



Lothian NHS Board

03 April 2019, 09:30 to 13:00
Carrington Suite, Scottish Health Service
Centre, Crewe Road South, EH4 2LF

Agenda

Declaration of Interests

1. Declaration of Interests

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

Brian Houston

Items for Approval or Noting

2. Items proposed for Approval or Noting without further discussion

5 minutes

Decision

Brian Houston

2.1. Minutes of Previous Board Meeting held on 6 February 2019


Brian Houston

 06-02-19-Public.pdf (19 pages)

2.2. Appointment of Members to Committees






For Approval

Brian Houston

 3 April 2019 Board - Committee Appointments (270319).pdf (3 pages)




2.3. Redesign of Eye Services in NHS Lothian Including the Re-provision of the Princess Alexandra Eye Pavilion - Outline Business Case

For Approval
Jacquie Campbell

-  NHSL Board - Re-provision of PAEP March 2019 - V3.pdf (6 pages)
-  Appendix 1 - OBC - Redesign of Eye Service in Lothian including Re-provision of the PAEP - V6.pdf (68 pages)
-  Appendix 2 - Stage 2 Capital Cost Estimate Summary - 01MAR19.pdf (1 pages)
-  Appendix 3 - Letter from Jeane Freeman MSP.pdf (2 pages)
-  Appendix 5- COST ADVISOR REPORT - 01 MARCH 2019.pdf (5 pages)


2.4. Pharmacy Practices Committee Terms of Reference

For Approval
David Small

-  2.5A- Cover Board Paper April 2019 - PPC ToR 20.03.19.pdf (2 pages)
-  2.5B- Board Paper April 2019 - Appendix 1 PPC Remit Final 20.03.19.pdf (2 pages)
-  2.5C- Board Paper April 2019 - Appendix 2 Membership of Pharmacy Practices Committee 20.03.19.pdf (1 pages)

2.5. Finance & Resources Committee Minutes 23 January 2019

For Approval
Martin Hill

-  F+R 23-01-19 Minutes Final.pdf (6 pages)







2.6. Healthcare Governance Committee Minutes 15 January 2019

For Approval
Tracy Humphrey

-  HGC 15-01-19 Minutes.pdf (10 pages)



2.7. Staff Governance Committee Minutes – 30 January 2019

For Approval
Alison Mitchell

	 SGC30-01-19 Final.pdf	(10 pages)	
2.8.	Midlothian Integration Joint Board Minutes – 6 December 2018		For Noting Angus McCann
	 MIJB 06-12-18.pdf	(12 pages)	
2.9.	East Lothian Integration Joint Board Minutes – 13 December 2018		For Noting Peter Murray
	 ELIJB 13-12-18.pdf	(7 pages)	
2.10.	Edinburgh Integration Joint Board Minutes – 08 February 2019		For Noting Martin Hill
	 EIJB 08-02-19.pdf	(6 pages)	
2.11.	West Lothian Integration Joint Board Minutes – 21 November 2018 & 29 January 2019		For Noting Martin Hill
	 WLIJB 21-11-18.pdf	(13 pages)	
	 WLIJB 29-01-19.pdf	(12 pages)	

Items for Discussion

3.	Opportunity for committee chairs or IJB leads to highlight material items for awareness	15 minutes	Brian Houston
4.	Revision of Integration Schemes as a Consequence of the Carers (Scotland) Act 2016 and Associated Regulations	15 minutes	Discussion Alex McMahan

-  4A- 3 April 2019 Board - Review of Integration Schemes (final 210319).pdf (4 pages)
-  4B- Appendix 1 - Midlothian Revised Scheme (070219).pdf (74 pages)


5. Infection Incidents at Western General Hospital and Royal Infirmary of Edinburgh 30 minutes

Discussion
Alex McMahon & Tracey Gillies

-  Infection Incidents WGH and RIE final.pdf (6 pages)


6. Corporate Risk Register 10 minutes

Discussion
Tracey Gillies

-  Board Risk Register Report 3 April 2019.pdf (34 pages)

7. Financial Position to February 2019 and Year End Forecast 10 minutes

Susan Goldsmith

-  Board Meeting Finance Paper April 2019.pdf (4 pages)




8. Quality and Performance Improvement 10 minutes

Discussion
Simon Watson

-  QPI Board_April_2019.pdf (7 pages)



9. Progress against the 4 hour emergency access standard programme 15 minutes

Discussion
Jim Crombie

-  9. Delivery against 4EAS.pdf (10 pages)
-  9. Appendix 1 - Unscheduled Care Performance_v4.pdf (15 pages)
-  9. Appendix 2 - Unscheduled Care FD Timeline.pdf (2 pages)

