BOARD MEETING

DATE: **WEDNESDAY 7 FEBRUARY 2018**

TIME: <u>**9:30 A.M. - 12:30 P.M.**</u>

VENUE: **SCOTTISH HEALTH SERVICE CENTRE, CREWE ROAD SOUTH EDINBURGH EH4 2LF**

Members are reminded that they 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 any changes in circumstances are reported to the Business Manager within one month of them changing.

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AGENDA

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<u>**Item**</u>		<u>**Lead**</u>	
	Welcome to Members of the Public and the Press		
	Apologies for Absence		
1.	**Items for Approval**		
1.1.	Minutes of the Previous Board Meeting held on 6 December 2017	**BH**	*
1.2.	Running Action Note	**BH**	*
1.3.	Corporate Risk Register	**TG**	*
1.4.	Review of the Board's Standing Orders	**SG**	*
1.5.	Appointment of Members to Committees	**BH**	*
1.6.	Strategic Assessment and Initial Agreement for East Calder Health Centre	**SG**	*
1.7.	Strategic Assessment and Initial Agreement Hospital Electronic Prescribing and Medicines Administration	**TG**	*
1.8.	St John's Hospital Boiler Case Replacement Full Business Case	**JC**	*
1.9.	Audit & Risk Committee Minutes 04 December 2017	**MA**	*
1.10.	Acute Hospital Committee Minutes 07 November 2017	**KB**	*
1.11.	Healthcare Governance Committee Minutes 14 November 2017	**RW**	*
1.12.	Strategic Planning Committee Minutes 12 October & 14 December 2017	**BH**	*
1.13.	Edinburgh Integration Joint Board Minutes 17 November 2017	**RW**	*
1.14.	West Lothian Integration Joint Board Minutes 05 December 2017	**MH**	*
1.15.	Midlothian Integration Joint Board Minutes 5 October & 7 December 2017	**JO**	*
1.16.	East Lothian Integration Joint Board Minutes 26 October 2017	**PM**	*
2.	**Items for Discussion** (subject to review of items for approval)		
2.1.	Unscheduled Care Current Pressures	**JCam**	*
2.2.	Financial Position to December 2017, Year End Forecast and Financial Outlook 2018/19	**SG**	*
2.3.	Quality and Performance Improvement	**SW**	*
2.4.	The 2018 General Medical Services Contract in Scotland	**TG**	*
2.5.	GMC Review of Medical Education in NHS Lothian	**TG**	*
2.6.	Edinburgh Cancer Centre Reprovision Programme	**JCam**	*

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www.nhslothian.scot.nhs.uk/MediaCentre/CelebratingSuccess/Pages/csa.aspx

3. **Invoking of Standing Order 4.8 - Resolution to take items in closed session**   **BH** **v**

4. Minutes of the Previous Private Meeting held on 6 December 2017   **BH** **®**

5. Matters Arising from Previous Meetings   **BH** **v**

6. Feedback and Actions Arising from Board Development Session on Five Year Quality Plan   **SW** **#**

7. Any Other Competent Business   **BH** **v**

Board Meetings in 2018

4 April 2018   Scottish Health Service Centre

27 June 2018*   Scottish Health Service Centre

1 August 2018   Scottish Health Service Centre

3 October 2018   Scottish Health Service Centre

5 December 2018   **Chancellor's Building RIE**

     * *Annual Accounts Meeting*

Development Sessions in 2018

7 March 2018   Scottish Health Service Centre

16 May 2018   Scottish Health Service Centre

18 July 2018   Scottish Health Service Centre

12 September 2018 Scottish Health Service Centre

7 November 2018   Scottish Health Service Centre

* = paper attached   **#** = to follow   **v** = verbal report   **p** = presentation   **®** = restricted

DRAFT

LOTHIAN NHS BOARD

Minutes of the Meeting of Lothian NHS Board held at 9.30am on Wednesday 6 December 2017 in the Carrington Suite, Scottish Health Service Centre, Crewe Road South, Edinburgh, EH4 2LF.

Present:

Non-Executive Board Members: Mr B Houston (Chair); Mrs S Allan (Vice Chair); Mr M Ash; Mrs K Blair; Cllr R Henderson; Mr M Hill; Ms C Hirst; Professor T Humphrey; Ms F Ireland; Mr A McCann; Cllr J McGinty; Mrs A Mitchell; Mr P Murray; Mr J Oates and Dr R Williams.

Executive and Corporate Directors: Mrs J Butler (Director of Human Resources and Organisational Development); Mrs J Campbell (Chief Operating Officer - Acute Services); Mr J Crombie (Deputy Chief Executive); Mr T Davison (Chief Executive); Miss T Gillies (Medical Director); Mrs S Goldsmith (Director of Finance); Professor A K McCallum (Director of Public Health & Health Policy); Professor A McMahon (Executive Director, Nursing, Midwifery & AHPS – Executive Lead REAS & Prison Healthcare) and Dr S Watson (Chief Quality Officer).

In Attendance: Mr G Curley (Director of Estates – for item 42) and Mr D Weir (Business Manager).

Apologies for absence were received from Mr M Connor, Cllr D Milligan, Cllr F O'Donnell, Professor M Whyte and Mrs L Williams.

Welcome and Introduction

The Chairman welcomed members of the public and press to the Board meeting. In particular he advised that in the public gallery accompanied by Ms Campbell a former Director of Nursing at the Royal Infirmary of Edinburgh were a number of students taking the Masters Programme at Edinburgh Napier University with one of the modules relating to clinical governance. The Chairman advised that the students were from various countries around the world including India, Myanmar, Italy, Greece and Nigeria and all had a background in healthcare in their home countries. The Board noted that the opportunity to attend the current meeting would allow them to observe governance at a strategic level. Feedback from previous students attending the Board meeting had always been enthusiastic.

The Chairman thanked Board members and other colleagues for their messages of goodwill during his recent spell of illness advising that these had been gratefully received.

The Chairman advised that this would be Mrs Allan's last Board meeting. He commented that she had been appointed to the Board as a patient member in 2010 and had always maintained that patient view on issues and schemes that were brought to the Board. He advised Mrs Allan had also been appointed as Vice Chair of the Board in October 2012 and that she had been a major contributor to Board business as well as providing him with immense support. The Board wished Mrs Allan well in the future with the Chairman advising that further valedictory comments would be made during the private session of the Board later in day.

Declaration of Financial and Non-Financial Interest

The Chairman reminded members 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.

38. Items for Approval

38.1 The Chairman sought and received the approval of the Board to accept and agree the following recommendations contained in the previously circulated "For Approval" paper without further discussion:-

38.2 Minutes of the previous Board meeting held on 4 October 2017 - Approved.

38.3 Running Action Note – Approved.

38.4 NHS Lothian Corporate Risk Register – The Board acknowledged the corporate risks undergoing review to improve the expression of risk, controls and actions. The Board also acknowledged that the Healthcare Governance Committee in November 2017 had reduced the Healthcare Associated Infection risk to medium due to current performance. The Board accepted significant assurance that the current Corporate Risk Register contained all appropriate risks which were contained in section 3.2 and set out in detail in appendices 1 (updates are in bold) to the circulated paper. The Board accepted that as part of the system of control the Healthcare Governance Committee was assessing the levels of assurance provided with respect to plans in place to mitigate the risks pertinent to the committee.

38.5 Ingress of Carbon Dioxide into Houses at Gorebridge, Midlothian April 2014 – The Board agreed the detailed recommendations contained in the circulated paper as detailed at 2.1 – 2.2.4.

38.6 Finance and Resources Committee Minutes 20 September 2017 and 15 November 2017 – Endorsed.

38.7 Staff Governance Committee Minutes of 25 October 2017 – Endorsed.

38.8 Healthcare Governance Committee Minutes of 12 September 2017 – Endorsed.

38.9 Strategic Planning Committee Minutes of 12 October 2017 – Endorsed.

38.10 Edinburgh Integration Joint Board Minutes of 22 September and 13 October 2017 – Endorsed.

38.11 West Lothian Integration Joint Board Minutes of 26 September and 31 October 2017 – Endorsed.

38.12 Midlothian Integration Joint Board Minutes of 24 August and 14 September 2017 – Endorsed.

38.13 East Lothian Integration Joint Board Minutes of 24 August and 28 September 2017 – Endorsed.

38.14 Appointment of Members to Committees – The Board agreed to appoint Mr M Hill as the Vice Chair of the Board with effect from 1 January 2018. It was also agreed to appoint Professor T Humphrey as Chair of the Healthcare Governance Committee with effect from 1 March 2018. The Board agreed to nominate Mr M Hill to replace Dr Williams as a voting member of the City of Edinburgh Integration Joint Board with effect from 1 March 2018. It was further agreed to appoint Mr P Murray as a member of the Information Governance Assurance Board with effect from 1 March 2018. The Board agreed to appoint Mr Connor as a member of and as the Chair of the Information Governance Assurance Board with immediate effect. It was further agreed to nominate Mr M Connor to replace Mrs Goldsmith as a voting member of the West Lothian Integration Joint Board with immediate effect. Finally it was agreed to appoint Councillor J McGinty to replace Ms Hirst as a member of the Audit and Risk Committee.

38.15 The Chairman thanked Mr Payne and others for acting on his behalf during his period of illness to finalise issues around the appointment of members to committees.

39.   Emergency Access Standard – Review of Performance Reporting Compliance

39.1   The Chief Executive advised that the circulated paper had been prepared by the Deputy Chief Executive although he would welcome the opportunity to speak to the paper in the first instance.

39.2   The Chief Executive commented that the issues raised in this report were clearly of major concern. He commented that the fact that frontline staff had felt under such pressure to hit the 4 hour target and that NHS Lothian had underreported waiting times breaches raised legitimate questions about whether this was history repeating itself in Lothian and what the system had learned over the previous 5 years. The Board were reminded that promoting a culture based about openness and honesty had been at the very top of the leadership agenda over the previous 5 years and could not have received greater prominence. In that respect the circulated report prompted some serious soul searching and reflection on how far and deep into the organisation the programme of changing culture had reached.

39.3   The Chief Executive commented that it had been perhaps a little naive to take too much confidence from a recent internal audit report into organisational culture and that this episode reminded of the need and endeavour to instil our values into every aspect of daily operational life and that this needed to be as relentless as the pressure on the health and social care system.

39.4   The Chief Executive commented that the report told the system that staff felt under great pressure to hit the 4 hour waiting times target at the four main sites. The report also told the system that staff felt the guidance available to them on how to record and report breaches was vague and ambiguous and perhaps not reflective of operational reality at the front door. The report also advised that local guidelines had been developed that had drifted in time further from compliance with national

guidelines in particular covering ambulatory care pathways with had been developed since the national guidance was written. The Chief Executive commented that this raised the following 3 main questions: -

- How to support staff at the front door better
- How to ensure that guidance was clear unambiguous and monitored accordingly
- Whether the national guidance reflects modern clinical practice and whether it could be improved

39.5 The Chief Executive commented that how the system went about addressing this issue was probably more important than what was done to address it. He reminded the Board the system had worked very hard to promote a culture based around our core values of: -

- Care and Compassion
- Dignity and Respect
- Quality and Framework
- Openness Honesty and Responsibility

39.6 The Chief Executive commented that it was the last value that was so important within the current context and that there was a need to use these values to guide the response to the current waiting times issue.

39.7 He commented on the need to recognise that the system and staff were under intense pressure and that the response would not be based on allocating blame and punishment. The response would be based on understanding what had happened, why it had happened and what could be done do to better support staff to do the right thing moving forward.

39.8 The Chief Executive advised that from the outset that it had been clear as a Board, Executive and Non Executive Members, that it would rapidly escalate this issue to the Board and to the Scottish Government and that it would debate the issue in full at the current Public Board Meeting. The Chief Executive advised that it had been clear that the system would not sit on its hands and wait for the external review to complete its work before taking immediate steps to support our staff and provide clear interim new guidance on how to record and report waiting times performance. He commented that it was already clear that there were a number of major lessons to be learned and the Deputy Chief Executive would articulate these as he went through the paper later in the meeting.

39.9 The Board were advised that the external review led by Professor Derek Bell would no doubt provide additional learning and cause for further reflection on next steps and this report would be brought back to the Board at the next meeting in February.

39.10 The Chief Executive commented that his final point was to ask the Board to keep in mind the bigger picture as it drilled down into the detail of this report. He reminded colleagues that the last Board Development day had discussed the challenges of how to reconcile a quality driven organisation based on empowered, distributed leadership with a target driven organisation based on top down, micro management. He commented that at the development session the inherent danger of 'hitting the

target and missing the point' had been discussed and he would ask that this was kept in mind as the Board considered the detail of the circulated report.

39.11 The Deputy Chief Executive advised that paragraph 4.2 of the circulated report should be amended to read 'Scottish Academy of Medical Royal Colleges' and not the Royal College of Physicians. He advised that the Chief Internal Auditor was in the public gallery and could speak in detail to the internal audit report if required.

39.12 The Deputy Chief Executive advised that he along with the Chief Executive and Chairman had been keen to progress the investigatory process based on the organisational values of openness, honestly and transparency. He advised that the Board paper provided a copy of the final report of the internal audit investigation into the whistle blowing allegations previously reported to the Board which also detailed the scope under which the investigatory questions had been framed for interaction with staff on the 4 main sites. The Board noted that the revised Interim Standing Operating Procedures (SOPs) had been issued to the service earlier in the week. The Board were advised that the report before them provided an opportunity to reflect on how effective the focus on organisational behaviours had been and the need to be consistent in the development of criteria.

39.13 The Deputy Chief Executive commented that it was important for the Board to reflect on the chronology of events followed after the whistleblowing concerns had been raised and that the process had moved to immediate investigation. It was reported that concerns had been recorded from some staff at the Royal Infirmary of Edinburgh which had been reinforced by a whistle blowing letter received from a member of staff at St John's Hospital at Howden. This letter had immediately been discussed by the Patient Safety Experience Action Group which had been attended by a range of Executive Directors and the Chair of the Board and looked at the detail of the letter as well as concerns expressed at the Royal Infirmary of Edinburgh. It had been felt that the issues were of such significance that it would not be appropriate for them to be investigated by a single member of the Corporate Management Team. It had therefore been agreed with the Chief Executive and Chairman that the Chief Internal Auditor should undertake an internal audit review of the allegations made. It was reported that following further discussion it had been felt appropriate to invoke additional arrangements given the seriousness of the issues and in that regard Mr Murray, Non Executive Board Member had been asked and agreed to oversee the internal audit process. The Board were advised that the whistleblowing letter had raised concerns about the mechanics of recording but also about the pressures being experienced by staff and it had been felt that it was important that the review team would need to explore how staff were feeling. In that regard it had been agreed to ask Ms D Milne – Deputy Director of Public Health to join the review process.

39.14 The Board were advised that following receipt of the whistleblowing letter on 12 October 2017 that the Chief Internal Auditor had been engaged to undertake the investigatory review. The Board had been updated on the issues and progress at its Board Development Session on 1 November where issues around the process had been discussed. This debate had reinforced the belief that the outcome of the internal audit report should be discussed in public session at the current Board meeting in order to maintain the highest levels of public scrutiny. The Scottish Government had also been advised of issues and were content with the approach being adopted by NHS Lothian. The Deputy Chief Executive commented that it had

also been felt to be important to engage with staff on these issues and the opportunity had been taken to demonstrate the systems commitment to its own values and culture. It was noted that NHS Lothian had proactively released two press statements and was committed to an open and transparent process moving forward.

39.15 The Deputy Chief Executive commented that it had become clear that over time local practice had deviated significantly from national guidance. It was important, however to recognise that this had not been as part of a hidden process as the guidance poster had been publically displayed as part of what staff saw as an aid to the interpretation and consistency of guidance. It was noted however that this approach was not compliant with national guidance. The Board were advised that during the interactions with staff that it had emerged that the pressures that they were feeling were not solely related to demand at the front door and these were explained in detail with a focus around the bureaucracy characterised as part of the waiting times process with it being noted that this was an area that would require to be looked at.

39.16 The Deputy Chief Executive commented that it had been evident from the Internal Audit Report that there were a number of contributing factors with a key one being around the fact that the job description for members of the site and capacity team was unreasonable and focussed on the delivery of the target and not supporting the quality of care and in that regard the organisation might have been culpable in creating a tension. Another key finding had been around the intensity of the process in respect of moving patients through the system in order to support the 4 hour standard. The Deputy Chief Executive felt that the St John's Hospital site performance had been compromised by internal management arrangements where the organisation had flexed its resource to address management capacity issues. He advised that the review process had identified that there had clearly been a series of contributing factors as detailed in the circulated paper.

39.17 The Deputy Chief Executive commented in respect of the availability of an assurance framework that it was clear that this had not been as robust as it might have been and that the focus of the Access and Governance Committee might have had as an early task the improvement and sustained compliance of elective procedures to the detriment of other aspects of business. It was clear that the process around the escalation of issues continued not to be as effective as it should have been. The Deputy Chief Executive commented that there was a need to evidence sustained commitment to culture and values. In that respect he commented that he along with the Chief Executive had visited all of the adult front door services and spoken to staff to provide assurance around the proposed process moving forward. It had been clear from these interactions that staff were anxious about the next steps. In that regard in order to support the culture of openness and transparency the detail of the Board report had been issued to staff and this in its self had raised concerns around the findings and process. The Board noted that the Board report detailed the internal improvement plan required to address the issues identified within the audit report.

39.18 The Board were advised that the deviation from the 2013 National Waiting Times Guidance would have impacted on the reported performance to the Board and that this position would be exaggerated in the short term as the system rebalanced its reporting arrangements in line with the new interim SOPs which as previous reported had been issued earlier in the week. It was noted that the newly issued SOPs could

only be regarded as interim guidance at the moment as further work at national level being undertaken by Professor Bell might require to be reflected.

39.19 The Board noted that the identified ambiguity around roles and responsibilities in respect of the site capacity teams has been clarified and that an organisational development programme was being prepared for staff involved which would also address some relationship breaches which had become evident as part of the programme.

39.20 The Board were advised that the role and remit of the Access and Governance Committee had been reviewed and reinforced in terms of providing an assurance framework. Membership now consisted of people of sufficient seniority and skills to implement the decisions of the committee which would now report into the Audit & Risk Committee. Through the SOP the focus would be on patients and reinforcing the need for the provision of high quality effective care for patients. The point was raised that the internal audit report had not been able to evidence that any patient harm had occurred although this could only be quantified at a point in time.

39.21 The Deputy Chief Executive hoped that the response to the issues raised demonstrated that NHS Lothian had taken the concerns raised both verbally at the Royal Infirmary of Edinburgh and via the St John's Hospital whistleblowing letter seriously. It was noted that direct contact had been made with the person who had raised the initial whistleblowing concern and it had been agreed that copies of papers would be released to them.

39.22 The Board noted in respect of recommendation 2.4 that the timing of the February 2018 Board meeting fitted with the schedule for the expected publication of the external review report. It was agreed therefore that a further update report would be submitted to the February 2018 Board meeting.

39.23 Mrs Mitchell thanked colleagues for the update report and advised that, as the Board's Whistleblowing Champion and as a Non Executive Board member, she had been perturbed by the allegations and the findings of the investigation. However, she was encouraged that an individual member of staff felt able to raise such concerns and that, hopefully, this individual realised that their concerns had been taken extremely seriously. She felt that the individual concerned should be applauded and hoped that they would take comfort from the outcome of the investigation.

39.24 Mrs Mitchell queried the availability of sufficient organisational development resource to support the development programme described by the Deputy Chief Executive to manage whistleblowing concerns. It was reported that initial resources had been allocated and, if a need for extra expert support was identified, then this would be co-opted into the process. Mrs Mitchell commented that she was satisfied with the approach that had been adopted to investigate the concerns identified by the whistleblower.

39.25 Mr Murray advised as the Non Executive Board Member lead in the process he had been keen to seek assurance on the following 4 areas: -
 • Had the response to the whistleblowing letter been adequate?
 • Had the scope of the review been broad enough?

- Were updates provided at an appropriate pace?
- Were the findings of the review sufficiently transparent?

39.26 The Board were advised that Mr Murray had been content with the assurance he had received in respond to the above.

39.27 Mrs Hirst thanked colleagues for the assurance that at this point in time there had been no impact in patient care and she welcomed the commitment to continue to report back on the findings. She commented that she however did want more assurance around the impact on staff and advised that she was aware of some members of staff who had been approached by the public in respect of the ongoing investigation as well as gifts having been provided by grateful members of the public. She commented whilst it was important not to underestimate the importance of the visits to the service by the Chief Executive and Deputy Chief Executive that the production of the report had increased anxieties amongst staff as they had seen the extent of the issues raised. It was important therefore to support staff to reduce their anxieties and this would require commitment in the medium to long term to support initial benefit. Mrs Hirst felt that there was a need to ensure a resilient longterm focus in this area and suggested that using the quality improvement process would be appropriate to evidence in a measureable way how staff felt at a point in the future.

39.28 Mrs Blair commented that she had been assured by the very thorough local approach to the concerns raised through the whilstleblowing letter. She was however very disappointed that the situation has arisen and that lessons had to be learned from a whistleblowing incident. She suggested that this had implications for the wider organisation and the key issue was how to ensure this did not reoccur without adding another layer of bureaucracy into a system which was already suffering from bureaucratic overload. The Chief Executive advised that the visits that he and the Deputy Chief Executive had undertaken had provided opportunities to hear from staff on the ground just how all consuming the management of the target was for staff and in particular the Senior Charge Nurse who had to manage 'the screen'. He advised that staff were hurt and had genuinely thought that they were being helpful in the local approach that had been adopted. The Chief Executive advised that the revised interim SOPs were very binary and in that regard were helpful as it took away the need for any interpretation.

39.29 The Chief Executive commented that whilst the bureaucracy of reporting on the interim SOP was reduced that this caused a problem as it missed the complexity of modern practice. By way of an example he commented in respect of ambulatory care that one of the tests took 6 hours to complete and therefore meant an automatic patient breach. The point was made that the more interpretation there was around guidance the more scope there was for ambiguity.

39.30 The Chairman commented that he felt that NHS Lothian had responded as appropriately as possible to the whistleblowing incident. Nevertheless the situation had occurred and this was a concern in terms of how the organisation kept in touch with compliance at grass root level and this might require to be an area for wider discussion.

39.31 Mr McCann commented that there was much in the report to be concerned about. He referenced the visits made by the Chief Executive and the Deputy Chief Executive and suggested there was a need for more visibility on the ground and questioned whether Non Executive Board members would be able to support this process. The Chief Executive commented in respect of the visibility issue that 90% of the time of Executive's was spent in scheduled meetings. He advised that in single site organisations it was easier to obtain visibility with this being much more difficult in a multi-site organisation like NHS Lothian. He commented that currently NHS Lothian as an organisation had a meeting culture and that senior staff at all levels were not spending enough time on the shop floor. He commented however that he did not think that face to face meetings with staff would have uncovered issues around the interpretation of the guidance as the focus of dialogue would have been on other areas like patient safety, patient experience and the staff experience. He commented that under the new refocused access and governance arrangements that future issues like those currently being experienced would be identified.

39.32 The Deputy Chief Executive commented that he felt that the visits that had been undertaken had been welcomed and he was keen to permeate this into directorates in order to encourage people to discuss issues that might be on their minds. He was keen to re-engage with Board Non Executive Directors and the team of senior leaders to make staff feel more comfortable in terms of openness and transparency.

39.33 Dr Williams commented that he was not in general supportive of a target driven approach and although clearly there was a direct correlation between length of time spent in A&E and the eventual patient outcome, setting an arbitrary 4 hour target was not helpful. He commented that in a rigidly target driven organisation staff would feel pressured to meet the target and the temptation was to flex the system to ensure that this happened. He commented that the focus should be on patient care and outcome and that the Government had recognised the unintended consequences of the target driven approach as demonstrated in the outcomes of the report produced by Sir Harry Burns which had suggested that the focus should be on patient care and outcome and that on occasion this might mean that some targets were missed.

39.34 Mr Ash advised that he shared the concerns raised by Dr Williams commenting that in effect targets could have the impact of undermining the culture of the organisation. He advised as Chair of the Audit and Risk Committee that he was happy with the revised arrangements whereby the Access and Governance Committee reported to the Audit and Risk Committee although he stressed that this would still not necessarily pick up all operational deficiencies or issues. He advised that the Audit and Risk Committee had developed a clear process around the testing of papers to obtain appropriate levels of assurance. He commented that in future it would be helpful if the governance timing process could ensure that papers had been considered at the Corporate Management Team prior to coming forward to the Audit and Risk Committee for consideration.

39.35 Mrs Hirst commented that she also agreed with the comments made by Dr Williams and suggested there was a need to discuss whether the organisation was measuring the issues that really mattered and that she felt this would benefit from a Board Development Session. She felt there was a need to engage internally and externally with people who set and measured targets to discuss the impact and implications and that this should be the preferred way forward.

39.36 Professor Humphrey commented on the need to ensure training was in place to ensure that staff understood the mechanics of the interim SOP. She questioned how the Board could be assured that an appropriate forward process was in place. The Deputy Chief Executive advised that previous audits had not flagged the issue and that there was a need to look at the structure of audits to ensure initial input from clinical front door staff. The revised Access and Governance Committee approach would create a new system of scrutiny and as previously reported would be attended by people with the seniority and skills to implement committee recommendations.

39.37 The Chairman commented that whilst it was appropriate for the Board to accept the recommendations in the circulated paper and to be satisfied and assured by the approach taken that there remained a concern on how to use the openness and transparency approach to get to the bottom of why the situation had arisen in the first instance. Going forward there was also a need to ensure that the process of governance compliance was appropriate and received the level of visibility required to provide assurance to the Board. There would be a need at the February Board meeting to consider the input from the external review process.

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

40. Quality and Performance Improvement

40.1 The Board received a report providing an update on the most recently available information on NHS Lothian's position against a range of quality and performance improvement measures. It was noted that performance against these measures would require to align to the Board's own corporate objectives and the national Local Delivery Plan (LDP). The Board noted that the paper set out the detail of performance on a high level with supplementary information being available through the supporting spreadsheets.

40.2 The Chief Quality Officer advised that he had attended the Board Committee Chair's meeting to discuss how the performance process worked and would be developed in future. At this meeting an early draft of the proposed dashboard was shared with Committee Chairs who had agreed to participate in its testing.

40.3 The Board noted in respect of cardiac arrest performance that it looked as though performance was improving although it was felt to be too early to reset the medium to a lower level. In respect of accident and emergency access waiting times data it was noted that this might change dependent upon the outcome of the work underway around reported breaches. It was felt to be too early to start adjusting the matrix at the moment and that work would continue offline to ensure that reporting of 4 hour waits was accurate. The Board noted that the dashboard approach had now been populated and the Chief Quality Officer was keen to test this with a range of volunteers who had been identified. He was however happy to receive more volunteers to test the process.

40.4 The question was raised whether on the back of the recent report produced by Sir Harry Burns new performance targets would be issuing from the Scottish Government. It was not anticipated that this would be the case although the report

was still in the system for discussion and in that regard it might be useful as a mechanism to inform NHS Lothian's own work in this area. The Chief Quality Officer undertook to check the position outwith the meeting.

40.5 The Board were advised that the LDP was tailored to each Board and targets would be subject to further discussion with the Scottish Government and would be picked up as part of a future Board Development Session. It was noted that part of this debate would be around the choices that the Board needed to make in response to the LDP and this would be important in terms of future service delivery.

40.6 The Board discussed the assurance process noting that in table B of the circulated paper that the majority of the assurance categories were around limited and moderate. It was felt that there would be benefit in adding an additional column to provide further narrative and detail in this area.

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

41. **Financial Position to October 2017, Year End Forecast and Financial Outlook 2018/19**

41.1 The Director of Finance advised that the Finance and Resources Committee had received a paper on the period 6 financial position, the year end outcome overspend projection for 2017/18 and the first draft financial outlook for 2018/19 at its meeting on the 15 November 2017. The Finance and Resources paper had highlighted an in-year overspend of £5.9m and an anticipated year end overspend of £4.9m. The period 7 position had since been reported and took the year to date overspend to £6.2m. This outturn was a slight improvement on previous projections albeit a projected year end overspend remained.

41.2 The Board noted that the month 7 financial performance had shown a slight deterioration in the in-month position although no new issues had emerged. It was noted that there had been an improvement in the year end position as a consequence of identifying one off non recurrent benefits. The system was currently working its way through the mid-year review process with the Director of Finance feeling that the system was moving towards year end breakeven largely through the use of one-off benefits and non recurrent opportunities. It was anticipated that by the time of the next Finance and Resources Committee and the next Board meeting that further confidence would be available around the year end position.

41.3 The Finance and Resources Committee had looked at the 2018/19 financial position although it had been recognised that the detail of the Scottish budget would inform this workstream particularly in terms of clarifying issues around the pay review body awards and how issues like these would be funded. It would also be important to clarify whether social care allocations would be ring fenced and what steps would be taken in respect of the Scottish Parliament's tax raising powers. The Director of Finance advised therefore that what was contained in the Board paper was the current best estimate of the position along with judgements around how best to mitigate the financial gap. It was noted that the 2018/19 and future years financial position would be very challenging with there being a requirement to cover a 5-6% gap.

41.4   The Chief Executive commented that consideration around the financial gap was being discussed at regional level and he felt that it was not acceptable for the local system to be moving in to 2018/19 with a £40m gap. It was noted however that Lothian was not alone in this position. It was noted that work was underway with Councils in respect of the totality of the public sector funding resource and the need for future collaboration. A meeting had been held with the 6 regional Councils with a meeting being scheduled the following week with Integration Joint Board colleagues in respect of the bigger picture. It was noted that Councils were out to consultation in respect of their budget proposals for the following year. It was further noted that Councils had the option to raise and save money by increasing charges and also flexing the eligibility criteria for access to some services. There was a question around whether the NHS should adopt a clinical priority process around waiting times as part of a process of service redesign and remodelling of services.

41.5   The Chief Executive advised that he was keen to explore the opportunities around joint budgetary consultation across the NHS and Councils as current planning was being undertaken in silos.

41.6   The Chief Executive commented that from a regional perspective there would be a need to say something around the mitigation of the financial gap when the next iteration of the regional plan was submitted in March. It would be important to state something around the fact that a whole system NHS approach would be required to address financial issues as it would not be sensible to stop providing services or applying eligibility criteria that differed across the areas and regions. The key question would be how to make best use of the total resource available across the NHS and Councils and this was the model that the Chief Executive was keen to progress.

41.7   Mr Murray commented that at the Finance and Performance Review Committee discussion had been held around the long term strategic plan where he had commented on the need for scenario planning that displayed the impact of decisions that the system would be taking as well as the need for public consultation around the impacts of these in future years. Mr Ash commented that in previous years there had been concerns about the ability of NHS Lothian to achieve breakeven at the financial year end although on each occasion this had been achieved. He felt however that there would come a point in time where it would not be possible to achieve this outcome and he felt that if the system was stating that there was limited assurance around this ability then it would be irresponsible not to undertake scenario planning as discussed by Mr Murray. In that regard he felt that there was a need to start to list the things that the service could not do if finance was not available. Mr Ash recognised the point made by the Chief Executive around the fact that the NHS was a national service but still felt that it was prudent to link the current position in Lothian with the implications for the public. Mr Ash commented that he hoped that the Finance and Resources Committee would be able to progress this approach.

41.8   Dr Williams commented that he felt that work around this important area required to commence before the end of February 2018.

41.9   Mr Hill as Chair of the Finance and Resources Committee commented on the added complexities over previous years largely as a consequence of the advent of IJBs and

additional complexities around who was responsible for what. He commented that the Councils had gone out to consultation on services that were actually the responsibility of the IJBs with it being important to note that two different budget allocation processes were in place. He felt that there was still a lack of clarity around the responsibility of different organisations and this needed to be addressed. Mr Hill felt that it was important to ensure that all individual bodies were adding value to one another and there was a need to add value to the current relationship. The Board noted that the development of a longer term financial strategy perhaps over a 3-5 year period would allow IJBs to have discussions and to be clearer around the expectations from individual bodies.

41.10 Mrs Hirst commented that through previous involvement with a housing association that applications had been developed to stress test proposals to see the implications of aspirations and these were then translated into financial terms. She questioned whether a similar process was available which would recognise the complexity of the NHS on a 5 – 30 year forward look basis.

41.11 Mrs Blair commented that what was required was a fundamental change and transformation approach and that she did not see that happening in the near future. She commented that she would like a presentation on the impact of performance management and quality improvement and what this had achieved in respect of the patient experience. She advised that there was a need to concentrate on outcomes rather than process and she did not feel this was done enough at Board level. She commented that delayed discharges remained an issue and that the outcomes were not being discussed. The Chairman commented that he was happy with the principles set out by Mrs Blair and commented he would be thoughtful about how to fit this into agenda planning and prioritisation in the future.

41.12 The Chief Quality Officer referred to discussion at the October Board meeting and confirmed that he was of the view that the voice of the patient needed to be as loud as anything else in the process. Feedback from a training module had been interesting and had reported that in some instances patients felt that they were being over treated. Mrs Blair commented that the Board had previously discussed realistic medicine although she had no idea about whether this was working or what patient's views were about their treatment including reflection on the fact that some patients might wish their treatment to stop.

41.13 Dr Williams as Chair of the Healthcare Governance Committee advised time had been spent looking at delayed discharges where it had been felt that assurance was needed to confirm that the impact on patients and patient care was being reviewed, assessed and evaluated.

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

42.   Lothian / Regional Catering Strategy Approval

42.1   The Deputy Chief Executive introduced the Lothian / Regional Catering Strategy advising that the purpose of the report was to update the Board on catering strategy work undertaken both within NHS Lothian and on an NHS Scotland wide basis as part of a national review of soft facilities management. He commented that it was

appropriate that this paper was being discussed at the current Board meeting as this would also be the Vice Chair's last meeting and that she had been key and instrumental to the development of the strategy. The Deputy Chief Executive introduced Mr Curley, Director of Estates and Facilities advising that he would speak to the detail of the paper.

42.2 Mr Curley commented that the main ethos of the paper was to deliver quality, wholesome and nutritious food to patients and visitors. He commented that the strategy also contributed to the Board's social economic and sustainability agenda. He advised that the catering strategy had been taken forward within a national context and that the Scottish Government had provided £250k to support the development of a 'proof of concept' for an East of Scotland Regional Cook Freeze Central Production Unit Business Case.

42.3 The Board noted that the catering strategy would develop well trained and motivated staff and that the introduction of an efficient and effective service would deliver £1m of recurrent savings. It was noted that NHS Lothian was already considered to be an efficient provider of catering services within the Scottish context on a cost per head basis. It was noted that in order to drive forward the main strategic objectives around the development of the catering strategy that a Project Board Chaired by the Vice Chair of the Board had been established within the context of national agreements.

42.4 The Vice Chair commented that she had been involved in the catering strategy since 2014 and she felt that the slow burn approach had been beneficial in that it had allowed the production of a document that was relevant and reflected modern fit for purpose requirements as well as recognising the health benefits of good nutrition. She commented that NHS Lothian was the first Health Board to develop such a strategy and she felt that this demonstrated the commitment of the NHS to delivering nutritious food. It was noted that there had been an environmental commitment to source locally produced food. NHS Lothian had adopted an open approach inviting the third sector and other partners to contribute to the development of the strategy in order to capture the views of the community. The Vice Chair commented that she felt that the Catering Strategy Board had now reached the end of its usefulness and she welcomed the establishment of a Catering Strategy Implementation Project Board.

42.5 The Board were advised of existing cook freeze facilities within NHS Scotland with it being noted that 1000 beds at the Royal Infirmary of Edinburgh were provided with food through a national facility. It was noted that cook freeze facilities were more resilient in poor weather conditions and that the degree of significant standardisation removed variance and ensured a consistency of product being delivered to patients.

42.6 Mr McCann questioned how often members of the Board tasted the catering product provided to patients. Mr Curley advised that this had happened in the past and commented that significant tasting sessions had been undertaken when testing the cook freeze proposals including patient groups where the levels of appreciation had been relatively high. The Vice Chair commented that she had felt that the quality of food was higher than she had been expecting and that the commitment of staff had been exceptional. Mr Hill commented that from previous experience in cooked chill environments that he could confirm that satisfaction testing was important and that patients and staff should be involved in the development of proposals. The Vice

Chair advised that the Soil Association had also been engaged as part of the development of the strategy in terms of how best to source local foods.

42.7   Mrs Blair questioned the timescale for delivery of the strategy and questioned what the evaluation criteria was and whether sufficient success outcomes had been identified.

42.8   Mr Curley commented that he had no anxieties around how the evaluation would be carried out and that this would include wider stakeholder engagement. He advised that the preferred single site solution was easier to deliver than any of the other options and was very systematic. He advised that a workshop was planned to develop the concept of a robust assessment of the programme and the national workplan as it would be desirable for other Boards to contribute to the process.

42.9   The Director of Finance commented that moving forward the key issues would be around access to capital investment which was not within the gift of NHS Lothian. Dr Williams commented that the reduction in inappropriate variation in food was good and advised that the St John's Hospital Catering Team had won a Team of the Year Award and it would be important to build on this. Mr Curley commented that all catering managers had been engaged in the process and were enthused about supporting the project. He advised that the service provided at St John's Hospital would be the bench mark. It was noted that the catering provision would not be absolutely fixed and that there would still be flexibility to provide people with light meals like toast if they were unable to eat a more substantial meal.

42.10 The Board agreed the recommendations contained the circulated paper.

43.   **Fragile Services – The Lothian Box**

43.1   The Executive Director, Nursing, Midwifery & AHPS advised that the purpose of the report was to propose how NHS Lothian should approach corporate portfolio analysis, building on discussions around 'fragile services'. He advised that this approach had been discussed at both the August and October meetings of the Strategic Planning Committee and the September Board Development Session. In these discussions it had been proposed and agreed that while the initial application of such an approach was for 'fragile services' the logic applied to all services. He commented that he had felt it important that the product of these discussions be discussed at the Board meeting.

43.2   The Board were advised that NHS Lothian's statutory functions included a mix of planning and commissioning of services and service delivery. These were different functions which had been intertwined over time and so it might not be completely clear to all how planning and commissioning was undertaken. The Executive Director, Nursing, Midwifery & AHPS commented there was a need to better understand this process.

43.3   The Board noted that the Lothian Box approach had been shared with others and some other NHS Boards were looking to adopt it. Further discussion around the Lothian Box would be held at the Strategic Planning Committee the following week where a report back would be provided on road testing against fragile services.

43.4 Dr Williams commented that there was a question about who set the definition of fragile services for inclusion in the register and that he was not sure why the process was commencing from an acute perspective which he felt was an error as he felt it was critical that community input was encouraged. It was agreed that this point would be taken on board.

43.5 Mr Murray commented it had been useful to receive detail around the connection in the way that services were delivered across NHS Lothian. He commented in respect of the evolving financial challenges that it was important that the Strategic Planning Committee had opportunities to look at these connections although these should not be restricted to fragile services but should be regarded across the generality of services. The point was made that this was a useful mechanism and it was hoped that it would be discussed at Strategic Planning and IJB fora's within the context of wider practice.

43.6 The Vice Chair asked the Chief Executive how the regional approach could influence responses to fragile services and whether regional partners could agree to the development of a regional box. The Chief Executive commented that he felt that this would happen and referenced that paediatrics was a good example of where this kind of approach had been adopted. He reminded colleagues that NHS Lothian was signalling a £40m financial gap and advised that the Lothian Box approach needed to be adapted in the region for all services with there being a need to look at services that were not adding value. He felt confident that the regional approach could adopt the Lothian Box methodology.

43.7 The Executive Director, Nursing, Midwifery & AHPS and Mr McCann supported the proposed approach as being wider than just fragile services and advised that at the Strategic Planning Committee consideration would be given to the rejected criteria. Consideration also needed to be given to the level of additional service not currently provided particularly through the augmentation of existing service. The Chief Executive advised that the English system generated income by Trusts providing supra regional specialties whereas the Scottish system was capitation based therefore incentivised towards the opposite approach. He felt there was a broader issue about generating income and that there was a need to think more around this issue rather than the current cost driven focus.

43.8 The Executive Director, Nursing, Midwifery & AHPS commented that moving forward more definition would be provided around the evaluation process including regional involvement as well as not losing sight of quality. The focus needed to be on sustainability for NHS Lothian but linking into the regional agenda. The process was about quality and not just financial out puts.

43.9 The Board agreed the recommendations contained in the circulated paper noting that Dr Williams was not happy to accept the recommendation that approved the definition of fragile services as given. It was agreed that the first bullet point be removed.

44. Paediatric Programme Board Update

44.1 The Chief Officer - Acute Services spoke to her report advising that its intention was to update the Board on the further review by the Royal College of Paediatrics and Child Health (RCPCH) and the Paediatric Programme Boards initial response to this report.

44.2 The Board noted in line with the RCPCH initial recommendations that a Paediatric Programme Board had been established and had vigorously striven to implement the recommendations set out in the original report. Specifically it had focussed on implementing option 1 as recommended by the RCPCH and supported by NHS Lothian's Board which was to establish a resident consultant model of service that all consultants at St John's Hospital (current and future appointments) should support in principle and in practice. This model would retain the 24/7 inpatient service at the children's ward at St John's Hospital.

44.3 The Board were reminded that in order to provide an independent view on progress against the original report that the Paediatric Programme Board had invited the RCPCH back in September 2017 to review the action taken as a Board against the specific option 1 remit.

44.4 The Chief Officer - Acute Services detailed to the Board the recommendations of the RCPCH and the Paediatric Programme Boards response as detailed in the paper. The Paediatric Programme Board remained committed to a longer term strategy with a focus on workforce recognising that it would take up to 4 years to train certain categories of staff like Advanced Paediatric Nurse Practitioners. A concurrent process was now in place to identify staff to undertake training.

44.5 The recommendation to maintain and strengthen the current short stay paediatric assessment unit had been met with enthusiasm by the clinical team. The Royal Hospital for Sick Children (RHSC) services were being looked at with a view to replicating these back to St John's. In terms of further engagement a workshop would be held on the 18 December 2017 with a further workshop scheduled for January 2018 with a view to engaging with the widest clinical team in order to determine how to take forward the recommendations in the second and updated report. The options for the future for clinical model would be developed through this process then risk assessed with realistic timelines being detailed and would form the basis of a report that would be submitted to the Board in April 2018.

44.6 The Board were advised that the risk underpinning the strategy was around the availability of workforce for the shortstay and 24/7 unit. It was noted there was a national shortage of paediatricians and work continued within Lothian on how to recruit to such posts with a recent re-advertisement having been undertaken against which CV's had been received by the Clinical Director which were now being scrutinised to ascertain whether these applications were appropriate for short listing. The Board were advised that the service to date remained vulnerable to workforce issues with ongoing sickness absence affecting service provision. There had been no response to an advertisement for locums and although work continued to look at how to recruit staff the service still remained fragile. Mr Hill commented that the largest issue to be resolved was around the fact that the most recent RCPCH report reaffirmed their view that the continued provision of inpatient paediatrics was the right model for the population of West Lothian if it could be achieved with sustainable staffing. This was against a lack of optimism from the RCPCH around the availability

of consultants with it being reported there were 700 fewer people in post than the Royal College felt necessary to provide sustainable services across the UK. He commented therefore that one of the outcomes of the workshop referred to earlier would be understand and develop a model that was safe and sustainable and not delivered by short term locums. There would be a real driver to have an effective system that would be sustainable and took NHS Lothian as close to possible to the ideal option. The Board were advised that a whole pathway approach to the 18 December workshop would be adopted while the Board were advised that the success of contracts for new consultants which were joint between the RHSC and St John's Hospital had been of significant benefit to both sides with significant improvements in services delivered over the previous year.

44.7 Councillor McGinty welcomed the information in respect of ongoing efforts to recruit and reaffirming the RCPCH proposed model for St John's Hospital. He raised a number of questions including why within the context of a 4 year training programme there was discussion about a programme that could take 10 years. He also sought assurance that option 1 remained the focus of the Programme Board. In addition he sought confirmation that the workshop session would include a role for public and patient input.

44.8 The Deputy Chief Executive commented that the key reason for the length of the strategy related to the length of time it took to train Advanced Nurse Practitioners and the limit around how many people could be trained to these posts as there was a requirement for support from consultant bodies. In response to the second point there remained a commitment to providing a 24/7 service with the challenges of this being recognised. There was a need to look at how to develop clinical models especially for shortstay aspects of the service. In terms of workshop engagement the Programme Board had been clear about the importance of patient and public involvement with there being a view that there was a need to consider how to do this more proactively.

44.9 Mr Hill advised that when identifying the clinical model there would be a need to see if this allowed the delivery of a 24/7 service. In the meantime the system was doing all it could to ensure that an appropriate service was in place and this would continue to focus on the assessment unit. In terms of consultation and engagement the Programme Board had discussed this at length and were concerned to make sure that this happened. In the recent past a series of engagement meetings had been offered in West Lothian and these had been poorly attended. As the model of future provision developed there would be a need to reenergise the engagement process.

44.10 Councillor McGinty commented that in his view the 24/7 approach and option 1 were not the same thing as he felt 24/7 was a component of option 1. He stressed it was clear that the Boards commitment needed to be about the delivery of option1 and he would expect the Paediatric Programme Board to work towards delivering that expectation.

44.11 Mr Hill commented that option 1 could not be delivered at the moment and that further discussion around this would be held through the workshop process in respect of the development of the future model. Councillor McGinty reiterated his expectation that the NHS Board and the Programme Board should remain committed

to delivering option 1 in its entirety. The Chair commented that he had not heard anything that suggested that the Board was not committed to delivering option 1.

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

45.   Next Board Development Session

45.1   The Board noted that the next Board Development Session would be held on Wednesday 10 January 2018, at 9.30am at the Scottish Health Service Centre, Crewe Road, Edinburgh, EH4 2LF

46.   Date and Time of Next Meeting

46.1   The next meeting of Lothian NHS Board would be held at 9.30am on Wednesday 7 February 2018 at the Scottish Health Services Centre, Crewe Road, Edinburgh.

47.   Invoking of Standing Order 4.8

47.1   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.

1.2

Action Required	Lead	Due Date	Action Taken	Outcome
QUALITY MANAGEMENT SYSTEM – NEXT 5 YEARS				
• The Chief Quality Officer advised that he would anticipate a road map and costed 5 year action plan to come forward to the Board meeting in February 2018. • The Board agreed to note the five recommendations described in Appendix 1:- ➢ To become a High Performing Organisation (HPO) through transformational change across nine system-wide domains ➢ To demonstrate 'on the ground' evidence of a HPO that creates optimal conditions for continuous quality improvement and disruptive innovation at microsystem level ➢ To invest in effective 'catalytic' infrastructure to accelerate change ➢ To align and deploy change management infrastructure and approaches in the pursuit of aspirational strategic objectives ➢ To engage with patients, workforce and key partners and create a detailed roadmap for the next 18 months and broader vision for the coming five years • The Board Supported the further development of these recommendations into a comprehensive and costed five-year change programme. • Agreed to invite a future paper describing additional investment to support this five year programme, including a proposal for endowment funding. • Invite a future paper describing a detailed implementation plan breaking down the key recommendations into a series of SMART actions.	**SW**	**07/02/18**	On February Board Agenda	

Action Required	Lead	Due Date	Action Taken	Outcome
Emergency Access Standard – Review of Performance Reporting Compliance The Board were advised that the external review led by Professor Derek Bell would no doubt provide additional learning and cause for further reflection on next steps and this report would be brought back to the Board at the next meeting in February. The Board noted in respect of recommendation 2.4 that the timing of the February 2018 Board meeting fitted with the schedule for the expected publication of the external review report. It was agreed therefore that a further update report would be submitted to the February 2018 Board meeting. The Chairman commented that whilst it was appropriate for the Board to accept the recommendations in the circulated paper and to be satisfied and assured by the approach taken that there remained a concern on how to use the openness and transparency approach to get to the bottom of why the situation had arisen in the first instance. Going forward there was also a need to ensure that the process of governance compliance was appropriate and received the level of visibility required to provide assurance to the Board. There would be a need at the February Board meeting to consider the input from the external review process.	**JC**	**07/02/18**	On February Agenda	
Quality and Performance Improvement The question was raised whether on the back of the recent report produced by Sir Harry Burns new performance targets would be issuing from the Scottish Government. It was not anticipated that this would be the case although the report was still in the system for discussion and in that regard it might be useful as a mechanism to inform NHS Lothian's own work in this area. The Chief Quality Officer undertook to check the position outwith the meeting.	**SW**	**10/01/18**	Subject of January Board Development Session	**Complete**

Action Required	Lead	Due Date	Action Taken	Outcome
The Board were advised that the LDP was tailored to each Board and targets would be subject to further discussion with the Scottish Government and would be picked up as part of a future Board Development Session. It was noted that part of this debate would be around the choices that the Board needed to make in response to the LDP and this would be important in terms of future service delivery. The Board discussed the assurance process noting that in table B of the circulated paper that the majority of the assurance categories were around limited and moderate. It was felt that there would be benefit in adding an additional column to provide further narrative and detail in this area.				
Financial Position to October 2017, Year End Forecast and Financial Outlook 2018/19 It was anticipated that by the time of the next Finance and Resources Committee and the next Board meeting that further confidence would be available around the year end position.	**SG**	**07/02/18**	Significant Assurance of achieving financial balance at year end was given to the Finance and Resources Committee on 23/01/18	**Complete**
Paediatric Programme Board Update The options for the future for clinical model would be developed through this process then risk assessed with realistic timelines being detailed and would form the basis of a report that would be submitted to the Board in April 2018.	**JCam**	**04/04/18**	Awaited	

NHS LOTHIAN

Board
7 February 2018

Executive Medical Director

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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   Acknowledge the corporate risks have undergone a review to improve the expression of risk, controls and actions.

2.2   Acknowledge the Healthcare Governance Committee in November 2017 reduced the Healthcare Associated Infection risk to Medium due to current performance.

2.3   Accept significant assurance that the current Corporate Risk Register contains all appropriate risks, which are contained in section 3.2 and set out in detail in Appendix 1 (updates are in bold).

2.4   Accept that as a system of control, the Governance committees of the Board assess the levels of assurance provided with respect to plans in place to mitigate the risks pertinent to the committee.

3   Discussion of Key Issues

3.1   The Board has approved a number of changes to the risk register as initiated as part of the risk review process. A number of risks have been under significant review and/or change.

These include:-

- Approving an additional patient focused access to treatment risk
- Change in title from 'Achievement of National Waiting Times' to 'Access to Treatment (Organisation Risk)'. Strengthening of controls within the current

performance and raising this risk from High 16 to Very High 20, given the current performance

- Change in title from 'Unscheduled Care: Delayed Discharges' to 'Timely Discharge of Inpatients', as this title is more illustrative of the risk
- Review the Patient Experience risk and reduced in severity from Very High to High.

The corporate risks have undergone a review with one exception – Violence & Aggression risk which is under review. The aim of the review was to improve clarity of expression of risks, controls and actions to maximise effectiveness of the process which was an Audit & Risk Committee agreed risk management objective for 2017/18.

3.2   As part of our systematic review process, the risk registers are updated on Datix on a quarterly basis at a corporate and an operational level. Risks are given an individual score out of 25; based on the 5 by 5 Australian/New Zealand risk scoring matrix used; 1 being the lowest level and 25 being the highest. The low, medium, high and very high scoring system currently used, is based on the same risk scoring matrix, remains unchanged.

3.3   There are currently 14 risks in total in Quarter 1; the 6 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. Achieving the 4-Hour Emergency Care standard *
3. Timely Discharge of Inpatients *
4. General Practice Sustainability
5. Access to Treatment (organisational risk)
6. Access to Treatment (patient risk)

* Outwith risk appetite as illustrated in Table 3.

3.3.1 The Board and Governance committees of the Board need to assure themselves that adequate improvement plans are in place to attend to the corporate risks pertinent to the committee. These plans are set out in the Quality & Performance paper presented to the Board and papers are considered at the relevant governance committees. Governance Committees continue to seek assurance on risks pertinent to the committee and level of assurance along with the summary of risks and grading is set out below in Table 1.

3.3.2 If you have an electronic version of this report, links to each risk in Appendix 1 have been embedded in the below table (please click on individual Datix risk number in the table).
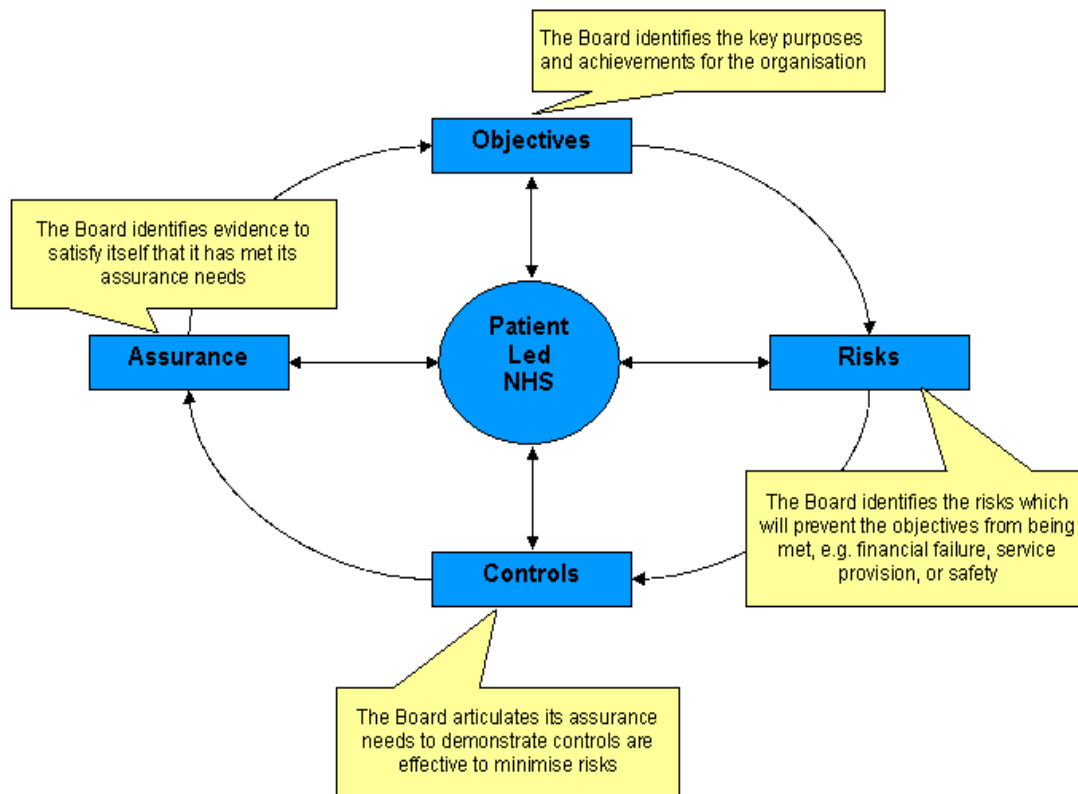
Table 1

Datix ID	Risk Title	Assurance Review Date	Initial Risk Level	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017
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)**	March 2017 Limited assurance with respect to financial balance 2017/18. July F&R considered the revised risk and accepted limited assurance.	High 12	Very High 20	Very High 20	Very High 20	Very High 20
3203	Unscheduled Care: 4 hour Performance **(Acute Services Committee)** (Set out in Quality & Performance Improvement Report)	February 2017 Moderate Assurance; Members approved the recommendations laid out in the paper and accepted moderate assurance, but asked for more detail in the next paper on the greater impact of the measures taken to manage unscheduled care. Paper received and moderate assurance accepted due to performance over the last 4 quarters. In November 2017, Acute Services Committee continued to accept moderate assurance.	High 10	Very High 20	Very High 20	Very High 20	Very High 20
3726	Timely Discharge of Inpatients (Previously Unscheduled Care: Delayed Discharge) **(HCG Committee)** (Set out in Quality & Performance Improvement Report)	January 2017 Limited assurance. No clear improvement plans in place to mitigate the risk. A plan was presented to the September 2017 HCG committee who accepted limited assurance and ask for regular updates from the Chief Officers. November HCG continued to accept limited assurance.	Very High 20	Very High 20	Very High 20	Very High 20	Very High 20
3829	GP Workforce Sustainability **(HCG Committee)**	March 2017. Limited assurance. No clear improvement plans in place at March 2017. Plans presented in May 2017. September 2017 HCG continued to accept limited assurance, but more confident that the plans in place will mitigate this risk over time and asked for regular updates.	Very High 20	Very High 20	Very High 20	Very High 20	Very High 20
3211	Access to Treatment – Organisation Risk (Previously Achievement of National Waiting	July 2017. Limited Assurance. The Committee was impressed with the work in progress but also disappointed that	High 12	High 16	⬆Very High 20	Very High 20	Very High 20

Datix ID	Risk Title	Assurance Review Date	Initial Risk Level	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017
	Times) **(Acute Services Committee)** (Set out in Quality & Performance Improvement Report)	performance remained of concern with the volume of patients waiting over 12 weeks. Recognition that systems of control were in place was accepted.					
4191	Access to Treatment Risk – Patient (New Risk May 17) (Acute Services Committee)	Considered at HCG July 2017. Continues to be limited assurance and update to come regularly.	Very High 20			Very High 20	Very High 20
3454	Management of Complaints and Feedback **(HCG Committee)** (Set out in Quality & Performance Improvement Report)	July 2017. Moderate assurance with respect to a plan being in place, but need assurance that the plan will lead to an improvement and asked for an update every 2nd meeting. November 2017 HCG considered and moderate assurance accepted.	High 12	Very High 20	Very High 20	High 16	High 16
1076	Healthcare Associated Infection **(HCG Committee)** (Set out in Quality & Performance Improvement Report)	July 2017. Overall moderate assurance due to SAB infections, but significant with respect to CDI HEAT target achievement. Committee asked for the risk grading to be reviewed in light of current performance. Incorporated into the Risk Review process. Risk reviewed and grading reduced and approved at November 2017 HCG due to current performance.	High 12	High 16	High 16	High 16	Medium 9
3480	New Title - **Management of Deteriorating Patients in Acute Inpatients** (previously Delivery of SPSP Work Programme) **(HCG Committee & Acute Services Committee)** (Set out in Quality & Performance Improvement Report)	July 2017 Significant assurance received for Patient Safety Programme with the exception of the management of deteriorating patients. Committee in March. Review presented to HCG July 2017. Significant assurance re robustness of the review, limited as actions agreed that will lead to an improvement as changes not tested at scale. Progress update to January 2018 HCG – will review risk grading should improvement in outcomes be sustained.	High 16	High 16	High 16	High 16	High 16
3527	Medical Workforce Sustainability **(Staff Governance Committee)**	March 2017 Moderate Assurance that all reasonable steps are being taken to address the risks. Paper requested for 26th	High 16	High 16	High 16	High 16	High 16

Datix ID	Risk Title	Assurance Review Date	Initial Risk Level	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017
		July meeting. Risk considered in paper at October 2017 meeting and continues to accept moderate assurance.					
3189	Facilities Fit for Purpose (accepted back on the Corporate Risk Register October 2015) **(Finance & Resources Committee)**	Updated risk reviewed and approved at Finance & Resources Committee Jan 2018. Moderate assurance received.	High 15	High 16	High 16	High 16	High 16
3455	Management of Violence & Aggression. (Reported at H&S Committee, **via Staff Governance Committee**)	March 2017 Limited Assurance. Pending the review of the management of violence and aggression commissioned by Medical Director. Findings of review to be considered by Staff Governance on 26th July 2017 and inform the management of this risk.	Medium 9	High 15	High 15	High 15	High 15
3828	Nursing Workforce – Safe Staffing Levels **(Staff Governance Committee)**	March 2017 Moderate assurance that systems are in place to manage this risk as and this risk will be regularly reviewed particularly with respect to District nursing. Staff Governance in October 2017 considered a paper on this risk and continues to accept moderate assurance.	High 12	Medium 9	Medium 9	Medium 9	Medium 9
3328	Roadways/ Traffic Management (Risk placed back on the Corporate Risk Register December 2015) (Reported at H&S Committee, **via Staff Governance Committee**)	March 2017 Moderate Assurance that issues are regularly reviewed, managed and improvements developed as supported by recent audits. Further report requested for 26th July meeting. Staff Governance Committee considered report at October 2017 meeting and continues to accept moderate assurance.	High 12	High 12	High 12	High 12	High 12

3.4   Since mid-2016/17 NHS Lothian has been using standard levels of assurance in its system of governance, and the Corporate Governance Manager has prepared some internal guidance on Corporate Governance and Assurance set out below and assurance levels are now routinely being used in governance committees.

The Board identifies the key purposes and achievements for the organisation

Objectives

The Board identifies evidence to satisfy itself that it has met its assurance needs

Assurance

Patient Led NHS

Risks

The Board identifies the risks which will prevent the objectives from being met, e.g. financial failure, service provision, or safety

Controls

The Board articulates its assurance needs to demonstrate controls are effective to minimise risks

Source: Health Care Standards Unit, as referred to in the Oxford University Hospitals Foundation NHS Trust Assurance Strategy (September 2015)

3.5 The Audit & Risk Committee has raised a challenge to explore the mechanisms by which the Board's Corporate Objectives inform NHS Lothian's Risk Profile and support the achievement of the Board's Corporate Objectives.

In response, a workshop has been convened for late November 2017 with the members of the Audit & Risk Committee and the Chairs of the other governance committees. The session will reflect on the 2017/18 Corporate Objectives and identify key risks to delivery of those objectives and the impact of these risks. The session will conclude with a reflecting of what has been learned from the exercise.

3.6 A session took place in October 2017 to develop sustainable arrangements for the Integration Joint Boards (IJBs) to engage with the NHS Lothian internal audit function and the NHS Lothian Audit & Risk Committee. To inform this session risks were mapped across Health & Social Care Partnerships, NHS Lothian and IJBs, and the mapping illustrated considerable commonality across the system.

3.7 Risk Appetite Reporting Framework

NHS Lothian's Risk Appetite Statement is:-

"NHS Lothian operates within a low overall risk appetite range. The Board's lowest risk appetite relates to patient and staff safety, experience and delivery of effective care. The Board tolerates a marginally higher risk appetite towards delivery of corporate objectives including clinical strategies, finance and health improvement."

Risk Appetite relates to the level of risk the Board is willing to accept to achieve its corporate objectives and measures has been identified as set out in Table 3 to provide a mechanism for assessing the delivery of these objectives. Green denotes Appetite met, Amber denotes Tolerance met but not Appetite and Red denotes Tolerance not met.

