NHS Lothian Board

08 April 2020, 09:30 to 11:30
This meeting will be conducted either through TEAMS

Agenda

Declaration of Interests

1. Declaration of Interests

Esther Roberton

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

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

Items for Approval or Noting

2. Items proposed for Approval or Noting without further discussion

Decision

Esther Roberton

2.1. Minutes of Previous Board Meeting held on 04 March 2020

For Approval

Esther Roberton

2.1 04-03-20-Public.pdf (11 pages)

2.2. Finance and Resources Committee Minutes - 26 February 2020

For Noting

Martin Hill

2.2 26-02-20 F&R signed minutes.pdf (6 pages)

2.3. Audit and Risk Committee Minutes - 13 January 2020

For Noting

Mike Ash

2.3 13-01-20 ARC_ Signed Minutes.pdf (4 pages)

2.4. Healthcare Governance Committee Minutes - 14 January 2020

For Noting

Moira Whyte

2.4 HGC 14-01-20 MW Signed Minutes.pdf (6 pages)

2.5. West Lothian IJB Minutes - 26 November 2019 and 21 January 2020

For Noting

Martin Hill

2.5 November IJB.pdf (14 pages)

2.5 January IJB.pdf (8 pages)

2.6. Financial Position 2020/21

For approval

Susan Goldsmith

2.6 - 2019 Mth 11 Financial Performance Forecast - Board 08-04-20 (final).pdf (3 pages)

Items for Discussion

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

Discussion

Esther Roberton

4. Revised Approach to Governance Meetings

Esther Roberton

4- 8 April 2020 Board - Revised Arrangements (final).pdf (4 pages)

5. COVID 19

Jim Crombie and Colin Briggs

5- Board public paper COVID (final).pdf (5 pages)

6. Lothian System Transformation Plan (LSTP)

Discussion

Alex McMahon

6- NHS L Board STP 8 April 2020 (publlic).pdf (3 pages)

7. Lothian Recovery Programme Re-Prioritisation

Discussion

Pete Lock

7- Board Paper_Recovery April 2020 v0.1.pdf (6 pages)

8. RHCYP, DCN and CAMHS Update

Verbal

Susan Goldsmith

9. Financial Outlook 2020/21

Discussion

Susan Goldsmith

9. Financial Plan Board Paper 8 April 20 update.pdf (13 pages)

10. Corporate Risk Register

Discussion

Tracey Gillies

10. Board Corporate Risk Register Report 8 April v1.0.pdf (6 pages)

11. Any Other Business

Verbal

Esther Roberton

12. Future Board Meetings

Information

- 06 May 2020
- 24 June 2020
- 12 August 2020
- 02 September 2020
- 14 October 2020
- 04 November 2020
- 09 December 2020

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

Decision

Esther Roberton

Note: There will be a meeting of the trustees after the Board.

LOTHIAN NHS BOARD

Minutes of the Meeting of Lothian NHS Board held at 9.30am on Wednesday, 4 March 2020 in the Scottish Health Service Centre, Crewe Road South, Edinburgh EH4 2LF.

Present:

Non-Executive Board Members: Mr M Hill (Vice Chair in the Chair); Mr M Ash; Mr M Connor; Dr P Donald; Cllr G Gordon; Ms C Hirst; Ms F Ireland; Mr A Joyce; Mrs K Kasper; Mr A McCann; Cllr J McGinty; Cllr D Milligan; Mr W McQueen; Mrs A Mitchell; Mr P Murray; Cllr F O'Donnell; Professor M Whyte and Dr R Williams.

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

In Attendance: Mrs J Butler (Director of HR & OD); Mrs J Campbell (Chief Officer, Acute Services); Mr J Crombie (Deputy Chief Executive); Mr P Lock (Director of Improvement); Mrs J Mackay (Director of Communications and Public Engagement); Dr S Watson (Chief Quality Officer) and Mr D Weir (Business Manager, Interim Chair, Chief Executive and Deputy Chief Executive's Office).

Apologies for absence were received from Ms T Gillies and Mrs E Roberton.

Declaration of Financial and Non-Financial Interest

The Vice Chair reminded members that they should declare any financial and non-financial interests they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. There were no declarations of interest.

83. Chair's Introductory Comments

83.1 The Vice Chair advised that in the absence of the Interim Chair he had been asked to conduct the business at the current Board Meeting.

84. Welcome and Introductions

84.1 The Vice Chair welcomed members of the public and press to the Board meeting.

85. Items for Approval

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

he would like to take the minutes of the previous Board meeting separately and discuss these as a request had been for an update on coronavirus that would be provided by Professor McCallum.

86. Minutes of the Previous Meeting Held in 12 February 2020

86.1 The minutes of the previous meeting was approved as a correct record subject to the following:-

86.2 Ms Hirst requested that the following comments made by her at the previous meeting in respect of minute 77.4 should be added and this was agreed:-

86.3 'Ms Hirst also thought that the document was a valuable reminder, in current circumstances where there is understandable focus on the recovery plan and the delayed move to the new hospital, that we do not lose sight of all NHS Lothian priorities as set out in the document. The importance of improving staff health was stressed as being part of improving the health of the general population.

86.4 In addition Mr McCann requested the following additional amendment:-

86.5 Minutes 75.5 Royal College of Child and Young People to read Royal College of Paediatrics and Child Health and minute 77.4 last sentence to read Mr McCann concurred ...'

87. Matters Arising from the Previous Meeting

87.1 COVID-19

87.2 Professor McCallum provided an update on the current global situation as per World Health Organisation (WHO) reporting. The Board noted as of 3 March 2020 there had been 19870 reported cases, 8000 in China and the rest elsewhere. There had been around 2000 cases reported between 2 – 3 March and 93% of these cases were outside China. There had also been 2946 reported deaths in China and 166 elsewhere.

87.3 The Board noted it was important to recognise that this was a global outbreak with sustained community transmission in most counties. There had been 53 confirmed UK cases as of 3 March and there had been 915 tests undertaken in Scotland. Professor McCallum explained that this was an evolving situation with an increasing number of UK cases. The current UK risk remained at moderate and Scotland continued to be in the containment phase, testing many potential positive people and those showing suspicious symptoms.

87.4 The Board noted that the number of cases in Scotland was expected to increase and work was underway with service improvement and national level colleagues to minimise the risk of community transmission, delayed sustained community transmission and the onset of illness within the vulnerable parts of the population. Professor McCallum reported that the Boards Executive Team had met and moved from the outbreak phase to a sustained incident management response approach

using organisational systems along with specialist advice to allow the Public Health Team to plan and prepare for the next phase which was around detailed contact tracing which took time and staff focus. The moving of phases also required the need for more enhanced command and control responses. It was noted there would now be weekly Corporate Management Team (CMT) Strategic Group meetings along with a daily response Hub meeting, which would prioritise issues, pull in necessary support and provide information for staff.

87.5 Professor McCallum outlined the coordination structure which included operational teams, primary and secondary care and Health and Social Care Partnerships (HSCP) engagement. There was also engagement with the multi agency Scottish Regional Response Forum which included Local Authorities, police, fire and others.

87.6 The Board noted that at this stage the precautionary approach continued and assumptions were in place to plan for a bad flu season in late spring, early summer 2020 and a bad flu season for winter 2020. Planning had to be put in place for any required sustained response and this was for the worst case scenario.

87.7 Professor McCallum requested that as a consequence of the increased global and UK risk that COVID-19 be added to the Boards corporate risk register given the impact on current service objectives and the potential for serious illness and potential death within the population.

87.8 The Board noted the work that teams had undertaken across the system to set up 3 new clinical services – laboratory, community and drive through testing. These had been established rapidly and had received positive feedback from patients and staff. Professor McCallum confirmed that the best approach was for people to wash hands thoroughly with soap and water, to catch coughs and sneezes, to avoid touching the face and to clean frequently used surfaces often.

87.9 Professor McCallum provided further details around the single system response. It was noted that the Boards CMT was the overarching structure and there were expert groups established for all areas including HSCPs. These people had been pulled together as an incident management team which had been led by Public Health and supported by management and Site Directors. This work was now in a phase where a lot of activity had to become business as usual to allow the movement of specialists to solve the next set of problems.

87.10 The Chief Executive stated that the CMT Strategic Management Group would be meeting the following week and the response hub ‘huddles’ led by the Executive on call that day would happen every day to review the situation, disseminate up to date information to staff and stakeholder colleagues as required and move actions quickly if needed.

87.11 Mr Murray asked if there was any need to consider any potential impact on recovery plans by way of actions taken and whether there was a need to pause any of the recovery work. The Chief Executive stated that there was an escalation process in place to consider if work needed to be cancelled, delayed or maintained and this point had not yet been reached.

87.12 Cllr O'Donnell asked about advice to staff around self isolation. Professor McCallum confirmed that the Public Health Scotland Act ensured that no one would be left destitute. Mrs Butler advised from the employers perspective anyone needing to self isolate would be fully paid from the onset.

87.13 Mr McCann asked about the use of technology such as 'attend anywhere' remote consultations and whether the pace of investment in this area could be increased. There also needed to be consideration of conferencing technologies for the Board and sub committees to ensure continuity of Board business. Mrs Campbell stated that testing of 'attend anywhere' was underway within the Minor Injuries Unit at the Western General Hospital and rapid deployment potential was being considered. Dr Williams suggested that there could be an opportunity to use the situation as a catalyst for change and would have a significant impact on freeing up resources.

87.14 There was discussion on planning arrangements for the most severe end of the disease, this included ventilation capacity and intensive care support.

87.15 Mrs Campbell reported there was work underway with the Acute Group which also had a specialty focus. Pandemic plans included critical care capacity and this was being updated at the moment. The secondary care group were also considering plans. In relation to contingency planning the Board noted there was a physical limit to capacity that could be turned on and having 3% of the population hospitalised would provide a challenge for the whole of the UK and not just NHS Lothian. There was also the issue of sick staff that would dictate on physical capacity to deliver services.

87.16 Mr McQueen asked about approaches to engage recently retired GP's and health professionals and issues around supplies of masks. Mrs Butler confirmed that there was a workforce section in the pandemic plan to look at recently retired staff and the question would be at what point this would be enacted. Professor McMahon advised there was an issue around the supply of appropriate masks and the Scottish Government were picking this up with procurement at a national level.

87.17 The Board noted there would be a staff communication issued later in the day and Board members would be included in this. Further information would be disseminated as appropriate from the Strategic Group and the Hub meetings. There would also be information and sign posting to Government and Health Protection advice available on the NHS Lothian website. The Board agreed the COVID-19 briefing would become a formal standing Board agenda item.

87.18 The Chair sought and received the agreement of the Board to agree items 2.2 - 2.9. The following were approved.

87.19 Finance and Resources Committee Minutes – 22 January 2020 – approved.

87.20 Audit and Risk Committee Minutes – 25 November 2019 – approved.

87.21 Staff Governance Committee Minutes – 30 October 2019 – approved.

87.22 Midlothian IJB Minutes – 5 December 2019 – approved.

87.23 East Lothian IJB Minutes – 5 December 2019 – approved.

87.24 Edinburgh IJB Minutes – 4 February 2020 – approved.

87.25 Appointment of Members to Committees – the Board approved the proposals contained in the circulated paper.

87.26 Review of NHS Lothian's Standing Orders – approved.

88. Items for Discussion

88.1 Opportunities for Committee Chairs or IJB Leads to Highlight Material Items for Awareness

88.2 Mrs Mitchell as Chair of the Staff Governance Committee advised that at the February meeting traffic management had been discussed as it was felt there had been an increase in the risk level. Mr Crombie advised this issue had also been discussed at the Health and Safety Committee. He felt that the situation was evolving particularly at the Western General Hospital and St John's Hospital campuses in relation to construction work and the length of time that this would be underway thereby compromising parking and traffic movement. It was noted that the Health and Safety Committee and the Staff Governance Committee would receive regular updates. It was noted that the Staff Governance Committee had taken limited assurance about the arrangements in place.

88.3 Mr Ash as Chair of the Audit and Risk Committee provided an update on the continuing internal audit process in respect of the RHCYP/DCN project. A final report would be submitted to the Audit and Risk Committee on 27 April 2020 and thereafter to the NHS Board in May 2020. Mr Ash advised that following consideration at the Audit and Risk Committee on 27 April 2020 the report would be in the public domain and he would ensure that Board members received a link to the final version of the report.

88.4 Mr Ash advised that the corporate risk register was now complete and had been issued to the Healthcare Governance Committee, Staff Governance Committee and the full Board. He felt there would be benefit in holding a development session about how to use the opportunities presented by the new corporate risk register.

88.5 The Vice Chair advised as Chair of the Finance and Resources Committee that there had been ongoing scrutiny around the programme for completion of the RHCYP/DCN building. He advised that Mrs Morgan, Senior Programme Director had attended the meeting and that he had also met her in private.

89. NHS Lothian Recovery Plan Update

89.1 Mr Lock advised that the main focus of the discussion at the current Board meeting would be around scheduled care. He commented however in advance of that he would like to provide a brief overview of key issues that had happened since the previous Board meeting. The Board were advised that the Royal College of

Paediatrics and Child Health had visited the St John's Hospital (SJH) site and had provided a largely positive preliminary letter around their findings. Issues of fragility of rota's had been raised and a full report would be received shortly. Mr Lock advised the Board that there had been no significant changes in mental health performance since the last Board meeting. He commented however that progress continued in respect of recruitment as well as moving into discussion with staff around changes particularly in psychological therapies.

89.2 Mr Lock advised in respect of unscheduled care there continued to be challenges in January and February. He commented that a number of the Executive Team had undertaken site visits to provide support to frontline staff at the Royal Infirmary of Edinburgh (RIE) and the Western General Hospital (WGH). It was noted that in the week following these visits that overall organisational performance had improved albeit the position remained challenging.

89.3 The Board noted that delayed discharges had spiked in January 2020 and since then there had been a small degree of improvement. The Edinburgh IJB had put in place a 1 week 'Home First' test of change at the RIE. If this was successful consideration would be given to how best to roll this approach forward throughout the remainder of the organisation.

89.4 The Board noted in terms of recovery pledges made to the Scottish Government that a number of these were on track. Mr Lock advised that the achilles heel was in respect of unscheduled care and that further work was being undertaken which would roll into the Annual Operational Plan/ System Transformational Plan to be presented to the Board in April 2020 for approval.

89.5 The Vice Chair commented that he assumed that the report made by Mr Lock was predicated on no significant deterioration of the coronaviris outbreak leading to a pandemic.

89.6 Mr Crombie commented in respect of the increasing number of attendances that the Board should be assured that the Executive Leadership Team was monitoring the situation on a real time basis across all campuses with site visits having been undertaken by Executive Directors. He felt that the main benefit of Executive's visiting various campuses was to show real time support to staff and to allow them to outline the difficulties that they were experiencing. Mr Crombie commented that the commitment of the whole clinical team in campuses had been commendable.

89.7 The Chief Executive felt in respect of 'Home First' that the key issues were around cultural and behavioural change and that this would not happen overnight. Part of the issue was around the risk appetite to discharge patients earlier. He reminded colleagues that a key issue was that the Emergency Department at the RIE was too small.

89.8 Mr Murray advised that at the recent Cosla meeting a health and social care paper on joint accountability across the whole system had been positively received. He felt that a key issue was for IJBs to come up with radical ideas and to move these forward at a faster pace. Updates were provided on initiatives being undertaken across the 4 IJBs in Lothian with it being noted that in particular East Lothian were the best delayed discharge performer in Scotland.

89.9 Ms Hirst commented that individual IJBs had different relationships with the housing sector and that the impact of capacity in housing was an important issue in order to ensure that adequate housing was available for patients to move back into after discharge from hospital. It was suggested that this and related items would be suitable for discussion at the reconstituted Integrated Care Forum.

89.10 The point was made around the importance of HSCPs and other agencies working together particularly in respect of schools and school nursing and other services not solely related to the NHS. Professor McMahon advised that these issues were being picked up and progressed.

89.11 Professor McMahon in response to a question from Cllr O'Donnell advised that performance data across the patch could be made available to HSCP Chief Officers. Mr McCann advised that delayed discharge remained an issue from the Edinburgh HSCP perspective although he felt that there was commitment to improvement through the transformation plan and it would be important to protect this position.

89.12 Dr Williams commented in respect of the recommendations contained in the circulated paper that he felt there was a disconnect between the two recommendations. He felt that the Board could take significant assurance around processes but less assurance around actions taken to produce a different answer to the current performance position. He felt there was a need for more detail about what needed to be done differently to determine the desired outcome. Professor McMahon as an example provided details of significant workstreams and progress being made in respect of CAMHS and Psychological Therapies where recurrent investment had been supported by HSPC Chief Officers. Another key element of the programme of improvement was around increased and improved productivity. It was noted in terms of mental health there had been a lot of external support and advice and this might be useful in informing the unscheduled care plan in respect of the front door at the RIE. Engagement and interfaces with other parts of Scotland were reported.

89.13 Mrs Goldsmith reported that she felt there was an issue about capacity and the financial step up in order to sustain progress. She felt this position was not yet clear in respect of unscheduled care albeit it was recognised that this was being worked on at the moment to include issues around population drivers.

89.14 The Chief Executive advised that at the April Board meeting the Annual Operational Plan / System Transformational Plan would be presented with it being noted this would seek to extend beyond an annual plan into a system sustainability plan. The budget setting process with Councils and the impact on social care were discussed in terms of how this related to assumptions required in order to meet trajectories. Cllr O'Donnell referred to the recent letter in respect of the Scottish Governments budget for 2020/21 which had confirmed that the health portfolio would transfer a further £100m to Local Authorities for investment in social care and integration and for continued support for school counselling services. It was noted that similar to the previous year flexibility would be available to Local Authorities to off-set their adult social care allocation to integration authorities by up to 2% in 2021 based on local needs. Impacts and consequences of this were discussed. It was felt that although this allocation would be sufficient for some HSCPs it was not felt this would be the

case in Edinburgh with it being reported by Mr McCann that this issue was being worked on.

89.15 Mrs Kasper advised that at Board level she felt there was a need for visibility of specific actions and the timelines of these. She commented that currently it was difficult to see how well some issues were working and also aspects of where the recovery plan was not delivering as anticipated. The Chief Executive commented that this was a reasonable challenge and the key analysis was that there was insufficient social care capacity in place at the point of need.

89.16 Mr Lock and Mrs Campbell provided the Board with a power point presentation in respect of scheduled care progress. It was noted that the outpatient performance had improved but remained an outlier in respect of the rest of Scotland. The TTG position was better but deteriorating partly because of a reduction in outpatients and a conversion to inpatients. Cancer and endoscopy performance had been improving but radiology capacity remained stretched. The Board were advised that the system was out of balance particularly in respect of demand exceeding core capacity, the increased reliance on the independent sector and the impact of improvement work.

89.17 Mrs Campbell advised that NHS Lothian was on track to deliver at the end of March 2020 on outpatient and TTG targets. There was a significant issue in respect of dermatology with an update on mitigating actions being provided.

89.18 The Board were advised that the Edinburgh Dental Institute (EDI) position was reporting as at risk following the move to Trak with there being evidence of an increase in 12 week performance with additional management input being required in this area to reduce the gap.

89.19 Mrs Campbell advised that 2020/21 trajectories had been completed for all acute service areas in Lothian and that an initial analysis was reporting a 36,000 inpatient gap and a 4,000 TTG gap.

89.20 Mrs Campbell advised that at March 2020/21 the outpatient 12 week breaches would reduce to 13,200 (excluding EDI numbers) and that the TTG 12 week breaches would remain relatively unchanged at 3,200. The 31 day cancer target would be at 95% and the 62 day target would be 91%. It had been agreed for the first quarter of the year that EDI would not be recorded as there was a need to undertake a DCAQ process to understand the position better.

89.21 The Board noted in respect of the TTG trajectory of 3,200 that the Scottish Government had asked for this to be reduced further and the position in respect of capacity constraints and theatre and workforce issues was explained to the Board. An update was provided on ongoing discussions in respect of creating additional capacity including consideration of improved theatre utilisation.

