, the revised MCHP presented to the Board was made up of five parts set out in the report. It was noted that the Chair

had approved the Procedure in order for its implementation by the required date of 1 April 2021, with formal approval sought from the Board.

Decision

1) To approve the draft EIJB Complaints Handling Procedure (CHP) for immediate implementation.

2) To include an explanation of the SPSO and its role in the published procedure.

3) To delegate the role of reviewing complaints to the Clinical and Care Governance Committee and to report any trends or issues relating to the IJB back to the Board.

4) To continue an ongoing dialogue with SPSO to feedback any issues with the Complaints Handling Procedure framework.

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

9. EIJB Consultation Protocol

The Board was presented with a report that sought to agree an approach to consultation submissions.

The proposed approach suggested that, if the consultation request would have a significant impact on the business of the EIJB, or deemed as high profile, then it would be approved by the EIJB and a draft submission would be presented to the Board prior to actual submission.

Members noted that, as consultation deadlines were outwith the control of the EIJB, there may be occasions where the Board was not able to approve the consultation response prior to its submission. In these instances, the Board would be consulted via email and then presented at the next meeting for retrospective agreement.

Decision

1) To agree the EIJB Consultation Protocol.

2) To agree to delegate the responsibility for responding to consultations on behalf of the EIJB to the Chief Officer in consultation with the Chair and Vice-Chair where there was a small impact on the business of the EIJB.

3) To agree to inform members when consultations were received and whether a response would be submitted at the beginning of the process to allow member input.

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

10. Edinburgh Integration Joint Board and Committee Dates 2022

The proposed meeting dates for 2022 were presented for approval. These included Board meetings, Development Sessions, Budget Working Groups and Committee dates.

The report also advised that until there was a substantial easing of restrictions on indoor group gatherings due to the pandemic, meetings would remain virtual until further notice.

Decision

1) To agree the proposed EIJB dates for 2022.

2) To agree the proposed Development Session and Budget Working Group dates for 2022.

3) To agree the proposed Committee dates for 2022.

4) To review the proposed Performance and Delivery Committee dates for April and August 2022.

5) To note that meetings would remain virtual via Microsoft Teams until further notice.

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

11. Committee Updates

A report was presented which provided an update on the work of the IJB committees which had met since the last Board meeting. In addition to the summary report, draft minutes of the Clinical and Care Governance Committee and Strategic Planning Group were submitted for noting.

Decision

To note the update and the draft minutes of the IJB Committees.

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

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within MS TEAMS VIRTUAL MEETING ROOM, on 20 APRIL 2021.

Present

Voting Members – Harry Cartmill (Chair), Bill McQueen, Martin Connor, Damian Doran-Timson, Martin Hill, Katharina Kasper, Dom McGuire and George Paul

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

Apologies – Elaine Duncan and Jo MacPherson

In attendance – Nick Clater (General Manager – Mental Health and Addictions), Neil Ferguson (NHS Lothian), Carol Holmes (NHS Lothian), Lorna Kemp (Project Officer), Yvonne Lawton (Head of Strategic Planning and Performance), Abigail Locke (NHS Lothian), Jeanette Whiting (Strategic Programme Manager) 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 minutes of its meeting held on 18 March 2021.

3 MINUTES FOR NOTING

a. The Board noted the minutes of the West Lothian Integration Joint Board Appointments Committee held on 1 April 2021.

b. The Board noted the minutes of the West Lothian Integration Joint Board Audit Risk and Governance Committee meeting held on 24 February 2021.

c. The Board noted the minutes of the West Lothian Integration Joint Board Strategic Planning Group held on 11 February 2021.

4 MEMBERSHIP & MEETING CHANGES

The Clerk advised that there was nothing to report under this item.

5 INTERIM PERFORMANCE REPORT

The Board considered a performance report (copies of which had been

circulated) by the Chief Officer based on the latest data available on the Core Suite of Integration Indicators and social care benchmarked data providing assurance over the development of an integrated approach to performance management as agreed in the strategic inspection action plan.

During discussion, members made suggestions regarding the content and format of the report, and agreed to hold discussions with officers off line to further develop the performance report.

It was recommended that the Board:

1. Note the content of the performance report and confirm assurance;

2. Note the presentation on progress in relation to the development of an integrated approach to performance management as recommended in the strategic inspection; and

3. Agree risks arising from current vacancies within the performance team to be added to the risk register until the situation was resolved.

Decision

1. To approve the terms of the report.

2. Officers to have offline discussions with members to further develop the performance report.

6 REVIEW OF STRATEGIC PLANNING STRUCTURE

The Board considered a report (copies of which had been circulated) by the Head of Strategic Planning and Performance reviewing the new Strategic Planning Structure and reporting feedback to the Board from the Strategic Planning Group and Chairs of the planning and commissioning Boards.

During discussion, officers assured members that strategic planning structures would be revised if any future strategic plans revision required it and agreed to bring a further report to the IJB in a year to ensure the structure's continued fitness for purpose. Collaborative working with the Community Planning Partnership was also discussed. It was also suggested that the Strategic Planning Group be involved in following up any suggestions emerging from the communication and engagement strategy consultation in particular.

It was recommended that the Board:

1. Note that the new strategic planning structure was now fully implemented and had provided clarity on governance and reporting;

2. Note a review of the new structure had been carried out including consulting the Strategic Planning Group and chairs of the planning and commissioning boards; and

3. Note the outcome of the review, specifically that the structure was felt to be working well and was fit for purpose.

Decision

1. To note the terms of the report.

2. A further update to be brought to the IJB in a year as part of ensuring continued fitness for purpose of the structure.

3. To note commitment to revise structures in support of any future strategic plans revision.

7 MEMBER ROLES AND RESPONSIBILITIES

The Board considered a report (copies of which had been circulated) by the Chief Officer reviewing the members' roles and responsibilities originally agreed on 19 January 2019 and proposing that these be reviewed every three years in future.

It was recommended that the Board:

1. Note a review of members' roles and responsibilities had been carried out and that these remained fit for purpose;

2. Note that the roles and responsibilities were incorporated in the information pack for Board members, agreed on 11 August 2020; and

3. Agree to review the roles and responsibilities every three years rather than annually.

Decision

To approve the terms of the report.

8 ALCOHOL AND DRUGS SERVICES UPDATE

The Board considered a report (copies of which had been circulated) inviting members to discuss the recent performance of the Alcohol Drug Services and provided an update of the resilience and approach during the current COVID -19 epidemic.

It was recommended that the Board:

1. Note the recent performance of the alcohol and drug services in West Lothian; and

2. Note the recent funding from the Scottish Government to West Lothian to prevent drug related deaths and the partnership approach to that the funding.

Decision

To note the terms of the report.

9 DEVELOPMENT OF HOME FIRST - NEXT STEPS

Damian Doran-Timson left the meeting during this item and did not participate in the remaining items of business.

The Board considered a report (copies of which had been circulated) by the Director presenting next steps in the development of Home First scheme.

It was recommended that the Board:

1. Note work under way to progress the integration of community services as outlined in the Older People's commissioning Plan and in line with 'Home First' principles; and

2. Approve the commencement of planning to reconfigure the community bed base.

Decision

To approve the terms of the report.

10 INTERIM WORKFORCE PLAN 2021-22

The Board considered a report (copies of which had been circulated) by the Director seeking a decision from the Integration Joint Board to approve the Interim Workforce Plan 2021-22 due to be submitted to the Scottish Government on 30 April 2021 subject to formatting amendments and minor corrections.

It was recommended that the Board:

1. Note the process of engagement with stakeholders;

2. Note the support for physical and psychological wellbeing;

3. Note the short and medium term drivers;

4. Note the short- and medium-term plans; and

5. Recommend that the IJB approve the plan for submission to the Scottish Government.

Decision

To approve the terms of the report.

11 MARKET FACILITATION PLAN (UPDATE)

The Board considered a report (copies of which had been circulated) by the Head of Strategic Planning and Performance seeking approval of the updated Market Facilitation Plan 2019-2023, following review. The Market Facilitation Plan offers a basis for collaborative working between the West Lothian Health and Social Care Partnership, service providers, service users, carers and other community stakeholders in the delivery of health and social care services across West Lothian.

It was recommended that the Board approve the West Lothian Integration Joint Board's updated Market Facilitation Plan 2019 – 2023, following review.

Decision

To approve the terms of the report.

12 EQUALITY MAINSTREAMING REPORT AND EQUALITY OUTCOMES 2021-2025

The Board considered a report (copies of which had been circulated) seeking agreement from the Board to publish its Equality Mainstreaming Report and Equality Outcomes for 2021–2025, and presenting to the Board the results of the recent consultation.

It was recommended that the Board:

1. Note the requirement for public bodies to develop and publish equality outcomes and to report on them every two years alongside an equality mainstreaming report;

2. Note the Board must set new equality outcomes in April 2021 for the next four years;

3. Note the approach taken to developing the draft equality outcomes and alignment to the commission plans and performance reporting;

4. Note the results of the consultation on draft equality outcomes; and

5. Agree the publication of the IJB Mainstreaming Report and Equality Outcomes for 2021 – 2025.

Decision

To approve the terms of the report.

13 CHIEF OFFICER REPORT

Katharina Kasper left the meeting during this item and did not participate in the remaining items of business.

The Board considered a report (copies of which had been circulated) by

the Chief Officer a summary of key developments relating to West Lothian IJB and updating 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.

During discussion, further analytics of any non-uptake of vaccination appointments were requested.

Decision

To note the terms of the report.

14 CHIEF FINANCE OFFICER REPORT

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer providing an update on key financial matters relating to West Lothian IJB.

It was recommended that the Board note and consider the finance updates in respect of the IJB which were included in the report.

Decision

To note the terms of the report.

15 APPOINTMENT OF CHIEF OFFICER

The Board considered a report (copies of which had been circulated) by the Standards Officer formally confirming the outcome of the recruitment process to the Chief Officer post.

It was recommended that the Board:

1. Note that on 1 April 2021 the IJB Appointments Committee had agreed that Alison White should be appointed to the post of Chief Officer; and

2. Note that Ms White had also been appointed by the council and the health board to the related positions in those organisations.

Decision

To note the terms of the report.

16 WORKPLAN

A workplan had been circulated for information.

Decision

To note the workplan.

Midlothian Integration Joint Board

Meeting	Date	Time	Venue
Special Midlothian Integration Joint Board	Thursday 11 March 2021	2.00pm	Virtual Meeting held using Microsoft Teams

Present (voting members):		
Cllr Catherine Johnstone (Chair)	Carolyn Hirst (Vice Chair)	Mike Ash
Angus McCann	Cllr Derek Milligan	Cllr Pauline Winchester

Present (non-voting members):		
Morag Barrow (Chief Officer)	Claire Flanagan (Chief Finance Officer)	Alison White (Chief Social Work Officer)
Hamish Reid (GP/Clinical Director)	Fiona Huffer (Head of Dietetics)	Wanda Fairgrieve (Staff side representative)
James Hill (Staff side representative)	Keith Chapman (User/Carer)	

In attendance:		
Jock Encombe (NHS Lothian Board)	Cllr Joe Wallace (Midlothian Council)	Rebecca Miller (Strategic Programme Manager, NHS Lothian)
Grace Cowan (Head of Primary Care and Older Peoples Services)	Craig Marriott (Depute Director of Finance, NHS Lothian)	Gary Fairley (Chief Officer Corporate Solutions, Midlothian Council)
Jill Stacey (Chief Internal Auditor)	Elizabeth McDonald (HR Business Partner)	Lois Marshall (Assistant Strategic Programme Manager)
Jac Kinnaird (Midlothian HSCP)	Mike Broadway (Clerk)	

Apologies:		
Tricia Donald	Cllr Jim Muirhead	Johanne Simpson (Medical Practitioner)
Caroline Myles (Chief Nurse)		

1. Welcome and introductions

The Chair, Catherine Johnstone, welcomed everyone to this virtual Special 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. Public Reports

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
4.1 Financial Update – Budget Offers from Partners - Report by Chief Finance Officer The purpose of this report was to provide the Board with confirmation of the formal Midlothian Council budget offer to the MIJB and an update on the current indicative proposed budget offer and principles for 2021/22 from NHS Lothian. Further to this the report provided an update on some of the financial challenges the MIJB was likely to face in the coming financial year. The Board heard initially from Chief Finance Officer, Claire Flanagan, who in acknowledging the challenging financial landscape and the particular pressures of the ongoing work associated with the Covid-19 pandemic, sought to address the "fair and adequacy" measure used by	(a) Agreed and accepted the formal Midlothian Council budget offer for 2021/22; (b) Agreed the principles of the indicative NHS Lothian budget with a formal offer following in due course.	Chief Finance Officer	

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
the Board when considering the partners' budgetary offers. The Board, then heard from Gary Fairley, Chief Officer Corporate Solutions, Midlothian Council and Craig Marriott, Deputy Director of Finance, NHS Lothian, regarding the budget positions of their respective organisations, with both seeking to emphasise that the budget offers should be considered in the context of the challenging financial climate facing both partners, forecasted expenditure and the resulting financial gap. The Board, in considering the welcome support offered by its partners, expressed its support for the efforts being made to try and secure a better funding deal for Midlothian given the substantial growth that it was experiencing, which was adding to the challenges it faced. It was also acknowledged that if the balance of care was to shift then traditional funding methods would need to be challenged, in order that limited resources could be utilised in the most effective way possible.			
4.2 NHS Lothian Strategic Development Framework - Presentation The Board received a presentation on the NHS Lothian Strategic Development Framework from Rebecca Miller, Strategic Programme Manager, NHS Lothian, who responded to Members' questions and comments.	(a) Noted, and thanked Rebecca Miller for her Presentation; (b) Welcomed the opportunity to collaborate with NHS Lothian and the other Lothian IJB's in developing this approach; (c) Noted that the themes in the presentation would be picked up as part of a future Development Workshop session; and	 Integration Manager	

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
In discussing the contents of the presentation, the Board welcomed the opportunity to collaborate with NHS Lothian and the other Lothian IJB's in developing this approach and considered how this work might link into the Board's emerging Strategic Plan, it being acknowledged that it complimented some of the existing Directions and transformational work that was already underway locally. Additionally, it also underpinned some of the changes which had been made as a consequence of the response to the Covid-19 pandemic.	(d) Agreed that the slides from the Presentation be circulated to Board Members for their interest.	Clerk	

5. Private Reports

No private business to be discussed at this meeting.

6. Date of next meeting

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

- Thursday 8th April 2021 2pm Midlothian Integration Joint Board
- Thursday 13th May 2021 2pm Development Workshop

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

The meeting terminated at 2.58 pm.

Midlothian Integration Joint Board

Meeting	Date	Time	Venue
Midlothian Integration Joint Board	Thursday 8 April 2021	2.00pm	Virtual Meeting held using Microsoft Teams.

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

Present (non-voting members):		
Morag Barrow (Chief Officer)	Alison White (Chief Social Work Officer)	Claire Flanagan (Chief Finance Officer)
Hamish Reid (GP/Clinical Director)	Wanda Fairgrieve (Staff side representative)	James Hill (Staff side representative)
Keith Chapman (User/Carer)	Fiona Huffer (Head of Dietetics)	Lesley Kelly

In attendance:		
Grace Cowan (Head of Primary Care and Older Peoples Services)	Jill Stacey (Chief Internal Auditor)	Lois Marshall(Assistant Strategic Programme Manager
Mairi Simpson (Integration Manager)	Jock Encombe	Gordon Aitken (Clerk)
Apologies:		
Tricia Donald		

Midlothian Integration Joint Board

Thursday 8 April 2021

1. Welcome and introductions

The Chair, Councillor Catherine Johnstone, welcomed everyone to this virtual Meeting of the Midlothian Integration Joint Board. She advised that this would be the last meeting to be attended by Mike Ash and on behalf of the MIJB expressed their appreciation of his invaluable input over several years.

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 Meeting of the Midlothian Integration Joint Board held on 11 February 2021 and Special Meeting of the Midlothian Integration Joint Board held on 11 March 2021 were submitted and approved as a correct record.

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

4.3 The Minutes of Meeting of the MIJB Strategic Planning Group held on 20 January 2021 were submitted and noted.

5. Public Reports

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
5.1 Chief Officers Report This paper set out the key service pressures and service developments happening across Midlothian IJB over the previous month and looked ahead to the	To note the issues and updates arising from the Chief Officers Report.	Chief Officer	

Midlothian Integration Joint Board
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Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
following 8 weeks. The report highlighted that as of 29 March 2021, there were 38,257 residents in Midlothian who had received their first dose of the COVID vaccine which equated to 51% of all adults in Midlothian. This included priority staff groups. There were two vaccine sites in Midlothian; Midlothian HSCP operate a clinic from Midlothian Community Hospital and NHS Lothian operate a mass vaccination site in Gorebridge which opened on 18 March 2021. All Care homes in Midlothian had now received both doses of the COVID vaccine for residents and staff. New residents and staff were being vaccinated through an ongoing vaccination programme. The Board in considering the Chief Officer's report made particular reference to the issues connected to the level of Did Not Attend appointments and the measures that were being taken to address this. It was also noted that further consideration would be given to the concerns of those people who had received an adverse reaction to their first jag and were as a result wary of receiving a second jag.			
5.2 Midlothian Public Engagement Strategic Statement The report advised that Community engagement was both good practice and a legislative requirement for	To approve in principle, the Midlothian Public Engagement Strategic Statement subject to further consideration of some of the specific wording included.	Mairi Simpson	Ongoing

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Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
Midlothian Integration Join Board (IJB) and Health & Social Care Partnership (HSCP). There were many positive examples of community engagement within the Partnership in Midlothian and the draft strategic statement appended to the report was designed to state the Midlothian IJB and HSCP's intent around community engagement and provide a helpful framework for the HSCP planning groups. There then followed a general discussion during which it was agreed that whilst the document was extremely helpful, that the wording used be given further consideration in line with various comments made.			
5.3 Midlothian IJB Local Code of Corporate Governance The purpose of this report was to propose that the revised Local Code of Corporate Governance of the Midlothian Health and Social Care Integration Joint Board (MIJB), that provided the framework for the governance arrangements for delivering health and social care integration in Midlothian, be approved by the MIJB Board, following it being scrutinised and recommended for approval by the MIJB Audit and Risk Committee.	(a) To note the changes outlined within the report; (b) To approve the revised Local Code of Corporate Governance as detailed within an Appendix to the report for the Midlothian Health and Social Care Integration Joint Board (MIJB); and (c) To note that the revised MIJB Local Code would be used for the 2020/21 annual assurance process. This would include the annual review of the MIJB's governance arrangements and reporting of the outcome of that review in an Annual Governance Statement within the statutory accounts	Jill Stacey	

Midlothian Integration Joint Board
Thursday 8 April 2021

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
5.4 Equalities Outcomes and Mainstreaming Report 2021-2023 The purpose of this report was to provide an update on the development of the new equalities outcomes and provides a Mainstreaming and Equalities Outcomes report. The report advised that in order to meet the obligations placed on public bodies by the Equality Act 2010 and associated regulations the Integration Joint Board must • publish a set of equality outcomes which it considered would enable the authority to better perform the Public Sector Equality Duty • publish a report on progress in mainstreaming the Equality Duty • publish in a manner that was accessible Updates on the development of the new Equalities Outcomes were provided at the November IJB meeting, and at the IJB meeting in February 2021. This report updated the group on the final proposed Equalities Outcomes and provided a report on progress on, and future actions to support mainstreaming the Equality.	To approve the Equalities Outcomes for 2021-2025 and approve the Mainstreaming report	Lois Marshall	
5.5 Midlothian IJB Direction: Falls The purpose of the report was to provide a proposal for an additional Direction following discussion at the IJB meeting on 11th February 2021 on the Midlothian	To approve the proposed addition of a new Direction to NHS Lothian and Midlothian Council on Falls.	Lois Marshall	

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Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
Falls and Fracture Prevention Action Plan 2020 - 2022. The report advised that Midlothian IJB Directions had been reviewed and agreed in October 2020 and continued to be operationalised. An update on progress towards each Direction was provided to the Midlothian IJB in December 2020 and an update on progress to end March 2021 and suggested revisions would be presented at the next IJB meeting - June 2021. This report included a proposal for an additional Direction following discussion at the IJB meeting on 11 February 2021 on the Midlothian Falls and Fracture Prevention Action Plan 2020 - 2022.			
5.6 Financial Update - Formal Budget Offer from NHS Lothian to the IJB for 2021/22 The purpose of this report was to present the Board with the formal 2021/22 budget offer from NHS Lothian for consideration. The budget offer from Midlothian Council was accepted back at the March meeting of the IJB. The formal offer for 2021/22 was summarised within the report with the full offer letter attached as an Appendix Claire Flanagan was heard in amplification of the report and responded to Members questions and comments.	To accept the budget offer from NHS Lothian.	Claire Flanagan	

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Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
5.7 Midlothian Integration Joint Board Complaints Handling Procedure The report advised that Midlothian Integration Joint Board (IJB) was committed to valuing complaints and therefore requested Midlothian IJB members to consider the Complaint Handling Procedure and public facing document which was appended to the report and make a decision on its approval, or a process for approval. Midlothian IJB was required to implement a Complaints Handling Procedure that met the current requirements of the Scottish Public Services Ombudsman (SPSO). The SPSO published a revised Model Complaints Handling Procedures (MCHPs) for all sectors (except the NHS). Public bodies were required to implement the revised MCHPs by 1 April 2021. Mairi Simpson was heard in amplification of the report and responded to Members questions and comments.	To approve the Draft Midlothian Integration Joint Board Complaints Handling Procedure. .	Mairi Simpson	
5.8 Midlothian IJB Induction Handbook The purpose of the report was to provide an update on the development of an Induction Handbook for new board members.	To approve the proposed Induction Handbook	Lois Marshall	

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Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
The report advised that the Scottish Government publication 'On Board - a guide for board members of public bodies in Scotland 2017', highlighted that "Induction programmes, events and material should be a standard feature, with a public body providing information on a range of topics, e.g. policies, procedures, roles, responsibilities, rules and key personnel" The Scottish Government Guidance on Roles, Responsibilities and Membership of the Integration Joint Board, 2015 states that "All members should receive an induction; as a minimum this should cover the member's specific post requirements, roles, responsibilities and policies". This handbook had been developed to support a comprehensive and effective induction process in line with best practice guidance. The handbook covered a range of areas and relevant policies, including the roles and responsibilities of all board members, and the expenses policy to support volunteer board members.			
5.9 Update to the IJB Improvement Goals The purpose of the report was to provide an update on progress towards achieving the current IJB performance goals, highlight that the target deadline was now historic for several goals, and recommend changes to the IJB Improvement Goals.	(a)To note that several of the IJB Improvement Goals had milestone targets during 2020 and whilst several had been achieved or demonstrated improvements, this was in part due to the system response to the COVID19 pandemic;	All to note	

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Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
Both Grace Cowan and Morag Barrow were heard in amplification of the report after which there was a general discussion on these matters.	(b)to agree the recommendation to amend specific Improvement Goals which considered the progress made towards the goals and the ability of the system to achieve the new goals during recovery from the COVID19 Response; (c)To agree the proposal that further detail was presented to the IJB on specific goals which would assist with monitoring progress towards the goal; and (d)To otherwise agree to the recommended changes to the goals described within the report.	All to note All to note All to note	
5.10 Midlothian Integration Joint Board Strategic Plan 2022-2025 The purpose of the report was to provide an update on developing the new Strategic Plan 2022-2025. In order to meet the legal requirements of the Public Bodies (Joint Working) (Scotland) Act 2014, Midlothian Health & Social Care Partnership is required to publish a new Strategic Plan in 2022. A new vision and values were agreed by the IJB in December 2020 and Strategic Aims were agreed by the IJB in March 2021. The approved strategic aims had been discussed with planning leads in the Partnership to explore how they could be embedded across the new Strategic Plan.	(a)To note the update and key deadlines for development of the new Strategic Plan; and (b) That consideration of the future direction and longer term budget implications of the Strategic Plan form the basis for discussion at the next development session	Lois Marshall	

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Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
The Planning leads would engage and consult with relevant services users, those who support service users, providers, carers, staff and partners in the development of their areas of the Strategic Plan. Support with engagement would be offered where required. Lois Marshall was heard in amplification of the report after which there was a general discussion on these matters.			
5.11 Midlothian Health and Social Care Partnership Contribution to NHS Lothian Re-mobilisation Plan The purpose of the report was to provide IJB Members with a summary of service developments and modifications to ensure that health and social care services were meeting the needs of Midlothian residents as safely and effectively as possible during the pandemic. Mairi Simpson was heard in amplification of the report and responded to Members questions and comments.	To note the content of the report		

6. Private Reports

There were no private reports for consideration at this meeting.

7. Date of next meeting

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

- Thursday 13 May 2021 2pm Development Workshop
- Thursday 17 June 2021 2pm Midlothian Integration Joint Board

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

The meeting terminated at 3.45 pm.

MINUTES OF THE MEETING OF THE EAST LOTHIAN INTEGRATION JOINT BOARD

THURSDAY 25TH FEBRUARY 2021
VIA DIGITAL MEETINGS SYSTEM

1

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

Non-voting Members Present:
Mr D Binnie
Dr R Fairclough
Ms M McNeill
Ms J Tait
Mr P White
Ms C Flanagan
Ms A MacDonald
Prof. E Reynish
Dr J Turvill

Officers Present from NHS Lothian/East Lothian Council:
Mr P Currie
Ms L Kerr
Ms R Laskowski

Clerk:
Ms F Currie

Apologies:
Dr R Williams
Mr T Miller

Declarations of Interest:
Item 1 – Councillor O'Donnell, Councillor Kempson and Councillor Akhtar declared an interest as this item dealt with their re-appointment. They would leave the meeting for this item.
Item 1 – Paul White and David Binnie also declared an interest as the Third Sector and Carer representatives. However, their interests were not such that required them to be absent during this item.
Item 2 – Peter Murray and Councillor Akhtar declared an interest as this item deal with their appointment as Chair/Vice Chair. They would leave the meeting for this item.

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1. RE-NOMINATION OF VOTING MEMBERS AND CHANGES TO NON-VOTING MEMBERSHIP OF THE EAST LOTHIAN INTEGRATION JOINT BOARD

The Chief Officer had submitted a report informing the Integration Joint Board (IJB) of the re-nomination of voting members by East Lothian Council; and seeking the IJB's agreement to changes to its non-voting membership.

Peter Murray presented the report, in the absence of the Chair, and invited members to consider the recommendations.

David Binnie queried the wording of recommendation iii. He was advised that the recommendation sought to bring the term of office for all four of the specified non-voting member roles into alignment.

Paul White asked about increasing the non-voting membership of the IJB to include a representative from the Volunteer Centre. He was advised to raise with the issue with the Chair and, if considered appropriate, a report could be brought forward to a future IJB meeting.

The vote on the recommendations was taken by roll call:

Dr Patricia Donald	Agreed
Councillor Neil Gilbert	Agreed
Ms Fiona Ireland	Agreed
Mr P Murray	Agreed

Decision

The IJB agreed:

(i) to note the re-nomination of Fiona O'Donnell, Shamin Akhtar and Susan Kempson as voting members of the IJB for the maximum term of office (3 years);

(ii) to appoint Prof. Emma Reynish as a non-voting member, to replace Dr Gourab Choudhury, for the maximum term of 3 years; and

(iii) that from now non-voting member appointments (or re-appointments) for service users, independent sector, carers and third sector representatives should all be made for the maximum term of 3 years.

2. CHANGES TO CHAIR AND VICE CHAIR OF THE EAST LOTHIAN IJB

The Chief Officer had submitted a report inviting the IJB to agree the appointment of a new Chair and Vice Chair of the IJB.

Councillor Fiona O'Donnell presented the report and invited members to consider the recommendations.

Councillor O'Donnell also took the opportunity to thank officers and IJB members for their support during her tenure as Chair. She said she was pleased to be continuing as a voting member and she welcomed the appointment of both Mr Murray and Councillor Akhtar as Chair and Vice Chair.

The vote on the recommendations was taken by roll call:

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Dr Patricia Donald	Agreed
Councillor Neil Gilbert	Agreed
Ms Fiona Ireland	Agreed
Councillor Susan Kempson	Agreed
Councillor Fiona O'Donnell	Agreed

Decision

The IJB agreed to:

(i) note that Councillor Fiona O'Donnell was standing down as Chair with immediate effect;

(ii) the appointment of Councillor Shamin Akhtar as the Chair of the IJB for the period 25 February to 31 March 2021 and then as Vice Chair for two years from 1 April 2021; and

(iii) the appointment of Peter Murray as Chair of the IJB for two years from 1 April 2021.

Mr Murray offered a vote of thanks to Councillor O'Donnell and reflected on her time as Chair and Vice Chair. He commended her steadfast commitment to doing what was best for the IJB in all circumstances. He also highlighted her efforts to help the IJB connect with the local community and to ensure that the voices of the less able or articulate were heard. Mr Murray said he was grateful for all she had done and for the support she had provided to him in his previous role as Chair. He also welcomed Councillor Akhtar noting that she would be an excellent replacement.

Councillor Akhtar echoed Mr Murray's remarks and said she was delighted to be taking up her new role and to be supporting Mr Murray and Alison MacDonald.

3. MINUTES OF THE MEETING OF THE EAST LOTHIAN IJB ON 10TH DECEMBER 2020 (FOR APPROVAL)

The minutes of the meeting on 10th December 2020 were approved.

4. IJB AND AUDIT & RISK COMMITTEE MEETING DATES – SESSION 2021/22

The Chief Officer had submitted a report setting the dates of the IJB business meetings and development sessions and the meetings of the Audit & Risk Committee during session 2021/22.

The Clerk presented the report and invited members to consider the recommendations.

The vote on the recommendations 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

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Decision

The IJB agreed:

i. the dates for IJB business meetings during session 2021/22;

ii. the dates for IJB development sessions during session 2021/22; and

iii. the dates for the Audit & Risk Committee meetings during session 2021/22.

5. INDEPENDENT REVIEW OF ADULT SOCIAL CARE

The Chief Officer had submitted a report advising the IJB of the publication of the Independent review of Adult Social Care (ASC) to summarise the recommendations of the review and follow up actions.

Paul Currie presented the report outlining the background to the Review, the three aspects of change needed to improve delivery and the recommendations specifically concerning IJBs. He noted that there were a further 45 recommendations directed at the partners and there would be a need to scrutinise all of the recommendations from the Review more closely and to assess the implications for the East Lothian IJB.

Mr Murray acknowledged that some areas would be out with the gift of the IJB but he suggested that those, non-contentious matters within their remit could be accelerated. He said the IJB would have an important role to play delivering elements of the Review and it should also take the opportunity to questions itself against the report and its findings.

Fiona Ireland said she had not had a chance to read the full report but based on Mr Currie's summary she felt that East Lothian had already taken considerable steps towards new thinking, especially in areas such as shifting the balance of care. She suggested that a development session on the Review findings and the role of the IJB would be of benefit. In the meantime, she proposed an amendment to recommendation 2.1 in Mr Currie's report suggesting that rather than *accepting* the report at this stage, the IJB should for the moment only be required to *note* it.

Marilyn McNeill said it was opportune to have the direction from the report in terms of services for the elderly and she welcomed the proposed rights and needs based approach.

Mr Binnie said it was important to view the report in its political context and to note that the anticipated costs did not take into account the impact of the pandemic. Nevertheless, he said carers universally welcomed the report as it contained everything they could wish for. He agreed with Ms Ireland's proposed amendment and suggestion of a development session.

Patricia Donald noted that a lot of teams would already have made some of the progress proposed under the 'Shift the Paradigm' heading. She emphasised the end to be sensitive to this and not patronise staff. She said there was merit in mapping where the IJB currently sits in relation to the recommendations as east Lothian was already far ahead in some areas.

Judith Tait welcomed the report, in her role as Chief Social Work Officer, and said that her social work colleagues would likely be supportive of many aspects. She thought it did well in highlighting what was not working as well as it needed to be but she

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cautioned that some of the solutions proposed may have unintended consequences. There would be a need to consider and understand the implications of the recommendations.

Mr White welcomed the report and said he hoped it might encourage organisations in the social care sector to think more about themselves and the relationships they have with clients and others. He agreed that a lot of good work had happened already and that this should not be disregarded. He said that a development session would be very welcome.

Councillor O'Donnell said there was a lot to welcome in the Review and the recommendations. The prominence of carers in the review was especially welcome and also the recommendation regarding the workforce. She had some concerns about the proposal for a National Care Service as she felt decision-making would be better done locally rather than centrally. She looked forward to further clarity from Government regarding funding and local accountability.

Alison MacDonald said that it was important to bring this report to the IJB as it would be influencing the direction of travel for several years to come. She acknowledged that progress had already been made in many areas and the importance of maintaining a clear focus on the people at the centre of these services. She also agreed with the suggestion of a development session.

Councillor Akhtar said it was a really powerful report but that they should not lose sight of people at the centre of these services. She welcomed the human rights based approach and agreed on the need for local decision-making and accountability.

Ms Ireland proposed an amendment to the recommendation 2.1 of the report: that the word 'accept' be replaced by 'note'. This motion was seconded by Dr Donald.

The vote on the amendment 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

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

Decision

The IJB agreed:

i. to note the report of the Independent Review of Adult Social Care;

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ii. how to assess formally the implications for East Lothian IJB of the recommendations within the Review and the timetable for this work, particularly in view of the forthcoming Scottish Government elections; and

iii. that following a formal assessment of the Review a report will be provided to the IJB to present the next steps.

6. FINANCIAL UPDATE 2020/21

The Chief Finance Officer had submitted a report providing an update to the IJB on its projected year end out-turn, undertaken by both the IJB partners at Quarter 3 and Month 9, with the positions yet to be formally concluded and reported by the partners.

This forecast from both IJB partners has taken into account Covid-19 additional funding that has been confirmed. The report also acknowledged the headline content of the recent Scottish Government (SG) budget announcement and the consequences for the IJB.

Ms Flanagan presented the report summarising the position in the health and social care budgets and confirming that regular dialogue continued with the partners. She referred to continuing challenge with reporting due to changing circumstances but advised members that these forecasts now included additional Covid-19 funding made available by SG. She was able to offer good assurance that the IJB would breakeven for 2020/21 and the current projected overspend was simply an issue of timing related to funding flowing through the system.

Ms Flanagan advised members that the recent SG budget announcement had confirmed further additional funding in 2021/22 of which the East Lothian IJB could expect a share amounting to £1.3m. This money is to be passed in full to the IJB via the local authority. She said she was aware of East Lothian Council's draft budget proposals which would be voted on next month and that NHS Lothian was currently finalising its proposals for 2021/22. She would provide a further report to the IJB once she had indicative figures and final proposals from both partners.

Responding to questions from members, Ms Flanagan provided further detail on when the IJB could expect indicative figures and final offers from both partners. She said that budgets automatically roll over each year which meant that she did have some idea of what to expect although the formal offers may adjust this slightly. She reminded members that the IJB had a 5 year rolling financial plan so the annual budget agreement process should not hinder progress against Directions. Ms Flanagan confirmed that the local demographic was factored into the budget process which adopted a bottom-up approach. She added that as NHS Lothian was below NRAC parity it would receive additional funding.

The Chair welcomed the report and in particular the announcement of increased investment in mental health and primary care services.

Decision

The IJB agreed to:

i. Note the financial forecasts provided by the partners;
ii. Note that additional COVID-19 funding was confirmed in November and, although not included in these reported Month 6 positions, will start to be allocated to the partners to cover backdated costs;

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iii. Note ongoing uncertainties of COVID-19 and the remobilisation of services for both partners and the financial impact; and
iv. Note the Scottish Government budget timetable for 2021/22 and the consequences for both partners.

7. COVID-19 VACCINATION PROGRAMME – SBAR REPORT

The Chief Officer tabled a SBAR report informing the IJB of progress with the Covid-19 vaccination programme in East Lothian.

Ms MacDonald presented the report outlining progress in key areas: at the vaccination centres at Queen Margaret University and the Community Hospital; the staff vaccination programme, the over 80s, 75-79 year olds and the clinically vulnerable; and the housebound over 80s. She said that the programme represented an outstanding collaboration across all sectors and she offered her thanks to all of those involved, particularly Council staff and volunteers working in the vaccination centres. She advised that vaccinations were being rolled out as supplies were received but there was capacity to increase the pace of roll-out as supply allowed.

Ms MacDonald responded to questions from members regarding the possibility of a formal acknowledgement for volunteers once the process was over, whether particular vaccines were targeted at particular age groups, if reasons for refusal of the vaccine were recorded, and whether further work was required on 'myth busting' to encourage take up.

Both Dr Donald and Dr Turvill welcomed the figures but acknowledged that there had been teething problems and bumps in the road. On the issue of formal recognition for volunteer vaccinators, they maintained that it was an enormous privilege to be involved in such important work and that this was sufficient reward for many volunteers.

Richard Fairclough said it was a good collaborative effort and he and his colleagues were pleased to play a small part in the programme. He noted that supply had sometimes been a concern but that this had been overcome. He said that additional national messaging around where people should go and who they should contact would be welcome.

