



NHS Lothian Board

04 December 2019, 09:30 to 13:00
Scottish Health Service Centre, Crewe Road South, Edinburgh EH4 2LF

Agenda

Declaration of Interests

1. Declaration of Interests

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

Brian Houston

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

Items for Approval or Noting

2. Items proposed for Approval or Noting without further discussion

Decision

Brian Houston

2.1. Minutes of Previous Board Meeting held on 02 October 2019

For Approval

Brian Houston



02-10-19 Draft Public Board Minutes to be signed.pdf

(16 pages)

2.2. Appointment of Members to Committees

Brian Houston



Committee Appointments Paper December 2019.pdf

(2 pages)

2.3. Change to the Schedule of Board Meetings

Brian Houston



Schedule of Meetings Paper for Approval.pdf

(3 pages)

2.4. Review of Scheme of Delegation

For Approval

Susan Goldsmith



NHSL Scheme of Delegation December 2019.pdf

(2 pages)



Appendix 1 - Scheme of Delegation (Tracked).pdf

(46 pages)

2.5. Audit and Risk Committee Minutes 17 June 2019 & 26 August 2019

For Noting

Mike Ash



17-06-19 ARC Signed 03-10-19.pdf

(10 pages)



26-08-19 ARC Signed 27-11-19.pdf

(5 pages)

2.6. Staff Governance Committee Minutes 31 July 2019

For Noting

Alison Mitchell



SGC31-07-19 signed 06-11-19.pdf

(11 pages)

2.7. Finance and Resources Committee Minutes 25 September 2019

For Noting

Martin Hill



F&R 25-09-19 Minutes signed 27-11-19.pdf

(6 pages)

2.8. Midlothian Integration Joint Board Minutes 22 August and 12 September 2019

For Noting

Carolyn Hirst



22-08-19 Midlothian IJB Minutes.pdf

(7 pages)



12-09-19 Midlothian IJB Minutes.pdf

(9 pages)

2.9. East Lothian Integration Joint Board Minutes 29 August and 11 September 2019

For Noting

Fiona O'Donnell



29-08-19 East Lothian IJB Minutes.pdf

(4 pages)



11-09-19 East Lothian IJB Minutes.pdf

(8 pages)

Items for Discussion

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

Discussion

Brian Houston

4. NHS Lothian Quality Strategy: Annual Update Report 2018-19

Discussion

Simon Watson



Quality Strategy Report December 2019.pdf

(3 pages)



Quality Report Appendix 1.pdf

(38 pages)



Quality Report Appendix 2.pdf

(11 pages)

5. NHS Lothian Recovery Plan Update

(Waiting Times Improvement Plan Appendix)

Discussion

Pete Lock



NHS Lothian Recovery Plan December 2019.pdf

(5 pages)



Appendix 1 - Recovery Plan - Waiting Times Improvement Plan.pdf

(15 pages)

6. RHCYP, DCN and CAMHS Update

Discussion

Susan Goldsmith



6. Public Board paper- RHCYP DCN 191204 - Final.pdf

(3 pages)

7. 2019/20 Financial Position and 2020/21 Financial outlook

Discussion
Susan Goldsmith



Finance Board Paper December 2019.pdf

(5 pages)

8. Corporate Risk Register

Discussion
Tracey Gillies



Board Corporate Risk Register Report December 2019.pdf

(45 pages)

9. Future Board Meetings

- 08 January 2020 - SHSC
- 12 February 2020 - Edinburgh Training Centre, 16 St Mary's Street
- 04 March 2020 - SHSC
- 08 April 2020 - SHSC
- 06 May 2020 - SHSC
- 24 June 2020 - SHSC
- 12 August 2020 - Edinburgh Training Centre, 16 St Mary's Street
- 02 September 2020 - SHSC
- 14 October 2020 - SHSC
- 07 November 2020 - SHSC
- 09 December 2020 - SHSC

Information

10. Any Other Business

Verbal
Brian Houston

11. Invoking of Standing Order 4.8 - Resolution to take items in closed session

Decision
Brian Houston

LOTHIAN NHS BOARD

Minutes of the Meeting of Lothian NHS Board held at 9.30am on Wednesday, 2 October 2019 in the Carrington Suite, Scottish Health Service Centre, Crewe Road South, Edinburgh, EH4 2LF.

Present:

Non-Executive Board Members: Mr B Houston (Chair); Mr M Ash; Mr M Connor; Dr P Donald; Cllr G Gordon; Mr M Hill (Vice Chair); Ms C Hirst; Professor T Humphrey; Ms F Ireland; Mr A Joyce; Mr A McCann; Cllr J McGinty; Mr W McQueen; Mrs A Mitchell; Mr P Murray; Cllr F O'Donnell and Dr R Williams.

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

In Attendance: Mrs J Campbell (Chief Officer of Acute Services); Mrs J Mackay (Director of Communications, Engagement and Public Affairs); Dr S Watson (Chief Quality Officer) and Mr D Weir (Business Manager, Chair, Chief Executive and Deputy Chief Executive's Office).

Apologies for absence were received Mrs J Butler, Mr J Crombie, Cllr D Milligan and Professor M Whyte.

Declaration of Financial and Non-Financial Interest

The Chairman 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.

Chairman's Welcome and Introduction

The Chairman welcomed back Mr McCann following his period of absence. The Chairman advised that a lot had been happening in between Board meetings and that he hoped that members had felt engaged and informed particularly in respect of issues around the Royal Hospital for Child and Young People (RHCYP) and DCN as well NHS Lothian's recovery plans. He advised that these issues would be discussed later in the meeting and also in private session.

36. Items for Approval

36.1 The Chairman sought and received the agreement of the Board to agree items 2.1 – 2.7. The following were approved.

36.2 Minutes of previous Board meeting held on 7 August 2019 – Approved.

- 36.3 NHS Lothian Board Development Sessions 2020 – Approved.
- 36.4 Board Committee Appointments – The Board agreed to appoint Dr Johanne Simpson as a non-voting member of Midlothian Integration Joint Board for the period from 2 October 2019 to 1 October 2022. The Board also agree to appoint Ms Carolyn Hirst to the Staff Governance Committee with immediate effect and to appoint Mr Bill McQueen to the St John’s Stakeholder Group.
- 36.5 Midlothian Integration Joint Board Minutes – 13 June 2019 – Noted.
- 36.6 East Lothian Integration Joint Board Minutes - 27 June 2019 – Noted.
- 36.7 Edinburgh Integration Joint Board Minutes – 21 June 2019 – Noted.
- 36.8 West Lothian Integration Joint Board Minutes – 13 August 2019 – Noted.

Items for Discussion

37. Opportunity for Committee Chairs or Integrated Joint Board (IJB) Leads to Highlight Material Issues for Awareness

- 37.1 Mr Ash provided an update on two issues that had been discussed at the Audit and Risk Committee. He advised that the committee had been asked to consider the Director of Finances recommendations in respect of the scheme of delegation. The Audit and Risk Committee had discussed whether these needed to be submitted to the full Board with it being decided that this was required in line with new responsibilities. It was noted that the details would be included in the papers for the next Board meeting.
- 37.2 The Board noted that the second item had been around an internal audit situation where it had been suggested that there was a misunderstanding between IJBs and NHS Lothian about who was responsible for following up on responsibilities and actions. It was noted that the Chief Internal Auditor who was leading on this process had asked IJBs to check that their Chief Internal Auditors were involved and that processes were appropriate. Mr Ash advised that he was confident that this issue would be resolved.
- 37.3 The Vice Chair commented that the Finance and Resources Committee had identified three issues that required to be reported to the Board. The first of these was in respect of the RHCYP and DCN position with it being noted that this would be picked up in the papers circulated for consideration at the Board meeting. The second issue had related to the Property and Asset Management Improvement Programme where there had been discussion in respect of primary care premises and the transfer of ownership to the NHS as a consequence of the new GMS contract. The Finance and Performance Review Committee had discussed how best to maximise the use of the estate to rebalance care and support the strategic agenda. It was noted that were constraints on primary care capacity to support the student population and this was an issue that needed to be considered. The Finance and Resources Committee had considered that there was a need for further thought around the strategic use of primary care and that a further report would be

submitted to the committee in due course. Finally the Finance and Resources Committee had noted that assurance in respect of the procurement systems had been highly rated. The procurement strategy had been discussed with it being noted that further work was under way in respect of sustainability measures around climate change.

37.4 Cllr O'Donnell questioned given housing developments in Mid and East Lothian whether consideration had been given around section 75 development opportunities and whether this was being considered strategically. The Vice Chair commented that this was an issue of concern. It was noted that this would be picked up as part of forward Finance and Resources Committee work which would also include consideration around securing section 75 contributions.

37.5 Cllr O'Donnell advised that the East Lothian IJB and other areas had received reduced funding for winter planning purposes and there was a need to consider how this would impact on plans. The Chief Executive advised that this issue had been discussed with the Scottish Government as part of the recovery planning process. It had been agreed that at the next meeting with Scottish Government colleagues that winter planning would feature as a key issue. It was noted that following the mid-year financial review a position would be taken about whether any internal funding was available to top up the winter planning process.

38. Update on Royal Hospital for Children and Young People, the Department of Clinical Neurosciences (RHCYP/DCN) and Child and Adolescent Mental Health Services (CAMHS)

38.1 Mrs Goldsmith advised that the current situation meant that NHS Lothian had two sites operating and that these needed maintained and looked after. It was noted there would be winter issues on both sites. It was noted that prior to the announcement of the indicative move dates consideration had been given to the winter perspective including essential maintenance and that this remained work in progress. It was noted that as part of the Cabinet Secretary visit to the Royal Hospital for Sick Children concerns had been raised about domestic services and staff catering at the existing site and these had been addressed. Mrs Campbell advised that all issues that had been identified would be concatenated in to a single action plan and would be reported via the Executive Leadership Group and ultimately the Scottish Government Oversight Board.

38.2 Mrs Goldsmith advised that since the announcement of the delay that significant work had been undertaken not just within NHS Lothian but with Health Protection Scotland (HPS) and Health Facilities Scotland (HFS) who were part of National Services Scotland (NSS) with the aim of delivering a hospital that was safe for occupation. It was noted that the project team included colleagues from infection control and facilities as well as executive team members.

38.3 It was noted that Board members had seen copies of the KMPG and NSS reports commissioned by the Cabinet Secretary. The Finance and Resources Committee had in particular considered the KMPG report which identified what needed to be reflected in systems of control and management.

- 38.4 The Chief Executive advised that the Director General and Chief Executive of the NHS in Scotland had written to NHS Lothian advising that its performance category was being raised to level 4 for the RHCYP and DCN project and that a senior project director had been appointed to oversee and develop a response to the HFS and HPS reports in respect of ventilation and drainage etc. The process would include the onward engagement with partners including IHSL and Multiplex with the project owner being Mrs Goldsmith. It was noted that work also continued with HFS and HPS in respect of a second phase of reporting covering fire, electrics and medical gases which were due for completion in the following week.
- 38.5 The Board noted that the Cabinet Secretary had announced that a public inquiry would be held into the RHCYP and DCN position as well as wider aspects of the NHS Scotland estate. Discussions were underway about how to support this process which would be significant. The Auditor General had also advised that she would add a section 22 component into her annual report which was a mechanism for bringing issues of public interest to the attention of the Parliamentary Audit Committee. The Parliamentary Audit Committee process was explained with it being noted that NHS Lothian might be called to give evidence following the publication of the Auditor General's report.
- 38.6 The Board were advised that a number of building deficit issues has been identified that had taken time to be accepted by partners in terms of remedial actions. Many of these issues had been closed down. There remained a number of issues where agreement and acceptance of the defects needed to be concluded. In respect of the significant issue around air handling units it was felt that an agreed position was close to being reached. This would be discussed further at a workshop session involving key partners later in the week and also at the next meetings of the Executive Steering Group and the Oversight Board.
- 38.7 The Board were advised that the reclassification of critical care and changes to haematology and oncology in terms of clinical practice needed to be progressed via a Board change process in order that the contractor could undertake the necessary work. The contractor had not confirmed that they would undertake the necessary works as commercial issues needed to be resolved. Next steps would need to be considered if agreement could not be reached. NHS Lothian was not yet in a position of having a full programme of work available and the Cabinet Secretary's timeline had been based on the best estimate of the Project Board. Mrs Goldsmith assured the Board that there was now clarity about what was needed in respect of the programme of works and its delivery in order to get the new building open as soon as possible.
- 38.8 Mr Murray commented that it was reassuring to hear the progress being made and the position in respect of the forthcoming public inquiry and the section 22 reference in the Auditor General's report. He commented that careful consideration would be needed in terms of providing staff with a clear message of what the current position meant for them. Mrs Goldsmith suggested that there were different levels to this with part of the focus requiring to be around the current position and what this meant in terms of systems of control, accountability and responsibilities and remedial actions required. The second aspect was around the workstream to take remedial action to allow the hospital to open safely. It was noted that the Scottish Government had deemed that the management ask around these processes was so

significant that NHS Lothian needed to be supported and that decisions had been pulled back into the Scottish Government who had escalated the RHCYP / DCN to level 4 on the national performance framework. It was noted that the public inquiry would take account of all issues identified including the position in respect of the Queen Elizabeth Hospital in Glasgow particularly around the built environment and regulations and guidance in order to understand issues and determine what needed to be addressed and changed moving forward for large scale projects.

- 38.9 The Chief Executive advised that issues around communications with staff was part of the agenda of the Oversight Board. He advised that communication needed to be undertaken in partnership as NHS Lothian was not the only partner. As previously stated the public inquiry would not just focus on the Lothian position. NHS Lothian was therefore only but one player in a multiple organisation position and therefore appropriate communications needed to be properly agreed. It was noted that currently the Oversight Board agreed communications which were then issued on behalf of the whole endeavour.
- 38.10 Mrs Hirst commented that the issues being discussed were of significant public interest and she understood the need for the partnership approach. She felt however that there as need for NHS Lothian on a regular basis to provide information in a consistent manner for Board members and staff in an arena where it could be easily accessed. She felt that more could be done to keep people advised. The Chief Executive reiterated the point that joint communications were approved by the Oversight Board and that the issue of regular communications to staff and Board members would be discussed at the next meeting although it would be important not to move to a position of providing running commentaries on media stories. He felt however that the idea of regular communication was important.
- 38.11 Mr McQueen commented in respect of the resource implications that he would like assurance that the Scottish Government had committed to the fact that NHS Lothian would not need to find additional cost to get the hospital up and running. He made reference to the forthcoming public inquiry and the section 22 reference in the Auditor General's annual report and assumed that there would be a keenness through this process to identify the cost to the public purse. He questioned when a paper would be available to allow the Board to understand the cost consequences of forward work programmes. Mrs Goldsmith explained that there were three elements to the cost infrastructure and explained these in detail to the Board.
- 38.12 Professor Humphrey advised that the other key element that needed to be considered was the capacity of the executive team to deliver the programme of works and prepare for the levels of scrutiny that would be part and parcel of the public inquiry and Parliamentary Audit Committee engagement. She advised that she understood that extra resource had been received from the Scottish Government. Mrs Goldsmith updated the Board on additional project director and finance input that had been provided and advised that the RHCYP / DCN project team remained in place.
- 38.13 The Board were advised that consideration was being given around how other organisations had responded to public inquiries and also how to support staff who would be involved in these. Once this had been identified consideration would be given to the infrastructure needed to support a process that might run for a number

of months. Cllr Gordon commented that it would be beneficial to obtain intelligence from the City of Edinburgh Council in respect of the trams inquiry in relation to the approach adopted by them around structure and resource management. It was noted that lessons could also be learned from other significant NHS inquiries. It was noted that this process was secondary to the one underway to resolve existing issues in order to make the hospital fit for occupation.

- 38.14 Dr Williams advised that he welcomed the additional Scottish Government's support and commented that if commercial partners had difficulty in committing to the rectification of critical care and making changes to haematology / oncology then a contingency position should be considered now rather than waiting for a date in the future. Mrs Goldsmith advised that contingency work arrangements was already under way.
- 38.15 The Board welcomed the update report and noted that further discussion would be held in private session.

39. NHS Board Performance Escalation Framework: NHS Lothian Recovery Programme

- 39.1 The Board noted that the Chief Executive had referenced work in progress in this area earlier in the meeting. It was noted that the recovery planning process touched on 6 key areas 3 of which involved HSCPs and ergo the four Local Authorities. The current focus was around short term issues in the current financial year. There was also a requirement to develop a 3 year Annual Operational Plan (AOP) to take account of financial issues including IJB/ NHS funding. There was therefore a need to pull together a short term practical response as well as a longer term strategic position. It was noted that some issues could immediately be progressed by NHS Lothian whilst others were more complex and needed to be part of IJB and Local Authority decision making processes.
- 39.2 Professor McMahon advised that the Director General and Chief Executive of the NHS in Scotland had written to the Chief Executive in August advising that NHS Lothian had been escalated to level 3 in the National Performance Escalation Framework. It was noted that there were 5 levels in the escalation framework and that a number of other Boards were positioned at level 3. It was noted that the Scottish Government had established a Recovery Oversight Group and a number of meetings had been held. The purpose of the process was to get to a point by the end of November or beginning of December to have escalation removed based on the current AOP Plan and in that regard consideration was being given to how to improve performance in some of the key areas.
- 39.3 The Board noted that improved performance was being evidenced in cancer in-patients as well as delayed discharges although this was an area where further improvement was required in advance of winter. There had been a significant increase in resources to mental health and the Royal Edinburgh Hospital beds position was improving.
- 39.4 The Board noted in terms of NHS Lothian's internal processes and infrastructure that 3 Programme Boards had been established of which 2 were chaired by an IJB

Chief Officer meaning that issues were being looked at collectively by NHS Lothian and the 4 IJBs. The recruitment process to other key posts at a senior level including the appointment of the Whole System Improvement Delivery Director was reported.

- 39.5 The Board noted that plans were being developed which would provide the Scottish Government and the Board with assurance that improvement was happening. It was noted that it was planned for the 3 year AOP to be considered at the 4 November Board Development Session. 50% of the time had been dedicated to recovery areas with it being hoped that this would provide an opportunity for the Board to agree and inform plans. It was noted that the Integrated Care Forum would discuss issues around mental health and unscheduled care at its meeting the following day.
- 39.6 The Board was advised that the performance data had moved forward since the paper had been written and would be covered in more detail under the performance report at item 9 on the agenda. The Chairman commented that it had only recently been agreed to change the topic for the November Board Development day with it being felt that there was a need for a current focus on performance delivery and issues around the RHCYP/DCN. The Future and Innovations session would be rescheduled. Mrs Hirst commented that at the Board Development Session it would be important to state what was being done differently in respect of the escalation of the 6 key items over and above what had initially been planned.
- 39.7 Professor McMahon provided an update in respect of inpatient day cases for ophthalmology cataract procedures. Mrs Campbell commented that the North England Commissioning Team had identified a raft of generic recommendations and that a further meeting would be held to discuss evidence and how to condense these. The point was made in respect of values based commissioning with a view to reducing demand that if this was an area that the Scottish Government wished to progress then it would be beneficial if this could be done nationally rather than through individual Boards.
- 39.8 Mrs Mitchell advised that it was encouraging to see that steady progress was being made although she questioned what was being done in respect of CT diagnostics where NHS Lothian was an outlier. Mrs Campbell advised that a change in the cardiology protocol had led to an increase in demand and that work was underway with cardiology colleagues to mitigate this position. Consideration would be given to looking at the resources required to manage the current position.
- 39.9 Dr Donald commented that she welcomed the development of the three Programme Boards and the collaboration commenting that she was keen to strengthen the relationship between the acute and community sector. The Chief Executive commented that this issue had been explored through the Corporate Management Team where it had been agreed to create an Executive Leadership Team to consider NHS Lothian only issues that did not require input or involvement from IJBs or HSCPs. The Corporate Management Team had a huge agenda and now needed to focus more on problem solving. It was noted that at the next Corporate Management Team meeting that the Chief Officer of the Edinburgh IJB would lead a facilitated session on culture philosophy and model change. It was important to recognise that currently in some instances patient thoughts were informed by comments made by hospital staff and there was a need to progress a change in

hospital culture to reflect issues like the adoption of the home first model. The point was made that there was a need to develop a softer culture and model of care issues would be important. The newly refocused Corporate Management Team would provide an opportunity to start to discuss these issues. It was noted that the forward focus was about empowering and enabling patients to be discharged to home.

- 39.10 Cllr O'Donnell questioned in respect of the CAMHS report whether the school counselling service had been factored in to deliberations. It was noted that the school nurse funding position advised by the Scottish Government would be part of future work to consider what capacity would be available. It was noted that the configuration was unknown at the moment. Professor McMahon commented that a key aspect would be to prevent inappropriate access to CAMHS advising that there were currently 4 different levels of access with each of these being explained to the Board. The point was made that there was a need to work more with education services in order to obtain earlier intervention and broaden expectations. The point was made that there was a need to manage expectations whilst still recognising the need to provide appropriate and adequate support to affected children.
- 39.11 Professor Humphrey updated on work undertaken by the Healthcare Governance Committee around patient issues. In terms of targets and planned trajectories there had been significant improvement with it being anticipated that this would continue through December into March which would coincide with the main winter period. Mrs Campbell commented that performance had been exceeded in a number of areas. The outpatients trajectory was challenging and colleagues had looked at the lead in time for external providers with improvements being back-loaded towards the end of the financial year. It was important to recognise the risk going forward and that trajectories that had been written 12 months in advance might need to be changed to reflect circumstances. The impact of the delayed move of RHSC / DCN on waiting lists in some areas was discussed. Consideration was also being given to growth assumptions and fluctuations in staff and vacancies. Mrs Campbell reported that each service had updated its trajectory and also identified risk and mitigation. The trajectories in general were back end loaded in terms of delivery.
- 39.12 Mr Murray recognised the significant work that had been undertaken and questioned to what extent improvement relied on additional short term funding. He reported that discussions on whole system working needed to include communication about where people perceived that health and social care was connected. In terms of patients coming out of hospital there should be consistent patient and family awareness and some of this should be built in to a 3 year programme in order to inform patients and staff.
- 39.13 Professor McMahon reported that issues had been raised with the Scottish Government in respect of escalation processes. He advised that it was sometimes difficult to spend non recurrent funds to timescale. The position in respect of CAMHS and Psychological Therapies was discussed with it being noted that attempts were being made to put in recurrent funding wherever possible but in some areas this was a difficult ask. Mrs Goldsmith advised that the Finance and Resources Committee had looked at the position for the following year in respect of front loading performance investments and the need to support the process in 2021 and beyond in order to sustain performance.

39.14 The Board agreed the recommendations contained in the circulated paper and in particular the recommendation that the Corporate Management Team would approve the recovery plan on behalf of the Board prior to submission to the Scottish Government.

39.15 The Chairman commented that there was significant overlap between items 5, 6, 7 and 9 on the current Board agenda and that thought had gone into whether this was the best way to address issues. It would be helpful out with the meeting if Board members could provide him with comments on whether this process was working or not.

40. Development of 2020 / 2023 – Operational Delivery Plan

40.1 The Board noted that the Scottish Government had asked for an update in respect of performance against current trajectories. This issue would be discussed in further detail at the 4 November Board Development Session with a draft AOP being submitted to the Board at its meeting on 4 December 2019. The Scottish Government were expecting final AOP plans in April 2020. It was noted that paragraph 3.3 in the circulated paper set out the timescales.

40.2 Professor McMahon advised that the Scottish Government were looking to improve on the previous year's process and that paragraph 3.4 of the circulated paper provided an outline of Scottish Government expectations associated with the contents of the operational delivery plan. It was noted that the production of a 3 year plan provided challenges in that it was difficult to predict with confidence forward timescale because of the number of indefinables. The Chairman commented that he was relaxed about a 3 year forward look timescale and commented that the Board had previously expressed concerns about the predominantly single year focus particularly in terms of finance.

40.3 The Chief Executive and Professor McMahon provided an update on how the operational delivery plan would fit into the regional planning process. It was noted that some aspects of the regional planning agenda went beyond a 3 year timescale for example the Edinburgh Cancer Centre and required a commitment to redesign of services. It was noted that the focus of the operational delivery plan was on Health Boards and IJBs from the perspective of local commissioning whereas the focus of the regional plan was longer term.

40.4 Cllr O'Donnell commented in terms of outpatient times that appointment systems were different across services. She commented that orthopaedics were booking above capacity and that in some instances there was a need for staff to contact patients to change appointment dates. She commented that if this was part of a pilot process it would be important to consider how this would be evaluated. Mrs Campbell advised that the Modernising Outpatient Board was looking at a number of issues like patient initiated follow-up and that the impact was being evaluated through the Programme Board. It was noted that significant impact had been evidenced in plastic surgery with a more limited impact in cardiology. Mrs Campbell advised that there were known DNA rates in services and that these were being used at part of the process to try and manage known efficiency gaps.

- 40.5 Dr Williams commented that when a future iteration of the operational delivery plan came forward to the Board it would be important to be mindful of the input of primary care and GPs in particular. The Vice Chair commented in respect of financial planning assumption that the ambition to forward look beyond the 1 year timeframe had not yet been achieved that there was a need for more meaningful guidance from the Scottish Government in this respect. He felt that there was a need for additional monitoring around issues and national considerations in order to ensure that there was more confidence in financial plans and that they were more meaningful than they had been in the past. The Chief Executive commented that he felt that there would be benefit in looking at the horizon beyond the current process and that in terms of financial planning there would need to be an awareness of caveats and assumptions around expenditure points.
- 40.6 It was noted that the work to be undertaken by the Director of Improvement would be around the recovery plan but also about how to sustain progress forward in to the next 3 years. It was noted that the newly appointed Director had in the past worked on a population model of design and service redesign as well as artificial intelligence all of which would be appropriate to the forward process. The Chief Executive advised in terms of a prioritisation process that as soon as a problem emerged it tended to become the priority and focus of attention. He commented in addition that NHS Lothian did not have certainty around the income that it would receive over the next 3 years although some assumptions could be made. The Vice Chair advised that he was a proponent of long term planning and that if there was no fundamental shift in the way that resources were allocated then this was one of the issues that would need to be discussed closely with the Oversight Group.
- 40.7 Mrs Hirst commented that she was pleased to note that the Scottish Government had recognised the challenges for NHS Boards to develop, collaborate and agree the 2019/20 Annual Operational Plan over a short period of time and had therefore committed to begin the process for the development of the 2020/23 operational delivery plan earlier. She requested that the report to the December Board meeting should cover plans in place to consult IJBs as well as consideration being given to the ability to build these timelines in to existing schedules. She advised that a meeting was scheduled to consider how IJBs would develop processes moving forward.
- 40.8 Professor McMahon commented in respect of consultation with the public that this was not a requirement of the annual operational plan. He commented however this was a pertinent point and that he would pick up the comment with the Scottish Government.
- 40.9 The Board agreed the recommendations contained in the circulated paper.

41. Waiting Times Improvement Plan

- 41.1 Mrs Campbell advised that most of the issues in the paper had already been discussed during the course of the meeting. It was noted that challenges were still being experienced around the 62 day cancer target driven largely by colorectal and

urology services. Mrs Campbell was chairing a group looking specifically at these 2 services.

- 41.2 The Board noted that they had already received an update on the work of the North of England Commissioning Support Team. NHS Lothian had been successful in securing £125k in funding over 2 years for HIS/ NES/ IHI/ access collaborative support for quality improvement within CAMHS, dermatology and urology services.
- 41.3 Mr Murray sought an update in respect of the removal of the robot assisted laparoscopic radical prostatectomy in urology. Mrs Campbell advised that the Scottish Government had commissioned a national review of urology and that the Group would be considering whether robotics would become part of custom and practice and if so this would have a negative impact on reported performance but not on patient experience. Mr Murray also questioned to what extent the system quantified the opportunity to access services outwith NHS Lothian and how many patients took up offers of out of area treatment. He also questioned where there were theatre opportunities available in advance of the opening of the new RHCYP. Mrs Campbell advised that Lothian provision had processes in place where clinicians identified patients suitable for external treatment. It was noted however that despite support in respect of travel etc that around 35-40% of patients declined to receive out of area treatment including at the Golden Jubilee Hospital. It was noted that the provision of theatre use at the new RHCYP tied back in to issues around the safe sign-off of the building and would therefore not be available until that point.
- 41.4 Mr McQueen question in respect of the Scottish Government visit to assess NHS Lothian's performance against the effective cancer management framework best practice guidance what the outcomes of this meeting had been and whether there was a need for the Board to know whether other Boards were utilising different resources and governance and whether this was reported at Board Committee level. Mrs Campbell advised that the key findings from the original visit had been about cancer tracking. NHS Lothian had a hub and spoke model whilst other Boards had a centralised resource. A process was underway to look at the benefits and risks associated with moving to a centralised model and retaining clinical relationships.
- 41.5 Dr Williams commented in respect of the Edinburgh Dental Institute (EDI) that he was anxious in respect of the reporting of waiting times figures and sought assurance that national guidance was being followed and would triangulate data to ensure the proper figures were being reported. Mrs Campbell reminded the Board that a full investigation had been carried out to understand the reporting issues. EDI was not currently on Trak and utilised a stand-alone system that was difficult to understand and interrogate. The reported position had emerged due to a combination of human error and housekeeping issues. It was reported that significant work was underway involving EDI staff and the Waiting Times Governance Team on how to get assurance that lists were clean and reflected the patient journey. There was now confidence that the numbers being reported were correct. It was anticipated that EDI would migrate to Trak on 18 November 2019.
- 41.6 Dr Williams welcomed the update report and commented that it would be helpful if external confirmation on the accuracy of figures could be obtained. Mrs Campbell advised that this was not built in to the process but that she would take the point back particularly in respect of referral rates. The point was made that the move to

Trak would generate a single patient record. Dr Watson reported that he chaired the Access and Governance Committee and that regular reports had been received that confirmed significant progress had been made. He commented that he would seek advice about external validation.

- 41.7 The position in respect of the shortage of 16 anaesthetic posts and the future proposals around recruiting to these posts was discussed. Mrs Campbell advised that in the past NHS Lothian had a strong record in recruiting to anaesthetic posts. Work was underway to determine how to support individual sites and to make posts in Lothian attractive to applicants. The use of anaesthetic assistants as well as opportunities to expand the workforce through different professionals was discussed. The system was currently out to recruitment for anaesthetic posts. Ms Gillies suggest as part of the move back to critical care based specialities there was an anticipation that some people would move back to anaesthetic services.
- 41.8 The Board agreed the recommendations contained in the circulated paper.

42. Financial Position to 31 August 2019 and Year End Forecast

- 42.1 Mrs Goldsmith advised that as previously reported she and her colleagues were keen to land a breakeven position earlier in the year in order to allow energies to be focused to the financial position moving forward. The Board were advised that a prudent position had been adopted in respect of drug estimates and the position continued to be monitored. It was noted that improvements were being reported in respect of recovery plans.
- 42.2 Mrs Goldsmith advised that the financial position was still reporting limited assurance as a consequence of the RHCYP/DCN having been moved to level 4 in the NHS performance escalation framework. The Finance and Resources Committee had discussed the IJB position and relationships with it being noted that in the past NHS Lothian had funded any overspend positions. The position had been reflected upon given that some IJBs were now building up reserves and there was a question about the forward process. It was the intention to move to a position where IJB allocations were linked to activity.
- 42.3 Mr Murray recognised that it would be useful to see the specific nature of IJB costs and that this amongst other issues had been discussed at the Finance and Resources Committee particularly in respect of developing a longer term agenda.
- 42.4 Mrs Goldsmith reminded the Board about the process for allocating budgets to the IJBs including aspects of the set-a-side budget and hosted services. Currently the funds were based on budget rather than actual activity. Dr Williams commented that activity delivered might not be needs based. Mrs Goldsmith felt that there was a need to move the agenda on resource allocation to reflect the development of IJB plans. The Vice Chair advised that as the system moved to a different way of allocating costs this would need to be done in a managed way and that the current position represented the beginning of a journey.
- 42.5 The Board agreed the recommendations contained in the circulated paper.

43. Performance Report

- 43.1 Dr Watson reported that the circulated paper highlighted information reported nationally typically through ISD (Information Services Division) of National Services Scotland. The Board were advised that ISD had been through a revision process and this would reflect different ways of measurement. It was advised that this process had led to a number of colour changes in the performance traffic light indicators with some aspects no longer reporting as green.
- 43.2 The Board noted that the Quality Directorate were carrying out an internal review about how to report progress around the quality strategy at Board level. The point was made that access to QI work would be key to the recovery process as discussed earlier. Dr Watson reported that through the quality work a lot of initiatives were being identified by local teams and this was being picked up and being pulled together. An update report on the quality strategy would be provided to the Board at its December meeting and would be followed up at a future Board Development Session.
- 43.3 The Board received an update on the Data Driven Innovation (DDI) programme and quality work collaboration applying modern day science techniques to spot opportunities for improvement. Dr Donald advised that she was concerned about the piloting of ideas and obtaining evaluation and the sharing of this by the Quality Directorate to allow evolution to core services. Dr Watson advised that clinical change forums were a good vehicle to share experience and good practice between acute and primary care. He advised that part of the role of quality professionals was to spread good practice with primary care document management roll out being referenced as a prime example with it having been picked up nationally. A Lothian wide conference was being looked at for the forthcoming year. Dr Watson encouraged colleagues to visit the Quality Directorate website advising that this contained useful material.
- 43.4 The point was made that the whole system approach was not covered in the Board paper and there was a need for an IJB focus. Mr Murray commented that if information in the report was not needed by the Board then there was no need to report it in the paper. The view was expressed by Mr Murray and others that currently the performance report was not entirely fit for purpose. The Chairman advised that he had discussed this issue with the Head of Corporate Governance with consideration having been given to an IJB by IJB approach.
- 43.5 Cllr Gordon suggested there would be ramifications for performance if insufficient financial resource identified as being required to deliver targets had not been delivered. He questioned whether there were any strengths that could be taken on a unified basis to get more satisfactory performance. Cllr Gordon felt that currently links were not being made and issues were not being considered as a collective. The point was stressed that if resource was not available then improvements in performance could not be delivered. Dr Watson advised that he would discuss these issues with colleagues. The Chairman commented that there was a recurring theme about the need to look at better linkages between recovery plans and financial resourcing as well as the Government response.

- 43.6 Mr McCann agreed matrix reporting was not ideal. He commented that he was encouraged to learn about the DDI work. The point was made that some areas did not have performance standards set and there was a need to see these in place. Dr Watson responded by commenting in respect of matrix changes that NHS Lothian had not been in a position to comment and that these would vary by standard as some used composites. Dr Watson commented that it was important not to make judgement based on two data points of a new measurement system and that for trend analysis purposes there was a need for data to be available over 4-5 periods.
- 43.7 Mrs Hirst advised that the Healthcare Governance Committee routinely sought assurance about performance issues being addressed. She commented that 10 out of the 36 issues were not being addressed with this position being reported in the public domain. She urged colleagues to develop performance measures that could be judged at Board level. Mr Ash also commented on how the information reflected on IJBs. He referenced internal audit issues that had been discussed at the Audit and Risk Committee in respect of IJB directions and the difficulty on how to deal with performance issues. He felt that there would be benefit in getting key people together to look at performance to avoid considering raw data with delayed discharges having been an obvious area of focus. The Chair advised that the Head of Corporate Governance had identified a number of measures in respect of delegated functions that could be applied to the work referred to.
- 43.8 The Board agreed the recommendations contained in the circulated paper.

44. Developing our NHS Lothian Approach to Global Citizenship

- 44.1 Professor McCallum advised that the circulated paper reflected Scottish Government Guidance recommending a single approach to global health recognising relationships with the rest of the world. She updated on the challenges that had been looked at in order to ensure sufficient opportunities for 2 way learning which would enhance the human element and improve the attractiveness of NHS Lothian as a place to work. The Board received details of the benefits of work done to date and were advised that by developing expertise in other countries that this could bring significant benefits to NHS Lothian. Professor McCallum advised that the issue was not just about medical staff but about all staff having opportunities to engage in global citizenship. The point was made that by engaging in the process that this improved leadership development and training with there being clear benefits from the Board taking ownership of the strategic agenda. The Board were advised that a modest additional resource would be required to progress issues forward and that to this point progress had been achieved through existing staff.
- 44.2 Mr Murray advised that this was an interesting paper and questioned to what extent it linked with the quality improvement work. He also questioned the human resources element to ensure reciprocal benefit and returns for the input. Professor McCallum commented in respect of quality improvement that there were examples of individual work based in QI programmes including vaccine history and aspects of oncology including mentoring people in other countries to allow issues to be embedded in their own practice. It was noted that Mrs Butler was looking at other human resource aspects and that consideration needed to be given to rewarding staff who brought back expertise for the benefit of NHS Lothian's patients.

- 44.3 The point was made that there would be opportunity costs in respect of the need to backfill staff who took up opportunities in other parts of the world and that this would come at a cost. Mr McCann advised that the benefits would be felt by both sides and that many of the facets and benefits would be similar to engagement with armed force veterans and volunteers. Professor McCallum and Ms Gillies would discuss this aspect further.
- 44.4 Professor Humphreys commented that there was also potential partnership with the University that might lead to employment opportunities and that this would be a worthy strategic approach. Professor McCallum advised that she would be receptive to such a challenging strategic approach. The potential linkages with the Health Academy were discussed with it being noted that this would need to broaden across all Universities.
- 44.5 The Chairman advised he had attended a recent meeting on global citizenship at Waverley Gate and had been impressed with what he had heard and the opportunities and potential value in respect of attracting and retaining staff. He commented that the extrapolation of data would also be of significant value.
- 44.6 Cllr O'Donnell commented that whilst she agreed with the potential of the proposals that there was also a responsibility to developing countries in respect of not taking staff out of these areas which would lead to issues. The Chairman stressed that the points that he had made in respect of recruitment and retention related to people in the UK applying for jobs in NHS Lothian and was not about engaging staff from developing countries. He commented that there was significant evidence that that people were happy to collaborate and contribute in this way and that they regarded it as part of their own personal development.
- 44.7 The Board agreed the recommendations contained in the circulated paper.

45. Corporate Risk Register

- 45.1 Ms Gillies advised that the template supporting risk had been updated to include policies and plans. The Board were advised that templates in the new format were in development for two new risk areas which were the Royal Hospital for Children and Young People and Department for Clinical Neurosciences and the delivery of NHS level recovery plans as well as the lack of bed availability at the Royal Edinburgh Building resulting in patients being accommodated inappropriately.
- 45.2 The Chairman commented that the revised approach reflected a lot of helpful developments. Mr Murray commented that he welcomed the new approach which was much improved over what had gone before. He advised that it would be helpful if the quality report mirrored this approach and that there was a need for further discussion around this position. Mr McQueen commented it would be useful for narrative to be included for each area in respect of updates and actions to reflect assurance levels and dates of consideration. He felt that with these inclusions the circulated paper would represent a really informative report.

45.3 Mr Ash advised that the updated position had been discussed at the Audit and Risk Committee for the best part of the year and had been supplemented by workshops. He advised that the link with quality improvement was clear and ought to be continued and progressed. He felt that in the longer term there would be a need to link mitigation of actions in to the financial planning process in order to provide assurance of return from investment and priorities. The Chairman commented this was a succinct point and a recurring theme that should be picked up moving forward.

45.4 The Board agreed the recommendations contained in the circulated paper.

46. Future Board Meetings

46.1 The Board noted the schedule of meetings for the remainder of 2019 and 2020.

47. Future Development Sessions

47.1 The Board noted the schedule of development sessions for the remainder for 2019 and 2020.

48. Date and Time of Next Meeting

48.1 The next meeting of Lothian NHS Board would be held at 9:30am on Wednesday 04 December 2019 at the Scottish Health Services Centre, Crewe Road, Edinburgh.

49. Invoking of Standard Order 4.8

49.1 The Chairman sought permission to invoke Standing Order 4.8 to allow a meeting of Lothian NHS Board to be held in Private. The Board agreed to invoke Standing Order 4.8.

Chair's Signature.....

Date.....

Mr Brian Houston
Chair – Lothian NHS Board

NHS Lothian

Board
4 December 2019

Chairman

APPOINTMENT OF MEMBERS TO COMMITTEES

1 Purpose of the Report

- 1.1 [Lothian NHS Board's Standing Orders](#) state that "The Board shall appoint all Committee members". This report has been presented to the Board so that it may consider the recommendations from the Chairman on committee appointments.
- 1.2 Any member wishing additional information should contact the Chairman in advance of the meeting.

2 Recommendations

The Board is recommended to:

- 2.1 appoint Stanley Howard and Brian McGregor to the Pharmacy Practices Committee as lay members for the period 4 December 2019 to 3 December 2022.
- 2.2 re-appoint Michael Ash as a voting member of Edinburgh Integration Joint Board for the period from 1 February to 31 July 2019.
- 2.3 appoint Professor Moira Whyte as a member of the Healthcare Governance Committee with immediate effect, and as Chair of the Healthcare Governance Committee with effect from 1 February 2020.

3 Discussion of Key Issues

Pharmacy Practices Committee

- 3.1 There are regulations which prescribe the membership of this committee. In the interests of being able to convene committee meetings when required, the Board can establish a pool of members to draw from. Management have identified two further lay members for the committee (Stanley Howard and Brian McGregor) and recommend that the Board appoints them to the committee

Edinburgh Integration Joint Board

- 3.2 Michael Ash's current term of appointment to the integration joint board ends on 31 January 2020. It is recommended that the Board re-appoint him as a voting member for the period from 1 February to 31 July 2020.

Healthcare Governance Committee

- 3.3 Professor Tracy Humphrey is leaving the Board with effect from 31 January 2020. It is recommended that the Board appoint Professor Moira Whyte as a member of the Healthcare Governance Committee with immediate effect, and Chair of the Healthcare Governance Committee with effect from 1 February 2020.

4 Key Risks

- 4.1 A committee does not meet due to not achieving quorum, leading to a disruption and delay in the conduct of the Board's governance activities.
- 4.2 The Board does not make the most effective use of the knowledge, skills and experience of its membership, leading to the system of governance not being as efficient and effective as it could be.

5 Risk Register

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

6 Impact on Inequality, Including Health Inequalities

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

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

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

8 Resource Implications

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

Alan Payne
Head of Corporate Governance
28 November 2019
alan.payne@nhslothian.scot.nhs.uk

NHS Lothian

Board
4 December 2019

Chairman

CHANGE TO THE SCHEDULE OF BOARD MEETINGS

1 Purpose of the Report

- 1.1 This report has been prepared to invite the Board to agree to convene additional Board meetings and additional meetings of the Finance & Resources Committee. Any member wishing additional information should contact the Chairman in advance of the meeting.

2 Recommendations

The Board is recommended to:

- 2.1 Approve the additional dates for meetings of the Board and the Finance & Resources Committee, as set out in this report.

3 Discussion of Key Issues

- 3.1 The Board's Standing Orders include the following provisions:

'4.1 The Chair may call a meeting of the Board at any time and shall call a meeting when required to do so by the Board. The Board shall meet at least six times in the year and will annually approve a forward schedule of meeting dates.'

'10.5 The Board shall approve a calendar of meeting dates for its committees. The committee chair may call a meeting any time, and shall call a meeting when requested to do so by the Board.'

- 3.2 NHS Lothian is on level 4 of the NHS Scotland Performance Evaluation Framework for the Royal Hospital for Children & Young People / Department of Clinical Neurosciences project. NHS Lothian is also placed on level 3 of the Framework due to the number of challenging areas where further improvement is required.

- 3.3 The Board's corporate risk register includes the following:

Risk	Governance Oversight
There is a risk to patient safety, experience and outcome of care plus financial impact, due to the delay in providing clinical care for RHCYP and DCN patients on the Royal Infirmary of Edinburgh campus. (Risk ID: 4813)	Finance & Resources Committee and the Healthcare Governance Committee
There is a risk that the Board does not deliver NHS Lothian's Level 3 Recovery Plans to agreed timescale impacting on patient experience and outcome of care. (Risk ID: 4820)	NHS Board

- 3.4 The Board agreed its schedule of meeting dates on 26 June 2019. In light of the above issues, it is proposed that the Board agrees to hold monthly Board meetings. The meetings would be held in the slots that were previously scheduled for Board development sessions, namely:
- 8 January 2020
 - 4 March 2020
 - 6 May 2020
 - 2 September 2020
 - 4 November 2020
- 3.5 It is also proposed that the Finance & Resources Committee moves to monthly meetings in 2020, so that it is better placed to be informed of any emerging issues from the project on a timely basis. The proposed additional dates for the Finance & Resources Committee are:
- 26 February 2020
 - 22 April 2020
 - 17 June 2020
 - 26 August 2020
 - 28 October 2020
- 3.6 The above dates do not clash with any other NHS Board committee meeting dates. We have not set a date for December 2020 as the fourth Wednesday of the month (the normal slot) would be December 23rd. There is a Staff Governance Committee on the 16th, and a Board meeting on the 9th. We will review the need to continue the need to have monthly committee meetings as we approach the end of the year.

4 Key Risks

- 4.1 The Board's system of governance is not sufficiently response to its risks, due to the scheduling of meetings compromising the timeliness of information-sharing and decision-making.
- 4.2 Additional meetings increase the demands on Board members and officers, leading to time and resource being diverted from other activities.
- 4.3 NHS Board meetings and committee meetings have provisions for a quorum, whereas a Board development session does not. Consequently there is a risk that the additional meetings cannot proceed due to a failure to achieve quorum.

5 Risk Register

- 5.1 This report is pertinent to all risks on the corporate 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. However the additional meeting dates will be published on the Board's website, and the normal processes for public Board meetings will operate.

8 Resource Implications

8.1 The main implication from this change is the increased demands on the time of Board members and officers, and the resources required to organise and service the additional meetings.

Alan Payne
Head of Corporate Governance
15 November 2019
alan.payne@nhslothian.scot.nhs.uk

NHS Lothian

Board

4th December 2019

Director of Finance

REVIEW OF THE NHS Lothian Scheme of Delegation

1 Purpose of the Report

- 1.1 The purpose of this report is to provide the Board with an opportunity to review proposed changes to the Scheme of Delegation.

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

2 Recommendations

The Board is recommended to:

- 2.1 To approve the Scheme of delegation.

3 Discussion of Key Issues

- 3.1 The Scheme recognises that the Board has delegated authority to the Director of Finance to approve amendments to job titles in the Scheme. This measure was put in place to allow the Scheme to be easily maintained, without the need to refer routine amendments to the Audit & Risk Committee and the Board.
- 3.2 Over the course of several months management have identified that a number of changes have been required which have been included in this tracked version at appendix 1. Changes to management structures typically drive these changes, and the Director of Finance can approve these.
- 3.3 The majority of the changes in this iteration of the Scheme of Delegation are minor, however it includes several changes to Category A approvers, adding three senior officers, Director of Strategic Planning, Deputy Director of Public Health & Health Policy and Service Director (Royal Edinburgh & Associated Services). Also the title of Chief Officer (University Hospitals & Support Services) has been changed to Chief Officer, Acute Services. Compensating changes, where required, are also included. Also section 14 and 16 includes several additions to allow more individuals to be authorised to agree ex-gratia payments, statutory deductions, cash floats and category three level cheque signatories.
- 3.4 The Audit & Risk Committee reviewed the Scheme of Delegation on 25th November 2019 and agreed to recommend it to the Board for its approval.

4 Key Risks

- 4.1 The Scheme of Delegation is not observed leading to inappropriate approval of expenditure.

5 Risk Register

- 5.1 There is no entry on the risk register for this area. Issuing a revised Scheme will attend to the issue.

6 Impact on Inequality, Including Health Inequalities

- 6.1 An impact assessment is not required for this report.

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 health services, so consequently this duty does not apply.

8 Resource Implications

- 8.1 The Scheme of Delegation assists with effective delegated financial management in the organisation. The proposed amendments do not have any resource implications.

Sean Morrison
Corporate Governance & VFM
Assistant Manager
27th November 2019
sean.morrison@nhslothian.scot.nhs.uk

List of Appendices

Appendix 1: Draft Revised Scheme of Delegation (as at 14th November 2019)

LOTHIAN NHS BOARD SCHEME OF DELEGATION

Category/Level/Type: 1- Policy and Procedure
Status: Draft to [the Board Audit & Risk Committee of 25/11/19 for approval](#)

Date of Authorisation:
Key Words: Delegation, Limits, Expenditure, authority, scheme
Page 1 of 46

Author (s): Sean Morrison
Version: 18 November 2019
Authorised by: Original by
Board, amendments by Director of
Finance
Review Date: Dec 2022

LOTHIAN NHS BOARD SCHEME OF DELEGATION

INTRODUCTION

Lothian NHS Board (the “Board”) has developed and approved this Scheme of Delegation. All of the Board’s policies and other publications are available on the intranet. Instructions from the Scottish Government (HDL, CEL etc.) and other material relating to NHS Scotland can be found at [SHOW - Scotland’s Health On the Web](#)

GLOSSARY

“Executive Board Members”

These are individuals whom the Scottish Government have formally appointed to the Board, and for clarity the term does apply to every executive director. Within this Scheme there are certain higher value transactions which require the approval of one or more of the executive Board members. You can confirm who the executive Board members are at any point in time by contacting the Board secretariat.

“Budget Holders” and “Employees”

As a consequence of the Public Bodies (Joint Working) (Scotland) Act 2014, and the subsequent integration of functions of services, there have been significant changes to the management structure. It is quite possible that this Scheme identifies a post which may be filled by an individual who is an employee of a local authority rather than the NHS Board.

In order to make these new arrangements work, when applying this Scheme, the following definitions for “budget holder” and “employee”, which are drawn from the Standing Financial Instructions, are to be used:

“**Budget Holder**” means the director or employee with delegated authority to manage finances (Income and Expenditure) for a specific area of the organisation. A Budget Holder may also be a Local Authority Employee, as defined below.”

“**Employee**” means an employee of the Board. Additionally wherever the term “employee” is used, and where the context permits, it shall be deemed to include employees of third parties contracted to the Health Board when acting on behalf of the Health Board, e.g. agency staff, locums, employees of service providers.

“**Local Authority Employee**” means an employee of a local authority which is a party to an Integration Scheme with Lothian NHS Board, in circumstances where that employee carries out Directed Functions.

“**Directed Functions**” means a function which an Integration Joint Board has directed the Board to carry out under s.26 (1) of the Public Bodies (Joint Working) (Scotland) Act 2014.

LOTHIAN NHS BOARD SCHEME OF DELEGATION

“Category A” Approvers

There are certain matters which require to be approved by the relevant person who is included in a defined list of individuals (“Category A” approvers). Rather than repeat this extensive list throughout the Scheme, the list of Category A approvers is set out below:

- Chief Executive
- Deputy Chief Executive
- Chief Officer, ~~Acute Services (University Hospitals & Support Services)~~
- Director of Finance
- Medical Director
- ~~Director of Public Health & Health Policy~~
- ~~Director of Strategic Planning~~
- ~~Deputy Director of Public Health & Health Policy~~
- Executive Director for Nursing, Midwifery, & Allied Health Professionals
- Director of Human Resources & Organisational Development
- Director of Primary Care Transformation
- Director of Health and Social Care – Edinburgh
- Director of Health and Social Care – West Lothian
- Director of Health and Social Care – East Lothian
- Director of Health and Social Care – Midlothian
- Director of Operations (Estates & Facilities)
- Director of Digital
- Hospital Site Director
- ~~Service Director (Royal Edinburgh & Associated Services)~~
- Service Director (Diagnostics, Theatres, Anaesthetics & Critical Care)
- Service Director (Women & Children’s Services)
- Service Director (Outpatients & Associated Services)
- Nurse Director (Acute & Support Services)
- Director of Allied Health Professionals
- Medical Director (Acute)
- Head of Older People and Access & Chief Nurse (East Lothian);
- Head of Children’s Wellbeing Services (East Lothian)
- Head of Primary Care and Older People (Midlothian)
- Head of Adults (Midlothian)
- Head of Health (West Lothian)

LOTHIAN NHS BOARD SCHEME OF DELEGATION

GENERAL PRINCIPLES TO APPLYING THIS SCHEME

- This Scheme should be implemented together with the requirements of the Board's Standing Financial Instructions and all other policies and procedures.
- All budget holders are required to formally agree their annual budgets and are accountable for their budgetary performance. It is essential that expenditure levels do not exceed the agreed delegated budget. Officers must ensure that there is available budget in place before taking any decisions in line with their delegated authority.
- Where **an** employee of a local authority is to be either a budget holder or someone with delegated authority to approve expenditure of any type, it is the responsibility of the relevant Director of Health & Social Care (Chief Officer) to ensure that the individual has the necessary access to the Board's policies & procedures and the relevant IT systems (e.g. procurement, payroll & expenses), and the capability to competently implement the Board's policies and procedures.
- This Scheme identifies certain positions in the management structure. The holders of those positions are allowed to delegate authority to approve transactions to other employees and this is usually done through the Authorised Signatory Database process. Nevertheless the holders of the positions identified in the Scheme remain personally accountable for all transactions in their area of responsibility, and the actions of the individuals to whom they delegate financial authority to.
- If any individual leaves a position, then any delegated authority that the individual had will revert back up the route of line management to the next appropriate position that is identified in the Scheme. The more senior officer is responsible for approving all transactions, but can elect to re-delegate the authority to someone else. This general provision for further delegation of authority does not apply to revenue expenditure that is described at Sections 6, and 9-14 of this Scheme of Delegation. In those sections, the officers identified in the sections must approve the proposed transaction. If those officers are not available, then the matter should be referred up to the next level of authority.
- All figures in the Scheme are inclusive of VAT.
- The Board has delegated authority to the Director of Finance to approve amendments relating to job titles in ~~to~~ this Scheme of Delegation, so as to keep it up-to-date with any changes to the organisation's management structure.

STRUCTURE OF THIS SCHEME OF DELEGATION

There are two broad categories of financial business – revenue and capital. The diagram below illustrates which sections of the Scheme to refer to under these broad headings, and for different types of transactions. The vast majority of transactions will be in the Revenue column.

Section 7 of the Standing Financial Instructions relates to Non-Pay Expenditure for both capital and revenue, and sets out the arrangements for:

- Choice, Requisitioning, Ordering, Receipt and Payment for Goods and Services
- Tendering and Contracting

Lothian NHS Board does use nationally agreed procurement frameworks and supplier contracts, as well as locally agreed contracts. All employees are required to follow the systems and procedures put in place by the Procurement function, and use the Board’s approved suppliers for the supply of approved products and services.

REVENUE	CAPITAL
<p>The Board will make use of national contracts or put in place local contracts with approved suppliers, to secure the supply of goods & services.</p> <p>Where a contract is not already in place for the supply, then this will need to be addressed through market testing (and possibly tendering) which leads to a contract being put in place.</p>	1. Approval of items to be included in the NHS Lothian Capital Programme – Funding of the Initial Development of the Concept.
	2. Approval of items to be included in the NHS Lothian Capital Programme – Business Cases
	3. Approval of items to be included in the NHS Lothian Capital Programme – Use of Frameworks such as Frameworks Scotland 2 or HUB
4. Requirements for Market Testing (Capital and Revenue)	
6. Revenue Expenditure – Contracts and Service Agreements for Healthcare Services and other specified services.	5. Award of Capital Tenders
8. Revenue Expenditure – General Arrangements	7. Capital Expenditure – Delegation of Authority and Approval of

LOTHIAN NHS BOARD SCHEME OF DELEGATION

REVENUE	CAPITAL
	Expenditure
9. Revenue – Use of Management Consultants	
10. Revenue – Travel and Reimbursement of Expenses	
11. Revenue – Private Finance Initiative / Public Private Partnership Payments	
12. Revenue - Payroll	
13. Revenue - Virement	
14. Revenue – Losses & Special Payments	
15. Asset Transactions (Capital and Revenue)	
16. Financial Services (Capital and Revenue)	
17. Signing of Contractual Documentation (Capital and Revenue)	

Within this Scheme, there are references to certain roles in the context of the Board's capital programme.

The meanings of these roles are set out below. For simplicity the term 'project' is used, and applies to both programmes and projects:

SENIOR RESPONSIBLE OFFICER

The **Senior Responsible Officer** for the project needs to be a senior person within the organisation with the status and authority to provide the necessary leadership and clear accountability for the project's success.

Success is when a project meets its objectives and delivers its intended benefits.

The Senior Responsible Officer owns the overall service change which the project is supporting or enabling.

The Senior Responsible Officer chairs the project board, and ensures that the project remains focussed on success, and has the resources to deliver it.

The Director of Finance is the executive lead for the overall systems of capital planning, financial planning, and budgetary control. Consequently in the interests of respecting the principle of segregation of duties, and the ownership of services within the management structure, the Director of Finance may not be the designated Senior Responsible Officer for any project.

The Senior Responsible Officer may be any other officer who is in a position to carry out the role for the project. If the Senior Responsible Officer is not an executive Board member or an executive director, then there should be an identified executive Board member or executive director who will provide accountability to a Board committee or the Board itself if and when required.

LOTHIAN NHS BOARD SCHEME OF DELEGATION

PROJECT DIRECTOR

The Project Director will be an individual who has adequate knowledge and information about the organisation and its functions and services to make informed decisions on behalf of the Senior Responsible Officer.

The Project Director is responsible for the ongoing day-to-day management and decision-making on behalf of the Senior Responsible Officer to ensure success.

The Project Director is also responsible for the development, maintenance, progress, and reporting of the business case to the Senior Responsible Officer.

PROJECT MANAGER

The Project Director or the Senior Responsible Officer will assign an individual or individuals to the role of Project Manager. Larger projects may have more than one Project Manager.

Those individuals should have the necessary knowledge, skills and experience to carry out the role.

The Project Manager will lead, manage and co-ordinate the project activities and the project team (if one exists) on a day-to-day basis. The Project Manager will be responsible and accountable to the Project Director for the successful day-to-day delivery of the project.