89.22 The Board noted that the long term strategy for scheduled care was developing and would include endoscopy capacity plans, short stay elective care and the Western General Hospital Cancer Centre Redevelopment.

89.23 Mr Lock advised that in respect of scheduled care there was more granularity of data available and the key issue was to look at areas of opportunities in psychological

therapies and CAMHS and to consider how to expand this into more complex areas. The Board were assured that significant work was ongoing on how to undertake more work in the secondary care and other sectors. The primary care position was also being discussed including funding requirements in order to allow the shift in the balance of care from the acute sector into the primary care arena to happen.

89.24 Mr McQueen commented in respect of scheduled care that for the next Board meeting it would be helpful to have a paper detailing the sense of how Lothian was progressing and how it benchmarked against the rest of Scotland. He commented that it would also be prudent to look to other areas to see if any lessons could be learnt in respect of theatre utilisation whilst recognising the different levels of demand and capacity evident elsewhere in Scotland. Mr Lock undertook to provide this detail.

89.25 Mrs Campbell commented that the introduction of the short stay elective centre would address fundamental core capacity for 5 of the largest services and would provide an additional 11 theatres as well a significant investment in diagnostics. It was noted that work was underway in tandem with the Director of Primary Care Transformation in respect of developing different pathways.

89.26 Ms Hirst questioned whether enough work was being undertaken to share the issues discussed at the Board meeting with the population particularly in respect of people on waiting lists through patient groups etc. She felt that it would be important to share the problem and to facilitate people to make their own decisions about what they wanted to do in respect of their health and care. Mrs Campbell commented she agreed more could be done in respect of communication which she felt was good on an individual basis but perhaps less so in respect of the wider population. She would give consideration on how to progress this suggestion.

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

90. Royal Hospital for Children and Young People, Department of Clinical Neurosciences and Children and Adolescent Mental Health Services (RHSYC, DCN and CAMHS) Update

90.1 The Vice Chair advised that further detailed discussion on this issue would be held in private session due to issues of commercial confidentially.

90.2 Mrs Goldsmith updated on progress around the packages of work since the previous Board meeting. It was noted that works on air handling units were the responsibility of Multiplex and had been concluded at the end of February with the exception of some minor issues. She provided an update in respect of Medium Value Changes (MVC) for fire safety elements in DCN with it being noted that the scope and content had been agreed by all parties with the issue now being around the number and location of smoke detectors. The Board were advised that in parallel the contractor had been progressing work in order not to compromise timescales. Mrs Goldsmith advised that as soon as the MVC change was issued to IHSL a detailed programme of plans would be received which would hopefully confirm the ability to move DCN in to the new hospital in the spring of 2020.

90.3 The Board were advised in respect of the children's aspect of the move and the rectification of issues around the clinical care unit and haematology/ oncology that it would be early March before a detailed programme was available. The Board were advised that the next stage of design works would be received later in the week with it being felt it would be detailed enough to make progress. There would then be a need to consider the business cases to allow the issuing of the contract to provide the replacement air handling units and to firm up on the timeline. Mrs Goldsmith reminded the Board that following installation there would still require to be a period of testing and assurance in order to confirm compliance.

90.4 The Board noted that an update on the internal audit report had been provided earlier in the meeting.

90.5 Mrs Goldsmith provided an update in respect of the public enquiry draft terms of reference. Her only concern was that the production of documentation files would require input from the project team who were already busy working on the delivery of the completion of the hospital and this would represent a resource pressure that would need to be addressed.

90.6 Mr McQueen questioned whether the terms of reference gave any indication of the start date of the public enquiry. He further advised that a secondary issue would be to ensure that current and ex employees called to give evidence were equipped and supported to do this on an individual basis at the correct time. Mrs Goldsmith advised there was no formal indication of timelines and confirmed employees would be supported at the appropriate time. The Chief Executive confirmed that all former employees would be entitled to the same level of legal support as current employees.

90.7 Dr Williams advised that the Board had always encouraged a culture of support and learning from missed opportunities. He commented however that it was important to remember that within this project there had been factors outwith the control of NHS Lothian and he questioned whether this would be factored into the public enquiry. Mrs Goldsmith advised that she did not have the answer to that question although she did report that NHS Lothian's own internal audit had contained a strong piece of context. The Vice Chair advised that this question would be worth revisiting once the content of the NHS Lothian internal audit report had been finalised.

90.8 Mr Ash questioned whether NHS Lothian would have an opportunity to comment on the terms of reference for the public enquiry. Mrs Goldsmith advised that her understanding was that NHS Lothian was not being asked to specifically comment. The Board were advised however that the Scottish Government had asked NHS Lothian to write out to parents and families asking them to make their comments.

90.9 Mrs Goldsmith would circulate the draft terms of reference as had been received for engagement with patient groups and would also clarify with the CLO the position in respect of NHS Lothian's ability to comment on the terms of reference.

90.10 The Board noted and agreed the contents of the circulated paper.

91. Any Other Competent Business

91.1 Valedictory Comments – Dr Simon Watson, Chief Quality Officer – The Vice Chair paid tribute to the work undertaken by Dr Watson and commented in particular his contribution to quality improvement and strengthening the underpinning of work around culture had been particularly impressive. He wished Dr Watson well in his new role as Medical Director for Health Improvement Scotland. Dr Watson provided a few words in response and thanked the Board for their support.

92. Invoking of Standard Order 4.8 – Resolution to Take Items in Closed Session

92.1 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.

93. Date and Time of Next Meeting

93.1 The next meeting of Lothian NHS Board would be held at 9:30am on Wednesday 8 April 2020 at the **Scottish Health Services Centre, Crewe Road, Edinburgh.**

Chair's Signature……

Date……

Mrs Esther Roberton
Interim Chair – Lothian NHS Board

FINANCE AND RESOURCES COMMITTEE

Minutes of the meeting of the Finance and Resources Committee held at 9.30 on Wednesday 26 February 2020 in Meeting Room 8, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present: Mr M. Hill, Non Executive Board Member (chair); Mr T. Davison, Executive Director; Ms F. Ireland, Non Executive Board Member; Mr C. Marriott, Deputy Director of Finance; Mr A. McCann, Non Executive Board Member; Councillor J. McGinty, Non Executive Board Member; Mr B. McQueen, Non Executive Board Member; Professor M. Whyte, Non Executive Board Member.

In Attendance: Ms J. Brown, Head of Internal Audit (item 33.3); Mr I. Graham, Director of Capital Planning and Projects; Dr B. Hacking, Clinical Director Psychology (observing); Dr J. Hopton, Programme Manager, Facilities (item 34.1); Ms B. Pillath, Committee Administrator (minutes).

Apologies: Ms J. Campbell, Chief Officer, Acute Services; Ms T. Gillies, Medical Director; Ms S. Goldsmith, Finance Director; Mr P. Murray, 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.

32. Committee Business

32.1 Minutes and Actions from Previous Meeting (22 January 2020)

32.1.1 The minutes from the meeting held on 22 November 2020 were approved as a correct record.

32.1.2 The updated cumulative action note had been previously circulated.

32.1.3 Regarding action 7 about discussion at the Integrated Care Forum it was noted that the Integrated Care Forum had been post poned or cancelled several times and that more work was needed to make this a useful forum. The involvement of Council colleagues was key to this and the agenda needed to be relevant to ensure interest. Mr Hill agreed to ask that the role of both the Integrated Care Forum and the Strategic Planning Committee be discussed at the next Strategic Planning Committee meeting. **MH**

33. Capital

33.1 Property and Asset Management Investment Programme

33.1.1 Mr Graham presented the previously circulated paper. Mr Hill noted that the cabinet secretary for health had been questioned at parliamentary questions about an Edinburgh Cancer Centre, and her response had been that the timescale was a matter for NHS Lothian. Members noted that an Edinburgh Cancer Centre could not be completed by 2025 due to indication of a lack of available funding from the Scottish Government. Despite this business cases were being prepared for the St John's Hospital Elective Care Centre and for reprovision of the Eye Pavilion, and an initial business case was being worked on for the Cancer Centre although this would be a very large capital project.

33.1.2 It was noted that the HSDU project had been changed. It had previously been agreed to consider a new site for HSDU and not refurbish the existing facility; now the existing facility was being refurbished first to test out the new model before moving on to consider new site options. The aim in the project was to maximize both sustainability and revenue benefits in this energy intensive resource.

33.1.3 Mr Graham updated on the cost of concrete for the cancer enabling works. Cost saving options had been considered but none of these would enable the clinical spaces required. A headline reduction in the cost of poured concrete had been achieved, but further savings were still required.

33.1.4 Members accepted the recommendations laid out in the paper.

33.2 Update on NHS Lothian Masterplanning

33.2.1 Mr Graham gave a presentation. The resources for planning were being arranged, including funding and personnel. This also required time for clinicians to input into planning projects.

33.2.2 Masterplanning was required to be aware of what would need to be done in the future and what could be done. For individual projects the prioritisation process would include what funding would be likely to be available and therefore time would not be spent planning projects which could not be carried out.

33.2.3 It was noted that NHS Lothian had made strategic investments and replaced a number of older hospitals in the last 10 years which had reduced the backlog maintenance, putting Lothian in a better position than other Scottish Boards. The most recent of these was the East Lothian Community Hospital opening in 2019 which had been a success.

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

33.3.1 A paper had been previously circulated. The chair welcomed Ms Morgan to the meeting and she gave an update on the programme. The oversight board was working to the move in date for DCN of the last week in May 2020. Fire enhancement works were expected to be completed by 7 May. There were risks associated with this timescale, but there were also financial and clinical risks as long as the new hospital remained empty and old buildings continued to be used.

33.3.2 At the outset of the work there were more than 200 actions to be closed, of which 45 remained. Some of these would be closed at a water safety meeting that day, and others were related to inspections which would take place at the end of the works. As would be normally expected, some pieces of work would remain to be done after the move had taken place.

33.3.3 The decision to go ahead with the move in date for DCN would be made by 10 April, around 6 weeks prior to the move in date. This decision would be based on whether the ongoing works on the RHCYP would impact on the DCN part of the building. This would become clear once the detailed programme design had been agreed, which was expected to be in the next week. There was a high level of confidence that the impact would be limited and the DCN move could go ahead.

33.3.4 The commissioning period prior to the move in date would be 6 weeks. Services associated with the DCN had met that week to agree the detailed commissioning plan and were confident that this could be delivered in the 6 weeks. All this time would be needed.

33.3.5 Works would not be completed on 10 April when the decision to work towards the last week in May move in date would be made. Ms Morgan advised that the impact of the high value works would be known by that date and the position and progress with the outstanding works and any risks would be assessed at that point. The decision would be made at the weekly Executive Steering Group meeting and the weekly Oversight Board meeting and would be made collaboratively between government officials, NHS Lothian executive team, and the cabinet secretary. It would then be ratified at the Board, hopefully at its meeting on 8 April. It was noted that there would still be a risk that after agreeing to work to the last week in May that the opening would still have to be postponed, but this would be assessed as any issues emerged.

33.3.6 It was expected that the high value works at the RHCYP were expected to have begun by 10 April and would continue throughout the summer. It was noted that major building works were carried out in operational hospitals frequently all over the estate, so processes for ensuring safety were well tested.

33.3.7 For the RHCYP the date for completion in the draft agreement is for 23 November 2020, with changes to the building complete by 3 September. The period between these two dates would be for commissioning and validation. The date on which a decision would be made as to whether to work to the 23 November opening would be in mid October, 6 weeks prior to opening. Testing would be in progress from 3 September which would give incremental assurance that all areas had been satisfactorily covered.

33.3.8 The supplemental agreement had to be signed off before this work could start, and this would have to be done by 18 March in order to keep to this timescale. Negotiations continued and progress was being made with a more positive approach being taken by both parties, and it was hoped that agreement could be reached by this date.

33.3.9 The Finance and Resources Committee would review the programme design once it had been completed the following week. It was noted that the cost of the design was

being covered by the cabinet secretary and not NHS Lothian. Recurrent payments would be the responsibility of NHS Lothian.

33.3.10 Mr Davison outlined a current concern which had arisen due to emerging guidance recommending negative pressure isolation rooms in all emergency departments for treating patients with high impact infectious diseases such as COVID 19. Currently all the isolation rooms in the RHCYP were positive pressure according to the guidance at the time but this meant there were not suitable for treating these patients. This was not an issue for these works as the design was according to the guidance available at the time, but it needed to be resolved and there would be less impact if this was done while the hospital was empty. Further discussions were being held between Health Facilities Scotland, Health Protection Scotland, the cabinet secretary and NHS Lothian on the best solution.

33.3.11 Mr Davison gave assurance that the cabinet secretary was part of the decision making on the timescales for opening the hospital and was aware of the all the risks. She was kept updated through the Oversight Board.

33.3.12 Members agreed that the supplemental agreement would be circulated electronically once finalised and any comments would be made as necessary. Mr Graham, Mr Marriott and Ms Morgan would arrange this. **IG / CM / MM**

Internal audit report

33.3.13 A paper giving an update on progress with the Internal Audit report had been previously circulated. This paper had been discussed at the Audit and Risk Committee on 24 February 2020 and an extract from the minute was circulated in hard copy for the meeting only. The final report was expected to be presented to the Audit and Risk Committee on 27 April 2020 and then discussed at the Board. The Finance and Resources Committee would then consider any recommendations relevant to the remit of the Committee. **SG**

33.3.14 Ms Brown advised that the findings were that the environmental matrix was not NHS Lothian's document but was the work of the engineers working on the project. She explained the process by which this document became part of the programme plan. The technical advisors Mott MacDonald had several opportunities to review the environmental matrix but the mistake was not picked up. There was a difference of opinion as to whether the environmental matrix was contractual and the Central Legal Office view was being sought before the report would be finalised.

33.3.15 There was discussion about the role of advisors and decision makers. Ms Brown advised that the Project Steering Group was the body that made decisions, but it did so on assurance from advisors. The assurance for volume 3 of the agreement was gained by having Mott MacDonald attend the Project Steering Group. The advisors did identify some SHTM discrepancies, but not those in critical care.

33.1.16 Mr Davison summarised the discussion of the report at Audit and Risk which asked why the derogations in the supplemental agreement included critical care rooms listed under the requirements for standard rooms, why the environmental matrix was signed off wrong, and why no future versions were corrected.

33.1.17 Ms Brown advised that the original contract was to follow SHTM guidance, but when the supplemental agreement with derogations were signed this included a list of room numbers to be built as standard isolation rooms with 4 air changes per hour, and this list wrongly included all the critical care isolation rooms. The derogation overrode the SHTM.

33.1.18 Members noted the highest level at which expertise was available to make technical decisions was at the project board level. They also noted that the report did not show all the problems that were identified and corrected at the project board.

34. Revenue

34.1 Sustainability and Climate Change

34.1.1 The chair welcomed Dr Hopton to the meeting and she presented the previously circulated paper. It was noted that gaps in capacity to carry out the work were recognised. The next steps for resolving this would be part of bringing forward specific proposals which would lay out what resources would be required and whether they would rely on existing systems or introduce new roles.

34.1.2 The leadership for this area was through the Deputy Chief Executive who had line management responsibility for the Estates department, and the Director of Public Health as part of her role in public health.

34.1.3 Edinburgh Council had recently announced its plan for responding to climate emergency and that the other Councils would have similar plans which NHS Lothian could be involved in.

34.1.4 As detailed assessment on clinical pathways was carried out it would show how there may be trade off between clinical and sustainability priorities.

34.1.5 There was engagement and enthusiasm in this area among staff in a way that there was not for sustainability and value initiatives, so it would be useful to match up the momentum.

34.2 Impact of Nursing and Midwifery eRostering

34.2.1 Ms Ireland presented the previously circulated paper. It was noted that the initial business case projected improvement to 30% bank over agency spend, but agency spend had actually increased after the system had been implemented. Ms Ireland advised that the eRostering would allow requests to be put in earlier so that bank staff was more likely to be available, and that following full implementation this could still improve.

34.2.2 The contract was for 5 years and was now four years in with 8 months full implementation. The system was implemented in the first ward in 2015 so they have four years use. The contract was incremental so only what was being used by number of staff each year was paid for as the role out spread.

34.2.3 The target was for the roster to be completed 6 weeks before the shift as this was standard for medical staff. Compliance was currently around 4 weeks so further work

was needed, but this was an improvement to the previous system where rostering was often one week before the shift.

34.2.4 The system gave wards a useful planning tool for work which was previously carried out on paper. There were also 'warnings' and 'violations' in the system which could not be overridden if unsuitable working hours were entered, so this should benefit staff wellbeing.

34.2.5 Members accepted the recommendations laid out in the paper and were confident that the improvements already indicated would become clearer in the next year. A further report was requested at the meeting in October 2020. **FI**

34.3 2019/20 Financial Position

34.1.1 Members accepted the recommendations laid out in the previously circulated paper.

35. Committee Business

35.1 Reflection on the meeting

35.1.1 The chair would bring to the attention of the Board the discussion on the RHCYP/DCN programme update and internal audit report.

30. Date of Next Meeting

30.1 The next meeting of the Finance and Resources Committee would take place at **9.30** on **Wednesday 25 March 2020** in **Meeting Room 8**, Fifth Floor, Waverley Gate.

31. Meeting Dates in 2020

31.1 Further meetings would take place on the following dates in 2020:
- 22 April 2020;
- 20 May 2020;
- 17 June 2020;
- 22 July 2020;
- 26 August 2020;
- 23 September 2020;
- 28 October 2020;
- 25 November 2020.

Martin J. Hill

NHS LOTHIAN

AUDIT AND RISK COMMITTEE

Minutes of the Audit and Risk Committee Meeting held at 9.00 am on Monday, 13 January 2020 in Meeting Room 8, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

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

In Attendance:
Ms J Brown, Chief Internal Auditor; Mr C Brown, Scott Moncrieff; Mr M Hill, Chair Finance and Resources Committee, Non- Executive Board Member; Mr B Houston, Chairman; Mr C Marriott, Deputy Director of Finance; Mr A Payne, Head of Corporate Governance; and Miss L Baird, Committee Administrator.

There were no apologies for absence.

The Chair reminded Members that they should declare any financial and non-financial interests they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. There were no declarations of interest.

44. Minutes of the previous meeting held on 25 November 2019

44.1 The minutes of the meeting held on 25 November 2019 were accepted as an accurate record subject to the following amendments (which are underlined and in bold):

- **31.6:** The committee agreed to support the proposal to defer the audit **on** recruitment, with the assurance that the Q4 workforce planning audit will pick up workforce supply risk and the measures that are being taken to mitigate risks.
- **38.2**: Internal Audit Quality Strategy – Ms Brown advised there was limited assurance that controls were in place across NHS Lothian to provide assurance to the Board that the Quality Strategy was being implemented. The report gave 'no assurance rating' to the objective that the programmes/ networks agreed and undertaken in 2018/19 made a positive contribution to NHS Lothian delivering the Quality Strategy. **Overall Internal Audit Team had experienced difficulty in assessing the internal controls in place and the management response had been brief.**

45. Running Action Note

45.1 The committee noted the actions marked complete. Those marked ongoing would be updated in advance of the February Audit and Risk Committee.

45.2 Staff Lottery – Mr Marriott advised that committee that the staff lottery has been closed. Money remaining in the lottery would be dispersed to members over the next month.

45.3 The committee accepted the running action note.

46. The 2018/19 audit of NHS Lothian Delay to the Opening of the Royal Infirmary of Edinburgh

46.1 The Committee acknowledged the report as a summary of the Auditor General's understanding of the facts to date, drawing from the work of the external auditors and the reviews which the Scottish Government instructed. Mr Marriott highlighted that the report set out three key questions which the KPMG review was unable to answer, namely:

- Why the original environmental matrix was inconsistent with SHTM 03-01?
- Who changed the environmental matrix dated 26 November 2015?
- Why opportunities to spot the error were missed?