Referring to earlier questions, Dr Turvill said that it was often hard for people to understand those who would refuse the vaccine but there were campaigns of disinformation and those arguments had to be refuted where they existed.

Ms Ireland commented on messaging noting that there was information provided centrally through NHS Inform and the national helpline. Enquiries to the national helpline were forwarded to local helplines and more infrastructure was being put in place to support the local helpline in Lothian. A FAQs document had also been produced and they were looking at how best to share this with the general public.

Ms MacDonald thanked members for their contributions and questions. She said it was important that the IJB was sighted on this programme as it would be going on for some time to come.

The Chair also thanked members and offered her thanks to all those involved in the roll out of the programme.

Decision

The IJB agreed to:

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i. note the progress made in establishing and making good progress in delivering the COVID-19 Vaccination Programme in East Lothian, in line with Scottish Government policy; and

ii acknowledge the important support to the vaccination programme provided by HSCP staff, East Lothian Council staff, volunteers and partners and their role in maintaining safe and effective vaccine service provision.

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Signed ....

Councillor Shamin Akhtar
Chair of the East Lothian Integration Joint Board

MINUTES OF THE SPECIAL MEETING OF THE EAST LOTHIAN INTEGRATION JOINT BOARD

THURSDAY 22nd APRIL 2021
VIA DIGITAL MEETINGS SYSTEM

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

Non-voting Members Present:
Mr D Binnie
Ms A MacDonald
Ms M McNeill
Dr J Turvill
Ms C Flanagan
Mr I Gorman
Ms J Tait
Mr P White

Officers Present from NHS Lothian/East Lothian Council:
Ms L Berry
Ms C Goodwin
Ms R Laskowski
Ms J Odgen-Smith
Mr P Currie
Ms L Kerr
Ms G Neil

Clerk:
Ms F Currie

Apologies:
Dr P Donald
Mr T Miller
Prof. E Reynish

Declarations of Interest:
None

DRAFT

1. IJB BUDGET OFFERS FROM PARTNERS 2021/22

The Chief Finance Officer had submitted a report presenting the IJB with confirmation on the formal budget offers from East Lothian Council and NHS Lothian to the East Lothian IJB for 2021/22.

Claire Flanagan presented the report. She outlined the formal budget offers from both Partners highlighting where these included additional funding from the Scottish Government and any commitments attached to this funding, such as payment of the Living Wage and implementation of the Carers' Act. She advised members that in total this amounted to a budget offer of £165M for the IJB. However, this was unlikely to be sufficient to meet all of the pressures in the delegated services and local efficiency plans would be required to ensure that the IJB achieved a balanced financial position in 2021/22. In line with the integration scheme, she invited members to consider whether this amounted to a 'fair and adequate' offer.

Ms Flanagan responded to questions from members. In reply to a question from the Chair, she agreed that non-recurring funding for payment of the Living Wage was not helpful and posed a financial risk for future years. While she was confident that they had secured the second tranche of funding for the current year, further work was required to make this part of baseline funding going forward.

Richard Williams asked whether the offer could be considered adequate or fair if neither Partner was providing sufficient funding to meet pay uplifts in full but still expected the IJB to honour its commitment to payment of the Living Wage.

Ms Flanagan confirmed that there had been a 1.5% uplift in the NHS Lothian offer and negotiations remained ongoing regarding its staff pay deal as part of 'Agenda for Change'. Correspondence from the Scottish Government highlighted the potential for a further funding allocation once this deal had been finalised. However, the Council's offer did not include additional money to meet any pay uplift and the IJB would be expected to manage this locally. She pointed out that both offers were in line with national guidance and that they must be considered in the context of the significant financial constraints faced by both Partners. While they may not be seen as wholly adequate, on balance, she believed they were fair and she would recommend that the IJB accept these offers.

Councillor O'Donnell asked if all funding allocations from the Scottish Government, e.g. to cover the pay uplift, had been passed on to the IJB and whether the current balloting of staff on a proposed pay deal presented a risk to the IJB. She also asked when Integrated Impact Assessments (IIAs) would be carried out in relation to the budget offers.

Ms Flanagan advised that the Council's offer was a flat cash offer rolled over from previous years and did not include any additional money for pay. Extra funding from the Scottish Government was being passed on but it had commitments attached, such as payment of the living wage. She confirmed that IIAs would be carried out once the budget offer had been agreed and the IJB had allocated a financial resource to each of its Directions.

In response to a further question from Councillor O'Donnell, Ms Flanagan advised that she would continue to monitor progress with the local government settlement via national networks and any potential impact for the IJB.

Alison MacDonald said that a great amount of work had been done nationally and that the offers the IJB had received were in line with the national position. She added that

she and Ms Flanagan would continue to work and engage with the Partners regarding staff pay uplifts.

The Chair observed that it was a hugely challenging subject for lay people to get to grips with and to forecast future impacts or outcomes. Nevertheless, he was reassured that both Ms Flanagan and Ms MacDonald had, through a thorough assessment, brought the IJB to a position where it could agree the budget offer while acknowledging that there remained some unknowns.

The Chair thanked members for their contributions and emphasised the importance of recording their concerns.

The vote on the recommendations was taken by roll call:

Mr P Murray	Agreed
Councillor S Akhtar	Agreed
Councillor N Gilbert	Agreed
Ms F Ireland	Agreed
Councillor S Kempson	Agreed
Councillor F O'Donnell	Agreed
Dr R Williams	Agreed

Decision

The IJB agreed to:

(i) accept the final budget offer from East Lothian Council for 2021/22; and

(iii) accept the final budge offer from NHS Lothian for 2021/22.

DRAFT

Signed ....

Mr Peter Murray
Chair of the East Lothian Integration Joint Board

NHS LOTHIAN

Board
4 August 2021

Interim Chair

APPOINTMENT OF MEMBERS TO INTEGRATION JOINT BOARDS

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 Dr Richard Williams as a voting member of the Edinburgh Integration Joint Board for the period from 1 August 2021 to 31 July 2022.

2.2 Appoint Dr Claire Mackintosh as the '*registered medical practitioner employed by the health board and not providing primary medical services'* non-voting member of the East Lothian Integration Joint Board for the period from 23 August 2021 to 22 August 2024.

2.3 Re-appoint Dr Elaine Duncan as the '*registered medical practitioner whose name is on a list of primary medical services performers*' non-voting member of the West Lothian Integration Joint Board for the period from 21 September 2021 to 20 September 2024.

3 Discussion of Key Issues

Integration Joint Boards

3.1 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (as amended) determines the membership of integration joint boards. The NHS Board has to appoint a person to the following non-voting positions:

'(f) a registered medical practitioner whose name is included in the list of primary medical services performers prepared by the Health Board in accordance with Regulations made under section 17P of the National Health Service (Scotland) Act 1978;

(g) a registered nurse who is employed by the Health Board or by a person or body with which the Health Board has entered into a general medical services contract; and

(h) a registered medical practitioner employed by the Health Board and not providing primary medical services.'

3.2 The Order provides that the term of office for members of integration joint boards is not to exceed 3 years (this does not apply to the Chief Officer, Chief Finance Officer, and the Chief Social Work Officer). At the end of a term of office, the member may be re-appointed for a further term of office.

Edinburgh Integration Joint Board

3.3 Dr Richard Williams is currently a voting member of the integration joint board. His current term ends on 31 July 2021. It is recommended that the Board re-nominate him for the period from 1 August 2021 to 31 July 2022.

East Lothian Integration Joint Board

3.4 Prof. Emma Reynish is currently the non-voting member who is the '*registered medical practitioner employed by the health board and not providing primary medical services*.' She will be standing down from the integration joint board on 22 August 2021. It is recommended that the Board appoint Dr Claire Mackintosh to this position for the period from 23 August 2021 to 22 August 2024.

West Lothian Integration Joint Board

3.5 Dr Elaine Duncan is currently the non-voting member who is the '*registered medical practitioner whose name is on a list of primary medical services performers*'. Her current term ends on 20 September 2021. It is recommended that the Board re-appoint her for the period from 21 September 2021 to 20 September 2024.

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 There are vacancies in the membership of integration joint boards, leading to the their systems of governance not benefitting from the input of the missing voting and non-voting members.

4.3 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 the membership of integration joint boards. 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.

Alan Payne
Head of Corporate Governance
16 July 2021
alan.payne@nhslothian.scot.nhs.uk

NHS LOTHIAN
Board Meeting
4th August 2021

Executive Director, Nursing, Midwifery and AHPs: HAI Executive Lead

INFECTION PREVENTION & CONTROL– SUMMARY PAPER

1 Purpose of the Report

The purpose of this report is to update the Board on the progress made across key delivery areas of Infection Prevention & Control as outlined in the annual IPCT report (Appendix 1).

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

2 Recommendations

The Board is recommended to take moderate assurance from the information provided in this paper in relation to our performance in relation to those standards against which we are measured and as set out below, and to:

- Note and accept the infection Prevention and Control Team Annual Report 2020-2021 which has been tabled for discussion at the Healthcare Governance Committee on the 27th July.

- Accept the progress against local delivery plan standards for the year 1st April 2020 - 31st March 2021. Interim performance standards for *Staphylococcus aureus* Bacteraemia (SAB); *Clostridioides difficile* Infection (CDI) and *Escherichia coli* Bacteraemia (ECB) have not been met.

- Note that infection rates are calculated using total occupied bed days as the denominator. Due to COVID-19 NHS Lothian has seen a drop in total occupied bed days for 2020/21 compared to previous years. Infection rates for 2020/21 should be viewed in the context of fluctuating overall activity associated with COVID-19.

- Note the positive progress made to develop and improve resilience within the Infection Prevention and Control Service since January 2021.

- Accept the impact on Infection Prevention and Control Services planned work programme and capacity associated with the ongoing COVID-19 pandemic, and note the continued delivery of focused audit, education & training and incident investigation over this time.

- Note the support provided by the Infection Prevention and Control team across a wide range of diverse capital and other built environment projects.

- Acknowledge that mandatory surgical site infection surveillance programmes remains on pause until further notice have been paused until further notice.

3 Discussion of Key Issues

3.1 Infection Prevention & Control service and capacity

NHS Lothian have continued to demonstrate support and commitment to Infection Prevention and Control over the past 12-18 months through continued executive leadership support and financial investment.

Following the retiral of the Head of Service (infection control manager) a new post of Associate Director IPC was created and appointed in January 2021. This post incorporates the mandatory responsibilities of the infection control manager role as per HDL (2005) 8 and strategic subject matter leadership.

This has enabled further review of structure and service provision in response to emerging national and organisational priorities. Additional posts funded & appointed to include:

- 1 WTE Lead Nurse for Infection Prevention & Control (total of 2 WTE) post to provide resilience and capacity for professional leadership and support across the Board area (starts August 2021)
- 1 WTE business manager post to support the Associate Director with non-clinical service management (starts August 2021)
- 1WTE HAI SCRIBE Infection Prevention and Control Nurse (total of 2 WTE) to support the expanding programme of work relating to the built environment and risk of infection
- 1 WTE administrative support post (total 2.6 WTE) (starts September 2021)
- 1 WTE Consultant Microbiologist post (temporary funding) to release the Lead Infection Control Doctor to provide strategic support for key built environment projects.
- 5 WTE IPCN posts funded to support infection prevention and control in adult care homes (3 posts appointed, 2 starting August 2021)

This has led to a number of experienced IPCNs successfully securing promoted posts within the team, and vacant training posts attracting interest for new staff. At the time of writing there are 3 WTE vacancies to be advertised as a consequence of staff promotion within the team.

3.2 Performance against key performance standards

Staphylococcus aureus Bacteraemia (SAB): The interim performance standard has not been met. The incidence for SAB is 13.9 (n=118) against a target of 12.6 healthcare associated episodes (or less) per 100,000 bed days (<107 episodes approx).

However, NHS Lothian noted a decrease of 5 episodes compared to the previous reporting period and Lothian's incidence rate was below the lower control limit in the latest HPS quarterly report (Oct – Dec 2020) indicating it is statistically lower compared with other boards. For NHS Scotland overall, there has been a significant increase in the healthcare associated SAB national rate for the year to December 2020 compared to the previous year.

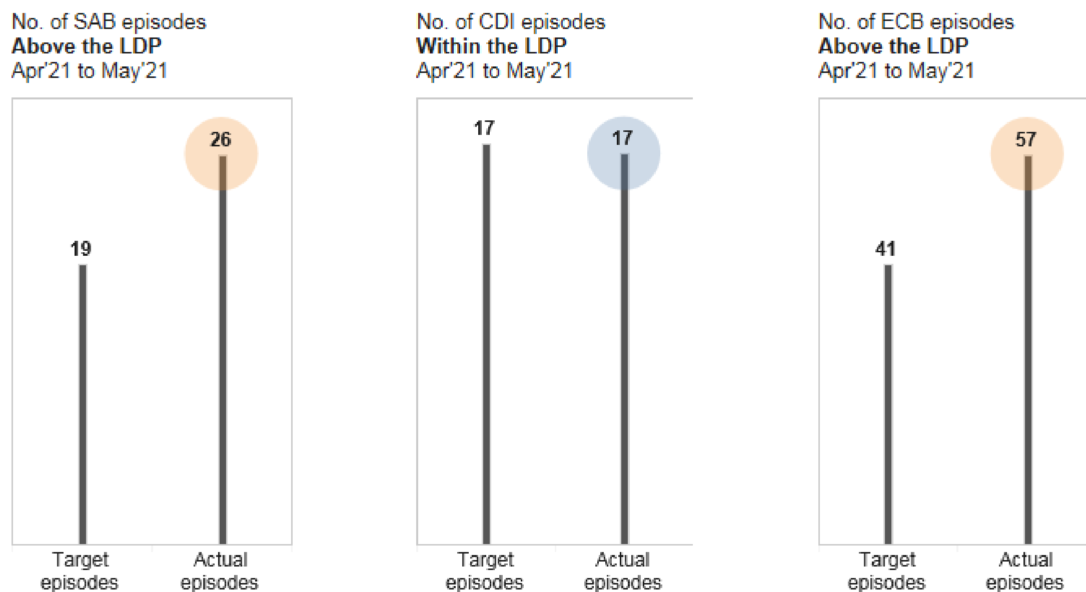
Clostridioides difficile Infection (CDI): The interim performance standard has not been met. The incidence for CDI as per HPS surveillance programme reporting criteria is 13.2 (n=112)

against a target incidence of 11.8 healthcare associated episodes (or less) per 100,000 bed days (<100 episodes approx).

However, NHS Lothian noted a decrease of 6 episodes compared to the previous reporting period and Lothian's incidence rate was close to the lower control limit in the latest HPS quarterly report (Oct – Dec 2020) indicating it is lower compared with other boards. For NHS Scotland overall, there has been a significant increase in the healthcare associated CDI national rate for the year to December 2020 compared to the previous year.

Escherichia coli Bacteraemia (ECB): The interim performance standard has not been met. The incidence for ECB is 31.4 (n=267) against a target incidence of 29.6 healthcare associated episodes (or less) per 100,000 bed days (<252 episodes approx).

However, NHS Lothian noted a decrease of 78 episodes compared to the previous reporting period and Lothian's incidence rate was below the control limits in the latest HPS quarterly report (Oct – Dec 2020), indicating it is statistically lower compared with other boards.



4 Key Risks

The key risks associated with the recommendations are:

- IPCT capacity to support full remobilisation of a planned programme of work is dependent on the continued demand on the both the IPCT and wider clinical services associated with the COVID 19 pandemic

- Potential for avoidable patient harms arising from *Staphylococcus aureus* Bacteraemia (SAB); *Clostridioides difficile* Infection (CDI) and *Escherichia coli* Bacteraemia (ECB) or other infections

5 Risk Register

The Healthcare Associated Infection Corporate Risk Register 1076 has been reviewed and is graded as high reflecting the ongoing impact of COVID 19 as well as the risks of Healthcare associated infections

6 Impact on Inequality, Including Health Inequalities

Healthcare Associated Infection is more common in patients with co-morbidities, diabetes and alcohol problems. They require increased interventions and therefore have increased contact with healthcare services.

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

Patient public representation is invited at the Pan Lothian and Health & Social Care Partnership Infection Control Committees.

Public and patient information leaflets are available in hard copy and via the Board intranet site to patients in relation to a range of healthcare associated infections and other related topics. Patients are kept informed by clinical care teams of issues relating to their care.

HAI surveillance data and HEI inspection reports are published electronically and available to the public via National Services Scotland ARHAI and HIS web pages.

8 Resource Implications

Infection Prevention and Control is an invest to save service.

The excess cost of each episode of hospital acquired and healthcare associated infection is variable, depending on increased length of stay and additional treatment requirements.

Lindsay Guthrie
Associated Director Infection Prevention & Control
Lindsay.guthrie@nhslothian.scot.nhs.uk
22nd July 2021

NHS Lothian

Infection Prevention and Control Services

Annual Report 2020-21

Due to the COVID-19 (SARS-CoV-2) pandemic, it has not been possible to obtain all the information required to produce this report.

Where information is unavailable it has been noted within the individual sections of this report.

NHS Lothian Infection Prevention and Control Services

Annual Report 2020-21

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NHS Lothian

1. Introduction

NHS Lothian is committed to controlling, reducing, and preventing Healthcare Associated Infections (HAI) and Antimicrobial Resistance (AMR) to protect patients, staff and the wider public.

Healthcare Associated Infection (HAI) is one of the quality indicators of the Scottish Government Quality Measurement Framework, aligned to the quality outcome that "Healthcare is safe for every person, every time".

NHS Boards are required to demonstrate they have effective systems and processes for the prevention and control of infection at the point of patient care, and there is robust leadership and governance across the organisation to support compliance with policy and best practice guidance.

Performance and progress are measured and monitored through a combination of mandatory performance targets, mandatory surveillance and reporting, and independent external scrutiny by the Healthcare Environment Inspectorate (HEI).

The Infection Prevention and Control Team annual work programme and priorities are shaped by four key directives:

1. CNO letter dated 10th of October 2019 replaces the DL (2015) 19 Healthcare Associated Infection (HAI) and Antimicrobial Resistance (AMR) Policy requirements
2. Healthcare Improvement Scotland (2015) Standards for Healthcare Associated Infection
3. DL (2017) 2 Carbapenamase-producing Enterobacteriaceae (CPE) Policy Requirement
4. Vale of Leven Enquiry Report (2014) Requirements and Action Plan

This Annual Report summarises:

- Performance against Scottish Government level 2 and level 3 quality indicators
- progress against key objectives for NHS Lothian Infection Prevention and Control Team in 2020-21 in line with the requirements of the HAI Standards (2015)
- progress made against these objectives, and
- priorities for further improvement and development in 2021-22.

NHS Lothian

2. Organisational structure, governance & performance (HAI Standard 1)

Infection Prevention and Control Team Staffing and service

Across NHS Scotland, there is a recognised issue in the capacity and succession planning across the specialist Infection Prevention & Control workforce, and in particular Infection Prevention & Control Nurses and Infection Control Doctors.

A multidisciplinary short life working group was commissioned by the Chief Nursing Officer to explore workforce issues and develop a national action plan to support recruitment, education and development retention, and succession planning within the specialty. This work was delayed in 2020 by the SARS CoV2 pandemic but was convened in January 2021 to progress this work.

The provision of adequate, appropriately trained and experienced infection prevention & control specialists was explicitly highlighted for consideration and action across Scotland in the NHS Scotland Queen Elizabeth University Hospital Oversight Board Final Report (2021).

Within NHS Lothian, the IPCT experienced a number of staff changes in 2020-2021, including the retirement of the Head of Service, and the retirement of 2 of 4 geographical lead IPCNs. Although the team have successfully recruited to vacant posts, there is now a high number of trainees to qualified IPCN ratio. This impacts further on the workload of qualified staff who support teaching, supervision and mentoring of staff in training, and absorbing additional duties while these staff are unable to independently assume a full clinical remit whilst they progress through their academic studies and local competency programme.

In addition to natural attrition of staff through promotion, relocation and maternity leave, these retirals have resulted in the service holding a number of vacancies over 2020-2021. The impact of nursing staffing shortfall in conjunction with the exponential workload increase associated with the SARS CoV2 pandemic has meant all staff (nursing, clincial scientists, administrative staff) have had to work flexibly, absorb additional duties, work additional hours including evening and weekend work over the past 15 months.

Throughout 2020-2021 IPCNs in training have also continued their studies towards their formal academic qualification at Masters Level (a mandatory requirement arising from the Vale of Leven inquiry report) with minimum requirement to achieve Post Graduate certificate level for post.

The continued professionalism, dedication, hard work and commitment of the IPCT during a period of exceptional service demand and reduced workforce is therefore highlighted and commended to the Board through this report.

NHS Lothian

NHS Lothian have continued to demonstrate their commitment and support to the IPC service and provided additional investment for infection prevention & control posts:

- One additional Band 7 HAI Scribe Nurse post – to support both capital and other projects relating to the built environment
- Creation of an Associate Director post to incorporate the designated responsibilities of the Infection Control Manager (Head of Service) post required by HDL 2005 (8) and to provide strategic support and subject matter expertise in relation to all aspects infection prevention & control
- Creation of an IPC Business Manager post to support the Associate Director in managing non-clinical aspects of service delivery
- Allocation of Scottish Government funding for 5 WTE IPCN posts to support Infection Prevention & Control in Care Homes
- Temporary funding for an additional Consultant Microbiology post to release capacity of the Lead Infection Control Doctor to support strategic objectives in relation to infection control in the built environment.

Plan for 2020-2021

The IPCT continued to see a number of staff changes due to promotion and career development during 2020-21. The priorities for the service in 2020-21 were:

- Continue to focus on resilience, capacity-building, and succession planning for IPC specialist posts within NHS Lothian
- Support leadership development of current and new Band 7 IPCNs
- Work with the impact of COVID and remobilisation of activities as required within the service
- To improve reporting and visibility of infection data on Tableau dashboards to support organisational learning and improvement

Progress

- Progress with staff development and learning opportunities was limited due to the impact of SARS CoV2
- The IPCT provided subject matter advice, support and education across all Acute and Non-Acute NHS Lothian services throughout the pandemic.
- Two further IPCT dashboards (Healthcare Infections and Local Delivery Plans) were developed and are now live and available to all NHS Lothian Tableau users

NHS Lothian

Priorities for 2021-22

- Continue to focus on resilience, capacity-building, and succession planning for IPC specialist posts (nursing, medical, clinical scientists)
- Actively seek innovative and collaborative ways of working to secure delivery of IPC objectives
- Undertake a service review in conjunction with key stakeholders to identify any gaps or areas for improvement in service provision and to take account of learning from both the SARS CoV2 Pandemic and in response to the independent review of the Queen Elizabeth Hospital Glasgow Oversight Report
- Develop and deliver a comprehensive IPC programme to support adult care home providers in NHS Lothian
- Continue to develop & deliver improved access to, and visibility of infection data. Three dashboards (enhanced ECB surveillance, enhanced SAB surveillance and Surgical Site Infection surveillance) will be developed and delivered over the coming year.

NHS Lothian

3. Scottish Government Level 2 Quality Indicators - Local Delivery Plan (LDP)

Infection numbers and rates for 2020/21

Infection rates are calculated using total occupied bed days as the denominator. Due to COVID-19 NHS Lothian has seen a drop in total occupied bed days for 2020/21 compared to previous years. Infection rates for 2020/21 should be viewed in the context of fluctuating overall activity associated with COVID-19. There are some instances where infection numbers have decreased or remained steady year-on-year, but the corresponding infection rates have increased due to decrease in denominator data. Figures 1 and 2 show the drop-in total occupied bed days in 2020/21 compared with previous years.

Figure 1: Total occupied bed days by financial year

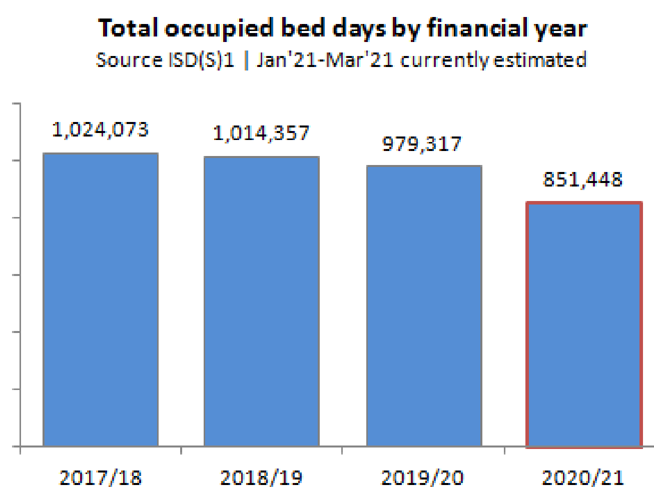
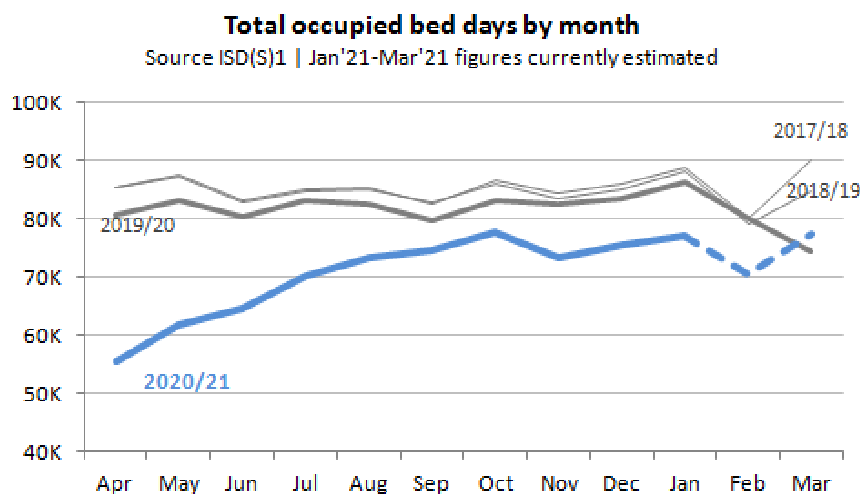


Figure 2: Breakdown of total occupied bed days by month



3.1 *Clostridioides difficile* Infection (CDI)

CDI Summary

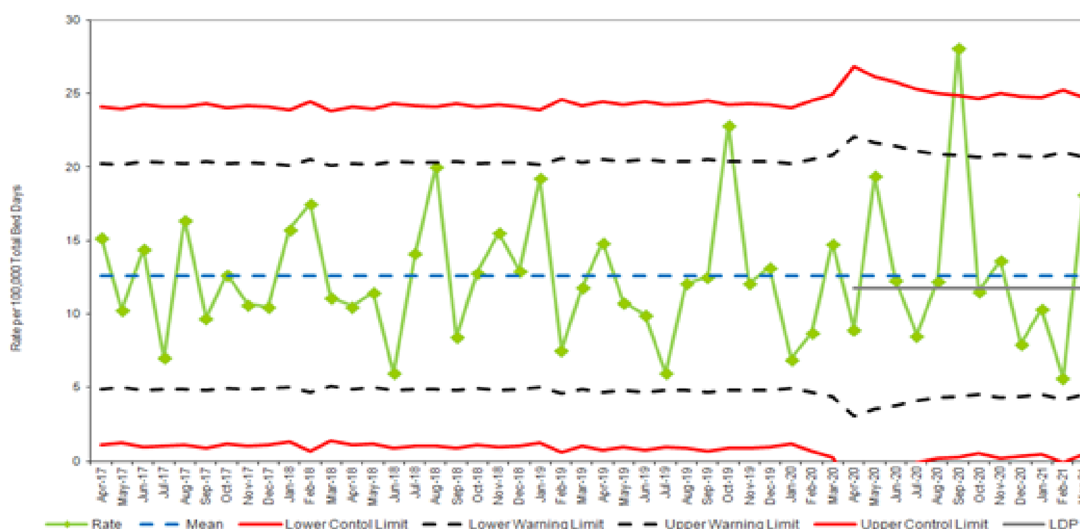
Interim target for year ending 31 March 2021: Achieve an incidence of 11.8 healthcare associated episodes or less per 100,000 bed days. This rate equates to approximately 100 episodes or less for the year.

End of year position: NHS Lothian achieved an incidence rate of 13.2 healthcare associated episodes per 100,000 bed days (n=112) as per HPS surveillance programme reporting criteria. This rate is higher than the interim LDP target rate (11.8, n=100).

Was the LDP target achieved: No

This year vs. last year: The observed infection rate was higher for 2020/21 (13.2 episodes per 100,000 bed days) compared with 2019/20 (12.0 episodes per 100,000 bed days). However, the underlying number of infections was lower in 2020/21 (n=112) compared with 2019/20 (n=118).

Figure 3: u-chart of CDI Healthcare Associated Incidence per 100,000 bed days for patients aged 15 years and over (Apr 2017 to Mar 2021)



Source: NHS Lothian enhanced surveillance

NHS Lothian

National comparison | CDI

Placing these infection figures for Lothian in a national context, according to ARHAI Scotland's most recent quarterly publication, to December 2020:

- NHS Lothian's healthcare associated CDI incidence for the year to December 2020 was lower than the rate for NHS Scotland overall (14.1 vs 15.6 episodes per 100,000 bed days).
- NHS Scotland overall saw a significant increase in the healthcare associated CDI rate for the year to December 2020 compared with the previous year. The corresponding year-to-year increase observed in Lothian, conversely, was not deemed to be statistically significant.
- The impact of the pandemic on patients accessing care and treatment such as antimicrobials is not yet fully understood.

Standards and Indicator 2019-2022

The Cabinet Secretary for Health and Sport approved a 10% reduction in the national rate of healthcare associated CDI between 2019 and March 2022. Data from the 2018-2019 period are used as the baseline for the CDI reduction target.

Locally a stepped approach to achieving this target has been taken with interim targets set for intervening years.

Key Themes and Areas for Improvement

- The Antimicrobial Management Committee (AMC) and Microbiologists continue to highlight the risks of prescribing 4C antimicrobials and feedback any non-compliance with guidance when identified on review.
- There is a process in place for site based clinical pharmacists to review inpatients diagnosed with CDI, using canned text to inform clinical teams of the findings from review. These reviews will take place at RIE, WGH, SJH, AAH, ELCH, Liberton and MCH.
- Any non-compliance of patient management, including documentation identified by IPC review, is promptly feedback to and followed up with the clinical team. IPCT continue to identify barriers to non-compliance in order to target improvement plans.

NHS Lothian

3.2 *Staphylococcus aureus* Bacteraemia (SAB)

SAB Summary

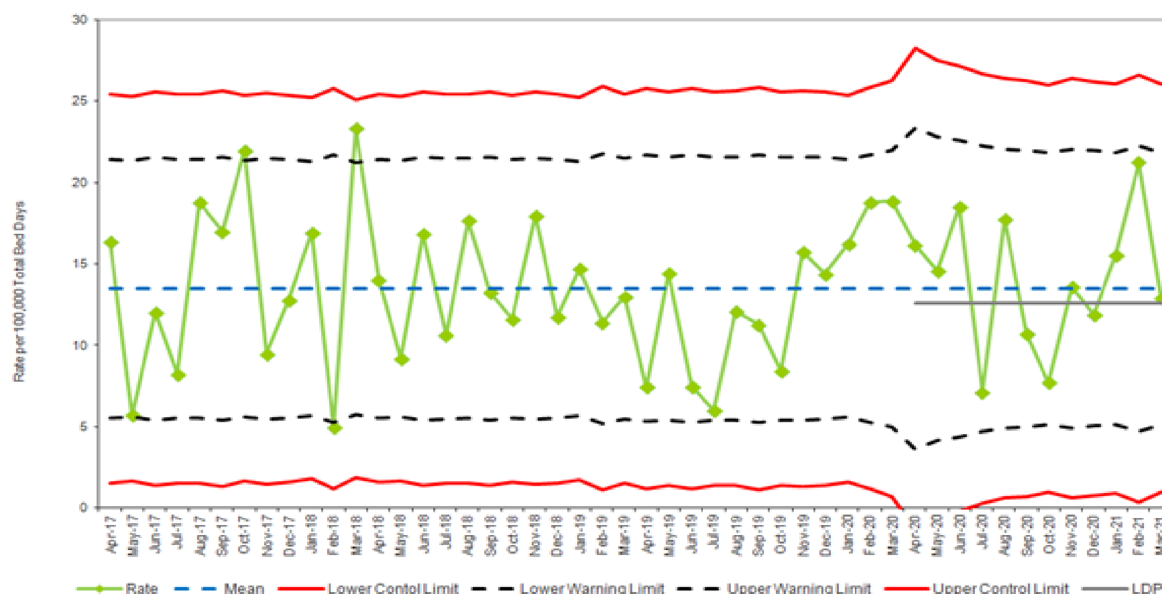
Interim target for year ending 31 March 2021: Achieve an incidence of 12.6 healthcare associated episodes or less per 100,000 bed days. This rate equates to approximately 107 episodes or less for the year.

End of year position: NHS Lothian achieved an incidence rate of 13.9 healthcare associated episodes or less per 100,000 bed days (n=118) as per HPS surveillance programme reporting criteria. This rate is higher than the interim LDP target (12.6, n=107).

Was the target achieved: No

This year vs. last year: The observed infection rate was higher for 2020/21 compared with 2019/20 (13.9 vs 12.6 episodes per 100,000 bed days). However, the underlying *number* of infections was lower in 2020/21 (n=118) compared with 2019/20 (n=123).

Figure 4: u-chart of SAB Healthcare Associated Incidence per 100,000 bed days (Apr 2017 to Mar 2021)



Source: NHS Lothian enhanced surveillance

National comparison | SAB

Placing these infection figures for Lothian in a national context, according to ARHAI Scotland's most recent quarterly publication:

- NHS Lothian's healthcare associated SAB incidence for the year to December 2020 was lower than the rate for NHS Scotland overall (14.4 vs. 18.0 episodes per 100,000 bed days). Indeed, for the latest quarter (Oct – Dec 2020), Lothian's rate was below the lower control limit and therefore markedly lower than other boards' rates.
- NHS Scotland overall saw a significant increase in the healthcare associated SAB rate for the year to December 2020 compared with the previous year. The corresponding year-to-year increase observed in Lothian, conversely, was not deemed to be statistically significant.

Standards and Indicator 2019-2022

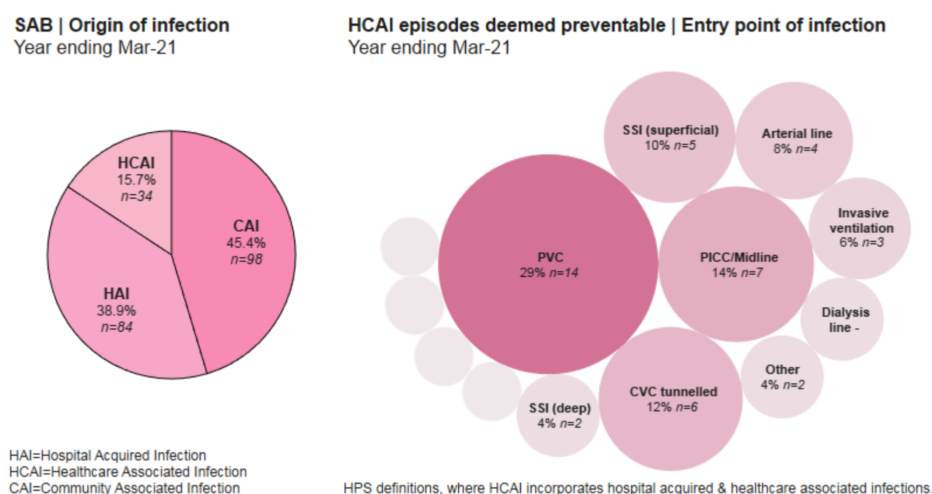
The Cabinet Secretary for Health and Sport approved a 10% reduction in the national rate of healthcare associated SAB between 2019 and March 2022. Data from the 2018-2019 period are used as the baseline for the SAB reduction target.

Locally a stepped approach to achieving this target has been taken, with interim targets set for intervening years.

Key Themes and Areas for Improvement

There were 216 SAB episodes recorded in NHS Lothian during 2020/21. Just over half of these episodes were healthcare associated infections (HCAI), according to HPS definitions (55%; n=118). Of these HCAI episodes, 42% (n=49) were deemed to be potentially preventable with a large proportion noted to be related to peripheral vascular catheter (PVC) (29%; n=14).