DIRECTOR OF CAPITAL PLANNING AND PROJECTS

This individual is responsible for the implementation of the Board's overall capital plan through;

- delivery of individual projects, and
- applying project management resource and practices.

The individual is responsible and accountable to the Director of Finance.

LOTHIAN NHS BOARD SCHEME OF DELEGATION

1. Approval of Items to be included in the NHS Lothian Capital Programme – Funding of Initial Development of Concept	
What does this section cover?	This concerns the development of any concept or scheme for inclusion in the capital plan up to the approval of the Initial Agreement (where required – See Section 2).
Which budget holders' are likely to incur revenue expenditure developing a future capital scheme?	<ul style="list-style-type: none"> ➤ Director of Capital Planning & Projects ➤ Director of Operations (Estates & Facilities) ➤ Associate Director of Operations (Estates & Facilities) ➤ Director of Digital ➤ The lead service director / manager for the area that will be the beneficiary of the capital scheme. ➤ The Senior Responsible Officer of major capital projects
Delegated authority of budget holder.	<p>The budget holder is only limited by his or her available budget and his or her individual delegated authority (see Section 7).</p> <p>The budget holder must observe the principles within this Scheme of Delegation, namely that he/she must have a budget in place before they incur expenditure, and that he/she ensures that the resultant expenditure does not exceed his/her available budget.</p>

2. Approval of Items to be included in the NHS Lothian Capital Programme – Business Cases

Overview of Process

- For schemes within the Board's delegated limit, a Strategic Assessment, Initial Agreement and Standard Business case must be prepared and submitted for approval for all schemes which involve alterations to buildings or the estate, and schemes that include capital expenditure, regardless of how the schemes are financed, e.g. capital resource limit, National Services Division grants, donations. (Please see exception for schemes < £250k below).
- The Board's delegated limits for the approval of capital schemes is **£105m** for non-Information Management & Technology (IM&T) schemes and **£2m** for IM&T schemes. (SCIM).
- For projects beyond these delegated limits a Strategic Assessment (SA), Initial Agreement (IA), Outline Business Case (OBC) and Full Business Case (FBC) will all need to be produced, and each document must in turn be taken through the approval groups identified in this section.
- Business cases should be prepared in accordance with the [Scottish Capital Investment Manual \(SCIM\)](#). The approving bodies (below) will require assurance from this process that all risks have been clearly identified, and that there are controls in place to manage those risks. The Capital Investment Group shall determine for construction projects the suitability of the application of Frameworks Scotland methodology, or any other local framework arrangements (See Section 3).
- For the avoidance of doubt, the Board shall be entitled to, with the agreement of the Scottish Government, waive the requirement for an OBC and FBC to be produced and taken in turn through the approval groups identified in this section and to simply proceed on the basis of approving a combined business case. For construction and IM&T projects please refer to the SCIM website, which sets out the required business case documentation for different levels of capital schemes.
- Regardless of the delegated limits for the approval of business cases, the Board is required to comply with the Scottish Government's Property Transactions Handbook for transactions for all proposed land and property transactions (i.e. acquisitions or disposals by any method). This must be done concurrently with the business case process. The effect of this is that the Scottish Government shall have to approve certain matters before a transaction can proceed.
- When a scheme is approved as set out below, the approving body shall approve the capital budget to be allocated, and who the budget holder for the scheme is. No person may commit the Board expenditure to capital scheme until a capital budget has been formally allocated by this process.
- All items requiring review and approval should be agreed by the relevant management team before being referred to the approval bodies described below. You can find further information on [Finance Online](#).

LOTHIAN NHS BOARD SCHEME OF DELEGATION

2. Approval of Items to be included in the NHS Lothian Capital Programme – Business Cases	
Schemes over the Board's delegated limit (£105m for non-IM&T, £2m for IM&T)	Following review by the Finance & Resources Committee, the business case must be referred to the Board. The Board must approve the Initial Agreement, Outline Business Case, and Full Business case in turn (unless it has been agreed to have a combined business case), and provide confirmation of its support prior to formally submitting the item the Scottish Government for approval.
Schemes from above £1m up to £105m	The item should be reviewed and approved in the following order: <ol style="list-style-type: none"> 1. The Capital Steering Group or the Lothian Medical Equipment Review Group or the Digital senior management team. 2. Lothian Capital Investment Group. 3. Finance & Resources Committee.
Schemes from £250k up to £1m	The item should be reviewed and approved by the Lothian Capital Investment Group.
Schemes up to £250k	<p>MEDICAL EQUIPMENT</p> <p>For <u>NEW</u> medical equipment under £250k, the first and second stage of the Capital Steering Group Pipeline documentation must be completed. There is no requirement for a Strategic Assessment, Initial Agreement, or Business Case.</p> <p>For <u>REPLACEMENT</u> medical equipment under £250k, only an equipment form needs to be completed (i.e. an Initial Agreement and Standard Business Case is not required.)</p> <p>The Lothian Capital Investment Group (LCIG) must agree the annual budget for replacement medical equipment. Thereafter the Lothian Medical Equipment Review Group (LMERG) must approve the schemes, including review and approval by the finance directorate.</p> <p>ALL OTHER SCHEMES</p> <p>The first and second stage of the Capital Steering Group Pipeline documentation must be completed.</p> <p>The finance directorate must review and approve all proposals. Thereafter the item should be reviewed and approved by the Lothian Capital Steering Group or the Digital senior management team (for schemes related to Digital).</p>

LOTHIAN NHS BOARD SCHEME OF DELEGATION

3. Approval of Items to be included in the NHS Lothian Capital Programme – Use of Frameworks such as Frameworks Scotland 2 or HUB	
<p>What does this section cover?</p>	<p>This section applies when the Board is a participating member of a procurement framework arrangement, or when the Board has set up a local framework.</p> <p>This explains the chronological steps of a scheme that is managed through Frameworks Scotland, and the officers / groups in NHS Lothian with delegated authority to make decisions at each stage. However the same principles should be applied to any other framework.</p>
<p>Approval of the suitability of, and the extent of application of Frameworks Scotland methodology or the local framework arrangements (for smaller schemes) to a construction project.</p>	<p>This will be determined by the NHS Lothian Capital Investment Group (see Section 2).</p> <p>If a project is within the scope of Frameworks Scotland, then Frameworks Scotland must be used. Lothian NHS Board must approve any decision to depart from this process (per paragraph 7.7 of the Standing Financial Instructions).</p>
<p>Appointment to the position of Project Director and Project Manager for capital construction projects.</p>	<ul style="list-style-type: none"> • Director of Capital Planning and Projects in conjunction with the Appointed Senior Responsible Officer. <p>The posts must be in the funded establishment, or for external appointments, affordable within the project budget. The Senior Responsible Officer shall formally communicate any delegated budgetary responsibilities to the Project Director and Project Manager(s).</p> <p>The nominees or holders of the position of Project Director and Project Manager(s) (if different individuals) and other members of the project team and project delivery resources (as appropriate given the scale of the project) must be clearly documented in the Initial Agreement documentation, and subsequently the Outline and Full Business Cases. Please refer to Health Facilities Scotland published guidance and the Scottish Capital Investment Manual on the role of the Project Director and Project Manager.</p> <p>The Project Senior Responsible Officer shall assign appropriate delegated authority to the Project Director and the Project Manager to permit them to approve project transactions that are associated only with the project and commensurate with their project responsibilities. This may mean that their personal transaction limit for specific projects is different from that conferred to them for routine revenue and capital expenditure.</p>

LOTHIAN NHS BOARD SCHEME OF DELEGATION

3. Approval of Items to be included in the NHS Lothian Capital Programme – Use of Frameworks such as Frameworks Scotland 2 or HUB	
Approval of Project Initiation Document	<ul style="list-style-type: none"> • Appointed Senior Responsible Officer <p>The Project Director should prepare the PID for approval by the Senior Responsible Officer, and this should identify the resources available to the Project Director.</p>
Awarding of Professional Services Contracts (PSCs)	<ul style="list-style-type: none"> ➢ Director of Capital Planning & Projects ➢ Director of Operations (Estates & Facilities) (for projects with a capital value up to £500k) ➢ Project Director (for contracts specific to their project)
Approval of the financial envelope within which the target price is to be agreed.	<p>Please refer to Section 2 of this Scheme of Delegation.</p> <p>The estimated financial value should be included in the Initial Agreement documentation, and presented to the approving group (s) as stipulated in Section 2.</p>
Selection and appointment of Principal Supply Chain Partners (PSCP)	<ul style="list-style-type: none"> • Appointed Senior Responsible Officer <p>The costs associated with this appointment must be within the previously agreed financial envelope.</p>
Negotiation with the PSCP to set the target price, with respect to the factors of time, quality and resources.	<ul style="list-style-type: none"> ➢ Director of Capital Planning & Projects ➢ Director of Operations (Estates & Facilities) (for projects with a capital value up to £500k) ➢ Project Director (for contracts specific to their project) <p>The above officers have delegated authority to negotiate details which satisfy the previously agreed financial envelope and timescale for the project.</p>
Approval of the Target Price	<p>This depends on the scale of the project. Please refer to Section 2 of this Scheme of Delegation. It is expected that the target price should be incorporated within the Final Business Case.</p> <p>This should minimise risk exposure, as a more accurate target price will be based upon a substantially completed design. (Ref: Frameworks Scotland – The Guide, Issue 1.0, December 2008).</p> <p>Following approval of the target price, the approving body shall specify what officer will implement its decisions, e.g., signing the Framework contract with the agreed details identified.</p>

LOTHIAN NHS BOARD SCHEME OF DELEGATION

3. Approval of Items to be included in the NHS Lothian Capital Programme – Use of Frameworks such as Frameworks Scotland 2 or HUB	
Approval of project variations (time, quality and resources) within the agreed target price.	<ul style="list-style-type: none">• Project Director or Capital Project Manager named in the contract.
Approval of Changes to the Target Price	<p>Approval to change the target price can only be given by the body that has final authority to agree the target price for that project. Please refer to Section 2 of this Scheme of Delegation.</p> <p>Following approval of the proposed change, the approving body shall specify what officer will implement its decisions, e.g. agreeing the changes with the contractor, signing the Framework contract with the agreed details identified.</p>

4. Requirements for Market Testing and Tendering (Capital and Revenue)	
What does this section cover?	<ul style="list-style-type: none"> The Board procures goods and services which are funded by capital and revenue budgets, and aims to secure Best Value whilst doing so. A key part of this is having a fair and transparent approach to the selection of the providers of goods and services. The Board shall observe the Key Procurement Principles as set out in CEL (05) 2012. If a supply is already covered by an existing contract as a result of a previous and current procurement process (e.g. Frameworks Scotland 2, NHS National Procurement), then the Board does not need to conduct any market testing. (See Section 7 of the Standing Financial Instructions). <u>For all other expenditure, tendering or other market testing (where appropriate) must be conducted in accordance with the provisions below.</u> The Director of Finance has delegated authority to waive the tendering requirements for the supply of goods and services over £49,999 in certain circumstances. Section 7 of the Standing Financial Instructions sets out these circumstances and the process of approval. Managers should contact the Procurement department in the first instance. For all supplies under £25,000, in the event that it is not possible to satisfy the requirements expressed below (e.g. it is not possible to get two quotations), the Procurement function may waive the requirements. The lead senior officer (procurement) shall establish procedures to be followed by the Procurement function in these cases, with due regard the circumstances used for the waiver of competitive tendering (as described in the Standing Financial Instructions).
Supply of goods and services over £49,999	This supply falls into the scope of the Public Contracts (Scotland) Regulations 2015 (and any subsequent amendments) and the Procurement (Reform) (Scotland) Act 2014 and will require to be managed in accordance with these legal requirements. Managers should contact the Procurement function for advice as to how to proceed.
Supply of goods and services over £25,000 and up to £49,999	Please contact the Procurement function which shall determine the most appropriate procurement process for the supply.
Supply of goods and services from over £10,000 and up to £25,000	Competitive quotation - At least 2 written quotations should be considered.
Supply of goods and services from £2,501 - £10,000	One written quotation should be considered.
Supply of goods and	

LOTHIAN NHS BOARD SCHEME OF DELEGATION

services up to £2,500	There is no requirement for a quotation.
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LOTHIAN NHS BOARD SCHEME OF DELEGATION

5. Award of Capital Tenders

Overview of process

- This section applies where the Board has undertaken a tendering exercise for the procurement of goods or services, which will be funded from the capital programme. It therefore does not relate to schemes covered by an established procurement framework (as described in **Section 3**), or revenue expenditure.
- The following groups / individuals can award tenders up to the values stated below, provided that the value of the preferred bid is within the approved budget for the scheme).
- If the best tender is above the approved budget for the scheme in the Board's capital programme, then the tender cannot be awarded. In these circumstances the designated budget holder must apply to the relevant approval body (See **Section 2**) for an increase to the scheme's budget to cover the cost.
- Following the decision to award a capital tender, please refer to **Section 17** to determine which officers can sign the associated documentation required to form a contract.

Any tender award of a value from £1m

Two executive board members must approve the award.

Any tender award of a value under £1m

The relevant lead for the service or function to which the project relates, from the following list;

- Chief Executive
- Deputy Chief Executive
- Chief Officer (University Hospitals & Support Services)
- Director of Finance; Medical Director
- Director of Public Health & Health Policy
- Executive Director for Nursing, Midwifery, & AHPs
- Director of Human Resources & Organisational Development
- Director of Health and Social Care – Edinburgh
- Director of Health and Social Care – West Lothian
- Director of Health and Social Care – East Lothian
- Director of Health and Social Care – Midlothian
- Director of Capital Planning & Projects
- Deputy Director of Finance

For tender awards up to £500,000, in addition to the posts above, the relevant budget holder for the service to which the project relates, from the following list:-

5. Award of Capital Tenders

- Director of Operations (Estates & Facilities)
- Director of Digital
- Hospital Site Director
- Service Director (Diagnostics, Theatres, Anaesthetics & Critical Care)
- Service Director (Women & Children's Services)
- Service Director (Outpatients & Associated Services)
- Nurse Director (Acute & Support Services)
- Director of Allied Health Professionals
- Medical Director (Acute)
- Head of Older People and Access & Chief Nurse (East Lothian)
- Head of Children's Wellbeing Services (East Lothian)
- Head of Operations (Edinburgh)
- Head of Primary Care and Older People (Midlothian)
- Head of Adults (Midlothian)
- Head of Health (West Lothian).

6. Revenue Expenditure - Contracts and Service Agreements for Healthcare Services and other specified services

Overview of process

What does this section cover?

Income

- Contracts for Research and Development income and expenditure.
- Income from other bodies for the provision of services by the Board.
- National Services Division Contracts
- Other specified contracts and service agreements

Expenditure

- Expenditure on NHS contracts and NHS service agreements, unscheduled activity with other NHS bodies.
- Purchase of healthcare from non NHS organisations, e.g. private sector, voluntary organisations.
- Resource transfer.
- Other specified contracts and service agreements

All agreements entered into must be within approved budgets.

Furthermore all agreements should be subject to competitive evaluation to determine if Best Value is being delivered, and to observe the Standing Financial Instructions. It is possible that strategic partnerships (e.g. with Universities) may facilitate agreements that deliver Best Value within an agreed quality and resource framework. However in all cases, the requirements of **Section 4** of this Scheme of Delegation apply. All expenditure should be directed through the Board's ordering systems as described in **Section 8**.

LOTHIAN NHS BOARD SCHEME OF DELEGATION

6. Revenue Expenditure - Contracts and Service Agreements for Healthcare Services and other specified services

Contracts and Agreements for Expenditure on Healthcare Services

Any amount over £1.5m per annum

Three executive Board members

£0.5m to £1.5m per annum

Any **two** from the following list (one of whom should be the budget holder);

- Chief Executive
- Deputy Chief Executive
- Chief Officer (University Hospitals & Support Services)
- Director of Finance
- Medical Director
- Director of Public Health & Health Policy
- Executive Director for Nursing, Midwifery, & Allied Health Professionals
- Director of Human Resources & Organisational Development
- Deputy Director of Finance.

Up to £0.5m per annum

- Research & Development Director
- Director of Digital
- Director of Health and Social Care – Edinburgh
- Director of Health and Social Care – West Lothian
- Director of Health and Social Care – East Lothian
- Director of Health and Social Care – Midlothian
- Director of Operations (Estates & Facilities)
- Director of Operations (Royal Edinburgh Hospital & Associated Services)
- Hospital Site Director
- Service Director (Diagnostics, Theatres, Anaesthetics & Critical Care)
- Service Director (Women & Children's Services)
- Service Director (Outpatients & Associated Services)
- Nurse Director (Acute & Support Services)
- Director of Allied Health Professionals
- Medical Director (Acute)
- Head of Older People and Access & Chief Nurse (East Lothian)

LOTHIAN NHS BOARD SCHEME OF DELEGATION

6. Revenue Expenditure - Contracts and Service Agreements for Healthcare Services and other specified services

Contracts and Agreements for Expenditure on Healthcare Services

- Head of Children's Wellbeing Services (East Lothian)
- Head of Operations (Edinburgh)
- Head of Primary Care and Older People (Midlothian)
- Head of Adults (Midlothian)
- Head of Health (West Lothian)

LOTHIAN NHS BOARD SCHEME OF DELEGATION

6. Revenue Expenditure - Contracts and Service Agreements for Healthcare Services and other specified services
Occupational Health & Safety –/ Library Services / Regional NHS Education for Scotland Initiatives
<p><u>Any amount over £250k per annum</u></p> <ul style="list-style-type: none"> • Three executive board members <p><u>£150k to £250k per annum</u></p> <ul style="list-style-type: none"> • Director of Human Resources & Organisational Development <p><u>Up to £150k per annum</u></p> <ul style="list-style-type: none"> • Director of Occupational Health & Safety (for occupational health & safety) • Head of Education and Employee Development (for library services and regional NHS Education for Scotland initiatives)
Maintenance Contracts / Utilities
<p>Any maintenance / utilities expenditure that is required to be directed through National Procurement must be contracted through that route. For expenditure out of the scope of National Procurement, the following officers have delegated authority to agree contracts and service agreements. This section does not relate to maintenance contracts for medical equipment. Those types of contracts should be considered as part of the procurement process for the equipment itself, and the expenditure subject to Section 8 – “Revenue Expenditure – General Arrangements</p> <p><u>Any amount over £250k per annum</u></p> <ul style="list-style-type: none"> • Three executive Board members <p><u>£150k to £250k per annum</u></p> <ul style="list-style-type: none"> • Executive Director for Nursing, Midwifery, & Allied Health Professionals (for Digital) <p><u>Up to £150k per annum</u></p> <ul style="list-style-type: none"> ➢ Director of Capital Planning & Projects ➢ Director of Operations (Estates & Facilities) ➢ Associate Director of Operations (Estates & Facilities) ➢ Director of Digital
Any Other Income Contract or Agreement not covered by the above
The value of the contract or agreement is over £250k per annum
Three executive Board members
The value of the contract or agreement (per annum) is over £150k and up to £250k
<p>Two people have to approve the transaction, one of whom should be the budget holder.</p> <ul style="list-style-type: none"> ➢ Any executive Board member PLUS ➢ Another individual who has been given delegated authority to approve revenue expenditure up to £250,000. This person may be a Category A approver, or someone to whom a Category A approver has (through the authorised signatory process) delegated authority to approve expenditure up to £250,000.
The value of the contract or agreement is up to £150k per annum

LOTHIAN NHS BOARD SCHEME OF DELEGATION

6. Revenue Expenditure - Contracts and Service Agreements for Healthcare Services and other specified services

Please refer to the list of Category A approvers.

Management Consultants

Section 9 of this Scheme of Delegation sets out in detail the process that is to be followed when management are considering the use of management consultants. This highlights that either the Chief Executive or the Director of Finance must approve a “pre-engagement review form” before going to market.

7. Capital Expenditure – Delegation of Authority and Approval of Expenditure

- This section is concerned with expenditure arising from schemes approved as part of the Board's capital plan (**See Sections 2-5**).
- Capital schemes or projects can be made up of several smaller pieces of work. The approval process (**Sections 2-3**) will identify and approve a Budget Holder for each piece of work, and the finance directorate will assign a unique code to it. The designated budget holder is the authorised signatory for the code, and the approving body (**Section 2**) will determine his or her delegated authority to approve expenditure for that code only. **As with all budgets this delegated authority can only be exercised when there is an available budget in the code, and the budget holder is responsible for monitoring this.** The delegated authority will end once the associated piece of work has been completed.
- The individual's established delegated authority for his or her revenue budget (**Section 8**) has no bearing or relevance to the delegated authority for a code that is used for a capital scheme or project. **If any transaction is over £250,000 it will require two individuals each with a personal delegated authority of £250,000 (for the capital code) to approve the transaction.**
- The budget holder may delegate authority to others to approve expenditure against the code. Nevertheless the budget holder will remain personally accountable for all financial transactions for the code, and the actions of the individuals to whom they delegate financial authority to.
- There may be items of expenditure that are chargeable to the code that require to be recognised as revenue expenditure. This will be identified at the planning stage (**Section 2**), and the finance directorate shall establish a system to ensure that capital and revenue elements are distinctly accounted for.
- All expenditure must be processed on official orders through the approved procurement channels. The total value of an order should be recognised when determining who the appropriate signatory is for the order.
- Officers must establish systems to ensure that all ordered goods & services or works completed have in fact been received before "receipting" the supply in the ordering system. For this purpose, the value of a particular invoice is not relevant to the application of this section: the officer is confirming receipt of a supply, rather than approving the expenditure. The officer confirming receipt must be different from the officer who approved the order.
- In the event of an invoice being received, and there is not an authorised and receipted order available, the invoice becomes the prime document for the approval of expenditure and the value of the invoice. The application of this Section will determine who the signatory must be. The absence of an approved order constitutes a breach of the Standing Financial Instructions.

8. Revenue Expenditure – General Arrangements

General Provisions for the delegation of authority and approval of expenditure

- All budget holders are required to formally agree their annual budgets with their line manager, and are accountable for their budgetary performance. It is essential that expenditure levels do not exceed the agreed delegated budget.
- All expenditure must be processed on official orders through the approved procurement channels for that type of expenditure. **The necessary approvals must be given before placing the order.**
- All items procured should be in accordance with any contracts or agreements previously established as a result of the required market testing as described at **Section 4**. All procurement activity should be in accordance with the Standing Financial Instructions, and administered through the systems that the Board establishes for that purpose.
- Where a contract for general supply to the organisation is in place, the total amount for a period of supply should be identified (if fixed amount) or reasonably estimated, and an appropriately authorised order should be raised on the system for that supply.
- Officers must establish systems to ensure that all goods & services ordered have been received prior to “receipting” the supply in the ordering system being used. For this purpose, the value of a particular invoice is not relevant to the application of this section: the officer is confirming receipt of a supply, rather than approving the expenditure. The officer confirming receipt must be different from the officer who approved the order.
- This section sets out the required authority levels for general ordering of goods and services. **However employees should refer to Sections 6 and 10-14 for the specific requirements for certain types of revenue expenditure.**

LOTHIAN NHS BOARD SCHEME OF DELEGATION

8. Revenue Expenditure – General Arrangements	
Any item over £2m	Three executive Board members
Any item over £250,000 but under £2m	<p>Two people have to approve the transaction, one of whom should be the budget holder.</p> <ul style="list-style-type: none"> ➤ Any executive Board member PLUS ➤ Another individual who has been given delegated authority to approve revenue expenditure up to £250,000. This person may be a Category A approver, or someone to whom a Category A approver has (though the authorised signatory process) delegated authority to approve expenditure up to £250,000.
Officers with a delegated authority up to £250,000	<ul style="list-style-type: none"> ➤ Any Category A approver. ➤ Director of Operations (Royal Edinburgh Hospital & Associated Services) ➤ Head of Operations (Edinburgh) ➤ Chief Strategy & Performance Officer (Edinburgh) ➤ Chief Nurse (Edinburgh)
Officers with a delegated authority up to £150,000	<ul style="list-style-type: none"> ➤ Director of Capital Planning & Projects ➤ Associate Director of Operations (Estates & Facilities) ➤ Deputy Director of Finance
Officers with a delegated authority up to £100,000	<ul style="list-style-type: none"> ➤ Director of Pharmacy ➤ Chief Quality Officer ➤ Deputy Director (Corporate Nursing) ➤ Deputy Director of Public Health ➤ Consultant in Public Health (finance lead) ➤ Associate Director of Pharmacy ➤ Associate Director Pharmacy Primary Care and Mental Health ➤ Director of Strategic Planning ➤ General Manager (ATCC)
Officers with a delegated authority up	<ul style="list-style-type: none"> ➤ General Manager (Medicine - WGH)

LOTHIAN NHS BOARD SCHEME OF DELEGATION

8. Revenue Expenditure – General Arrangements	
to £75,000	<ul style="list-style-type: none"> ➤ General Manager (Surgery – WGH) ➤ Associate Nurse Director (WGH) ➤ General Manager (Medicine – RIE/ Liberton) ➤ General Manager (Surgery – RIE/ Liberton) ➤ Associate Nurse Director (RIE/ Liberton) ➤ Operational Manager (RIE/Liberton) ➤ General Manager – Scheduled Care (St John’s) ➤ General Manager – Unscheduled Care (St John’s) ➤ Associate Nurse Director (St John’s)
Officers with a delegated authority up to £50,000	<ul style="list-style-type: none"> ➤ Director of Nursing, Primary/Community Care ➤ Site Chief Pharmacist ➤ Deputy Director of Human Resources ➤ Health Promotion Manager ➤ Smokefree Lothian Service Manager ➤ Research & Development Director ➤ Locality Manager (Edinburgh) ➤ <u>Hospital and Hosted Services Manager (Edinburgh)</u> ➤ <u>Service Manager for Laboratories</u>
Officers with a delegated authority up to £20,000	<ul style="list-style-type: none"> ➤ General Manager (Primary Care Contracting Organisation) ➤ Associate Medical Director ➤ Clinical Director ➤ Clinical Service Manager ➤ Clinical Nurse Manager ➤ Chief Midwife ➤ Chief Professional ➤ Director of Communications, Engagement and Public Affairs ➤ <u>Director of Laboratory Medicine</u> ➤ <u>Head of Medical Physics</u> ➤ <u>Service Manager for Radiology</u>

LOTHIAN NHS BOARD SCHEME OF DELEGATION

9. Revenue – Use of Management Consultants	
What does this section cover?	<ul style="list-style-type: none"> • This section has been prepared to support the application of Section 7 of the Standing Financial Instructions (Non Pay Expenditure) for the subject of management consultancy. • This section sets out the process and the key controls to be followed with respect to the engagement of management consultants. <p>All expenditure should be directed through the Board's ordering systems as described in Section 8.</p>
Key Definitions	<p>MANAGEMENT CONSULTANTS Management Consultants have two characteristics:</p> <ol style="list-style-type: none"> 1. They are engaged to work on specific projects that are regarded as outside the usual business of the Lothian NHS Board and there is an identified end-point of their involvement. 2. The responsibility for the final outcome of the project largely rests with Lothian NHS Board. <p>PROFESSIONAL ADVISORS Professional Advisors have two characteristics:</p> <ol style="list-style-type: none"> 1. They are engaged on work that is an extended arm of the work done in-house. 2. They provide an independent check. <p>An example of professional advice is the engagement of VAT advisors on the accounting treatment of VAT in relation to the Board's activities.</p> <p>Professional Advisors are commonly engaged in major capital projects, e.g. architects, quantity surveyors, structural engineers.</p> <p>For the purposes of applying this section of the Scheme of Delegation, professional advisors are not management consultants, and this section does not apply to professional advisors.</p>

9. Revenue – Use of Management Consultants	
Step 1 – Clearly define what the assignment is.	<p>This is a task for the Project Lead – the manager who has identified a potential need to engage management consultants.</p> <p>The scope and objectives of the assignment should be clearly defined – what is the problem that is to be solved? What is the scale of the activity, what departments/ services are involved?</p>
Step 2 – Assess whether internal resources (the Board’s own employees or suppliers within the scope of what they are already contracted to do) can perform the task.	<p>The potential assignment should be critically reviewed, and broken down into its constituent parts. If some or all of the work is within the responsibilities of employees or contractors, then normally it should be done by them. Management consultants should only be engaged if the assignment is beyond the capacity and/or capability of internal resources to complete the assignment within the required timeframe.</p> <p>The Project Lead should reduce the costs and risks associated with engaging management consultants by ensuring that any elements of the assignment that can be done in-house to the required quality are completed in-house. This should include considering redeploying or seconding employees to do the work.</p> <p>On the occasions where it is decided that the assignment cannot be delivered by internal resources, go to Step 3.</p> <p>The Project Lead should prompt a review of how capacity and capability can be put in place for future assignments.</p>
Step 3 – Contact Procurement and document your requirements.	<ol style="list-style-type: none"> 1. The Project Lead must contact the Procurement Department and ask for a “Pre-engagement Review Form. The Form must be completed with the details of Steps 1 & 2. 2. The Form must identify the benefits to the Board (in terms of outcomes criteria) from the assignment, and how management will use the outputs of the assignment. Procurement will use these criteria in the tender documentation, and they will be used to support monitoring of progress and post-completion evaluation. 3. The Form must set out the minimum qualifying criteria for a bidder. This will be used by the Procurement function to advertise the assignment and short-list bids. 4. The Form must include an estimate of the anticipated cost of the consultancy and identify the budget to cover the costs. 5. The Form must be approved by one of the following officers before being returned to Procurement – Chief Executive; Director of Finance. (The approving officer and the Project Lead should be different people). Procurement will not proceed unless this authorisation is in place.

9. Revenue – Use of Management Consultants	
Step 4 – Going to Market	<ul style="list-style-type: none"> • The Procurement function will prepare and issue tender invitations to the market, based on the instructions given on the approved form. • The Procurement will follow the requirements of Section 7 of the Board's Standing Financial Instructions with regard to tendering and contracting. In the event that it is decided that tendering processes are not appropriate, the requirements of the Board's Standing Financial Instructions must be followed. The Director of Finance must approve the decision to waive the tender process, and this must be formally documented. The Head of Procurement must place this in the Waiver of Tender Register. • Assignments will be offered to the market as distinct items, i.e. a contractor will not be automatically given a follow-on assignment associated with another tendered assignment. However the Board may enter into a call-off framework contract with a number of consultancies in the interests of efficient procurement. • The Procurement Department will maintain a register of all call-off contracts. The Procurement Department will perform and document systematic reviews of relationships with management consultants, to ensure that they are not self-perpetuating. • The Procurement Department will use standard documentation to record the process of evaluation of bids and the award of contract. This will include a record of whether: <ul style="list-style-type: none"> ➢ The Consultants are capable of performing the assignment. ➢ The assignment will deliver Best Value. ➢ The award of the contract is compliant with the Board's Standing Financial Instructions. <p>The Procurement Department will hold this record in a register.</p> <ul style="list-style-type: none"> • All assignments must have a defined contract duration, with a specified contract delivery or financial cap. The Procurement department will use a standard formal contract for all assignments. The contract will explicitly cover the payment of expenses and place a limit on the amount payable.

9. Revenue – Use of Management Consultants

Step 5 – Client Evaluation of the Performance of the Management Consultants at the conclusion of the assignment.

The Project Lead shall prepare an evaluation report on each assignment immediately following its completion. The Procurement department will provide a standard template for this purpose.

The report shall cover:

- Was the work completed on time?
- Were the costs contained within the contracted figure?
- Did the consultants carry out all their contractual obligations?
- Were the terms of reference discharged?
- How did the consultants key people perform?
- Were effective and realistic solutions proposed?
- Did the engagement represent Best Value?

The Project Lead must send this report to the officer who approved the assignment (See Step 3), and send a copy to Procurement. If the approving officer is satisfied, he or she must notify the Procurement department, to confirm that the order for services has been satisfactorily completed. The Procurement department can then “receipt” the order on the ordering system, and this will allow the invoice to be paid.

LOTHIAN NHS BOARD SCHEME OF DELEGATION

10. Revenue - Travel and Reimbursement of Expenses	
What does this section cover?	<p>The Finance Directorate provides services for all Travel and Accommodation that can be pre-booked. A dedicated Travel Team works directly with the Scottish Government National Procurement travel provider, through online facilities. The booking method ensures that NHS Lothian Standing Financial Instructions (SFIs) are complied with and the best secure price can be achieved.</p> <p>Employees can find further information on Travel, as well as making bookings for external courses and conferences on the intranet at: Corporate> A-Z>Finance Online > Ordering & Paying for Goods & Services including travel</p> <p>Employees can also find advice on the process for claiming expenses, including mileage and information on car leasing on the intranet at:</p> <p>Corporate>A-Z>Finance Online > Staff Pay and Expenses</p>
Approval of any amount for an event in or journey made within the UK	<ul style="list-style-type: none"> ➤ The relevant budget holder
Approval of any amount for an event in or journey made to an overseas destination	<ul style="list-style-type: none"> ➤ The relevant budget holder from the list of Category A approvers. ➤ Deputy Director of Finance

LOTHIAN NHS BOARD SCHEME OF DELEGATION

11. Revenue – Private Finance Initiative / Public Private Partnership Payments	
What does this section cover?	
This refers to the expenditure that arises from PFI/PPP contracts, following the completion of the build phase and during the operational phase.	
<u>Any contractual payments: – fixed and variable (e.g. patient meals).</u>	<p>Approval of the order – Budget holder for the contract (or his or her delegate).</p> <p>Confirmation of Receipt of goods or services – To be provided by the Director of Operations (Estates & Facilities) or Associate Director of Operations (Estates & Facilities) or their nominated officers.</p>
<u>Ad-hoc – minor works/ service changes</u>	<p>Approval of the order –The relevant budget holder must approve a minor works form.</p> <p>Confirmation of Receipt of goods or services – To be provided by the Director of Operations (Estates & Facilities) or Associate Director of Operations (Estates & Facilities) or their nominated officers.</p>
Additional Works	
These are likely to be of a value higher than £5,000 and shall be directed through the capital approval route (see Section 2).	

LOTHIAN NHS BOARD SCHEME OF DELEGATION

12. Revenue -Payroll	
What does this section cover?	This section describes the processes in place to delegate authority to compile and approve data that is required to make payments through the payroll system.
Payment of Hours through SSTS	
<p>SSTS is an electronic time and attendance system accessed through NHS Lothian's intranet, in which all attendance (absence and overtime) is recorded for staff with a NHS pay number in Lothian. Relevant absence data, e.g. sickness and overtime, is uploaded to SSPS (Payroll system) electronically prior to each weekly and monthly payroll run. It replaced the previous paper based system which involved off duty sheets.</p> <p>Users are set up on SSTS with access rights appropriate to their role:</p> <ul style="list-style-type: none"> • Compiler – can enter data into the system • Approver – ability to approve the data for processing (and consequently the payment that it leads to) <p>The individuals selected to perform these roles will depend on the structure of the department concerned. The Pay Office shall only set up users on SSTS following receipt of an instruction from the person who has responsibility for the budget from the following list, and after confirming that the proposed <u>approver</u> has been given the authority on the authorised signatory database:</p> <ul style="list-style-type: none"> ➤ Any post identified in Section 8 of this Scheme of Delegation. 	
Other Payments that cannot be processed via SSTS, e.g. allowance codes, waiting time initiatives payments per consultant contract	
<p>Payroll Administration and Information Services has issued a form that must be used in these circumstances, and this is available on Finance Online. Payroll Helpdesk</p> <p>The individual giving the final approval to make these payments must be the relevant person from the above list for the budget concerned. The Pay Office will check the authorised signatory database to confirm the person can approve the payments.</p> <p>Additionally the relevant Associate Medical Director must approve waiting time initiative payments (as defined in the Consultant Contract) to medical staff.</p>	

Commented [DH1]: Added in new link – can you make sure this works

LOTHIAN NHS BOARD SCHEME OF DELEGATION

13. Revenue- Virement	
What does this section cover?	<p>The process of virement is defined as follows: “The agreed transfer of money from one budget heading to another within a financial year. The budget headings can be under the control of one manager, or alternatively under the control of several managers.”</p> <p>The Standing Financial Instructions state: “5.17 The Chief Executive may agree a virement procedure that would allow budget holders to transfer resources from one budget heading to another.</p> <p>5.18 If the budget holder does not require the full amount of the budget delegated to him for the stated purpose (s), and virement is not exercised, then the amount not required shall revert back to the Chief Executive.”</p> <p>The following officers are permitted to approve virement transactions for their budgets.</p>
Any Amount	<ul style="list-style-type: none"> ➤ Please refer to the list of Category A approvers. ➤ Deputy Director of Finance.
Up to £100,000	<ul style="list-style-type: none"> ➤ Director of Capital Planning & Projects ➤ Associate Director of Operations (Estates & Facilities) ➤ Director of Pharmacy ➤ General Manager (Medicine - WGH) ➤ General Manager (Surgery – WGH) ➤ Associate Nurse Director (WGH) ➤ General Manager (Medicine – RIE/ Liberton) ➤ General Manager (Surgery – RIE/ Liberton) ➤ Associate Nurse Director (RIE/ Liberton) ➤ Operational Manager (RIE/Liberton) ➤ General Manager – Scheduled Care (St John’s) ➤ General Manager – Unscheduled Care (St John’s) ➤ Associate Nurse Director (St John’s) ➤ Director of Operations (Royal Edinburgh Hospital & Associated Services) ➤ Site Chief Pharmacist

LOTHIAN NHS BOARD SCHEME OF DELEGATION

13. Revenue- Virement	
Up to £20,000	<ul style="list-style-type: none">➤ General Manager (Primary Care Contracting Organisation);➤ Associate Medical Director;➤ Clinical Director;➤ Clinical Service Manager;➤ Clinical Nurse Manager;➤ Chief Midwife;➤ Chief Professional;➤ Director of Communications, Engagement and Public Affairs➤ Director of Laboratory Medicine;➤ Operational Manager (RIE/ Liberton)➤ Deputy Director of Public Health;➤ <u>Associate Director of Human Resources.</u>➤ <u>Head of Medical Physics</u>

LOTHIAN NHS BOARD SCHEME OF DELEGATION

14. Revenue- Losses and Special Payments															
<p>What does this section cover?</p>	<p>This section relates to the approval of losses and special payments as defined by CEL (2008) 44.</p> <p>The Director of Finance must periodically report all losses (of whatever class) to the Lothian NHS Board Audit & Risk Committee.</p> <p><u>All losses and special payments must be reviewed and counter-signed by one of; the Director of Finance; the Deputy Director of Finance; the Head of Financial Control; the Financial Controller (Financial Accounts); or the Finance Manager – Corporate Reporting & Governance.</u></p> <p><u>The responsible budget holder with a delegated limit of at least £10k have delegated authority to approve losses to be written off and special payments from their budgets up.</u></p> <p>For proposed losses to be written off and proposed special payments that are above these delegated limits, management must refer these items to the Audit & Risk Committee before seeking authorisation from the Scottish Government Health Directorate.</p>														
<p>Theft / Arson/ Wilful Damage</p>	<p>The Director of Finance or the Deputy Director of Finance or the Head of Management Accounting can approve the write-off of losses up to the following amounts:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1. Cash</td> <td style="text-align: right;">£20,000</td> </tr> <tr> <td>2. Stores/ Procurement</td> <td style="text-align: right;">£40,000</td> </tr> <tr> <td>3. Equipment</td> <td style="text-align: right;">£20,000</td> </tr> <tr> <td>4. Contracts</td> <td style="text-align: right;">£20,000</td> </tr> <tr> <td>5. Payroll</td> <td style="text-align: right;">£20,000</td> </tr> <tr> <td>6. Buildings/ Fixtures</td> <td style="text-align: right;">£40,000</td> </tr> <tr> <td>7. Other</td> <td style="text-align: right;">£20,000</td> </tr> </table>	1. Cash	£20,000	2. Stores/ Procurement	£40,000	3. Equipment	£20,000	4. Contracts	£20,000	5. Payroll	£20,000	6. Buildings/ Fixtures	£40,000	7. Other	£20,000
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5. Payroll	£20,000														
6. Buildings/ Fixtures	£40,000														
7. Other	£20,000														
<p>Fraud, embezzlement & other irregularities (including attempted fraud)</p>	<p>The Director of Finance or the Deputy Director of Finance or the Head of Management Accounting can approve the write-off of losses up to the following amounts:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">8. Cash</td> <td style="text-align: right;">£20,000</td> </tr> <tr> <td>9. Stores/ Procurement</td> <td style="text-align: right;">£40,000</td> </tr> <tr> <td>10. Equipment</td> <td style="text-align: right;">£20,000</td> </tr> <tr> <td>11. Contracts</td> <td style="text-align: right;">£20,000</td> </tr> <tr> <td>12. Payroll</td> <td style="text-align: right;">£20,000</td> </tr> <tr> <td>13. Other</td> <td style="text-align: right;">£20,000</td> </tr> </table>	8. Cash	£20,000	9. Stores/ Procurement	£40,000	10. Equipment	£20,000	11. Contracts	£20,000	12. Payroll	£20,000	13. Other	£20,000		
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12. Payroll	£20,000														
13. Other	£20,000														
<p>14. Nugatory and Fruitless Payments</p>	<p>A "fruitless payment" is a payment for which liability ought not to have been incurred, or where the demand for the goods and service</p>														

LOTHIAN NHS BOARD SCHEME OF DELEGATION

14. Revenue- Losses and Special Payments	
	<p>in question could have been cancelled in time to avoid liability.</p> <p>The Director of Finance or the Deputy Director of Finance or the Head of Management Accounting can approve the write-off of losses up to £20,000.</p>
15. Claims Abandoned	<p>The Director of Finance or the Deputy Director of Finance or the Head of Management Accounting can approve the write-off of losses up to the following amounts:</p> <p>a) Private Accommodation - £20,000 b) Road Traffic Acts - £40,000 c) Other - £20,000</p>
Stores Losses	<p>The Director of Finance or the Deputy Director of Finance or the Head of Management Accounting can approve the write-off of losses up to £40,000 in the following categories:</p> <p>16. Incidents of the Service – Fire, Flood, Accident 17. Deterioration in Store. 18. Stocktaking Discrepancies. 19. Other causes.</p>
Losses of Furniture & Equipment and Bedding & Linen in Circulation	<p>The Director of Finance or the Deputy Director of Finance or the Head of Management Accounting can approve the write-off of losses up to £40,000 in the following categories:</p> <p>20. Incidents of the Service – Fire, Flood, Accident 21. Stocktaking Discrepancies. 22. Other causes.</p>
21. Compensation Payments – Legal Obligation - Clinical	<p>NHS Lothian is a member of the Clinical Negligence & Other Risks Indemnity Scheme (CNORIS). CNORIS provides indemnity to members in relation to clinical and non clinical negligence compensation payments. The Scottish Government via the Central Legal Office gives the approval to settle claims under this scheme .</p> <p>The following officers can approve payments up to £250,000</p> <ul style="list-style-type: none"> • The relevant budget holder from the list of Category A approvers <p>For amounts over £250,000 - Two people have to approve the transaction, one of whom should be the budget holder.</p>

LOTHIAN NHS BOARD SCHEME OF DELEGATION

14. Revenue- Losses and Special Payments	
	<ul style="list-style-type: none"> ➤ Any executive Board member PLUS ➤ Another individual who has been given delegated authority to approve revenue expenditure up to £250,000. This person may be a Category A approver, or someone to whom a Category A approver has (though the authorised signatory process) delegated authority to approve expenditure up to £250,000.
<p>24. Compensation Payments – Legal Obligation – Non-Clinical</p>	<p>The following officers can approve payments up to £100,000:</p> <ul style="list-style-type: none"> • The relevant budget holder from the list of Category A approvers. <p>For amounts above £100,000 – Two people have to approve the transaction, one of whom should be the budget holder.</p> <ul style="list-style-type: none"> ➤ Any executive Board member PLUS ➤ Another individual who has been given delegated authority to approve revenue expenditure up to £250,000. This person may be a Category A approver, or someone to whom a Category A approver has (though the authorised signatory process) delegated authority to approve expenditure up to £250,000.
<p>EX-GRATIA PAYMENTS</p>	<p>Ex gratia payments are payments which a health body is not obliged to make or for which there is no statutory cover or legal liability. All ex-gratia payments must be reviewed and counter-signed by either the Deputy Director of Finance, the Head of Financial Control, or the Financial Controller (Financial Accounts), or the Finance Manager – Corporate Reporting & Governance.</p> <p>For the following categories of payments, the relevant budget holder from the list of Category A approvers have delegated authority to approve such payments from their budgets.</p>
<p>25. Extra Contractual Payments</p>	<p>An extra contractual payment is one which, although not legally due under the original contract or subsequent amendments, appears to be an obligation which the Courts might uphold. Such an obligation will usually be attributable to action or inaction by a health body in relation to the contract. A payment may be regarded as extra contractual even where there is doubt whether or not the health body is liable to make it, e.g. where the contract provided for arbitration but a settlement is reached without recourse to arbitration. A payment made as a result of an arbitration award is</p>

LOTHIAN NHS BOARD SCHEME OF DELEGATION

14. Revenue- Losses and Special Payments	
	<p>contractual.</p> <p>An <u>ex gratia payment to a contractor</u> is one not legally due under the contract or otherwise, and usually represents compensation on grounds of hardship. Any such payment would have to be fully justified on value for money grounds. The aggregate of payments from whatever cause under a single contract governs the need for prior reference to the Scottish Government. If the Board has any reason to suspect that the ultimate total will exceed its delegated powers it should consult the Scottish Government.</p> <p>The delegated limit for this category is £20,000.</p>
26 Compensation Payments – Ex Gratia – Clinical	The delegated limit for this category is £250,000 .
27 Compensation Payments – Ex Gratia – Non-Clinical	The delegated limit for this category is £100,000 .
28 Compensation Payments – Ex Gratia – Financial Loss	The delegated limit for this category is £25,000 .
29 Compensation Payments – Ex Gratia – Other Payments	<p>The delegated limit for this category is £2,500.</p> <p>In addition to the signatories above, the General Manager (Primary Care Contracts) has delegated authority to make these payments in this category for the Primary Care Contracting Organisation.</p>
30 Damage to Buildings and Fixtures – Incidents of the Service – Fire, Flood, Accident, Other Causes	The Director of Finance or the Deputy Director of Finance or the Head of Management Accounting can approve the write-off of losses up to £40,000 .
31 Extra-Statutory & Extra-regulatory payments	<p>These are payments considered to be within the broad intention of a statute or statutory regulation but which go beyond a strict interpretation of its terms. In some cases where health bodies have followed departmental guidance, the Scottish Government will advise the health bodies to classify the payments as extra statutory. In all other cases where health bodies would be acting, or believe they may have acted, beyond the strict interpretation of statute or statutory regulation they must inform the Scottish Government who will advise them whether the payments may be treated as extra statutory or that the payments are beyond their powers (ultra vires).</p> <p>Extra statutory or extra regulatory payments must not be</p>

LOTHIAN NHS BOARD SCHEME OF DELEGATION

14. Revenue- Losses and Special Payments	
	<p><u>classified as ex gratia.</u></p> <p>The Board has no delegated authority to approve these payments.</p>
3f Gifts in cash or kind	<p>The Director of Finance or the Deputy Director of Finance or the Head of Management Accounting can approve payments up to £20,000.</p>
3f Other losses	<p>These are losses that do not fall within the definitions of theft, arson, wilful damage, fraud, embezzlement and attempted fraud (loss categories 1-13 above) and would have fallen within the previously available categories of "Cash Losses – overpayment of salaries, wages and allowances" and "Cash Losses –other".</p> <p>The Director of Finance or the Deputy Director of Finance or the Head of Management Accounting can approve payments up to £20,000.</p>

LOTHIAN NHS BOARD SCHEME OF DELEGATION

15. Asset Transactions	
What does this section cover?	This section relates to miscellaneous asset transactions.
Disposal of fixed assets (other than land and buildings)	All transactions to be referred to the Director of Finance. The Director of Finance shall establish a procedure to approve these disposals and this may include delegating the approval of some disposals to other officers.
Land & Property and Equipment Leases	<p>For land, property and equipment leases the Present Value of the minimum payments required under the lease contract will determine the appropriate level of authority and signatory. Such payments will include any incidental fees, commissions, documentation or registration costs, or lease premiums as well as normal annual rentals payable over that minimum period.</p> <p>In such circumstances the Director of Operations (Estates & Facilities), Associate Director of Operations (Estates Facilities) or other managers will need to seek such appropriate financial advice as required on whether any lease agreement will require approval from the capital budget. The financial advice will consider the minimum period of the lease against the overall life of the asset (as determined by its depreciation period) and whether the minimum payments required over the lease represents substantially all of the equivalent normal capital cost of the asset being procured. Any lease or rental agreement where the total minimum payment over the lease period is less than £5,000 should be considered as revenue expenditure. For "grouped assets" (as defined by the Capital Asset Manual) where the total minimum payments over the lease period is less than £10,000, such agreements should also be treated as revenue expenditure.</p> <p>All leases should be reviewed to give assurance that the terms and conditions of the lease are satisfactory, and where applicable is in accordance with the Board's estates strategies and plans, and that the NHS Scotland Property Transactions Handbook has been followed.</p> <p>The value of the lifetime cost of the lease should be quantified, the signatory will be:</p> <p><u>Land & Property Leases:</u> Chief Executive or Director of Finance</p> <p><u>Equipment Leases</u></p> <ul style="list-style-type: none"> • The relevant budget holder from the list of Category A approvers. • Deputy Director of Finance.
Notification and Certification of Property Transactions (per Property Transactions Handbook)	Chief Executive

LOTHIAN NHS BOARD SCHEME OF DELEGATION

16. Financial Services	
What does this section cover?	This section relates to financial functions and controls administered by Financial Services.
Statutory deductions from payroll i.e. PAYE, superannuation, national insurance deductions, and arremtsments. Voluntary deductions from payroll e.g. GAYE, trade union fees.	One of the following officers: Deputy Director of Finance; Head of Financial Control; Finance Manager – Corporate Reporting & Governance or the Financial Controller (Financial Accounting)
Establishment of a cash float (any amount)	The Head of Financial Control, Finance Manager – Corporate Reporting & Governance or the Financial Controller (Financial Accounting) must grant approval of the establishment of a cash float.
Cheque Signatories - General	All designated cheque signatories must be included in the bank mandate. Only the Deputy Director of Finance (or the Director of Finance) PLUS one other Level 1 or Level 2 signatory may approve changes to the designated cheque signatories, and sign the letter to the bank to instruct it to alter the bank mandate. The required signatories depends on the value of the payment, as follows: > £100,000 – One Level 1 signatory plus any other signatory. £25,001 - £100,000 – One Level 1 or Level 2 signatory plus any other signatory. £2,000 - £25,000 – Any two signatories. < £2,000 – Any one signatory.
Cheque Signatories – Level 1	<ul style="list-style-type: none"> ➤ Director of Finance ➤ Deputy Director of Finance ➤ Deputy Chief Executive ➤ Medical Director ➤ Executive Director for Nursing, Midwifery, & Allied Health Professionals ➤ Director of Public Health & Health Policy <p>For cheques to the Central Legal Office only:</p> <ul style="list-style-type: none"> ➤ Head of Financial Control

LOTHIAN NHS BOARD SCHEME OF DELEGATION

16. Financial Services	
	<ul style="list-style-type: none"> ➤ Head of Management Accounting
Cheque Signatories – Level 2	<ul style="list-style-type: none"> ➤ Head of Management Accounting ➤ Head of Financial Control ➤ Financial Controller (Financial Accounting) ➤ Finance Manager (Corporate Reporting and Governance)_
Cheque Signatories – Level 3	<ul style="list-style-type: none"> ➤ <u>Any Business Partner</u> ➤ <u>Senior Finance Manager - Performance</u> ➤ Financial Controller (Accounts Payable) ➤ Financial Accountant
Electronic Banking – General Provision	<p>On each occasion that a profile is to be allocated to an officer (per the 3 sections below), that allocation shall be recorded in an internal mandate. The Deputy Director of Finance (or the Director of Finance) PLUS one other Level 1 or Level 2 signatory must approve the mandate.</p> <p>The Financial Controller (Financial Accounting) shall maintain a complete record of these mandates.</p>
Electronic Banking – Bankline	<p>The system profiles are granted to each of the following officers:</p> <p>Read only – Treasury Assistant</p> <p>Preparer – Treasury Team Leader; Senior Treasury Assistant</p> <p>Authoriser – Head of Financial Control; Head of Finance (PCCO); Financial Controller (Financial Accounting); Financial Controller (Accounts Payable); Financial Accountant; Finance Manager (Corporate Reporting and Governance).</p> <p>Administrator - Head of Financial Control; Financial Controller (Financial Accounting); Financial Controller (Corporate Reporting); Treasury Team Leader.</p> <p>N.B. There is a systematic control that requires the approval of two administrators to authorise any administrative changes to the system.</p>
Electronic Banking – Government Banking Service	<p>The system profiles are granted to each of the following officers:</p> <p>Read only – Treasury Assistant</p> <p>Preparer – Treasury Team Leader; Senior Treasury Assistant</p> <p>Authoriser –Head of Financial Control; Head of Finance (PCCO); Financial Controller (Financial Accounting); Financial Controller (Accounts Payable); Financial Accountant; Finance Manager (Corporate Reporting and Governance).</p>

LOTHIAN NHS BOARD SCHEME OF DELEGATION

16. Financial Services	
	N.B. HM Treasury administer this system.
Electronic Banking – BACS	<p>The system profiles are granted to each of the following officers:</p> <p>Preparer –Senior Treasury Assistant; Treasury Assistant.</p> <p>Authoriser –Head of Financial Control; Head of Finance (PCCO); Financial Controller (Financial Accounting); Financial Controller (Accounts Payable); Financial Accountant; Treasury Team Leader; Finance Manager (Corporate Reporting and Governance).</p> <p>Administrator - Head of Financial Control; Financial Controller (Financial Accounting); Finance Manager (Corporate Reporting and Governance).</p> <p>N.B. An administrator may grant the “Preparer” profile to another officer, in the event of a vacancy or absence of both a Senior Treasury Assistant and a Treasury Assistant. This will only be a temporary measure to support business continuity.</p>

LOTHIAN NHS BOARD SCHEME OF DELEGATION

17. Signing of Contractual Documentation	
What does this section cover?	The following individuals may sign contractual documentation on behalf of the Board, provided the decision to enter that contract has been made after following applicable due process.
Land and Property Transactions	<p>The power to purchase or dispose of land (and associated property) is reserved to the Scottish Ministers (per Section 79 of the National Health Service (Scotland) Act 1978. Officers shall follow the requirements of Section 2 of this Scheme of Delegation, and the NHS Scotland Property Transactions Handbook when considering these matters.</p> <p>Once the above processes have concluded and the necessary approvals are in place, only the following individuals may execute legal instruments on behalf of the Scottish Ministers. These individuals must take particular care to ensure that all prior Scottish Government approval required by the Property Transactions is in place before they exercise this delegated authority:</p> <p><u>All Acquisitions</u></p> <ul style="list-style-type: none"> • Chief Executive • Director of Finance <p><u>Disposals where the subjects of sale or lease would not continue to be used for NHS purposes by another party</u></p> <ul style="list-style-type: none"> • Chief Executive • Director of Finance <p><u>Disposals where the subjects of sale or lease (such as health centres or partnership ventures) would continue to be used for NHS purposes by another party</u></p> <ul style="list-style-type: none"> • The execution of legal instruments is reserved to the Scottish Ministers
Completion of associated contract documentation to put in place contracts as a result of decisions relating to building or maintenance projects or any procurement contracts	<p>The following individuals can sign off contractual documentation on behalf of the Board. However before doing so, that person needs to be satisfied that due procurement process has been followed, and the terms of the contract are acceptable to the Board. The signatory may not have been directly involved in the procurement processes, however should receive a report from the officers involved giving a briefing on the procurement exercise, and assurance that due process has been followed.</p> <ul style="list-style-type: none"> ➤ The relevant budget holder from the list of Category A approvers. ➤ Deputy Director of Finance ➤ Director of Capital Planning & Projects ➤ Associate Director of Operations (Estates & Facilities) ➤ Associate Director of Procurement

Audit and Risk Committee

Minutes of the Audit and Risk Committee Meeting held at 9.00 am on Monday, 17 June 2019 in Meeting Rooms 8 & 9, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present:

Mr M Ash (Chair), Non-Executive Board Member; Mr B McQueen, Non-Executive Board Member; Mr P. Murray, Non-Executive Board Member and Mr M Connor Non-Executive Board Member.

In Attendance:

Ms K Morgan, Assistant Manager Internal Audit; Ms J Brown, Chief Internal Auditor; Mr C Brown, Scott Moncrieff; Mr J Crombie, Deputy Chief Executive; Mr D Eardley, Scott Moncrieff; Mr M Egan, Director of eHealth; Ms S Gibbs (Deputising for Ms J Bennett); Ms S. Goldsmith, Director of Finance; Mr A Gustinelli, Internal Audit Manager; Ms D Howard, Head of Financial Services; Mr C. Marriott, Deputy Director of Finance; Ms O Notman, Assistant Finance Manager; Mr J. Old, Financial Controller; Mr A Payne, Head of Corporate Governance; Dr S. Watson, Chief Quality Officer and Miss L Baird, Committee Administrator.

Apologies:

Councillor J McGinty, Non-Executive Board Member.

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. Mr Ash declared an interest in the Edinburgh Integration Joint Board Financial and Budget Management (May 2019) report, noting that he was a member of the Integration Joint Board.

11. Minutes of the previous meeting held on 29 April 2019.

11.1 The minutes of the meeting held on 29 April 2019 were accepted as an accurate record.

12. Running Action Note

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

12.2 Mr Payne advised the Committee that with regard to the point on 'failure to send letters', a letter from the Chair of the Healthcare Governance Committee to the Chair of the Audit & Risk Committee has been drafted. The Healthcare Governance Committee has agreed to accept moderate assurance in respect of the processes in place. It was noted that the Information Governance Sub-Committee will exercise oversight over the remaining actions.