10. Action Plan from the Blueprint for Good Governance Workshop 20 minutes

Discussion
Susan Goldsmith

-  Cover - Action Plan for Blueprint.pdf (3 pages)
-  App 1 - Workshop Report (for Board review-260319).pdf (6 pages)

11. Board Meetings in 2019

26 June - Annual Accounts
7 August
2 October
4 December

Information

12. Development Sessions in 2019

1 May
3 July
4 September
6 November

Information

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

Decision
Brian Houston

DRAFT

LOTHIAN NHS BOARD

Minutes of the Meeting of Lothian NHS Board held at 9.30am on Wednesday, 6 February 2019 at the Scottish Health Service Centre, Crewe Road South, Edinburgh, EH4 2LF.

Present:

Non-Executive Board Members: Mr B Houston (Chair); Mr M Ash; Mr M Connor; Ms C Hirst; Professor T Humphrey; Mr A McCann; Cllr J McGinty; Mrs A Mitchell; Mr P Murray; Mr W McQueen and Dr R Williams.

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

In Attendance: Mrs J Mackay (Director of Communications, Engagement and Public Affairs); Professor N Mills (Senior Responsible Officer for the DDI Health and Social Care Hub, University of Edinburgh); Professor T Walsh (Research and Development Director, NHS Lothian) and Mr D Weir (Business Manager, Chair, Chief Executive & Deputy Chief Executive's Office).

Apologies for absence were received from Cllr I Campbell, Dr P Donald, Mr M Hill, Mrs F Ireland, Cllr F O'Donnell and Professor M Whyte.

Chairman's Introductory Comments

The Chairman welcomed members of the public and press to the Board meeting.

The Chairman also welcomed Professor Nick Mills and Professor Tim Walsh to the meeting advising that they were attending to present on item 3.1 'Creating a Health and Social Care Innovation Test Bed Model for the East Region'.

Declaration of Financial and Non-Financial Interest

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

52. Items for Approval

- 52.1 The Chairman sought and received the agreement of the Board to approve items 2.1 – 2.11. The following were approved;
- 52.2 Minutes of Previous Board Meeting held on 5 December 2018 – Approved.
- 52.3 Running Action Note – Approved.
- 52.4 Appointment of Members to Committees – The Board agreed to reappoint Mr P Murray to the Audit and Risk Committee for the term 6 February 2019 to 5 February 2022. It also agreed to appoint Dr P Donald to replace Miss T Gillies as a voting member of Midlothian Integration Joint Board with effect from 1 April 2019 to 31 March 2022.
- 52.5 Audit and Risk Committee Minutes - 26 November 2018 - Noted
- 52.6 Acute Hospitals Committee Minutes - 11 December 2018 – Noted.
- 52.7 Strategic Planning Committee Minutes - 13 December 2018 – Noted.
- 52.8 Healthcare Governance Committee Minutes - 13 November 2018 – Noted.
- 52.9 Finance and Resources Committee Minutes - 21 November 2018 – Noted.
- 52.10 Midlothian Integration Joint Board Minutes of - 11 October 2018 – Noted.
- 52.11 East Lothian Integration Joint Board Minutes - 25 October 2018 – Noted.
- 52.12 Edinburgh Integration Joint Board Minutes – 28 September & 14 December 2018 – Noted.

Items for Discussion

53. Creating a Health and Care Innovation Test Bed Model for the East Region

- 53.1 The Chairman welcomed Professor N Mills and Professor T Walsh to the meeting advising that they would be outlining proposals for the Creation of a Health and Social Care Innovation Test Bed Model for the East Region.
- 53.2 The Chairman commented that the content of the presentation was strategically core and important to NHS Lothian. He advised that innovation, research and development and transformational change were central to the thoughts of the NHS Board moving forward. He advised that it was also planned to discuss these issues at Board Committee meetings and as part of the forward programme of Board Development Sessions. The Chairman commented that at the November 2018 Board Development Session that he had updated on his views around the establishment of a Futures Group.