Table 3

	Current Status	Current Position	Data Report
Corporate Objective 3 – Improve Quality, Safety & Experience Across the Organisation (LDP 2016-17 - 2.3 Deliver Safe Care) **Low Risk Appetite**			
• Scotland target to reduce acute hospital mortality ratios by 10% with a tolerance of 15-20% by Dec 2018 [1] All sites within HS limits & <=1	Green	0.77	Quality & Performance Improvement Report (HCG Committee)
• Achieve 95% harm free care with a tolerance of 93-95% by Dec 2015	Green	99.9%	Patient Safety Programme Annual Report (Jan 2017) (HCG Committee)
• Achieve 184 or fewer SAB by March 2018 with a tolerance of 95% against target. n=193 to 184	Green	158	Quality & Performance Improvement Report (HCG Committee)
• Achieve 262 or fewer C.Diff by March 2018 with a tolerance of 95% against target. n=275 to 262	Green	132	Quality & Performance Improvement Report (HCG Committee)
• Reduce falls with harm by 20% with a tolerance of 15-20% by March 2017	Green	53%	Quality & Performance Improvement Report (HCG Committee)
Corporate Objective 3 – Improve Quality, Safety & Experience Across the Organisation (LDP 2016-17 - 2.4 Deliver Person-centred Care) **Low Risk Appetite**			
• Patients would rate out of 10 their care experience as 9, with a tolerance of 8.5	Amber	8.80	Quality & Performance Improvement Report (HCG Committee)
• 90% of staff would recommend NHS Lothian as a good/very good place to work by Dec 2015 with a tolerance of 93-95%	Red	74%	iMatters first report. Frequency of reporting to be confirmed. (Staff Governance Committee)
• Staff absence below 4% with a 5% tolerance (4.2%)	Red	5.35%	Quality & Performance Improvement Report (Staff Governance Committee)
Corporate Objective 3 – Improve Quality, Safety & Experience Across the Organisation (LDP 2016-17 - 2.7 Scheduled Care & Waiting Times) **Low Risk Appetite**			
• 90% of patients of planned/elective patients commence treatment within 18 weeks with a tolerance of 85-90%	Red	77.6%	Quality & Performance Improvement Report (Acute Hospitals Committee)
• 95% of patients have a 62-day cancer referral to treatment with a tolerance of 90-95%	Red	88.5%	Quality & Performance Improvement Report (Acute Hospitals Committee)

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[1] This is a Scotland-wide target which NHS Lothian will contribute to.

	Current Status	Current Position	Data Report
Corporate Objective 3 – Improve Quality, Safety & Experience Across the Organisation (LDP 2016-17 - 2.8 Appropriate Unscheduled Care) **Low Risk Appetite**			
• 98% of patients are waiting less than 4 hours from arrival to admission by Sept 2014 with tolerance of 93-98%	Red	75.9%	Quality & Performance Improvement Report (Acute Hospitals Committee)
• No patients will wait more than 14 days to be discharged by April 2015 with an appetite of 14 days, and a tolerance of 15 days *	Red	224	Quality & Performance Improvement Report (HCG Committee)
• No of all patients admitted to hospital with an initial diagnosis of stroke should receive the appropriate elements of the stroke care bundle, with an appetite of 80% and a tolerance of 75%.	Red	70.7%	Quality & Performance Improvement Report for management actions (Acute Hospitals Committee)
Corporate Objective 1 – Protect & Improve the Health of the Population. **Medium Risk Appetite**			
• Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% SIMD areas, with a 10% tolerance (36-40%). (Target = 293 minimum per quarter).	Red	233	Quality & Performance Improvement Report (HCG Committee)
• At least 80% of women in each SIMD percentile will be booked for antenatal care by 12th week of gestation, with a 10% tolerance (69.3-77%)	Green	Lowest SIMD is SIMD 4 – 89.2%	Quality & Performance Improvement Report (HCG Committee)
Corporate Objective 5 – Achieve Greater Financial Sustainability & Value (LDP 2016-17 – 3.1 Financial Planning) **Medium Risk Appetite**			
• In the preceding month, the monthly overspend against the total core budget for the month is not more than 0.5%	Green	£451k underspend at period 8 equating to 0.4%	Period 8 Finance Report (Finance & Resources Committee)
• For the year to date, the overspend against the total core budget for the year to date is not more than 0.1%	Red	£5,769k overspend for the year-to-date, equating to 0.6%	Period 8 Finance Report (Finance & Resources Committee)

∗ Note: There is now a national target for Delayed Discharges with patients waiting no more than 72 hours to be discharged. The above Delayed Discharge targets will be replaced with the 72 hour target once they have been met.

3.7.1   The above table reporting would suggest NHS Lothian is outwith risk appetite on corporate objectives where low risk appetite with respect to Patient/Staff Experience and Access to Treatment, and medium appetite with respect to Finance. It should be noted the improvements in Safe Care.

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 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.

8 Resource Implications

8.1 The resource implications are directly related to the actions required against each risk.

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25 January 2018
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List of Appendices

Appendix 1: Summary of Corporate Risk Register

Corporate Risk Register

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3600	3: Secure Value & Financial Sustainability	The scale or quality of the Board's services is reduced in the future due to failure to respond to the financial challenge.	There is a risk that the Board does not systematically and robustly respond to the financial challenge to achieve its strategic plan. This could be due to a combination of: uncertainty about the level of resource availability in future years, the known demographic pressure which brings major potential service costs and increasing costs of new treatment options, e.g. new drugs, leading to a reduction in the scale or quality of services. **NOTE:** During the last few years, NHS Lothian has been reliant on non-recurring efficiency savings, which has exacerbated the requirement to implement plans which produce recurring savings.	The Board has established a financial governance framework and systems of financial control. Finance and Resources Committee provides oversight and assurance to the Board. Quarterly review meetings take place, where acute services COO, site/service directors in acute, REAS and joint directors in Primary Care are required to update the Director of Finance on their current financial position including achieve delivery of efficiency schemes. **Rationale for Adequacy of Control**: A combination of uncertainty about the level of resource availability in future years combined with known demographic pressure which brings major potential service costs, requires a significant service redesign response. The extent of this is not yet known, nor tested.	Risk reviewed for period July-Sep 2017 Finance update at 20 October 2017 Board Meeting At 2 August 2017 Board Meeting, it was reported that the anticipated 2017/18 funding gap of £22m has been reduced to £13.4m. However, the overspend to date and recurring financial balance continues to give significant cause for concern. The medium term financial plan will have a renewed focus on the national opportunities identified via the national Value and Sustainability work streams. The positive impact on finance from the Quality initiatives work on reducing unwarranted variation and waste will also be reflected in the plan. The Board has agreed to produce a medium term strategic financial plan, with the specific aim of identifying a plan for the Board to return to recurring financial balance. The National Health and Social Care Delivery Plan has requested that Regional service models are enhanced to support delivery of recurring financial balance. The Board is committed to working with regional partners to deliver this aim. Risk Grade/Rating remains Very High 20	Inadequate: control is not designed to manage the risk and further controls & measures required to manage the risk	Very High 20	Medium 6	Director of Finance	Deputy Director of Finance	Finance & Resource Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance

3203	2: Improve the quality and safety of health care	Unscheduled Care: 4 hour Performance	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.	A range of governance controls are in place for Unscheduled Care notably:
				
				Board
				Monthly NHS Lothian Board oversee performance and the strategic direction for Unscheduled Care across the NHS Lothian Board area.
				
				NHS Lothian's Winter Planning Project Board is now established as NHS Lothian Unscheduled Care Committee in collaboration with the Integrated Joint Boards to promote sustainability of good performance all year round.
				The Unscheduled Care Programme Group chaired by West Lothian HSCP joint director meet on a weekly basis, monitoring performance reporting and unscheduled attendances.
				
				Winter Preparedness is on the Agenda of the Unscheduled Care Committee seasonally, however notable improvements through planning will be embedded as systems to promote sustainable access performance and mitigate risk.
				
				The winter planning process has started earlier this year, with agreement in place on schemes to be funded, and sites are now progressing to implementation.
				
				The approved Winter Plan outlined the approach to supporting performance over the winter period and beyond. This reflected a number of actions namely:
				• Winter Readiness plans established for each site
				• Plans focused on discharge capacity as well as bed capacity for 2017-18
				• Clear measures in terms of escalation procedures
				• Measures to counter any demand unmatched to support winter and patient flow
				• A focus on DD and POC to ensure sustainable performance throughout the winter period liaising closely with IJB partner organisations including
				   - Weekly teleconference with IJBs
				   - Trajectories in place to support reduction in DD for each partnership
				   - Agreed data set to assist with developing a wider capacity plan across all health & social care partnerships
				
				A number of performance metrics are considered and reviewed weekly, including:
				
				- 4 hour Emergency Care Standard and performance against trajectory
				- 8 and 12 hour breaches
				- Attendance and admissions
				- Delayed Discharge (see Corporate Risk ID 3726)
				- Boarding of Patients
				- Length of Stay (LOS)
				- Cancellation of Elective Procedures
					Risk Reviewed October 2017
					
					Risk to be reviewed and approved by Acute Services Committee in November 2017
					
					Updates highlighted below
					Risk Grade/Rating remains Very High/20
					
					Through the Unscheduled Care Committee work continues in line with the Scottish Governments 6 Essential Actions initiative. Each site is taking forward a set of actions to support a step change in performance. Priority interventions are focussing on:
					• Clinical Leadership
					• Escalation procedures
					• Site safety and flow huddles
					• Workforce capacity
					• Basic Building blocks models
					• Proactive discharge
					• Flow through ED/ Acute Receiving
					• Smooth admission/ discharge profiling
					• Effective capacity and Demand models being developed re in /out , BBB methodology
					• Patients not beds principle
					• Daily Dynamic Discharge/check, chase, challenge methodology rolled out across the acute sites
					• Plan to roll out across the whole system and partnerships campuses
					The regular quarterly report on 6EA progress is due to be submitted to the Scottish Government at the end of October.
					
					Debrief from winter was in May 2017. NHS Lothian achieved target of 95% performance in 4 of the last 6 months (January to June 2017).
					
					Winter plans for 2017/18 are based on lessons learned from 2016/17 debrief. Focus is on integrated approach to plans, reducing attendances, unscheduled admission length of stay and timely discharge
						Adequate but partially effective; control is properly designed but not being implemented properly	Very High 20	Low 1	Jim Crombie	Jacquie Campbell (NHSL) / Jim Forrest (W/Lothian IJB)	Acute Services Committee

| | | | | - Finance
 - Adherence to national guidance/ recommendations (what Scottish Government expect for the money received)

Funding from the Scottish Government is allocated against whole system bids. This includes testing and evaluating ways of working against flow, near patient testing and diagnosis at the front door.

Acute Services
-The bi-monthly Acute Hospitals Committee review and respond to plans and performance.
- Frontline updates to acute services monthly CMG and SMT
- Weekly briefings to the Scottish Government on performance across the 4 main acute sites (RHSC, RIE, WGH, SJ H

Service Improvement Managers and Data Analysts are now in place on each site and in Outpatients services to analyse real time data to inform improvement work. | | 🟥🟩 | | |

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates/Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3726	2: Improve the quality and safety of health care	Timely Discharges of Inpatients	There is a risk that patients are not being discharged in a timely manner resulting in sub optimal patient flow impacting on poor patient, staff experience and outcome of care.	A range of **management/governance** controls are in place for Unscheduled Care notably: NHS Lothian Board (bi monthly) oversee performance and the strategic direction for Delayed Discharges across the Lothian Board area. The bi-monthly Acute Hospitals Committee as well as formal SMT and SMG meetings. Further weekly briefings to the Scottish Government on performance across the 4 main acute sites (data analysis from EDISON NHS Lothian's Winter Planning Project Board is now established as the NHSL Unscheduled Care Committee in collaboration with the Integrated Joint Boards **Integrated Joint Boards will report via the Deputy Chief Executive to Scottish Government on the delivery of key targets which include Delayed Discharges and actions in response to performance.** **Delayed discharges are examined and addressed through a range of mechanisms by IJBs which include:** • Performance Management. Each Partnership has a trajectory relating to DD performance and these are reported through the Deputy Chief Executive • Oversight of specific programmes established to mitigate this risk for example Edinburgh Flow Board and/or Strategic Plan Programme Board (East Lothian)	**Risk reviewed and approved at June 2017 Board** Risk Grade/Rating remains Very High/20 Action to help tackle DD across NHS Lothian include: • Criteria led discharge pilots • Downstream hospitals to have admission and discharge quotas similar to main acute sites. • A capacity and demand exercise is being implemented re hours of care at home required across the City of Edinburgh and other councils • Locality based Services (hubs) being developed to support pulling patients out of hospital and promoting prevention of admission and reducing delayed discharges • Evidence Based Daily Dynamic Discharge is rolled out across the whole system in collaboration with Scottish Government Improvement Team • Extending Hospital to Home and HAH capacity • Additional capacity to support weekend discharge (diagnostic, pharmacy, AHPs, transport etc) • Twice daily Teleconference to plan and match transfer of care to right place for patients • Weekly teleconference with the IJB **Chief Officers**, chaired by WLH&SCP **Chief Officer and Deputy Chief Executive** • Joint Venture with CEC to create additional models of interim care capacity – Gylemuir/Liberton • Discharge Hubs in the Royal Infirmary of Edinburgh, the Western General Hospital and St John's Hospital • Orthopaedic Pathway Review The Winter Planning Board/ NHS Lothian Unscheduled Care Committee are overseeing the necessary actions in support of sustained performance during the winter period and beyond. Lothian's approved Winter Plan sets out the key requirements in supporting service delivery and access performance during winter and beyond. Actions include: • Development of robust site winter readiness plans • Focus on Capacity and Demand in relation to beds and hours or care requirements • Clear measures in terms of escalation procedures • Counter any demand as a result of the extended 4 day break during the festive period. • Focus on DD and POC liaising with IJB Partner organisations to support patient flow and sustainable performance throughout the winter period. • Agreed Trajectories in place for each partnership and being monitored to support capacity to meet demand • Agreed data set to assist with developing a wider capacity plan that covers all health and social care areas • Further planning capabilities have been enhanced following the 2015/16 winter de-brief process • Health and social Care Partnerships are embracing the Integration agenda and working collaboratively to mitigate risk to patients due to poor performance and have put joint plans in place to support	Adequate but partially effective; control is properly designed but not being implemented properly	Very High 20	Medium 9	Deputy Chief Executive	Director of West Lothian H&SCP/Chief Operating Officer (Acting)	Acute Hospitals Committee in partnership with IJBs

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3829	2: Improve the quality and safety of health care	GP Workforce Sustainability	There is a risk that the Board will be unable to meets its duty to provide access to primary medical services for its population due to increasing population combined with difficulties in recruiting and retaining general practitioners, other staff and premises difficulties (e.g. leases). This may affect: • ability of practices to accept new patients (restricted lists); • patients not being able to register with the practice of their choice; • ability to cover planned or unplanned absence from practice; • ability to safely cover care homes; and difficulties in one practice may impact on neighbouring practices/populations, occur at short notice with the result that practices are unable to provide services in their current form to existing patients; • other parts of the health and social care system e.g. secondary care, referrals, costs As a result of these pressures practices may choose to return their GMS contracts to the NHS Board who may in turn not be able to successfully fill practice vacancies or recruit sufficient medical staff to run the practice under 2c (direct provision) arrangements	**Governance and performance monitoring** • Regular updates reported to Healthcare Governance Committee • NHS Lothian Board Strategic plan, HSCP primary care transformation plans and reports to Board and Strategic Planning Committee. • Establishment of the Primary Care Investment and Re-design Board which will oversee implementation of local plans and measure associated improvement across NHS Lothian. • The risk is highlighted on all HSCP risk registers with local controls and actions in place and on the East Lothian IJB risk register as host IJB for the Primary Care Contractor Organisation (PCCO) **Core prevention and detection controls** • PCCO maintain a list of restrictions to identify potential and actual pressures on the system which is shared with HSCPs and taken to the Primary Care Joint Management Group (PCJMG) monthly. • PCJMG review the position monthly with practices experiencing most difficulties to ensure a consistent approach across the HSCPs and advise on contractual implications. • Ability to assign patients to alternative practices through Practitioner Services Division (PSD). • "Buddy practices" through business continuity arrangements can assist with cover for short-term difficulties. **Rationale for Adequacy of Controls - remains inadequate** as HSCP transformational plans are still at developmental stage and GP retention and recruitment is a national issue (see Medical workforce risk. Risk grading therefore remains very high/20).	Risk reviewed for period July-Sep 2017 <u>Risk reviewed at Primary Care Joint Management Group on 14/09/17.</u> <u>Position on golden hellos reviewed and updated - discretionary applications to be considered on a case by case basis.</u> <u>Healthcare Governance Committee received a report in September 2017 which again confirmed limited assurance.</u> • All HSCPs developing transformational plans for Primary Care based on agreed, joint priorities and a second Lothian-wide Primary Care summit was held on 4 May and reported to May HCG. • NHS Lothian proposed investment of £5m over three years from 2017/18 to address the key pressures are reflected in HSCP integration plans along with the additional national funding in 2017/18 for Primary Care Transformation, funding to increase provision of clinical pharmacist posts in General Practice to provide alternatives to GP consultations for medicines and prescribing related issues. • Further work on GP recruitment including: ➢ Testing the recruitment market (using Google clicks or a social media campaign to identify where GPs might come from before running a more visible, targeted campaign to recruit) ➢ Promotion of Edinburgh and Lothians as good place to work ➢ Provision of local contacts to discuss job opportunities ➢ GP practice recruitment micro site	Inadequate; control is not designed to properly manage the risk and further controls and measures are required.	Very High 20	High 16	Medical Director	Joint Director, East Lothian H&SCP	Healthcare Governance Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3211	2. Improve patient pathways and shift the balance of care	Access to Treatment Risk – Organisation Risk (Previously Achievement of National Waiting Times)	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 suboptimal use of available capacity, resulting in compromised patient safety and potential reputational damage.	**Governance & performance monitoring** • Weekly Acute Services Senior Management Group (SMG) meeting • Monthly Acute Services Senior Management Team meeting- monthly outturn and forecast position • Performance reporting at Corporate Management Team (CMT) • NHS Lothian Board Performance Reporting • Performance Reporting and Assurance to Acute Hospital Committee • Monthly access and Governance Committee, to ensure compliance with Board SOPs relating to waiting times. **Core prevention and detection controls** • Establishment of the Delivering for Patients Group to monitor performance and work with individual specialties to delivery efficiency improvements against key performance indicators on a quarterly basis • Scope for improvement identified with recommendations made to specialties e.g. target of 10% DNA rate; theatre session used target of 81 %, cancellation rate 8.9%; for every 10 PAs recommendation of 6 DCCs directly attributed to clinic or theatre. **Rational for 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 SMT to ensure any areas of concern are highlighted and actioned. Risk remains high while demand continues to exceed available capacity.	**Risk reviewed and approved at June 2017 Board** **Ongoing Actions** • Weekly Acute SMG monitors TTG, RTT, long waits, cancer performance, theatre performance and recovery options on a weekly basis, with monthly deep dives into theatre and cancer performance. • Monthly Acute SMT has sight of Access & Governance minutes, to monitor ongoing actions and escalate as appropriate. • Performance is also reported to, and monitored by, Acute CMT. • Performance is also monitored by the Board and Acute Hospitals Committee, using the Quality & Performance pro forma format. A considerable amount of work is being undertaken by the Performance Reporting team, in conjunction with Acute divisional management, to streamline the pro formas making them easier to use and improving their relevance to the performance improvement process at service level. **Additional Actions** • Implementation of a Theatres Improvement Programme – a significant programme with multiple work streams (Pre-assessment, HSDU, Booking and Scheduling, Workforce) to improve theatre efficiency. • Establishment of an Outpatient Programme Board that focuses on demand management, clinic optimisation and modernisation. Risk Grade/Rating is Very High/20	Inadequate – control not designed to properly manage risk; further controls required	Very High 20	Medium 4	Deputy Chief Executive	Chief Operating Officer (Acting)	Acute Services Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
4191	2. Improve patient pathways and shift the balance of care	Access to Treatment Risk - Patient	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 and outpatient services within specific specialties. Clinical risk is identified in two dimensions: 1) the probability that due to length of wait the patient's condition deteriorates; 2) the probability that due to the length of wait significant diagnosis is delayed.	• Service developed trajectories, that are used to monitor performance, early indications of pressures, and opportunities to improve efficiencies/productivity. • A re-invigorated Delivering for Patients (DfP) programme provides a framework for learning and sharing good practice through a programme of quarterly reviews. • New referrals are clinically triaged, a process which categorises patients as Urgent Suspicion of Cancer (USOC), Urgent or Routine. Within each of these categories, patients are triaged into the most appropriate sub-specialty queue, each of which is associated with a different level of clinical risk. • A revised communications strategy has been established to ensure that both patients and referrers are appropriately informed of the length of waits. • If the patient's condition changes, referrals can be escalated by the GP by re-referring under a higher category of urgency. There is an expectation that the GP would communicate this to the patient at the time of re-referral. • 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) breachers. Rational for 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 actioned. Risk remains high while demand continues to exceed available capacity.	**New Risk May 2017. Approved at June 2017 Board.** Ongoing Actions • DfP quarterly reviews are supported by more regular meetings with service management teams and clinicians to develop and implement improvement ideas, and to facilitate links to the Outpatients and Theatre improvement programmes. Running action notes are kept at each service meeting, and regularly reviewed by service management teams and the DfP core group. • Significant redesign and improvement work is being undertaken through the Outpatient Programme Board and through the Theatre Improvement Programme Board, to help mitigate some of the increasing waiting time pressures and clinical risks. • Revised communications strategy includes an "added to outpatient waiting list" letter, which informs patients that their referral has been received, and that some service waits are above the 12-week standard. Current waiting times are also published on *RefHelp*, making them available to GPs at the time of referral. It has been agreed (March 2017) that a link to *RefHelp* waiting time information will be included in letters to patients, allowing them to check service waiting times regularly. • Information on the projected length of wait throughout a patient's pathway is communicated clearly to patients at clinical appointments throughout their cancer journey. Additional Actions • There are some ongoing issues with resilience with regard to cross-cover among trackers during periods of absence and / or annual leave and these are being addressed robustly with, in the first instance, an in-depth review of current cancer tracking arrangements. • Executive Medical Director and Interim Chief Officer have developed risk matrix for specialties under waiting time pressures, and will work with NHS Grampian to develop a clinician led framework for risk analysis to help prioritise resources. Risk is very high while demand exceeds available capacity and as such Risk Grade/Rating is Very High/20	Inadequate – control not designed to properly manage risk; further controls required	Very High 20	Medium 4	Deputy Chief Executive	Chief Operating Officer (Acting)	Acute Services Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3454	2: Improve the quality and safety of health care	Management of Complaints and Feedback	There is a risk that learning from complaints and feedback is not effective due to lack of reliable implementation of processes (for management of complaints and feedback) leading to the quality of patient experience being compromised and adverse effect on public confidence and expectation of our services. It is also acknowledged that a number of other corporate risks impact on this risk such as the processes and experience of unscheduled care, patient safety, primary care and waiting times.	Governance and performance monitoring • Routine reporting of complaints and patient experience to every Board meeting • Regular reports to the Healthcare Governance Committee - complaints and patient experience reports. • Additional reports are submitted to the Audit and Risk Committee • Monthly quality and performance reporting arrangements include complaints and patient experience Core prevention and detection • The complaints improvement project board, chaired by the Executive Nurse Director oversees implementation of the new complaints handling model for management and learning from complaints as part of a wider improvement project to improve patient experience • Feedback and improvement quality assurance working group meets monthly, chaired by Non-executive Director and is overseeing implementation of the SPSP action plan • Corporate Management Team and Executive Nurse Directors group review and respond to weekly/monthly reports Complaints management information available on DATIX dashboard at all levels enabling management teams to monitor and take appropriate action. Weekly performance reports on complaints shared with clinical teams. Patient experience data is fed back on a monthly basis at service and site level to inform improvement planning and is available via Tableau Dashboard. Rationale for inadequate controls: Governance processes and improvement plans are in place but yet to be fully implemented.	Risk Reviewed for period July-Sep 2017 A new complaints handling procedure was implemented 1 April 2017 which introduced a 3-stage approach: 1) front line resolution, 2) Investigation and 3) SPSO. • Complaints Improvement Project Board now in place chaired by the Executive Nurse Director. • **Stakeholder engagement from across the organisation continues and paper going to Oct CMT on the new delivery model (Hybrid Model) to support the new CHP**. • Feedback & Improvement Quality Assurance Working Group meet monthly chaired by Non Executive and has overseen the implementation of SPSO action plan. Further meeting with the new Ombudsman took place on 26 July 2017. • Complaints and patient experience reports was given moderate assurance by the HCG committee – May 2017. • Discussions are ongoing with independent contractors to explore how new model can be implemented in Primary Care • Ongoing support, training and awareness raising within services to increase confidence and capability in managing complaints • Work ongoing to support the complaints and feedback systems within the 2 prisons encouraging early resolution. • Services are being supported to test a range of approaches including Care Opinion, Tell us 10 Things and Care Assurance Standards • Tell us Ten things questionnaire has been aligned with "5 must dos with me" and is being tested in 3 acute sites with adults and an amended version with children and young people Risk Grade / Rating is High / 16 Rationale for this – moderate assurance given at July 2017 HCG committee. Performance improved 11 out of the last 12 months (before the new CHP was implemented). SPSO cases reduced by half – currently 32 (02.10.17) Complaints Improvement Project Board in place. Blended approach to patient feedback (TTT, Care Opinion & CAS)	Inadequate; control is not designed to manage the risk and further controls & measures required to manage the risk	High 16	Medium 6	Executive Director Nursing, Midwifery & AHP's	Head of Patient Experience	Healthcare Governance Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
1076	2: Improve the quality and safety of health care	Healthcare Associated Infection	There is a risk of patients developing an infection as a consequence of healthcare interventions because of inadequate implementation of HAI prevention measures leading to increased morbidity and mortality and further treatment requirements, including potential extended stay in hospital.	**Governance & Performance Monitoring** There is a comprehensive reporting and monitoring of system in place both at Board and operational level directing action as required. • Bi-monthly board papers • The NHS Lothian Infection Committee (LICC) reports to the Board through Healthcare Governance Committee. • Lothian Infection Control Advisory Committee (LICAC) receives reports from this committee, public health, facilities on environmental aspects of infection control and advices actions. • Sites have established local monitoring/reporting either as standalone infection control committees or as part of agenda in site management meetings reporting through Pan Lothian ICC • In addition to LICAC and local committees, Infection Prevention and Control report routinely at a senior management level to CMG and. & Director of Nursing Group **Core prevention & detection controls** **Strategy/Training** Overarching HAI Education Framework developed in collaboration with Workforce Planning & Development which is currently under review. Corporate Induction and mandatory update programme for Infection Prevention and Control training is in place for all staff and compliance is reported through Tableau. Additional, specialised modules are also available through LearnPro for relevant staff. Local and ad hoc sessions are provided often in response to events/incidents. IPCNs work collaboratively with clinical and non clinical services to communicate risk, support improvement and escalate concerns as appropriate. **ICT** IT systems are in place to allow IPCNs to monitor incidence, trends and patterns of HAI within their geographical region. Monthly reports with progress made against local delivery plan KPI's and are shared with clinical teams and senior management and are widely available on the Intranet. Clinical teams undertake local audits for compliance against SICPs and their data is published within QIDS. A Problem Assessment Group (PAG) or Incident Management Team (IMT) is convened to investigate and manage any significant event or outbreak. These are reported to the Local ICC and LICAC for shared learning and any system wide actions. SAE reviews are undertaken for CDI and SAB related deaths by services with support of IPCNs. **Surveillance** Enhanced surveillance is carried out for all SAB, CDI and *E-coli bacteraemia cases.* Monthly case review of all SAB and CDI carried out to determine key issues/learning opportunities. ICNet is a software system which imports positive results and also has an alert set to notify team of increased incidence. These are reported to the local ICC's for discussions on how to reduce them. Mandatory surveillance is undertaken for Surgical Site Infections within Obstetrics for C Section and Orthopaedics for Hip Arthroplasty. Where SSI or alert organism surveillance indicates a data exceedance there are processes in place for investigation. The Antimicrobial Management Team is responsible for the review and development of the Antimicrobial Prescribing Guidelines and provide oversight of antimicrobial use, compliance with guidelines and report findings to clinical teams to help drive improvement. Summary Reports are also provided to Clinical Management Team. **Decontamination** Responsibility for operational aspects of decontamination of reusable medical devises is with Facilities. There is a Decontamination Project Board, chaired by the Director of Public Health, which consider capital projects and wider strategic objectives – limited monitoring function Progress/monitoring of actions associated with endoscopy, reusable surgical, dental and podiatry equipment is via the operational group which has been established to support local delivery and is chaired by Service Director, DATCC. The decontamination lead provides updates to	**Risk Reviewed September 2017** **Risk to be reviewed and considered at Nov 2017 Staff Governance Committee** Current reporting and governance arrangements for HSCP's are being reviewed. A review of the current workload is ongoing as the service cannot sustain existing work streams and integrate the new work programmes into business as usual within the current workforce establishment. This is further complicated by recent changes in staffing and the subsequent ratio of trained staff to trainees. Following a review of the existing mandatory surveillance activity NHS Lothian have advised Scottish Government that in the short term, we will not submit for the Colorectal/Vascular programme and are seeking a sustainable solution. The new NES SICEP (Standard Infection Control Education Pathway) which replaces the Cleanliness Champion Programme has been reviewed in conjunction with NHS Lothian Education and other key stakeholders. It has been agreed that the complexity of the programme and volume of content would increase the risk of non-compliance with mandatory education. Collaboration in the development of a more deliverable programme is being sought from NHS Borders and Fife. Progress in moving to reporting HAI through Tableaux Dashboards has stalled due to resource/ workload issues within informatics teams **Risk Grade/Rating has been reduced to Medium 9 based on the current SAB and C Diff data that shows improvement**	Adequate but partially effective: control is properly designed but not being implemented properly	Medium 9	Medium 4	Tracey Gillies	Fiona Cameron	Healthcare Governance Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
				Lothian ICC and LICAC. The physical condition of building and capacity is struggling to maintain levels of provision for service demands, There is person dependant expertise through the decontamination lead nurse and without a business continuity plan this service could be at significant risk. **Estate/ Care Facilities** There are a number of aging properties within NHS Lothian built environment that do not meet current standards and are continuing to decline such as Edington Cottage Hospital , PAEP and recognition that within economic climate, prioritisation of works means some areas that are no longer fit for purpose will continue to pose a risk. PCT, facilities and clinical teams working collaboratively to implement current national standards and guidance in new builds, refurbishments and maintenance programmes - Healthcare Associated Infection System for Controlling Risk in the Built Environment (HAI SCRIBE).							

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3480	Improve the quality and safety of health care	Management of Deteriorating Patients	There is a risk that NHS Lothian does not reliably manage deteriorating patients in adult acute inpatient settings leading to potential harm and poor patient/family experience	• The Quality Report, reported to the Board monthly, contains a range of measures that impact and relate to management of deteriorating patients • Healthcare Governance Committee provides assurances to the Board on person-centred, safe, effective care provided to patients across NHS Lothian as set out in its Assurance Need Statement, including clinical adverse event reporting and response. • The Patient Safety Programme reports to relevant governance committees of the Board setting out compliance with process and outcome safety indicators and includes external monitoring. • Adverse Event Management Policy and Procedure. • Quality of care reviews which include patient safety issues is subject to internal audit and compliance with recommendations, and is reported via Audit & Risk Committee and HCG Committee when appropriate. • Patient safety walkrounds to gain an understanding of safety culture and work taking place at service level. Also now in general practice. • Charge Nurse Ward Round and Patient Centred Audit put in place as Quality Assurance Mechanisms to validate self reporting of patient safety data • Quarterly visit by HIS to discuss progress actions and Quarterly submission of data. • Access to national outcome data by Board which enables boards to see whether they are outliers and escalate concern and risk as appropriate • Adverse Event Improvement Plan in place monitored via HCG • Site Based Quarterly Reports including Patient Safety Data (QIDS) sent monthly. •Live data at ward level	**Risk reviewed for July-Sep Period** **Approved at September 2017 HCG Committee.** • As part of the Quality and Performance reporting the issue of meeting the 50% reduction in Cardiac Arrests by January 2016 was considered. Lothian has achieved 8% with the 4 major sites above Scottish rate • A HIS visit has taken place, plans are in place and monitored through the service supported by QIST and reviewed by HIS. Plan progressing well. The risk is not related to quality of care but about data reporting • The HCG committee have approved a review of the management of deteriorating patients in March 2017 with an improvement plan based on finding going to the 11th July 2017 meeting. The review provided significant assurance with respect to the robustness of the review and areas for improvement. The HCG Committee accepted limited assurance that a potential impact on cardiac arrest rates will follow from the improvement plan, since the elements of it are as yet untested in Lothian at scale. • <u>Implementation plan developed results of this fed back to individual service areas to inform improvement planning. Progress to go back to HCG in March 18 and regular monitoring through Quality and Performance Report.</u> Risk grade/rating remains High/16 based on unmet actions for key safety priorities	Adequate but partially effective; control is properly designed but not being implemented properly	High 16	Medium 6	Medical Director	Associate Director for Quality Improvement & Safety	Healthcare Governance Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3527	3: Secure value and financial sustainability	Medical Workforce Sustainability	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 increase in activity resulting in the diverting of available staff to urgent and emergency care. Service sustainability risks are particularly high within Paediatrics, Emergency Medicine and Obstetrics & Gynaecology. Achievement of TTGs is at risk due to medical workforce supply risks within Anaesthetics, Geriatrics and Ophthalmology	**Governance & Performing Monitoring** • A report is taken to the Staff Governance Committee when required, providing an update of the actions taken to minimise medical workforce risks in order to support service sustainability and address capacity issues within priority areas. • A Lothian Workforce Planning & Development Board has been established to coordinate work within all professional groups including the medical workforce. **Core prevention and detection controls** • Medical workforce risk assessment tool is available and implemented across all specialties. The assessments are fed back to local Clinical Directors and their Clinical Management Teams. They use these to inform their own service/workforce plans to minimise risk. • For the risks that require a Board or Regional response the findings are fed back to the SEAT Regional Medical Workforce Group and feed into the national medical workforce planning processes co-ordinated by NES/SG. A recent update paper was taken to the Staff Governance Committee providing a detailed up date and the current risk rating was supported. There was moderate assurance that all reasonable steps are being taken to address the risks.	Risk Reviewed for period July-Sep 2017 A recent review of trained doctor establishments show significant improvements in recruitment from 2 years ago with an overall establishment gap of 4.3% from 4.9% in March 2015 and is relatively stable. There remain challenges in particular at the St John's site within General Medicine(7.6wte), there also remain gaps. There has however been recruitment to 2wte Ophthalmology posts with successful candidates taking up posts in June/July. Recruitment to 8wte posts to provide additional capacity at both RHSC and St John's sites in line with the recommendations of RCPCH review has been partially successful with 6wte successfully appointed, there remains however 2wte vacancies. For those specialities at high risk, local workforce plans and solutions which minimise risk have been developed and are monitored closely through existing management structures. Vacancies in 'hard to recruit' specialties regularly reviewed and different ways explored of delivering services where there are persistent gaps e.g. psychiatry and paediatrics. Ongoing implementation of risk assessment tools used to inform local workforce plans and solutions which minimise risk and are monitored closely through existing management structures. <u>An updated paper has been written for the October staff governance committee highlighting the relatively strong position in relation to recruitment overall. The committee was asked to note that the level risk had not changed substantially since the last update and to accept a moderate level of assurance that the controls in place mitigate any risks to patient safety related to this. However given that there is not a generalised problem with recruitment for trained and training grade doctors there is a need to reconsider the risk contained on the risk register to ensure that it better reflects that only a small number of specialties would be regarded as having a high level of risk with a significantly lower level of risk across specialties in general</u>. Risk Grade/Rating remains High/16	Adequate but partially effective; control is properly designed but not being implemented properly	High 16	Low 2	Medical Director	Head of Workforce Planning	Staff Governance Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates/Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3189	3. Secure Value of Financial Sustainability	Facilities Fit for Purpose	There is a risk that NHS Lothian is unable to deliver an efficient healthcare service because of unsuitable accommodation and clinical environments leading to potential delays in patient care and threatening patient and staff safety.	A stringent Governance Process and structure for reporting of Backlog Maintenance (BLM) has been implemented as follows: ○ Property & Asset Management Strategy (PAMS) Group ○ Capital Steering Group ○ Lothian Capital Investment Group (LCIG) ○ Finance & Resources Committee ○ Scottish Government through the annual Property & Asset Management Strategy To ensure accurate reporting the Board has implemented the following controls: • 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. • Recurring capital funding approved of £2.5m to undertake priority works (high and significant areas) • 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. • The Procurement Framework has been implemented that allows issues identified to be rectified without the need for lengthy tendering exercises	Risk Reviewed for period – Oct – December 2017 Action undertaken 2017/18 • Review of Risks and programme of works resulted in BLM exposure of £53.8 a reduction of £5m from previous year • At the start of the financial year 2017/18 the position in high and significant risk exposure was - £1m and significant risk being £37.4. It is anticipated that the Board will be in a position to reduce the high and significant risks significantly over this financial year. • BLM programme of works for 2017/18 addressed fire precaution works across all sites, mechanical and electrical plant replacement, legionella, building fabric (external cladding and window replacement), external grounds maintenance (car park upgrades) • The closure of Corstorphine Hospital, Royal Victoria, Edenhall, former Wester Hailes HC and sale of 4 residential care houses , in addition the expiry of leases has reduced backlog maintenance exposure. • Programme of works for 2018/19 currently being reviewed together with future programmes. The F&R Committee considered a detailed report in November 2017 and the following conclusions were noted: • The committee agreed to support the current programme of works proposed this financial year and to support the proposal that the Facilities Directorate set up a multi-disciplinary group as described. • The Committee agreed to take significant assurance that Management have calculated the BLM in line with NHS Scotland's requirements and BLM remained a priority for Facilities and that high priority items are being undertaken within the funding currently allocated. This aligns with the Board's commitment to prioritise patient safety in particular. • Furthermore the Committee agreed to accept the limited assurance that the Board can achieve an adequate reduction in the high and significant risks within BLM with the current level of funding by 2020 (the Scottish Government's objective). Risk Grade/Rating remains High 16	Adequate but partially effective; control is properly designed but not being implemented properly	High 16	Medium 4	Jim Crombie	George Curley	Finance & Resources Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3455	2: Improve the quality and safety of health care	Management of Violence & Aggression	There is a risk of Corporate Prosecution by HSE under the Corporate Homicide Act or the H&S at Work Act Section 2, 3 and 33 or any relevant H&S regulations If the risk from violence and aggression adverse events are not adequately controlled. Highest risk would be under H&S at Work Act Section 2 and 3. If we harm our staff (2) or visitors to our sites (3). There is also a statutory requirement to provide an absolute duty of care regarding NHS Lothian staff safety and well being.	•Closed loop Health & safety management system in place. •Robust H&S Committee structure. •Violence & Aggression related policies and procedures in place (attached document). •Competent specialist V&A and H&S advice in place. Robust Occupational Health Services. Learning lessons through adverse event investigation. • The Interim Director of Occupational Health & Safety delivers an annual report to the NHSL H&S Committee with specific actions related to controlling violence & aggression risk within these reports. ROSPA QSA Audit complete and action plan in place. NHS Lothian Health and Safety Strategic Plan endorsed. Specific actions related to controlling violence & aggression risk are contained within these reports.	**Risk Reviewed for Period April-June 2017. (As per Quarterly Review. Still to be reviewed)** A review has been commissioned by the Executive Lead. The purpose of the review is to ensure NHS Lothian's approach to the management of violence and aggression is appropriate and effective. Where improvements in approach or resource are required these will be highlighted. Risk Grade/Rating remains High/15 whilst the review is taking place. The review will inform the risk exposure to the Board.	Adequate but partially effective: control is properly designed but not being implemented properly	High 15	Medium 6	Medical Director	Head of Health & Safety	Staff Governance Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance

3828	3. Improve Quality, Safety and Experience Across the Organisation	Nurse Workforce – Safe Staffing Levels	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 subsequently high use of supplementary staffing to counteract shortfalls potentially leading to compromise of safe patient care impacting on length of stay and patient experience.	**Governance & Performance Monitoring**
				• Two Nursing and Midwifery Workforce meetings are being held (one for in patient areas and one for community nursing) alternate months. These provide a delivery function and monitor progress against agreed actions. The governance arrangements are through the Safe Staffing Group which reports to Staff Governance Committee
				• Professional governance is through monthly review at the Nurse Directors Committee with Associate Nurse Directors & Chief Nurses.
				
				Core Prevention and Detection Controls
				• Recruitment Group, Safe Staffing and Nursing Workforce Groups to plan requirements
				
				• The agency embargo remains with every use of agency subject to scrutiny by a senior nurse.
				
				• Recruitment meetings to oversee the implementation of the recruitment plan are being held monthly
				
				• Use of tools to ensure safe staffing levels:
				  • A calendar to ensure the annual use of the nationally accredited workload and workforce tools is in place to ascertain required establishment levels
				  • eRostering and SafeCare Live tools are being rolled out to all nursing and midwifery teams, community teams and departments to provide real time information for local decision making around the deployment of the available staffing.
				
				• Datix reports are escalated on a weekly basis for reports of staffing issues/shortages these are reviewed by the senior management team at the PSEAG. The supplementary staffing and rostering detail is annotated with this information to provide context and enable risk to be understood.
				
				• Tableau Dashboard in place provides data overview of staffing at all levels.
					Risk Reviewed for period July-Sep 2017
					Staff Governance committee to take over risk (agreed at meeting in July 2017).
					
					UNDERLINE UPDATE
					The controls have been updated and are producing sustained results in most areas. District Nursing and St John's Hospital site are experiencing greater risk than other parts of the system. The establishment gap Board wide has increased from 4.51% in July 2017 to 5.8% in August 2017, reversing period of sustained decreases for 3 consecutive months..
					
					The increased vacancy rate is compounded by fewer applicants for vacant positions than in previous months. The risk likelihood remains possible and the impact would remain moderate
					
					The staffing in St John's Hospital has a higher turnover than other similar units on RIE/ WGH and despite successful recruitment at open day filling all vacancies in July 2017 there have been 26 resignations at band 5 level over the last 2 months.
					
					The national work being taken forward to mitigate against agency in critical care and theatres has been abandoned in favour of a regional approach.
					
					ACTIONS
					A new agency supplier has been engaged to supply into the exempt areas of critical care / theatres and PICU where 3/12 block booking is in place pending the national arrangements for bank for critical care and theatres. This supplier will also be asked to provide into St John's Hospital.
					
					St John's Hospital has been given authorisation to use agency in Emergency Department and other areas as required.
					
					The infrastructure for the Theatres and Anaesthetics, Critical Care regional l bank is in place.
					
					NHS Lothian is leading on commissioning a national theatre / ODP training programme
					
					Health visiting continues to show an improving picture with an additional 40 being trained in 17/18.
					
					Increased number of trainee District Nurses being engaged (up from 7 to 17) for the specialist practitioner qualification and an alternate modular approach being implemented with 22 candidates on the first cohort
					
					Work is underway to improve the efficiency of the community complex care service for adults, working with the home ventilation team to reduce use of agency nurses.
						Satisfactory: controls adequately designed to manage risk and working as intended	Medium 9	Low 2	Executive Director Nursing, Midwifery & AHP's	Assistant Director - Nursing Workforce & Business Support	Healthcare Governance Committee

Recruitment open days for 2018 are in planning. A corporate approach is being proposed with all sites represented at all open days..

Rotational posts are being configured to make Lothian a more attractive employer for new graduates.

A Return to Practice programme is being developed with Edinburgh Napier University to offer a local opportunity for nurses and midwives that have had a career break and lost NMC registration. This will commence in Summer 2018.

A programme of recruitment to modern apprenticeship (MA) schemes for nursing and midwifery is being established with an aim of recruiting 100 MAs in 2018/19
Draft risk assessment and guidelines for the use of 1:1 specialling are being tested in 4 pilot wards (evidence of reduced reliance on 1:1 in early phase of testing)

SafeCare live is being used in RIE, The next test of change is to use SafeCare live in the safety huddles.

The eRostering and SafeCare live tools roll out is 60% complete with 256 rosters (6638 nursing staff) actively using eRostering.

Trend KPIs are being produced and circulated to CNMgrs./ Service Mgrs and senior managers to enable local review and action to address non compliance with the roster guidance and to inform user group discussion.

Risk Grade/Rating remains: Medium/9

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates/Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance

3328	1:Improving the Quality and Safety of Healthcare	Roadways / Traffic Management	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	A stringent Governance Process and structure for reporting has been implemented as follows:
				   o Site specific Traffic Management Groups
				   o Reported in Facilities H&S quarterly reports
				   o Reported to Health & Safety Corporate group via Facilities Health & Safety Group
				   o Reported to Staff Governance via Health & Safety Committee
				• Escalation process in place through the 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
				• Traffic surveys have been conducted across all hospital sites, and action plans have been prepared and subject to regular review
				• The commission of Independent expert reviews of road infrastructures on high traffic high inpatient sites
				• Action plans have been developed across all sites by the Local Site Traffic Management Groups and high risk items approved subject to funding.
				• **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 been developed.
				• Work Place Transport Policy available and reviewed within agreed timescales.
					Risk Reviewed September 2017
					Reviewed and approved at October 2017 Staff Governance Committee
					
					Actions Undertaken – 2016/17::
					• A paper has been submitted to Staff Governance Committee July 2017 – providing an update on current issues and confirming that the risk remains high.
					• RIE - Consort have now commissioned Goodison Structural and Civil Engineers to take forward the scope of works to alter the road layout required to accommodate RHSC/DCN coming on site. It is anticipated that the works will be tendered in autumn 2017
					• Works have been completed on the AAH and REH to comply with the requirements to implement Traffic Regulation Orders (TRO). Applications have been submitted to extend the TRO at the REH and introduce a TRO at the AAH.
					• The upgrade of the main car parking (resurfacing, relining and drainage works) at St John's Hospital has now been completed. Number plate recognition has now been installed – all will alleviate inappropriate parking and assist with the segregation of traffic and pedestrian traffic and improve and improve traffic controls.
					• Alterations to the road network at the WGH have now been completed. This will assist with the implementation of speed limit on the site. Cycle path works are now complete
					• Traffic Management works are due to commence at Whitburn Health Centre, this is dependent on the outcome of discussions with West Lothian council regarding an area of land which falls out with the Board's title. It is anticipated that this will be undertaken in 2017/18
					• Traffic controls have also been undertaken on the following sites - Liberton Hospital, PAEP and Midlothian Community Hospital. .
					
					Further works will be implemented subject to approval of capital funds in 2017/18.
					
					Risk grade/rating remains unchanged - High/12
						Inadequate; control is not designed to manage the risk and further controls & measures required to manage the risk	High 12	Medium 8	Jim Crombie	George Curley	Staff Governance Committee

NHS LOTHIAN

<u>Board</u>
<u>7 February 2018</u>

Director of Finance

REVIEW OF THE BOARD'S STANDING ORDERS

1   Purpose of the Report

1.1   The Board has reserved the approval of its Standing Orders to itself, however it the role of the Audit & Risk Committee to review and recommend any proposed changes.

1.2   There is an opportunity to simplify the Standing Orders by removing the existing provisions for members to raise motions. The Board is not obliged to have these provisions.   Additionally a few minor amendments are proposed to reflect the appointment of the Head of Corporate Governance and the creation of the Board Members' Handbook on the Board's website.

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

2   Recommendations

        The Board is asked to:

2.1   Approve the revised Standing Orders with immediate effect.

3   Discussion of Key Issues

3.1   The Scottish Government published On Board: A Guide for Members of Statutory Boards in March 2017. A key message in this is that Board members must adhere to the principle of collective corporate responsibility.   The guidance states:

        "While Board members must be ready to offer constructive challenge, they must also share collective responsibility for decisions taken by the Board as a whole. If they fundamentally disagree with the decision taken by the Board, they have the option of recording their concerns in the minutes. However, ultimately, they must either accept and support the collective decision of the Board – or resign. Board decisions should always comply with statute, Ministerial directions (where this is provided for in statute), Ministerial guidance and the objectives of the sponsor Directorate, as appropriate (noting of course that certain bodies are required to demonstrate independence in order to maintain credibility)".

3.2   The principle of corporate responsibility is reinforced in the Cabinet Secretary's standard appointment letter to Board members:

> "*The role of every NHS Board is crucial to the developing policy priorities described in the Quality Strategy and other policy documents. The Boards are bringing together key partners in local NHS systems to provide more effective strategic planning and to improve the delivery of health care services. No member of the Board is appointed on a representative basis for any body or group. All members must abide by the principles of collective responsibility and are expected to bring impartial judgement to bear on the business of the Board.*"

3.3 Consequently the provisions currently in the Board's Standing Orders (at 5.16-5.21) which provide that a Board member may move a motion or an amendment to a motion are an anomaly which is not appropriate for a Board that is to observe collective responsibility. Board reports contain recommendations however the Board is free to conclude whatever it wishes after consideration of the report. The Board may elect to accept the recommendations, amend them, reject them, or decide something that was not contained within the original recommendations. Additionally all Board reports highlight which director is responsible for the report, with an invitation for Board members to contact that director in the event of any queries. The minutes of the meeting will capture the discussion, including any objections that members may raise, and the Board's overall decision is the collectively agreed outcome from that discussion. The Board normally reaches consensus without the need to take a formal vote, however the Standing Orders do provide (at 5.15) for votes to be taken if required.

3.4 Local authorities operate differently and councillors (who are elected rather than appointed) are used to the practice of using and voting on motions in the conduct of local authority business. Given that the NHS Board has four councillors within its membership, for the sake of clarity and the efficient conduct of meetings it is recommended that 5.16-5.21 of the Standing Orders be deleted.

3.5 Some further minor amendments have been proposed to reflect changes following the appointment of the Head of Corporate Governance.

3.6 The Audit & Risk Committee considered the proposed amendments on 4 December 2017 and agreed that they be recommended to the Board. Additionally the Committee agreed that it would be helpful if there was a process whereby any Board member could propose an item of business to be considered during the development of the Board agenda, while recognising that it is at the Chair's discretion. Consequently an additional sentence has been added at 4.1 to address this. This is in addition to an existing provision (at 5.13) which provides that a member can request to add something to the agreed agenda at the start of the meeting, however the majority of members must agree to it.

4   Key Risks

4.1 The Standing Orders are not consistent with how the Board works, leading to lack of clarity for Board members, which in turn negatively impacts on their engagement in Board business.

5   Risk Register

5.1 This is not on a risk register as the proposed amendment should attend to the issue.

6   Impact on Inequality, Including Health Inequalities

6.1 This report addresses an administrative matter with no impact on a specified group of individuals.

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, nor any decisions that would significantly affect people.

8   Resource Implications

8.1 There are no resource implications arising from these proposals.

Alan Payne,
Head of Corporate Governance
18 December 2017
alan.payne@nhslothian.scot.nhs.uk

**NHS LOTHIAN
STANDING ORDERS FOR THE PROCEEDINGS
AND BUSINESS OF LOTHIAN NHS BOARD**

1   General

1.1   These Standing Orders for regulation of the conduct and proceedings of Lothian NHS Board, the common name for Lothian Health Board, [the Board] and its Committees are made under the terms of The Health Boards (Membership and Procedure) (Scotland) Regulations 2001 (2001 No. 302), as amended up to and including The Health Boards (Membership and Procedure) (Scotland) Amendment Regulations 2016 (2016 No. 3).

1.2   The Scottish Ministers shall appoint the members of the Board. The Scottish Ministers shall also attend to any issues relating to the resignation and removal, suspension and disqualification of members in line with the above regulations. Any member of the Board may on reasonable cause shown be suspended from the Board or disqualified for taking part in any business of the Board in specified circumstances.

1.3   Board members are required to subscribe to and comply with the NHS Lothian Code of Conduct (Appendix 6 to the Standing Orders) which is made under the Ethical Standards in Public Life etc (Scotland) Act 2000.

1.4   Any statutory provision, regulation or direction by Scottish Ministers, shall have precedence if they are in conflict with these Standing Orders.

1.5   Any one or more of these Standing Orders may be varied or revoked at a meeting of the Board by a majority of members present and voting, provided the notice for the meeting at which the proposal is to be considered clearly states the extent of the proposed repeal, addition or amendment.

1.6   The Corporate Services ManagerHead of Corporate Governance shall provide a copy of these Standing Orders to all members of the Board on appointment. A copy shall also be held on the Board's intranet internet site at CORPORATE > POLICIES > NHS LOTHIAN STANDING ORDERS PACK Board Members Handbook

2   Chair

2.1   The Scottish Ministers shall appoint the Chair of the Board.

3   Vice-Chair

1

3.1   The Board shall appoint a Board member to be Vice-Chair. A member who is an employee of a Board is disqualified from being Vice-Chair.   Any person so appointed shall, so long as he or she remains a member of the Board, continue in office for such a period as the Board may decide.

3.2   The Vice Chair may at any time resign from that office by giving notice in writing to the Chair, and the Board may appoint another member as Vice-Chair.

3.3   Where the Chair has died, ceased to hold office, or is unable to perform his or her duties due to illness, absence from Scotland or for any other reason, the Vice-Chair shall assume the role of the Chair in the conduct of the business of the Board and references to the Chair shall, so long as there is no Chair able to perform the duties, be taken to include references to the Vice-Chair.

4   Calling and Notice of Board Meetings

4.1   The Chair may call a meeting of the Board at any time. The Board shall meet at least six times in the year and will annually approve a forward schedule of meeting dates.   Any member may propose an item of business to be included in the agenda of a Board meeting by submitting a request to the Chair before the agenda is agreed, however it is at the Chair's discretion what business is included in the agenda.

4.2   A Board meeting may be called if one third of the whole number of members signs a requisition for that purpose. The requisition must specify the business proposed to be transacted.   The Chair is required to call a meeting within 7 days of receiving the requisition.   If the Chair does not do so, or simply refuses to call a meeting, those members who presented the requisition may call a meeting by signing an instruction to approve the notice calling the meeting. However no business shall be transacted at the meeting other than that specified in the requisition.

4.3   Before each meeting of the Board, a notice of the meeting (in the form of an agenda), specifying the time, place and business proposed to be transacted at it and approved by the Chair, or by a member authorised by the Chair to approve on that person's behalf, shall be delivered to every member (e.g. sent by email) or sent by post to the usual place of residence of such members so as to be available to them at least three clear days before the meeting. The notice shall be distributed along with any papers for the meeting that are available at that point.   The Board may exceptionally convene a meeting at shorter notice only if all members agree.

4.4   With regard to calculating clear days for the purpose of notice under 4.3 and 4.6, the period of notice excludes the day the notice is sent out and the day of the meeting itself. Working days and weekend days are counted. e.g.   If a notice is

sent out on Friday for a meeting to be held on the following Tuesday, three clear days notice will have been given.

4.5   Lack of service of the notice on any member shall not affect the validity of a meeting.

4.6   Board meetings shall be held in public. The ~~Corporate Services Manager~~Head of Corporate Governance shall place a public notice of the time and place of the meeting at the Board's offices at least three clear days before the meeting is held. If the meeting is held at shorter notice (see 4.3) then the public notice shall be placed at the same time that the shorter notice is served. The notice and the meeting papers shall also be placed on the Board's website.

4.7   While the meeting is in public the Board may not exclude members of the public and the press (for the purpose of reporting the proceedings) from attending the meeting.   However the Chair has the right to adjourn a meeting in the event of disorderly conduct or other misbehaviour at the meeting.

4.8   The Board may pass a resolution to meet in private in order to consider certain items of business. The Board may decide to do so on the following grounds:

- The Board is still in the process of developing proposals or its position on certain matters, and needs time for private deliberation.

- The business relates to the commercial interests of any person and confidentiality is required, e.g. when there is an ongoing tendering process or contract negotiation.

- The business necessarily involves reference to personal information, and requires to be discussed in private in order to uphold the Data Protection Principles.

- The Board is otherwise legally obliged to respect the confidentiality of the information being discussed.

4.9   The minutes of the meeting will reflect the reason(s) why the Board resolved to meet in private.

5   Conduct of Meetings

Authority of the Chair

5.1   The Chair shall preside at every meeting of the Board. The Vice-Chair shall preside if the Chair is absent. If both the Chair and Vice Chair are absent, the members present at the meeting shall choose a Board member who is not an employee of a Board to preside.

5.2   The duty of the person presiding at a meeting of the Board or one of its committees is to ensure that the Standing Orders or the Committee's terms of reference are observed, to preserve order, to ensure fairness between members, and to determine all questions of order and competence. The ruling of the person presiding shall be final and shall not be open to question or discussion.

5.3   The person presiding may direct that the meeting can be conducted in any way that allows members to participate, regardless of where they are physically located, e.g. video-conferencing, teleconferencing.

5.4   Any member who disregards the authority of the Chair, obstructs the meeting, or conducts himself/herself offensively shall be suspended for the remainder of the meeting, if a motion (which shall be determined without discussion) for his/her suspension is carried. Any person so suspended shall leave the meeting immediately and shall not return without the consent of the meeting.

Quorum

5.5   The Board will be deemed to meet only when there are present, and entitled to vote, a quorum of at least one third of the whole number of members, including at least five non-executive Board members.   Two of the five should also not be employees of a Board. The quorum for committees will be set out in their terms of reference, however it can never be less than two Board members.

5.6   When a quorum is not present, the only actions that can be taken are to either adjourn to another time or abandon the meeting altogether and call another one. The quorum should be monitored throughout the conduct of the meeting in the event that a member leaves during a meeting, with no intention of returning. The Chair may set a time limit to permit the quorum to be achieved before electing to adjourn, abandon or bring a meeting that has started to a close. The Chair shall provide a report to the next meeting of the Board in the event of quorum not being reached.

5.7   In determining whether or not quorum is present the Chair must consider the effect any declared interests.

5.8   If a member, or an associate of the member, has any pecuniary or other interest in any contract, proposed contract or other matter under consideration by the Board or a committee, the member should declare that interest at the start of the meeting. This applies whether or not that interest is already recorded in the Board Members' Register of Interests. Following such a declaration, the member shall be excluded from the Board or committee meeting when the item is under consideration, and should not be counted as participating in that meeting for quorum or voting purposes.

5.9   Paragraph 5.8 will not apply where a member's interest in any company, body or person is so remote or insignificant that it cannot reasonably be regarded as likely to effect any influence in the consideration or discussion of any question with respect to that contract or matter.

5.10   If a question arises at a Board meeting as to the right of a member to participate in the meeting (or part of the meeting) for voting or quorum purposes, the question may, before the conclusion of the meeting be referred to the Chair. The Chair's ruling in relation to any member other than the Chair is to be final and conclusive. If a question arises with regard to the participation of the Chair in the meeting (or part of the meeting) for voting or quorum purposes, the question is to be decided by a decision of the members at that meeting. For this latter purpose, the Chair is not to be counted for quorum or voting purposes.

5.11   Paragraphs 5.7-5.10 equally apply to members of any Board committees, whether or not they are also members of the Board, e.g. stakeholder representatives.

Adjournment

5.12   If it is necessary or expedient to do so for any reason, a meeting may be adjourned to another day, time and place. A meeting of the Board, or of a committee of the Board, may be adjourned by a motion, which shall be moved and seconded and be put to the meeting without discussion. If such a motion is carried, the meeting shall be adjourned to such day, time and place as may be specified in the motion.

Business of the Meeting

5.13   If a member wishes to add an item of business which is not in the notice of the meeting, he or she must make a request to the Chair at the start of the meeting. No business shall be transacted at any meeting of the Board other than that specified in the notice of the meeting except on grounds of urgency. Any request for the consideration of an additional item of business must be raised at the start of the meeting and the majority of members present must agree to the item being included on the agenda.

5.14   For Board meetings only, the Chair may propose within the notice of the meeting "items for approval" and "items for discussion".   The items for approval are not discussed at the meeting, but rather the members agree that the content and recommendations of the papers for such items are accepted, and that the minutes of the meeting should reflect this.   The Board must approve the proposal as to which items should be in the "items for approval" section of the agenda. Any member (for any reason) may request that any item or items be removed from the "items for approval" section. If such a request is received, the Chair shall either

move the item to the "items for discussion" section, or remove it from the agenda altogether.

5.15 The Board may reach consensus on an item of business without taking a formal vote. Where a vote is taken, every question at a meeting shall be determined by a majority of votes of the members present and voting on the question. In the case of an equality of votes, the person presiding at the meeting shall have a second or casting vote. A vote may be taken by members by a show of hands, or by ballot, or any other method determined by the Chair.

5.16 ~~Any member may move a motion or an amendment to a motion (a "motion"), and it is expected that members will notify the Chair in advance of the meeting. The Chair may require the motion to be reduced to writing. The member who moved the motion may speak to it. However, another member must second the motion before there is any further debate on it.~~

5.17 ~~Any member may second the motion and may reserve his/her speech for a later period of the debate.~~

5.18 ~~Once a motion has been seconded it shall not be withdrawn without the leave of the Board.~~

5.19 ~~After debate, the mover of any original motion shall have the right to reply. In replying he/she shall not introduce any new matter, but shall confine himself/herself strictly to answering previous observations, and, immediately after his/her reply, the question shall be put by the Chair without further debate.~~

5.20 ~~When more than one amendment is proposed, the Chair of the meeting shall decide the order in which amendments are put to the vote. All amendments carried shall be incorporated in the original motion which shall be put to the meeting as a substantive motion.~~

5.21 ~~A motion to adjourn any debate on any question or for the closure of a debate shall be moved and seconded and put to the meeting without discussion. Unless otherwise specified in the motion, an adjournment of any debate shall be to the next meeting.~~

Minutes

5.22 The names of members present at a meeting of the Board, or of a committee of the Board, shall be recorded.   The names of other persons in attendance shall also be recorded.

5.23 The ~~Corporate Services Manager~~<u>Head of Corporate Governance</u> (or his/her authorised nominee) shall prepare the minutes of meetings of the Board and its

committees. The Board or the committee shall receive and review the minutes at the following meeting.

6   Matters Reserved for the Board

Introduction

6.1   The Scottish Government retains the authority to approve certain items of business. There are other items of the business which can only be approved at a NHS Board meeting, due to either Scottish Government directions or a Board decision in the interests of good governance practice.

6.2   This section summarises the matters reserved to the Board.

Standing Orders

6.3   The Board shall approve its Standing Orders.

Committees

6.4   The Board shall approve the establishment of, and terms of reference of all of its committees.

6.5   The Board shall appoint all committee members.

Values

6.6   The Board shall approve organisational values.

Strategic Planning

6.7   The Board shall approve all strategies for all the functions that it has planning responsibility for. This is subject to any provisions for major service change which require Ministerial approval.

6.8   The Board shall review and approve the NHS Lothian contribution to Community Planning Partnerships through the Single Outcome Agreements.