12.3 The Committee discussed the due date for each action, the fact that some had lapsed and whether it would be appropriate for an additional date or column for a date that indicated when the action would be completed be added to the running note. Mr Payne would explore this possibility and feedback through the running action note.

AP

12.4 The committee accepted the running action note.

13. Internal Audit (Assurance)

13.1 Internal Audit Progress Report (June 2019) – Ms Brown drew attention to 2 audits that would be delayed until the August Audit and Risk Committee meeting; Staff Satisfaction and Quality Strategy.

13.1.1 Ms Brown confirmed that the Board's risk would inform which areas internal audit will review. Internal audit will strengthen the link between strategic risks and the internal audit plan.

13.1.2 In light of the volume of work taking place around the 4 hour emergency care standard, the Committee agreed that it would be appropriate to carry out the audit on unscheduled care in the latter part of the year.

13.1.3 It was noted that the Midlothian audit had been deferred until 2019/20 to reflect a shift in the timetable for the production of the workforce plan. The final change to the plan was the deferral of the complaints feedback audit.

13.1.4 Mr Brown was confident that the resource within the internal Audit Team was sufficient to discharge the 2019/20 Internal Audit Plan.

13.1.5 The committee accepted the Internal Audit Progress Report June 2019.

13.2 Internal Audit Annual Report 2018/19 (June 2019) – Ms Brown drew attention to the audit opinion detailed at 5.3 and 5.4 of the report. Noting that during the course of the review the Internal Audit Team concluded on “no assurance” for two control objectives relating to the Edinburgh IJB Performance management framework. However, these findings were consistent with the IJB landscape at a national level and not unique to NHS Lothian therefore, they would not warrant inclusion in the Governance Statement.

13.2.1 The committee discussed the importance of avoiding duplication of work between the IJBs and the dissemination of shared learning from audit across each IJB. Ms Brown would work to ensure that these matters were picked up when planning audits in respect of the IJBs.

JBr

13.2.2 The committee accepted the Internal Audit Annual Report 2018/19.

14. 4 Hour Emergency Access Standard

14.1 The Chair introduced the paper and outlined the background to the report on 4 Hour Emergency Access Standard being presented to the Audit and Risk Committee, noting that the process was now complete and the report was coming back to the Audit and Risk Committee for completeness.

14.2 Mr Crombie provided an overview of the previously circulated paper. He highlighted the extensive work on culture, governance, staff and patient safety, the conclusion of the work from the Royal College's recommendations and the formal ending of the external support to NHS Lothian.

14.3 The Committee noted the timeline for bringing oversight back into the normal running of business. Long term goals would focus on addressing the demand at

the front door and delayed discharges. Mr Crombie advised that there were 17,906 attendances at emergency departments in April 2019, and 21,143 in May 2019. However since March 2019 there has been a sustained improvement in performance against the emergency access standard. Plans for medium and long term goals had been rehearsed with the external team and comments had been positive. Members recognised that understanding the drivers would be a key part of the work going forward.

14.4 The Committee noted the need for methodology that would facilitate organisational learning, recognising the key role which integration joint boards have for unscheduled care. .

14.5 The Committee acknowledged that further work was required in respect of culture, with 30% of people at the Royal Infirmary of Edinburgh and St John's Hospital feeling that they weren't treated with dignity and respect by colleagues, peers managers and the public. Mr Crombie recognised that culture in particular would be a difficult journey but one that NHS Lothian was committed to changing.

14.6 The Committee accepted this report as a source of significant assurance that senior management have continued to manage the 4 Hour Emergency Access Standard programme through assurance and delivery groups in line with the overarching plan, as derived from the Academy Report.

14.7 The Committee accepted this report as a source of moderate assurance that mechanisms were in place across all three adult acute sites to monitor performance against unscheduled care, and to support staff to design and implement a programme of improvement actions.

14.8 The Committee noted the direction of travel in respect of the 4 hour Emergency Access Standard and thanked Mr Crombie and his team the action take and the detailed paper. The Chair concluded that the Committee did not require a further detailed report on this subject, however asked Mr Crombie to present an update report to the Committee one year on from this point. Mr Crombie agreed to do so.

JC

14.9 Mr McQueen asked whether there was a Committee which has oversight of overall performance, which considers the investment of resources made by the organisation (finance, staffing, senior management), and the impact of that investment in performance. Ms Goldsmith suggested that the Finance & Resources Committee could take on this role, considering the relationship between the use of resources and the impact on the care deficit. The Committee supported this suggestion.

SG

Dr Watson entered the meeting.

Ms Brown left the meeting.

15. Theatres Improvement Programme

- 15.1 The Committee noted the previously circulated report on the theatres improvement plan brought to clarify issues that had rose from the April Internal Audit Report. The Committee recognised that it had been unfortunate on the day that there was no management representation available when the Committee considered the audit report in April.
- 15.2 Ms Carr gave a detailed presentation, noting the programme of work, areas of opportunity and the associated timescales. She acknowledged previous barriers to progress and joint actions to mitigate these going forward.
- 15.3 The Committee expressed concerns surrounding the governance and oversight of a project that had predicted savings of £3.7M for the organisation but due to poor management and a failure to engage with key staff had only achieved a saving of £78K. The Committee highlighted that there was a need for a robust infrastructure to provide assurance that there was a whole-system approach to implementation (of projects and other initiatives), which also supports whole-system learning. Members questioned moving forward how management could assure themselves and the Board that there was robust process of data examination, clear and consistent engagement with key players in the project, and how responsible people were held accountable.
- 15.4 Mr Crombie accepted the criticism related to the project to date. He assured the committee that the project had a new focus, that data would be robust and there would be live leadership of the project that would oversee the surgeons, the theatres teams and Ms Carr's Team.
- 15.5 Ms Carr assured the committee that work hours and availability of theatres and staff had been scrutinised to maximise capacity within the theatres going forward. A work plan had been devised and individuals would be held to account through their job plans and consultant level reviews.
- 15.6 Members noted that the lessons learnt from the theatres improvement project should be disseminated across the organisation to ensure that this type of failure was not repeated. Mr Crombie advised that all projects are now subject to more scrutiny than had been the case in the past, but acknowledged that a further report to the Committee would be appropriate to provide the Committee assurance on this. Ms Goldsmith commented that at the moment the Finance & Resources Committee does not have a systematic process to receive assurance on delivery. The Chair requested that Mr Crombie provide a report to the Committee on this subject within the next 12 months.
- 15.7 The committee took moderate assurance from the management responses to the audit recommendations as detailed in Appendix 1. All actions have been completed or are in-progress and up to date.
- 15.8 The committee noted the outlined successes to date, lessons learned and barriers to success within the report.
- 15.9 The committee supported the direction of the Theatres Improvement programme to put in place evolution strategies for each work stream to facilitate hand over to the operational teams.

JC

Ms Carr and Mr Crombie left the meeting.

16. Risk Management (assurance)

- 16.1 NHS Lothian Corporate Risk Register – Ms Gibbs presented the previously circulated report.
- 16.2 The committee noted that the Brexit risk will be considered by Healthcare Governance Committee (HCG) in July 2019 using the new template.
- 16.3 The committee accepted that a range of workshops and one-to-one meetings have taken place in preparation for moving to the new risk template by September 2019 and in response to internal audit recommendations.
- 16.4 The committee noted that the Healthcare Governance Committee will be recommending to the Board that the Management of the Deteriorating Patient risk be removed from the Corporate Risk Register. This was based on sustained improvement in cardiac arrests at a Lothian level and was supported by ongoing monitoring and improvement work. It was an example of a more dynamic approach to risk.

17. Internal Audit (Assurance)

- 17.1 Scottish Morbidity Records (SMRs) & Information Services Division (ISD) Reports (June 2019) – Mr Gustinelli presented the audit report that assessed the design and operation of the controls in place at NHS Lothian over the submission of SMRs to ISD. He highlighted that the report considered four control objectives, and there were 3 areas where a conclusion of moderate assurance has been reached:
- Roles and responsibilities with regards to when ISD monitoring reports and clear reporting lines.
 - Clear ownership and accountability of actions identified by ISD.
 - Errors preventing SMR submissions were identified and corrections were implemented in a timely manner.
- 17.1.1 Mr Connor noted that at point 2.2 within the report it stated that ‘The review comprised of four control objectives, of which three received Limited Assurance, with one receiving Significant Assurance’. Mr Gustinelli noted the typographical error and agreed to take forward correcting the final report out with the meeting. **AG**
- 17.1.2 Members were advised that there are practical challenges associated with the administration of SMR00, to ensure that the system reliably reflects whether or not a patient has attended a clinic. The system relies on their being an adequate administrative infrastructure at every location. The Committee agreed that the way that people interact with electronic systems need to change.
- 17.1.3 Dr Watson reported that the Access and Governance Committee accepted the bi-annual reports of such audits and their implication being presented to the Access and Governance Committee. He was mindful that the Access and Governance Committee did not become the ‘Data Quality Committee’ and although the committee were content to expand their remit to include such reports they could not take on any other matters relating to data quality. Mr Connor advised that the Information Governance Sub-Committee is overseeing data quality.

17.1.4 The Committee accepted the report.

Mr Egan and Dr Watson left the meeting.

17.2 Summary Report: Financial Controls, Cyber Security, General Practitioner (GP) Sustainability and Financial Sustainability (June 2019) – Mr Gustinelli spoke to the previously circulated report, giving a brief overview of the outcomes of each audit.

17.2.1 Mr Connor highlighted an issue within the Financial Controls audit report, which highlighted that team leaders do not always check significant changes to employees' standing data in the payroll system before they are processed. He noted that the management response was to remind staff of the need to do this, and advised that the response needs to be more robust. Ms Howard agreed to review which checks are essential, and take forward any necessary improvements..

DH

17.2.2 Mr McQueen highlighted an issue within the Financial Sustainability audit report. The issue relates to the organisation not holding individuals to account for slippage against their target level of savings. This is a key issue for line management and budget holders, given their individual responsibilities, rather than a financial recovery group. Mr Marriot advised the Committee that the vehicle for picking up performance against budgets would be the Sustainability and Value Group, which would in turn feed into the performance meetings. Ms Goldsmith acknowledged that there needed to be a shift towards a whole-system perspective, moving away from focusing on the delivery of allocated savings targets by individual departments and managers.

17.2.3 The committee accepted the report.

17.3 Sustainability and Value Group (June 2019) – the committee received the previously circulated report that considered the design effectiveness of the planned controls of the Sustainability and Value Group. The review comprised of four control objectives, of which one received Significant Assurance, with two control objectives receiving Moderate Assurance and one receiving Limited Assurance.

17.3.1 The committee recognised the Group was in its infancy, there was limited evidence of the Group scrutinising projects and taking action where lack of progress or insufficient data had been provided. It was also unclear how the Group were controlling change management resource within the organisation. This needed to be enhanced to ensure the Group held project teams to account.

Ms Mackay entered the meeting.

17.3.2 Mr McQueen expressed concerns regarding authority and accountability in light of the recent failures associated with the theatres improvement programme. He noted that if authority and accountability was not aligned with the project management oversight it would not achieve its goals. It was essential to have the right people who have the authority to make the decisions. Ms Goldsmith agreed that line management should be responsible and accountable for delivery, rather than it being owned by the finance directorate.

17.2.3 Mr Marriot would have oversight of the establishment of the project office. He reassured the committee that the functions of the project office would be robust.

17.3.4 Mr Ash concluded that there needed to be clarity as to who in the organisation can actually make things happen, and deliver outcomes. He raised concerns as to whether members of a group can actually do this, and suggested that there may need to be a review and development session on Best Value and the delivery of projects. The Committee agreed that a report should be brought back to the Committee on the sustainability and value work, giving more assurance of processes in place.

SG

17.4 Communications – Public Engagement Arrangements (June 2019) – the committee received the report that considered the design and operating effectiveness of the current approach to public engagement within NHS Lothian as well as considering future plans, and how these plans would mitigate risks identified by the Public Involvement Manager. The review comprised of three control objectives, of which two received Moderate Assurance and one received Significant Assurance.

17.4.1 There was evidence that those within the organisation understand the benefits of and requirement to engage with the public, however, there were varying practices being undertaken, which could benefit from more support in the form of best practice models and training for staff.

17.4.2 The committee noted that there would be risk associated to resources once the process was embedded within the organisation.

17.4.3 NHS Lothian recognised that public engagement requires improvement, including how the organisation systematically identifies, involves and engages stakeholders. It was noted that the public engagement officer post had been vacant for a long period. Ms Mackay recognised it was good to have public engagement but it was unclear how it should be done or what the definition of good public engagement was. She noted that it was a good opportunity to take stock of what the Board wants to achieve.

17.4.4 The committee accepted the report.

17.5 Edinburgh Integration Joint board Financial and Budget Management (May 2019) – Mr Gustinelli presented the report that assessed the adequacy of the arrangements established to support ongoing consolidated financial performance reporting to the Partnership's Chief Finance Officer, and review the design of the key financial governance and oversight controls established to support delivery of delegated services by partner organisations within agreed budgets. The area under review comprised 5 control objectives, of which all received Moderate Assurance.

17.5.1 Mr Gustinelli drew attention to management action 5 relating to detailed plans to deal with overspend and the lack there of. The committee agreed to carry the item forward to the August agenda and extend a further invitation to the Edinburgh Integrated Joint Board, as to give them another opportunity to attend the meeting.

AP

17.5.2 The committee accepted the report as a final report.

Ms Mackay left the meeting.

- 17.6 Follow-up of Management Actions Report (June 2019) – the committee noted the standard follow-up of management actions report and the information therein. Mr Gustinelli noted that there had been a slight increase in the number of actions remaining outstanding. He advised that internal audit would continue to monitor the situation closely.
- 17.6.1 The committee accepted the report.
- 18. Counter Fraud (Assurance)**
- 18.1 Fraud Referrals & Operations for year ended 31 March 2019 – The Committee accepted the report as a summary of the Counter fraud activity within the year. The Committee agreed that the report provided a significant level of assurance that all cases of suspected fraud were accounted for and appropriate action was taken.
- 19. Corporate Governance (Assurance)**
- 19.1 Introduction to the Committee Annual reports – Mr Payne introduced the 2018/19 annual report format and the Committee accepted the briefing detailed therein.
- 19.2 2018/19 Annual Report from the Healthcare Governance Committee – The Committee accepted the report as a significant source of assurance that the Governance Statement is informed by the views of the committee.
- 19.3 2018/19 Annual Report from the Finance and Resources Committee - The Committee accepted the report as a significant source of assurance that the Governance Statement is informed by the views of the committee.
- 19.4 Staff Governance Committee Annual Report period report 2018/19 – The Committee accepted the report as a significant source of assurance that the Governance Statement is informed by the views of the committee.
- 19.5 Information Governance Sub-Committee Annual Report 2018/19 – The Committee accepted the report as a significant source of assurance that the Governance Statement is informed by the views of the committee.
- 19.6 Acute Hospitals Committee Annual Report 2018/19 – The Committee accepted the report as a significant source of assurance that the Governance Statement is informed by the views of the committee.
- 19.7 National Services Scotland Service Audit Reports 2018/19
- 19.7.1 No material issues had been raised therefore the Committee agreed to accept the reports from the service auditors as a source of significant assurance with respect to the systems of internal control relating to the National Single Instance Financial Ledger, Practitioner Services and the National IT Services contract.

19.8 Schedule of Losses – SFR 18.0

19.8.1 Ms Howard spoke to the previously circulated report drawing attention to the summary of losses and payments over the period of 2018/19. She noted that the recent salary write-off would not appear in the 2018/19 summary of losses until it had been signed off by Scottish Government.

19.8.2 The Committee agreed to take a significant level of assurance on the internal losses controls and that the Board were continually reviewing and evaluating changes to improve the effective systems for internal financial controls.

19.9 Edinburgh and Lothian’s Health Foundation Annual Report and Accounts 2018/19

19.9.1 The committee noted that there had been a review of the charitable funds and that they were found to be a clean set of accounts, and there had been no issues raised.

19.9.2 The Committee accepted this report as a source of significant assurance that management have prepared the Annual Report and Financial Statements of the Foundation for 2017/18, Scott-Moncrieff had carried out an external audit of the accounts, and had provided an unqualified audit opinion.

19.10 Patients Private Funds Annual Accounts 20118/19

19.10.1 The Committee agreed to:

- Accept the management letter from Scott-Moncrieff as a source of significant assurance in relation to the draft annual accounts and the underlying systems of internal control.
- Recommend to the Board that the Chairman and Acting Chief Executive sign the “Statement of Lothian NHS Board Members’ Responsibilities” on the Board’s behalf.
- Recommend to the Board that following the Board’s consideration, the Director of Finance and the Acting Chief Executive sign the “Abstract of receipts and Payments” (SFR19.0).
- Recommend to the Board that the Board approve the draft Patients’ Private Funds accounts for the year ended 31 March 2019.

20. Annual Accounts (decision)

20.1 Governance Statement

20.1.1 The Committee accepted this report as a source of significant assurance that the process to develop the Governance Statement was consistent with the associated instructions and good practice.

20.1.2 The Committee reviewed the Governance Statement, did not identify any further required disclosures, and agreed it should be included in the annual accounts.

20.2 Management Representation Letter

20.2.1 The Committee reviewed the draft Representation Letter to the external auditors confirmed that the statements represented confirmation to the external auditors on matters arising during the course of their audit of the accounts for the year ended 31 March 2019, and agreed to recommend that the letter be signed by the Chief Executive of NHS Lothian.

20.3 NHS Lothian Annual Audit Report 2018/18

20.3.1 Mr Brown and Mr Eardley gave an overview of the report highlighting how the report was collated, key findings and the audit certificate.

20.3.2 The Committee accepted the report as a source of assurance to inform its review of the annual accounts.

20.3.3 Mr Murray confirmed that during the course of the meeting he identified areas that strategic planning could take ownership of and the associated infrastructure: Project Management, Management contribution, theatres improvement, care deficit, lessons learnt (wider aspect) and bridging the gap between NHSL and IJBs. He proposed that the committee invite the Strategic Planning Committee to take a view on the proposal and feedback at a future meeting. **AMcM**

20.4 NHS Lothian Annual Accounts for Year End 31 March 2019

20.4.1 The Committee agreed to recommend to the Board that they adopt the Annual Accounts for the year ended 31st March 2019 and recommend to the Board to authorise the designated signatories to sign the Accounts on behalf of the Board.

20.5 Audit Committee Annual Report and Assurance Statement 2018/19

20.5.1 The Committee approved the annual report and assurance statement 2018/19.

20.6 Notification to Scottish Government Health Department Health and Wellbeing Audit Committee

20.6.1 The Committee approved the letter to the Scottish Government Health & Social Care Assurance Board.

21 Date of Next Meeting

21.1 The next meeting of the Audit and Risk Committee will take place at **9.00** on **Monday 26 August 2019** in **Meeting Room 8&9, Fifth Floor, Waverley Gate.**

Chair Signed 03/10/19
Original held on file

Audit and Risk Committee

Minutes of the Audit and Risk Committee Meeting held at 9.00 am on Monday, 26 August 2019 in Meeting Rooms 8 & 9, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present:

Mr M Ash (Chair), Non-Executive Board Member; Mr B McQueen, Non-Executive Board Member; Mr P Murray, Non-Executive Board Member; Mr M Connor Non-Executive Board Member Councillor J McGinty, Non-Executive Board Member and Dr R Williams, Non-Executive Board Member.

In Attendance:

Ms J Bennett, Associate Director of Quality Improvement and Safety; Ms J Brown, Chief Internal Auditor; Mr D Eardley, Scott Moncrieff; Mr C Marriott, Deputy Director of Finance; Mr J Old, Financial Controller; Mr A Payne, Head of Corporate Governance; Dr S Watson, Chief Quality Officer and Miss L Baird, Committee Administrator.

Apologies: None

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.

22. Minutes of the previous meeting held on 17 June 2019.

- 22.1 The minutes of the meeting held on 17 June 2019 were accepted as an accurate record subject to one minor change:
- Item 14.5: The Committee acknowledged that further work was required in respect of culture, with 30% of people at the Royal Infirmary of Edinburgh and St John's Hospital feeling that they weren't treated with dignity and respect by colleagues, peers managers and the public.

23. Running Action Note

- 23.1 The committee noted the actions marked complete and those that were not due for consideration detailed within the report.
- 23.2 The committee discussed the mapping of risks across the Integration Joint Boards (IJBs) and Health and Social Care Partnerships. Members recognised that there were similar risks across the service. Work to link risk so that they read across the whole system and were recognisable to all was ongoing. The completed map would be considered by the Integrated Care Forum in due course.
- 23.3 The committee accepted the running action note.

24. Risk Management (assurance)

- 24.1 NHS Lothian Corporate Risk Register – Ms Bennett presented the previously circulated report.
- 24.2 The committee noted that the Board had accepted a new risk on the Corporate Risk Register associated with the delay in providing clinical care for the Royal Hospital for Children & Young People (RHCYP) and Department of Clinical Neurosciences (DCN) on the Royal Infirmary of Edinburgh campus. Mr McQueen requested that Ms Bennett identify which governance committees would have oversight of the risk ensuring that it was transparent within future reports. **JBenn**
- 24.3 There was no mention of reputational risk to the organisation for those risks with a service delivery focus within the public domain. Members questioned whether this should be recognised within the document.
- 24.4 It was noted that the August 2019 Board had accepted a new risk on the Corporate Risk Register associated with the delivery of NHS Lothian's Level 3 Recovery Plans to agreed timescales.
- 24.5 It was noted that the new Brexit risk received moderate assurance from the July 2019 Healthcare Governance Committee and that the committee agreed to embed a set of questions into the Risk Register papers to improve identification and response to risk to quality of care.
- 24.6 The committee accepted that a range of workshops and one-to-one meetings have taken place in preparation for moving to the new risk template by September 2019 and in response to internal audit recommendations.
- 24.7 The Committee accepted the report.

25. Internal Audit (Assurance)

- 25.1 Internal Audit Progress Report (August 2019) – Ms Brown advised the committee that the planned adverse events review has been revised to focus on the new Duty of Candour Legislation and that the planned audit of recruitment was not appropriate at this time. An alternative audit of the early careers and apprenticeships had been proposed as a replacement. She noted that the recruitment audit would be picked up in Q1 2021 to allow regional work to mature.
- 25.1.1 Members noted the reduction of capacity within the Internal Audit Team following a recent departure from the team. Ms Brown would take the opportunity to consider the current and future skillset of the internal audit team and commence a recruitment exercise. This would strengthen the team and support the developing plans to potentially consider a regional internal audit co-source model involving NHS Fife and NHS Borders.
- 25.1.2 Ms Brown had met with the Chief Internal Auditors of the 4 IJBs. Discussions had been positive. The Group agreed in the first instance to review and propose some updates to the principles which can then be discussed with the Chief Officers and IJB Audit and Risk Committee chairs. She would bring final proposals to the NHS Lothian Audit and Risk Committee in November. The Committee noted the importance of joint working to building relationships with partners and reduce duplication of work.

Mr Ash highlighted that it would be useful if the Chief Internal Auditors could clarify what are IJB issues, what are HSCP issues, and a single statement issued to a wider audience to summarise the outcome from this. Ms Brown explained that going forward the NHS Lothian internal audit team needs to concentrate on HSCP issues, however the team would make the IJB Chief Internal Auditors aware of any findings which are pertinent to IJBs. Dr Williams highlighted that it was crucial that the audit teams avoid duplication.

- 25.1.3 There was agreement that a formal process of sharing information should be built into the system so that there was clarity and consistent reporting across organisations.
- 25.1.4 Members did not agree with the proposal to defer an audit of recruitment in favour of a review of the approach to early careers and apprenticeships. Recruitment was high on the Board's agenda and Brexit would only make recruitment more difficult. They recognised that the proposed delay would allow time for new processes to embed and regional work to mature but did not agree that there was justification for the length of the delay. Councillor McGinty proposed delaying to summer 2020 if necessary. The Committee requested that the Director of Human Resources & Organisational Development be invited to present a report on the wider issue of recruitment at the next Audit and Risk Committee. The Committee highlighted that it needed to understand the link between recruitment and the safe staffing legislation, and have a clearer understanding of what internal audit can review in relation to recruitment, and what other governance committees are looking at. Ms Brown advised that she would explore the possibility of undertaking some work in quarter 4 of 2020/21 and would discuss this with the Director of Human Resources & Organisational Development.. **JBr/JB**
- 25.1.5 The committee accepted the Internal Audit Progress Report August 2019.
- 25.2 Reports where all control objectives that provide significant assurance – the committee accepted the report where all objectives that provide significant assurance.
- 25.3 Edinburgh Integration Joint Board Financial and Budget Management (May 2019) – Members noted that the report was initially presented to the June Meeting and there was agreement to defer the report to the August meeting to give a representative of the Edinburgh IJB opportunity to attend. It was noted that there was no one in attendance for the meeting and the Committee would consider the report in their absence.
- 25.3.1 The committee accepted the report taking comfort from the assurance within the comprehensive report. The Committee agreed that it was content that the IJB had considered the report through its systems.
- 25.4 Follow-Up of Management Actions Report (August 2019) – Ms Brown advised that 21 actions were closed since the previous meeting and one action had slipped over the 3 month period.
- 25.4.1 The committee accepted the report.
- 26. Counter Fraud (Assurance)**

- 26.1 Counter Fraud Activity – Mr Old updated the Committee on counter fraud related activities since the June meeting. He noted that since 26th July 2019 2 referrals were open and 5 operations were ongoing.
- 26.1.1 The Committee noted that due to the Scottish Government's view of overseas patients CFS would no longer report these to the Board. For any individual identified as liable to healthcare charges the Board would raise an invoice to the individuals for the cost of the healthcare received.
- 26.1.2 Mr McQueen noted that the appendix detailing the cases closed did not contain information relating to whether fraud had been committed or not. Mr Old advised that in most cases there was insufficient evidence of fraud or the procurator fiscal had declined to take the case forward. Mr Old advised that when a case is escalated to an investigation then it does lead to recommendations. Mr Murray asked whether there is ever an analysis of themes within recommendations which leads to a change in policy. Mr Old agreed to seek feedback from CFS on the outcomes of the investigations and include narrative in future reports. JO
- 26.1.3 It was noted that the full report in respect of operation Ariston would follow in due course. Recommendations from the report would be taken into consideration. A continued commitment to tighten processes in light of lessons learnt from cases of fraud was noted.
- 26.1.4 The committee accepted the report.

Ms Brown left the meeting.

Ms Addison entered the meeting.

27. Corporate Governance (Assurance)

- 27.1 Update on Internal Audit – Procurement and Future Internal Audit Staffing - The committee approved a 10 month contract extension with Grant Thornton UK LLP to provide a co-sourced internal audit service to 30 June 2020.
- 27.2 The committee noted the progress in exploring the provision of a regional internal audit service.
- 27.3 The committee accepted the report.
- 27.2 Operation Unicorn – Ms Addison gave a detailed overview of operation unicorn.
- 27.2.1 The committee acknowledged the operational risk to the organisation in the event of operation unicorn being activated. Next steps would focus on performing an impact assessment to present to the Board.
- 27.2.2 The committee thanked Ms Addison for her presentation and she left the meeting.
- 27.3 Assurance on governance arrangements regarding the Royal Hospital for Sick Children & Young People and Directorate of Clinical Neurosciences – Mr Marriott presented the report. .
- 27.3.1 The KPMG report has not yet been published. Consequently this report simply sets out the governance oversight arrangements that are in place to oversee any

issues that may emerge from the Scottish Government's commissioned reviews, and the RHCYP/DCN generally.

27.3.3 The Committee accepted the report as a source of significant assurance that there are adequate governance arrangements in place to oversee and consider any issues that may emerge from the Scottish Government's commissioned reviews, and the RHCYP/DCN generally.

27.3.4 The Committee asked for a further report on this subject be presented to its next meeting so that it remains sighted on the issues. **SG**

27.4 Scheme of Delegation – Mr Payne spoke to the previously circulated paper. Key issues related to whether it was appropriate for the Director of Finance approve some of the suggested amendments within the scope of her delegated authority to approve amendments.

27.4.1 The Committee did not have any further feedback on the Scheme, and agreed it was appropriate for the Director of Finance to approve the amendments without further recourse to the Board.

28. Any Other Competent Business

28.1 There were no other items of competent business.

29. Date of Next Meeting

29.1 The next meeting of the Audit and Risk Committee will take place at **9.00** on **Monday 25 November 2019** in **Meeting Room 8&9, Fifth Floor, Waverley Gate**.

30. Reflections on the Meeting

30.1 The Committee discussed the change in process for the approval of minutes and the timings for the committee to feed into the Board. It was noted that at each meeting the minutes would be signed off by the chair once they were approved, only then would the minute be considered final and submitted for consideration to the Board.

30.2 'Reflections on the meeting' would be a standing item on all future Audit and Risk Committee agendas. Members were invited to raise concerns or flag issues that they wish to be highlighted to the Board in advance of the minutes being submitted.

30.3 Members agreed that the Chair would highlight to the Board the change the change to the Scheme of Delegation, and the ongoing work with the IJBs on internal audit and risk.

Chair Signed 27/11/19
Original held on file

STAFF GOVERNANCE COMMITTEE

Minutes of the Meeting of the Staff Governance Committee held at 9:30am on Wednesday 31st July 2019 in Meeting Room 8&9, Fifth Floor, Waverley Gate, 2-4 Waterloo Place, Edinburgh.

Present:

Mrs A. Mitchell (Chair); Mr B. Houston; Cllr J. McGinty (until 11.30am); Miss F Ireland; Mrs. J Butler (until 11am); Miss T. Gillies; Ms H. Fitzgerald; Mr A. Joyce; Miss F Ireland; Ms J Campbell (until 11.30); Professor T. Humphrey; Cllr D. Milligan and Mr S. McLauchlan.

In Attendance: Mrs R. Kelly, Deputy Director of HR; Mr I. Wilson, Head of Health and Safety; Ms L Willis Assistant Service Manager RIE and Ms J Drummond, Assistant Service Manager RIE (Item 11); Dr A Leckie, Director LOHS (Item 14.5); Mr D Gillan, Head of Soft Facilities Management (Item 16.1.5); Ms L Clare, Programme Manager - Nursing & Midwifery Workforce (shadowing Miss Ireland) and Mr C. Graham, Corporate Governance Team

Apologies for Absence were received from Professor A. McMahon and Mr J. Crombie.

Declaration of Financial and Non-Financial Interest

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.

11. Presentation – iMatter story

11.1 The Chair welcomed Ms Willis and Ms Drummond to the meeting.

11.2 Ms Drummond and Ms Willis gave a presentation on the implementation and progress of iMatter on the RIE site. The presentation covered some background on the 2018/2019 Cycle when an Assistant Service Managers' (ASMs)/Directorate Assistant Group was developed to lead on the implementation of iMatter on the RIE site.

11.3 It was noted that initial engagement from staff had been poor - with staff feeling "what is the point in completing as no changes ever take place". ASMs met with staff groups in different forums and stated that this was each team's opportunity for their voices to be heard and to encourage positive changes to be made. Whilst it was recognised that this was a voluntary survey without staff engagement, team reports would not be produced and therefore staff's opinions could not be reflected.

11.4 The presentation covered the approach undertaken and this included:

- Agreed leadership and establishment of a Short Life Working Group to look at iMatter process.
- ASMs meeting with individual team leaders and with help from the iMatter administrator, ensuring that all team members were correct when confirming teams.
- refresher sessions held for managers and team leaders to ensure that they understood the system and could support staff members should this be required.
- Where paper copies were requested by staff members admin support was identified for team leaders. This ensured that all paper copies were printed in preparation for the official questionnaire "go live" date. Central location points within each directorate where established and easily accessible to staff allowing them to return paper copies.
- Protected time allocated to staff to allow completion of paper/online survey.

- Consistent and regular communication ensured that all staff were updated on appropriate deadlines etc and points of contact were made available should any member of staff have questions or concerns.

- 11.5 The Committee noted that the purpose of the approach was to engage staff in the positive impact that completion of iMatter can have on their team. It was also to help staff understand that they own the report and that with their contribution and support changes for the better would happen.
- 11.6 Valuing each other's view's also boosted staff morale, made people feel more involved and resulted in better communication and sharing of ideas. Staff also felt more listened to and engaged in changes.
- 11.7 Following the publication of team reports, team leaders meet their team/s to discuss reports and develop an agreed action plan for the coming year. Moving forward ASMs/Directorate Assistants would continue to hold regular meetings as a collective group to allow the sharing of best practice and where required enable support for the completion and implementation of action plans.
- 11.8 The Committee noted the site response rates and it was agreed that this was a great news story. Mrs Butler pointed out that the conversion rate for team reports to action plans for RIE last year had been at 96%; this was roughly 30% higher than any other part of the organisation. Other teams including external organisations were now asking what had happened on the site to see that level of progress in such a short period of time. Ms Willis and Ms Drummond commented that staff now felt more listened to and involved.
- 11.9 The Chair thanked Ms Willis and Ms Drummond for the presentation and added that it was valuable to the Committee to hear these stories like this, highlighting good work in the organisation.
- 11.10 Ms Willis and Ms Drummond left the meeting.

12. Minutes of the Previous Meeting

- 12.1 The Minutes and Action Note of the Staff Governance Committee Meeting held on 29 May 2019 were approved as a correct record.

13. Matters Arising

- 13.1 The Committee noted that most items on the action note were being covered on the agenda. In relation to the Equality and Diversity Monitoring Action Plan this had been deferred to the October meeting given the size of today's agenda.

14. Healthy Organisational Culture

- 14.1 Speak Up Initiative - Mrs Butler reported that the initiative had now formally launched. Guidance materials were available through HR Online, including a short film introduced by the Chief Executive. Mrs Butler highlighted a recent example where staff had felt confident enough to raise concerns after seeing publicity material about the Speak Up Initiative.
- 14.2 It was important to recognise that the initiative was not just about going to an ambassador but rather about creating a culture where staff had the confidence to raise

concerns and for this to be viewed as part of day to day business. The Committee noted that there would be a report on the Speak Up Initiative on a quarterly basis.

14.2 Whistleblowing Monitoring Report

Professor Humphrey took over as Chair for this item.

- 14.2.1 The Committee received the update report on recent actions that have been taken in relation to whistleblowing and noted the monitoring data for the whistleblowing cases that have been raised within NHS Lothian for the period April 2018 to 17 July 2019.
- 14.2.2 Mrs Kelly highlighted the two recent consultation exercises in relation to whistleblowing:
- Whistleblowing Standards – SPSO
 - Principles for the Independent National Whistleblowing Officer – Scottish Government
- 14.2.3 It was noted that responses had been submitted from NHSL. There was particular concern around the 20 day response deadline for a whistleblowing complaint which was felt to be unrealistic. This concern had been raised previously with SPSO and SG colleagues. Another concern was that currently NHSL had no electronic whistleblowing recording system and meeting targets would be difficult without this. It is understood that the time line for publication of the final standards is December 2019.
- 14.2.4 Mrs Kelly reported that there were to be appointments to health boards of new Non Executive Whistleblowing Champion Board Members from December 2019.
- 14.2.5 Mr Houston commented that the appointment of a Non Executive Board Member with a separate reporting structure to the Cabinet Secretary would not be workable in terms of governance and accountability. It was noted that there had not been a lot of discussion on this at the national Board Chair's group but Mr Houston would raise this at the upcoming meeting as this was fundamental to board governance. Mr Houston would also raise this for discussion with the Board.
- BH**
- 14.2.6 There was also discussion about the impact on staff of complaints and investigatory processes, particularly those staff subject to investigation as part of a whistleblowing case. Mrs Butler advised that the improving staff experience work programme this year included the development of guidelines for supporting those staff who are complained about.
- 14.2.7 The Committee agreed to accept moderate assurance based on the information contained in the paper that systems and processes are in place to help to create a climate in NHS Lothian which ensures employees have 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. The Chair requested that paragraph 3.3 be amended to reflect that she only extended an offer to meet with whistleblowers after conclusion of all investigations and when there was no element of personal grievance. The offer to meet with whistleblowers was to hear about their experience and to establish if the process can be improved or if there is wider organisational learning to be shared.
- 14.2.8 The Committee also re-emphasised its concerns in relation to the feasibility of the implementation of the new standards if timelines are not changed along with concerns about the governance structure of the new Non Executive Board Member role.

Mrs Mitchell thanked Professor Humphrey and took back the Chair.

- 14.3 iMatter update - Mrs Kelly introduced the report informing the Committee of the Key Performance Indicators (KPIs), in relation to iMatter for 2019. Mrs Kelly reported that the completion date for the Cohort 1 (corporate functions and REAS) action plans completion had passed. It was clear that further work needed to be done to improve the action plan KPI within the corporate teams in particular and this was being picked up by the Director of HR and OD. The Committee expressed concern about the action plan completion rates in 2 or 3 of the Corporate teams and noted the actions being taken to address this going forward. Cohort 2 had another 3 weeks to run on action planning for team reports. It was noted that Cohort 4 was for West Lothian only and was special as it was necessary to involve health staff only due to gaps in substantive leadership. There were plans to have a health and social staff combined Cohort 4 in 2020.
- 14.3.1 Mrs Kelly flagged up that as part of the staff engagement development framework an iMatter faculty was being established, with its first meeting in August. The intention was that the Faculty would provide a network to help embed iMatter further across the organisation, spread best practice and share learning. There was also a national short life working group on-going looking at bringing doctors and dentists in training into iMatter.
- 14.3.2 The Committee noted the current results relating to Cohorts 1, 2 and 3 for 2019 and noted that four Directorates did not achieve the minimum response rate of 60% required to generate a Directorate level report: Primary Care Transformation, Estates & Facilities, Edinburgh City H&SCP and East Lothian H&SCP.
- 14.3.3 The Committee agreed to take significant assurance that staff in Cohort 1 and Cohort 2 are engaged in the iMatter process and have completed their questionnaire thus generating a Team Report in the majority of the areas and agreed to take moderate assurance around the conversion of team reports into action plans for Cohort 1 and limited assurance for Cohort 2.
- 14.4 Sickness Absence and Health and Wellbeing update - Mrs Kelly presented the report updating the Committee on the arrangements in place to promote the health and wellbeing of staff across NHS Lothian and to update on the arrangements in place to assist with the management of sickness absence.
- 14.4.1 Mrs Kelly highlighted that in terms of health and wellbeing there was an established process in place around absence management. There was the staff experience and engagement plan; healthy working and living campaigns; training, and a health and wellbeing intranet site had been launched. In relation to healthy working lives, there were now a couple of areas with the gold or silver award; 4 areas with bronze and other areas working towards bronze. It was noted that St John's Hospital and West Lothian HSCP had always undertaken healthy working lives jointly and had achieved the gold award. Support from the health promotion team working with the HR team had been extended for another year and financial support for healthy working lives was being investigated with the health foundation.
- 14.4.2 There was discussion on general absence management. It was noted that training sessions and support continued. Miss Ireland pointed out the level of young people sickness absence (16-19 year olds) and if work to explore these levels further could be considered. The Committee acknowledged that this was an area where there was a significant jump in absence and the trend was increasing. It was important to establish

positive learned behaviours early on in working life. Mrs Butler advised that there could be learning from and improvement in the induction and support arrangement that were well established for Modern Apprentices. Mr Joyce indicated that he did not believe that the 0.5% reduction in sickness absence levels set as part of the national pay reform policy was realistic given the age profile of the workforce and the guidance that had come out of the National Working Longer Group. Mrs Butler confirmed that the guidance produced was accessible via HR Online and offered nothing new or different to what NHSL currently offered under its flexible working arrangements.

- 14.4.3 Professor Humphrey stated that it was good to see the emphasis shifting towards health and wellbeing rather than against targeting absenteeism. The initiatives were impressive but how was the intelligence gathered around absence reasons and age profiles being used to address psychological and emotional wellbeing (anxiety, stress, depression). Mrs Butler added that the next corporate campaign would be around mental health.
- 14.4.4 The Chair stated that this was a major recurring theme and although there was guidance on the intranet, not all employees had easy access to this, so what was being done to ensure the accessibility of help. Mrs Kelly made the point that all areas had local health and wellbeing coordinators, sharing information and experience with employees. Mrs Butler added that there were two levels of health and wellbeing support, corporate and local. Different sites were testing different things depending on what made sense locally for their area and what had been identified by staff.
- 14.4.5 There was further discussion on the pilot delivering mental health workplace training and the ongoing work with the health foundation to access funding that may be available to assist in the fast tracking of initiatives to support the health and wellbeing of staff.
- 14.4.6 The Committee noted the significant work undertaken by the Human Resources and Occupational Health Services to support managers with absence management and the work undertaken by Human Resources and the Healthy Working Lives Leads in promoting Health and Wellbeing across the organisation and putting in place activities/actions to support staff.
- 14.4.7 The Committee agreed to take significant assurance that systems and processes are in place to assist managers in addressing absence management and encourage the health and wellbeing of staff and agreed to take limited assurance that the extant 4% NHS Scotland standard would be achieved.
- 14.5 Lothian Health and Safety Service Annual Report - Dr Leckie introduced the Lothian Health and Safety Service Annual Report report for 2018/19.
 - 14.5.1 Dr Leckie reported on the objectives over the last year and looking forward with the aim to shift focus more onto mental ill health. There would also be a focus on better use of multidisciplinary OHS teams on sites and the move of the health and safety team to a more needs based rather than demand led approach.
 - 14.5.2 There was discussion on the intention for the service to move from demand led to needs based and how this would work. Dr Leckie stated that the OHS team had been working on engagement with local sites and development of guidance and work plans. There had been changes within the OHS team and gaps due to retirement which had led to a review of the structure and the new structure would have more focus on prevention of ill health and doing things in that area that will show benefits further down the line. It was recognised that this was not something that could be fixed in 1 or 2

years but was more of a long term plan to build on. The details on the resources behind the plan were still to be confirmed.

14.5.3 The Chair made the point that this was an important shift in approach and that there would need to be evaluation as part of the process. Dr Leckie confirmed that the new approach would hopefully help to address challenges against mindset and culture.

14.5.4 The Committee accepted the departmental objectives; the assurance levels for the services delivered - occupational health, physiotherapy, manual handling service, occupational health and staff counselling.

14.5.5 The Committee supported the retention of the same departmental objectives for year 2018/19; the intention to deliver services aimed at the prevention of mental ill health and protection of staff from mental ill health and supported the main objectives for the year ahead.

15. Capable Workforce

15.1 Education Governance Board (EGB) – Mrs Butler reported that this was a routine update paper on progress to improve Education Governance in NHS Lothian. Mrs Butler highlighted the 3 core priorities of EGB within the 2018 – 2019 workplan:

- Development of an evaluation framework
- Guidance on commissioning of internal and external education and training
- Development of an inclusive learning framework

15.1.1 It was noted that these 3 priorities were on track to deliver what had been expected and a draft evaluation framework was being piloted. The EGB Terms of Reference would also be redefined to reflect the core priorities for the 2019-2020 workplan.

15.1.2 The Committee noted the progress being made by the Education Governance Board in respect of its 3 priorities for 2018 – 2019 and the intention by the EGB to review its Terms of Reference to better define its purpose and agree its priorities for next year.

15.1.3 The Committee agreed to take a moderate level of assurance that the actions set out in this paper will improve the governance of education and training delivered in NHS Lothian. It was also agreed that an update on progress would come back to the Committee on a 6 month basis.

16. Assurance and Scrutiny

16.1 Corporate Risk Register

16.1.1 3328 - Roadways/Traffic Management – It was noted that a paper would be brought to the October Staff Governance Committee.

16.1.2 3455 - Management of Violence and Aggression – Miss Ireland and Mr Wilson introduced the report providing a further update to the Committee on work being undertaken to improve the current level of support to staff on Violence and Aggression (V&A) management, given this had been and remains a high risk on the NHSL corporate risk register (3455).

16.1.2.1 Miss Ireland reported that there had been meetings with Professor McMahon and colleagues from Quality Improvement Support to review and define the 3455 risk entry on the corporate risk register. The work on developing the risk entry for local

registers continues and the overview for the future of this risk would be to pull areas of focus up from local registers and have a process in place to capture that. Miss Gillies added that a needs based approach would be in addition to the standard base line and would form part of the way the risk would be managed or mitigated if identified.

- 16.1.2.2 Mr Wilson gave an update on patient restraint and rapid tranquilisation. It was reported that appropriate policies and training systems were in place. Patient restraint was very much a last resort and there were initiatives in place to avoid the need for restraint in the first place, especially at the Royal Edinburgh Hospital.
- 16.1.2.3 Mr Wilson also gave a general update on V&A Management. It was noted that there continued to be a slow downward trend over the last 4 years in the number of recorded violent and aggressive adverse events, both in the number and the resultant harm. Focused interventions over the years had contributed to this reduction.
- 16.1.2.4 Mr Wilson added that there remained a challenge around attendance at V&A training (uptake and DNA rate). Better engagement with management teams and different approaches to the training delivery were being considered. The Chair stated that it would be helpful for the Committee to know how and when this would be achieved.
- 16.1.2.5 Ms Fitzgerald asked about the DNA rate at training and whether it was known if these staff then received training on another day, as this would be of interest to know. Mr Houston added that the supposition was that the DNA rate was down due to genuine on-day pressures so knowing the end point of attendance would be helpful.
- 16.1.2.6 There was discussion on organisational pressures impacting training attendance and overbooking of training. Miss Gillies confirmed that there was more capacity in the system than required so there was always capacity for people to attend as sessions were never full. The Chair stated that a breakdown of how information was compiled was required and should be included in the next written update to the Committee.

IW

- 16.1.2.7 The Committee noted:
- the steps being taken to review the organisations approach to the management of violence and aggression and strengthen organisational assurance.
 - that the key areas where violence and aggression are highest i.e. within the Royal Edinburgh Hospital and our Emergency Departments are well covered and there is good compliance with training.
 - that the V&A update paper had a particular focus on the Management of Restraint and Rapid Tranquillisation following a recent request for assurance from Claire Haughey MSP that these topics are being adequately managed and the NHS Lothian response provided to provide that assurance
- 16.1.2.8 The Committee agreed to take a moderate level of assurance regarding the implementation of the actions and process. The Committee also agreed to take a moderate level of assurance regarding the implementation of the actions requested within the letter and a moderate level of assurance in relation to the process.
- 16.1.3 3527 – Medical Workforce Sustainability – Miss Gillies introduced the report providing an update on the current level of risk in relation to medical workforce sustainability. Miss Gillies highlighted two main issues within the paper outside NHSL control relating to GP Specialty Trainees and pension tax implications:

16.1.3.1 **GP Specialty Trainees** – it was noted that since the paper had been produced the NHSL Chief Executive had met with the NES Medical Director to discuss the reduction in the number of GP Trainees for the South East region. Normally in August there would be 64 Trainees for Fife, Lothian and the Borders. It was noted that this year only half the posts had gone out to recruitment. NES had acknowledged that there had been poor communication of this change. Miss Gillies made the point that this meant 17 posts were not appointed to in NHSL and this would result in gaps in the service. It was noted that impact was not just on one site as a number of these posts also contribute to Hospital at Night work.

16.1.3.1.1 Miss Gillies explained that the NES view was that the number of posts in the region was over what would normally be the establishment - 280 posts over 3 years. At present time there were 290 in post. NES have moved from a model of recruitment from a fixed number of posts at each cycle to recruiting to a fixed cohort (establishment across boards instead of fixed number posts each cycle). It was noted that gaps were being mitigated by moving Clinical Fellows around, use of locums and offering additional hours.

16.1.3.2 **Pension Tax Implications** – Miss Gillies reported that this was impacting on doctors across the whole of the UK and was a particular feature of the 2015 NHS Pension Scheme. It was noted that NHS Scheme rules were different to University rules. Currently people were looking for opportunities to reduce pensionable income, including not undertaking waiting list initiatives. This was difficult for NHSL to mitigate against as there was no control over it. It was also noted that as an organisation NHSL was unable to offer financial advice to individuals. KPMG had been engaged to help us to assess levels of risk associated with the tax changes.

16.1.3.2.1 There was discussion on how NHSL were ensuring that people were not only holding onto the attractive parts of their jobs. Ms Campbell stated that this was through review of job plans. Out of Hours and Emergency work were first to be added to job plans and last to be removed. Mrs Kelly added that the NHSL Finance were currently reviewing salary sacrifice schemes as these were being used as a way to offset pensionable income.

16.1.3.2.2 Professor Humphrey made the point that there would be a GP sustainability paper submitted to the next Healthcare Governance Committee and that she would ask Mr David Small to include a section on the GP training numbers in this paper.

TH/DAS

16.1.3.3 The Committee:

- acknowledged the outcome of the Scotland wide international recruitment campaign for Psychiatry and future areas of activity;
- acknowledged the significant impact on services resulting from NES holding back 32 regional GP specialty training posts in the August 2019 recruitment cycle and supported actions being taken to close gaps;
- acknowledged the potentially significant challenges to consultant workforce sustainability associated with changes in UK pension tax regulations and the substantial impact that they may have for individuals.
- supported the work that is being undertaken in conjunction with KPMG to assess levels of risk and the development of case studies to help inform individuals and services;
- noted that the level of risk remains unchanged at high and that the impact of changes to pensions tax regulations if not resolved satisfactorily by the UK Treasury has the potential to further increase risk. The committee is asked to accept a moderate level of assurance that the controls in place to mitigate any risks to patient safety related to this.

- 16.1.4 3828 – Nurse Workforce – Safe Staffing Levels – Miss Ireland introduced the report providing the Committee with an update on the risk around safe staffing levels risk (3828) on the corporate risk register and providing an update on the work in Lothian to address the Health and Care Staffing (Scotland) legislation (commonly referred to as the “safe staffing legislation”) that received Royal Assent in May 2019.
- 16.1.4.1 The Committee agreed to retain the risk level as medium but acknowledged that the overall risk rating has gone down from a risk score of 9 to a risk score of 6.
- 16.1.4.2 The Committee agreed to take significant assurance that actions had successfully mitigated against the workforce pressures at a corporate level; took significant assurance that an infrastructure was in place to support business units to recruit to specific areas of staffing shortfall.
- 16.1.4.3 The Committee agreed moderate assurance that the current actions within Lothian are mitigating against the immediate “hot spots” in St John’s Hospital and Edinburgh Health and Social Care Partnership HBCCC; took moderate assurance that the Board is well placed to address the requirements of the Health and Care Staffing (Scotland) legislation (“safe staffing”).
- 16.1.4.4 The Committee also agreed to delegate the management of the residual recruitment to the operational business units risk registers and refocus the corporate risk around the wider aspects of the Health and Care Staffing Scotland legislation and the ability of the Board to meet the requirements.
- 16.1.5 Special Waste Management – Mr Gillan introduced the report asking for the risk relating to the management of special waste in Lothian to be added onto the Corporate Risk Register. The proposal was to add the risk until the new national contract had been tested and implemented.
- 16.1.5.1 Mr Gillan reported that the expected contingency arrangements would cease sometime between August and December 2019. There had been delays due to licensing of the new contract being extended for 3 months in first instance. There were a number of risks remaining including potential injury to staff, manual handling implications, mis-consignment of waste, regulatory action, additional financial burden and further delay. The Committee noted that there was already a waste entry on the risk register and it was important to note the distinction between waste and special waste.
- 16.1.5.2 The Committee agreed to endorse the inclusion of the risk relating to the management of special waste in Lothian, on the Corporate Risk Register.
- 16.1.5.3 The Committee noted the risk assessment form and the additional details relating to the contingency and control measures and accepted moderate assurance to the Committee.
- 16.1.6 Management of Lone Worker Personal Alarms update - Mr Wilson updated the Committee on recommendations and actions being implemented to support and improve the current level of support to staff and managers regarding the identification of “Lone Workers” who require a Lone Worker Alarm Device (Identicom).

- 16.1.6.1 Mr Wilson reported that work was ongoing to identify areas that currently had lone worker devices. It was noted that there were a number of areas where devices had not been activated for some time. There would also be a focus on areas where devices were not being activated to check if there was really a risk involved.
- 16.1.6.2 The Committee agreed to take a moderate level of assurance regarding the implementation of the actions taken to manage the provision and usage of personal alarms and a moderate level of assurance in relation to the process, however it was recognised that a needs based approach was needed given the scale of this problem and to mitigate risk to staff. It was agreed that a further update would be brought to the Committee in January 2020.
- 16.1.7 Health and Safety Assurance update - Miss Gillies provided an update to the Committee on the risk assurance levels for the quarter four Health and Safety prioritised risk topics. These covered “Prevention of Slips, Trips and Falls”, “Adverse Event Management (including RIDDORS)”, and “Stress Management”. They had been submitted to and discussed at the NHS Lothian Health and Safety Committee on 28th May 2019.
- 16.1.7.1 The committee agreed to receive the proposed overall assurance levels for the three risk topics agreed by NHSL H&S Committee, as moderate for “Prevention of Slips, Trips and Falls”, moderate for, “Adverse Event Management (including RIDDORS)” and moderate for “Stress Management”.
- 16.1.7.2 The Committee acknowledged the work of the Health & Safety team in providing support to all local H&S Committees to receive and collate suitable data to enable a realistic assessment of meaningful assurance levels. The Committee noted that the H&S team were currently developing and updating intranet pages to allow all staff access to all relevant guidance and lists of documentation required to enable the evaluation of data that is linked to the assurance level evidence required.
- 16.1.8 Sturrock Report – Implications for NHS Lothian - Mrs Butler spoke to the report, sharing with the Committee, NHS Lothian’s initial response to the Scottish Government in relation to the Sturrock review, the output of the self-assessment undertaken against the reviews findings and provided details of the next steps.
- 16.1.8.1 Mrs Butler informed the Committee that the output of the self-assessment exercise had not yet been taken to Lothian Partnership Forum (LFP) and this would be shared with LPF at the end of August 2019. The next steps would be to clearly set out how the work would be taken forward by the Staff Engagement and Experience Programme Board and reported back to the Staff Governance Committee.
- 16.1.8.2 There was discussion on learning from the Sturrock report. It was noted that Mrs Butler would be attending the first meeting of the ministerial working group on Sturrock later in the day and that it would be interesting to see how work shapes up. Mr Houston added that this was an excellent piece of work and that the NHS Lothian response was superb. It was noted that a response to NHS Lothian’s submission was awaited.
- 16.1.8.3 The Committee noted NHS Lothian’s initial response to Scottish Government, in response to the Sturrock review and noted the content of the self-assessment and proposed next steps.
- 16.1.8.4 The Committee agreed to take significant assurance, that through the Staff Engagement and Experience Programme Board, cognisance has been taken of the

recommendations from the Sturrock review, and the delivery plan which supports the Framework, will be updated and refreshed to reflect the recommendations coming out of the self assessment process.

16.1.9 Staff Governance Workplan - 2019/20 - The Committee approved the updated Staff Governance Workplan for 2019/20;

17. Sustainable Workforce

17.1 Workforce Report - The Committee noted the Workforce Report for July 2019 and the actions being taken to address some of the issues raised in the Report.

18. For Information and Noting

18.1 The Committee noted the following items:

- Staff Governance Statement of Assurance Need
- Once for Scotland Policies Briefing paper
- Minutes of the Staff Engagement and Experience Programme Board held on 20 May 2019
- Minutes of the Workforce Development Programme Board held on 15 May 2019
- Minutes of the Education Governance Board held on 4 June 2019

19. Any Other Business

19.1 There was none.

20. Date of Next Meeting

20.1 It was noted that the next meeting of the committee would be held on 30 October 2019 at 9.30am in meeting rooms 8&9, Waverley Gate, 2-4 Waterloo Place, Edinburgh.

21. Future Meeting Dates

30 October 2019
19 February 2020
27 May 2020
29 July 2020
21 October 2020
16 December 2020

Chair Signed 06/11/19
Original held on file

FINANCE AND RESOURCES COMMITTEE

Minutes of the meeting of the Finance and Resources Committee held at 9.30 on Tuesday 25 September 2019 in Meeting Room 8, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present: Mr M. Hill, Non Executive Board Member (chair); Ms S. Goldsmith, Finance Director; Mr B. Houston, Board Chairman; Mr A. McCann, Non Executive Board Member; Councillor J. McGinty, Non Executive Board Member; Mr P. Murray, Non Executive Board Member; Professor M. Whyte, Non Executive Board Member.

In Attendance: Mr C. Briggs, Director of Strategic Planning (item 13.2); Mr M. Cambridge, Associate Director of Procurement (item 15.1); Ms J. Campbell, Chief Officer, Acute Services; Mr I. Graham, Director of Capital Planning and Projects; Mr C. Marriott, Deputy Director of Finance; Mr A. Payne, Head of Corporate Governance; Ms B. Pillath, Committee Administrator (minutes).

Apologies: Mr J. Crombie, Deputy Chief Executive; Ms T. Gillies, Medical Director; Professor A. McMahon, 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.

13. Committee Business

13.1 Minutes and Actions from Previous Meeting (24 July 2019)

13.1.2 The minutes from the meeting held on 24 July 2019 were approved as a correct record.

13.1.2 The updated cumulative action note had been previously circulated.

13.2 Review of Strategic Planning Capacity

13.2.1 Mr Briggs presented the previously circulated paper which had been provided in response to a question about strategic planning resources and capacity to carry out strategic responsibilities across NHS Lothian and the Integration Joint Boards reflecting a perception that lack of resource was slowing the meeting of objectives. Mr Briggs advised that resources had been transferred to Integration Joint Boards and all had strategic planning teams but that skills in the teams needed to be developed. For the Health and Social Care Partnerships this was the responsibility of the Chief Officers to re-train or replace staff.