- 53.3 Professor's Walsh and Mills introduced themselves advising that they had worked closely with Ms Gillies, Dr Watson and Professor McCallum as the respective Executive Directors with responsibility for research and development and innovation. The Board were reminded that at the November 2018 Development Session that the crowded innovation space had been discussed. It was noted that since then an innovation pathway had been created and the Board was advised of the potential entry points into this. Details of the requirements of the Service Level Agreement with the Chief Scientist's Office who were providing funding was explained to the Board. The point was made that the process needed to move to a point where it was able to apply for funding on a more national basis.
- 53.4 The Board noted that the East Region Test Bed consisted of NHS Lothian, NHS Fife and NHS Borders as well as the six geographical Health and Social Care Partnerships. The point was made that the Research and Development Office would start to coordinate and develop a strategy. The position in respect of existing groups was detailed as was the need to feed into these as part of the test bed proposal in order that the Board could meet its own aspirations. Professor Walsh advised that there was a desire to work with commercial partners to develop small and medium enterprises (SMEs) in the local economy.
- 53.5 The Board noted that the proposal was to develop a single point of contact for ideas coming in to the system through the innovation office which would evaluate proposals as well as undertaking business and commercial checks around contracts. The proposal was that the Innovation Governance Group would review proposals and would require representation from all involved partners.
- 53.6 The Board was advised that the key request for support at the current meeting was around the creation of the East of Scotland Regional Health and Social Innovation Office, to explore the formal establishment of an East of Scotland Regional Health and Social Innovation Network with academic partners, to establish the East Region Innovation Governance Group, to establish an Innovation Strategy Development Group, develop an East Region Innovation Strategy Priority Plan, to develop and publish strategies best suited to address Health and Social Care challenges in the East Region, to identify and appoint strategic leaders in key areas and invest test bed funds in areas that would create a platform and infrastructure to deliver innovation projects as well as the establishment of an External Innovation Network Advisory Committee.
- 53.7 Professor Mills provided a presentation detailing the data digital innovation aspect of the programme which included how to use data including that from Health and Social Care Partnerships to drive the innovation agenda and support the respective Board objectives. Discussion ensued around the creation of a data lock for the secure use of data which would allow information to be used more strategically than was currently the case. The point was made that the data approach would be used as part of the prevention agenda with a view to providing benefit to patients. The aspiration was to strive to become world leading in this area. It was noted that the University already had access to national and international data as well as having a developed patent in place.
- 53.8 The Board were advised that the main issue around the existing system was that it was fragmented and that communications were not joined up. The approach to

projects was also reactive rather than proactive with there being a view that the system needed to be more nimble and efficient in progressing projects. Professor Mills explained to the Board the ways in which the data loch would operate advising that data would not leave the NHS but would be viewed via a DDI prism and that the governance arrangements would be the same as those applied to the existing safe haven structure. Professor Mills advised that he was interested in pursuing opportunities with the private and third sectors albeit through existing mechanisms using the safe haven process.

- 53.9 The Board were advised of the developing and testing phases around data driven innovation in Health and Social Care supported by funding from the Chief Scientist's Office and British Heart Foundation Awards. It was noted that as part of the implementation phase there would be a requirement to develop and implement a secure portal that would provide a single point for users to access the data loch as well as scaling or hosting the data loch within a controlled area owned and managed by the NHS East Region. In addition it would be important to enable the data loch by appointing systems and data scientists and expert methodologists within the DDI prism Team to support the Board and individual users with analysis and reporting. It would also be important to develop a business plan to ensure the data loch and DDI prism Team was funded sustainably after 3 years and to enable staff development and the growth of expert capability required to meet the Boards Vision. It was noted that this work would be supported by the Edinburgh City Region deal.
- 53.10 The Chairman commented that he felt that the proposals were worthy of absolute support and also welcomed the inclusion of the Integration Joint Board dimension. He made the suggestion that in order to enhance awareness around the proposals that there would be benefit in offering similar presentations to IJB Groups. The point was made that Local Improvement Support Groups (LIST) existed which included dedicated data gatherers and that it would be useful to discuss with National Services Scotland how these sat in terms of avoiding duplication of effort. Professor McMahon commented that currently the List teams worked closely and professionally with the analytical team. He advised that as from December 2019 all these individual groups would become part of Public Health Scotland. Professor McCallum with reference to primary care and the third sector highlighted the need to scale up engagement in order to deliver the aspirations described. It was noted that two new Professors of General Practice had been appointed and would be central to this process.
- 53.11 Mr Murray commented that it would be important to consider how the process linked with the wider community planning arrangements. He felt that there would be benefit to others of the information collected. Professor Mills and Professor Walsh advised that they were currently in the process of discussing membership of a small steering group which would require Health and Social Care Partner representatives as part of the process to build contacts. It was noted that consultation in the first year of the programme would be critical in order to make sure that what was developed was fit for purpose for all of the partners involved. Professor Walsh advised that he had already started to engage with Integration Joint Boards in order to understand respective worlds and needs. He felt that with good governance it would be easy to keep focus on the project and that in order to make a difference there was a need to look at the wider perspective and this should start with strategic imperatives. Ms Gillies advised of work underway in respect of the Midlothian Frailty

Project as well as individual patients in care homes advising that these were the types of issues that could be further developed as part of a test of change process. She commented that whatever work was undertaken it had to be relevant to the priorities of NHS Lothian and the other two Regional Boards as well as the respective Integration Joint Boards.