Figure 5: *Staphylococcus aureus* Bacteraemia origin of infection and entry point of infection



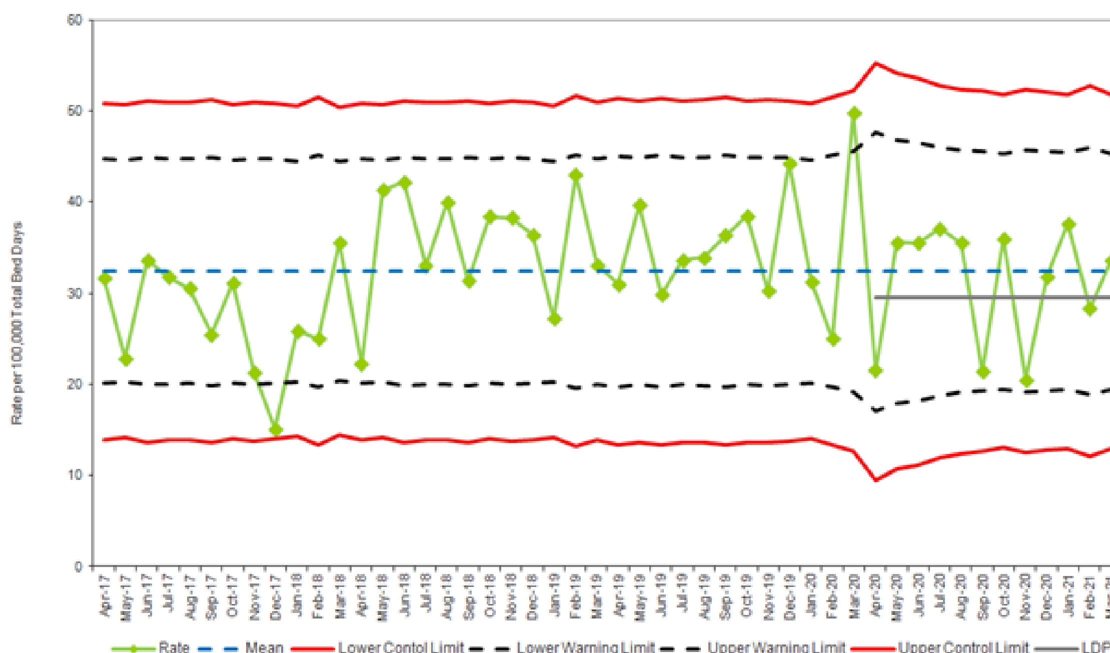
NHS Lothian

- The percentage of healthcare associated infections considered to be preventable for the period April 2020 to March 2021 has remained broadly consistent with the previous year. 49 out of 118 episodes (42%) compared to 49 out of 123 (40%) for the same period in 2019/20.
- Peripheral Vascular Catheters continue to account for the largest proportion of preventable healthcare associated SAB in 2020/21 (29%; n=14).
- The proportion of preventable healthcare associated SAB related to PICC lines has increased this year. In 2019/20, 4% of preventable healthcare associated SAB episodes (n=2) were related to a PICC line. In 2020/21, they accounted for 14% of episodes (n=7).
- The proportion of preventable healthcare associated SAB related to Dialysis Lines (tunnelled) has decreased this year. In 2019/20, 12% of preventable healthcare associated SAB episodes (n=6) were related to a Dialysis Line (tunnelled). In 2020/21, they accounted for 4% of episodes (n=2).
- Note that there was an overall drop in patient activity due to the COVID-19 response during 2020/21. This drop in activity, reflected in the occupied bed days used as the infection rate denominator, means that in some cases we see a drop in infection numbers but an increase in infection rates.
- There may also have been changes in clinical practice and patient populations because of the pandemic, which again make it difficult to compare healthcare associated infection activity for 2020/21 against previous years.
- There is ongoing wider review of practice and documentation of invasive devices within NHS Lothian, with prompt recognition and removal of the infected invasive devices.
- Potentially preventable healthcare associated device related infections are fed back to the immediate clinical team and discussed at the site-based infection control committee.
- WGH site clinical teams are to trial completion of a ‘SAB surveillance’ document including recommendations for solutions in response to preventable hospital acquired SAB. If successful, this document is to be rolled out to other sites.
- Ongoing collaborative work with Public Health and Microbiology in the surveillance of infections in People Who Inject Drugs (PWID). It is hoped early diagnosis and treatment of infection including S. aureus and S. pyogenes will reduce blood stream infections relating to these organisms.

3.3 *Escherichia coli* Bacteraemia (ECB)

ECB Summary
Interim target for year ending 31 March 2021: Achieve an incidence of 29.6 healthcare associated episodes or less per 100,000 bed days. This rate equates to approximately 252 episodes or less for the year. **End of year position:** NHS Lothian achieved an incidence rate of 31.4 healthcare associated episodes per 100,000 bed days (n=267) as per HPS surveillance programme reporting criteria. This rate is higher than the interim LDP target (29.6, n=252). **Was the target achieved:** No **This year vs. last year:** The observed infection rate was lower for 2020/21 compared with 2019/20 (31.4 vs 35.2 episodes per 100,000 bed days). The underlying number of infections was also lower in 2020/21 (n=267) compared with 2019/20 (n=345).

Figure 6: u-chart of ECB Healthcare Associated Incidence per 100,000 bed days (Apr 2017 to Mar 2021)



Source: NHS Lothian enhanced surveillance

National comparison | ECB

Placing these infection figures for Lothian in a national context, according to ARHAI Scotland's most recent quarterly publication:

- NHS Lothian's healthcare associated ECB incidence for the year to December 2020 was lower than the rate for NHS Scotland overall (31.8 vs. 39.7 episodes per 100,000 bed days). Indeed, for the latest two quarters (Jul – Sep 2020 and Oct – Dec 2020), Lothian's rate was below the lower control limit and therefore markedly lower than other boards' rates.

Standards and Indicator 2019-2022

The Cabinet Secretary for Health and Sport approved an initial reduction in healthcare associated ECB of 25% by March 2022 and a 50% reduction by March 2024. Data from the 2018-19 period are used as the baseline for the ECB reduction targets.

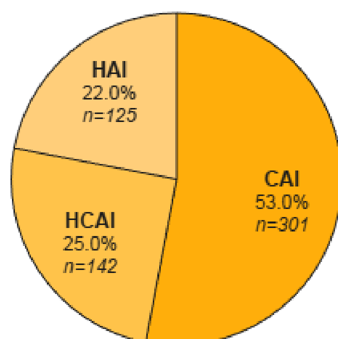
Locally a stepped approach to achieving this target has been taken, with interim targets set for intervening years.

Key Themes and Areas for Improvement

There were 568 ECB episodes recorded in NHS Lothian during 2020/21. Just under half of these episodes were healthcare associated infections (HCAI), according to HPS definitions (47%, n=267). Of these HCAI episodes, 39% (n=103) were deemed to be potentially preventable.

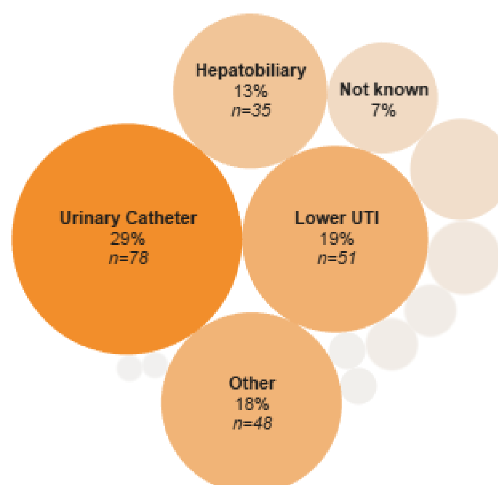
Figure 7: Escherichia coli Bacteraemia origin of infection and entry point of infection

ECB | Origin of infection
Year ending Mar-21



HAI=Hospital Acquired Infection
HCAI=Healthcare Associated Infection
CAI=Community Associated Infection

ECB | HCAI episodes (source of infection)
Year ending Mar-21



HPS definitions, where HCAI incorporates hospital acquired & healthcare associated infections.

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- The source for most of the healthcare associated ECB in 2020/21 was urinary catheter related (29%; n=78); infection in the lower urinary tract (19%; n=51), hepatobiliary infections (13%; n=35); and sources classified as "other" (18%; n=48). For a proportion of the cases (7%; n=18) data collectors were unable to establish the specific source of the ECB. The sources of other intra-abdominal infections include community onset bowel pathology such as malignancies, appendicitis, and necrotising enterocolitis.
- The ECB data for NHS Lothian is influenced by its provision of specialist tertiary care for hepatobiliary and urological surgery. The majority of these cases were deemed unpreventable on review although classified as healthcare associated using HPS definitions.
- NHS Lothian continues to encourage the reduction in use of urinary catheter and optimise care and management of all invasive devices.
- In line with a change in NICE guidelines, and recognition that approximately 30% of NHS Lothian urinary tract pathogens have trimethoprim resistance, there was an antimicrobial guideline change in December 2020 that resulted in Nitrofurantoin now being recommended as first line empirical therapy for those who have any risk factors for trimethoprim resistance. This change is also due to be updated on the Lothian Joint Formulary targeting community prescribers. It is hoped this change will result in a reduction of ECB related to urinary tract infections.

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4. Level 3 Quality Indicators: Meticillin Resistant *Staphylococcus aureus* (MRSA) Screening Programme

Target to achieve 90% compliance with the application of the clinical risk assessment (CRA) for Meticillin Resistant *Staphylococcus aureus* (MRSA) within 24 hours of admission.

The screening, in order to be successful, is a two-stage process starting with the universal application of the clinical risk assessment (CRA). Where the CRA identifies that a patient is deemed to be at high risk of MRSA colonisation followed by appropriate collection of specimens for MRSA screening by culture.

NHS Lothian analyses admission records and clinical risk assessment data from the Patient Management System (TrakCare) with specimen data from the Laboratory Information Management System (iLab). From this analysis, a randomised selection of records is then manually validated by the Infection Prevention and Control Team before submission to Health Protection Scotland (HPS). NHS Lothian is required to submit 130 records per quarter, which are used to calculate compliance.

End of Year Position NHS Lothian achieved 67% compliance with the completion of the clinical risk assessment and 68% compliance with sampling up to the year ending March 2021.

In comparison both compliance with clinical risk assessment (76%) and compliance with sampling (71%) were lower than that what was reported for the same period in 2019/20.

Figure 8 shows a summary of compliance with CRA and sampling for each quarter throughout 2020-21 in NHS Lothian. This data shows compliance with both CRA and screening were below what is required by the Scottish Government.

Figure 8: NHS Lothian Quarterly Compliance Figures for MRSA Screening

Quarter	CRA Expected	CRA Performed	CRA Compliance	Patients Screened	Screening Compliance
Q1 Apr - Jun	204	127	**62%**	23	**59%**
Q2 Jul – Sep	202	145	**72%**	36	**80%**
Q3 Oct - Dec	206	138	**67%**	26	**63%**
Q4 Jan - Mar	210	140	**67%**	22	**69%**

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Key Themes and Areas for Improvement

- Data is validated by the Infection Prevention and Control Team prior to submission to HPS.
- During 2021-22, the Infection Prevention and Control Team will analyse data in more detail to target improvement support to areas with the lowest compliance. This will be done collaboratively with site management teams and clinical leads.
- Wider changes to patient risk assessment care planning processes on TRAK are expected to improve the completion of CRA.

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5. Level 3 Quality Indicators: Carbapenamase Producing *Enterobacteriaceae* (CPE) Screening Programme

Target to achieve 90% compliance with the application of the clinical risk assessment (CRA) for Carbapenamase Producing *Enterobacteriaceae* (CPE) within 24 hours of admission.

The screening is a two-stage process starting with the universal application of the clinical risk assessment (CRA). Where the CRA identifies that a patient is deemed to be at high risk of CPE colonisation, appropriate specimens should be collected for CPE screening by culture.

NHS Lothian analyse admission records and clinical risk assessment data from the Patient Management System (TrakCare) with specimen data from the Laboratory Information Management System (iLab). From this analysis, a randomised selection of records is then manually validated by the Infection Prevention and Control Team before submission to Health Protection Scotland (HPS). NHS Lothian is required to submit 130 records per quarter, which are used to calculate compliance.

End of Year Position NHS Lothian achieved **59%** compliance with the completion of the clinical risk assessment and **0%** compliance with sampling up-to the year ending March 2021 with 1 patient who fit the swabbing criteria went unscreened.

Compliance with clinical risk assessment showed no change compared with year ending March 2020 where NHS Lothian achieved 59% whilst compliance with sampling was lower compared to 33% reported in 2019/20.

Figure 9 shows a summary of compliance with Clinical Risk Assessment and sampling for each quarter throughout 2020-21 in NHS Lothian. This data reveals compliance with both aspects is below that required by the Scottish Government.

Figure 9: NHS Lothian Quarterly Compliance Figures for CPE Screening

Quarter	CRA Expected	CRA Performed	CRA Compliance	Patients Screened	Screening Compliance
Q1 Apr - Jun	204	120	**59%**	0	**n/a#**
Q2 Jul – Sep	202	126	**62%**	0	**n/a#**
Q3 Oct - Dec	206	118	**57%**	0	**0%**
Q4 Jan - Mar	210	121	**58%**	0	**n/a#**

#no patients fit the swabbing criteria

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Key Themes and Areas for Improvement

- Data is validated by the Infection Prevention and Control Team prior to submission to HPS.
- During 2021-22, the Infection Prevention and Control Team will analyse data in more detail to target improvement support to areas with the lowest compliance. This will be done collaboratively with site management teams and clinical leads.
- Wider changes to patient risk assessment care planning processes on TRAK are expected to improve the completion of CRA.

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6. HAI Work Plan Key Delivery Areas

6.1 Education (HAI Standard 2)

The capacity of the IPCT to deliver a formal programme of education and training, and the availability of clinical staff to attend was significantly impacted by the pandemic.

Throughout the year, a range of information and educational resources were developed at pace by the IPCT to support the workforce with ongoing changes and updates to national policy and guidance for COVID 19.

Progress for 2020-21

- Medical staff and student teaching was successfully delivered throughout the pandemic via electronic platforms e.g. Blackboard and Microsoft Teams
- Planned transmission-based precautions study sessions undertaken October 2020 and March 2021 via Microsoft Teams enabling widespread access from across NHS Lothian. Further sessions to be offered throughout the coming year.
- All newly appointed IPCNs in training were supported to commence post-graduate studies in September 2020.

Priorities for 2021-2022

- To review and adapt information and educational resources to support the COVID 19 pandemic response across NHS Lothian
- To develop and deliver a programme of education and training across a range of IPC priority areas including Chapter 3 of the National Infection Prevention and Control Manual (Outbreak and Incident Management)
- To maximise participation of Senior IPCNs and ICDs in the Built Environment (Infection Prevention and Control) continuing professional development module offered through University Highlands & Islands

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6.2 Surgical Site Infection (SSI) Surveillance (HAI Standard 4)

Surgical Site Infection (SSI) is one of the most common manifestations of Healthcare Associated Infection, estimated to account for 18.6% of inpatient healthcare associated infections in NHS Scotland and SSI can increase both morbidity and mortality.

SSI incidence rates are an important surgical outcome measure and such data can be used to improve the quality of patient care. Actively providing SSI data to surgeons can facilitate reductions in the incidence of infection.

Two data collection methods are adopted for SSI surveillance.

- "*light surveillance*": where the denominator data (number of procedures) for each category is submitted. Complete procedure and patient information are only submitted where a Surgical Site Infection has been diagnosed using the current Health Protection Scotland criteria.
- "*full standard surveillance*": where both the denominator data and the complete procedure and patient information are submitted for all procedures which meet current Health Protection Scotland criteria.

In line with HDL (2006) 38, CEL (2009) 11 and DL (2019) 23, NHS Lothian undertake mandatory surveillance of Caesarean sections wound infection and elective hip arthroplasty wound infection using "light" surveillance. The national surveillance program was extended in April 2017 to include 'full standard surveillance' of elective large bowel and major vascular procedures. NHS Lothian started to collect and submit data from July 2018, with data published by HPS from April 2019.

Mandatory surgical site infection surveillance has been paused since February 2020 until further notice by SGHH&SCD & HPS.

Plan for 2021-22

- Comply with mandatory surgical site surveillance programme when this is recommenced
- Migrate all existing Surgical Site Infection related reports to Tableau dashboard
- Continue to monitor results, provide feedback, and provide monthly and detailed quarterly reports to clinical teams via Statistical Process Control charts.
- Continue to support implementation of improvement actions taken in response to previous problem assessment group meetings.
- Foster a close relationship with the clinical team and microbiologists covering the relevant clinical areas in the review of the Surgical Site Infection.

6.3 Critical Care Infection Surveillance

All NHS Boards are required by DL 2019 (23) to undertake surveillance of healthcare associated infection within Intensive Care Units as per the HPS/SICSAG protocol

The European Centre for Disease Prevention and Control (ECDC) criteria are used to define ventilator associated pneumonia (VAP), bloodstream infection (BSI) and central venous catheter related bloodstream infection (CRBSI) in Critical Care.

Critical Care Unit staff remain committed to the ongoing prevention of hospital acquired infections and support for local quality improvement work. There is a well-established multi professional cross site Critical Care Infection Group in place which focuses on improving collaborative working and sharing good practice. This has been invaluable over 2020-21 as critical care services have pooled resources and adjusted working practices in response to the COVD-19 pandemic.

Infection surveillance data collection, analysis and reporting was maintained during the transition of neuroscience services from WGH to the RIE site

6.3.1 Royal Infirmary of Edinburgh: Infection surveillance data has been collected continuously in ward 118 since 2005, with surveillance of all BSI in ward 116C high dependency commencing in January 2017.

Key Points RIE

- VAP incidence has increased compared with the previous year (fig.10). It is not clear whether this is due to the increased risk of VAP in patients with a neurological diagnosis, VAP associated with patients admitted during the second wave of COVID-19 during the winter months or whether there is a real change in practice and compliance with the VAP bundle.
- Overall BSI incidence has reduced compared with the previous year (fig.10). However, there have been more *Staphylococcus aureus* bloodstream infections (SAB) in the last year than normal. Unusually, many of these infections were related to the use of invasive devices, in particular, arterial lines. This may relate to changes in PPE use mandated by COVID-19 specific infection control guidance, with similar increases reported in other NHS critical care units.

Figure 10: RIE Critical Care Surveillance Data | Wards 118 & 116

Ward 118	Incidence		*Number*	
	2019/20	2020/21	*2019/20*	*2020/21*
All Ventilator Associated Pneumonia (VAP)*	3.5	13.9	*10*	*57*
Microbiologically confirmed VAP*	1.4	8.1	*4*	*33*
Bloodstream Infection (BSI)	3.9	2.5	*22*	*19*
Central venous catheter related BSI (CRBSI)	0.3	0.2	*1*	*1*

Ward 116	Incidence		*Number*	
	2019/20	2020/21	*2019/20*	*2020/21*
Bloodstream Infection (BSI)	0.3	1.7	*1*	*5*
Central venous catheter related BSI (CRBSI)	0	1.2	*0*	*2*

*VAP data incomplete due to reallocation of surveillance resource to support the unit during the global COVID-19 pandemic (figures for 2019/20 exclude March 2020; figures for 2020/21 exclude April and May 2020).

6.3.2 Western General Hospital: Infection surveillance data has been collected for the combined high dependency and intensive care units since 2009. The overall bed capacity in Ward 20 has fluctuated over 2020 and 201 due to relocation of neurological services to RIE and expansion of services in response to COVID 19.

Key Points WGH

- VAP rate has been decreasing over the past four years, but a further reduction anticipated following transfer of neurological services to RIE did not materialise this year (this patient group have a higher incidence of secondary pneumonia which clinically are difficult to differentiate from VAP)
- Of the 30 VAP cases reported in 2020-21, 67% (n=20) were in COVID-19 patients.
- There was 25 BSI during 2020-2021 giving a rate of 7.1/1000 patient days. Compared with 18 BSI during 2019-20 at a rate of 3.6/1000 patient days. All of these cases were reviewed by the local clinical and surveillance team. Respiratory source alone accounted for 36% of these cases.

Figure 11: WGH VAP rates per 1000 Ventilator Days | 5-year trend

	2016/17	2017/18	2018/19	2019/20	2020/21
All Ventilator Associated Pneumonia (VAP) rate	16.0	14.5	13.4	12.6	14.2
VAP number	*47*	*37*	*38*	*34*	*30*
Ventilator days	*2,934*	*2,551*	*2,832*	*2,819*	*2,099*

Priorities for 2021-22

- "Back to basics" approach for all infection prevention care bundles. Infection prevention and control is a priority for the local quality improvement team agenda.
- Comprehensive plan of improvement work developed and will be overseen by the infection leads and infection surveillance nurses to reduce infections across the unit. This will be achieved by employing quality improvement methodology and the work will be led by members of the multi-disciplinary team.
- Key work streams in the coming months are VAP reduction, SAB reduction, blood culture contamination reduction and improving antibiotic stewardship.

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6.4 Audit (HAI Standard 6)

NHS Lothian is required by the Healthcare Improvement Scotland HAI standards (2015) to have a systematic programme of audit which is reviewed at least every two years. During 2020-21 most of the planned audit work was suspended due to the ongoing impact of the COVID-19 pandemic on IPC and clinical teams. Focused audit and monitoring continued where required.

Infection Prevention and Control audit is a shared responsibility across the organisation. To that end, a multi-modal audit programme is in place. All wards and departments undertake a programme of self-audit, historically reported via the QIDS electronic system.

The IPCT undertake a programme of comprehensive audits which encompass standard and transmission-based precautions, aspects of the built environment and documentation. These In-depth audits are planned to be performed at a frequency of 12, 18, or 24-months based on the risk profile of the patient area (high, medium, low risk). This has historically been a paper based (Excel) tool with limited ability to analyse and report aggregated data.

A new electronic audit system and reporting platforms is being introduced in NHS Lothian (MEG). This will improve the planning, completion, reporting and analysis of audit data at ward, departmental, site and Board level.

Progress 2020-2021

- Development, testing & refinement of a revised ward level audit tool which includes 'red flag' responses to highlight area of high risk for immediate action
- Risk based audit of standard, transmission based and COVID specific precautions was maintained by the IPCT during 2020-21 in response to emerging issues and outbreaks
- Collaboration between the Lothian Accreditation and Care Assurance Standards (LACAS) and IPC teams to test and utilise the revised ward level tool as part of the LACAS framework
- Education in relation to the revised ward level IPC audit tools was provided in the early part of 2021 for Clinical Nurse Managers and Senior Charge Nurses

Priorities for 2021-2022

- Establish a risk-based site specific recovery plan to recommence IPCT audit programme
- Review and improve IPC audit methodology and reporting processes
- Develop and deliver education, training or other resources to support implementation of the revised IPC audit tools and use of the MEG electronic platform

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6.5 Policy & Guidance (HAI Standard 6)

During the COVID-19 Pandemic, there was agreement from the NHS Lothian Executive team that Policy development & review should be paused. The IPCT continued to undertake a rapid review of key policies or guidance to identify any significant or material changes to national directive or evidence base. Interim review dates have been assigned to policies in line with a process approved at the Pan Lothian Infection Control Committee (PLICC).

The main focus of the IPCT during the year 2020-21 was to interpret, disseminate and support implementation of rapidly evolving COVID 19 policy and guidance.

Throughout this period, the IPCT actively contributed to the development and review of national guidance in collaboration with ARHAI and Scottish Government.

Progress 2020-21

- The COVID-19 Pandemic has resulted in several IPC policy & guidance documents having a short-term review date, as agreed at the PLICC
- Review processes have been strengthened and are supported by the IPCT administrative staff to ensure effective use of specialist nurse resource
- New materials were developed for COVID 19 in response to emerging evidence and identified gaps in guidance.
- NHS Lothian IPCT continue to be active contributors in a variety of national forums, and are influential in shaping the content of the national policy and guidance

Priorities for 2021-2022

- To continue to ensure all policies, guidelines and associated materials are up to date, relevant, accurate and accessible.
- To align local IPCT activity and output with changes to guidance and best practice as advised by ARHAI Scotland
- To promote communication and implementation of policy and guidance across the organisation to support delivery of safe, effective patient care.
- To continue to seek user feedback in relation to new and updated policies, guidance and documentation
- To contribute to the development and review of the National Infection Prevention and Control Manual, through participation in review and consultation requests

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6.6 Decontamination of reusable medical devices (HAI Standard 8)

Decontamination is overseen by the Decontamination Programme Board. This group has responsibility for taking forward major decontamination projects to allow NHS Lothian to meet and maintain compliance with current extant decontamination standards and guidance.

The following projects were taken forward in 2020-21:

Endoscopy

Equipment originally installed in St John's endoscopy unit in 2009 was replaced, reflecting the standard of equipment now in place across other the other endoscopy units across NHS Lothian (Royal Infirmary, Western General Hospital, East Lothian Community Hospital, Leith Community Treatment Centre and Lauriston ENT Department). This comprised of a reverse osmosis water treatment system and six new endoscope washer disinfectors. This provides ongoing compliance with Scottish Health Planning Note (SHPN) 13 part 3 and other relevant standards and guidance documents.

This brings the total endoscopy equipment to:

- 26 endoscope washer disinfectors
- 6 reverse osmosis water treatment systems
- 40 endoscope drying/storage cabinets
- 10 chemical storage cabinets across all NHS Lothian sites.

All endoscopy equipment is serviced, maintained and tested every quarter and weekly water sampling continues with no issues being observed over the past year.

Hospital Sterilisation and Decontamination Unit (HSDU)

- Reduction in overall surgery carried out as a consequence of COVID-19 provided an opportunity to carry out extensive servicing, maintenance and testing of the four washer disinfectors. This resulted HSDU achieving the requirements of SHTM 01-01 for a department responsible for decontamination of high-risk instruments in relation to Creutzfeldt - Jakob disease (CJD) and Variant Creutzfeldt-Jakob Disease (vCJD).
- Due to the age of these washer disinfectors it was necessary to reduce the capacity of each load to ensure maximum cleaning efficacy. To help mitigate this reduced capacity a further two new washer disinfectors were procured, installed and are currently being validated. These should be operational by the end of February 2021.

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Hospital Sterilisation and Decontamination Unit Business Case

- The Business Case has been approved however, due to the current situation with COVID this has not progressed as quickly as anticipated.
- Maintaining project timelines for the reprovision of a new sterile service department remains an organisational priority, noting the potential impact on other capital projects (e.g. St Johns Short Stay Elective Centre) which will increase demand on HSDU resource.

Tracking and Traceability

- There have been delays relating to establishing infrastructure to support the tracking and traceability project due to due COVID-19, however this project is now being progressed.

Education & Training

- There are 25 students registered on the Institute of Decontamination Sciences (IDSc) Technical Certificate (TC) course.
- 6 students have passed the examination with a further 7 sitting/due to sit the exam by October 2021
- Several of these staff are simultaneously undertaking the 9 National Education Scotland (NES) decontamination modules
- All new members of staff now automatically, undertake the 9 NES online training modules as part of their PDP and in advance of commencing the IDSc TC.

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6.7 The Built Environment (HAI Standard 8)

Infection control in the built environment continues to be an evolving and expanding area of political, policy and professional focus. NHS Lothian has invested in additional resource (for both Infection Prevention & Control Nurse and Infection Control Doctor posts) for the IPCT to support this area of work, reflecting the Boards ongoing commitment to patient safety. Key themes and recommendations arising from the published report into the Queen Elizabeth University Hospital (QEUH) have been formally considered at the Pan Lothian Infection Control Committee and other internal governance committees.

Further guidance and national policy direction is expected from the newly established national expert advisory and assurance body NHS Assure.

The IPCT are active contributors in Ventilation and Water safety strategic steering groups, and provide clinical subject matter support to the Executive Team on these matters. These groups consider the Boards compliance with relevant statutory and mandatory technical standards (e.g. SHTM 03-01 Ventilation in Healthcare Premises, SHTM 04-01 Water Safety in Healthcare Premises) and the ongoing suitability and safety of critical systems within the built environment.

NHS Lothian is required by DL (2015) 19 to implement Health Facilities Scotland (HFS) HAI–SCRIBE process (Healthcare Associated Infection System for Controlling Risk in the Built Environment) (SHFN 30 Part A and B) to all building and refurbishment projects.

Over 2020-21 the Infection Prevention and Control Team continued to work in collaboration with Capital Planning, Estates and Facilities Teams in the delivery of several new build and refurbishment project despite delays incurred due to COVID 19.

Progress 2020-21

- The IPCT continued to support review of critical ventilation systems and water safety across all hospital sites
- Review and guidance provided in relation to ventilation across all critical care, wards, theatres and isolation rooms to support safe management of COVID 19 in high and medium risk pathways
- Continued to provide support and expertise in relation to a wide range of capital and refurbishment projects across NHS Lothian including:
    - Royal Edinburgh Hospital (REH) Meadows ward refurbishment
    - RHCYP DCN completion and migration of all services
    - St Johns Hospital: Planning & design support for the front door expansion project
    - St Johns Hospital: refurbishment of Satellite Cancer Unit (Ward 15)

- WGH: Support refurbishment of Ward 15 as part of oncology enabling projects - complete
- WGH: Support planning & development of clinical trials area – complete
- RIE refurbishment and installation of new Computed Tomography (CT) scanner
- Primary Care - design and planning of St Ann's (Panmure) Homeless Inclusive project
- Primary Care- design and planning of Cockenzie Health Centre
- Primary Care - design and planning of East Calder Medical Practice

Priorities for 2021-2022

- To continue to provide subject matter expertise and support to a wide range of capital and refurbishment projects across NHS Lothian and the Health & Social Care Partnership areas
- To provide support to the comprehensive review of the RIE built environment and improvement work arising from this
- To continue to provide local support and advice on risks associated with the built environment at ward/site level in response to emerging issues
- To work in collaboration with capital planning, facilities and NHS Assure colleagues on capital and major refurbishment projects and give assurance to NHS Lothian that risk associated with the built environment have been appropriately mitigated for.
- Continue to support and advise across a range of building & refurbishment projects, including:
    - **REH:** Phase 2 project at Royal Edinburgh Building, Meadows ward refurbishment
    - **SJH**: Gynaecology day patient area, Short Stay Elective Project and Blood Science Laboratories projects
    - **WGH**: Ward 8 and 8 unit (Haematology), Ward 1 (Oncology Treatment), Aseptic pharmacy, Wards 2&4 (Oncology), Cancer Assessment Unit (CAU) , new Linear Accelerator Bunkers, new Renal Dialysis Unit and refurbishment of Blood Science Laboratories
    - **RIE:** redesign of front door services, refurbishment of the Neonatal Unit, women's Services, Ward 119, Ward 210, Ward 211 and Labour Ward, provision of Major Trauma Ward (Ward 120), support ongoing Uninterruptible Power Supply (UPS) and Fire Stopping work throughout the hospital, Radiology reconfiguration and refurbishment and refurbishment of HSDU
    - Support the planning and design of the proposed reprovision of the Princess Alexandra Eye Pavilion (PAEP)
    - Support planning and design stage of proposed reprovision of the Regional Infectious Diseases Unit (RIDU)

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- **HSCP**: various Health and Social Care Partnership (HSCP) community health centres, and the planning and design of a new Forensic Service (HSCP/Police Scotland)

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7. External Scrutiny – Healthcare Environment Inspectorate

Within the reporting period NHS Lothian received a total of two unannounced inspections by the Healthcare Environment Inspectorate (HEI) for the Royal Hospital for Sick Children (RHSC) and the Western General Hospital Department of Clinical Neurosciences (DCN) between 22 and 24 October 2019.

The inspection of the RHSC included an inspection of theatres resulting in 2 recommendations and 2 requirements. These mainly related to storage of management of equipment. Inspections of the wards resulted in 2 requirements relating to general environmental maintenance of equipment. Full reports and action plans can be viewed on inspectorate web pages.

Healthcare Improvement Scotland continues to refine their quality of care approach for inspection and review frameworks to provide external assurance of the quality of healthcare provided in Scotland. This approach is designed to deliver quality assurance activity that drives improvement.

Further test organisational/thematic reviews are being undertaken to continue to test the quality of care approach, Quality Framework, self-evaluation tool and supporting guidance.

Healthcare Improvement Scotland intends to continue to work with stakeholders to inform and shape future iterations of the Quality Framework, tools, guidance and support package.

The planned Healthcare Improvement Scotland short life working group to review the national HAI Standards 2015 was suspended during COVID 19, but has recommenced

Priorities for 2020-21

- Contribute to and take an active role in the national review and development of national HAI standards
- Continue to support NHS Lothian to maintain the highest standards of care and cleanliness to safeguard patients and staff
- Promote shared learning through inclusion of themes/key areas for improvement arising from inspection into education and training programmes
- Support local teams with quality improvement projects in relation to key findings

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8. Outbreak and Incident activity

NHS Lothian reports all healthcare infection data exceedance, infections, and incidents in line with the national policy requirements of the National Infection Prevention and Control Manual (Chapter 3). Each incident is risk assessed against the Hospital Infection and Incident Assessment Tool (HIIAT) to determine an overall indicator of risk using a red, amber, green traffic light system.

Data for incidents first reported from October 2020 onwards are collected using the ARHAI electronic outbreak and incidents reporting tool. Prior to October 2020, the data were collected using HIIORT forms. Please note that COVID-19 clusters are reported separately.

For the period April 2020 to March 2021, NHS Lothian reported a total of 22 outbreaks or incidents to ARHAI. Of these:

- 3 were graded as Red
- 5 were graded as Amber
- 14 were graded as Green

Figure 12 shows a comparison of total outbreaks and incidents reported in NHS Lothian last year (2019/20) versus this year (2020/21). Not all incidents reported and investigated are subsequently confirmed as an outbreak or demonstrated cross infection.

Figure 12: Outbreaks and Incidents in NHS Lothian by highest HIIAT status | 2019/20 vs 2020/21

Source: Discovery

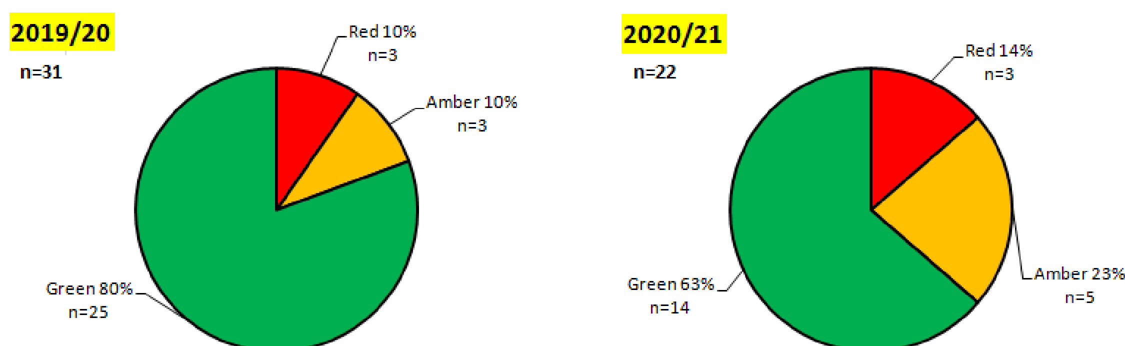


Figure 13 indicates that there were 48 confirmed patients and 6 confirmed deaths associated with the 22 outbreaks and incidents in the latest year (2020/21),

Figure 13: Outbreaks and incidents in NHS Lothian by highest HIIAT status | 2020/21

	Total	Red	Amber	Green
No. of outbreaks & incidents	22	3	5	14
No. of patients confirmed	48	13	3	32
No. of deaths confirmed	6	5	0	1

Figure 14: NHS Lothian outbreaks & incidents by (a) organism and (b) infection category | 2020/21

Source: Discovery

Organism by Highest HIIAT Status | 2020/21

Organism	Red	Amber	Green	Total
Total	**3**	**5**	**14**	**22**
CDI	1		5	6
Other		3	2	5
Fungi	1		1	2
Hepatitis B Virus	1			1
Pseudomonas aeruginosa		1		1
TB		1		1
C. indologenes and S. maltophila			1	1
Cupriavidus			1	1
Legionella			1	1
S.aureus			1	1
Serratia marcescens			1	1
Staphylococcus capitis			1	1

Infection Category by Highest HIIAT Status | 2020/21

Infection category	Red	Amber	Green	Total
Total	**3**	**5**	**14**	**22**
Decon/Environmental Incident	1	3	2	6
Gastrointestinal	1		5	6
Colonisation			3	3
Blood-borne virus & HCV	1			1
Mixed/Various		1		1
Respiratory		1		1
Blood stream infection			1	1
Mixed Infected & Colonised			1	1
N/A			1	1
Skin & soft tissue infection			1	1

Figure 14 shows how the outbreaks and incidents were categorised according to organism and infection category.

The IPCT also supported investigation and risk assessment in relation to a small number of incidents associated with water quality or ventilation in a variety of acute and community hospital sites, and health & social care partnership community premises in line with Chapter 3 of the National Infection Prevention and Control Manual. No clinical infections (patient cases) were identified in relation to any of these incidents.

Minutes and improvement action plans arising from problem assessment groups are discussed and shared at the strategic Water and Ventilation Groups, and through the wider Infection Control and Health & Safety committee structures.