13.2.2 Mr Houston noted that programme managers were often required and had different skills to strategic planners. Programme based management had become more prevalent and this should be reflected in training and recruitment. The idea of the strategic planning futures group was meant to address the problem of lack of strategic planning skills. It was agreed that a further paper would be brought on increasing strategic planning resource. Mr Briggs noted that programme managers in place did have the capacity to meet objectives quickly and competently. **CB**

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

14. Capital

14.1 Property and Asset Management Improvement Programme

14.1.1 Mr Graham presented the previously circulated paper and appendixes. In response to a question about governance over planning permission and costs identified later during projects after the business case had been approved, and the cost and time implications of these, Mr Graham advised that business case work tried to identify any collateral work required but any additional needs would be considered through the project management process and anything significant would be included in updates to the Finance and Resources Committee.

East Lothian Community Hospital

14.1.2 Mr Graham noted that patient moves into the East Lothian Community Hospital may be delayed due to routine tests taking place, but opening was still expected by 7 October 2019. All staff and patient moves would be from the same campus as the new hospital. Mr Graham advised that commissioning periods in building projects were liable to be compressed if there were delays in building work, so as not to delay the opening time and agreed to bring back a report on determining time for commission periods. **IG**

Primary Care

14.1.3 There was discussion regarding the move to more primary care services and the plan for property assets including GP premises coming into the ownership of NHS Lothian as part of the GP contract and whether these assets could be invested in primary care services to accelerate the shift in the balance of care.

14.1.4 Professor Whyte noted that the Scottish Government had proposed a move of 25% of medical students into primary care to counter the shortage of GPs, but a survey of GP practices identified a lack of estates capacity for this. Ms Goldsmith advised that this had not been discussed but that current discussions were around prioritisation of investment according to population growth and need determined by the Integration Joint Boards. The driver for change of property in GP premises was currently the GP contract rather than overall strategic management.

14.1.5 It was agreed that Mr Graham would ask David Small and Colin Briggs to bring a paper for discussion to the GP premises investment group. **IG / DS / CB**

Capital delegated limit

14.1.6 Currently the Finance and Resources Committee were delegated to approve spending up to £5 million with spending above this approved by the Scottish Government. It was agreed to recommend to the Board that the limit for the Finance and Resources Committee would be increased to £10 million in the Scheme of Delegation to reflect NHS Lothian's revised capital delegated limit of £10 million from the Scottish Government. **SG**

14.1.7 Members accepted the recommendations laid out in the paper.

14.2 Royal Hospital for Children and Young People and Department of Clinical Neurosciences

14.2.1 Ms Goldsmith presented the previously circulated papers and gave a summary of the history of the project.

KPMG Report

14.2.2 The KPMG report was a factual analysis and it was not part of their remit to make recommendations. Further internal work was needed to find out in terms of systems of governance and management how the error came about and what changes could be made to prevent this happening in the future. This was related to risks which sit with NHS Lothian at operational level but which would be managed by contractors and would focus on whether systems were in place that failed or whether there were gaps in the process. It would be important to establish a position and take responsibility for making improvements in processes.

14.2.3 It was noted that due to the scale and timescale of the statutory public inquiry on building projects in Scottish Health Boards there should be separate internal work on governance systems. Relevant precedents suggested a lead time of approximately 6 months and a duration of up to two years for the inquiry. The terms of reference were not yet known and this may not be decided until after public consultation. The discussions and outcome of any internal work would also feed into the public inquiry.

14.2.4 It was suggested that the ethos in considering value as well as price in commissioning when contractors and vendors were drawn down to the lowest price should be considered.

14.2.5 The Cabinet Secretary focus was on NHS Lothian's omission and it was possible that the Scottish Government may take the investigation to the next stage for more detail on this, but Mr Marriott advised that the Scottish Government Health Finance Director had indicated that there would be no further KPMG investigation.

14.2.6 Councillor McGinty noted that from the perspective of the public, money had been spent and projects not delivered as planned, and they should know what went wrong. The public inquiry would be helpful in putting this into the context of wider problems in other Health Boards.

14.2.7 It was agreed that there were two stages to further investigation: to agree a narrative of the sequence of events to use as a reference; and to consider any improvements

required in the governance systems. It was agreed that a brief would be developed for an investigation by the internal audit team and that this proposal would be in draft for discussion at the next Finance and Resources Committee and Audit and Risk Committee. The Scottish Government Health Finance Director's view would also be sought on the proposal, as would the view of the legal team regarding the response when points of failure were identified. The brief could include review of the KPMG report and legal advice received.

SG / AP / MH

NSS Report

- 14.2.8 Mr Graham reported that estimated timescales were being worked back from the dates for occupation of the new hospital mentioned by the Cabinet Secretary; spring 2020 for the Department of Clinical Neurosciences and autumn 2020 for the children's hospital. The report on the changes required to the ventilation system was expected that week and would give further indication of the time period required.
- 14.2.9 Ms Goldsmith advised that the Cabinet Secretary had reported at the meeting with staff that the Scottish Government would provide funding of £16 million for both capital and revenue costs which included covering the costs of keeping the current hospital open for longer. The estimated additional cost was £12 million, with the additional £4 million as contingency. A further consideration was the income that would have come from other Boards for the regional service which would not be received until the opening of the hospital. Work was in progress as to how to cover this. More detail on this would be given in the update at the next meeting. **SG**
- 14.2.10 Mr Graham advised that change notices had been issued to the contractors regarding the other smaller problems identified in the NSS report relating to change of guidance.

15. Revenue

15.1 Procurement Assurance

- 15.1.1 The chair welcomed Mr Cambridge to the meeting and he presented the previously circulated paper. Members noted the very positive report and offered congratulations to Mr Cambridge and his team.
- 15.1.2 It was suggested that the commitment to sustainability in the procurement strategy should be made more explicit in terms of innovation regarding consumption. This could be stronger in procuring services with sustainability objectives including wider community benefits. Mr Cambridge noted that the many ideas for improving sustainability were discussed at the NSS Procurement Conference and one of the objectives was a sustainability measure. He also noted that work and investment in procurement considering wider community benefits was more advanced in Lothian than in any other Scottish Health Board.
- 15.1.3 In response to a question about assurance that contract objectives were being met throughout the contract, Mr Cambridge advised that any problems should be escalated by users, and otherwise the contact with contractors was determined using the Boston box system whereby high impact high risk areas were in closer contact.

- 15.1.4 Mr Cambridge advised that savings could continue in procurement not only by continuing to compare brands and only purchase the highest value but also as suppliers went into competition prices would lower. A business case was also being taken to the Sustainability and Value group on a proposal for getting budget holders to consider spending needs.
- 15.1.5 Mr Hill noted that procurement determined how and what was bought and that this service was in a good position to drive strategic policy changes.
- 15.1.6 Members accepted the recommendations laid out in the paper and accepted significant assurance. A strengthening of the Lothian strategy to more proactive goals for driving spending changes was suggested.
- 15.2 Business Partnering
- 15.2.1 Mr Marriott gave a presentation regarding the national engagement with the company Arcus and NHS Lothian's plans to develop a business partnering model. Mr Marriott agreed to circulate the presentation slides following the meeting. **CM**
- 15.2.2 The model aimed to ensure experts were in the right places; this could mean financial experts moving into the service areas. The business partner model made financial experts key partners in decision making rather than only providing information and acting on others' decisions.
- 15.2.3 The Arcus evaluation had made recommendations for development of the existing team towards the business partner model, and these were being worked through. This included implementing automatic processing to release financial experts' time for other work.
- 15.3 Quarter 1 Financial Forecast and Financial Position to August 2019
- 15.3.1 Mr Marriott presented the previously circulated paper. It was noted that the IJB figures showed analysis of a single years' spend and did not reflect the effect of any longer term plans of investment and later return.
- 15.3.2 It was noted that the delayed opening of the Royal Hospital for Children and Young People was on the corporate risk register and would be placed on the finance risk register.
- 15.3.3 The performance escalation process was expected to involve some costs in recruitment but this was not yet known. Ms Goldsmith noted that the issue of the relationship between funding and performance had been raised to the Scottish Government.
- 15.3.4 Members accepted the recommendations laid out in the paper and accepted limited assurance.
- 15.4 NHS Lothian Five Year Financial Outlook and Outline Plan 2020/21
- 15.4.1 Mr Marriott presented the previously circulated paper. There was an awareness at the macro level of total funding the Scottish Government was receiving from the UK

Government but work was required with the Health Secretary for negotiating money from this for health.

15.4.2 It was noted that uncertainties continued and that long term planning remained difficult due to short term funding plans from the Scottish Government. Long term strategic and financial plans were being made based on the information and funding sources available. It was not possible to get more security on this. The Scottish Government spending review would be in November 2019, and there would be a further report to this Committee after this.

15.4.3 There needed to be a clear relationship between the strategic and the financial plans. It was suggested that different models of investment could show what could be done within the financial constraints to show the impact of diverting funding to particular areas. Mr Marriott advised that as previously when the financial plan was presented to the Scottish Government it would include the estimated cost for meeting treatment time guarantee performance targets.

15.4.4 Members accepted the recommendations laid out in the paper.

15.5 Integration Joint Boards Cost and Budget Allocation

15.5.1 This item was deferred to the next meeting due to lack of time, and would be taken early on the agenda. **SG**

16. **Reflection on the meeting**

16.1 It was agreed that the chair would highlight three areas at the next Board meeting: the discussion about primary care premises and the paper requested; the decision to ask for a brief for an internal audit review on the RHCYP and DCN project to establish a narrative of events and make recommendations for improvements in governance processes; and to highlight the positive assessment in Procurement. **MH**

17. **Date of Next Meeting**

17.1 The next meeting of the Finance and Resources Committee would take place at **9.30 on Wednesday 27 November 2019** in **Meeting Room 8**, Fifth Floor, Waverley Gate.

18. **Meeting Dates in 2020**

18.1 Meetings would take place on the following dates in 2020:
- 22 January 2020;
- 25 March 2020;
- 20 May 2020;
- 22 July 2020;
- 23 September 2020;
- 25 November 2020.

Chair Signed on 27/11/19
Original Held on File



Midlothian Integration Joint Board

Date	Time	Venue
Thursday 22 August 2019	2.00pm	The Recovery Hub, Number 11, St Andrew St, Dalkeith EH22 1AL.

Present (voting members):

Cllr Jim Muirhead	Carolyn Hirst (Vice Chair)
Cllr Stephen Curran (substitute for Cllr Derek Milligan)	Tricia Donald

Present (non-voting members):

Allister Short (Chief Officer)	Claire Flanagan (Chief Finance Officer)
Alison White (Chief Social Work Officer)	Hamish Reid (GP/Clinical Director)
Caroline Myles (Chief Nurse)	Keith Chapman (User/Carer)
Pam Russell (User/Carer)	Ewan Aitken (Third Sector)

In attendance:

Morag Barrow (Head of Primary Care and Older Peoples Services)	Jamie Megaw (Strategic Programme Manager)
Mairi Simpson (Integration Manager)	Mike Broadway (Clerk)
Kaye Skey (Clinical Service Development Manager)	

Apologies:

Cllr Catherine Johnstone (Chair)	Cllr Derek Milligan
Cllr Pauline Winchester	Angus McCann
Alex Joyce	Fiona Huffer (Head of Dietetics)
Nik Hirani (Medical Practitioner)	Wanda Fairgrieve (Staff side representative)

Midlothian Integration Joint Board

Thursday 22 August 2019

1. Order of Business

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

In the absence of a quorum at the commencement of the meeting it was agreed to proceed with the presentation on the Wellbeing Service, which was taken out with the formal Board meeting, and thereafter to adjust the remaining agenda business as required.

2. Welcome and introductions

The Chief Officer, Allister Short, welcomed everyone to this Meeting of the Midlothian Integration Joint Board and advised that Councillor Catherine Johnstone had been nominated by Midlothian Council as Chair of the Midlothian Integration Joint Board, whilst Carolyn Hirst had been nominated by NHS Lothian as Vice Chair.

The Board endorsed the nominations of both Midlothian Council and NHS Lothian for the positions of Chair and Vice Chair respectively.

In the absence of Councillor Johnstone, Carolyn Hirst as Vice Chair assumed the Chair for the remainder of the meeting, following which there was a round of introductions.

3. Declarations of interest

No declarations of interest were received.

4. Minutes of Previous Meetings

4.1 The Minutes of Meeting of the Midlothian Integration Joint Board held on 13 June 2019 were submitted and approved as a correct record.

4.2 A Rolling Action Log – August 2019 was submitted.

Thereafter, the Board, having received updates on the various action points detailed therein, agreed to close off completed actions with the exception of the following:-

- (a) those actions whose expected completion date had not yet passed;
- (b) to note that the expected completion date for the Royal Edinburgh Hospital would be updated in line with the revised plans; and
- (c) a report on the review of the Strategic Planning Group would be included as part of the October Board agenda.

(Action: Chief Officer/Chief Finance Officer/Clerk)

Midlothian Integration Joint Board

Thursday 22 August 2019

5. Public Reports

Report No.	Report Title	Presented by:
5.9	Adult Psychological Therapies Improvement	Alison White
Executive Summary of Report		
<p>The purpose of this paper was to describe the current pressures experienced by Adult Psychological Therapies across Lothian and specifically in Midlothian and to seek approval for proposed additional investment which would improve performance against the waiting times standard.</p> <p>The report explained that the standard for Psychological Therapies was for at least 90% of patients to start treatment within 18 weeks of referral. Lothian had experienced challenges meeting the waiting times standard for Adult Psychological Therapies for a number of years and the general teams had experienced the greatest challenge meeting the standard.</p> <p>Child and Adolescent Mental Health Services (CAMHS) had experienced similar challenges, which was why in June 2019 NHS Lothian took the decision to invest a further £3 million in CAMHS, with a view to making this recurrent. The totality of this funding would not be spent by CAMHS in the 2019/2020 financial year; therefore NHS Lothian was proposing to invest a £1.5 million of this under spend on Adult Psychological Therapies on a non-recurring basis.</p> <p>As well as non-recurrent investment to the effect of £1.5 million, there was a need for recurring funding to sustain an improved position against the standard. For Midlothian, this was to the effect of £80,000 in 2020/2021 and £120,000 recurrently from 2021/2022.</p>		
Summary of discussion		
<p>The Board, having heard from Alison White, Chief Social Work Officer and Head of Adult and Social Care, welcomed the proposals and acknowledged the importance of delivering changes that ensured people got the right support at the right time by the right service.</p> <p>In response to concerns regarding the potential financial implications, Claire Flanagan, Chief Finance Officer, sought to reassure Members by explaining the financial position, with Alison expanding further on the operational related impacts.</p>		
Decision		
<p>The Board, after further discussion and questions to Officers, agreed:</p> <ul style="list-style-type: none"> • To support NHS Lothian's decision to divert under spend of additional CAMHS investment to the effect of £1.5 million to Adult Psychological Therapies; and • To note the requirement for recurrent expenditure of £80,000 in 2020/2021 and £120,000 from 2021/2022 to be made available in order to sustain an improved position against the standard 		
Action		
Chief Finance Officer/Chief Officer		

Midlothian Integration Joint Board

Thursday 22 August 2019

Report No.	Report Title	Presented by:
5.2	Chief Office of the Midlothian Integration Joint Board	Allister Short

Executive Summary of Report

The purpose of this report was to confirm the resignation of Allister Short from his role as the Chief Officer of the Midlothian Integrated Joint Board and as a result of this agree to the recruitment process for the position of Chief Officer of the Midlothian Integrated Joint Board.

Summary of discussion

Having heard from the outgoing Chief Officer, the Board paid tribute to Allister for his considerable efforts in taking the Midlothian IJB forward and wished him well in his new position as Chief Officer/Joint Director for West Lothian.

The Board also gave consideration to the proposed recruitment process with particular emphasis being given to a desire to see the new Chief Officer continue to develop the collaborative approach with the Voluntary Sector and also the support given to user/carers.

Decision

The Board, after further discussion, agreed to:-

- **Note the resignation of Allister Short from his role as Chief Officer of the Midlothian Integrated Joint Board with effect from 29 September 2019;**
- **Agree the recruitment process for the position of Chief Officer of the Midlothian Integration Joint Board; and**
- **Approve the recruitment of a Chief Officer for the Midlothian Integration Joint Board.**

Action

Chief Officer

Report No.	Report Title	Presented by:
5.4	IJB Improvement Goals Progress	Jamie Megaw

Executive Summary of Report

With reference to paragraph 5.4 of the Minutes of 14 February 2019, there was submitted a report updating the Board on performance and improvement towards achieving the Local Improvement Goals set by the MIJB based on the indicators recommended by the Ministerial Strategic Group for Health and Community Care.

Midlothian Integration Joint Board

Thursday 22 August 2019

Summary of discussion

The Board having heard from Jamie Megaw, Strategic Programme Manager, who responded to Members' questions and comments, considering the current progress against the local improvement goals. The possibility of providing information in such a way so that the impact of preventative measures and actions targeted toward these improvement goals could be better gauged was discussed. It being acknowledged that an improved narrative might also assist to better demonstrate and understand the linkage. There were also issues of individuals who were repeat/constant presenters and how they were accounted for and how the effects that demographic changes were having could be best represented.

Decision

After further discussion, the Board:-

- **Noted the current performance across the improvement goals.**
- **Noted that issues raised during discussion would be picked up as part of future reports.**
- **Agreed to look at ways to develop existing indicators along the lines discussed.**

Action

Chief Officer/Strategic Programme Manager

Report No.	Report Title	Presented by:
5.5	Annual Performance Report 2018/19	Mairi Simpson

Executive Summary of Report

With reference to paragraph 5.10 of the Minutes of 13 June 2019, there was submitted a report presenting the Board with the Midlothian Annual Performance Report 2018/19.

The report advised that the Annual Performance Report provided information on the health and wellbeing of the people of Midlothian. It also described local health and care services, the financial performance of the Partnership and the quality of health and care services delivered during 2018-19.

Summary of discussion

Having heard from Integration Manager, Mairi Simpson who responded to Members' questions and comments, the Board in considering the Annual Performance Report discussed the issue of localities and how best to address the needs of areas of recognised deprivation, it being acknowledged that these were issues that would perhaps require to be revisited as time progressed.

Decision

After further discussion, the Board agreed to approve the content of the Annual Performance Report.

Midlothian Integration Joint Board

Thursday 22 August 2019

Action
Chief Officer

Report No.	Report Title	Presented by:
5.4	NHS Lothian Escalation Report	Allister Short

Executive Summary of Report
<p>The purpose of this report was to update the Board on the decision by the Director-General Health and Social Care and Chief Executive of NHS Scotland ('the DG') that had concluded, on the advice of the Health and Social Care Management Board, that NHS Lothian had now been placed at level 3 of the NHS Board Performance Escalation Framework.</p> <p>The report sets out the proposed approach within NHS Lothian and Midlothian to support the delivery of recovery plans.</p>

Summary of discussion
<p>The Board, heard from Allister Short, Chief Officer, who in responding to Members questions and comments, explained that whilst some of the areas noted for improvement were outwith the scope of the Midlothian IJB, the Board did still have a key role to play in ensuring that performance issues relating to delayed discharge, unscheduled care, mental health and learning disabilities were addressed. There was also a need to ensure that the approaches being taken reflected the overall direction of travel towards new models of care and service delivery as set out the Midlothian Strategic Commissioning Plan. Given the nature and importance of these developments, ongoing updates on progress against delivery of the recovery plans would be reported to future MIJB meetings.</p>

Decision
<p>The Board, after further discussion:</p> <ul style="list-style-type: none"> • Noted the placing of the Board at level 3 of the NHS Board Performance Escalation Framework; • Noted and supported the whole-system collaborative approach involving NHS Lothian and the 4 Integration Joint Boards, with support from the Council areas, to develop and implement a recovery plan; and • Agreed to receive future updates on progress being made on the delivery of the recovery plans.

Action
Chief Officer

Midlothian Integration Joint Board

Thursday 22 August 2019

Sederunt

At this point in the proceedings, Councillor Curran required to leave the meeting, due to a prior engagement, which meant that the meeting was no longer quorate. The Board considered how best to proceed, before agreeing to continue consideration of the remaining items of business –

- 5.6 Unscheduled Care in Hospital
- 5.7 Transformation/Savings Programme Update
- 5.8 Update on New Monies
- 5.10 Chief Officer Report
- 5.11 Proposed Meeting Schedule for 2020 and 2021

- to the Special Meeting of the Board which was due to be held on Thursday 12 September 2019.

6. Date of next meeting

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

- Thursday 12 September 2019* 2pm Special Midlothian Integration Joint Board/ Development Workshop
- Thursday 10 October 2019 2pm Midlothian Integration Joint Board

(**NB** – * the venue for the October meeting would be Midlothian Community Hospital, 70 Eskbank Rd, Bonnyrigg. Detailed arrangements would be given nearer the time.)

(Action: All Members to Note)

The meeting terminated at 3.40 pm.

Minute of Special Meeting



Midlothian Integration Joint Board

Date	Time	Venue
Thursday 12 September 2019	2pm	Midlothian Community Hospital, 70 Eskbank Rd, Bonnyrigg EH22 3ND

Present (voting members):

Cllr Catherine Johnstone (Chair)	Carolyn Hirst (Vice Chair)
Cllr Derek Milligan	Tricia Donald
Cllr Jim Muirhead	Alex Joyce
Cllr Pauline Winchester	Mike Ash (substitute for Angus McCann)

Present (non-voting members):

Allister Short (Chief Officer)	Claire Flannagan (NHS Lothian)
Caroline Myles (Chief Nurse)	Keith Chapman (User/Carer)

In attendance:

Morag Barrow (Head of Primary Care and Older Peoples Services)	Gordon Aitken, Democratic Services
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Apologies:

Angus McCann	Pam Russell (User/Carer)
Nik Hirani (Medical Practitioner)	Hamish Reid (GP/Clinical Director)
Ewan Aitken (Third Sector)	

Midlothian Integration Joint Board

Thursday 12 September 2019

1. Welcome and introductions

The Chair, Councillor Johnstone welcomed everyone to the meeting of the Midlothian Integration Joint Board.

2. Order of Business

The Clerk advised that the Chair had agreed that Item No 5.1 “Appointment of Chief Officer of the Midlothian Integrated Joint Board”, which had been included as a Private Item would now be considered as the first item of business to be held in public.

3. Declarations of interest

No declarations of interest were received.

4. Public Reports

Report No.	Report Title	Presented by:
5.1	Appointment of Chief Officer of the Midlothian Integrated Joint Board	Gordon Aitken
Executive Summary of Report		
<p>The purpose of the report was to advise the Board of the shortlisting and interview of candidates for the post of Joint Director, Health and Social Care/Chief Officer of the Midlothian Integrated Joint Board and invite the Board to ratify the appointment of the recruitment panel’s preferred candidate as Chief Officer.</p> <p>The report advised that 9 applications had been received and following review by the recruitment panel 4 candidates were invited for interview on 29 August 2019.</p> <p>The shortlisted candidates were interviewed by an agreed recruitment panel comprising:</p> <ul style="list-style-type: none"> • Cllr Catherine Johnstone, MIJB Chair • Cllr Derek Milligan, Council Leader/Convener of the Cabinet/MIJB Member • Cllr Pauline Winchester, MIJB Member • Alex Joyce, Employee Director, NHS Lothian/MIJB Member • Mike Ash, Non-Executive Director, NHS Lothian • Tim Davison, Chief Executive, NHS Lothian • Grace Vickers, Chief Executive, Midlothian Council <p>Following deliberation, the unanimous view of the recruitment panel was to recommend to the Council and NHS Lothian that the post of Joint Director, Health and Social Care/Chief Officer of the Midlothian Integrated Joint Board be offered to Morag Barrow on the agreed conditions of service and subject to satisfactory completion of pre-employment checks.</p>		

Midlothian Integration Joint Board

Thursday 12 September 2019

The Clerk advised that at their meeting on 10 September 2019, Midlothian Council had agreed to endorse the appointment of Morag Barrow.

The Chair on behalf of the Board congratulated Morag on her appointment as Joint Director, Health and Social Care.

Decision

The Board agreed to:

- Note the outcome of the recruitment process for the post of Joint Director, Health and Social Care/Chief Officer for the Midlothian Integration Joint Board; and
- Ratify the appointment of Morag Barrow to the position of Chief Officer of the Midlothian Integration Joint Board.

Report No.	Report Title	Presented by:
4.1	2018/19 Integration Joint Board Annual Accounts – Final Schedules	Claire Flanagan

Executive Summary of Report

As a statutory body, the IJB is required to produce a set of annual accounts at the end of its financial year (31 March). These accounts are then reviewed by the IJB's external auditors who report their opinion of the IJB's annual accounts to the IJB's Audit and Risk Committee. The Independent auditors have given the accounts an 'unqualified' opinion which means that they meet the requirements of the regulations and give a fair and true view of the IJB's financial position in 2018/19. The accounts are required to be signed off by 30 September and signed by the Chair of the IJB, the Chief Officer of the IJB, the Chief Finance Officer of the IJB and the Independent Auditor.

The Independent Auditor reported his view to the meeting of the IJB's Audit and Risk committee on 5th September 2019. The IJB's Audit and Risk committee was satisfied with the report of the Independent Auditor and recommends that the Annual Accounts are approved by the IJB.

Summary of discussion

The Chief Finance Officer presented the Annual Accounts to the Board highlighting the Background of the Integration Joint Board (IJB) and details of the Annual Accounts presented. As a body governed by section 110 of the Local Government Scotland Act (1973) and the appropriate regulations and subsequent Acts, the IJB must prepare a set of Annual Accounts and these accounts have been audited by the IJB's Auditors – EY.

The Midlothian Integration Joint Board Annual Accounts were presented to the Midlothian Integration Joint Board Audit and Risk Committee on 5 September 2019.

Midlothian Integration Joint Board

Thursday 12 September 2019

There followed a general discussion on the annual Accounts during which both Allister Short and Clare Flannagan provided clarity on the issue of the £2.9 million underspend against budget in 2018/19.

Decision

The Board agreed to:

- Note the report of the Independent Auditor
- Approve the Midlothian Integration Joint Board's Annual Accounts for 2018/19.

Report No.	Report Title	Presented by:
4.2	Finance Update – Quarter 1 2019/20 & Update on new monies	Clare Flanagan

Executive Summary of Report

The report advised that both the IJBs partners (Midlothian Council and NHS Lothian) had undertaken quarter one financial reviews and used that to project a forecast outturn position. Midlothian Council presented their review at the Council meeting of 20 August 2019. NHS Lothian had yet to formally report their review but had provided an indicative position to the IJB.

These forecasts projected that the health 'arm' of the IJB would be underspent and the social care 'arm' of the IJB would be overspent. The report also advised of the new monies received by the partnership and how these would be utilised.

Summary of discussion

The Chief Finance Officer presented the Financial Strategy to the Board highlighting that the Financial Strategy would support the IJB's Annual Financial Plans and it showed how best to utilise its resources available to deliver the outcomes outlined in the Strategic Plan. In particular she highlighted that the government had allocated a number of new monies in order for the IJB to implement a number of policy objectives; these included the Scottish living wage, Frank's law and implementation of the Carers Act. There followed a general discussion on the content of the report.

Decision

The Board agreed to:

- Note the position as detailed within the report
- Note the requirement to work with the partner organisations to develop additional financial recovery actions to bring the IJB back into financial balance for 2019/20
- Note the use of the new monies

Midlothian Integration Joint Board

Thursday 12 September 2019

Report No.	Report Title	Presented by:
4.3	Transformation/Savings Programme Update	Claire Flanagan

Executive Summary of Reports

The purpose of this report was to update the Board on the progress being made on the agreed transformation programme previously approved by the IJB. The report provided a note of progress in meeting the allocated savings target for 2019/20 and achieving financial balance this year.

The report provided a summary of the progress on the transformation and savings programmes of work developed to help deliver against the allocated savings target for 2019/20 and mitigate any financial pressures supporting the IJB to achieve financial balance in 2019/20.

Summary of discussion

The report advised that during the last financial year, the financial outlook projected for 2019/20 looked like the IJB would be unlikely to break even and therefore through the Realistic Care Realistic Medicines transformation work a number of initiatives were being developed.

The transformation / savings programmes were detailed within the table below with their corresponding financial value and lead officer:

Realistic Care Realistic Medicine Transformation Projects	2019/20	Lead
	£m	
Redesign of homecare and care at home services	0.400	MB
Reduction in Prescribing costs through quality improvement	0.617	MB
Mental Health pathway redesign	0.070	AW
Complex care nursing review	0.005	LS
Learning Disabilities service review	0.100	AW
Impact of increased charges	0.306	AW/MB
Service user income	0.100	MB
Transport review	0.050	AW
Reduction in acute hospital occupied beds days	0.540	MB
	2.188	

Clare Flanagan and Allister Short were both heard in amplification of the report after which there was a general discussion on this matter.

Decision

The Board agreed to:

- Note the progress on the transformation and savings work

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Report No.	Report Title	Presented by:
4.4	Unscheduled Care in Hospitals	Morag Barrow
Executive Summary of Report		
<p>The purpose of this report was to explain the purpose and proposed development of a draft plan by Midlothian HSCP for the delivery of hospital unscheduled care services.</p> <p>The report explained that this marked the start of a process to bring more focussed attention to the IJB's role in ensuring the delivery of high quality and sustainable care and treatment in Acute Hospitals. There was evidence of increased joint working between community and acute services and a range of new services had been introduced in Midlothian designed to reduce, or at least maintain at current levels, the use of acute hospital services. Despite these developments NHSL hospitals remain under very significant pressure and the objective of shifting the 'balance of care' was not reflected in the continuing reliance of the Midlothian population upon Accident and Emergency services often leading to unplanned admissions to hospital.</p>		
Summary of discussion		
<p>The Board heard from Morag Barrow who explained that the paper attached to the report was a working document and sought both to explain how the current arrangements worked in practice and to begin to identify how, by working closely with acute service colleagues, we could bring about the level of change envisaged by the legislation introduced for integration. The paper focussed upon the RIE as Midlothian's District General Hospital; further work was required in relation to the arrangements for patients who received unscheduled care in the Western General Hospital.</p>		
Decision		
<p>After discussion, the Board agreed:</p> <ul style="list-style-type: none"> To endorse the steps being taken to adopt a more active approach to planning Midlothian's use of Unscheduled Hospital Care services Consider how best to involve the IJB Board, the Council, Community Planning Partners and the wider public in developing this approach To share the report with neighbouring IJB Chief Officers with a view to considering the scope for collaboration in this area of work. 		

Report No.	Report Title	Presented by:
4.5	Chief Officer Report	Allister Short
Executive Summary of Report		
<p>This report provided a summary of the key service pressures and service developments which had occurred during the previous month in health and social care, highlighting in particular a number of key activities, as well as looking ahead at future developments.</p>		

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Summary of discussion

The Board heard from Allister Short (Chief Officer), who highlighted in particular the following –

- At the IJB meeting in June it was agreed that recruitment to the Independent Member of the Midlothian IJB Audit & Risk Committee should be carried out and through an open recruitment process. Further to this, as agreed in March, the IJB had remitted the Audit & Risk Committee with the monitoring of the implementation of the subsequent action plan in relation to the MSG self assessment on the progress of integration and a discussion on this was due to take place at the September meeting of the Midlothian IJB Audit and Risk Committee. The current independent member had kindly agreed to input to this at the September meeting, given her knowledge and experience she would be a key contributor, therefore the recruitment process would progress and conclude later in the year.
- Scottish Government were introducing the Housing First model (Rapid Rehousing Transition Plan) to address homelessness through intensive support to enable people to maintain and sustain their tenancy. A workshop event had been held earlier this year to help develop the model in Midlothian. It had now been confirmed that Scottish Government had awarded Midlothian Council funding of £141,000 for 2019/20 in order to implement the Housing First and rent deposit scheme. Although this was less than what was requested, the funding was welcomed and work was now underway to begin implementing the programme in Midlothian, recognising the clear links between housing and health.
- At the Council meeting on 25 June, the 3-year Council Medium Term Financial Strategy had been discussed, recognising the significant financial challenges facing the Council over the coming years. The Strategy set out keep areas for delivering services more efficiently and effectively, whilst also continuing to meet the needs of local communities.

In noting the financial pressures, the Strategy included the proposal to reduce the allocation to the Midlothian IJB by £0.500m in 2020/21. This would potentially create significant pressures on the IJBs ability to deliver the Strategic Commissioning Plan and whilst in previous years the IJB had been able to achieve a balanced budget, this reduction in the budget would impact on delivering financial balance.

This reduction was not yet a formal offer to the IJB for consideration and the IJB had agreed to work closely with the Finance team in Midlothian Council to explore ways in which these costs could be mitigated prior to the formal offer being made for the 2020/21 allocation. An update on progress would be provided to a future IJB meeting.

- A recent motion to Midlothian Council noted the need to support care experienced young people access and sustain involvement in further and higher education. It also recognised the financial challenges that many care experienced young people face, particularly in relation to paying rent and other housing costs.

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As part of a joint commitment to care experienced young people with the IJB, it was agreed Midlothian Council works with the Integration Joint Board to provide financial support for care experienced students who are our tenants and in receipt of the Care Experienced Bursary. The next stage is to evolve policy in line with this commitment and to ensure that young people are able to access this support without penalty to any other support they are receiving.

- In line with the commitment for ongoing engagement with trade unions and professional bodies, the IJB had sought to ensure representation on the Board of the key bodies across health and social care. Previously, the representative from the Council's Health and Social Care Joint Consultative Group was Aileen Currie however due to workload commitments it had been proposed that James Hill replaced Aileen on the Board. This had been discussed with the Chair of the IJB and we are both supportive of this change and would also wish to record our thanks to Aileen for all hard work and commitment to the IJB.
- The report acknowledged that would be the final report from Allister Short as Chief Officer of Midlothian IJB and he therefore recorded his thanks and appreciation to all Board members and to colleagues that he had worked with for their continued support, guidance, wisdom and challenge. He believed that the work of the IJB was making a positive and sustained impact on the health and wellbeing of the people and communities of Midlothian and it had been a privilege to play a part in that work.

There followed a general discussion on the content of this report during which the Board formally recorded their appreciation of all the work undertaken by Allister in his role as Chief Officer.

Decision

After discussion and questions to the Chief Officer, the Board:-

- Noted the issues and updates raised in the report.
- Record an expression of thanks and appreciation to Allister Short for his contributions to the work of the Midlothian IJB in his role as Chief Officer.

Action

Chief Officer

Report No.	Report Title	Presented by:
4.6	Proposed Meeting Schedule for 2020 and 2021	Allister Short

Executive Summary of Report

The purpose of this report was to set the dates for the Board and Development Workshops for the Midlothian Integration Joint Board and for the meetings of the Audit & Risk Committee, for 2020 and 2021 as prescribed by Midlothian Integration Joint Board Standing Orders 5.2.

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Summary of discussion

Having heard from the Chief Officer, the Board considered the proposed dates for 2020 and 2021, it being noted that –

- Board meetings will continue to follow the established bi-monthly pattern of Feb/April/June – Aug/Oct/Dec.
- Development Workshops will be held during the intervening months of Jan/March/May – Sept/Nov.
- The March/Sept Development Workshops dates will double up with Special Board meetings to approve the budget/directions and annual accounts respectively.
- With the exception of the Aug Board meeting, all the meetings fall on the 2nd Thursday of the month

The Audit and Risk Committee will continue to meet quarterly – March/June/Sept/Dec - on the first Thursday of the month so it can feed into the Board meeting the follow week as/when required.

Decision

The Board agreed to:

- Approved the schedule of meetings of the Midlothian Integration Joint Board;
- Approved the schedule of meetings of the Midlothian Integration Joint Board Audit and Risk Committee;
- Approved the schedule of Development Workshops for the Midlothian Integration Joint Board;
- Approved the schedule of Joint Special Midlothian Integration Joint Board/Development Workshops; and
- Noted the approach for service visits for the Midlothian Integration Joint Board, all as outlined in the report.

Action

All Board Members to note

6. Date of next meeting

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

Thursday 11 October at 2 pm at Conference Room, Melville Housing,
The Corn Exchange, 200 High Street, Dalkeith, EH22 1AZ



MINUTES OF THE MEETING OF THE EAST LOTHIAN INTEGRATION JOINT BOARD

THURSDAY 29 AUGUST 2019
ESK ROOMS, BRUNTON HALL, MUSSELBURGH

Voting Members Present:

Councillor F O'Donnell
Councillor N Gilbert
Ms F Ireland
Mr P Murray

Non-voting Members Present:

Mr D Binnie
Ms L Cowan
Ms C Flanagan
Ms E Johnston
Ms A MacDonald
Ms M McNeill
Dr J Turvill

Officers Present from NHS Lothian/East Lothian Council:

Ms L Berry
Mr P Currie
Mr B Davies
Ms M Goodbourn
Ms J Ogden-Smith

Clerk:

Ms F Currie

Apologies:

Councillor S Akhtar
Mr A Joyce
Prof. M Whyte
Dr R Fairclough
Ms J Tait
Ms J Trench

Declarations of Interest:

None

1. MINUTES OF THE MEETING OF THE EAST LoTHIAN INTEGRATION JOINT BOARD OF 27 JUNE 2019 (FOR APPROVAL)

The minutes of the meeting on 27 June were approved.

2. MATTERS ARISING FROM THE MINUTES OF 27 JUNE

Elaine Johnston asked if it would be possible for members to receive a copy of the 'Start STRiVE' project presentation given at the last meeting. The Chair agreed that this would be useful and Alison MacDonald suggested that, in future, all presentations should be circulated to the members.

Peter Murray advised members that the NHS Lothian Board would shortly be holding a development day focusing on the 'whole system approach'. Chief Officers of IJBs and others would be looking at how to work together more effectively to achieve the IJB-related actions highlighted in today's paper (Item 3).

3. NHS LoTHIAN BOARD ESCALATION

The Chief Officer had submitted a report informing the IJB of the decision to move NHS Lothian to level 3 of the NHS Scotland escalation process and setting out the main issues and recovery work being scoped and planned to improve performance.

The Chair advised members that NHS Lothian had been placed at level 3 of the escalation process by the Cabinet Secretary. The Board was facing a number of challenges and it would be essential for all Lothian IJBs to engage in the work to improve performance and outcomes for service users.

Ms MacDonald presented the report outlining some of the key issues. She explained the definition of 'level 3' and that the Scottish Ministers would now expect the Board to engage with external advisers and Scottish Government officers and draw up a recovery plan. She indicated that the situation had resulted from an amalgamation of issues including cancer waiting times, mental health services at the Royal Edinburgh Hospital and problems with the new children's hospital building.

She summarised some of the work already underway to address these issues as they affected East Lothian patients, and to relieve some of the pressure on system. In particular, support for cancer patients by offering simple chemotherapy treatments within the new community hospital, reviewing unplanned admissions/occupied bed days on a daily basis and working on preventing admissions and supporting quicker discharge. Ms MacDonald advised members that the monthly census figure for delayed discharges was currently 5; the lowest recorded. She added that the improvements to and development of community services had supported the work on delayed discharges and these services were reflected in the recovery plans proposed by NHS Lothian.

Ms MacDonald emphasised the importance of the IJB engaging fully with the recovery programme and ensuring that the East Lothian perspective was appropriately represented. She also assured members that recovery plans involving community services would not necessarily result in changes to existing services in East Lothian. Services which were already working well here, such as Hospital at Home and Home First, would remain the same but similar services in Edinburgh or Midlothian may be designed differently depending on the needs of those areas.

The Chair thanked Ms MacDonald for her report and her reassurance that East Lothian services which were already working well would not be altered as a result of the need for additional Lothian-wide recovery plans. The Chair asked about the role of Edington and Belhaven Hospitals and whether full use was already being made of these facilities.

Lorraine Cowan advised that the Patient Flow Team were making very good use of all facilities in repatriating East Lothian patients from Edinburgh Royal Infirmary. The Hospital at Home service was continuing to support patient discharge and to ensure that patients were in the right place with the right level of care. Ms Cowan reported that both Edington and Belhaven currently had beds available and that this was a testament to the level and quality of collaborative working which was now embedded within local services.

The Chair suggested that in future when reports were presented to the IJB they should include an indication of whether a new or amended Direction was required. Ms MacDonald said that while this report was for information, there may be actions resulting from it which would require new or amended Directions and these would require the approval of the IJB.

Fiona Ireland asked if officers were comfortable that they had the capacity to cover all of the identified work streams. Ms MacDonald advised that a Head of Operations had recently been appointed and would provide additional support in managing the work that would result from the recovery plans. At present it was difficult to know how much extra work would be generated.

Ms Ireland said that, going forward, it would be important to bear in mind the impact this would have on the IJB's existing work streams.

David Binnie asked if it was possible to outline the potential financial risks to the IJB from these recovery plans. Claire Flanagan explained that it was probably too early to quantify the financial risks but that part of NHS Lothian's response to the Scottish Government included a request for additional support. She said that discussions were ongoing and until these were concluded it would not be possible to know the full impact.

Jon Turvill pointed out that this could also be an opportunity to look at the programmes in the community that had been successful in reducing delayed discharges and occupied bed days and consider what more could be done to ease the pressure on in-patient services.

Mr Murray informed members that it was not only operational matters which were of importance. It was essential that the governance structures of all the Lothian IJBs and NHS Lothian were aligned to ensure a successful conclusion to the current challenges. He added that if the proposed recovery plans involved the movement of funds that may also require a greater level of involvement from the IJBs.

The Chair stated that increasing the IJB's work with the third and voluntary sectors would also be important.

Ms Ireland noted that, as a result of the issue with the children's hospital, East Lothian's new community hospital would be subject to four weeks of additional assurance work and this would include sign off by external bodies.

Ms MacDonald advised that the project board had also invited the external auditors to go through every system and sign off on each. While the children's hospital was a more complex facility than the community hospital, the intention was to resolve any potential

snagging issues by the end of the four week testing period. She acknowledged the importance of learning lessons from the children's hospital but said that this would only be possible once the work was concluded.

Decision

The IJB agreed to:

- i. Note the content of the NHS Lothian Board paper.
- ii. Agree to support a collaborative, whole system approach to addressing sustainable, longer-term change.
- iii. Note that two areas: delayed discharge and mental health are delegated functions/responsibilities that are included in the scope of work.
- iv. Direct the Chief Officer of the IJB to support the developing improvement plans, ensuring alignment to work already underway within the East Lothian Health & Social Care Partnership
- v. Receive a report in six months on progress being made, or earlier, if significant matters arise.

Signed

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



MINUTES OF THE MEETING OF THE EAST LoTHIAN INTEGRATION JOINT BOARD

WEDNESDAY 11 SEPTEMBER 2019
ALDHAMMER HOUSE, PRESTONPANS

Voting Members Present:

Councillor F O'Donnell (Chair)
Councillor S Akhtar
Councillor N Gilbert (Items 1 – 7)
Mr P Murray
Councillor S Kempson

Non-voting Members Present:

Mr D Binnie
Ms L Cowan
Ms C Flanagan
Ms A MacDonald
Ms M McNeill
Ms J Tait
Dr J Turvill
Mr A Tweedy (*substitute)

Officers Present from NHS Lothian/East Lothian Council:

Ms T Carlyle
Mr P Currie
Mr B Davies
Ms D Gray
Ms R Laskowski
Ms J Odgen-Smith

Visitors Present:

Ms G Woolman, Audit Scotland (Items 1 – 6)

Clerk:

Ms F Currie

Apologies:

Ms F Ireland
Mr A Joyce
Prof. M Whyte
Dr R Fairclough
Ms E Johnston*
Mr T Miller

Declarations of Interest:

None

1. REAPPOINTMENT OF A VOTING MEMBER OF THE EAST LOTHIAN INTEGRATION JOINT BOARD

The Chief Officer had submitted a report informing the IJB of NHS Lothian's decision to reappoint Fiona Ireland as a voting member for the period September 2019 to September 2022.

The Chair invited members to consider the recommendation of the report.

Decision

The IJB agreed to note the reappointment of Fiona Ireland as a voting member of the IJB for the maximum term of office.

2. CHAIR'S REPORT

The Chair said that the issues she intended to highlight were covered in the agenda business.

Peter Murray reported on recent meetings that the IJB Chairs and Vice Chairs Group had with representatives from the Standards Commission and Audit Scotland to discuss Best Value reviews and the proper operation of IJBs. He said that the Standards Commission were concerned that some IJBs were not operating as efficiently as they would wish and the Commission was in the process of drafting a guidance note to assist members in clearly defining their roles in relation to IJBs.

In response to a question from the Chair, the Clerk confirmed that the IJB had its own Code of Conduct. The Chair suggested that this be circulated to members as a reminder of their roles.

Mr Murray also reported that NHS Lothian held a development day the previous week on 'whole system thinking'. He thought that this would be of relevance to IJBs and offered to share with colleagues the actions from the meeting.

3. NHS HEALTHCARE GOVERNANCE COMMITTEE

Alison MacDonald informed members that yesterday's meeting of the Committee had considered annual reports from all Lothian Health & Social Care Partnerships. East Lothian's report was particularly well received. There was also discussion around the IJB Clinical & Care Governance Committees and their roles and interactions.

Lorraine Cowan added that it had been an interesting meeting with many of the same themes being raised across all IJBs.

Mr Murray commented on the process for presentation of papers to different committees. Giving an example of a recent Edinburgh IJB paper, he suggested that any papers which dealt with IJB issues should be considered first by the appropriate IJB before being presented at the NHS Lothian Board or committee meetings.

4. ISSUES OF RELEVANCE TO THE IJB:

Delayed Discharges

Ms Cowan reported that this month's census had recorded 5 delayed discharges, and the figure as of that morning was 2. She said that the work being done across community services meant that East Lothian continued to exceed its target trajectory.

Clinical & Care Governance

Ms MacDonald advised that this was now an embedded process across all services and monthly reporting on risk management and governance had been taking place since last November.

Councillor Shamin Akhtar asked if anything had been done differently since the last update on delayed discharges. Ms MacDonald said that the progress reflected a huge amount of joint working across health and social care services and involving independent providers. There was also currently capacity within step-down beds, there had been a reduction in occupied bed days, assessments were quicker and the whole process had become much smoother.

The Chair added that it was also about prevention work and reducing admissions.

Ms MacDonald advised members that the IJB's next meeting on 31 October 2019 would be held in the new East Lothian Community Hospital and there would be an opportunity for members to tour the facility before the meeting.

5. EAST LoTHIAN IJB 2018/19 ANNUAL AUDIT REPORT

The East Lothian IJB 2018/19 annual audit report had been submitted by Audit Scotland.

Gillian Woolman presented the report advising members that it had been discussed at the Audit & Risk Committee and was presented as part of the IJB's approval of its annual accounts. She gave a summary of the key messages contained in the report regarding financial management, sustainability, governance, transparency, the timing of reporting and consideration of Best Value. She confirmed that she intended to issue an unqualified audit opinion and she referred members to the information contained in the appendices, including the recommendations within the action plan.

The Chair referred to the discussion of the report that had taken place at the Audit & Risk Committee. In particular, members had considered the recommendation around demonstrating Best Value and had concluded that a large amount of information was already available but that work was required on how to put this into a format that clearly demonstrated Best Value. She added that a huge amount of progress had been made by the Chief Officer and Chief Finance Officer in relation to financial management and planning and this was also reflected in the audit findings.

Councillor Sue Kempson, Chair of the Audit & Risk Committee, echoed the Chair's remarks.

Claire Flanagan responded to questions from members on how the reserves were created and when and how these would be spent. She said that earmarked reserves would be utilised first and that any remaining reserves could be held over to 2020/21, if not required in the current financial year.

In response to questions on Best Value, Ms Woolman stated that the East Lothian Council Best Value review report would be a good contextual starting point for the IJB. She also informed members that Audit Scotland would shortly be preparing the third overview report in its Health & Social Care series and when it had examples of good practice to share it would do so.

Mr Murray suggested that a development session for IJB members might also be a useful way forward.

On the issue of performance reporting, Paul Currie explained that one of the difficulties was that some data was incomplete and the flow of data was often slow which led to challenges in meeting the report publication deadline. He hoped that officers would receive more timely data in future.

Marilyn McNeill proposed that as the community sector was so important to the IJB it should use its surplus to offset increases in day centre fees. Bryan Davies advised that he would be bringing forward a report to the IJB next year regarding service level agreements for day centres and, in the meantime, there was a commissioning review ongoing.

The Chair acknowledged the need for caution while the review was underway and she suggested it might be useful if she met separately with Ms McNeill to discuss this issue.

Ms Flanagan clarified that the IJB had a Reserves Policy which recommended a general reserve of 2%. Currently the IJB had less than 1% and this needed to be balanced against any additional spending proposals.

Mr Murray said it was useful to hear these views from Ms McNeill. The route for feeding in service user views was not always clear and service users needed to understand where they fitted into the process. Mr Davies agreed saying more work was needed on developing a mechanism for capturing the user voice, particularly as part of the longer term planning of services.

Andrew Tweedy commented that there was currently no reference group for carers/users of older people's services and this was a major gap. Mr Davies argued that the change boards and reference groups for Shifting the Balance of Care and Transforming Care for Older People provided a forum for such views.

The Chair said it would be important to get an update for the IJB's next meeting.

6. 2018/19 AUDITED ANNUAL ACCOUNTS

The Chief Finance Officer had submitted a report presenting the IJB's audited annual accounts for 2018/19.

Ms Flanagan presented the report advising members that following the IJB's consideration of the draft accounts in June changes had been made to the management commentary. She briefly outlined the contents of the management commentary, financial statements and the annual governance statement. The annual accounts which were now ready for signing and publication.

Mr Murray commented on the importance of both voting and non-voting members attending as many meetings as possible to ensure a breadth of discussion and a balanced view. He added that, if necessary, the IJB should replace those members who are unable to attend regularly. The Chair confirmed that concerns about attendance levels were being addressed.

Several members suggested additions or clarifications to the accounts for future years. These included putting figures against different areas of working, teasing out support for the third sector within cost headings, providing a breakdown of spending in each area of mental health and including some performance reporting information.

Ms Flanagan advised that much of the accounts were constrained by regulations but she would consider these request for the 2019/20 accounts. Ms Woolman agreed that while the financial statements were standardised additional information could be included in the management commentary.

Decision

The IJB agreed:

- i. To note the report of the Independent Auditor; and
- ii. That the IJB's annual accounts for 2018/19 were now signed on behalf of the IJB by the Chair, the Chief Officer and the Chief Finance officer.

7. QUARTER 1 FINANCIAL REVIEW 2019/20

The Chief Finance Officer had submitted a report updating the IJB on its year to date financial position in 2019/20 and the recent Quarter 1 financial reviews which considered the projected year end outturn, undertaken by both the IJB partners, East Lothian Council and NHS Lothian.

Ms Flanagan presented the report advising members that the position as of June was an overspend of £212,000; of which £156,000 was attributable to social care budgets and £56,000 to health. The Quarter 1 forecast outturn for the year was a £459,000 overspend. She outlined the key pressures on budgets during 2019/20 and the areas that were currently performing well. She concluded that the budget-setting process had previously targeted savings of c£700,000 but recommended that the suite of actions be widened to cover the projected overspend.

The Chair raised a number of questions around staffing pressures, winter planning and whether the IJB would qualify for additional winter funding.

Ms MacDonald advised that some of the key staff pressures related to an ageing workforce and the use of bank staff and work was underway to address these issues. She explained that a winter plan was prepared each year and this year NHS Lothian had received notice from the Scottish Government that winter funding would be cut by half. A draft workforce plan was to be prepared before the end of the month, with the final plan being presented by the end of October. This plan would involve all four Lothian IJBs and would require sign-off by the Strategic Planning Group, chief officers and each IJB. Ms MacDonald indicated that East Lothian's bids would focus on areas that would have the greatest impact but that members should be aware that the IJB may not be successful in securing additional funds.

Mr Murray argued that IJBs could not operate effectively when funding for such a key aspect of their services was determined by an annual bidding process. If this additional money was required to fund winter planning each year then it should form part of the IJB's basic annual budget requirements.

Ms Flanagan explained that the winter funding came annually from the Scottish Government as a separate funding stream and did not form part of the main NHS Lothian budget allocation.

Ms MacDonald added that services always recruited additional staff well before the winter money was available and it was considered a bonus if they got the money back from the bidding process. She said that the key requirement was to demonstrate the impact that additional staff would have as this would put the IJB in a good position regarding its funding bids.

In response to further questions from the Chair, Ms Flanagan and Mr Davies clarified the expected spend for the implementation of Frank's Law and advised that progress would be closely monitored to ensure that the monies were utilised as required.

Councillor Neil Gilbert asked about the expected Quarter 2 position and how this compared with last year. Ms Flanagan said that the social care position was much improved on last year and the health spend was in line with expectations. Both would continue to be closely monitored.

The Chair noted that Brexit would continue to add pressure to the prescribing budget. Ms MacDonald acknowledged this but indicated that social care remained the area where greatest pressure was expected.

In reply to a final question from Councillor Akhtar, Ms Flanagan advised that there was no update yet on the UK Government Spending Review but that the national IJB Chief Finance Officers' network would continue to feed into that process.

Decision

The IJB agreed to:

- i. Note the current financial position; and
- ii. Note the Quarter 1 financial reviews undertaken by the partners.

Sederunt: Councillor Gilbert left the meeting.

8. NEW MODELS OF CARE FOR DEMENTIA AND PSYCHIATRY OF OLDER ADULTS PROVISION AND REPATRIATION OF EAST LOTHIAN PATIENTS

The Chief Officer had submitted a report providing the IJB with an update on the work to develop new models of care for dementia and psychiatry of older adults provision and the repatriation of East Lothian patients from Midlothian Community Hospital.

Ms Cowan presented the report advising members of the arrangements being put in place to facilitate patient's repatriation, as per the IJB's Direction, and outlining the three key pieces of work which were supporting this undertaking. She concluded that as a result of this work patients and families would now have only one port of call and it would reduce transfers and associated confusion for more vulnerable patients.

The Chair welcomed this report and the breadth of work being done to ensure that patients with more complex needs were in the right place with the right level of care. She suggested that this was the sort of good news story that should be celebrated.

In reply to a question from Mr Murray, Ms Flanagan advised that £865,000 of resources had been transferred as part of this work.

Mr Murray proposed an amendment to the recommendations in the report suggesting that the Chief Officer should be asked to provide the IJB with an update on progress in due course. Councillor Akhtar seconded this proposal and the amendment was agreed by the members.

Decision

The IJB agreed to:

- i. Note the contents and ongoing actions of this joint report with Midlothian IJB on the repatriation of patients from Midlothian Community Hospital;
- ii. Instruct the Chief Officer to continue with the implementation of the East Lothian Direction (D03c) 2019/20 to repatriate patients belonging to east Lothian and in conjunction with the changes required for the development of the new East Lothian Community Hospital; and
- iii. Ask the Chief Officer to provide the IJB with an update on progress in due course.

9. EAST LoTHIAN IJB ANNUAL PERFORMANCE REPORT FOR 2018/19

The Chief Officer had submitted a report presenting the IJB its third annual performance report covering the year 2018-19.

Mr Currie presented the report thanking colleagues for their contributions and particularly Jane Ogden-Smith for pulling all of the information together. He advised that to make the report more accessible a short summary version would be prepared and both documents would be made available online. He acknowledged that the report had missed the Scottish Government publication deadline, however there were reasons for this and it was hoped that improved data flow would allow officers to meet the deadline in future years.

Ms Ogden-Smith added that the summary version would be made available in libraries and other public locations.

The Chair praised the report and the efforts of officers and encouraged members to share links to the document on social media and generally promote it as much as possible.

Ms McNeill asked about the lack of available data in relation to a question on the carer's role and the need to improve on some of the key results in this area. Mr Currie advised that data was not always produced annually and he hoped that the results would be better next year.

Jon Turvill noted that certain patient experience surveys were only carried out every two years and that one was due to start shortly and report in April 2020. It would involve a sample of patients from each GP practice and would be published online by the Scottish Government. He added that response rates were usually quite low and anything that the IJB could do to improve that would be welcome.

Mr Murray suggested that it might be more productive for the IJB to design its own performance measures rather than be limited by existing tools. Dr Turvill agreed, observing that sometimes a range of measures were required to fully answer questions or assess the impact of Directions.

Responding to questions from Councillor Akhtar, Trish Carlyle reported that a thematic review of self-directed support would allow officers to add to the range of survey questions related to carers and demonstrate how the carers' strategy was working across client groups.

Mr Tweedy welcomed moves to improve information gathering in relation to carers' issues and that it would be useful if the IJB encouraged Change Boards to see carers' issues as a priority.

Mr Currie confirmed that the use of partners' data had been discussed at the Strategic Planning Board along with the importance of finding the best way to tell individual stories.

Ms Ogden-Smith concluded that although there was some missing data in this year's report, the IJB was performing well in relation to most national measures.

Decision

The IJB agreed to:

- i. Approve the draft annual report for 2018-19 (appendix 1) prepared in line with Scottish Government guidance (see 3.3) noting that East Lothian HSCP performance varies across a number of measures as reported in-year to the IJB;
- ii. Approve publication of the annual report on the internet and on social media, with printed copies provided only if requested, noting that in previous years there have been no requests for printed copies;
- iii. Note that guidance requires that IJB annual reports are made as *"...accessible as possible to the public..."* To meet this requirement, the annual report will be publicised and made widely available via the IJB's established social media channels and the internet. It will also be made available to staff on the East Lothian Council and NHS Lothian intranet;
- iv. Agree that a summary version of the annual report should also be produced and made available via social media and the internet and intranet. Printed copies of this document would be available on request; and
- v. Note that in line with guidance, annual report data *'...must be included for both the year which the report covers, and the 5 preceding years, or for all previous reporting years, if this is less than 5 years.'* For this reason, the 2018-19 annual report includes reference to performance from the two preceding years, 2016-17 and 2017-18.