- 53.12 Professor McMahon recognised the need to work with other stakeholders and stressed that information governance would be important in order to ensure that trust was not lost. Professor Mills advised that a fair process would be put in place for all users including NHS Boards. It was pointed out that external users would require to apply through the Caldicott Guardian process for information which would be provided on an anonymised data basis. The point was made that the key issue was about improving pathways etc. The proposals would allow fit for purpose data to be provided for issues like the future development of patient pathways.
- 53.13 Dr Watson commented that he felt that there were huge opportunities in respect of pathway improvement particularly once all the information was available to describe how well pathways were working not just from a clinical perspective. He felt that if all of the data was in one place this would represent a significant step forward and he felt that there were easy wins through the process which went beyond condition specific work.
- 53.14 Professor Humphrey welcomed the paper and commented on the governance and management tensions in respect of pace and agility that was needed for innovation processes. Professor Walsh concurred advising that the current arrangements were not correct and that the vision was to create a Pathway Governance Committee which would meet frequently to include all stakeholders with a view not to apply any bureaucratic brakes to forward proposals. It was noted that the NHS Lothian Director of Digital had assured colleagues that his team could cope with the requirements arising out of this project. It was noted that another potential block was around IT security issues and that the intention was to recruit to a post with knowledge and expertise in this area in order to unblock any potential blocks. The point was made that there was no shortage of Health and Social Care data and that this would be more useful if it was analysed in a more proactive way. The point was raised about whether work was underway in terms of the continuing analysis of data to obtain early warning around diseases etc. Professor Mills commented that the issue was about how live data could be made and that this would be in scope in the first year as part of the project. It would at a point in time be possible to provide 24 hour updates on key data sets to allow a red flag approach to address issues moving off trajectory although this would require the support of the whole team although the potential was there.
- 53.15 Mrs Hirst advised that she supported the exciting proposals and commented that there should be aspirations of care and support being provided to the home environment. She commented that engagement with housing providers and developers would be important and that some social landlords were already doing exciting work. The opportunities to address technological issues as new houses were being constructed was discussed. Professor Walsh updated on a healthy aging initiative that was about to be launched and other work underway with partners.

- 53.16 Mrs Goldsmith commented that the current debate would cross reference into discussion that would be held in the private session around the financial strategy. She commented that a key link around the success of the proposal would be using finance as a key enabler with there being a need for a more agile approach supporting this work to bring benefits to financial sustainability.
- 53.17 Mr McQueen questioned the position in respect of the financial position moving forward and whether after three years of resourcing from the Chief Scientist's Office the intention was for the hub to be self financing particularly given the intention to appoint people to permanent contacts of employment. He commented he would welcome further information around the implications for the Health Board if further bids for funding to the Chief Scientist's Office did not bear fruit. Professor Walsh advised that the expectation was that ongoing funding would be available although there was no absolute guarantee around this. He stressed that the system would be judged on what it achieved and this would be important in respect of future funding. He stressed given the current reliance on uncertain public sector funding that there would be a need to grow elsewhere with other partners or through bidding for grants. He felt that all of the above needed to be part of the forward strategy.
- 53.18 Mr Ash advised that he was enthused with the proposal and stressed that it was important to build upon the fact that NHS Lothian and the University were the only areas that covered all of the 4 IJBs in Lothian. He noted the intention to involve the IJBs and advised that they represented 60% of NHS Lothian's business and needed to be more central to the work of NHS Lothian moving forward. Mr Ash provided details of the positive benefits that had been experienced when the NHS and local authorities had shared data. He felt there was significant benefit in pulling together locality based data across the public sector in order to inform the Innovation Futures Agenda. Professor Mills advised that there was an absolute recognition around the City Deal to this type of approach.
- 53.19 Professor Walsh commented that he wanted to move to a position where it was the norm to funnel innovative work through this process in order to build a matrix of people and what they were doing within this landscape and this was currently work in progress.
- 53.20 The Chief Executive advised that he and Professor Whyte had met with the Principal of Edinburgh University who had been keen to explore the advantages of an Integrated Health and Social Care approach. The Chairman commented that he was supportive of the process and updated on work that he was involved in from a national perspective which included the further development of a Health and Social Care Network. He felt that the presentation provided by Professor's Mills and Walsh had build on previous discussion at the November 2018 Board Development Session as well as discussions at Executive level in terms of the development of the proposal to the Board. He felt there were significant opportunities to change the way in which the organisation worked in future. The Chairman commented that the anxieties expressed at the meeting around issues like future financing were important. The Chairman commented that moving forward that if approved the Board and Executive Team would need to adopt this as core business and to be central to the process moving forward into the future. It was noted that the proposals would be discussed further at the NHS Lothian Strategic Planning Meeting the following day.