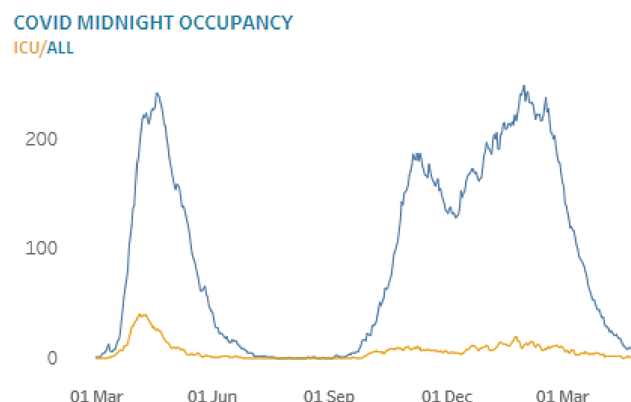
Pandemic Novel Coronavirus SARS-CoV-2 (COVID-19)

According to information available from Public Health Scotland's (PHS) open data platform, for the whole pandemic period to 21st April 2021:

4.3% positivity rate	36,029 out of 839,888 tests (4.3%) for Lothian residents were positive. The equivalent positivity rate for Scotland overall was 4.7%.
1,115 deaths	1,115 Lothian residents died within 28 days of a lab confirmed report of COVID-19 infection. This figure translates to a crude death rate of 122.9 deaths per 100,000 population. The equivalent rate for Scotland overall was 139.9.

Hospital activity:

NHS Lothian's local dashboards give an overview of hospital activity associated with COVID-19. Figures for the whole pandemic period (to 22nd April 2021) indicate that peak occupancy in NHS Lothian for patients with COVID-19 occurred around the 19th April 2020 (n=241) then again around 29th January 2021 (n=249).



COVID-19 onset summary:

According to ARHAI Scotland's Hospital Onset COVID-19 dashboard, for the whole pandemic period (to 28th March 2021):

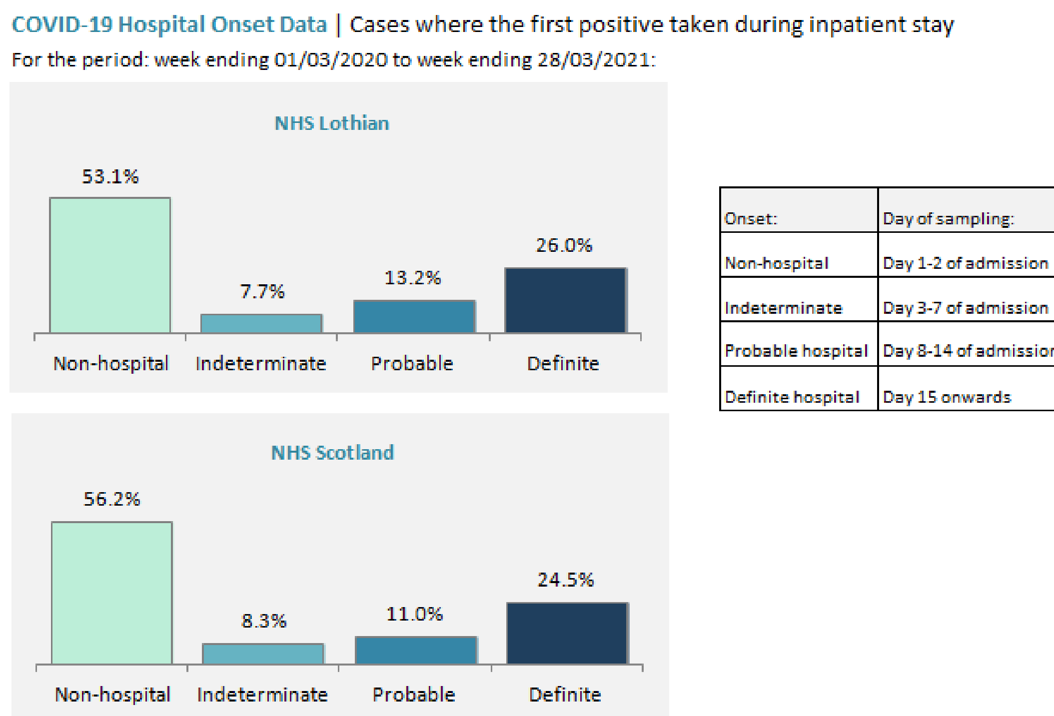
92.9% community onset	Most people in Lothian had their first positive COVID-19 specimen taken in the community (28,182 out of 30,351 cases, 92.9%) rather than during an inpatient stay. The equivalent figure for Scotland overall was 93.0%.

Where the first positive patient sample was taken during an inpatient stay (i.e. excluding community onset cases), the majority of cases in both NHS Lothian and NHS Scotland overall were classified as "Non-hospital onset" according to ARHAI definitions (i.e. first positive specimen taken on day 1 or 2 of admission).

However, the percentage of cases defined as "probable" or "definite" hospital onset (i.e. first positive taken 8+ days after inpatient admission) was slightly higher in NHS Lothian (39.2%, n=851) than in

NHS Scotland overall (35.5%). The full “onset” breakdown of cases where the first positive specimen was taken during an inpatient stay (using ARHAI’s national data) can be seen in figure 15.

Figure 15: First positive specimen taken during inpatient stay – NHS Lothian vs NHS Scotland

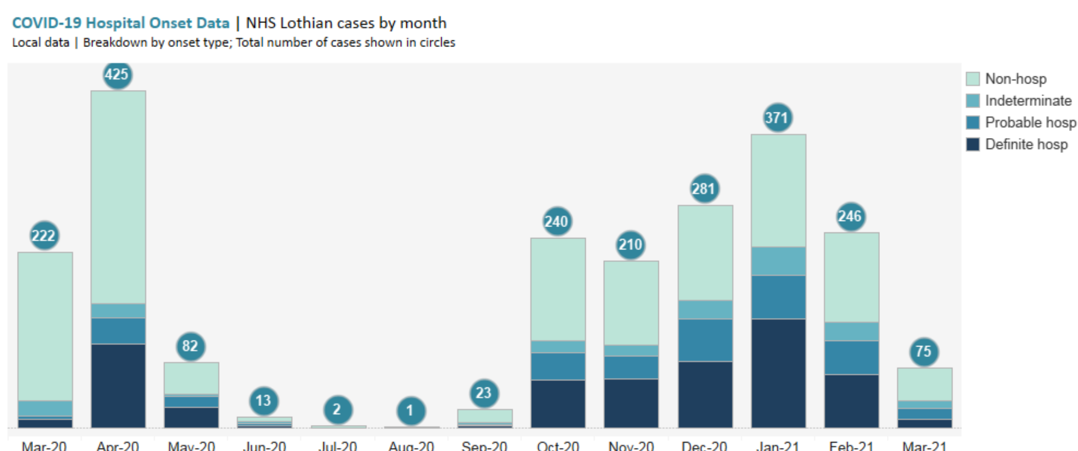


Onset:	Day of sampling:
Non-hospital	Day 1-2 of admission
Indeterminate	Day 3-7 of admission
Probable hospital	Day 8-14 of admission
Definite hospital	Day 15 onwards

Further breakdown of the NHS Lothian figures, using equivalent local data, indicates that January 2021 saw the highest proportion of cases classified as definite or hospital onset (52%, n=193), although the overall peak of cases identified in hospital came earlier, during April 2020 (n=425).

Figure 16 shows a breakdown of of Lothian cases by month.

Figure 16: NHS Lothian cases by month

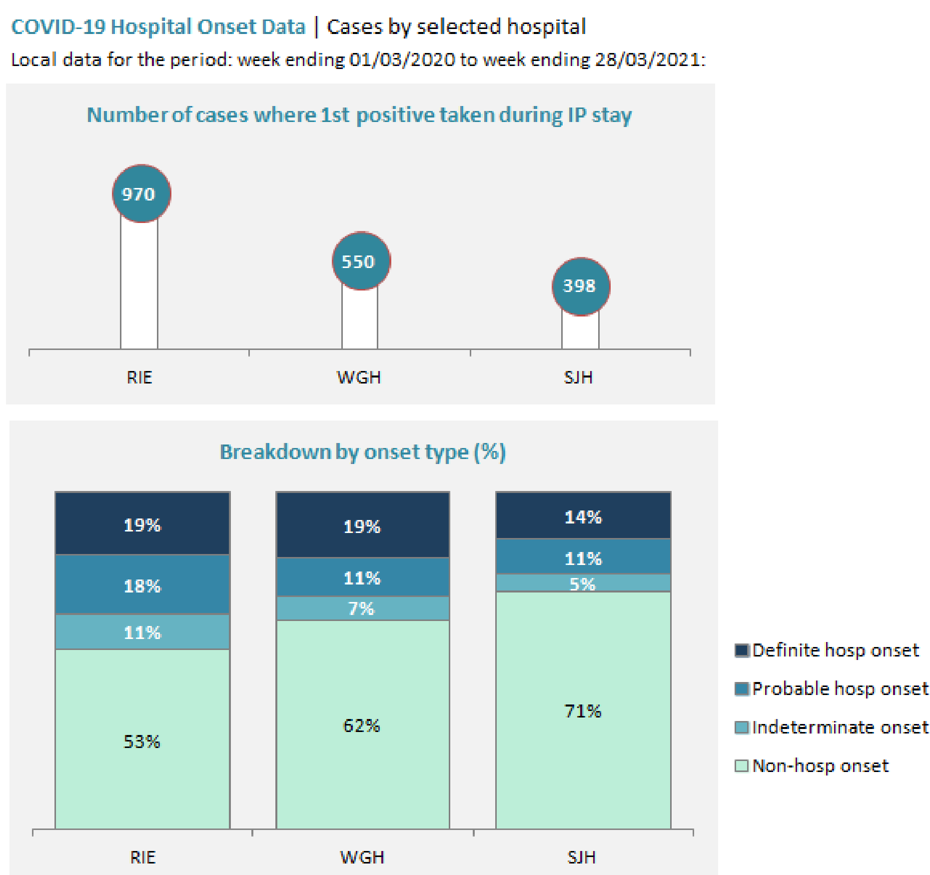


Breakdown of the local data by hospital indicates that where the first positive specimen was taken during an inpatient stay, the majority of cases were identified at RIE (44%, n=970), followed by WGH (25%, n=550) and SJH (18%, n=398) with the rest identified at smaller sites (Figure 17).

Within the major acute sites, most cases were classified as "non-hospital onset" (RIE 53%, n=517; WGH 62%, n=342; SJH 71%, n=281), indicating that most patients had their first positive taken on day 1 or 2 of their inpatient stay, therefore reflecting the national data.

The Royal Infirmary had a higher proportion of cases classified as either definite- or probable-hospital onset (36%, n=350) compared with the Western General (31%, n=169) and St John's (24%, n=97). See charts below, showing cases and breakdown for these three sites. NB. Percentages noted here may not match the sum of percentages shown in the charts due to rounding.

Figure 17: NHS Lothian onset data – hospital breakdown



The SSHAIP and Infection Control Teams at ARHAI Scotland launched the new Healthcare Infection Incidents, Outbreaks and Data Exceedance Reporting Tool (Outbreak Reporting Tool) in October

2020. NHS Lothian has been using this tool to report all incidents including single cases of COVID-19 in green and amber areas.

Multidisciplinary Incident Management Team meetings were held in response to clusters or outbreaks of SARS-CoV-2 in wards and hospitals throughout NHS Lothian.

Patient and staff screening has been undertaken in each incident, and whole genomic sequencing requested to differentiate between community and hospital acquisition between patients, and between patients and staff.

Initial sequencing data available for Lothian outbreaks suggests multiple points of entry from community. Therefore, not all transmission was patient to staff, staff to staff or staff to patient in the healthcare setting.

NHS Lothian reported 114 clusters for the period April 2020 to March 2021. The majority of clusters (41%, 47/114) were at the RIE, followed by the WGH (19%, 22/114). Further investigation would be required to explore the source of these clusters (Figure 18 and 19).

Figure 18: NHS Lothian new COVID-19 clusters by month

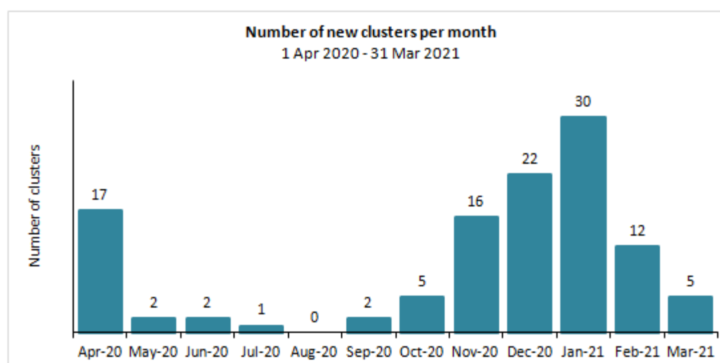
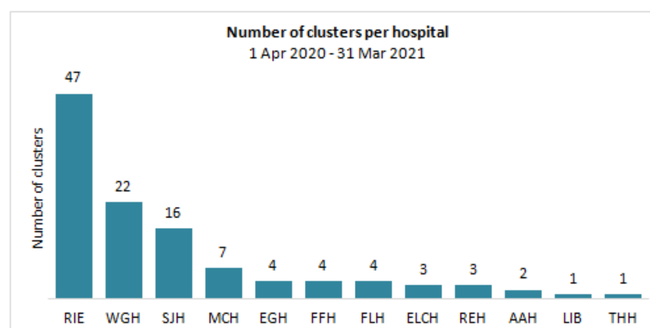


Figure 19: NHS Lothian breakdown of COVID-19 clusters by hospital



NHS Lothian

Abbreviations used in Report

AHP	Allied Health Professional
AMC	Antimicrobial Management Committee
AMR	Antimicrobial Resistance
AND	Associate Nurse Director
ANTT	Aseptic Non-Touch Technique
BCCR	Blood Culture Contamination Rate
BSI	Bloodstream Infection
CAI	Community Associated Infection
CAU	Cancer Assessment Unit
CDI	*Clostridioides difficile* Infection
CIPCEP	Scottish Infection Prevention and Control Education Pathway
CJD	Creutzfeldt - Jakob disease
CNM	Clinical Nurse Manager
CPE	Carbapenamase Producing Enterobacteriaceae
CLABSI	Central Line Associated Blood Stream Infection
CRA	Clinical Risk Assessment
CRBSI	Central Venous Catheter Related Bloodstream Infection
CVC	Central Venous Catheter
CT	Computed Tomography
DCN	Department of Clinical Neurosciences
ECB	*Escherichia coli* Bacteraemia
ECDC	European Centre for Disease Prevention and Control
ELCH	East Lothian Community Hospital
F&R	Finance and Resources Committee
HAI	Healthcare Associated Infection
HCAI	Healthcare Associated Infection
HEI	Healthcare Environment Inspectorate
HIS	Healthcare Improvement Scotland
HPS	Health Protection Scotland
HSCP	Health and Social Care Partnership
HSDU	Hospital Sterilisation and Decontamination Unit
IDSc	Institute of Decontamination Sciences
IPC	Infection Prevention and Control
IPCN	Infection Prevention and Control Nurse
IPCT	Infection Prevention and Control Team

LCIG	Lothian Capital Investment Group
LCTC	Leith Community Treatment Centre
MRSA	Meticillin Resistant *Staphylococcus aureus*
NES	National Education Scotland
NIS	NHS Lothian Infection Service
NPOG	National Policy and Outbreak Consensus Group
PAEP	Princess Alexandra Eye Pavilion
PLICC	Pan-Lothian Infection Control Committee
PVC	Peripheral Vascular Catheter
QiDS	Quality Improvement Data System
REH	Royal Edinburgh Hospital
RFID	Radio-frequency Identification
RHSC	Royal Hospital for Sick Children
RHYP	Royal Hospital for Children and Young Persons
RIE	Royal Infirmary of Edinburgh
SAB	*Staphylococcus aureus* Bacteraemia
SACETT	Suction above Cords Endo-Tracheal Tubes
SCN	Senior Charge Nurse
SCRIBE	System for Controlling Risk in the Built Environment
SICPs	Standard Infection Prevention and Control Precautions
SJH	St John's Hospital
SLWG	Short-Life Working Group
SMT	Senior Management Team
HIIAT	Hospital Infection and Incident Assessment Tool
SPSP	Scottish Patient Safety Programme
SSI	Surgical Site Infection
TC	Technical Certificate
UPS	Uninterruptible Power Supply
v CJD	Variant Creutzfeldt-Jakob Disease
VAP	Ventilator Associated Pneumonia
WD	Washer Disinfectors
WGH	Western General Hospital
WTE	Whole Time Equivalent

LOTHIAN NHS BOARD

Board
4 August 2021

BOARD EXECUTIVE TEAM REPORT

Aim

The aim of this report is to update non – executive Board members on areas of activity within the Board Executive Team Director's portfolios. This report also includes contributions from Integration Joint Board Chief Officers. Directors have been invited to focus on key strategic / operational issues to bring to the attention of non – Executive Board members, not otherwise covered in the Board papers.

1. Chief Executive

1.1 **Appointment of Chair -**The Board will wish to welcome John Connaghan to his first meeting following his appointment as from 1 August 2021 as Chair of Lothian NHS Board. The Board will also wish to thank Esther Roberton for her sterling work as the Interim Chair since 10 February 2020 until 30 June 2021. Thanks also to Martin Hill for standing in as Interim Chair between 30 June and 1 August 2021.

1.2 **NRAC (National Resource Allocation Committee)** - For 21/22, NHS Lothian remains behind NRAC parity by 0.8%, equating to a value of circa £14m. Since 2015/16, Lothian has received over £80m less funding than NRAC parity would provide (cumulative). For 21/22, this cumulative shortfall increases to £100m. On the basis the SG maintains a 0.8% limit on parity funding as it has done in prior years, the NRAC funding stream we have received annually over a number of years will cease, at least temporarily for 22/23.

1.3 The additional NRAC funding received in recent years has been driven by a rising NRAC share in Lothian, rather than closing the parity gap. Stabilisation of Lothian's NRAC share at a 0.8% gap will result in no future additional NRAC funding for NHS Lothian. Based on the latest update to NRAC eight territorial boards (including Lothian) are behind NRAC parity. Six are ahead, with Glasgow receiving an estimated £40m of additional funding in 21/22.

1.4 With the number of Boards behind NRAC parity now in excess of those ahead, the challenge of returning all Boards to a parity position is more difficult. Key to resolution is Greater Glasgow, which has received circa £40m p.a. benefits against parity for a number of years. Getting boards that are currently behind their NRAC share to parity can only be delivered by returning those boards ahead of parity to equilibrium.

1.5 The impact of the shortfall in funding has resulted in a care deficit within Lothian, and is evidenced by the challenge of delivering scheduled and unscheduled care targets that impacted even before Covid. Recently the Scottish Government has allocated resources disproportionately to reflect need

(Substance Misuse funding based on numbers of drug related deaths, Covid funding based on costs incurred) and there remains an opportunity for the SG to redress the NRAC imbalance created by continuing to apply the principle of resource allocation based on need, particularly to Access resources where these are additionally available in 21/22.

1.6 Negotiations are continuing with SG colleagues to ensure that appropriate funding streams recognise the unique imbalance in funding impacting on NHS Lothian over a number of years. However, it is clear that our ability to recover from the impact of Covid and the legacy of our NRAC driven care deficit will place a greater burden on our services to achieve national performance targets in the future.

1.7 **Scottish Government/NHS Lothian Short Life Working Group on Capacity**
The final meeting of the Short Life Working Group was held on 12 July 2021. At this meeting, agreement was reached on the way forward in respect of:

- Securing additional independent capacity for Orthopaedics
- Royal Victoria Hospital Additional Capacity – agreement not to progress
- Ophthalmology Outline Business Case
- Elective Centre Business Case
- Regional Cancer Centre

1.8 It was also agreed that further clarity would become available around elective centre workforce issues and when received this will be shared with the Board.

2. Deputy Chief Executive

2.1 **Reprovision of Eye Services:** On 14 July, a request was made to the Finance & Resource Committee to resubmit the Outline Business Case (OBC) for the reprovision of eye services to the August meeting of the Scottish Government Capital Investment Group (CIG). A verbal update will be provided at board on the progress of this. The Initial Agreement for this project was approved in February 2018, following which the Principal Supply Chain Partner (PSCP) was appointed. Following NHS Lothian Board approval, the OBC was submitted to the Scottish Government Capital Investment Group (CIG) in May 2019. In December 2020 the Scottish Government advised that funding was not available to build a new Eye Hospital and that NHS Lothian should pursue alternative options including revisiting the potential to provide a greater proportion of cataract services in the planned South East National Treatment Centre and distributing services across the community where feasible. An additional review period was undertaken, commissioned by NHS Lothian and led by an external Healthcare Consultancy firm. There was strong engagement with external and internal stakeholders on this priority NHSL capital ambition throughout. The period saw significant change to the status of this important programme of work. Following F&R approval, the next steps would include:

- Submit the OBC to the Scottish Government Capital Investment Group for consideration at its August 2021 meeting;

- Engage Edinburgh Bioquarter Partners to secure a firm commitment to an appropriate plot on the EBQ, recognising the original plat is no longer available
- Re-establish the Programme Board; and
- Re-assemble a Project Team to take project to FBC submission.

2.2 **Procurement of Plot 1 RIE/RHCYP Car Park:** A procurement process is currently underway and commercial discussions are taking place via the Framework 3 option. A programme plan with timelines and key milestones has been developed, with a tender award due in mid-August 2021. The mobilisation and construction phase would be expected to commence soon after, with the area available for parking by late November or early December (accounting for slippage). Once tenders have been returned and assessed, through discussions with contractors the construction programme dates will be reviewed to ensure there is no unnecessary delays.

2.3 **Short Stay Elective Centre (SSEC):** The former SSEC is now known as NTC (Lothian) – National Treatment Centre. Written approval has been received from Scottish Government to proceed to FBC. The incumbent NHSL Project Team have begun to refresh and supplement the Briefing Pack for the Principle Supply Chain Partner (PSCP) given a revised clinical model has been approved. It is hoped, subject to agreement by LCIG that the current Lead Adviser, assisted by new technical advisers, will assist in this activity. NHS Scotland Assure, IPCT and other key stakeholders will be asked to endorse the appropriateness and compliance with national guidelines. The Briefing Pack contains clinical output specifications, schedules of accommodation, adjacency matrix, technical specs etc. An internal review of the status of the current design (as per output of workshops held in the autumn of last year) will also be carried out. An audit of both external and internal project management arrangements is also underway as is an assessment of what is “in scope” and “out of scope” in terms of enabling works for the project. The Project Board should be re-established in August 2021.The intention is to re-engage the PSCP once the Briefing Pack and Design Review are completed and assurance provided by NSS Assure and IPCT that they are compliant. Timeline to be advised once technical advisers have been appointed.

3. Executive Director of Nursing, Midwifery, & AHPs

3.1 Care homes are requiring additional input in relation to education and training and infection control advice from the corporate team. In addition the local partnership support teams have also been offering advise and support as have the health protection teams. Although there have been a significant number of homes that have had confirmed outbreaks these have not had significant impact of residents or staff.

3.2 Work in relation to a new patient electronic care planning system has been launched under the model ward work, which sits within our patient outcomes board.

3.3 Workforce challenges continue. Nursing and midwifery staffing has been challenged with higher than normal sickness levels which has also been compounded by staffing who are having to isolate as a contact of an infected person or who are negative but have to isolate in line with current government policy. We have required to reduce our bed base on the WGH and SJH sit to ensure there is adequate staffing levels and to ensure patient safety. Staffing remains a risk on the corporate risk register and has moved from high to very high. All actions are being taken to mitigate this risk and these have been rehearsed at healthcare and staff governance as well as in Board meetings. I would be happy to discuss these at the Board meeting.

3.4 I am participating on a national group reviewing the workforce required to implement the Flu and COVID Booster programme. Work is being done at a local level between the four partnerships, public health and nursing to review our local requirements in order to be able to meet the expectations in relation to this programme. Given the pressures highlighted above we will keep this under constant review.

4. Executive Medical Director

- I attended the first meeting of the Bioquarter Innovation sub board which brings together the partners under an independent chair to explore and progress opportunities
- The Clinical Director development day at the end of June welcomed guest speakers on the topic of Trauma informed Leadership
- Work continues on the governance strategy for Physicians Associates and healthcare scientists
- Tailored Talks, a product providing individualised information for patients is in the development phase with CHSS for Long Covid support
- At the start of August more several hundred doctors in training rotate in an out of NHS Lothian and we welcome nearly 200 brand new F1 doctors and more than 200 medical students beginning clinical placements.

5. Director of Finance

5.1 With the accounts now signed off for 20/21 we are fully into the financial management of 21/22 which looks as if it is going to be (almost) as uncertain as 20/21. The immediate issue is understanding what the vaccination programme is going to look like for the autumn and what this means in terms of resource utilisation. With routine vaccinations transferred from GPs, the Board already faced a shortfall, and it is expected that there will be significant cost associated with delivery of the full programme when the flu programme is combined with what is required to be delivered for Covid. Given the uncertainty, this will entail direct funding from Scottish Govt until we are able to design a business as usual model of delivery. This will be captured as part of the

quarterly one financial review, planned in partnership with Scottish Govt colleagues, to provide our first assessment of the likely actual costs of Covid for the current year plus any impact on the delivery of our efficiency programme for the year. Additional allocations will be provided to the Board on conclusion of this review.

5.2 As well as focussing on the in year position the Senior finance team have met as the Financial Oversight Board 3 times now. We have agreed an approach to efficiency programmes which has been endorsed by the CMT and have reviewed the capital programme represented by Programme Board workstream. We will now ask each Board to review the projects linked with their work programme and to consider whether a reprioritisation is required based on the development of different service models. We have also agreed that we need to map out in a 3 to 5 year financial plan what information we have from each Programme Board and where there are gaps.

5.3 Following engagement with Scottish Govt we are also working with the Deputy CE to consider how we progress 3 major capital projects, the National treatment centre, the PAEP, and the development of an outline business case for the Cancer centre. Given the likely scale of investment ensuring all these projects have the right level of resource and that the assurance framework is well understood, this is an important piece of work. This is being assessed at the same time as the revised organisational arrangements are being finalised for the capital planning and projects team. This is based on a Project delivery arm and an assurance arm and will fit well with the requirements for taking forward these major Projects. We will also need to respond to the requirements of NHS Assure which will enhance the assurance response.

5.4 The Head of PPP Contract management has now been advertised and recruitment to this post will allow us to finalise the permanent arrangements for the management of the Board's PPP portfolio. We have mapped out a high-level scheme of delegation for the different elements of costs associated with the PPP portfolio as well as those associated with the enhanced programme we have put in place for the RIE.

5.5 Finally, we have now been advised by the solicitor for the Scottish hospitals inquiry that there will be a May Hearing which will consider issues in relation to the RHCYP/DCN hospital. At this stage it is too early for a programme for this hearing but as soon as this clearer a briefing will be provide for the Finance and Resources Committee, and the Board.

6. Director of Human Resources and Organisational Development

6.1 **NHS Lothian Leadership Conference** - The plans for our 3rd leadership conference are well underway. The conference will be virtual and will take place on 16, 17 and 18 November. The focus of this year's event will be the four pillars of 'Work Well' (our new staff wellbeing strategy): Healthy Body, Balanced Mind, Positive Choices and Caring Culture.

6.2 **Remuneration Committee Development Session** - We held a successful development session for new and existing Remuneration Committee Members on 30th June to reinforce the role and responsibilities of members.

6.3 **iMatter Survey -** We launched this years iMatter programme on Monday 12 July for cohort 1 – Acute Services, Royal Edinburgh and Associated Services and Corporate Services. Questionnaires will automatically be sent to staff on 9 August.

6.4 Cohort 2, comprising Estates & Facilities and all four HSCPs will be sent their team confirmation email on 16 August, with the questionnaire being sent to staff on 13 September.

6.5 For staff who traditionally completed a paper copy, there is a new option to complete the survey via mobile phone. More system developments this year include:

- For Directorates with all electronic format questionnaires, reports will be issued the day after the questionnaire closes.
- The development period for Action Plans is reduced from 12 to 8 weeks.
- 60% reporting threshold for teams of 5 or more no longer applies
- 100% response rate for small teams (1-4 people) remains in place
-

6.6 **Celebrating Success – Staff Awards -** Our celebrating success staff award scheme was paused last year due to Covid. The Executive Leadership Team has agreed that we should hold a belated virtual event for the nominations up to March 2020 and that we should look to recognise all of our staff for their exceptional service during the pandemic, this work is underway. The virtual event will take place in October.

7. Director of Public Health and Health Policy

7.1 **COVID -** Positive COVID cases started to increase slowly across Lothian from the middle of May, with a steep increase in cases at the end of June, peaking at a rate of 561 cases per 100,000 on 2nd July. Case numbers started to plateau in early July and then steadily decrease. Although we are still on a downward trend, the absolute number of cases remains fairly high, with 362 positive cases on 16th July (corresponding to a rate of 336.5 per 100,000 population). Unlike with previous waves, this steep increase in positive cases has only resulted in a modest increase in hospital admissions. There are currently 78 COVID patients in hospital across our acute sites and 8 patients in ICU. This reflects the success of the COVID vaccination programme, in keeping the rates in older, more vulnerable people low. These local trends are in keeping with the national picture.

7.2 **Health Protection response -** With the increase in COVID rates during May/June, we experienced increases in outbreaks particularly in educational settings and hospitality. With schools closing for the summer break, we saw educational outbreaks decline. The number of situations in care homes and

social-care settings has continued to increase. Most of these situations have however tended to be single cases, often in staff members rather than residents and in many cases, in unvaccinated staff members and residents. Although there have also been cases in fully vaccinated staff members and residents, few have been serious enough to warrant hospital admission, unlike in the period before the vaccination programme was introduced.

7.3 **Enhanced COVID 19 response -** In order to deliver the Scottish Government's objective 'to suppress the virus to a level consistent with alleviating its harms while we recover and rebuild for a better future', it will be necessary to implement enhanced measures to encourage people to continue to test, support people isolating and encourage people to be vaccinated. In an attempt to increase the reach to those communities or groups identified as being at increased risk of harm from COVID place and partnership consultants have established regular meetings with local authority and third sector partners to review enhanced measures.

7.4 Data developed with Lothian Analytical Services is considered alongside softer intelligence from the third sector to identify areas of need, barriers to access and vulnerable or underserved communities. Partners propose potential community venues which are likely to be more accessible to the target populations. Recommendations are then made to the relevant planning forums and boards leading on vaccination and testing roll out.

7.5 The third sector have helped enhance the community engagement approach to testing, vaccination and isolation through the provision of additional pick up points for lateral flow tests, providing dedicated one to one support and through targeted community messaging. Early feedback suggests this approach has been successful in removing some barriers and reaching those who had previously not accessed traditional settings.

7.6 **Asymptomatic Community Testing Programme -** Our local enhanced COVID response has built upon successful partnership work with the community testing programmes in each of our four local authority areas. Community testing programmes continue to employ an agile response to target testing towards high prevalence Covid-19 areas with our most vulnerable populations. This has involved establishing a network of asymptomatic testing sites which have been supplemented by deployment of Scottish Ambulance Service Mobile Testing Units (MTUs). Each local authority and its third sector partners provide individuals wraparound support following a positive test result.

7.7 Scottish Government have requested revised plans to reflect lessons learnt locally and the updated Standard Operating Procedures. The success of the MTUs is particularly relevant; even before the recent surge in community transmission rates (MTUs saw higher user numbers and higher rates of test positivity – for symptomatic and asymptomatic patients). The revised Pan-Lothian plan will be submitted this week and upon receipt and review by

Scottish Government an updated funding letter will be issued, up to the end of March 2022.

7.8 Pan-Lothian Multi-agency Community Testing Silver continues to meet weekly and provides partners with an overview of the various intelligence source.

7.9 **Tobacco Control Board Update Reducing Harm from Tobacco Update –** A Pan Lothian Tobacco Control Board has been established; the first meeting took place at the end of June 2021. The board is chaired by the Consultant in Public Health with lead responsibility for tobacco. Terms of Reference have been agreed and formal reporting will be via the public health senior leadership team.

7.10 Each of the partnership areas are represented at the board which also includes key strategic leads from relevant service areas including pharmacy and maternity. The board also benefits from the input of Professor Linda Bauld. The purpose of the board is to act as the lead advisory, oversight, and decision-making structure for the three main tobacco control themes of cessation, prevention and protection across the NHS Lothian Board. An action plan for the work is being developed and will be signed off at the next board meeting.

8. Chief Officer Acute Services

8.1 **Scheduled Care** – Focus remains on managing the most urgent patient pathways for out-patients, diagnostics and treatments. Staffing pressures have resulted in bed closures and postponement of some non-urgent procedures.

8.2 Through engagement with Scottish Government we have secured a temporary CT scanner and are working on securing a modular endoscopy unit , key to the delivery of this additional capacity will be in securing a sustainable, skilled workforce.

8.3 A detailed programme of work is ongoing at a specialty level, looking at demand and capacity, improvement actions and trajectory development until the end of March 2022. This comprehensive process of Recovery and Remobilisation planning will inform the scheduled care outputs for NHS Lothian's Remobilisation Plan 4.

8.4 Initial engagement with the Centre for Sustainable Delivery have taken place, with us working together to test the Board Heat map process and essential component of our Remobilisation Plan 4 submission.

8.7 **Unscheduled Care** - The Redesign of Urgent Care programme is continuing public referrals via 111 to the Flow Centre to allow scheduling, and the pathway has widened to include under 12s from 1 June 2021. Despite a national communications campaign referrals remain low with an average of 50 daily to the Flow Centre, of which approximately 35 are provided with a scheduled Minor Injury Assessment (virtual or face-to-face via Call MIA).

8.9 Redesign of Urgent Care professional (GP) referrals for same day secondary care have been routed via the Flow Centre for some time. This pathway has now also been widened to include access for ambulance service clinicians. Each HSCP has developed local single points of access and work is underway to ensure an interface between the Flow Centre and HSCP community services, to allow referrals from ambulance clinicians via a single Lothian access point. A short life working group to determine a pan-Lothian approach to delivering Same Day Emergency Care (SDEC) has concluded and final recommendations are being collated and reviewed. The next phase will be determining and delivering the pan-Lothian implementation plan.

8.10 **Laboratories** - Work and run-rates for combined laboratory covid testing at the RIE and Hub site have been increasing to an average of 4,000 tests per day from 1,500. Planning for winter 2021/22 now has dedicated project support to build respiratory testing systems and pathways for all acute sites.

8.11 NHS Lothian continues to work with Scottish Government and National Services Scotland to deliver the next phase of pandemic testing which will focus not only on securing screening capacity, but also now to expand the ability to detect variants through ‘whole genome sequencing’. Whole genome sequences will allow mutations to be identified and tracked, and aid in the evidence to check that vaccines are working.

8.12 **Appointments -** Joan Donnelly, Director for Outpatient & Associated Services, is retiring at the beginning of August after a long and successful career spanning community and acute services. Gillian Cunningham, General Manager for Medical Services, based at St John’s Hospital has been appointed as Joan’s successor.

9. Director of Improvement

9.1 The team has continued to focus over the summer on performance recovery in a number of NHS Lothian’s most challenged services as well as running the unscheduled care and mental health and learning disability programmes.

9.2 The Performance Support Oversight Board continues to provide a forum for Senior Board Directors to help address and unblock performance issues, monitor recovery plans, and contribute to the development of the organisation strategy. These have been progressing with a number of services now reporting through the Board, including Orthopaedics, Dermatology, Oral Health Services, CAMHS, Psychological Therapies, RIE ED and Urology. A report on progress of the recovery programme will be channelled through the next Performance and Planning Committee.

9.3 I have taken a direct operational leadership role in two of these areas (Dermatology and Oral Health Services) and I have been dedicating time to meet, work with and challenge the clinical and management teams in both services. A plan for tackling the short term waiting list backlog in Oral Health Services was signed by the Executive team in early July.

10. Director of Strategic Planning

10.1 The Strategic Planning Directorate continues to progress the work underpinning the Lothian Strategic Development Framework in all its aspects.

10.2 Team members are directly supporting the Unscheduled Care, Scheduled Care, and Mental Health Programme Boards in shaping up their strategic direction for the next five years. In addition the team have;

- run a rapid review of the clinicial model for the Short-stay Elective Centre at St John's Hospital;
- developed, with services, a visioning document for the future of outpatients;
- led the development of implementation plans for an expansion of critical care services;
- developed a project structure for more robust business continuity planning for the Royal Infirmary of Edinburgh;
- Progressed work on the review of schemes of establishment for the four Integration Joint Boards;
- Begun work on a new neurodevelopment pathway for children;
- Progressed the work on the establishment of thrombectomy services in Lothian;
- Commenced the Planned Date of Discharge Project

10.3 We have also recruited a new Strategic Programme Manager for the Royal Infirmary of Edinburgh, Ms Sarah Archibald, who joins us from Midlothian HSCP.

10.4 The Director and the Head of Strategy Development have continued to work with the RSA to develop the next phase of our work, which includes engagement with Citizen's Panels and the selection of a cohort of public entrepreneurs. We have met with the Buddy Group twice and progressed the work of the Parameters Group to scope out the enablers and constraints we face over the next five years.

10.5 The Director remains active on a national stage in the work of the National Infrastructure Board, which is nearing the publication of a first national infrastructure plan for NHS Scotland, and in chairing the Directors of Planning sub-group of the Board Chief Executives Group. In this latter context the recent work has been on collaboratively developing guidance for both RMP4 and a 3-year plan for individual Boards with the Scottish Government.