Signed

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

NHS Lothian

Board Meeting
4th December 2019

Chief Quality Officer

NHS Lothian Quality Strategy : Annual Update Report 2018-19

1 Purpose of the Report

- 1.1 The purpose of this report is to update Board members of progress against the milestones agreed in the NHS Lothian Quality Strategy (2018-23)

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

2 Recommendations

Board members are invited to note the update report provided in Appendix 1 plus the supplemental case study in Appendix 2 and to consider taking: -

- 2.1 Moderate Assurance on progress against spread and scale up milestones for 2018-19
- 2.2 Significant Assurance on the deployment of a robust, effective and widely applicable standard approach for Quality Management – our 'Quality Management System'
- 2.3 Moderate Assurance on the provision of training and coaching in Quality Management within Lothian
- 2.4 Limited Assurance on resources available to continue spreading and scaling up Quality Management to at least 80% of NHS Lothian by 2023
- 2.5 Limited Assurance on our ability to accurately measure the financial benefits accrued through Quality Management.

3 Discussion of Key Issues

- 3.1 This paper and the attached appendices describe key progress made over the past year's implementation of the Quality Strategy.
- 3.2 During this year significant scaling up and spreading of new and existing programmes: -
- Primary Care
 - Mental Health
 - The Western General Hospital
 - Emergency Departments
 - Corporate services
- 3.3 There has also been continuing development of our training programmes (known collectively as 'The Quality Academy') and our network of coaches supporting people undertaking quality improvement in local areas. We have mature, well rated courses for developing skilled coaches and the skills to manage quality amongst our established leaders.

- 3.4 The effectiveness of a standardised approach to quality management – our Quality Management System - has been demonstrated across a broad range of services, settings and staff groups. It has been deployed in support of various services under significant strain, including during the external review and support interventions for A&E. We have been developing a basic methodology since 2016. Healthcare Improvement Scotland have developed a model with the same basic structure plus refinements and a clearer link to Assurance and we have adopted this more refined model.
- 3.5 Staff engagement with Quality Management programmes has been good. There was a significant over-subscription for our training programmes and a faster-than-predicted growth in our Coaching Network. Furthermore, the Quality Directorate is now experiencing significant pull from diverse services to support locally driven quality networks and programmes.
- 3.6 NHS Lothian has invested significant additional financial resource into corporate and local support for Quality Management Programmes. This resource has helped to create drive improvement and simultaneously create additional local capability and capacity for ongoing quality management. The earliest programmes we supported are now demonstrably more active with less support than at their inception.

Current demand for existing and new work is significantly stretching available resources. This is impeding the initiation of new programmes. Funding levels are below the estimated requirements anticipated in the Quality Strategy. A lack of financial resource is significantly impairing our ability to maintain a stable resilient corporate quality function and in particular to retain skilled and experienced staff.

- 3.7 The Director of Finance and Chief Quality Officer are working closely together and with the wider executive team to find a sustainable solution to this challenge. There has been a recent and significant increase in the proportion of recurrent funding for the Quality Programmes. Establishing recurrent funding for all substantive staff posts is a high priority.
- 3.8 A separate financial challenge relates to calculating the cost saving for NHS Lothian arising from improved quality and performance. This has been a major ambition from the earliest days of Lothian's Quality Management System, inspired by well-described successes in this area by Intermountain Healthcare System in the USA.
- 3.9 The Director of Finance has led efforts to help define broad financial benefits accrued through change management programmes through the Sustainability and Value Group. Some programmes and even projects have had convincing significant financial benefits – including falls reduction work at the WGH (Appendix 2) and also the programme focussed on fractured hip management. However, we are unable to systematise and routinely measure the full financial of work focussed on quality management.
- 3.10 A key issue is a lack of tools fit for this purpose. A group of senior and expert staff from Finance, Quality and other directorates are engaged in a focussed collaboration to better understand and measure value from improvement. Tools to allow day-to-day measurement of this are anticipated to become available in 2020.

4 Key Risks

- 4.1 Presently the work being done across Lothian as part of the Quality Strategy is demonstrably improving the quality of healthcare across all six 'standard' domains:-
- Safe, Timely, Effective, Efficient, Equitable and Person-Centred care
- 4.2 There is a clear emergent desire by front line teams to also use the Quality Management System approaches to reduce the environmental harms caused by healthcare.
- 4.3 The key risk is failure to adequately resource sustainability and expansion of our Quality Programmes now and in the future which would impact negatively upon all six domains and the many dependent organisational strategies and priorities.

5 Risk Register

- 5.1 No immediate impacts requiring a change to Lothian's Risk Register are identified.

6 Impact on Inequality, Including Health Inequalities

- 6.1 An impact assessment has not been carried out for this report. Training and practice in Quality Management emphasise the importance of measuring the impact of work on reducing inequalities as one of the six traditional key domains of quality in healthcare.

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

- 7.1 None identified

8 Resource Implications

- 8.1 Acceptance of the recommendations in this paper has no direct resource implications. This resource-related risks associated with the delivery of this programme are discussed in Section 3.

Simon Watson

Chief Quality Officer

22nd November 2019

simon.watson@nhslothian.scot.nhs.uk

List of Appendices

- Appendix 1: NHS Lothian Quality Strategy: Annual update report 2018-19
Appendix 2: WGH Inpatient Falls – Reducing Harms and Costs



NHS Lothian Quality Strategy

Annual update report - 2018-19

This report describes progress between 2018-19 to implement the NHS Lothian Quality Strategy (2018-2023). It includes description of spread and adoption of Quality Management against key milestones and supporting actions to optimise our 'Quality Climate'.

The report was created by those delivering the work described, with support from the Quality Directorate

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“When one understands who depends on me, then I may take joy in my work”

William Edwards
Deming

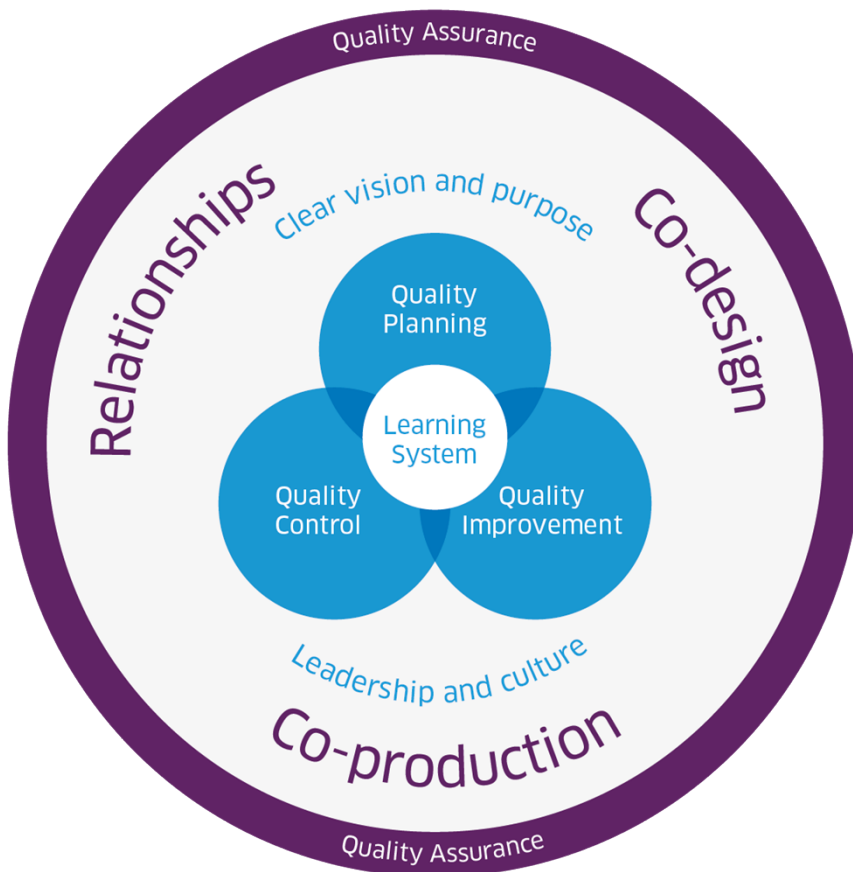


Context

The Strategy is founded upon Quality Management becoming NHS Lothian's standard approach for managing continuous day-to-day improvement across the organisation. This requires an effective, robust and accessible approach to managing quality, which is described below.

NHS Lothian's Quality Management System

Diagrammatic representation of our Quality Management System



Reproduced with permission from Healthcare Improvement Scotland

Quality Planning

A 'diagnostic' process to systematically identify critical processes and then assess how well they perform compared to desired performance. A plan for a service to either a) monitor or b) actively change and improve processes arises from this diagnostic process. Quality planning should be led by someone in a recognised position of leadership and authority and be done collaboratively with the wider team and stakeholders.

Quality Control

Processes that are performing satisfactorily are monitored managed through scheduled audits to ensure quality is maintained. If performance deteriorates below a stated standard, a process is moved from Quality Control to Quality Improvement.

Quality Improvement

Processes that are performing unsatisfactorily are improved through a standardised approach involving through structured tests of change repeated as necessary until sustained satisfactory performance is achieved. At this point, the process is then management by Quality Control.

Relationships, co-design and co-production

The approach relies on a very close collaborative partnership between leaders, managers and teams within a supportive organisational culture. The Board is already asked to provide Assurance on the outputs of key processes. Moving forward, Assurance should also be sought on the effectiveness of all elements of Quality Management.

Development and endorsement of the model

This model is based on the 'Juran Trilogy' approach to Quality Management, well-established for decades across many industries. It has been the basis of our work on Quality Management from the outset. The model has many conceptual similarities with the clinical care approaches used every day by clinicians. The elaborated and expanded version shown in the previous diagrammatic representation was developed and endorsed by Healthcare Improvement Scotland.

The Quality Management System model in practice; Cardiac Arrest Reduction in Acute Hospitals

Background

Whilst the Quality Strategy aims to spread this approach to new areas, across the organisation, there are notable examples of using quality management as a new approach to pre-existing issues of quality and safety. A good illustration is work in the Acute Division to reduce the number of cardiac arrests across our Acute sites.

A review of cardiac arrest rates across NHS Lothian in 2017, demonstrated that all three acute adult hospitals in NHS Lothian had a cardiac arrest rate that sat around the Scottish average but over the years of the improvement work undertaken through the Scottish patient safety program, NHS Lothian had seen only an 8% overall reduction in cardiac arrest rate from baseline. Our aim was to reduce that significantly and which therefore required a focused program of work utilising a quality management approach.

Cardiac arrest reduction; Quality Planning

A large-scale review of Cardiac Arrests on all 3 acute sites was carried out in order to identify potential themes for learning. This allowed identification of the clinical areas with the highest cardiac arrest rates. Reviews were conducted by ward based clinical teams with support from QIST and led to engagement and increased understanding of their own local processes and areas for improvement. While the majority of cardiac arrests on all sites occurred suddenly and without evidence of previous deterioration, the strongest themes to emerge from reviews was around the opportunity to improve anticipatory planning with patients nearing end of life and to improve early recognition of deterioration through more reliable observations. Key learning from the review informed an initial improvement plan including an NHS Lothian Driver Diagram for change and generation of a list of Programme change ideas.

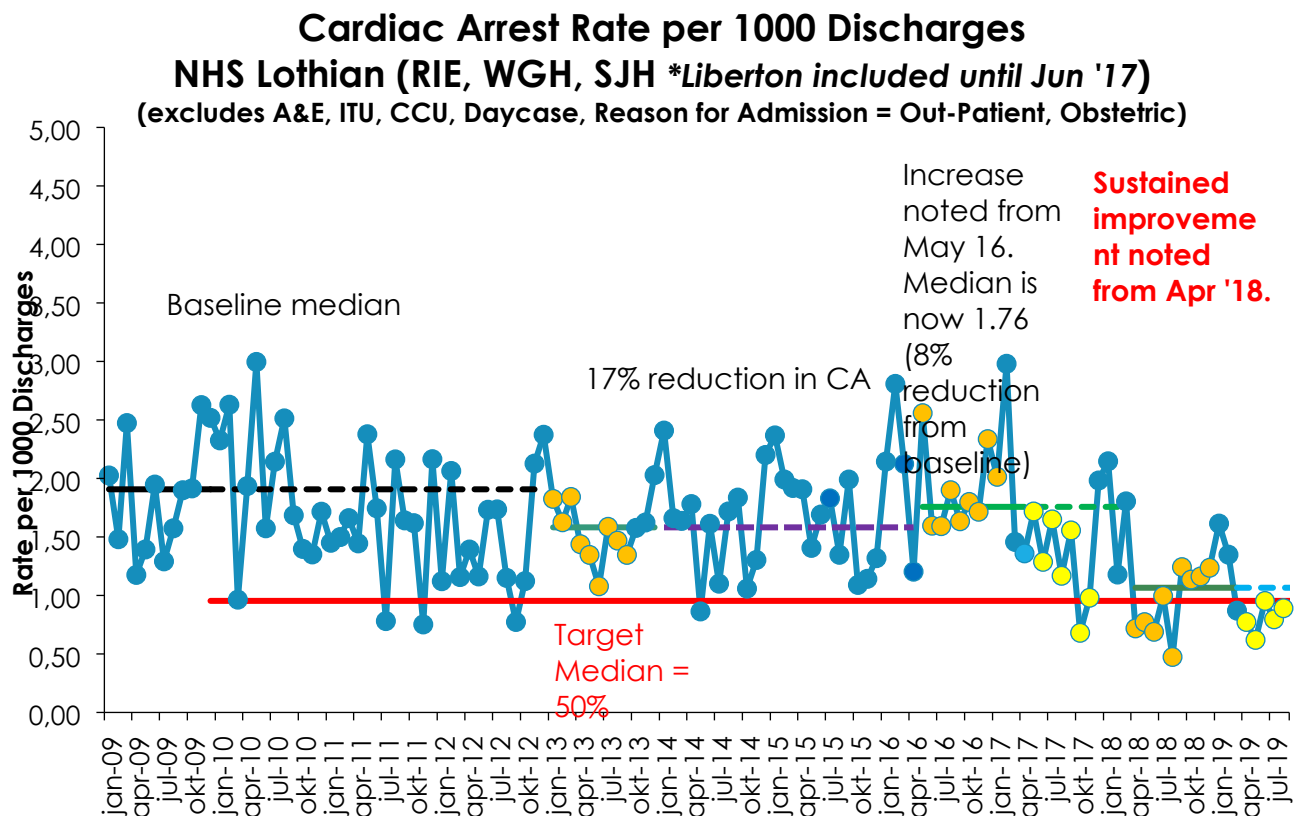
Cardiac arrest reduction; Quality Improvement

The Quality Improvement Support Team (QIST) provided ward-based improvement coaching and data interpretation with individuals and teams to address any identified areas for improvement with the wards with highest cardiac arrest rates prioritised for improvement support. Each ward has worked with QIST to develop improvements in line with their local data and formulated a deteriorating patient

quality improvement charter so ward based teams 'own' their own data and improvement plan.

Focused site-based improvement activity has seen reduction in rates of cardiac arrests on all sites with sustained improvement on the Western General site since November 2017. The number of inpatient areas now engaged in activity related to improving care of deteriorating patients has increased on all sites, RIE now has 71% involved (up from 28% in 2017); WGH has 64% (up from 25%); and SJH has 42% (up from 8%).

Outcome data has evidenced a sustained 57% reduction on one site (WGH) and a positive impact on patients with much of the improvement coming from reliable discussions with patients and families regarding their ongoing care needs. Overall we have seen a 44% reduction in Cardiac Arrests in NHS Lothian



Cardiac arrest reduction; Quality Control

A quality management approach has continued to be used to ensure that all emergency calls are reviewed with learning themes and required actions and

improvement identified (quality planning), that improvement work is prioritised to clinical areas with high numbers of cardiac arrest calls and supported by site based quality improvement support teams (quality improvement). Weekly progress is shared at site safety huddles and site based reports are shared and actioned by site-based management teams on a bimonthly basis). Pan-Lothian progress is reported to Acute CMG on a quarterly basis. (Quality Control and Assurance)

Progress against milestones for 2018-19

The milestones

The 2018 Quality Strategy included a description of the milestones for the period 2018-19: -

1. Expand the Primary Care Quality Network
2. Expand the Mental Health Quality Network
3. Establish a Clinical Quality Network on the Western General Site
4. Establish Quality Programmes for A&E at RIE and SJH
5. Establish Corporate Services Quality Programme
6. Expand the reach and output of the Quality Academy and Coaching Network
7. Establish a Quality Programme on the SJH Site, focussed on frailty

Expanding the Primary Care Network

In 2017 NHS Lothian embarked upon an ambitious programme to establish a Quality Management Network across Primary Care. This has built upon existing relationships created by participation of GPs and Practices in the Scottish Patient Safety Programme. The Quality Directorate undertook a consultation exercise with key stakeholders in Primary Care across Lothian. This identified a need for targeted support for a facilitated learning network and training in Quality Management as principle needs. These were provided and the network has flourished to become unique in terms of participation and coordinated activity within Scotland.

This network was developed within the context of the new national General Medical Services Contract and the Scottish Government document 'Improving Together: A national framework for quality and GP clusters in Scotland'. The network operates across Lothian and is a key enabler for supporting the implementation of the principles set out in these documents.

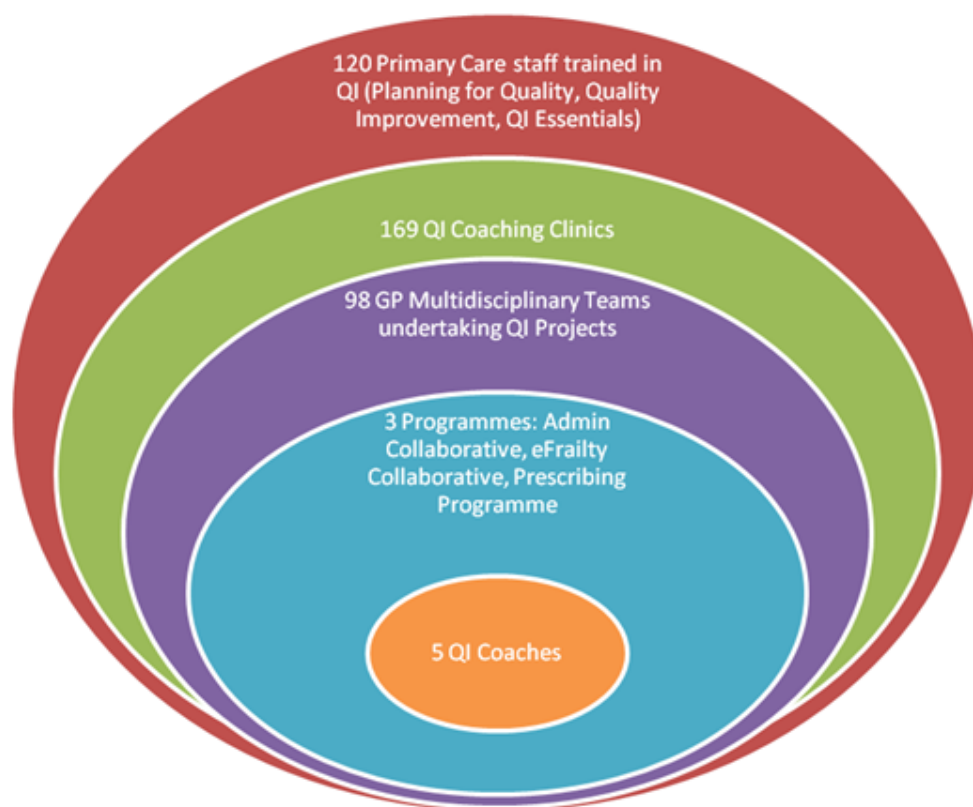
The network aims to enable a culture of continuous improvement in support of: -

- Integration Joint Boards Strategic Plans

- NHS Lothian Better Health Better Future
- NHS Lothian Quality Strategy 2018
- Health & Social Care Improvement Priorities.

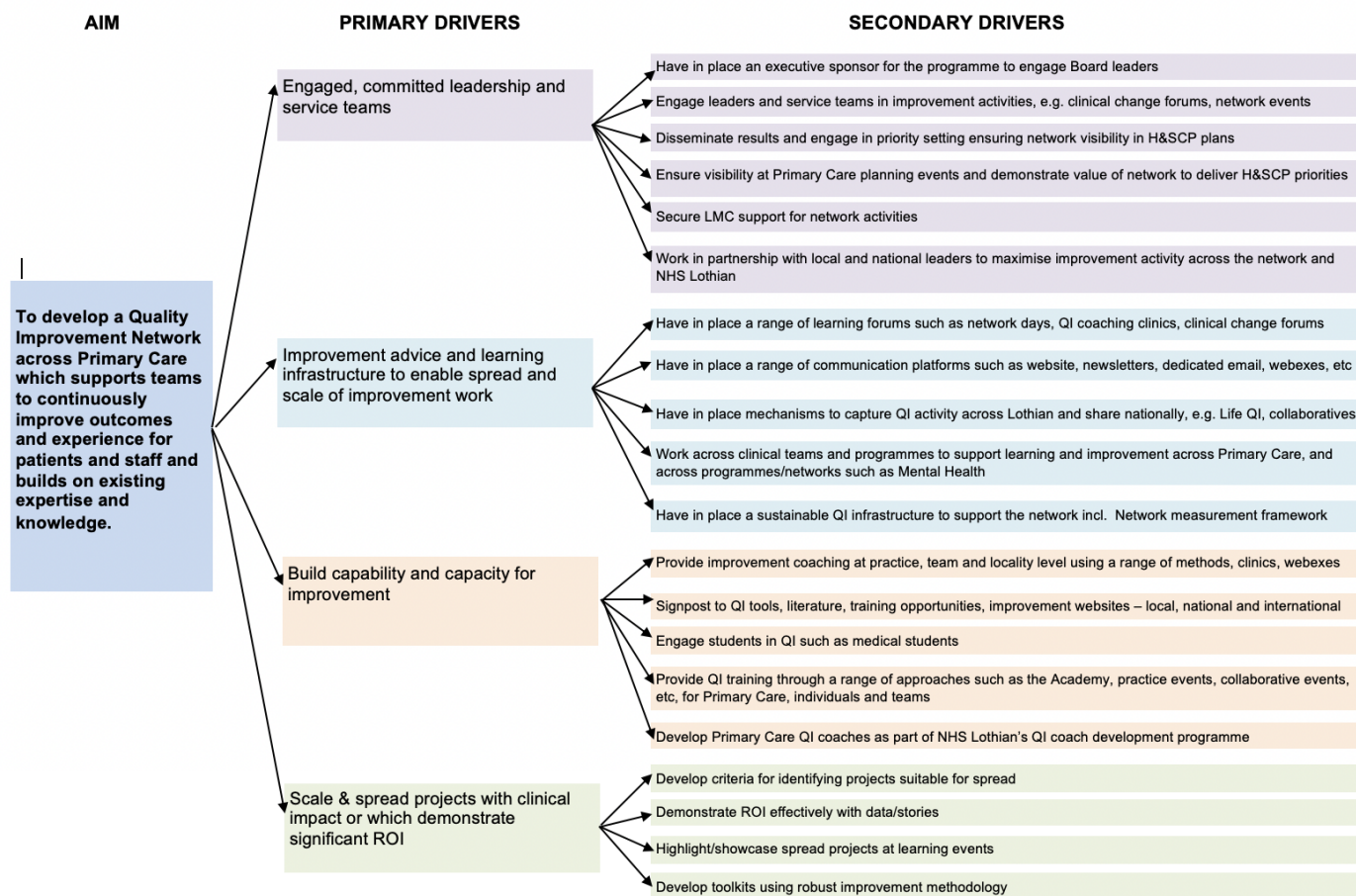
The network's initial focus was on General Practice. It, however, has been expanded to support Health & Social Care at a programme and project level. Exemplars of this include the Midlothian Frailty programme, a medicines management programme and spread of microsystems projects across NHS Lothian. Prominent projects that have spread from micro- to macro-system include the admin collaborative and realistic physiotherapy as well as new models of care, such as care chronic pain management services funded through the Value Fund. All these of which have clear measurement frameworks and demonstrate the value of Quality Management as a means of local prototyping as one route to whole system change.

Currently, over 80% of Lothian's GP practices are actively engaged in the Quality Network, with small teams within practices now typically contributing to improvement work. To support this programme, 169 Coaching Clinics have been held as well as five pan-Lothian events. 98 practices have formally registered projects using the Quality Workbook structure. Three programmes are being supported by the Quality Network – Practice Admin Staff Collaborative (14 teams), eFrailty Programme (12 teams) & the Pharmacy programme (16 teams). Over 120 staff have undertaken formal training to develop either advanced practitioners in Quality Improvement or Quality Management skills for Leaders. Local coaches and other experts are also supported in delivering Essential QI (eQI) training for teams in Primary care.



The 3-Year Primary Care Quality Improvement Network Plan set out the aims of the network in this driver diagram.

PRIMARY CARE NETWORK DRIVER DIAGRAM



One of the key benefits of the network is the identification and scale-up and spread of successful improvement programmes and projects across NHS Lothian in an efficient, effective and sustainable manner.

The Primary Care Network reports regularly to the GMS Implementation Board, the NHS Lothian Sustainability and Value Group and components of this large and varied programme are reported to a variety of oversight groups within Lothian.

Progress of every project is tracked using an established measurement framework based on the IHI Maturity Scale (<https://blog.lifeqisystem.com/ihi-progress-scores>)

Completed projects are written up for sharing in an ePoster format – production supported by the Lothian QI Coaching Network and Quality Directorate staff. These are shared at cluster meetings and through the Lothian Quality Webspace.

Photos from a recent Cluster Quality sharing event





Improvement projects typically align to a number of agreed high-value areas including care navigating, frail & vulnerable patients, prescribing, chronic disease management, workflow improvement and health screening and protection.

The quantity of improvement work across Primary Care is too extensive in totality and whole-system aggregate metrics are not yet developed to encompass the sum of all improvement work. Up to date information about the programme can be found via the website at <https://qilothian.scot.nhs.uk/pagep>.

The 3 year plan for Primary Care Quality is available online [here](#).

Expanding the Mental Health Quality Network

The Mental Health Quality Network was established in 2017, embracing specialist services across Lothian. A three year quality plan was approved in 2018 with high level aims to: -

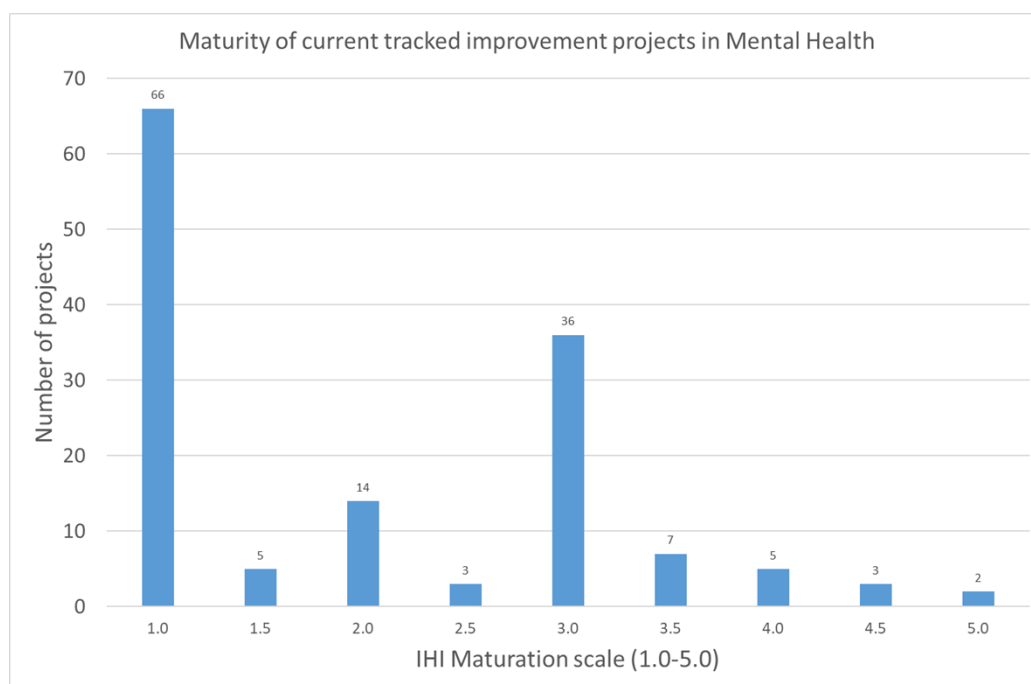
- Improve the mental and physical health outcomes for people using mental health services in Lothian.
- Ensure the equitable access to evidenced-based mental health care to reduce health inequalities.
- Improve the use of resources, skills and technology effectively and efficiently to provide the best value healthcare.
- Ensure that staff feel empowered and engaged to enable them to deliver the best care possible to patients and their carers.

Immediate improvement priorities are: -

- Improving access to assessment and evidence-based treatment with the most appropriate service in the most appropriate setting.
- Improving the quality of mental and physical healthcare.
- Ensuring that transitions of care between services are safe, efficient and effective.

In common with the model deployed in Primary Care, the programme is supported by a Clinical Lead, a small specialist improvement support team and specialist Analytical support. A steering group for the Programme is chaired by a Senior Manager, frequently the Director of Operations for REAS. Reports have been presented to the Lothian Sustainability and Value Group and elements of the programme shared at a variety of management and governance meetings in Lothian.

7 Quality Improvement Specialist Coaches have delivered 102 Clinics and 176 Coaching Sessions to staff working on project. There are 136 registered projects currently known to be in progress with a distribution of maturity shown below



Maturation scale explained here <https://blog.lifeqisystem.com/ihi-progress-scores>

97 of these are being tracked through the LifeQI web platform that has been tested in the Mental Health programme. A detailed breakdown of these projects is found here: -

<https://static1.squarespace.com/static/56d4490107eaa0756af084ea/t/5b18f2a8758d4629003ecaf8/1528361641598/Database+of+projects.pdf>

More detailed information on specific wider projects is shared in ePoster format here: -

<https://qilothian.scot.nhs.uk/our-projects>

170 staff have been through Quality Academy Lead Level and the directorate has supported local training of a further 109 people locally. Members of staff have presented their work to a variety of overseas visitors to Lothian and also at several external conferences. Quality and Innovation forums are held quarterly, and presentations captured and shared digitally via eNewsletters. The most recent newsletter is shown here: -

<https://static1.squarespace.com/static/56d4490107eaa0756af084ea/t/5d3eb79eb1602d00014dfebb/1564391328218/20190729+MHQIP+Newslettersv1.0.pdf>

Current exemplar work from the Mental Health Quality Programme

NHS Lothian Rapid Response Team

NHS Lothian's pioneering Rapid Response Team is celebrating after they picked up a title in the prestigious Scotland's Dementia Awards.

The Rapid Response Team collected the Best Community Support Initiative Award. The service is the first of its type in Scotland and has picked up its fourth award since starting in December 2016.

The team take pride in providing a flexible person-centred approach to care and assess each person's needs individually to create a unique care plan in line with the person's own view of what recovery looks like for them.

The service is based on the Scottish Government's 2020 vision of health care (2011) and will help meet a corresponding demand for fewer hospital beds by the provision of a safe alternative to hospital admission.

Since introduction of the RRT Fairmile ward at the Royal Edinburgh Building has seen a reduction in the median length of stay of 74%. The remaining old age psychiatry wards have all seen median reductions of over 60%.

Reducing seclusion on Blackford ward.

A visit from the Mental Welfare Commission (MWC) prompted the staff on Blackford ward to consider their use of the high dependency unit. The team was keen to reduce restrictive practice on the ward by improving communication with patients and developed a driver diagram to help identify areas to improve.

With this focus on appropriate use of HDU, the Blackford team has reduced episodes of seclusion for patients by **25%** and overall time spent in seclusion by a massive **71%**. Huge congratulations are due to all of the team, but special mention goes to Lauren Gray and Jess Grant who took on major parts of the improvement as QI Skills and Newly Qualified Practitioner (NQP) projects.

Edinburgh CHP Community Mental Health Services

A willingness to develop and test ideas from across all healthcare professionals has embedded a culture of constantly looking for areas to improve within the Cambridge Street Community Mental Health Service.

A project to increase percentage of Clozapine patients in SWCMHT by linking physical health screening to the "forced function" of mandatory Clozapine blood monitoring increased physical health screening in this patient group from 22.6% to 79.5% over the course of 5 months.

A second project to reduce time for Adult ADHD patients to reach maintenance medication dose, was inspired by a presentation at the Mental Health Clinical Change Forum in November 2018. Introducing a drop-in clinic for these patients, the team has reduced the time to maintenance dose from 26 to 5 weeks, and the clinic has been so successful that it has now been made permanent. The savings in staff time (productivity gain) have been calculated to £7863 per annum.

Missing persons

Over the last 2 years the Royal Edinburgh Hospital has been working in collaboration with Police Scotland to reduce the number of missing person reports from the Royal Edinburgh Hospital (REH). When the project started the REH had the highest number of missing person reports in Scotland. The team provided training for staff to increase awareness, and improve completion of pass plans for patients.

Costs associated with nursing time spent dealing with police and patients has reduced to less than £10k from an initial baseline of £18K per annum since 2014. Police costs from 2016 have reduced from £1,431,500 to £948,500 per annum.

Safewards and adult acute inpatient services

Safewards interventions continue to be introduced and tested across general adult acute mental health wards. Working with the national Scottish Patient Safety Programme – Improving Observational Practice has allowed wards to reduce their use of 1:1 nursing care.

Comparing spend in adult acute wards for the 12 months before against 12 months after there's a total drop in banking and agency nursing spend for 1:1 nursing of £11k.

72 Hour Crisis Care Plan

Seventy-two-hour crisis care plans have been implemented for six general adult psychiatry patients with a diagnosis of EUPD after discussion and agreement with them. Certain responsibilities were placed on the patient, such as not self-harming or using alcohol or illicit drugs, with the consequence being discharge from hospital.

Reviewing data for the period of one year before and one year after initiation of crisis care plan demonstrated a reduction in median psychiatry inpatient bed days of 85.5%, total psychiatry admissions reduced by 19% and total days spent detained under Mental Health Act during Psychiatry inpatient stay reduced by 82.5%.

Further up to date information can be found in the Mental Health Quality Programme's latest newsletter

<https://qilothian.scot.nhs.uk/s/20191031-MHQIP-Newsletterv11.pdf>

Establishing a Western General Hospital Quality Network

The most recently established Quality Network is based on the Western General Hospital Campus. A whole site quality plan was developed by the WGH Leadership team and approved by NHS Lothian in 2019. An inventory of current Quality Improvement work was undertaken on the site, a Clinical Lead appointed, and key priorities identified. Recruitment to a small support team of improvement advisors and analysts is almost complete.

Regular progress meetings chaired by the Site Director or deputy have monitored the establishment of the programme. A regular schedule of quarterly Clinical Change Forum meetings has been established, typically led by the Site Director.

In addition to creating greater site-based capacity and capability in Quality Management, key objectives for the Western General Hospital Quality Network are: -

- Improved management of frailer, older people
- Improving management of patients receiving specialist cancer therapies
- Improving access to schedule care including Urology

There are 208 known Quality Improvement projects on WGH site. Their level of activity and maturation are being measured using the standard IHI scale. 160 Projects have been mapped against potential Return on Investment using model described in NHS Lothian Quality Strategy.

10 active QITs operate within services; all QIT Leads now formally trained in Quality Improvement methods. 128 staff have received some formal training in Quality Management. Most of these have been trained through the Quality Academy.

Key staff from priority areas are undergoing Lead Level training through the Quality Academy to help develop to lead teams to manage quality and implement local Quality Plans.

Purposeful linkages between relevant national QI programmes and the local Quality Programme have been made, including the Access QI programme and the national frailty collaborative. It is hoped these will bring net benefit in terms of learning and material support.

Coaching clinics have been established with 4 slots per month and plans to expand as more improvement support staff come into post.

Urology

Urology Services at the Western General Hospital is one of three specialities taking part in the accelerator site Access QI, launched on 30 October 2019. Accelerator

sites are being supported to develop and deploy QI expertise to sustainably improve waiting times while maintaining or improving the quality of care. QIST are supporting the project team with a number of nationally agreed measures.

The project team consists of QIST, clinicians from Urology Services, management, sustainability and analytical services, all with a range of QI expertise. The project team have already begun pathway diagnostics undertaking a range of improvement activities including process mapping, data collection and conducting short interviews using feedback tools and open-ended questions, with patients and staff to gather information on their experience of the pathway.

Priority areas for improvement have been established and tests of change include:

- One stop clinic for patients requiring flexible cystoscopy
- Patient initiated follow-up
- Improving referral process

This work is in the early stages and ongoing.

Frailty

As part of the work to improve management of frailer older people, the Western General Hospital is one of four hospitals across Scotland involved in Phase 2 of the iHub's Frailty at the Front Door Collaborative. This 18-month national programme launched in September 2019, with the Frailty QI Project Team at WGH identifying an aim to increase the % of patients aged 75 and over who are discharged directly home from the front door.

QIST, alongside colleagues from Medicine of the Elderly, Team 65 and Front Door staff, have conducted a number of improvement activities to date, including; Process Mapping, Value Stream Mapping and the gathering of staff feedback on what's currently working well and what could be better. QIST is also supporting the collection of data against a number of nationally identified measures, using a variety of data collection methods.

Changes tested to date include:

- Increased frequency of a Frailty ward round at the front door from 1 day to 5
- Revision of the Frailty Screening database used by CGA Team (Team 65) to better support appropriate data collection

Additional tests of change being considered include:

- The use of electronic markers for Frailty

- *Introduction of joint screening by the Multi-Disciplinary Team (MDT) to eliminate duplication*
- *Collaborative working with the newly developed Home First Team*

Tests of change and data collection are in their infancy and as such, it is too early to say if there are any signs of improvement.

Summary of current state – Western General Hospital Quality Programme

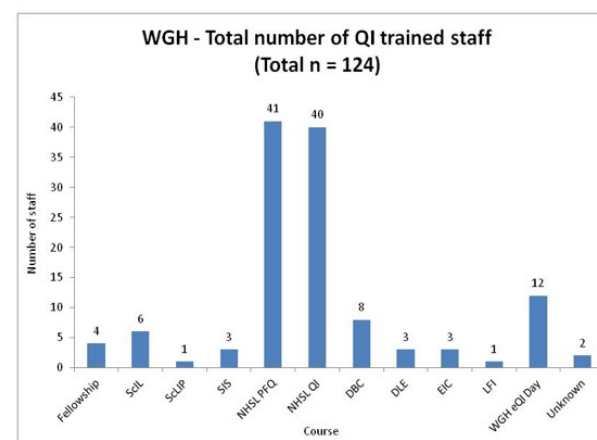
Quality Improvement



WGH QI Projects by Speciality

Service	Number of QI Projects	Number of QI projects confirmed at each level on the IHI progress scale									
		0.5	1.0	1.5	2.0	2.5	3.0	3.5	4.0	4.5	5.0
MOE	18	1			1	4	5		2		
Respiratory	9	5			2		1	1			
Medicines	27				11	12	2				
RIDU	3	1			1						
Urology	12	5		4	2		1				
Colorectal	11	6		1	2	1	1				
GI/Endoscopy	9										
Rheumatology	8	1		1	1						
Oncology	16	3		1		2		1			
Haematology	3										
Palliative Care	2										
Diabetes	7	2			1			1	1		
DPD	5	1		2		2					
Radiology	2	1		1							
Critical Care	9	1		1	2	1		2		1	
Theatres & Anaesthetics	9										
DCN	6			1	1	1	2				
Safety	14	2		2	2	5		3			
Estates	1					1					
TOTAL:	171	29	0	14	26	29	12	8	3	1	0

WGH QI Trained Staff



- At the WGH our priority work streams include patient safety which incorporates deteriorating patient, anticipatory care planning, falls, pressure area care and peripheral vascular cannula. Work streams also of priority are urology, frailty and oncology services.
- Sustained improvement noted in Cardiac Arrest Rate per 1000 discharges since December 2017
- WGH part of HIS collaborative; Frailty at the Front Door and Access QI (Urology)
- QI Hub developed to support Coaching Clinics, Project Database, Webinars and QI meetings
- Focus on building a culture of Quality Improvement

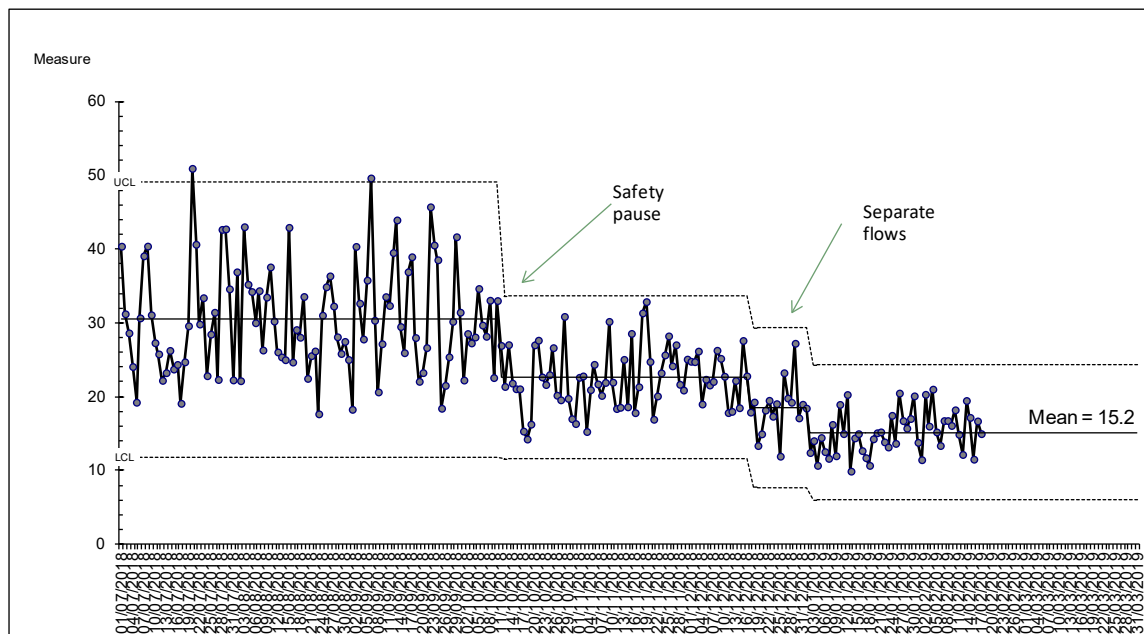


Establish a Quality Programme in our Accident and Emergency Departments

The A&E Quality Programme was initiated in the Royal Infirmary of Edinburgh with a clear focus on a patient safety concern relating to time to triage patients in the 'majors' category.

Highly detailed process mapping and data analysis were presented to staff in November 2018. This enabled a discussion on the significance of the challenge and allowed improvement ideas to emerge. The team undertook a series of tests of change leading to a reduction in mean time to triage from 30 mins to 15 mins

Time to End of Triage (minutes) for Self Presenters and Ambulance Patients July 2018 Feb 2019



Less intense improvement work on majors time to triage continues. Ongoing areas of specific focus include improved use of analgesia, improved use of neurological observations and improved time to ECG for patients with chest pain. Support has also been provided to develop a patient audit tool and to collect patient experience data. The team is supporting work relating to deteriorating patients and the Patient Safety Programme.

A key enabler for clinical, operations and improvement work has been the availability of high-quality, real-time data, displayed through co-developed dashboards.



In June 2019 St John's Hospital A&E dept initiated a Quality Programme also focused on triage. Learning from the RIE site informed both planning and ongoing work. Detailed process mapping and data analysis were shared with the team in July in an engagement and training event.

A 'readiness for change' assessment was performed using the MUSIQ tool and the results have been used to inform capacity building, with a bespoke training event delivered for the team in November 2019. Tests of change are at early stages but are promising. The multi-disciplinary engagement from the team is highly impressive.

Collecting patient experience has been a key part of the early planning and a patient event is planned for December 2019.



St Johns Hospital Emergency Department · 4d
Who loves QI? We do! @Jax_Pringle @NHS_Lothian @emz_philp @aristyro @kimsimp76974657 lots of great input from all of parts of the team.



13 staff from both RIE and SJH A&E depts have completed Lead Level courses through our Quality Academy and others have signed up for new courses. eQI courses will be offered on both sites in 2020. There is significant evidence of learning being shared between the two A&E sites.

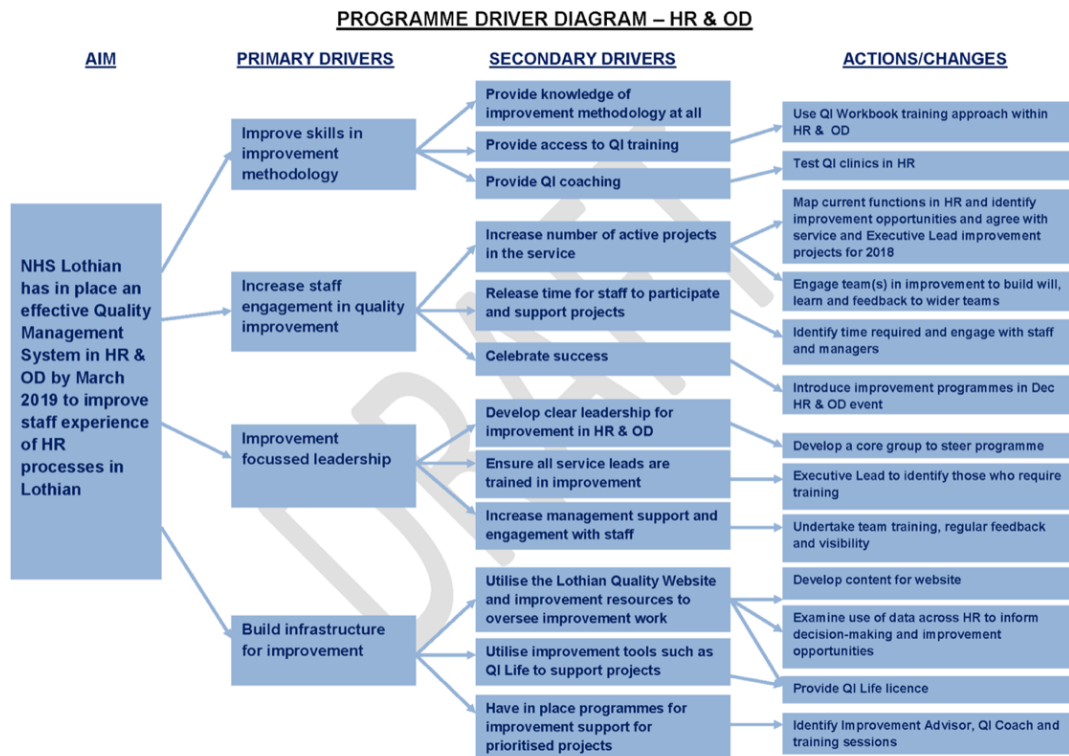
Expanding quality management in corporate services

The Quality Strategy highlighted the need for Quality Management to go beyond traditionally 'clinical' teams. NHS Lothian has a number of vital corporate services used by many or all staff.

Pharmacy, Corporate Nursing and Human Resources (HR) have sponsored significant numbers of staff through Quality Academy training. This together with coaching and specialist improvement support has enabled diagnostic work to prioritise areas for improvement. An important side benefit of members of these teams attending Academy courses has been support they can give other team, given the breadth of work they do across many services

Human Resources Programme

HR are developing a Quality Plan, with current iteration illustrated in this driver diagram.



19 HR & OD Staff have undertaken Quality Academy training, with further participant's being identified on an ongoing basis for each cohort.

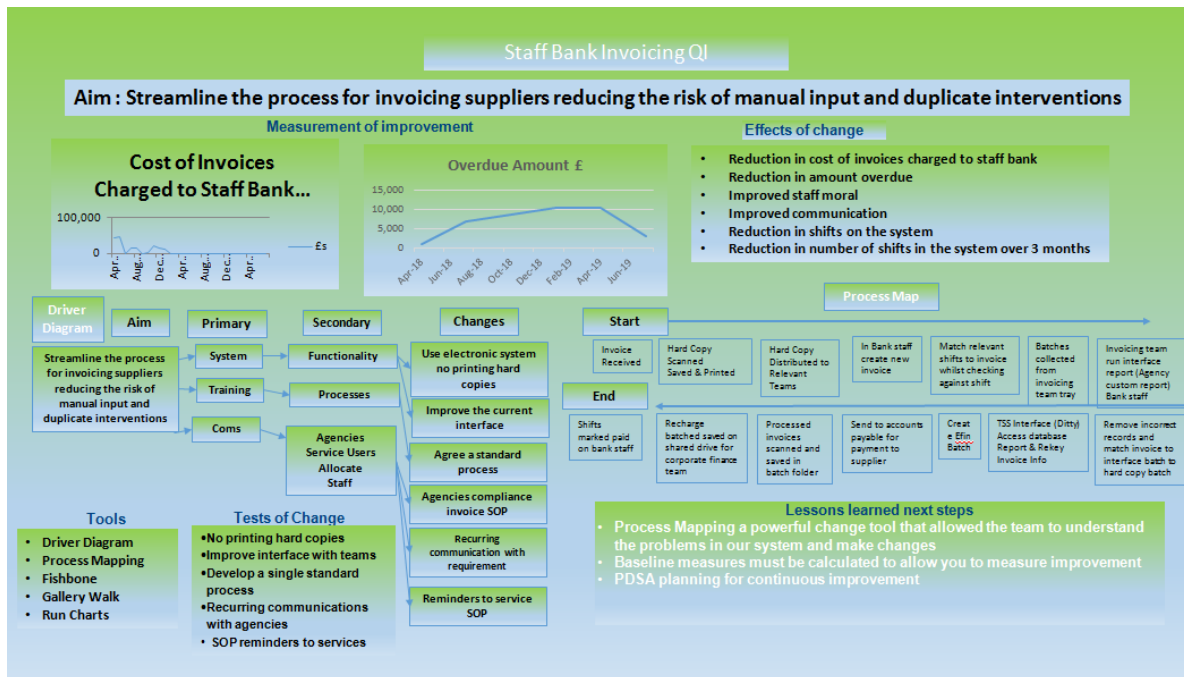
An early priority has been the processes relating to employee relations – including redeployment and supporting those on long-term sickness absence. These workstreams are being developed collaboratively with stakeholders from other areas. An in-depth diagnostic process to understand the key systems and plan changes has been completed. Tests of change are underway.

HR & OD are at the early stages of establishing a HR & OD Directorate Quality Improvement Team and have started work on improving Staff experience of recruitment and induction. Further opportunities have been identified for improvement focused on Smart Working.

More detailed information on the HR programme can be found here <https://qilothian.scot.nhs.uk/hr-od>

Corporate Nursing – Staff Bank

Colleagues from the Staff Bank service have undergone training through the quality academy, undertaken a service diagnostic to identify priorities for improvement and run tests of change using Quality Management methodology. An example of some of their work is shown in the ePoster reproduced below. In addition to focussed improvement projects, service-level Quality Planning work is underway.



Pharmacy quality programme

Clinical Pharmacists have a strong tradition of involvement in clinical Quality Management. They have used Lothian's Quality Management approach to extend that to elements of the pharmacy supply chain.

Following a diagnostic process, based upon Lothian's Quality Management approach, a number of key improvement priorities have been identified: -

- Reduction in the number of sites undertaking over labelling and associated staff time released to clinical areas for direct patient pharmaceutical care
- Rationalisation and agreement of the number of product lines and variations produced
- Increase in batch production size and reduction in the frequency of batch productions for same line

- *Optimal stock holding and turn over*
- *Reduction in the number of labelling errors*
- *Understand the financial benefits of the above*

A number of engagement events with teams have been held and staff are attending Quality Academy training events.

Further information is available via the Programme's Website

<https://qilothian.scot.nhs.uk/pharmacy>

Expanding our Quality Academy training programme

Capacity building to enable our teams and staff to lead and deliver Quality Management is a major component of the Quality Strategy. The Quality Directorate's training team delivers and supports locally accredited courses bearing the 'Quality Academy' designation.

The Academy provides and supports four main courses. Two lead level courses are planned and delivered directly by the Quality Directorate. These are called 'Planning for Quality' and 'QI Skills'; the names indicating a strong link to specific Quality Management elements.

Both courses provide at least first level training on all aspects of Quality Management but explore certain areas more deeply. The 'Planning for Quality' course for those already in leadership positions explores 'Quality Planning' and the leadership beliefs, attitudes, skills and behaviours more deeply. The output of this course is a first diagnostic and early Quality Plan developed with staff, patients and other key stakeholders within the participants' service.

The second lead level programme focuses more on the technical skills of Quality Improvement. This course aims to develop experienced staff as local QI expert coaches for others to draw upon. It is also envisaged that a proportion of those graduating this course will continue with training to become an accredited Lothian Quality Coach. This additional bespoke training gives participants the skills, knowledge and confidence to support those out with their normal service.

Designing and delivering these lead level programmes has been the top priority for the past year. This recognises the need to develop both the capabilities of our leaders and the need for a larger pool of specialist QI teaching and coaching

expertise across our services. Both courses have been subject to evaluation and review and, in the spirit of continuous improvements, experience regular tests of change.

Additional training aimed at our wider workforce is being developed. It is envisaged that the Quality Academy will support the development of these courses but not deliver all the training. Quality Coaches, local Improvement Advisors and other component staff from services or specialist educational roles will own the delivery of much of this training. In the last year we have successfully tested an abbreviated QI skills training programme lasting less than one day for delivery in situ for a team or teams. Over the coming year we will refine the programme and supporting materials in collaboration with front line services and other specialist training and education teams within Lothian. This "QI Essentials" (eQI) programme will become a key engine to drive capability within teams establishing their own Quality Management Programmes.

We also have had regular contact with colleagues in HIS and NES over recent years concerning the development of web-based training tools covering the essentials of Quality Management. These are now formally hosted on TURAS. These packages are of a high standard and suitable for either group learning – potentially as part of an eQI course – as well as personal study. A key decision for the organisation with whether and how to align this training to other recommended or mandatory training within the Board.

<https://learn.nes.nhs.scot/741/quality-improvement-zone>

We have run over 30 of our lead level courses, each providing 30 places. The courses are significantly over-subscribed, and steps are being taken to address this. Over 100 Coaches have been trained and deployed within the Lothian Coaching Network; they regularly deliver coaching through scheduled clinics and other events.

Almost all of the individual pieces of work done by Academy graduates are shared within the Lothian Quality Website. Further information can be found here

<https://qilothian.scot.nhs.uk/training>

Additional Quality Programmes aligned to the Quality Strategy

Hip fracture improvement programme

Hip fracture is the most common, serious orthopaedic injury to affect the elderly, with more than 6,000 patients admitted to hospital in Scotland each year at a cost of around £200million / year.

The Royal Infirmary of Edinburgh deals with over 1000 patients with hip fracture each year making it the largest unit of its kind in the UK and throughout Europe. Hip fractures have a major impact on health-related quality of life and, for many patients, bring loss of mobility and independence. Hip fracture carries a national 1 year mortality rate of around 30%, often as a result of the associated frailty of this patient group

The burden of hip fracture in Scotland is likely to increase significantly over the coming decade as a consequence of population demographic changes. It is therefore essential that we manage this injury as effectively and efficiently as possible, primarily for the benefit of patients, but also for the optimum use of NHS resources.

The Scottish hip fracture audit from 2016 showed that patients with hip fractures in NHS Lothian had the longest wait time for surgery with only 35% of patients reaching theatre within 36 hours of admission, the longest median total length of stay of any of the large Scottish health boards and amongst the lowest proportion of patients returning to home or nursing home within 30 days (26%). Reliability of most process measures including delivery of reliable care and assessment bundles in ED, fasting times, AHP assessment and reliability of rehabilitation input was also poor. The potential opportunities for improvement were significant.

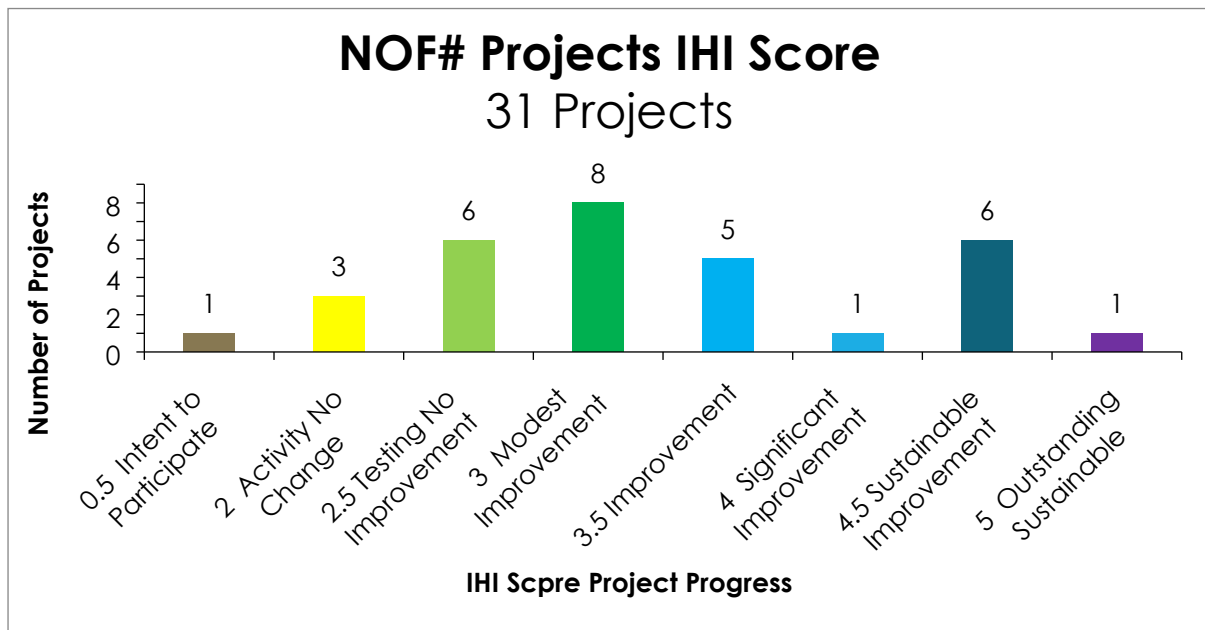
The aims of the Hip Fracture quality improvement program are to deliver optimal management of all patients with fracture neck of femur to ensure they receive best quality care with maximal return to homely setting in shortest necessary time with minimum possible harms.