6.9   The Board shall approve the Local Delivery Plan for submission to the Scottish Government for its approval.

6.10   The Board shall approve its Corporate Objectives.

Risk Management

6.11   The Board shall define its risk appetite and associated risk tolerance levels.

6.12   The Board shall approve its Risk Management Policy.

Health & Safety

6.13   The Board shall approve its Health & Safety Policy.

Finance

6.14   The Board shall approve its financial plan for the forthcoming year, and the opening revenue and capital budgets.

6.15   The Board shall approve Standing Financial Instructions and a Scheme of Delegation.

6.16   The Board shall approve its annual accounts and report.

Capital – Acquisitions and Disposals

6.17   The Board shall comply with the Scottish Capital Investment Manual. The Board shall review and approve any business case item that is beyond the scope of its delegated financial authority before it is presented to the Scottish Government for approval.

Other Organisational Policy

6.18   The Board shall approve the arrangements for the approval of all other policies.

Performance Management

6.19   The Board shall approve the content, format, and frequency of performance reporting to the Board.

Criminal Prosecution/ Civil Litigation

6.20   The Board will approve its system for responding to any civil actions raised against the Board.   The Board will approve its system for responding to any occasion where the Board is being investigated and / or prosecuted for a criminal or regulatory offence. Within these systems the Board may delegate some decision making to one or more executive Board members.

Other Items of Business

6.21   The Board may be required by law or Scottish Government direction to approve certain items of business, e.g. the Integration Plans for a local authority area.

6.22   The Board itself may resolve that other items of business be presented to it for approval.

7   Delegation of Authority by the Board

7.1   Except for the Matters Reserved to the Board, the Board may delegate authority to act on its behalf to committees, individual Board members, or other Board employees.   In practice this is achieved primarily through the Board's approval of the Standing Financial Instructions and the Scheme of Delegation.

7.2   The Board may delegate responsibility for certain matters to the Chair for action. In such circumstances, the Chair's action should inform the Board of any decision or action subsequently taken on these matters.

7.3   The Board and its officers must comply with the NHS Scotland Property Transactions Handbook, and this is cross-referenced in ~~sections 24 and 39 of~~ the Scheme of Delegation.

7.4   The Board may, from time to time, request reports on any matter or may decide to reserve any particular decision for itself.   The Board may withdraw any previous act of delegation to allow this.

8   Board Members – Ethical Conduct

8.1   Members have a personal responsibility to comply with the Lothian NHS Board Code of Conduct for Board Members.   The Commissioner for Public Standards can investigate complaints about members who are alleged to have breached their Code of Conduct. The ~~Corporate Services~~Business Manager shall maintain the Lothian NHS Board Register of Interests. When a member needs to update or amend his or her entry in the Register, he or she must notify the ~~Corporate Services~~Business Manager of the need to change the entry within one month after the date the matter required to be registered.

8.2   The ~~Corporate Services~~Business Manager shall ensure the Register is available for public inspection at the principal offices of the Board at all reasonable times and will be included on the Board's website.

8.3   Members must always consider the relevance of any interests they may have to any business presented to the Board or one of its committees. Members must observe paragraphs 5.8 & 5.9 of these Standing Orders, and have regard to Section 5 of the Code of Conduct (Declaration of Interests).

8.4   In case of doubt as to whether any interest or matter should be declared, in the interests of transparency, members are advised to make a declaration.

8.5 Members shall make a declaration of any gifts or hospitality received in their capacity as a Board member. Such declarations shall be made to the ~~Corporate Services~~Business Manager who shall make them available for public inspection at all reasonable times at the principal offices of the Board and on the Board's website.

9 Common Seal and Execution of Documents

9.1 The ~~Corporate Services Manager~~Head of Corporate Governance is responsible for the safe custody of the common seal of the Board, and for maintaining a register of the use of the seal.

9.2 Any document or proceeding requiring authentication by the Board by affixation of its Common Seal shall be subscribed by three Board members. Normally the Chair and the Director of Finance will be subscribers.

9.3 Where a document requires for the purpose of any enactment or rule of law relating to the authentication of documents under the Law of Scotland, or otherwise requires to be authenticated on behalf of the Board it shall be signed by an Executive Member of the Board or any person duly authorised to sign under the Scheme of Delegation in accordance with the provisions of the Requirements of Writing (Scotland) Act 1995. Before authenticating any document the person authenticating the document shall satisfy themselves that all necessary approvals in terms of the Board's procedures have been satisfied. A document executed by the Board in accordance with this paragraph shall be self-proving for the purposes of the Requirements of Writing (Scotland) Act 1995.

9.4 Scottish Ministers shall direct which officers of the Board can sign on their behalf in relation to the acquisition, management and disposal of land.

9.5 Any authorisation to sign documents granted to an officer of the Board shall terminate upon that person ceasing (for whatever reason) from being an employee of the Board, without further intimation or action by the Board.

10 Committees

10.1 Subject to any direction issued by Scottish Ministers, the Board shall appoint such committees (and sub-committees) as it thinks fit. The Board shall appoint the chairs of these committees. The Board shall approve the terms of reference and membership of the committees and shall review these as and when required.

10.2 The Board shall appoint committee members to fill any vacancy in the membership as and when required. If a committee is required by regulation to be constituted with a particular membership, then the regulation must be followed

10.3 Provided there is no Scottish Government instruction to the contrary, any non-executive Board member may replace a Committee member who is also a non-executive Board member, if such a replacement is necessary to achieve the quorum of the committee.

10.4 The Board's Standing Orders relating to the calling and notice of Board meetings, conduct of meetings, and conduct of Board members shall also be applied to committee meetings. The general exception is that committee meetings shall not be held in public and committee papers shall not be placed on the Board's website.

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.

10.6 The Board may authorise committees to co-opt members for a period up to one year, subject to the approval of both the Board and the Accountable Officer. A committee may decide this is necessary to enhance the knowledge, skills and experience within its membership to address a particular element of the committee's business. A co-opted member is one who is not a member of Lothian NHS Board and is not to be counted when determining the committee's quorum.

List of Appendices

Appendix 1 - Committees and Sub-Committees
Appendix 2 - Terms of Reference for Committees and Sub-Committees
Appendix 3 - Standing Financial Instructions
Appendix 4 - Scheme of Delegation
Appendix 5 - SEAT Framework of Governance
Appendix 6 - Code of Conduct for Board Members
Appendix 7 - Freedom of Information Code of Practice

NHS LOTHIAN

Board
7 February 2018

1.5

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.

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

2   Recommendations

The Board is recommended to:

2.1   Appoint Bill McQueen to the Finance & Resources Committee with immediate effect.

2.2   Appoint Cllr Derek Milligan to the Remuneration Committee with effect from 1 April.

2.3   Nominate Bill McQueen as a member of the West Lothian Integration Joint Board with effect from 1 April.

2.4   Appoint Prof. Tracy Humphrey to the Edinburgh Integrated Children's Services Board with immediate effect.

2.5   Appoint Mr John Niven, Mr Keith Kirkwood and Ms Jan Stirrat as lay members of the Pharmacy Practices Committee.

3   Discussion of Key Issues

Imminent Departures from the Board

3.1   Kay Blair left the Board in January, and the Board will be losing two other members, namely Dr Richard Williams (28 February) and Lynsay Williams (31 March). The Cabinet Secretary has given the Chairman special permission to directly appoint a candidate who came through the last recruitment exercise for non-executive members, and consequently Bill McQueen joined the Board on 1 February. There will be a recruitment exercise to fill the two remaining vacancies.   The departing members are members of the Board's committees. This report sets out some initial actions to address these departures.

<u>Kay Blair</u>

3.2   Kay was a member of the Finance & Resources Committee, and it is recommended that Bill McQueen is appointed to that committee with immediate effect.

<u>Lynsay Williams</u>

3.3   Lynsay is a member of the Remuneration Committee, and it is recommended that the Board appoints Councillor Derek Milligan to the Remuneration Committee with effect from 1 April.

3.4   Lynsay is a member of the West Lothian Integration Joint Board, and it is recommended that the Board nominate Bill McQueen to become a member of the West Lothian Integration Joint Board with effect from 1 April.

<u>Edinburgh Integrated Children's Services Board ("EICSB")</u>

3.5   Shulah Allan was a member of the EICSB before she left the NHS Board on 31 December. It is recommended that Professor Tracy Humphrey be appointed as a member of the EICSB to fill the vacancy.

<u>Pharmacy Practices Committee</u>

3.6   The NHS (Pharmaceutical Services) (Scotland) Regulations 2009 (as amended) require the Board to have a Pharmacy Practices Committee, and the Board has had this in place for a number of years. The Regulations prescribe the membership of the committee, and this includes three lay members (people who are not members of the Board, and also are not or have never been a doctor, dentist, ophthalmic optician, pharmacist, or an employee of one of these).

3.7   Mr John Niven, Mr Keith Kirkwood and Ms Jan Stirrat have all been approached and briefed regarding the role and responsibilities as lay members of the Pharmacy Practices Committee. The Board is recommended to appoint these individuals to the committee.

4   Key Risks

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

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

5   Risk Register

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

6   Impact on Inequality, Including Health Inequalities

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

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

7.1   This report does not relate to the planning and development of specific health services, nor any decisions that would significantly affect groups of people. Consequently public involvement is not required. However with regard to identifying the lay members for the Pharmacy Practices Committee, the NHS Lothian Primary Care Contracting Organisation asked the Scottish Health Council to help with this process.

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
1 February 2018
alan.payne@luht.scot.nhs.uk

NHS LOTHIAN

Board Meeting
<u>7 February 2018</u>

Director of Finance

<p align="right" style="color:blue;font-size:xx-large">**1.6**</p>

EAST CALDER HEALTH CENTRE

1 Purpose of the Report

1.1 The purpose of this report is to recommend that the Board review the Strategic Assessment and Initial Agreement to reprovide East Calder Health Centre in a purpose designed and built premises adjacent to the existing Health Centre site at Main Steet, East Calder and recommend it to Scottish Government Capital Investment Group for its review and approval as the capital cost for the preferred option is above the NHS Lothian delegated limit of £5m.

1.2 The priority for development of new Health Centre premises in East Calder to increase physical capacity for primary care and community service provision was approved by the IJB on 14th March 2017 and that the Initial Agreement has been approved by the IJB following 26th September 2017 meeting. This investment supports the HSCP /IJB Primary Care Improvement Plan and takes account of need to sustain general practice and addresses the significant planned population growth and the need to provide fit for purpose premises for the provision of primary medical services.

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

2 Recommendations

2.1 Note the Strategic Assessment and Initial Agreement have been reviewed by LCIG on 13 December 2017 and by Finance and Resource Committee on 23 January 2018 who are supportive of this being progressed to the Board for approval. The additional information requested in relation to resources, prioritisation and governance have been incorporated.

2.2 Review the Strategic Assessment and Initial Agreement and recommend it to the Scottish Government Capital Investment Group for its review and approval with confirmation of the Board's support as the capital cost for the preferred option is above the NHS Lothian delegated limit of £5m.

3 Discussion of Key Issues

3.1 The vision for primary care and community services in NHS Lothian and West Lothian Health and Social Care Partnership is to provide safe, effective, high quality services for patients delivered in the right place at the right time. Where services can be provided within a community setting, closer to where service users live, they should be. Care should be provided in an environment that supports staff to provide an excellent experience and has modern facilities that meet the needs and expectations of service users, carers and staff well into the mid to late 21st century.

3.2 A key element of the vision is that services should be designed and maintained in a way that meets the needs of both new and existing patients. The core development in

Calderwood is creating some 2800 new homes and there is an expectation that the East Calder practice population will increase by around 5,600 (Current population circa 11,600).

3.3   Population growth in core development areas together with difficulty in recruiting GPs to replace those retiring/ leaving is having significant impact on General Practices and their capacity to manage the demand. In addition to adjusting premises infrastructure investment is being made to support development of new roles and partnership working arrangements to manage capacity issues and support provision of primary care. This includes recruitment of enhanced Primary Care Teams to take over workload traditionally undertaken by GPs as part of the new GMS contract provisions.

3.4   The Calderwood development is already impacting on capacity within East Calder Health Centre. The GP practice have indicated willingness to grow to accommodate the population growth however the existing premises are too small and not fit for purpose.

3.5   East Calder was ranked as a top priority for premises development by the IJB on 14 March 2017. At the last Lothian wide review of priorities for primary care premises development East Calder was ranked as the second priority and given the condition of the existing premises and pressure on this, it is considered that this would remain.

3.6   LCIG provided resources for a feasibility study to be undertaken for the East Calder development and the findings of this have informed the Strategic Assessment (Appendix 2) and have been incorporated in the Initial Agreement (Appendix 1).

3.7   In order to support preparation of the Initial Agreement discussions have been progressed with West Lothian Council to identify suitable sites and development options. There is a strong preference from the community, West Lothian Council, the existing GP practice and associated health services that the development of the premises should be on or close to the existing Health Centre site which is adjacent to the new Council Partnership Centre. This will maximise opportunities for partnership working and develop a central campus within East Calder for access to a wide range of health and council services.

3.8   The reprovision of East Calder Health Centre will enable user needs and expectations to be met and manage response to the predicted increase in demand associated with the core housing development. The design of the premises will optimise the use of staff skills within a wide multidisciplinary team to ensure that patients are treated by the right person at the right time and release valuable General Practitioner time to manage the most complex aspects of care and decision making.

3.9   The project assumes that the existing GMS contractor, East Calder Medical Practice, will increase their capacity to provide Primary Medical Services to the population as it grows year on year.

3.10   The development will also support implementation of the new GMS contract with appropriate accommodation for extended Primary Health Care Teams on a wider locality basis.

3.11   Development and improvement of the existing service is held back by the poor functionality and design of the existing facility. The feasibility study conducted in 2016 indicates that although it is possible to extend and remodel the existing premises this

would create significant disruption to the existing health centre and not achieve the longer term lifecycle and maintenance benefits than would be achieved with a new build facility. Options for reprovision have been considered both on the existing site and at alternative sites.

3.12   The objectives of investment are to provide sustainable, flexible and future proofed facilities. Each investment benefit has been quantified and a measure proposed to enable the realisation of the vision and plan to be a key focus. Risks associated with the project and build and delivery benefits are identified with mitigation plans in place.

4   Key Risks

4.1   The existing facility is unable to cope with future projections on demand leading to inefficient service performance due to the design, layout and functionality of the existing building.

4.2   Whilst the GP Practice is willing to grow to take in the new population, they cannot do this within the existing premises. This may lead to future list restrictions or closure which will have a detrimental impact on access to primary care for the population and on nearby practices whose boundaries do not overlap with East Calder.

4.3   Failure to provide adequate access for patients to primary care services places an additional pressure on the whole health care system in particular Accident & Emergency and associated provisions.

5   Risk Register

5.1   Sustainability of Primary Care is a High Risk on both the IJB Risk Register and NHS Lothian Corporate Risk Register. Supporting expansion of the East Calder Medical Practice and the wider Primary Health Care Team through the development of fit for purpose premises will ensure access to primary medical and community services in this area of core development and rapidly expanding practice population.

6   Impact on Inequality, Including Health Inequalities

6.1   The findings of the Equality Diversity Impact Assessment highlighted the risks associated with any new population being unable to access a GP list or appointments has a potentially adverse impact on their health and wellbeing**.**

6.2   The findings of the impact assessment highlighted the risks associated with any new population being unable to access a GP list or appointments are thought to be greater for areas of widespread economic deprivation. The consequences of substantial numbers of the population by-passing Primary Care Services would be increased pressure on Acute and other direct access health and social care service.

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

7.1   Preparation of the Initial Agreement has included involvement and consultation with key stakeholders including Capital Planning Team, West Lothian HSCP Senior Management team, East Calder Medical Practice, East Calder Community Council, West Lothian Council and the West Lothian Primary Care and Community Forum.

7.2   Sustainability of Primary Care has been previously discussed and priorities agreed by West Lothian IJB and Strategic Planning Group.

7.3 In addition the Director has had regular communication with local Councillors, MSPs and MPs regarding the development of new Health Centre Premises for East Calder to support population growth and demand.

8   Resource Implications

8.1 The resource implications are Capital cost of the preferred option estimated at £4.3m (approx £5.4m inc. VAT and fees). Revenue implications will need to be confirmed at OBC, and funding source agreed between the IJB and NHS Lothian.

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10 January 2018
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List of Appendices

Appendix 1: Initial Agreement East Calder Health Centre
Appendix 2: Strategic Assessment East Calder Health Centre

East Calder Health Centre

Initial Agreement - Version 1

Document Control

Title:	East Calder Health Centre
Owner:	Jim Forrest, Director, West Lothian Health and Social Care Partnership

Version History

Version	Date	Author(s)	Comments
1	13/09/2017	CB,CK	
2	24/01/2018	CB, MB	Comments from F&R noted and incorporated

1. Executive Summary

1.1 The purpose of this Initial Agreement is to seek approval from Lothian Capital Investment Group to develop an Outline Business Case to re-provide East Calder Health Centre in a purpose designed and built premises adjacent to the existing Health Centre site within Main Street East Calder.

1.2 The vision for primary care and community services in NHS Lothian and West Lothian Health and Social Care Partnership is to provide safe, effective, high quality services for patients delivered in the right place at the right time. Where services can be provided within a community setting, closer to where service users live, they should be. Care should be provided in an environment that supports staff to provide an excellent experience and has modern facilities that meet the needs and expectations of service users, carers and staff well into the mid to late 21st century.

1.3 A key element of the vision is that services should be designed and maintained in a way that meets the needs of both new and existing patients. The core development in Calderwood is creating some 2800 new homes and there is an expectation that the practice population will increase by around 5,600.

Scope of proposal

1.4 This proposal covers:

- The reprovision of East Calder Health Centre to meet user needs and expectation and to respond to the predicted increase in demand associated with the core housing development. The design of the premises will optimise the use of staff skills within a wide multidisciplinary team to ensure that patients are treated by the right person at the right time and release valuable General Practitioner time to manage the most complex aspects of care and decision making;

- The provision of sufficient services to meet the needs of the local population up to and beyond 2030 in response to projected increases in demand due to demographic growth and patient expectation. The plan assumes that there is a continuation of the existing GMS contract with East Calder Medical Practice who will increase their capacity to provide Primary Medical Services to the population as it grows year on year.

- The reprovision of East Calder Health Centre, Main Street, East Calder in support of the above will address the issue of its poor condition and suitability for future use.

1.5 Stakeholders including service users, staff and community groups have been involved in developing the proposal which responds to and supports the primary care and community needs of the population.

1.6 Development and improvement of the existing service is held back by the poor functionality and design of the existing facility. The feasibility study conducted in 2016 indicates that although it is possible to extend and remodel the existing premises this would create significant disruption to the existing health centre and not achieve the longer term lifecycle and maintenance benefits than would be achieved

with a new build facility. Options for reprovision have been considered both on the existing site and alternative site.

1.7 The objectives of investment are to provide sustainable, flexible and future proofed facilities. Each investment benefit has been quantified and a measure proposed to enable the realisation of the vision and plan to be a key focus. Risks associated with the project and build and delivery benefits are identified and mitigation plans in place.

1.8 A `do nothing` or `do minimum` option was set aside at an early stage of option appraisal as neither would meet the needs of the service moving forward. The main service change proposals will be to meet increased demand from sustained population growth in Calderwood core development and to use the opportunity to design and build efficient facilities to deliver that in the most cost effective way. The shortlist of options includes a new build facility to the rear of the existing premises or on the existing site, to build an extension onto the existing premises or to build a new facility on another undetermined site. The indicative costs are:

Options	Costs in £ millions
Decant of existing HC, decant to offsite facility, demolition of existing facility and construction of new building	£4.629
Refurbish existing facilities with extension at the rear of the facility with decant	£3.227
New Build on adjacent land in a tandem build with demolition and car park within phase 2 works	£4.305

1.11 The preferred strategic and service solution would be to re provide the health centre on land adjacent to the existing site, giving the benefits of being centrally located within the town and to create a community services campus with the new West Lothian Council Partnership Centre.

1.12 In order to deliver the project in accordance with current NHS Scotland construction procurement policy, it is anticipated that HubCo will be the best option.

1.13 A detailed Project Plan will be produced for the OBC. At this stage, the Board is aiming to achieve the milestones shown below:

Key Milestones	Date
Initial Agreement approval	February 2018
Outline Business Case approval	December 2018
Full Business Case approval	December 2019
Construction Commences	January 2020
Construction completion	January 2021
Commence service	February 2021

2. The strategic background to the proposal?

2.1 Stakeholders affected by this proposal

2.1.1 This proposal has impacts on adults, children and young people and their carers who live in East Calder who require access to Primary Medical Services.

2.1.2 The proposal impacts upon clinical and support staff currently working within East Calder Health Centre and East Calder Medical Practice.

Stakeholder Group:	Engagement that has taken place	Confirmed support for the proposal
Integration Joint Board	The IJB is fully supportive of this proposal, with Jim Forrest, Chief Officer and HSCP Director, taking the lead role in its development.	The IJB agreed priority for development in March 2017. The Initial Agreement was approved by the IJB in October 2017
East Calder Medical Practice	The East Calder Medical Practice deliver Primary Medical services to their practice population under 17J contract. The Practice manager and lead GP have been actively involved in the process of developing options and plans for the proposal	The practice fully supports the Initial Agreement and intend to expand to continue service provision in accordance with existing contract arrangements
Staff / Resource	Staff affected by this proposal include: East Calder Medical Practice Medical, Nursing and Administrative staff. Community service staff including District Nurses, Health visitors, AHPs, admin and clerical and visiting consultants and staff from other NHS services.	There is support for the proposal from all staff groups.
Patients / service users	Service user and carers have expressed concerns about transport and the accessibility of the health centre provision	There is a preference from service users for the development to be close to existing facility
General public	The general public will be affected by this proposal as potential service users or by being neighbours of the existing or proposed future facility. A Communication and Engagement Plan is being developed to ensure good Stakeholder communication.	East Calder Community Council have been engaged and are supportive of this development

2.2 NHS Scotland's Strategic Context

NHS SCOTLAND Strategic Investment Priority:	How the proposal responds to this priority	As measured by:
Person Centred	Ensure that people who use health and social care services have positive experiences and their dignity respected *(Quality Outcome Indicator)*	Percentage of service users rating the care and support they get as excellent or good
	Promotes access to primary care and community services	Local access maintained for practice population
	Improves the quality of the healthcare estate *(SAFR).*	Proportion of estate categorised as either A or B for the Quality appraisal facet
	Reduces the age of the healthcare estate *(SAFR KPI).*	Percentage of estate less than 50 years old
	Improves the physical condition of the healthcare estate (SAFR KPI)	Proportion of estate categorised as either A or B for the Physical Condition appraisal facet
Safe	Improves statutory compliance (SAFR KPI)	Overall percentage compliance score from SCART
	Reduces backlog maintenance	Reduction in backlog maintenance costs
Effective Quality of Care	Ensures the functional suitability of the healthcare estate (SAFR KPI)	Proportion of estate categorised either A or B for the Functional Suitability appraisal facet.
	Maintains appropriate access for patients to primary care and community services	Percentage of service uses able to access appropriate professional within 48 hours
Value & Sustainability	Increases level of staff engagement *(Quality Outcome Indicator)*	Percentage of staff who would recommend their workplace as a good place to work
	Supports sustainability of primary care	Practice operates without restriction on their list
	Optimises overall running of buildings (SAFR KPI)	Total occupancy cost of building
	Optimises property maintenance costs (SAFR)	Property maintenance cost £ per sq. m
	Optimises property management costs (SAFR)	Facilities management costs £ per sq. m
	Optimises energy usage costs (SAFR KPI)	Energy costs £ per sq. m

	Reduces financial burden of backlog maintenance (SAFR)	Reduces backlog maintenance costs. Facilities Condition Index
	Improves design quality in support of increased quality of care and value for money (SAFR KPI)	AEDET score improved/targets met
	Reduces carbon emissions and or energy consumption (HEAT /LDP)	% in CO_2 and energy consumption

2.3 The strategies that this proposal directly responds to

Sustainability of General Practice is a key priority for the IJB and NHS Lothian. There is a clear emphasis on General Practice provision within the Integration Joint Board's Strategic Plan and NHS Lothian Clinical Strategy. The proposed investment in infrastructure will enable the GP practice to fully participate in the required programmes of care and enable full participation in the development of local improvement plans to improve health care provision.

NHS Lothian's clinical strategy *Our Health Our Care Our Future* sets out proposals to address the health needs of our growing and ageing population and to meet the challenges this presents while continuing to provide a high quality, sustainable healthcare. This proposal supports increasing provision of health and social care services within community settings and will support achievement of the Scottish Government vision for health and care by 2020:

- To improve the quality of care
- To improve the health of the population
- To provide better value and financial sustainability.

2.4 External factors that influence this proposal

2.4.1 Building related

	External factor	Aspect	Evidence
1	Legislative	Disability Discrimination Act 2010	A general DDA assessment indicates areas of limited access, poor layout and infrastructure which can lead to problems for service users
2	Locality change	West Lothian Council are in construction of Partnership Centre on land adjacent to existing building	This has required agreement on land transfer between NHS and WLC and changes the arrangements for parking and access

The existing Health Centre building has reached the end of its economic life as a clinical facility. The practice have developed services in accordance with GMS contract and increasing demand for services have exacerbated the issues of an inefficient layout, and external envelope deterioration. Major improvements to address maintenance and statutory standards will not facilitate significant improvements in space utilisation and service provision due to structural and layout constraints.

2.4.2 Service Related

	External factor	Aspect	Evidence
1	Demographics	Growth in demand due to population growth in core development area.	Local and national predictions of growth.
2	Legislative & Economic	Access to Primary Medical Services for population through national GMS Contract	Demand growth due to demographics

Future Demand Forecasts

Projections for future demand for primary care and community services with East Calder are predicated on the core development of Calderwood.

It is estimated that the planned population growth will result in an 48% increase in new registrations which will impact on demand for all primary care and community services.

Commercial factors

The existing building sits adjacent to the new West Lothian Council Partnership Centre in a central location within East Calder. There is vacant land to the South of the building which offers opportunity for development and initial discussions have been had with West Lothian Council.

LCIG previously approved an Excambion with West Lothian Council for land at the East of the health centre to assist with the construction of the new Council Partnership Centre. As part of the Excambion agreement the Council provided replacement car parking for the health centre.

3.   The case for change

3.1   Current arrangements

3.1.1   Services Affected by this proposal

The services and activities affected by this proposal are primary medical services and community health services provided to adults, children and young people who are existing or future patients of East Calder Medical Practice.

The health centre provides services to the population of East Calder, Mid Calder, Kirknewton and surrounding areas.

3.1.2   Functional size and description of existing facility
The existing facility is situated off East Calder Main Street and provides accommodation over two levels. The building was originally built in the 1970s and was designed to accommodate a four partner GP Practice and associated community services. As the Practice has grown in size (Currently a nine partner practice) internal alterations have been made to accommodate growth resulting in change of use of various rooms and corresponding clinical space not meeting the sizing guidelines for clinical space and affecting suitability for disabled access.

In addition a portacabin has been attached to the east of the building to increase capacity for community services which is largely used for community health clinics and visiting clinicians.

3.1.3   Service Providers affected by this proposal

East Calder Medical Practice employ medical, nursing and administrative staff for provision of primary medical services. NHS Lothian employ community nursing and allied health professional staff and visiting clinicians' who provide community services.

Although all possible reasonable changes have been made to the building to fulfil the requirement East Calder Health Centre falls short of the standards required in some areas. There is limited disabled parking space at the front of the building. Some consulting rooms are small and present problems to patients using a wheelchair and staff providing the service. The staff accommodation is on the first floor with no lift access and is therefore non compliant with DDA.

3.1.4   The need for the service to continue

NHS Lothian have a statutory obligation to provide access to Primary Medical Services. East Calder Medical Practice operates within a discreet practice boundary.

The nearest neighbouring practices are in Craigshill, Dedridge and Murieston in Livingston. There are no direct public transport routes to these practices and they do not include East Calder, Mid Calder and Kirknewton within their practice boundaries nor do they have capacity to increase their list sizes.

East Calder Medical Practice is keen to continue to grow and provide services in accordance with their existing GMS contract.

3.2   Issues with the current situation The following are a full list of the main issues causing the need for change, the effect that these issues are having and an assessment of why, through this proposal, it is believed action is required now.

	Cause of the need for change:	Effect of the cause on the organisation:	Why action now:
1	Future service Demand	The practice are already experiencing population growth from the Calderwood development and will need to expand their service provision to meet the continued demand	The need to plan for a sustainable service in the future. Time from Initial Agreement to occupation of a new facility will take circa 4 years.
		NHS Lothian must provide access to Primary Medical Services for all Lothian residents .	NHS Lothian will fail to provide treatment for all patients in the future unless this is planned for.
		Because people are living longer, demand for services will increase. The service not only needs staff with the right skills and training to meet this increase but it will need sufficient accommodation to cope. Pressure on existing accommodation and services will inevitably increase.	Sustainability of primary care is a key priority for the IJB and NHS Lothian There is a need to plan to provide a sustainable service for the future.
2	Accommodation has poor functionality	Over the past decade, opportunities to convert smaller rooms and store cupboards into useable consulting rooms have been taken This now means that some of the consulting rooms are very small and don't meet current standards and can be very restrictive for patients and staff.	No scope exists to re-organise parts of the service to improve the experience. Poor patient and staff experience. Do not meet current recommended standards. Not DDA compliant
		The building is not fully DDA compliant. Discriminating between the experience of service users	DDA requirements should be met
3	Service arrangements do not support the workforce	Staff facilities and accommodation are restricted with staff working in suboptimal conditions	There is a need to plan to provide suitable facilities for the future, especially as staff numbers will continue to increase as the practice requires to expand.

3.3 Investment Objectives

3.3.1 <u>Investment Objectives - high level.</u>

Effect of the cause on the organisation:	What needs to be achieved to overcome this need? (Investment Objectives)
Existing capacity is unable to cope with future projections on demand	Improve service capacity to achieve national standards for quality and access
Inefficient service performance due to the design/ layout and functionality of the existing space	Improve and modernise facilities to improve the patient experience, maximise efficiency and optimise resource usage
Service is not able to meet future user requirements	Meet user requirements as clinically appropriate Ensure that people who use service have positive experiences

3.4 Measurable benefits to be gained from addressing these needs

3.4.1 The above investment objectives and the Strategic Assessment (Appendix 1) have informed the development of a Benefits Register.

Investment objective	Benefits to patients	Benefits East Calder Medical Practice/NHS Lothian	Relative value	Benefits Criteria
To meet current and future service demand and sustain provision and access to primary medical services	Patients receive care in fit for purpose accommodation Improved access to services	Service delivery supported by appropriate accommodation Practice able to expand to accommodate population growth	High	Economic (Non cash releasing) & Qualitative
To ensure the practice is delivering care from premises which are compliant with legislative, statutory and sizing guidance requirements.	Legislation ensures all users' needs have been considered in provision of most appropriate accommodation	Compliance with legislation	High	Measurable, but not in cash terms

To provide equality for disabled patients	Disabled patients will be able to access all services	Improved efficiency of care Reduces risk of litigation to NHS Lothian	High	Qualitative
To enable the practice to deliver their services effectively according to clinical needs and not constrained by availability of current clinical facilities	Clinical facilities are convenient and accessible Wider range of services are available locally	Services delivered from suitable clinical accommodation	Medium	Qualitative
To provide staff with a working environment conducive to delivering the best health care and aiding recruitment and retention		Better working environment Demonstrates staff are valued and appreciated	Medium	Qualitative
To provide the practice with the physical capacity to increase services and respond to anticipated local population growth	Equitable access to Primary Medical Services	Opportunity to develop services and increase capacity Share facilities with other services, e.g. Voluntary sector	High	Measurable, but not in cash terms

3.5 Risks, Constraints and Dependencies

The main risks are associated with sustainability of service provision and ensuring access to primary medical services.

There will be risks associated with the build itself and these will be fully assessed with actions for mitigation as the project progresses

4. The preferred strategic/service solution

4.1 The do nothing and do minimum options

A do nothing or do minimum option was set aside at an early stage of option appraisal as neither would meet the needs of the service moving forward.

Strategic Scope of Option:	Do Nothing and Do Minimum
Service provision:	Insufficient capacity to meet future demand for outpatients or treatment.
Service arrangements:	Risk of list restriction and requirement for patients to register with practices out with their catchment areas
Service provider and workforce arrangements:	Without investment in staff to deliver services, predicted increases in demand will not be met.
Supporting assets:	The condition of the building will deteriorate. Decant of community services may be required to support practice provision and reducing access for community services.
Public & service user expectations:	Perpetuate a poor environment with limited facilities. Reduced access to primary and community care services

4.2 Service Change Proposals

4.2.1 Options Appraisal

The options being considered for cost, programme and end user suitability are:
Option 1- Decant of existing Health Centre to offsite facility, demolition of existing facility and construction of new building.
Option 2- Refurbishment of existing facilities with extension at the rear of the facility with decant to enable works
Options 3- New Build on adjacent land in a tandem build with demolition and car park within phase 2 works.

Based on the site and design constraints the design options were open with refurbishment, extension and new build options.

The scope for the East Calder Health Centre project was to explore design and scope options to provide a suitable primary care facility in East Calder which was of a suitable size and condition to meet with the growing needs of the existing practice, preferably within the confines of the existing East Calder Health Centre site.

At the inception of the strategic support service works two design options were explored by the design team, based on the accommodation requirements and direction provided by NHS Lothian. One of these was to build a new facility on the grounds of the existing premises, with the second being to remodel and extend the existing health centre to provide the increased levels of accommodation and generally to allow the centre to better function.

During the strategic support service works the consideration of a third design option was proposed by Hubco based on the potential to construct a new build facility on the vacant land to the south of the proposed East Calder Partnership Centre. The design, cost and programme parameters which sit around this option could also be applied to another suitable site. This option provides a tandem build scenario which would allow for the existing health centre to remain operational during the construction period and then transfer into the new facility once it was complete.

In conclusion all three options would provide a feasible solution for NHS Lothian. In commercial terms the extension and remodel option (2) is likely to cost less than the new build options (1&3), however the extension and remodel is also likely to create more disruption to the existing health centre and not achieve the longer term lifecycle and maintenance benefits than would be achieved with a new build facility.

4.3 Indicative Costs for the shortlisted options

The indicative capital costs for each of the short-listed options are shown below.

	Option 1	Option 2	Option 3
1. Indicative Prime	£3,374,038	£2,283,298	£3,124,038
2. Preliminaries	£421,208	£239,061	£369,408
3. Risk	£94,881	£126,118	£87,366
4. PFC Fees	£168,533	£135,934	£170,052
5. OH&P	£198,189	£132,915	£183,175
6. Stage 1 costs (fees, survey etc.)	£117,630	£110,314	£118,264
7. Stage 2 costs (fees, survey, hub etc.)	£254,963	£199,079	£252,497
8. Inflation to Construction	£92,794	£60,321	£92,794
9. Total	£4,629,000	£3,227,000	£4,305,000

4.4 The Preferred Solution

The preferred solution is to rebuild East Calder Health Centre to the south of the existing premises

- The proposal has the support of representative service users, carers, staff, the GP Practice and all other key stakeholders.
- There is sufficient land available and a potential site has been identified and the Council have indicated they are willing to sell the land for the development
- This will minimise disruption to exiting service provision and enable suitable development of car parking at phase 2
- Achieve life cycle and long term maintenance benefits

5.0 Commercial Case
As this is a construction project with a value more than £5 million, it is above NHS Lothian's delegated limit and requires to be submitted to SGHD for approval. The project will be delivered in accordance with NHS Scotland construction procurement policy and it is anticipated that HubCo will be the best option.

6.0 Financial Case
The Financial Case considers the affordability of the scheme. This section sets out all associated capital and revenue costs, assesses the affordability of the preferred option and considers the impact on NHS Lothian's finances. In order to make this assessment an overall affordability model has been developed covering all aspects of projected costs including estimates for:

- Capital costs for options considered (including construction and equipment);
- Non-recurring revenue costs associated with the project;
- Recurring revenue costs (pay and non-pay) associated with existing services i.e. baseline costs;
- Changes to revenue costs associated with service redesign as a direct result of the development.

Property costs are currently non delegated, and funding for these additional costs would need to be agreed with the West Lothian Integrated Joint Board. The estimates do not include additional GMS payments associated with population growth.

Whilst capital cost of the preferred option is estimated at £4.3m, allowing for inflation, VAT and professional fees, final cost will be circa £5.4m.

Revenue implications will be confirmed at OBC, and funding source agreed between the IJB and NHS Lothian

7.0 Management Case

7.1 West Lothian IJB, together with the East Calder Medical Practice, will establish a Project Board to develop the business case and manage the process through to approval. The team comprises:
Senior Manager Primary Care & Business Support
Senior Development Manager, Primary Care West Lothian HSCP
Capital Planning Primary Care Premises Facilitator
Facilities Manager NHS Lothian
Business Partner NHS Lothian
Partners, East Calder Medical Practice
Other health care professionals are consulted/co opted as required.

The remit of the Project Board is:
- To assist the Project Owner with the decision-making process and ongoing implementation of the project.
- To assist the Project Owner with preparing to meet the assurance needs of the Finance & Resources Committee, as well as any further enquiries from Lothian NHS Board with regard to the project.

It is envisaged that the Project Board will be brought formally into existence in April 2018. The Board will meet every two months. The membership will include the NHSL Project Sponsor, in addition to representation from Capital Planning, Finance, Partnership and Senior Management from the service.

Users of the practice have been consulted and will continue to be involved as the project progresses.

Project Plan

A detailed Project Plan will be produced for the OBC.

PROJECT:

What are business needs for change?	What measurable benefits will result from resolving the business need?	How do these benefits link to NHSScotland's Strategic Priorities?	What choices are being considered to deliver these benefits?

Identify Links

Identify Links

Prioritisation Score

Patient Centred

Safe

Effective Quality of Care

Health of Population

Value & Sustainability

Scope or Coverage

Service Solution

Service Provider

Implementation Plan

Funding Route & Value

NHS LOTHIAN

Board Meeting
<u>7th February 2018</u>

Executive Medical Director

1.7

STRATEGIC ASSESSMENT AND INITIAL AGREEMENT FOR HOSPITAL ELECTRONIC PRESCRIBING AND MEDICINES ADMINISTRATION (HEPMA)

1   Purpose of the Report

1.1   The purpose of this report is to present to the Board a Strategic Assessment and Initial Agreement for a proposed HEPMA system in NHS Lothian, and refer them to the Scottish Government for its review and approval, as the capital cost for the preferred option is above the NHS Lothian delegated limit of £2m for IM&T schemes.

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

2   Recommendations

The Board is recommended to:

2.1   review the Strategic Assessment and Initial Agreement and refer them to the Scottish Government with confirmation of its support, as the capital cost for the preferred option is above the NHS Lothian delegated limit of £2m for IM&T schemes.

2.2   support the proposed timescales for development of an Outline Business Case (OBC).

3   Discussion of Key Issues

3.1   The Lothian Capital Investment Group (LCIG) and Finance and Resources Committee (F&RC) have reviewed and approved the SA and IA. Concern was noted about the potential recurring revenue position, outlined at 3.6, and the requirement to continue to test implementation of the preferred solution against the regional and national position. Subject to SA and IA approval, both aspects will be explored further at OBC.

3.2   The Strategic Assessment included as Appendix 1 sets out the needs for change, the benefits from addressing these issues and proposed scoring against the SCIM Strategic Investment Priorities (20/25).

3.3   Following Scottish Capital Investment Manual (SCIM) guidance, the Initial Agreement in Appendix 2 examines options for delivering the benefits identified in the Strategic Assessment.

3.4 The key benefits identified are accurate prescribing and administration of drugs; better communication and improved medicines reconciliation within hospital settings; greater consistency of clinical decision making; better information to improve the use of medicines; and time to care released through greater efficiency.

3.5 The Initial Agreement identifies implementation of a full HEPMA solution as the preferred option. This assessment is based on a 'generic' HEMPA system, pending national evaluation of the HEPMA suppliers on the framework. The BC will explore relative merits of each supplier.

3.6 In line with SCIM guidance on development of Initial Agreements, the focus is on the Strategic and Economic Cases, with outline Financial, Commercial and Management Cases. The Financial Case indicates capital and revenue resources required per the Table 1 below – all design and implementation costs (including capital) are anticipated to be funded through a Scottish Government route, with the ongoing running costs the responsibility of NHS Lothian. LCIG noted the requirement for the estimated recurring funding gap to be met, either through efficiencies, cost reduction or sharing resources with partners. The process to develop a business case will have a clear focus on this requirement.

3.7 In returns to the Scottish Government, NHS Lothian has stated its intention to remain open to working with regional Boards, and engagement has already taken place with Fife and the State Hospital. Currently, the proposal assumes these partner Boards would benefit from skills developed and lessons learned during implementation in NHS Lothian.

3.8 Several suppliers on the framework are currently being re-evaluated, with this process is expected to be concluded by May 2018. If this Initial Agreement is approved, a further business case will be presented back through NHS Lothian Governance in summer 2018.

4   Key Risks

4.1 availability of sufficient SG revenue and capital resource for implementation and to support recurring requirements;

4.2 regional collaboration may be challenging given differing requirements of partners;

4.3 interface between HEPMA solution and current pharmacy stock management system;

4.4 procurement and governance timescales may risk delaying implementation; and

4.5 appropriate engagement from all impacted departments will be crucial to development of a robust and affordable specification.

5   Risk Register

5.1 There are no further implications for NHS Lothian's risk register as a result of this paper.

6   Impact on Inequality, Including Health Inequalities

6.1   No Integrated Impact Assessment (IIA) is required for this paper, as it is providing factual information on the proposed route to developing a service change.

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

7.1   There is no duty to inform, engage and consult people as a result of this paper, as it does not propose a development of a service change, rather the system used to deliver a service.

8   Resource Implications

8.1   The resource implications are currently estimated as non recurring revenue of £3.1m and capital of £2.1m during implementation, and a recurring resource requirement of £0.8m. Scottish Government funding is anticipated for all bar the recurring resources, which will need to be addressed by NHS Lothian.

Tracey Gilles
Executive Medical Director
24th January 2018
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List of Appendices

Appendix 1: Strategic Assessment: Prescribing
Appendix 2: Initial Agreement: HEPMA
Appendix 3: Proposed HEPMA Resourcing

PROJECT: HEPMA

What are the Current Arrangements: The majority of medicines used in NHS Lothian are still prescribed and administered using a traditional paper-based chart system, making the safe and effective prescribing and administration of medicines is increasingly challenging.

What is the need for change?

Legibility issues with handwritten, paper prescriptions

Incomplete prescription records due to missing prescription charts, multiple prescription / handover points

Multiple active prescription charts for individual patients

No prescribing advice or decision support at the point of prescribing

No link with clinical IT systems or ability to collate and analyse data on medicine usage

What benefits will be gained from addressing these needs?

Identify Links

Reduction in adverse drug events through accurate prescribing and administration of medicines

Reduction in transcription errors, allergy information and missed doses

Greater consistency of clinical decision making

Better communication between and within settings and improved medicines reconciliation

Releasing time to care and efficiency

Improved formulary compliance

Better use of information to improve the use of medicines and optimise patient care

How do these benefits link to NHSScotland's Strategic Investment Priorities?

Identify Links

	Prioritisation Score
Person Centred	3
Safe	5
Effective Quality of Care	4
Health of Population	4
Value & Sustainability	2
TOTAL SCORE	20

What solution is being considered

Service Scope / Size

All inpatient and Outpatient areas within NHS Lothian, State Hospital and regional partners

Service Arrangement

To be explored as part of options appraisal

Service Providers

NHS Nursing, Pharmacy, Medical and eHealth staff

Impact on Assets

To be considered through options appraisal

Value & Procurement

Capital circa £2m
NR Revenue circa £3m
R Revenue £0.5 - £1m

Hospital Electronic Prescribing and Medicines Administration (HEPMA)

NHS Lothian

Initial Agreement

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Project Mentor: Tracey Gillies

Contact: Alexa Wall

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Version: 1.1

Contents

1. Executive Summary and Purpose

1.1. Introduction

The purpose of this Initial Agreement (IA) is to seek approval to progress to standard business case (SBC) for the implementation of a Hospital Electronic Prescribing and Medicines Administration (HEPMA) solution in NHS Lothian.

1.2. Organisational Overview

Organisation Profile

NHS Lothian provides a comprehensive range of primary, community based and acute hospital services to a population of around 800,000 people.   The focus of this Initial Agreement is the prescribing and administration of medicines to inpatients and outpatients.   The complexities of individual clinical specialties will be risk assessed for inclusion in the roll out as part of the SBC.

1.3. Business Strategy and Aims

National Strategic Context

Medicines represent the most frequent healthcare intervention; there are approximately 34 million prescriptions and 122 million administrations of medicines per year in NHS Scotland.

The Scottish Patient Safety Programme (SPSP) has a strategic commitment to reduce the harm associated with high risk medicines and recognised that HEPMA is a key building block.   In 2015, Healthcare Improvement Scotland (HIS) released a publication outlining the scale of medication errors and medication error related harm in NHS Scotland.   It highlighted that 15,000 patients admitted to acute hospitals experience adverse drug events due to medicines (ranging from no harm to death).   Research indicates that 72% are preventable and there are up to 280 preventable deaths across all acute hospitals due to medicines.

Scotland has strategically committed to the need for HEPMA systems which must be as safe as the current paper-based system whilst providing a foundation for innovation in the safe and effective use of medicines.   There is multidisciplinary demand for the development of HEPMA both nationally and globally.   In this regard both the NHS Scotland Quality and e-Health Strategies share the common ambition of delivering safe, effective, person centred care.   This digitally enabled ambition is reiterated in the Lord Carter Review, Closing the Loop and the recently published Achieving Excellence in Pharmaceutical Care.

The HEPMA landscape in NHS Scotland describes three Boards having implemented and several Boards at various stages of business case development and approval.

Local Strategic Context

Realising the benefits attributable to a HEPMA system is a strategic fit with NHS Lothian's mission, vision, values and objectives by improving quality, safety and experience in relation to the safer use of medicines across the organisation.

NHS Lothian e-Health Strategic Direction and Area Drug and Therapeutics Committee support the requirement for HEPMA and the concept of a HEPMA system has been supported in principle by Lothian Capital Investment Group.   A robust communication plan will be developed to engage clinical staff in the development and implementation of HEPMA.

This strategic case is based on four key themes: patient safety, strategic alignment, electronic record / paper light vision and digital maturity.

1.4. <u>Investment Objectives</u>

HEPMA systems have the potential, once fully integrated within the e-Health landscape, to enhance patient safety by:

- improving prescription legibility;

- reducing the number of transcription, prescribing and administration errors including missed doses;

- providing a sustainable hospital solution to contribute to accurate and efficient medicines reconciliation and communication of medicines information at all points of patient transfer, including on admission and discharge;

- contributing to the efficient transfer of accurate medicines information through removal of transcribing on admission and at discharge allowing prescribers to concentrate on the professional review of suitability of medication as part of the medicines reconciliation process;

- interface with existing and future medical devices (eg infusion pumps) to further minimise risk at point of delivery of medicines;

- supporting reduction in unwarranted variation in clinical practice;

- strengthening information governance by providing a robust audit trail; and

- being a key component of the electronic patient record.

- the collection, collation and analysis of patient and population level data on medicines use in secondary care which can be utilised to manage medicines effectiveness and efficiencies, monitor prescribing patterns, improve clinical practice, enhance patient safety, and support clinical research

2. The Strategic Case

2.1. <u>Existing Arrangements</u>

Current arrangements for the services within the scope of this Initial Agreement are as follows:

The majority of medicines used in NHS Lothian are still prescribed and administered using a traditional paper-based chart system which has been unchanged for many years. With the increasing range and complexities of medicines available and the challenges to service provision, the safe and effective prescribing and administration of medicines is increasingly challenging. Although the current paper based system is part of a structured approach to prescribing and medicines administration, it is recognised there are a number of limitations.

2.2. <u>Business Needs</u>

Limitations cited in relation to the current paper based prescribing system include:

- legibility challenges

- missing prescription charts

- multiple active prescription charts for an individual patient

- incomplete / unclear administration records resulting in omitted doses or duplicate administration

- multiple transcription / handover points

- incomplete patient details including allergy status

- no prescribing advice or decision support at the point of prescribing

- no link with an increasing number of IT clinical systems

- no ability to collate data on medicine usage

Medicines errors are a significant, and potentially avoidable, cause of patient harm. Transcription is a significant contributory factor in many of these errors; manually transcribing information between paper and computer systems introduces clinical risk and wastes precious clinical time.

Implementing HEPMA will support mitigation of the risks associated with the current paper system and release time to care.

2.3. Potential Scope and Service Requirements

Potential Scope All inpatient and outpatient areas will be considered for implementation taking into account that there are complexities associated with individual specialites; the rollout / scope will be considered as part of the implementation plan.

Resultant Service Requirements Implementation of Full HEPMA will require a robust dedicated team to ensure that the service is supported 24/7/365 and the system developed to maximise benefits realisation.

2.4. Benefits

The vast majority of medicines used in hospitals are prescribed and administered using a paper-based system and until these records are recorded digitally it will be impossible to complete a patient's electronic record. Electronic prescribing is the '*largest missing piece of the EPR jigsaw'* as it is the last major area of clinical information not available electronically. HEPMA is a key determinant of digital maturity and implementation will help to maintain Scotland's leadership in digital health.

Quality Ambition	Benefit Category	Evidence and Impact
Safe Effective Quality of Care Health of Population	Accurate prescribing and administration of medicines	Reduction in Adverse Drug Events (60-66%) *NHS England business cases* Reduction in missed doses (14% to 8%) *NHS Lanarkshire*
Safe Effective Quality of Care Health of Population Efficient: Value and Sustainability	Better communication between and within settings and improved medicines reconciliation	Compliance with discharge prescribing documentation (40 to 100%), reduction in prescribing errors at discharge (99% to 23%) and omitted medications (42% to 11%). *NHS Ayrshire and Arran*
Safe Effective Quality of Care Health of Population Efficient: Value and Sustainability	Greater consistency of clinical decision making	Improved formulary compliance
Safe Person-Centred Effective Quality of Care Health of Population Efficient: Value and Sustainability	Releasing time to care and efficiency	Up to 20 minutes per shift, *Lancaster Teaching Hospital* 50% reduction in ward drug round time, *NHS Lanarkshire*

Safe	Better use of information to improve the use of medicines and optimise patient care	Easier switching of antibiotics and an improvement in antimicrobial stewardship
Person-Centred		
Effective Quality of Care		Savings identified by better prescribing intelligence and performance data
Health of Population		
Efficient: Value and Sustainability		

Nationally an estimate was made of the number of prescription errors that could be prevented by the implementation of HEPMA based on a synthesis of research evidence. It was estimated that just over 4,000 prescribing errors, that cause some patient harm, could be averted through the implementation of a HEPMA system, resulting in a saving of over 20,000 bed days per annum. There is clear evidence that a HEPMA system provides an important foundation for improving the safe and effective use of medicines. It is also reasonable to expect that improvements in the safe and effective use of medicines will ultimately accrue financial benefits. However, translating these quality benefits to financial savings is not easy. Most of the benefits will not be realisable in monetary terms, but will release time or resources to improve clinical practice. As a consequence, quantified benefits have not been included in the economic or financial appraisal elements of this business case, however the SBC will consider a methodology to measure the financial impact of the change and release / reallocate budgets where possible.

2.5.   Strategic Risks

The key risks for the project are as follows:

A full risk register will be developed for the project and will be reviewed on a regular basis.

It is important to recognise that as well as delivering additional benefits, there will also be a number of risks associated with implementing HEPMA across NHS Scotland. These include risks associated with running paper and electronic systems in parallel, inadequate change management and/or leadership impacting adoption of HEPMA, concerns about the complexity and scope of the training requirements as well as the requirement to operate a robust and scalable (24/7/365) support plan. Suggested mitigating actions are outlined.

Risk	Mitigation	Impact	Consequences / Likelihood	Risk Score
Affordability	Consider feasibility of working collaboratively, extending implementation timeframe or reducing scope	Moderate	Possible	9
Running paper and electronic systems in parallel	Robust SOPs Roll out as rapidly as is	Moderate	Possible	9

increases the potential for clinical incidents	clinically safe with available capacity			
Inadequate change management and / or leadership impacts adoption of HEPMA	Comprehensive communication plan Engagement with all staff Clear clinical leadership	Moderate	Unlikely	6
Complexity and scope of training. Training must: - consider the needs of all staff - be delivered in a timely manner - be accessible to maintain competence - be scalable to address BAU competence	Comprehensive training plan developed collaboratively with staff Dedicated training capacity both during implementation and BAU Delivered as core part of induction programmes	Moderate	Unlikely	6
Given the criticality of HEPMA the clinical system requires robust and scalable 24/7/365 technical and clinical support Inadequate resource will impact on organisation's ability to reliably perform other safety critical activities	Dedicated e-health / pharmacy / clinical support structure	Major	Possible	12
Given the low number of active suppliers currently on the framework there is a risk that supplier resource constraints may dictate the timing of implementations both locally and nationally	Close collaboration with suppliers and other Boards	Moderate	Possible	9

2.6. <u>Constraints and Dependencies</u>

The key constraints that concern the project are:

- **Quality**

- **Funding**

- **Timescales**

- **Scope**

The key dependencies that concern the project are:

- Timescales for the national framework outcomes
- Funding availability from Scottish Government, NHS Lothian and partner Boards.
- Impact of supplier resource constraints on implementation planning
- Engagement of staff during implementation process

3. The Economic Case

3.1. Critical Success Factors (CSFs)

This section documents the options that have been considered in response to the project scope identified within the strategic case. Evidence is provided to show that the preferred option meets service needs and delivers the best value for money.

A set of benefit criteria have been developed from the strategic objectives and the practical considerations associated with the implementation of the works.

The benefits criteria are:

	Benefit Criteria	Weighting
1	Reduction in transcription errors	20
2	Reduction in missed doses	20
3	Reduction in medication related clinical incidents	30
4	Improved completion of allergy documentation	20
5	Identification and improvement of antimicrobial prescribing issues e.g. length of treatment, IVOST, ALERT usage	10

3.2. Long-List Options

Option	Description
Option 1	Status Quo (Do Nothing)
Option 2	Foundation HEPMA (includes only those components of HEPMA which are essential to a successful implementation)
Option 3	Full HEPMA (includes all components of HEPMA identified as realistically implementable in the medium term)

The diagram below summarises the difference between Foundation and Full HEPMA.
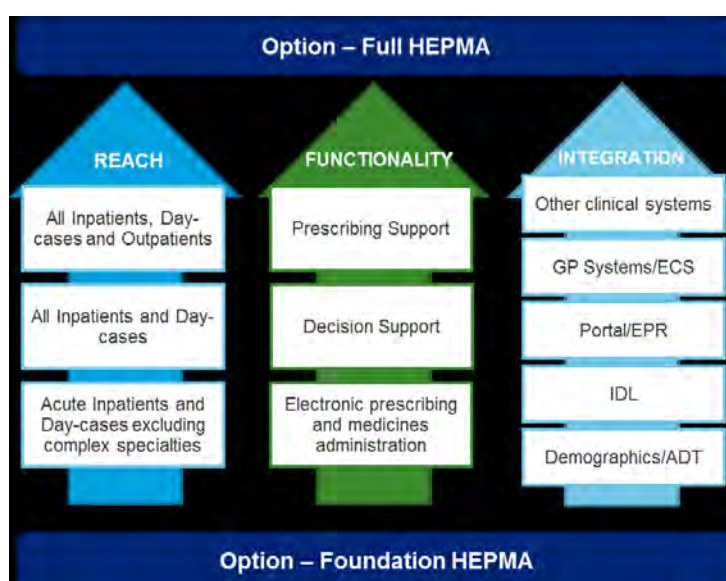
	Benefit Criteria	Weighting	Score Full HEPMA	Status Quo
1	Reduction in transcription errors	20	17	1
2	Reduction in missed doses	20	15	2
3	Reduction in medication related clinical incidents	30	20	2
4	Improved completion of allergy documentation	20	20	3
5	Identification and improvement of antimicrobial prescribing issues e.g. length of treatment, IVOST, ALERT usage	10	8	1

This has been scored on the basis of a generic HEPMA application and will be reassessed against the preferred HEPMA solution procured.

3.3. Financial Options Appraisal

The financial impact of the preferred way forward is estimated in the financial case. Net Present Cost of each option has not been assessed here as Status Quo does not give sufficient benefits to warrant consideration.

A full economic appraisal will be carried out as part of the Business Case.

3.4. Preferred Way Forward and Short Listed Options

Short Listed Options

The short-listed options are Status Quo and Full HEPMA. The following table outlines the advantages and disadvantages over and above those already listed for each of the options:

	Advantages	Disadvantages
Option 1	Opportunity cost of investment in HEPMA and avoided revenue costs	As described in section 2.2 None of the safety, quality / governance or productivity benefits will be realised Prescribing and administration of medicines will be the only remaining major missing piece of the electronic patient record Risk of creeping, unaligned developments as specialities seek e-prescribing solutions
Option 3	As described in section 2.4	Introduces socio-technical incidents

It is recommended that NHS Lothian proceeds to Standard Business Case, exploring Options 1 and 3 in more depth.

The decision on the preferred option will have to take account of how well each of the short-listed options will enable achievement of the benefits criteria.

3.5. Outline Commercial Case

A process to establish a National Multi-supplier Framework for HEPMA has been undertaken. Patient safety requirements were paramount to the evaluation process and only suppliers who met stringent safety requirements were eligible to be active on the framework. Suppliers who did not meet these requirements, but were able to demonstrate a credible plan to meet them within the following year, were designated inactive on the framework. They

are not available to NHS Boards to contract with, until they have been fully re-assessed, at which time they would become active on the framework.

Currently two suppliers are active on the framework (EMIS and JAC).   Provisional plans for re-evaluation of inactive suppliers and a JAC upgrade are:

	JAC (active)	NoemaLife (inactive)	InterSystems (inactive)
Approval of report by the evaluation team	Dec 2017	Mid-March 2018	End April 2018
Formal final sign-off by the Safer Medicines Steering Group (SMSG)	Dec 2017	Probably by email asap thereafter	Probably by email asap thereafter
Notification of outcome to supplier (and presumably to Boards)	Dec 2017	March 2018	May 2018
If successful: Draft Framework agreement	Few days (model contract already exists)		
NSS governance approval/signoff	Min 2 weeks in each case		

The outcome of the supplier evaluation is therefore anticipated in June 2018.

4.   Outline Management Case

4.1.   A Project Board has been established, with representation as follows:

- Executive Medical Director (Chair)

- Nurse Director

- Director of eHealth

- Director of Pharmacy

- Property and Asset Management Finance

Regional Boards have been engaged in discussions, and representation on this Project Board has been sought from Partner Boards, with additional input from other departments as required.

5.   Outline Financial Case

5.1. Outline Financial Case

The purpose of this section is to set out the indicative financial implications of each option and to compare with the non financial benefits identified in the economic case section and to identify the way forward. Detailed analysis of the financial case including affordability will take place at the Standard Business Case (SBC) stage.

5.2. Capital Affordability

Capital costs for implementation of a full HEPMA solution are based on the national business case prepared approved by Chief Executives, summarised in the table below:

	Yr 1	Yr 2	Yr 3	Yr 4	BAU
Phase	Design & Build	Roll Out	Roll Out	Wash Up	
Capital £k	-	1,380	720	-	

Following approval of the national business case, capital funding has been made available through the Scottish Government and it is assumed there is no initial capital funding requirement from NHS Lothian.

5.3. Revenue Affordability

Anticipated revenue costs for each stage of the project have been estimated, based on similar schemes undertaken within NHS Lothian and HEPMA implementation in other NHS organisations, and are summarised below.

	Yr 1	Yr 2	Yr 3	Yr 4	
Phase	Design & Build	Roll Out	Roll Out	Wash Up	BAU
Duration (Yrs)	1	1	1	0.5	
Revenue (Gross Cost £k)	625	1,057	1,057	412	816

The currently proposed revenue costs are detailed more fully in Appendix 3.

5.4.   <u>Conclusion</u>

Capital affordability is assumed based on availability of Scottish Government Funding.

Revenue is considered affordable for design and build, roll out and wash up phases, based on availability of Scottish Government funding. Both the capital and revenue elements have previously been reported to the Scottish Government.

Additional revenue costs once the system becomes business as usual currently have no funding source. The estimated costs are considered to be worst case, and don't take into account savings released through efficiencies as there is currently insufficient detail to quantify. The OBC will explore in detail the essential requirement to minimise recurring costs, share resources with other partners and offset against any savings achieved to ensure the proposal is funded.