53.21 The Board noted and approved the content of the circulated strategy documents that outlined the creation of a structure to support an innovation test bed and a data repository aligned to that. It was further noted that the proposal had been shared with colleagues and supported by the East Region Programme Board.

54. Corporate Risk Register

54.1 The Chairman reminded the Board that it had previously been agreed that the corporate risk register should move to the discussion part of the agenda in order to direct efforts to priority areas.

54.2 Ms Gillies advised that the Internal Audit Report looking at the ways in which risks were presented to the Board had not yet been finalised. She advised that she wanted to make sure that management actions were incorporated in the way risk was presented.

54.3 The Board was advised that unscheduled care risk had been separated in to two separate elements the first of which was around patient safety and experience with the second being around performance and monitoring. The Internal Audit Report would finalise the wording around this new approach.

54.4 The Board was updated on the response to the National Waste Management Contract issue and how this was being managed as well as the NHS Scotland response and the impact on NHS Lothian. It was noted that the Brexit agenda was fast moving and that there was a need to ensure that the wording of risk reflected reality. Ms Gillies advised that once the Internal Audit Report had been received the data would be subject to a spring clean and would be current for the next Board meeting.

54.5 Mr Murray commented that he understood that the transition to the new model had provided vast improvements and had given an identity to information that had previously been NHS Lothian specific. He commented that the new approach offered opportunities in respect of improving GP workforce sustainability as well as other areas. He commented that he hoped in time to see relationships described in a stronger way as well as evidence of how to ameliorate risks. Mr Ash commented that the Audit and Risk Committee had recognised that this area remained work in progress. It was noted that management were looking at re casting risk to include the impact that this would have on patients. It was hoped that when the report next came to the Audit and Risk Committee that the Internal Audit report would be available. The details of the report would also be discussed with IJBs.

54.6 The Board agreed recommendations 2.1 – 2.4 in the circulated paper.

55. St John's Hospital Paediatric Ward – Partial Re-opening of Inpatient Service

55.1 Mr Crombie advised that he was delighted to bring the paper to the Board which provided an update on the Paediatric Programme Board following on from the decision that had been taken in the middle of the previous year to reduce services at

St John's Hospital. He commented that at the time of the reduction in services that it had been predicted that 1.6 patients per day would be admitted to the Royal Hospital for Sick Children. It was noted that from the 7 July 2018 until 3 February 2019 that 940 patients had been transferred and admitted.

- 55.2 The Board noted that the Programme Board had been established and Chaired by Mr Hill and had engaged with the clinical and leadership team to look at how to re-establish inpatient services in a safe and sustainable manner.
- 55.3 The Board was advised that it was anticipated that a full range of services would be reintroduced at the end of the year. As a result of an increase in staffing levels and the return to work of staff who had previously been off for various reasons this now meant that it was being proposed that the unit would open on a 4 day week basis from Monday to Thursday commencing mid March 2019 as an interim step before the full reopening of the ward in Autumn 2019. It was noted that the short stay paediatric assessment unit was currently open from 0800 to 2000 hours 7 days per week.
- 55.4 Mr Crombie advised that the Paediatric Programme Board had looked at the sustainability of proposals advising that it required assurance about the ability to resource and sustain the service before it was reopened on an interim basis on a 4 night per week basis prior to full reopening later in the year. It was noted that the Cabinet Secretary had spoken about the St John's paediatric position in Parliament. Mr Crombie advised that rigorous efforts and leadership time had been undertaken to return the service to its previous status and it was important to recognise the efforts of the clinical and management teams in this regard.
- 55.5 The Chairman restated the recommendations contained in the circulated paper advising that it was important that the Board considered these in detail.
- 55.6 Dr Williams advised that he was happy to accept that the risks had been fully evaluated advising that there had always been children who had been transferred to the Royal Hospital for Sick Children as well being taken straight to that facility by their parents. He questioned whether information was available about how many children had gone to the Royal Hospital for Sick Children that wouldn't have if the St John's facility had been open. He commented that what was being proposed represented a significant investment for a small number of children. Dr Williams had a concern that partially opening the service might have some inherent risks.
- 55.7 Mr Crombie advised that all issues had been explored in detail at the Paediatric Programme Board. Clinicians had discussed how admissions would be managed with it being noted that the Scottish Ambulance Service had been key contributors to the debate. The Paediatric Programme Board had explored the risks associated with the proposals and had been assured these could be mitigated. Mr Crombie reminded the Board that there was a commitment to re-establish inpatient services and that the proposal before the Board represented the first phase of a move to full reestablishment.
- 55.8 Mr Connor commented that although he was pleased with the proposals it would be important to ensure that full opening in the spring would be sustainable as it would be unacceptable for the unit to close again. Professor Humphrey questioned in