Outcome measures

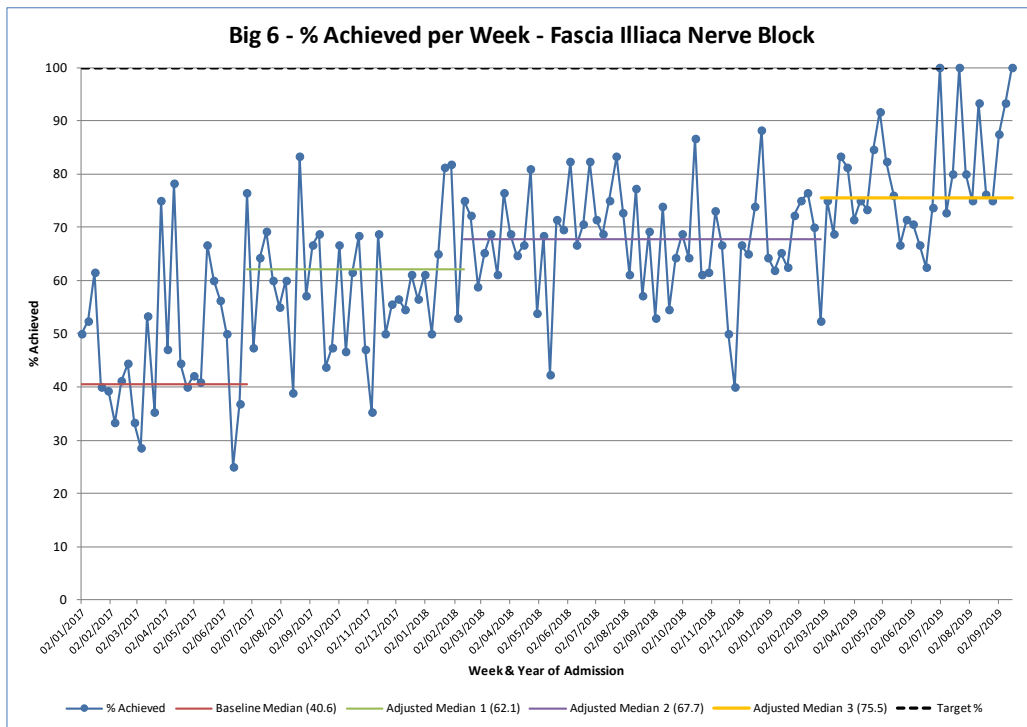
- i. Reduce Total Length of Stay – Acute and rehab
- ii. Increase Proportion of patients going back to home setting
- iii. Reduce Proportion of Harms – AKI, pressure ulcer, VTE, SSI
- iv. Improve Patient Experience

v. Reduce or maintain Mortality rate

In addition, the program aims include building capacity and capability for quality improvement & quality management within the service. Staff engagement has been enthusiastic and to date, 30 staff across a range of professional groups have been trained through the quality academy. Quality improvement projects have been undertaken across the whole pathway of care from admission to the emergency department ED through to discharge.



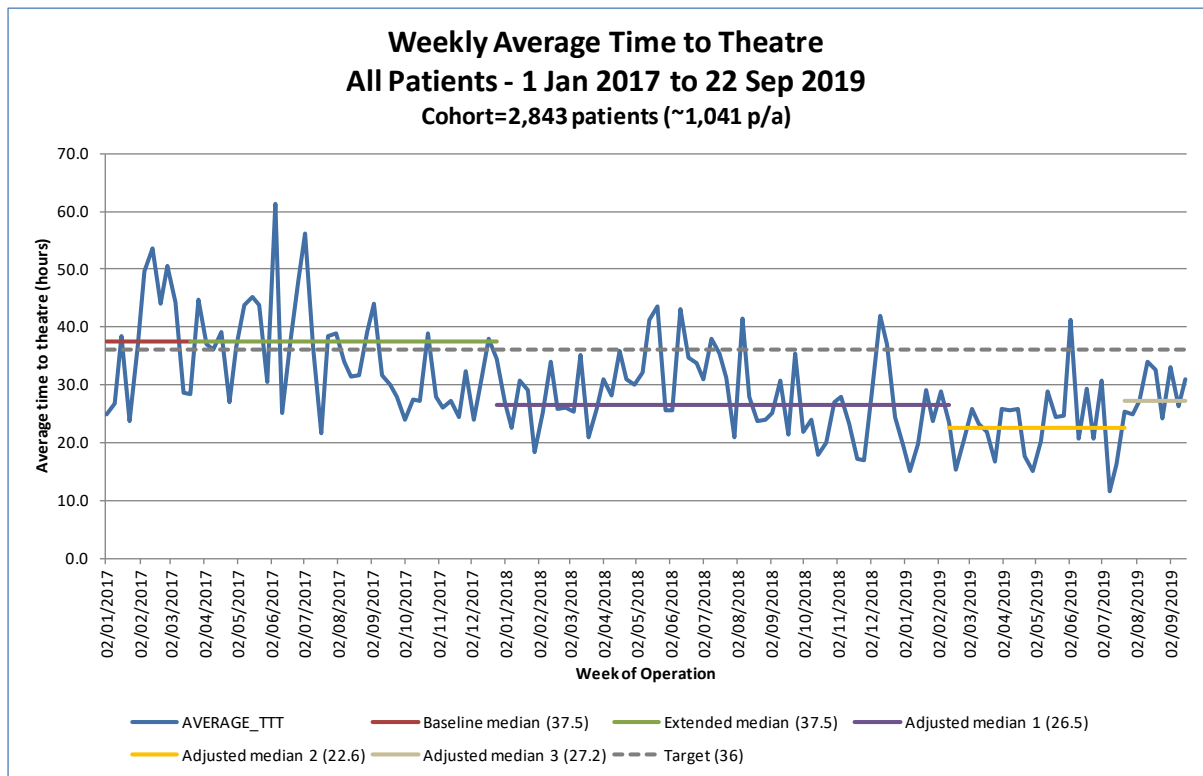
The range of projects undertaken have led to significant improvement in both processes of care and outcomes for patients. The following examples give a flavour of the work that is being undertaken.



Improvement – 40.6% to 75.5% - March 2019

Hip fracture is a very painful condition and administration of nerve blocks can offer good pain control and also help to reduce the side effects caused by use of other strong painkilling medications. Work in the ED has significantly improved reliability of administration of these nerve blocks offering patients the best form of pain relief.

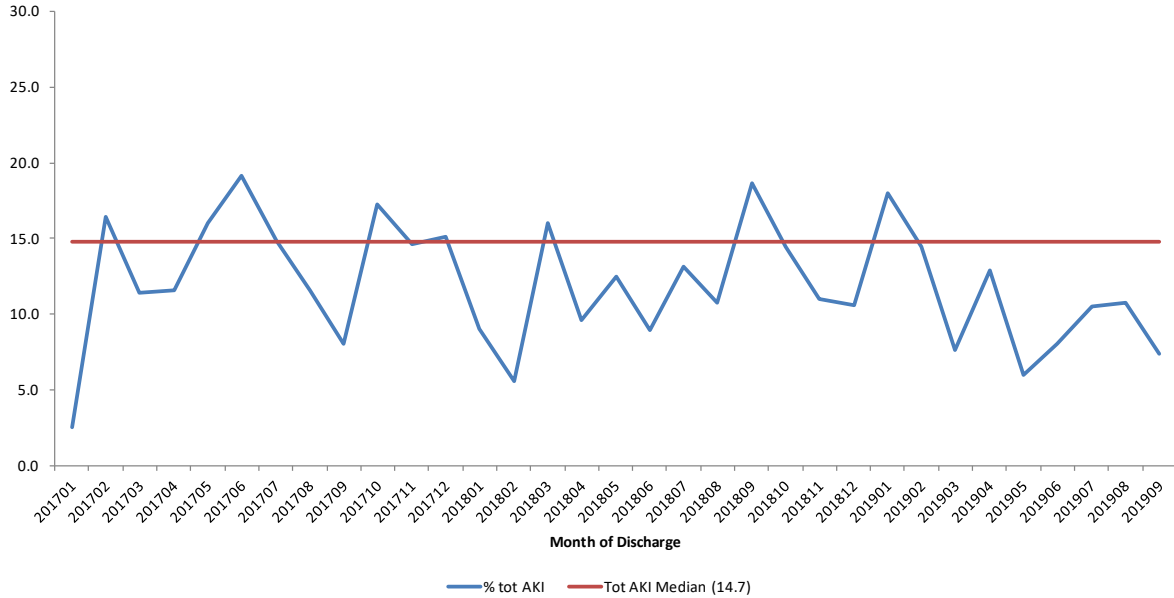
Definitive treatment of hip fracture involves operation and the national standard recommends that surgical fixation is carried out within 36 hours of admission. Through a series of changes, we have reduced the median time to operation from 37.5 to 22 hours from admission despite a 10% increase in the number of patients treated within this period. This work has also had a massive positive impact on patient experience



A number of quality improvement projects have focused on improving reliability of elements of care in the perioperative period and these have contributed to a reduction in measured harms including acute kidney injury. During this period, we have also seen a reduction in 1-year mortality of patients who have been treated for hip fracture in NHS Lothian. This rate is amongst the lowest for this patient group in the UK.

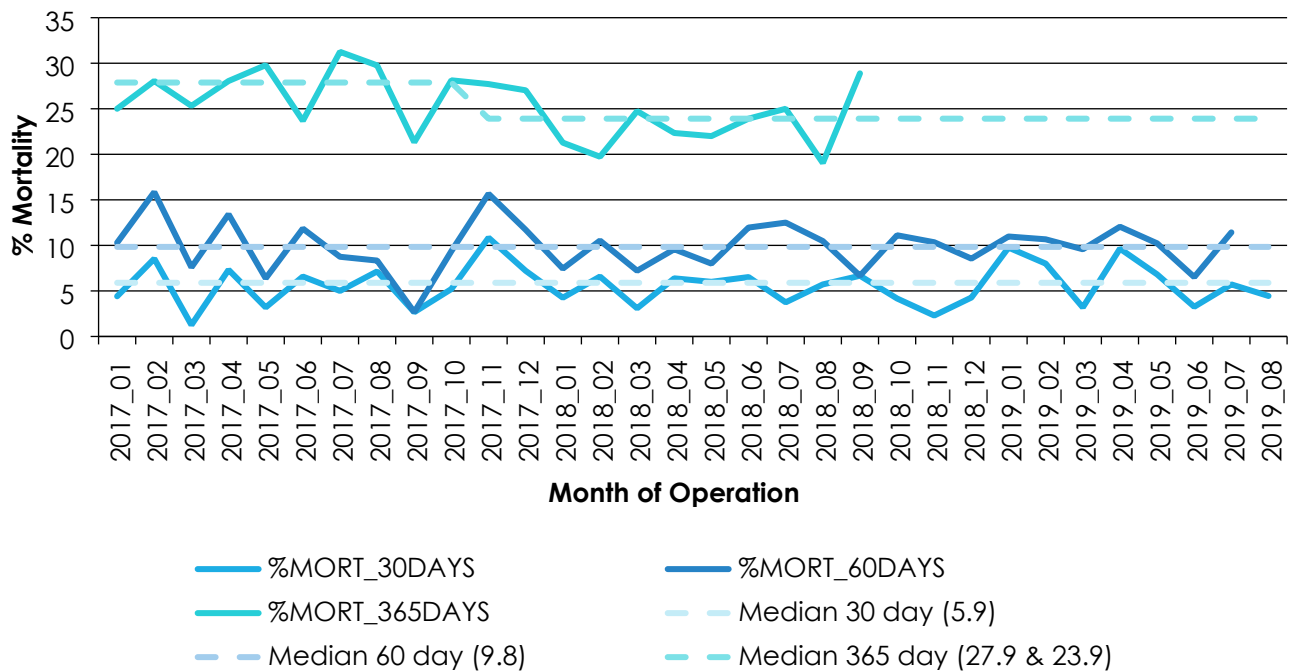
Reduction in Acute Kidney Injury

% of #NOF patients with AKI by month
Jan 2017 - Sep 2019



Shift in one month if maintained

Mortality rate at 30, 60 & 365 days after #NOF surgery Jan 2017 to Aug 2019



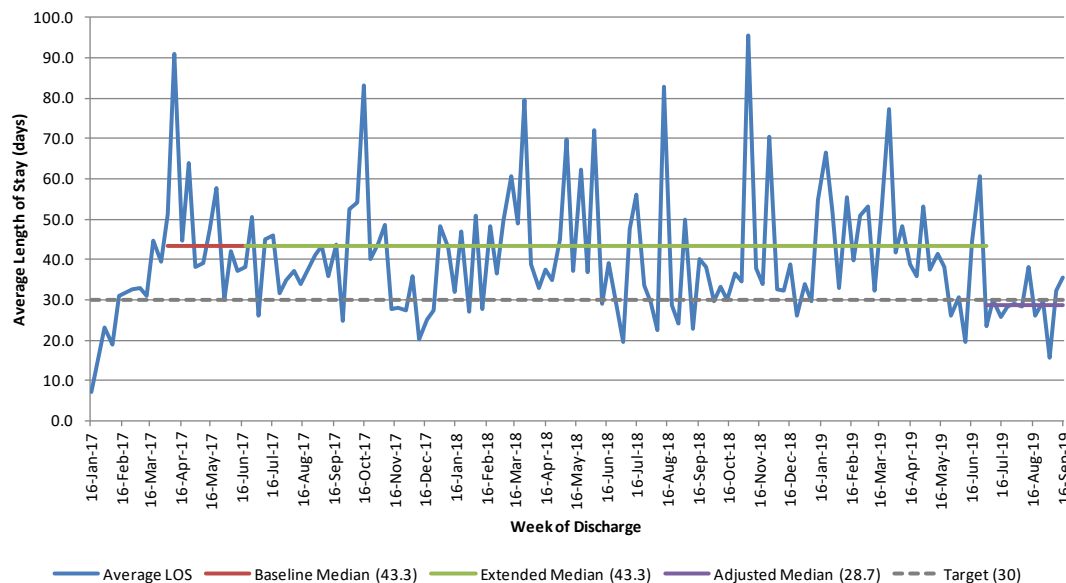
Improvement in all processes in care have contributed to a reduction in the total length of stay for patients admitted from and returning to home.

Weekly Average Total Length of Stay - Discharged from Rehab

Patients Admitted from: HOME & Discharged to: HOME

1 Jan 2017 to 22 Sep 2019

Cohort=783 patients (~288 p/a)



Improvement – 43.3 days reduced to 28.7 days/ July 2019

The hip fracture improvement programme not only supports work within an acute hospital setting. Significant improvement work occurs within community pre- and post-hospital settings. Exemplars of community-focussed work include the Midlothian Discharge to Assess programme and the Edinburgh Falls Reduction programme focussed on Care Homes.

The significant improvements arising from the hip fracture improvement programme led the managerial and clinical staff in orthopaedic surgery to request support to extend the Lothian Quality Management System approach to improving management of hip and knee arthroplasty ('joint replacement') work. This programme is still at a relatively early stage of development but some improvements in numbers of patients being able to mobilise on the day of their operation and discharged home within 2 days of surgery have already been achieved. This is likely to impact on overall length of stay and contribute to creating a more sustainable model for delivering best care for patients who need joint replacement surgery.

External collaborations

NHS Lothian has recently been selected as an Accelerator Site for two national programmes led by Healthcare Improvement Scotland. These are the Access QI Programme – applying Improvement Methodologies to waiting times challenges and Value Management – applying improvement methodologies to ward-based quality with an additional focus on understanding the financial benefits of improvement. Both bring additional resource to establish and test these approaches. HIS were explicit in identifying the maturity and extent of Lothian's Quality Management capability and infrastructure as key reasons for our selection. Both programmes have Executive Sponsorship from the Chief Officer (Acute) and work programmes are led by staff in the Acute Division with support from the Quality Directorate and other corporate services.

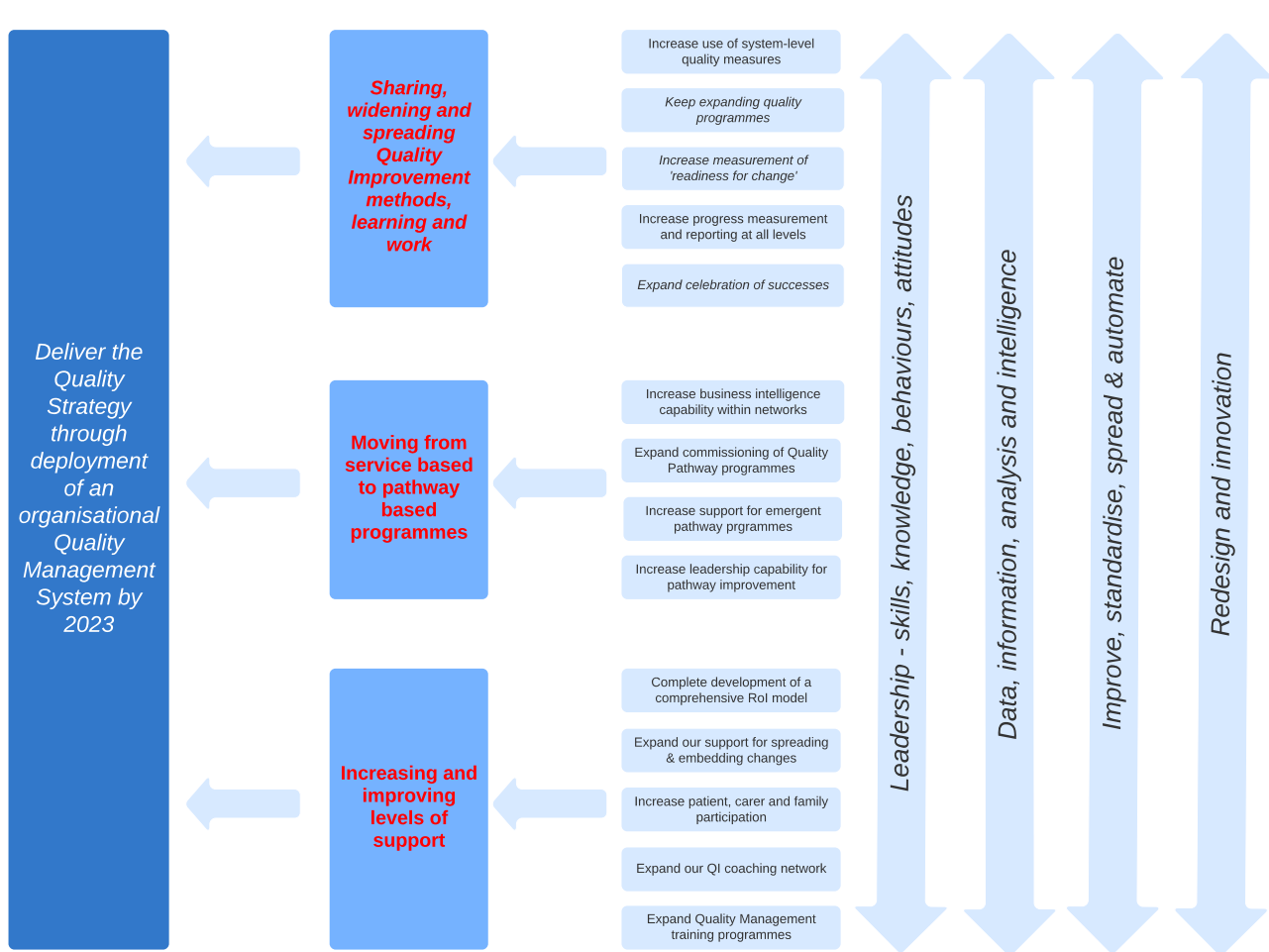
The Director of Nursing for the Acute Division is providing leadership for the Value Management programme with the Division and St John's Hospital will be the first site to test the approach.

The work on both programmes began in October 2019 and the Board and its subcommittees will receive progress reports as the work develops.

Next steps

Though much has been achieved over the previous year, expansion of the programme and initiatives to create the best conditions possible for improvement are ongoing. A workplan for the coming year will be developed in early 2020, taking account of available resources and assets balancing the needs of new programmes as well as those currently being supported. A driver diagram shown below describes at high level the actions required to fully realise the ambitions of the Quality Strategy.

Ongoing actions to create enabling conditions and expand the use of Quality Management in Lothian



WGH Inpatient Falls

Reducing Harm and Cost

Laura Thomson, Linda Conway, Irene Corcoran

10/22/2019

When vulnerable patients fall during their hospital stay, this adds an increased cost to their typical length of stay, had they not fallen. This project aims to change this by introducing a framework to manage how to value falls within hospitals. This project not only hopes to cost falls, for the first time – but also, to work with consultants in the Medicine of the Elderly ward in order to reduce the falls that take place in hospitals.

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Introduction

Falls are a common problem in hospitals and are associated with significant morbidity and mortality. Hospital inpatients, particularly older people are at increased risk of falls, largely because of their co-morbidities rather than by virtue of advanced age alone. Falls which occur in hospital may cause distress to patients and can result in anxiety amongst relatives, they may be a source of complaints related to injuries sustained, distress caused or around communication issues surrounding the circumstances.

When vulnerable patients fall during their hospital stay, this adds an increased cost to their typical length of stay, had they not fallen. Despite this costing variance, there is no current framework of costing falls at NHS Lothian. This project aims to change this by introducing a framework to manage how to value falls within hospitals. For the first time at NHS Lothian, the real costs of falls have been found. Upon finding this, the cost data will then be compared against patients with and without dementia. This project not only hopes to cost falls, for the first time – but also, to work with consultants in the Medicine of the Elderly ward in order to reduce the falls that take place in hospitals.

A quality improvement methodology was utilised in accordance with NHS Lothian’s Quality Strategy and is structured around quality planning, quality improvement and quality control/assurance. This strategy is aligned with Healthcare Improvement Scotland’s Quality Management System.

Quality Planning

Currently all falls with harm are reported to the NHSL Board and Healthcare improvement Scotland (HIS). Quality Improvement work was targeted towards the areas within the WGH with the highest rate of falls with harm (Chart 1). This includes fall with moderate level of harm, severe levels of harm and death.

WGH Wards 25/26/50/71/73/74 received support from the WGH Fall Coordinator to identify areas for improvement specific to their area. They were supported to complete Project Charters as below.



NHS+Lothian+projec NHS+Lothian+projec NHS+Lothian+projec NHS+Lothian+projec NHS+Lothian+projec
t+charter ward 25.dct+charter WGH26.dot+charter+ward 50 Vt+charter+WGH73.dit+charter+WGH74.di

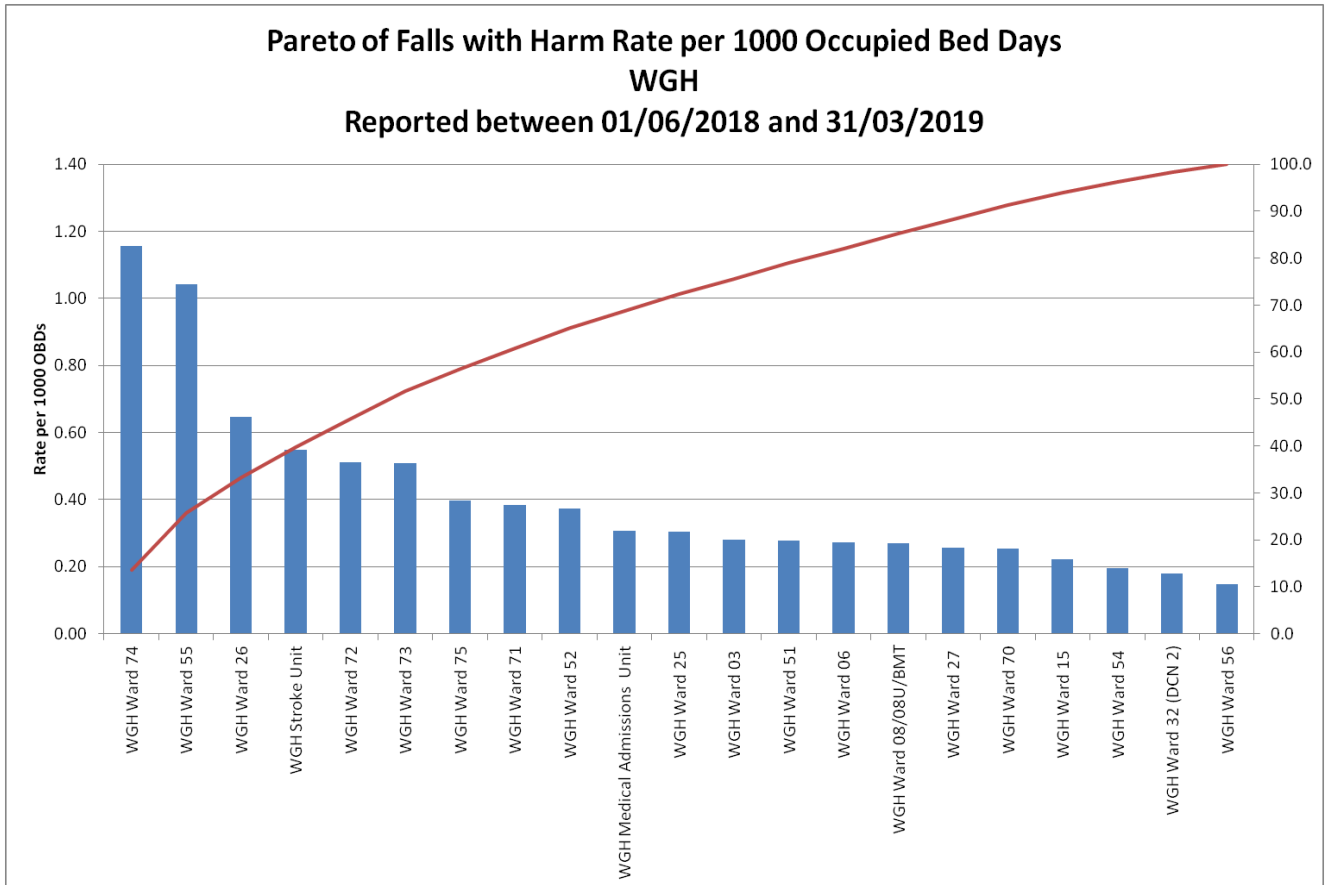


Chart 1: Pareto All Falls with Harm WGH

The NHSL Finance department investigated the financial cost associated with major harm from a fall in hospital. They focused on WGH Medicine of the Elderly Wards 51/70/71/72/72/73/74 (see Project charter).



QI Project Charter
Falls V3.docx

The Finance team identified that there was an increased Length of stay associated with Major harm from a fall and calculated the associated cost.

Fall Status	Average Cost of Stay	Average Length of Stay
Fall	£40,254	122.49
No Fall	£15,595	49.61
Difference	£24,659	72.88

The methodology and results were summarised into a report and presented to the wider NHSL Finance Team. This methodology could be used to create financial measures for other Quality Improvement projects. It may be useful to look at other specialities to determine any variability between specialities.



FINAL INTERNS
Costing Falls Project f

Quality Improvement

The WGH Falls QI Team identified the aim for the WGH as; ‘To reduce falls and harm from falls in NHSL WGH’. Each ward identified areas of improvement, some example are included below.

Ward	Improvement Work
26	<ul style="list-style-type: none"> Project group identified (Falls Co-ordinator/ OT/PT/ Community staff) – group will be testing the asking, of the ‘level one’ falls assessment question, of all patients
50	<ul style="list-style-type: none"> Identified their patients at risk of falls due to nature of disease change of break times to allow more staff on ward at given times, having reviewed times of falls pre and post change
73	<ul style="list-style-type: none"> “call don’t fall” posters develop admission protocol increase compliance with lying and standing blood pressure recordings reviewing falls involving toilet/ trying to get to toilet
74	<ul style="list-style-type: none"> developing behaviour chart Reviewing of times of falls since change of break times

Following Quality Improvement work, there was a reduction in falls with Harm (moderate, severe and deaths) in the WGH from May 2018. This is seen in the count of falls with harm (Chart 3) and falls with harm rate per 1000 Occupied Bed days (Chart 4). September 2019 has seen a slight increase in both number and rate.

Count of Falls with Harm
WGH In-Patients

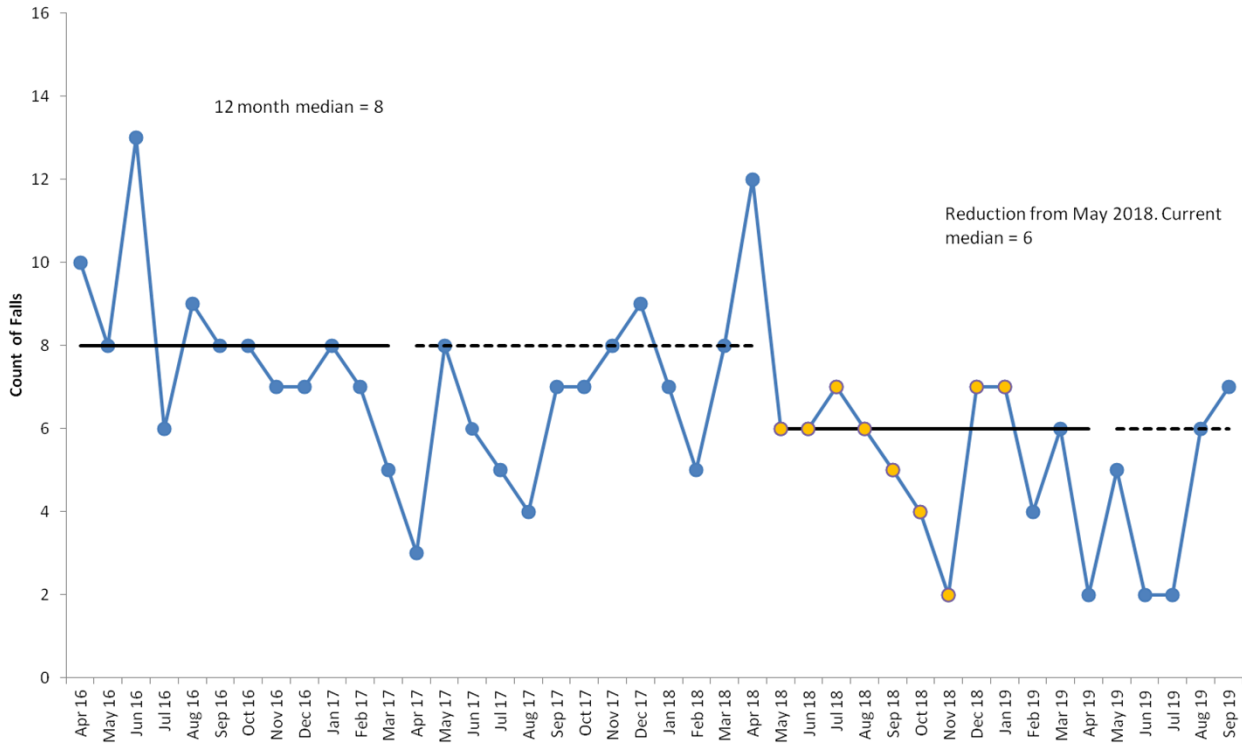


Chart 3: Count of falls with harm WGH

Falls With Harm Rate per 1000 Occupied Bed Days
WGH In-Patients

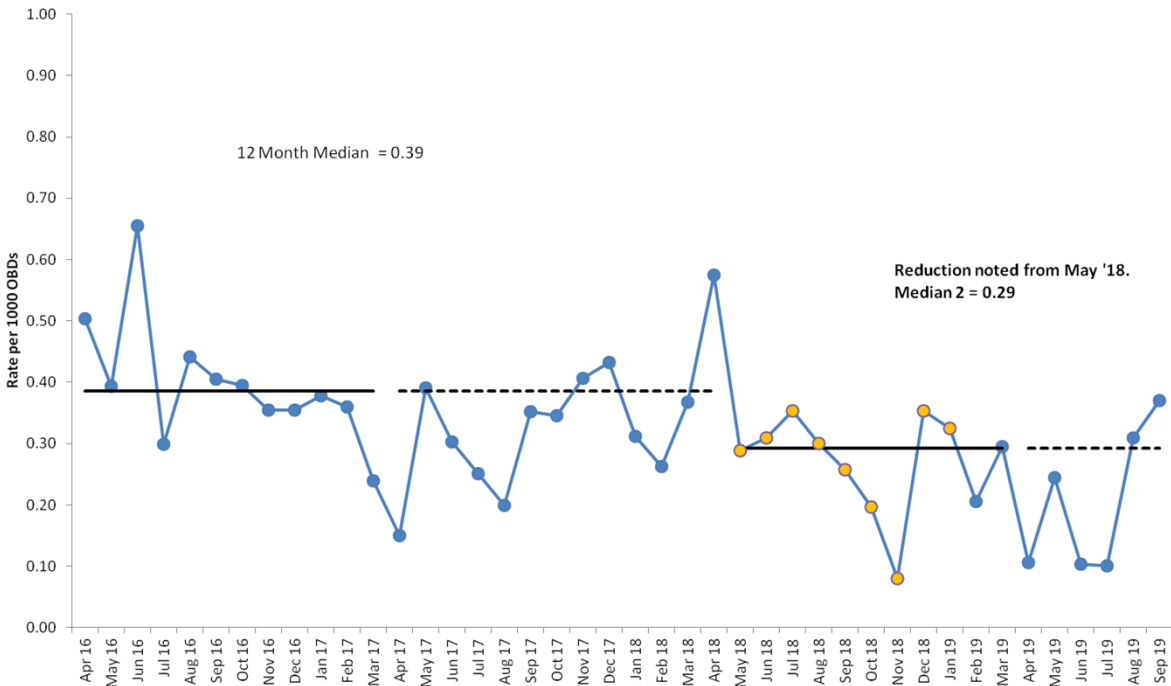


Chart 4: Falls with harm rate WGH

The falls with **major harm** data indicates a reduction in the count and rate, with a shift of 6 data point below the median line (charts 5 & 6).

If the costing from the Finance report is applied, the financial savings associated with a reduction in falls with harm are evident (chart 7).

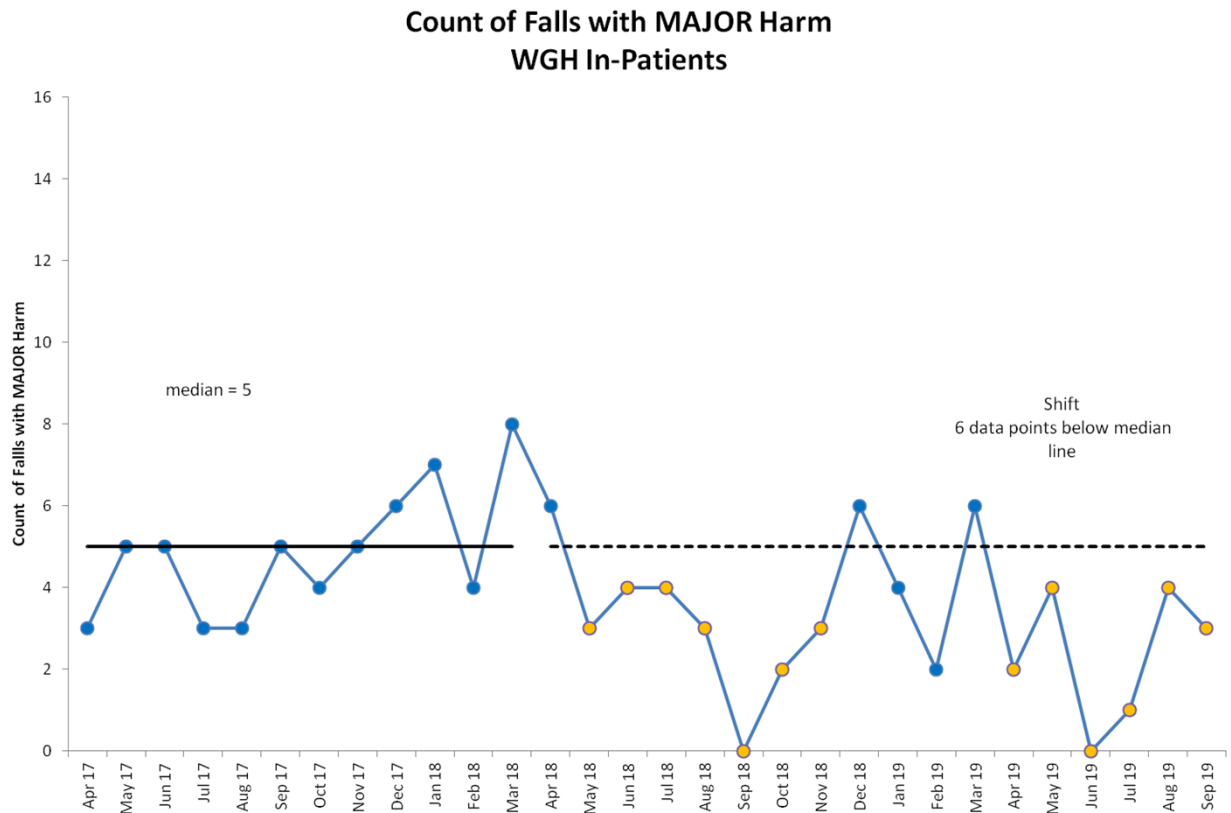


Chart 5: Count of falls with major harm WGH

Whilst additional data is required to confirm sustained change, we can make some predications based on the previous 6 months. If the improvement continues at similar level then they new median will be **2.5 falls with major harm per month**.

This would be a predicated saving of **£61,647 a month (2.5 x £24,659)** and **£739,770 per annum**.

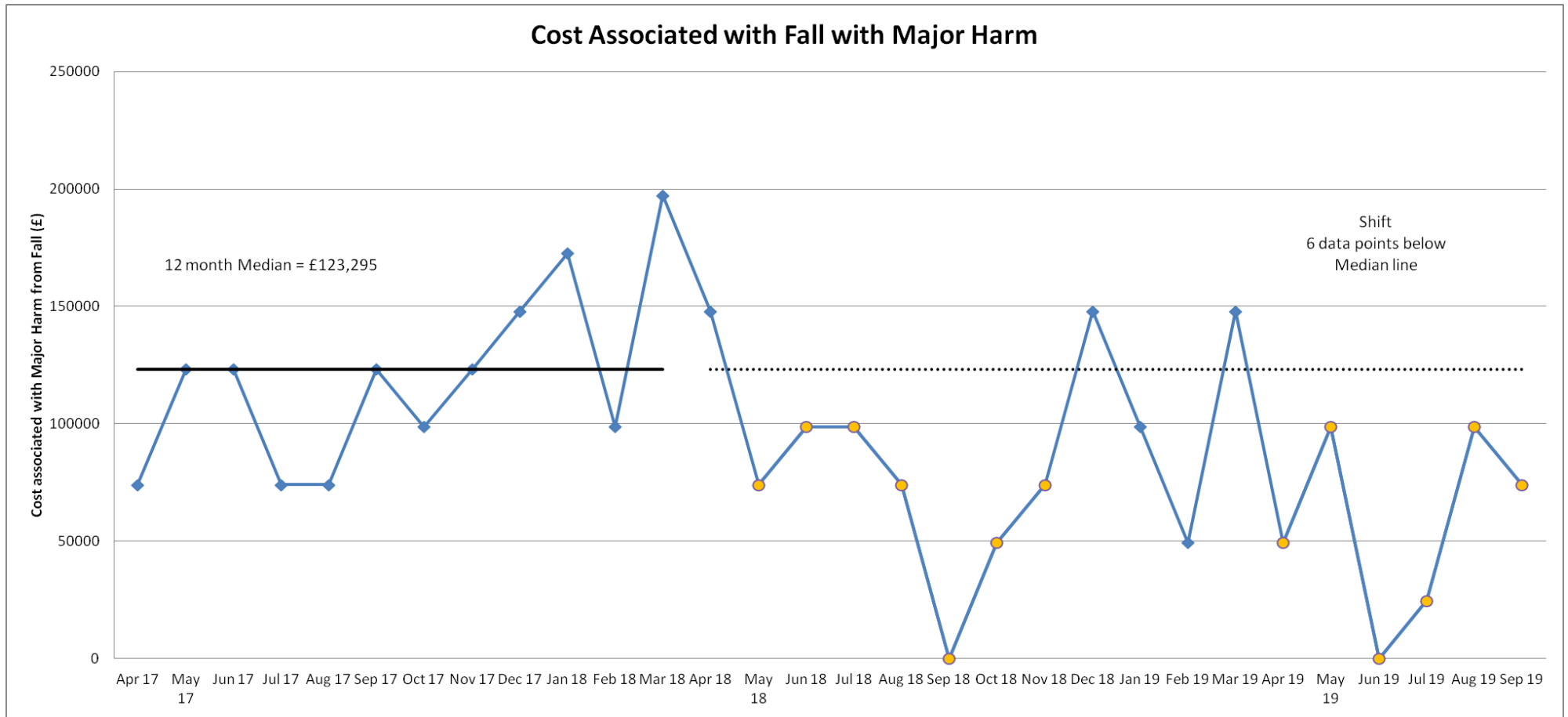
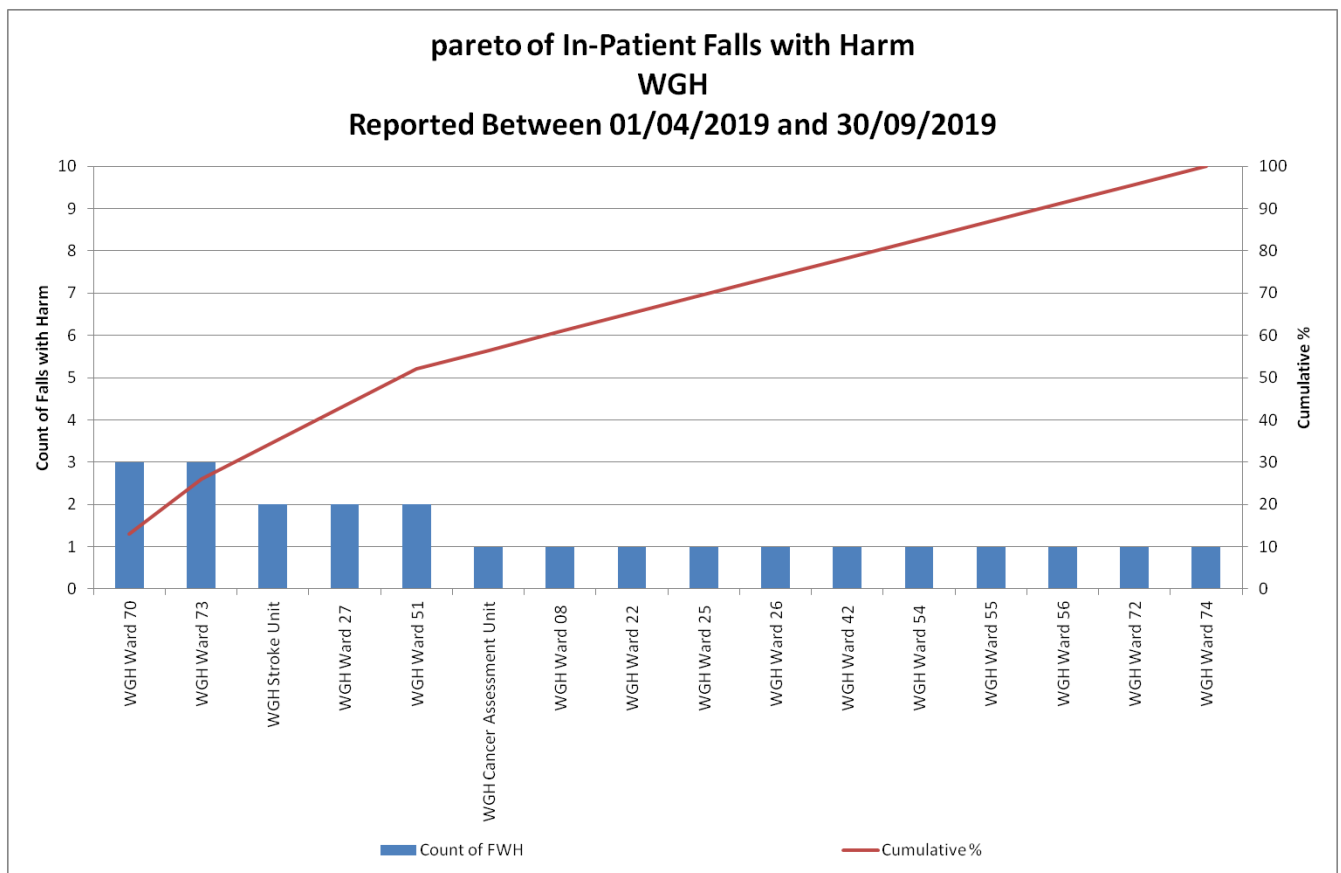


Chart 7: Cost associated with major harm from fall

Quality Control/Assurance

Outcomes for the fall improvement work are measured monthly and the data is shared both with the wards and the larger NHSL Team. Looking at the falls with harm data across the site recognises individual ward improvement (e.g. WGH 74 has moved from top to the bottom of Pareto) and areas that require additional support.



The quality Improvement team continue to work with ward teams, building on improvement with the goal of sustained reduction in falls with harm in the WGH.

Acknowledgments

Thank you to our finance colleagues Alisdair McDonald, Shaima Muhammed and Cristina Losi for their contributions to this report.

NHS Lothian

Board Meeting
4th December 2019

Director of Improvement

NHS Lothian Recovery Plan Update

1 Purpose of the Report

- 1.1 The purpose of this report is to update the Board on progress in relation to the ongoing Lothian Performance Recovery Programme following the Scottish Government's escalation of NHS Lothian to Level 3 (significant variation from plan) of the Scottish Government Performance Escalation Framework. As part of the escalation process the Scottish Government require a formal Recovery Plan with clear milestones to be developed. The responsibility for developing this plan has resided with NHS Lothian with oversight provided by a Director within the Scottish Government.

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

2 Recommendations

- 2.1 To note the progress in the development of the whole system Lothian Performance Recovery Programme and delivery of core performance targets.
- 2.2 The Board agrees the Corporate Management Team approves the final version of the Recovery Plan on behalf of the Board prior to submission to the Scottish Government on the 5 December 2019.

3 Discussion of Key Issues

- 3.1 To support the development and agreement of NHS Lothian's Recovery Plan, the Scottish Government established a Recovery Plan Oversight Group chaired by the Scottish Government Chief Performance Officer. A series of two weekly meetings were held with this group over September and October 2019 focusing on key actions and steps taken by the Lothian system to improve system performance. To facilitate these discussions a number of briefing documents were prepared, which were subsequently summarised into a single integrated Recovery Plan.
- 3.2 The draft Recovery Plan was submitted at the end of October 2019 to the Scottish Government for comment and provides a more detailed overview of performance as of September 2019 along with key actions (paper previously circulated to Board members). Comments were received back from the Scottish Government on the 20th November with final submission scheduled for the 5th December 2019.
- 3.3 This paper provides an update on performance against each of the core targets included within the scope of the Recovery Plan as of October 2019. Some of these data are still provisional but provide an indication of performance trends along with the accompanying narrative.

Table 1. Core Recovery Plan Metrics

Metric		Oct 2019p	Sept 2019	Sept 2018	Change	Target
Delayed Discharges	Standard	211	197	317	-33.4%	200 (Dec 19)
	Standard & Complex	242	230	355	-31.8%	-
4 Hour ED Waiting Time		86.4%	88.2%	83.4%	3.6%	95%
Outpatient >12 week waiting time		24,201	25,529	26,222	-7.7%	16,151*
Treatment Time Guarantee		2,563	2,788	2,203	16.3%	2,472*
Cancer Waiting Times (62 day target)		78.9%	78.5%	79.1%	-0.3%	95%
Mental Health & Learning Disability Bed occupancy		88.0%	86.5%	106.4%	-17.3%	85-90%
CAHMS >18 week target		52.1%	52.8%	57.8%	-9.9%	90%
Psychological Therapies > 18 week target		76.3%	80.8%	71.7%	6.5%	90%
Paediatrics and St John's		4 days a week 24x7	4 days a week 24x7	Closed to inpatients		7 days a week 24x7

^P some October 2019 is provisional management information and may be subject to small variation.

* 2019/20 AOP Trajectory at year end

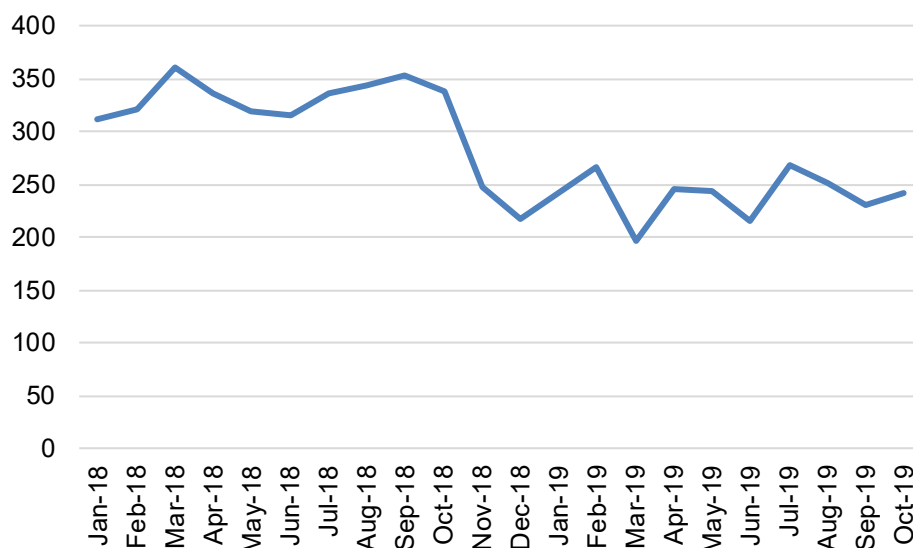
* Green denotes an improvement, red deterioration, and amber no change since Sept 2018

- 3.4 The table illustrates that whilst performance has improved across a number of metrics over the past year, it is still significantly below Government targets in a number of areas.
- 3.5 The 62 day Cancer Waiting Time target, whilst broadly unchanged in October is expected to improve over the new few weeks following actions put in place to improve colorectal and prostate cancer pathways. These expected improvements have been reflected in a revised year-end performance forecast, with the AOP position for the 62 Cancer Waiting Times increasing from 83.7% to 88.3%. The 31 day Cancer Waiting Time target remains in line with the Government target at circa 95%.
- 3.6 Performance in relation to the CAHMS and Psychological Therapies 18 week target has remained relatively consistent in the last month. However, as recruitment continues and improvements to operational practice are implemented, the number of long patient waits should decrease significantly during the final quarter of 2019/20. As a result, it is forecast that performance (particularly in relation to the CAHMS waiting time target) will deteriorate in the short term, as new capacity is focused on patients waiting over 18 weeks. Once this backlog is tackled, performance should return to target. Waiting list trajectory planning is currently underway as part of the annual AOP process and will be available in mid-December. Mental Health bed occupancy has been maintained within an appropriate target range over the past month.

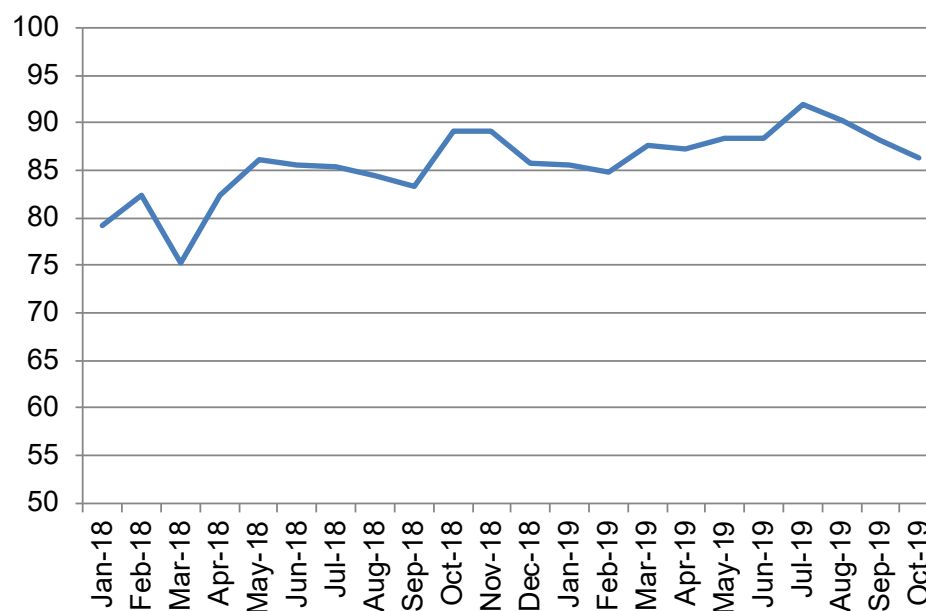
- 3.7 The total number of outpatient and TTG 12 week waits have reduced in October, with the outpatient numbers falling slightly behind trajectory, whilst TTG is ahead of trajectory. Further 'see and treat' capacity increases are planned for the final quarter of 2019/20 taking advantage of the East Lothian Community Hospital and other external facilities. These actions will continue to reduce the number of over 12 week waits. However, it will be challenging to meet the large planned outpatient reductions set out in the AOP in the final quarter of 2019/20. Further details of Scheduled Care Performance are set out in the appended Waiting Times Improvement paper.
- 3.8 Sustained increases in attendance at EDs have been experienced particularly at the RIE and St John's. At the RIE, there has been 10% increase in activity growth during September and October equivalent to an additional 32 patients a day as well an increase in the proportion of major cases. This increase in demand has been seen across Scotland, and has contributed to the deterioration in the 4 Hour ED waiting time target in October, and the first half of November, with performance at 65% in the RIE on a number of occasions.
- 3.9 There have also been an unacceptable number of 12 hour waits over the last month, due to the intensified bed pressures. As patient acuity across all sites has increased, this has in turn contributed to an increased length of stay and reduced discharge profile, leading to higher boarding numbers across the acute system. For example, at the Western General the bed occupancy was 101% on one day in October. Generally the 12 hour waits happen in the out of hours period, and a number of priority actions have been put in place across the acute sites to mitigate this patient safety risk, including:
- a focus on pre 10am discharging across all sites;
 - re-provision of beds – 12 beds in renal/transplant at RIE will be repurposed for medicine;
 - effective use of the Observation Unit at RIE in the out of hours period;
 - increased senior nurse staffing in the out of hours period at RIE to support decision making (planned to be in place from January 2020).
- 3.10 Significant clinical and managerial attention is being focused on this issue, both looking to progress short term options as well as looking at improving performance at a system-level. Weekly unscheduled care recovery programme meetings have been established, initially focussed on the RIE with representation from the HSCPs and the acute site to support a collaborative whole system approach. The focus remains on reducing activity at the front door and reducing occupancy at the site through reducing lengths of stay and earlier discharge planning, and progress will be reviewed on a weekly basis. If this approach is successful then it will be extended to include the other acute sites.
- 3.11 The number of delayed discharges has also increased over the past few weeks particularly in West Lothian. This increase related to a specific incident where care home capacity was lost as well as usual care at home pressures.
- 3.12 Figure 1 provides further context to trends in both of these areas of unscheduled care provision.

Figure 1. Long term trends in ED 4 hour waits and Delayed Discharges

a. Total Delayed Discharge, Jan 18-Oct 19. Standard and Complex



b. ED 4 Hour Waits, Jan 18-Oct 19 (%)



4 Key Risks

4.1 The key risks associated with delivery of the Recovery Plan are similar to those outlined in the 2019/20 Annual Operational Plan. They relate to the need for recurring, long term investment plans, a sustainable workforce and robust approaches to managing future demographic demand. In the short term, there are also risks associated with the winter period and tight budget settlements in social care.

5 Risk Register

5.1 The Corporate Risk Register is currently being updated to reflect the risks specifically associated with the Recovery Programme. The Risk Register will be subject to ongoing review and update by the newly established Recovery Programme team.

6 Impact on Inequality, Including Health Inequalities

- 6.1 An integrated impact assessment associated with the Recovery Plan has not been undertaken. Following approval of NHS Lothian's 2019/20 AOP, communication was sent to responsible directors where new services, redesign of services and new strategies/plans are referenced to allow NHS Lothian's lead on Equalities and Human Rights to follow up and review whether the necessary integrated impact assessments have been completed as appropriate. The final Recovery Plan submission will also be forwarded for information.

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 Recovery Plan. Due to the timelines associated with the development of the Recovery Plan, public engagement and consultation relating to the contents of the plan will not have been undertaken.

8 Resource Implications

- 8.1 Recovery Plan discussions will continue with the Scottish Government to clarify any further investment to support performance improvement and will continue as planning commences for the 2020/21 AOP.
- 8.2 The Scottish Government have identified resources to support the Recovery Programme and this has been allocated to create additional programme infrastructure. Peter Lock, Director of Improvement joined Lothian on the 7th October, and Jenny Long was appointed on the 4th November as the Programme Director for the Unscheduled Care. Clare Cartwright has moved into the Programme Director role for Scheduled Care, and a new Head of Access and a capacity modeller will start in December 2019. No appointment has been made to the Programme Director for Mental Health and Learning Disability, with short term support now in place until recruitment recommences early in the New Year.