FTE

Post no	Proposed Resource Profile	Project Year / Stage — Approx Grade	Year 1 — Design and Build FTE 1.0	Year 2 — Rollout FTE 1.0	Year 3 — Rollout FTE 1.0	Year 4 (1/2 Yr) — washup FTE 0.5	steady state — BAU * FTE
		Years					
	HEPMA Project Board (Existing resource)						
P1	Pharmacy Senior Manager - benefits owner co-Chair	Senior Manager	As req	As req	As req	As req	
P2	Pharmacy Medicines Governance Lead / Patient Safety	Senior Manager	As req	As req	As req	As req	
P3	eHealth Head of Programmes and Development	Senior Manager	As req	As req	As req	As req	
P4	Clinical Senior Doctor (Medical Director) - Chair	Consultant	As req	As req	As req	As req	
P5	Clinical Senior Nurse	Senior Nurse	As req	As req	As req	As req	
P6	Corporate / Site Manager (representing large acute site)	Senior Manager	As req	As req	As req	As req	
	HEPMA Project Team (New Fixed Term roles)						
P7	eHealth HEPMA Programme Manager	8a	1	1	1	1	
P8	eHealth Senior Project Manager IP	7	1	1	1	1	
P9	eHealth Senior Project Manager OP / TTO	7	1	1	1	1	
P10	eHealth Senior Project Manager Infrastructure and Integration	7	1	1	1	1	
P11	Pharmacy Technician specialist	6	1	1	1	0.5	
P12	eHealth Project Officers	5	3	10	10	4	
P13	eHealth Project / Application Trainers	4	2	5	5	2	2
P14	eHealth HEPMA Project / Training administrator	4	0.5	0.5	0.5	0.5	
P15	Clinical Project Doctor	Doctor	0.5	0.5	0.5	0.5	
P16	Clinical Project Nurse	Nurse	1	1	1	1	
	eHealth HEPMA Application, Infrastructure and Suppport / BAU						
P17	eHealth System Administration Manager	7	1	1	1	1	1
P18	Pharmacy HEPMA Analyst / Reporting	6		1	1	1	1
P19	eHealth EPR Integration / Integration developer	7	As Req	As Req	As Req	As Req	
P20	eHealth Application Configuration / testing officers	5	0.5	1	1	1	1
P21	eHealth Desktop Support officers	4	1	2	2	2	1
P22	eHealth Directory Services - RBAC / Accounts / Rules	3	0.5	1	1	1	1
	Pharmacy Resource - Design & Build, Roll Out, Wash Up and BAU						
P23	Pharmacy: Senior Change Pharmacist	8c	0.6	0.4	0.4	0	0
P24	Pharmacist	8a	1	1	1	1	1
P25	Senior Pharmacy Technician	5	1	1	1	1	1
P26	Pharmacy Administrator	4	1	1	1	1	1
P27	Pharmacist / Nurse	7	0.5	2	2	2	2
P28	Pharmacy Technician / Nurse	5	0.75	3	3	3	2
P29	Depreciation						
	Total Revenue Resources		19.85	36.4	36.4	26.5	14

Gross £

Post no	Proposed Resource Profile	Project Year / Stage — Approx Grade	Year 1 — Design and Build Gross £ 1.0	Year 2 — Rollout Gross £ 1.0	Year 3 — Rollout Gross £ 1.0	Year 4 (1/2 Yr) — washup Gross £ 0.5	steady state — BAU * FTE 1
		Years					
	HEPMA Project Board (Existing resource)						
P1	Pharmacy Senior Manager - benefits owner co-Chair	Senior Manager	As req	As req	As req	As req	
P2	Pharmacy Medicines Governance Lead / Patient Safety	Senior Manager	As req	As req	As req	As req	
P3	eHealth Head of Programmes and Development	Senior Manager	As req	As req	As req	As req	
P4	Clinical Senior Doctor (Medical Director) - Chair	Consultant	As req	As req	As req	As req	
P5	Clinical Senior Nurse	Senior Nurse	As req	As req	As req	As req	
P6	Corporate / Site Manager (representing large acute site)	Senior Manager	As req	As req	As req	As req	
	HEPMA Project Team (New Fixed Term roles)						
P7	eHealth HEPMA Programme Manager	8a	45.2	45.2	45.2	22.6	
P8	eHealth Senior Project Manager IP	7	36.6	36.6	36.6	18.3	
P9	eHealth Senior Project Manager OP / TTO	7	36.6	36.6	36.6	18.3	
P10	eHealth Senior Project Manager Infrastructure and Integration	7	36.6	36.6	36.6	18.3	
P11	Pharmacy Technician specialist	6	30.7	30.7	30.7	7.7	
P12	eHealth Project Officers	5	76.7	255.5	255.5	51.1	
P13	eHealth Project / Application Trainers	4	43.4	108.4	108.4	21.7	43.4
P14	eHealth HEPMA Project / Training administrator	4	10.8	10.8	10.8	5.4	
P15	Clinical Project Doctor	Doctor	60.0	60.0	60.0	30.0	
P16	Clinical Project Nurse	Nurse	36.6	36.6	36.6	18.3	
	eHealth HEPMA Application, Infrastructure and Suppport / BAU						
P17	eHealth System Administration Manager	7	36.6	36.6	36.6	18.3	36.6
P18	Pharmacy HEPMA Analyst / Reporting	6	0.0	30.7	30.7	15.3	30.7
P19	eHealth EPR Integration / Integration developer	7	As Req	As Req	As Req	As Req	
P20	eHealth Application Configuration / testing officers	5	12.8	25.6	25.6	12.8	25.6
P21	eHealth Desktop Support officers	4	21.7	43.4	43.4	21.7	21.7
P22	eHealth Directory Services - RBAC / Accounts / Rules	3	10.8	21.7	21.7	10.8	21.7
	Pharmacy Resource - Design & Build, Roll Out, Wash Up and BAU						
P23	Pharmacy: Senior Change Pharmacist	8c					
P24	Pharmacist	8a	45.2	45.2	45.2	22.6	45.2
P25	Senior Pharmacy Technician	5	25.6	25.6	25.6	12.8	25.6
P26	Pharmacy Administrator	4	21.7	21.7	21.7	10.8	21.7
P27	Pharmacist / Nurse	7	18.3	73.2	73.2	36.6	73.2
P28	Pharmacy Technician / Nurse	5	19.2	76.7	76.7	38.3	51.1
P29	Depreciation						420.0
	Total Revenue Resources		624.9	1057.2	1057.2	411.7	816.3

Capital Costs	£k	£k	£k	£k
Business Case Capital Costs (per Deloitte)	550			
Hardware		600	600	
VAT		230	120	
TOTAL	0	1380	720	0

NHS LOTHIAN

Board Meeting
7 February 2018

1.8

Deputy Chief Executive

**LOTHIAN HEALTH BOARD CARBON AND ENERGY FUND PROJECT
FULL BUSINESS CASE**

1   Purpose of the Report

1.1   The purpose of this report is to provide the Board with the Full Business Case (FBC) for the Carbon and Energy Fund project for the proposed boiler replacement at St John's hospital.

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

2   Recommendations

        The Board is recommended to:

2.1   Approve the FBC for submission to the Scottish Government Capital Investment Group (CIG);

2.2   Review and endorse the proposed draft minute prepared by legal advisors.

3   Discussion of Key Issues

3.1   St John's Hospital's (SJH) heating, hot water, catering and laundry processes are all supplied by a centralised steam boiler plant that is now at the end of the serviceable life (30 years). Continued use without a major refurbishment/ replacement presents a significant risk to ongoing site operation, as well as achievement of emissions targets and revenue savings.

3.2   The Outline Business Case (OBC) for a replacement of the SJH boiler was approved by the Scottish Government Capital Investment Group (CIG) in July 2017 and the Full Business Case (FBC) was reviewed and approved by the Finance & Resources Committee (F&RC) on 23 January 2018.

3.3   This is a capital funded scheme, with a performance management contract through Vital Energy – a preferred bidder, appointed through the Carbon Energy Fund (CEF) procurement route - to procure, install and manage the equipment, guaranteeing savings throughout the proposed 25 year contract. The Scottish Government have confirmed availability of capital funding.

3.4   Following CIG approval of the OBC, the Project Team held a number of technical meetings with Vital Energi in order to finalise the scope of the works. Original submission from Vital Energi included 5 bids with Variant Bid C being the only affordable option. The final scope of the works included several amendments to the Variant Bid C which resulted in additional capital outlay of £239k excl VAT bringing the total to £6.55m (incl VAT). Some aspects of additional capital expenditure are offset by increased guaranteed savings of £26k pa.

3.5   The guaranteed net annual revenue savings under this contract amount to £462k.

3.6 Vital Energi's legal advisors requested a specific form of wording for the Board minute which confirms the Board's power and authority to enter into the contract under the Standing Orders and Standing Financial Instructions. It is presented in Appendix for the Board review and endorsement.

3.7 Table below shows the anticipated timeframes for the project. The final legal meeting has taken place on 22 January 2018 where key issues have been resolved. Final contract compilation is not anticipated until February 2018, however no critical issues are anticipated.

Task	Date
Final contract compilation	February 2018
Board approval of full business case	7 February 2018
Approval of full business case (CIG)	27 February 2018
Contract award	March 2018
Certificate of commencement	March 2019
Anticipated practical completion	March 2019
Guaranteed savings start	March 2019

4 Key Risks

4.1 Key risk associated with the project are:

- Failure to progress the project as planned could result in the existing infrastructure being no longer fit for purpose;

- Design process identifies the requirement for further enabling works that would require funding from NHS Lothian's CRL;

- UK Government incentives assumed as part of the guaranteed savings are reduced before the contract can be signed

5 Risk Register

5.1 There is nothing to be added to the risk register as a result of this paper.

6 Impact on Inequality, Including Health Inequalities

6.1 This paper does not relate to the planning and development of health services, and therefore does not impact on inequality.

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

7.1 Partnership representatives have been part of the project team during development of the FBC. The paper does not relate to the planning and development of health services.

8 Resource Implications

8.1 Capital requirements of the project amount to £6.55m including enabling works. The he Scottish Government has confirmed capital funding for this project. The savings, net of operating costs, provide an annual revenue benefit to NHS Lothian of £462k.

8.2 Additional depreciation costs of approximately £200k pa will be managed through the NHS Lothian existing depreciation budget.

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25 January 2017
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List of Appendices

Appendix 1: Full Business Case: St John's Boiler Replacement

Appendix 2: Proposed draft Board minute

Full Business Case

Carbon and Energy Fund Project
at St John's Hospital

December 2017

Contents

Executive Summary

Introduction

The purpose of this Full Business Case (FBC) is to present the preferred option to fulfil the energy infrastructure needs of St John's Hospital, Livingston. The case for investment remains as set out in the Outline Business Case; and, with the exception of the project funding route, the resultant scope and underlying assumptions have not altered.

The Outline Business Case (OBC) for the Carbon Energy Fund Project at St John's Hospital was presented and the preferred option approved by the Scottish Government Capital Investment Group on 13 June 2017. The preferred option was to engage with Vital Energi, through the Carbon and Energy Fund, to install, commission and manage new energy infrastructure at St John's Hospital.

The current heating plant at St John's Hospital consists of 4 No. steam boilers, with associated ancillary plant. This plant reached the end of its economic life and requires urgent replacement in order to maintain energy supplies to the hospital.

If not addressed, any failure in the energy plant at St John's Hospital could have a significant impact on patient safety and pose a potential clinical risk. Further, failure to significantly reduce energy consumption and GHG emissions on the site will not only mean that NHS Lothian does not comply with national targets, but will also result in increased costs from rising wholesale prices and carbon allowances, taxes and levies arising from the increasingly rigorous compliance regimes, diverting resource from direct patient care.

Strategic Context

The planned project fits clearly with NHS Lothian's 10-year Strategic Plan *"Our Health, Our Care, Our Future 2014 – 2024"* and its ambition to ensure the ongoing provision of safe, effective, person-centred care and healthier lives for all. In addition the project fits national strategy in relation to the Scottish Government's commitments under the Climate Change (Scotland) Act 2009 and associated delivery plans. Specifically the initiatives to be delivered under the project will improve NHS Lothian's performance against NHSScotland and Board energy and greenhouse gas (GHG) reduction targets.

Case for Change

The following key points illustrate the case for change:-

- NHS Lothian is required to further improve its performance in terms of energy consumption and GHG emissions. In the last year of reporting against HEAT target

performance (FY 2014/15), NHS Lothian is meeting its energy consumption reduction target, but missing its GHG emissions reduction target by 5.7%.

- NHS Lothian has the second highest energy consumption and GHG emissions of all NHSScotland Boards, accounting for c 15% of the total NHSScotland GHG emissions. St John's Hospital has the third highest energy consumption/ GHG emissions of all NHS Lothian sites, and the tenth highest nationally. In terms of overall energy benchmark performance, St John's Hospital is one of the worst performing sites on the NHSScotland estate with an energy benchmark of >582kWh/m^2 (>29% above the NHSScotland average of 450 kWh/m^2, and >14% above the industry recommended benchmark[1]. of 510 kWh/m^2). Clearly, any major reduction in energy/ GHG emissions achieved at St John's Hospital will have a significant impact on NHS Lothian's energy/ GHG targets and overall energy/ GHG performance.

- Energy prices have risen dramatically in recent years and this trend is set to continue. Between 2009/10 and 2014/15, NHS Lothian's energy bill increased by over 56%, reaching £15.5 million in 2014/15. In a Business as Usual (BAU) scenario (i.e. no further energy consumption reductions being made), the NHS Lothian energy bill could be as high as £19.4 million by 2020 (based on a mid-line pricing scenario projection).

- In addition to the above, the St John's Hospital site is subject to both the EU Emissions Trading Scheme and the Carbon Reduction Commitment Energy Efficiency Scheme. Under current GHG performance, this accounts for an additional 430k per annum for NHS Lothian as a whole.

- Upgraded energy infrastructure will afford the opportunity to incorporate flexibility in the energy provision and deliver resilience to meet the requirements of any future expansion at the site or, potentially, future links to local district energy projects.

- This project is of strategic significance to NHSL and as such has been described and included in its PAMS 2017 report to Scottish Government.

The Project

The Carbon Energy Fund (CEF) was established as a partnership between the Carbon and Energy Fund and NHS Shared Business Services, and has since been reviewed and ratified by NHS National Services Scotland. The process is designed to encourage innovation from prospective bidders for the supply, maintenance and energy management service provision for large-scale energy investment opportunities within NHS estates. The third party service provider's costs, in the form of a service charge, are covered by guaranteed savings from reduced energy consumption and GHG emissions. The CEF has delivered 30 projects across the UK – including two within the NHSScotland estate – resulting in carbon savings of 150,000 tonnes every year. The CEF projects in Scotland already deliver 18,000 tonnes of carbon savings per year.

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[1] Chartered Institute of Building Services Engineers, Technical Memorandum 46.

Following short-listing and evaluation by the project team, supported by the Carbon Energy Fund and their advisors, Vital Energi were appointed preferred bidder on 1st July 2017.

The contract includes a well defined scope of works with defined termination and delivery points between NHSL and the Contractor. The following is a summary of the main items:

- The provision of new heating and hot water plant within the main hospital boilerhouse, specifically:
    - 2 x 7 tonnes per hour steam boilers with economisers and dual fuel firing
    - 1 combination boiler with 7 tonnes per hour steam capacity with economiser and dual fuel firing
    - The above combination boiler includes 0.85 tonnes per hour of steam and a CHP engine exhaust gas heat recovery heat exchanger (LTHW)
    - 1 x 1.5 MWe gas fired engine CHP
    - All associated boiler plant room ancilliaries, hotwell, pumps, blowdown, etc
    - New LED lighting for the boilerhouse
    - New flues and chimney liners
- New LTHW flow and return distribution system from boilerhouse combination boiler to main hospital plant rooms (1 and 2).
- New LTHW heat exchangers in plant rooms 1 and 2, 2 x 400kw for domestic hot water and 2 x 750kW for heating
- 1 x 300kW plate heat exchanger for laundry condensate heat recovery
- Replacement of a 1MVA HV transformer with a 2MVA HV transformer to permit operation of the 1.5MWe CHP engine and G59 connection to electrical grid
- New HV, LV cabling and switchgear associated with above

Additional downstream energy efficiency measures can be managed within the contract where revenue savings can fund for example:
- site wide lighting upgrade to LED
- new electric vehicle charging facility
- laundry effluent heat recovery
- upgraded chilling plant

Financial Aspects

The anticipated NHS capital equivalent investment, by the contractor, in this energy infrastructure project is £6.55 million. On completion the initiatives are anticipated to deliver a reduction in overall GHG emissions of circa 40%.

The following table summarises the net annual guaranteed savings (at 2016/17 prices) that will be delivered under the proposed project:-

Summary - Revenue Impact of Investment	£000s
Operation & Maintenance	480

Total Annual Costs	**480**
Cash Releasing Savings	(892)
Future Cost Avoidance	(56)
Total Guaranteed Savings	**(948)**
Savings net of operating costs	**(468)**

Note: the level of guaranteed savings is calculated placing reliance on NHS Lothian's asbestos register and current energy utilisation data. Any variation in the accuracy of this baseline data, together with any delay or failure to obtain consents and approvals for the necessary work is at NHS Lothian's risk.

Risk Mitigation

Failure to progress the planned project will result in existing infrastructure being no longer fit for purpose.

Failure to significantly reduce energy consumption and GHG emissions on our major sites, will not only mean that we do not comply with national targets, but will also result in increased costs from rising wholesale prices and increased carbon allowances, taxes and levies arising from the increasingly rigorous compliance regime, diverting resource from direct patient care.

1.0 Introduction

1.0 introduction

The purpose of this Final Business Case (FBC) is to seek approval to proceed to contract signature for an energy infrastructure project at St John's Hospital, Livingston. This follows on from the Outline Business Case (OBC) that was approved by the Scottish Capital Investment Group (SCIG) on 13 June 2017.

The FBC will:

- Confirm that the procured offer represents the best commercial solution for delivering the project requirements; and,
- Demonstrate that appropriate contractual, commercial and management arrangements are in place to successfully deliver the project.

This FBC has been prepared in accordance with the new Scottish Capital Investment Manual guidance (reference: http://www.pcpd.scot.nhs.uk/Capital/scimpilot.htm).

The FBC is structured as follows:

- **Strategic Case:** Has the Strategic Case for investment altered?

- **Economic Case:** Does the OBC's preferred option remain valid?

- **Commercial Case:** What is the recommended value for money commercial offer/ service?

- **Financial Case:** Is the project financially viable?

- **Management Case:** Is NHS Lothian ready to proceed to contract award and implementation?

2.0 Strategic Case

2 Strategic Case

Question	Has the Strategic Case for Investment altered since the OBC?
Response	Yes – minor updates.

2.1 Introduction

The strategic case for investment has altered slightly. This is mainly due to clarification received in relation to the accountancy treatment of the original OBC, i.e. a revenue-funded energy performance contract is not permissible under ESA 10 accounting rules. The project will now be funded via a capital allocation from Scottish Government, so there is no longer a requirement to attract third-party finance. Due to the time since submission of the original OBC (autumn 2015), updates to relevant legislation and policy drivers, energy consumption, and costs have been included. Overall, the strategic case for investment remains strong.

2.2 Summary of OBC Strategic Case

The OBC confirmed the following:

Strategic Context
The project fits clearly with NHS Lothian's 10-year Strategic Plan *"Our Health, Our Care, Our Future 2014–2024"* and its ambition to ensure the ongoing provision of safe, effective, person-centred care and healthier lives for all.

The project aligns with national and local strategies and policies, including the Climate Change (Scotland) Act 2009, NHSScotland energy and greenhouse gas (GHG) targets, the Healthcare Quality Strategy for NHSScotland, and the NHS Lothian Property and Asset Management Strategy.

Drivers for Change
- **Legislation and policy:** As a public sector body, NHS Lothian has a legal obligation to comply with requirements of the Climate Change (Scotland) Act 2009.
- **Financial:** Energy prices and associated taxes and levies have risen substantially and continue to rise.
- **Social:** Energy efficiency and climate change mitigation can bring positive health benefits to building occupants, patients and local communities – thus bringing the project's success under NHS Lothian's 'core business'.

Business Needs
NHS Lothian covers the second largest residential population in Scotland (c 800,000) and has the second highest energy consumption of all the NHS Boards. A significant challenge for NHS Lothian in managing its property portfolio is the current financial burden relating to backlog maintenance (including energy efficiency and carbon reduction). NHS Lothian is committed to reducing the level of GHG emissions across its property base and all new developments are now delivered, where possible, with integral technology designed to reduce energy use and consequently GHG emissions. Pressure on capital budgets means that additional investment in low energy/carbon technologies which cannot be linked directly to high and/or significant risk backlog programmes are unlikely to be progressed within the Board's available envelope of NHS capital funding within the five year period of our Local Delivery Plan and alternative revenue financing arrangements are required if energy efficiency measures are to be progressed.

Investment Objectives
The objective of the proposed project is to deliver a substantial reduction in energy consumption and greenhouse gas emissions (GHG) and a corresponding reduction in operating costs through the replacement of existing plant and infrastructure with more energy efficient arrangements at St John's Hospital.

Key investment objectives are as follows:

- To reduce energy consumption, costs and GHG emissons in real (evidenced) terms against an agreed baseline. Such reductions to be ambitious and to (as a minimum) meet current Scottish Government national and NHS Lothian targets;

- To minimise or eliminate future backlog maintenance spend in relation to some of the energy infrastructure at the site;

- The Programme must be delivered at no net cost to NHS Lothian (other than any overall programme set up costs);

Existing Arrangements
St John's Hospital is a modern teaching hospital that provides a comprehensive and expanding range of services for the people of West Lothian and beyond.

St John's Hospital has the third highest energy consumption/GHG emissions of all NHS Lothian sites, and the tenth highest nationally. In terms of overall energy benchmark performance, St John's Hospital is one of the worst performing sites on the NHSScotland estate with an energy benchmark of >582kWh/m2 (>29% above the NHSScotland average of 450 kWh/m2, and >14% above the industry recommended benchmark of 510 kWh/m2).

St John's Hospital's heating, hot water, catering and laundry processes are all supplied by a centralised steam boiler plant. The plant is now at the end of normal serviceable life

(30 years) and continued use without a major refurbishment/replacement presents a significant risk to ongoing site operation.

Project Objectives and Delivery Criteria

The following key criteria were used to evaluate the bids received:

Table 1: Project Objectives and Delivery Criteria

Project Objectives	Delivery Criteria
Meeting Performance Targets and legislative requirements	• Delivers energy and GHG savings that support NHS Lothian in meeting key environmental targets and in a way which optimises value for money.
Meeting financial needs	• Deliver the GHG emissions reduction at no net cost to NHS Lothian through realisation of energy cost savings; • Enables measures that score to revenue budgets to be delivered; • Ensure that contracts and funding provision comply with NHS Lothian's legal structures and present and future IFRS accounting rules.
Meeting investment criteria	• Accelerates the development and implementation of energy efficiency and low carbon and renewable energy generation projects across the NHS Lothian estate. • Needs to facilitate improved project performance monitoring to develop more robust business cases for future investment proposals.
Critical asset needs	• Where financially viable enables associated backlog maintenance issues to be addressed.
Operation and service needs	• Meets operating and service requirements of NHS Lothian and makes a substantial impact on helping to address critical back log maintenance risks.
Working environment improvement	• Improves the quality of environment for staff and patients.
Technology delivery	• Matches the supply chain's ability to deliver the required technologies and functionality within any operational constraints of NHS Lothian. • Delivers a full range of technologies in accordance with the energy efficiency hierarchy.

Benefits Criteria

The benefits associated with the project will be assessed against the following quantitative and qualitative criteria:

- Amount of avoided energy consumption and related cost reduction/avoidance;

- Amount of GHG emissions avoided and related cost reduction/avoidance;

- Improved access (acceleration) to energy efficiency services;

- Correlation with ongoing maintenance policy and programmes;

- Improved ability to deliver backlog measures and reduction in value of backlog maintenance in terms of value invested;

- Qualitative improvement to appropriate and safe patient and staff environments as set out in NHSScotland's Quality Strategy;

- Ability to deliver a multi technology solution;

- Robust post contract management arrangements; and

- Extent to which the proposed solution will free up resources for clinical priorities.

Strategic Risk Assessment
Key risks to note are:
- Changes requested by Board during construction period result in delay to programme and costs incurred by the Board.

- Operational requirements of site impact technical viability of project resulting in reduction in technologies that can be effectively installed impacting ability to meet energy consumption and climate change targets.

- Inability to agree baseline data

Constraints, Dependencies and Enabling Works

The following key constraints were identified:

- The project must fully comply with all relevant legislation and Scottish Health Technical Memoranda;

- Any energy efficiency improvement must not compromise patient care or infection control procedures;

- Any energy efficiency improvement must be delivered with minimal disruption to ongoing hospital functions;

- Timing of specific project delivery may be dependent on seasons;

- The project must be affordable within available resources, i.e. the costs of the project need to be offset by guaranteed reductions in the cost NHS Lothian would otherwise incur or by guaranteed increases in revenue;

- The preferred option is dependent on the appropriate building and planning approvals;

- The proposals will require to be assessed in order to establish their accounting and budgetary treatment prior to approval. Proposals which are not compatible with the required accounting and budgetary treatment will not be approved within the present protocols;

- The terms of the project will need to comply with the financial regulations of NHS Lothian and its statutory powers;

- The project development must recognise and evaluate existing and required capacity within NHS Lothian, and how this may impact the ability to deliver the project.

The project is subject to the following dependencies:

- St. John's Hospital masterplanning;

- Support from key stakeholders, including NHS Lothian estate staff, finance staff, senior management teams, Partnership representatives and clinical staff;

- Interaction with other NHSScotland strategic programmes and policies such as behavioural programmes, new build programmes, sustainable procurement, community programmes and major renewable programmes;

- National legislation and policy continues to support the development of a 'low carbon Scotland'.

- .

The project is subject to some enabling works in order to clear the area for the contractor and to ensure safe and efficient delivery of all NHS Lothian and contractor activities. This will involve the relocation of some plant and infrastructure from the boilerhouse yard to alternative locations. The cost for these has not been fully assessed since it will require the participation of and agreement with the preferred bidder. A provisional sum of £130k has therefore been included in the financial analysis.

2.3 Updates to Strategic Case

Updates to the OBC are provided below under the previous headings. <u>Where there is no update provided against a heading, the information in the OBC remains unchanged</u>.

2.3.1 National and Local Strategies and Policies

The Climate Change (Scotland) Act 2009: Scottish Government intends to revise the CCSA in 2018, and has started a consultation on proposed amendments. It is likely that new, more robust, targets for 2050 will be set, with corresponding interim targets. Scottish Government is also developing other supporting legislation and policies, including the Climate Change Plan (due to be published February 2018). The draft of this Plan suggested that challenging targets will be imposed on public sector bodies in relation to required GHG emissions reductions, district energy connection, and energy efficiency. Certainly, the duty on NHS Lothian to reduce energy consumption and associated GHG emissions has not reduced.

NHS Lothian Property and Asset Management Strategy (PAMS): The most recent PAMS was produced in June 2017. The energy project at St John's Hospital is cited as a strategic priority. Current backlog maintenance stands at c £53.8 million.

2.3.2 Drivers for Change

Financial: Scottish Procurement guidance on gas prices predicts a rise of 11% between 2017-18 and 2018-19, and a stable price for electricity. Looking further ahead, further significant price rises are expected, mainly due to pass-through taxes and levies (over which NHS Lothian and Scottish Procurement have no control).

2.3.3 Business Needs

NHS Lothian covers the second largest residential population in Scotland (c 800,000) and has the second highest energy consumption of all the NHS Boards. The property portfolio consists of >100 properties/sites with a building floor area of 708,000 m^2 and a net book value of circa £748 million (at 31st March 2017). Energy consumption in financial year 2016/17 amounted to 293,000 MWh per annum, equating to 76,950 tonnes of CO_2 emissions.

Whilst pressure remains on capital budgets, under current financial regulations, a revenue-financed arrangement for this type of energy performance contract is not possible. An alternative capital finance option is required.

2.3.4 Investment Objectives

The investment objectives are largely unchanged, with the exception of the final one. As a revenue-funded option is no longer possible, the requirement to deliver the project at no net cost to NHS Lothian is removed.

2.3.5 Project Objectives and Delivery Criteria

The Project Objectives and Delivery Criteria are unchanged, except for those relating to 'Meeting Financial Needs'. A revenue-funded solution is not possible under current financial and accounting regulations, and the project is now being funded via a capital budget allocation from Scottish Government. The delivery criteria has been amended accordingly.

Table 2: Revised Project Objectives and Delivery Criteria

Project Objectives	Delivery Criteria
Meeting financial needs	• Deliver the GHG emissions reduction within the available capital budget, and maximise annual energy cost savings

2.3.6 Constraints, Dependencies and Enabling Works

Under 'Dependencies', the ability to attract third-party finance is no longer relevant as the project is being funded through a Scottish Government capital allocation.

Under 'Enabling Works', these have been discussed and agreed with Vital Energi and a sum of £130k allocated. This is included in the financial analysis.

3.0 Economic Case

3 Economic Case

Question	Does the OBC's preferred option remain valid?
Response	Yes, but with a different funding route.

3.1 Introduction

The preferred option identified in the OBC remains valid. However, a revenue-funded solution with third-party finance is not permissible. Therefore, the project will be funded through a capital allocation from Scottish Government. The remainder of this section updates the information from the OBC to reflect the changes in legislation, policy, and accounting treatment (as outlined in section 2). Options 3 and 4 – including the preferred option (4) – have been altered to reflect the change in funding route.

3.2 Critical Success Factors

The Critical Success Factors (CSFs) are identified as set out in Table 3 below. The change is under 3: Affordability and shown in italics.

Table 3: Critical Success Factors

	Critical Success Factor		Supporting objectives	Weighting	Weighting per CSF
1	GHG Emissions Reduction	1.1	Delivers energy and GHG reductions that support NHS Lothian in meeting key environmental targets.	20	20
2	Operational Fit	2.1	Accelerates the development and implementation of energy efficiency and low carbon and renewable energy generation projects across the NHS Lothian estate.	10	15
		2.2	Meets operating and service requirements of NHS Lothian	5	
3	*Affordability*	*3.1*	*Deliver the GHG emissions reduction within the available capital budget, and maximise annual energy cost savings.*	*25*	30
		3.2	*Where financially viable enables associated backlog maintenance issues to be addressed.*	*5*	
4	Deliverability	4.1	Matches the supply chain's ability to deliver the required technologies and functionality within any operational constrains of NHSScotland.	2.5	5
		4.2	Enables delivery across geographical areas	2.5	
5	Value for	5.1	The approach maximises the Net Present Value to	5	20

	Critical Success Factor		Supporting objectives	Weighting	Weighting per CSF
	money		NHS Lothian.		
		5.3	Delivers a full range of technologies in accordance with the energy efficiency hierarchy	5	
		5.4	Promotes efficient procurement through minimising procurement costs through, for example, the use of standard contracts.	10	
6	Quality	6.1	Improves the quality of environment for staff and patients.	10	10

3.3 Approach

In order to evaluate the economic case for the proposed programme of energy efficiency works, the following approach has been adopted:

- A qualitative analysis of the benefits and risks associated with the options capturing non-quantifiable data;

- The economic case is based on the quantification of the benefits each option can deliver and its associated costs;

- The results of these two approaches are then reviewed to identify the preferred approach for delivering the energy efficiency programme.

The list of options is:

1. **Status quo (Do nothing);**

2. **Do minimum (address backlog maintenance issues only);**

3. **Carry out full scope of works using Scottish Government capital allocation and using traditional OJEU procurement route;**

4. **Carry out full scope of works using Scottish Government capital allocation and Carbon and Energy Fund procurement route.**

The list of options was assessed against the CSFs. As a result of this initial analysis, options 1 to 3 did not meet a number of CSFs. Specifically, for options 1 and 2, this included the requirement to deliver a reduction in energy consumption and GHG emissions and for option 3 the requirement as set out in the operational fit factor. For comparative purposes however option 1 do nothing and option 3, a traditional NHS capital funded approval route through the traditional OJEU procurement route, have been retained within the economic appraisal to demonstrate value for money of the preferred option.

3.4 Qualitative Benefits Appraisal

The appraisal of the qualitative benefits associated with each option was undertaken by:

- Identifying the benefits criteria relating to each of the investment objectives;

- Weighting the relative importance (in %) of each benefit criterion in relation to each investment objective;

- Scoring each of the short-listed options against the benefit criteria on a scale of 0 to 4; and

- Deriving a weighted benefits score for each option.

The results of the benefits appraisal are shown in Table 4 below:

Table 4: Summary of Options Appraisal

	Qualitative Benefits	Weighting (%)	Do Nothing (Option 1)		Carry Out Full Scope of Works Using Scottish Government Capital Allocation and Traditional OJEU Procurement Route (Option 3)		Carry out Full Scope of Works Using Using Scottish Government Capital Allocation and Carbon and Energy Fund Scotland Procurement Route (Option 4)	
			Score	Weighted score	Score	Weighted score	Score	Weighted Score
1	Avoided Energy Consumption & GHG Emissions	30%	0	0	2	60	4	120
2	Improved Access to Energy Efficient Services	10%	0	0	3	30	4	40
3	Correlation with Ongoing Maintenance Policy & Programmes	10%	4	40	4	40	4	40
4	Backlog Maintenance Reduction	15%	0	0	3	45	3	45
5	Qualitative Improvements to Patient & Staff Environment	5%	0	0	2	10	2	10
6	Ability to Deliver Multi Technology Solutions	10%	0	0	4	40	4	40

#	Criterion	Weight						
7	Robust Post Contract Arrangements	5%	0	0	3	15	4	20
8	Extent to Which Scarce Capital Resources are Re-directed to Clinical Priorities	15%	4	60	0	0	4	60
	Total	100%	**8**	**100**	**21**	**240**	**28**	**375**
	Ranking		**3**		**2**		**1**	

The results of the scoring exercise add weight to the initial assessment against the CSFs. Option 1 scored poorly, as it delivers very few benefits. *While Option 3 would potentially achieve similar benefits to Option 4 in terms of energy consumption and GHG emissions reductions, this would be conditional upon NHS Lothian's ability to proactively manage energy utilisation across the site to the same standard as the private sector provider.* The maximisation of benefit from energy efficiency management is a highly specialised area and requires an in-depth knowledge of not only the advances in technology and capabilities of the infrastructure but also of the constantly changing and increasingly rigorous statutory and regulatory compliance environment. This risk, and the risk associated with a guaranteed saving from energy efficiency, transfer to the private sector under option 4.

Option 4 was taken forward and the OBC described the Procurement Strategy and process in detail. Using the CEF Procurement model, a competitive tender process was undertaken and three compliant bids received.

Following clarification form Scottish Government that a revenue-funded solution was not possible, the procurement process was halted in autumn 2015. Confirmation of available funding was then received in 2017, but due to timescale, the results from the original procurement exercise were no longer valid. Following procurement and legal advice regarding the procurement steps for the updated project, all original bidders were approached to establish their interest in submitting refreshed bids. The CEF framework was then used for a refreshed mini competition, with a revised specification issued to the interested bidders. The updated specification reflected an increase in the life of the contract from 15 to 25 years and changes in financing arrangements.

All three previous bidders expressed initial interest in re-submitting refreshed proposals, however one subsequently withdrew and a further bidder, ENER-G, was not able to submit a compliant bid. At the time of the bid submission ENER-G did not have formal Board approval to tender for the 25-year contract which was a requirement under the refreshed Invitation to Tender (ITT). However, as Board approval was anticipated the bid from ENER-G was also reviewed and scored by the Project Team (Appendix 2). Following a comprehensive technical and financial evaluation involving the Project Team, Vital Energi was identified as the preferred bidder in summer 2017.

For the remainder of this section, Option 4 should be read as the solution provided by Vital Energi, and all costs/ benefits associated with this option are as provided in the final agreed scope of works.

3.5 Quantifiable Benefits Appraisal

The methodology adopted for the quantitative economic appraisal has been to:

- Assess the level of investment in energy efficiency works which each option is likely to deliver; and

- Examine the resultant benefits generated by the option over a 25 year operational period. This takes into consideration the lifespan of the works and when they were implemented over the 25 years.

- All costs and savings listed in the tables within the Economic Case below are exclusive of VAT and Capital Charges.

The forecast investment associated with each option delivers a number of reductions in electricity and gas consumption, and consequently emissions.

3.5.1 Economic Appraisal

The following table summarises the results of the economic appraisal undertaken for each of the options. The costs and savings information were provided by the preferred bidder in their bid documentation. The NPV and EAV values have been derived using the Generic Economic Model (GEM), as directed by the SCIM guidance.

Table 5: Costs and Assumptions for Options

Option	Option 1 Do Nothing	Option 3 Full Scope (OJEU procurement)	Option 4 Full Scope (CEF procurement)
	£000	£000	£000
Capital Costs	0	6,304	6,583
Annual Costs			
Operation & Maintenance	357	400	400
Total Costs	357	400	400
NPV of Costs (25 Years)	4,828	12,272	£15,203
Annual Savings			
Cash Releasing Savings	0	(713)	(892)
Future Cost Avoidance	0	(0)	(56)
Total Guaranteed Savings	0	**(713)**	**(948)**

Option	Option 1 Do Nothing	Option 3 Full Scope (OJEU procurement)	Option 4 Full Scope (CEF procurement)
NPV of Saving (25 Years)	**0**	**(15,371)**	**(20,423)**
Net Saving per Annum	**357**	**(313)**	**(548)**
Net NPV	5,884	(3,099)	**(5,099)**
Ranking	3	2	**1**
NPV of Costs as % of NPV of Savings	**N/A**	**79.84%**	**75.03%**
Qualitative Benefit Points	100	240	**375**
Ranking	3	2	**1**

The results of the Economic Appraisal show that Option 4 has the greater annual revenue cost saving, and a higher predicted NPV. As noted above, option 3 would not deliver certainty in the level of savings achieved. Option 1 would lead to significant costs being incurred compared to options 3 & 4. Option 4 provides the highest level of the non-financial benefits as well as delivers a significant level of guaranteed financial benefit.

3.6 Preferred Option

Although Option 4 has the highest predicted NPV   and has significantly higher qualitative points from the scoring exercise. Option 4 is therefore the preferred option, and the full costs, savings and affordability are explored in section 5 – The Financial Case.

4.0 Commercial Case

4 Commercial Case

Question	What is the recommended value for money commercial offer/ service?
Response	Selection process for preferred bidder, agreed project scope, agreed commercial arrangements, and agreed contractual arrangements.

4.1 Introduction

The Commercial Case confirms that the procured offer from Vital Energi represents the best value commercial solution for delivering the project requirements, and demonstrates that appropriate commercial and contractual arrangements are in place to successfully deliver the project.

4.2 Procurement Process

The CEF has a framework of 16 contractors that were procured via an OJEU tender in 2013. The particulars of this tender were reviewed by NHSScotland's National Procurement specialists and deemed suitable for use by NHS Boards.

In accordance with OJEU procurement regulations and the CEF process, an Invitation to Mini Competition (ITMC) was issued to the CEF framework in November 2014. This was followed by an open day at St John's Hospital to which all interested parties were invited. After the open day, 4 contractors expressed an interest in bidding for the project, and after subsequent interviews and technical discussions, all were issued with a formal Invitation to Tender (ITT) (February 2015). Three (3) contractors returned tenders on 27 March 2015.

The NHS Lothian project team (assisted by CEF and Health Facilities Scotland staff) carried out the evaluation of the tenders in April/ May 2015 and a preferred bidder was recommended. The outcomes of this original procurement were described in detail in the OBC.

The OBC was submitted to CIG in late 2015. The Scottish Government CIG's guidance issued in late 2015 advised that due to concerns around balance sheet categorisation following the application of ESA 2010, any further business cases with this funding structure would not be approved. The project was therefore put on hold indefinitely until an alternative financing route could be confirmed.

In summer 2016, Health Facilities Scotland (HFS) and the Scottish Government identified a source of capital stimulus funding for public sector energy efficiency projects. The Scottish Government have confirmed that £6.2m inclusive of VAT capital funding has been provisionally allocated against the project, with any balance to be provided from the Scottish Government Health capital budget.

Under the new funding proposal, the capital construction would be funded as a capital allocation through Scottish Government Health and Social Care Directorate. Although the boiler will be fully owned by NHS Lothian, through the CEF framework, responsibility for the ongoing operation and maintenance of the facility would still lie with the contractor, ensuring savings are still guaranteed. The changes in approach for the project were approved by the Lothian Capital Investment Group in April 2017.

Results from the original procurement exercise undertaken in 2015 were no longer valid. Following procurement and legal advice regarding the procurement steps for the updated project, all original bidders were approached to establish their interest in submitting refreshed bids. The CEF framework was then used for a refreshed mini competition, with a revised specification issued to the interested bidders. The updated specification reflected an increase in the life of the contract from 15 to 25 years and changes in financing arrangements.

All three previous bidders expressed initial interest in re-submitting refreshed proposals, however one subsequently withdrew and a further bidder was not able to submit a compliant bid. Following a comprehensive technical and financial evaluation process Vital Energi was therefore identified as the only compliant bid.

Vital Energi were confirmed as preferred bidder in summer 2017. The remainder of this document refers to the agreed services and commercial terms of their offer.

4.3   Agreed Scope and Services

The preferred option includes the following scope and services:

- Decommissioning, removal and disposal of existing redundant energy plant and associated items;

- Installation of:

  o 1 No. gas-fired reciprocating Combined Heat and Power (CHP) engine of capacity 1.5MWe cap;

  o 1 No. combination steam boiler comprising a dual fuel fired section and a CHP Engine exhaust gas heat recovery section;

  o 1 No. CHP Engine exhaust gas heat recovery heat exchanger;

- 2 No. low temperature hot water (LTHW) Primary pumps, filters, pressurisation unit and controls;

- 2 No. dual fuel packaged steam boilers, each fitted with a feedwater meter and economiser;

- New exhaust flues throughout the energy centre;

- Temporary flues to allow 3 No. existing steam boilers to continue to operate while other flues are removed and replaced;

- 1 No. hotwell;

- 1 No. boiler feedwater system;

- 1 No. blowdown syste;

- 1 No. steam header and connections

- 1 No. fuel oil distribution;

- Necessary modifications to the National Grid gas meter let-down station that supplies the Energy Facilities Building;

- 1 No. LTHW Primary system, including required flow and return pipework and plate heat exchangers;

- 1 No. laundry flash steam cooling system;

- Replacement of the existing 1,000KVA 11kV/400V transformer with 1 No. 2,000kVA 11kV/400V transformer;

- New HV and LV cabling and switchboards;

- 1 No. SCADA system for the monitoring, data collection and alarm handling in relation to the installed plant;

- New energy meters throughout the energy centre;

- Facilities for the export to the Electricity Local Distribution Network of CHP Generated Electricity;

- All associated civil and structural works;

- Provision of all ongoing operation and maintenance of the plant through the contract duration.

Full details of the equipment to be installed are detailed in the contract between NHS Lothian and Vital Energi.

4.3.1 IT Infrastructure

The main boiler house control system (SCADA) that is being supplied within the contract is to be connected directly to the internet via an ADSL connection (data enabled phone lines) that will allow all performance data to be gathered remotely not only by CEF & Vital but also to allow NHS Lothian a read-only data portal for metered values & equipment operation. Specific items of plant are capable of generating event alarms so they too will be connected by their own independent ADSL phone lines that will also provide the functionality for the various equipment manufacturers to carry out remote diagnostics to their supplied plant.

The NHS Lothian IT network is not being utilised for this project (or installed equipment) and as such this project provides no risk to (or demands of) NHS Lothian's IT infrastructure.

4.4   Agreed Risk Allocation

The general principle is that risks should be owned by the party best able to manage them subject to value for money. This section sets out how the risks associated with project development, delivery and financing are apportioned between NHS Lothian and Vital Energi

All work undertaken by the contractor is at their risk until they are formally appointed as preferred bidder. Vital Energi were appointed preferred bidder by NHS Lothian on 1st July 2017 and a timetable for the completion of the design and the contract technical schedules has been agreed. Should the final contract be for the same (or better) price and guaranteed savings, then the Board is expected to sign the contract. If it does not, then NHS Lothian will be expected to cover the bidder and CEF costs associated with that development period, subject to an agreed fee cap.

When installation work is complete and the sites are operational, NHS Lothian pays an agreed monthly fee. Energy savings are monitored, independently, throughout operation by the CEF. Should the guaranteed savings not be achieved, Vital Energi must provide remedial costs to NHS Lothian to account for the shortfall. Any savings achieved in excess of the guarantee are split between NHS Lothian and Vital Energi. The guaranteed savings are conditional upon the accuracy of information made available to Vital Energi by NHS Lothian. This information includes historical meter readings and utility bills and the NHS Lothian's asbestos register.

The overall project premise is that the savings achieved from reduced energy costs will cover or exceed the annual service charge. The level of savings will be contractually agreed and the risk of achievement will rest with Vital Energi. CEF will provide ongoing independent monitoring and verification of savings throughout the project lifetime.

Table 6 provides a brief summary of risk allocation over a broad risk category. The Risk Log in Appendix 1 provides a detailed analysis of each risk, mitigation, ownership, likelihood and impact.

Table 6: Risk Transfer

Risk	NHS Lothian	Vital Energi	Shared	Comments
Development risk			X	Planning and building permissions are at NHS Lothian's risk. All other development costs are at Vital Energi's risk.
Construction Risk		X		The risks associated with designing and implementing the energy efficiency measures will lie with Vital Energi.
Realisation of energy savings (kWh)		X		The risk associated with the realisation of energy savings will be borne by Vital Energi.
Realisation of emissions reduction (tCO$_2$e)		X		It is expected that the risk associated with the realisation of emission reductions, both as a direct result of energy savings and choice of technology, will be borne by Vital Energi.
Operation and maintenance			X	Vital Energi is ultimately responsible for operation and maintenance of all plant and equipment installed under the contract. NHS Lothian will however provide additional operational and maintenance services to related plant/ equipment which is outside of Vitak Energi's control (but which may impact on the performance of the energy plant).
Programme development		X		The risk for the development and completion of individual projects will sit with Vital Energi.
Availability		X		The availability risk lies with Vital Energi
Fuel price	X			Fuel will continue to be sourced by NHSScotland through available national procurement routes.

4.5   Agreed Charging Mechanisms

The charging mechanisms within the contract will take the following form:-

- The guaranteed energy savings will either be fully retained by NHS Lothian up to a guaranteed level or shared above that level;

- Robust mechanisms for the measurement and verification of the guaranteed savings to IPMVP standards, are built into the contract;

- Vital Energi will be paid a service charge to cover the operation and maintenance of the energy efficiency measures.

- Penalties in the form of financial deductions are available to the Board for non performance by the contractor.

4.6   Agreed Contract Length

The contract will be for a period of 25 years.

4.7   Agreed Key Contractual Clauses

This section summarises the key commercial terms and risk allocations

4.7.1 Objectives of the contract

The principle objective of the contract is energy efficiency and GHG emissions reduction through reduced consumption of all purchased energy and the use of new low carbon technologies for generation of electricity, heat, lighting and cooling. Vital Energi will guarantee a level of energy savings. If the savings generated by the measures (in aggregate) fail to achieve the guaranteed savings, Vital Energi will be responsible to NHS Lothian for the value of any savings shortfall.

4.7.2 Access

The detailed obligations of the parties related to access are dependent upon the specifics of the building(s) affected and the measures proposed. However, the base principle is that NHS Lothian will grant Vital Energi a non-exclusive licence to take access to relevant areas for the purposes of meeting contractual obligations, both during the construction/installation of the measures and during the period of their maintenance and monitoring. All access will be subject to adherence to NHS Lothian's operational procedures, e.g. infection control.

4.7.3 Energy Baseline

A baseline of pre-improvement energy usage has been calculated for the site. The information has been determined from existing contract agreements, utility bills and meter readings over an agreed 12 month period to capture a full range of energy consumption scenarios across the seasons.

The final contract will include the following:

- Agreed baseline figures and base data which are applicable from the beginning of the contract period; and

- An agreed International Performance Measurement and Verification Protocol (IPMVP) adherent measurement and verification plan stating the process for amending the baseline figures to account for material amendments in usage which are the result of actions of NHS Lothian or other influences upon independent variables. The contract will include a clear process which measures changes in energy usage (including, if

appropriate, changes specific to each measure installed), providing outputs which will be able to be applied to the savings guarantee.

4.7.4 Savings Guarantee/ Payment Mechanism

Payment of the agreed service charge to Vital Energi is dependent on performance and availability requirements being met. The following points should be noted:

- NHS Lothian takes the risk on the movement of gas and electricity prices under the associated Scottish Public Sector energy supply frameworks;

- Savings guarantees are based on guaranteed consumption savings converted into a monetary value with reference to a base price;

- Both the service charge and the guaranteed savings will be indexed by RPI currently estimated for the purposes of this business case as 2.5% per annum;

- The savings guarantee is assessed on an end of year basis and takes into account any benefits or subsidies receivable by Vital Energi which directly relate to its contractual obligations e.g. ROCs, FITs, RHI payments, restriction payments or government grants;

- Vital Energi will be required to meet wider performance and availability requirements in respect of their operational obligations which may not be directly related to the guaranteed savings obligation (such as room temperatures, continuous asset operation, resilience requirements, etc). The contract includes a series of Technical Schedules that set out NHS Lothian's requirements of Vital Energi in detail. Failure to meet these obligations will also be subject to performance and availability deductions;

- NHS Lothian will certify that any measures installed are capable of being signed off as completed, and in the case of certain potential measures this may require a testing and commissioning process under which Vital Energi will take the risk of providing adequate assurance. Commissioning is undertaken prior to the tests for practical completion. When practical completion is undertaken, NHS Lothian and CEF independently verify that practical completion has been satisfactorily achieved. At that exact point, the service payment and guaranteed savings commence such that all installation and commissioning risk sits with Vital Energi.

- All maintenance risk will sit with Vital Energi in respect of any installed measures. Vital Energi has ultimate responsibility for operation and maintenance of the new equipment. NHS Lothian's obligations under operation and maintenance are set out in the Board's responsibilities under the Technical Schedules. Therefore, the risk to NHS Lothian is limited to its requirement to meet those obligations.

4.7.5 Supervening Events, Changes, Default and Termination

The contract will include provisions dealing with force majeure, change of law, change control, default, termination and compensation on termination.

A change mechanism and process is included in the contract providing for material changes to the energy baseline which are anticipated, proposed (by either party and within pre-agreed parameters) or identified via the measurement and verification process.

4.8 Personnel Implications (including TUPE)

The Project will not involve the transfer of staff either to or from the contractor.

4.9 Agreed Implementation Timescales

The agreed implementation timescale is as set out in the table below. This assumes all approvals are received as set out, and that the project construction is not subject to significant delay.

It should be noted that although the guaranteed savings procedure does not start until March 2019, significant early savings will be realised by NHS Lothian during the construction period, e.g. due to the early installation of energy conservation measures.

Table 7: Implementation Timescale

Activity	Date
FBC to NHS Lothian Capital Investment Group	December 2017
FBC to NHS Lothian Finance & Resource Committee	January 2018
FBC to NHS Lothian Board	February 2018
FBC to Scottish Capital Investment Group	February 2018
Contract Awarded	March 2018
Certificate of Commencement	March 2018
Anticipated Practical Completion	March 2019
Guaranteed savings start	March 2019

A detailed programme of implementation following contract award is incorporated into the final contract.

5.0 Financial Case

5   The Financial Case

Question	Is the project financially viable?
Response	Yes, funding has been confirmed from Scottish Government and full details are provided.

5.1   Introduction

The Finance Case explains in detail the financial implications to NHS Lothian of the recommended procured service, confirms its affordability, and confirms it has stakeholder support and sign-off.

5.2   Affordability of the Preferred Option

The OBC had described a revenue-funded scheme with no upfront costs to NHS Lothian. However, the funding route for the project as changed.

The Scottish Government CIG's guidance issued in late 2015 advised that due to concerns around balance sheet categorisation following the application of ESA 2010, revenue-funded energy performance contracts were not permissible.

In summer 2016, Health Facilities Scotland (HFS) and the Scottish Government identified a source of capital stimulus funding for public sector energy efficiency projects. The Scottish Government have confirmed that £6.2m inclusive of VAT capital funding has been provisionally allocated against the SJH boiler project, with any balance to be provided from the Scottish Government Health capital budget.

Under the new funding proposal, the capital construction would be funded as a capital allocation through Scottish Government Health and Social Care Directorate. Although the boiler will be fully owned by NHS Lothian, responsibility for the ongoing operation and maintenance of the facility will lie with Vital Energi, ensuring savings are still guaranteed. The changes in approach for the project were approved by the Lothian Capital Investment Group in April 2017. The Project Team assessed the risk associated with the potential loss of the guaranteed savings as well as the specialist nature of the works and concluded that Vital Energi will provide operation and maintenance service in full. The financial analysis has been updated to incorporate this amendment; however there is no change in ranking of the submissions. This results in increase in the annual service charge of 135k pa from the original bid.

NHS Lothian is anticipated to incur additional costs during the contract negotiation and construction phases, e.g. legal fees, quantity surveying fees, site enabling works, CDM fees, etc. These are estimated to be £0.130m.

Capital payments to Vital Energi will be phased throughout the construction process and linked to deliverables and outcomes. A detailed delivery programme is included in the project contract, but a summary of construction milestones and capital payments is shown below:

Table 8: Summary Capital Payment Schedule

	Construction Milestone	Capital Payment
0	27/03/2018	£470,324
1	06/04/2018	£1,514,061
2	17/06/2018	£491,188
3	26/08/2018	£840,563
4	04/11/2018	££1,249,512
5	13/01/2019	£1,098,115
6	22/03/2019	£754,784
	Sub-total	**£6,418,547**
	Enabling costs	130,000
	TOTAL Capital Costs	**£6,548,547**

Revenue costs

No further costs are incurred by NHS Lothian until project completion. At that point, NHS Lothian begin paying annual service payments to Vital Energi, but also begin to be covered by guaranteed savings.

The ongoing revenue impact of the projects is shown in Table 9. costs and savings listed below are inclusive of VAT where it is applicable.

Table 9: Revenue Impact of Project

Summary - Revenue Impact of Project	FY2018-19 Recurring £'000
Operation & Maintenance	480
Total Annual Cost	**480**
Cash Releasing Savings (Energy)	(886)
Operational Savings	(56)

Total Guaranteed Savings	**(942)**
Total Cost/(Saving)	**(462)**

The savings, net of operating costs, indicate a significant annual revenue benefit to NHS Lothian of approximately £468k. This is also reflected by the large, positive NPV and EAV over the term of the proposed contract.

The cost of the project and the level of guaranteed savings are calculated placing reliance on NHS Lothian's energy utilisation data based on financial year 2016-17, and asbestos register, providing a recurring net annual guaranteed saving of £468k from 2018-19 onwards. This is also reflected by the large, positive NPV over the term of the contract.

Any variation in the accuracy of this baseline data, together with any delay or failure to obtain planning consents for the necessary work, is at NHS Lothian's risk. The Project Team has assessed the probability of any delay or failure to obtain planning permission as deemed as a very low risk.

The following assumptions have been made in relation to the costs and savings identified:

- The Contract will have a duration of 25 years. The savings/avoided costs are based on the lifetime of the measures installed, up to a maximum of 25 years;

- Annual costs are as identified within Vital Energi's project offer. The operation and maintenance costs within the bid have been inflated by 2.5% per annum;

- Savings/avoided costs are based on the forecast savings in electricity, gas and other fuel costs which have been indexed by an inflation allowance of 2.5%;

- All energy efficiency savings are based on the Scottish national public sector tariffs, procured through the Scottish Public Sector National Utility Framework.

- Both the Service Payment and the guaranteed savings will be indexed by RPI or 2.5% per annum, whichever is the greater;

- No allowance has been made for NHS Lothian in-house maintenance costs which may be avoided due to this investment;

- VAT will apply to all of the costs, as confirmed by NHS Lothian's VAT advisors – Ernst & Young. VAT will also apply to the savings, as NHS Boards are liable for 20% VAT on all energy costs. VAT has not been applied to the anticipated benefit from the export of surplus electricity to the national grid.

- VAT is assumed to be non recoverable, in line with advice from NHS Lothian's VAT advisors.

- The savings guarantee is based on a fixed figure per annum. Each year there is an external audit undertaken by CEF to give an annual reconciliation on consumption to verify if savings have been achieved. If not the value of any savings not achieved is returned to NHS Lothian by Vital Energi.

- As part of the annual reconciliation, Vital Energi will be expected to meet wider performance and availability requirements in respect of their operational obligations which may not be directly related to the guaranteed savings obligation (such as continuous asset operation, resilience requirements, etc). Failure to meet these obligations will also be subject to performance and availability deductions.

- NHS Lothian will certify that any measures installed are capable of being signed off as completed, and in the case of certain potential measures this may require a testing and commissioning process under which Vital Energi will take the risk of providing adequate assurance.

- All maintenance risk of plant will sit with Vital Energi in respect of any installed measures.

- The Service Charge includes the cost to the provider to insure equipment which the provider is responsible for managing. All Buildings are insured by NHS, continuing current practice.

5.3 Impact on NHS Lothian's Income and Expenditure Account and Balance Sheet

The accounting impact of the contract on the income and expenditure and balance sheet NHS Lothian will be:

- Balance Sheet:
  - The construction costs will be capitalised in line with the requirements of FReM and Capital Accounting Manual

- Income and Expenditure Account
  - For works undertaken under the Energy Performance Contract the service element will be charged to the statement of Comprehensive Net expenditure (Income and expenditure account);
  - Additional depreciation costs of appr £200k pa will be managed through the NHS Lothian existing depreciation budget.

5.4 Overall Affordability

The results of the above analysis show that the project is affordable. There are no implications for other organisations or stakeholders.

5.5   Stakeholder Support and Sign-off

The OBC has received approval and support from:

- NHS Lothian Capital Investment Group

- NHS Lothian Finance & Resource Committee

The Project Team, which has been fully engaged throughout the procurement and contract negotiation process, includes:

- NHS Lothian estates staff

- St John's Hospital estates staff

- NHS Lothian finance staff

- NHS Lothian Partnership representative

- Health Facilities Scotland

- Independent technical advisor

- Carbon and Energy Fund

- Vital Energi

6. The Management Case

6 The Management Case

Question	Is NHS Lothian ready to proceed to contract award and implementation?
Response	Yes, details of project management, change management, benefits realisation, project risk register, commissioning, monitoring and evaluation, and project monitoring are provided.

6.1 Introduction

The Management Case confirm that NHS Lothian is ready and capable of processing to contract award and project implementation.

6.2 Project Management Arrangements

A Project Team, accountable to the Lothian Capital Investment Group, has been established and operates as the overarching steering group for the project. This Project Team has overseen the project through procurement and contract negotiation, and will continue to oversee the project through to completion.

Membership is drawn from NHS Lothian's Estates and Finance Departments, as well as a Partnership representative and technical support from Health Facilities Scotland and CEF. Membership is detailed in the table below:

Table 10: Project Team

Project Sponsor	Jim Crombie, Deputy Chief Executive
Project Director	George Curley, Director of Operations / Facilities Jane Hopton, Programme Director
Project Manager/Engineering	Charlie Halpin, Sustainable and Technical Development
Energy Lead	Bill Newton – Energy Manager
Finance Representative	Nick Bradbury, Head of Property and Asset Management Finance Olga Notman, Assistant Finance Manager
Site Engineering Lead and Contact	Ian Fleming, Estates Ops Manager
HFS Co-ordinator	Kathryn Dapré, Head of Engineering and Energy
CEF Project Manager	Helen Brindle

CEF Technical Advisors	Paul Stott
	Emma Hutchinson, GEP
	Environmental Ltd
Partnership Representative	Andrew Taylor
NHS Lothian Legal Advisor	Michael Johnston, CLO

A full implementation plan for the overall construction phase is included in the contract documentation.

The St John's Masterplanning Group have been kept appraised of this scheme to ensure the proposed solution aligns with future developments on the site. This close link will be maintained throughout the construction process.

All NHS Lothian capital projects are fully supported by the NHS Lothian Estates Department, with a dedicated Project Manager and Senior Technical Officer appointed to oversee the project. There is also representation from finance who work alongside the Estates Department to ensure management of the projected finances and for the management of subsequent spend associated with the project. These existing project management arrangements will be funded through existing revenue. Change Requests and identified Risks will be monitored and escalated, where appropriate, by the NHS Lothian Project Manager to the Project Team for endorsement and ongoing management.

All resources anticipated throughout the project installation period will be provided from existing staff within the NHS Lothian Estates Department. No additional resources will be recruited. In addition, it is anticipated that support will be required from Infection Control, Finance and Clinical Staff. Again, this support will come from the existing staff base. It is anticipated that the total NHS Lothian staff resources utilised over the installation period will be equivalent to 0.5 FTEs. The availability of staff resource has been identified in the risk register.

6.3   Change Management Arrangements

Transition of services (within the energy centre) will be governed via processes and timelines outlined in the contract. The contract also contains detailed guidance on procedures for contract variations.

A detailed programme plan for implementation is included in the contract and has been developed in conjunction with the Project Team to ensure that ongoing activities at St John's Hospital are not unnecessarily affected by the project..

Changes will be managed using the standard change management process and collateral materials. Once change is identified, the person requesting the change will complete a change request form. The following information is captured against each change:

- Unique sequential reference number
- Detailed description and reason for change

- Date raised and by whom

- Risk assessment (both of actioning the change and of not)

- Impact assessment (as above)

- Cost assessment (as above)

- Quantifiable cost saving / benefit of change

- Sign off at each stage, by NHS Lothian

Change requests will be reviewed frequently and escalated rapidly where necessary. All changes must be approved by the Project Team and a management summary detailing accumulative costs to date is included within the Project Manager's update report for review by the Project Team. All change control forms are held within the project library for audit purposes.

6.4   Benefits Realisation

The key benefits criteria associated with the project were outlined in Section 2. The table below shows a Benefits Register indicating how the various benefits will be measured and realised.

<p align="center">Table 11: Benefits Register</p>

Benefit	Methodology	Improvement Indicator(s)	Lead	Timescale
Amount of avoided energy consumption and GHG emissions and related cost reduction/avoidance	Measurement and verification of savings as detailed in the contract	Guaranteed savings, energy, cost and GHG emissions	Vital Energi, verified by CEF	Ongoing, measured monthly over contract period
Improved access (acceleration) to energy efficiency services	Contract operational monthly meetings to confirm savings and to develop further proposals.	Further energy, CO2 and cost savings Additional energy saving measures have been included between OBC and FBC	Vital Energi, CEF and NHSL	Ongoing, measured monthly over contract period
Correlation with ongoing maintenance	Contracted performance	Reduction in breakdown	Vital Energi, verified	Ongoing, measured annually over

policy and programmes	guarantee	maintenance	by CEF	contract period
Improved ability to deliver backlog measures and reduction in value of backlog maintenance in terms of value invested	Replacement of essential plant funded by revenue savings	Reduction in backlog maintenance register.	Vital Energi, verified by CEF	Ongoing, measured annually over contract period
Qualitative improvement to appropriate and safe patient and staff environments as set out in NHSScotland's Quality Strategy	New plant meets stricter environmental standards. Contract Review Procedure	Reduced GHG emissions, reduced NOx emissions	Vital Energi, verified by CEF	Ongoing, measured annually over contract period
Ability to deliver a multi technology solution	Innovation encouraged by method of performance guarantee	Revenue savings fund the investment with further revenue savings available	Vital Energi, verified by CEF	Commencement of contract
Robust post contract management arrangements	Contract operational monthly meetings to confirm performance guarantee. Contract Review Procedure	Additional Professional support, technical, financial and managerial	Vital Energi, CEF, Tech Advisor	Ongoing, measured annually over contract period
Extent to which the proposed solution will free up resources for clinical priorities	Significant revenue savings arising from reduction of energy and CO2 emissions. Contract Review Procedure	Guaranteed cost savings under contract performance guarantee	Vital Energi, CEF and NHSL	Ongoing, measured annually over contract period

6.5   Risk Management

A risk matrix – based on SCIM guidelines – has been developed for the project. This is updated on a regular basis by the project team/ contractor. Appendix 1 provides detail of risks currently identified and actions taken to mitigate these.

6.6   Project Monitoring and Service Benefits Evaluation

The Guaranteed Savings under the CEF contract are derived from displacing or avoiding Health Board energy consumption against the contract base year by using the new infrastructure and services to be provided under the Agreement. The savings exclude the cost of fuel from the grid, i.e. electricity and gas, which the Health Board purchases at reduced volumes – hence the energy savings. The Company guarantees the performance and availability of the plant within its control to ensure the savings in the contract are achieved.

The calculation of the Savings Guarantee is subject to verification monitoring undertaken by the CEF on the Health Board's behalf. Energy savings are a calculation of the amount of energy saved or displaced as a result of the contract installing and running more energy-efficient plant, or providing energy from alternative means. Other savings will arise from savings on the cost of carbon, or by avoiding charges for use of the electrical transmission network at times of peak demand on the grid.