11. Director of Primary Care Transformation

11.1 Since I came into post in early June 2021 I have had several discussions via the Corporate Management Team and Chief Officers group about the future vision for primary care. This is aligning with, and informing, progression of the Lothian Strategic Development Framework. Several workshops are planned over the summer to develop our approach to General Practice premises, and learning from implementation to date of the new GMS contract in each of the HSCPs to better understand the impact of different models.

11.2 GMS oversight groups and Primary Care Joint Management group meetings have re-started in June and July, following a pause over the Covid pandemic when tactical groups were stood up.

11.3 The management restructure within LUCS (Lothian's GP Out of Hours Service) is progressing with recruitment due to commence late August to the new Clinical Service Manager and Clinical Nurse Manager positions following final approval from the job evaluation panel.

11.4 Plans are advanced in progressing the applications to the pharmaceutical list and a planned programme of meetings of the Pharmacy Practices Committee is due to start from the end of August.

11.5 The Covid Community Pathway with access via 111 for advice and assessment for people with Covid symptoms remains in place nationally and locally since first implementation in March 2020. Delivery of this pathway is a collaborative effort across primary and secondary care. Staffing of the triage and assessment components of the pathway remains challenging and further options are being developed to support all aspects of the system.

12. Director of Communications, Engagement and Public Affairs

12.1 **Scottish Hospitals Inquiry -** A considerable effort is ongoing to respond to requests by the Public Inquiry team for information and documentation.

12.2 **Lothian Strategic Development Framework-** We are planning further internal engagement on the development of the Framework which will seek to secure ownership by clinicians from across the organisation in its evolution. We are also mapping out a strategy for public engagement followed by formal consultation in the new year.

12.3 **Major Trauma Centre -** I attended a meeting of the Scottish Trauma Network, Scottish Government and comms colleagues from NHS Greater Glasgow and Clyde to plan the forthcoming launch of the West and South East Major Trauma Centres. Separately I have been working to agree access rights for a Channel 4 series following the new Major Trauma pathways in Lothian, GGC and Grampian.

12.4 **School Immunisation -** We promoted the launch of our new initiative to support the School Immunisation programme. The partnership with Lothian Buses provided a mobile vaccination hub to deliver teenage booster jabs for meningitis, polio, diphtheria and tetanus to S4-S6 pupils across the capital.

12.5 **Covid Vaccination -** This continues to absorb a great deal of communications resource dealing reactively with issues as they arise and working hard to publicise the COVID vaccination programme. A couple of significant aspects to call out:

- Building on the success of the teenage booster bus, we extended our partnership with Lothian Buses, to provide a mobile COVID vaccination clinic.

The mobile clinic will be located in community locations and be available for anyone over the age of 18 who required either a 1st or 2nd dose of the COVID vaccine. We issued a press release in relation and have promoted the partnership, as well as the clinic locations across social media. Lothian Buses have been incredibly supportive of this campaign and have agreed to share any assets across their social media channels and their website, as well as internally with their staff.

- We launched our Summer of Football campaign, which aims to bring the COVID-19 vaccination programme into the heart of our communities through links with the major football teams in the area. Through this campaign we have brought pop-up COVID vaccine clinics to the three major football grounds (Hibernian's Easter Road, Heart's Tynecastle Park and Livingston's Tony Macaroni Arena) ahead of each team playing. We have heavily promoted this activity with a range of press releases, interviews with sports journalists and social media posts. All three teams have been incredibly supportive of the campaign, sharing our assets across their social media channels and with their fans.

- Focus on encouraging young people to get vaccinated.

12.6 **Mental Health -** We have continued our proactive focus on our mental health services:

- highlighting a new partnership with Scots charity *It's Good 2 Give* which has provided generous funding to provide additional mental health support for young cancer patients. The press release and social media content included quotes from the Lamb family, whose late daughter Joanna suggested the idea to the charity after her own cancer experience. We have additional activities planned in support of this work, which will commence once the two new people have been recruited to the funded posts.
-
- Promoting the expansion of the Lothians and Edinburgh Abstinence Programme (LEAP) which is providing more placements (22) than ever before thanks to its renewed partnership with the City of Edinburgh Council and support from the Edinburgh Integration Joint Board and The Cyrenians. Media included an STV broadcast.
-
- Supporting the promotion of a wide range of new Psychological Therapies Vacancies with adult and children's services through news releases and social media.

12.7 **Redesign of Urgent Care -** Local social media and stakeholder briefing campaign to complement the national TV marketing campaign to encourage people to access the right care in the right place.

12.8 **Ministerial Visit -** We have supported a visit from Maree Todd, MSP, Minister for Public Health, Women's Health and Sport to the Royal Hospital for Children and Young People. The visit was part of the launch activity for the Scottish

Government's Young Patients Family Fund. During the visit, Ms Todd had the opportunity to meet with a range of staff as well as a young patient and his family.

12.9 **Internal Communications Activity**

- Supporting project to reopen the Comely Bank Centre and Waverly Gate–including videos walk throughs of what to expect
- Delivering our comms action plan in support of NHS Lothian's Sustainability Strategy
- Developed wellbeing communications strategy and soft launched the Work Well strategy followed by weekly branded stories
- Promoting Equalities video and story both externally and internally as well as supporting the intranet presence of the Equalities Group.
- Developing communications strategy for new Staff Engagement and Experience Framework

13. Director/Chief Officer, Edinburgh Integration Joint Board

13.1 **Bed Based Care Project -** The strategy underpinning the Bed Base Care project was considered by the EIJB on 22 June 2021. The strategy sets out our long-term vision and model for bed-based services, with an initial focus on intermediate care, hospital based continuing complex care (HBCCC), specialist rehabilitation beds and care homes. As part of the strategy, recommendations have been made to decommission 4 internal care homes – Ford's Road, Clovenstone, Jewel House and Ferrylee – which are no longer fit for purpose and have surpassed their design life expectancy. It is also proposed that a further care home, Drumbrae, be re-provisioned as an NHS-led HBCCC facility, accommodating the services currently provided at Findlay House and Ellen's Glen House. The EIJB noted their agreement with the direction of travel set out in the strategy, and agreed:

- To take forward the time critical elements of the paper including the decommissioning of an HBCC unit and the preparatory work in relation to both coming off the Liberton site and changing the use of the current Drumbrae Care Home; and

- That further work be undertaken prior to approving the proposals in full. This includes consultation with trades unions and affected staff and residents/families and the completion of a full Integrated Impact Assessment to help inform decision making in respect of the 4 older care homes which are past their life span. The bed base proposals will be re-presented to the EIJB in August 2021 (with the option of an additional special meeting in mid-September, should consultation not be completed in time).

13.2 **System Pressures – Care at Home -** Care at Home has been under significant pressure over the summer months with an estimated 8% decrease in available capacity against a 30% increase in demand between January and May. Capacity issues relate to a number of factors; Brexit and EU nationals leaving Edinburgh, Summer and Term time leave and self- isolation of staff due to contact tracing. We are monitoring this closely and working with

providers on mutual aid etc to ensure service continuity for the most vulnerable and those in crisis. In terms of performance our delays from acute have increased as a result of both this and the increasing complexity and frailty of people requiring support.

13.3 A new contract framework for care at home is in development - called 'One Edinburgh'. Contract scoping and timeline to be approved at SRO level. Extension requests for current framework agreements will be required to align with project timeline and will be scrutinised via Programme Board 3 in our Transformation programme.

13.4 The 'One Edinburgh' Charter draft is complete and ready to present to stakeholders. This document defines the rules of engagement and standards required to adopt a new co-productive and partnership approach. A new timeline has been developed with the target start date in October for the new contracts to commence. This will align with work on the internal Home Care service to ensure balance across the city as the two elements of our provision are interdependent.

13.5 Current external pressures on providers caused by Covid and Brexit are being monitored for the impact on capacity and sustainability of providers' service levels. A cautious approach to tendering will be adopted to prevent further delays to service users packages of care.

13.6 **Matters of Interest - Feedback on our Interim Workforce Plan 2021/2022** – the EHSCP has submitted our Interim Workforce Plan 2021/2022 to the Scottish Government, positive feedback has been received on our plan and this is being considered by colleagues.

13.7 **Ministerial Visit –** Kevin Stewart the Minister for Mental Wellbeing and Social Care is meeting with senior members of EHSCP and NHS Lothian on 22 July 2021. The focus of the visit will be on mental health pathways with particular attention on our plans to improve access to Psychological Therapies. Colleagues are looking forward to this visit and a further update will be provided after this has taken place.

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

14.1 The partnership continues to adopt a 'home first' approach and maintains above trajectory performance on reducing delays to discharge. We have further integrated our Home care and Hospital to Home teams to increase flexibility and capacity as well as integrating our Care allocation Team to ensure flexible approach to both hospital discharge and community pressures.

14.2 **Care Homes**: we continue to work closely with our care home and care at home providers to ensure sustainability within the market.

14.3 **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 proving a challenge at present due to self-isolation of staff adding to an already stretched workforce the HSCP monitor this on a daily basis and have been working closely with providers to cover care.

14.4 **Performance Management**: HSCP are continuing to work with Matter of Focus team to develop an outcomes based framework specific to the needs of East Lothian.

14.5 **Primary Care:** We continue to see pressure in particular in the west of the county and are working closely with practices to increase services available to them.

15. Director/Chief Officer, Midlothian Integration Joint Board

15.1 **Health Visiting -** Health visiting continues to operate according to guidance issued in November 2020 with mandatory face to face universal pathway visiting being delivered and risk assessed approach taken to all other visits. Our Health Visitors are keen to return to near normal services and welcomed recent guidance that groupwork can be undertaken on MS teams. This will be relevant to groups run by Nursery Nurses to support weaning.

15.2 UNICEF re-accreditation as a Baby Friendly organisation is testament to the work done at all times to support mothers to make positive choices about feeding their babies.

15.3 Plans being made to deliver flu immunisation for under 5s, alongside continuing good performance in delivering primary immunisations.

15.4 Discussions are taking place around future models of service delivery. Having adopted digital approaches wholesale early in the pandemic, the team is keen to capture the views of staff and of families receiving services about the most effective blended models to enable health visiting to contribute effectively to giving all children in Midlothian the best start in life. A new feedback tool has been introduced so we can gain feedback from families receiving the HV service so that we can work to deliver an appropriate, person centred service that delivers good outcomes and the best start in life for Midlothian's under 5s.

15.5 **Midlothian Community Hospital -** Midlothian Community Hospital wards have successfully moved to electronic care planning and risk assessment in line with 'model ward' roll out, whilst preparations are underway for full implementation of safe staffing legislation in 2022. Plans are underway to develop 2 clinical educator posts to support newly qualified nurses joining the team to assist with preceptorship, retention and to attract staff to work in MCH in future.

15.6 **Vaccination -** Planning is underway to develop comprehensive plan for Flu and Covid booster vaccination. The HSCP has worked closely with NHS Lothian and Midlothian Council to deliver a mass vaccination centre in a Leisure centre in Gorebridge. This site will be retained to deliver the vaccination programme,

with the vaccination team delivering in two bases, and roving team travelling across the county to reach out to hard to reach groups.

15.7 **Workforce -** Staffing has been a challenge over the summer period, relating to higher Covid community infection, and the impact of staff isolating as a “contact”. The teams have worked flexibly to ensure safe service delivery across all teams, and it is a testament to their commitment and professionalism that they have ensured patients and residents remain safely cared for at home, or in a homely setting. Highbank Intermediate Care Facility recently had an unannounced Care Inspectorate visit, and were able to demonstrate good infection control and care planning, maintaining good grades.

15.8 The HSCP have appointed to a substantive Wellbeing post, with the postholder commencing in post in September to lead the work underway within the partnership.

15.9 **IJB Strategic Plan development 2022-25 -** Planning is progressing following the agreement of a new strategic vision, values and aims. Eight themed workshops will be held in October, for IJB Board members to be involved in the agreement of priorities for the new plan. Collaboration continues with NHS Lothian in the development of the LSDF.

15.10 **Community Respiratory Team -** The Midlothian Community Respiratory team are piloting a new digital tool to support the management of COPD in Midlothian. Innovation South East Scotland is trialling a new tool to help patients with Chronic Obstructive Pulmonary Disease (COPD) better manage their condition. The Dynamic Scot project allows patients to monitor their condition from the comfort of their own home through a digital service that can be accessed via a smartphone, tablet or computer.

15.11 Patients are prompted each day to log on and answer questions about their symptoms and how they are feeling. This encourages them to self-manage their symptoms with the option to seek advice when needed via the messaging service. In the longer term this can flag up early signs of deterioration in their condition and help predict if they are at risk of hospitalisation.

15.12 The HSCP has invested further in this team to increase capacity to support more patients with COPD at home.

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

16.1 **Home First -** Understanding the demand and capacity of our home and bed-based services in the West Lothian community is critical to shifting the balance of care and ensuring people are cared for in the right setting at the right time and by an appropriately skilled individual. This focus has led to the development of a dataset template for community health and social care services that will record the types of intervention and the number of people referring into each of these services, together with the staff teams’ weekly capacity to provide an aggregated position of demand - both urgent and non-

urgent - as well as capacity in the community. A dashboard has been developed and is currently being tested to enable further refinement of the data.

16.2 A ‘Day of Care’ audit was conducted by the partnership on 17 June 21 evaluating all of the people in our community hospitals, those in the interim care home, people in MH/dementia beds and the Rehab Ward at St John’s Hospital. The data from the audit is currently undergoing analysis looking at length of stay, models of care and wider benchmarking and will link to the broader piece of data analysis mentioned above.

16.3 The Home First programme has a large focus on unscheduled care, with a paper submitted to the Unscheduled Care Programme Board on 19 July which was successful in securing funding to create a Community Single Point of contact (SPoC). The Community SPoC will provide a pathway for adults over the age of 18 years to access community services within a 4 hour standard performance target. Discussions are ongoing with St John’s Hospital concerning the Phase 2 redesign programme and bed utilisation work to ensure that transformational change is progressed within the Home First Programme and has a whole-system focus.

16.4 **Third Sector Mental Health Network -** The partnership’s strategic commissioning plan for mental health identified the development of a strategy for growing Third Sector involvement in community mental health as a priority. The plan also recommended that work be undertaken with organisations to maximise the funding opportunities available to the Third Sector and develop the range of community supports available in West Lothian.

16.5 In September 2020 the partnership engaged with an existing informal mental health network and worked with it to approach several funders to support the development work required. As a result, in December 2020, West Lothian Council’s Anti-poverty service allocated £100,000 to support the development of a third sector mental health network for the West Lothian community. The funds are being managed by the Health and Social Care Partnership’s mental health service.

16.6 With support from West Lothian Council’s procurement colleagues and the partnership’s contracts and commissioning team, a tender process was undertaken to appoint an organisation to co-ordinate the development of the network through the appointment of a dedicated development worker - the award was made to West Lothian Social Enterprise Network (WLSEN). Work is now underway to develop a service level agreement which will articulate referral routes into the network, performance and data requirements to support evaluation and explore whether digital solutions can enhance service provision. It is expected that referrals to the network will begin around September 2021.

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	Dona Milne	Director of Public Health and Health Policy
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Tracey Gillies	Medical Director	Colin Briggs	Director of Strategic Planning
Susan Goldsmith	Director of Finance	Jenny Long	Director of Primary Care Transformation
Janis Butler	Director of Human Resources and Organisational Development.	Judith Mackay	Director of Communications, Engagement and Public Affairs.
Morag Barrow	Director/Chief Officer Midlothian IJB/HSCP	Judith Proctor	Director/Chief Officer Edinburgh IJB/HSCP

Alison Macdonald	Director/Chief Officer East Lothian IJB/HSCP	Alison White	Director/Chief Officer West Lothian IJB/HSCP

NHS LOTHIAN

Board Meeting
04 August 2021

Jim Crombie, Deputy Chief Executive

NHS LOTHIAN BOARD PERFORMANCE PAPER

1 Purpose of the Report

1.1 The purpose of this report is to recommend that the Board discuss and review the current performance position of key metrics relevant to the Lothian Performance Recovery Programme and Remobilisation Plans.

The overall approach adopted is that performance management is integral to the delivery of quality and effective management, governance and accountability. The indicators included in this report are a high level set of performance standards which are supported by a comprehensive framework of measures reviewed across existing committees. These are reported to and monitored by the relevant responsible officers and their clinical and senior professional staff. A key vehicle for monitoring the wider performance metrics in our health and care system will be managed through the Planning, Performance and Development Committee (PPDC) which will report into the NHS Lothian Board. These metrics will be aligned with the NHS Lothian Board priorities:

- improving the health of the population,
- improving the quality of healthcare,
- achieving value and sustainability and,
- improving staff experience.

This categorisation of key metrics aligned to our board priorities will facilitate a greater visible connection to their performance. Local intelligence is gathered through quarterly performance reviews, existing committee structures and additional context sought from service areas, offering a robust and expansive set of indicators for review at PPDC. PPDC will also receive more detailed reports on issues or areas of strategic priority which have been escalated from subcommittees or via the performance review cycle. This reporting link to the Board will offer the opportunity for separate papers to be introduced to the board on specific escalated issues discussed by the PPDC.

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

2 Recommendations

2.1 The Board acknowledges the supporting performance infrastructure in place which provides formal assurance on a wider set of metrics aligned to Board priorities through existing committees.

2.2 The Board recognises the performance challenges detailed in this paper including; exacerbated pre-existing performance issues and dips in performance following the impact of Covid-19 and current measures.

2.3 The Board considers the clinical reprioritisation exercise undertaken on all inpatient and day case waiting list patients and the focus on maintaining and improving performance in order of clinical priority and longest routine waits.

2.4 If further deeper dives are requested by the Board, these are addressed in separate reports to maintain the structure of the core performance report.

3 Discussion of Key Issues

3.1 Where there are significant performance issues of key services, an escalation process to the weekly Executive-led Performance Oversight Group is now in place. This process ensures there is ongoing detailed review of the services and enables the deployment of rapid improvement support to increase performance. The services currently involved in this escalation include; Oral Health Services, Dermatology, CAMHS, Urology, Orthopaedics and 4-Hour Access Standard at the Royal Infirmary of Edinburgh (RIE).

3.2 Lothian is experiencing a high number of patients who have tested positive for Covid-19. We are seeing a rise in the number of patients admitted to hospital and in the numbers of staff who are required to self-isolate. As a result, we have had to focus our capacity on the most urgent cases, which means that unfortunately we have had to postpone some planned procedures.

3.3 There is a growing backlog of demand for secondary care and through remobilisation plans we have safely re-started the scheduled care portfolio and diagnostics to tackle the growing waiting times. These demand pressures have also extended to mental health services which also had pre-existing shortfalls in performance before the impact of Covid-19. Although less visible in national data and waiting lists, community and primary care are also likely facing a significant backlog. Whilst Covid-19 remains a risk, our unavoidable enhanced infection control measures will slow the pace at which patients can be treated, having an impact on waiting times, people’s outcomes and experiences of care.

3.4 NHS Lothian is currently drafting remobilisation four plans to cover the period up to March 2022. The fast-moving nature of the pandemic is such that there will be a increasing intelligence supporting capacity options as well as further understanding of demand curves post pandemic. This will bring further trajectories based on the figures and intelligence gathered in previous remobilisation phases.

3.5 We previously monitored performance through waiting list focused standards, although given our current position in remobilisation we are not yet clear how large the backlogs will be in terms of demand vs capacity and instead are tracking activity levels until September 2021. From this half way point in the financial year it may be appropriate to migrate to monthly position targets. The next performance paper will detail our progress towards this.

3.6 The table below outlines the key performance metrics for the attention of the board:

Metric		**Trajectory/ Standard**	**June 2021 position**	**May 2021 position**	**April 2021 position**	**2020/21 monthly average**	**2019/20 monthly average**	**2018/19 monthly average**
4 Hour ED Standard[1]		95%	81.3%	82.3%	85.2%	89.5%	88%	88%
Outpatients (end of month breaches)[2]	➢ 12 weeks	-	37,279	36,982	36,465	37,123	22,414	20,777
	➢ 52 weeks		8,009	9,326	10,412	5,142	923	567
Delayed Discharges[3]	Health and social care / patient and family reasons	86	174	137	121	111	217.7	303.4
	All census delays (above plus complex code 9s)	114	216	176	157	131	247.2	331.4
TTG (end of month breaches)[4]	➢ 12 weeks	-	9,262	9,360	9,445	9,098	2,795	2,328
	➢ 52 weeks		2,810	3,060	3,339	1,290	49	73
Cancer Waiting Times[5]	31 Day Standard	95%	-	98.6%	98.6%	97.6%	94.5%	94.3%
	62 Day Standard		-	89.6%	86.2%	85.8%	79.2%	81.0%
CAMHS < 18 weeks standard (seen within 18 weeks)[6]		90%	-	59.4%	51.8%	61.3%	54.0%	63.0%
Psychological Therapies < 18 weeks standard (seen within 18 weeks)[7]		90%	-	76.2%	78.1%	79.7%	79.2%	72.3%
Mental health & learning disability bed occupancy[8]		85-90%	-	97.7%	94.9%	92.5%	92.6%	-
HAI's per 100,000 bed days[9]	CDI	<11.4	-	11.1	10.7	13.1	12.0	12.6
	ECB	<26.6	-	37.1	32.2	31.2	35.2	35.5
	SAB	<12.2	-	16.9	16.1	14.0	12.6	13.5

[1] Data sourced from Lothian internal management system
[2] Data sourced from Lothian WT Monthly dashboard data
[3] Data sourced from PHS official statistics. *Standards are reportable census delays as projected for the 20/21 System Transformation Plan (and will be for 21/22 as projected in the 21/22 Remobilisation Plan). Trajectories are currently being reviewed for RMP4 in light of continuing Covid pressures.
[4] Data sourced from Lothian WT Monthly dashboard data
[5] Data sourced from Discovery
[6] Data sourced from Lothian internal management system
[7] Data sourced from PHS official statistics
[8] Data sourced from Lothian internal management system – average % Occupancy (inc. Pass) based on weekly data time points
[9] These rates represent overall rates for the year rather than monthly average: (sum of healthcare associated infections for the year / sum of total occupied bed days for the year)*100,000. Data sourced from Lothian internal management system.

Metric		Trajectory/ Standard	June 2021 position	May 2021 position	April 2021 position	2020/21 monthly average	2019/20 monthly average	2018/19 monthly average
Paediatrics and St Johns		7 days a week 24x7	**7 days a week 24x7**	7 days a week 24x7		-	-	N/A
8 key diagnostic procedures > 6 weeks standard (end of month breaches)[10]	Upper GI endoscopy	-	1,781	1,816	1,686	1,805	759	1,308
	Lower Endoscopy (other than colonoscopy)		643	651	591	558	351	680
	Colonoscopy		1,010	1,037	920	1,279	828	1,508
	Cystoscopy		918	911	871	946	375	418
	Magnetic Resonance Imaging (MRI)		640	585	484	930	342	304
	Computer Tomography (CT)		383	444	379	521	124	29
	Non-obstetric ultrasound		1,046	701	750	1,031	7	10
	Barium Studies		6	7	3	14	0	0

[10] Data sourced from Lothian DMMI

3.7 The following table provides summary narrative on the performance demonstrated in the metrics above.

Board Performance Metrics

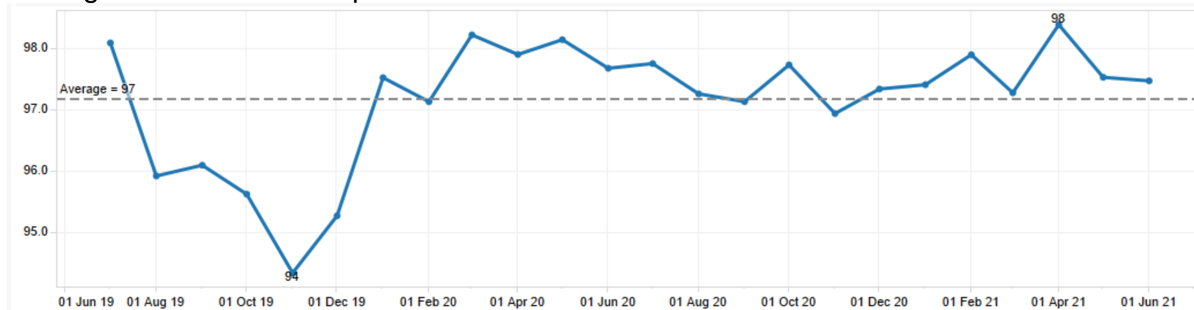
Areas of strong performance

Unscheduled Care

4-Hour Emergency Access Standard – RHCYP

The Emergency Department at the Royal Hospital for Children & Young People continue to reliably deliver the 4-hour Emergency Access Standard following the transfer of services to the new building in March 2021, despite the highest ever number of attendances in June 2021 (5211). This reflects both the increase in activity due to easing of lockdown restrictions and also the change in age that RHCYP now see, now up to 16 years old.

Average June 2021 4EAS performance – 97.5%



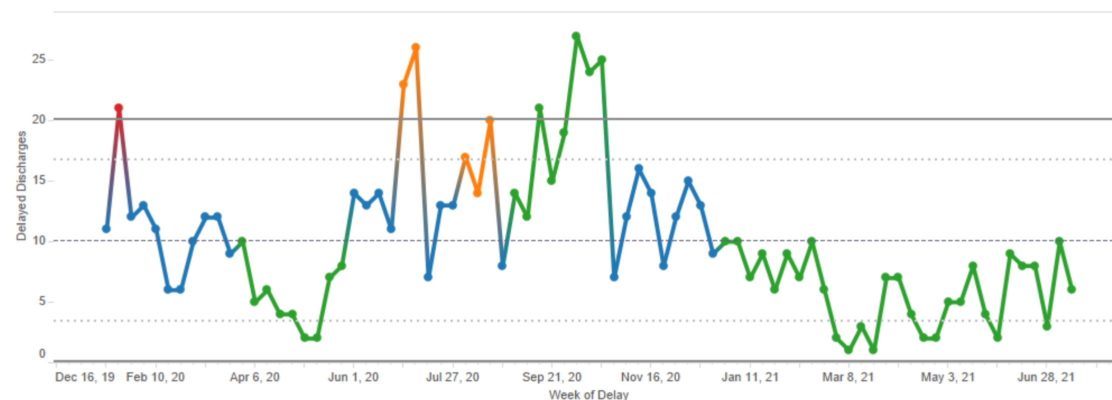
Updated from Tableau Dashboards – Emergency Department Activity Trends

Delayed Discharges – East and West Lothian

Delayed Discharges remain lower than pre-Covid on a Pan Lothian scale, with both East and West Lothian maintaining a strong performance throughout.

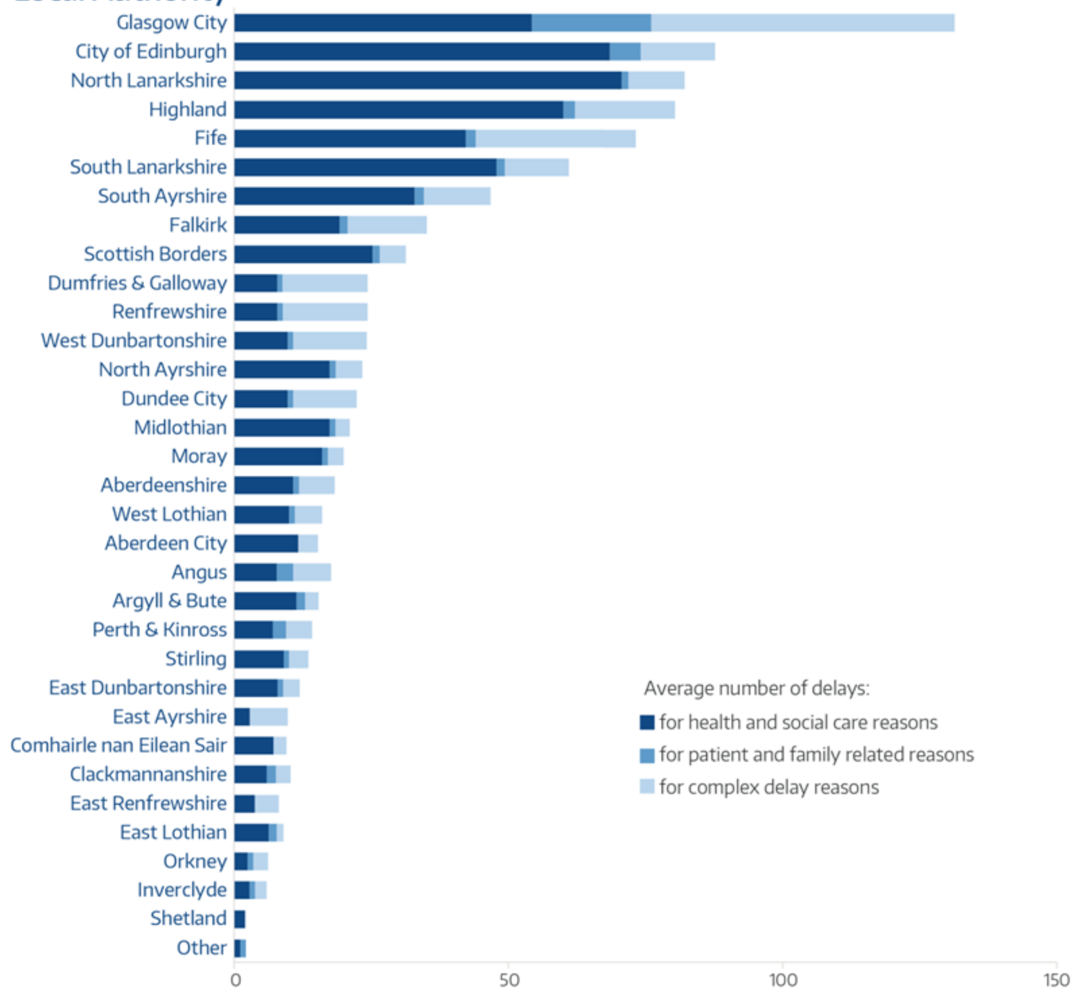
East Lothian HSCP census reportable delays

Both Census and Tableau data continues to show East Lothian remain at or below the trajectory set. Occupied bed days at the adult acute sites have decreased across all sites since December 2020, although there has been a more recent increase observed at the RIE in May/June 2021 but these are not at the levels observed in winter. The graph below summarises the census East Lothian reportable delays:



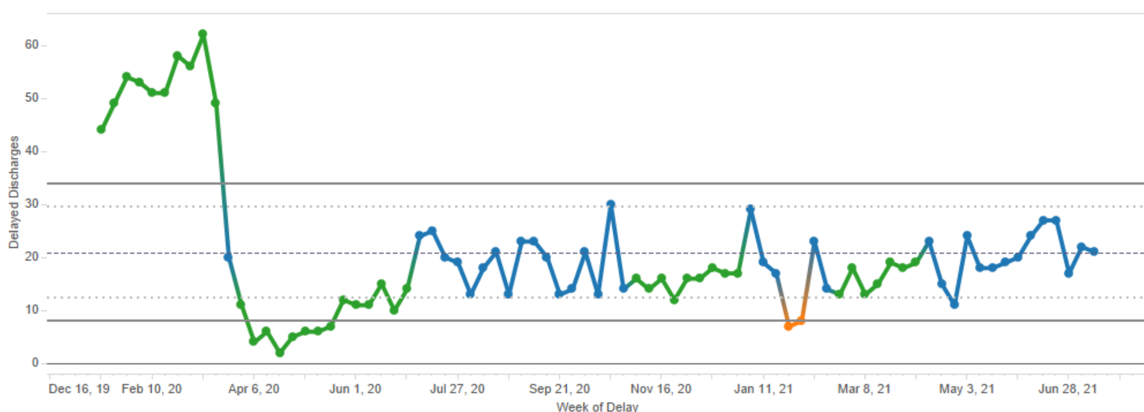
Updated from Tableau Dashboards – Partnership dashboards, Delayed Discharges

When compared with other local authority areas in Scotland, East Lothian remains in the lowest 5 for delayed discharges as shown below (by reason and average number - April 2020 to March 2021):



West Lothian HSCP census reportable delays

According to Census data, West Lothian HSCP has continued to remain well below previous trends observed. When compared with November 2020, there has been a reduction in occupied bed days across all adult acute sites, however, in June 2021 a slight increase was observed compared to previous month at both SJH and WGH. The graph below summarises the census West Lothian reportable delays:

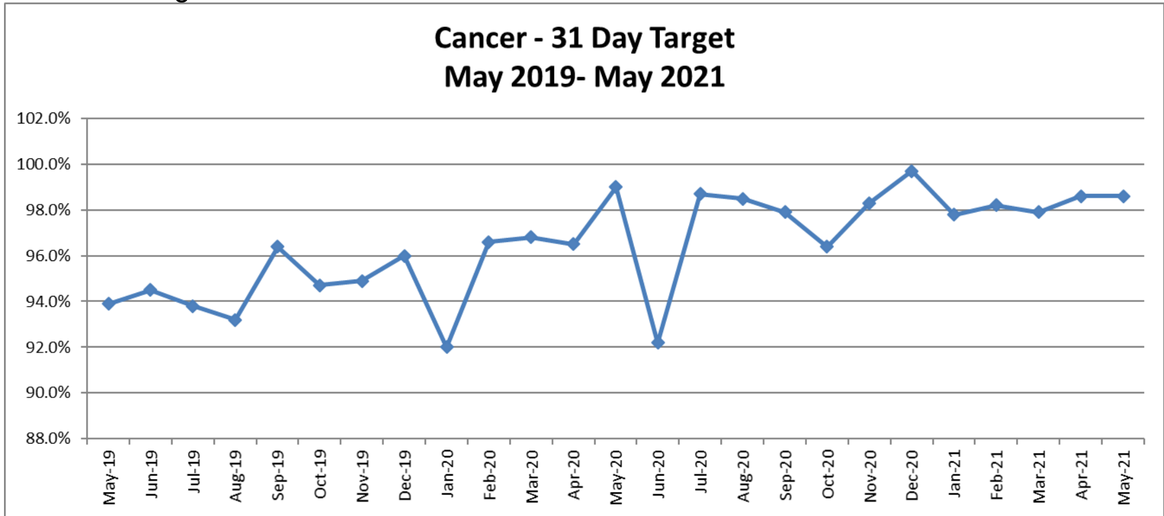


Updated from Tableau Dashboards – Partnership dashboards, Delayed Discharges

Cancer

Areas of improved performance and actions are outlined below:

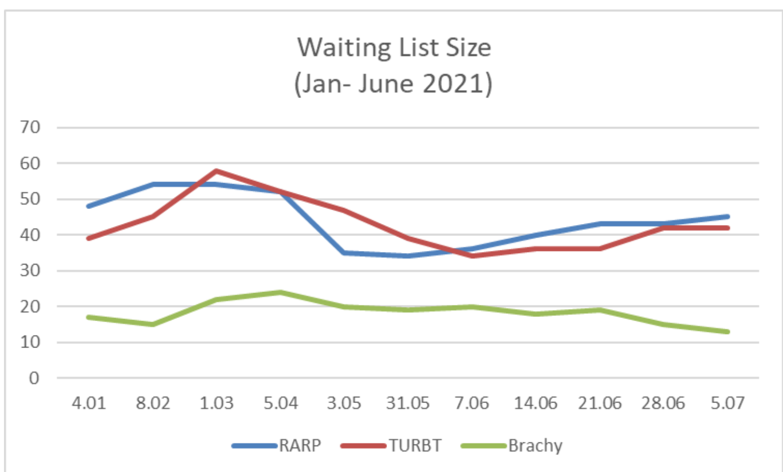
- Breast cancer has consistently achieved the 62 day performance standard each month since June 2020
- The 31 day cancer performance was within standard at 98.6% (>95%) and above the Scottish average 98%.

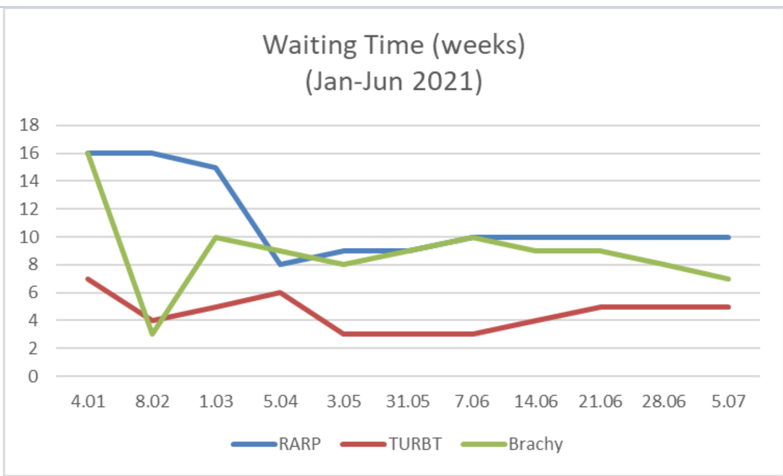


- Ovarian 62 day performance achieved 100% in May 21.
- A new system in place agreed by consultants that clinics will be mixed and not restricted by appointment type, e.g. RAC appointments, Oncology Return appointments, to increase flexibility in appointing patients.
- Lung 62 day performance achieved 100% in May 21.
- Pathology and Radiology Short Life Working Groups continue to identify and complete actions to streamline urgent suspicion of cancer pathways.