46.2 Mr Marriott also highlighted that the Section 22 report acknowledges that the Board has instructed an internal audit review, which aims to help answer the above questions. The Auditor General concluded her report by stating that she will monitor the progress of the various inquiries and may report again under Section 23 of the Public Finance and Accountability Act 2000. The Committee noted the report, and that the Auditor General and Mr Brown will be attending the Scottish Parliament's Public Audit and Post-Legislative Scrutiny Committee on 16 January.

47. Phase 1 Internal Audit Review RHYSC Arrangements

47.1 The Audit and Risk Committee received the draft interim report from the Chief Internal Auditor. Ms Brown summarised the key points from the report, action to date and work still to be completed.

47.2 The Audit and Risk Committee agreed that the Finance and Resource Committee would receive the same draft report and a note summarising the key points discussed at the 13th January 2020 meeting of the Audit and Risk Committee. At its meeting on 22nd January 2020 the Finance and Resources Committee will prepare a summary of key points raised. Comments would be collated and shared with the Chief Internal Auditor as part of formal feedback from both Committees.

47.3 The Chief Internal Auditor will continue to work on the Phase 1 report, which would cover the areas for further investigation identified and those set out in the draft interim report. The Chief Internal Auditor will present a final audit report, with management responses, to the Audit & Risk Committee of 24 February.

47.4 The Committee agreed that the report should provide context. The Committee agreed that the report could recognise when the project moved on from a capital-funded to NPD, the scope of the project expanded to include the Department of Clinical Neurosciences and how this affected the scale of the complexity of the project. The Chief Internal Auditor would take the opportunity to consider capital and NDP projects similar in nature taken forward in other Boards. Evidencing and

making comparison to projects that went well, highlighting who had responsibility for specification, sign off, ventilation etc.

47.5 The Committee agreed that the report should have a section on advisors. The Committee requested that the report be explicit around who the independent testers were, who appointed them, what scope they were given and what standards they tested against. Members agreed that the report should specifically clarify why NHS Lothian decided to engage with IOM.

47.6 The Committee agreed that the report should consider environmental Matrix. Members agreed that it would be helpful if the report clarified the connection between the environmental matrix and the room data sheets. Ms Brown advised that work to confirm who signed off the individual sheets for critical care and whether they had the authority to do so was in progress. It was noted that it would also be helpful if the report teased out whether there were Master Sheets produced and what changes were authorised post financial close in 2015.

47.7 The committee discussed the Scottish Future Trust and their role within the project. It would be helpful if the report explained the role of the Scottish Futures Trust and its responsibility to exercise due diligence on technical specifications. The report would explore their decision to engage WS Atkins and the extent that NHS Lothian could reasonably rely on the work of the Scottish Futures Trust and other advisors.

47.8 The committee agreed that it would be helpful if the report could explore the interpretation and application of standards, statutory regulations and guidance. It would be helpful if the report clarified the complications surrounding the numerous standards, statutory regulations and guidelines that were involved in such a project.

47.9 It was noted that the Parliamentary Committee would meet on Thursday 16th January 2020 to discuss the 2018/19 audit of NHS Lothian Delay to the Opening of the Royal Infirmary of Edinburgh report from the Auditor General. It was noted that at this time no formal requested had been received to present evidence. The meeting would be streamed on parliamentary TV and could be viewed online by anyone who wishes to. Members acknowledged that NHS Lothian may be asked to provide evidence before the Internal Audit report was finalised. Mr Brown confirmed that he would keep the Auditor General appraised on the proposed timescales for the final internal audit report.

47.10 The committee recognised the need to maintain the governance role of the Board and the independence of the Board's Chief Internal Auditor. The Committee agreed that normal practice would be that the draft internal audit report is not shared externally. However the Committee agreed that if he deemed appropriate, the Board Chairman could share the Draft Internal Audit Report with Scottish Government.

47.11 Ms Brown would review the document and ensure that that the typographical error in the second bullet point on page 36 was amended.

47.12 Mr Crombie confirmed that the suitability of a phased move into the new facility was under scrutiny. Offers to move to the new site had been presented to Government, however in the interest of safety NHS Lothian agreed that it would not be appropriate to move patients to a new site when upgrading works had not finalised.

47.13 The Audit & Risk Committee recognised that the Draft Internal Audit Report produced by the Chief Internal Auditor carried out the agreed remit of the review. A final report would be brought forward for consideration to 24th February 2020 Audit and Risk Committee.

48. Any Other Competent Business

48.1 There were no other items of competent business.

49. Date of Next Meeting

49.1 The next meeting of the Audit and Risk Committee will take place at **9.00** on **Monday 24 February 2020** in **Meeting Room 8&9, Fifth Floor, Waverley Gate**.

Chair Signed 31/03/2020
Original held on file

HEALTHCARE GOVERNANCE COMMITTEE

Minutes of the meeting of the Healthcare Governance Committee held at 9.00 on Tuesday 14 January 2020 in Meeting Room 8, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present: Professor M. Whyte, Non-Executive Board Member (chair); Ms J. Clark, Partnership Representative; Dr P. Donald, Non-Executive Board Member; Ms W. Fairgrieve, Partnership Representative; Ms C. Hirst, Non-Executive Board Member; Ms F. Ireland, Non-Executive Board Member; Mr A. Joyce, Employee Director, Non-Executive Board Member; Dr S. Mackie, Patient and Public Representative; Ms P. Whalley, Patient and Public Representative.

In Attendance: Ms L Cowan, Chief Nurse, East Lothian Health and Social Care Partnership; Ms J. Campbell, Chief Officer, Acute Services; Ms T. Gillies, Medical Director; Mr B. Houston, Chairman, NHS Lothian; Ms M. Hughes, Chief Nurse, West Lothian Health and Social Care Partnership; Professor A. McCallum, Director of Public Health and Health Policy; Professor A. McMahon, Executive Nurse Director; Ms C. Myles, Chief Nurse, Midlothian Health and Social Care Partnership; Ms B. Pillath, Committee Administrator (minutes); Mr D. Small, Director of Primary Care Sustainability; Professor A. Timoney, Director of Pharmacy; Dr S. Watson, Chief Quality Officer.

Apologies: Ms J. Morrison, Head of Patient Experience.

Chair's Welcome and Introductions

The Chair welcomed members to the meeting and members introduced themselves. The Chair thanked the outgoing Chair, Professor Tracy Humphrey, for her contributions to the Committee.

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.

58. Minutes from Previous Meeting (12 November 2019)

58.1 The minutes from the meeting held on 12 November 2020 were approved as a correct record subject to a minor addition at paragraph 49.8.

58.2 The updated cumulative action note had been previously circulated.

58. Patient story

58.1 The chair welcomed Dr Mackie and Ms Whalley from the patient representatives group to the meeting. Dr Mackie gave a summary of the patient representatives group's thoughts on enhancing the use of the patient story at the Healthcare Governance Committee, including ensuring lessons learned were discussed.

58.2 Dr Mackie then read out feedback from a 70 year old patient who had been admitted to the Emergency Department at St John's Hospital with dizziness, and went on to have radiology tests and a clinic appointment at the stroke unit before being discharged to the GP. The patient was impressed at the speed at which he was seen at the

Emergency Department and with the subsequent communication between different departments and flexibility in offering an appointment at the stroke unit in the Western General Hospital when there were none available at St John's Hospital. There was also good communication with the GP, although a problem getting a repeat prescription two months later showed a problem with communication between the GP practice and community pharmacist.

59. Mental Health Services Assurance

59.1 A paper had been previously circulated. The chair welcomed Ms McKigen to the meeting and she gave a presentation. The positive feedback from external reporting organisations was noted, including on the perinatal unit.

59.2 Professor McMahon gave a summary of the Board's position at Scottish Government escalation level 3 for mental health inpatient beds and CAHMS performance. A recovery plan had been developed and a project infrastructure set up to implement this, focusing on achieving 90% of waiting times within 18 weeks in adult inpatient mental health beds, Child and Adolescent Mental Health Service, and Psychological Therapies. This would be overseen by a programme board chaired by Judith Proctor. Currently CAMHS performance was 50%. It was emphasised that this related to only part of the large number of areas covered by Mental Health Services.

59.3 Ms Whalley summarised some patient feedback from advocacy work she had done in the wards at the Royal Edinburgh Hospital. Patients were happy with the new acute patient streamline which made them feel safer. They agreed with the reduction of rehabilitation beds and wanted time limit on rehabilitation and to know how long they would be there. Patients felt that some conditions such as learning disabilities should not be treated as inpatients and preferred the community model. There was a perception among patients that older people's mental health services were given less importance than adult mental health services. Professor McMahon noted that some of these points were covered in the Royal Edinburgh Hospital redevelopment plan, and that he would respond in more detail to the Patients' Council at the Royal Edinburgh Hospital.

59.4 The chair suggested that a further paper or papers should be submitted to future meetings focussing on improvement data on how goals were being met, and baseline data for measuring improvement, which would allow the Committee to take assurance. This should also reflect the major improvements made to quality of care particularly in the quality of care at the perinatal unit. **AMcM**

59.5 It was agreed that due to the large number of areas covered by Mental Health Services that any more specific areas with clinical governance concerns would be reported to this Committee separately. Professor McMahon would work on a matrix for presenting these areas. **AMcM**

59.6 Members noted the external assurance given in the presentation, including positive feedback from the Mental Welfare Commission and the Nursing and Midwifery Council. The presentation slides would be circulated to the group.

59.7 Members accepted limited assurance overall, pending the further report requested for the next meeting.

60. Safe Care

60.1 Winter Planning

60.1.1 Ms Campbell presented the previously circulated paper and explained the current patient flow pressures with the high number of patients attending the Emergency Departments. Although it was difficult to measure changing acuity of patients' conditions it was noted that a yearly increase in the number of elderly people in the local population meant that although the Emergency Department attendance rate per person may stay the same, there would be a higher number of total attendances, and the complexity of conditions was likely to be higher in patients with multi morbidities requiring a longer inpatient period.

60.1.2 A number of processes were in place to support staff during the busy period including senior management visibility, ensuring staff breaks are taken, listening to staff ideas for improvement, enhancing staffing levels where possible including different levels of staff; for instance clinical support workers to help with routine basic patient care.

60.1.3 It was difficult to measure quality of patient care during periods of high pressure, but monitoring of cardiac arrest rates and mortality rates could show whether intervention had happened at the right time. This would be part of the post winter evaluation. There would also be evaluation of eight hour and twelve hour waits at the front door.

60.1.4 Given the discussion, Ms Campbell amended the second recommendation in the paper and suggested that the Committee accept limited assurance on the ability to evaluate the impact of winter and the winter plan. Members accepted the recommendations laid out in the paper with this amendment.

60.2 Health and Safety Clinical Governance and Performance

60.2.1 Ms Gillies presented the previously circulated paper. The Health and Safety Team reported more generally to the Staff Governance Committee, but clinical governance areas of relevance to the Healthcare Governance Committee were brought here. Three of these areas were included in the paper, with the other three to be considered at the next Health and Safety Committee meeting in February 2020.

60.2.2 It was noted that REAS was the only service that had given limited assurance for all three risks. Ms Gillies explained that this was due to the complexity of the estate and the risks associated with the patient group, including patients out on pass. She noted that the local health and safety committee for REAS had a high level of engagement and high performance in managing these risks.

60.2.3 Members accepted the recommendations laid out in the paper and accepted moderate assurance overall on the areas reported.

60.3 Healthcare Associated Infection Update

60.3.1 Professor McMahon presented the previously circulated paper. The HEAT target for *Clostridium difficile* Infections would not be met although there had been reductions. Broad spectrum antibiotic use in NHS Lothian was low compared to other Boards but

there was still more scope for reduction and continuous training work was needed to cover staff turnover. Approximately half of the CDI cases were related to antibiotics, the others could be attributed to community contacts and food hygiene.

60.3.2 The HEAT target for reduction of *Staphylococcus aureus* Bacteraemia and for *E. coli* infection was on track to be met. This was due to continuous work with doctors and nurses on using standard infection control precautions when interacting with patients, and learning from preventable cases.

60.3.3 Professor McMahon summarised the position of the four recent Incident Management Teams detailed in the paper. Members wanted to thank staff for the hard work across the service in investigating incidents and putting in place action plans. Even when the Scottish Government risk matrix scored 'green' there was a lot of work mitigating risks and learning from the incidents.

60.3.4 Members accepted the recommendations laid out in the paper and accepted moderate assurance on routine infection control processes with limited assurance in terms of incidents and managing public expectations and anxieties. There would be two reports on Healthcare Associated Infection direct to the Board this year, in recognition of the political focus and public anxieties.

60.4 Children and Young People Health and Wellbeing Programme Board Terms of Reference

60.4.1 This paper had been circulated under exception reporting but members agreed to move this to the discussion part of the agenda. At the previous meeting it had been agreed that the Programme Board would decide on the right chair for the group; they had now decided that the chair would be a non executive board member to ensure the right level of scrutiny. Professor McMahon would chair the board until a non executive member had been identified.

60.4.2 Members accepted the terms of reference.

61. Effective Care

61.1 Dental Services – quality of care data

61.1.1 Professor McCallum gave a verbal update. National indicators for community dental practice reporting were in development and were due to be finalised in February 2020 for reporting in dental practices to be implemented in April 2020. Work had been done on reporting on expected indicators which were likely to include measures on staff training and personal development and on adherence to standard infection control precautions. Once reporting had been established data would also be reported to the Healthcare Governance Committee.

61.1.2 Complaints reporting would not be included in the new indicators. Currently all dental complaints were made direct to the General Dental Council; they were looking for a local resolution alternative with oversight by the health board, similar to the arrangement for GP practices, but systems were not currently in place for this. It was noted that a number of dental complaints related to fees so guidance was awaited on how these types of complaints would be resolved.

61.2 GP and Primary Care Sustainability

61.2.1 Mr Small presented the previously circulated paper. Most of the Local Medical Committees had written to the Scottish Government raising concerns about the implementation of the GMS contract. There needed to be an understanding of what each health and social care partnership considered the risk to be and how to mitigate this.

61.2.2 There needed to be a definition of GP sustainability covering patient access, multidisciplinary workforce, and GP careers. Workforce pressures occurred where staff were recruited from one service to another. There needed to be overall strategic workforce planning for increasing training places and using resources where they were most needed.

61.2.3 It was noted that rising populations and new housing estates were creating pressures in all council areas, and all four health and social care partnerships made capital proposals for increasing primary care medical practice space. This was a problem all over Scotland but the pressures were greater in Lothian with the fastest growing population. Interest free loans were available from the Scottish Government for practice owners to expand practices to accommodate multi-disciplinary teams.

61.2.4 Members noted the improved situation on GP practices in financial difficulty and accepted the recommendations laid out in the paper, and accepted limited assurance. A further update would be submitted at the meeting in May 2020. **DS**

62. Exception Reporting Only

Members noted the following previously circulated papers for information:

62.1 Palliative Care Managed Clinical Network Annual Report;
62.2 MBRACE-UK Perinatal Deaths Annual Report;
62.3 Abdominal Aortic Aneurysm (AAA) Screening Annual Report;
62.4 Organ Donation Annual Report;
62.5 Resilience Annual Report.

63. Other Minutes: Exception Reporting Only

Members noted the previously circulated minutes from the following meetings:

63.1 Clinical Management Group, 10 September 2019, 8 October 2019;
63.2 Health and Safety Committee, 26 November 2019;
63.3 Area Drug and Therapeutics Committee, 6 December 2019;
63.4 Organ Donation Sub Group, 21 November 2019;
63.5 Public Protection Action Group, 18 December 2019;
63.6 Information Governance Sub Committee, 22 October 2019.

64. Corporate Risk Register

64.1 Ms Gillies presented the previously circulated paper. It was agreed that the two items related to the risk register that had been discussed at this meeting were at appropriate

levels of risk on the register: GP sustainability at 'very high' and Healthcare Associated Infection at 'medium'.

64.2 It was noted that complaints was still classed as 'very high' risk. Professor McMahon advised that work was in progress on the relationship between the feedback team and frontline staff in resolving complaints. Standardisation of process was required with more work on learning. Some work had been done but performance on 20 responses to complaints was still poor.

64.3 The risk for Brexit was classed as 'very high'. It was suggested that a reduction to this risk level could now be considered.

65. Date of Next Meeting

65.1 The next meeting of the Healthcare Governance Committee would take place at **9.00** on **Tuesday 10 March 2020** in **Meeting Room 8**, Fifth Floor, Waverley Gate.

66. Further Meeting Dates

66.1 Further meetings would take place on the following dates in 2020:
- 12 May 2020;
- 14 July 2020;
- 8 September 2020;
- 10 November 2020.

Chair's Signature

Date: 31/03/2020

Original kept in file

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within BLACKBURN PARTNERSHIP CENTRE, ASHGROVE, BLACKBURN, EH47 7LL , on 26 NOVEMBER 2019.

Present

Voting Members – Bill McQueen (Chair), Martin Connor, Alex Joyce, Dom McGuire, Peter Murray (substituting for Martin Hill) and George Paul

Non-Voting Members – Allister Short, Stephen Dunn (substituting for Martin Murray), David Huddlestone, Mairead Hughes, Caroline McDowall, Ann Pike and Patrick Welsh

Apologies – Harry Cartmill, Elaine Duncan, Martin Hill, Jo MacPherson, Alan McCloskey, Martin Murray, Damian Timson and Rohana Wright

In attendance – Carol Bebbington (Interim Head of Health), Nick Clater (General Manager for Mental Health and Addictions), Lorna Kemp (Project Officer), Yvonne Lawton (Head of Strategic Planning and Performance), Pamela Main (Senior Manager, Assessment and Prevention), James Millar (Standards Officer) and Kenneth Ribbons (Audit, Risk and Counter Fraud Manager)

1 OPENING REMARKS

It was noted that as Harry Cartmill had submitted apologies, the meeting would be chaired by Bill McQueen.

The Chair welcomed Allister Short, the new Director, and introductions were made by all.

2 ORDER OF BUSINESS

The Chair ruled that agenda item 9 would be considered after agenda item 12.

3 DECLARATIONS OF INTEREST

There were no declarations of interest made.

4 MINUTE

The Board approved the minute of its meeting held on 10 September 2019 as a correct record, subject to marking Caroline McDowall as ‘present’. The minute was thereafter signed by the Chair.

5 MINUTES FOR NOTING

The Board noted the minutes of the following meetings:

- IJB Strategic Planning Group held on 6 June 2019; and
- Integrated Care Forum Minute 1 August 2019.

6 MEMBERSHIP & MEETING ARRANGEMENTS

The Clerk advised the Board that Allister Short had been appointed as a non-voting member of the Board.

Decision

To note appointment of Allister Short as non-voting member of the Board.

7 REVIEW OF STRATEGIC PLANNING GROUP AND LOCALITY PLANNING

The Board considered a report (copies of which had been circulated) by the Chief Officer providing an update on recent discussions at the Strategic Planning Group (SPG) and the locality planning groups; inviting members to consider the role of the SPG in locality planning; seeking approval for a revised Terms of Reference for the SPG; and seeking approval to publish the East and West Locality Plans.

It was noted that a different approach was being sought regarding the SPG and locality planning to strengthen links between locality planning and strategic planning while avoiding duplication of work. The Locality Planning Groups felt that resources could be better used in developing more cohesive and comprehensive community plans; to this end, the Community Planning Partnerships Health and Wellbeing Partnership was established, whose terms of reference could be seen in Appendix 1. The East and West Locality Plans, which the Board was asked to approve for publication, were attached as Appendices 2 and 3 respectively.

The report advised that the SPG remit and membership were due to be reviewed in line with the new strategic planning structure approved by the Board in April 2019. It was also noted that the SPG was not a committee of the IJB but a representative and consultative body with its own statutory role in the integration and service planning process. The original terms of reference for SPG and Locality Groups were attached to the report as Appendices 4 and 5 respectively, while a draft revised set of Terms of Reference was attached as Appendix 6.