6.7   Project Monitoring Report

Performance monitoring is undertaken quarterly to ensure savings are achieved, services meet the required standards and payments to the contractor are correct. Performance of the contract and payments are overseen by a formally constituted Liaison Committee, with representatives of the contractor, the Health Board and CEF. The committee is chaired by the Health Board and attended and advised by the CEF. The CEF also oversees the submission of an Annual Savings Reconciliation and Annual Savings Audit Report, to calculate and confirm the annual savings. Any shortfall in guaranteed savings is payable by the contractor to the Health Board.

Appendix 1: Project Risk Matrix

Risk	Risk Category	Risk Sub Category	Risk Description/ Trigger	Severity of Impact	Likelihood of Occurrence	Risk Category	Mitigation and Management strategy	Severity of Impact	Likelihood of Occurrence	Risk Category	Owner	Risk Category Count			Action Target Completion Date
												H	M	L	
F1	Finance	Unable to achieve a revenue funded solution.	Failure to secure required funding to achieve step changes in implementation of energy efficiency measures.	4	3	12	Use of the Carbon Energy Contract, tailored to provide an operating lease solution.	4	1	4	NHS L			1	Oct-15
F2	Finance	Third party finance cannot be secured due to lack of interest from financiers, or due to prevailing market conditions.	Failure to secure required finance to achieve step changes in implementation of energy efficiency measures.	4	3	12	Carbon Energy Fund and preferred bidder have multiple previous financial deals in place, having used third party finance. Provisional discussions with funders underway.	4	2	8	NHS L		1		Oct-15
F3	Finance	Third party finance interest rates impact range of measures that can be implemented and/ or cost benefit ratio.	Limited measures can be installed impacting ability to meet energy consumption reduction and climate change targets.	3	3	9	Investment ready project in place with clear risk allocations. Market unlikely to change significantly in period to financial close. The savings are of a level that could absorb an increase in finance costs comfortably.	2	2	4	NHS L			1	Oct-15

Risk	Risk Category	Risk Sub Category	Risk Description/ Trigger	Severity of Impact	Likelihood of Occurrence	Risk Category	Mitigation and Management strategy	Severity of Impact	Likelihood of Occurrence	Risk Category	Owner	Risk Category Count		Action Target Completion Date
F4	Finance	Inability to create bankable project.	Failure to generate sufficient scale and meet energy consumption reduction and climate change targets.	4	3	12	Project is of a significant enough scale and provides sufficient savings to the health board to allow engagement with 3rd party financiers.	4	2	8	NHS L	1		Oct-15
F5	Finance	Inability to meet 3rd party finance requirements for aggregation, e.g. scale, value of investment and relative attractiveness of technologies on site.	Inability to secure finance and implement sufficient measures to meet energy consumption reduction and climate change targets.	4	3	12	Engagement with 3rd party financiers on-going as project is developed.	4	2	8	NHS L	1		Oct-15
F6	Finance	Discovery of Asbestos that is not identified within the Board's Asbestos register.	Delay to implementation programme and the cost of Asbestos removal will sit with the Board.	3	4	12	The Asbestos register is relatively robust, however in the event of Asbestos being found, the Board will re-prioritise its backlog funding so that its removal can be undertaken immediately. Also agreed with the contractor that they are responsible for the removal of any asbestos that would	2	2	4	NHS L	1		Apr-16

Risk	Risk Category	Risk Sub Category	Risk Description/ Trigger	Severity of Impact	Likelihood of Occurrence	Risk Category	Mitigation and Management strategy	Severity of Impact	Likelihood of Occurrence	Risk Category	Owner	Risk Category Count		Action Target Completion Date
							reasonably be foreseen as part of their works, e.g. valve flanges etc.							
D1	Delivery	Proposition not attractive to market for delivery/ implementation.	Delay to implementation of measures and potential impact on cost of measures.	4	3	12	A market for delivery already exists through the Carbon Energy Fund. Formal bids already received.	4	1	4	NHS L		1	May-15
D2	Delivery	Limitations in market delivery capacity.	Delay to implementation of measures and ability to deliver against energy consumption and climate change targets.	4	2	8	A market for delivery already exists through a number of identified frameworks.	4	1	4	NHS L		1	May-15
D3	Delivery	Insufficient technical, financial and commercial development support available.	Project identified but not developed sufficiently so increased risk exposure of NHS Board.	4	4	16	Carbon Energy Fund and GEP Environmental are fully engaged with the Board in providing support for these functions. Preferred bidder and option identified	4	2	8	NHS L	1		Oct-15

Risk	Risk Category	Risk Sub Category	Risk Description/ Trigger	Severity of Impact	Likelihood of Occurrence	Risk Category	Mitigation and Management strategy	Severity of Impact	Likelihood of Occurrence	Risk Category	Owner	Risk Category Count		Action Target Completion Date
							and discussed in detail.							
D4	Delivery	Insufficient post contract management support provided.	Project implemented but energy savings and climate change targets not realised.	3	4	12	Carbon Energy Fund will be contracted to provide post contract management support. Risk transferred to Contractor.	2	2	4	NHS L		1	Apr-16
D5	Delivery	Insufficient capacity in NHS Board to develop project.	Project not identified or developed.	4	3	12	Project Team in place with experience in Project Management and Business Case development. Project identified and preferred option explored in detail.	4	2	8	NHS L	1		Oct-15
D6	Delivery	Inability to transfer sufficient risk to the Contractor within the contract.	Board unable to accept the risk level and project is delayed or does not proceed.	4	4	16	Carbon Energy Fund contract is largely standard and is designed to transfer an appropriate level of risk. Board has appointed the CLO as legal advisor on the contract.	4	1	4	NHS L		1	Oct-15

Risk	Risk Category	Risk Sub Category	Risk Description/ Trigger	Severity of Impact	Likelihood of Occurrence	Risk Category	Mitigation and Management strategy	Severity of Impact	Likelihood of Occurrence	Risk Category	Owner	Risk Category Count		Action Target Completion Date
D7	Delivery	Changes requested by Board during construction period.	Delay to programme and costs incurred by the Board.	3	3	9	Project team contains a number of Estates staff with technical positions. Proposals have been shared and discussed in detail, so that all aware of the scope of the project.	3	2	6	NHS L	1		Dec-16
D8	Delivery	Changes to Government legislation impacts on the project.	Delay to programme for elemental re-design, at cost to the Board.	3	2	6	Experienced contractor who should be able to design changes promptly.	2	2	4	NHS L		1	Dec-16
D9	Delivery	Access to contractor to enable works to be carried out restricted by the Board.	Delay to programme at Board cost.	3	3	9	Detailed programme will be included the contract, with implications discussed at length with project team.	3	1	3	NHS L		1	Dec-16
D10	Delivery	Board or SGHSCD do not approve Business Cases within the dates identified in the programme.	Delay to programme.	4	2	8	The intention is to obtain FBC approval in late 2015, but the fall back position of ealry 2016 would still allow the project to proceed at minimal additional cost to the Board.	4	1	4	NHS L		1	Oct-15

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Risk	Risk Category	Risk Sub Category	Risk Description/ Trigger	Severity of Impact	Likelihood of Occurrence	Risk Category	Mitigation and Management strategy	Severity of Impact	Likelihood of Occurrence	Risk Category	Owner	Risk Category Count		Action Target Completion Date
T1	Technical	Requirement for enabling infrastructure impacts ability to implement energy efficiency measures.	Inclusion of backlog maintenance measures may reduce viability of energy efficiency measures, increase payback period and potentially reduce market interest.	3	3	9	All enabling infrastructure will be provided through the contract. Savings are of a sufficient scale to allow the project to proceed, with the identified backlog elements.	3	1	3	NHS L		1	Dec-16
T2	Technical	Inadequate / in appropriate planning of delivery approach.	Increased complexity for guaranteed savings contracts and increase in payback period.	3	3	9	The Board's estates team and project management will be fully engaged with the contractors. The preferred bidders are experienced in working with large hospital sites.	3	1	3	NHS L		1	Oct-15
T3	Technical	Operational requirements of site impact technical viability of project.	Reduction in technologies that can be effectively installed impacting ability to meet energy consumption and climate change targets.	3	3	9	The Board's estates team and project management will be fully engaged with the contractors. The preferred bidders are experienced in working with large hospital sites.	3	2	6	NHS L	1		Dec-16
T4	Technical	Inability to agree baseline data.	Inability to identify project accurately resulting in nugatory development	4	3	12	The Board's energy manager has worked closely with the Advisors and	4	2	8	NHS L	1		Oct-15

Risk	Risk Category	Risk Sub Category	Risk Description/ Trigger	Severity of Impact	Likelihood of Occurrence	Risk Category	Mitigation and Management strategy	Severity of Impact	Likelihood of Occurrence	Risk Category	Owner	Risk Category Count			Action Target Completion Date
			work.			⬛	Project Team to provide the appropriate data. Systems are in place to record the data.			⬛					

Appendix 2: Tender Bids Evaluation

No.		Weighting	Ener G Core 15 years	Ener G Variant 15 years	Ener G Core 25 years	Ener G Variant 25 years	Vital Core A 25 years	Vital Core B 25 years	Vital Variant A 25 years	Vital Variant B 25 years	Vital Variant C 25 years
1	Project Management Approach	15.00%	75.00	75.00	75.00	75.00	80.00	80.00	80.00	80.00	80.00
2	Legal response	Pass or Fail	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass
3	Financial Response	10.00%	80.00	80.00	80.00	80.00	70.00	70.00	70.00	70.00	70.00
4	Approach to design and construction	35.00%	72.50	75.00	72.50	75.00	80.00	79.00	80.00	79.00	70.00
5	Approach to Service delivery	25.00%	75.00	75.00	75.00	75.00	82.50	82.50	80.00	80.00	82.50
6	Project programme and timescales	15.00%	80.00	80.00	80.00	80.00	80.00	80.00	80.00	80.00	80.00
	O/A Scores		75.38	76.25	75.38	76.25	79.63	79.28	79.00	78.65	76.13
	Rank		8	5	8	5	1	2	3	4	7
	NPV		£2,256,520	£2,935,851	£5,525,372	£6,520,259	£8,790,690	£7,696,513	£6,558,467	£3,248,534	£8,446,053
	NPV ratio		0.26	0.33	0.63	0.74	1.00	0.88	0.75	0.37	0.96
	Final Score		19.35	25.47	47.38	56.56	79.63	69.41	58.94	29.06	73.14
	Final Rank		9	8	6	5	1	3	4	7	2

Board Minute Extract

Lothian Health Board Carbon and Energy Fund Project (BOARD 07/02/2018)

The Board received a paper on 7 February 2018 from the Deputy Chief Executive advising that the relevant documentation relating to a project for the re-provision of energy and energy management facilities at St John's Hospital, Livingston (the **"Project"**) was nearly complete. The Board is asked to approve the Full Business Case on 7 February 2018. It was noted that, in order for the new energy and energy management facilities to be made available to St John's Hospital, Livingston (the **"Hospital Site"**), the Board was required to enter into certain contractual and legal documents with Vital Energi Solutions Limited and Vital Holdings Limited, including amongst others:

- a project agreement between the Board and Vital Energi Solutions Limited for the re-provision of energy and energy management facilities at the Hospital Site (the "Project Agreement");
- a parent company guarantee to be granted by Vital Holdings Limited in favour of the Board;
- a certificate confirming that Vital Energi Solutions Limited is permitted to commence construction and/or installation works at the Hospital Site; and
- an agreement for the application of insurance proceeds between the Board, Vital Energi Solutions Limited and an account bank designated for such purpose,

(together, the **"Documents"**).

It was noted that the paper referred to above confirmed that the Documents will be prepared in a manner consistent with the full business case associated with the Project.

It was further noted that the Documents will oblige the Board to make certain payments to Vital Energi Solutions Limited in accordance with the Project Agreement.

Annex 1 to these minutes contains the certificate requiring specimen signatures of the persons approved to execute the Documents on behalf of the Board.

It was **CONFIRMED** that the Board has satisfied itself (through the receipt of legal advice or otherwise) that:

(1) the Board has the power and authority to enter into the Project;
(2) the proposed financial arrangements in respect of the Project are intra vires; and
(3) the Board has full capacity and power to enter, and has taken all necessary actions to authorise such entry, into the Documents and each other document required to be entered into on behalf of the Board in connection with the implementation of the Project.

It was **CONFIRMED** that the Project is within the Board's power and authority, and that the associated full business case had been prepared in accordance with and

complies with the Board's Code of Corporate Governance comprising the Board's Standing Orders and Standing Financial Instructions.

It was **CONFIRMED** that by virtue of the Board's Standing Orders and Standing Financial Instructions, the Chief Executive and Director of Finance both have delegated authority to execute and deliver each of the Documents on behalf of the Board, and each other document or notice required to be executed or signed on behalf of the Board in connection with implementation of the Project.

It was **RESOLVED**, subject to the Board obtaining funding approval from the Capital Investment Group, that:

(1) (subject to such amendments as the Chief Executive and/or Director of Finance may in his/her absolute discretion deem necessary or desirable) each of the Documents (other than the certificate of commencement referred to above) be executed on behalf of the Board and that the same be delivered, and that the certificate of commencement referred to above be executed on behalf of the Board, and that (as determined by the Board's Chief Executive or Director of Finance) the same be delivered;

(2) the Chief Executive and Director of Finance be severally authorised to sign or execute on behalf of the Board (subject to such amendments as the Chief Executive or the Director of Finance may in his/her absolute discretion deem necessary or desirable) all other documents and to do all other acts and things as the Chief Executive and Director of Finance may consider necessary or desirable in connection with implementation of the Project;

(3) the Board Chairman or another authorised officer of the Board be authorised to complete and sign a certificate of specimen signatures in the form appended to these minutes as Annex 1, and that the same be delivered; and

(5) either of the persons referred to in (2) above, the Board Secretary or another authorised officer of the Board be authorised to deliver to Vital Energi Solutions Limited a certified copy of the Board's Code of Corporate Governance comprising the Board's Standing Orders and Standing Financial Instructions.

It was **CONFIRMED** that, subject to receiving funding approval from the Capital Investment Group, each of the Documents, and each other document required to be executed or signed in connection with implementation of the Project, would (once amended as considered necessary by the Chief Executive or Director of Finance and validly executed on behalf of each relevant party thereto) bind the Board, Vital Energi Solutions Limited and each other party to those agreements or other documents for the performance of the obligations stated in those agreements or other documents.

Certified as a true extract of the Board Minutes of the Board Meeting of Lothian NHS Board held on 7 February 2018

      Signed ……………………………………..

      Position/office …………………………………

Date ....

Vital Energi Solutions Limited
Century House
Roman Road
Blackburn
Lancashire
BB1 2LD

LOTHIAN HEALTH BOARD CARBON AND ENERGY FUND PROJECT

Re-provision of energy and energy management facilities at St John's Hospital, Livingston (the "Project")

I, Mr Brian Houston, the Chairman of Lothian Health Board (the "**Board**") refer to the project agreement proposed to be entered into between the Board and Vital Energi Solutions Limited (the "**Project Agreement**"). Terms defined in the Project Agreement shall have the same meanings in this certificate.

I hereby certify that:

1.   by authority conferred:

        1.1   by resolutions passed by the Board at a meeting held on 7 February 2018 (the "**Meeting**");

        1.2   the Board's Standing Orders; and

        1.3   the Board's Standing Financial Instructions,

        the persons listed below have the authority to sign the Project Agreement and the Documents (as defined in the minutes of the Meeting) to which the Board is a party:

        Mr Tim Davison, Chief Executive

        Mrs Susan Goldsmith, Director of Finance

2.   the signature appearing opposite the name of such person is his/her true signature:

Name	Position	Specimen signature
Mr Tim Davison	Chief Executive	
Mrs Susan Goldsmith	Director of Finance	

This certificate is authorised by the Board.

Name: ………………………………

Position/office: ………Chairman…………...

Date: ………………………………

NHS LOTHIAN

AUDIT AND RISK COMMITTEE

Minutes of the Audit and Risk Committee Meeting held at 9.00 am on Monday, 4 December 2017 in Meeting Room 7, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present: Mr M Ash (**MA**) (Chair), Non-Executive Board Member; Mr J Oates (**JO**) Non-Executive Board Member; Ms C. Hirst (**CH**), Non- Executive Board Member; Mr P. Murray (**PM**), Non-Executive Board Member; Mr M. Connor (**MC)** Non-Executive Board Member.

In Attendance: Ms J. Bennett (**JBen**), Associate Director for Quality Improvement and Safety; Ms J Brown (**JBr**), Chief Internal Auditor; Mr D Eardley (**DE**), Scott Moncrieff; Ms S. Goldsmith (**SG**), Director of Finance; Mr C. Marriott (**CM**), Deputy Director of Finance; Professor A. McMahon (**AMcM**), Director of Nursing, Midwifery & Allied Health Professionals; Mr J. Old (**JO**), Financial Controller; Mr A. Payne (**AP**), Head of Corporate Governance; Dr S. Watson (**SW**), Chief Quality Officer, Ms L. Baird (**LB**), Committee Administrator.

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. Nobody declared an interest.

26.   Minutes of the Previous Meeting held on 28 October 2017

26.1   The minutes of the meeting held on 28 October 2017 were accepted as an accurate record of the meeting.

27.   Running Action Note

27.1   NHS Lothian Corporate Risk Register – Mr Ash advised that he had sought assurance from Ms Mitchell, Chair of the Staff Governance Committee in respect of the reports on staffing issues within the NHS. Mr Payne had also raised the matter with Ms Butler, Director of Human Resources and Organisational Development.

27.1.1   With regard to the development of the Board's risk appetite, Ms Bennett advised that without a clear understanding and agreement of what the Board's risks are, it is difficult to meaningfully review the risk appetite. On 30 November there was a workshop where the directors started to identify the risks from the Board's corporate objectives.   This work will inform the review of the risk appetite and tolerances.

27.1.2   With regard to the exercise to compare the NHS Lothian risk register to that of other Boards, Ms Bennett advised that the team is finalising the process of getting information from other Boards, and a report will be presented at the Committee's meeting in February 2018.

27.2   Acute Hospitals Committee Annual Report – Mr Payne advised the Committee that the Chief Officer has advised that a workshop will be held for

the Acute Hospitals Committee and this will include a reflection on its role.

27.3   Communication between the IJBs and the Audit & Risk Committee - Mrs Goldsmith advised that there had been two workshops on this subject and some principles had been drafted to clarify how the IJB Chief Internal Auditors would engage with the NHS Lothian internal audit function.   The Committee noted that the Director of Finance was leading this work, supported by the Head of Corporate Governance. The Committee noted that it would receive an update report in February.

27.3.1 Development Session on Risk - Mrs Goldsmith advised that the schedule of Board development sessions for 2018 had not been agreed yet.   Mr Ash stated that it would be helpful if the session could be held in the spring of 2018, sometime after February.

27.4   Draft Audit Plan 2018/19 – It was noted that the Corporate Management Team would consider communication as part of the process of reviewing the requirements for the 2018/19 internal Audit Plan.   Rather than carrying out a broad review of communication, the audit would look at the issue of communication within the context of a sample of complaints.

27.5   The Committee accepted the running action note and the action taken detailed therein.

28.   Risk Management (Assurance)

28.1   NHS Lothian Corporate Risk Register

28.1.1 Ms Bennett gave a brief overview of the previously circulated report. She highlighted that following a period of sustained improvement the clostridium difficile and Staphylococcus aureus Bacteraemia risk and the Patient Experience Risk had been downgraded. It was explained that both risks had been downgraded following deliberate actions taken to mitigate the risk:
- Clostridium difficile & Staphylococcus aureus Bacteraemia risk had seen a change following changes to prescribing and focus on devices.
- Complaints risk had seen sustained improvement following a period focused work on improving performance and relationships within the service.   The Scottish Public Services Ombudsman had previously identified NHS Lothian as an outlier in terms of performance, but that is now no longer the case.

28.1.2 Mr Ash asked for positive feedback to be given to the leads for these risks, so as to acknowledge the improvements in these areas.   **JB**

28.1.3 With regard to the risk entitled "Timely Discharge of Inpatients" (Risk ID 3726) Mr Murray highlighted to the Committee that an informal meeting is being held to identify the issues that are common to all of the integration joint boards He commented that this was one of the top issues within the IJBs and would only become more prominent in the coming months.

28.1.4 Mr Murray suggested that the planned audit of complaints and feedback should be recognised in the risk entitled "Management of Complaints and Feedback" (Risk ID 3454).   Ms Bennett agreed to update the risk accordingly.   **JBen**

Mr Murray commented in general terms, further consideration should be given to the financial consequences of the actions taken to mitigate risk, and how the organisation purposely shifts resources from one thing to another to facilitate the management of risk of risk.

28.1.5   The Audit & Risk Committee agreed to:
- Acknowledge the corporate risks are undergoing review to improve the expression of risk, controls and actions.
- Accept significant assurance that the current Corporate Risk Register contains all appropriate risks, which are contained in section 3.2 and set out in detail in Appendix 1.
- Accept that as a system of control, the Healthcare Governance Committee is assessing the levels of assurance provided with respect to plans in place to mitigate the risks pertinent to the committee.

29.   Internal Audit (Assurance)

29.1   <u>Internal Audit Progress Report – December 2017</u> – Ms Brown gave and overview of the report. She noted that since the previous meeting Four (Volunteers expenses, Private Patient Funds, Elective waiting times and financial ledger) had been finalised and one had been issued in draft (Fixed Assets). She anticipated that the final report on Data Quality would be presented to the Committee in February 2018.

29.1.1   Ms Brown highlighted that in light of ongoing sickness absence in the team, a colleague from KPMG had been supporting the delivery of the audit programme, and the internal audit team will be enhanced with the secondment of graduate trainees currently working in the NHS Lothian finance directorate from December 2017 until March 2018.

29.1.2   In response to the Chairs question Ms Brown provided assurance that performance against some KPIS would improve by the end of the year. In particular the KPIs relating to scoping the audit, and producing a draft internal audit report within 15 days of the conclusion of the fieldwork.

29.1.3   The Committee debated the KPI relating to management providing a management response to draft audit reports within 15 working days.   Ms Hirst commented that she would rather have a good quality management response, rather than an arbitrary KPI on timeliness being met.   Mr Payne advised the Committee that in the time of NHS trusts when he was providing an internal audit service to Lothian, it was common for audit reports to be presented to the audit committee without a management response as the responses were not forthcoming, and he suggested that there needs to be some benchmark to avoid reverting back to that position. The Chair requested that Ms Brown and Mr Payne consider the 15 day target and provide feedback at the February meeting.   **JBr/AP**

29.1.4   Ms Brown agreed to link in with the Chief Internal Auditors of the integration joint boards as part of the planning of the audit of homecare services which will be conducted in 2018/19, so as to avoid any duplication.   **JBr**

29.1.5   In response to a query from Mr Murray, Ms Brown explained that the internal audit planning process is informed by the Board's corporate risk register and the results of previous audit work.   Mr Murray commented that he would like there to be more

explicit assurance that the audit plan is indeed focused on the Board's risks and that resource is being directed to the right areas. Ms Brown agreed to consider this in the development of the internal audit plan which will be presented to the Committee in February.   **JBr**

29.1.6   The Committee accepted the report.

29.2   <u>Reports with Green Ratings – Volunteer Recruitment & Reimbursement; Financial Ledger</u> – Ms Brown gave a brief overview of the report. Members noted that the NHS Lothian Volunteer Strategy was under review; a draft proposal would be submitted to the Corporate Management Team in December.

29.2.1   The Committee accepted the report.

29.3   <u>Patients' Private Funds (August 2017)</u> – Ms Brown gave a brief overview of the report noting the key findings.

29.3.1   The Committee accepted the report

29.4   <u>Waiting Times – Monitoring & Reporting of Performance against the treatment time guarantee (elective care) (September 2017)</u> – Ms Brown gave an overview of the report noting that this was the first occasion that the control objectives had been assessed against the Board's standard levels of assurance, and invited members to provide feedback.

29.4.1   Dr Watson reported that he had no issues with the report or detail within the agreed management actions however he wished to raise a few general points at the end of the discussion.

29.4.2   The Committee highlighted that the report provided significant assurance that "*The Access & Governance Committee effectively monitors the elective care waiting times compliance process.*" The Committee clarified that this opinion related to the Access & Governance Committee's role with regard to elective care, and not unscheduled care which was the subject of an ongoing whistleblowing investigation into the waiting times figures for emergency departments. There does remain an issue for the Access & Governance Committee with respect to unscheduled care.

29.4.3   Ms Hirst commented that the whistleblowing case highlighted the importance of the Board proactively seeking assurance on the reliability of management information. This audit report does provide positive assurance and steps should be taken to ensure that it is effectively communicated.

29.4.4   Dr Watson invited members to consider in adding quality of data to the scope of future audits, and informed them that in future the Access & Governance Committee will have a more significant role for data quality. . The Chair requested that Dr Watson forward the revised terms of reference of the Access & Governance Committee once it is completed. .   **SW**

29.4.5   Dr Watson explained that action had been taken in the past to separate the framework of quality control and audit of the data for waiting times from the management of the clinical services. The framework identifies issues for service management to address, however there is some concern with regard to the timeliness that such action is taken. More work needs to be done to

improve the connections between these two arms in order to improve the reliability of the data.   .

29.4.6   The Committee accepted the report, while recognising that there was an ongoing investigation with regard to waiting times for emergency departments.

29.5   <u>Internal Audit Follow Up (December 2017)</u> – Ms Brown gave a brief overview of the report, noting that since the last meeting 26 actions had been closed off since the previous meeting.

29.5.1   The Chair drew attention to three actions relating to an audit on homecare services that had been outstanding for a period of 6-12 Months and questioned why the time had lapsed. Ms Brown assured the Committee that outstanding management actions continued to reduce at a steady pace. Ms Brown advised that in some cases the delay had been caused by national developments, however she anticipated that the actions would be complete by February 2018.

29.5.2   The Committee accepted the report.

29.6   <u>Proposed Approach for Developing the 2018/19 Internal Audit Plan</u> – Ms Brown noted concerns that the current internal audit universe and risk assessment approach was becoming outdated. She proposed that it would be better to align the internal audit plan into the strategic objectives of NHS Lothian and the resultant strategic risks which will impact on the achievement of those objectives.   She would take a step back and consider the drafting of the 2018/19 audit plan to ensure that the balance was correct. In this first instance the draft plan would be considered by the Corporate Management Team in January before being brought to the Audit and Risk Committee in February. The Chair requested that it would be helpful if the audit plan cross-refers to relevant previous discussions at the Committee and the results of previous audits.   **JBr**

29.6.1   The Committee accepted the report.

Dr Watson left the meeting and Mr Old entered the meeting.

30.   Counter Fraud Services (Assurance)

30.1   <u>Counter Fraud Activity</u> – Mr Old gave an overview of the previously circulated report noting that as at 13 November 2017, 5 referrals and 3 operations were open.

30.1.1   The Committee noted Mr Old's detailed verbal overview operation ARISTON in response to a request for further information at a previous meeting.   The Committee highlighted that it is still waiting on the final report from Counter Fraud Services, but did acknowledge that this is still a live investigation. The Committee agreed that once a report is received then it should be used to inform the development of NHS Lothian's culture and systems of internal control. The Chair asked that Mr Payne liaise with Mrs Goldsmith and Mr Old so as to provide an update to a future meeting..   **/AP**

30.1.2   Mr Payne advised the Committee that he is a member of a Government working group which will develop new national guidance on ethical conduct, and that he will keep the Committee informed of any developments.

30.1.4   As an interim measure Mrs Goldsmith agreed to bring forward a report detailing NHS Lothian's response to the CFS Presentation and recommendations presented at the Senior Management Team and how this

could be tied to the 2018/19 Audit plan to the February meeting.   **SG**

Mr Old left the meeting.

31.   General Corporate Governance (Assurance)

31.1   <u>Litigation Annual Report 2016/17</u> – Ms Bennett gave a brief overview of the report noting that the Healthcare Governance Committee had accepted that the report provided significant assurance for the effectiveness of the processes and moderate assurance in terms of evidence of learning after cases were closed.

31.1.1   Mr Murray asked how NHS Lothian compares to other Boards. Ms Bennett advised that in previous years NHS Lothian had been a outlier in respect of non-clinical claims. There has been progress made in reducing the number of such claims however the associated cost has not correspondingly reduced.

31.1.2   Ms Bennett advised that in relation to staff claims, the Health and Safety Committee had taken action and actions from the report would be fed into the various sub-groups in the health & safety structure.

31.1.3   The Committee agreed to:
• Accept the report as an annual update on litigation activity in terms of numbers, financial impact and recurring themes.
• Note that the Healthcare Governance Committee has accepted the report as providing significant assurance for the effectiveness of the processes and moderate assurance in terms of evidence of learning after cases are closed.
• Note that the Healthcare Governance Committee has approved plans to strengthen processes for learning from claims, and note some examples of high value claims and areas with highest number of claims provided in the paper.
• Note the improvement programs in place across NHS Lothian to reduce the likelihood of adverse events that may result in fewer settled claims, but to recognise that events that result in a claim are not always part of an adverse event process.

31.2   <u>Write-Off of Research & Development Debt – Update</u> – Members noted the report that provided the Committee with an update on the lessons learnt and actions to be taken following a write off of a bad debt which represented the income raised based on research activity carried out within Laboratory Medicine which was managed and negotiated by the Research and Development (R&D) Department.

31.2.1   The Committee accepted this report as a source of significant assurance that there are adequate controls in place to mitigate the risk of a commercial third party failing to fully pay its debts to the Board.

31.3   <u>Review of the Board's Standing Orders</u> – Mr Payne gave a brief overview of the report noting his proposal to remove the sections that refers to motions as it was not compatible with the way the Board worked, and had caused issues in previous Board meetings.

31.3.1   The Committee agreed to accept the report subject to the inclusion of an option that provided for any Board member to approach the Chair to propose an item for the agenda, while recognising that it remains at the Chairman's discretion as to whether it is included or not.   With that amendment made the Committee agreed to recommend the revised Standing Orders to the Board for   **AP**

32.   Presentation on Audit Scotland's [NHS in Scotland 2017 (October 2017)](#)

32.1   Kirsty White and Claire Sweeney gave a detailed presentation on Audit Scotland's
        NHS in Scotland 2017 (October 2017) report.

33.   Date of Next Meeting

33.1   The next meeting of the Audit and Risk Committee would take place at **9.00** on
        Monday 26 February 2018 in **Meeting Room 7, Second Floor, Waverley Gate**.

NHS LOTHIAN

ACUTE HOSPITALS COMMITTEE

Minutes of the meeting of the Acute Hospitals Committee held at 14:00 on Tuesday 7 November 2017 in Meeting Room 7, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present: Ms A. Mitchell, Non Executive Board Member (chair); Ms T. Gillies, Medical Director; Mr A. Joyce, Employee Director, Non Executive Board Member; Mr J. Oates, Non Executive Board Member.

In Attendance: Ms S. Ballard-Smith, Nurse Director, Acute Services; Mr A. Bone, Assistant Head of Finance; Mr O. Campbell, Business Manager, Acute Services; Dr B. Cook, Medical Director, Acute Services; Dr E. Doyle, Associate Divisional Medical Director (items 3.3 and 4.1); Mr A. Jackson, Associate Director, Strategic Planning; Ms R. Kelly, Associate Director of Human Resources; Mr R. Mackie, Senior Information Analyst; Ms F. Mitchell, Site Director, Royal Hospital for Sick Children (item 3.3 and 4.1); Ms F. O'Donnell, Non Executive Board Member; Ms B. Pillath, Committee Administrator (minutes); Mr C. Stirling, Site Director, Western General Hospital (item 2.1); Mr A. Tyrothoulakis, Site Director, St John's Hospital; Dr S. Watson, Chief Quality Officer.

Apologies: Ms K. Blair, Non Executive Board Member; Ms J. Campbell, Chief Officer, Acute Services; Mr C. Marriott, Deputy Director of Finance; Professor A. McMahon, Nurse Director; Ms M. Whyte, 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.

1.   Minutes from Previous Meeting (29 August 2017)

1.1   The minutes from the meeting on 29 August 2017 were approved as a correct record.

2.   Performance Assurance

2.1   Cancer Access Targets Quality Improvement Indicators

2.1.1   The chair welcomed Mr Stirling to the meeting and he spoke to the previously circulated paper. Members welcomed the paper and the comprehensive timelines and actions.

2.1.2 Ms Gillies noted that much of the cancer patient pathway was managed outwith oncology and the cancer services team, in terms of patients referred but found not to have a malignancy and patients treated outside the cancer centre.

2.2.3 Dr Cook advised that the national quality performance indicators (QPI) used were different for each tumour group and that it was difficult to understand trends as the measures were quite technical. A recommendation had been to have an overview of these and work on this was progressing through the Cancer Strategy group. These measures were regularly reported to the Healthcare Governance Committee.

2.2.4 Mr Stirling advised that it was a daily task to book in those patients who were near to missing the access target, but that the capacity was not always there. Ms Gillies advised that for most tumour groups missing the 31 or 62 day access target by for instance 10 days would not have a material pathological impact, but it would have an emotional and psychological impact on the patient waiting for treatment and their family.

2.2.5 Currently the tracking process was designed to ensure that as many patients are treated within the access targets as possible for those tumour groups specified, it did not measure outcomes and there was not currently the set up or capacity to record this. Outcomes were measured by the quality performance indicators. It was agreed that it would be helpful if it was possible to highlight where there may be a change in patient outcomes where the access target was not met. **TG**

2.2.6 Mr Stirling reported that assessing staff morale was complicated as cancer services was made up of a number of different teams and functions and different staff groups would feel different pressures. Some areas were reliably performing well.

2.2.7 Members accepted the recommendations laid out in the paper and accepted limited assurance for delivery of the 31 and 62 day cancer target, but it was acknowledged that hard work was ongoing and an action plan was in place, and that some areas affecting target delivery were outwith Cancer Services' direct control. An update would be brought to the meeting in April 2018 and if possible this would include the wider context as well as just the access targets performance. **TG**

2.2 Waiting Times Management

2.2.1 The chair welcomed Mr Tyrothoulakis to the meeting and he spoke to the previously circulated paper. The Modern Outpatients Programme was being implemented by a group chaired by Tracey Gillies. Some of the actions were complete and this could be reported to the Committee on request. **JC**

2.2.2 It was noted that the 'advice only' referral option for GPs could be available over all specialties; each service had been asked to consider whether this would be appropriate for them.

2.2.3 Members accepted the recommendations laid out in the paper.

2.3 Quality Improvement Report

2.3.1   The paper had been previously circulated. Mr Jackson advised that the report was designed as an overview to aid Committee workplans; the Committee could ask for a paper with further detail on the situation and actions taken where the report indicated areas of concern or the measures were outstanding. Ms Mitchell said that she would find it beneficial if the quality report itself provided more detail on trends of assurance given so that it would be clear when specific items should be brought up the agenda.

2.3.2   Mr Jackson agreed to provide more detail to those setting the agenda for each meeting in relation to the measures specific to the Committee's remit. There needed to be further discussion on what changes to the paper would be beneficial.   **AJ**

2.3.3   Dr Watson noted that the quality data tableau dashboard was in development; this would make it easier to see more detail in specific areas of interest. The information would be the same as currently but easier to read.

2.3.4   Members accepted the recommendations laid out in the paper.

3.   Corporate Governance

3.1   Winter Preparedness

3.1.1   Mr Stirling presented the previously circulated paper. It was noted that the paper was focussed on the systems and processes in place rather than outcomes. Mr Stirling advised that in this second year of working with the Integration Joint Boards for winter planning there was a good relationship in all the Boards except Edinburgh. This was partly due to the management changes and restructure in Edinburgh and the time taken for teams to become established.

3.1.2   A correction to the paper was made: the additional winter beds were expected to be opened at the end of January 2018.

3.1.3   Ms Gillies advised that there was an awareness of the risks but that the situation was complex, for instance additional actions may need to be taken according to how influenza presented this winter which may lead to additional pressures in particular areas. A virulent influenza virus could affect delayed discharges. The winter planning group would be alert to the changing situation.

3.1.4   Members accepted the recommendations laid out in the paper.

3.2   Quality Management System – Celebrating Success

3.2.1   Dr Watson presented the previously circulated paper. Members welcomed the positive report. In addition to the information presented, they were interested to understand how quality initiatives related to the corporate objectives and values, and for performance information to be collected in a way that showed the financial benefits as well as the quality, outcome and patient experience benefits. It was also important for staff to understand how the initiatives were benefiting patients, staff and the organisation.

3.2.2   Dr Watson advised that financial performance data was being worked on, for instance in projects in fractured neck of femur and outpatients colonoscopy work had been done to map out the ideal patient pathway so that the cost of this and the present pathway could be compared.

3.2.3   Members accepted the recommendations laid out in the paper.

3.3   Royal Hospital for Sick Children Re-provision

3.3.1   Ms Fiona Mitchell presented the previously circulated paper giving an update of the current situation. The decision to progress to the formal dispute resolution process would be made at the Programme Board the following week if appropriate. The earliest outcome in this case was expected to be in December 2017 with works completed by summer 2018 followed by the commissioning period, representing a nine month delay to the latest revised programme.

3.3.2   It was noted that staff were finding the changing programme dates difficult and agreed that there should be further communications with staff in the Department of Clinical Neurosciences, which was now managed by the Royal Infirmary site management in anticipation of the move.

3.3.3   It was noted that the delay would cause an extra expenditure per additional month. This included the re-provision team, recruitment already completed, and equipment and other items. There was no external funding for this but budget savings from not paying costs of the building until opening would help offset the costs of the delay. Full financial modelling had not yet been completed.

4.   Clinical Governance

4.1   Paediatric Programme Board Update

4.1.1   Ms Fiona Mitchell presented the previously circulated paper giving an update of the current situation. It was noted that the view at the Programme Board was that there was sufficient information to monitor the service, but if there was a change to the enhanced service more might be required.

4.1.2   It was noted that the Royal College of Paediatrics and Child Health had supported the decision to close the inpatient part of the ward based on patient safety and to provide the best service possible with the resources available.

4.1.3   Members accepted the recommendations laid out in the paper. It was agreed that a further paper would be brought to the Committee with proposals for next steps before going to the Board.   **FM**

5.   Fiscal Governance

5.1   Financial Performance

5.1.1   Mr Bone spoke to the previously circulated paper. It was noted that financial assurance was given to the Finance and Resources Committee, but that an update in

the context of Acute Services would be useful at the Acute Hospitals Committee. This should be reflected in the focus of the paper and the recommendations, including how financial data related to the key risks and the financial risks in the Acute Hospitals Committee remit, impact of improvement projects on the financial position, and an overall summary. It could be agreed at agenda setting meetings what standards should be focussed on at each meeting as the value of the paper for this Committee was to focus on specific issues to inform discussion and assurance taken.

JC / OC

5.1.2   Members accepted the recommendations laid out in the paper.

6.   Minutes for Information

The previously circulated minutes from the following meeting were noted:

6.1   Healthcare Governance Committee, 12 September 2017.

7.   Date of Next Meeting

7.1   The next meeting of the Acute Hospitals Committee would take place at **14.00** on **Tuesday 20 February 2018** in **Meeting Room 8**, Second Floor, Waverley Gate.

7.2   Meetings in 2018 would take place on the following dates:
- Tuesday 17 April 2018;
- Tuesday 19 June 2018;
- Tuesday 21 August 2018;
- Tuesday 16 October 2018;
- Tuesday 11 December 2018.

HEALTHCARE GOVERNANCE COMMITTEE

Minutes of the meeting of the Healthcare Governance Committee held at 9:00 on Tuesday 14 November 2017 in Meeting Room 7, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present: Dr R. Williams, Non-Executive Board Member (chair); Ms S. Allan, Non-Executive Board Member; Ms P. Eccles, Partnership Representative; Ms W. Fairgrieve, Partnership Representative; Ms N. Gormley, Patient and Public Representative; Ms C. Hirst, Non-Executive Board Member; Ms F. Ireland, Non-Executive Board Member; Mr A. Joyce, Employee Director, Non-Executive Board Member; Mr J. Oates, Non-Executive Board Member; Mr A. Sharp, Patient and Public Representative.

In Attendance: Ms S. Ballard-Smith, Nurse Director, Acute Services; Ms M. Barton, Head of Health, West Lothian Health and Social Care Partnership; Ms J. Bennett, Associate Director of Quality Improvement and Safety; Mr C. Briggs, Director of Strategic Planning (item 35.2); Ms J. Campbell, Chief Officer, Acute Services; Ms T. Gillies, Medical Director; Dr P. Graham, Consultant Clinical Psychologist (item 36.1); Dr B. Hacking, Consultant Clinical Psychologist and Head of Service (item 36.1); Mr B. Houston, Board Chairman; Mr R. Mackie, Information Analyst; Ms J. MacArthur, Chief Nurse, Research and Development (item 35.6); Professor Alison McCallum, Director of Public Health and Health Policy; Ms A. McDonald, Chief Nurse and Head of Access and Older People, East Lothian Health and Social Care Partnership (item 32); Ms L. McMillan, Complaints and Feedback Team Manager; Ms A. McNeillage, Primary Care Contracts Manager; Ms B. Pillath, Committee Administrator (minutes); Professor Angela Timoney, Director of Pharmacy; Mr P. Wynne, Chief Nurse, Edinburgh Health and Social Care Partnership.

Apologies: Dr B. Cook, Medical Director, Acute Services; Mr T. Davison, Chief Executive; Mr J. Forrest, Chief Officer, West Lothian Health and Social Care Partnership; Professor A. McMahon, Executive Nurse Director; Ms J. Morrison, Head of Patient Experience; Mr D. Small, Chief Officer, East Lothian Health and Social Care Partnership.

Chair's Welcome and Introductions

Dr Williams 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.

30.   Patient Story

30.1   Mr Sharp read out the transcript from an interview with a patient who had a delayed discharge, where the patient stated was happy with the care received but felt ready and wanted to go home.

30.2   Ms Bennett noted that questionnaire work had been done with patients in the stroke unit at St John's with the result showing that patients were keen to get home earlier

than clinical staff expected. A trial of getting patients discharged more quickly in West Lothian had begun as a result and the questionnaire would also be carried out in the Western General Hospital.

30.3   Dr Williams noted that the story highlighted that good patient care and friendly and attentive staff were often the most important contributor for good patient experience, and that it reminded us of the human story behind the data such as delayed discharges.

31.   Minutes from Previous Meeting (12 September 2017)

31.1   The minutes from the meeting held on 12 September 2017 were approved as a correct record.

31.2   The updated cumulative Committee action note had been previously circulated.

32.   East Lothian Health and Social Care Partnership

32.1   The chair welcomed Ms McDonald to the meeting and she spoke to the previously circulated paper. The chair noted that more work was needed on reporting of clinical outcomes, quality of care, patient safety and effective care. Ms Bennett agreed to work with the Integration Joint Board Chief Officers to develop a template for reporting using the Healthcare Improvement Scotland guidelines. This would be similar to the process previously in place for reporting to the Community Health Partnerships to demonstrate safe, effective person centred care, improvement and education needs, and risks. As changes take place, more reporting lines would be added, but the general information would be the same.   **JB**

32.2   Ms McDonald advised that information was being captured in these areas but the reporting process needed to be improved. The Annual Report sent to the Integration Joint Board would be circulated among members for information.   **DS**

33.   Committee Effectiveness

33.1   <u>Corporate Risk Register</u>

33.1.1 Ms Bennett spoke to the previously circulated paper. It was noted that a revision and update of Board risk appetites was planned. It was agreed that the Healthcare Governance Committee would discuss what appetite was reasonable for areas in its remit along with the level of assurance given to contribute to the decision making made at the Audit and Risk Committee and the Board.

33.1.2 It was noted that the Staff Governance Committee had recently moved the workforce risk from 'high' to 'medium' but that the papers submitted to this Committee raising concerns about recruitment problems did not seem to reflect this.

33.1.3 It was noted that the roles for risk management were changing with the Integration Joint Boards. Ms Gillies and Mr Houston advised that that the Integration Joint Boards were delivering care through the Health and Social Care Partnerships but that NHS Lothian was the commissioning body and therefore remained responsible for

risk. More clarity was needed in when risks mapped to Integration Joint Boards and Health and Social Care Partnerships should be escalated to either the Council or the Health Board. The escalation happened through the Chief Officers.

33.1.4   Members approved the recommendations laid out in the paper and accepted significant assurance that all appropriate risks were covered in the risk register.

33.2   Quality and Performance Improvement Report

33.2.1   Ms Bennett spoke to the previously circulated paper. All the areas for concern in the report were included on the agenda and workplan for the Committee.

33.2.2   Members accepted the recommendations laid out in the paper.

34.   Person Centred Culture

34.1   Complaints and Feedback and Patient Experience

34.1.1   Ms McMillan spoke to the two previously circulated papers. It was proposed and agreed that the two papers would be combined into one patient experience paper at future meetings, with more focus on trends and what assurance should be taken from the information presented.

34.1.2   It was noted that the information presented showed that NHS Lothian was no longer an outlier in terms of complaints response time and numbers appealed to the Public Services Ombudsman. The uphold rate was still a concern but no longer the worst in Scotland; there would be a focus on quality of investigation to try and improve this.

34.1.3   Members accepted the recommendations laid out in the two papers and accepted moderate assurance. It was agreed that the 'bubble' graphic would be used in future papers instead of the patient story graphics.

35.   Safe Care

35.1   Management of Adverse Events

35.1.1   Ms Bennett spoke to the previously circulated paper. The expected duty of candour legislation would be an important change regarding disclosure of information. Guidance was awaited from the Scottish Government on this. It was noted that the process of learning from adverse events and the being open work in maternity where reports were shared and discussed with the family involved had not been perfected and had so far resulted in litigation requests being made on two occasions. There needed to be more engagement with the family from the beginning.

35.1.2   Publication of adverse events reports was challenging as the level of detail in the reports required for learning made the patients involved identifiable. Learning reports were needed with summary reports by theme for publication so that system and process improvement requirements are shown without the clinical detail. Thematic analysis of adverse events had been tested on falls and maternity and one was in

progress on suicide. This may be of more value than publishing individual reports as the learning was clearer in themes.

35.1.3   It was noted that the key purpose of the serious adverse events reports was to provide learning for those involved, so timely completion was important; members were happy to note improvements and reduction in the size of the backlog of incidents to be investigated.

35.1.4   More work was required on bringing together the learning from all patient and performance related feedback to focus improvement, including adverse events reports and inspection reports. Ms Bennett noted that the ward score card brought together performance, staffing, serious adverse events, complaints and feedback in real time for the service, but not for the organisation as a whole. Ms Hirst suggested that the Feedback and Improvement Quality Improvement Working Group could consider this as part of its remit.

35.1.5   Members accepted the recommendations laid out in the paper including support for the closing of cases where there had been no or minor harm in order to focus on more serious incidents. Moderate assurance that progress had been made in improving the process for managing adverse events was accepted. An update was requested in May 2018 once the duty of candour legislation had come into place.
JB

35.2   <u>Edinburgh Older People's Services</u>

Hospital Based Complex Clinical Care

35.2.1   Mr Briggs and Mr Wynne spoke to the previously circulated paper. The first area was Hospital Based Complex Clinical Care. It was suggested that it would be helpful if the actions being delivered as top priority could be laid out so that the Committee could agree whether this matched with its view of clinical governance needs.

35.2.2   Members noted that the staffing issue was one of the biggest risks and that a further update showing improvement in permanent staffing would be helpful. Mr Wynne added that mental health staffing was particularly difficult. An update on the areas covered in the first appendix of the paper would be brought to the Committee in 6 months' time.
CB / PW

35.2.3   In response to a question about the 'equalities' section of the appendix, Mr Briggs advised that equalities assessments were carried out of older people's services overall but not for Hospital Based Complex Clinical Care specifically, however, it would be expected that a long waiting list could exacerbate inequalities in the patient population as those who could afford to could buy services.

Inspection of Edinburgh Older People's Services

35.2.4   A robust system was now in place for monitoring the 134 actions recommended in the report from the inspection of older people's services in Edinburgh, and information was being fed back on these systematically with the actions reduced to priority areas with clear owners.

35.2.5   Mr Briggs advised that work was being done to better engage with Healthcare Improvement Scotland, the Care Inspectorate, staff and service users regarding key priorities and action plans. The action plan had been shared with the Care Inspectorate, who may come back to check progress had been made.

35.2.6   Members felt it would be helpful to see more information about the impact on patients, for instance how concerns about individual patients would be escalated.

35.2.7   It was agreed that a paper updating on the action plan in the second appendix of the paper would be brought to the Committee in 4 months' time.   **CB / PW**

Gylemuir House Care Inspectorate Report

35.2.8   The third appendix of the paper was regarding the inspection at Gylemuir Care Home in August 2017. Following the inspection admissions were stopped and an action plan implemented to ensure the area was safe; after a lot of work, the area had been reopened and the Care Inspectorate was satisfied with the improvements made. Due to problems with recruitment only 30 beds were currently open.

35.2.9   Mr Wynne stated that to ensure safety in this facility it may be necessary to review the model of care. Consideration of the benefits of patients being cared for in Gylemuir needed to be balanced with the alternatives of remaining on delayed discharge at acute services or at home on a waiting list.

35.2.10 It was noted that this was one of a number of papers coming to the Committee which raised concerns about difficulties in recruiting staff. It was noted that this had also been discussed at the Staff Governance Committee. Ms Ireland noted that staffing risks overall and in specific areas such as community nursing were well recognised, but that there needed to be a way of recognising the specific risk for individual areas such as Gylemuir. Research had shown that adding unregistered staff would not improve quality of care as much as registered staff.

35.2.11 It was agreed that a further update on Gylemuir would be brought to the Committee in 4 months' time, and that the update would include information on patient experience.   **CB / PW**

35.3   Governance Arrangements in Community Hospitals

35.3.1   Ms Ballard-Smith spoke to the previously circulated paper. Staffing concerns were noted in the paper including staff sickness. Professor McCallum asked whether any assistance could be given in this area as part of the equality and human rights improvement plan. Ms Ballard-Smith agreed to pass the question on to Professor McMahon. Staffing changes had an impact of staff sickness. Ms Ballard-Smith advised that a review and survey was being undertaken that would form the basis of next steps, for example considering 8 hour versus 12 hour shifts due to the aging workforce. Staff Governance Committee was aware of the issues.

35.3.2   Members were not assured that a governance process was fully in place but accepted that actions were being taken. Reporting would be included in reports from

the Health and Social Care Partnerships in the future. Members accepted the recommendations laid out in the paper and accepted limited assurance about the process and quality of care, expecting improvement in future reports.

35.4   Health and Social Care Partnership plans for mitigating risk of delayed discharge

35.4.1   Ms Barton spoke to the previously circulated paper. Ms Campbell advised that the high volume of delayed discharges had also been discussed at the Corporate Management Committee; part of the challenge was thinking of what more could be done to increase flow and improve provision other than use of packages of care. Spot purchase of care home beds for patients waiting for packages of care had been considered, as well as extension of hospital at home and palliative care provision.

35.4.2   It was noted that the median number of delayed discharges had not changed for five months and suggested that a risk appetite should be determined for an acceptable number as the actions being taken were not bringing about the required change. The risks of impact on patient safety and patient experience should be considered as well as the impact on acute care provision.

35.4.3   It was noted that while patients remained in hospital on delayed discharge because packages of care were not available for them to be cared for at home, there were 2,000 patients at home waiting for initial assessment; the risks needed to be balanced.

35.4.4   Members accepted the recommendations laid out in the paper and asked for a further update on the clinical impact on patient safety and quality of care to the next meeting.

JF

35.5   Healthcare Associated Infection

35.5.1   Ms Gillies spoke to the previously circulated paper. Members commended the good work of the team and noted that the trends were on track to meet the HAI targets following actions taken. NHS Lothian's infection incidence figures were now in line with Scotland's overall.

35.6   Care Assurance Standards

35.6.1   The chair welcomed Ms MacArthur to the meeting and she gave presentation. Ms Ireland noted that the Lothian Area Nursing and Midwifery Advisory Committee had welcomed the approach and the fact that measures would be linked and all areas covered.

35.6.2   Participation in the scheme was voluntary for staff but Ms MacArthur advised that once involved staff find it to be a positive experience with support from colleagues, recognition for hard work and good patient feedback. Wards were keen to be next in the role out. The role out was currently stopped as the facilitators were at capacities, but a business case was being started for role out to the rest of the organisation. It would take two years for wards to get through all the standards, and standards were still to be developed for some areas including mental health and community.

35.6.3   There was close working between this scheme and the patient experience team.

35.7   GP and Primary Care Sustainability

35.7.1 The chair welcomed Ms McNeillage to the meeting and she gave a verbal update of the current situation. The new GP contract offer had been announced the previous day and a roadshow was being arranged to explain this to staff. A detailed summary would be included in the written update to the next meeting.   **DS**

35.7.2 A new GP practice in North West Edinburgh run by a contractor which also ran a practice in West Lothian and three in Glasgow was an interesting new model based on social enterprise with a focus on same day access. Ms Gillies had visited the practice and found that staff had a good understanding of mitigation of risks and a focus on patient and staff experience. The practice in West Lothian had opened in June 2017 and grown its patient list and there had been no complaints or concerns raised. The total patient list across the 5 practices (3 in Glasgow) was approximately 62,000. It was important to ensure that there was also a focus on local need. It was agreed that Ms Gillies would arrange a presentation on the model at the next meeting.   **TG**

35.8   Framework for Health Care Support Workers to support people with medication

35.8.1 Professor Timoney spoke to the previously circulated paper. Members strongly supported the proposal which had also been supported by the Area Drug and Therapeutics Committee and it was noted that this would be a way of reducing an existing risk by standardisation.

35.8.2 The Area Drug and Therapeutics Committee would be asked to report back in one year on implementation and any concerns arising.   **AT**

36.   Effective Care

36.1   Psychological Services

36.1.1 The chair welcomed Dr Hacking and Dr Graham to the meeting and they spoke to the previously circulated paper. Members welcomed the improvements noted, especially in Edinburgh.

36.1.2 Dr Williams noted that the Committee had agreed that there should be focus on getting treatment for those patients who had been waiting longest, rather than on keeping the overall waiting list within the target and asked whether there was a mechanism for monitoring those at high risk who were on the waiting list. Dr Graham advised that all patients were triaged and urgent cases seen, and that this was working well.

36.1.3 Members accepted the recommendations laid out in the paper and asked for an update in six months' time.   **AMcM**

36.2   Prison Healthcare Update

36.2.1   Ms Ballard-Smith spoke to the previously circulated paper. It was noted that there had been an improvement in access for prisoners to healthcare including dental and screening services since the service was taken over by NHS Boards.

36.2.2   The move to smoke free prisons was discussed. This was a national requirement because of the risks of smoking to other prisoners and staff. Work had been done on the safety of e-cigarette use. It was noted that Scotland was behind other European countries which had smoke free prisons with no problems. It was agreed that an update paper would be brought to the Committee in 6 months' time on the clinical impact and the cost of therapeutics including nicotine replacement therapy.   **AMcM**

36.2.3   Members accepted the recommendations laid out in the paper and accepted moderate assurance on prison healthcare.

37.   Exception Reporting Only

Members noted the previously circulated papers for information and accepted the recommendations laid out:

37.1   Diabetic Retinopathy Screening Annual Report;
37.2   Sexual Health and Blood Borne Virus Programme Board Annual Report;
37.3   Palliative Care Managed Clinical Network Annual Report;
37.4   Scottish Intercollegiate Guidelines Network Annual Report;
37.5   Litigation Annual Report;
37.6   Primary Care Dental Services.

38.   Other Minutes: Exception Reporting Only

Members noted the previously circulated minutes from the following meetings:

38.1   Area Drug and Therapeutics Committee, 11 August 2017;
38.2   Clinical Management Group, 29 August 2017, 12 September 2017;
38.3   Feedback and Improvement Quality Assurance Working Group, 25 October 2017;
38.4   Lothian Infection Control Advisory Committee, 5 September 2017;
38.5   Health and Safety Committee, 29 August 2017;
38.6   Public Protection Action Group, 16 August 2017;
38.7   Acute Hospitals Committee. 29 August 2017.

39.   Date of Next Meeting

39.1   The next meeting of the Healthcare Governance Committee would take place at **9.00** on **Tuesday 16 January 2018** in **Meeting Room 8**, Fifth Floor, Waverley Gate.

39.2   Further meetings would take place on the following dates in 2018:
        - 13 March 2018;
        - 8 May 2018;
        - 10 July 2018;
        - 11 September 2018;
        - 13 November 2018.

STRATEGIC PLANNING COMMITTEE

Minutes of the meeting of the Strategic Planning Committee held at 9.30 on Thursday 12 October 2017 in Meeting Room 7, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present: Mr B. Houston, Board Chairman (chair); Mr M. Ash, Non-Executive Board Member; Ms C. Hirst, Non-Executive Board Member; Ms F. Ireland, Non-Executive Board Member; Mr A. Joyce, Employee Director, Non-Executive Board Member; Professor A. McCallum, Director of Public Health; Mr A. McCann, Non-Executive Board Member; Professor Alex McMahon, Nurse Director; Mr P. Murray, Non-Executive Board Member; Professor M. Whyte, Non-Executive Board Member

In Attendance: Ms J. Anderson, Partnership Representative; Mr C. Briggs, Director, Strategic Planning; Ms C. Cartwright, Strategic Programme Manager; Ms L. Friedman, Finance Trainee (observing); Mr I. Graham, Director of Capital Planning and Projects; Mr M. Higgins, Senior Researcher, Public Health; Dr D. Milne, Consultant in Public Health; Mr A. Payne, Head of Corporate Governance (observing); Mr C. Stirling, Site Director, Western General Hospital.

Apologies: Ms J. Butler, Director of Human Resources; Mr J. Crombie, Deputy Chief Executive; Mr T. Davison, Chief Executive; Mr M. Hill, Non-Executive Board Member; Ms T. Gillies, Medical Director; Ms S. Goldsmith, Director of Finance; Professor T. Humphrey, Non-Executive Board Member; Mr D. Small, Chief Officer, East Lothian Health and Social Care Partnership;

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

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

1.   Minutes and Actions from Previous Meeting (10 August 2017)

1.1   The minutes from the meeting held on 10 August 2017 were approved as a correct record subject to correction of one typographical error.

2.   The People's Health

2.1   NHS Lothian Best Start – Maternity and Neonatal Strategy Update

2.1.1   A paper had been previously circulated giving an update on the strategy to implement the 76 recommendations required for all Boards. Four Boards including NHS Lothian would be a pilot for implementation. Updates for governance related to service redesign would be brought to this Committee with relevant elements also being updated to the Healthcare Governance and Staff Governance Committees.

2.1.2   It was noted that the recommendations covered NHS Lothian services only and not those delegated to the Integration Joint Boards. There would be a relationship with community care services no direct implications as recommendations were associated with pre-birth care rather than post-natal care where community midwives were involved.

2.1.3   The work was being done on a regional basis but consideration would be given to any implications for the paediatrics review.

2.1.4   Members accepted the recommendations laid out in the paper.

2.2   Edinburgh Children's Services Plan

2.2.1   Professor McMahon spoke to the previously circulated paper and plan. Dr Milne noted that there had been a meeting with electoral membership to discuss big strategic aims and ideas about what would make the biggest difference to families. The outcome was that the focus should be on high impact areas. A report had also been produced on engaging children in planning.

2.2.2   It was noted that the governance arrangements involving the Integrated Children's Service Board, NHS Lothian, and the Council were complicated and that responsibilities were not clear. The structure was different to other IJB areas as children's services had not been delegated to the IJB. It was noted that there was now a good working relationship despite the complicated governance arrangements. Professor McMahon noted that governance arrangements for children's services were complicated in all IJBs and suggested that a piece of work was done on this focussing on how arrangements could be made clearer.   **AMcM**

2.2.3   Members approved the plan for submission to the Scottish Government on behalf of the Board.

3.3   Edinburgh Locality Plan

3.3.1   Mr Higgins gave a presentation on the previously circulated paper. There were four locality improvement plans for Edinburgh, the ideas for which were driven by local communities. The actions in the plan were taken from the ideas of the communities during the engagement process; these would be taken by the leadership teams who would translate them into the best ways to affect the improvements described. These teams would then engage with the community on the outcomes.

3.3.2   Mr Murray noted that there was a danger of separating the community planning element and evidence based strategic planning and ability to deliver services. The two elements needed to be brought together. It was noted that the community planning process was carried out in a way required by the Scottish Government, but that the important part was the work in bringing the actions in line with the strategic plan. It was noted that the community plan would be finalised in March 2018 after the strategic plan had been finalised so there needed to be discussion as to how these would be linked. This would be part of the ongoing review of the strategic plan through the IJB directions.

3.3.3   Ms Hirst suggested that there were a number of discussions on strategic planning in progress in different areas and there needed to be more clarity in who was making decisions.

3.3.4   It was agreed that feedback would be given to the Scottish Government asking for areas of work to be prioritised and giving an indication of what the priorities should be. This would be taken to the IJBs before submitting to the Scottish Government.

CH / CB

3.3.5   Members accepted the recommendations laid out in the paper.

3.4   Lothian's House of Care Collaboration

3.4.1   Members noted the previously circulated paper for information.

4.   Integration

4.1   Edinburgh Health and Social Care Partnership Statement of Intent

4.1.1   Mr Briggs presented the previously circulated paper. This paper was a work in progress which had been circulated down management lines but had not yet been formally signed off by the IJB. It would be discussed at the IJB development session.

4.1.2   Members agreed that the statement was helpful and comprehensive. It was noted that the list of priorities was long, and hoped that once agreement was reached there could be a focus on a smaller number of key priorities.

4.1.3   Partnership working between the Council, NHS Lothian and IJB was important as the two organisations with different cultures and priorities worked together, they needed to work together not separately to deliver objectives and when things went wrong and there needed to be support for this.

4.1.4   It was noted that prevention and long term conditions had been put as second phase priorities but it was noted that these were important for all areas and should be given consideration while working on other things.

4.1.5   Although the document was intended for managers rather than staff, elements of it could be send to Partnership staff along with an invitation for open sessions to hear concerns, as there would be implications for role and professionalism.

4.1.6   It was noted that there were elements of similar problems in all NHS Health Board partnerships but that the lead agency model in NHS Highlands seemed to work well; it was hoped that NHS Lothian could reach a similar advanced relationship in due course without using the lead agency model. Good practice in other areas was being considered.

5.   The Lothian Hospitals Plan

5.1   Edinburgh Cancer Centre

5.1.1   Mr Stirling gave a presentation. It was noted that the Board had made a commitment to redevelop the cancer centre and that this linked with the strategic plan and the organisational values.

5.1.2   Professor Whyte noted that the clinical trials unit was important as there was not one in Scotland currently and Lothian was being asked to accelerate a joint application a joint application with Glasgow to become a major cancer centre in the UK.

5.1.3   Members noted that they were committed to supporting the redevelopment to achieve the aims set out. Due to the long period of time this had been under discussion there was a need to reassure staff in the unit of this commitment. Public engagement was also needed; this would include starting a process for a name to be agreed as part of the fundraising plan.