Prostate Cancer Spire Programme

Robot Assisted Radical Prostatectomy (RARP) procedures commenced at Spire week beginning 25.01.2021 and 100 procedures have been undertaken up to 2.07.2021. A further contract has been agreed to 31st March 2022 with volumes projected of 105 (TBC). The contract for RARP is proceeding well and allowing additional Transurethral removal bladder tumour (TURBT) capacity in Western General Theatres, this will now continue to 31st March 2022. Waiting times for both TURBT and RARP has decreased since January 2021 and average additions to the waiting list for TURBT increased by 14% in February-May 2021 compared to October-January 2021 (an increase of 5 per month).

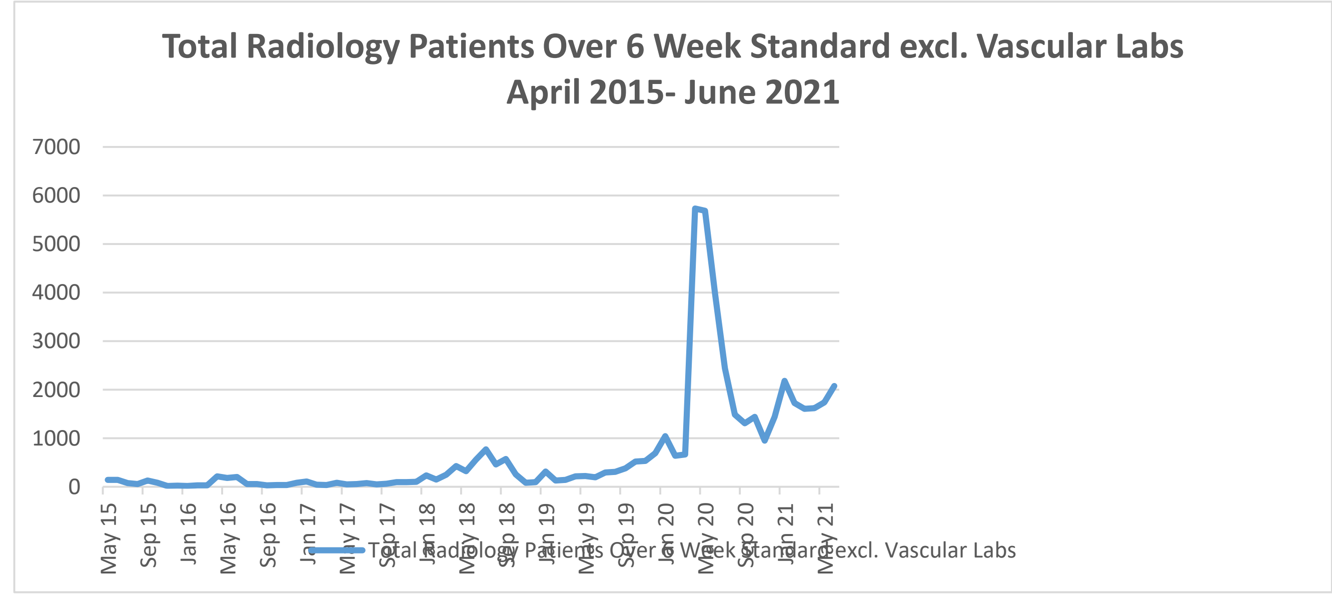




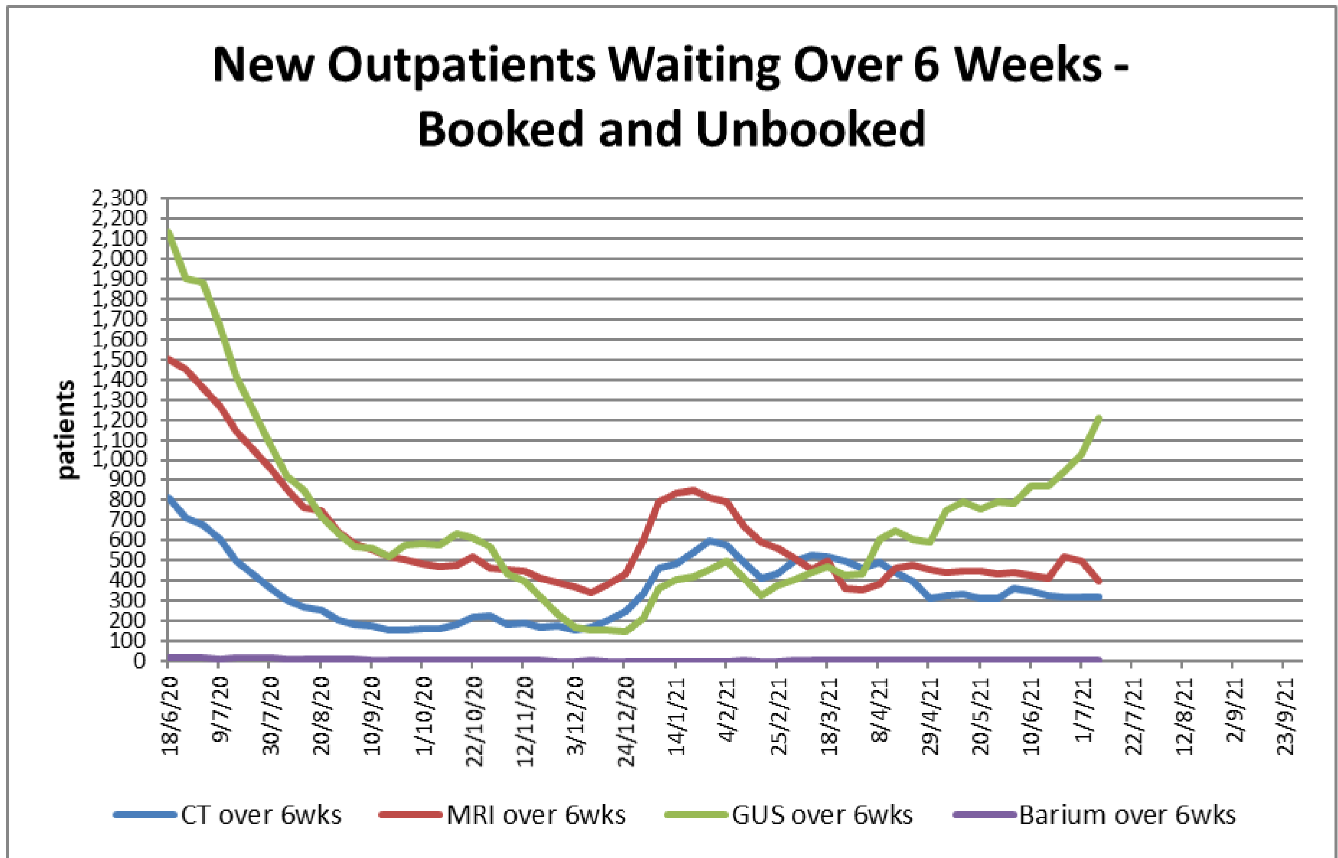
Diagnostics – Radiology

In previous updates, the rise in demand across radiology services was noted during lockdown. The demand for CT, MRI and Ultrasound has continued to rise following the easing of lockdown. Radiology has continued to sustain activity levels and work to reducing the number of patients over 6 weeks through the following actions:

- Extra MR, CT and Ultrasound lists at evenings and weekends across sites;
- Use of external capacity (e.g. GJNH, TEC, Spire);
- Short-notice accommodation of Scottish Government funded mobile CT capacity for a 6 week period from 28th June;
- Continued use of a temporary third CT scanner in the main RIE department;
- Maintaining core capacity within standard rostered hours in spite of challenges presented by staff shielding, isolating or recovering from Covid.



Performance has improved for both CT and MRI new outpatients since the end of January 2021, as illustrated below:



Performance has on the whole, continued to improve for both CT and MRI since the end of January 2021, with a steady decrease in patients waiting over 6 weeks. The continued use of external capacity has largely maintained access to CT and MRI and resulted in a steady reduction in the waiting list. Business cases are currently being developed for the additional CT scanners referred to in the previous update and the mobile CT capacity will assist in achieving reduced CT waiting times.

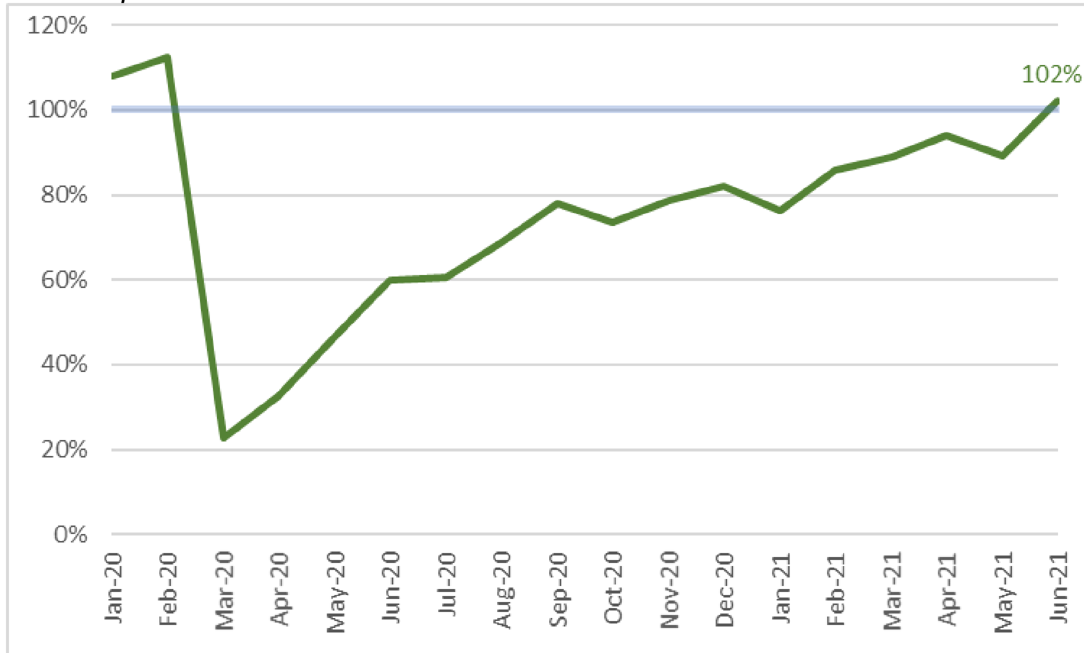
Outpatients & TTG

In the previous update, it was noted that National data showed NHS Lothian Outpatient and TTG activity in May being above the Scottish average versus pre-Covid activity levels. Our current local data in the charts below demonstrate the ongoing remobilisation of Outpatient and TTG activity. Outpatient activity is now 102% of the equivalent month in 2019 (pre-Covid) and TTG activity is now at 73%.

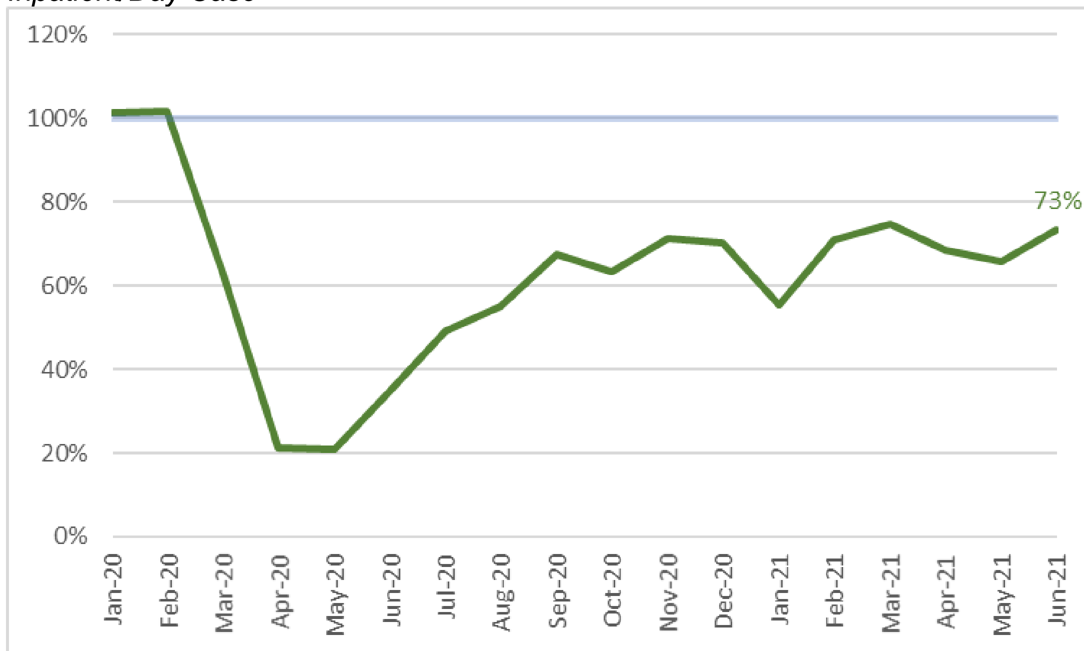
Outpatient services have adjusted to the opportunities presented by Covid, by redesigning services using alternative approaches to patient consultations, though video and telephone.

<u>OP/IPDC Activity against the 2019 baseline</u>

New Outpatient



Inpatient/Day Case



Gastroenterology – Cytosponge

Cytosponge is a new outpatient non-aerosol generating medical test that aims to improve early detection and surveillance of Barrett's Oesophagus in patients. Cytosponge is an opportunity to mitigate risks of delayed diagnosis of Barrett's-related cancer, a pre-step to upper endoscopy in new patients, which can be an unpleasant and invasive procedure, and will allow more focused use of scarce endoscopy capacity to higher risk patients. It should be noted that in some cases this will add an additional step in the patient pathway and the predicted impact on future performance is yet to be determined.

Training staff to perform this procedure began in November 2020 and we now have two trained Nurse Endoscopists, who are delivering "train the trainer" courses to GI Physiologist and GI Endoscopy staff.

To date, 450 surveillance patients have been triaged with 320 identified as suitable for cytosponge procedure. The service introduced core planned cytosponge sessions in June 2021 and have to date carried out 211 procedures. The table below shows the implementation plan, concentrating on delayed surveillance patients until August and then introducing New Gastric Reflux patients from September, following the appropriate training:

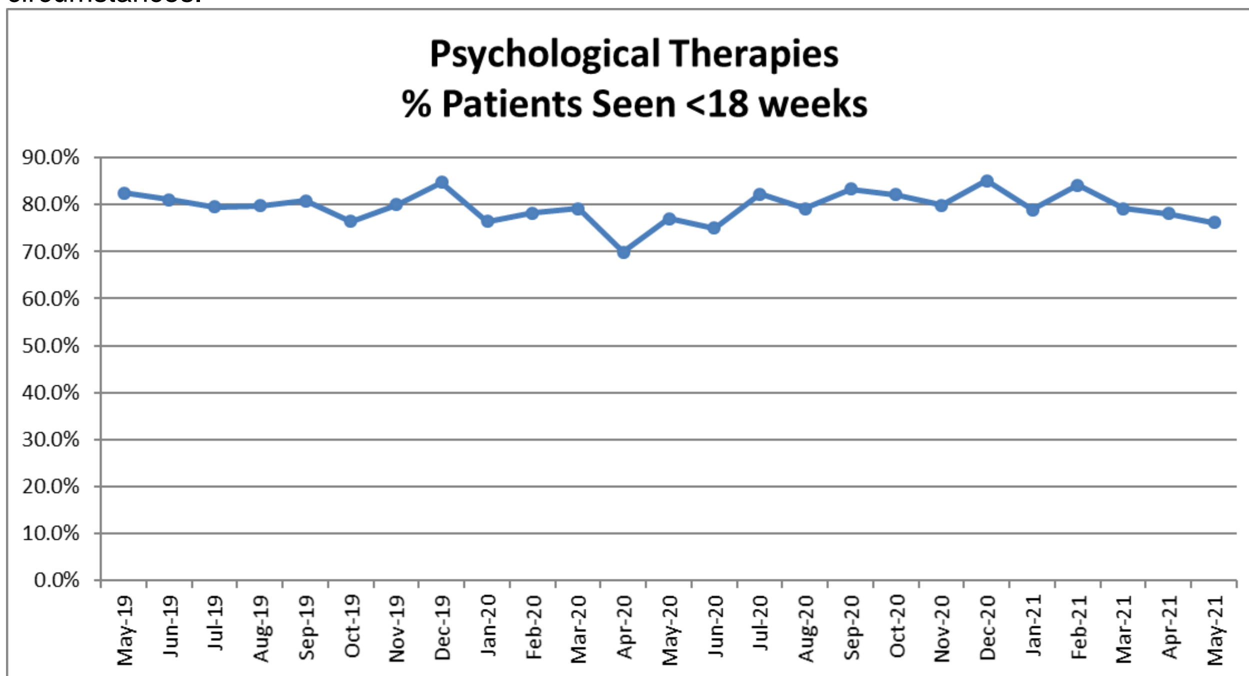
Phase 1 Training: June- August	**Patients per clinic**	**Weekly clinics**	**Weekly activity**
4 Operators	8	4	32
Phase 2: September-November	**Patients per clinic**	**Weekly clinics**	**Weekly activity**
4 Operators	10	8	80

Each procedure costs £280+VAT, which compares favourably to the cost of upper endoscopy. The Scottish Government have now confirmed funding for 2021/22 of circa 2,100 cytosponge procedures.

Mental Health

Psychological Therapies

Although the standard (90%) has not been met, the position remains stable in a challenging environment for this service and so performance is recognised to be improving within the circumstances.



NHS Lothian has extensive waiting lists for Psychological Therapies and has consequently been placed in 'Escalation' by the Scottish Government pending agreement that there is a satisfactory recovery strategy and plan. The key requirement of Scottish Government is that the current waiting lists are eliminated by March 2023.

The Adult Mental Health Psychological Therapies Service is provided in each HSCP / Edinburgh Locality. At end-May 2021 there was a total of 3,063 combined Assessment and Treatment waits which is 58% of the total across Psychological Therapies. This included 68% of the total waits > 18 weeks. It has therefore been a primary area of focus. The overall number of patients waiting over 18 weeks is down by 1,020 at 5,252 compared to the peak observed in February 2020 of 6,272. The primary area of these long waits remains the locality general adult services – psychology teams and Primary Care Mental Health Team (PCMHTs) – individual treatment lists. There is a focus of investment on these areas as these services account for 68% of the over 18 week waits. Overall, during this period staffing numbers have not changed significantly as additional fixed term staff were offset by a continuing reduction in PCMHT staff in Edinburgh where retention has proved difficult in the context of competition from other HSCPs.

New developments to maintain and further improve the performance include:

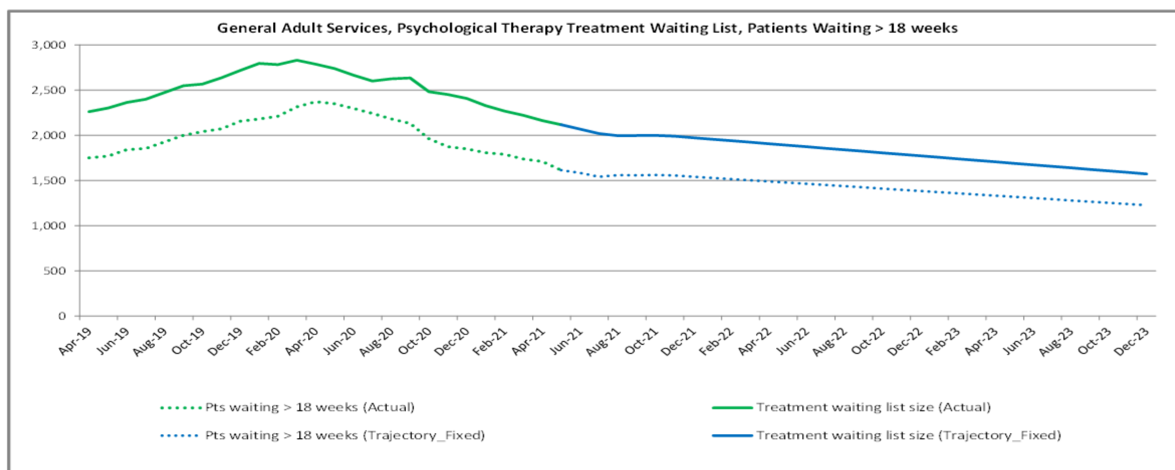
- Individual and team capacity models to give new patient targets: 20% Uplift in PFB Booking;
- Target mean durations of treatment;
- Performance reporting at individual and team levels;
- Monthly review meetings at HSCP / locality level;
- Improving case management supervision;
- Improving data recording to allow outcomes assessment.

The Scottish Government have provided £751k funding to address the Psychological Therapies waiting list backlog, with all posts extended to March 2023. The focus of this funding is to reduce the longest waits for the most complex patients.

The current waiting list initiative staffing requirement of 16.10WTE is working to reduce the backlog and there has been recent agreement with Chief Officers for all four HSCP's to make all these posts permanent. This agreement is to fund on a recurring basis the following at a total cost of £1.87m; additional supervisory capacity, specialist service, secondary care provision and administration.

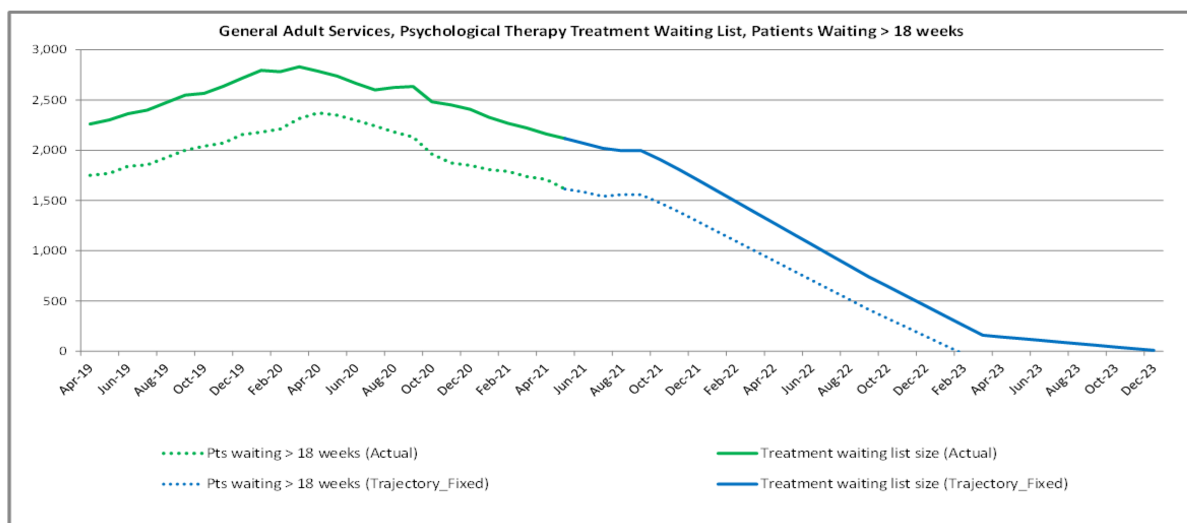
In the short term, the objective is to maintain the reduction of waiting times by deploying the £751,000 already agreed to transfer fixed term staff to permanent contracts to reduce the backlog of patients waiting for treatment. The graph below is based on these current staffing assumptions:

- Demand set at 219 new patients per month (recent = 6 months: 224, 12 months = 223, pre-Covid = 261)
- Capacity from current team 219 (excludes Edinburgh PCMHT)
- Capacity can meet demand but unable to address backlog



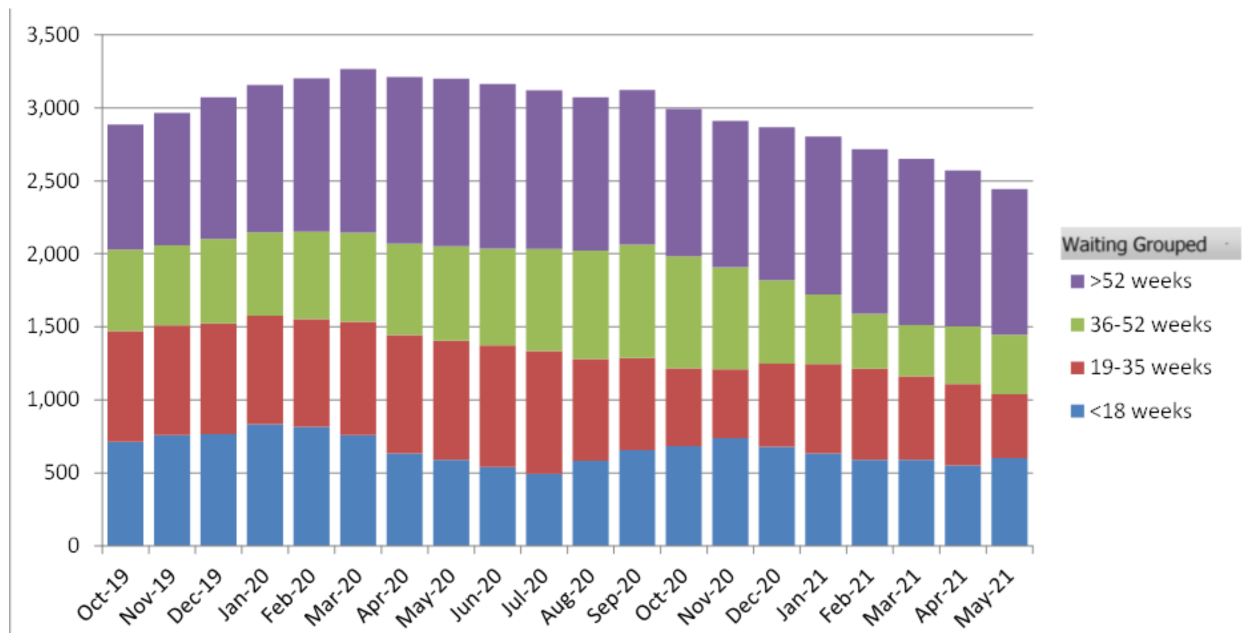
In the medium term, the objective is to accelerate the reduction of waiting times to eliminate any waits over 18 weeks by March 2023; this is contingent on additional funding from Scottish Government. The graph below is based on these additional staffing assumptions and at the time of drafting NHS Lothian was awaiting a response from Scottish Government on this proposal:

- Capacity for an additional 82 new patients per month from October 2021- March 2023
- Requires 18 additional staff
- Additional staffing component for management and supervision and for administration support
- Primary risk relates to demand assumption which set lower than pre-Covid and accordingly have upside risk.



All Psychological Therapies Services: Assessment and Treatment Waits

The provision of additional staff to the AMH service in March 2020 combined with a fall in demand due to lockdown and increased performance management has resulted in the numbers waiting steadily reducing over the last 15 months as shown in the graph below:

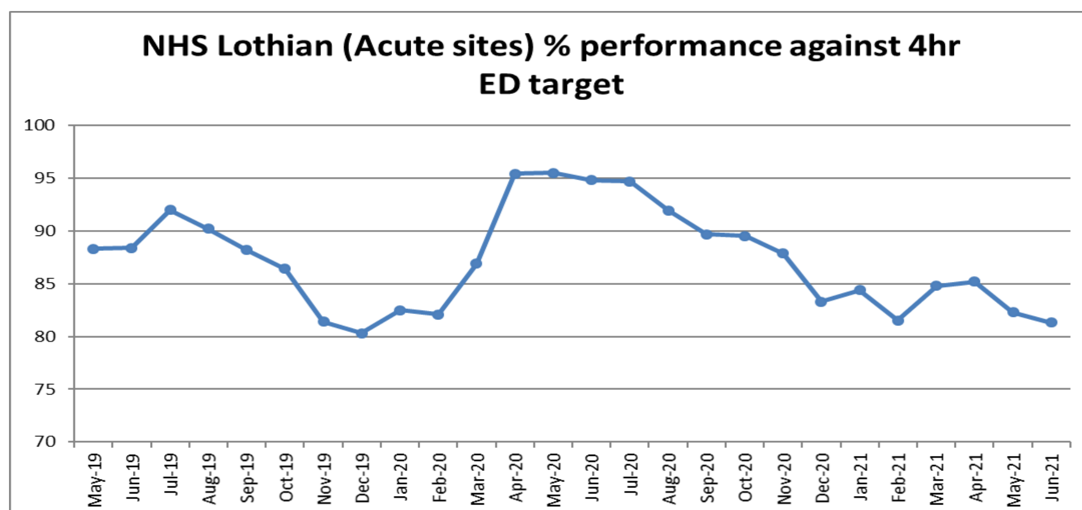


Areas requiring improvement and mitigating actions

Unscheduled Care

4-Hour Emergency Access Standard

Performance against the 4-hour Emergency Access Standard remains challenging. However, overall NHS Lothian performance has been stable over the past 7 months as shown in the chart below. Average monthly performance for all acute sites was 81.3% in June 2021.



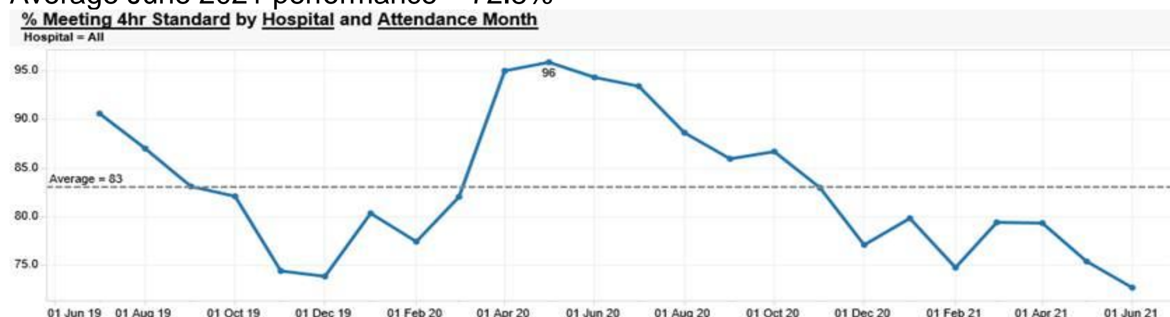
Updated from Tableau Dashboards – Emergency Department Activity Trends

RIE

Performance at the RIE ED continues to be significantly below the 4 hour emergency access standard, with recent performance similar to that last seen over winter 2019/20. This is a result of a combination of factors, including increased attendances – now on a par with pre-Covid winter levels of attendances, and Covid-related impacts on staffing and maintaining red and amber streams. Performance at the RIE ED has been escalated to the weekly Executive-led Performance Oversight Group and is subject to ongoing detailed review and improvement support. This will consolidate existing improvement plans, and actions are continuing, including:

- Test of changes to reduce time to triage – over June 2021 the median time to triage was 18 minutes which is on a par with SJH ED following their improvement work.
- Impact of a supernumerary EPIC (Emergency Physician In-Charge) on decision-making and flow through the department – test of change is currently being evaluated.
- Standardisation of triage and consistent redirection approach – learning from tests of change at SJH and aligning with Redesign of Urgent Care national direction.
- Fast track pathway to AMU for medical GP flow admissions to enable faster decision-making, prevent long waits in the ED and improving flow into main arc.

Average June 2021 performance – 72.8%



Updated from Tableau Dashboards – Emergency Department Activity Trends

WGH

Performance at WGH also continues to be significantly below the 4 hour emergency access standard, and like RIE, recent performance is similar to that last seen over winter 2019/20 for similar reasons as outlined above. MAU activity for June (1,613) was the highest June attendances recorded over the past 5 years. This excludes SDEC (same day emergency care) activity which provides scheduled appointments for GP referred patients, which provided 1,103 appointments in June.
Improvement actions at WGH include:

- Test of change for enhanced medical cover to bolster evening staffing as attendances presenting later in the day. This is part of a wider demand and capacity review that is underway.
- Optimisation of SDEC and Call MIA resources to move more patients to planned appointments, including ambulance service referrals, with expansion of SDEC service planned for winter.

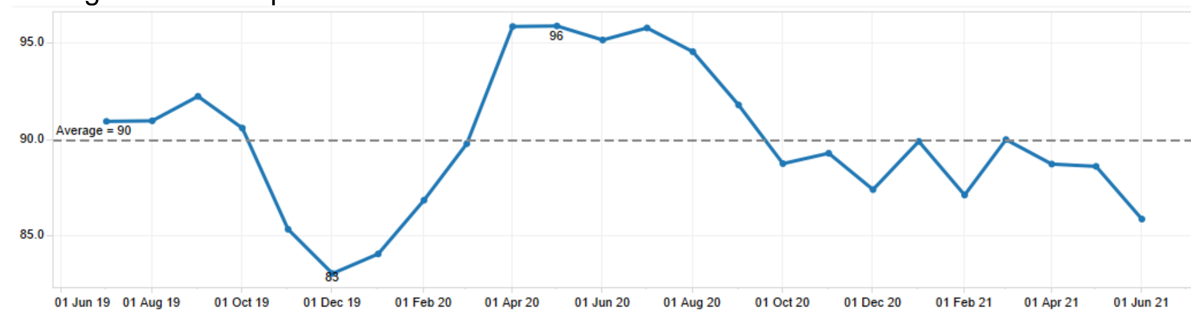
Average June 2021 performance – 76.0%

Updated from Tableau Dashboards – Emergency Department Activity Trends

SJH

SJH ED had maintained a relatively strong 4-hour Emergency Access Standard performance, although short of the 95% standard and a recent slight deterioration. The data will continue to be monitored to determine if this is a downward trend or part of normal variation. The Quality Improvement work at SJH ED continues which has demonstrated sustained improvement in time to triage and time to first assessment.

Average June 2021 performance – 85.6%



Updated from Tableau Dashboards – Emergency Department Activity Trends

<u>Delayed Discharges</u>

Delayed discharges across Lothian remain lower than pre-Covid levels but have been on an upward trend over the past 4 months as can be seen in the chart below. This increase is largely due to the increases within Edinburgh HSCP which have returned to pre-Covid levels, with East Lothian and West Lothian HSCPs sustaining reduced levels of delays.