Membership and Chair arrangements for the SPG were then discussed; suggestions included the SPG meetings being held in private; membership to include a service user representative; and a member of the Board to hold the SPG Chair.

It was recommended that the Board:

1. Note the need to review the Strategic Planning Group following the introduction of the new strategic planning structure;

2. Note the challenges experienced in locality planning;

3. Approve the East and West Locality Plans for publication;

4. Agree to revise the approach to Locality Planning by contributing to existing Regeneration Plans; and

5. Approve the revised Terms of Reference for the Strategic Planning Group.

Decision

1. To approve the terms of the report.

2. To note the Board's support for:

- SPG meetings being held in private;

- Inclusion of a Service User Representative in the SPG membership; and

- The SPG Chair being held by a Board member.

8 NATIONAL MEMORANDUM OF UNDERSTANDING BETWEEN IJBS AND HOSPICES

The Board considered a report (copies of which had been circulated) by the Chief Officer presenting the National Memorandum of Understanding (MoU) between IJBs and Scottish Hospices for consideration by the Integration Joint Board.

The MoU, which was appended to the report, provided a strategic and financial framework for Integration Authorities and independent hospices to work in partnership to deliver high quality, responsive and personalised palliative and end of life care. It set out the policy context and respective responsibilities of the parties. It would be reviewed by the Scottish Hospice leadership Group and the IJB Chief Officers before 31 March 2021.

During discussion, it was noted that the number of West Lothian residents currently in hospices was not specifically tracked. As there was no local hospice provision, arrangements were being considered as to how best to use beds in the area for palliative care. The current collaborative approach with other areas as well as other arrangements such as home care would also continue. Further updates on palliative care and use of resources would come to the Board in due time.

It was recommended that the Board:

1. Note the contents of the report;

2. Consider the National Memorandum of Understanding between IJBs and Independent Hospices;

3. Agree to adopt the MoU and remit this to the Palliative Care Commissioning Board to take forward the development of SLAs, contracts or commissioning plans for palliative care provision; and

4. Note the requirements for collaborative working with other IJBs in Lothian in commissioning of Independent Hospice provisions and agree that this be remitted to the Lothian Chief Officers Group to support facilitation of joint commissioning of the two Lothian Hospices.

Decision

1. To approve the terms of the report.

2. To agree that a further update on palliative care provision would be brought to a future meeting of the IJB.

9 PUBLIC SECTOR CLIMATE CHANGE DUTIES

The Board considered a report (copies of which had been circulated) by the Chief Officer advising members of the Board's statutory duties under the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015 and asking members to agree the contents of the draft submission.

The draft report was attached to the covering report as Appendix 1. A consultation by the Scottish Government on the proposals to the role of public sector bodies in tackling climate change was attached as Appendix 2.

The Scottish Government had proposed removing Integration Authorities from the list of Public Sector Bodies required to annually report their emissions; during discussion, Board members indicated that they supported this proposal.

It was recommended that the Board:

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

2. Agree the contents of the draft 2018/19 submission to the Scottish Government;

3. Note the Scottish Government consultation on climate change duties for public bodies; and

4. Agree to submit a response supporting removing Integration

Authorities from the list of public bodies required to report.

Decision

To approve the terms of the report.

10 CHIEF OFFICER REPORT

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

The report provided an update on NHS Lothian Escalation, recalling that NHS Lothian had been placed at Level 3 on the NHS Board Performance Escalation Framework. The need for an integrated solution across community and secondary care had led to a whole-system approach being taken across Lothian particularly in relation to unscheduled care, delayed discharge and mental health. A Director of Improvement had been appointed by NHS Lothian to support this work, while fortnightly meetings were taking place with Scottish Government to review performance, with good progress made.

A statement of intent had been developed by the Chief Officer Group of Health and Social Care Scotland, which sought to reaffirm the commitment between the Partnerships to develop and deliver integrated health and social care services.

The Chief Officer had been visiting services and noted that he had been very impressed with the commitment of staff and the quality of services delivered. He also suggested that some of the reports coming to the Board could be incorporated into the Chief Officer's report going forward, which members of the Board welcomed.

It was recommended that the Board:

1. Note and support the whole-system collaborative approach involving NHS Lothian and the four Integration Joint Boards, with support from the Council areas, to develop and implement an improvement plan.

2. Agree to receive future updates on progress being made on the delivery of the recovery plans.

Decision

1. To approve the terms of the report.

2. To note members' support for incorporating in the Chief Officer's report some of the issues currently covered in separate reports.

11 PRIMARY CARE IMPROVEMENT PLAN

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

the Chief Officer providing an update on the implementation of the Primary Care Improvement Plan (PCIP) and the progress of each work stream and discussing the PCIP tracker return which was approved by the LMC and submitted to the Scottish Government at end of October 2019.

The revised West Lothian Primary Care Implementation and Improvement Plan 2018–2021, attached to the report as Appendix 1, covered aspects of the new contract development that fell within the remit of West Lothian HSCP, progress with ongoing programmes of support and development new initiatives identified. The Plan outlined actions aimed at supporting General Practice to provide sustainable patient care through a consistent and collaborative approach.

A local implementation tracker, attached as Appendix 2, showed the updated workforce and expenditure projections.

It was noted that the year referenced under D8 should read 2019/20 instead of 2020/2021.

Issues with laptops in surgeries were highlighted during discussion and it was noted that those had been raised with the supplier. It was also clarified that locality planning groups were to be superseded by adapting the remit of the Strategic Planning Group to incorporate this function and that GP representatives would sit on the Strategic Planning Group.

It was recommended that the Board:

1. Note the contents of the report;

2. Note the progress made with implementation of the Primary Care Improvement Plan at end of October 2019;

3. Consider the PCIP Tracker which was returned to the Scottish Government at end of October 2019; and

4. Consider the updated Primary Care Improvement Plan October 2019.

Decision

To approve the terms of the report.

12 MEMBERS' CODE OF CONDUCT - ANNUAL REPORT 2018/19 AND REVIEW

The Board considered a report (copies of which had been circulated) by the Standards Officer informing members of developments and activity in relation to its Code of Conduct in 2018/19 and asking them to consider how the scheduled review of its Code of Conduct should be carried out.

The report provided details of the procedure for complaints and for case reporting and advised of the appointment of a new Ethical Standards Commissioner in April 2019. It also included highlights from the Standards

Commission for Scotland activity for the year. A summary of ESC and SCS activity was shown in the appendix.

The Standards Officer also noted that an advice note for members of health and social care integration joint boards had been published in November 2019, which seemed to impose higher standards of conduct on Board members than the Code itself regarding collective responsibility.

Finally, members were reminded to keep in mind the most significant duties imposed on them by the Code: Review the register twice a year; update the Register of Interests within one month of a change; act in the Board's best interests when doing Board business; not disclose confidential Board information; and treat Board members, officers and the public with respect.

It was recommended that the Board:

1. Note the summary of the work carried out in 2017/18 by the Commissioner for Ethical Standards in Public Life in Scotland and the Standards Commission for Scotland;

2. Note the terms of the Standards Commission's Advice Note for Members of Health and Social Care Integration Joint Boards issued on 6 November 2019;

3. Agree that a presentation by the Standards Officer concerning the Code of Conduct should be arranged to take place at a Board development day;

4. Note that the Board's Code of Conduct was scheduled for review in this calendar year; and

5. Note that the model Code of Conduct for devolved public bodies would be affected as part of the ongoing review of the Councillors' Code of Conduct and so to agree that the review be postponed until December 2020.

Decision

To approve the terms of the report.

13 ACTION 15 OF THE MENTAL HEALTH STRATEGY UPDATE ON PROGRESS

The Board considered a report (copies of which had been circulated) by the Chief Officer informing and updating members regarding the plans setting out goals for improving capacity in the settings outlined in Action 15 of the Mental Health Strategy and seeking agreement in principle of the draft outline plan for West Lothian.

The Scottish Government had previously written to Integration Authorities asking for outline plans setting out goals for improving capacity in the settings outlined in Action 15 of the Mental Health Strategy. The return to

the Scottish Government for West Lothian was attached as Appendix 1 and was based on discussions with a range of stakeholders.

Funding was being provided via NHS Boards to Integration Authorities as part of the commitment towards an additional 800 mental health workers in Scotland and it was expected that the key settings focussed on included A&E departments, GP practices, prisons and police custody suites. Lothian Chief Officers had written to the Scottish Government to request clarification on funding arrangements for non-delegated functions.

Members commended the successful recruitment in areas traditionally challenging to recruit.

It was recommended that the Board:

1. Note that the Scottish Government is providing funding via NHS Boards to Integration Authorities as part of the commitment towards an additional 800 mental health workers in Scotland; and

2. Note the progress made in West Lothian towards recruiting staff against the priorities set by the Scottish Government in relation to Action 15 of the Mental Health Strategy.

Decision

To approve the terms of the report.

14 RISK MANAGEMENT

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

The report recalled that in June 2019, the Board had agreed to review the risk register annually. The IJB currently had ten risks, and Appendix 1 provided details of each risk, while the standard risk methodology was attached as Appendix 2.

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

Decision

To approve the terms of the report.

15 REVISED INTEGRATION SCHEME

The Board considered a report (copies of which had been circulated) by the Chief Officer informing members of the council and health board's review of the Integration Scheme in line with the Carers (Scotland) Act 2016; the subsequent revision of the Scheme; and approval of the

Scheme by Scottish Ministers.

Since the establishment of the Integration Joint Board, the Carers (Scotland) Act 2016 had imposed new statutory duties on the council and health board in relation to carers, which were set out in Appendix 1 of the report. A review of the integration scheme had been undertaken by the council and health board to reflect these duties. The amended scheme, which was approved by Scottish Ministers in September 2019, was attached as Appendix 2. The scheme was due to undergo a full review by June 2020.

It was recommended that the Board:

1. Note the requirement arising from the Carers (Scotland) Act 2016 to review the Integration Scheme for the West Lothian Integration Joint Board;

2. Note the revised Integration Scheme approved by Scottish Ministers; and

3. Note that the council and health board were required to review the Integration Scheme every five years and that the review was due in June 2020.

Decision

To approve the terms of the report.

16 WINTER PLAN

The Board considered a report (copies of which had been circulated) by the Chief Officer providing an overview of the Lothian Health and Social Care system's Winter Plan 2019/20.

The Lothian Unscheduled Care Committee had produced a Winter Plan that demonstrated safe, effective, patient-centred care for patients and best outcomes for relatives and staff. The plan was attached to the report as an appendix. Funding of £1,425 million had been allocated to NHS Lothian by the Scottish Government to deliver winter performance, while the NHS Lothian Board had also committed to invest £2 million into the plan.

During discussion, it was noted that the allocated funding had already been exceeded and NHS Lothian were looking to reallocate further funds from elsewhere to the plan.

It was also noted that the plan would be published on the NHSL website; Board members suggested that key elements of the plan also be published on the Health and Social Care website.

It was recommended that the Board:

1. Note the contents of the report; and

2. Be assured that a whole system plan had been developed to support the additional capacity required to meet the predicted winter demand.

Decision

1. To approve the terms of the report.

2. To upload a shortened version of the plan, which would include the plan's key elements only, on the Health & Social Care Partnership website.

17 PROGRESS REPORT ON IMPLEMENTATION OF THE IJB STRATEGIC WORKFORCE DEVELOPMENT STRATEGY 2018-2023

The Board considered a report (copies of which had been circulated) by the Chief Officer providing members with an update on progress on the implementation of the Workforce Development Strategy 2018–2023.

The Workforce Planning Development Group had been established to progress implementation of the IJB's Workforce Development Strategy 2018 to 2023, shown in Appendix 1. The remit of the group was shown in Appendix 2. Work was progressing to promote the job opportunities available within Health and Social Care Partnership as careers of choice. Particular focus to date had been on developing the young workforce and on promoting careers in social care. Further priorities for local development would be agreed on completion of strategic commissioning plans.

Both NHS Lothian and West Lothian Council had developed workforce plans as shown in appendices 3 and 4, while a mapping exercise, shown in Appendix 5, had been completed to identify work currently being done and to help with the identification of areas where more local efforts could be targeted.

During discussion, it was noted that workforce plans should underpin changes in the social care landscape; the need for collaborative work to deliver robust services to communities was also highlighted and that local delivery should be a priority within a national context.

It was recommended that the Board:

1. Note the establishment of the Workforce Planning Development Group;

2. Note the content of workforce plans for NHS Lothian and West Lothian Council; and

3. Note actions being taken across the Health and Social Care Partnership to support workforce planning.

Decision

To note the terms of the report.

18 JOINT INSPECTION (ADULTS) THE EFFECTIVENESS OF STRATEGIC PLANNING

The Board considered a report (copies of which had been circulated) by the Chief Officer advising members that a Joint Inspection would be undertaken by the Care Inspectorate and Healthcare Improvement Scotland commencing 20 January 2020.

The inspection would use the Evaluating Effectiveness of Strategic Planning: Quality Framework, shown in Appendix 1, and graded evaluations would be produced of all areas inspected, including leadership.

Preparations for the inspection were then discussed. A communication plan would be developed to inform staff and partners of the inspection and expectations of them throughout and meetings would be held and documentation shared with staff involved in the inspection. Draft findings and formal feedback would be communicated to interested parties.

It was recommended that the Board:

1. Note that notice had been received of Joint Inspection (Adults) into the Effectiveness of Strategic Planning within West Lothian Partnership; and

2. Note that evidence in line with the Quality Framework and a partnership position statement would be prepared for submission to the inspection team on 10 December 2019.

Decision

1. To approve the terms of the report.

2. To communicate draft findings and formal feedback from the Care Inspectorate to interested parties through an open invitation.

19 COMPLAINTS AND INFORMATION REQUESTS QUARTER 2 OF 2019/20

The Board considered a report (copies of which had been circulated) by the Chief Officer reporting statistics on complaints and information requests made to the Board in quarter 2 of 2019/20.

No complaints had been received by the IJB to date, while one request for information had been received in quarter 2.

The IJB had taken the necessary steps to ensure compliance with the relevant legislation in relation to complaints and requests for information.

It was recommended that the Board:

1. Note that no complaints had been received in Quarter 2 or since the establishment of the IJB;

2. Note that one request for information had been received in Quarter 2; and

3. Note that complaints and requests for information would continue to be reported on a quarterly basis.

Decision

To approve the terms of the report.

21 IJB QUARTER 2 FINANCE UPDATE

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer providing an update on the 2019/20 budget forecast position for the IJB delegated health and social care functions based on the outcome of the Quarter 2 monitoring.

The report set out the overall financial performance of the 2019/20 delegated resources and provided a year-end forecast which took account of relevant issues identified across health and social care services. A summary of key issues in respect of ongoing risks and emerging pressures as well as a summary of approved savings relating to IJB delegated functions were shown. Appendix 1 showed a budget update for the IJB for the year; a finance risk schedule was attached as Appendix 2, while Appendix 3 showed an update on delivery of savings.

It was recommended that the Board:

1. Note the forecast outturn for 2019/20 in respect of IJB Delegated functions taking account of saving assumptions;

2. Note the current position in terms of year end management of partner overspends and underspends, consistent with the approved Integration Scheme, to allow the IJB to achieve a breakeven position in 2019/20; and

3. Note that further updates on management of the 2019/20 budget position would be reported to future Board meetings during the remainder of this financial year.

Decision

To approve the terms of the report.

22 ST JOHN'S HOSPITAL STAFFING PRESSURES

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer updating members on staffing, recruitment and budget pressures associated with St John's Hospital. The report also provided some benchmarking information against other Lothian acute sites and as well as updates on a number of associated issues.

The analysis undertaken in the report provided additional information on staffing challenges and budget pressures faced at St John's Hospital. The report also indicated that despite recruitment difficulties and resulting requirement for agency and bank staff not being any worse than the other two Lothian acute sites, the budget pressures at St John's hospital were disproportionately high and that those pressures were skewed against IJB delegated areas.

It was suggested that the staffing position and costs associated with the Emergency Department redesign at St John's Hospital be closely monitored and full budget provision included in future budget allocations by NHS Lothian in line with previous assurances. A series of proposed next steps were then discussed. The Board would continue to work closely with St John's Hospital as part of a collaborative approach to mitigating staffing pressures.

It was recommended that the Board:

1. Consider the staffing issues highlighted in the report and the resulting financial implications; and

2. Consider and agree the proposed next steps set out in Section D.7 as a basis for progressing actions to help manage and mitigate staffing budget pressures at St John's Hospital.

Decision

To approve the terms of the report.

23 IJB PERFORMANCE

The Board considered a report (copies of which had been circulated) by the Chief Officer presenting to members the most up to date performance against the health and social care integration indicators and the measures within the Balanced Scorecard.

Appendix 1 of the report provided an overview of the core integration indicators as identified by the Scottish Government. The Balanced Scorecard shown in Appendix 2 had been updated with the latest data for monitoring performance, while in Appendix 3 the core suite of indicators had been benchmarked against the Local Government Benchmarking Family for adult care.

During discussion, officers explained about the new telecare charges and measures in place for those who could not afford them. Members also felt that although the indicator for total combined percentage of carers who

feel supported to continue in their caring role (42%) was green, the percentage was still too low; officers indicated that targets would be reviewed after the Biennial Scottish Health and Care Experience Survey results were published in 2020. Clarifications were also provided regarding the definition of readmission, and it was noted that this did not have to relate to the same condition.

It was recommended that the Board:

1. Note the contents of the report;

2. Note the most up-to-date performance against the core health and wellbeing integration indicators and within the balanced scorecard;

3. Consider the current performance against the core suite of indicators benchmarked against Local Government Benchmarking Family for adult care; and

4. Note that performance reports would be updated in accordance with availability of data and brought 6-monthly to the IJB for discussion.

Decision

To approve the terms of the report.

23 WORKPLAN AND LIST OF CYCLICAL REPORTS

A workplan for upcoming meetings and a list of reports that the Board considered on a cyclical basis had been circulated for information.

Decision

To note the workplan and list of cyclical reports.

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within BLACKBURN PARTNERSHIP CENTRE, ASHGROVE, BLACKBURN, EH47 7LL , on 21 JANUARY 2020.

Present

Voting Members – Bill McQueen (Chair), Martin Connor, Martin Hill, Andrew McGuire (substituting for Harry Cartmill), Dom McGuire, George Paul and Damian Timson

Non-Voting Members – Allister Short, Elaine Duncan, Steven Dunn (substituting for Martin Murray), David Huddlestone, Jo MacPherson, Alan McCloskey, Caroline McDowall, Ann Pike, Patrick Welsh and Rohana Wright

Apologies – Harry Cartmill, Mairead Hughes and Martin Murray

Absent – Alex Joyce

In attendance – Lorna Kemp (Project Officer), Yvonne Lawton (Head of Strategic Planning and Performance), James Millar (Standards Officer)

It was noted that as Harry Cartmill had submitted apologies, the meeting would be chaired by Bill McQueen.

1 DECLARATIONS OF INTEREST

There were no declarations of interest made.

2 MINUTE

The Board approved the minute of its meeting held on 26 November 2019 as a correct record. The minute was thereafter signed by the Chair.

3 MINUTES FOR NOTING

The Board noted the minutes of the following meetings:

- West Lothian Integration Joint Board Audit, Risk and Governance Committee held on 4 September 2019.
- West Lothian Integration Joint Board Strategic Planning group held on 5 September 2019.
- West Lothian Integration Joint Board Strategic Planning Group held on 31 October 2019.

4 MEMBERSHIP & MEETING CHANGES

Further to discussion at the November 2019 Board meeting and the subsequent approval of the updated Strategic Planning Group (SPG) Terms of Reference, the Chief Officer presented to the Board a proposed list of new SPG members for the Board's approval.

In response to a query, it was noted that arrangements for the appointment of service user representatives were progressing and an update would be provided at the next SPG meeting.

Decision

1. To approve the appointment of Bill McQueen as Chair of the SPG.

2. To appoint the following new members to the SPG: Tim Dent (West Lothian Leisure), Sheila Hook (Trust Housing Association), Alice Mitchell (Economic Development Manager) and Robin Allen (Senior Manager for Community Care Adult Services).