Appendix 1. Waiting Timing Improvement Paper

Peter Lock
Director of Improvement
26 November 2019

NHS Lothian

Board Meeting
4 December 2019

Chief Officer, Acute Services

WAITING TIMES IMPROVEMENT PLAN RECOVERY & SUSTAINABILITY

1 Purpose of the Report

- 1.1 The purpose of this report is:
- 1.2 To update the Board in relation to NHS Lothian's progress towards delivery of the national Waiting Times Improvement Plan (WTIP), in terms of short-term Recovery, and planned Sustainability.
- 1.3 To provide detail of performance against agreed 2019/20 trajectories for Scheduled Care standards: New Outpatients; Treatment Time Guarantee (TTG); Diagnostic key tests; 31 and 62 Day Pathway Cancer patients.
- 1.4 To update on availability and utilisation of resources to support delivery of the plan.

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

2 Recommendations

Board members are recommended to;

- 2.1 **Note** current performance against agreed Annual Operational Plan trajectories for 19/20 as outlined in Appendix 1.
- 2.2 **Acknowledge** that 74% of patients were seen within the 12 Week Treatment Time Guarantee in October.
- 2.3 **Recognise** that Cancer 31 day performance for September 2019 is 2.5 percentage points better than the trajectory; that 62 Day performance, whilst below trajectory, but has improved almost 6 percentage points against trajectory since August; and work continues to improve Urology (prostate) and Colorectal positions.
- 2.4 **Acknowledge** that TTG performance is better than AOP trajectory.
- 2.5 **Recognise** that due to changes in demand/capacity for a number of services that delivery of the December 2019 out-patient trajectory is at risk. Remedial actions are being actively implemented to deliver performance in line with March Trajectories.

3 Discussion of Key Issues

3.1 Current Performance 2019/20

3.1.1 Performance is discussed below against trajectories for Scheduled Care standards submitted within the NHS Lothian Annual Operational Plan (AOP). A summary of current performance is also attached as **Appendix 1**.

3.2 Outpatients

3.2.1 Validated MMI performance for October was 701 over AOP trajectory (please see Chart 1 below), however has improved by more than 1,300 from September to October.

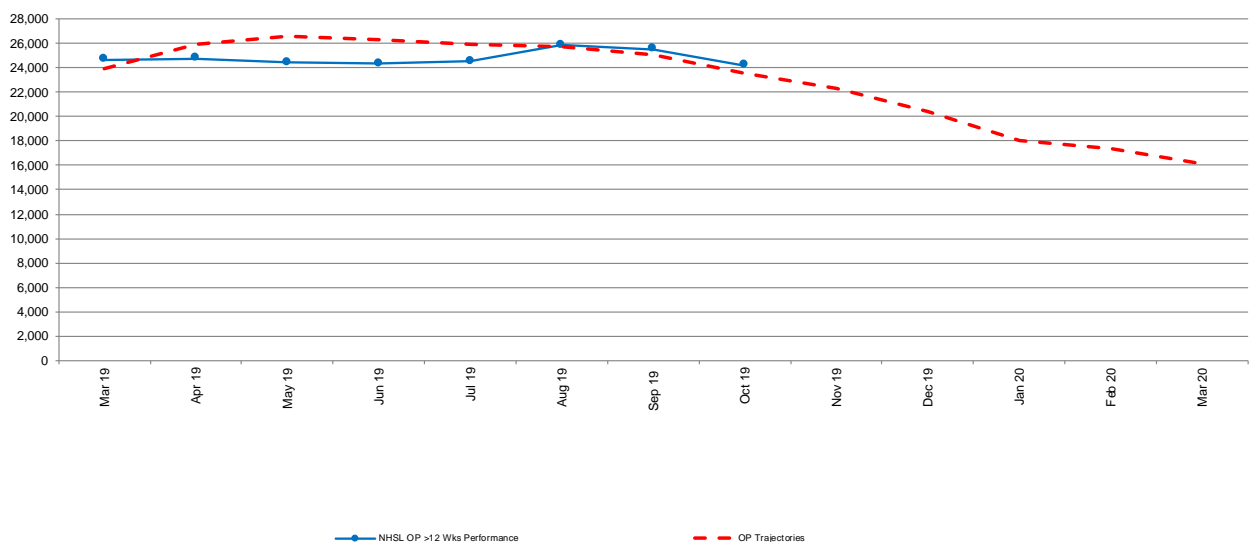
3.2.2 Dermatology and adult Endoscopy have both shown improved overall performance to date. Dermatology MMI performance was 6,242 in April 2019 and 5,213 for Oct 2019 and it is anticipated that improvement will continue to March 2020, when the position is predicted to be 0. This is based on increased internal workforce, redesign and investment in private sector.

3.2.3 For patients waiting over 12 weeks for Endoscopy un-validated performance was 2,587 in April 2019, and 739 for September 2019, and for March 2020 is predicted to be 0. This is as a result of investment in nurse endoscopists; the introduction of the Vanguard Unit due to expand beyond 5 day a week service; expansion of capacity across acute sites; use of The Aberdeen Clinic (which will provide external weekend sessions).

Table 1 – New Outpatients waiting in excess of 12 weeks at end Oct 2019

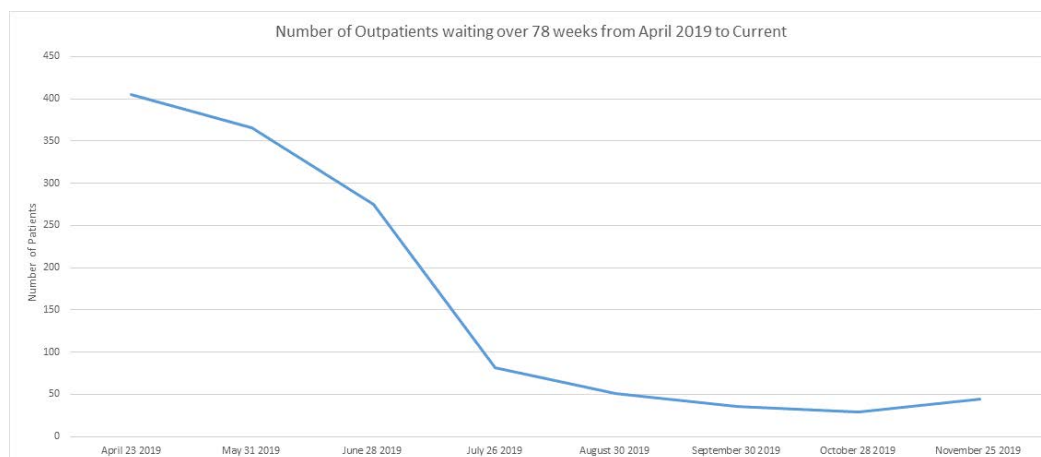
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Dec-19	Mar-20
AOP Trajectory	24,933	26,552	25,269	25,964	25,760	25,051	23,500	20,393	16,151
Actual Performance	24,755	24,425	24,307	24,502	25,851	25,529	24,201		

Chart 1 – New OP waiting in excess of 12 Weeks (ongoing waits) versus AOP Trajectory



- 3.2.4 The second half of 2019/20 requires a significant reduction in the number of patients waiting longer than 12 weeks, in line with our commitment to reach 16,151. This constitutes a 37% reduction against current position.
- 3.2.5 It should be noted that a number of services have experienced a change in either/ or both their anticipated demand or capacity from their original prediction which is under review. Three services that have shown significant increases in demand in terms of additions to the new outpatient waiting list pertaining to the standard, over the last year include Orthopaedic (12%), Gynaecology (16%) and Cardiology (33%).
- 3.2.6 Mitigating Actions**
- 3.2.7 In advance of the Head of Access commencing on 2nd December and in the context of tightening trajectory commitments performance visits to key specialties are being undertaken. These are to ensure all opportunities for efficiencies and improvements such as virtual clinics/ Patient Focussed Booking and Patient Initiated Follow up are fully implemented where clinically appropriate
- 3.2.8 Capacity at East Lothian Community Hospital (ELCH) will be extended to March 2020 primarily for services that do not convert to TTG.
- 3.2.9 Recurring investment to date in 19/20 has enabled additional appointments in Urology, Colorectal, Ophthalmology, Dermatology and Adult and Paediatric Gastroenterology.
- 3.2.10 Waiting List Initiatives (WLIs) are being undertaken where possible and requests are being made for additional external provider capacity. It is noted that WLI uptake is reducing due to pension and tax regulatory changes. Recently announced temporary government measures around pensions may alleviate current impact.
- 3.2.11 Significant progress has been made against since April 2019 in terms of Long Waits (>78 Weeks) for Gastroenterology, Endoscopy and Dermatology, which Figure 1 below demonstrates. These three services also have high volumes of urgent patients, so capacity has been balanced to meet this urgent need and to reduce excessively long waits.

Figure 1



3.2.12 Paediatric OP performance carries pressures within a number of specialties due to vacancies/limited recruitment/reliance on waiting list initiatives. Recruitment of nursing staff to support weekend clinics on a regular basis is being implemented.

3.3 Inpatients & Day Cases

3.3.1 Validated Inpatient Treatment Time Guarantee (TTG) MMI performance figures for October 2019 indicate continued achievement of AOP Trajectory as per Chart 2 below. Please see Appendix 1 for detail.

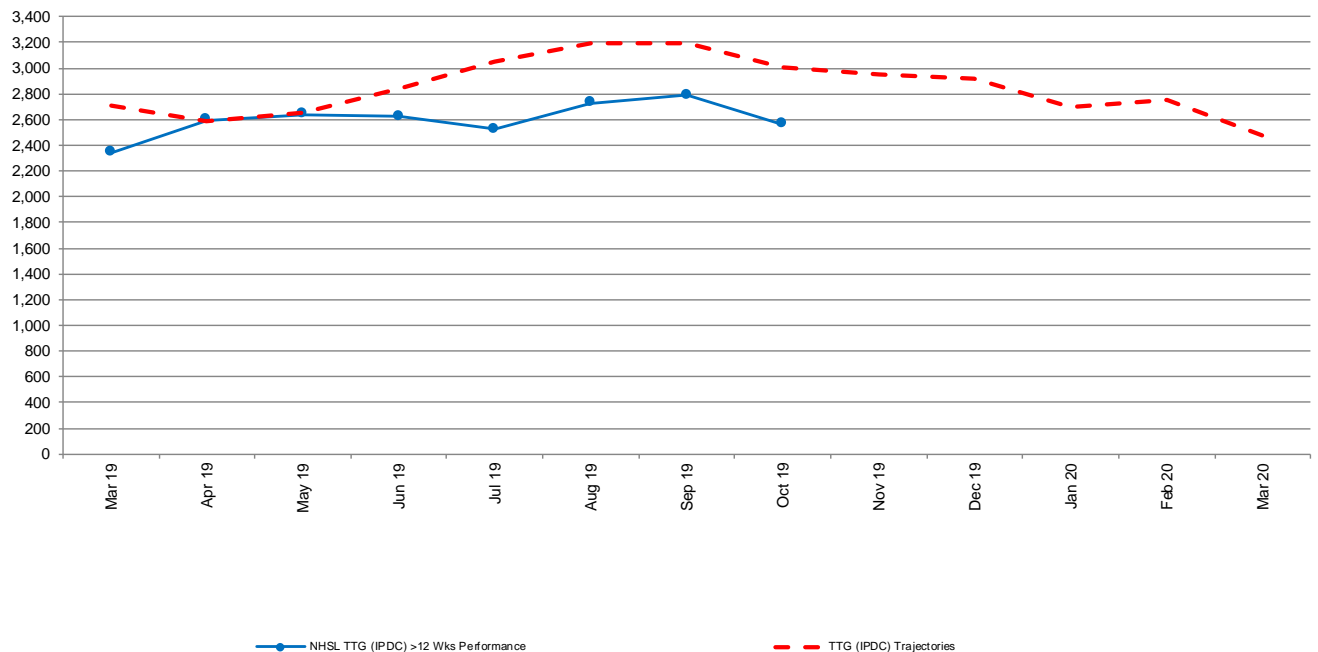
3.3.2 Risks to TTG delivery include reliance on NHS Forth Valley capacity which is now projecting a 550 patient shortfall (from planned 1,000 additional cases by end March 2020.)

3.3.3 To mitigate this NHS Lothian are seeking additional independent sector capacity through Golden Jubilee National Hospital and optimising theatre capacity/efficiencies within Lothian.

Table 2 – Inpatients/Day Cases waiting in excess of 12 weeks at end Sept 2019

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Dec-19	Mar-20
AOP Trajectory	2,586	2,658	2,839	3,055	3,198	3,190	3,011	2,922	2,472
Actual Performance	2,597	2,642	2,622	2,526	2,727	2,788	2,563		

Chart 2 – Inpatient and Day Case waits over 12 Weeks (ongoing) versus AOP Trajectory



3.4 Diagnostics

3.4.1 The DMMI Diagnostics >6 Week standard covers two key areas of Diagnostics -

Gastroenterology (incl. Endoscopy and Urology), and Radiology - for which reporting is required for four separate performance metrics each.

3.4.2 Gastroenterology trajectories have been met for October. For validated figures please see Appendix 1.

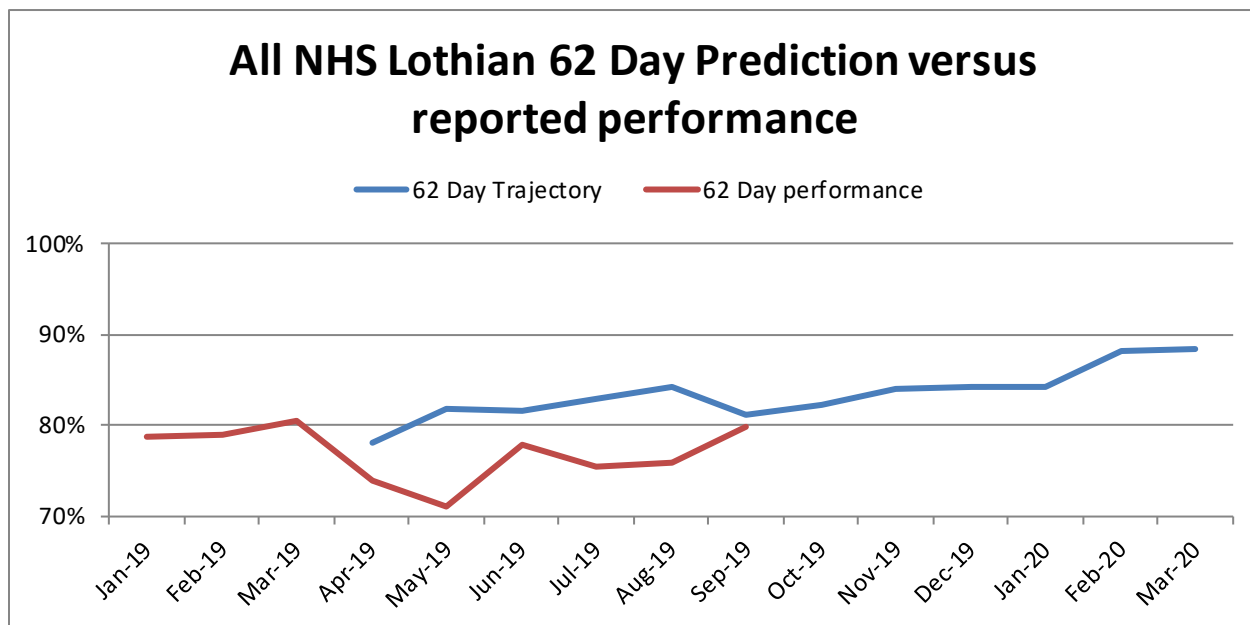
3.4.3 The main existing pressure within Radiology CT is an increase in demand from additional Specialty Waiting List Initiative (WLI) clinics and a change in cardiac and head injury protocols. This is being mitigated through external capacity and Radiology WLIs. Performance remains close to trajectory. The majority of MRI patients breaching are based at the Royal Infirmary of Edinburgh, further to equipment replacement, and include those examinations which cannot be performed on other sites. Ultrasound breaches have increased as a result of unforeseen short term absence of a Specialist Radiologist.

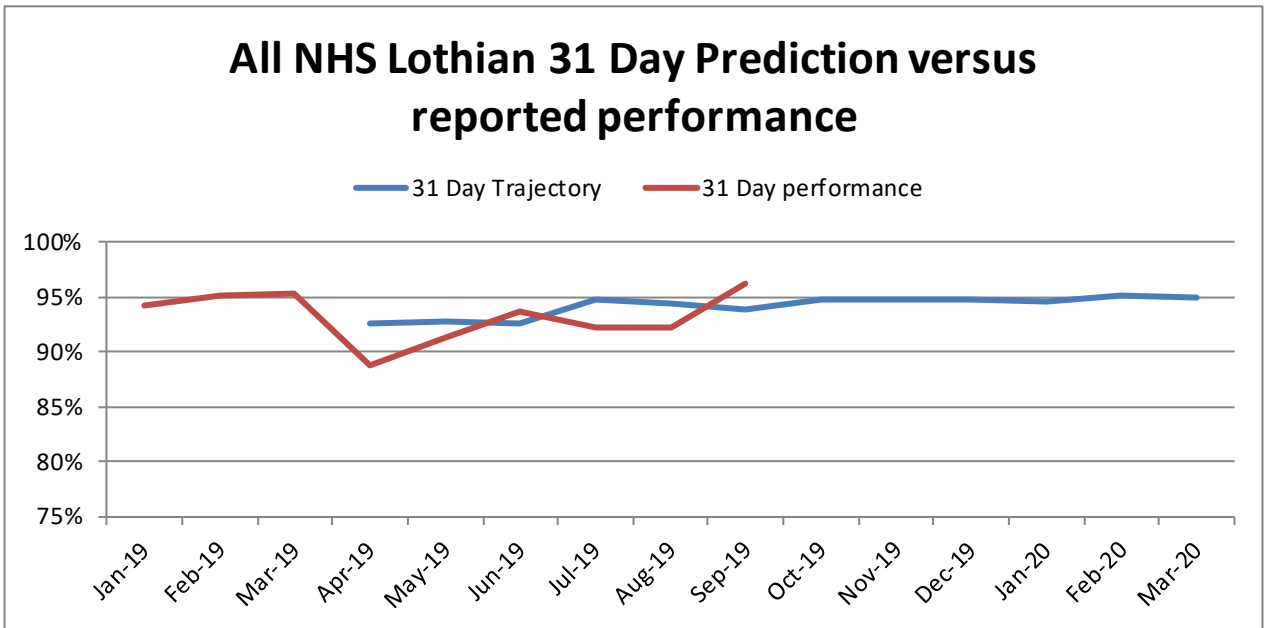
3.5 Cancer

3.5.1 Cancer performance remains an area of risk, particularly in terms of the 62 day standard, where validated September performance was 2.7 percentage points worse than Trajectory. (Please see Appendix 1). Improvements have been made recently, with specific focus on prostate and colorectal, through weekly huddle meetings and detailed pathway reviews. Un-validated performance for October indicates an overall improvement of 3.5% since July 2019.

3.5.2 Melanoma and Lung cancer pathways are next to have detailed review.

3.5.3 Current progress against trajectory are as follows:-





3.5.4 Actions to improve performance continue to include:- ongoing weekly huddles, weekly reporting including focused targeting of long waits and delays in laboratory tests, additional tracking resource in to diagnostic services, streamlining of clinic and diagnostics schedules, review and adoption of escalation processes from NHS Tayside, mitigation of backlog pathway analysis for each tumour group and QI improvement process to reduce DNA rates, particularly around bowel screening.

3.5.5 Improvement plans and performance impact continue to be monitored through the Chief Officer and WTIP Board.

3.6 Edinburgh Dental Institute (EDI)

3.5.6 The waiting list and appointments from the Edinburgh Dental Institute were moved over onto Trak on 18th November. Complete reporting will commence once the migrated data has been checked and any necessary corrections made.

3.5.7 December figures still show more than 2,000 over 12 week breaches. There was a reduction in clinic capacity both before and after the move to Trak to allow for appropriate training of all staff. A new Service Improvement Manager has recently taken up post with a key focus on DCAQ and identifying efficiency and productivity opportunities.

3.6 Ongoing Performance Issues

3.6.1 Delay to DCN/RHSC move

3.6.2 Deferred migration impact ongoing for CT, MRI, neurology and neurosurgery due to reduction in planned capacity.

3.6.3 Scheduled Care Recovery Programme

3.6.4 The WTIP Programme Board has been revised to reflect the requirements of the recovery programme and will oversee the programme of work across current recovery phase,

implementation of WTIP end March 2021 and long term sustainability actions. Work to agree the governance for the emerging programme is ongoing.

3.6.5 NHS Scotland Performance Escalation Framework

3.6.6 The Chief Executive has received a letter from the Scottish Government indicating the potential for them to withhold funding from NHS Lothian as a result of current performance challenges. As described above actions are being implemented to mitigate this risk with aim of delivering March 2020 trajectories.

3.6.7 Available Resources

3.6.8 As outlined previously SG have agreed an additional c.£700k towards the expansion of short term outpatient capacity at ELCH across 3 specialties (Dermatology, Neurology, Gastroenterology). This will deliver in excess of 2,000 new outpatient appointments not included within the current AOP trajectories.

3.6.9 NHS Lothian was successful in securing £125,000 for HIS/NES/IHI/Access Collaborative support for quality improvement within CAMHS, Dermatology and Urology services have now met with the funders. This work is to demonstrate that deployment of QI methodology will improve performance. Urology is focussing on their high volume general urology pathway and Dermatology on looking at their triage process to identify opportunities to reduce demand and manage demand effectively.

3.6.10 Short Stay Elective Centre

3.6.11 The outline business case for the Short Stay Elective Centre was submitted to the national elective centres programme board in July. It was not progressed due to the increase in capital and revenue cost of £13m from Initial Agreement. Cost reduction analysis has been carried out which has identified options to reduce costs by ~£10m. This will be presented to F&R on 27 November.

3.6.12 It is anticipated this will enable consideration of the OBC by Scottish Government Capital investment Group in December.

4 Key Risks

4.1 NHS Lothian's WTIP Programme Board has established a risk register which details the specific risks associated with individual service plans, as well as those applicable to the overall Recovery and Sustainability plan. These risks are summarised in Appendix 2.

4.2 Scheduled Care risks are also captured within an NHS Lothian Clinical Risk Matrix, updated monthly within this paper. Clinical risks as at 19th Nov 2019 were scored and ranked as below:-

OP Speciality	No. of weeks 9 out of every 10 patients had been seen within, in the quarter ending Oct 2019 for adults unless otherwise specified	No. of patients waiting over waiting time standard as at 19/11/2019. Standard is 12 weeks for all but GI and Urology Diagnostics*, which have a six week standard.	Risk Rating			
			Risk based on current length of wait for 90% of patients (1-5)	Probability of clinical risk (e.g. cancer) (1-5)	Risk based on number of patients waiting over the waiting time standard (1-5)	Risk score (from highest, descending) (1-125)
Dermatology	62	5,012	4	4	5	
GI Diagnostics*	71	1,674	4	5	4	
Urology	39	1,745	3	4	4	
Colorectal	34	1,527	3	4	4	
Gastroenterology	45	1,238	3	5	3	
ENT (paed)	34	538	3	3	3	
ENT (adult)	39	1,748	3	2	4	
Ophthalmology	33	2,781	3	2	4	
Orthopaedics	37	2,171	3	2	4	
Neurosurgery	47	395	3	3	2	
Gynaecology	14	257	2	4	2	
General Surgery (paed)	27	254	2	3	2	
General Surgery (adult)	13	72	2	3	2	
Urology Diagnostics*	18	384	2	3	2	
Vascular	15	66	2	3	2	
Gastroenterology (paed)	53	7	4	1	1	

**The number of weeks waited has been suppressed for specialties where the number of completed waits was fewer than 50 patients in the quarter.

- 4.3 The number of patients waiting more than 12 weeks for a new outpatient appointment for Dermatology and Colorectal have improved by more than 100 since last reporting, and for Adult ENT (adult), by almost 350.
- 4.4 Paediatric Gastroenterology for the first time is included in the table above, as a result of the number of patients waiting more than 12 weeks in the quarter ending Oct 2019. Paediatric GI Consultant has been recruited as part of our sustainable investment and starts in March 20.

5 Risk Register

- 5.1 Improved performance for patients waiting over 12 weeks for both an Outpatient appointment or an Inpatient/Day case procedure should reduce the risk levels for both corporate risk IDs 4191 (*Risk that patients will wait longer than described in the relevant national standard and the associated clinical risk*), and 3211 (*That NHS Lothian will fail to achieve waiting times targets for inpatient / day case and outpatient appointments*).

6 Impact on Inequality, Including Health Inequalities

- 6.1 Actions to deliver the Waiting List Improvement Plan will be assessed to identify direct impact on health inequalities.

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

- 7.1 Actions to deliver the Waiting List Improvement Plan will have appropriate impact assessments and required consultations undertaken.

8 Resource Implications

- 8.1 Resource impact as detailed within body of the paper.

Jacquie Campbell

Chief Officer, Acute Services
21/11/2019

List of Appendices

Appendix 1 - Scheduled Care Performance

Appendix 1: Scheduled Care Performance

Below is a summary of current performance against trajectories.

OP Performance against Trajectory

The 2019/20 outpatient trajectory and associated performance is detailed below. Performance is expressed in terms of number of patients waiting over 12 weeks for a new outpatient appointment.

	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
NHSL OP >12 Wks Performance	24,669	24,755	24,425	24,307	24,502	25,851	25,529	24,201					
OP Trajectories	23,930	25,933	26,552	26,269	25,964	25,760	25,051	23,500	22,293	20,393	18,048	17,332	16,151
Difference	739	-1,178	-2,127	-1,962	-1,462	91	478	701					
% of patients waiting 12 weeks or less for a new outpatient appointment	64.5%	64.9%	64.6%	64.0%	64.6%	62.8%	62.5%	62.0%					

Please note that data provided above is management information and so may differ from published statistics

IPDC Performance against Trajectory

The 2019/20 IPDC trajectory and associated performance is detailed below. Performance is expressed in terms of number of patients waiting over 12 weeks for an Inpatient or Day case procedure.

	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
NHSL TTG (IPDC) >12 Wks Performance	2,340	2,597	2,642	2,622	2,526	2,727	2,788	2,563					
TTG (IPDC) Trajectories	2,707	2,586	2,658	2,839	3,055	3,198	3,190	3,011	2,947	2,922	2,699	2,758	2,472
Difference	-367	11	-16	-217	-529	-471	-402	-448					
% Patients Seen Within 12 Week Treatment Time Guarantee	73.6%	78.4%	75.3%	74.7%	76.6%	75.2%	74.2%	73.5%					

Please note that data provided above is management information and so may differ from published statistics
Data presented is for *ongoing* Waits

Gastroenterology Diagnostic Performance against Trajectory

The 2019/20 Gastroenterology diagnostic trajectory and associated performance is detailed below. Performance is expressed in terms of number of patients waiting over 6 weeks for a diagnostic procedure.

	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
Upper Endoscopy patients waiting over 6 wks	1,427	1,117	759	625	565	504	374	452					
Colonoscopy patients waiting over 6 wks	1,129	1,024	1,002	933	753	683	521	701					
Flexible Sigmoidoscopy (Lower Endoscopy) patients waiting over 6 wks	785	713	469	340	282	282	297	279					
Gastroenterology Performance	3,341	2,854	2,230	1,898	1,600	1,469	1,192	1,432					
Gastroenterology >6 Week Trajectory	2,901	2,260	2,196	2,034	1,844	1,719	1,794	1,619	1,444	1,269	1,094	919	744
Difference	440	594	34	-136	-244	-250	-602	-187					

Urology Diagnostic Performance against Trajectory

The 2019/20 Urology diagnostic trajectory and associated performance is detailed below. Performance is expressed in terms of number of patients waiting over 6 weeks for a diagnostic procedure.

	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
Flexible Cystoscopy (Urology Performance)	349	394	370	323	271	292	340	317					
Urology >6 Week Trajectory	0	435	395	385	415	445	395	345	295	245	195	145	95
Difference	349	-41	-25	-62	-144	-153	-55	-28					

Radiology Diagnostic Performance against Trajectory

The 2019/20 Radiology trajectories and associated performance is detailed below. Performance is expressed in terms of number of patients waiting over 6 weeks for a Radiology scan.

Specialty Radiology - CT Lothian	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
CT Performance	32	63	101	101	97	98	112	108					
Trajectory >6 weeks	8	50	80	100	80	60	40	20	0	0	0	0	0
Difference	24	13	21	1	17	38	72	88					

Specialty Radiology - MRI Lothian	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
MRI Performance	103	137	114	87	194	204	260	393					
Trajectory >6 weeks	0	200	250	150	250	200	150	50	0	0	0	0	0
Difference	103	-63	-136	-63	-56	4	110	343					

Specialty Radiology - General Ultrasound (not Vasc)	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
Ultrasound Performance	6	12	4	3	4	4	2	20					
Trajectory >6 weeks	10	10	20	10	0	0	0	0	0	0	0	0	0
Difference	-4	2	-16	-7	4	4	2	20					

Specialty Radiology - Barium Studies	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
Barium Performance	0	1	1	0	0	0	2	0					
Trajectory >6 weeks	0	0	0	0	0	0	0	0	0	0	0	0	0
Difference	0	1	1	0	0	0	2	0					

Specialty Radiology - Vascular Labs	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
Vascular Labs Performance	95	23	5	11	5	3	5	29					
Trajectory >6 weeks	-	-	-	-	-	-	-	-	-	-	-	-	-
Difference	-	-	-	-	-	-	-	-	-	-	-	-	-

Cancer Performance The following tables details 31 and 62 day cancer performance against [minimum] trajectory

31 Day performance													
	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
Urological	94.5%	86.4%	92.9%	91.2%	81.7%	86.4%	92.2%						
Colorectal (screened excluded)	85.7%	82.9%	76.7%	78.3%	73.3%	78.1%	88.6%						
Colorectal (screened only)	100.0%	100.0%	55.6%	100.0%	87.5%	20.0%	83.3%						
Melanoma	91.7%	100.0%	100.0%	95.7%	100.0%	88.9%	100.0%						
Breast (screened excluded)	98.1%	97.1%	97.5%	97.5%	100.0%	100.0%	100.0%						
Breast (screened only)	100.0%	78.1%	91.1%	95.1%	97.1%	100.0%	100.0%						
Cervical (screened excluded)	100.0%	75.0%	100.0%	100.0%	100.0%	100.0%	100.0%						
Cervical (screened only)	100.0%	100.0%	n/a	100.0%	100.0%	100.0%	n/a						
Head & Neck	100.0%	100.0%	100.0%	100.0%	93.1%	100.0%	100.0%						
Lung	93.2%	95.2%	100.0%	93.9%	98.6%	94.9%	94.9%						
Lymphoma	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%						
Ovarian	100.0%	66.7%	100.0%	100.0%	85.7%	100.0%	100.0%						
Upper Gastro-Intestinal (GI)	97.7%	96.4%	95.1%	100.0%	100.0%	97.3%	100.0%						
All Cancer Types	95.3%	91.1%	93.9%	94.5%	92.2%	92.2%	96.2%						
All Cancer Types Trajectory	92.9%	92.6%	92.8%	92.5%	94.7%	94.4%	93.7%	94.7%	94.8%	94.8%	94.6%	95.1%	94.9%
Difference	2.4%	-1.5%	1.1%	2.0%	-2.5%	-2.2%	2.5%						

62 Day performance													
	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
Urological	50.0%	51.4%	45.2%	51.7%	61.3%	48.8%	47.8%						
Colorectal (screened excluded)	55.6%	37.5%	61.9%	41.7%	55.0%	54.5%	38.1%						
Colorectal (screened only)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	10.0%						
Melanoma	80.0%	75.0%	72.2%	82.4%	90.9%	66.7%	94.8%						
Breast (screened excluded)	90.6%	95.7%	73.9%	84.0%	75.9%	95.8%	92.9%						
Breast (screened only)	100.0%	97.1%	95.7%	97.7%	90.2%	100.0%	97.2%						
Cervical (screened excluded)	100.0%	0.0%	100.0%	100.0%	75.0%	100.0%	100.0%						
Cervical (screened only)	100.0%	0.0%	n/a	0.0%	n/a	0.0%	n/a						
Head & Neck	100.0%	100.0%	88.9%	100.0%	73.3%	88.9%	100.0%						
Lung	92.9%	90.5%	76.2%	93.3%	90.5%	82.1%	83.3%						
Lymphoma	100.0%	66.7%	100.0%	75.0%	50.0%	100.0%	83.3%						
Ovarian	100.0%	0.0%	40.0%	75.0%	100.0%	100.0%	33.3%						
Upper Gastro-Intestinal (GI)	90.5%	100.0%	90.9%	100.0%	92.3%	94.7%	94.7%						
All Cancer Types	79.3%	74.3%	70.6%	78.0%	75.4%	75.8%	78.5%						
All Cancer Types Trajectory	89.5%	78.0%	81.8%	81.5%	82.8%	84.2%	81.2%	82.1%	84.0%	84.1%	84.1%	88.1%	88.3%
Difference	-10.2%	-3.7%	-11.2%	-3.5%	-7.4%	-8.4%	-2.7%						

NHS Lothian

NHS Lothian Board
4 December 2019

Director of Finance

UPDATE ON THE ROYAL HOSPITAL FOR CHILDREN & YOUNG PEOPLE AND DEPARTMENT OF CLINICAL NEUROSCIENCES (RHCYP & DCN)

1 Purpose of the Report

- 1.1 The purpose of this report is to provide the Board with an update on the above project.

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

2 Recommendations

The Board is recommended to;

- 2.1 Consider and discuss the issues raised in this report.

3 Discussion of Key Issues

Progress with Resolving the Issues Identified in RHCYP & DCN

- 3.1 Following receipt of the [second stage of the NSS review](#) commissioned by Scottish Government, NHS Lothian now have a comprehensive action plan to address all recommendations by Health Facilities Scotland and Health Protection Scotland.
- 3.2 The Scottish Government's fortnightly Oversight Board meetings for RHCYP & DCN are now chaired by Fiona McQueen, Chief Nursing Officer. The Oversight Board receives regular progress updates from the Senior Programme Director.
- 3.3 The principle issue of rectification remains critical care ventilation and the Board are also taking the opportunity to enhance ventilation in haematology/oncology and elements of fire safety.
- 3.4 The contractual mechanism for delivering these works is the change process set out in the project agreement with IHSL. However, the scale and nature of the works, and the timescales within which they must be delivered mean that the normal change process will need to be adapted to allow progress to be made. The Board have entered into commercial discussions with IHSL, which are in the process of being concluded.
- 3.5 The Director of Finance is leading this supported by a commercial sub-group of the Oversight Board. The Finance and Resources Committee received an update on 27 November 2019 and, subject to some caveats, agreed to recommend the principles of that commercial agreement to the Board.
- 3.6 At this stage the initial programme received from IHSL remains deliverable within the timelines announced by the Cabinet Secretary, to move DCN in Spring 2020 and RHSC in the Autumn.

- 3.7 In parallel to the commercial negotiation of high value changes, work progresses to complete the action plan. The drainage and medical gas issues have been addressed and these workstreams are closed. Good progress is showing on other ventilation works, water safety and electrical installation. Multiplex remain on site to complete snagging.

Continuing Service Delivery at the Royal Hospital for Sick Children and DCN

- 3.8 Two visits have been made by the Cabinet Secretary to the current sites, and regular Executive / Senior Team walk-rounds established to give staff the opportunity to raise concerns about service delivery in their current location and engage with plans for the delayed opening.
- 3.9 Unannounced HEI inspection visits took place on 22 October 2019 in both RHSC and DCN. Verbal feedback from the inspectors was positive and their draft report is due on 4 December, to be reviewed and signed off by NHS Lothian by 18 December 2019.
- 3.10 A Scottish Fire and Rescue Service audit of RHSC at Sciennes took place on 22 and 25 November 2019; their action plan is being addressed.
- 3.11 Considerable progress has already been made to address actions to support the existing Sciennes site and DCN at the WGH through the winter period and beyond. These include:
- Upgrades to patient accommodation in RHSC & DCN
 - Improvements to public and staff catering provision and parent accommodation in RHSC
 - Increase in RHSC emergency department capacity and medical beds for winter pressures
 - Replacement theatre lighting in RHSC where maintenance can no longer ensure functionality
 - Approval to replace interventional neuroradiology equipment in current DCN
 - Agreement to relocate some new items of equipment from the RHCYP and DCN to be used now, for example: patient trolleys, treatment chairs, wheelchairs, DVD players, anaesthetic machines, infusion pumps.
 - Installation of additional videotelemetry monitoring in DCN to address waiting time pressures that would otherwise continue to rise until moving to the new facility
 - Focussed recruitment to DCN vacancies created by staff leaving / retiring to coincide with the planned move, and to RHSC winter nursing posts.
 - Approval of additional posts to cover extended split-site working in pharmacy, laboratories, and, once DCN moves, anaesthetics.

Section 22 report

- 3.12 The Auditor General and the Board's external auditor are preparing a [Section 22 report](#) due for publication on the 18 December the Board has had an opportunity to review the draft for factual accuracy. The Auditor General will brief the Scottish Parliament's Public Audit and Post Legislative Scrutiny Committee on the Section 22 report, and the Committee may decide to take evidence from the Board's Accountable Officer. A date for this has not yet been set.

Public Inquiry

- 3.13 The Cabinet Secretary has confirmed the appointment of the Right Honourable Lord Brodie QC PC as chair of a public inquiry into the matters of concern that have arisen at the Queen Elizabeth University Hospital (QEUH) campus, Glasgow and the Royal Hospital for Children and Young People (RHCYP), Edinburgh. The Cabinet Secretary intends to provide an update on the terms of reference and timescales of the inquiry in the new year.

4 Key Risks

- 4.1 There is a risk that IHSL will require extended engagement with their funders and supply chain to reach a conclusion to commercial agreement, which may impact on the programme for high value changes.

5 Risk Register

- 5.1 *There is a risk to patient safety, experience and outcome of care plus financial impact, due to the delay in providing clinical care for RHCYP and DCN patients on the Royal Infirmary of Edinburgh campus. Risk 4813, and its mitigation, is described in the separate Risk Register paper for the Board.*

6 Impact on Inequality, Including Health Inequalities

- 6.1 Management will need to undertake impact assessments as part of the programme of work.

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

- 7.1 Users of the service were contacted in July to inform them of the change in interim service provision. Continuing communication will focus on mitigating the disruption for service users.

8 Resource Implications

- 8.1 The resource implications of the delay have been discussed with the Scottish Government and provision has been made to meet the additional cost from within the national health budget.

Susan Goldsmith
Director of Finance
3 December 2019

Director of Finance

2019/20 Financial Position and 2020/21 Financial Outlook

1 Purpose of the Report

- 1.1 This paper provides an update to the Board on NHS Lothian’s year-end forecast position and a briefing on the outlook for 2020/21.
- 1.2 Any member wishing additional information on the detail of this paper should contact the Director of Finance prior to the meeting.

2 Recommendations

- 2.1 The Board is recommended to:
 - **Accept** this report as a source of significant assurance that the F&R Committee has considered the year to date and year end forecast position of NHS Lothian and the required actions to support breakeven, and have accepted the **moderate assurance** currently provided on the achievement of breakeven by the year end.

3 Discussion of Key Issues

- 3.1 The F&R Committee received a paper on the Period 7 financial position, the year end outturn overspend projection for 2019/20, and the draft financial outlook for 2020/21 at its meeting of the 27th November. The F&R paper highlighted a year to date overspend of £4.3m and an anticipated year end underspend of £0.6m.
- 3.2 The movement in the forecast outturn position is due to further improvement in the operational position, principally in the Acute Division and Strategic budgets. Further detail on the financial position is provided in Table 1 below.

Table 1: Closing the Financial Plan Gap

	£k
19/20 Financial Plan Gap	(25,986)
Improvement In Operational position	
- Acute Services Division (including drugs)	17,353
- Corporate Services	2,761
- Prescribing improvement in forecast	2,097
- Income, Strategic and Other Areas	4,043
In Year Flexibility	
- Reserves	3,825
- Additional prior year benefit	8,748
- Delay in Profit on Disposal	(9,000)
- Other identified commitments	(3,254)
19/20 Year End Forecast	586

3.3 Further detail on the year to date overspend of £4.3m and the Q2 forecast by Business Unit is provided in Table 2 below.

Table 2 – NHS Lothian year-to-date overspend and year-end forecast

	Month 7 YTD Position £k	Forecast Variance £k
Acute Services Division	(7,810)	(16,555)
REAS	(970)	(1,213)
Edinburgh Partnership	57	1,231
East Lothian Partnership	73	532
Directorate of Primary Care	71	283
Midlothian Partnership	241	724
West Lothian Partnership	508	515
Facilities And Consort	(4,890)	(5,841)
Corporate Services	1,545	1,876
Inc + Assoc Hlthcare Purchases	3,503	4,739
Research & Teaching	(106)	(64)
Strategic Services	(1,452)	5,525
Operational Position	(9,230)	(8,248)
Reserves	4,924	12,368
Additional Flexibility		8,748
Delay in Profit on Disposal		(9,000)
Other Identified Commitments		(3,281)
NHS Lothian Position	(4,306)	586

3.4 The F&R Committee considered the issues within the forecast and were able to acknowledge the actions being progressed to achieve breakeven in 2019/20. Actions being progressed to reduce the year-end deficit include:

- Exploration of further one-off opportunities within the property and asset management budgets;
- One-off benefits generated as a result in delays in agreed developments;
- Non-recurrent cost reduction initiatives generated through business units.

3.5 The financial forecast provides an estimate of a year-end outturn position based on delivering activity at current levels. Further work is required to determine the financial consequences of meeting specific targets beyond finance. The Executive Team will review opportunities to address some of the performance issues relating to patient care. This may bring a degree of financial risk.

3.6 The Committee agreed that it could now give moderate assurance at this point that the Board will achieve a breakeven outturn in 2019/20.

3.7 The actions identified above aim to support the achievement of financial balance for 2019/20. However these do not address the issues of achieving recurrent financial sustainability in future years.

3.8 The Committee also received an update on the forecast for each of the four IJBs. It was reported that at this time there was sufficient evidence to suggest there will be an underspend in East Lothian and Midlothian IJBs.

- 3.9 The complexities of managing and delivering a year-end breakeven across four IJBs and NHS Lothian were reported to the Committee. At this stage further discussion is required with each IJB to agree year end arrangements. A further update on the approach to be taken will be brought to the F&R Committee at the January meeting.
- 3.10 The next stages of supporting the achievement of financial balance include the following steps:
- Ongoing monthly monitoring and reporting of the financial position;
 - Follow up meetings with business units as part of the quarterly finance review to agree further actions to control and reduce spend;
 - An update report to the F&R committee at its January meeting on the progress made to achieving in year financial balance, and an update report on the five year financial outlook;
 - A follow up report to the Board at its February meeting setting out the F&R committee's consideration of the financial position for 2019/20 and beyond.

Financial Outlook 2020/21

- 3.11 The F&R Committee also considered the initial assessment of the financial position for 2020/21. The paper highlighted a projected financial gap for 2020/21 of £39.9m, based on an initial assessment of cost pressures and anticipated funding. A summary of the realistic Outlook is provided in Table 3.

Table 3 – Summary of Financial Outlook

	20/21 Variance
	£k
Full Year Recurring Expenditure Budget	1,703,694
Baseline Carry Forward Pressures	(50,575)
Additional Expenditure, Growth, Uplift & Commitments	(82,864)
Total Projected Costs	(133,439)
Total Additional Resources	85,012
Financial Recovery Actions	8,523
Financial Gap	(39,904)

- 3.12 The Committee agreed to revisit the 2020/21 outlook position in January, when there should be further clarity on funding after the Scottish Government budget (date currently to be confirmed) and more information on anticipated cost pressures. In addition members of the Committee asked to see more detail on the developing value and sustainability programme of work in support of the financial plan.

4 Key Risks

4.1 The F&R Committee also received a schedule of risks that may impact on financial performance into next year. Table 4 presents the risk schedule was shared with the Committee.

Table 4– Risks to achieving year-end financial balance

Key Assumptions / Risks	Risk rating	Impact
SG Base Uplift	High Risk	Base Uplift assumed at 3% in the Plan, but a risk of this being reduced. Each 1% is worth £15m.
NRAC	High Risk	Ongoing NRAC parity funding assumed in Plan as per 19/20 to recognise ongoing management of parity position by the SG. This is yet to be confirmed.
Recovery Actions	High Risk	Delivery of planned recovery actions to the value required to cover the known pressures and developments within the individual Business Units.
Escalation	High Risk	The full impact of the financial consequences has yet to be fully quantified. Additional actions are likely to incur further expenditure not currently covered in the Plan.
RHSCYP	High Risk	The new hospital is likely to open during 2020/21 and there may be further double running and other costs which may not have been fully captured at this stage.
Integration	High Risk	The outlook has assumed that the additional resources passed to the IJBs in prior years from the Social Care Fund will ensure no increase in the total level of Delayed Discharges in the Health System. A further risk exists around the potential for the IJBs to prioritise NHS uplift against non NHS
Delayed Discharge	High Risk	Need to manage the volume of delayed discharges and the cost of new initiatives that will be required to deliver the required reductions.
Winter Costs	High Risk	The risk remains whether sufficient additional resources are available to meet the pressures from anticipated winter demand.
Brexit	High Risk	The potential additional costs of Brexit have not been built into the plan, as no clear impact can be quantified at this time, however they will need to be considered as part of the longer term financial outlook.
GP Prescribing	Medium Risk	A sustained level of ongoing growth and price increases have been included in the financial outlook, however there is the potential for increases to be greater than projected.
Voluntary Scheme for Branded Medicine Pricing and Access	Low Risk	VPAS replaces PPRS as a source of funding to offset the cost of approved IPTR's and New Medicines. This funding source has yet to be confirmed in terms of overall value for 20/21.
Acute Medicines	High Risk	There is a risk that the level of growth exceeds the estimate contained in the Financial Outlook.
Changes to pay T&Cs and backdated pay claims	High Risk	The impact of the 3 year pay award has been modelled and included in the outlook. There is a risk that future costs materialise at a higher level than that anticipated. NHSL no longer has a provision for backdated pay claims, therefore any further claims will be an unplanned in year cost.
SGHD Allocations & Pay Consequential Funding	High Risk	The financial outlook includes a substantial level of additional Scottish Government funding including pay consequentials and previously separately funded programmes and initiatives. Any change from the funding level assumed will have an impact on the financial gap.
Capital Programme	High Risk	NHSiL has an ambitious capital programme which requires significant resources in addition to those available to deliver. The revenue consequences of the programme are a significant pressure to the organisation and are at present included in financial outlook, however these values may change.
Waiting Times	High Risk	There requires to be continued management of the financial exposure on elective capacity pressures. The risk is that the current investment plans are revised to improve performance and the additional costs are not reflected in the plan.
Availability of trained staff	Medium Risk	The availability of trained staff has resulted in supply issues in 19/20. The outlook does not reflect any increased reliance on agency staffing.
Mental Health	High Risk	The continuing demand for mental health services could be greater than the additional SG funding provided and the level of internal investment may not be sufficient.

5 Risk Register

5.1 The corporate risk register includes the following risk:

Risk 3600 - The scale or quality of the Board's services is reduced in the future due to failure to respond to the financial challenge. (Finance & Resources Committee)

5.2 The contents of this report is aligned to the above risk. At this stage there is no further requirement to add to this risk.

6 Impact on Inequality, Including Health Inequalities

6.1 There are no new implications for health inequalities or general equality and diversity issues arising directly from the issues and recommendations in this paper.

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

7.1 The implementation of the financial plan and the delivery of a breakeven outturn may require service changes. As this particular paper does not relate to the planning and development of specific health services there was no requirement to involve the public in its preparation. Any future service changes that are made as a result of the issues raised in this paper will be required to adhere to the Board's legal duty to encourage public involvement.

8 Resource Implications

8.1 There are no resource implications arising specifically from this report.

Susan Goldsmith
Director of Finance
27th November 2019
susan.goldsmith@nhslothian.scot.nhs.uk

NHS Lothian

Board

4 December 2019

Medical Director

NHS Lothian Corporate Risk Register

1 Purpose of the Report

- 1.1 The purpose of this report is to set out NHS Lothian's Corporate Risk Register for assurance.

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

2 Recommendations

The Board is recommended to:

- 2.1 Accept the corporate risk register which has been updated for quarter 2 and includes templates in the new format for the new risks: the Royal Hospital for Children & Young People and Department for Neurosciences and the lack of bed availability at the Royal Edinburgh Building.
- 2.2 Note that template for the new risk: the delivery of NHS Level 3 Recovery Plans is currently being finalised.
- 2.3 Note that all of the actions required from the internal audit of risk management in February 2019 have been completed and agreed as closed. This has been evidenced through the process of developing the corporate risk register in the new format.

3 Discussion of Key Issues

3.1 Risk register update

- 3.1.1 As part of our systematic review process, the risk registers are updated on Datix on a quarterly basis at a corporate and an operational level. Risks are given an individual score out of 25; based on the 5 by 5 Australian/New Zealand risk scoring matrix used; 1 being the lowest level and 25 being the highest. The low, medium, high and very high scoring system currently used, is based on the same risk scoring matrix and remains unchanged (see Appendix 1).
- 3.1.2 There are currently 19 risks in total in quarter 2; the 10 risks at Very High 20 are set out below.

1. The scale or quality of the Board's services is reduced in the future due to failure to respond to the financial challenge
2. Patient Safety in Royal Infirmary of Edinburgh Accident & Emergency Department
3. Achieving the 4-Hour Emergency Care standard
4. Timely Discharge of Inpatients
5. General Practice Sustainability
6. Access to Treatment (organisational risk)
7. Access to Treatment (patient risk)
8. Brexit
9. Delay in providing clinical care for RHCYP and DCN patients (new risk)
10. Non-delivery of NHS Lothian's Level 3 Recovery Plans to agreed timescale (new risk)

3.1.3 Links to each risk in Appendix 1 have been embedded in the below table (please click on individual Datix risk number in the table).

Table 1

Datix ID	Risk Title	Committee Assurance Review Date	Initial Risk Level	Oct-Dec 2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019
4813	New Risk There is a risk to patient safety, experience and outcome of care plus financial impact, due to the delay in providing clinical care for RHCYP and DCN patients on the Royal Infirmary of Edinburgh campus.	<u>Finance & Resources Committee (F&R) & Healthcare Governance Committee (HCG)</u> HCG (July 2019) discussed the clinical risk and through the HAI report which is a standing item on the agenda. September 2019 HCG - accepted moderate assurance to mechanisms in place to ensure safety of the built environment including infection control across NHS Lothian.	Very High 20				
4820	New Risk There is a risk that the Board does not deliver NHS Lothian's Level 3 Recovery Plans to agreed timescale impacting on patient experience and outcome of care.	<u>Board</u> Template in development	Very High 20				
4921	New Risk There is a risk that acute admissions exceeds the inpatient bed capacity due to beds being reduced in the move to The Royal Edinburgh Building, and barriers to patient flow through the adult mental pathway leading to	<u>Board</u>	High 15				

Datix ID	Risk Title	Committee Assurance Review Date	Initial Risk Level	Oct-Dec 2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019
	patients having to be boarded overnight other specialities, being out of area or sleeping in areas within wards not designed for this purpose.						
3600	Finance Update provided October 2019	<u>Finance & Resources Committee (F&R)</u> November 2018 - F&R agreed to change the assurance level from limited to moderate, though the risk remains Very High due to long-term financial challenges. May 2019 – F&R considered Financial Plan – limited resources due to reliance on non-recurring funding. September 2019 – F&R accepted limited assurance on achieving a breakeven outturn following Q1 review.	High 12	Very High 20	Very High 20	Very High 20	Very High 20
3203	4 Hours Emergency Access Standard (Organisational) Update provided October 2019	<u>Healthcare Governance Committee (HCG)</u> October 2018 Acute Services Committee continued to accept limited assurance. HCG Jan 2019 update accepted moderate assurance re plan in place to improve 4 hour performance and safety at RIE. Plan subject to external scrutiny.	High 10	Very High 20	Very High 20	Very High 20	Very High 20
4688	4 Hour Emergency Access Standard (Patient) Update provided October 2019	<u>HCG Committee</u> Healthcare Governance considered plans in place to mitigate risk to safe, effective, person-centred care in March 2019 – Moderate assurance Audit & Risk Committee –November 2018 – Moderate assurance Plan also subject to external scrutiny.		Very High 20	Very High 20	Very High 20	Very High 20
3726	Timely Discharge of Inpatients (Previously Unscheduled Care: Delayed Discharge). Update provided October 2019 Note: This risk is	<u>HCG Committee</u> November 2018 HCG continued to accept limited assurance. September 2019 - as part of partnership annual report risk mitigation was discussed and improvements in delay discharges noted with a focus on sustainability.	Very High 20	Very High 20	Very High 20	Very High 20	Very High 20

Datix ID	Risk Title	Committee Assurance Review Date	Initial Risk Level	Oct-Dec 2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019
	<i>under review with HSCP colleagues</i>						
3829	GP Sustainability. Update provided October 2019	<u>HCG Committee</u> November 2018 HCG continued to accept limited assurance, with some evidence of improved stability with 'in hours' General Practice but increasing instability in 'out of hours' Action plan for 'out of hours' to report back to HCG in May 2019. July 2019 – HCG accepted limited assurance on demonstrating impact on sustainability. Reported back in September 2019 where further actions were agreed. Further report January 2020	Very High 20	Very High 20	Very High 20	Very High 20	Very High 20
3211	Access to Treatment (Organisation Risk) Update provided October 2019	<u>HCG Committee</u> October 2018 AHC continued to accept limited assurance. The Committee was impressed with the work in progress but also disappointed that performance remained of concern with the volume of patients waiting over 12 weeks. Recognition that systems of control were in place was accepted. To be examined by HCG in November 2019.	High 12	Very High 20	Very High 20	Very High 20	Very High 20
4191	Access to Treatment (Patient) Update provided October 2019	<u>HCG Committee</u> January 2019 HCG – moderate assurance. To be considered by November 2019 HCG. September HCG accepted moderate assurance on the management of clinical risk related to cancer waiting times.	Very High 20	Very High 20	Very High 20	Very High 20	Very High 20
4693	Brexit Updated provided October 2019	<u>HCG Committee</u> July 2019 HCG accepted moderate assurance. Verbal update September 2019	Very High 20		Very High 20	Very High 20	Very High 20
4694	Waste Management Updated provided October 2019	<u>Staff Governance Committee</u> Template approval July 2019. Health & Safety Committee in August 2019 accepted moderate assurance.	High 15		High 15	High 15	High 15

Datix ID	Risk Title	Committee Assurance Review Date	Initial Risk Level	Oct-Dec 2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019
3454	Learning from Complaints Update provided October 2019	<u>HCG Committee</u> March 2019 HCG continued to accept moderate assurance. Reviewed at every second HCG meeting. July 2019 HCG accepted moderate assurance.	High 12	High 16	High 16	High 16	High 16
3527	Medical Workforce Update provided October 2019	<u>Staff Governance Committee</u> October 2018 meeting continued to accept moderate assurance. Moderate Assurance continued to be accepted March 2019 and July 2019.	High 16	High 16	High 16	High 16	High 16
3189	Facilities Fit for Purpose Update provided October 2019	<u>Finance & Resources Committee</u> F&R January 2018 - moderate assurance received. Moderate assurance accepted July 2019 September 2019 HCG- Accepted moderate assurance to mechanisms in place to ensure safety of the built environment including infection control across NHS Lothian.	High 15	High 16	High 16	High 16	High 16
3455	Violence & Aggression. (Reported at H&S Committee). Update provided October 2019	<u>Staff Governance Committee</u> Staff Governance considered in October 2018 and accepted limited assurance due to access to training and lone working processes. Moderate Assurance March 2019. Health & Safety Committee August 2019 accepted moderate assurance. October 2019 – Staff Governance committee accepted moderate assurance.	Med 9	High 15	High 15	High 15	High 15
3328	Roadways/ Traffic Management (Risk placed back on the Corporate Risk Register December 2015) (Reported at H&S Committee). Update provided October 2019	<u>Staff Governance Committee</u> Update provided January 2019 Staff Governance Committee, January 2019 continued to accept moderate assurance. July 2019 – moderate assurance accepted, limited for RIE	High 12	High 12	High 12	High 12	High 12

Datix ID	Risk Title	Committee Assurance Review Date	Initial Risk Level	Oct-Dec 2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019
1076	Healthcare Associated Infection Update provided October 2019	<u>HCG Committee</u> March 2019 - overall moderate assurance. Reviewed at every HCG meeting. July 2019 – moderate assurance. Standing item on HCG agenda.	High 12	Med 9	Med 9	Med 9	Med 9
3828	Nursing Workforce Update provided October 2019	<u>Staff Governance Committee</u> Moderate Assurance March 2019 Staff Governance considered a paper on this risk in July 2019 and accepted significant assurance that actions have mitigated workforce pressures at corporate level and infrastructure is in place. Moderate assurance was accepted that actions are mitigating 'hot spots' and moderate assurance that Board is well placed to address the new legislation.	High 12	Med 9	Med 9	Med 9	Med 6

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 Not applicable.

6 Impact on Health Inequalities

- 6.1 The data /intelligence set out in the key measures section of the template will be pertinence to the governance committees when The findings of the Equality Diversity Impact Assessment are that although the production of the Corporate Risk Register updates, do not have any direct impact on health inequalities, each of the component risk areas within the document contain elements of the processes established to deliver NHS Lothian's corporate objectives in this area.

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

- 7.1 This paper does not consider developing, planning and/or designing services, policies and strategies, with the exception of the Risk Management Policy and Procedure which required stakeholder engagement.