5.1.4   It was noted that NHS Lothian had a strategic plan to meet the national and health and social care outcomes for cancer care, but not the capital; it should be fed back to the Scottish Government that this capital would be required to meet local and national outcomes in cancer care.

5.1.5   A link would be sought with charitable organisations which would be beneficial for the service, research and staff, and this would include some fundraising activities to contribute to the centre. Jane Fergusson was considering what opportunities there may be. For example in NHS Greater Glasgow and Clyde their cancer facilities had been built with government funding but with some elements including the wellbeing centre funded by the Beatson cancer charity.

5.1.6   Members supported the 'next steps' proposed in the presentation with the addition of discussions to take place on the Cancer Research UK clinical research unit. This could increase levels of support for the funding application.

5.2   Royal Edinburgh Hospital Phase 2

5.2.1   A paper had been previously circulated which explained the reasons for the delay of phase 2. Any financial complications because of the delay would be brought to the Finance and Resources Committee. Correspondence was ongoing with the Scottish Government who had committed to the relevant revenue funding for 2018/19.

5.2.2   There would be engagement with the Integration Joint Boards who would agree what bed numbers they would provide. Once agreed, plans would be brought to all Integration Joint Boards and to the Strategic Planning Committee. Some agreements had already been made in some areas as part of the strategic commissioning plan process.

6.   Pan-Lothian Business

6.1   The Lothian Box

6.1.1   A paper had been previously circulated. Ms Cartwright was in attendance as Strategic Programme Manager leading on the Lothian Hospitals Plan. Following the

presentation given at the previous meeting a test of the criteria had been carried out on specific areas which had supported the initial ideas. Outcomes of the process could include major investment, service redesign or further engagement. There could be a spectrum of positions within each 'box'. There needed to be consideration of the service as a whole including the individual elements within the service as individual specialties could relate differently to other services, and consideration of change over time. The tool could be used for all NHS Lothian services including GP practices, for other Boards, Integration Joint Boards and regional schemes, and for development of new services or attracting private companies.

6.1.2   More detailed testing work would be carried out and a further paper with outcomes brought to the meeting in December 2017.   **CB**

6.1.3   It was suggested that the University of Edinburgh might have experience in this area that could inform the proposed process.

6.1.4   It was suggested that the process and methodology needed careful refinement as it would affect all Board Committees. The purpose needed to be explained to staff and public as there may be negative views in terms of the potential for the process to result in closure of vulnerable services.

6.1.5   It was noted that the concept of challenge and comparison to ensure best value was implicit in the paper but needed to be made explicit. This should be presented as a way of using resources to best effect and looking at new areas.

6.1.6   It was noted that decisions like this were already being made in the organisation but with no agreed methodology or framework, so this process would help the decision making process.

6.1.7   It was agreed that the Finance and Resources needed to be involved in this and that the paper would be taken to the Board Development Session on 1 November 2017 and to the next Finance and Resources Committee.

6.2   Futures Group

6.2.1   A paper on the vision for the 'Futures Group' had been circulated for discussion. There was discussion on what NHS Lothian could do to influence change given the existing constraints. Mr Murray suggested that the strategic planning group should support joint working between different organisations; support improvement; take action to ameliorate risks; ensure IT meets organisational priorities; ensure good practice is described for analysis.

6.2.2   It was agreed that the futures group should include regional bodies and all bodies associated with NHS Lothian so that it could be more influential in addressing constraints, and would include expertise in all areas for a wider scope.

6.2.3   It was agreed that some way of envisaging the future was required to improve the current unsustainable situation, and that Lothian was best placed to do this. The vision needed to be defined on a large scale and include innovation. The barriers to

change and the basis for problems in the organisation and their interaction must be understood.

6.2.4   There was discussion about whether these aims should be part of the Strategic Planning Committee or a separate forum. If part of the Strategic Planning Committee it there would need to be a rebalance of focus between planning and strategy as the current focus was mainly on planning, although this was still required. It was noted that the Strategic Planning Committee as it currently was did not fulfil the remit in the terms of reference which was more focussed on strategy. Currently elements of the strategic plan were discussed at the Committee, but these should be approved as part of the Board Governance Structure to leave more time for strategy at the Committee.

6.2.5   Mr Briggs and Mr Houston would discuss further and bring the next stage of ideas to the next meeting after discussion with others.   **CB / BH**

7.   Date of Next Meeting

7.1   The next meeting of this group would take place at **9.30** on **Thursday 14 December 2017** in **Meeting Room 8**, second floor, Waverley Gate.

7.2   Meetings in 2018 would take place on the following dates:
- Thursday 8 February 2018;
- Thursday 12 April 2018;
- Thursday 7 June 2018;
- Thursday 9 August 2018;
- Thursday 11 October 2018;
- Thursday 6 December 2018.

DRAFT

STRATEGIC PLANNING COMMITTEE

Minutes of the meeting of the Strategic Planning Committee held at 9.30 on Thursday 14 December 2017 in Meeting Room 7, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present: Mr B. Houston, Board Chairman (chair); Mr M. Ash, Non-Executive Board Member; Mr T. Davison, Chief Executive; Ms S. Goldsmith, Finance Director; Ms C. Hirst, Non-Executive Board Member; Ms F. Ireland, Non-Executive Board Member; Professor A. McMahon, Nurse Director; Mr A. McCann, Non-Executive Board Member; Mr P. Murray, Non-Executive Board Member.

In Attendance: Mr C. Briggs, Strategic Planning Director; Ms C. Cartwright, Strategic Programme Manager; Mr J. Crombie, Deputy Chief Executive; Ms S. Egan, Associate Director, Strategic Planning; Ms L. Irvine, Strategic Programme Manager, Mental Health and Wellbeing; Ms C. Kelly, Strategic Programme Manager; Dr D. Milne, Consultant in Public Health; Mr A. Payne, Head of Corporate Governance; Ms B. Pillath, Committee Administrator (minutes); Mr D. Small, Chief Officer, East Lothian Health and Social Care Partnership; Mr A. Short, Chief Officer, Midlothian Health and Social Care Partnership.

Apologies: Ms J. Anderson, Partnership Representative; Ms T. Gillies, Medical Director; Professor A. McCallum, Director of Public Health; Professor M. White, Non-Executive Board Member.

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

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

1.   Minutes and Actions from Previous Meeting (12 October 2017)

1.1   The minutes from the meeting held on 12 October 2017 were approved as a correct record.

2.   The Lothian Hospitals Plan

2.1   <u>One Year On</u>

         Acute Hospitals

2.1.1   Ms Cartwright gave a presentation. Mr Briggs advised that all GP referrals now came through a central mechanism which worked well in general but meant that there was no direct contact between GPs and hospital physicians which meant patients could be sent for more tests than were necessary. An East Lothian and Midlothian Integration Joint Board direction was to try to re-establish that link and distribute

patients more effectively, for instance to their nearest hospital for medical cases. There was also a link with social care hubs. GP clusters for each area were being developed to work directly with physicians. After 6 months this would be reviewed to see if admissions and length of stay had been reduced, and this would inform decisions on the balance of services between the three acute hospitals.

2.1.2   Mr Ash noted that an aspiration of the Scottish Government was to reduce beds by 10% and asked whether this would include regional specialties hosted by Boards. Mr Briggs noted that occupied bed days had reduced in the past 12 months but that delayed discharge remained high; admissions had been reduced but patient flow had not improved. Ms Gillies advised that the reduction of bed numbers only included unscheduled care, and regional services were elective so not affected.

2.1.3   Mr Crombie noted that ability to reduce beds was depended on good performance and noted that data showed that actions being taken were having an improving impact on performance.

2.1.4   Mr Murray referred to a Scottish Government publication on financial implications for Integration Joint Boards and noted that if an opportunity existed in the short term through the financial framework, for instance on extra care housing, this must be matched up with Acute services spending. This was part of making sure the Integration Joint Board and Hospitals plans were aligned. The capital plan would focus on regional areas rather than hospitals, so the hospitals plan would be focussed on specialties investment rather than by site.

2.1.5   Mr Murray noted that a long term plan was needed for adjustment of the type of care delivery in a specific area and that a workforce plan was part of this.

2.1.6   Ms Hirst noted that extra care housing including key worker housing was essential to support health care and social care and wanted to know what the Board could do to ensure this was a priority. Mr Davison noted that due to the number of organisations involved in financial planning for Health and Social Care Partnerships in Scotland - including all Health Boards, Local Authorities and Integration Joint Boards - governance and aligning conflicting priorities was a challenge. The driver for this was Integration Joint Board directions; these were not currently transformational but Integration Joint Boards should be encouraged to put forward their vision for improvement as a starting point and a reason to make improvements. Integration Joint Boards were not yet at the stage of being able to do this but were working towards this.

2.1.7   Mr Short noted that part of the Midlothian Integration Joint Board direction to the Midlothian Council was a commitment to extra care housing, and some of this work was in progress. Mr Small confirmed that this was also the case in East Lothian. Although housing was not a delegated function to the Integration Joint Boards they were in a good position to influence these.

2.1.8   The 'City Deal' was an agreement between the six Integration Joint Boards of Lothian, Borders and Fife on various issues, but they had not reached agreement on housing, so policy was not necessarily aligned between areas.

Mental Health and Learning Disabilities

2.1.9   Ms Irvine gave a presentation. Mr Briggs noted that 14 patients had moved out of Learning Disabilities beds the previous day, 12 of these were from Edinburgh and now had homes in Edinburgh, where the funding had also shifted. Moving resources to primary care and social care was happening in the closure of Liberton and Corstorphine Hospitals. There were also beds in other community hospitals which could be considered for redesign.

2.1.10 Progress in providing better social care provision was currently slower as increase of social care provision had not yet had an effect on patient flow in acute hospitals.

Other Projects

2.1.11 Mr Briggs gave a presentation. Mr Small noted that a re-provision plan was in progress for Edington and Belhaven hospitals for providing community care and a paper would go to the Integration Joint Board the following week on the closure of ward 2 at Belhaven Hospital. The main area for consideration in West Lothian was the replacement of St Michael's Hospital.

2.1.12 Mr Ash suggested that successes in the transfer of care to the community should be communicated to staff and patients as a positive achievement.

Capital Prioritisation

2.1.13 Ms Kelly gave a presentation. Referring to the plan for a single prioritisation capital planning list across all Integration Joint Board areas, Mr Short welcomed the rational process but asked how the governance would work and noted that the top priority of a local prioritisation list may not reach the top of an overall list. Ms Goldsmith advised that this would be done pragmatically, for instance some smaller investments could be made more quickly, and opportunities may be taken according to when funding was available.

2.1.14 Ms Goldsmith was the regional Finance Director for the South East Region and had been charged with creating a regional list prioritisation list for investment relevant to regional planning.

2.1.15 Mr Murray noted that Local Authorities could borrow for spending but NHS Boards could not and any spend over £5 million had to be approved by the Scottish Government. Ms Goldsmith noted, however, that planning could take place based on Lothian's own assets, and collaboratively with Local Authorities, for instance the Liberton Hospital site would be made available so that the Local Authority could borrow to develop it.

2.1.16 There was agreement in principle that NHS Lothian would secure one plot from the Bioquarter for the Eye Pavilion and access to two plots for either laboratory or outpatients.

2.1.17 Edinburgh Integrated Joint Board plans for the Royal Victoria Hospital site were developing and it may become available to NHS Lothian. A piece for work would be

done on community engagement about use of the site and a paper would be brought to this Committee at the next meeting.

2.1.18   Members accepted the recommendations laid out in the paper.

2.2   Royal Edinburgh Hospital Phase 2 and Phase 3 Update

2.2.1   Mr Briggs gave a presentation. Mr Davison noted that Corstorphine and Liberton Hospitals were good examples of partnership working where Lothian made a decision that Integration Joint Boards then worked with. This could also work the other way around where changes would be driven by the Integration Joint Boards.

2.2.2   A change in the model of care for services at the Astley Ainslie hospital would mean rehabilitation could be done in the patient's home or in available facilities closer to home, for example East Lothian Community Hospital or Roodlands Hospital. Work was still needed on the clinical model as this was still bed based, so the Jardine Clinic at the Royal Edinburgh Hospital was to be used to decant patients from the Astley Ainslie Hospital to allow re-provision, but this was delayed by the delay to phase 2 of the Royal Edinburgh Hospital re-provision. This allowed more time to plan the Astley Ainslie Hospital re-provision as it was a large and complex site.

3.   Pan Lothian Business

3.1   The Lothian Box

3.1.1   Mr Briggs and Ms Cartwright gave a presentation on the decision making process for service investment that was being developed. Mr Ash noted that although it was essential that the initial assessment was made objectively based on performance criteria, but that there could be a process to allow those in the service to provide their own opinion and evidence against the assessment.

3.1.2   Further testing of the process would clarify the data set used. The clinical teams were positive about this approach.

3.1.3   It had been decided that the public view of a particular service would not be considered at the initial stage but would be considered by the Board and the Integration Joint Boards as part of their role when the assessment was presented to them.

4.   The People's Health

4.1   Corporate Parenting Action Plan

4.1.1   Ms Egan spoke to the previously circulated paper. It was agreed that the draft corporate plan which was to be submitted to the Scottish Government would be submitted to the Board meeting in February 2018.   **AMcM**

4.2   Maternity and Neonatal Strategy

4.2.1   Due to time constraints Ms Egan did not give the prepared presentation but gave a brief update of the position with the draft strategy. This item would be brought to the beginning of the agenda at the next meeting.   **AMcM**

5.   Date of Next Meeting

5.1   The next meeting of this group would take place at **9.30** on **Thursday 8 February 2018** in **Meeting Room 8**, second floor, Waverley Gate.

5.2   Further meetings in 2018 would take place on the following dates:
        - Thursday 12 April 2018;
        - Thursday 7 June 2018;
        - Thursday 9 August 2018;
        - Thursday 11 October 2018;
        - Thursday 6 December 2018.

Item 4.1 Minutes

Edinburgh Integration Joint Board

9:30 am, Friday 17 November 2017
Dean of Guild Court Room, City Chambers, Edinburgh

1.13

Present:

Board Members:

Councillor Ricky Henderson (Chair), Carolyn Hirst (Vice Chair), Shulah Allan, Michael Ash, Carl Bickler, Andrew Coull, Christine Farquhar, Alastair Gaw, Kirsten Hey, Councillor Derek Howie, Councillor Melanie Main, Michelle Miller, Moira Pringle, Ella Simpson, Councillor Alasdair Rankin, Councillor Susan Webber, Richard Williams and Pat Wynne.

Officers: Lesley Birrell, Colin Briggs, Wendy Dale, Angela Lindsay, Jamie Macrae.

Apologies: Sandra Blake and Ian McKay.

1.   Minutes

Decision

1)   To approve the minute of the Joint Board of 14 July 2017 as a correct record.

2)   To approve the minute of the Joint Board of 3 October 2017 as a correct record.

2.   Sub-Group and Committee Minutes and Updates

Updates were given on Sub-Group and Committee activity.

Decision

To note the Sub-Group and Committee minutes and updates.

3.   Rolling Actions Log

The Rolling Actions Log for 17 November 2017 was presented.

Decision

1)   To agree to close the following actions:

Action 4 – Whole System Delays – Recent Trends

Action 5 – Management Arrangements for the Joint Board and Edinburgh Health and Social Care Partnership

Action 8 – Whole System Delays – Recent Trends

2)   To otherwise note the remaining outstanding actions.

4.   Locality Improvement Plans

The Locality Improvement Plans were presented for approval, in so far as they related to issues within the jurisdiction of the Joint Board, prior to consideration for endorsement by the Edinburgh Community Planning Partnership on 7 December 2017.

The Plans set out the local priority outcomes for the locality, improvements that would be achieved by delivering the outcomes and the period within which the improvement was to be achieved.

Decision

1)   To note that the current locality planning infrastructure was relatively new, as a result of which the Locality Improvement Plans were high level and would be underpinned by detailed action plans and performance measures.

2)   To support the development and publication of the Locality Improvement Plans as a means of achieving more effective integration across the public sector and of strengthening the meaningful engagement with communities.

3)   To approve the Locality Improvement Plans set out in Appendices 1 to 4, in so far as they related to issues within the jurisdiction of the Joint Board.

4)   To request that further work was overseen by the Strategic Planning Group to ensure coherence between the action plans for delivery of the Locality Improvement Plans, the strategic plan of the Integration Joint Board and the priorities set out in the Edinburgh Health and Social Care Partnership's Statement of Intent (which was the subject of a separate paper on the agenda for this meeting).

5)   To agree that community planning would be covered at a future development session.

(References – report by the Interim IJB Chief Officer, submitted)

5.   Public Bodies Climate Change Duties Briefing and Progress Report

The Joint Board was required, under the obligations placed on public bodies by the Climate Change (Scotland) Act and associated regulations, to complete a Public Bodies Climate Change Duties Report to cover the financial year 2016-17. This was presented to the Joint Board for approval.

Decision

1)   To note the requirements of the Climate Change (Scotland) Act outlined in the report.

2)   To approve the recommended proposals noted in paragraph 12 of the report, which would help to ensure compliance with the duties of the Climate Change (Scotland) Act.

3)   To approve the draft Edinburgh Integration Joint Board Public Bodies Climate Change Duties Report: 2016/17.

(Reference – report by the Interim IJB Chief Officer, submitted)

6.   Edinburgh Health and Social Care Partnership Statement of Intent

An update was provided on progress made by the Edinburgh Health and Social Care Partnership to deliver on its Statement of Intent.

Decision

1)   To note the headlines from the Statement of Intent, which the Joint Board considered at its development session on 13 October 2017.

2)   To note that an action plan was under development to deliver the commitments made in the Statement.

3)   To agree that IJB members would be invited to the staff engagements sessions on 28 November 2017.

4)   To note the intention to report back to the IJB meeting in December with a more detailed action plan.

(Reference – report by the Interim IJB Chief Officer, submitted)

7.   Whole System Delays – Recent Trends

An overview was provided of performance in managing hospital discharge against Scottish Government targets. It was acknowledged that performance had not improved since the last reporting cycle. It was noted that a more detailed report would be submitted to the December 2017 meeting of Joint Board.

Decision

1)   To note, with concern, that current performance in respect of people delayed in hospital had not improved since the last reporting cycle.

2)   To note that the delays and pressures in the community continued to be a challenge.

3)   To note the intention to report to the Performance and Quality Sub-Group in more detail on the actions being taken to address the identified challenges.

4)   To note the significant ongoing challenge of bringing about improvement.

5)   To record the IJB's concerns about the above issues and the expectation that these would be incorporated into the Outline Strategic Commissioning Plans with appropriate timelines and reported back in the first instance to the Strategic Planning Group and then to the Joint Board.

(References – Integration Joint Board 22 September 2017 (item 7); report by the IJB Chief Officer, submitted.)

8.   Inspection of Older People's Services – Revised Improvement Plan

An update was provided on progress against the recommendations of the Care Inspectorate/Health Improvement Scotland's report into their joint inspection of Edinburgh's services for older people. A proposed revised improvement plan was submitted for noting.

Decision

To note the revised draft improvement action plan, and that finalisation of lead officers and timescales was underway through individual discussions with managers (a further iteration of the improvement plan would be circulated to Joint Board members when this information was included).

(References – Integration Joint Board 22 September 2017 (item 8); report by the IJB Chief Officer, submitted.)

9.   Grants Review – Scope, Methodology and Timescales – Referral from the Strategic Planning Group

The Joint Board agreed on 22 September 2017 to extend the health and social care related grants programmes due to expire in March 2018 for a further year to allow a review of these grants programmes to take place.

The Strategic Planning Group had considered the scope, methodology and timetable for the grants review and recommended that the Joint Board approve the proposals to take forward the review.

Decision

1)   To approve the proposals in respect of the scope, timescale and methodology for the review of health and social care grant programmes as set out in the report.

2)   To agree to add information on evaluation and lessons learned to the progress report in March 2018 and the final report in July 2018.

Declarations of interest

Ella Simpson declared a non-financial interest in the above item as a member of an organisation in receipt of grants.

Shulah Allan declared a non-financial interest in the above item as Chair of The Health Agency's Annual General Meeting.

(References – Integration Joint Board 22 September 2017 (item 11); Strategic Planning Group 3 November 2017 (item6); report by the IJB Chief Officer, submitted.)

10.   Financial Update

An overview was provided of the financial position for the 6 months of 2017/18 and the forecast year end position.

Decision

1)   To note that delegated services were reporting an over spend of £7.9m for the first 6 months of 2017/18, which was projected to rise to £17.0m by the end of the financial year without any further action.

2)   To agree to ring fence a provision of £4.5m to support the work of the newly established assessment and review board – this included the carry forward of any element unspent in 2017/18.

3)   To agree the release of the £2.0m inflation provision included in the social care fund to offset the financial impact of demographic growth.

4)   To acknowledge that ongoing actions were being progressed to reduce the predicted in year deficit in order to achieve a year end balanced position; however, only limited assurance could be given of the achievement of break-even at this time.

5)   To express concern about the challenging financial situation and the likely impact on quality and performance.

6)   To add the IJB Risk Register to the Rolling Actions Log for reporting back as necessary.

(References – Integration Joint Board 22 September 2017 (item 6); report by the IJB Chief Officer, submitted.)

11.   Winter Planning Arrangements

A verbal update was provided on winter planning arrangements for winter 2016-18. Arrangements were underway, with proactive actions focusing on those at risk of hospital admissions.

The Edinburgh Health and Social Care Partnership had secured an additional £475,000 of Scottish Government funding to extend key unscheduled care services, particularly over weekends and public holidays, to ensure that as many people as possible could be looked after in their own homes rather than in hospital.

A detailed report would be submitted to the Joint Board in December.

Decision

1)   To agree that Pat Wynne and Angela Lindsay would communicate to staff who work in residential/care homes that flu jabs would be available to them.

2)   To otherwise note the verbal update.

(Reference – Integration Joint Board 18 November 2016 (item 5))

7.   Motion by Councillor Main – John's Campaign

The following motion by Councillor Main was submitted in terms of Standing Order 10:

"The Edinburgh Integration Joint Board notes the work of Nicci Gerrard and Julia Jones following the stay of her father Dr John Gerrard in hospital in 2014, campaigning for better family involvement and outcomes for those suffering from dementia in a long term care or hospital environment.

John's Campaign is founded on the principle that family and carers "should not just be allowed but should be welcomed, and that a collaboration between the patients and all connected with them is crucial to their health and their well-being. John's Campaign applies to all hospital settings: acute, community, mental health and its principles could extend to all other caring institutions where people are living away from those closest to them."

The Edinburgh Integration Joint Board notes that reputable organisations in the fields of dementia and healthcare including Alzheimer's Society, AgeUK and the Royal Colleges of Nursing and Psychiatrists have shown their support of the campaign.

The Edinburgh Integration Joint Board notes the Scottish Government, a John's Campaign partner, said: "Our policy on supporting people in hospital means that the principles of John's Campaign are entirely in keeping with government policy. John's Campaign is part of a suite of measures used in Scotland and the Chief Nursing Officer actively supports this approach to ensure person centred care is in place".

Whereas in Scotland several councils and many healthcare organisations in both the NHS and private sector have signed up in full, in NHS Lothian only two hospital wards have made a pledge to the campaign.

Many of NHS Lothian's and Edinburgh Council's health and social care workers and allied professions already undertake these principles in practice and that signing up to the campaign would give them due recognition.

Therefore the Edinburgh Integration Joint Board recommends that providers, in public, voluntary and private sectors, of all relevant services within its remit, sign up to John's Campaign by 31st January 2017. A report listing those who have signed up and those who have not signed up with the reasons given will be presented to the Board in two cycles."

-       moved by Councillor Main, seconded by Councillor Henderson

Decision

To approve the motion by Councillor Main.

1.14

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD of WEST LOTHIAN COUNCIL held within STRATHBROCK PARTNERSHIP CENTRE, 189 (A) WEST MAIN STREET, BROXBURN EH52 5LH, on 5 DECEMBER 2017.

Present –

Voting Members – Martin Hill, Harry Cartmill, Martin Connor, Alex Joyce, George Paul and Damian Timson.

Non-Voting Members – Ian Buchanan, Carol Bebbington Jim Forrest, Mairead Hughes, Jane Houston, Jane Kellock, Mary-Denise McKernan, Bridget Meisak and Patrick Welsh

Apologies – Lynsay Williams and Councillor Dave King (Voting Members); and Elaine Duncan, James McCallum and Jane Ridgeway (Non-Voting Members)

In Attendance – Marion Barton (Head of Health), Carol Bebbington (Senior Manager, Primary Care and Business Support), Kenneth Ribbons (Audit, Risk and Counter Fraud Manager) and James Millar (Standards Officer)

1.   DECLARATIONS OF INTEREST

     No declarations of interest were made.

2.   ORDER OF BUSINESS

     The Chair advised that a replacement report on the IJB Finance Update had been produced and that this had been circulated to all Board members prior to the meeting. The Board confirmed it would consider the replacement report.

3.   MINUTE

     The West Lothian Integration Board approved the Minute of its meeting held on 31 October 2017.

4.   REVIEW OF STANDING ORDERS

     The Board considered a report (copies of which had been circulated) by the Standards Officer seeking a review of the Board's Standing Orders for the Proceedings of the Board and Committee and to consider if changes were required.

     The report recalled that the Board and its members, voting and non-voting, had overall responsibility for good governance arrangements – for establishing its values, principles and culture, for ensuring the existence and review of an effective governance framework and for putting in place monitoring and reporting arrangements. One element of that governance framework was a set of rules for the conduct of meetings of the Board and

its committees.

Statutory rules made under the Public Bodies (Joint Working) (Scotland) Act 2014 required the Board to make Standing Orders regulating its proceedings. The Boards Standing Orders for the Proceedings of the Board and its committees provided those rules and these were adopted on 31 October 2015 at the Board's first formal meeting after establishment. They were subject to review on 5 April 2016 when minor changes were made to reflect amendments to legislation about members withdrawing from meetings on declaring an interest.

The Board's Standing Orders were attached to the report at Appendix 1. There had some occasions in the Board's short history where Standing Orders had come into play and had helped resolve governance and operational issues; these occasions were summarised in the report.

It was also proposed to make an adjustment to the Standing Orders which related to a recommendation of the Audit, Risk and Governance Committee. The recommendation was that committee should review and make comments and recommendations on the annual audited accounts before going to the Board itself. The approval of the audited accounts for signature and publication would remain a Board responsibility. The proposed changes to the wording in the Standing Orders were outlined in the report.

The report concluded that good practice called for significant constitutional documents to be reviewed periodically to ensure they remained up-to-date and fit for purpose. However rather than reviewing these on a piecemeal basis it was proposed that they would all be formally reviewed by the Board every two years, at its last meeting of the calendar year.

It was recommended that the Board :-

1. Note the terms of Standing Orders for the Proceedings of the Board and Committees (Appendix 1);

2. Consider the recommendation of the Audit, Risk and Governance Committee in relation to the process for consideration of the Board's audited accounts and external auditor's annual report, and agree any consequent changes to Standing Orders and the committee's remit;

3. Consider other issues arising from the conduct of meetings of the Board and its committee's since the adoption of Standing Orders and whether any further changes should be made; and

4. Agree that Standing Orders, along with the Scheme of Delegations and terms of reference and remits of the Board's committees and groups, shall be formally reviewed by the Board at its last meeting in every second calendar year.

Decision

To approve the terms of the report

5.   PERFORMANCE REPORT

The Board considered a report (copies of which had been circulated) by the Director providing the most up to date performance against the health and social care integration indicators and the measures within the balanced scorecard and to highlight the publication of the National Review of Targets and Indicators of Health and Social Care which could have an impact on future outcome indicators and targets.

The report recalled that the Scottish Government had developed a core suite of 23 integration indicators to demonstrate progress in achievement of the nine national health and wellbeing outcomes. Attached to the report at Appendix 1 was a summary of performance with comparisons against the Scottish average as at September 2017.

Only a few indicators had been update with Quarter 1 data and it was to be noted that some of the indicators were still in development and therefore data was not yet available

Also attached to the report at Appendix 2 was the Balanced Scorecard as at the end of September 2017 which incorporated the core suite of integration indicators as well as relevant Local Delivery Plan and other measures which were used to monitor performance. The scorecard also indicated the local targets previously agreed by the IJB which were based on previous performance and overall Scottish performance. The scorecard had been "RAG-rated" using a traffic light system for illustrating progress against expected performance.

The Ministerial Steering Group (MSG) had also defined a further set of indicators for measuring the impact of integration of health and social care. These indicators had also been updated with performance to the end of August 2017 and were provided in Appendix 3 attached to the report.

From the indicators the key discussion points were :-

- There had been a gradual increase over time in the number of attendances at A&E (details of the top ten reasons for attendance were summarised in the report);

- The 95% 4 hour standard within A&E was largely being achieved;

- The number of admissions from A&E was reducing steadily;

- Emergency admissions for all adults however remained steady with further investigation required to determine the admission routes;

- The Unscheduled Bed Day Rate had been reducing since April 2017;

- Unprecedented levels of delayed discharges within West Lothian which was largely due to issues with Care at Home provision and lack of capacity within West Lothian Care Homes;

- The proportion of the last 6 months of life spent within a large hospital had reduced from 14% in 2014-15 to 11.5% in 2016-17 and was on a planned trajectory to reduce to 10.5%; and

- There had been a small shift in the proportion of those over age 75 living at home from 91.7% in 2014-15 to 92.2% in 2015-16

A national review of the Targets and Indicators in Health and Social Care in Scotland had concluded with the report published in November 2017. The remit of the review was to consider the relevance to health and social care of three nationally set groups of targets and indicators. These were the National Performance Framework (NPF) indicators, of which 30 related directly or indirectly to health and social care, 19 Local Delivery Plan (LDP) Standards and 23 Integration Indicators.

The review noted that indicators and targets had been effective in improving performance in a number of areas of health and social care however it suggested that the present system could be improved upon in terms of effectiveness in improving services. The review also commented on existing indicators and targets and made recommendations for the next stage of development.

The recommendations in the report would be considered in the development of the national datasets and any changes highlighted in future performance reports. The performance reports would be updated as data became available and quarterly reports would be brought to the IJB for consideration and discussion of key issues.

The Integration Joint Board was asked to :-

1. Note the contents of the report;

2. Note the most up to date performance against the key integration indicators within the balance scorecard;

3. Consider the current performance against the previously agreed target and whether local targets as set continued to be realistic and appropriate; and

4. Note that performance reports would be updated in accordance with availability of data and brought on a quarterly basis to the IJB for discussion.

Decision

1. To note the report outlining the performance against health and social care integration indicators;

2. To agree that officers investigate the mental health police triage

scheme as it operated in England to ascertain if it could be suitably applied to NHS Lothian;

3. To agree that a report be brought to a future meeting of the Board in relation to drug and alcohol referrals; and

4. To agree that details of the new contract for GP's be brought to a future meeting of the Board.

6.   TRANSFORMATIONAL PLAN

The Board considered a report (copies of which had been circulated) by the Director providing an update on the progress of the work streams of the Health and Social Care Delivery Plan and associated transformational change programme.

The report recalled that the strategic priorities and commissioning intentions set out within the Strategic Plan 2016-2020 were focussed on achieving a sustainable health and care system for West Lothian. Transforming the way in which services were delivered was expected to reduce reliance on hospital services; lead to improvements in achieving the nine national outcomes for integration; and empower people to manage their own conditions through the increased provision of advice, support and care in primary and community settings.

The Strategic Plan mapped the transformation journey through three phases details of which were outlined in Figure 1 contained within the report.

The Health and Social Care Delivery Plan 2016 focussed on prevention, early intervention and supported self-management and provided a clear framework of how it expected health boards, councils and integration authorities to achieve the 2020 vision. The Delivery Plan was shifting focus towards the "triple aim" of *better quality of care*, *better health* through improved wellbeing and addressing inequalities over the life course and *better value* through the sustainable and efficient use of available resources.

A West Lothian Health and Social Care Delivery Plan was developed in accordance with the framework and approved by the IJB in March 2017, a copy of which was attached to the report at Appendix 1. The aim of the delivery plan and the targeted programmes of work detailed within were to drive forward the pace of change in health and social care and to give strategic coherence to previously separate areas of policy, thereby bringing the focus required for transformational change.

The report then provided a summary of some of the work being done under four main transformational themes; these being Health and Social Care Integration, The National Clinical Strategy; Public Health Improvement and Cross Cutting Actions. Appendix 2 attached to the report outlined progress against the change programme.

In terms of financing the plan, achieving sustainability in health and social

care required transformation and making best use of the totality of resources while continuing to meet current and emerging demand and cost pressures. Both NHS Lothian and West Lothian Council were facing significant financial challenges over the next 5 years which would have a direct impact on the budget available to the IJB for health and social care.

There was an IJB Development Session planned for 30 November 2017 the focus of which would be the IJB priorities in the context of financial challenges. The output from the development session would inform strategic priorities going forward and therefore the Strategic Plan, commissioning plans and transformational change programme may also need to be revisited following this.

The Integration Joint Board was asked to :-

1. Note the contents of the report;

2. Note the progress made in delivery of health and social care and associated transformation plans; and

3. Agree that the strategic plan and associated delivery plan and change programmes were reviewed in accordance with the IJB Strategic Priorities and financial plan.

Decision

To approve the terms of the report

7.   IJB FINANCE UPDATE

The Board considered a revised report (copies of which had been circulated prior to the meeting) by the Chief Finance Officer providing an update on the 2017-18 budget position for the IJB delegated health and social care functions, including an update on key risk areas.

The forecast position contained within the report reflected the month 6 NHS and council outturn position. West Lothian Council was forecasting an overall breakeven budget position for 2017-18, while NHS Lothian was forecasting an overspend of £1.825 million.

Appendix 1 attached to the report provided further detail of the forecast position showing in the report. An overspend of £506,000 was forecast on the payment to IJB and an overspend of £1.319 million was forecast against the share of acute set aside resources attributed to West Lothian. This was a slightly improved position on the figure reported at period 5 where an overspend o £2.090 million was reported on the total contribution.

It was important that plans were put in place to address the areas of overspend as part of prioritising and planning future resource use and a summary of key risks and service pressures along with impact and actions being progressed to mitigate the risks had been identified as well as a review of in year and future year strategic risks, with further details

contained in Appendix 2 attached to the report.

The Chief Finance Officer continued to explain that as part of the 2017-18 payment to the IJB from the council and NHS Lothian there was £3.520 million of budget savings identified as reported to the IJB on 14 March 2017. At this stage the monitoring undertaken estimated that £3.370 million of this target was achievable.

In addition the share of acute set aside budget included a share of acute savings totalling £438,000 of which £311,000 was currently estimated to be achievable. The overall forecast position for the IJB had taken into account these savings. Further details of the savings to be achieved by the council and NHS Lothian were contained in a table in the report.

While in overall terms satisfactory progress was being made on the delivery of 2017-18 savings (93% of the savings value forecast to be achievable in 2017-18) it was vital that savings were fully achieved on a recurring basis. NHS Lothian and the council had established processes for monitoring and reporting on the delivery of savings and regular updates would be provided to the Board on progress with this.

It was recommended that the IJB :-

1. Notes the forecast outturn for 2017-18 in respect of the IJB Delegated functions taking account of saving assumptions;

2. Notes that further management action was required by Partner bodies in partnership with the IJB to manage the 2017-18 budget pressures; and

3. Notes the key risks associated with the 2017-18 forecast position

Decision

To note the recommendations of the report

8.   RISK MANAGEMENT

The Board considered a report (copies of which had been circulated) by the Director advising of the risks in the risk register.

In accordance with the Risk Management Strategy approved by the IJB on 14 March 2017, risks were reported to the IJB Senior Management Team every two months, to the IJB Audit, Risk and Governance Committee every six months and to the IJB annually.

The risks were last reported to the Audit, Risk and Governance Committee on 11 October 2017. This report constituted the annual report to the IJB.

Attached to the report at Appendix 1 was a list of IJB risks. Each risk had risk scores which were arrived at by multiplying the likelihood of the risk by its estimated impact. Risks were assessed on the basis of a five by five

grid and therefore the highest possible score was twenty-five with the lowest score 1.

A summary of the risks were presented in the report noting that of the eleven risks four were considered to be high and were as follows :-

- IJB010 Sustainability of Primary Care (current risk score 16)

- IJB011 Delayed Discharge (current risk score 16)

- IJB005 Inadequate Funding (current risk score 12)

- IJB008 Workforce Management (current risk score 12)

Appendix 2 summarised progress in relation to the risk actions and Appendix 3 provided details of the risk assessment methodology.

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

Decision

To note the contents of the report

9.   CHIEF SOCIAL WORK OFFICER'S ANNUAL REPORT

The Board considered a report (copies of which had been circulated) by the Head of Social Policy providing a copy of the Chief Social Work Officer's Annual Report which provided an overview of the statutory work undertaken during the period 2016-17.

The role of the Chief Social Work Officer was to provide professional governance, leadership and accountability for the delivery of social work and social care services, whether these be provided by the local authority or purchased from the voluntary or private sectors.

The Chief Social Work Officer's report provided an overview of the role and responsibilities of the Chief Social Work Officer and outlined the governance arrangements that were in place in West Lothian. The report highlighted the council's statutory duties, the decisions that were delegated to the Chief Social Work Officer and provided a summary of service performance.

The report concluded that the delivery of social work services was challenging and in light of the current economic situation the importance of delivering vital services to the most vulnerable and marginalised in West Lothian communities would test capacity, creativity and commitment over the coming year.

It was recommended that the IJB :-

1. Note the contents of the Chief Social Work Officer's annual report for 2016-17; and

2. Note the submission of the report to the Scottish Government Chief Social Work Advisor.

Decision

1. To note the recommendations of the report; and

2. To agree that the Head of Social Policy would circulate to all IJB members a Briefing Note that had been prepared on the subject matter.

10. PHYSICAL DISABILITY COMMISSIONING PLAN - REPORT BY DIRECTOR (HEREWITH)

The Board considered a report (copies of which had been circulated) by the Director providing details of the Physical Disability Action Plan which had been updated to show progress in relation to the projected timescales.

The report recalled that at the meeting of 31 October 2017 the Integration Joint Board noted the contents of the report on the Physical Disability Commissioning Plan for Adults with a Physical Disability. The report included "Section 4: Next Steps" which had not been previously been submitted to the Board. At the October meeting a number of questions were raised by the members and it was suggested that an Action Plan, together with progress be re-submitted to the Board.

Therefore "Section 4: Next Steps" was now attached as Appendix 1 of the report showing progress against timelines as at 31 October 2017.

It was recommended that the IJB note the contents of the report and progress against areas of development in "Section 4: Next Steps" of the Strategic Commissioning Plan for Adults with a Physical Disability as presented at Appendix 1.

Decision

1. To note the contents of the report; and

2. To agree that further clarity was required with regards to ongoing engagement on the plan and that the Head of Social Policy would review this at the locality event taking place before the end of the year.

11. REVISED COMPLAINTS HANDLING PROCEDURE & COMPLAINTS HANDLING

The Board considered a report (copies of which had been circulated) by the Director advising of changes made to its Complaints Handling Procedure (CHP) in agreement with feedback received by the Complaints Standards Authority (CSA).

The Scottish Public Services Ombudsman (SPSO) wrote to all Chief Officers of Integration Joint Board (IJB's) asking them to adapt and adopt the model Complaints Handling Procedure (CHP) to ensure consistency in complaints handling across the IJB and its parent bodies, NHS Lothian and West Lothian Council. IJB's were asked to submit their CHP's to the Complaints Standards Authority by 3 July 2017.

At its meeting of 27 June 2017 the Board agreed the CHP submission, after which feedback was received indicating that the CSA were not satisfied that the IJB's CHP was compliant with the model CHP and that changes were required.

Most of the feedback from the assessor concerned Health and Social Care Partnership staff; both their ability to handle complaints and having a clear route for complaints against senior staff. In discussion with the assessor it was highlighted that not all staff in the partnership supported the IJB and that it would not be appropriate to refer to "empowering all staff" to handle IJB complaints

In relation to handling complaints about senior staff and board members again it was highlighted to the assessor that there was no remit for the IJB to investigate staff working in support of the Board or to investigate its members. The revised CHP was more explicit in the alternatives avenues for such complaints in that complaints about senior staff would be directed to the employing parent authority and complaints about board members would be directed to the Commissioner for Ethical Standards in Public Life Scotland.

The assessor also stipulated that quarterly, rather than six-monthly reporting was necessary for compliance and the revised CHP reflected this.

A copy of the CHP compliance assessment was attached to the report at Appendix 1 and included an additional column detailing the action taken to ensure compliance. The revised CHP was attached to the report at Appendix 2.

With regards to complaint recording there had been no complaints received by the IJB to date. A further report on complaints received would be presented to the Board in January 2018 to cover Quarter 3 of 2017-18 within the agreed timescales in the revised CHP.

It was recommended that the Board :-

1. Note the required changes had been made to the Complaints Handling Procedure (CHP) in agreement with the Complaints Standards Authority (CSA);

2. Note that the CSA had subsequently confirmed compliance and that they would be writing to the Director to formally confirm this; and

3. Note that no complaints had been received since the establishment

of the IJB and that complaints and requests for information would be reported on a quarterly basis.

Decision

1. To note the contents of the report; and

2. To note that the Complaints Standards Authority had formally confirmed compliance of the revised CHP with the Director.

12.   CODE OF CONDUCT

The Board considered a report (copies of which had been circulated) by the Standards Officer providing details of the work in 2016-17 of the Commissioner for Ethical Standards (CES) in Public Life in Scotland and the Standards Commission for Scotland (SCS).

The report recalled that on 29 January 2017 the IJB agreed arrangements to meet its duties and to assist members in meeting theirs. The actions included the submission of a report each year to the Board on the way the ethical standards regime had operated during the year and to highlight and explain the more significant developments and events.

Table 1 in the Appendix attached to the report summarised the complaints received by the CES during the year. A summary of the trends identified in these complaints was provided in the report.

Table 2 in the Appendix attached to the report summarised the SCS cases for the year with some of the highlights outlined in the report.

It was also to be noted that the CES had dealt with four non-councillors complaints during the reporting year; two were against health board members; one against a Crofting Commissioner; and one against a Scottish Fire & Rescue Commissioner. Two of these were referred on as "breach" cases to the SCS and two went no further. Of the two referred on for a hearing, a "breach" was found in just one. A summary of those cases was detailed in the report.

The report concluded that complaints against non-councillors were very rare and the Board had not experienced any issues whereby the Code had been engaged. However members, both voting and non-voting, were reminded to keep in mind the most significant duties imposed on them by the code which were as follows :-

- Review the Register twice a year (bi-annual prompts would be sent)

- Update the Register of Interests within one month of a change

- Act in the Board's best interests when doing Board business

- Confidential Board information must be kept confidential and not disclosed

- Treat Board members, officers and members of the public with respect; and

- For every agenda item consider whether the objective test in the Code applied.

The IJB was asked to note the summary of work carried out in 2016-17 by the Commissioner for Ethical Standards in Public Life in Scotland and the Standards Commission for Scotland in relation to the ethical standards regime which applied to Board members.

Decision

To note the contents of the report.

13.   WORKPLAN

The Board considered the contents of the workplan (copies of which had been circulated)

Minute of Meeting

1.15

Midlothian Integration Joint Board

Date	Time	Venue
Thursday 5 October 2017	2pm	Conference Room, Melville Housing, The Corn Exchange, 200 High Street, Dalkeith, EH22 1AZ.

Present (voting members):

John Oates (Chair)	Cllr Catherine Johnstone
Alison McCallum	Cllr Jim Muirhead
	Cllr Pauline Winchester

Present (non voting members):

Eibhlin McHugh (Chief Officer)	Alison White (Chief Social Work Officer)
David King (Chief Finance Officer)	Caroline Myles (Chief Nurse)
Patsy Eccles (Staff side representative)	Aileen Currie (Staff side representative)
Keith Chapman (User/Carer)	Rosie McLoughlin (User/Carer)
Ewan Aitken (Third Sector)	

In attendance:

Allister Short (Head of Primary Care & Older People's Services)	Fiona Huffer (Head of Dietetics, NHS Lothian/Lead AHP Midlothian)
Jamie Megaw (Strategic Programme Manager)	Tricia Hunter (Organisational Development Consultant)
Mairi Simpson (NHS Lothian)	Rebecca Theyers (Newbattle High School)
Mike Broadway (Clerk)	

Apologies:

Cllr Derek Milligan (Vice-Chair)	Tracey Gillies
Alex Joyce	Dave Caesar (Medical Practitioner)
Hamish Reid (GP/Clinical Director)	

Midlothian Integration Joint Board
Thursday 5 October 2017

1.   Welcome and introductions

The Chair, John Oates, welcoming everyone to this meeting of the Midlothian Integration Joint Board.

2.   Order of Business

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

3.   Declarations of interest

No declarations of interest were received.

4.   Minutes of Previous Meetings

4.1   The Minutes of (i) Meeting held on Thursday 24 August 2017 and (ii) Special Meeting held on Thursday 14 September 2017 were submitted and approved as correct records, subject to the correction of the spelling of the word 'note' in the Minutes of Special Meeting held on 14 September 2017 - paragraph 4.1 refers.

4.2   Matter Arising from the Minutes of Meeting held on 24 August 2017:

With reference to paragraph 5.1, the Chair advised that the issue of the workshop on the financial challenges would be picked up as part of the consideration of the Financial Update report that followed (paragraph 5.1 below refers).

4.3   Matter Arising from the Minutes of Special Meeting held on 14 September 2017:

With reference to paragraph 4.1, the Chief Finance Officer, David King provided the Board with a brief update on the progress of the Annual Accounts, confirming that they had been signed off and now appeared on the MIJB's website.

4.4   The Minutes of Meeting of the MIJB Audit and Risk Committee held on 9 March 2017 were submitted and noted.

5.   Public Reports

Report No.	Report Title	Presented by:
5.1	Financial Update – 2016-17 and 2017-18	David King

Executive Summary of Report
The purpose of this report was to provide an update on the current financial out-turn forecast for 2017/18 as provided to the MIJB by its partners – NHS Lothian and Midlothian Council. These forecasts suggest that the MIJB would be overspent by c. £1.4m of which c. £1.2m was within Adult Social Care (Midlothian Council) and c. £0.2m in Set Aside (Acute health budgets delegated to the MIJB by NHS Lothian). The report also laid out the actions being taken to bring the position back to a break-even position.

Midlothian Integration Joint Board
Thursday 5 October 2017

Summary of discussion

The Chief Finance Officer reminded the Board that the MIJB was required to break-even in 2017/18, which the recovery plans being implemented by the partners were designed to achieve.

In this regard, the Chief Officer explained the current position in relation to the Adult Social Care recovery plans. Whilst it was still too early to gauge fully the effects of the redesign of the delivery of services, this remained a fundamental part of the recovery process.

Thereafter, the Board discussed the ongoing financial challenges in meeting the requirement to break even, and the considerable recovery work that was being undertaken in conjunction with the Council and NHS Lothian to address these challenges. The means by which the Board and partner organisations, particularly those in the voluntary sector, could input to this process had been discussed at the previous meeting when the possibility of a workshop had been agreed. The Chief Finance Officer advised that his intention was to bring a report on financial planning forward to the December Board meeting as a precursor to a workshop early in the new year. It was suggested that it would be helpful if this report could also address what the key financial challenges were likely to be.

Decision

The Board:

- **Noted the MIJB's financial position per the current out-turn forecast for 2017/18;**

- **Noted the financial management arrangements;**

- **Noted the recovery actions in place; and**

- **Noted that a report on financial planning and the key financial challenges facing the MIJB would be brought forward to the December Board meeting as a precursor to a workshop early in the new year.**

Action

Chief Finance Officer

Report No.	Report Title	Presented by:
5.2	Measuring Performance Under Integration	Jamie Megaw

Executive Summary of Report

With reference to paragraph 5.5 of the Meeting of 20 April 2017, there was submitted a report updating the Board on progress towards achieving the Local Improvement Goals.

Midlothian Integration Joint Board
Thursday 5 October 2017

Summary of discussion
Having heard from the Strategic Programme Manager, who responded to Members' questions, the Board discussed the emerging picture which in terms of the improvement goals set by the MIJB was somewhat mixed. The potential reasons for this were discussed, it being acknowledged that pressures elsewhere in the system appeared to be having a knock on effect.

Decision
After further discussion, the Board: • **Noted the current performance against the Local Improvement Goals;** • **Noted the actions being taken; and** • **Noted that going forward, the MIJB would in future receive an update on progress at every Board meeting.**

Action
Strategic Programme Manager

Report No.	Report Title	Presented by:
5.3	Care at Home Review	Allister Short

Outline of report and summary of discussion
The purpose of this report was to update the Board on progress and approach to reviewing care at home services across Midlothian. The report explained the need for a comprehensive review of care at home services across the whole of Midlothian following the light touch review; 'Care at Home is where the heart is: A service review of domiciliary care for older people in Midlothian' published in April 2017. The primary purpose of the proposed care at home review was to improve the quality, efficiency and effectiveness of in-house and external care at home services. To support the primary purpose, the commissioning of community services would be strengthened by improvement focused service development that support IJB local priorities and, promoted a partnership approach across the third sector to reduce duplication, improve care pathways and build on community assets.

Summary of discussion
The Board, having heard from the Head of Primary Care & Older People's Services, discussed the care at home review, in particular consideration was given to the assessment process, the propose timescales for the Action Plan and issues of sustainability and stability of care at home packages. It was suggested that there should be a single trusted assessment and that whilst the timescales need to be realistic in order to accommodate good stakeholder involvement, they also needed to allow matters to progress at an appropriate pace.

The Board also acknowledged the need to challenge wrongly held public perceptions of the caring profession and to address other workforce related issues such as the living wage that tended to have a negative impact and discourage people from choosing caring as a profession.

Decision

After further discussion, the Board agreed:

- **the steps being taken in the short term to improve delivery of the Care at Home service;**

- **the timescales for the action plan for change be reviewed to see if they could be accelerated; and**

- **the development of a collaborative approach to inform longer term service redesign within the context of an integrated locality approach.**

Action

Head of Primary Care & Older People's Services/Chief Officer

Report No.	Report Title	Presented by:
5.4	Connecting Health and Care in Midlothian – Shaping our Workforce	Tricia Hunter

Executive Summary of Report

The purpose of this report was to outline the Framework for how the Partnership planned the workforce required to support the implementation of the Strategic Plan.

The report advised that the delivery of health and care services were almost entirely dependent upon the workforce which meant that staff costs accounted for the bulk of expenditure. It was critical therefore that workforce issues were the subject of careful, considered and integrated planning, particularly as there were major and growing challenges in being able to recruit and develop a workforce which delivered joined up holistic services. In this regard, a Workforce Plan had been developed to provide a starting point for this process; a copy of which was appended to the main report.

Summary of discussion

Having heard from Organisational Development Consultant, Tricia Hunter, who responded to Members' questions, the Board warmly welcomed the Workforce Plan, acknowledging the importance of continuing to invest in development and training, provide clear career pathways and listen to staff ideas for improvement. Given the critical role which the Voluntary and Independent Sector would have in the delivery of care services it was important that they were fully incorporated in the Workforce Plan and in this regard it was felt that early consultation with them would be beneficial.

Midlothian Integration Joint Board
Thursday 5 October 2017

Decision

The Board agreed to:
 	
• **Adopt and support the Workforce Planning Framework as the approach of Midlothian Health & Social Care Partnership;**
 	
• **Note that this Workforce Framework provided a foundation for the continuous work required in response to changing priorities, national and local drivers and challenges;**
 	
• **Support the key objectives detailed, namely the need for:-**
 	
    • **Investment in effective workforce planning**
    • **Sustained investment in learning and development.**
    • **Continued investment in the development of new models of integrated working;**
 	
• **Receive a further report on the action plan to support implementation of the Framework and**
 	
• **Seeks early discussion with service providers from the Voluntary and Independent Sectors.**

Action
Chief Officer

Report No.	Report Title	Presented by:
5.5	Update on the Implementation of Self Directed Support in Midlothian	Alison White

Executive Summary of Report
The purpose of this report was to provide an update on the progress made with regards to the implementation of Self Directed Support (SDS) in Midlothian. The report advised that the Midlothian Partnership had been making good progress in the implement of Self Directed Support that was resulting in a change in practice and culture related to the provision of social care support. Work was now focussing on ensuring that Self Directed Support was embedded within the normal working practices of Midlothian Council. Additionally, a recently published Audit Scotland Report (August 2017) had highlighted both the successes and challenges around the implementation of Self Directed Support across Scotland. The report had included a checklist to raise awareness of the challenges experienced; details of the position from a Midlothian perspective were append to the main report.

Midlothian Integration Joint Board
Thursday 5 October 2017

Summary of discussion
Having heard from the Head of Adult & Social Care, who responded to Members' questions, the Board discussed the importance of good dialogue, the potential of an advocacy role for the voluntary sector, and the possibility that the issue of the availability of resources could potentially unduly influence the outcome of the assessment process.

Decision
The Board: • **Noted the progress with regards to the implementation of Self Directed Support across both Adult and Children's Services; and** • **Noted the progress against Audit Scotland's report on Self Directed Support.**

Action
Head of Adult & Social Care

Report No.	Report Title	Presented by:
5.6	Type 2 Diabetes and Obesity in Midlothian	Mairi Simpson

Executive Summary of Report
This report summarised developments in relation to Type 2 Diabetes in Midlothian and plans to progress this work. The report explained why the Health & Social Care Partnership had agreed to focus attention on Type 2 Diabetes and weight management. Both obesity and Type 2 Diabetes place a financial burden on health and other services but they also impacted on the health and wellbeing of Midlothian residents and their families. The Health & Social Care Partnership was keen to reduce the number of people requiring acute treatment and planned to develop or promote services and facilities that could help people avoid significant weight gain and in some cases avoid the development of type 2 diabetes. Whilst it was acknowledged that there have been a range of local activities involving health, council and voluntary sector services, developed over the past 18 months that would have a positive impact on type 2 diabetes there was still work to do. A strategic approach to this work was required.

Midlothian Integration Joint Board
Thursday 5 October 2017

Summary of discussion
Having heard from Public Health Practitioner, Mairi Simpson, who responded to Members' questions, the Board discussed issues relating to type 2 diabetes and factors contributing to it. Whilst it was acknowledged that weight management wasn't always necessarily one of them, where it was early intervention was important. The proposed development of the already wide range of local activities aimed at tackling obesity and reducing the incidence of type 2 diabetes in Midlothian was warmly welcomed by the Board.

Decision
After further discussion, the Board: **Noted the content of the report in particular the intention to develop a strategic approach to the prevention and treatment of diabetes and obesity in Midlothian.**

Action
Chief Officer

Report No.	Report Title	Presented by:
5.7	Chief Officer's Report	Eibhlin McHugh

Executive Summary of Report
This report provided a summary of the key issues which had arisen over the past two months, highlighting in particular the progress being made on integration and key service developments as well as some of the significant pressures being faced by Health and Care.

Summary of discussion
The Board, in considering the Chief Officer's Report, welcomed the proposed development of a Property Strategy, which would set out the MIJB's future property needs and discussed how Substance Misuse Services had responded to the service pressures they had faced as a result of the reduction in core funding. In this regard, the MIJB welcomed the Scottish Government recently announced "renewed focus on alcohol and drugs" which "will be backed by additional investment of £20 million in treatment and support services." With respect to the overall progress with Integration, the Board in welcoming the Chief Officer's comments, acknowledging that there was still some way to go before the ambition of a truly sustainable health and care service in Midlothian could be realised, however, the new development at Loanhead, the reopening of the practice list at the Newbattle Practice and the planned opening of the Newtongrange Practice, were all good examples of the progress being made.

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Decision
The Board: • **Noted the issues raised in the report; and**   • **Congratulated all those associated with the reopening of the practice list at the Newbattle Practice for their efforts.**

Action
Chief Officer

6. Valediction

The Board joined the Chair in thanking Chief Officer, Eibhlin McHugh, for all her hard work in supporting the integration of health and care in Midlothian and more particularly for her work in supporting the Midlothian Integration Joint Board, and wished her well in her retirement.

7. Private Reports

No private business to be discussed at this meeting.

8. Any other business

No further additional business had been notified to the Chair in advance

9. Date of next meeting

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

- Thursday 16th November 2017   2pm   Development Session
- Thursday 7th December 2017   2pm   **Midlothian Integration Joint Board**

The meeting terminated at 4.07 pm.

Minute of Meeting

Midlothian Integration Joint Board

Date	Time	Venue
Thursday 7th December 2017	2.00pm	Conference Room, Melville Housing, The Corn Exchange, 200 High Street, Dalkeith, EH22 1AZ.

Present (voting members):

Cllr Derek Milligan (Vice Chair)	John Oates (Chair)
Cllr Jim Muirhead	Tracey Gilles
Cllr Pauline Winchester	Alex Joyce
Cllr Kenneth Baird (substitute for Cllr Catherine Johnstone)	Alison McCallum

Present (non voting members):

Allister Short (Chief Officer)	Alison White (Chief Social Work Officer)
David King (Chief Finance Officer)	Hamish Reid (GP/Clinical Director)
Aileen Currie (Staff side representative)	Keith Chapman (User/Carer)
Ewan Aitken (Third Sector)	

In attendance:

Pam Russell	Helen Stein
Jamie Megaw (Strategic Programme Manager)	Tom Welsh (Integration Manager)
Mike Broadway (Clerk)	

Apologies:

Cllr Catherine Johnstone	Patsy Eccles (Staff side representative)
Caroline Myles (Chief Nurse)	Fiona Huffer (Head of Dietetics)
Dave Caesar (Medical Practitioner)	

Midlothian Integration Joint Board
Thursday 7 December 2017

1.   Welcome and introductions

The Chair, John Oates, welcomed everyone to this Meeting of the Midlothian Integration Joint Board, in particular Pam Russell and Helen Stein, and Councillor Kenneth Baird (who was substituting for Councillor Catherine Johnstone), following which there was a round of introductions.

The Board noted that in terms of the membership of MIJB, it was proposed that Pam Russell be appointed to the vacant user/carer representative position, with Helen Stein acting as her depute. The Board agreed to approve the appointments and joined with the Chair in welcoming Pam and Helen to the meeting, and expressing thanks to Rosie McLoughlin (VOCAL), who had undertaken the role on an interim basis.

In addition, the Chief Officer advised that Dave Caesar had indicated that due to pressure of other work, he intended to step down from membership of the MIJB. The Board, having noted that arrangements would be made to find an appropriate replacement, joined with the Chair in expressing thanks to Dave for his contributions to the work of the MIJB.

2.   Order of Business

The order of business was confirmed as outlined in the agenda that had been previously circulated with the following amendment:-

Agenda Item No 5.10 - Community Payback Order (CPO) Annual Report 2016/17 would be continued to the next Board meeting, as the Annual Report, which was meant to have been appended to the report had unfortunately been omitted.

3.   Declarations of interest

No formal declarations of interest were received, however, Pam Russell did advise for the record that she was a member of VOCAL.

4.   Minutes of Previous Meetings

The Minutes of Meeting of the Midlothian Integration Joint Board held on 5 October 2017 was submitted and approved.

5.   Public Reports

Report No.	Report Title	Presented by:
5.1	Financial Position - December 2017	David King

Executive Summary of Report
This paper laid out the IJB's projected out-turn position for 2017/18 – that was a forecast of the IJB's financial position at March 2018. This forecast was based on the Midlothian Council's quarter 2 review and information from NHS Lothian who provided the IJB with a monthly update of the forecast out-turn.

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The forecast projected an overspend position for the IJB and the Integration Scheme laid out the actions to be taken in the event that an overspend was forecast. There were five options:-

1. That the partners prepare a recovery plan – this was already in train
2. That the IJB prepares a recovery plan – this was not considered to be practical at this time.
3. That the IJB transfers resources from one 'element' of the IJB to another – at this time both partners are forecasting an overspend in their element of the IJB's budget
4. That the partners provide additional resources – this has not yet been discussed with the partners
5. That the partners provide 'brokerage' – that is a loan to the IJB.

Discussion were underway between the Chief Officer, the Chief Finance Officer and the partners and these were being progressed on the basis that the IJB was supported to break-even (assuming that the partners can break-even) and that the IJB will not achieve this through brokerage. Progress on this matter would be reported back in more detail to the IJB at its next meeting.

Summary of discussion

The Chief Finance Officer in presenting the report highlighted that the key drivers behind this position remain largely the same as those previously reported – that was an overspend in adult social care, overspends in junior medical staff (in the set aside budget) and challenges in both Set Aside and Adult Social Care in the delivery of efficiency schemes.

The Board, in discussing the budgetary pressures, acknowledged the importance going forward of the Strategic Plan and Directions and welcomed the currently ongoing dialogue with NHS Lothian and Midlothian Council seeking to find ways to address the current position.

Decision

The Board:

- **Noted the forecast out-turn position for 2017/18;**

- **Noted the options available to the IJB; and**

- **Agreed to direct the Chief Officer and the Chief Finance Officer to take the actions laid out in the Integration Scheme.**

Action

Chief Officer/Chief Finance Officer

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Report No.	Report Title	Presented by:
5.2	Financial Outline 2018/19, 2019/20 and 2020/21	David King

Executive Summary of Report

The report advised that the first draft of the IJB three year financial plan would be presented to the IJB at its January meeting. This plan would support the delivery of the IJB Strategic Plan and would lay out the expected resources that would be available to the IJB along with the proposed utilisation of these resources indicating the financial challenges to be managed. The IJB received a first draft of its financial strategy – that is how the IJB would manage the financial challenge – at its October 2016 meeting and the financial plan would be built on that strategy. However, as part of the consideration of that financial plan the IJB needed to consider the totality of the financial challenge if there were no changes to the current service delivery mode.

This paper looked at the additional costs that would be incurred in the next three years if there were no changes to the service delivery model and expressed that pressure in financial terms.

Summary of discussion

The Board, having heard from the Chief Finance Officer, welcomed the suggestion that virtual examples be created so that impact of any proposals could be better assessed and articulated; it being acknowledged that the cumulative effect of a number of seemingly minor changes often had a major impact on the most vulnerable groups. The vital importance of the transformation process in changing the way in which services were delivered was again highlighted.

Decision

The Board:

- **Noted the contents of the paper; and**

- **Agreed to ask the Chief Officer and the Chief Finance Officer to present the proposed 2018/19 recovery plans to the IJB at its March 2019 meeting.**

Action

Chief Officer/Chief Finance Officer

Report No.	Report Title	Presented by:
5.3	Developing a policy for healthcare infrastructure contributions from housing developments in Midlothian	Jamie Megaw

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Executive Summary of Report
The purpose of this report was to set out the case for working with Midlothian Council to develop an approach to securing financial contributions from new housing developments in Midlothian towards healthcare infrastructure costs that arise as a consequence of that new development. If healthcare contributions were not successfully secured from housing developers then the full cost of future capital developments required to meet the needs of the new population would have to be fully met by NHS Lothian.