5 STRATEGIC COMMISSIONING PLANS FOR MENTAL HEALTH, OLDER PEOPLE, PHYSICAL DISABILITY AND LEARNING DISABILITY SERVICES

The Board considered a report by the Chief Officer (copies of which had been circulated) and a presentation by the Head of Strategic Planning and Performance advising members of the strategic commissioning plans for mental health, older people, physical disability and learning disability services in West Lothian as detailed in Appendices 1 to 4 of the report and seeking the Board's approval of those plans. Four strategic direction documents corresponding to the plans were also attached as appendices 5 to 8.

The report related to the development of plans as part of the revised Strategic Plan for the period 2019–23 approved by the IJB in April 2019. A revised planning and commissioning structure was also shown in Appendix 9, while the results of the consultation and engagement with stakeholders that had taken place as part of the development of the new plans were attached to the report as Appendix 10.

Officers assured members that although the plans were driven by need, financial implications would keep being assessed and resources adjusted as the plans progressed. It was also noted that appropriate professional representation would be considered alongside lead officers on projects.

The community wellbeing hubs were also discussed and difficulties in securing IT services to support data collection were noted.

It was recommended that the Board approve the strategic commissioning plans for mental health, older people, physical disability and learning disability services.

Board members suggested that environmental sustainability be built into the plans and subsequent projects.

Decision

1. To approve the recommendation in the report.

2. To approve the Strategic Direction documents appended to the report.

3. To include environmental sustainability options in each of the strategic plans as well as in specific projects emerging from the plans.

6 IJB FINANCIAL REGULATIONS

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer presenting members with the updated IJB Financial Regulations for their consideration and approval.

The Financial Regulations, attached to the report as an appendix, provided the framework for managing the IJB's financial affairs and were reviewed at least once every three years.

Relatively minor changes had been identified, which the Chief Finance Officer pointed out for the members' benefit.

It was recommended that the Board approve the updated Financial Regulations as set out in Appendix 1 of the report.

Decision

To approve the recommendation in the report.

7 WEST LOTHIAN IJB RESERVES POLICY

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer providing members with an updated IJB Reserves Policy for consideration and approval.

The external auditor had suggested as part of the 2018/19 annual report that the reserves policy be reviewed to reflect the current and forecast financial climate. The resulting updated policy was appended to the report as an appendix. The report also noted the importance of having a reserves policy as well as a target level of uncommitted reserves.

It was recommended that the Board approve the updated Reserves Policy as set out in Appendix 1 of the report.

Decision

To approve the recommendation in the report.

8 LOCAL GOVERNMENT OVERVIEW - NHS IN SCOTLAND AUDIT REPORTS

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer updating members on recent national audit reports relating to Local Government in Scotland – Financial Overview 2018/19 (Appendix 1 to the covering report) and NHS in Scotland 2019 (Appendix 2 to the covering report).

The report noted the significance of the two external audit reports, listed key messages and recommendations from both reports and identified a number of common themes in relation to IJB next steps. It was suggested that a more in-depth discussion outwith a normal Board meeting might be appropriate to fully consider key messages, themes and recommendations.

It was noted during discussion that timescales for the new national health and social care strategy referenced in paragraph 91 of the Financial Overview Report were still to be determined.

It was recommended that the Board:

1. Note and consider the key messages set out in the Local Government in Scotland – Financial Overview 2018/19 report;

2. Note and consider the key messages and recommendations set out in the NHS in Scotland 2019 report; and

3. Consider next steps / further action to be taken by the IJB to consider the key themes / recommendations contained in the reports and agree any actions required.

Decision

1. To approve the recommendations in the report.

2. To consider key messages in the reports during a development session.

9 COMMUNICATION AND ENGAGEMENT STRATEGY

The Board considered a report (copies of which had been circulated) by the Chief Officer presenting members with a Communication and Engagement Strategy for 2020-23 for approval, to replace the existing Participation and Engagement Strategy

The strategy had been developed to establish a single unified approach to communication and engagement activities, improve standards of engagements and ultimately improve outcomes for patients and service users. The original Participation and Engagement Strategy was attached to the report as Appendix 1, while the proposed new Communication and Engagement Strategy was attached as Appendix 2.

During discussion, it was noted that work on communications was ongoing and resources would need to be kept into consideration. The need to engage with stakeholders and establish whether their needs were being met through the new strategy was highlighted.

Members felt that further work on branding was required, and it was suggested that other Health and Social Care Partnerships and IJBs around Scotland be consulted to this end.

It was recommended that the Board:

1. Note the Review of the Participation and Engagement Strategy 2016-26;

2. Agree the Communication and Engagement Strategy 2020-23;

3. Agree that the Communication and Engagement Strategy would replace the Participation and Engagement Strategy; and

4. Agree that an update on implementation would be submitted to the Board on an annual basis with a full review of the strategy in three years.

Decision

1. To approve the recommendations in the report with the exception of HSCP's/IJB's identity/branding proposal.

2. To further explore branding approaches by consulting other HSCPs and IJBs in Scotland on their own approaches.

3. To explore impact of the strategy on stakeholders and to report findings to the next Board meeting.

10 REVIEW OF STANDING ORDERS

The Board considered a report (copies of which had been circulated) by the Standards Officer reviewing the Board's Standing Orders, Scheme of Delegations and committee remits and asking members to consider the recommendations of the Audit, Risk and Governance Committee at its meeting on 11 December 2019.

Proposed changes to Standing Orders, attached to the report as Appendix 1, related to membership, the reports template, directions and substitutes. Proposed changes to the Scheme of Delegations, shown in Appendix 2, related to the use of the term 'Chief Officer', wording of directions, inclusion of the Internal Auditor's role and delegated authority to the Standards Officer. Proposed changes to the Audit, Risk and Governance Committee remit, attached as Appendix 3, related to formatting and use of the term 'Chief Officer'.

Concerns were raised regarding any conflicts of interest arising from the

Internal Auditor's role as a risk adviser to the Board; members were advised that West Lothian Council had addressed a similar issue by inviting internal auditors from other councils to perform audits in cases where conflict of interest might arise.

It was also clarified during discussion that the three consecutive absences still counted regardless of whether a substitute was sent, and it was noted that judging any mitigating circumstances for consecutive absences was at the Board's discretion.

It was recommended that the Board:

1. Note that a periodic review by the Board of its Standing Orders, Scheme of Delegations and committee remits was required every two years;

2. Note and consider the suggestions made for change in Part D;

3. Note that on 11 December 2019 the Audit Risk & Governance Committee had recommended that the suggestions made in Part D should be accepted;

4. Agree the changes set out in Part D and as shown in the Appendices to the report, to take effect from 1 February 2020; and

5. Agree that the next periodic review would be carried out in the same manner in two years' time.

Decision

To approve the recommendations in the report.

11 CHIEF OFFICER REPORT

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

The report provided an update on the Learning Disability Inpatient Beds Position, the Royal Edinburgh Hospital Phase 2 and the Strategic Inspection the West Lothian Health and Social Care Partnership (HSCP) was currently undergoing.

It was noted that the draft inspection findings would be communicated to the HSCP in April and the HSCP would have the opportunity to respond before the report was finalised. Final reports would be ready by the end of May and published on the Inspectorate Website in early June. The best way to engage with the Board regarding the inspection's results would be considered.

It was recommended that the Board:

1. Note the current position in relation to the reprovision of the Royal

Edinburgh Hospital Phase 2; and

2. Note and support the revised requirement for learning disability inpatient beds for West Lothian to support the planning process for the REH Phase 2 Development.

Decision

1. To note the recommendations in the report.

2. To consider timings of the Strategic Inspection and how to best engage with the Board regarding the Inspectors' findings.

12 CHIEF SOCIAL WORK OFFICER'S ANNUAL REPORT 2018-2019

The Board considered a report (copies of which had been circulated) by the Chief Social Work Officer (CSWO) presenting the CSWO's annual report 2018-19 to the members and providing them with the opportunity to make comments.

The CSWO's report, appended to the covering report, provided an overview of the role and responsibilities of the CSWO and outlined the governance arrangements that were in place in West Lothian. The report highlighted the council's statutory duties and the decisions delegated to the CSWO and provided a summary of service performance.

During discussion, the CSWO advised that collaborative working with the NHS was ongoing and there was scope for significant further development in the future.

It was recommended that the Board:

1. Note the contents of the Chief Social Work Officer's annual report for 2018-19; and

2. Note that a draft of the report had been submitted to the Scottish Government Chief Social Work Advisor.

Decision

To note the recommendations in the report.

13 IJB 2019/20 BUDGET UPDATE

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer providing an interim update in advance of the Quarter 3 monitoring on the 2019/20 budget position for the IJB delegated health and social care functions, including an update on key risk areas.

The report set out a short interim update (shown in Appendix 1) in advance of the Quarter 3 monitoring on overall financial performance of the 2019/20 IJB delegated resources and provided a year-end forecast

which took account of relevant issues identified across delegated health and social care services. A risk schedule was also attached as Appendix 2.

Further details were requested on the overspend budget. It was also suggested that further discussions take place during a development session. It was agreed that work would be done before the next Board meeting to facilitate approval of the budget.

It was recommended that the Board:

1. Note the forecast outturn for 2019/20 in respect of IJB Delegated functions taking account of saving assumptions;

2. Note the key risks associated with the 2019/20 forecast position;

3. Note the current position in terms of year end management of the forecast outturn to allow the IJB to achieve a breakeven position in 2019/20; and

4. Note the current position regarding the timing of the UK and Scottish Budgets for 2020/21.

Decision

1. To note the recommendations in the report.

2. To provide a further breakdown of the £971,000 overspend year end forecast outturn position shown in the report.

3. To consider discussing budget gap at the next IJB development session.

4. To perform any preliminary work necessary prior to the Board's next meeting to support the approval of IJB budget.

14 WORKPLAN

A workplan had been circulated for information.

Decision

To note the workplan.

NHS LOTHIAN

Board Meeting
8th April 2020

Director of Finance

2019/20 FINANCIAL POSITION

1 Purpose of the Report

1.1 This paper provides an update to the Board on the financial position at Period 11 and NHS Lothian's year-end forecast position.

1.2 Any member wishing additional information on the detail of this paper should contact the Director of Finance prior to the meeting.

2 Recommendations

2.1 The Board is recommended to:

- **Accept** this report as a source of significant assurance that the Finance & Resources (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;

3 Discussion of Key Issues

Financial Position as at February 2020 and Year End Forecast

3.1 The F&R Committee received a paper on the Period 11 financial position and the year end outturn overspend projection for 2019/20 at its March meeting. The F&R paper highlighted a year-to-date overspend of £1.1m, shown in appendix 1.

3.2 Based on the information provided the F&R Committee agreed that it had **significant assurance** at this point that the Board is able to achieve a breakeven outturn in 2019/20.

3.3 The F&R Committee was informed that the achievement of a balanced outturn for 2019/20 was largely achieved due to one off benefits and did not resolve the issue of recurrent financial sustainability in future years.

3.4 At this stage the impact of COVID-19 is difficult to estimate fully. However it is not currently expected to have a material impact on the current financial year and any costs that do arise will be managed within the overall financial envelope. Discussions continue between health boards and the Scottish Government over the estimated financial impact of COVID-19 for this financial year and next.

3.5 By way of mutual support, and built into the forecast, we will return an element of resource allocated to Lothian from the Scottish Government before year-end. These resources are committed to be spent next year and the total value of allocations estimated to be returned

at this stage is £15.8m, a similar level to last year of £14m (which was subsequently received back in this year).

3.6 The Government will carry this resource over the year-end on behalf of Lothian, and return the funding in the new financial year. This arrangement is a response to a recommendation made by External Audit in their report of the 2017/18 accounts.

Integration Joint Boards Year End Forecast

3.7 The F&R Committee has previously received updates on proposed arrangements for the year-end across the four IJBs. For East and Midlothian IJBs, some flexibility is expected to be carried forward through their Reserves whilst delivering a breakeven position. For West Lothian and Edinburgh IJBs, some additional non-recurrent financial support may be required to achieve balance, and we have committed to providing this support to the health budgets based on requirements. These adjustments have been factored into the year-end forecast.

4 Risk Register

4.1 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)***

4.2 The contents of this report are aligned to the above risk. At this stage there is no further requirement to add to this risk.

5 Impact on Inequality, Including Health Inequalities

5.1 There are no new implications for health inequalities or general equality and diversity issues arising directly from the issues and recommendations in this paper.

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

6.1 The implementation of the financial plan and the delivery of a breakeven outturn will require service changes. As this paper does not relate to the planning and development of specific health services there was no requirement to involve the public in its preparation. Any future service changes that are made as a result of the issues raised in this paper will be required to adhere to the Board's legal duty to encourage public involvement.

7 Resource Implications

7.1 The financial results deal principally with the financial governance on operational management of existing resources and no resource implications arise specifically from this report.

Susan Goldsmith
Director of Finance
1st April 2020
susan.goldsmith@nhslothian.scot.nhs.uk

Appendix 1 - NHS Lothian Income & Expenditure Summary to 29th February 2020

Description	Annual Budget (£k)	YTD Budget (£k)	YTD Actuals (£k)	YTD Variance (£k)	Period Variance (£k)
Medical & Dental	286,570	262,289	265,325	(3,035)	(1,016)
Nursing	454,110	413,260	411,825	1,435	319
Administrative Services	115,986	103,634	101,295	2,338	326
Allied Health Professionals	75,766	69,135	67,728	1,407	157
Health Science Services	42,247	38,746	38,621	125	4
Management	9,101	8,281	7,502	779	104
Support Services	69,085	63,042	67,034	(3,992)	(298)
Medical & Dental Support	11,931	10,931	11,897	(965)	(98)
Other Therapeutic	36,813	33,594	32,482	1,112	91
Personal & Social Care	3,810	3,495	3,302	194	24
Other Pay	(2,992)	(3,017)	(2,969)	(49)	42
Emergency Services	0	(0)	65	(65)	(0)
Vacancy Factor	(574)	(504)	0	(504)	(70)
Pay	**1,101,854**	**1,002,886**	**1,004,108**	**(1,222)**	**(415)**
Drugs	128,122	117,359	118,265	(906)	455
Medical Supplies	95,200	86,894	94,683	(7,789)	(221)
Maintenance Costs	5,719	4,883	8,672	(3,789)	(553)
Property Costs	39,665	33,491	34,646	(1,155)	(364)
Equipment Costs	26,972	23,890	28,628	(4,738)	(386)
Transport Costs	8,404	7,809	8,858	(1,049)	(244)
Administration Costs	126,730	81,718	80,805	913	261
Ancillary Costs	11,628	10,649	11,277	(628)	(20)
Other	(16,076)	(26,035)	(26,880)	845	83
Service Agreement Patient Serv	51,656	46,252	47,627	(1,375)	39
Savings Target Non-pay	(1,602)	(1,405)	0	(1,405)	(141)
Resource Trf + L/a Payments	114,453	109,988	110,599	(611)	(131)
Non-pay	**590,871**	**495,493**	**517,181**	**(21,687)**	**(1,222)**
Gms2 Expenditure	136,640	120,174	119,496	678	61
Ncl Expenditure	888	814	588	226	0
Other Primary Care Expenditure	87	80	79	1	(1)
Pharmaceuticals	153,362	140,115	140,690	(575)	132
Primary Care	**290,976**	**261,182**	**260,852**	**330**	**192**
Other	**(1,432)**	**(1,313)**	**(1,068)**	**(245)**	**21**
Income	**(295,160)**	**(271,730)**	**(283,612)**	**11,883**	**1,615**
Extraordinary Items	**0**	**0**	**33**	**(33)**	**(0)**
CORE POSITION	**1,687,108**	**1,486,519**	**1,497,494**	**(10,975)**	**191**
Additional Reserves Flexibility	9,913	9,913	0	9,913	770
TOTAL	**1,697,021**	**1,496,431**	**1,497,494**	**(1,063)**	**961**

NHS LOTHIAN

Board
8 April 2020

Chair

REVISED APPROACH TO GOVERNANCE MEETINGS

1 Purpose of the Report

1.1 This report sets out proposals to revise the Board's approach to governance while the organisation is dealing with the COVID-19 pandemic. The aims of this are:

- The organisation can effectively respond to COVID-19, and discharge its governance responsibilities.
- The organisation maximises the time available for management and operational staff to deal with COVID-19.
- The organisation minimises the need for people to travel to and physically attend meetings.

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

2 Recommendations

The Board is recommended to:

2.1 Agree that the Board will not convene its Board meetings of April, May and June 2020 in public, for the 'special reason' of protecting public health, and the health and wellbeing of anyone who would have otherwise attended the meeting.

2.2 Agree that for the duration, all Board and committee meetings will be carried out by teleconference or in any other manner which does not require the members and staff to physically meet.

2.3 Agree to delegate authority to the Chair to review the situation and determine whether or not Board meetings should be convened in public from August 2020.

2.4 Accept this report as a source of significant assurance that the need to convene Board and committee meetings has been reviewed. The Board is asked to consider the outcome, and note that some meetings have been cancelled, and for those that remain, the agenda will be limited to necessary business. There may be further meetings cancelled.

3 Discussion of Key Issues

How Board meetings are convened

3.1 The Public Bodies (Admissions to Meetings) Act 1960 requires NHS Board meetings to be held in public. However Section 1(2) of that Act states:

'2)A body may, by resolution, exclude the public from a meeting (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings; and where such a resolution is passed, this Act shall not require the meeting to be open to the public during proceedings to which the resolution applies.

3.2 NHS boards also have other legal duties to protect public health. In light of the preventative measures put in place across the country, including social distancing, it is not appropriate to convene public meetings. It is also necessary to stop convening meetings in the traditional way, and use other options.

3.3 The Board's Standing Orders include the following provisions:

'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. For the avoidance of doubt, those members using such facilities will be regarded as present at the meeting.'

'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 two members who are not 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.'

3.4 The above measures give the Board flexibility and the ability to convene a meeting even if many members cannot attend. The BBC reported on 19 March 2020 that virus cases will peak in June 2020. However the Scotsman reported on 26 March 2020 that England's Deputy Chief Medical Officer estimated the peak would be around Easter, if people observe the lockdown guidelines. It is not likely that the Board can hold public meetings in the near future.

3.5 The Board will still publish its meeting papers on its website as it currently does. Members of the public and the media do usually attend Board meetings, and will know what decisions are made on the day. To address this, management will prepare and publish a summary of key issues discussed and decisions made shortly after each Board meeting.

The business of the Board and its committees

3.6 Management have already critically reviewed management meetings, and cancelled many in order to focus on COVID 19. Governance meetings require management time to service their requirements, so there is a need to critically review what governance meetings are required.

3.7 In order to keep non-executive Board members informed of current events, management will provide them with an enhanced version of the COVID-19 speed read on a daily basis. Additionally there will be a weekly hour-long Board members' briefing meeting, and one or two executives will attend that (subject to the needs of the service).

3.8 Management and some committee chairs have considered what business the Board and its committees must consider over the next few months. The process took into account matters are reserved to the Board (from the Standing Orders), and the remit and work of the committees (including the oversight of corporate risks). The table below summarises the outcome from this. Generally for the meetings which do go ahead, every effort will be made to confine the agenda to what is absolutely necessary.