8 Resource Implications

8.1 The resource implications are directly related to the actions required against each risk.

Sue Gibbs

Quality & Safety Assurance Lead

18 November 2019

sue.gibbs@nhsllothian.scot.nhs.uk

Jo Bennett

Associate Director for Quality Improvement & Safety

jo.bennett@nhsllothian.scot.nhs.uk

List of Appendices:

Appendix 1 – Summary of Corporate Risk Register

Summary of Corporate Risk Register

Risk 4813 – Royal Hospital for Children & Young People/Dept of Clinical Neurosciences

Corporate Objective	Risk Description	Linked Key Risk	Controls	Key Measures	Updates
<p>Improve quality, safety and patient experience</p>	<p>There is a risk to patient safety, experience and outcome of care plus financial impact, due to the delay in providing clinical care for RHCYP and DCN patients on the Royal Infirmary of Edinburgh campus.</p>	<ul style="list-style-type: none"> • (3600) Finance • (4191) Access to Treatment (Patient) • (3189) Facilities Fit for Purpose • (1076) HAI <p>Associated Plans</p> <ul style="list-style-type: none"> • <p>Assurance Committees</p> <ul style="list-style-type: none"> • Healthcare Governance • Finance & Resources <p>Grading</p> <ul style="list-style-type: none"> • Very high (20) 	<p>Governance and management arrangements</p> <p>An oversight Board, chaired by the CNO on behalf of the Scottish Government meets weekly and reviews progress.</p> <p>Within NHS Lothian, an executive steering group also meets weekly to review progress against plans and associated measures. This group is chaired by the Director of Nursing; membership includes Chief Executive, Finance, Medical, HR and Employee Directors, Chief Operating Officer.</p> <p>Plans and processes</p> <p>There are 6 technical workstreams as listed below, each with an action plan</p> <ul style="list-style-type: none"> • Ventilation • Water quality • Drainage • Fire safety • Electrical • Medical gases <p>Prioritised programme of works to be agreed with contractor.</p> <p>In addition, a service continuity plan is in place for current RHSC and DCN, led by the acute services COO and reported to the Executive steering group weekly and to the SG oversight group as required. This includes, for example:</p> <ul style="list-style-type: none"> • Winter planning • Additional staffing and transport for double-running pharmacy and lab services • Ongoing maintenance via estates and facilities 	<ul style="list-style-type: none"> • Number of complaints • Number of helpline enquiries from the public • Number of adverse events • HAI data and inspections <p>Each technical workstream has dashboard of measures against adherence to programme dates (once agreed with contractor).</p> <p>Service continuity action plan progress against programme is reported weekly.</p>	

Corporate Objective	Risk Description	Linked Key Risk	Controls	Key Measures	Updates
			<ul style="list-style-type: none"> • Sustaining facilities e.g. restaurant on existing sites <p>Regular Health & Safety walkrounds take place on both RHSC and DCN existing sites. Ongoing HAI inspections including monthly walk rounds by Infection control colleagues</p> <p>Elective admissions to DCN limited and DCN wards not used for boarding.</p> <p>Communications being managed proactively with regular briefing for staff via email and intranet.</p> <p>Helpline in place for patients and families.</p> <p>Response to press enquiries provided as required.</p> <p>Additional costs agreed with Scottish Government to manage the financial impact, as well as ongoing commercial discussions with contractor.</p> <p>Adequacy of Controls</p> <p>Partially effective, due to the progress of technical workstreams with the contractor. The control is adequately designed to manage the risk but dependant on contractor response.</p>		

Risk 4921 – Bed Capacity in Acute Mental Health

Corporate Objective	Risk Description	Linked Key Risk	Controls	Key Measures	Updates
	<p>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.</p>	<ul style="list-style-type: none"> • Finance (3600) <hr/> <p>Associated Plans</p> <ul style="list-style-type: none"> • Capital Plans <hr/> <p>Assurance Committees</p> <ul style="list-style-type: none"> • Healthcare Governance <hr/> <p>Grading</p> <ul style="list-style-type: none"> • High 15 	<p>Governance and management</p> <p>A scheduled annual report on governance and quality arrangements is presented to Healthcare Governance committee with additional reporting on specific issues as required.</p> <p>As part of level 3 escalation, a weekly report is submitted to Scottish Government via the Director of improvement. A local operational group is in place with membership from REAS and the HSCPs.</p> <p>Performance an plans are reviewed every 2 weeks at REAS SMT.</p> <p>Multi-agency action plan in place for adult acute mental health.</p> <p>A range of information is collated to measure effectiveness of plans and to inform actions.</p> <ul style="list-style-type: none"> • Formal recording of patients with delayed discharge for acute and rehab services • Daily and Weekly monitoring and review of admission and discharge criteria and LoS <p>Plans</p> <p>Adult acute mental health capacity action plan is in place.</p> <p>Various QI work streams are in place to improve patient pathway and interface between locality and hospital based services</p> <ul style="list-style-type: none"> ○ Adult Acute Capacity Action Plan ○ REAS and IJBs working collaboratively to improve patient pathway <p>Additional capacity made available and future requirements in the planning stage.</p> <p>Policies and procedures</p> <p>A variety of measures are in place to plan/ monitor bed state in real time and maximise flow including:</p> <ul style="list-style-type: none"> • Daily huddles of acute ward SCNs and CNM • Weekly Patient Flow meeting • Weekend meeting of Drs on call, CCN, IHTT & 	<ul style="list-style-type: none"> • Length of Stay • Bed Occupancy • Number boarded and out of area patients, within REAS and out with • Adverse Events • Complaints 	<p>The data/intelligence will be presented to the pertinent governance committee when providing assurance on management of the risk.</p>

Corporate Objective	Risk Description	Linked Key Risk	Controls	Key Measures	Updates
			<p>MHAS</p> <ul style="list-style-type: none"> • Daily rapid run down meetings on acute wards for regular review and decision making • 10am bed state information emailed to range of clinicians & managers across REAS and Edinburgh localities • Escalation of cases where barriers to discharge have been identified (e.g. delays in deep clean, funding for goods / furniture) that are considered relatively easy to resolve via daily MATT (Multi Agency Team Touchdown) • Identification of patients considered clinically suitable to 'board' overnight in other areas e.g. Harlaw, Eden and Ritson to create capacity for admissions. Clinical notes are taken with patient and verbal handover provided at time patient accompanied to the 'boarding' ward. • Development of key worker system within acute wards to promote better continuity and co-ordination of care, in turn helping to ensure discharge happens at right time • Key Worker SOP drafted and awaiting sign off via Acute Exec SMT. Canned text for Key Worker one to ones available • Review of patients returning from pass to consider appropriateness of extending these to create some capacity for admissions • Accessing available beds including St John's Hospital and out of area where necessary • Sofa bed procured and SOP required due to environmental ligature concerns • Datix – adverse event reporting and review • Quarterly reporting process and compliance with H&S policies ensuring H&S policies are complied with and risk assessments are undertaken to identify local risks and implement management controls <p>Policies</p> <p>A range of policies are in place to support these arrangements:</p> <ul style="list-style-type: none"> • Pass plans 		

Corporate Objective	Risk Description	Linked Key Risk	Controls	Key Measures	Updates
			<ul style="list-style-type: none"> • Boarding • Delayed discharge • Health and Safety policies <p>Adequacy of Controls Adequate but partially effective – plans in place for a more robust mechanism supported by data, but not yet fully implemented.</p>		

Risk 3600 – Finance

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Updates/Actions
<p>Achieve greater financial sustainability and value</p>	<p>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.</p>	<ul style="list-style-type: none"> • (3211 & 4191) Organisational/patient access to treatment risks <p>Associated Plans</p> <ul style="list-style-type: none"> • Board strategic plan • IJB strategic plans • Annual operational plans <p>Assurance Committees</p> <ul style="list-style-type: none"> • Finance and resource committee • Audit and risk committee <p>Grading</p> <ul style="list-style-type: none"> • Very high (20) 	<p>Governance and management Robust governance is in place through a comprehensive reporting framework to Finance and Resource Committee, which in turn, provides assurance to the Board.</p> <p>This incorporates reporting on:</p> <ul style="list-style-type: none"> • delivery of the strategic financial plan • Financial performance <p>Quarterly review meetings take place where acute services COO, site/service directors in acute and REAS, and joint directors in Primary Care are required to update the Director of Finance on their current financial position including achieving delivery of efficiency schemes.</p> <p>Policies, procedures and plans</p> <ul style="list-style-type: none"> • There is a financial plan in place which maximises the use of non-recurring resource to support service delivery • There is a plan in place to further develop financial strategy by developing a financial framework for key service areas listed below, which is being tested during 2019/20. Associated measurement plans are being developed as an integral part of this work so that there is a baseline for each service, to test future investment proposals against. <ul style="list-style-type: none"> ➢ Scheduled care ➢ Unscheduled care ➢ Cancer services ➢ Women`s and children`s services ➢ Primary Care ➢ Mental health • The sustainability and value agenda has associated measures to demonstrate that resources are used as efficiently and effectively as possible. 	<p>In-year financial performance</p> <p>Delivery against Scottish Government financial targets:</p> <ul style="list-style-type: none"> • Capital • Revenue • Cash • In-year care deficit <p>Measurement plan being developed alongside the service-based financial framework.</p>	<p><u>October 2019 Update</u></p> <p><u>25 Sept 2019</u></p> <p><u>Report to the Finance & Resource Committee provided limited assurance on achieving a breakeven outturn following Q1 review.</u></p> <p><u>Risk Grade/Rating remains Very High 20</u></p>

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Updates/Actions
			<ul style="list-style-type: none"> <li data-bbox="826 148 1438 268">• This supports investment in quality and innovation which delivers both improved resource utilisation and enables transformation of the future delivery of health and social care. <p data-bbox="826 300 1438 513">Adequacy of controls Inadequate control due to a combination of uncertainty about the level of resource availability in future years, combined with known demographic pressure which brings major potential service costs requiring significant service redesign response. The extent of this is not yet known, nor tested.</p>		

Risk 3203 – 4 hour Emergency Access Standard (organisational)

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Updates/Actions
Improve Quality, Safety and Patient Experience	There is a risk that NHS Lothian will fail to meet the 4 hour performance target for unscheduled care which could mean that patients fail to receive appropriate care, due to volume and complexity of patients, staffing, lack and availability of beds, lack of flow leading to a delay to first assessment, a delay in diagnosis and therefore in treatment for patients and a reputational risk for the organisation.	<ul style="list-style-type: none"> 3726 – Timely discharge of inpatients 3211 & 4191 – Access to Treatment (when there are peaks of activity which lead to the cancellation of scheduled activity). 	<ul style="list-style-type: none"> The Unscheduled Care Committee is in place to develop a robust Winter plan through whole system engagement. The Unscheduled care Committee is a whole system committee, chaired by a Chief Officer from the IJB to develop and share current ways of working from across the Acute and Community system. An Unscheduled Care Programme Board is being established to manage Recovery programme. A programme board focussed on the redesign of the RIE front door is in place. Each site has developed an action plan in response to the Scottish Government's 6 Essential Actions for Unscheduled Care. Emergency Access Quality and Performance group review implementation of the 6 essential across NHS Lothian. Routine review and planning of Front door demand and capacity based on real-time data. This monitoring consider a range of acute system data to plan monitor and respond to capacity based on agreed trajectories. Clear escalation process in Acute Service There are a number of programme boards /groups in place to manage demand from Health and Social Care which includes Front door redesign at RIE & St Johns <p>Adequacy of Controls Adequate but partially effective</p>	<ul style="list-style-type: none"> Levels of crowding in the emergency departments. The number of 8 hour and 12 hour breaches. Time to first assessment (standard is 15 minutes) Time to triage Wait for a bed Level of boarding (should be zero). Length of stay. Number of cancelled elective procedures. Performance against emergency access standard and trajectory. Delayed Discharges 	<p>October 2019 Update</p> <p><u>Three times a day pan Lothian teleconference in operation to manage flow decision making.</u></p> <p><u>New short stay observation unit opened at RIE to reduce overcrowding in department.</u></p> <p><u>Initial Agreement for front door redesign currently going through governance - November 2019 for IA.</u></p> <p><u>Additional capacity for SJH Front door to be operational from November as part of wider Front Door works for the site.</u></p> <p>The data/intelligence will be presented to the pertinent governance committee when providing assurance on management of the risk.</p>
		<p>Associated Plans</p> <ul style="list-style-type: none"> NHS Lothian Annual Operational Plan Lothian Hospitals Plan IJB Strategic Plans and directions 			
		<p>Assurance Committees</p> <ul style="list-style-type: none"> Healthcare Governance In addition keep reporting to NHS Board 			
		<p>Grading</p> <ul style="list-style-type: none"> Very high 20 			

Risk 4688 - 4 Hour Emergency Access Standard (Patient)

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Updates/Actions
<p>Improve Quality, Safety & Patient Experience</p>	<p>There is a risk to patient safety and outcome of care in RIE ED due to unreliable timely triage, assessment, treatment and discharge due to overcrowding leading to increased likelihood of patient harm and poor experience of care.</p>	<ul style="list-style-type: none"> • (3600) Finance • (3454) Complaint management • (3189) Facilities fit for purpose <p>Associated Plans</p> <ul style="list-style-type: none"> • NHS Lothian annual operational plan • Lothian hospitals plan • IJB Strategic plans and directions <p>Assurance Committees</p> <ul style="list-style-type: none"> • Healthcare governance • Additional reporting to NHS Lothian Board <p>Grading</p> <ul style="list-style-type: none"> • Very high 20 	<p>Governance and management</p> <ul style="list-style-type: none"> • Robust governance process in place through routine reporting to HCG committee • Routine review at RIE site management group who monitor demand and capacity and its impact on patient safety, escalating issues to the Acute Services senior management team where required. • Improvement Plan in place to achieve reliability and delivery of the 6 essential actions monitored by the NHS Lothian Emergency Access Quality Performance Group, (EAQP). • 2 x hourly safety pause in place which is increased to hourly during periods of extremis, informed by real-time data. • Escalation process in place to senior leadership and 'whole system' to identify appropriate response where required informed by real-time data. • Safety debriefs are held following any incidents and SAEs are subject to review and learning shared and improvement plan put in place and monitored by management team. <p>Adequacy of Controls Not noted on current risk</p>	<ul style="list-style-type: none"> • Levels of overcrowding in ED • Time to Triage/first assessment • Wait for a bed • Time to triage • Major/Minors – compliance with 4 hour target • Complaints • Adverse Events & Harm • Staff Experience (iMatter) 	<p>October 2019 Update</p> <ul style="list-style-type: none"> • Unscheduled care programme board being established to consider whole system approach including community capacity. • <u>New clinical model introduced in June 2019 with evaluation planned.</u> • iMatter review – Autumn action plan • Opened minor injuries unit to reduce overcapacity by providing more floor space and staff. • <u>New short stay observation unit opened to reduce overcrowding in department</u> • <u>Initial Agreement for front door redesign currently going through governance - November 2019 for IA.</u> <p>The data/intelligence will be presented to the pertinent governance committee when providing assurance on management of the risk.</p> <p>Note: The view from the external support team and Academy and Scottish Government is that the concerns raised through the Academy report had</p>

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Updates/Actions
					<p>now been fully addressed with a significant programme of activity underway to improve the patient experience and performance. This marks the conclusion of any formal liaison with the External support team in relation to the review.</p>

Risk 3726 – Timely Discharge of Inpatients

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Updates/Actions	
Shift the Balance of Care from Hospital to a Community Setting	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.	<ul style="list-style-type: none"> 3203 – 4 hour Emergency Access Standard (organisational) 3211 & 4191 – Access to Treatment (when there are peaks of activity which lead to the cancellation of scheduled activity). 	<ul style="list-style-type: none"> NHS Lothian Board (bi-monthly) oversee performance and the strategic direction for Delayed Discharges across the Lothian Board area. <u>Each Partnership manages delayed discharges through a range of for a such as Delayed Discharges oversights groups</u> <u>The Unscheduled Care Committee reports against Delayed Discharge Performance and mitigations monthly</u> <u>A new Unscheduled Care Programme Board is to be established into which delayed discharges will also report</u> 	<ul style="list-style-type: none"> Delayed Discharges Length of stay. Number of cancelled elective procedures. 	<p><u>October 2019 Update</u></p> <p><u>East Lothian</u></p> <ul style="list-style-type: none"> <u>Working to Home First Principles</u> <u>Expansion of Discharge to Asses Model to include third sector support. Roll out to all areas by end October</u> <p><u>Edinburgh</u></p> <ul style="list-style-type: none"> <u>Expansion of Hospital at Home to NW Edinburgh</u> <u>Additional MHO Capacity in Edinburgh –This additional resource is due to go live in October and will support Home First principles.</u> <p><u>Midlothian</u></p> <ul style="list-style-type: none"> <u>Discharge to Assess Phase (2) - Job adverts for additional staff to increase capacity of the team are currently out to advert in Midlothian.</u> <p><u>West Lothian</u></p> <ul style="list-style-type: none"> <u>West Lothian are working to Home First principles through Reablement service</u> 	
		<p>Associated Plans</p> <ul style="list-style-type: none"> NHS Lothian Annual Operational Plan Lothian Hospitals Plan IJB Strategic Plans and directions 				<p>Adequacy of Controls</p> <p>Adequate but partially effective</p>
		<p>Assurance Committees</p> <ul style="list-style-type: none"> Healthcare Governance In addition keep reporting to NHS Board 				
		<p>Grading</p> <ul style="list-style-type: none"> Very high 20 				

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Updates/Actions
					<p><u>and revisiting discussions around the role of the complex discharge coordinator.</u></p> <p><u>The data/intelligence will be presented to the pertinent governance committee when providing assurance on management of the risk.</u></p>

Risk 3829 – GP Sustainability

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Update/Actions
Improve access to care and treatment	There is a risk that the Board will be unable to meet 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.	<ul style="list-style-type: none"> Facilities Fit for Purpose (3189) Nursing Workforce (3828) Medical workforce (3527) Finance (3600) (risk of running 2c practices and premises issues) <p>Associated Plans</p> <ul style="list-style-type: none"> National Premises Plan <u>NHS Lothian/HSCP premises plans</u> IJB strategic plans Primary care improvement plans GMS contract implementation Out of Hours action plan <u>Ehealth priorities</u> <p>Assurance Committees</p> <ul style="list-style-type: none"> Healthcare Governance <p>Grading</p> <ul style="list-style-type: none"> Very high 20 	<p>Governance and management</p> <ul style="list-style-type: none"> Robust assurance mechanisms are in place to monitor delivery of plans through regular reporting to Healthcare Governance Committee and also to the Board and Strategic Planning Committee when required. Development of Primary Care vision with links to HSCPs, Primary care improvement plans and IJB strategic plans. Tripartite arrangements are in place with responsibilities for Board, GP-Sub-Committee and HSCPs clearly set out. <p>Policies, procedures and plans</p> <ul style="list-style-type: none"> Implementation structure for the new GMS contract is in place through GMS Oversight Group which oversees implementation of local plans and measures associated improvement across NHS Lothian. The Primary Care Joint Management Group review the position monthly with practices experiencing most difficulties to ensure a consistent approach across the HSCPs and advise on contractual implications. This includes review of a list of restrictions <u>on access</u> maintained by the PCCO to identify potential and actual pressures on the system which is also shared with HSCPs. Practitioner Services Division (PSD) has the ability to assign patients to alternative practices. “Buddy practices” through business continuity arrangements can assist with cover for short-term difficulties. Recruitment and retention – tracking and training programmes to support <p>Adequacy of Controls</p>	<ul style="list-style-type: none"> Number of practices with restricted list Patient assignments to practices Number of, and length of time as 2C practices Number of contracts handed back to health board Number of Out of Hours bases closures Achievement of Out of Hours outcomes National evaluation of GMS contract; local measures being developed Funding available to support implementation of plans <u>HSCP PCIP trackers</u> 	<p><u>October 2019 Update</u></p> <p><u>The HGC agreed in September 2019: Risk Register for GMS Contract implementation to be developed. This will be agreed in December 2019. The Director of Primary Care Transformation will hold discussions with HSCPs to assess the impact of this on their rating on this risk – currently: Edinburgh Very High Midlothian Very High East Lothian High West Lothian High. This will influence re-assessment of this corporate risk.</u></p> <p><u>Out of Hours sustainability plan will be presented to HSCPs in late November 2019 and will be taken into account in re-assessing this risk</u></p> <p><u>The next paper will be to HGC in January 2020.</u></p>

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Update/Actions
			<p>Remains inadequate as Primary Care Improvement Plans are at mid point of implementation programme and GP retention and recruitment is a national issue. Risk grading therefore remains very high/20.</p>		

Risk 3211 – Access to Treatment (Organisational Risk)

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Updates/Actions
<p>Improve quality, safety and patient experience</p>	<p>There is a risk that NHS Lothian will fail to achieve waiting times targets for inpatient / day case and outpatient appointments, including the overall Referral To Treatment target, due to a combination of demand significantly exceeding capacity for specific specialties and sub-optimal use of available capacity. <u>These risks could lead to</u> compromised patient safety and potential reputational damage.</p>	<ul style="list-style-type: none"> 3726 – Timely discharge of inpatients 3203- Unscheduled Care 4 Hour Performance <p>Associated Plans</p> <ul style="list-style-type: none"> National Waiting Times Improvement Plan. <u>Scheduled Care Recovery Plan.</u> NHS Lothian Annual Operational Plan. Lothian Hospitals Plan. IJB Strategic Plans and directions. <p>Assurance Committees</p> <ul style="list-style-type: none"> Healthcare Governance 	<p>Governance and management</p> <ul style="list-style-type: none"> NHS Lothian Board Performance Reporting Performance reporting at <u>Executive Leadership Team (ELT) and Scheduled Care Recovery Board</u> Monthly Acute Service Senior management Team (SMT) meeting – monthly outturn and forecast position Controls and actions for this risk are also reviewed quarterly at Acute SMT to ensure any areas of concern are highlighted and action agreed Weekly Acute Services Senior management Group (SMG) meeting Monthly Access and Governance Committee to ensure compliance with Board SOPs relating to waiting times Modernising Outpatients Programme Board, which considers demand management, clinic optimisation and modernisation <p>Policies, procedures and plans</p> <ul style="list-style-type: none"> Management are currently developing service-based sustainability plans, aligned to national themes in order to manage the backlog and any recurring gap between demand and capacity Resources prioritised informed by clinical risk matrix Lothian Waiting Times Improvement <u>Programme Board which has newly become the Scheduled Care Recovery Board, is</u> 	<p>Number of people for whom we are breaching the Government's access standards:</p> <ul style="list-style-type: none"> Access to treatment for cancer services (31 days, 62 days). The Treatment Time Guarantee for relevant inpatient and day case treatment. 90% of planned/elective patients to be treated within 18 weeks of referral 8 Key Diagnostic Tests – the Board must ensure that the verified report of the test or investigation is received by or made available to the requester within 6 weeks of receiving the request <u>95% of patients to be seen within 12 week access</u> to a first outpatient appointment <p>Also: % of non-recurring funding (to improve access performance) which is spent.</p> <p>Operational efficiency measures, such as:</p>	<p><u>October 2019 Update</u> <u>Current theatre cancellation rate is 19% (6% points above the national rate), as a result of surgical vacancy/inability to provide operators, and not yet booking to average times for pooled patients due to reduced clinical engagement and benefits of current approach.</u> <u>Ophthalmology throughput is low at 82% for SJH and Paep. Both sites carry scope for improvement without additional resource but SJH TTG services will also move temporarily to PAEP to facilitate locum work/planned reallocation of operator. Review of day theatre shift patterns has shown that theatre hours could be expanded at RIE with minimal band 2 and 5 additional</u></p>

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Updates/Actions
		<p>Grading</p> <ul style="list-style-type: none"> Very high 20 	<p>reviewing sustainability plans at sub-specialty level for high risk areas. It is focused on designing the service for the future. Its programme structure is aligned to the national framework</p> <ul style="list-style-type: none"> Service trajectories developed for 2019/20 and mid-year forecast updates recently reviewed. £21.5m of non-recurring financial support to increase capacity £18.5m of non-recurring financial support Scope for improvement identified with recommendations made to specialities e.g. target of 10% DNA rate, theatre session usage targets, consultants - 10 PAs recommendation of 6 directly attributed to clinic or theatre Increase in staffing in Bowel screening to carry out pre-assessment. Increased number of bowel screening sessions to meet increased demand and reduce length of wait effective from 1 June 2019 National elective care centres in place to increase capacity <p>Adequacy of controls Some controls are in place and additional controls currently being designed and as such, overall control is inadequate. Risk remains high while demand continues to exceed available capacity.</p>	<ul style="list-style-type: none"> - Did Not Attend rate - Rate of theatre utilisation - Rate of theatre cancellations <p>Proportion of consultant time directly attributed to clinic or theatre.</p>	<p><u>resource, though additional cancellations/overrunning may result. Analyses are also in development to try to understand OP utilisation rates, where possible.</u></p> <p><u>Assurance level to be confirmed – paper going to Healthcare Governance Committee in November 2019.</u></p> <p>The data/intelligence will be presented to the pertinent governance committee when providing assurance on management of the risk.</p>

Risk 4191 – Access to Treatment (Patient Risk)

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Updates
<p>Improve quality, safety and patient experience</p>	<p>There is a risk that patients will wait longer than described in the relevant national standard due to demand exceeding capacity for in-patient / day case, outpatient services, 31 and 62 day cancer standards and diagnostic procedures within specific specialities.</p>	<ul style="list-style-type: none"> • 3726 – Timely discharge of inpatients • 3203 – Unscheduled Care 4 Hour Performance • 3211 – Access to Treatment (Organisation Risk) <p>Associated Plans</p> <ul style="list-style-type: none"> • NHS Lothian Quality Strategy • NHS Lothian Annual Operational Plan. • IJB Strategic Plans and directions – with regard to demand management, and GP referrals <p>Assurance Committees</p> <ul style="list-style-type: none"> • Healthcare governance <p>Grading</p> <ul style="list-style-type: none"> • Very high 20 	<p>Governance and management</p> <ul style="list-style-type: none"> • There are Delivering for Patients quarterly reviews for specialties on the clinical risk matrix. These are supported with more regular meetings with the service management and clinicians to develop and implement ideas for improvement, and to facilitate links with the outpatients and theatres programmes • <u>The new Scheduled Care Recovery Board (formerly the Lothian Waiting Times Improvement Board), is developing</u> • Lothian Waiting Times Improvement Board is developing sustainability plans at sub-specialty level for high risk areas. It is focused on designing the service for the future. Its programme structure is aligned to the national framework • Modernising Outpatients Programme Board, which <u>is managing the change in delivery of 64,000 appointments to March 2020. This is calculated as 15.9% of the national target of 400,000 as outlined in the Modernising Outpatients Report (2017). This involves potential change in referral processes,</u> demand management, clinic optimisation and <u>role</u> modernisation • Service developed trajectories, that are uses to monitor performance, early indications of pressures, and opportunities to improve efficiencies/productivity • A revised communications strategy has been established to ensure that both patients and referrers are appropriately informed of the length of waits. <p>Policies, procedures and practices</p> <ul style="list-style-type: none"> • A clinical risk matrix has been developed to inform how we prioritise resources • <u>Cancer performance improvement plans , with focus on urology and colorectal 62 day performance</u> 	<ul style="list-style-type: none"> • Waiting times, including those for surveillance patients • Adverse events linked to waits • Number of complaints linked to waits 	<p><u>October 2019 Update</u></p> <p><u>Assurance level to be confirmed except for Cancer Waiting Times for which Healthcare Governance Committee accepted Moderate Assurance in Sept 2019.</u></p> <p>The data/intelligence will be presented to the pertinent governance committee when providing assurance on management of the risk.</p>

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Updates
			<ul style="list-style-type: none"> • <u>Enhanced cancer monitoring and escalation</u> • If the patient's condition changes, referrals can be escalated by the GP by re-referring under a higher category of urgency. There is a specific process for endoscopy patients. There is an expectation that the GP would communicate this to the patient at the time of re-referral • There is a 'keep in touch' process for patients who are waiting longer. This informs them that they are still on the waiting list • Specific controls are in place for patients referred with a suspicion of cancer. Trackers are employed to follow patients through their cancer pathways, with reporting tools and processes in place which trigger action to investigate / escalate if patients are highlighted as potentially breaching their 31-day and / or 62-day targets. Trackers undergo ongoing training and have access to clear escalation guidance on how to deal with (potential) breaches • National elective care centres in place to provide additional capacity • <u>£21.5m of</u> non-recurring financial support • Increased operational capacity to carry out pre-assessment in bowel screening in response to increasing demand and longer waits (eff. 1 June 2019) <p>Adequacy of controls Some controls are in place and additional controls currently being designed and as such, overall control is inadequate. Controls and actions are now being reviewed quarterly at Acute CMG to ensure any areas of concern are highlighted and auctioned. Risk remains high while demand continues to exceed available capacity.</p>		

Risk 4693 – Brexit

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Updates/Actions
<p>Improve Quality, Safety & Patient Experience</p>	<p>The consequences of Brexit are expected to be substantial and far reaching, although specific impacts will depend on the type of agreement (if any) reached between UKG and EU. There has been exhaustive discussion of this in the media and some guidance has been provided by government, however the future remains opaque in many areas.</p> <p>There is a risk that patient experience and outcome care may be compromised due to uncertainty relating to Brexit.</p> <p>The areas that require close observation and require risk assessment and mitigation identified include:-</p> <ul style="list-style-type: none"> • Workforce; • Supply of medicines and vaccines; 	<ul style="list-style-type: none"> • Finance Risk (3600) • Medical Workforce Sustainability (3527) • Nursing Workforce (3828) <p>Associated Plans</p> <ul style="list-style-type: none"> • National Plan • NHS Lothian Financial Plan <p>Assurance Committees</p> <ul style="list-style-type: none"> • Healthcare Governance Committee <p>Grading Very High 20, due to: <u>(i) potentially severe impacts</u> (ii) level of uncertainty and <u>(iii) complex interdependencies with other organisations involved in the supply chain and infrastructure provision, including national and international planning.</u></p>	<p>A system is in place to impact assess the key risks, including likelihood/ consequences, this informed by specialists in the areas of Pharmacy, Procurement and Workforce. This intelligence informs plans to mitigate the risk and includes application of RAG grading and identification of variation as a way to prevent and detect the risk.</p> <p>Strategic ownership is ensured by the Strategic Brexit Management Group (SBMG) which oversees this process, including the assessment and responses to risks identified through national and local impact assessment groups. It includes senior managers and specialist advisers and meets fortnightly, and is chaired by the Deputy Director of Public Health on behalf of the Deputy Chief Executive.</p> <p>The local system above informs national planning including any emerging issues locally and nationally that require a response with a requirement to national requirements.</p> <p>Multi-agency links and reporting is ensured by the SBMG being represented at Local Resilience Partnership groups.</p> <p>The SBMG has determined priorities and agreed actions based on default strategic objectives for major incidents:-</p> <ul style="list-style-type: none"> • Save lives and restore health • Safeguarding staff, patients and public • Minimise impact on normal services <p>The Group also considers Scottish Government correspondence and impact on local, regional and national services.</p> <p>Members are routinely included in regional and national work to inform risk mitigation.</p>	<ul style="list-style-type: none"> • Availability of medicines numbers and shortages • Procurement data • Workforce data from impact assessments 	<p><u>October 2019 Update</u></p> <p>The data/intelligence will be presented to the pertinent governance committee when providing assurance on the management of this risk.</p> <p><u>This risk is being assessed and managed using a thorough process but factors outwith NHS Lothian's control, mean that the grading remains very high.</u></p> <p><u>The SBMG produced a paper which went to CMT on 14th of October 2019. This notes the additional complicating factor of proximity to winter that, potentially increases impacts.</u></p>

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Updates/Actions
	<ul style="list-style-type: none"> • Supply of medical devices and clinical consumables; • Supply of non-clinical consumables, goods and services. 		<p>The group is agile and can meet quickly to respond to emerging issues along with more planned responses.</p> <p>Adequacy of Controls Inadequate control due to uncertainty at local and national level including the political agenda which impacts on the ability to manage the risk at a local and national level.</p>		

Risk 4694 – Waste Management

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Updates
<p>Achieve greater financial sustainability and value</p>	<p>There is a risk that NHS Lothian will not be compliant with statutory Health and Safety and environmental regulations for disposal of special waste because of the abrupt ending of the national contract leading to potential harm to people and the environment and financial penalties.</p>	<ul style="list-style-type: none"> • (3600) Finance <p>Associated Plans</p> <p>Assurance Committees</p> <ul style="list-style-type: none"> • Staff governance via Health and Safety Committee <p>Grading</p> <ul style="list-style-type: none"> • High (15) 	<p>Governance and management</p> <ul style="list-style-type: none"> • Health & Safety committee, who report to Staff Governance Committee, provide oversight and receive regular reports on performance of the agreed contingency arrangements • Lothian Infection Control Advisory Committee (LiCAC) provides professional advice and receives a quarterly report • Sustainable Development Management Group (SDMG) also receives a quarterly report • A waste management committee structure is in place to oversee waste management on a national and regional basis. This membership of the group incorporates national experts • The national and regional groups meet quarterly. Regional consortia chairs report operational issues and risks and national solutions or contingencies sought, where appropriate • Currently a weekly teleconference is also held to report impact of issues arising during contingency and to seek speedy resolution • Facilities Adverse Event Review Group review all significant adverse events reported on DATIX <p>Policies, procedures and plans</p> <ul style="list-style-type: none"> • Statutory environmental regulations in place for disposal of special waste • NHSL Waste Management Policy • SHTN3 Waste Management Procedures for NHS Scotland • Procedure for waste disposal from infectious diseases of high consequence • A new national contractor has been appointed with service anticipated as commencing between November 2019 and February 2020 • Current contingency arrangements are in place with 3 contractors for collection of waste and these are operating effectively • Revised local contingency operating and 	<p>Non-compliances with waste management disposal procedures including:</p> <ul style="list-style-type: none"> • Waste correctly stored and segregated at ward and department level • Colour coding used correctly • Waste packages identifiable • Staff communication processes in place • Waste disposal guidance available • Waste consignment notes available • Vehicle compliance with ADR <p>Reported incidents on service impact via Datix.</p>	<p>October 2019 – Update</p> <p><u>The contingency arrangements for the management of healthcare waste remain in place and no adverse impact on patient care has been reported. The new contractor, Tradebe, is preparing to implement the new contract and the tentative date for this for NHS Lothian is Feb 2020. Fortnightly teleconferences to ensure effective communications remain in place both locally and nationally.</u></p> <p>The data/intelligence will be presented to the pertinent governance committee when providing assurance on management of the risk.</p> <p>Staff Governance Committee accepted moderate assurance in July 2019.</p>

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Updates
			<p>monitoring procedures are in place</p> <ul style="list-style-type: none"> • Staff training in place including LearnPro module for all staff involved in the handling of clinical waste • Additional waste management capacity has been put in place via an application for a Waste Management Licence at Midlothian Community Hospital ensuring effective and efficient removal of waste from RHSC and community areas. • Regular audits of waste management/disposal are carried out by the Waste Management Officer. Exceptions are reported quarterly to LICAC, Facilities Heads of Services meeting and SDMG • External audit is also carried out through SEPA inspections and follow up reports as well as regular DGSA audits and reports <p>Adequacy of controls Adequate but partially effective as contingency arrangements still operating.</p>		

Risk 3454 – Learning from Complaints

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Updates/Actions
Improve Quality, Safety and Patient Experience	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.	<ul style="list-style-type: none"> (4688) 4 hour access- patient (4191) Access to treatment – patient (3328) Traffic management (3829) GP sustainability 	<p>Governance and management</p> <p>Robust governance and management processes are in place with regular reporting to Healthcare governance committee. Periodic reporting directly to the Board, as required. Corporate Management Team and Executive Nurse Director's group review and respond to weekly and monthly reports. These are underpinned following additional controls:</p> <ul style="list-style-type: none"> At a service level, senior management teams routinely review and respond to complaints and patient experience. This is also part of monthly quality and performance management arrangements Similar arrangements are mirrored throughout Operational management structures Clinical Management groups and equivalent groups in HSCPs consider complaints and learning as standing agenda items Periodic internal audits <p>Policies, procedures and plans</p> <p>Policy & procedure for management of feedback and complaints is in place with associated toolkit to support implementation.</p> <p>Patient Experience Team have QA process in place whereby all complaints closed which are graded as major or extreme are reviewed and feedback shared with service for learning.</p> <p>Parliamentary SPSO Reports from other Boards and all Decision Reports are reviewed for learning.</p> <p>Through monthly nurse directors meetings, twice yearly meetings of senior nurses across Lothian,</p>	<ul style="list-style-type: none"> Compliance with measures set out in the complaint procedure including: Monthly reporting of response times – 5/20 days 9 national KPIs - that form the basis of the annual report. SPSO decisions Compliance with Internal Audits 	<p>October 2019 Update</p> <p>The data/intelligence will be presented to the pertinent governance committee when providing assurance on management of the risk.</p> <p>March 2019 –moderate assurance accepted.</p>
		Associated Plans			
		<p>Assurance Committees</p> <ul style="list-style-type: none"> Healthcare Governance 			
		<p>Grading</p> <ul style="list-style-type: none"> High 16 			

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Updates/Actions
			<p>clinical change forums workshops on complaints handling as well as through patient stories at Healthcare Governance committee we attempt to evidence learning from complaints.</p> <p>Plans are in place to implement new structure for the Patient Experience Team to support the complaints handling procedure.</p> <p>Adequacy of controls Inadequate – governance processes and improvement plans are in place, but yet to be fully implemented.</p>		

Risk 3527 – Medical Workforce

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Updates/Actions
<p>Develop workforce plans including supply</p>	<p>There is a risk that the availability of medical staffing will not be adequate to provide a safe and sustainable service to all patients, because of the inability to recruit and retain doctors. Specific issues include availability of doctors through specialty training schemes and retention of capacity in service through senior medical staff due to changes in pension tax rules. This affects the ability to provide a safe and sustainable service and to meet government commitments.</p>	<ul style="list-style-type: none"> • (3211 & 4191) Access to treatment - organisational and patient. • (3829) GP sustainability • (3828) Nursing workforce • (3203 & 4688) 4 hour target (organisational and patient) <p>Associated Plans</p> <p>Assurance Committees</p> <ul style="list-style-type: none"> • Staff governance <p>Grading</p> <ul style="list-style-type: none"> • 16 – currently considering recommendation to increase to 20 (Impact 5, likelihood 4) 	<p>National work force planning group in place. Board Medical directors feed in requirements through the regional workforce group. NHS Lothian Workforce planning and development Board in place to co-ordinate work force planning for all professional groups. This is underpinned by:</p> <ul style="list-style-type: none"> • NES national recruitment plans in place for training schemes to match identified work force requirements. • Programme for clinical fellow recruitment in place (numbers risen from 6 to 70 since beginning of programme) • Policy/framework in place for use of locum/agency staff managed through NHS Lothian staff bank. • New service developments are required to have a workforce assessment as part of approval process. • Medical education directorate have systems and processes in place to support and ensure the well-being of trainees. • Use of alternative workforce to fill gaps (Advanced nurse practitioners, physicians associates) • Maintaining high 'fill rates' for training programmes through retaining positive inspection reports (Royal colleges, GMC) and monitoring improvement when action is requested. <p>Regular reporting to Staff Governance Committee which includes update on recruitment and highlights significant risks.</p> <p>Reported to Board as part of update on all workforce issues.</p> <p>Adequacy of controls Adequate but partially effective.</p>	<ul style="list-style-type: none"> • Sickness and Absence Rates • Recruitment – number of applicants, numbers recruited • Establishment gaps • Bank & agency usage • Number of unfilled shifts • Number of consultants >=10 pas • Number of doctors working < full time • Vacancy Rates 	<p><u>October 2019 Update</u></p> <p><u>23rd July 2019</u></p> <p><u>Rating remaining at High</u></p> <p><u>Committee accepted moderate assurance</u></p> <p><u>Controls in place are still relevant and recorded in a concise format.</u></p> <p><u>Committee paper provides detail of current actions underway.</u></p> <p>The data/intelligence will be presented to the pertinent governance committee when providing assurance on management of the risk.</p>

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Updates/Actions

Risk 3189 – Facilities Fit for Purpose

Corporate Objective	Risk Description	Linked Key Risk	Controls	Key Measures	Updates/Actions
Improve quality, safety and patient experience	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.	<ul style="list-style-type: none"> • (1076) Healthcare Associated Infection • (3454) Management of Complaints & Feedback • (4191) Access to Treatment – Patient • (3455) Violence & Aggression 	<p>Governance and Management A Management Process and structure for reporting of Backlog Maintenance (BLM) has been implemented to inform risk management plans and review are through the following groups follows:</p> <ul style="list-style-type: none"> • Property & Asset Management Strategy (PAMS) Group • Capital Steering Group • Lothian Capital Investment Group (LCIG) • Scottish Government through the annual Property & Asset Management Strategy 	<ul style="list-style-type: none"> • Performance Dashboard In-house • PFI premises • Datix adverse events related to built environment • RIDDORS events • Scart tool compliance • Complaints and HSE involvement, formal and informal • Audit water quality systems • Ventilation systems audit. • Audit sample inspection of our estate 20% annum • Results of sample inspection of estate (20% per annum) 	<p>October 2019 Update</p> <p>Moderate assurance accepted – July 2019.</p> <p>September 2019 HCG-Accepted moderate assurance to mechanisms in place to ensure safety of the built environment including infection control across NHS Lothian.</p> <p>The data/intelligence will be presented to the pertinent governance committee when providing assurance on the management of this risk.</p>
		<p>Associated plans</p> <ul style="list-style-type: none"> • Organisation Financial Plan • Capital Investment Plan 	<p>Controls considered by these groups, who monitor and respond to this risk are as follows:</p> <ul style="list-style-type: none"> • The results of the sample of Board estate surveyed annually • Ensure that 20% of the Board's estate is surveyed annually for physical condition and statutory compliance by the surveyors appointed by Scottish Government • Review the outcome of surveys with the Operational Hard FM Managers and review and assess risks in accordance with the operational use of the properties to ensure priorities are addressed 		
		<p>Assurance Committees</p> <ul style="list-style-type: none"> • Finance & Resources Committee 			
		<p>Grading Current: High 16</p>	<p>Policies, procedures and plans</p> <ul style="list-style-type: none"> • Capital Investment Plan which addresses refurbishment and re-provision of premises, linked to the Estate Rationalisation Programme includes the termination of leases and disposal of properties no longer fit for purpose. • Recurring capital funding approved of £2.5m to undertake priority works (high and significant areas) • The Procurement Framework has been implemented that allows issues identified to be rectified without the need for lengthy tendering exercises 		

Corporate Objective	Risk Description	Linked Key Risk	Controls	Key Measures	Updates/Actions
			<ul style="list-style-type: none"> • Quarterly infection control meeting • Water quality group <p>Adequacy of Controls Adequate but partially effective.</p>		

Risk 3455 – Violence & Aggression

Corporate Objective	Risk Description	Linked Key Risk	Controls	Key Measures	Updates/Actions
Improve quality, safety and patient experience	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.	<ul style="list-style-type: none"> (3189) Facilities fit for purpose 	Robust management in place through operational management structures. Staff Governance Committee has oversight, receiving and responding to reports from the NHS Lothian Health and Safety Committee at every meeting. Clear operational management structures and processes to monitor effectiveness of plans to address identified risk at service level and escalate specific risks where required are in place through Local Health and Safety Committees, who report to the NHS Lothian H&S Committee. The local group monitor assessment and improvement plans. (Purple Packs). Range of data regularly reviewed at local level, Range, local Audits. These management structures are underpinned by the following:	<ul style="list-style-type: none"> Number of V&A adverse events and those with harm Number staff trained Staff Experience Number assigned alarm/walkie-talkies/ and those in active use Range of local audit data to evidence compliance with local procedures. Number of appropriate services with plan in place, (purple pack), updated at least annually following completion of risk assessment. HSE Notices and/or prosecutions. 	<u>October 2019 Update</u> <u>The Staff Governance committee accepted Moderate Assurance.</u> The data/intelligence will be presented to the pertinent governance committee when providing assurance on management of the risk.
		Associated Plans			
		Assurance Committees <ul style="list-style-type: none"> Staff Governance via Health & Safety Committee 			
		Grading <ul style="list-style-type: none"> High 15 	<ul style="list-style-type: none"> Management of violence and aggression policy in place. Range of supporting policies; Lone working, Restraint – consideration and alternatives, Alarm response policy. Policies and procedures on patient assessment and care planning to minimise risk of V&A behaviours also relevant. Comprehensive training programme for management of V & A, tailored to specific service needs. This includes training in preventative measures (safe wards / activities / stress & distress). Expert team available to provide advice and assistance to services. Process in place to assess and allocate a range of safety alarms at operational level. With requirement for services to have local procedures in place for use of and response, including regular testing. Consideration of the built environment in all new builds/opportunities for re-design/re-configuration in existing buildings. All adverse events reviewed as appropriate to level of harm, themes identified and appropriate improvement plans developed and 		

Corporate Objective	Risk Description	Linked Key Risk	Controls	Key Measures	Updates/Actions
			implemented.		

Risk 3328 – Roadways/Traffic Management

Corporate Objective	Risk Description	Linked Key Risk	Controls	Key Measures	Updates
<p>Improve Quality, Safety and Patient Experience</p>	<p>There is a risk of injury to staff, patients and the public from ineffective traffic management as a result of inappropriate segregation across NHS Lothian sites leading to loss of life or significant injury</p>	<ul style="list-style-type: none"> • (3455) Violence & Aggression • (4191) Access to Treatment • (3454) Complaints & Feedback • (3189) Facilities Fit for Purpose <p>Associated Plans</p> <ul style="list-style-type: none"> • Capital Investment • Property Asset Management Strategy • Financial Plan <p>Assurance Committees</p> <ul style="list-style-type: none"> • Staff Governance Committee through Health & Safety <p>Grading High 12</p>	<p>Governance and management</p> <ul style="list-style-type: none"> • A clear management Process and structure which monitors and reviews the controls set out for reporting has been implemented as follows: <ul style="list-style-type: none"> • Site specific Traffic Management Groups • Reported in Facilities H&S quarterly reports • Reported to Health & Safety Corporate group via Facilities Health & Safety Group • Escalation process in place through the management governance process should congestion become an issue on any site. Governance process is - Local Traffic Management Groups to Facilities Quarterly Reports, Facilities Health & Safety Group (also reported to Facilities Heads of Service) Overarching Health & safety Group/ <p>Policies, procedures and plans</p> <ul style="list-style-type: none"> • The commission of Independent expert reviews of road infrastructures on high traffic high inpatient sites to inform risk/ • Action plans have been developed across all sites by the Local Site Traffic Management Groups and high risk items approved subject to funding. • Traffic surveys have been conducted across all hospital sites, and action plans have been prepared and subject to regular review. • Operational Team to direct and control vehicular movements, within risk areas. • Additional dedicated car park personnel in high volume traffic sites has been implemented • A policy for reversing has been implemented across all sites, which includes – all NHS L vehicles have been fitted with reversing cameras and audible alarms, no reversing unless with the assistance of Banksman. • Risk assessments and procedures are developed and regularly reviewed where risks have been identified, and a more task specific process has 	<ul style="list-style-type: none"> • Datix adverse events related to traffic accidents • RIDDORS adverse events related to traffic accidents • Litigation • HSE involvement formal and informal • Police involvement relating to accidents • Compliance to legislation • Audit of road and pathway networks 	<p><u>October 2019 Update</u></p> <p><u>Reviewed, no update.</u></p> <p>The data/intelligence will be presented to the pertinent governance committee when providing assurance on the management of this risk.</p> <p>Moderate Assurance Limited Assurance – RIE July 2019</p>

Corporate Objective	Risk Description	Linked Key Risk	Controls	Key Measures	Updates
			<p>been developed.</p> <ul style="list-style-type: none"> • Work Place Transport Policy available and reviewed within agreed timescales. <p>Adequacy of Controls Inadequate; control is not designed to manage the risk and further controls and measures required to manage the risk.</p>		

Risk 1076 – Healthcare Associated Infection (HAI)

Corporate Objective	Risk Description	Linked Key Risk	Controls	Key Measures	Updates/Actions
<p>Improve quality, safety and patient experience</p>	<p>There is a risk of patients developing an infection as a consequence of healthcare interventions because of inadequate implementation of HAI prevention and control measures. HAI potentially increases morbidity and mortality and results in further treatment requirements, including potential extended stay in hospital.</p> <p>There is also a risk of patients developing an infection linked to the built environment. This includes organisms associated with water safety such as Pseudomonas aeruginosa and environmental containments associated with dust and moulds such as Aspergillus and</p>	<p>(3189) Facilities fit for purpose (3828) Nursing workforce</p> <p>Associated Plans</p> <ul style="list-style-type: none"> Capital Plans <p>Assurance Committees</p> <ul style="list-style-type: none"> Healthcare Governance <p>Grading</p> <ul style="list-style-type: none"> Medium 9 	<p>Governance and Management Robust management processes are in place through The Pan Lothian Infection Control Committee (PLICC), <u>the Health & Social Care Partnerships, Royal Edinburgh and Associated Services Infection Control Committee (HSCP & REAS ICC)</u> and Lothian Infection Control Advisory Committee (LICAC).</p> <ul style="list-style-type: none"> LICAC includes the public and environmental health components. Comprehensive data is considered at every meeting, and action directed. This includes nationally reported measures through the mandatory surveillance programmes. PLICC provides assurance to Healthcare Governance Committee. PLICC receives reports from the local infection control committees which are in place for all acute hospital sites, <u>and HSCP & REAS ICC for community hospitals</u>, which in turn, scrutinise and respond to their local data. Key performance data is also considered at a wide variety of operational management groups who will direct local action. Lothian Infection Control advisory committee (LICAC) receives reports and minutes from PLICC and provides professional advice to the Healthcare Governance Committee on all infection control issues. The Decontamination Board, chaired by the Director of Public Health, provides strategic direction and oversight on this subject and provides expert advice to PLICC and LICAC HAI Level 2 Quality indicator data is available on Discovery (level 1) dashboard providing access and oversight to clinical and senior management teams of NHS Lothian performance against other Boards and NHS Scotland performance. <u>To support Local Delivery Plan Standards as</u> 	<ul style="list-style-type: none"> SAB Rate CDI rate <u>ECB Rate</u> HPS Surveillance Reports (benchmark with other Boards) <u>Compliance with mandatory HAI training</u> Audit compliance data and associated action plans 100% compliance with HAI SCRIBE Number of IMT/PAG with confirmed transmission or acquisition/harm Facilities Monitoring Scores Anti-biotic prescribing rates for high risk antibiotics 	<p><u>October 2019 Update</u></p> <p><u>National LDP standards have still not been released from SGH & SCD. Revision of the CELs and DLs which direct the IPCT work is also under review at SGH&SCD but as yet final guidance not received.</u></p> <p><u>Changes to LearnPro and TURAS will require a review of the Education Strategy. This will be discussed at PLICC 30/10/19.</u></p> <p><u>Compliance with HAI SCRIBE remains inconsistent. There is requirement for improved planning and completion as it has resulted in adverse situations for patients and clinical teams In addition the volume of large build and maintenance projects underway or beginning are in excess of current resources. Support is provided but it is not possible to attend all planning meetings at all sites.</u></p>

Corporate Objective	Risk Description	Linked Key Risk	Controls	Key Measures	Updates/Actions
	<p>Lichtheima corrymbisera.</p> <p>There is also a risk to patients from failure to decontaminate reusable invasive and semi invasive medical equipment.</p>		<p>mandated by SGH&SCD all Clostridioides (formerly Clostridium) difficile infections, Staphylococcus aureus bacteraemia (SAB) and Ecoli Bacteraemia (ECB) are reviewed monthly to identify themes and key areas for improvement. The outcomes of this are reported monthly at the Acute Clinical Management Team meetings.</p> <p>Policies and procedures The above management arrangements are underpinned by the following policies and procedures:</p> <ul style="list-style-type: none"> • The national infection control manual provides comprehensive, evidence based guidance and is supported by a range of specific policies, guidance and procedures to assist implementation of Standard Infection Control Precautions (SICPs) and Transmission Based Precautions (TBPs). • A comprehensive range of policies, guidelines and procedures and patient information leaflets are available via NHS Lothian intranet to supplement national policy and guidance. Quick reference guides are provided. • Mandatory HAI SCRIBE (System (for) Controlling Risk In the Built Environment) provides a framework to implement national standards and guidance into new builds, refurbishment and maintenance programmes. • National HAI Standards outline roles and responsibilities from Board to Ward. • Cleaning matrix in place to direct appropriate cleaning of environment and equipment. • Antimicrobial guidelines are in place to promote prudent prescribing to reduce the risk of antimicrobial associated CDI and contribute to reduction in antimicrobial resistance. • HAI Education strategy is in place which includes mandatory training and a planned programme of education and training for all staff. 		<p>The data/intelligence will be presented to the pertinent governance committee when providing assurance on management of the risk.</p>

Corporate Objective	Risk Description	Linked Key Risk	Controls	Key Measures	Updates/Actions
			<p>Practice and audit:</p> <ul style="list-style-type: none"> • A team of specialist practitioners is in place to provide advice and assistance to the service, including availability of a duty infection control nurse 7days per week 0830-1600. There is an on call microbiologist/virologist out of hours for urgent matters. • Clinical teams undertake local SICPs audits to provide assurance of compliance and identify areas for further local improvement. The data is collected and available in QIDS. The IPCT undertake a planned risk based programme of audit. Outcomes are shared with the local clinical and site management team and other key stakeholders including facilities to inform remedial action and improvement work through their local action plans. • Active surveillance programme for alert organism. • All outbreaks, incidents and data exceedance are investigated by the IPCT Where needed, a Problem Assessment Group (PAG) or incident Management Team (IMT) is convened to further investigate and manage any significant event or outbreak. • Formal debrief meetings are undertaken following IMT to identify wider system needs and share learning. These are reported to the Local ICC, PLICC and LICAC. • The infection services undertake multi-disciplinary ward rounds to review complex patients with transmissible infections twice weekly on RIE, WGH and SJH sites. RHSC has a weekly ITU ward round. A range of processes are in place for appropriate review of incidents, outbreaks or 'data exceedance' to ensure learning, appropriate action and to inform improvement. Processes include Problem assessment group (PAG), Incident management team (IMT) and Significant adverse event review (SAE) which is mandatory for all CDI and SAB related deaths. 		

Corporate Objective	Risk Description	Linked Key Risk	Controls	Key Measures	Updates/Actions
			<p>Adequacy of controls Adequate but partially effective; control is properly designed but not being implemented properly.</p>		

Risk 3828 – Nursing Workforce

Corporate Objective	Risk Description	Linked Key Risk	Controls	Key Measures	Updates/Actions
Develop workforce plans including workforce supply	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.	(3829) GP sustainability	Governance and management <ul style="list-style-type: none"> Safe staffing group provides oversight of delivery of plans for meeting staffing requirements and reports to Staff Governance Committee Professional governance issues relating to staffing levels reviewed at the Board Nurse Directors group Workforce governance meetings led by the AND / Chief Nurse to review data and amend practice <u>locally will report to Safe Staffing.</u> A robust escalation process is in place through huddles to senior nursing management to resolve concerns over real time concerns about staffing levels Weekly reports on staffing issues/shortages produced from DATIX and reviewed at corporate level through PSEAG and through operational management groups E-rostering and SafeCare live tools deployed to inform local decision making around deployment of available resource Prospective roster review enables action to identify and resolve potential staffing issues Recruitment group develops and monitors effectiveness of the recruitment plan/ 	Establishment gap target: 5% Agency Expenditure target 30% ↓ Sickness target to reduce by 0.5% per year for 3 years from 2019/20 PAA target 21.5% E-rostering KPIs Safe Care compliance gaps NMWWP Tools signoff (annual)	<u>October 2019 Update</u> <u>July 2019</u> <u>Staff Governance Committee agreed to reduce the risk rating from a risk score of 9 to a risk score of 6.</u> <u>The committee accepted significant assurance that actions have mitigated workforce pressures at corporate level and infrastructure is in place and moderate assurance that current actions are mitigating “hot spots” and moderate assurance that the Board is well placed to address the legislation.</u> <u>It was agreed to delegate the management of the residual recruitment “hot spot” risks to operational business units and to focus the corporate risk around wider aspects of the health and care staffing Scotland</u>
		Associated Plans			
		Assurance Committee(s) Staff governance			
		Grading <ul style="list-style-type: none"> Medium 6 	Policies, procedures and plans <ul style="list-style-type: none"> Health & Care Staffing (Scotland) (commonly referred to as “safe staffing” legislation) will provide a series of requirements of the Board to ensure that there is appropriate staffing Planning of staffing requirements are undertaken through the two Nursing and Midwifery workforce planning groups (one <u>for Acute</u> inpatient, one for community) A range of routine data is collated and reviewed to inform and plan staffing requirements: 		

Corporate Objective	Risk Description	Linked Key Risk	Controls	Key Measures	Updates/Actions
			<ul style="list-style-type: none"> ➤ Compliance with E-rostering rules ➤ Dashboards/Tableau™ ➤ Staff bank / agency utilisation ➤ Operational risks reported to Work force planning groups <p>A recruitment plan is in place, including a generic recruitment process in place to maximise opportunity to fill posts.</p> <ul style="list-style-type: none"> • Widened access to nursing roles and development opportunities including modern apprenticeships, return to practice and annexe U DN training • Programme in place to timetable annual use of nationally accredited Nursing and Midwifery workload and Workforce Planning tools, including a risk assessment and prioritisation matrix to determine required establishment levels • Significant adverse events where staffing issues are a factor are reported and reviewed for learning and improvement. <p>Adequacy of controls Satisfactory</p>		<p><u>legislation.</u></p>