Summary of discussion
The Board, having heard from the Strategic Programme Manager, welcomed plans to include provision to secure financial contributions towards healthcare infrastructure costs from new housing developments in Midlothian within the Council's forthcoming Supplementary Guidance on Planning Obligations. However, it was acknowledged that such provision would also in all likelihood require the adoption of new models of care, such as the community-hub model in development in Musselburgh given workforce constraints and revenue budget pressures.

Decision
The Board: • **Agreed to the principle of developing with Midlothian Council an approach to securing financial contributions from new developments (house building) in Midlothian for healthcare infrastructure (buildings) costs that arise as a result of new housing.** • **Noted the impact from population growth on existing services and infrastructure** • **Noted the expected requirement for the equivalent of three new healthcare facilities across Midlothian incorporating General Practice and Dental services to respond to the population growth** • **Agreed the impact on healthcare infrastructure is distinctly different between the Shawfair Development Area and the rest of Midlothian and contributions will be sought differently between these areas.** • **Noted the limitations in overall capital funding available to NHS Lothian from Scottish Government and the risk there will be insufficient capital funding available for the required infrastructure in Midlothian.**

Action
Chief Officer

Report No.	Report Title	Presented by:
5.4	Directions	Tom Welsh

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Executive Summary of Report

With reference to paragraph 4.3 of the Minutes of the Special Meeting held on 16 March 2017, there was submitted a report providing a summary of the progress made by Midlothian Council and NHS Lothian in delivering the Directions set by the IJB for 2017-18. These Directions were intended to provide further clarity about the key changes which needed to be made in the delivery of health and care services as laid out in the Strategic Plan 2016-19 and in the subsequent Health and Care Delivery Plan 2017-18.

Summary of discussion

Having heard from the Integration Manager, the Board considered the progress that had been made and the emerging challenges that remained to be addressed, and discussed the need to continue to challenge existing ways of delivering health and care services. The importance of ensuring that subsequent changes were proportionate and maximised outcomes within the resources available was acknowledged, it being accepted that a balance need to be struck between what could be achieved in the community; through community facilities such as the Community Hospital; and via acute hospital provision, as each was seen as having a role to play.

In order to better judge the progress being made the Board felt that in terms of the presentation of information an indication of the relative importance attached to each of the Directions would be beneficial.

Decision

After further discussion, the Board:-

- **Noted the progress made in achieving the Directions as outlined in the report; and**

- **Noted, that although no formal follow-up communication was considered to be necessary at this time, dialogue with Midlothian Council and NHS Lothian would continue.**

Sederunt

Councillor Baird and A Joyce both left the meeting during consideration of the foregoing item of business, at 3.15pm and 3.30pm respectively. J Megaw left the meeting at the conclusion of the foregoing item of business, at 3.37pm

Report No.	Report Title	Presented by:
5.5	Midlothian Carers Strategy 2017 - 2019	Alison White

Executive Summary of Report

Following the publication of the national carers' strategy *Caring Together; Carers Strategy 2010-15* a programme of consultations was undertaken to develop Midlothian's first local Carers Strategy. This document would be Midlothian's second local carers strategy publication. The implementation of the Carers (Scotland) Act

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2016 comes into effect from April 2018, and places a duty/responsibility on local authorities and health boards to produce a carers strategy. This strategy has been reviewed and updated and is presented to both the Council and the Integration Joint Board for formal approval.

Summary of discussion

The Board, having heard from the Chief Social Work Officer, who responded to Members' questions, discussed the Carers Strategy; a copy of which was appended to the report.

Decision

The Board:

- **Noted the content of this report; and**

- **Supported the revised Midlothian Carers Strategy and Action Plan 2017 – 19 as a mechanism of identifying and supporting the needs of unpaid carers in Midlothian.**

Report No.	Report Title	Presented by:
5.6	Wellbeing Service	Tom Welsh

Executive Summary of Report

This report explained the purpose and organisation of the Wellbeing Service which had been introduced in a number of local Health Centres to provide support for people with long term health conditions and to help to address health inequalities. It went on to provide a summary of the evaluation of the service. Finally, the report outlined the options for the future both in terms of service design and in funding the service.

Summary of discussion

The Board, having heard from the Integration Manager discussed the excellent work undertaken by the Wellbeing Service, expressing the importance of it continuing and also interest in seeing the longer term effects of the Service.

Decision

The Board:

- **Noted the impact of this service;**

- **Approved the steps outlined to maintain the service in the short term; and**

- **Agreed that a longer term funding model be developed.**

Report No.	Report Title	Presented by:
5.7	Chief Officer's Report	Allister Short

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Executive Summary of Report
This report provided a summary of the key issues which had arisen over the past two months in health and social care, highlighting in particular service pressures as well as some recent service developments. The report also described the work that was being taken to address delayed discharge in particular a planning session with the clinical teams to develop and strengthen the current pathway, with the aim of reducing overall length of stay.

Decision
The Board, having heard from the Chief Officer: • **Noted the issues and updates raised in the report.**

Report No.	Report Title	Presented by:
5.8	UNISON's Ethical Care Charter	Allister Short

Executive Summary of Report
This report proposed that Midlothian sign-up to UNISON's Ethical Care Charter and work with UNISON to modernise the charter to reflect developments in the integration and coordination of services since 2012 and support strategic workforce planning.

Summary of discussion
Having heard from the Chief Officer, the Board in discussing the Charter complimented Unison on the work which had go into its preparation.

Decision
The Board: • **Supported the recommendation that Midlothian signed up to UNISON's Ethical care charter for the commissioning of homecare services;** • **Recommend to UNISON that UNISON consider establishing a group to review the existing charter; and** • **The review group consisting of national representatives from NHS, UNISON, third sector representation, home care providers, carers, cared for and Councils as commissioners of homecare services.**

Report No.	Report Title	Presented by:
5.9	East Lothian and Midlothian Public Protection Committee Annual Report 2016/17	Alison White

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Executive Summary of Report

The purpose of this report was to present the third annual report of the East Lothian and Midlothian Public Protection Committee (EMPPC) and to provide an opportunity to reflect and take stock of activities and achievements within this complex area of service.

The report highlighted that people did not neatly fit into one category and issues like domestic abuse and substance misuse were common themes with many of the service users with whom they worked. Bringing together the individual partnerships into one Public Protection Committee across two local authorities had streamlined processes considerably and now demonstrated a significant level of trust and integrity for example, senior officers chairing case reviews for the other local authority.

Summary of discussion

Having heard from the Chief Social Work Officer, the Board discussed the excellent work undertaken by the East Lothian and Midlothian Public Protection Committee.

Decision

The Board:

- **Noted the contents of the report; and**
- **Noted the progress made by the East and Midlothian Public Protection Committee during 2016/17.**

Report No.	Report Title	Presented by:
5.11	MAPPA Annual Report 2016/2017	Alison White

Executive Summary of Report

The purpose of this report was to bring to the IJB's attention the MAPPA Annual Report for 2016/2017; the final report of the national MAPPA Joint Thematic Review which had been published in November 2015; and the Lothian and Borders response to the areas for development identified in the Joint Thematic Review report. Copies of which were appended to the report.

Summary of discussion

The Board, having heard from the Chief Social Work Officer discussed the excellent work undertaken by MAPPA in Midlothian.

Decision

The Board:

- **Noted the content of this report and background papers.**

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Report No.	Report Title	Presented by:
5.12	Climate Change Report under the Climate Change (Scotland) Act 2009	Alison White

Executive Summary of Report
This report summarises the IJB's responsibility to produce a Climate Change Report under the Climate Change (Scotland) Act 2009.

Summary of discussion
The Board, having heard from the Chief Social Work Officer discussed the Climate Change Report; a copy of which was appended to the report.

Decision
The Board: • **Approved the Midlothian Integration Joint Board Climate Change Report 2016/2017 for submission to Sustainable Scotland Network.**

6.   Any other business

No additional business had been notified to the Chair in advance.

7.   Date of next meeting

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

- Thursday 11th January 2018   2pm   **Midlothian Integration Joint Board**
- Thursday 8th February 2018   2pm   Development Workshop

The meeting terminated at 4.17 pm.

MINUTES OF THE MEETING OF THE
EAST LOTHIAN INTEGRATION JOINT BOARD

THURSDAY 26 OCTOBER 2017
COUNCIL CHAMBER, TOWN HOUSE, HADDINGTON

Voting Members Present:
Mr P Murray (Chair)
Councillor S Kempson
Councillor F O'Donnell
Councillor S Akhtar
Councillor J Williamson (substitute for Cllr Currie)
Mr A Joyce
Ms M Whyte

Non-voting Members Present:
Dr M Flynn
Mr D King
Mrs M McKay
Ms M McNeill
Dr R Fairclough
Mr D Small
Ms F Duncan
Ms A MacDonald
Mr T Miller
Ms S Saunders

ELC/NHS Officers Present:
Ms J Ogden-Smith
Mr P Currie

Guest
Mr W Ramsay

Clerk:
Mrs F Stewart

Apologies:
Councillor S Currie
Ms F Ireland
Mr B Davies
Mr A Wilson

Declarations of Interest:
Dr M Flynn declared an interest in Item 8 as he is a GP in North Berwick

1. **MINUTES OF THE MEETINGS OF THE EAST LOTHIAN INTEGRATION JOINT BOARD ON 24 AUGUST AND 28 SEPTEMBER 2017**

The minutes of the meetings on 24 August and 28 September 2017 were agreed as a true record of the meetings.

2. **MATTERS ARISING FROM THE MINUTES**

24 August 2017

(Item 4) NHS Healthcare Governance Committee - David Small advised that the Scottish Government had asked for the IJB Workforce Plan by the end of March 2018. The Plan, when finalised, would be shared with all concerned and come back before the IJB. Councillor O'Donnell enquired how the Plan would work with the National Workforce Plan, Health Board Plan and the Local Plan and Mr Small advised that there was a risk of duplication. However, the Plans did not have the same remit. The IJB plan would focus on integration and how staff would work together.

(Item 5) PPRC and A & G – David Small advised that an Internal Audit Report on Non-Residential Charging (in social care) had gone to the Council's Audit and Governance Committee on 26 September 2017. This report, which also featured on the agenda of the IJB Audit and Risk Committee on 24 October 2017, aimed to address charging anomalies.

(Item 8) Third Sector Membership, Participation etc – Jane Ogden-Smith updated the Board on the Belhaven Forum and advised that there would be another two forums in Musselburgh and North Berwick. It was hoped these would be diverse groups, for example, including local Councillors, representatives of day centres and friends groups. Young people would also be encouraged to become involved. The Musselburgh Forum would be chaired by Councillor O'Donnell and the Belhaven and North Berwick Forums would be chaired by Peter Murray.

(Item 6) IJB Annual Report 2016/17 – Margaret McKay enquired how accessible this report was to the wider public. Jane Ogden-Smith advised that the report was available to view on the Council's website and could be accessed via social media. There had also been press releases. However, Ms Ogden-Smith stated that additional ways of circulating information would be explored. The Chair agreed it was important that the report was available to as many people as possible and suggested that a summary report on the numbers accessing the report online would be useful. Councillor O'Donnell proposed that Council Officers could also offer to visit community groups to provide information on the Annual Report.

28 September 2017
There were no matters arising.

3. **CHAIRS REPORT (VERBAL)**

The Chair stated that he had recently attended the Belhaven Forum with David Small and Councillor O'Donnell. They had also attended a Dunbar Community Council

meeting and more such visits were planned. He described the meetings as interesting and valuable in providing useful feedback.

The Chair advised that he, together with David Small and Jane Ogden-Smith, had recently met with the East Lothian Courier to clarify how the newspaper could benefit from access to information on any developments concerning the IJB and health and social care services. The Chair also advised that the Chair of NHS Lothian, Brian Houston, had recently visited, and been impressed by, the new East Lothian Community Hospital which was due to be completed in 2020.

The Chair recommended members read the NHS Audit Report issued today (26 October 2017). He described it as a helpful report which would enable people to focus on the important issues.

Finally, the Chair advised that he and Marilyn McNeill had recently attended a meeting of the South Lanarkshire Health and Social Care Forum and invited her to provide feedback to the Board. Ms McNeil issued copies of the Forum's Public Engagement Strategy and explained the strengths of the Strategy's structure. She advised that four area planning groups fed into the Strategic Commissioning Group which in turn fed into the Integration Joint Board. The Chair of the Forum had stated that 60 groups had representation within the structure and that 10,000 people had been contacted at some level, enabling good outcomes. David Small indicated that East Lothian was much smaller than South Lanarkshire. The IJB had already agreed its plan would be based on an east and west of the county and there were six wards and six area partnerships. In his view, East Lothian would therefore more naturally fit into six or two planning groups.

The Chair suggested that it would be a useful exercise for the IJB to assess its infrastructure against the South Lanarkshire model and David Small agreed to carry this out. For members' information, Jane Ogden-Smith circulated a copy of East Lothian's current Health and Social Care Partnership Engagement, Planning and Delivery Cycle together with a copy of the Engagement and Planning Structure 2017.

Councillor O'Donnell stated Councillor Currie had asked for an Engagement paragraph to be included in the IJB report template and David Small replied that this request was being actioned.

4. FEEDBACK FROM THE DEVELOPMENT SESSION ON CARERS (VERBAL)

Margaret McKay provided feedback on the development session which was held at the Brunton Hall on 28 September.

Mrs McKay advised that the session had covered carer awareness and talks had been given on what it was like to be a carer. A presentation had followed on the introduction of the Carers (Scotland) Act 2017. Mrs MacKay stated that when groups focussed on prevention, carers were one of the key preventions. She circulated a Carers of East Lothian leaflet and urged members to read the article by Tom who cares for his wife Margaret who has dementia. Mrs McKay urged support for the care at home programme and stated that, when the Council and the IJB considered transfers of resources, it was important to support carers.

Alex Joyce thanked Mrs McKay for arranging the development session. He advised that he was the NHS Lothian lead for Carers at Work and that support for carers played a key part in discussions with unions and management.

Councillor Akhtar described the session on carers as challenging and thought provoking and added that it would be useful to have an update on the Carers Strategy.

The Chair stated that he had found the development session particularly useful and enlightening. The session had made him more aware of the difficulties facing carers and of how important it was to look after the wellbeing of carers.

5.   HSCP PERFORMANCE REPORT AND DIRECTIONS UPDATE

The Chief Officer had submitted a report to update the Integration Joint Board (IJB) on the East Lothian Health and Social Care Partnership's (HSCP's) performance against the agreed suite of indicators. The report also informed the IJB of progress in developing a report template on performance against all the Directions applying in 2017/18. Some of these were continuing Directions from 2016/17, others were new Directions introduced in 2017/18.

Paul Currie summarised the report and provided further detail around the 20 performance indicators for which data was available. He advised that there was not yet an update on the June 2017 figures for the first nine indicators and that the remaining measures were reported as either 2.5% better or within 5% of the Scottish average at September 2017. Only two of the measures were performing less well than before. Mr Currie advised that work was currently being done on how to present performance data using a more customer focussed approach and on how to identify developing trends. It was also hoped that, in future, there would be less paper and more access to information via computer and tablet.

Mr Currie introduced Bill Ramsey, a principle information analyst, who is employed by National Services Scotland to develop and advise on the presentation of data. Mr Ramsey advised that his role had been expanded to include work with GP clusters and that he was also working with NHS Lothian Analytical Services. He invited members to advise how he could support them with their data collection and offered to give a more detailed presentation at a future meeting.

In response to a question from Councillor Akhtar on Measuring Performance Under Integration, Mr Ramsey stated that the two remaining measures were still in development (end of life care and the balance of spend across institutional and community services) and agreed to check on the progress of these charts. Dr Fairclough noted the performance indicator for the percentage of people with a positive experience of care at their GP practice and stated that access was often an issue with patients. He asked if more in depth figures were available for this indicator and Mr Currie agreed to provide further information on satisfaction levels. Dr Fairclough stated that GPs would prefer local evaluation and it was hoped that more regular surveys would produce more meaningful results. The Chair added that the IJB aimed to develop more informative trend data and improve analysing and dissemination techniques. Councillor Williamson enquired how experience performance data was collected and Mr Ramsey replied that the Scottish Government carried out a sample every two years of around 50,000 people. Extrapolated to East Lothian this would mean about 1,000 people responded. The results could only provide a 'snapshot' of performance. More detailed information on the survey was available on line.

Decision

The IJB agreed to:

     i.   Discuss the September 2017 performance report and note changes in some indicators since the last report up to the period June 2017;

     ii.   Note the development of a monitoring template for the Directions and the intention to continue development of Directions reporting through the year; and

     iii.   Allow the development of more informative trend data, which was intended to be more informative than some of the current data. Through the office of the Group Service Manager for Planning and Performance, a Data Performance Group had been established, which was tasked with both reviewing the HSCP regular reporting needs and better analysing and dissemination techniques.

6. FINANCIAL POSITION – UPDATE

The Chief Finance Officer had submitted a report which considered the current (at month 5) financial position of the IJB as far as the information was available.

David King summarised the report. He stated that the IJB had received a report in June updating the financial assurance for its 2017/18 budget. This report noted that the IJB was required to break-even and that is was unlikely that either NHS Lothian or East Lothian Council would be able to make further funding available to support any in-year pressures.

Mr King stated it was important that partners understood the financial position and what actions were being taken in the current budget year. He had reported at the August meeting that the IJB was forecasting a net overspend based on a break even position in Adult Social Care and an overspend in NHS. However the Council's Adult Wellbeing budget was now showing an overspend and the NHS core services, managed on behalf of the IJB, was breaking even. Mr King explained how the IJB financial management worked on a net basis and advised that, where an overspend was forecast, partners had to prepare a recovery plan. The Chief Officer and Chief Finance Officer are implementing the first stage of the process set out in the Scheme of Integration and a recovery plan would be brought back to the IJB at its next meeting.

The Council was due to report its Quarter 2 performance figures in November 2017 and a more detailed financial report would be brought to the IJB in December.

The Chair stated that that, where an overspend was forecast, an intervention policy should be implemented as early as possible.

Councillor O'Donnell stated that it was important to understand how funds were being spent. She expressed concern that there would not be sufficient funds to meet the needs of the community without additional resource and advised that a 4% cut to the Revenue Support Grant for 2018/19 had been reported. Councillor O'Donnell also considered that the set aside budget was key to the integration process.

David Small stated that data and analysis were essential to the success of operations. He added that operational teams, where necessary, were already working to deliver recovery plans.

Decision

The IJB agreed to:

i.   Note the financial position accepting the indicative nature of the information; and

ii.   Require the Chief Officer to ensure that the steps laid out in the integration scheme to manage overspends are delivered.

7.   CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2016/17

The Chief Social Work Officer had submitted a report to provide the IJB with the Annual Report of the Chief Social Work Officer (CSWO) 2016/17 on the statutory work undertaken on the Council's behalf. The report also provided an overview of regulation and inspection, and significant social policy themes current over the past year.

Fiona Duncan, Chief Social Work Officer, advised that her report had been presented to Council in August 2017 and highlighted a number of matters of interest to the IJB. On Children's Services, she advised that there had been an increase in the number of children on the Child Protection Register.   A significant number of these children were on the register due to the impact of parental substance misuse. Ms Duncan also reported that the Council did not have sufficient fostering and adoption places to meet the demand, despite a sustained recruitment drive. Consequently, the Council had had no alternative but to look to external placements in greater numbers.

In respect of Adult Support and Protection, Ms Duncan advised that the number of referrals increased year on year. During 2016/17, there had also been two Large Scale Investigations within East Lothian and three Initial Case Reviews.

Ms Duncan reported that statutory mental health work and activity continued to grow, particularly in relation to Guardianship Orders and the Mental Welfare Commission have acknowledged the pressure these applications put on local authority mental health officers.

Ms Duncan stated that the report presented both opportunities and challenges. Staff training provided an opportunity for all services to work together better and action would be taken to relieve the pressure on Officers where possible.   Ms Duncan stated that the root of many problems in society was inequality and that the Council had a duty to protect the most vulnerable.

Ms Duncan was pleased to advise that HSCP staff had won two awards; the Council's Domiciliary Care Team won Team of the Year Award in the Council's Star Awards and ELSIE (East Lothian Service for Integrated Care for the Elderly) was voted Team of the Year in NHS Lothian's annual Celebrating Success Awards.

The Chair congratulated both services on their success and stated that it was clear that there was a lot of important work being done.

Decision

The IJB agreed to note the 2016/17 Annual Report of the Chief Social Work Officer.

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

Progress with Direction D12d

The members discussed issues concerning Direction D12d with a view to a report being brought forward to a future meeting of the IJB.

NHS LOTHIAN

Board Meeting
7th February 2018

2.1

Chief Officer, Acute Services

UNSCHEDULED CARE: CURRENT PRESSURES

1   Purpose of the Report

1.1   The purpose of this report is to update the Board of the current pressures being faced across acute hospitals and to describe the actions being taken to mitigate these.

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

**2   Recommendations**

The Board is recommended to;

2.1   Note the pressures on the system detailed in sections 3.1 to 3.12.

2.2   Note the actions being taken forward to improve the current position across the system.

3   Discussion of Key Issues

Current pressures and context

3.1   The 4-hour emergency access standard ("the standard") is a whole system measure; to either admit or provide definitive treatment and discharge for 95% of unscheduled care patients within 4-hours requires a collaborative approach from all parts of the health and social care system to provide patient flow.

3.2   NHS Lothian reported compliance to this standard of 76% for the month of December 2017 and 78% up to the 24th January 2018. Exhibit 1, below, demonstrates performance against the standard by week for the months of December 2017 and January 2018. This is also referenced against the performance of the emergency access standard for the previous year - December 2016 and January 2017.

Exhibit 1 – Performance against the 4-hour emergency access standard, NHS Lothian all sites, December and January 2016-17

NHS Lothian 4hr Compliance (daily)
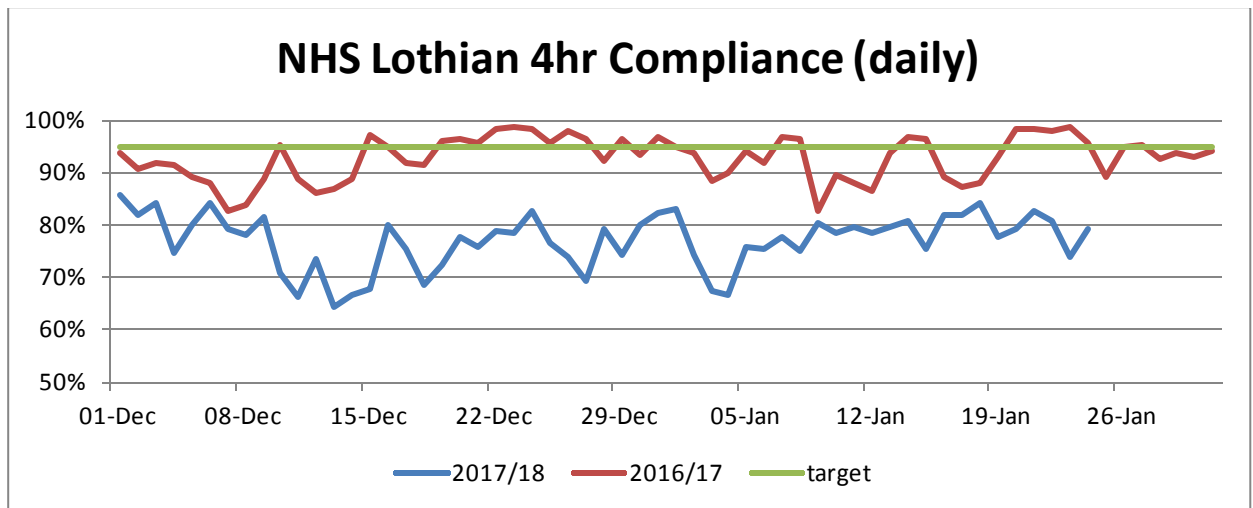
3.3 The 4-hour emergency access standard is a barometer of whole system pressures and is not an Emergency Department standard.

3.4 The performance against the 4-hour emergency access standard is influenced by a range of factors including, but not limited to, the volume of Emergency Department (ED) attendances, the arrival of ED attendances i.e high volumes within a short period causing crowding, patient acuity and bed pressures, including Delayed Discharges.

3.5 Exhibit 2 and 3 below show the impact of continued pressures that exist throughout adult acute services across the number of 8 hour and 12 hour breaches. This data represents performance across the month of December 2016 vs. December 2017.

Exhibit 2 – Number of 8 hour breaches across the month of December 2016 vs. December 2017

Hospital	2016	2017	Grand Total
ROYAL INFIRMARY OF EDINBURGH	162	591	753
ST JOHN'S HOSPITAL AT HOWDEN	23	127	150
WESTERN GENERAL HOSPITAL	137	207	344
Grand Total	**322**	**925**	**1247**

Exhibit 3 – Number of 12 hour breaches across the month of December 2016 vs. December 2017

Hospital	2016	2017	Grand Total
ROYAL INFIRMARY OF EDINBURGH	37	216	253
ST JOHN'S HOSPITAL AT HOWDEN	2	25	27
WESTERN GENERAL HOSPITAL	65	95	160
Grand Total	**104**	**336**	**440**

3.6   Delayed discharges represent poor experience for patients but also impacts on patients needing to be admitted. This is a key measure of Integrated Joint Board performance, with the expectation being that no patients should be delayed for more than 3 days.

3.7   NHS Lothian's four Health and Social Care Partnerships (HSCPs) have been regularly reporting that despite making clear improvement in the actual number of patients being discharged, this is in fact being offset by the number of patients being added to the delayed discharge list. Key issues in this respect include the ability to access community capacity including residential and nursing homes and social care support at home.

3.8   Exhibit 4 below compares the number of delayed discharges in December-January 2016-17 and 2017-18. This shows a deteriorated position in early December 2017 as compared to December 2016.

Exhibit 4 – number of patients delayed in their discharge, all sites NHS Lothian, December-January 2016 and 2017,
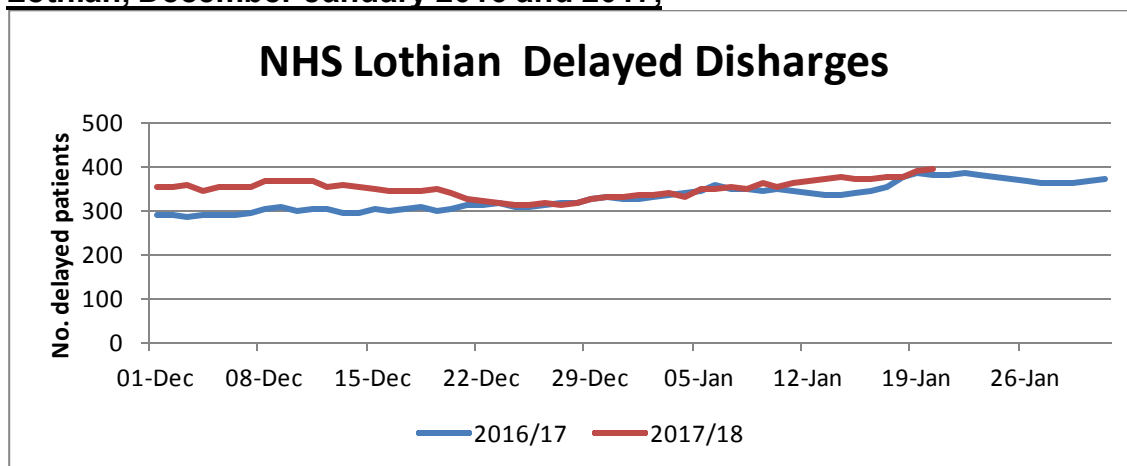
3.9   The increased number of delayed discharges and the worsened starting point for winter 2017-18 means an increased number of occupied beds incurred to delayed discharges, the impact of which has caused significant difficulties in achieving sustainable flow across each acute site. The total occupied bed days as a result of delayed discharges is presented below in Exhibit 5 below:

Exhibit 5 – Number of total occupied beds days as a result of delayed discharges, all sites NHS Lothian, December 2016 and 2017,

	Dec 2016	Dec 2017	Total
Dec 2016	3,679		3,679
Dec 2017		5,038	5,038
Total	3,679	5,038	8,716

3.10 In addition to the pressures above there have been a number of adverse weather warnings throughout the month of January which has impacted on performance against the standard. South-East Scotland has, throughout January, been subject to significant levels of snow, ice and otherwise severe weather which have increased pressure upon emergency departments. The Royal Infirmary of Edinburgh reported additional activity of 19 new surgical orthopaedic emergency cases, as a result of falls attributed to ice on the 20th January 2018.

3.11 All acute adult sites have reported an impact resulting from influenza with the strain of influenza A (H3N2) among the most prevalent. This has impacted on site capacity and flow as a number of wards throughout acute have required to be closed/cohorted for safe containment of the infection. In addition a number of care homes have been closed due to flu impacting on discharge rates.

3.12 The factors above have contributed to a system that is under significant pressure this winter and this has been intensified by the reported staff shortages across each site. All acute sites are reporting daily resource shortages which are resulting in difficulties staffing areas.

3.13 This picture has had significant impacts on elective performance. Between 1st January and 24th January, 402 elective admissions had been cancelled.

Actions to Mitigate Pressures

3.14 For the 2017/2018 winter period, all sites have ensured business continuity plans for severe weather are in place and ensure the continuation of regular communication through established mechanisms (such as daily site huddles) with the addition of daily acute calls chaired by the Chief Officer (Acute Services)

3.15 Escalation policies with clear triggers to the Chief Officer (Acute Services) are in place detailing clear roles and responsibilities, with front door escalation plans being used daily to monitor activity and identify thresholds which, when breached, prompt appropriate responses.

To manage safe patient flows through this challenging period, sites will utilise the staff and skills across the hospitals including but not limited to:

- Site discharge hubs will focus on care allocation, referrals to community services to proactively manage delayed discharges.
- Focus upon working towards the social care standard to reduce delays.
- Support by site service improvement team to cement Dynamic Daily Discharge processes to proactively promote discharge profile.
- Delivery of 'hot clinics' and supported discharge.
- Some sites have extended their Ambulatory Care opening hours to ease pressure and congestion at ED Front Door.
- Additional posts have been filled to support ED Flow Improvement and Criteria Led Discharge.
- Additional weekend ED consultant shifts in position.

3.16 A clinical risk categorisation was developed with Board Medical Director providing a consistent approach to the cancellation of elective procedure based on clinical risk.

3.17 To ensure visible leadership, senior manager presence across acute adult sites has been increased to include evening shifts to support out of hours support. This has been coupled with increased support from senior medical staff such as AMD's who are being deployed across wards at all sites to support with the decision making process in order to accelerate the discharge process.

3.18 Recognising the sustained compromise of acute care provision a further escalation was initiated by the Deputy Chief Executive. Whole system conference calls were implemented and have occurred daily since January 5th, these include the five Chief Officers and/or their nominated deputies.

These teleconferences provide a platform for whole system review and provide a platform for joint action planning and projection of position for acute based/community constraints and on delayed discharges. These calls have also accommodate deep dive analysis of Acute Front Door Attendances, safety issues and impact briefings including elective cancellations, bed base expansions, risk increases as well as supporting thinking and actions to rapidly and safely increasing community care capacity.

This forum has encouraged cross system support, sharing of effective actions and a focus to promote the fast decision making and leadership commitment to remove identified bottle necks.

3.19 Despite this significant leadership focus and collaborative working the Acute Operational position continued to be compromised. Recognising the continued and heightened risk across our Acute sites the Deputy Chief Executive initiated a further escalation and formally wrote to the four Lothian IJB Chairs & Chief Officers; Attached as Appendix 1. The DCE has now met with each leadership team individually to discuss the position, seek assurance re visibility of this extreme

position within each IJB Board and sought additional ideas to support sustained improvement.

Outcome from this escalation included:

- Assurance this operational situation has been detailed to each IJB Board

- Recognition that Care at Home providers had not been a significant part of contingency capacity provision

- Review of additional actions inc, additional discharge & admission prevention options

- Exploration of out of area Care facilities

- Additional capacity purchase options in care facilities

- Use of test of change actions of improve capacity efficiency

3.20 A wide ranging public awareness campaign was launched in November to support winter messages and urged people in Lothian to make sure they sought the right care, at the right time, in the right place.

A bus advertising and poster campaign was launched, using graphics created in-house, to point people to their local pharmacy, GP, minor injuries clinic or the emergency department. It was supported by a social media advertising campaign.

As winter pressures increased in acute care, communications were also stepped up with the launch of a four-week radio advertising campaign and increased general social media messaging. The radio advert was designed to drive people, where appropriate, away from busy emergency departments to the Minor Injuries Clinic. Targeted and general social media messaging prove to be hugely successful and are reaching hundreds of thousands of people, telling them the importance of hand washing, the flu vaccination and the difference between a minor injury and an emergency.

The current campaign will be monitored throughout and is designed to change with the rise and fall in demand, but is expected to carry on in until the beginning of March.

3.21 The response to flu immunisation was comprehensive with 464 clinics held across hospital and primary care settings (roving vaccinations in wards and community hospitals and council premises are counted as a clinic hence the marked increase over last year's 180 clinics).

Data from 2016/17 across Scotland indicates a continuing fall in immunisation rates across risk groups however the Lothian uptake in over 65s is still very good at 74% and above Scottish average. This has been helped by a continuation of the programme to immunise housebound residents.

3.22 A daily situational report is issued to executive management team to maintain Board wide awareness and oversight

4 Key Risks

4.1 Failure to meet the standard leads to poor care, including overcrowding in emergency departments and there is some published evidence that this is correlated with an increased prevalence of adverse clinical outcomes.

The elective programme continues to be impacted on, with patient surgery postponed, adding additional anxiety for individual patients. This will also have an adverse impact on TTG performance

4.2 There is a risk that continued pressure in the acute/community system may impact beyond the winter period and cause longer term delays.

4.3 There is a risk that an increasing number of front door attendances (as shown in Appendix 4), it is likely to have a significant impact on staff,

4.4 There is a financial risk associated with needing to open additional capacity to keep the system safe.

5 Risk Register

5.1 The Acute and Corporate Risk Register contain risks attributed to "A&E four hour performance" and Timely Discharge of Inpatients. Both have been categorised as very high risks.

6 Impact on Inequality, Including Health Inequalities

6.1 This paper does not include any strategic or policy changes which might impact unfairly on different sectors of the wider community served by NHS Lothian.

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

This paper does not propose any strategic or policy changes.

8 Resource Implications

8.1 There is no resource implications associated with this paper.

Jacquie Campbell
Chief Officer, Acute Services
25th January 2018

List of Appendices

APPENDIX 1

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Waverley Gate
2-4 Waterloo Place
EDINBURGH
EH1 3EG.

Telephone 0131 465 5804

www.nhslothian.scot.nhs.uk

Lothian NHS Board

IJB Chairs and Chief Officers

Date   19 January 2018
Your Ref
Our Ref   JC/KAB

Enquiries to Karen Burnside
Extension   35833
Direct Line   0131 465 5833
Email karen.burnside@nhslothian.scot.nhs.uk

Dear

Current Operational Situation within NHS Lothian's Acute Services

Firstly I want to recognise the efforts of your teams providing Health & Social Care over the last 12 weeks in supporting sustained service provision in the midst of extraordinary demand across our health and social care services and thank all those involved.

I am, however, formally escalating the current Acute Operational position to each IJB Chair and Chief Officer.

Despite daily whole system review and action deployment we are seeing a continued and significant constraint in flow across our Adult Acute sites. Key indicators signalling this are, marked reduction is performance against the 4 hr Emergency Access Standard, increased attendances at EDs & FD, increased admission on a number of sites, a loss in bed capacity due to delayed discharge patients as well as increased reports of crowding within these front line departments.

This position is subject to daily Executive updates and I have briefed both NHS Lothian's Healthcare Governance Committee and Patient Safety & Experience Group of the situation and the increase in risk associated with provision in this environment.

You will know from your own data sources that despite our whole system recovery focus over the last 10 days the DD, ED & FD attendance and admission pattern has essentially not altered and for DDs has in a number of areas increased.

Currently the Acute sites have deployed inpatients into unfunded bed spaces some of which are out with inpatient areas, data demonstrates 3 figure boarding across both RIE and WGH with almost 2 wards of capacity lost to DD patients at SJH.

Acute Services have cancelled over 250 elective cases since Jan 1st a number of which were cancer surgical cases. I believe we are now unable to robustly satisfy elements of Clinical Governance.

I am now seeking your urgent review at IJB level to ensure a strategic and senior leadership review of the current operational position and in recognising the significant compromise to normal functioning within Acute Hospitals that you identify additional actions which would rapidly offer relief in the flow to and flow from Acute sites.

I would be grateful if we could arrange conference calls early next week to discuss and I'll ask that these be set with each IJB team.

I am, of course, available to discuss should you wish prior to these calls.

Yours sincerely

JIM CROMBIE

Deputy Chief Executive

Appendix 2: 4-Hour Standard by Site (Dec-Jan)

RIE 4hr compliance Dec/Jan

Legend: 2016/17 — 2017/18 — target

SJH 4hr compliance Dec/Jan

Legend: 2016/17, 2017/18, target

WGH 4hr compliance Dec/Jan

Legend: 2016/17, 2017/18, target
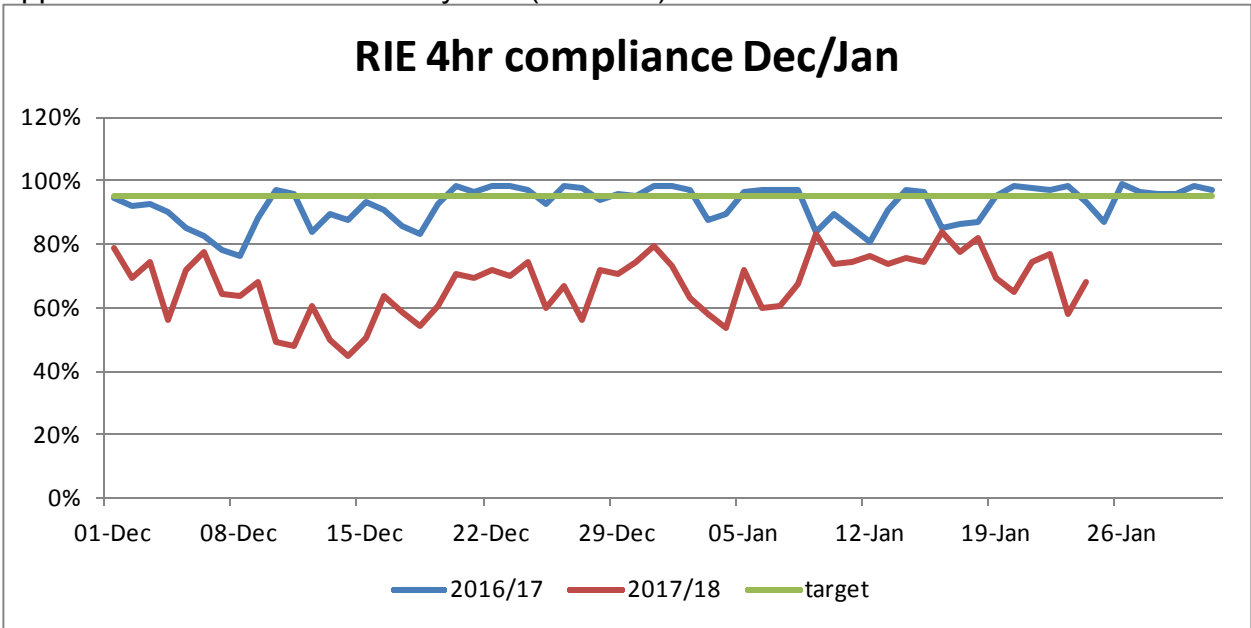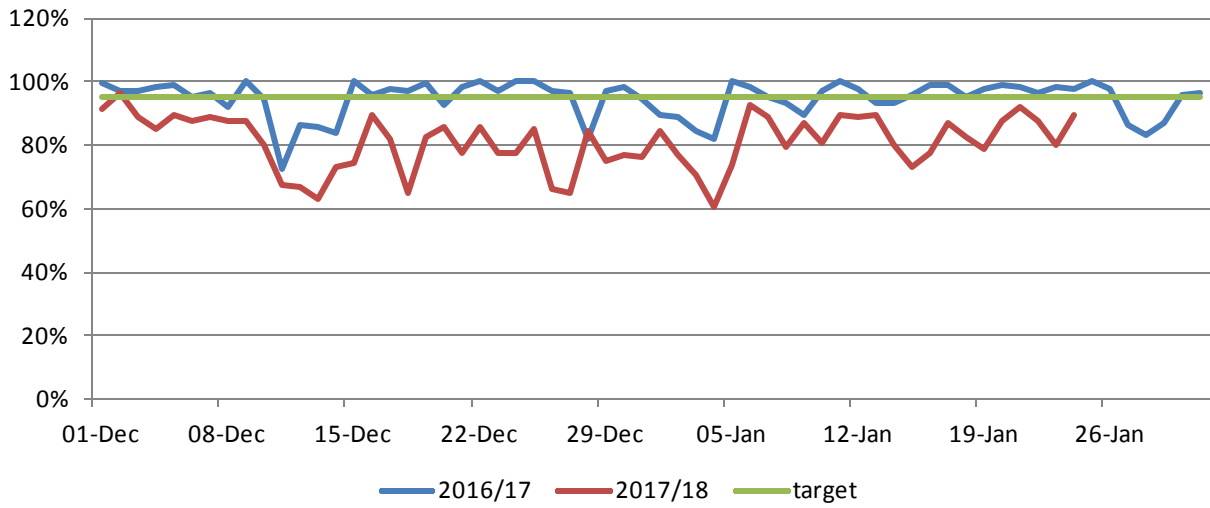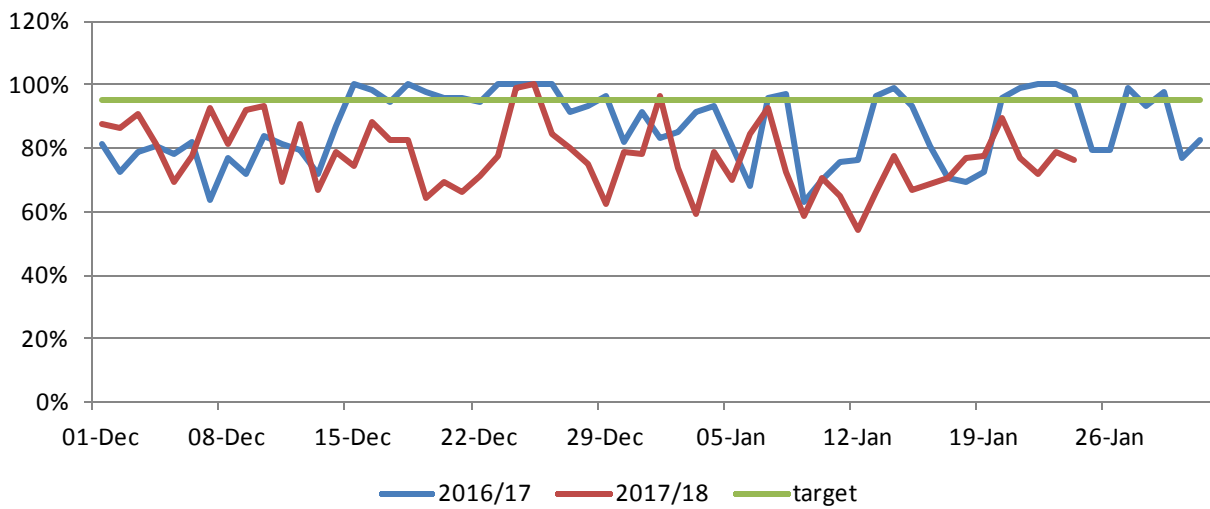
Appendix 3: NHS Lothian Admissions by Day (Dec-Jan)

NHS Lothian Admissions (daily)
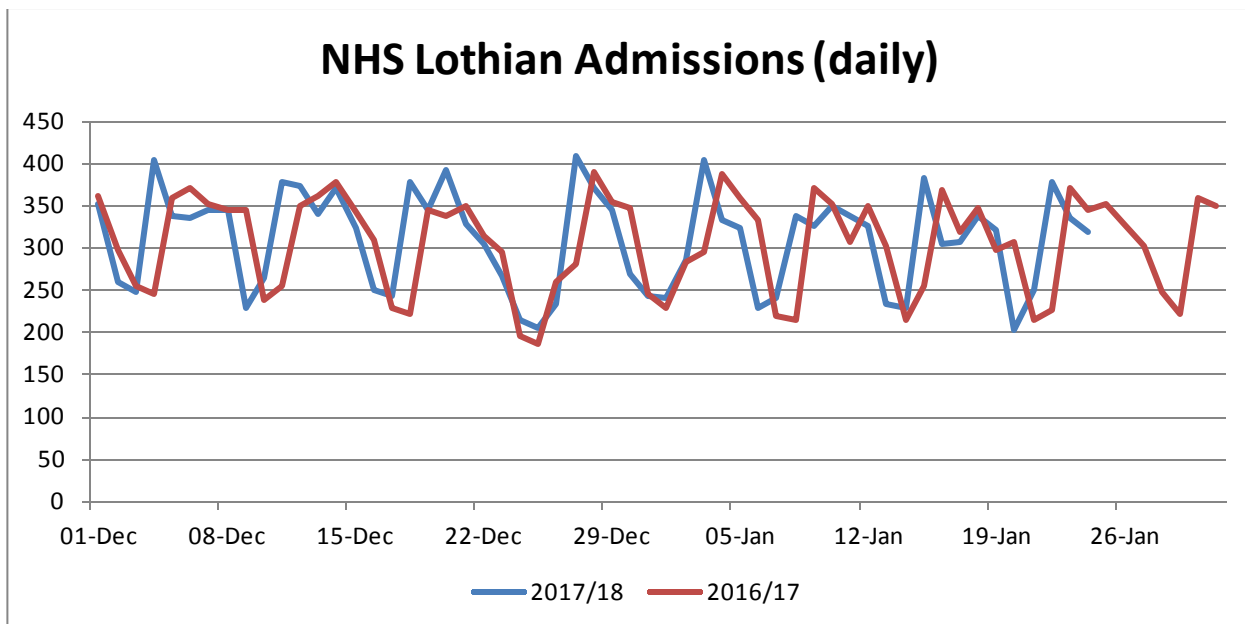
Appendix 4: Front Door Attendances ED

NHS Lothian ED Attendances (daily)

NHS LOTHIAN

<u>Board Meeting</u>
<u>7th February 2018</u>

2.2

Director of Finance
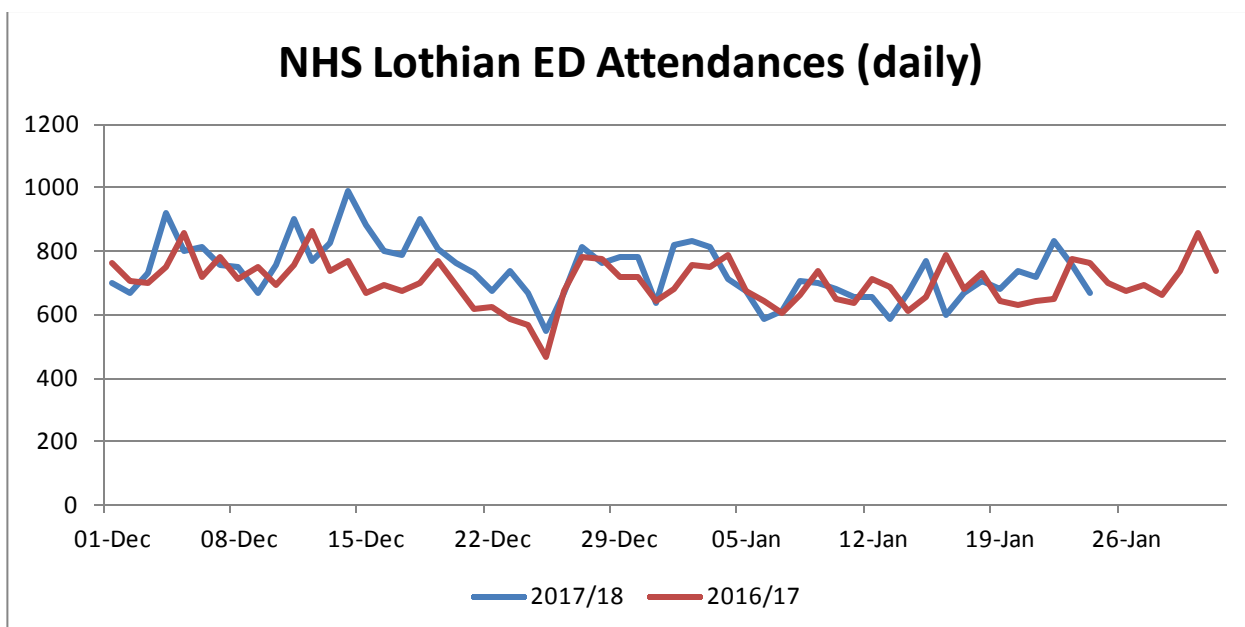
FINANCIAL POSITION TO DECEMBER 2017, YEAR END FORECAST AND FINANCIAL OUTLOOK 2018/19

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 2018/19.

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:

- **<u>Accept</u>** 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 have accepted the **significant assurance** currently provided on the achievement of breakeven by the year end.

- **<u>Accept</u>** this report as a source of significant assurance that the F&R Committee has considered the draft Financial Outlook for 2018/19 and have acknowledged that, at this stage, NHS Lothian is not in a position to identify a balanced financial plan for 2018/19.

3 Discussion of Key Issues

3.1 The F&R Committee received a paper on the Period 9 financial position, the year end outturn overspend projection for 2017/18, and the first draft financial outlook for 2018/19 at its meeting of the 23rd January. The F&R paper highlighted a year-to-date overspend of £4.9m and an anticipated year end achievement of breakeven.

3.2 This improvement in the forecast outturn position to deliver financial balance is largely due to a reduction in the national CNORIS charges for additional non-recurrent funding from the national PPRS scheme. Further detail on the financial position is provided in table 1 below.

Table 1 – NHS Lothian year-to-date overspend and year-end forecast

	Q1 Year-End Forecast Variance £k	Month 7 YTD Position £k	Updated Forecast Variance @ Mth 7 £k
University Hosp Support Services	(12,447)	(8,183)	(13,266)
REAS	(1,280)	(552)	(1,261)
Edinburgh Partnership	(5,310)	(3,090)	(5,028)
East Lothian Partnership	52	61	404
Midlothian Partnership	86	(316)	83
West Lothian Partnership	180	933	552
Facilities And Consort	951	(1,484)	1,089
Corporate Services	308	1,617	822
Inc + Assoc Hlthcare Purchases	374	860	374
Research & Teaching	(1,405)	(738)	(1,405)
Strategic Services	3,120	(946)	3,922
Operational Position	**(15,371)**	**(11,838)**	**(13,715)**
Reserves	3,834	2,237	3,834
Additional Flexibility	7,000	3,381	5,997
NHS Lothian Position	**(4,537)**	**(6,221)**	**(3,884)**

3.3   The F+R committee was informed that the achievement of a balanced outturn for 2017/18 was largely achieved due to one off benefits and did not resolve the issue of recurrent financial sustainability in future years.

3.4   The Committee agreed that it had significant assurance at this point that the Board is able to achieve a breakeven outturn in 2017/18.

3.5   Although year-end financial balance is now anticipated, work continues to ensure this is achieved, including:

- Ongoing monthly monitoring and reporting of the financial position;
- Follow up meetings with business units as part of the Quarter 3 review to agree further actions to control and reduce spend;
- Further review of opportunities for additional resources in the current year.

3.6   The F&R Committee also considered an updated assessment of the financial position for 2018/19. The paper highlighted a projected financial gap for 2018/19 of £27m, based on a revised assessment of cost pressures and anticipated funding, informed by the Scottish Government Budget announcement of the 14th of December. The assessment featured a

revised update on the range of outlook estimates which have been refined as a result of update information. A summary of the realistic Outlook is provided in table 2.

Table 2 – Summary of Financial Outlook

	2018/19
	£k
Full Year Recurring Expenditure Budget	**1,572,018**
Baseline Carry Forward Pressures	(52,267)
Additional Expenditure, Growth, Uplifts & Commitments	(68,356)
Total Projected Costs	**(120,624)**
Total Additional Resources	72,328
Financial Gap	**(48,296)**
Financial Recovery Actions	20,471
Financial Gap after Recovery Actions	**(27,824)**

3.7   The Committee acknowledged that further work was required to conclude the Outlook for next year in relation to the confirmation of cost pressures, efficiency savings and additional allocations, and a final update would be presented at its March meeting.

4   Key Risks

4.1   The F&R Committee also considered the risks inherent within the Financial Outlook for 2018/19. Table 3 presents the risk schedule shared with the Committee.

Table 3 – Risks within the 2018/19 Financial Outlook

Key Assumptions / Risks	Risk rating	Impact
Waiting Times	High	There requires to be continued management of the financial exposure on elective capacity pressures. The risk is that the current investment plans to deliver capacity will not deliver the required volume and meet the DFP Strategy.
Integration	High	The outlook has assumed that the additional resources passed to the IJBs in prior years from the Social Care Fund will create additional capacity and reduce the total level of Delayed Discharges in the Health System
Delayed Discharge	High	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	The risk remains whether sufficient additional resources are available to meet the pressures from anticipated winter demand
New GP Contract	Medium	No additional costs of the new GP contract ie immunisation, GMS premises have been included in the financial outlook
GP Prescribing	Medium	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.
Pharmaceutical Price Regulation Scheme (PPRS)	Low	The Pharmaceutical Price Regulation Scheme has provided a source of funding in previous year to offset the cost of approved IPTRs and New Medicines. At present the risk of not receiving any ongoing funding is low as no benefit has been assumed for future years.
Acute Medicines	Medium	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	Current indications are that the pay award for future years maybe higher than the 3%/2% included in the outlook. NHSL no longer has a provision for backdated pay claims, therefore any further claims will be an unplanned in year cost.
SGHD Allocations	High	Availability of SGHD funding for previously separately funded programmes and initiatives.
Outcomes Framework	Medium	The Financial Outlook assumes that plans are in place to reduce expenditure in line with reductions in ADP and Bundles Funding, however this has proved difficult over the last few years
Capital Programme	High	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.

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 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
26th January 2018
susan.goldsmith@nhslothian.scot.nhs.uk

NHS LOTHIAN

Board Meeting
7<u>th</u> February 2018

Chief Quality Officer

2.3

QUALITY AND PERFORMANCE IMPROVEMENT

1   Purpose of the Report

1.1   This report provides an update on the most recently available information on NHS Lothian's position against a range of quality and performance improvement measures.

1.2   Any member wishing additional information on a particular measure should contact the specific lead director identified, having accessed to self-service pack initially. Matters relating to the monitoring and assurance process should be directed towards the Chief Quality Officer.

2   Recommendations

2.1   The Committee is invited to:

2.1.1   Acknowledge that performance on 13 measures considered across the Board, including those relating to the Hospital Scorecard, are currently met with 20 not met. It is not possible to assess performance on dementia post-diagnostic support or complaints stage 1 or 2; and

2.1.2   Accept Board Committees are continuing with the enhanced programme of assurance agreed, with a provisional timetable for remaining measures outlined in this paper To date, 21 measures have been considered with significant, moderate and limited assurance reached on 1, 11 and 9 instances respectively. On no occasion was 'no assurance' concluded.

2.1.3   Consider whether consideration by committee is merited for any of 17 areas yet to be granted a level of assurance since the process' inception. A further 2 have not been reconsidered since 2016.

3   2018/19 Quality and Performance Improvement Process

3.1   In anticipation of the new financial year preparations are underway for a refresh of the process. Views of committee members are to be incorporated through a surveymonkey questionnaire seeking views of the lighter approach trial (Table A).

3.2   As in previous months an excel file has been circulated with the papers. A dashboard, at the development stage, can also be made available to members upon receipt of information governance paperwork.

3.3   At the time of writing, the Scottish Government Health Department is currently discussing the planning process for next year with Board Chief Executives. Boards

are being asked to outline Annual Operational Plans, expecting Boards to "focus on the key standards that are most important to patients, including cancer, OP, diagnostics, TTG, mental health and A&E waiting times" whilst a review of the Local Delivery Plan standards is undertaken during 2018/9.

3.4   Accordingly it is likely that these same standards will continue to be reported as part of the Q&PRI process during the coming year.   The status of these and potentially additional measures will become clearer as discussions with Scottish Government progress.

Table A – Summary of Lighter Approach Trial

Committee	Previous Approach	Lighter Approach
Board	- Overview for all measures - Assurance Summary - Proformas where not met	- Overview for all measures - Assurance Summary ~~Proformas where not met~~ - Self-Service Pack
Governance Committee	- Overview for all measures - Assurance Summary - Detailed Measure Paper - Proformas where not met	- Overview for all measures - Assurance Summary - Detailed Measure Paper ~~Proformas where not met~~ - Self-Service Pack

4   Recent Performance

4.1   Against the measures considered, most recent information demonstrates that NHS Lothian met 13 of the 36 measures considered, whilst 20 were not met. As detailed above, it is not possible to make an assessment on Dementia Post-Diagnostic Support or Complaints Stage 1 or 2.

4.2   Board committees have been delegated the responsibility for seeking assurance for the measures contained in this report, seeking to conclude levels of assurance for those areas that they have examine, considering "*What assurance do you take that the actions described will deliver the outcomes you require within an acceptable timescale?*"

4.3   The assessments made to date are set out both in Table 1 21 have been considered with significant, moderate and limited assurance being reached on 1, 11 and 9 instances respectively. On no occasion was 'no assurance' concluded;

4.4   17 areas considered in the Q&PRI process have not been assessed for assurance since its introduction. This is outlined below Table B.   A further 2 were last assessed prior to 2017.

4.5   The delegation of measures to governance committee and detail behind assurance gradings are available in the appendix.

Table B – Assessed Levels of Assurance

			Assurance Level				
			Not yet assessed[§]	None	Limited	Moderate	Significant
Board	Met	14	-	-	-	-	-
	Not Met	19	-	-	-	-	-
Acute Hospitals Committee	Met	8	8	0	0	0	0
	Not Met	10*	2	0	5	5	0
Healthcare Governance Committee	Met	6	4	0	0	2	0
	Not Met	8	2	0	4	1	1
Staff Governance Committee	Met	2	1	0	0	1	0
	Not Met	0	-	-	-	-	-
		1	-	-	-	1	-

[§] Those yet to be assessed are:

AHC – HSMR, Diagnostics Vascular Labs, IVF, Planned Repeat Surveillance Endoscopy and all Hospital Scorecard measures.
HGC – Falls With Harm, both 48 Hours GP Access measures, Alcohol Brief Interventions, Early Access to Antenatal Care, Smoking Cessation and Dementia.

*The Diagnostic measure has been separated out in terms of assurance so although there are 8 measures not met the diagnostics has been split into 3.