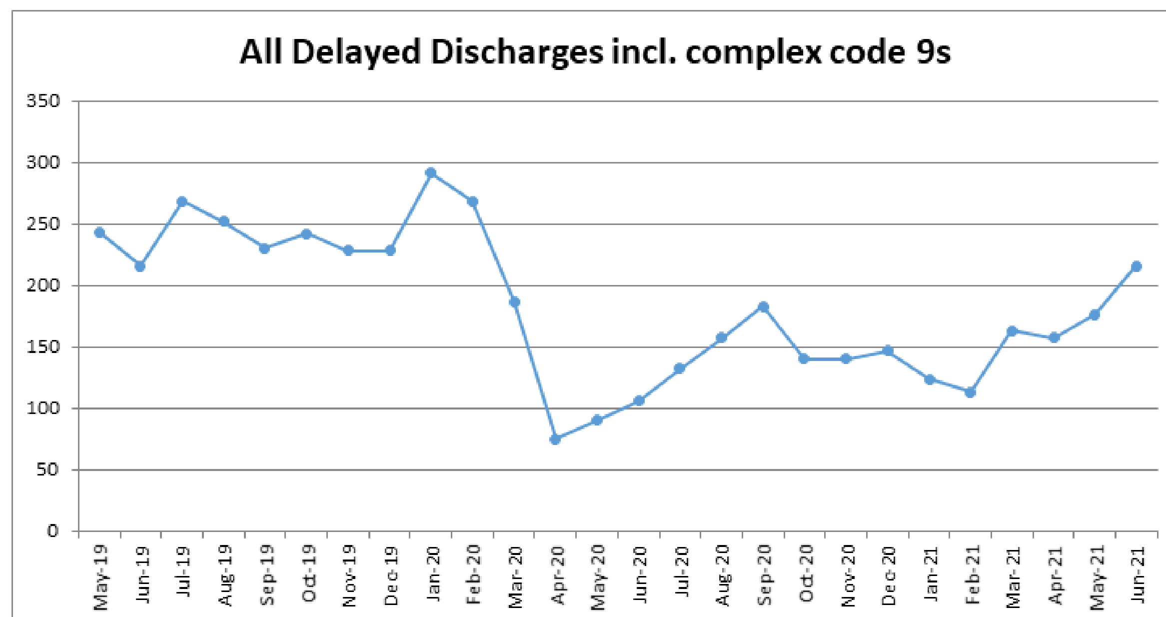
The main areas of pressure within EHSCP which have contributed to increased levels of delay include:

- Self-isolation requirements affecting capacity internally and within care providers. With expected changes to SG requirements capacity could be increased from September
- Capacity within providers reducing as staff leave as other sectors restart. Recruitment is likely to have an impact from September

- Seasonality – staffing capacity impacted over the summer break, although further pressures expected from November with winter impact
- Impact of Covid on complexity of cases with health deterioration over lockdown and guardianship issues (delay due to court closures over lockdown last year) which will continue to impact delays over the rest of this year
- Recent impact of new Covid infections in care homes

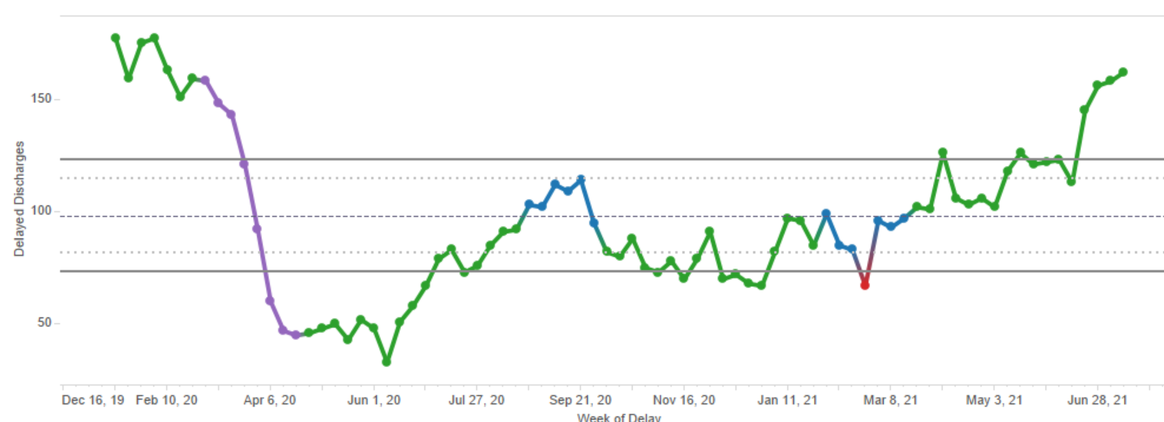
A number of short and medium-term improvement actions are underway, including:

- Home First initiatives to prevent attendances, admissions and subsequent delays
- Plans for extra home care capacity over winter
- Early supported discharge for O2 dependent Covid patients
- Implementation of a Planned Date of Discharge model
- Increasing capacity in intermediate care



Updated from Tableau Dashboards – Delayed Discharges

Edinburgh HSCP census reportable delays



Updated from Tableau Dashboards – Partnership dashboards, Delayed Discharges

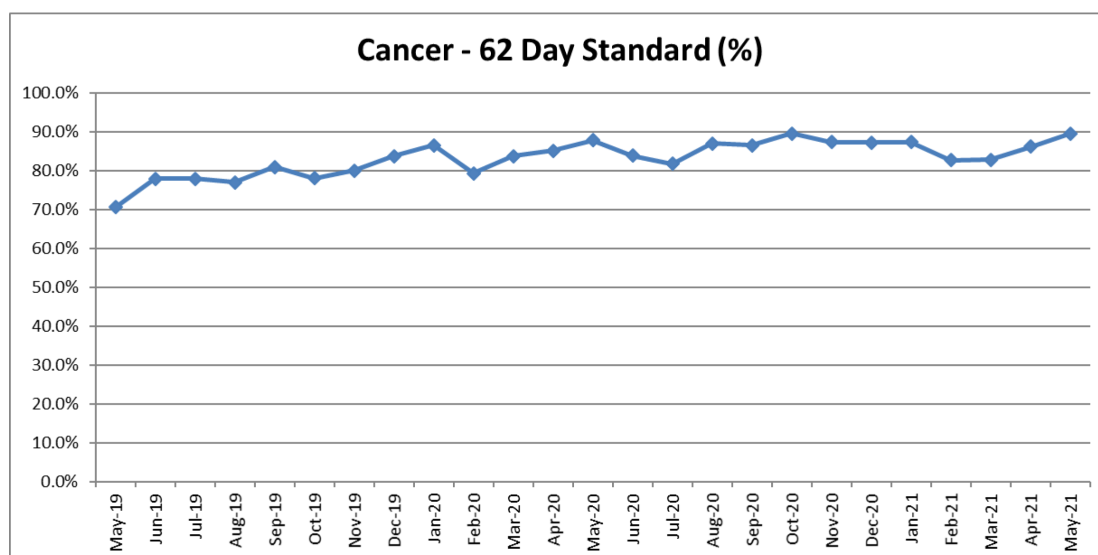
An update on the broader aspects of the cross-system unscheduled care programme are provided below:

- *Redesign of Urgent Care – public referrals via 111* to the flow centre to allow scheduling continue since go-live in December 2020. This pathway was widened to include under 12s on 1 June 2021. Despite a recent launch of a national communications campaign over June 2021, referrals remain low with an average of 50 daily to the flow centre, of which approximately 35 are provided with a scheduled Minor Injury Assessment (virtual or face-to-face via Call MIA).

- *Redesign of Urgent Care - professional referrals.* GP referrals for same day secondary care have been via the flow centre for some time. This pathway has been widened to include access for ambulance service clinicians. Each HSCP has also developed local single points of access for professionals to access same day community services and work is underway to ensure an interface between the flow centre and HSCP community services to allow referrals from ambulance clinicians via one Lothian access point. Additionally, the short life working group to determine the pan-Lothian approach to delivering SDEC has concluded with the final recommendations for the Lothian model currently being collated ahead of agreement through governance processes. The next phase will be determining and delivering the pan-Lothian implementation plan.
- *Discharge planning and transfers of care* – the first meeting of the pan-Lothian short life working group focussed on agreeing our Planned Date of Discharge model took place in June, with a draft approach to be discussed at the next meeting. This is building on good practice from elsewhere in Scotland and the UK, and is being informed by a test of change currently underway between WGH and Edinburgh HSCP.
- *System capacity* – a review of the four Hospital at Home (H@H) services across Lothian has produced initial findings, working with colleagues from HIS, to identify where services are working well and where there are opportunities to improve, with the aim to determine how best to size H@H provision to manage population growth that supports care at home and prevention of hospital admission. This work will be developed to expand into the sizing of other community services.

Cancer

62 day cancer performance remained below target in May 2021 at 89.6%, however Lothian's performance is better than the Scottish average at 83.0%.



The majority of 62 day breaches and all of the 31 day breaches occurred in the urology pathway for which there is a detailed programme of improvement work ongoing which was recognised during recent discussions at the Performance Oversight Board (POB). The service has identified several key actions at specialty level and is currently developing a prioritised plan with timescales and quantifiable benefits which will be presented to the POB in August 2021.

Breast cancer screened excluded did not meet the 62 day performance target in May 2021 for the first time since June 2020. The service has now implemented low risk cancer clinics which is helping with overall throughput of cancer patients though clinics however.

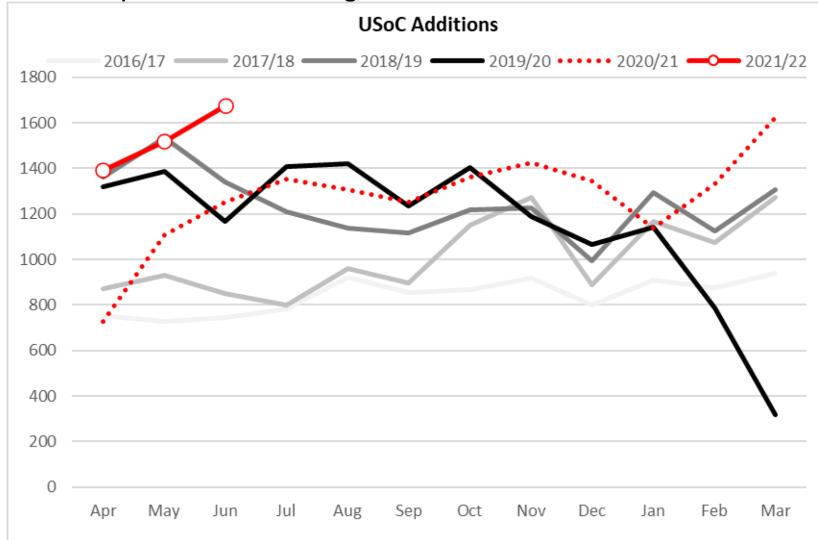
	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21
Breast (screened excluded)	96.3 %	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %	96.3 %	100.0 %	100.0 %	94.4 %

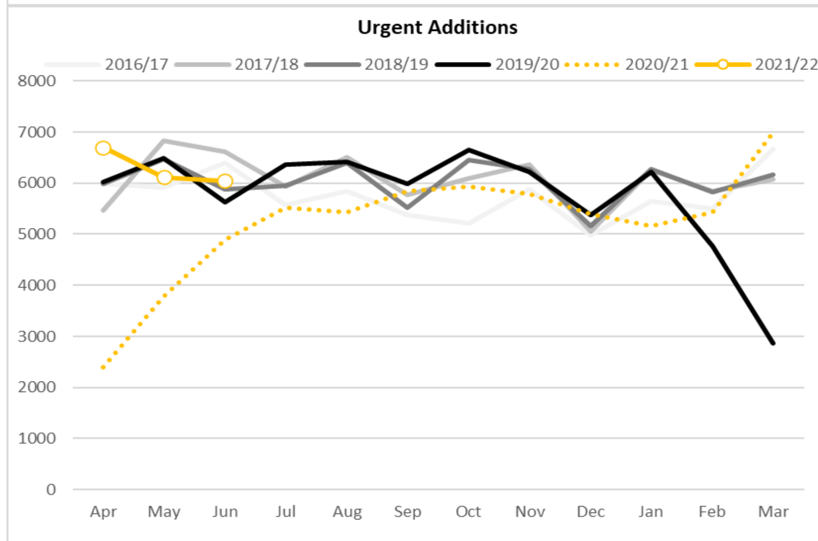
OP & TTG

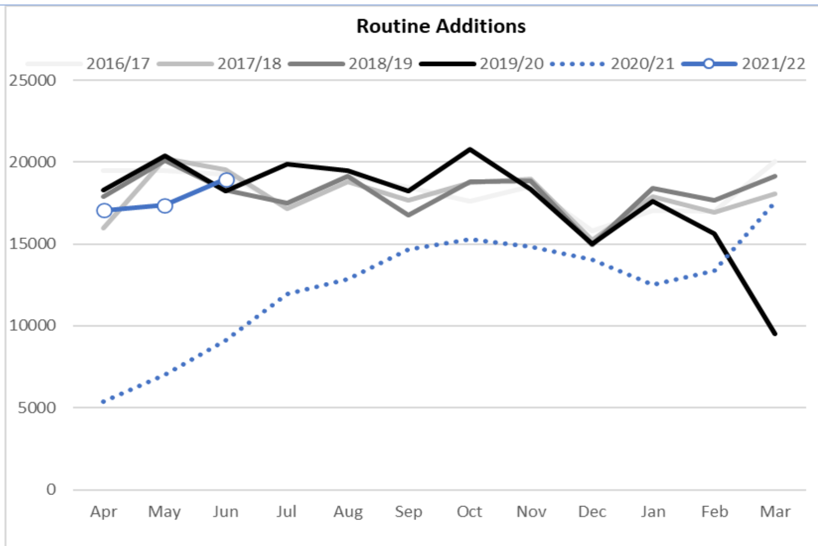
Outpatient referrals continue to increase and both routine and urgent outpatient referrals are at pre-Covid levels. Notably, urgent suspicion of cancer referrals are increasing month on month and are now significantly higher than historic trends.

This increase is particularly evident in Dermatology, Gynaecology, Gastroenterology and Respiratory Medicine, as highlighted in the charts below. We continue to prioritise capacity to deliver urgent suspicion of cancer and urgent activity.

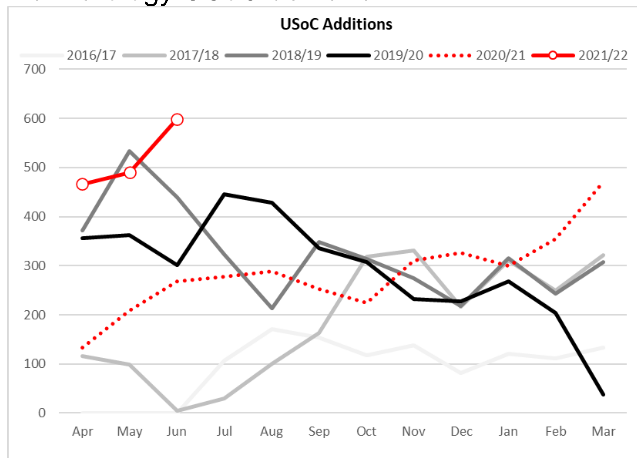
New Outpatient USoC, Urgent and Routine demand



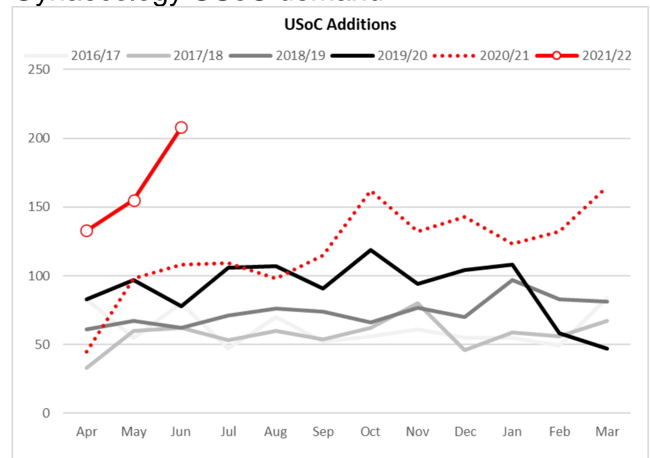




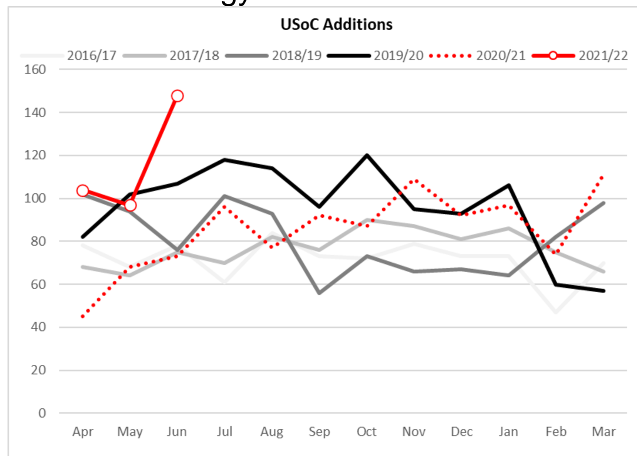
Dermatology USoC demand



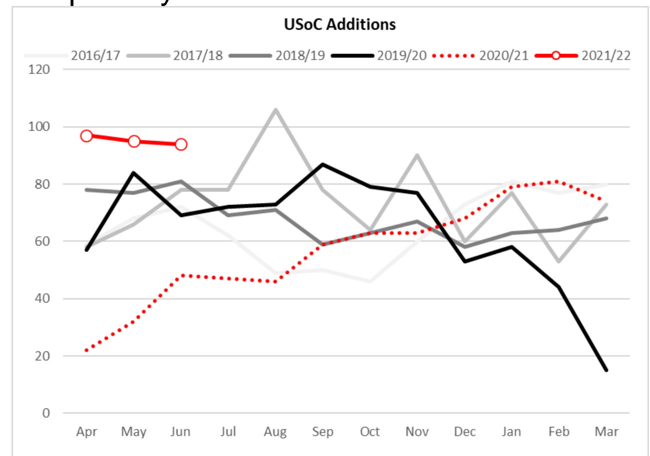
Gynaecology USoC demand



Gastroenterology USoC demand



Respiratory Medicine USoC demand



Dermatology

Improvement work within the dermatology service is ongoing with medium term sustainability plans being worked through with the clinical team and the Performance Oversight Group chaired by the Chief Executive. The aim is to finalise this work by the end of July and a more detailed update of progress will be included in the next Board paper.

Oral Health Services

Oral Health Services have struggled for a number of years with long waiting lists. This underlying position deteriorated further during the Covid pandemic due to closure of outpatient services during the early lockdown in 2020, limitations in capacity associated with social distancing in the Lauriston Building, restrictions on the use of Aerosol Generating Procedures (AGPs) and as capacity was switched to support the unscheduled care dental service. As a result NHS Lothian placed OHS into performance escalation and provided additional management oversight to develop a plan for short and long term for service sustainability.

Oral Health Services is continuing to make progress with plans to reduce over 12 week waits by March 2022. Since April 2021, over 12 week waits have fallen by 10% as services in the Edinburgh Dental Institute (EDI) continue to remobilise. The Executive Team recently approved a plan to invest in additional fixed term capacity, Waiting List Initiatives and radiology equipment to accelerate this reduction. The aim is to significantly reduce over 12 week waits in the Public Dental Service (PDS) and within EDI by March 2022. Revised trajectories have been agreed that should reduce 12 week waits to under 750 assuming referrals remain broadly in line with current levels. The premise underpinning the plan is to make significant inroads into the waiting list backlog whilst the General Dental Service is not fully mobilised. A key component of the plan is to 'pivot' activity away from (AGP) treatments towards new patient assessment, whilst recognising this would in due course increase waiting lists for treatment.

The table below provides a summary of the current waiting list position by main service and the year-end position agreed with the Performance Board:

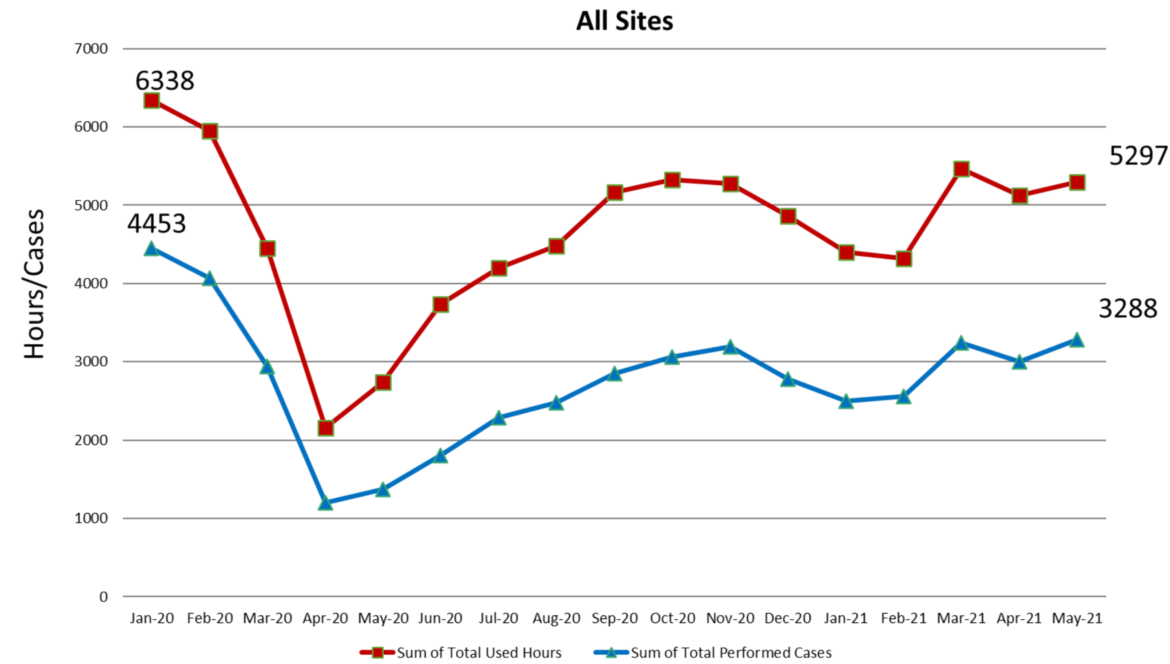
Main Specialty	End June 2021	End March 2022	Key Actions
Oral Surgery	2,250	249	• Pivot capacity assessment vs treatment • 448 patients via WLI sessions • 0.6 WTE fixed term specialty doctor with associated nursing / admin.
Restorative Dentistry	464	0	• Pivot capacity assessment vs treatment • 240 patients via WLI sessions • Planned recruitment to consultant post from Dec 2021. Interviews July
EDI Paediatric	736	421	• Pivot capacity assessment vs treatment • 72 patients via WLI sessions • Recruit to 0.5 WTE vacant consultant post
Special Care Dentistry	814	0	• Pivot capacity assessment vs treatment • Backfill 2.4 WTE dentist and nurses currently supporting Unscheduled Care • Additional recruitment to nursing / admin vacancies
PDS Paediatrics	550	0	• Pivot capacity assessment vs treatment • Backfill 2.4 WTE dentist and nurses currently supporting Unscheduled Care • Additional recruitment to nursing / admin vacancies • Invest in radiology processing equipment (Pennywell clinic)

TTG

As referred to in the 'areas of strong performance section' in this paper, TTG activity is now 73% of the equivalent month in 2019, pre-Covid. Although this is in line with or favourable to the Scotland average, there are rate-limiting factors in theatre capacity remain, including:

- Enhanced infection control measures,
- challenges to filling cancelled slots at short-notice due to isolation requirements,
- inability to fully fill theatres lists due to restricted bed capacity,
- increased vacancies and staff isolating, across all theatre staff groups, as well as reallocation of staff to support critical care requirements.

Theatre Utilisation

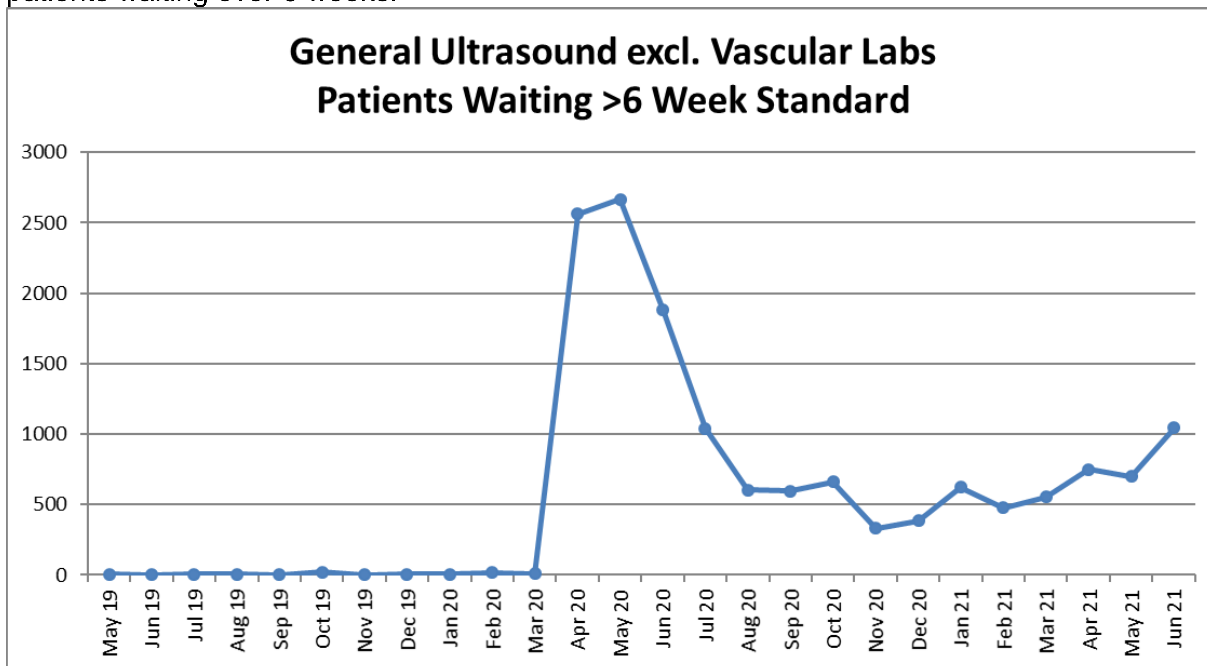


A short life working group has been established to maximise the use of available theatre capacity. Benchmarking tells us that NHS Lothian are: circa.9% under the Scotland average for sessions cancelled, and; slightly above the Scotland average for utilisation of hours. One of the largest gaps compared to neighbouring health boards is the unproductive time between theatre cases. Intelligence suggests that other health boards have more green pathways in place, having a direct relationship to unproductive time. A deep dive with other health boards is underway to identify areas for opportunity.

Diagnostics

Additional mobile CT capacity referenced in the previous paper commenced for a period of 6 weeks from the end of June and will provide around 1,000 scans. It is anticipated this will reduce the waiting times for routine scans.

Access times for Ultrasound need to be improved and sustained as shown by the recent increase in patients waiting over 6 weeks:



The following actions are planned to address this:

- Recruitment to sonographer vacancies and completion of sonographer training in August will provide additional Ultrasound capacity.
- Additional Ultrasound sessions will also be provided to reduce the size of the waiting list.
- Further validation of the tail of the waiting list (longest waiters) will be undertaken to ensure the data is accurate.
    - Vetting and justification of radiology referrals is currently variable and largely paper-based. A short-life working group will review the service requirements to enable electronic vetting to streamline this process.

The workforce issues highlighted in the previous report remain a significant risk factor for diagnostic radiology performance, including the limited availability of bank and agency staff for sonography. Staffing pressures within general Radiography have been alleviated to some degree as new band 5 graduate radiographers have taken up post in the past few weeks. Specialist Registrars continue to support additional weekend and evening activity, particularly in Ultrasound, supported by Radiology Department Assistants and clerical staff.

Mental Health

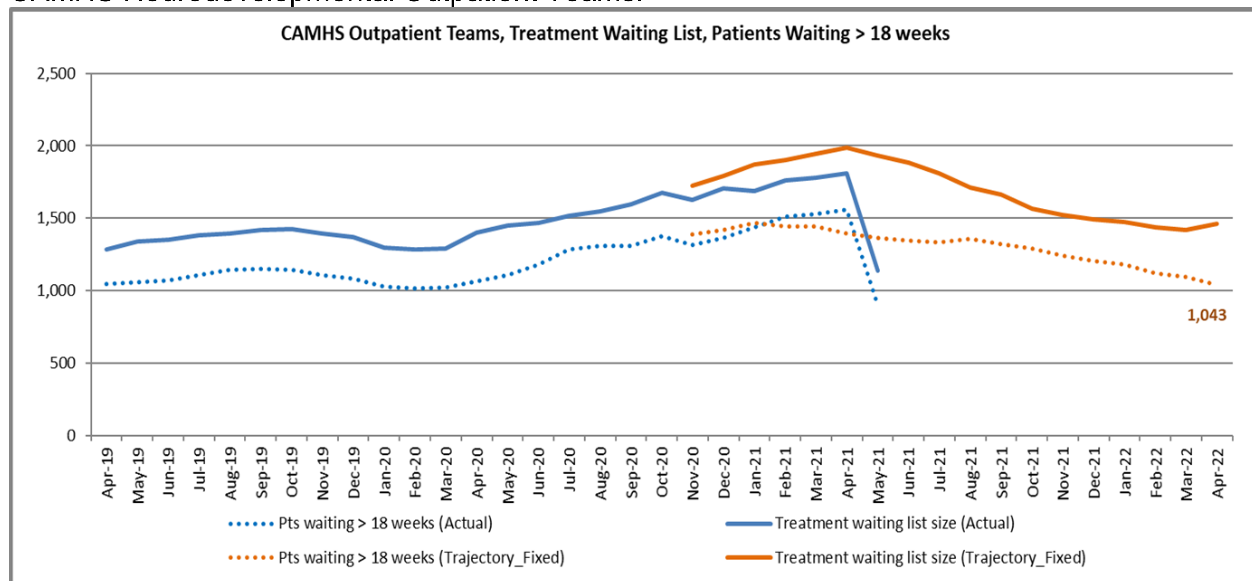
CAMHS

Patient numbers on the CAMHS waiting lists continue to increase. There is concern regarding the consequent pressures on teams in terms of allocating urgent cases and managing associated clinical risk. However, an NHS Lothian CAMHS Recovery and Renewal Plan has been developed and shared with Scottish Government. The Plan provides assurance of the planned improvements required to achieve the CAMHS LDP Access Standard by March 2023.

NHS Lothian CAMHS is organised over 2 areas of practice, (i) Tier 3 locality outpatient teams with mental health and neurodevelopmental pathways and (iii) tertiary Tier 4 and Specialist teams. The majority of all patients (90.59%) are waiting in the Tier 3 locality outpatient teams. For those waiting

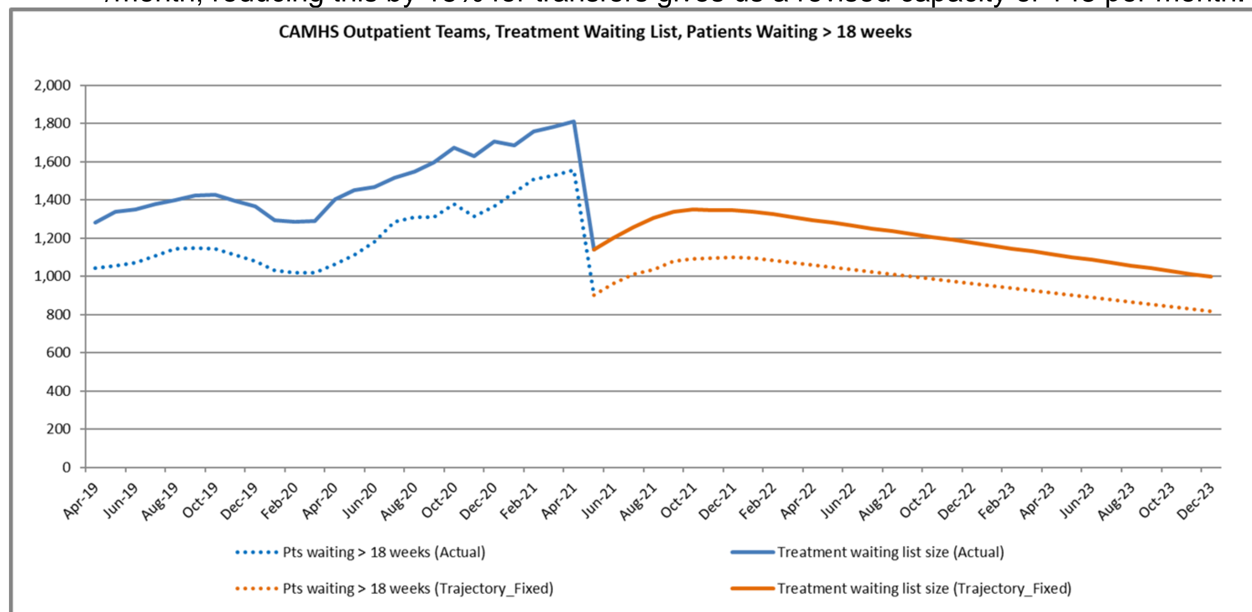
more than 18 weeks – 95.15% of over 18 weeks waits occur in the Tier 3 locality outpatient teams. The NHS Lothian CAMHS Recovery and Renewal Plan is therefore focussed on Tier 3 locality outpatient teams.

Please note, the trajectory for month end May 2021 reports the impact of removing children and young people requiring an ASD assessment from the CAMHS Generic Outpatient Teams waiting list. A new trajectory has been developed to monitor performance for both the CAMHS Generic Outpatient and CAMHS Neurodevelopmental Outpatient Teams.

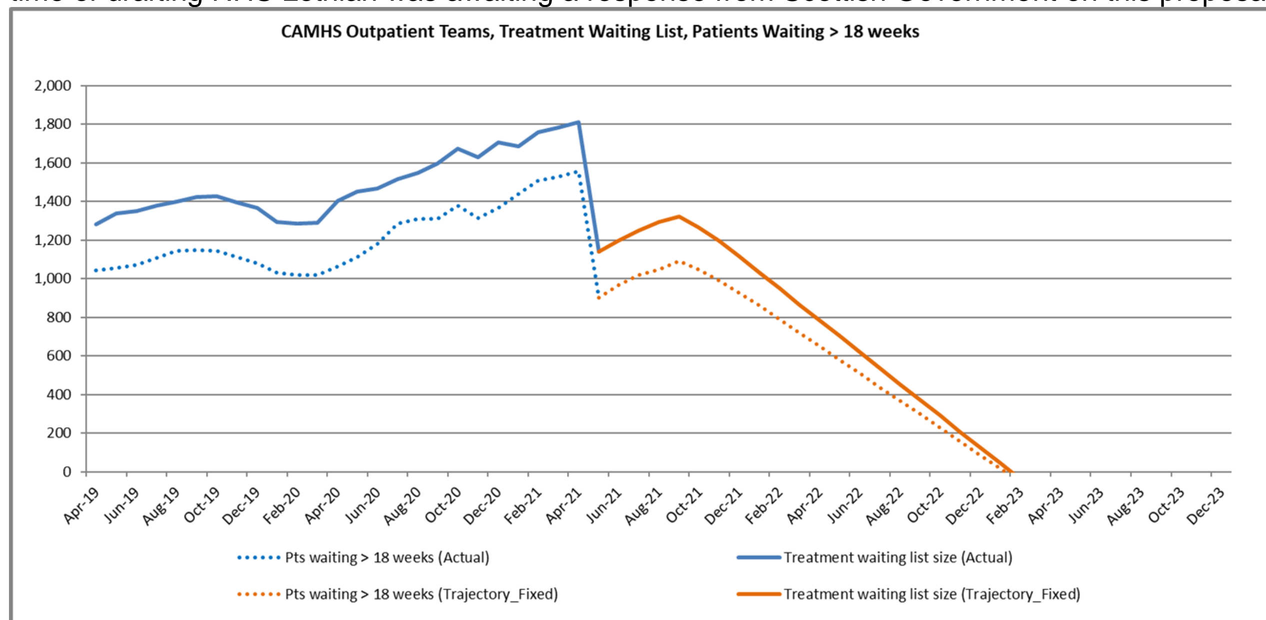


The trajectory below is based on existing staffing with the remodelled post transfers trajectory:

- After the waiting lists transfer was completed an adjustment was made to how many staff are targeting the Core Mental Health List.
- The revised trajectories are based on the CAPA 2.6 / month parameter and a split of the staff into 65% Core, 35% ND (pending new job plans).
- The number has reduced from 69 staff to 64.5 at average 2.6 per month and a capacity of 168 /month; reducing this by 15% for transfers gives us a revised capacity of 143 per month.



The trajectory below is based on additional staffing; this is contingent on additional funding from Scottish Government. The graph below is based on these additional staffing assumptions and at the time of drafting NHS Lothian was awaiting a response from Scottish Government on this proposal:



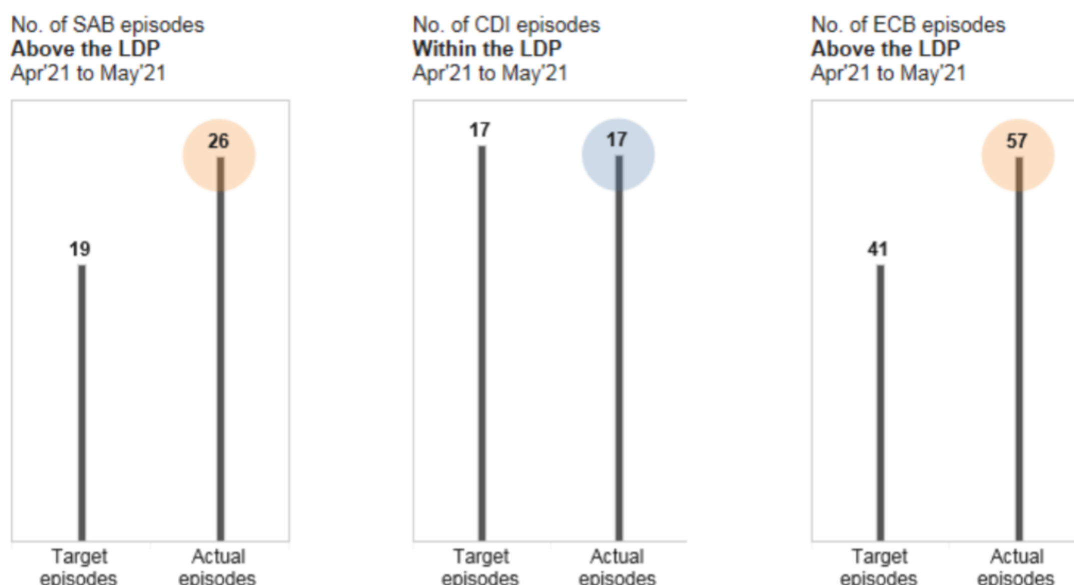
With the 15% transfer rate the additional staff trajectory would mean an increase of 22 additional staff for 18 months. 22 WTE provides an additional 57 New patients per month (22 WTE Oct 21 - March 23).

The following are key risks to this Recovery Plan Trajectory:

- Recruiting additional experienced staff to fill new posts without drawing from other Lothian services or indeed from within CAMHS itself will remain challenging.
- NHS Lothian does face some specific challenges in competition with other Boards, particularly in the psychiatry recruitment position with the requirement for psychiatry staff to undertake on-call work as part of a regional service.
- The impact of Covid-19 on mental health has been widely reported and there is some accredited evidence of its impact in delaying presentations which as a consequence creates a more complex caseload.
- The Tier 3 teams report an increase in more severe illness such as eating disorders and a need to focus on urgent cases, and those at clinical risk.