terms of the interim 4 day per week solution whether this should not be needs driven rather than staff based. Mr Crombie advised that need had been confirmed as being consistent across the week. The Paediatric Programme Board had been assured that the proposals addressed the anxieties in the population and that they represented a pragmatic step in re-establishing confidence with the community.

- 55.9 The Chief Executive commented that it had been important to update the Board on the interim arrangements as well as reiterating the Boards commitment to open the service in the autumn on a 7 day basis subject to this being achievable in a safe and sustainable manner.
- 55.10 The Board recorded it's appreciation to the team in developing this solution which had been achieved as part of a high pressure process. It was important that this outcome also kept faith with the Board's stated intention in terms of re-establishing full services at St John's Hospital.
- 55.11 The Board accepted the report as a source of significant assurance that the Paediatric Programme Board had fully evaluated the issues and risks relating to the reopening of the inpatient paediatric service at St John's Hospital. The Board also accepted the recommendations of the Paediatric Programme Board and approved the partial reopening of the inpatient service, with children being admitted from Monday night to Thursday night, from mid March 2019, as in interim step before the full reopening of the ward in autumn 2019.

56. Financial Position to December 2018 Year End Forecast and Financial Outlook 2019/20

- 56.1 Mrs Goldsmith advised that detailed consideration of the paper had been held at the Finance and Resources Committee. She commented that there was now confidence that breakeven would be achieved in the current year and moderate assurance was being taken recognising that the last quarter of the year was when the system was under most pressure. It was noted from table 1 in the paper that parts of the system were not in financial balance and this linked to work in respect of the change agenda and the financial strategy.
- 56.2 Mrs Goldsmith advised that the difficult part to manage was in respect of IJB year end positions as previously in order to obtain stability NHS Lothian had covered any overspends. It was noted that in the current year 2 IJBs would be overspent with the other 2 being underspent. In order to address the IJB position reference had been made back to the integration schemes and at the Finance and Resources Committee consideration had been given on how to apply these principles to the yearend position. The Finance and Resources Committee had asked for the principles to be tested and this was in the process of happening. It was noted that the 2 IJBs with the underspend wanted to retain the resource and this would mean if agreed that this quantum of resource would no longer be available to NHS Lothian to support its bottom line. Mrs Goldsmith advised that she was confident that agreement would be reached with the 4 IJBs and that a further report would be submitted and discussed in March 2019 at the Finance and Resources Committee.

- 56.3 In terms of the 2019/20 financial planning cycle time had been spent at the Finance and Resources Committee going through the normal 1 year plan with it being noted that there was a keenness to develop longer term plans for the future. Mrs Goldsmith advised that the financial position was similar to that in previous years and that NHS Lothian would receive a 2.6% uplift as well as some NRAC (National Resource Allocation Committee) benefit. Current pressure was around acute drugs with some significant new medicines coming on stream which would bring with them big financial challenges. There would be a need to consider how best to introduce those into the system. Mrs Goldsmith advised that the unscheduled care position was being looked at and that outstanding issues would be addressed quickly.
- 56.4 Mrs Goldsmith commented there was a need for a whole system approach to future financial planning and predicted that NHS Lothian would have an opening gap of £20m. There would be a need to work through this in the course of the year to move this to financial balance. She advised that as previously reported the issue would be discussed at the Finance and Resources Committee in March with a further report being brought back to the Board at its April meeting.
- 56.5 Mr Murray questioned whether there had been any movement with the Scottish Government in terms of adopting an aligned approach with the local authority budget setting processes. Mrs Goldsmith advised that this would be included as one of the recommendations of the Ministerial Steering Group. She advised that the process in Lothian was becoming more aligned through discussions with Section 95 Officers. She reminded colleagues however that a significant amount of funding was received from the Scottish Government throughout the year for specific items of Board responsibility like the new GP contract. Mrs Goldsmith advised that the current main focus of finance colleagues was to make sure that the baseline remained aligned.
- 56.6 Mr Ash commented that the IJB schemes to some extent had always been artificial and that there was a need for a review. He reminded the Board that IJBs could not overspend and the position in respect of the set a-side budget was discussed as was the business unit approach which included partnership engagement. Mrs Goldsmith advised that dialogue was held with IJBs particularly in respect of their relationship with the Health and Social Care Partnership. Mr Ash commented that if agreement was reached with partnerships then in the interest of transparency there would be a need to identify what element of the gap needed to be recouped in the next year.
- 56.7 The Board agreed the recommendations contained in the circulated paper.