Table 1: Summary of Latest Reported Position

Measure[1]	Healthcare Quality Domain[2]	Type[3]	Assurance Committee	Committee Assurance Level	Date Assurance Level Assigned	Performance Against Target/Standard[4]	Trend[5]	Published NHS Lothian vs. Scotland[6]	Date of Published NHS Lothian vs. Scotland[7]	Target/Standard	Latest Performance	Reporting Date	Lead Director
Cardiac Arrest (per 1,000 discharges)	Safe	Quality	Acute Hospitals (AHC)	Limited	Aug 17	Not Met	No Change	Not Applicable	Not Applicable	0.95 per 1,000 discharges (median)	1.76 (median)	Dec 17 (Mthly)	TG
Falls With Harm (per 1,000 occupied bed days)		Quality	Healthcare Governance (HGC)	To be reviewed (was 'Met' at time of mtg)	To be reviewed (was 'Met' at time of mtg)	Met		Not Applicable	Not Applicable	0.31 per 1,000 occupied bed days (median)	0.25 (median)	Dec 17 (Mthly)	TG
Healthcare Acquired Infection - CDI (rate per 1,000 bed days, aged 15+)		LDP	HGC	Moderate	Jul 17	Met		Better	Sep 17 (Quarterly)	0.32 (max) (<=262)	0.22 (rate) 132 (incidences)	Dec 17 (Mthly)	TG
Healthcare Acquired Infection - SAB (rate per 1,000 acute bed days)		LDP	HGC	Moderate	Jul 17	Not Met	No Change	Better	Sep 17 (Quarterly)	0.24 (max) (<=184)	0.27 (rate) 158 (incidences)	Dec 17 (Mthly)	TG
Hospital Standardised Mortality Ratios (HSMR) (within limits)		Quality	AHC	TBC	TBC	Met		Not Applicable	Not Applicable	1 All sites within HS Limits	NHS L 0.77 / RIE 0.81 / SJH 0.62 / WGH 0.63	Jun 17 (Qtrly)	TG
48 Hour GP Access – access to healthcare prof	Timely	LDP	HGC	TBC	TBC	Met		Worse	2015/16	90% (min)	91.5%	2015/16	DS
48 Hour GP Access – GP appt		LDP	HGC	TBC	TBC	Not Met	Deteriorating	Worse	2015/16	90% (min)	74.8%	2015/16	DS
Four hour Unscheduled Care (% <=4 hrs)		LDP	AHC	Moderate	Feb 17	Not Met	Deteriorating	Worse	Nov 17 (Monthly)	95.0% stretch to 98.0%	75.9%	Dec 17 (Mthly)	JC
Alcohol Brief Interventions (ABIs) (Number)		LDP	HGC	To be reviewed (was 'Met' at time of mtg)	To be reviewed (was 'Met' at time of mtg)	Met		Better	2016/17	9,757 (Annual) 2,440 (per Quarter)	7,878	Sep 17 (Qtrly)	AMcM
CAMHs[5] (<=18 wks)		LDP	HGC	Limited	Sep 17	Not Met	Deteriorating	Worse	Sep 17 (Quarterly)	90.0% (min)	58.3%	Dec 17 (Mthly)	AMcM
Cancer (<=31-day) (% treated)		LDP	AHC	Limited	Nov 17	Not Met	Deteriorating	Worse	Sep 17 (Quarterly)	95.0% (min)	91.5%	Dec 17 (Mthly)	JC
Cancer (<=62-day) (% treated)		LDP	AHC	Limited	Nov 17	Not Met	Deteriorating	Better	Sep 17 (Quarterly)	95.0% (min)	88.5%	Dec 17 (Mthly)	JC
Diagnostics (<=6 wks) - Gastroenterology/ Urology Diagnostics			AHC	Limited	Aug 17	Not Met	Deteriorating	Worse	Sep 17 (At month end)	0 (max)	3,799	Dec 17 (Mthly)	JC
Diagnostics (<=6 wks) - Radiology/Imaging			AHC	Moderate	May 17								
Diagnostics (<=6 wks) – Vascular Labs			AHC	To be reviewed	To be reviewed								
Drug & Alcohol Waiting Times (% <=3 wks) - Edinburgh IJB		LDP	HGC			Not Met	Deteriorating	Worse	Sep 17 (Quarterly)	90.0% (min)	80.8%	Sep 17 (Qtrly)	MM
Drug & Alcohol Waiting Times (% <=3 wks) - Midlothian & East Lothian IJB (MELDAP)		LDP	HGC	Limited	Sep 17								EM/DS
Drug & Alcohol Waiting Times (% <=3 wks) - West Lothian IJB		LDP	HGC										JF
IPDC Treatment Time Guarantee (<=12 wks)		LDP	AHC	Moderate	May 17	Not Met	Improving	Better	Sep 17 (Quarterly)	0 (max)	87.9% 1,502	Dec 17 (Mthly)	JC
IVF (% <=12 months)		LDP	AHC	TBC	TBC	Met		Equal	Sep 17 (Quarterly)	90.0% (min)	100.0%	Nov 17 (Mthly)	JC
Outpatients (<=12 weeks)		LDP	AHC	Moderate	May 17	Not Met	Deteriorating	Worse	Sep 17 (at month end)	95.0% (min)	62.0% 23,940	Dec 17 (Mthly)	JC
Psychological Therapies (% <=18 wks)		LDP	HGC	Limited	Sep 17	Not Met	Improving	Worse	Sep 17 (Quarterly)	90.0% (min)	75.1%	Dec 17 (Mthly)	JF
Referral to Treatment (% <=18 wks)		LDP	AHC	Limited	Feb 17	Not Met	Improving	Worse	Sep 17 (Monthly)	90.0% (min)	77.6%	Dec 17 (Mthly)	JC
Stroke Bundle (% receiving)		Quality	AHC	Moderate	Nov 16	Not Met	Deteriorating	Not Applicable	Not Applicable	80.0% (min)	70.7%	Oct 17 (Mthly)	JC
Planned Repeat Surveillance Endoscopy (past due date)			AHC	To be reviewed	To be reviewed	Not Met	Deteriorating	Not Applicable	Not Applicable	0 (max)	4,416	Dec 17 (Mthly)	JC
Delayed Discharges (>3 days) – East Lothian IJB	Effective		HGC			Not Met	Improving	Worse	Nov 17 (Monthly)	0 (max)	224	Dec 17 (Mthly)	DS
Delayed Discharges (>3 days) – Edinburgh IJB			HGC	Limited	Sep 17								MM
Delayed Discharges (>3 days) – Midlothian IJB			HGC										EM
Delayed Discharges (>3 days) – West Lothian IJB			HGC										JF
Hospital Scorecard – Standardised Surgical Readmission rate within 7 days	Efficient	Quality	AHC	TBC	TBC	Met		Not Applicable	Not Applicable	All NHS L Sites (RIE; SJH & WGH), Within Hospital Scorecard Limits	NHS L 26.57 / RIE 31.00 / SJH 25.96 / WGH 22.59	Apr - Jun 17 (Qtrly)	TG
Hospital Scorecard – Standardised Surgical Readmission rate within 28 days		Quality	AHC	TBC	TBC	Met					NHS L 48.10 / RIE 56.02 / SJH 38.59 / WGH 51.66		TG
Hospital Scorecard – Standardised Medical Readmission rate within 7 days		Quality	AHC	TBC	TBC	Met					NHS L 56.57 / RIE 59.62 / SJH 65.86 / WGH 57.96		TG
Hospital Scorecard – Standardised Medical Readmission rate within 28 days		Quality	AHC	TBC	TBC	Met					NHS L 126.21 / RIE 135.13 / SJH 140.27 / WGH 119.90		TG
Hospital Scorecard – Average Surgical Length of Stay - Adjusted		Quality	AHC	TBC	TBC	Met					NHS L 0.96 / RIE 0.92 / SJH 0.81 / WGH 1.12		TG
Hospital Scorecard – Average Medical Length of Stay - Adjusted		Quality	AHC	TBC	TBC	Met					NHS L 1.11 / RIE 0.85 / SJH 1.30 / WGH 1.32		TG
Staff Sickness Absence Levels (<=4%)		LDP	Staff Governance	Moderate	Mar 17	Not Met	Deteriorating	Better	2016/17	4.0% (max)	5.35%	Nov 17 (Mthly)	JB
Early Access to Antenatal Care (% <=12 wks)	Equitable	LDP	HGC	To be reviewed (was 'Met' at time of mtg)	To be reviewed (was 'Met' at time of mtg)	Met		Better	2015/16	80.0% min for each SIMD[9] quintile	89.2%	Nov 17 (Mthly)	AMcM
Smoking Cessation (quits)		LDP	HGC	To be reviewed (was 'Met' at time of mtg)	To be reviewed (was 'Met' at time of mtg)	Not Met	Deteriorating	Worse	2016/17	404 (min for this quarter)	233	Jun 17 (Qtrly)	AKM
Complaints - Stage 1 (%<=5-day)	Person-Centred	Quality	HGC	Moderate	Nov 17	TBC[10]	Deteriorating	TBC	TBC	TBC[10]	70.8%	Nov 17 (Mthly)	AMcM
Complaints - Stage 2 (%<=20-day)		Quality	HGC	Moderate	Nov 17	TBC[10]	Improving	TBC	TBC	TBC[10]	84.5%	Nov 17 (Mthly)	AMcM
Detect Cancer Early (% diagnosed)		LDP	HGC	Significant	Nov 16	Not Met	Improving	Better	2014 & 2015 (Combined Calendar Years)	29.0% (min)	26.9%	2015 & 2016 (Combined Calendar Years)	AKM
Dementia – East Lothian IJB		LDP	HGC	To be reviewed	To be reviewed	TBC[11]	Not Applicable	Part 1: Worse / Part 2: Worse	2014/15	TBC[11] (exptd diag rate + 1 Year (min) PDS)	Part 1: 25.5% / Part 2: 64.3%	2014/15 (TBC)	DS
Dementia – Edinburgh IJB		LDP	HGC	To be reviewed	To be reviewed	TBC[11]							MM
Dementia – Midlothian IJB		LDP	HGC	To be reviewed	To be reviewed	TBC[11]							EM
Dementia – West Lothian IJB		LDP	HGC	To be reviewed	To be reviewed	TBC[11]							JF
Patient Experience (9.0/10 – Overall Experience)		Quality	HGC	Moderate	Nov 17	Not Met	Deteriorating	Not Applicable	Not Applicable	9 (out of 10)	8.80	Nov 17 (Mthly)	AMcM

Notes
1. Much of this reporting uses management information and is therefore subject to change;
2. 6 Domains of Healthcare Quality http://www.ahrq.gov/professionals/quality-patient-safety/talkingquality/create/sixdomains.html
3. This describes the standard type – 'LDP' target/standards are Local Delivery Plan (previously HEAT) target/standards; Quality standards were originally reported under a separate Quality Paper.
4. Performance Against Target/Standard – describes where Latest Performance meets or does not meet Target.
5. Trend - describes Improvement, No Change or Deterioration for Latest Performance, where Performance Against Target/Standard is 'Not Met', against an average of the last two relevant reported data points. Cardiac Arrest and HAI measures (as applicable) use HIS run chart assessment to ascertain trend. (Black cells indicate that a Standard is 'Met' so a Trend is not available).
6. Published NHS Lothian vs. Scotland – describes most recent published Lothian position against the most recent (directly comparable) published Scotland position to comply with Official Statistics' requirements - either for rates (incl. %) or against NRAC share. These may refer to different time periods than Latest Performance.
7. Date of Published NHS Lothian vs. Scotland – describes most recent published Lothian position against the most recent (directly comparable) published Scotland position to comply with Official Statistics' requirements - either for rates (incl. %) or against NRAC share. These may refer to different time periods than Latest Performance.
8. Abbreviations – CAMHS - Child and Adolescent Mental Health Services; CDI- Clostridium difficile Infection; SAB Staphylococcus aureus Bacteraemia; IPDC – Inpatient and Day-case; IVF – In Vitro Fertilisation
9. SIMD – Scottish Index of Multiple Deprivation, http://www.gov.scot/Topics/Statistics/SIMD
10. From the start of April 2017 there has been a national change on assessment of the complaints process. As no historical data is available for the proposed metrics, data will only be available covering April onward. Furthermore as a new measure, there will be an absence of comparative data initially in order to consider performance against that elsewhere.
11. ISD have stated in their publication of 24/1/17 "there is no specific threshold or target in which NHS Boards are expected to be attaining to as the PDS services are still within their infancy and it is anticipated there is likely further developments required". Please also see relevant IJB level Proforma below (in Section 6 Exception Proformas).
http://www.isdscotland.org/Health-Topics/Mental-Health/Publications/2017-01-24/2017-01-24-DementiaPDS-Summary.pdf?

7   Risk Register

7.1   Not applicable.

8   Impact on Inequality, including Health Inequalities

8.1   The production of this update do not have any direct impact on health inequalities but consideration may be required elsewhere in the delivery of the actions identified.

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

9.1   As the paper summarises performance, no impact assessment or consultation is expected.

10   Resource Implications

10.1   The resource implications related to the assurance programme would be considered by Board Committees are consider items under the Programme of Assurance.

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26th February 2018
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Appendices

Appendix 1 – Alignment of Measures to Board Committee

Appendix 2 – Adopted Assurance Gradings

Appendix 3 – Technical Document

Appendix 4 - Quality & Performance Improvement Reporting Repository

Appendix 1 – Alignment of Measures to Board Committee

	Acute Hospitals	Healthcare Governance	Staff Governance
Effective		Delayed Discharges	
Efficient	*Hospital Length of Stay (2)* Hospital Readmission Rate (4)		*Staff Sickness Absence*
Equitable		*Early Access to Antenatal Care* Smoking Cessation	
Person-Centred		*Complaints (2)* Detecting Cancer Early *Dementia Post Diagnostic Support* Patient Experience	
Safe	*Cardiac Arrest Incidence* Hospital Standardised Mortality Ratio	*Falls with Harm* Healthcare Acquired Infection (2)	
Timely	*4 hr Unscheduled Care Wait* Cancer Waits (2) *Diagnostic Waits* Inpatient and Daycase Waits *IVF Waits* Outpatient Waits *Referral to Treatment Wait* Stroke Bundle Compliance *Surveillance Endoscopies Overdue*	*Access to General Practice (2)* Alcohol Brief Interventions *CAMHS Waits* Drug & Alcohol Waiting Time *Psychological Therapy Waits*	

Appendix 2 – Adopted Assurance Gradings

Definition	Most likely course of action by the Board or committee
LEVEL – SIGNIFICANT The Board can take reasonable assurance that the system of control achieves or will achieve the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all. Examples of when significant assurance can be taken are: • The purpose is quite narrowly defined, and it is relatively easy to be comprehensively assured. • There is little evidence of system failure and the system appears to be robust and sustainable. • The committee is provided with evidence from several different sources to support its conclusion.	If there are no issues at all, the Board or committee may not require a further report until the next scheduled periodic review of the subject, or if circumstances materially change. In the event of there being any residual actions to address, the Board or committee may ask for assurance that they have been completed at a later date agreed with the relevant director, or it may not require that assurance.
LEVEL – MODERATE The Board can take reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk. Moderate assurance can be taken where: • In most respects the "purpose" is being achieved. • There are some areas where further action is required, and the residual risk is greater than "insignificant". • Where the report includes a proposed remedial action plan, the committee considers it to be credible and acceptable	The Board or committee will ask the director to provide assurance at an agreed later date that the remedial actions have been completed. The timescale for this assurance will depend on the level of residual risk. If the actions arise from a review conducted by an independent source (e.g. internal audit, or an external regulator), the committee may prefer to take assurance from that source's follow-up process, rather than require the director to produce an additional report.
LEVEL – LIMITED The Board can take some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk which requires action to be taken. Examples of when limited assurance can be taken are: • There are known material weaknesses in key areas. • It is known that there will have to be changes to the system (e.g. due to a change in the law) and the impact has not b • een assessed and planned for. • The report has provided incomplete information, and not covered the whole purpose of the report. • The proposed action plan to address areas of identified residual risk is not comprehensive or credible or deliverable.	The Board or committee will ask the director to provide a further paper at its next meeting, and will monitor the situation until it is satisfied that the level of assurance has been improved.
LEVEL – NONE The Board cannot take any assurance from the information that has been provided. There remains a significant amount of residual risk.	The Board or committee will ask the director to provide a further paper at its next meeting, and will monitor the situation until it is satisfied that the level of assurance has been improved. Additionally the chair of the meeting will notify the Chief Executive of the issue.
NOT ASSESSED YET This simply means that the Board or committee has not received a report on the subject as yet. In order to cover all aspects of its remit, the Board or committee should agree a forward schedule of when reports on each subject should be received (perhaps within their statement of assurance needs), recognising the relative significance and risk of each subject.	

Measure	Target/Standard
Smoking Cessation (quits)	NHS Boards to sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas (60% in the Island Boards).
Early Access to Antenatal Care (% booked)	Percentage of maternities booked for antenatal care within 12 completed weeks - the target is for 80% of women in each SIMD quintile to be booked within 12 weeks.
CAMHs (18 Weeks)	No child or young person will wait longer than 18 weeks from referral to treatment in a specialist CAMH service from December 2014. Following work on a tolerance level for CAMH services waiting times and engagement with NHS Boards and other stakeholders, the Scottish Government has determined that the target should be delivered for at least 90% of patients.
Psychological Therapies (18 Weeks)	The Scottish Government has set a target for the NHS in Scotland to deliver a maximum wait of 18 weeks from a patient's referral to treatment for Psychological Therapies from December 2014. Following work on a tolerance level for Psychological Therapies waiting times and engagement with NHS Boards and other stakeholders, the Scottish Government has determined that the Psychological Therapies target should be delivered for at least 90% of patients.
Delayed Discharges (over 3 days)	To minimise delayed discharges over 3 days, with a current national standard of none over 14 days.
Healthcare Acquired Infection - CDI (rate per 1,000 bed days, aged 15+)	NHS Boards' rate of Clostridium difficile infections (CDI) in patients aged 15 and over is 0.32 cases or less per 1,000 total occupied bed days.
Healthcare Acquired Infection - SAB (rate per 1,000 acute bed days)	NHS Boards' rate of Staphylococcus aureus Bacteraemia (including MRSA) (SAB) cases are 0.24 or less per 1,000 acute occupied bed days.
4-hour Unscheduled Care (% seen)	95% of patients are to wait no longer than 4 hours from arrival to admission, discharge or transfer for A&E treatment. NHS Boards are to work towards 98%.
Cancer (31-day) (% treated)	31-day target from decision to treat until first treatment for all cancers, no matter how patients were referred. For breast cancer, this replaced the previous 31-day diagnosis to treatment target.
Cancer (62-day) (% treated)	62-day target from receipt of referral to treatment for all cancers. This applies to each of the following groups: any patients urgently referred with a suspicion of cancer by their primary care clinician (for example GP) or dentist; any screened-positive patients who are referred through a national cancer screening programme (breast, colorectal or cervical); any direct referral to hospital (for example self-referral to A&E).
Stroke Bundle (% receiving)	The stroke bundle (percentage of initial stroke patients receiving appropriate bundle of care - Stroke Standard is 80%) covers four targets:- 1. Admission to the stroke unit on the day of admission, or the day following presentation at hospital (Stroke Standard is 90%); 2. Screening by a standardised assessment method to identify any difficulty swallowing safely due to low conscious level and/ or the presence of signs of dysphagia within 4 hours of arrival at hospital (Stroke Standard is 100%); 3. CT/ MRI imaging within 24 hours of admission (Stroke Standard is 95%); and 4. Aspirin is given on the day of admission or the following day where haemorrhagic stroke has been excluded, or other contraindication, as specified in the national audit (Stroke Standard is 95%).
IPDC Treatment Time Guarantee (12 weeks)	From the 1 October 2012, the Patient Rights (Scotland) Act 2011 establishes a 12 week maximum waiting time for the treatment of all eligible patients due to receive planned treatment delivered on an inpatient or day case basis.
Outpatients (12 weeks)	From the 31 March 2010, no patient should wait longer than 12 weeks for a new outpatient appointment at a consultant-led clinic. This includes referrals from all sources.
Referral to Treatment (18 Weeks)	90% of planned/elective patients to commence treatment within 18 weeks of referral.
Diagnostics (6 weeks)	A six week maximum waiting time for eight key diagnostic tests (four for Endoscopy (a) & four for Radiology (b)) from 31st March 2009.
Surveillance Endoscopy (past due date)	No patient should wait past their planned review date for a surveillance endoscopy.
IVF (12 months)	The Scottish Government have set a target that at least 90% of eligible patients will commence IVF treatment within 12 months. This is due for delivery by 31 March 2015.
Drug & Alcohol Waiting Times (3 weeks)	The Scottish Government set a target that by June 2013, 90% of people who need help with their drug or alcohol problem will wait no longer than three weeks for treatment that supports their recovery. This was one of the national HEAT (Health improvement, Efficiency, Access, Treatment) targets, number A11. This target was achieved in June 2013 and has now become a Local Delivery Plan (LDP) standard - that clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery (90%).

Detecting Cancer Early (% diagnosed)	Increase the proportion of people diagnosed and treated in the first stage of breast, colorectal and lung cancer by 25 per cent.
Staff Sickness Absence Levels (<=4%)	4% Staff Hours or Less Lost to Sickness
Cardiac Arrest	50% reduction in Cardiac Arrests from the 2009 (Jan-Dec) baseline median of 1.91 to December 2019
Falls with Harm	"Harm" is 'Moderate, Major Harm or Death'. Incidents are reported by staff using the DATIX system which records incidents that affect patients or staff. The category and degree of harm associated with each incident are also recorded. An increase in reporting of incidents is considered to be indicative of an improving safety culture and this is monitored in all Senior and Clinical Management Teams. Incidents associated with harm should not increase and this is the trend monitored at NHS Board level. 20% reduction in all inpatient falls with harm from 2010/11 (Apr-Mar) baseline median of 0.38.
Hospital Standardised Mortality Ratios (HSMR)	HSMR is the ratio of observed deaths to expected deaths within 30 days of admission to hospital. If the HSMR for a hospital is less than 1, then fewer hospital deaths within 30 days of admission are occurring than expected. HSMRs are therefore used as system level 'warnings' for areas for further investigation. It must be emphasised that the quarter to quarter changes should be interpreted with caution. HSMRs cannot be compared between hospitals or boards; the comparison should only be against the expected number of deaths. There is some controversy about their use, but they remain widely used in this way.
48 Hour GP Access - access to healthcare profession; or GP appointment.	48 hour access or advance booking to an appropriate member of the GP team (90%) - Patients can speak with a doctor or nurse within 2 working days; or Patients are able to book an appointment 3 or more working days in advance.
Alcohol Brief Interventions (ABIs)	Sustain and embed alcohol brief interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings.
Hospital Scorecard - Standardised Surgical Readmission rate within 7 days	This is the emergency readmissions to a surgical specialty within 7 days of discharge as a rate per 1000 total admissions to a surgical specialty. This measure has been standardised by age, sex and deprivation (SIMD 2009).
Hospital Scorecard - Standardised Surgical Readmission rate within 28 days	As for 7 day readmissions.
Hospital Scorecard - Standardised Medical Readmission rate within 7 days	This is the emergency readmissions to a medical specialty within 7 days as a rate per 1000 total admissions to a medical specialty. This measure has been standardised by age, sex and deprivation (SIMD 2009).
Hospital Scorecard - Standardised Medical Readmission rate within 28 days	As for 7 day readmissions.
Hospital Scorecard - Average Surgical Length of Stay - Adjusted	Ratio of 'observed' length of stay over 'expected' length of stay. This indicator is case mix adjusted by HRG* and specialty. The expected length of stay is calculated by working out the average length of stay nationally (Scotland only) for each specialty and HRG combination. This is then multiplied by the total number of spells to get the expected length of stay. A hospital with a value above the national average (e.g. 1.01 will be 1% above the national average) and a hospital below the national average (e.g. 0.99 is 1% below the national average).
Hospital Scorecard - Average Medical Length of Stay - Adjusted	Ratio of observed length of stay over expected length of stay. This indicator is case mix adjusted by HRG* and specialty. The expected length of stay is calculated by working out the average length of stay nationally (Scotland only) for each specialty and HRG combination. This is then multiplied by the total number of spells to get the expected length of stay. A hospital with a value above the national average (e.g. 1.01 will be 1% above the national average) and a hospital below the national average (e.g. 0.99 is 1% below the national average).
Complaints (Stage 1 & Stage 2)	Stage 1 - Early, local resolution - 5 working days. Stage 2 - For the complex, serious investigation - 20 working days. Target %s TBD.
Dementia	1. To deliver expected rates of dementia diagnosis; 2. All people newly diagnosed with dementia will have a minimum of a year's worth of post-diagnostic support coordinated by a link worker, including the building of a person-centred support plan.

N.b. Source for Current Data - with the exception of Dementia, Drug & Alcohol Waiting Times, DCE, 48 Hours, Hospital Scorecard & HSMR data for all of the measures reported is management information

* HRG: Healthcare Resource Groups. These are standard grouping of clinically similar treatments that use common levels of healthcare resource. They are usually used to analyse and compare activity between organizations.

NHS LOTHIAN

Board Meeting
7 February 2018

Executive Medical Director

THE 2018 GENERAL MEDICAL SERVICES CONTRACT IN SCOTLAND

1   Purpose of the Report

1.1   The purpose of this report is to brief the Board on the 2018 General Medical Services Contract proposals and timescales, and approve a proposal for implementation arrangements.

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

2   Recommendations

2.1   Note the key content in the proposals and timescales for the new General Medical Services Contract in Scotland.

2.2   Agree the model for implementation.

3   Discussion of Key Issues

3.1   The Scottish Government and the Scottish General Practitioners' Committee (SGPC) of the British Medical Association have agreed the proposed terms of the 2018 General Medical Services contract offer (Blue Book). (Appendix 1). Based on a poll of the profession, SGPC voted on 18 January 2018 to accept the contract offer.

3.2   The contract is a key part of the Scottish Government's plans to transform primary care services in Scotland. A brief initial summary of the sections of the Blue Book is attached. (Appendix 2)

3.3   A co-produced *draft* Memorandum of Understanding (MOU) between the Integration Authorities (IA), the Scottish General Practitioners' Committee (SGPC) of the British Medical Association (BMA), NHS Boards and the Scottish Government is being developed setting out an agreed approach that will support the implementation of the General Medical Services (GMS) contract in Scotland from April 2018. (Appendix 3) The MOU recognises the statutory role of Integration Authorities in commissioning primary care services and redesign. It also recognises the role of NHS Boards in service delivery, as employers, as responsible for premises and capital and as the contracting body.

3.4   A national code for GP Premises sets out the Scottish Government's plan to facilitate the shift to a model which does not entail GPs providing their practice premises. (Appendix 4)

3.5   The key principles in the proposals are:

- A shift in the GP role to Expert Medical Generalist leading a team and away from the responsibilities of managing a team and responsibility for premises.
- A new workload formula for practice funding and income stabilisation for GPs.
- Reducing GP workload through HSCPs employing additional staff to take on roles currently carried out by GPs.
- Reducing risk to GPs through these measures.

3.6   Overall the Scottish Government has committed at least £250m over the next four years to the implementation of the contract. The financial offer to GPs is to be set out in two phases with a vote on each. In phase 1 a new allocation formula has been developed which is intended to be more representative of GP workload. £23m will be used in 2018/19 to fund all practices up to the level of the formula (all GP practices have been provided with information as to how this affects them). Practices currently earning more will be protected. In Phase 2 (subject to another vote) a minimum income guarantee for a full time GP will be introduced along with reimbursement of practice and premises expenses.

3.7   The funding will also be used to fund HSCP and NHS Board implementation of their responsibilities including development and employment of additional staff, meeting same day demand, transferring vaccinations, pharmacists and links workers.

3.8   The premises code essentially sets out a programme that aims over time to remove the need for GPs to own their own premises or to lease from private landlords. These responsibilities will shift to NHS Boards. £40m has been set aside for the next four years to provide interest free loans to resolve premises issues that are affecting practice sustainability and preventing growth.

3.9   The new contract also sets out a clear position on quality in general practice and the role of quality clusters. It also sets out expectations on how GPs will be involved in planning for services.

3.10   While the 2018 GMS contract is aimed at providing robust and sustainable in-hours GP services it is vital that it does not deliver any unintended consequences for the current fragile GP out of hours service. The contract includes an "opt in" rather than an "opt out" for out of hours. This could be an area of risk. The National GP Out of Hours Operations group will work with the Scottish Government, SGPC, IJBs and NHS Boards to ensure that any uncertainty about how the new contract will affect out of hours and patient access to 24/7 care is resolved quickly.

3.11   Given the size and complexity of the changes there is a need for an integrated implementation plan across NHS Lothian for the delivering the GMS contract in Scotland. The contract proposal sets out the responsibilities of the NHS Board, HSCPs and the GP Sub Committee. Each HSCP will be required to develop a Primary Care Improvement Plan as part of their Strategic Planning processes and this will be implemented alongside the NHS Board arrangements for delivering the contract. All the plans are to be developed collaboratively with advice and support from GPs and explicitly agreed with the GP Sub-Committee of the Area Medical Committee (and in the context of the arrangements for delivering the new GMS contract explicitly agreed with the Local Medical Committee) and be in place by the end of July 2018.

3.12 These complex changes will have to be negotiated and managed at both HSCP and NHS Board level over the next three years. The existing infrastructure in the Board, HSCPs and GP Sub Committee is inadequate for this task.

3.13 A proposed structural approach to the implementation of the contract is set out at Appendix 5. It is proposed that a role of Director of Primary Care Contract Implementation is established in order to lead this process. It is likely that additional resources will also be required in the HSCPs, the Primary Care Contractors Organisation, Finance and Human Resources functions to support this work.

3.14 The Director would work on behalf of all stakeholders and the costs would be top sliced from the total resources available to implement the contract from 2018 to 2021. The post would work for and on behalf of multiple stakeholders and would be accountable to the key stakeholders (NHS Lothian, IJBs/HSCPs, GP Sub Committee/Local Medical Committee) through the governance arrangement of an oversight group co-chaired by NHS Lothian, GP Sub Committee and HSCPs.

3.15 A version of this paper has been considered and supported by the Corporate Management Team, the GP Sub-Committee and East Lothian, Mid Lothian and West Lothian IJBs. It is due to be considered by Edinburgh IJB on 2nd March 2018.

3.16 It is proposed that the Oversight Group should replace the Primary Care Investment and Redesign Board.

3.17 Whilst HSCPs are required to produce local plans by July 2018 and this is in line with the delegation of functions to IJBs, the NHS Board will also have to produce an over-arching plan to co-ordinate the HSCP plans and for the delivery of the specific responsibilities of the NHS Board.

3.18 Key dates:

3.19 New contract commences April 2018.

3.20 HSCP and NHS Board plans to be submitted to Scottish Government July 2018.

3.21 Minimum income guarantee April 2019

3.22 Phase 2 vote by GPs 2020/21

4   **Key Risks**

4.1 The contract may introduce new risks in finance, manpower, premises and out of hours. These will considered and a risk register for the implementation will be developed.

5   **Risk Register**

5.1 The issue of General Practice sustainability is included on the Corporate Risk register as very high (Risk ID 3829). This risk will be reviewed in light of the development of the new contract.

6   **Impact on Inequality, Including Health Inequalities**

6.1 No impact assessment has been carried out on the issues discussed in this paper.

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

7.1	A number of papers relating to primary care have been discussed and supported with a wide range of stakeholders who attend the Primary Care Forward Group, Primary Care Joint Management Team and Strategic Planning Committee.

7.2	This issue has been discussed at Corporate Management Team, Primary Care Joint Management Group, GP Sub-Committee, Local Medical Committee, and GP Fora within the HSCPs. HSCPs will be responsible for local engagement and the NHS Board for Lothian wide engagement.

**8	Resource Implications**

8.1	Over the period of implementation, £250m of new funds will be invested in support to General Practice.

8.2	The Scottish Draft Budget proposals for 2018/19 (published in December 2017) confirmed a first phase of funding of £110m for 2018/19.

8.3	A letter was circulated in November 2017 to practices setting out the implications from the new workload formula and how the £23m increase in funding from the new formula would be allocated.

8.4	A proportion (to be confirmed) of the £110m for 2018/19 will be allocated using the NRAC formula to support the development of multi-disciplinary teams in HSCPs in line with the MOU. Primary Care Improvement Plans will set out how these funds will be used.

8.5	The remainder of the £110m will be used to fund previously agreed national commitments such as oxygen in practices, HIS and the LIST support for cluster development.

8.6	The funds include previous Scottish Government Primary Care Transformation Fund monies, pharmacy investment and funding for the vaccination transformation programme. Existing commitments in these areas will have to be reviewed and considered for funding from the remainder of the £110m.

8.7	£40m will be made available to implement the new premises code.

8.8	There will be resource implications in terms of implementing the 2018 GMS contract across NHS Lothian. The intention is that the detail of this is worked up over the coming weeks. It is proposed that these costs funded from within the total resources available for contract implementation.

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26th January 2018
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List of Appendices

Appendix 3
Main points from each section of the contract offer

2. THE ROLE OF GPs IN SCOTLAND – EXPERT MEDICAL GENERALISTS

Key Points
- The GP as expert medical generalist will focus on undifferentiated presentations, complex care and quality and leadership. All are equally important.
- GPs will lead and be part of an extended team of primary care professionals.
- GPs will have more time to spend with the people who need them most.

3. PAY AND EXPENSES

Key Points

- A new practice income guarantee will operate to ensure practice income stability.
- A new funding formula that better reflects GP workload will be introduced from 2018 with additional investment of £23 million.
- A new minimum earnings expectation will be introduced from 2019.

4. MANAGEABLE WORKLOAD

Key Points

- GP and GP Practice workload will reduce.
- New staff will be employed by NHS Boards and attached to practices and clusters.
- Support for redesign of services for urgent and unscheduled care (to reduce GP workload)
- Paramedic home visiting service
- Additional professional clinical services including acute MSK physio and CMHN service

- Priorities include *pharmacy support* in practices and *vaccinations transfer.*
- Changes will happen in a planned transition over three years when it is safe, appropriate and improves patient care.
- There will be national and local oversight of service redesign and contract implementation involving SGPC and Local Medical Committees.
- OOH – move to an opt in service for practices that chose to provide out of hours
- Enhanced Services – no expansion but no major changes to existing

5. IMPROVING INFRASTRUCTURE AND REDUCING RISK

Key Points
- The risks associated with certain aspects of independent contracting will be significantly reduced.
- GP Owned Premises: new interest-free sustainability loans will be made available, supported by additional £30 million investment over the next three years.
- GP Leased Premises: there will be a planned transition to NHS Boards leasing premises from private landlords
- New information sharing agreement, reducing risk to GP contractors.

6. BETTER CARE FOR PATIENTS

Key Points

- The principles of contact, comprehensiveness, continuity and co-ordination of care for patients underpin the proposals.
- GP time will be freed up for longer consultations where needed – improving access for patients.
- There will be a wider range of professionals available in practices and the community for patient care.

7. BETTER HEALTH IN COMMUNITIES

Key Points

- GPs will be more involved in influencing the wider system to improve local population health in their communities.
- GP clusters will have a clear role in quality planning, quality improvement and quality assurance.
- Information on practice workforce and activity will be collected to improve quality and sustainability.

8. THE ROLE OF THE PRACTICE
Key Points

- General practice nursing will continue to have a vital role under the proposed new contract.
- There will be new enhanced roles for practice managers and practice receptionists.
- In addition, a number of clarifications and improvements to the underpinning GMS and Primary Medical Services (PMS) regulations will be made.

Appendix 5
Proposed implementation structure

LOTHIAN IMPLEMENTATION APPROACH

SCOTTISH GOVERNMENT OVERSIGHT GROUP

LOTHIAN GMS CONTRACT OVERSIGHT GROUP
HSCPs X 4
GP SUB COMMITTEE X 5
NHS LOTHIAN X 5
SUPPORT

IJB X 4

GP SUB COMMITTEE

NHS LOTHIAN

HSCP PLANNING GROUP X 4

HSCP GP FORUM

LOCAL GP SUB NOMINEE

REMIT:
PRIORITY AREAS OF REDESIGN
EMPLOYING AUTHORITY
CONTRACT HOLDER
VACCINATION
PREMISES
WORKFORCE DEVELOPMENT
COMMON CONTRACT FORMS
COMMON INNOVATIONS
OUT OF HOURS
PCCO

REMIT:
LOCAL PRIORITIES
PHASING OF INVESTMENT
ESTABLISHING NEW SERVICES
LINE MANAGEMENT OF STAFF
ENGAGEMENT WITH PRACTICES
ENGAGEMENT WITH POPULATION
ENGAGEMENT WITH STAKEHOLDERS

REMIT:
ENGAGE WITH HSCPs AND NHSL
AGREE HSCP PLANS
AGREE NHSL PLAN

GMS CONTRACT OVERSIGHT GROUP

PROJECT SUPPORT

DIRECTOR OF PRIMARY CARE CONTRACTS

CHIEF OFFICER

MEDICAL DIRECTOR

GENERAL MANAGER PCCO

FINANCE/PREMISES

CHIEF NURSE

ASSOCIATE MEDICAL DIRECTOR PRIMARY CARE

NURSING

CLINICAL DIRECTOR

NHS Lothian

HSCPs

CLUSTER QUALITY LEAD

STRATEGIC PLANNER

GP Sub Committee

GP SUB COMMITTEE – MID AND CHAIR

GP SUB COMMITTEE - EDINBURGH

GP SUB COMMITTEE - EDINBURGH

GP SUB COMMITTEE - WEST

GP SUB COMMITTEE - EAST

Appendix 6
DRAFT Proposed workstreams and interdependencies

Workstream	To cover	Timeframe	Links (to MOU/HSCPs etc)	Proposed Executive Lead
Vaccination Transformation Programme	1. pre-school programme 2. school based programme 3. travel vaccinations and travel health advice 4. influenza programme 5. at risk and age group programmes (shingles, pneumococcal, hepatitis B	Underway and new service delivery model to be complete by 2021	▪ Links to 4 HSCP Primary Care Improvement Plans	Professor Alison McCallum
Pharmacotherapy services	3 year trajectory for pharmacy and pharmacy technician support to the patients of every practice	By 2021	▪ Links to 4 HSCP Primary Care Improvement Plans	Tracey Gillies
Finance	New practice income guarantee New workload formula (to replace the SAF) Minimum earnings expectation Data collection for phase 2 ?review of funding for training	From 2018 From 2019 2019/20	▪ Chapter 2 The Role of Expert Medical Generalist ▪ Chapter 3 Pay and Expenses	Susan Goldsmith
GP Premises	NHS Board premises plans GP sustainability loans HB enter into leases		▪ Chapter 5 Improving Infrastructure and Reducing Risk ▪ Premises Code of Practice	Susan Goldsmith
Quality (clusters and clinical leadership)	Refreshed role for GP Sub-Committee Extension of analytical support (ISD) Workforce and demand data to be supplied by practices		▪ Chapter 6 Better Care for Patients ▪ Chapter 7 Better Health in Communities ▪ Chapter 8 The Role of the Practice	Tracey Gillies David Small Allister Short Jim Forrest Michelle Miller
Workforce/HR	Refocussed roles of GPs Undifferentiated	From 2018	▪ Chapter 2 The Role of Expert Medical	David Small Allister Short Jim Forrest

	presentations Complex care in the community Whole system quality improvement and clinical leadership Role of GP Nursing as expert nursing generalists Training for enhanced practice manager and receptionists		Generalist ▪ Chapter 3 Pay and Expenses ▪ Chapter 4 Manageable Workload ▪ Links to 4 HSCP Primary Care Improvement Plans ▪ 3rd part of the Health and Social Care Workforce plan (January 2018) ▪ Chapter 8 The Role of the Practice	Michelle Miller Janis Butler Alex McMahon Janis Butler Janis Butler
Information Governance/IT	Data sharing IT systems (national procurement underway)	Transition by 2020		Tracey Gillies Alison McCallum
Out of Hours/Unscheduled Care	New opt in enhanced service Nationally agreed specification Role in PLT	Additional PLT from April 2018		Tracey Gillies Sian Tucker
Contractual	Implement Contractual Changes	From 2018		David Small

NHS LOTHIAN

Board Meeting
7<u>th</u> Feb 2018

Executive Medical Director

GMC REVIEW OF MEDICAL EDUCATION IN NHS LOTHIAN

1   Purpose of the Report

1.1   The purpose of this report is to update Board members on the GMC review of medical education in NHS Lothian; to revisit the output from the Board development session in July 2017 which focused on undergraduate (UG) and postgraduate (PG) medical education and to outline proposals for further development of NHS Lothian as a high quality clinical education provider.

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

2   Recommendations

The board are asked to note the following:

2.1   The positive immediate visit report from the GMC following their review of undergraduate and postgraduate medical education in Lothian.

2.2   The identified areas of strength from the visit and our considerations for ongoing development.

2.3   The timeline for publication of the formal GMC report on the NHS Lothian visit as part of the overall Scotland Deanery review.

3   Discussion of Key Issues

3.1   Context & GMC Expectations

3.1.1   During a regional review, the GMC as the competent authority aim to identify and share best practice for medical education and training alongside any key challenges identified across the region as a whole. The GMC visit team achieve this by assessing through review of submitted evidence and subsequent interviews, the quality of education and training aligned to the themes and standards in the document "Promoting excellence: standards for medical education and training" – see appendix 1 (themes)

3.1.2   The GMC visit to Scotland was part of a rolling programme of formal quality assurance reviews of organisations responsible for the management of undergraduate education (University medical schools) and postgraduate training (NES in Scotland). This regional review also focussed on selected NHS Health Boards responsible for the delivery and quality control of undergraduate and postgraduate medical education and training in a region (Local Education Providers).

3.2 **Board Development Session**

A well-attended Board development session in July 2017, convened in preparation for the visit, focused on medical education and the GMC standards. This allowed Board members to engage with doctors in training and members of the Medical Education team through plenary presentations and table-top discussions. The following themes were identified:

- Access to clinical simulation for rehearsal in Lothian was seen very positively
- Learning from error & significant events is powerful but there are barriers to that happening reliably in all clinical settings for doctors in training
- High quality supervision by a trained clinician educator is key to learner engagement and development
- A positive learning environment and culture are seen as critical components for success
- Educational governance and use of action plans are an effective way to create change and monitor the educational environment of clinical units
- There is a tension between the time to train and develop and the pressure to provide high quality clinical care
- Learning across and between professional groups is our aim and gold standard

3.3 **Specialities and Sites visited**

3.3.1 Following the submission and subsequent GMC review of a sizeable data series describing our educational activities, the GMC team visited Medicine of the Elderly (MOE) and Acute Medicine in the RIE on Oct 5th 2017 and Medical Paediatrics in RHSC on Oct 6th 2017.

3.3.2 The visit team to Lothian was led by Professor Tim Lancaster a general practitioner in Oxford and Professor of Primary Health Care in the University of Oxford.

3.3.3 At the outset of both days, Miss Gillies gave a short scene setting presentation to address the governance differences between England and Scotland, the nature of NHS Lothian as an integrated health system and on day 2, some of the current challenges specific to medical paediatrics.

3.3.4 The anticipated initial output from the visit programme to NHS Lothian being:

- Serious concerns identified on the day would be immediately communicated to the Medical Director.
- Areas of good practice aligned to the GMC standards would be highlighted.
- Any areas that could be improved upon to be noted and an action plan formulated for submission to the GMC after the formal report published.

3.4 **Lothian's success**

The verbal summaries given by the team leader at the end of both days were very positive, in short:

- Executive support for the visit and the overall educational programme aims of quality control and improvement were highly visible.
- The visit team noted a positive culture of learning and development.
- The communication and collaboration between service-line, education management, training programmes and the University was very tangible and commented upon favourably by trainees and trainers on both days of the visit.

- No areas of concern were identified over the three clinical specialties visited.
- Particularly positive comments made on the quality of GP specialty training in Lothian in both MOE and Medical Paediatrics.
- The overall governance of undergraduate and postgraduate education and training in RHSC noted as positive practice.
- The content and style of our pre-visit submission was described as reassuring to the visit team and key to the success of the visit.
- Our use of action plans to describe areas of development focus in clinical units aligned to education and training was positively noted.

3.5   Opportunity for Improvement

3.5.1   To the credit of the RHSC team and described by Prof. Lancaster as "very unusual", there were no areas of improvement identified for Medical Paediatrics.

3.5.2   For the RIE campus, three areas of potential improvement were suggested:

3.5.2.1   Handover of care between A&E, AMU and MOE should be organised and scheduled to provide continuity of care for patients and maximise learning opportunities for learners in foundation training.
- This is already being addressed through local quality improvement work.

3.5.2.2   Learners must receive information and support to help them transition between educational organisations south of the Scottish border and those in Scotland.
- This is being further addressed in the August 2018 changeover for doctors in training

3.5.2.3   The development of a multidisciplinary teaching policy should be introduced, in line with the health-board's priority.
- In discussion

3.6   Reflection on the visit

3.6.1   The GMC visit to Scotland promoted collaboration and sharing of good practice linked to medical education and training both within but also across territorial Boards.

3.6.2   The Lothian visit facilitated an opportunity to promote the profile of undergraduate and postgraduate medical education and the benefits that being a local education provider (LEP) offers to our clinical care and workforce model.

3.6.3   Our work to support and develop career grade supervisors using the Clinical Educator programme (CEP) and agreeing explicit tariffs for training time has been impactful.

3.6.4   Our developments in the quality control of UG and PG medical education particularly using action plans has created transparency and promoted clinical and managerial engagement.

3.6.5   Our simulation programme is viewed positively both by clinicians in training but also by external reviewers; this is also a powerful locus of our multi-professional and inter-professional learning opportunities.

3.7   Formal reporting timeline

3.7.1   Following the visit to NHS Lothian in October 2017 and initial verbal feedback, we expect the draft formal visit report by 26th February 2018. At this point we will have an opportunity to review and check for factual inaccuracies.

3.7.2   The GMC will be holding wrap up meetings with NES and the five medical schools on Thursday 8th March. We have been offered the opportunity to discuss our Board report with members of the visit team on Monday 5th March; Miss Gillies and Mr Crombie will be attending that meeting.

3.7.3   The final report will be issued after these meetings when we will be asked to respond with an action plan to address any improvements and right of reply within 28 days.

3.7.4   The National report will be presented on 26th April at SMEC (Scottish Medical Education Conference, Edinburgh) ahead of the publication of all reports during w/c 30th April 2018.

4   Key Risks

4.1   The successes outlined in 3.4 are key to the positive culture that the visit team commented upon. We must ensure that these experiences are representative of all our clinical services and teams. Service demands and staffing pressures can have an adverse impact on trainees' experience

4.2   Ensuring a flow of trainee experience and educational quality data from frontline units to educational and clinical management lines is essential. Formation of the Lothian teaching and training management group will be pivotal to this process.

4.3   Formal recognition by the GMC for specific mandatory training is required before career grades can undertake supervisor roles. Management support for explicit training time tariffs in all clinical units must be monitored and assured.

4.4   Addressing the anticipated multi-professional learning recommendations of the GMC report will require, amongst other interventions, our simulation programme to be supported and embedded business-as-usual for clinical teams.

5   Risk Register

5.1   None

6   Impact on Inequality, Including Health Inequalities

6.1   None. Careful consideration is given to placement and experience for any trainee with additional needs

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

7.1   None

8   Resource Implications

8.1   None: information provision only

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List of Appendices

Appendix 1: GMC Promoting Excellence Standards for Medical Education and Training (Themes)

Promoting excellence: standards for medical education and training

THEME 1
Learning environment and culture

S1.1 The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.

S1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in *Good medical practice* and to achieve the learning outcomes required by their curriculum.

THEME 5
Developing and implementing curricula and assessments

S5.1 Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required for graduates.

S5.2 Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in *Good medical practice* and to achieve the learning outcomes required by their curriculum.

THEME 2
Educational governance and leadership

S2.1 The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.

S2.2 The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.

S2.3 The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.

THEME 3
Supporting learners

S3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in *Good medical practice* and to achieve the learning outcomes required by their curriculum.

THEME 4
Supporting educators

S4.1 Educators are selected, inducted, trained, and appraised to reflect their education and training responsibilities.

S4.2 Educators receive the support, resources and time to meet their education and training responsibilities.
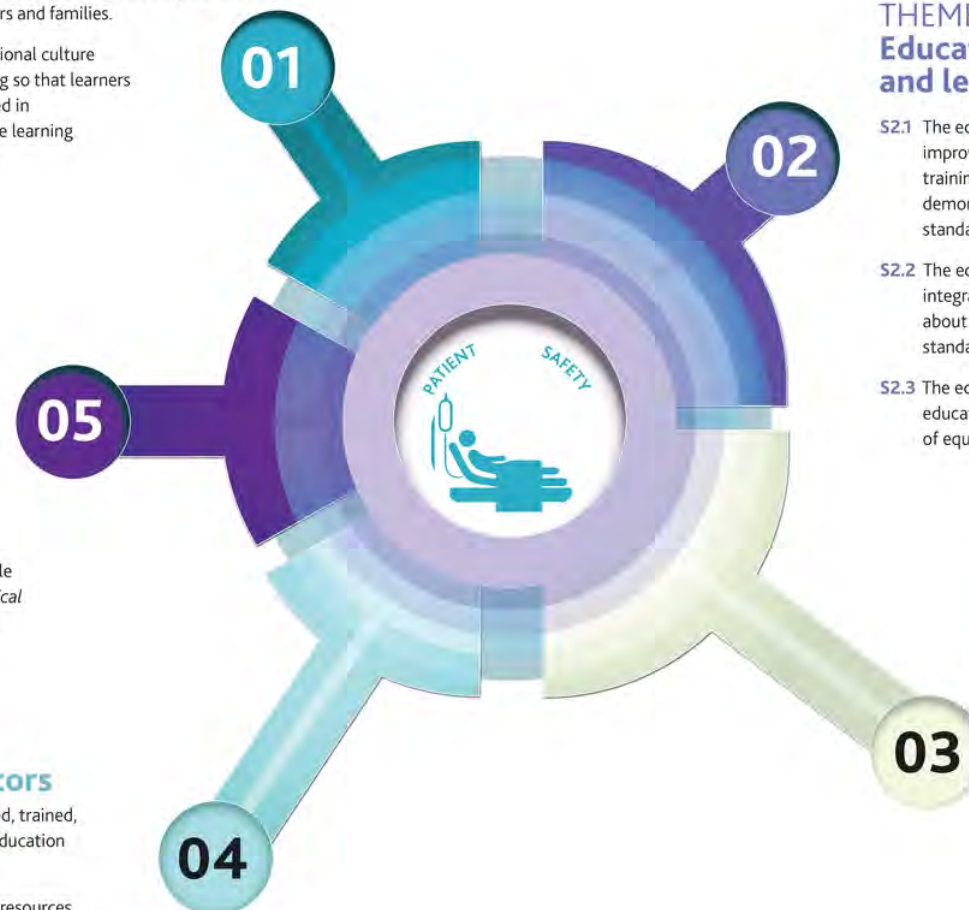
PATIENT SAFETY

01 02 03 04 05

Working with doctors Working for patients

General Medical Council

NHS LOTHIAN

Board Meeting
7 February 2018

Chief Officer, Acute Services

2.6

EDINBURGH CANCER CENTRE REPROVISION PROGRAMME

1   Purpose of the Report

1.1   The purpose of this report is to inform the Board of the ambition to submit an Initial Agreement (IA) for Reprovision of the Edinburgh Cancer Centre (ECC) to the Scottish Government (SG) Capital Investment Group (CIG) by October 2019. This will address the request from the CIG to develop and submit an IA for Reprovision. This is a South East Scotland development that will be hosted and led by NHS Lothian on behalf of the region. This paper will outline the proposed programme governance structure and inform the Board of the management arrangements required to achieve this.

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

2   Recommendations

2.1   The Board endorses the ambition to submit an IA for Reprovison of ECC to CIG October 2019.

2.2   The Board supports the programme of work to undertake a branding exercise that will include market research.

2.3   The Board agrees with and supports the decision of Edinburgh and Lothian's Health Foundation (ELHF) trustees that ELHF should take on the role of leading the fundraising for the new Edinburgh Cancer Centre.

2.4   The Board accepts this report as a source of significant assurance that the proposed programme structure and management arrangements to support progression of this work are robust.

3   Discussion of Key Issues

3.1   The Lothian Hospitals Plan (LHP), approved by the Board January 2017, strategic headline for the Western General Hospital (WGH) is for it to be the Cancer Hospital for South-East Scotland, and as such the site masterplan identifies cancer services as a priority for reconfiguration of clinical adjacencies and redevelopment of the site.

3.2   The key drivers for change in terms of the facilities from which cancer services at the WGH are delivered are documented in NHS Lothian's Property and Asset Management Strategy (PAMS) 2017 and outlined in recent papers to the Board and Finance & Resources Committee (F&R). The Strategic Assessment (Appendix 1) summarises the need for change, and was previously submitted to SG CIG in October 2016.

3.3   NHS Lothian is in receipt of a charitable grant to support transformation of the haematology service at the WGH. Transformation of the haematology service will improve the delivery of chemotherapy for patients with Haematological Cancer which

also creates opportunity for improvement in the Oncology Service at the WGH. The impact of this donation is outlined in the Haematology IA approved by F&R July 2017. Work to develop the business case for this proposal is underway.

3.4 An Initial Agreement for Cancer Services Enabling Projects, approved by F&R July 2017, was submitted to the CIG. Recognising the immediate requirement for investment to support current service provision the CIG allocated capital from 2017/18 to support the prioritised aspects of the enabling projects. As the service prioritises need within the constraints of the allocated capital detailed expenditure against this funding will not require further approval from CIG, and prioritisation of expenditure has been delegated to the Board.

3.5 In response to the submission of the Cancer Services Enabling IA the CIG requested that an IA be developed for Reprovision of the Regional Cancer Centre.

3.5 Development and completion of the cancer enabling and haematology projects represent key phases in transition to a new cancer centre for the South East of Scotland. The opportunities both projects provide in terms of service redesign, improved quality of care and planning for growth will shape longer-term redesign whilst supporting the implementation of a 'step-change' on the journey to full reprovision.

3.6 Building on the work of the haematology and enabling projects the intention, of the site clinical and managerial team, is to begin work to develop the IA for full reprovision of the cancer centre with submission to the SG CIG planned for October 2019. The timeframe for submission recognises the work involved to deliver an IA in accordance with Scottish Capital Invest Manual (SCIM) guidance and process.

3.7 A branding exercise with key stakeholders is planned that seeks to establish and develop the ECC brand in a similar vein as service providers such as the Beatson, Royal Marsden and Christie. The aim will be to create a consistent message and 'look' that ultimately shapes a service design that will reinforce our 'brand promise.' Learning from the Beatson West of Scotland Cancer Centre shows the benefits of close working with charitable and research organisations at the earliest stages of development.

3.8 Launch of this work fittingly coincides with the 70th anniversary of the NHS which will be marked in July this year in addition to the 150th anniversary of the Western General site.

3.9 The Trustees of the Edinburgh & Lothian's Health Foundation (ELHF) have agreed that the charity represents the best vehicle to raise and manage funds; a formed partnership that agrees "additive" aspects and improvements to, for example, patient experience and any future capital build. Whilst the planning of the reprovision of services in the new Edinburgh Cancer Centre takes shape, ELHF can commence a slow-build community-led campaign for existing services, raising funds, awareness and loyalty. Latterly the campaign could progress to the private (major donor) phase of a capital appeal, raising philanthropic funds for provisions over-and-above those agreed in a business case with the Scottish Government.

3.10 Figure 1 outlines the establishment of a Cancer Capital Programme Board which will oversee the Cancer Programme Delivery Group and associated workstreams/project groups and forums. Figure 2 outlines this within the context of NHS Lothian's existing governance framework.

3.11   Figure 1: Programme Board within context of existing management groups
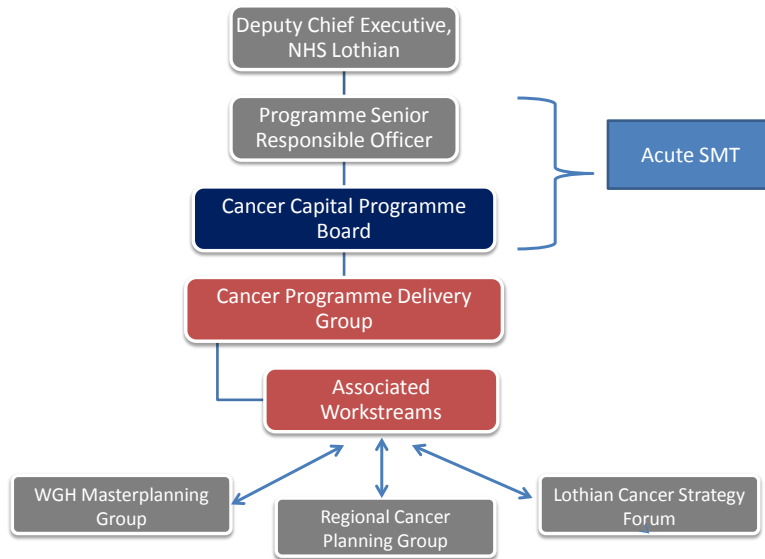
3.12   Figure 2: Programme Board within context of existing governance framework.
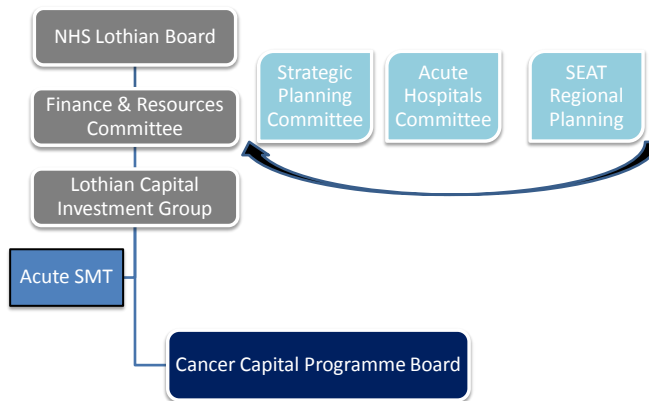
3.13   The Chief Officer, Acute is Programme Sponsor/ Senior Responsible Officer (SRO) and chair of the programme board which will meet initially in late February/ early March 2018.

3.14   This is a South East Scotland development that will be hosted and led by NHS Lothian on behalf of the region. Figure 2 includes South East and Tayside Regional Planning Group (SEAT) and reflecting the regional nature of this work a Scottish East Scotland Cancer Network (SCAN) representative will play a key role in the programme board.

3.15   A version of this paper was shared at the regional cancer planning group, a sub group of SEAT, on the 26 January 2018 where the programme arrangements and direction were supported, including understanding and acceptance that this was a regional

project. The General Manager, Cancer Services WGH, will agree a programme of engagement with SEAT and present the programme in more detail at the group's next meeting.

3.16 A further consideration in terms of regional planning will be how the programme of work is also inclusive of Dumfries & Galloway, a member in more general terms of the West of Scotland (WOS) planning group, who following an update on a 2 year programme of work to review their oncology model and pathways have articulated commitment at this meeting to work with SCAN. .

3.17 Figure 3 outlines the Cancer Programme Delivery Group which will oversee business case development for these interdependent projects; Haematology, Enabling and Reprovision.

3.18 Figure 3: Cancer Project Delivery Group and Workstreams
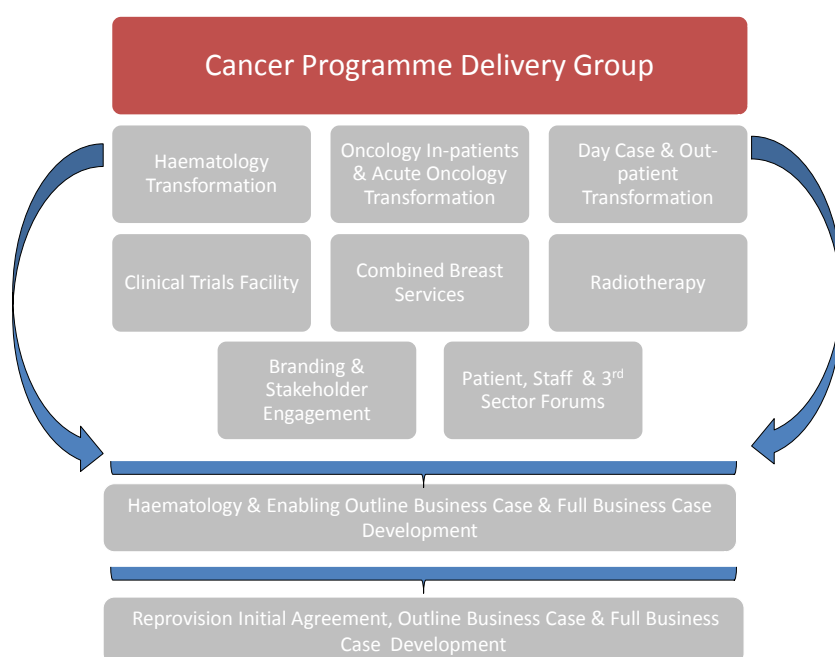
3.19 The General Manager, Cancer Services (who reports to the Chief Officer) will chair the Cancer Programme Delivery Group and a workstream/ pathway approach will feed into the developing cases for Haematology, Enabling and Reprovision.

3.20 Stakeholder involvement will be integral to designing cancer services fit for the future and the establishment of 3 focus groups at the early branding stage will provide the programme with the opportunity to secure consistent involvement from patients, the public, staff and 3rd sector partners from the outset. Once these forums are established they will function as reference groups which will feed into the workstreams and clinical pathway development of the cancer programme. Although a range of community and patient engagement and consultation approaches will be required there is an ambition to use Experience Based Co-design (EBCD) to inform much of this work. An initial approach has been made with Health Improvement Scotland (HIS) to explore the support available to facilitate training and coaching in order to support the potential use of EBCD methodology.

3.21 F&R approved capital investment of £1m in February 2017 to resource the cancer programme to Initial Agreement. It is recognised that a robust programme team is required to deliver the transformation of services not just in terms of the physical environment but also the beliefs and practices of clinical teams. Formal proposals to establish such a team, including detail of roles and responsibilities will be subject to Acute Senior Management Team (SMT) sign off. If supported, Acute SMT will recommend to Lothian Capital Investment Group (LCIG) best utilisation of this resource to support delivery of this complex programme of work. .

3.22 The programme and timeline for delivery of the Haematology & Enabling projects was previously shared with F&R November 2017

3.23 Figure 4 provides a high level timeline with key milestones to delivery of IA for reprovision in October 2019.

3.24 Figure 4: High Level Milestones to Initial Agreement
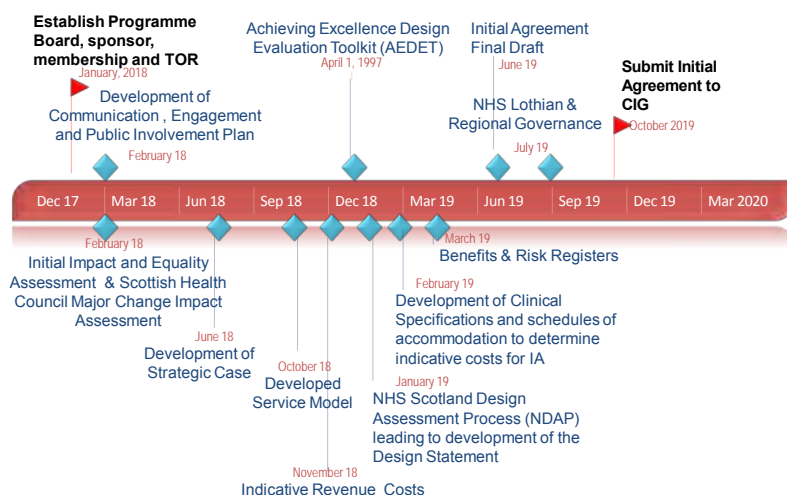
4 Key Risks

4.1 Key risks attached to these recommendations include;

4.2 Key posts required to support the programme are not recruited to in a timely manner or at all.

4.3 The programme does not sufficiently recruit to public, patient and third sector forums to ensure wide representation and or does not engage adequately with these forums to secure consistent involvement throughout the journey to reprovision

4.4 Expectations of both patients and staff are raised and there is insufficient capital resource to progress reprovision beyond IA.

5 Risk Register

5.1 There are no implications for NHS Lothian's Risk Register.

6 Impact on Inequality, Including Health Inequalities

6.1   An impact assessment will be carried out early 2018.

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

7.1   A range of community and patient engagement and consultation approaches will be required throughout the lifecycle of this programme in order to inform service configuration, redesign and branding. A communications, engagement and public involvement plan will be developed early 2018.

8   Resource Implications

8.1   F&R previously agreed in February 2017 to capital investment of £1m to resource the programme to IA stage.

8.2   The resource implications of the programme beyond this will be considered by the committee at a later date.

Chris Stirling
Site Director, WGH

Denise Calder
General Manager, Cancer
29.01.2018

List of Appendices

Appendix 1: Cancer Reprovison Strategic Assessment

PROJECT: New South East of Scotland Cancer Centre, Western General Hospital

What are business needs for change?	What measurable benefits will result from resolving the business need?	How do these benefits link to NHSScotland's Strategic Priorities?	What choices are being considered to deliver these benefits?

Identify Links   **Identify Links**   Prioritisation Score

Business needs:
- Respond to rapidly increasing demand: incidence of cancer +20.5% 2010 - 2020 in SCAN region
- Develop premises capacity and infrastructure - physical space required to deliver safe, effective, high quality services
- Need to deliver new models of care for changing needs
- Develop the workforce, retain and recruit people, and develop further multi-disciplinary working
- Share technology & develop adjacencies to acute medical, surgical and clinical support services

Measurable benefits:
- Improved capacity, quality, and safety of the physical infrastructure
- More integrated care delivery - across primary / secondary care, health / social care, and regional delivery. Care closer to home.
- Better patient Experience and outcomes
- Service & Quality Improvement - new technologies, ways of working, QI & modernisation
- Reduced HAI rates and improved patient safety
- Improved service sustainability
- Reduced footprint (on like for like basis) Change capabilities measured Reduced Carbon and Energy metrics

NHSScotland's Strategic Priorities:
- Patient Centred — **5**
- Safe — **5**
- Effective Quality of Care — **5**
- Health of Population — **4**
- Value & Sustainability — **4**

Scope or Coverage
See separate schedule of WGH, SEAT / SCAN

Service Solution
Regional Centre development - capacity & capability growth, innovation, new ways of integrated working

Service Provider
NHSL and SCAN Boards. Health and Social Care Partnerships. Third sector: New facilities for inpatient, outpatient and radiotherapy

Implementation Plan
See separate schedule

Funding Route & Value
£200m (NB improvements to site infrastructure and potential charity contributions for development)