Name	Notes
Board	The previously scheduled meetings will go ahead.
Audit & Risk Committee	The virus has compromised the ability to carry out the internal audit programme. Additionally the annual accounts process is currently under review, which could affect timings. The Committee will meet on 27 April to consider one item (the RHCYPDCN audit), if the report is ready. Future meeting dates remain in the diary
Staff Governance Committee and the Remuneration Committee	Many HR processes have been formally paused, and there is no routine business which needs to be considered. The Staff Governance Committee is scheduled to meet on 27 May and 29 July. The Remuneration Committee is scheduled to meet on 21 April and 21 July. It is proposed that the Remuneration Committee meetings are cancelled. The Board is invited to consider whether it wishes to keep the Staff Governance Committee dates in the diary, or to cancel them.
Finance & Resources Committee	The Committee met on 25 March by tele/video conference. The previously scheduled meetings will go ahead.
Healthcare Governance Committee	The previously scheduled meetings will go ahead.
Information Governance Sub-Committee	The meeting of 28 April has been cancelled. The meeting of 28 July remains in the diary, and the chair will review the need for it nearer the time.
Strategic Planning Committee	The meeting of 18 March was cancelled. The next dates (27 May, 29 July) remain in the diary for now, but will remain subject to review. There is a high risk these meetings will be cancelled due to the needs of the service.

4 Key Risks

4.1 Executive Board members and other managers cannot attend governance meetings due to the need to attend to operational matters, or are absent due to illness.

4.2 Meetings do not achieve their quorum due to illness within the membership.

4.3 The organisation convenes meetings in a manner which is contrary to current

guidance on COVID-19, which increases the risk of spreading the virus.

5 Risk Register

5.1 This report relates to how the whole system of governance operates, and so is relevant to all risks on the corporate risk register.

6 Impact on Inequality, Including Health Inequalities

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

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

7.1 This report does not relate to the planning and development of specific health services, nor any decisions that would significantly affect groups of people. Consequently public involvement is not required. However the organisation will communicate the change of practice for Board meetings to the public.

8 Resource Implications

8.1 The review of governance meetings and the conduct of business should release time for management and staff to focus on COVID-19.

Alan Payne
Head of Corporate Governance
1 April 2020
alan.payne@nhslothian.scot.nhs.uk

NHS LOTHIAN

Board
8 April 2020

Deputy Chief Executive

COVID-19

1 Purpose of the Report

This report provides the Board with an update on NHSL's response to the COVID-19 Pandemic.

2 Recommendations

The Board is recommended to:

2.1 Note the actions undertaken to date.

3 Discussion of Key Issues

3.1 The outbreak of COVID-19 has been declared a global pandemic by the World Health Organization. The virus causes a range of flu-like symptoms including severe pneumonia and other respiratory symptoms, although the vast majority of people will have no or very mild symptoms. The virus transmits rapidly and there is currently no vaccine.

3.2 Estimates of spread and rates of hospitalization vary. An epidemiological modelling report from Imperial College London which has been very influential in UK policy in response to the pandemic suggested;

- 81% of the total population would become infected;
- 4.4% of that population would be hospitalized;
- 30% of the hospitalized population would require treatment in intensive care units (ICUs).

For the Lothian area this would translate into;

- Approximately 730,000 people infected;
- 32,000 hospitalised;
- 9,600 admitted to ICUs.

3.3 Given this level of activity, the imperative is to spread this level of infection over as long a timescale as possible. This would provide some opportunity to sustain health services while effective vaccines and treatments are developed, and translates into the measures taken to "flatten the curve".

3.4 As of Monday 30th March, there were;

- 208 confirmed cases of COVID-19 in Lothian;

- 69 patients with confirmed diagnoses in acute ward beds;
- A further 50 patients with a possible diagnosis in acute ward beds;
- 27 patients in intensive care beds with a confirmed diagnosis;
- 9 patients in intensive care beds with a possible diagnosis;

3.5 In addition, in the period between 23rd March and 28th March, the NHSL Community COVID-19 Hub had triaged 1404 cases, seen 153 people face-to-face, and referred 26 people for admission to an acute hospital.

3.6 Estimates of the total number of infections in the community vary, but the most recent estimate is from Imperial College London, which estimates that on 28th March 2020 somewhere between 1.2% and 5.4% of the population of the UK are currently infected. For Lothian this would equate to between roughly 11,000 and 49,000 residents.

3.7 Members are reminded that they are receiving a daily SITREP update which includes key information.

3.8 Given the rapid evolution of this response, some elements of this paper are indicative and fuller briefing will be available in discussion at the Board meeting itself.

Demand increases

3.9 As of the 30th March, the number of cases in Lothian was doubling roughly every four days, whereas this was roughly every two and a half days before the introduction of public health interventions from the 16th March onwards.

3.10 This still means, however, that demand is rising exponentially, and that we can expect our inpatient capacity to rapidly fill with COVID-19 patients and possible COVID-19 patients. Our models are still evolving and such is the rate of change that we cannot be certain over an extended timescale, but it is clear that our total capacity will be under significant strain throughout April and probably beyond.

Structure of response

3.11 Board members received a copy of the Lothian Mobilization Plan on 26th March. This contains the NHSL plan, plans from each of the 4 Health and Social Care Partnerships, and a financial summary. The latter identifies a range of costs between £53m and £125m, with £80m being the most likely figure estimated at the time of submission on 17th March. At this point it is not possible to any more accurate than these very high (system-wide) figures.

3.12 Discussions have taken place with Scottish Government colleagues on the content of our mobilization plan. Further detail has been provided (appendix 2) to SG colleagues.

3.13 Of note from these calls, it has not always been apparent that the “NHS” and “IJB” parts of the system are fully joined up on a national level, and indeed, as of the update to this paper on 2nd April, no approval had been given formally for the financial support required for the HSCP plans. It is also apparent that other Boards have not undertaken the same depth of bed modelling exercise.

3.14 The four HSCP management teams, the acute management team, and the Strategic

Planning and Finance Directorates are now pulling together a system-wide plan which will show how capacity will be expanded in a coordinated way across the whole system. This will allow for integrated planning and a look ahead to more difficult and challenging decisions to be made.

3.15 There has been a suggestion from SGHSCD that we may wish to publish our mobilization publicly. Board members may wish to debate this but consider whether the information contained in the document is too detailed for the general public to interpret.

3.16 The Lothian system has established a Strategic Management Group which incorporates the Corporate Management Team (including HSCP joint directors). This meets twice a week and covers all pan-system issues.

3.17 The NHSL Executive Director cohort meets daily to focus on NHSL-specific issues.

3.18 The NHSL team has been augmented by two liaison officers from the Royal Marines and British Army to provide support.

Actions taken so far

3.19 As of 30th March, the following major actions have been taken;

3.20 All routine elective inpatient and daycase treatment and face-to-face outpatient appointments were cancelled as of 16th March. This equates to 1193 IP/DC in March and 1021 in April, and to 21,708 OP in March and 18,625 in April.

3.21 NHSL has moved to roll out “NearMe” technology to replace traditional outpatients, with a particular focus in the first instance on appropriate urgent appointments.

3.22 The new COVID-19 Community Hub Pathway, where patients who believe they have relevant symptoms call 111 and are then triaged to self-management or to face-to-face contact with the designated COVID Clinic. This was established first at the Royal Victoria Building on the Western General Hospital campus, with new services being established at East Lothian Community Hospital and in Midlothian and West Lothian.

3.23 Seen GP practices move from the traditional “attend face-to-face” model to telephone triage and remote appointments using NearMe technology.

3.24 Made plans to expand level 3 (“intensive care”) critical care provision from a baseline of 29 beds to 113. Acute services have been focused on supporting this by reconfiguring wards within the three acute sites to meet demand better, including (as examples) using vacated elective space in the Royal Infirmary for new COVID wards and moving the Regional Infectious Diseases Unit

3.25 Establishing a rapid training programme for ward nurses who may be redeployed to critical care settings to enable them to work in a more confident manner, with a focus on the key elements of working in a critical care environment. Members should note that a critical care qualification in nursing usually takes two years to gain, and so it will be understood that this is not going to be gained in a very short time.

3.26 Establishing a critical supplies group focused on personal protective equipment (PPE) supply, chaired by the Executive Director of Nursing. This group is working to ensure

that guidance and clarity on that guidance can be given to staff. This work has identified a very clear and very high risk associated with the distribution and quality of the PPE provided from the national stockpile. It should be noted that this issue has been escalated to the Director-General of the NHS in Scotland, and that this represents the single highest risk to our ability to deliver key actions such as the expansion of critical care.

3.27 Deployed Microsoft Teams to all NHSL staff to enable more effective working remotely. NHSL has also increased its capacity for parallel on-line sessions from 4500 to 13000 and encouraged staff who can work from home to do so. This is obviously not without its challenges but there are signs that this is beginning to work reasonably well.

3.28 Established the first drive-through testing clinic for COVID-19 at the Regional Infectious Diseases Unit, on the Western General Hospital campus, and established a new testing pathway for staff.

3.29 Developed a pathway for urgent cardiac surgery to be carried out at the Golden Jubilee National Hospital from 1st April 2020 onwards.

3.30 Worked with SGHSCD and the independent sector to transfer urgent elective surgery for breast, colorectal, and urological cancers to use private sector facilities.

3.31 Developed and deployed a single situation report (SITREP) for the organization.

3.32 Developed a daily “SpeedRead” for the organization which goes to all staff and covers the key topics and “need to know” information. This is complemented by the “COVIDBase” pages on the NHSL intranet.

Support for staff

3.33 We have secured additional, free, parking for staff at major acute hospital sites. At the Royal Infirmary, this has involved buying out the contract for the parking provider for a period of time. At the Western General Hospital, local hotels have offered up their parking for free, and Fettes College has made its grounds available to staff. At the Royal Edinburgh Hospital, George Watson’s College has made its grounds available to staff.

3.34 The offer of accommodation from local businesses is being coordinated within NHSL and 22 staff have so far taken up this offer to support self-isolation away from families.

3.35 We have established a helpline for staff, both to provide practical support and psychological support. Verbal updates from executive directors will be provided at the Board.

3.36 We have introduced a psychological support programme for staff, accessed through the intranet website. Verbal updates from executive directors will be provided at the Board.

4 Key Risks

4.1 COVID-19 affects all areas of the system, and therefore increases the risks level for all of the very high risks on the corporate risk register. The one exception to this is around unscheduled care and the 4-hour emergency access standard, where a significant drop in attendances is feeding a much higher level of performance.

4.2 The Board is aware of the significant risk COVID-19 poses to the population, and in particular to older age groups and those with underlying conditions.

5 Risk Register

5.1 A new risk relating to COVID-19 has been added to the corporate risk register.

6 Impact on Inequality, Including Health Inequalities

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

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

7.1 NHS Lothian is engaging with and communicating with the public on a continuous basis.

8 Resource Implications

8.1 The review of governance meetings and the conduct of business should release time for management and staff to focus on COVID-19.

Colin Briggs
Director of Strategic Planning
30th March 2020

NHS LOTHIAN

NHS Lothian Board
8th April 2020

Executive Director, Nursing, Midwifery and Allied Healthcare Professionals
Executive Lead, REAS and Prison Healthcare

LOTHIAN SYSTEM TRANSFORMATION PLAN (LSTP)

1 Purpose of the Report

1.1 The purpose of this report is to provide an update to the Board on the status of the Lothian System Transformation Plan (LSTP).

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

2 Recommendations

2.1 The Board recommended to note and acknowledge the status of the LSTP in light of altered focus on Covid-19 Mobilisation Plans.

3 Discussion of Key Issues

3.1 Scottish Government guidance was issued to NHS Boards in November 2019, December 2019 and February 2020 outlining requirements for the development of the LSTP. The guidance provided an opportunity to:

a) See the revised guidance on AOPs as an opportunity to lay out a more strategic summation of the Lothian system's approach;
b) That this approach needed to outline actions at the strategic, tactical, and operational levels;
c) Use the LSTP as an opportunity to review progress in delivering *Our Health, Our Care, Our Future,* and established a sub-group to that end.
d) A key element of this new approach was that this be seen as a *Lothian* System Transformation Plan, as opposed to an *NHS Lothian* System Transformation Plan. To this end, additional resource has been sourced for the Directorate of Strategic Planning to ensure that IJBs can meaningfully contribute in terms of their 5-year, 3-year, and 1-year plans.

3.2 First, second and final draft LSTP were submitted to SG colleagues in December 2019, February 2020 and early March 2020 in addition a series of meetings associated with the Recovery Programmes have taken place to discuss the performance trajectories outlined within the plan.

3.3 Draft versions of the LSTP have also been discussed at the Corporate Management Team, Finance and Performance Committee, Strategic Planning Committee and the Board.

Health and Social Care Partnership colleagues have taken responsibility to update their strategic planning groups on development of the plan and will arrange for the final plan to be agreed through respective Integration Joint Boards.

The draft LSPT has been well-received by SGHSCD and was subsequently circulated to other NHS Boards as an exemplar.

3.4 It was agreed the final draft LSTP would be taken to the Strategic Planning Committee (SPC) for approval to allow homologation of the plan when presented at the 8 April 2020 Board meeting. However, due to the circumstances associated with the need to divert focus to development of Covid-19 mobilisation plans, it has been agreed to stand down the SPC meeting rescheduled for 18 March 2020 and instead ask members to feedback directly to the Director of Strategic Planning to shape the document. No further feedback was received on the plan therefore it is assumed SPC members were satisfied with the contents of the plan.

3.5 The Finance and Resources Committee are receiving the organisation's draft financial plan on 25 March 2020 and will make a recommendation to the Board on that. To be clear, the propositions included in the STP are based on the financial plan being taken to F&R.

3.6 SGHSCD has also asked (as at 11 March 2020) that there should be an additional appendix to the STP which covers the mobilisation plan for Covid-19. This mobilisation plan will also be discussed at the NHS Lothian Board meeting on 8 April 2020.

3.6 Formal feedback on the LSTP was received from SGHSCD on 31 March 2020 which indicated:

- SGHSCD are pausing discussion and agreement of the LSTP
- The LSTP will be held on file as a baseline and will form the basis of a Recovery Plan as the elective position will be revisited post Covid-19
- Confirmed a NRAC share of £10m for cancer and diagnostics and £10m NRAC allocation to support Winter Planning
- No agreement is reached on the allocation of funding the achieve key performance trajectory milestones
- Work on the LSTP financial planning will be paused and will be returned to as soon as possible in 2020-21. NHS Boards are expected to ensue robust financial management as far as possible to secure a financial balance
- SGHSCD will continue to engage in respect of the financial implications associated with Covid-19

3.7 Board members will be aware that part of the architecture of the schemes of establishment for all Integration Authorities under the Public Bodies Scotland (Joint Working) Act is that these schemes should be reviewed every five years. For all IJBs this five-year period is up this year. Work has commenced on reviewing these, with extra capacity within the Strategic Planning Directorate to support this, but for reasons related to COVID-19 preparations this has not yet reached fruition. Communications from SGHSCD on this have suggested that this can be delayed but further clarity has been sought on this guidance, noting the practical difficulties associated with any further review work.

4 Key Risks

4.1 The LSTP includes a summary of the very high risks on the corporate risk register as at 9 March 2020. It is intended as a tool to help manage these risks.

4.2 With regard to the LSTP itself, there is a risk that this is rejected by SGHSCD, as it does not promise to deliver the expected levels of performance in this financial year

and particularly in the current climate with scale down of routine elective and non-urgent outpatient activity to allow focus on the management of Covid-19.

4.3 There is a risk that the LSTP is altered through the internal governance mechanisms of NHSL and will need to be reconciled.

5 Risk Register

5.1 The very high risks on the corporate risk register are included in the LSTP.

6 Impact on Inequality, Including Health Inequalities

6.1 An impact assessment has not been carried out. The LSTP summarises a collection of initiatives that will have their own impact assessments carried out.

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

7.1 The LSTP is intended as a public document but is fundamentally an internal governance document. We do see it as a tool for public engagement going forward.

8 Resource Implications

8.1 The resource implications of producing the LSTP are within current resources allocated to Strategic Planning and other component parts of the system.

Colin Briggs
Director of Strategic Planning
2nd April 2020
Colin.briggs@nhslothian.scot.nhs.uk

Alyson Cumming
Strategic Programme Manager
Alyson.cumming@nhslothian.scot.nhs.uk

NHS LOTHIAN

Board Meeting
8th April 2020

Director of Improvement

LOTHIAN RECOVERY PLAN RE-PRIORITISATION

1 Purpose of the Report

1.1 Following the rapid escalation of planning and preparation in relation to COVID-19 it has become clear that the Lothian Recovery Programme needs to change focus and reprioritise activities elsewhere in response to the current pandemic situation. This paper sets out the proposed approach which balances the requirement to maintain focus on immediate challenges, learn from the current situation as well as consider the future recovery requirements going forward.

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

2 Recommendations

2.1 Acknowledge that in the short term the Recovery Programme places on hold the majority of the work plan, as well as reprioritising its future focus onto learning from the current COVID-19 pandemic situation, and how this can be embedded into clinical practice to support longer term recovery actions.

2.2 Agree that the current situation should provide a broader catalyst for a 'tilt to digital' and greater virtual health and care delivery across Lothian.

3 Discussion of Key Issues

Recovery Programme – what continues?

3.1 In the short term, the majority of short term planning for recovery across the three areas of the programme, Scheduled, Unscheduled Care and Mental Health and Learning Disability has been put on hold. However, certain service elements will continue in some form during the pandemic situation:

- ensuring those with an Urgent Suspected of Cancer diagnosis are treated in line with current guidelines and targets where possible;
- continued focus on reducing delayed discharges to free capacity in the acute sector; and
- maintaining access to psychological services where possible given the likely impact of social isolation and anxiety on mental health issues.

3.2 Plans in relation to the delivery of these services have been prepared and are set out in COVID-19 Mobilisation Plans, with robust clinical prioritisation implemented to ensure the focus remains on those in most need. It is recognised that issues associated with staff absence and patient self-isolation may well have impact on the ability to deliver the above.

Recovery Programme – what can we learn?

3.3 It has become apparent that the current emergency situation has resulted in an unprecedented level of change in how day to day health services are delivered, with new patient access channels in place, as well as significant efforts to free up clinical capacity in the acute sector to meet the expected surge in COVID-19 patients.

3.4 This has resulted in some dramatic changes in activity levels, for example:

- Emergency Department attendances have fallen by between 50-60% since social isolation measures were introduced;
- the number of delayed discharges changes has fallen by approximately 40% from the Winter peak due to the push to free hospital beds;
- GPs are triaging all patients via the telephone, similar measures are being put in place across a raft of other services including outpatient specialties and psychological therapies, and there is significant demand for video based solutions.

3.5 Going forward it will be important to learn from how these changes were delivered, the impact of robust active clinical triage and assess which of these changes should be embedded into clinical practice and service models going forward. This will involve some monitoring of the current situation as well as understanding the care backlog that will need to be recovered in the future.

3.6 For a matter of record, Appendix 1 provides an overview of Recovery Programme at the end of February 2020 plus the latest management information for mid-March. This provides a baseline pre-COVID performance position.

Recovery Programme – new focus?

3.7 Given these profound changes, it is expected that the Recovery Programme will be reprioritised in the coming weeks to focus on three areas:

- ***Document the push towards virtual healthcare***: in the immediate term understanding and collating information on how services are implementing changes across the Lothian system and the associated impact on patient care and teams.

- ***Agree and set out the future model of care***: the situation has rapidly accelerated the awareness and use of virtual healthcare technologies including telephone consultation and video based solutions such as NearMe. A number of these advances should be embedded into routine practice – providing a more flexible, low carbon and digital first vision of healthcare which has been talked about for many years. The scope potentially covers five areas:

  - *Outpatients*. Define the future service delivery channels taking into account what proportion of services can be delivered by telephone, by video, with remote monitoring and the implication for ongoing service models and activity

levels. Set out how active clinical triage should operate going forward and consider how the backlog of routine appointments will be tackled during a recovery phase.

- *Primary Care*. Consider what elements of the new community hub model should be retained, how active triage can support the delivery of sustainable GP services and further adoption of e-Consultations. NHSE estimate that e-Consultations can resolve 40-60% of patient issues without a face to face appointment.

- *Unscheduled Care*. Set out how changes in current pathways, have altered patient flows to ED, such as Shielding processes, and assess further how telehealth solutions could support reduced front door attendances.

- *Mental Health*. Consider how different access channels and therapy delivery models can change the nature of service delivery, and how the current situation can be used to embed new working practices.