57. Revision of Integration Schemes as a Consequence of the Carers (Scotland) Act 2016 and Associated Regulations

- 57.1 Professor McMahon commented that he hoped that the detail of the paper would be relatively straight forward. He commented that the Carers (Scotland) Act provided an opportunity to refresh the integration schemes. It was noted that the IJB Chief Officers were supportive of the proposed way forward. Proposals would now require to be subject to public consultation with it being hoped that this could be undertaken in time for the April Board meeting.

- 57.2 Mr Murray advised that any proposals would require to be approved by Ministers and that this would move into the domain of the Ministerial Steering Group review of integration as well as the Audit Scotland report. The Board noted that the integration schemes were enshrined in statute and that there was also a need to bring thoughts back at a point in the future around the set a-side budget as well as details of what any review was likely to secure in terms of outcomes.
- 57.3 Professor McMahon reminded the Board that funding passed out to IJBs directly and that the Board therefore could not make any planning assumptions. The position in respect of pre 5 year old children was discussed. Professor McMahon commented that only aspects around individual carers were being discussed as part of the circulated paper although he recognised the need for a broader review.
- 57.4 The Board agreed the recommendations contained in paragraphs 2.1 and 2.2 of the circulated paper.

58. Quality and Performance Improvement

- 58.1 Dr Watson commented that the circulated paper was the regular update to the Board. An updated table was provided at the meeting. He advised that the report attempted to cover key measures around safety and performance. The paper included a summary of levels of assurance from Board Committees. Dr Watson advised that the only difference in the tabled paper was that the information in respect of delayed discharges by locality had been amended.
- 58.2 The Board noted some of the data contained in the circulated paper was subject to a deep dive process at Board Committee level. Dr Watson updated on the level of information that was available through the dashboard process. He advised that some of the information contained in the Board paper was the most recently available for consumption in the public domain albeit it might look slightly historical.
- 58.3 Dr Watson advised that most of the areas of concern in the report were either discussed at the Board meeting itself or through other Board or management committees and that this process was the subject of a lot of focus, energy and attention. He commented that it was helpful to look behind the headline figures which in some instances tended to be broad brush. For instance the cancer 31 day performance was currently 94.3% against the 95% national target but was still showing as a red performance indicator. Mr Ash concurred with this view advising that a block of red could be hiding an improving or deteriorating performance position. It was agreed that for future iterations of the report it would be helpful for the Board to understand reasons for movements in the expected degree of improvement. Dr Watson would progress and would ensure that dashboard information was available to Board members and would address the costs of accessing this. The point was made that even a narrative behind the bold trajectory commentary would be helpful. Dr Watson would consider how best to address these issues.
- 58.4 Mr McCann commented that he did not sit on all of the Board Committees and that he felt as a Board member that he could only be responsible if he understood data and this was not currently accessible. He commented that the current spreadsheet

approach was not easy to read. Dr Watson advised that several attempts had been made to make the dashboard easier to read and that as previously agreed he would go away and identify resource to make it more readable.

- 58.5 The Chief Executive commented that the current reporting process focused on performance but said little about patient safety and quality. He thought that there was a need to report via the Healthcare Governance Committee aspects that impacted on safety in respect of issues like the time to first assessment and overcrowding in the Emergency Department. He commented that he felt there was a need to make sure that Board members were sighted on papers being submitted to governance committees. He reported in respect of the 4 hour emergency access standard that a report would be considered by the Healthcare Governance Committee in respect of what performance meant for safety and experience. He commented that the issues that required to be reported via the Healthcare Governance Committee included where performance concerns were impacting on patient safety and experience. He advised that he was of a view that currently the system was trying to translate crude operational figures whilst there was a need to drill down to identify safety problems associated with targets. The Chief Executive commented that at the last meeting of the External Support Team one of the members referred to the fact that in some other Health Board areas that the Chairs of the Board Committees provided a report to the Board which highlighted if necessary areas of concern that needed to be escalated. The view was that issues of significant concern should by definition populate the Board agenda. Dr Williams commented that communication was key and referred to the last meeting of the Acute Hospitals Committee where data had been interrogated in terms of quality and safety. Formal escalation to the Healthcare Governance Committee and the Board was discussed. Dr Williams felt that the issue was about proper delegation to Board Committees and Chairs obtaining an understanding of what detailed interrogation and oversight meant.
- 58.6 The Chief Executive advised that a governance blue print was being developed by the Scottish Government which would address the type of issues that required to go to Board Sub-committees. He advised that views on the committee structure had shifted in the last few weeks and would be discussed in Private session.
- 58.7 Mr McQueen advised that he did not serve on any of the 3 Board Committees that undertook scrutinising work. He commented from the circulated report that 8 measures were currently not being met with some issues having an April 2018 last review date. In that regard he was interested in the frequency of review and whether this was being taken seriously enough. He felt that if there was a lengthy period between reviews then there was a possibility that performance would be deteriorating without this coming to light.
- 58.8 Mrs Hirst commented that as a Board the focus tended to be on negative aspects of progress and trends. She reminded colleagues that in the previous year the City of Edinburgh delayed discharge position had moved from 234 down to 124. She commented that although issues still remained that this was the sort of detail that was important in evidencing an improving position.
- 58.9 Professor Humphrey commented in respect of the Healthcare Governance Committee that the focus was not on assessing performance but risk. She felt that if