Healthcare Acquired Infections

The below chart demonstrates we are currently exceeding the planned incidence rate of both Staphylococcus aureus Bacteraemia (SAB) and Escherichia coli Bacteraemia (ECB):



NHS Lothian's Local Delivery Plan (LDP) target for 2021/2022 has been set to achieve a SAB incidence of 12.2 healthcare associated episodes (or less) per 100,000 bed days (which translates to approximately 19 episodes for the period April 2021 to May 2021). Current incidence is 16.9 (n=26) as per HPS surveillance programme reporting criteria. SAB incidence at Royal Hospital for Children and Young People in May was above the upper control limit. Some of these (<5) were associated with invasive devices and therefore considered potentially avoidable. On review by the Infection Prevention and Control Team management of invasive devices was satisfactory and no immediate actions for improvement identified. The situation will continue to be monitored. There were 6 community associated Staphylococcus aureus bacteraemia diagnosed in May 2021, none of which were deemed to be associated with sources that were potentially preventable.

NHS Lothian's interim Local Delivery Plan (LDP) target for 2021/2022 has been set to achieve an ECB incidence of 26.6 healthcare associated episodes (or less) per 100,000 bed days (which translates to approximately 41 episodes for April 2021 - May 2021). Current incidence is 37.1 (n=57), as per HPS surveillance programme reporting criteria and is now above the current mean. 13 of the healthcare associated ECB (41%) were deemed on review to be associated with a source that was potentially preventable (either urinary catheter related or post procedure related). NHS Lothian continues to encourage the reduction in use of urinary catheter and optimise care and management of all invasive devices. 24 of the 25 community associated ECB were related to either hepatobiliary system (n=6) or renal tract (n=18), none of which were deemed on review to be associated with a source that was potentially preventable. The ECB data for NHS Lothian is influenced by its provision of specialist tertiary care for hepatobiliary and urological surgery.

4 Key Risks

4.1 There are no additional known risks since the last report.

4.2 The risks associated with delivering the performance metrics relate to the need for recurring, longer term investment plans and availability of workforce to support delivery of access standard trajectories relating to outpatients, treatment time guarantee, diagnostic, cancer, child and adolescent mental health services and psychological therapies.

4.3 Implementation of some of the longer term ambitions to improve performance require an ambitious cultural change for patients and staff. The key risk to this is the potential for services to revert back to pre Covid-19 working practices.

4.4 That there will be an increased demand and backlog as a result of increased contact with GP and clinic.

4.5 There is limitations, due to infection control measures and national lockdowns on both internal and external capacity.

4.6 Some specialties have particular challenges with recruitment into key roles, ultimately impacting their capacity to support clinical services.

5 Risk Register

5.1 NHS Lothian's Risk Register already includes the risks associated with delivery of performance standards outlined in the 2019 - 20 Annual Operational Plan and Recovery Plans. The corporate risk register is subject to on-going review and update.

6 Impact on Inequality, Including Health Inequalities

6.1 An impact assessment associated with this grouping of performance metrics has not been undertaken. The directors for each service area are responsible for ensuring an integrated impact assessment is carried out where new services, redesign of services and new strategies/plans are referenced to allow NHS Lothian's Lead on Equalities and Humans Rights to follow up and review whether the necessary assessments have been completed as appropriate.

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

7.1 NHS Lothian Directors, IJB Chief Officers and their teams have supported the development of the Remobilisation Plan which NHS Lothian is currently working to enact. Any public engagement and consultation relating to the contents of the plan remains with this programme of work.

8 Resource Implications

8.1 The resource implications are being clarified through our finance department. Any financial reporting will remain within the remit of the Director of Finance.

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21/07/2021
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List of Appendices

Appendix 1: Delayed Discharge Code Inclusion

Appendix 1: Delayed Discharge Code Inclusion

Health and social care reasons: Public Health Scotland		
	Assessment:	
		awaiting commencement of post-hospital social care assessment
		awaiting completion of post-hospital social care assessment
	Funding:	
		non-availability of statutory funding to purchase Care Home Place
		non-availability of statutory funding to purchase any Other Care Package
	Awaiting place availability:	
		in Local Authority Residential Home
		in Independent Residential Home
		in Nursing Home
		in Specialist Residential Facility for younger age groups (<65)
		in Specialist Residential Facility for older age groups (65+)
		in care home (Dementia bed required)
		Awaiting place availability in an Intermediate Care facility
	Awaiting completion of care arrangements:	
		for care home placement
		in order to live in their own home – awaiting social care support (non-availability of services)
		in order to live in their own home – awaiting procurement/delivery of equipment/adaptations fitted
		Re-housing provision (including sheltered housing and homeless patients)
	Transport:	
		awaiting availability of transport
Patient and family related reasons -		
	Legal/Financial:	
		legal issues (including intervention by patient's lawyer) e.g. informed consent and/or adult protection issues
		financial and personal assets problem - e.g. confirming financial assessment
	Disagreements:	
		internal family dispute issues (including dispute between patient and carer)

		disagreement between patient/carer/family and health and social care
	Other:	
		patient exercising statutory right of choice
		patient does not qualify for care
		family/relatives arranging care
		other patient/carer/family related reason
Code 9 reasons -		
	Patients delayed due to the Adults with Incapacity Act	
	Code 9 patients (excluding those delayed due to Adults with Incapacity Act):	
		awaiting completion of complex care arrangement - in order to live in own home
		awaiting place availability in specialist residential facility (under 65)
		awaiting place availability in specialist residential facility (65+)
		patient exercising statutory right of choice – where an interim placement is not possible or reasonable

NHS LOTHIAN

Board Meeting
4th August 2021

Director of Finance

JUNE 2021 FINANCIAL POSITION

1 Purpose of the Report

1.1 This paper provides an update to the Board on the financial position at Period 3 for NHS Lothian.

1.2 This paper also sets out the financial impact from Covid-19 to date and provides an update on the SG allocation for this year.

1.3 Any member wishing additional information on the detail behind this paper should contact the Director of Finance prior to the meeting.

2 Recommendations

2.1 The Board is recommended to:

- **Accept** that based on information available at this stage, NHS Lothian is only able to provide **limited assurance** on its ability to deliver a breakeven position in 2021/22, based on assumptions around additional funding.

3 Discussion of Key Issues

Financial Position as at June 2021

3.1 At its meeting of the 14th July, members of the F&R committee received a report on the NHS Lothian financial position for the first two months of the year with a verbal update on the position at period 3. This paper provides further detail on the Period 3 update provided to the F&R committee.

3.2 At Period 3, NHS Lothian reported a year to date overspend position to £4.7m against the Revenue Resource Limit. A summary of the position is shown in Table 1 below with further detail in Appendix 1 and by operational unit in Appendix 2.

Table 1: Financial Position to 30th June 2021

	YTD £'000
Pay	(17)
Non Pays	(9,829)
Primary Care Prescribing	(912)
Income	6,052
Total	**(4,705)**

3.3 In getting to this year to date position, additional funding has been received and allocated to meet Covid related expenditure. The overspend position as shown largely reflects the underlying core overspend after three months.

3.4 The Financial Plan presented to the Board in April 2021 showed a projected deficit for the year ahead of £91m, which included estimated Covid-19 costs of £66m. The Scottish Government (SG) is expected to fund all costs associated with Covid-19 in 2021/22, leaving the Financial Plan gap in the core underlying position of £25m. Table 2 below shows the month 3 year to date position compared against the year to date Financial Plan (based on a pro-rata share), highlighting a moderately improved Core position when compared against plan based on this measure, although this type of comparison is difficult to make accurately at such an early stage of the financial year.

Table 2: Breakdown of Financial Position to 30th June 2021

	21/22 FY £'000	Pro-Rata Est Mth 3 £'000	YTD Mth 3 £'000
Core Position	(25,073)	(6,268)	(4,231)
Covid Costs			(474)
Total	**(25,073)**	**(6,268)**	**(4,705)**

3.5 The Core pressures are driven by high drugs spend and Medical and Dental pay, key contributors to the gap anticipated in the Financial Plan.

3.6 The Quarter 1 review is now underway following Period 3 results and will contrast the updated forecast with the Financial Plan assumptions, with an update on the risks to delivering a balanced outturn position and actions required. This will include a detailed analysis of the key drivers of expenditure and variance and will be reported back through the Finance and Resources Committee.

Financial Impact of Covid-19 at Period 3

3.7 The latest review of Covid-19 related costs up to the end of June 2021 shows that the board has incurred an estimated £22.9m of additional Covid related costs, which have largely been funded year-to-date. The breakdown of these costs is shown in table 3.

Table 3: Summary Breakdown of Covid-19 Costs Incurred

SG Covid Category	YTD Covid Costs £000's
Covid-19 Vaccination	£10,667
Other Additional Staff Costs	£3,145
Loss of Income	£2,050
Additional Bed Capacity/Change in Usage	£1,772
Contact Tracing	£1,287
Testing	£1,001
Other	£789
Additional Community Hospital Bed Capacity	£659
Reducing Delayed Discharge	£533
Community Hubs	£292
Additional Equipment and Maintenance	£222
Scale up of Public Health Measures	£193
Additional FHS Contractor Costs	£107
Remobilisation -Digital & IT costs	£85
Additional PPE	£73
Additional Infection Prevention and Control Costs	£50
Remobilisation -Primary Care	£26
Total	**£22,949**

	YTD £'000
YTD Covid Budget	22,475
YTD Covid Expenditure	22,949
YTD Covid Variance	**(474)**
Core Variance	**(4,231)**
Total	**(4,705)**

3.8 The largest element of Covid spend to date relates to the ongoing Covid Vaccine rollout, with £10.7m incurred for this financial year so far. The Financial Plan previously only

estimated £9m for 2021/22, so additional funding will be required to meet the ongoing costs, and this is anticipated from SG.

3.9 The SG communicated to health boards on the 2nd of July that additional Covid resources will be made available, with an initial allocation of £27m "payment-on-account" this month. This is part funding at this stage pending further information on the cost profile and is not sufficient to meet the full projected spend for the year. Given the low risk to receiving additional Covid funding, pre-funded Covid allocations have been anticipated and made for this year, in lieu of additional SG resource allocation in future months.

3.10 This is considered low risk as the SG have given strong indications that there will be sufficient resources available to meet costs incurred at board level for Covid this year. Funding has been allocated from month 3 onwards (£71m pre-funded in total, £22.5m phased into the reported position to date per above). This will allow for better reporting of Core pressures and easier budget management across services.

Efficiency & Productivity

3.11 The 21/22 Financial Plan included savings of £26m. To date, £6.7m was planned for delivery after three month with £5.9m achieved so far, leaving a shortfall of £0.8m. Table 4 shows the delivery of the savings by Business Unit. Covid-19 will impact on the ability to progress identified savings plans and schemes will need to be reviewed accordingly as part of the Q1 review.

Table 4: Efficiency Savings Achieved 2021/22

	Cash Releasing	Planned April - June	Achieved April - June	Shortfall April - June
	£'000	£'000	£'000	£'000
Acute Services Division	13,306	2,191	2,025	(167)
Corporate Services	2,092	631	562	(69)
East Lothian Partnership	616	154	172	18
Edinburgh Partnership	4,232	1,058	622	(436)
Midlothian Partnership	564	148	159	11
West Lothian Hsc Partnership	1,215	315	268	(47)
Facilities And Consort	2,370	1,845	1,858	13
Reas	1,000	250	239	(11)
Strategic Services	384	96	0	(96)
Service Improvement	152	38	38	0
Grand Total	**25,931**	**6,726**	**5,943**	**(783)**

4 Quarter 1 Review

4.1 The process of the Q1 Review has begun following month 3 financial close. Forecasting a year end outturn based on month 3 information is particularly challenging again this year due to the ongoing uncertainty around the ongoing impact of the pandemic on a number of services. In addition, the effect of remobilisation on our cost base is difficult to assess as services remain under pressure from workforce challenges. The Quarter 1 review will provide an opportunity to consider business unit progress around efficiency savings delivery.

4.2 The timescales we are working to are as follows:

- End of July – Update to SG on Estimated 2021/22 Covid Costs;
- Mid August – Update position to be provided to the SG on the estimate for year-end;
- Mid to end August – Finance meetings with Business Units to work through their forecast and discuss financial issues and risks;

- Mid September – Finalisation of the Q1 review and reporting through the September F+R committee.

5 Update on 2021/22 Baseline Allocation to NHS Lothian

5.1 The Financial Plan, approved at the beginning of this financial year with a gap of £25m, included a total of c£23m of additional uplift on its baseline resource, equating to 1.5%. This value was based on information contained in communication from the SG on the 28th January, which also asked boards to make assumptions on the level of pay award in lieu of final confirmation of the 21/22 agreement.

5.2 Since that time, the SG have formally agreed a revised pay award on Agenda for Change scales, and on the 2nd of July provided a further update to boards on funding to meet additional costs of the Agenda for Change deal. A further £20.4m has been allocated to Lothian (1.3%) bringing the total baseline uplift in 21/22 to c£43.5m (2.8%).

5.3 However, despite this additional resource, the underlying issues around additional cost growth in pay remains. The previous Agenda for Change three-year deal concluded at the end of financial year 2020/21, however there was a fourth year tail to this agreement impacting on AfC bands 5, 6 and 7 in relation to pay scale increases. The additional cost of this residual pay award is significant – an estimated £10.2m to NHS Lothian has been built into the initial Plan.

5.4 Overall, the challenge of delivering financial balance in the current year is adversely affected by a series of financial issues impacting including:

- Uplift – the latest confirmation of uplift presents a gap between this and the additional cost to the paybill. The gap of £6m above is larger than the assumption in the Financial Plan by circa £3m;
- The Medical and Dental staff pay award has yet to be agreed.
- No additional resources are available to support non-pay cost growth. However there is significant additional spend forecast from medicines (particularly Cancer) and higher charges from contractual commitments such as PFIs;
- Already built into the extant £25m financial Plan gap in the plan was a reduction to the New Medicines fund available from the SG, falling from £12m in prior years to £7.4m this year;
- The legacy of a reduced recurring delivery in the efficiency programme in 20/21 has an ongoing impact in 21/22. We will be working with SG colleagues to seek additional financial coverage from Covid funds this year to meet this efficiency shortfall;

5.5 As well as those challenges on the current financial year, many of those issues identified are recurring in nature and will impact beyond this financial year, and understanding the extent of the recurring impact is a priority over the coming months as we plan for 22/23 and beyond.

6 Risk Register

6.1 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)***

6.2 The contents of this report are aligned to the above risk. At this stage there is no further requirement to add to this risk.

7 Impact on Inequality, Including Health Inequalities

7.1 There are no new implications for health inequalities or general equality and diversity issues arising directly from the issues and recommendations in this paper.

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

8.1 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.

9 Resource Implications

9.1 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
22nd July 2021
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Appendix 1 - NHS Lothian Income & Expenditure Summary to 30th June 2021
Appendix 2 - NHS Lothian Summary by Operational Unit to 30th June 2021

Appendix 1 - Lothian Income & Expenditure Summary to 30th June 2021

Description	Annual Budget (£k)	YTD Budget (£k)	YTD Actuals (£k)	YTD Variance (£k)
Medical & Dental	300,061	75,366	77,629	(2,264)
Nursing	520,501	130,547	128,527	2,021
Administrative Services	147,651	35,777	33,484	2,293
Allied Health Professionals	87,008	21,681	21,746	(65)
Health Science Services	48,018	12,038	11,799	239
Management	8,787	2,230	1,879	350
Support Services	83,029	20,651	21,595	(944)
Medical & Dental Support	14,226	3,477	3,654	(178)
Other Therapeutic	38,613	10,095	11,217	(1,122)
Personal & Social Care	2,861	707	861	(154)
Other Pay	(3,130)	(3,200)	(3,069)	(131)
Emergency Services	25	6	6	(0)
Vacancy Factor	(248)	(62)	0	(62)
Pay	**1,247,402**	**309,313**	**309,329**	**(17)**
Drugs	116,115	20,907	24,989	(4,083)
Medical Supplies	86,758	22,818	24,150	(1,332)
Maintenance Costs	6,846	2,912	145	2,767
Property Costs	41,717	5,648	5,522	126
Equipment Costs	29,798	4,095	6,335	(2,240)
Transport Costs	9,311	2,095	1,908	187
Administration Costs	171,799	4,503	6,288	(1,785)
Ancillary Costs	12,918	3,723	3,773	(49)
Other	(7,300)	(17,686)	(17,803)	117
Service Agreement Patient Serv	35,878	8,738	9,010	(272)
Savings Target Non-pay	(1,157)	(291)	0	(291)
Resource Trf + L/a Payments	108,723	10,830	11,468	(638)
Non-pay	**611,406**	**68,292**	**75,785**	**(7,493)**
Gms2 Expenditure	127,377	35,053	35,102	(49)
Ncl Expenditure	888	222	210	12
Other Primary Care Expenditure	87	22	19	3
Pharmaceuticals	152,406	37,035	37,946	(912)
Primary Care	**280,758**	**72,331**	**73,277**	**(946)**
Other	**(1,338)**	**(330)**	**17**	**(347)**
Income	**(290,132)**	**(83,965)**	**(90,017)**	**6,052**
Extraordinary Items	**0**	**0**	**1,955**	**(1,955)**
CORE POSITION	**1,848,096**	**365,641**	**370,346**	**(4,705)**
Additional Reserves Flexibility	0	0	0	0
TOTAL	**1,848,096**	**365,641**	**370,346**	**(4,705)**

Appendix 2 - NHS Lothian Summary by Operational Unit to 30th June 2021

Description	Acute Services Division (£k)	Reas (£k)	Directorate Of Primary Care (£k)	East Lothian Partnership (£k)	Edinburgh Partnership (£k)	Midlothian Partnership (£k)	West Lothian Hsc Partnership (£k)	Facilities And Consort (£k)	Corporate Services (£k)	Strategic Services (£k)	Service Improvement (£k)	Research + Teaching (£k)	Inc + Assoc Hlthcare Purchases (£k)	Reserves (£k)	Total (£k)
Annual Budget	**840,828**	**114,209**	**17,959**	**85,983**	**340,079**	**74,819**	**133,785**	**136,167**	**193,227**	**(1,044)**	**24,161**	**(10,462)**	**(139,488)**	**37,873**	**1,848,096**
Medical & Dental	(1,292)	(232)	(68)	(213)	(212)	(95)	(39)	0	(63)	(53)	14	(11)	0	0	**(2,264)**
Nursing	(160)	46	96	418	967	232	432	(9)	199	(18)	(1)	(181)	0	0	**2,021**
Administrative Services	295	8	(76)	(51)	104	(44)	41	(95)	2,298	(116)	(25)	(47)	0	0	**2,293**
Allied Health Professionals	(310)	(56)	(4)	(86)	435	(117)	162	(10)	(79)	0	0	0	0	0	**(65)**
Health Science Services	297	(0)	(8)	0	120	(2)	5	(2)	(177)	0	1	5	0	0	**239**
Management	(37)	2	24	1	126	4	23	(8)	170	43	0	3	0	0	**350**
Support Services	(57)	22	(30)	(7)	(30)	(11)	(0)	(751)	(78)	(7)	3	2	0	0	**(944)**
Medical & Dental Support	(239)	(0)	0	(51)	(3)	(3)	(1)	0	(23)	0	142	0	0	0	**(178)**
Other Therapeutic	(12)	104	(71)	(4)	(18)	82	17	0	(1,221)	1	(0)	0	0	0	**(1,122)**
Personal & Social Care	(8)	(14)	8	3	(4)	2	0	0	(140)	0	0	0	0	0	**(154)**
Other Pay	(2)	2	(160)	(3)	6	(2)	0	25	3	0	0	0	0	0	**(131)**
Emergency Services	0	0	0	0	0	0	0	(0)	0	0	0	0	0	0	**(0)**
Vacancy Factor	(44)	0	0	0	0	0	0	0	0	0	(18)	0	0	0	**(62)**
Pay	**(1,567)**	**(118)**	**(290)**	**7**	**1,492**	**44**	**639**	**(852)**	**889**	**(149)**	**116**	**(228)**	**0**	**0**	**(17)**
Drugs	(3,320)	(11)	24	(65)	(100)	(33)	(48)	(1)	(235)	(199)	(96)	0	0	0	**(4,083)**
Medical Supplies	(899)	(28)	2	(53)	(236)	9	17	(13)	(59)	(0)	(72)	(0)	0	0	**(1,332)**
Maintenance Costs	(125)	(32)	(1)	(9)	(36)	(26)	(42)	(300)	(62)	3,402	(3)	0	0	0	**2,767**
Property Costs	(3)	(13)	7	9	4	66	(2)	321	(5)	(257)	0	0	0	0	**126**
Equipment Costs	(1,221)	(67)	13	(114)	(115)	(104)	(77)	(115)	(422)	(3)	(12)	(2)	0	0	**(2,240)**
Transport Costs	86	24	(2)	(6)	(5)	5	20	16	23	6	22	(0)	(1)	0	**187**
Administration Costs	(157)	15	348	(17)	314	13	(14)	1,789	(555)	(3,525)	(3)	(0)	7	0	**(1,785)**
Ancillary Costs	(46)	13	(1)	(6)	(11)	8	(18)	63	(52)	(0)	(0)	(0)	0	0	**(49)**
Other	10	1	0	0	0	0	0	(11)	117	0	0	0	0	0	**117**
Service Agreement Patient Serv	(2)	26	(0)	17	25	3	(80)	(1)	43	(11)	(6)	(10)	(276)	0	**(272)**
Savings Target Non-pay	(190)	0	0	0	(105)	0	0	0	4	(0)	(0)	0	0	0	**(291)**
Resource Trf + L/a Payments	(166)	(6)	(99)	61	(344)	(41)	(3)	0	(40)	0	0	0	0	0	**(638)**
Non-pay	**(6,032)**	**(76)**	**292**	**(182)**	**(608)**	**(101)**	**(248)**	**1,748**	**(1,244)**	**(588)**	**(171)**	**(12)**	**(269)**	**0**	**(7,493)**
Gms2 Expenditure	(13)	15	17	(33)	(12)	(15)	17	(13)	(10)	0	(1)	0	0	0	**(49)**
Ncl Expenditure	0	0	12	0	0	0	0	0	0	0	0	0	0	0	**12**
Other Primary Care Expenditure	3	0	0	0	0	0	0	0	0	0	0	0	0	0	**3**
Pharmaceuticals	0	0	1	(241)	(196)	(197)	(279)	0	0	0	0	0	0	0	**(912)**
Primary Care	**(10)**	**15**	**29**	**(274)**	**(208)**	**(213)**	**(261)**	**(13)**	**(10)**	**0**	**(1)**	**0**	**0**	**0**	**(946)**
Other	**1**	**(0)**	**0**	**0**	**(8)**	**0**	**(9)**	**(0)**	**0**	**0**	**(0)**	**0**	**(330)**	**0**	**(347)**
Income	**652**	**22**	**(4)**	**0**	**42**	**0**	**16**	**369**	**28**	**2,010**	**(5)**	**61**	**2,863**	**0**	**6,052**
Extraordinary Items	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**(1,955)**	**0**	**0**	**0**	**0**	**(1,955)**
CORE POSITION	**(6,956)**	**(158)**	**27**	**(449)**	**710**	**(270)**	**136**	**1,251**	**(337)**	**(683)**	**(61)**	**(180)**	**2,264**	**0**	**(4,705)**
Additional Reserves Flexibility	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
TOTAL	**(6,956)**	**(158)**	**27**	**(449)**	**710**	**(270)**	**136**	**1,251**	**(337)**	**(683)**	**(61)**	**(180)**	**2,264**	**0**	**(4,705)**

NHS LOTHIAN

Board
4 August 2021

Medical Director

NHS LOTHIAN CORPORATE RISK REGISTER

1 Purpose of the Report

1.1 The purpose of this report is to review NHS Lothian's Corporate Risk Register (CRR) and associated processes to ensure it remains fit for purpose.

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

2 Recommendations

The Board is recommended to:

2.1 Note the Board approved in June 2021 a number of new and revised corporate risks as summarised in Appendix 1, as part of the risk register review.

2.2 Note that the GP Sustainability and Violence & Aggression risks have been reviewed and will be presented to the Corporate Management Team (CMT) in August 2021 and the Board in October 2021, which now completes the review process.

2.3 Note a new process has been established to review all corporate risks with executive leads prior to CMT discussions and Board recommendations.

2.4 Note the Audit & Risk Committee in June 2021 accepted moderate assurance regarding NHS Lothian's risk management system.

3 Discussion of Key Issues

3.1 Role of the Corporate Management Team

3.1.1 It was agreed at the February 2021 CMT that the CRR would be managed through the CMT and subject to review every two months, with the risk manager in attendance to ensure proactive management, including timely feedback from assurance committees and alignment of assurance levels and risk grading. There will also be an opportunity for the CMT to consider operational and/or strategic risks for potential inclusion on the CRR. A process has now been established to review risks with Executive leads prior to the CMT to inform discussions

3.1.2 The CMT based on the above makes recommendations to the Board with respect to new and/or amended risks, with a clear articulation of the risk that cannot be managed at an operational level, explicit plans to mitigate the risk along with associated measures to assess the impact of these plans. This collective oversight strengthens the NHSL risk management system including our assurance system

3.1.3 GP Sustainability and the Violence & Aggression risks have now been reviewed and will be examined at the 3rd August 2021 CMT to inform recommendations to the Board in October 2021. This completes the risk register review process.

3.2 Internal Audit and Risk Management System

3.2.1 Based on the Internal Audit Risk Management findings and the Risk Management Annual Report, the June 2021 Audit & Risk Committee accepted moderate assurance concerning NHS Lothian's risk management system; acknowledging the work that has taken place in 2020/21 and due to take place in 2021/22.

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.

5 Risk Register

5.1 Will positively impact on the CRR and associated risk system.

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, designing services and/or policies and strategies.

8 Resource Implications

8.1 The resource implications are directly related to the actions required against each risk.

Jo Bennett
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22 July 2021
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List of Appendices

Appendix 1: Risk Assurance Table

Appendix 1

Risk Assurance Table – All risks revised in June 2021 and approved at June 2021 Board

Datix ID	Risk Title & Description	Committee Assurance Review Date	Jan-Mar 2021	CMT / Board June 2021
4984	**Covid-19** There is a significant risk to the health of the population from the current Covid-19 outbreak and that NHS Lothian will not have sufficient capacity to respond because of the number of people requiring care, including critical care, reduced numbers of staff available to deliver care due to illness or isolation, timely availability of supplies leading to reduced quality and safety of patient care as well as physical and psychological pressure on staff. There will also be a significant impact on routine activity including waiting lists as resources are diverted to managing the impact of Covid-19. New risk added June 2020	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. Update paper requested for May 2021 meeting.	Very High 20	Very high 20
3600	**Finance** There is a risk that the Board is unable to respond to the service requirements arising from the population growth in all age groups across NHS Lothian. This is as a result of a combination of the level of resource available and uncertainty around future resource leading to inability to plan for, and deliver the additional capacity required.	Finance & Resources Committee November 2020 – F&R continued to accept limited assurance on the management of this risk. March 2021- significant assurance accepted on the NHS Lothian ability to deliver a breakeven position in 2020/21 on the basis of the financial position as at 31 January 2021. Limited assurance on delivering a balanced financial position in 21/22 based on NHS Lothian 5-year Financial Outlook and Outline Plan 21/22	Very High 20	Very High 20
5186	**4 Hours Emergency Access Target** There is a risk that NHS Lothian will fail to deliver safe and timely unscheduled care to patients presenting to EDs due to the volume and complexity of patients, challenges in managing flow through the department, especially when	Healthcare Governance Committee Newly revised risk November 2020 - HCG accepted moderate assurance on the Winter plan which includes 4 hour performance in RIE ED.	Very High 20	Medium 9

Datix ID	Risk Title & Description	Committee Assurance Review Date	Jan-Mar 2021	CMT / Board June 2021
	maintaining red and amber Covid streams, and availability of beds, leading to a delay in first assessment, diagnosis and subsequent treatment for patients and therefore increased likelihood of patient harm and poor experience of care. New risk created from previous risks 3203 & 4688. Approved by June 2021 Board.	Unscheduled Care Winter Plan, May 2021 HCG accepted Significant Assurance with respect to the 4-Hr Emergency Access Target to March 2021. June 2021 Board agreed downgrade of risk from Very High to High due to current performance which will be kept under review		
3726	**Timely Discharge of Inpatients** There is a risk that patients are not being discharged in a timely manner resulting in sub optimal patient flow impacting on poor patient, staff experience and outcome of care.	Healthcare Governance Committee 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. Unscheduled Care Winter Plan, May 2021 HCG accepted Significant Assurance with respect to the Delayed Discharges to March 2021. June 2021 Board agreed to downgrade risk from Very High to High due to current performance and will be kept under review	Very High 20	High 16
3829	**GP Sustainability** There is a risk that the Board will be unable to meets its duty to provide access to primary medical services in and out of hours for its population due to increasing population with multiple needs combined with difficulties in recruiting and retaining general practitioners, other staff and premises issues (e.g. leases or constraints on space), which will impact on patient care and experience and have a negative impact on other parts of the health and social care system.	Healthcare Governance Committee July 2020 – HCG continued to accept limited assurance. Acknowledged that risk needs to be re-evaluated. Deferred from January 2021 agenda. Update paper went to HCG May 2021. No assurance level available. Still to be reviewed	Very High 20	Very High 20
5185	**Access to Treatment** There is a significant risk that NHS Lothian will fail to achieve waiting time standards and that waits further increase for	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,	Very High 20	Very High 20

Datix ID	Risk Title & Description	Committee Assurance Review Date	Jan-Mar 2021	CMT / Board June 2021
	inpatient, day case procedures, Out-patients, diagnostic and cancer patients which has been compounded by COVID 19 cancellations with demand exceeding capacity. This will lead to delay in diagnosis and potential progression of disease and hence poorer experience and outcomes for patients. New risk created from previous risks 3211 & 4191. Approved by June 2021 Board.	against rising Covid infections & Winter. November 2020 – HCG accepted moderate assurance on the 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. 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. March 2021 – HCG accepted moderate assurance that lung cancer patients are being managed appropriately, despite challenges of Covid-19.		
4693	**Brexit/EU exit** There is a risk that patient experience and outcome care may be compromised due to uncertainty relating to EU Exit	Healthcare Governance Committee 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 – **to be re-assessed July 2021.** April 2021 Board agreed to downgrade risk from Very High to Medium.	Very High 20	Med 9
5187	**Access to Psychological Therapies** There is a risk that patients will wait longer than the national waiting times standards for Psychological Therapies which has been exacerbated by Covid 19 cancellations, impacting on patients/family experience and outcomes of care.	Healthcare Governance Committee New risk pertinent to HCG. Approved at June 2021 Board.	N/A	Very High 20

Datix ID	Risk Title & Description	Committee Assurance Review Date	Jan-Mar 2021	CMT / Board June 2021
	New risk approved by June 2021 Board			
5188	**Access to CAMHS** There is a risk that patients will wait longer than the national waiting times standards for CAMHS which has been exacerbated by Covid 19 cancellations, impacting on patients/family experience and outcomes of care. New risk approved by June 2021 Board.	Healthcare Governance Committee New risk pertinent to HCG. Approved at June 2021 June.	N/A	Very High 20
3828	**Nursing Workforce** There is a risk that safe nurse staffing levels are not maintained as a consequence of additional activity, patient acuity and/or inability to recruit to specific posts. The subsequent high use of supplementary staffing to counteract shortfalls potentially leading to compromise of safe patient care impacting on length of stay and patient experience.	Staff Governance Committee 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 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. May 2021 – Staff Governance accepted grading reduced from Very High to High will be kept under review given number of staff isolating and associated bed closures	Very High 20	High 16

Datix ID	Risk Title & Description	Committee Assurance Review Date	Jan-Mar 2021	CMT / Board June 2021
4921	**Bed Capacity in Acute Mental Health** There is a risk that acute admissions exceeds the inpatient bed capacity due to increasing demand, beds being reduced in the move to The Royal Edinburgh Building, and barriers to patient flow through the adult mental pathway leading to patients having to be boarded overnight in other specialities, being placed out of area or sleeping in areas within wards not designed for this purpose.	Healthcare Governance Committee January 2021 - moderate assurance accepted. 15 additional beds remain open, but demand is being managed within that capacity.	High 15	High 15
5034	**Care Homes** There is an ongoing risk to the health and well-being of care home residents and staff from Covid-19 outbreaks. This is as a result of the potential for community transmission to a vulnerable population and the enhanced requirements for infection prevention and control within non-clinical environments. Health Boards have been given additional responsibilities for multi professional oversight in organisations that they have no formal jurisdiction over. This presents potential reputational, political and legal risk to NHS Lothian. New risk –approved by Board, 12 August 2020	Healthcare Governance Committee 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. June 2021 – went to HCG. Accepted moderate assurance for professional oversight and for the four aspects of care which the executive Nurse Director is accountable.	High 12	High 12
5020	**Water Safety (Legionella)** There is a risk that Legionella may be present in water supplies to healthcare premises due to reduced or no usage of water in some areas during Covid pandemic, seasonal increase in water temperature and incomplete implementation of existing plans to improve systems of control around water safety and provide assurance through documented evidence. This may lead to harm to patients, staff and the general public, potential prosecution under H&S law. In addition, the	Staff Governance Committee October 2020 – limited assurance accepted. Limited assurance was agreed by the NHS Lothian H&S committee in May 2021. A paper will be presented to the next Staff Governance Committee as the principle committee for assurance of this risk.	High 12	High 12

Datix ID	Risk Title & Description	Committee Assurance Review Date	Jan-Mar 2021	CMT / Board June 2021
	ability to remobilise services following Covid-19 will be affected where we are not able to demonstrate safety of water systems. New risk –approved by Board 12 August 2020			
3454	**Learning from Complaints** There is a risk that learning from complaints and feedback is not effective due to the lack of reliable implementation of complaints and feedback processes leading to the quality of patient experience being compromised and adverse effect on public confidence and expectation of our services.	Healthcare Governance Committee November 2020 – Moderate assurance accepted. March 2021 – limited assurance accepted on the effectiveness of processes to collect feedback on complaints handling and performance in respect of stage 1 and 2 complaints. HCG May 2021 accepted Moderate Assurance re complaints management.	High 16	High 16
3189	**Facilities Fit for Purpose** There is a risk that NHS Lothian is unable to deliver an efficient healthcare service because of unsuitable accommodation and clinical environments leading to potential delays in patient care and threatening patient and staff safety.	Finance & Resources Committee June 2020 - Moderate assurance agreed, reduction in grading from High 16 to high 12 (impact changed from high to moderate) **January 2021 – moderate assurance accepted further review July 2021.**	High 12	High 12
5189	**RIE Facilities** There is a risk that facilities in the RIE are not fit for purpose because of a failure to carry out required Life cycle Works and maintenance of the estate including: • Infrastructure (lifts, electrical systems, heating, ventilation, water, medical gases) • Water quality and management of water systems (flushing, temperature control, periodic testing) • Window safety and maintenance • Wire Safety	Finance & Resources Committee New risk approved by Board June 2021.	N/A	High 15

Datix ID	Risk Title & Description	Committee Assurance Review Date	Jan-Mar 2021	CMT / Board June 2021
	Leading to interruption to services, potential harm to patients and staff and significant remedial costs. New risk approved by June 2021 Board.			
3455	**Violence & Aggression** There is a risk of violent and/or aggressive behaviour of individuals, in mental health, learning disability services, and emergency departments; resulting in harm to person and poor patient and staff experience plus potential prosecution by HSE.	Staff Governance Committee 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. May 2021 HCG Staff Governance accepted Limited Assurance re progress of actions to mitigate this risk and Moderate Assurance in terms of current staff safety.	High 15	High 15
3328	**Roadways/Traffic Management** There is a risk that the road traffic infrastructure on the 4 acute sites (RIE, St John's, WGH, REH) is inadequate, due to the volume of traffic as a result of increased demand for parking plus construction projects causing interruption to traffic flow. This impacts on access to services, increasing levels of staff abuse and the potential physical harm to staff, patients, and the public.	Staff Governance Committee October 2020- limited assurance accepted regarding safe traffic management at the acute sites. December 2020- limited assurance accepted regarding safe traffic management at acute, East and Midlothian sites. Moderate assurance accepted for REH and community sites. June 2021 Board -*Risk descriptions updated focus on 4 acute sites* Governance and Management remain the same as does grading and adequacy of controls	High 12	High 12
1076	**Healthcare Associated Infection** There is a risk of patients developing an infection: 1) as a consequence of healthcare interventions because of inadequate implementation and monitoring of HAI prevention and control measures.	Healthcare Governance Committee January 2021 - Moderate assurance accepted. Standing item on HCG agenda.	High 16	High 16

Datix ID	Risk Title & Description	Committee Assurance Review Date	Jan-Mar 2021	CMT / Board June 2021
	2) linked to the built environment as a consequence of non-compliant design, maintenance or monitoring. This includes infections associated commonly occurring environmental organisms e.g. *Pseudomonas aeruginosa*. 3) associated a failure to decontaminate reusable invasive and semi invasive medical equipment effectively. Potential increase in individual patient morbidity & mortality risk, extended length of stay and duration of treatment associated with healthcare associated infections.	March 2021 – moderate assurance accepted overall, limited on ventilation systems in RIE theatres. May 2021 HCG accepted Moderate Assurance against plans in place to deliver the standards.		