- *Hospital @ Home*. Defining what additional health and care capacity, or new service models are required to support people at home (at scale) whether by traditional care support models, telehealth or other approaches building on HSCP mobilisation plans.

- ***Define the investment case***: Lothian has made significant strides towards a more virtual model of health and care in the last two weeks alone, however this 'tilt to digital' will need to be maintained and embedded, building on changes in the public's attitude. There will be resource consequences, ranging for additional network capacity, devices, helpdesk support and applications as well as costs associated with implementing revised service models and associated capacity changes. Adopting an investment case discipline will help to define and parameterise the proposed changes, help broaden the nature of existing infrastructure investment proposals and build upon the Lothian digital strategy.

3.8 In the short term, this work this work will need to be conducted with limited frontline engagement, and going forward will need to be balanced with the requirement for more 'traditional' recovery actions as the emergency situation draws to a close. However, the overarching thrust of the work will be to refocus recovery on learning from the situation, and retaining as much as possible of the transformation that has occurred in terms of how services are delivered and how the health service conducts routine business.

4 Key Risks

4.1 The risks to this work include the ability maintain and embed current changes into routine practice post pandemic as well as access to the right skills and technology to support service change.

5 Risk Register

5.1 The Corporate Risk Register has a risk specifically associated with the Recovery Programme with reference to a number of linked risks (Risk ID 4820). This will be reviewed in light of the COVID-19 pandemic.

6 Impact on Inequality, Including Health Inequalities

6.1 These proposals could result in the growth of the 'digital care divide' as the move towards virtual health and care may impact on vulnerable groups with limited access to technology. These issues will need to be taken into account in future service models, as well as in light of changing public attitudes to virtual healthcare, by adopting a mixture of traditional and online services.

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

7.1 These proposals have been circulated to NHS Lothian Directors and IJB Chief Officers and in due course further consultation with staff groups will be taken forward once the immediate pressure of the pandemic response has eased.

8 Resource Implications

8.1 There are no immediate resource implications, in the longer term there are likely to be financial implications and these will be estimated as this work is progressed.

Appendix 1. Pre COVID Performance Baseline

Peter Lock
Director of Improvement
30 March 2020

Appendix 1. Pre COVID Recovery Programme Position

8.2 The table illustrates performance at the end of February 2020.

Table 1. Core Recovery Plan Metrics

Metric		Feb 2020	Jan 2020	Jan 2019	Annual Change	Target
Delayed Discharges	Standard	240	270	241	-0.4%	200
	Standard & Complex	267	290	274	-2.6%	-
4 Hour ED Waiting Time		82.1%	82.5%	85.6%	-4.1%	95%
Outpatient >12 week waiting time [p]		21,817	22,632	27,207	-19.8%	18,000*
Treatment Time Guarantee [p]		3,033	2,888	2,588	17.2%	3,100*
Cancer Waiting Times (62 day target) [p]		78.2%	85.2%	78.8%	-0.8%	95%
Mental Health & Learning Disability Bed occupancy		87.8%	89.4%	91.1%	-3.6%	85-90%
CAMHS >18 week target		52.5%	56.8%	70.0%	-25.0%	90%
Psychological Therapies > 18 week target		78.3%	76.5%	68.3%	18.6%	90%
Paediatrics and St John's		4 days a week 24x7	4 days a week 24x7	Closed to inpatients	-	7 days a week 24x7

[p] some Jan 20120 is provisional management information and may be subject to small variation.
* 2019/20 AOP Trajectory recently revised upwards from 16,151 and 2,472 for outpatient and TTG respectively
* Green denotes an improvement, red deterioration, and amber no change since Jan 2019

8.3 As of the second week in March, it was forecast that both the outpatient and TTG targets would be in line with Recovery Plan estimates. However, the cancellation of routine elective and outpatient activity commenced in earnest in mid-March with 21,700 outpatient appointments and 2,030 inpatient and day case episodes cancelled during the month. A similar level of cancellations have been made in April 2020. The impact of these changes will be monitored with a new COVID-19 cancellation code created within Trak.

8.4 During the second half of March, performance against the ED 4 Hour target stood at 94% as attendance levels halved due to the introduction of social isolation measures. Delayed discharges have also fallen significantly with standard and complex delays at 170 at the week ending 29 March. This is predicted to fall further as additional care home capacity is procured by Edinburgh HSCP.

8.5 Cancer waiting times will continue to be a priority especially for those with a suspected cancer diagnosis. However, it is not yet clear how Covid-19 situation will impact on

performance against the access standards. As this becomes clearer further updates will be provided.

8.6 The Scottish Government formally advised the Board on the 27 March that waiting time standards for Psychological Therapies and CAHMS have been put on hold to allow Boards to focus on the Covid-19 response.

NHS Lothian

Public Board Meeting
8 April 2020

Director of Finance

2020/21 FINANCIAL OUTLOOK

1 Purpose of the Report

1.1 The Director of Finance, with the management team, has been developing the NHS Lothian Financial Plan for 2020/21 for approval by the Board. This is consistent with the Board's Standing Orders which state the requirement: "The Board shall approve its Financial Plan for the forthcoming financial year, and the opening revenue and capital budgets."

1.2 The Finance and Resources Committee, in its consideration of the Financial Plan for 20/21 and longer term financial strategy has endorsed the following plan, in order for initial budgets to be set. Committee members noted that the Plan, and budgets, would need to be reviewed in the light of COVID 19.

1.3 The Board also has a requirement to set budgets for the delegated functions of the IJBs for 2020/21. The outline plan presented at this stage will form the basis of a formal allocation of budgets to the IJBs.

1.4 The Financial Plan was prepared prior to the emerging issues relating to COVID-19. There is no specific consideration of the impact of this in the forthcoming year's financial performance. A significant amount of work is underway to prepare for this challenge and to plan and record the consumption of resources as part of this. We are working closely with the Scottish Government in this regard.

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

2 Recommendations

2.1 The Board is asked to:

- **Approve** the Financial Plan as a basis for opening budgets only and submit to Scottish Government as required.

- **Acknowledge** that, based on the latest information available at the time, the Finance & Resources Committee accepted **limited assurance** that NHS Lothian was able to deliver a balanced Financial Plan for 2020/21;

- **Endorse** the allocation of resources agreed by the Finance & Resources Committee for the purposes of budget setting;

3 Discussion of Key Issues

2020/21 Financial Outlook and five year summary

3.1 The previous report to the Finance & Resources Committee in February highlighted a gap of circa £25m. In the intervening period a further refinement of the underlying baseline gap has been undertaken, along with an update of the additional 2020/21 costs and pressures had a review of available resources to support the position.

3.2 Incorporating these changes, the total financial gap for next year has now reduced to £10.9m. Table 1 gives the breakdown of the main elements of the Plan for next year and over a five year period, based on current information.

Table 1: Financial Plan Summary

	20/21 Variance	21/22 Variance	22/23 Variance	23/24 Variance	24/25 Variance
	£k	£k	£k	£k	£k
Full Year Recurring Expenditure Budget	**1,703,694**	**1,767,306**	**1,799,806**	**1,832,917**	**1,867,050**
Baseline Carry Forward Pressures	(46,562)	(52,140)	(60,137)	(65,995)	(72,639)
Additional Expenditure, Growth, Uplift & Commitments	(80,212)	(41,437)	(39,369)	(40,577)	(40,404)
Total Projected Costs	**(126,775)**	**(93,577)**	**(99,506)**	**(106,573)**	**(113,044)**
Resources committed against specific pressures	76,367	51,580	52,191	52,813	53,448
Resources supporting overall position	20,995	0	0	0	0
Total Resources	**97,362**	**51,580**	**52,191**	**52,813**	**53,448**
Financial Recovery Actions	**18,552**	**4,952**	**9,400**	**0**	**0**
Financial Gap	**(10,861)**	**(37,045)**	**(37,916)**	**(53,759)**	**(59,595)**

3.3 Despite an imbalanced plan for 2020/21 presented to the Finance & Resources Committee, members were able to accept limited assurance on the achievement of a breakeven outturn next year on the basis that financial plans in prior years had shown a larger gap and breakeven has subsequently been achieved. Balance in future years beyond next remains a challenge, emphasised in the table above, although there is limited information on future uplifts at this stage and therefore assumptions have necessarily been made from 21/22 onwards.

Key Elements of the Plan

Baseline Carry Forward Pressures

3.4 The total carry forward pressure of £46.6m includes £29.7m of cost pressures funded non-recurrently in 19/20. These are a priority for funding in the new financial year, as the commitment to support these cost pressures is recurring. The funding of this is discussed later in this paper.

3.5 Net of this, the baseline underlying recurrent gap is £16.9m. Comparing with prior years (£22.4m in 18/19, £23.6m in 19/20), the gap has been reduced from previous levels. This residual gap is predominantly within Estates & Facilities and the Acute Division, across sites but prevalent at St John's Hospital, DATCC, W&C and the RIE.

Additional Expenditure and Growth

3.6 In addition to carry forward pressures, new cost pressures totalling £80.2m have been identified. This is included in further detail under Appendix 2 showing the five-year horizon.

3.7 Notable within this is the level of growth associated with uplift. Projections for next year suggest that the total pay bill will increase by over 4.7% as a result of the final year of the three year pay award and amendments made to the Agenda for Change pay scales.

Additional Resources

3.8 Additional resources available to NHS Lothian include both recurring and non-recurring funds, and are also shown in Appendix 2. Table 2 below shows the split of these additional resources between recurrent and non-recurrent.

Table 2 – Total Available Resources

	2020/21		
	Recurring	Non Recurring	Total
	£k	£k	£k
Base Uplift - 3.0%	44,451		44,451
NRAC	12,948		12,948
OHB Income	2,177		2,177
Reserves	252	654	906
Asset Disposal Profit		9,000	9,000
Non Recurring VPAS		11,880	11,880
Non Recurring Additional DEL		3,000	3,000
Non Recurring Flexibility		13,000	13,000
Total Additional Resources	**59,828**	**37,534**	**97,362**

3.9 The additional NRAC funding of circa £13m maintains NHS Lothian's position of being short of NRAC parity by 0.8%, with the parity gap estimated at approximately £12m.

Financial Recovery Plans

3.10 The delivery of efficiency savings is a key component of achieving financial balance in any year. Table 3 shows this split by theme.

Table 3 – 19/20 Efficiency Savings

	2020/21	2021/22	2022/23	2023/24	2024/25
	£k	£k	£k	£k	£k
DRUGS AND PRESCRIBING	5,495	78	0	0	0
OTHER	3,412	4,874	9,400	0	0
PROCUREMENT	3,372	0	0	0	0
SERVICE REDESIGN	3,100	0	0	0	0
WORKFORCE	3,173	0	0	0	0
	18,552	**4,952**	**9,400**	**0**	**0**

Overall Plan by Business Unit and IJB

3.11 The overall position, including the above, is shown by Business Unit in Appendix 3, and by IJB in Appendix 4. The IJB figures reflect the updates to the budget and cost mapping table following discussion with IJBs.

3.12 It is important to note that the position by IJB includes additional flexibility to deliver the 3% uplift through to IJBs, and which are yet to be prioritised against specific pressures. The planning assumption is that this available resource (totalling circa £6.5m across the four IJBs) will be set against current NHS pressures. This is discussed later in this paper.

Application of Available Resources 2019/20

3.13 The Plan highlights a total available resource of £97m. Within this, and as noted in Table 1, circa £76m has been allocated against specific cost pressures. The balance of funding, approximately £21m, is shown as a contributor to the Financial Plan, but has not been allocated to specific cost pressures. Rather, this is currently retained in Reserves to support NHS Lothian.

3.14 The breakdown of cost pressures, funded and unfunded, and remaining flexibility available for allocation to remaining cost pressures is shown in Appendix 5.

3.15 The committed £76.4m comprises resources applied against those baseline pressures totalling £29.7m described in 3.5 above, and a further £46.7m to meet additional new cost pressures.

3.16 As a result, a total of circa £50.4m of estimated cost pressures remain unfunded, made up of carry forward baseline pressures as well as new cost pressures. This is summarised in Table 4 below.

Table 4 – Unfunded Cost Pressures

	£(000)
Baseline Pressures - Balance	16,878
Hospital Drugs inc SMC	5,596
GP Prescribing Growth	6,471
General Non Pay Uplift	4,452
Microsoft 365	3,903
RHCYP net energy/ Rates	2,247
Increase in CNORIS Pool	1,550
Activity Increase - DATCC	1,432
PFI Agreement Uplift	1,366
Discretionary Points	1,246
Consultant Seniority	1,192
GP Upgrade to Emis/In-Practice	1,000
Managed Service Contract - DATCC	1,000
Other	2,077
	50,409

3.17 The £50.4m gap is further reduced by the £21m of additional resource which remains uncommitted, and £18.6m of recovery plans identified, bringing the residual gap to the £10.9m.

3.18 In terms of the overall remaining flexibility of £21m, circa £6.5m will be passed to the IJBs as part of the commitment to pass through 3% uplift on to each IJB as uplift. This value represents the balance of uplift after pay awards have been applied to budgets. Each IJB is able to make its own decision on how this balancing value can be deployed, although the Plan assumes this will be set against cost pressures included in the Plan.

3.19 This therefore leaves a balance of approximately £14.5m of available resource for NHS Lothian to consider committing against current pressures.

3.20 As part of this consideration, the F&R Committee was asked to consider a prioritised deployment of available resource as follows, and agreed the following investments:

- Hospital Drugs (including SMC) – **£5.6m**
- RHCYP Energy/Rates –**£2.2m**;
- CNORIS (Clinical Negligence and Other Risks Insurance Scheme) Pool – **£1.5m**;
- Activity Growth DATCC –**£1.4m**;
- Office 365 –**£3.9m**.

3.21 The value of all investments highlighted above comes to circa £14.6m, comparable to the level of investment available. The funding for these will be held centrally pending confirmation of the requirement for these resources, in light of the exceptional circumstances the Board faces at the start of the new financial year.

3.22 It should be noted that all cost pressures here are recurrent in nature, funded through non-recurring resources. Future financial plans will be required to ensure recurrent funding sources are identified to meet these recurring commitments.

3.23 Providing financial support into these areas does not improve the £10.8m gap, but it does ensure that all available resources are allocated to cost pressures. Other pressures remain, and the challenge will be with the service for these areas to ensure these can be managed down, or additional savings identified to offset.

3.24 A number of cost pressures have not been recommended for funding at this stage. For some, the IJBs will be able to make decisions on utilising the resource within the £6.5m of flexibility allocated, in particular the gap estimated against GP Prescribing.

<u>Aligning the Plan to capacity challenges in the Financial Strategy</u>

3.25 As well as funding of cost pressures above, the F&R committee received an update on resources which will be returned to the Scottish Governments to be carried forward on behalf of the Board into the new financial year.

3.26 As part of this carry forward, we will be looking to provide additional investment into Psychological Therapies in the next two financial years. This sits out-with the Plan, but a total additional investment of £1.8m will be made in 20/21.

3.27 The Plan commits to making the investment of £5m for Access in 19/20 a recurring commitment, and this additional resource will contribute to meeting some of the performance challenges we will face in the new year.

3.28 In terms of Unscheduled Care, the Financial Plan has ensured the funding of the recurring commitment of just over £9m with a full year step up in excess of £1m. As well as this, there is an element of carry forward flexibility, which will allow some other key priorities within the USC Plan to be supported, bringing the total available resource to over £12m. This will be combined with the standard £5m resource available for Winter and other unscheduled care plan funding.

3.29 The cost pressures within Estates and Facilities has in recent years become increasingly challenging for the services managing these resources. In the years of low uplift, the PFI contracts continued to increase at a cost inflation beyond available funding. As part of our current plan, we have identified a solution relating to the application of flexible resource that will be released annually from the ODEL funding stream. It is expected that the PFI cost pressure will be resolved over the next three years using this source. This will allow this directorate to provide specific focus to operational financial management.

3.30 Much of the focus of the Plan has been on hospital based financial challenges, rather than resolving the financial challenges within Primary Care. That said, the IJBs will be expected to make investments from available resource into extant cost pressures, and in addition there will be a significant increase in available funds going into primary Care through the Primary Care Improvement Fund. In 19/20 Lothian received £8.1m for key Primary Care priorities, and this will double to £16.2m in 20/21.

3.31 Investment into eHealth continues next year. Beyond the Office 365 investment proposed, a further £2m is allocated into e-health to support a range of initiatives intended to improve the efficiency and effectiveness of service delivery. This brings the total additional recurring investment into eHealth up to £5m over the last three years.

3.32 COVID-19 – At this stage there is no clear information that will allow us to accurately describe the financial consequences on Lothian. The Plan inherently assumes that any incremental costs will be fully funded, although this has not been confirmed. Further work is being progressed to better understand implications and risks, and we are working closely with colleagues from the SG and other boards.

4 Risks and Assumptions

4.1 Whilst every effort has been made to ensure all likely additional costs and national, regional and local priorities for investment have been incorporated into the financial plan at this time, there remain a number of inherent uncertainties and associated risks. The financial planning process is an ongoing and iterative cycle, and it is not possible to fully identify all financial risks facing individual service areas, or the wider organisation at this stage. A Risk Matrix is provided in Appendix 6.

5 Risk Register

5.1 The corporate risk register includes the following risk:

Risk 3600 - The scale or quality of the Board's services is reduced in the future due to failure to respond to the financial challenge. ***(Finance & Resources Committee)***

5.2 The contents of this report are aligned to the above risk. At this stage there is no further requirement to add to this risk.

6 Impact on Inequality, Including Health Inequalities

6.1 There are no new implications for health inequalities or general equality and diversity issues arising directly from the issues and recommendations in this paper.

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

7.1 The implementation of the financial plan and the delivery of a breakeven outturn will require service changes. As this paper does not relate to the planning and development of specific health services there was no requirement to involve the public in its preparation. Any future service changes that are made as a result of the issues raised in this paper will be required to adhere to the Board's legal duty to encourage public involvement.

8 Resource Implications

8.1 The financial results deal principally with the financial governance on operational management of existing resources and no resource implications arise specifically from this report.

Susan Goldsmith
Director of Finance
1st April 2020
susan.goldsmith@nhslothian.scot.nhs.uk

Appendices

Appendix 1 – Baseline Pressures Summary
Appendix 2 – 5 year Financial Plan
Appendix 3 – Financial Plan by Business Unit
Appendix 4 – Financial Plan by IJB
Appendix 5 – Funded and Unfunded Cost pressures
Appendix 6 – Financial Plan Risk Register

Appendix 1 : Baseline Pressures Summary

	2020/21 £k
Pay	
Medical & Dental	(12,085)
Nursing	(8,216)
Support Services	(5,291)
Other Pay	(2,115)
	(27,707)
Non Pay	
Drugs	(11,160)
Equipment	(4,251)
Medical Supplies	(8,807)
Maintenance Costs	(3,493)
Legacy LRP	(2,814)
GP Prescribing	(1,583)
Transport Cost	(974)
Other Non Pay	2,779
	(30,303)
Income	11,447
Baseline Carry Forward Pressures	**(46,562)**
19/20 Non Recurring Funding	29,684
Underlying Baseline Pressures	**(16,878)**

Appendix 2 : Five year Financial Plan

	20/21 Variance	21/22 Variance	22/23 Variance	23/24 Variance	24/25 Variance
	£k	£k	£k	£k	£k
Full Year Recurring Expenditure Budget	**1,703,694**	**1,767,306**	**1,799,806**	**1,832,917**	**1,867,050**
Baseline Pressures	**(46,562)**	**(52,140)**	**(60,137)**	**(65,995)**	**(72,639)**
Projected Expenditure Uplifts & Commitments	(55,086)	(28,730)	(28,831)	(29,053)	(29,296)
Growth and Other Commitments	(13,167)	(11,359)	(9,631)	(11,524)	(11,108)
Policy Decisions	(2,772)	0	0	0	0
Strategic Investments	(6,053)	(1,348)	(907)	0	0
Essential Service Development	(1,639)	0	0	0	0
Unscheduled Care	(1,495)	0	0	0	0
Projected Expenditure Uplifts & Commitments	**(80,212)**	**(41,437)**	**(39,369)**	**(40,577)**	**(40,404)**
Percentage of Recurring Budget	*(4.7%)*	*(2.3%)*	*(2.2%)*	*(2.2%)*	*(2.2%)*
Projected Costs	**(126,775)**	**(93,577)**	**(99,506)**	**(106,573)**	**(113,044)**
Recurring Resources					
Base Uplift	44,451	30,523	31,134	31,756	32,391
NRAC	12,948				
OHB Income	2,177	2,177	2,177	2,177	2,177
Reserves	252				
Non Recurring Resources					
Asset Disposal Profit	9,000				
VPAS	11,880	11,880	11,880	11,880	11,880
Additional DEL	3,000	3,000	3,000	3,000	3,000
Flexibility	13,000	4,000	4,000	4,000	4,000
Reserves	654				
Total Additional Resources	**97,362**	**51,580**	**52,191**	**52,813**	**53,448**
Financial Recovery Plans	**18,552**	**4,952**	**9,400**		
Financial Outlook Gap	**(10,861)**	**(37,045)**	**(37,916)**	**(53,759)**	**(59,595)**

Appendix 3 – 20/21 Financial Plan by Business Unit

	NHS Lothian	Acute Services Division	Reas	Directorate Of Primary Care	East Lothian Partnership	Edinburgh Partnership	Mid Lothian Partnership	West Lothian Partnership	Facilities And Consort	Corporate Services	Strategic Services	Inc + Assoc Hlthcare Purchases	Research + Teaching	Reserves
	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k
Full Year Recurring Expenditure Budget	**1,703,694**	**715,730**	**91,917**	**(2,628)**	**74,386**	**315,247**	**67,205**	**134,515**	**153,339**	**100,667**	**9,491**	**11,400**	**(8,866)**	**41,290**
Baseline Pressures	**(46,562)**	**(33,704)**	**(3,043)**	**(473)**	**(363)**	**(930)**	**20**	**(495)**	**(5,554)**	**(29)**	**5,525**	**5,447**	**(1,108)**	**(11,855)**
Projected Expenditure Uplifts & Commitments	(55,086)	(25,771)	(3,597)	(474)	(1,124)	(4,335)	(1,013)	(2,290)	(9,570)	(3,702)	(8)	(228)	(0)	(2,974)
Growth and Other Commitments	(13,167)	(8,229)	(105)	(101)	(697)	(1,767)	(598)	(736)		(46)			(593)	(295)
Policy Decisions	(2,772)	(1,160)	0	(62)	0	0	0	0	0	0	(1,550)			0
Strategic Investments	(6,053)	(150)												(5,903)
Essential Service Development	(1,639)	(411)						(45)	(183)	(1,000)				
Unscheduled Care	(1,495)	(1,495)												
Projected Expenditure Uplifts & Commitments	**(80,212)**	**(37,216)**	**(3,703)**	**(636)**	**(1,822)**	**(6,101)**	**(1,611)**	**(3,071)**	**(9,753)**	**(4,748)**	**(1,558)**	**(228)**	**(593)**	**(9,172)**
Percentage of Recurring Budget	*(4.7%)*	*(5.2%)*	*(4.0%)*	*24.2%*	*(2.4%)*	*(1.9%)*	*(2.4%)*	*(2.3%)*	*(6.4%)*	*(4.7%)*	*(16.4%)*	*(2.0%)*	*6.7%*	*(22.2%)*
Projected Costs	**(126,775)**	**(70,920)**	**(6,745)**	**(1,109)**	**(2,185)**	**(7,032)**	**(1,591)**	**(3,566)**	**(15,307)**	**(4,777)**	**3,967**	**5,219**	**(1,702)**	**(21,027)**
Recurring Resources														
Base Uplift	44,451	20,750	3,150	428	1,001	3,096	782	1,872	3,859	3,303				6,211
NRAC	12,948	2,759											593	9,596
OHB Income	2,177													2,177
Reserves	252													252
Non Recurring Resources														
Asset Disposal Profit	9,000	7,084												1,916
VPAS	11,880	10,120												1,760
Additional DEL	3,000	745												2,255
Flexibility	13,000													13,000
Reserves	654													654
Total Additional Resources	**97,362**	**41,458**	**3,150**	**428**	**1,001**	**3,096**	**782**	**1,872**	**3,859**	**3,303**	**0**	**0**	**593**	**37,821**
Financial Recovery Plans	**18,552**	**7,708**	**1,150**		**888**	**3,470**	**657**	**1,251**	**2,430**	**999**				
Financial Plan Gap	**(10,861)**	**(21,755)**	**(2,445)**	**(682)**	**(296)**	**(466)**	**(152)**	**(444)**	**(9,018)**	**(475)**	**3,967**	**5,219**	**(1,109)**	**16,794**

Appendix 4: Financial Plan by IJB

	NHS Lothian	East Lothian IJB	Edinburgh IJB	Mid Lothian IJB	West Lothian IJB	Acute Non Delegated	CHP Non Delegated	Corporate Non Delegated
	£k	£k	£k	£k	£k	£k	£k	£k
Full Year Recurring Expenditure Budget	**1,703,694**	**102,134**	**435,071**	**87,409**	**160,348**	**490,615**	**46,220**	**381,898**
Baseline Pressures	**(46,562)**	**(2,616)**	**(9,742)**	**(2,091)**	**(6,010)**	**(11,529)**	**(327)**	**(14,247)**
Projected Expenditure Uplifts & Commitments	(55,086)	(2,199)	(9,196)	(1,809)	(3,286)	(18,693)	(1,762)	(18,140)
Growth and Other Commitments	(13,167)	(891)	(2,781)	(761)	(638)	(5,997)	(515)	(1,584)
Policy Decisions	(2,772)	(99)	(468)	(82)	(172)	(401)	0	(1,550)
Strategic Investments	(6,053)	0	0	0	0	(150)	0	(5,903)
Essential Service Development	(1,639)	0	0	0	0	(411)	(45)	(1,183)
Unscheduled Care	(1,495)	(113)	(518)	(93)	(956)	185	0	0
Projected Expenditure Uplifts & Commitments	**(80,212)**	**(3,302)**	**(12,963)**	**(2,745)**	**(5,053)**	**(25,467)**	**(2,322)**	**(28,360)**
Percentage of Recurring Budget	*(4.7%)*	*(3.2%)*	*(3.0%)*	*(3.1%)*	*(3.2%)*	*(5.2%)*	*(5.0%)*	*(7.4%)*
Projected Costs	**(126,775)**	**(5,918)**	**(22,705)**	**(4,836)**	**(11,064)**	**(36,996)**	**(2,649)**	**(42,607)**
Recurring Resources								
Base Uplift	44,451	2,674	10,825	2,234	4,126	14,158	1,587	8,847
NRAC	12,948	113	530	93	998	1,033	0	10,181
OHB Income	2,177	610	618	450	801	0	0	(302)
Reserves	252	0	242	0	0	0	0	10
Non Recurring Resources								
Asset Disposal Profit	9,000	810	3,373	813	1,211	877	0	1,916
VPAS	11,880	60	285	50	105	0	0	11,380
Additional DEL	3,000	56	290	47	352	0	0	2,255
Flexibility	13,000	0	0	0	0	0	0	13,000
Reserves	654	0	0	0	0	0	0	654
Total Additional Resources	**97,362**	**4,323**	**16,163**	**3,687**	**7,594**	**16,068**	**1,587**	**47,941**
Financial Recovery Plans	**18,552**	**1,343**	**5,217**	**1,047**	**2,341**	**5,124**	**0**	**3,480**
Financial Plan Gap	**(10,861)**	**(253)**	**(1,324)**	**(102)**	**(1,128)**	**(15,804)**	**(1,063)**	**8,813**

Appendix 5: Funded and Unfunded Cost Pressures

	Total £'k	Funded £'k	Not Funded £'k
VPAS	5,120	5,120	
Hospital Drugs 19/20(Inc. Adult Insulin Pumps £500k)	5,000	5,000	
USC	7,084	7,084	
IJB Uplift 2.6%	2,479	2,479	
OPD - Access	5,000	5,000	
OPD - CAMH's	3,000	3,000	
OPD - USC	2,000	2,000	
Baseline Pressures	16,878		16,878
	46,561	**29,683**	**16,878**
Pay Uplift	38,240	38,240	
Investment in eHealth	2,000	2,000	
National Services	2,914	2,914	
Unscheduled Care	1,106	1,106	
Insulin Pumps - Children	939	939	
St. John's Nursing Investment	745	745	
R&D Historic Gap	593	593	
Primary Care Quality Post	147	147	
Hospital Drugs inc SMC	5,596		5,596
GP Prescribing Growth	6,471		6,471
General Non Pay Uplift	4,452		4,452
Microsoft 365	3,903		3,903
RHCYP net energy/ Rates	2,247		2,247
Increase in CNORIS Pool	1,550		1,550
Activity Increase - DATCC	1,432		1,432
PFI Agreement Uplift	1,366		1,366
Discretionary Points	1,246		1,246
Consultant Seniority	1,192		1,192
GP Upgrade to Emis/In-Practice	1,000		1,000
Managed Service Contract	1,000		1,000
Energy Price Increase Estimate	880		880
Increase in Insulin Pump costs	700		700
New Health Visitor Committments	494		494
Acute On-Call Additional Costs	351		351
St John's Front Door	183		183
Haematology Enabling Costs	150		150
Revenue Consequences of Capital Investments	148		148
Other	(830)		(830)
	80,215	**46,684**	**33,531**
Total Cost Pressures	**126,776**	**76,367**	**50,409**
Resources Committed	76,367	76,367	0
Resources Available	20,996		20,996
Total Unfunded Pressures	**29,413**	**0**	**29,413**

Appendix 6 - Financial Plan Risk Register

Key Assumptions / Risks	Risk rating	Impact
COVID-19	High Risk	The Financial Plan does not currently recognise any adverse financial implication from this. Any financial consequences are assumed to be funded in full.
NRAC	High risk	NHS Lothian remains behind NRAC parity by circa £12m. There is a risk that as our percentage share for NRAC stabilises, no additional NRAC parity funding will be received beyond next year, and we fail to achieve parity.
IJB performance	High Risk	As IJBs attempt to deliver financial balance across health and social care portfolios, there is a risk that an additional operational and subsequent financial burden is placed on the health board.
Recovery Actions	High Risk	Delivery of planned recovery actions to the value required to cover the known pressures and developments within the individual Business Units.
Escalation Framework	High Risk	The full impact of the financial consequences has yet to be fully quantified. Additional actions are likely to incur further expenditure not currently covered in the Plan.
RHSCYP	High Risk	The new hospital is likely to open during 2020/21 and there may be further double running and other costs which may not have been fully captured at this stage.
Asset Disposal	High Risk	Asset disposal is included within the Financial Plan. There is a risk in the current environment that disposals could be delayed or that sale values will be reduced.
Delayed Discharge	High Risk	Need to manage the volume of delayed discharges and the cost of new initiatives that will be required to deliver the required reductions.
Winter Costs	High Risk	The risk remains whether sufficient additional resources are available to meet the pressures from anticipated winter demand.
Brexit	High Risk	The potential additional costs of Brexit have not been built into the plan, as no clear impact can be quantified at this time, however they will need to be considered as part of the longer term financial outlook.
GP Prescribing	Medium Risk	A sustained level of ongoing growth and price increases have been included in the financial outlook, however there is the potential for increases to be greater than projected.
Acute Medicines	High Risk	There is a risk that the level of growth exceeds the estimate contained in the Financial Outlook.
Capital Programme	High Risk	NHSiL has an ambitious capital programme which requires significant resources in addition to those available to deliver. The revenue consequences of the programme are a significant pressure to the organisation and are at present included in financial outlook, however these values may change.
Waiting Times	High Risk	There requires to be continued management of the financial exposure on elective capacity pressures. The risk is that the current investment plans are revised to improve performance and the additional costs are not reflected in the plan.
Availability of trained staff	Medium Risk	The availability of trained staff has resulted in supply issues in 19/20. The outlook does not reflect any increased reliance on agency staffing.
Mental Health	High Risk	The continuing demand for mental health services could be greater than the additional SG funding provided and the level of internal investment may not be sufficient.
Utilisation of Primary Care Improvement Fund	Medium Risk	Expectation of GPs that Primary Care Improvement Fund will flow directly practices rather than for NHSL to use to develop of Primary Care Health teams to support the GP practices.
Safe Staffing	High Risk	The impact of the Safe Staffing requirements are still being quantified and costed and have therefore not been specifically considered in the financial outlook at this stage. At present there is no obvious source of funding to meet additional costs and presents a risk.

NHS LOTHIAN

Board
8 April 2020

Medical Director

NHS LOTHIAN CORPORATE RISK REGISTER

1 Purpose of the Report

1.1 The purpose of this report is to provide an update on the NHS Lothian's Corporate Risk Register for assurance.

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

2 Recommendations

The Board is recommended to:

2.1 Accept the recommendation by the Healthcare Governance Committee that a new risk associated with Covid-19 is added to the corporate risk register.
2.2 Note that the risk is set out in full in appendix 1.
2.3 Note that there will be a significant impact of Covid -19 on other corporate risks.
2.4 Accept the recommendation from the HCG committee to remove Brexit from the corporate risk register, and that arrangements are in place to review the situation in June and again in October.
2.5 Note that there has been no change to the corporate risk register since the last report in February 2020.

3 Discussion of Key Issues

3.1 **Covid-19**
Board is fully sighted on the risk associated with the Covid-19 which is covered in detail in the paper `Covid-19 Mobilisation Plan`, agenda item 5. The Board is asked to accept this risk onto the Corporate Risk Register which is described below:-

Risk Description (4984)
There is a significant risk to the health of the population from the current Covid-19 outbreak and that NHS Lothian will not have sufficient capacity to respond because of the number of people requiring care, including critical care, reduced numbers of staff available to deliver care due to illness or isolation, timely availability of supplies leading to reduced quality and safety of patient care as well as physical and psychological pressure on staff. There will also be a significant impact on routine activity including waiting lists as resources are diverted to managing the impact of Covid-19.

Committee Assurance
Healthcare Governance Committee will be the primary committee for assurance. This risk was discussed at the Healthcare Governance Committee on 10 March 2020.

Grading – Very High 20
Immediate plans to mitigate the risk are in place. This risk cannot, however, be fully mitigated as many controls are outwith the gift of NHS Lothian, hence escalation to the Corporate Risk Register and level of grading.

The pace surrounding Covid-19 is fast moving and is changing on a daily basis. The controls and the effectiveness of those controls will therefore require to be monitored on an ongoing basis.

3.2 **Brexit**
The Healthcare Governance Committee discussed the status of the Brexit risk at its meeting on 10 March. As the uncertainty about Brexit proceeding is now removed and that trade deals are unlikely to be finalised in the near future, committee members agreed to recommending removal of the risk from the corporate risk register. It was also agreed that this would be reviewed in June and October 2020, to assess possible health service impacts arising from the UK/EU Trade Agreement negotiations and the evolving new relationship between UK and EU.

3.3 Risk register update

3.2.1 As part of our systematic review process, the risk registers are updated on Datix on a quarterly basis at a corporate and an operational level. The quarter 4 update will be available for the next Board meeting and will include consideration of the effect of Covid-19 on all relevant risks. On that basis, and reflecting discussion at the February meeting which recognised that there is little movement in risks from quarter to quarter, the full risk register is not included in this paper.

3.2.2 Should the recommendations in this paper to remove Brexit and add Covid-19 be accepted, there will be 19 risks in total on the corporate risk register. The 9 risks at Very High (20) are set out below.

1. The scale or quality of the Board's services is reduced in the future due to failure to respond to the financial challenge
2. Patient Safety in Royal Infirmary of Edinburgh Accident & Emergency Department
3. Achieving the 4-Hour Emergency Care standard
4. Timely Discharge of Inpatients
5. General Practice Sustainability
6. Access to Treatment (organisational risk)
7. Access to Treatment (patient risk)
8. Delay in providing clinical care for RHCYP and DCN patients in new facility (new risk)
9. Health of the population and impact on NHS Lothian services from Covid-19

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 Not applicable.

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

7.1 This paper does not consider developing, planning and/or designing services, policies and strategies.

8 Resource Implications

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

Sue Gibbs
Quality & Safety Assurance Lead
30 March 2020
sue.gibbs@nhslothian.scot.nhs.uk

List of Appendices:

Appendix 1 – New Covid-19 risk template

Corporate Objective	Risk Description	Linked Risks	Controls	Key Measures	Updates/actions
Protect and improve the health of our population	There is a significant risk to the health of the population from the current Covid-19 outbreak and that NHS Lothian will not have sufficient capacity to respond because of the number of people requiring care, including critical care, reduced numbers of staff available to deliver care due to illness or isolation, timely availability of supplies leading to reduced quality and safety of patient care as well as physical and psychological pressure on staff. There will also be a significant impact on routine activity including waiting lists as resources are diverted to managing the impact of Covid-19.	• 1076 – HAI • 3191 - Access to treatment (patient) • 3211 – Access to treatment (organisational) • 3726 - Timely discharge • 3829 – General practice sustainability **Associated Plans** • Covid-19 mobilisation plan • HSCP mobilisation plans (x4) **Assurance Committees** • Healthcare Governance **Grading** • Very high (20)	**Governance and management** Healthcare governance committee and Board will receive timely updates. Strategic management group chaired by deputy chief executive meets 3 times a week, supported by a Strategic incident management team. Covid-19 core group, also chaired by the deputy chief executive meets on the remaining 2 days of the working week. Huddles in place at all hospital sites throughout day to monitor and respond to capacity and staffing deployment. Command centres in place in each HSCP. Daily cascade of information to operational management. Daily communications update to all staff, including promotion of up-to-date Government advice (Health Protection Scotland (HPS) and NHS inform) to public around access to health service and public health measures including self and family isolation. **Plans** Covid-19 mobilisation plan in place. HSCP mobilisation plans (x4) Pandemic plan in place for each hospital site based on NHS Lothian Pandemic strategy, which includes: • Arrangements for command, control and communication	Covid-19 dashboard • Summary of confirmed cases, probable cases, possible cases and exposure • Covid-19 positive hospital movements • Current positive cases by ward • Delayed discharge patient list by responsible authority • Capacity and staff availability	

Corporate Objective	Risk Description	Linked Risks	Controls	Key Measures	Updates/actions
			• Clinical responses • Capacity, staffing and impact on normal business • Business resilience supply chain and service interdependencies Development and Implementation of Covid-19 Community pathway model (Primary care) including Covid assessment centre at RVB, WGH Development of self-management support guides and helpline **Workforce** Workforce plan in place to increase capacity and deployment of workforce through a number of measures including: • Recruitment of additional staff • Deployment of staff with clinical skills currently working in other roles • Updating of clinical skills • Training to include Supply and guidance on use of PPE • Co-ordination of community nursing staff availability and pressures via staff bank: • Supplementary staffing – Covid-19 supplementary staffing action plan All with due recognition of advice contained in the Covid-19 workforce guidance. Introduction of testing for some staff to limit unnecessary isolation periods. Enabling staff to work from home where possible to preserve capacity to support front line and essential functions Advice line for Health and social care staff and volunteers: • general enquiries and sign posting to		

Corporate Objective	Risk Description	Linked Risks	Controls	Key Measures	Updates/actions
			support • HR enquiries • Helpline for staff **Services** Cancellation of all non-urgent elective surgery - discussion with GJH and independent sector for urgent cases. Cancellation of face to face outpatient activity, following detailed clinical risk assessment. Where possible, adopting different mode of delivery e.g. telephone or video consultations. Deployment of `Near me` technology in all GP practices to support video consultations. Stopping all non-essential activity and development work to enable resource to be used to support front line service delivery including Primary Care. **Adequacy of Controls** Inadequate; control is not designed to manage the risk and further controls and measures required to manage the risk.		