the Committee was receiving consistent assurance in particular areas then the focus should move elsewhere. She reported that the Committee on occasion undertook deep dives to ensure that risk was not impacting on patients. Mr McQueen commented that from a public perspective there was a need to provide assurance about what was being done around both performance and risk. Professor Humphrey commented that as suggested by Dr Watson that a number of the red performance areas featured on the Boards agenda on a routine manner. She advised that where escalation was required to the Board that this would happen.

- 58.10 Dr Watson advised that he would take a closer look at whether the dates contained in the report were the most recent and would pick up any areas that were running behind expectation. He took on board the points made by Mr McQueen about the public expectation about information being as current as possible. He felt that a broader part of the debate was about how to change the figures for the better through a process of measuring continuous improvement. He advised that structures were now starting to be used to capture quality improvement project data as well as the development of a website. The Chairman commented that a large part of what had been discussed at the meeting reflected the difference between governance oversight and management oversight.
- 58.11 The Chairman commented that there was clearly a need for further discussion. Dr Watson would look at the cumbersome nature of some of the links in the dashboard.
- 58.12 Mrs Mitchell commented that for Board members who did not serve on a governance committee that there was a need to have confidence about the quality and age of data. She concurred with previous views made that the public perception around governance was important.
- 58.13 The Board agreed the recommendations contained in the circulated paper.

59. Progress Against the 4 Hour Emergency Access Standard Programme

- 59.1 The Chairman commented that there was a lot of content in the circulated paper and he assumed people had read what had been circulated with the agenda and were familiar with the subject matter.
- 59.2 Mr Crombie commented that following earlier discussion the reason the paper was before the Board was because the 4 hour emergency access standard was in the red performance zone. He commented that consideration had been given to the corporate risk register in terms of delivery of the 4 hour emergency access standard and that the paper had been modified to look at performance delivery and the impact that this would have on patient safety and experience.
- 59.3 The Board noted that progress against the 4 hour emergency access standard had been considered at the December 2018 Board meeting where significant assurance had been taken. The Board noted that the Audit and Risk Committee had looked at this area in detail.
- 59.4 The Board noted that on 21 January 2019 a delivery report had been presented at a meeting Chaired by the Scottish Government with representation from the Academy

of Royal Colleges, External Support Team and NHS Lothian. The meeting was scheduled to discuss progress against recommendations made by the external review and to agree the status of external support going forward in the short to medium term from January to March 2019. The Board noted that it had been concluded at this meeting that NHS Lothian had made significant progress against the recommendations made by the external review and that the level of external support should now be reconfigured to a reduced level to allow the efforts made to be embedded as business as usual. It was noted there was a number of new and emerging actions which also required to be progressed before the next 'touch point' with the Scottish Government in March and then again in June. Those touch points would be comprised of detailed deep dives into performance data, 'walkrounds' in the adult acute sites and feedback from staff. It was hoped that following the March touch point that sufficient assurance could be provided to allow the external support team work to conclude.

- 59.5 Mr Crombie commented that the circulated paper characterised an improving position and that at a point in December performance at the Royal Infirmary of Edinburgh had been 83.5%. He advised that the data had been validated. The paper intended to assure the Board that performance continued into January 2019 with performance at the Royal Infirmary of Edinburgh having been over 90% on 7 days. Although formal targets were not yet being delivered there were definite signs of green shoots. Mr Crombie advised that there was a need to move beyond arbitrary performance into looking at the impact on the front door in terms of safety indicators. There was a need to triangulate consideration and work being done by the Board and the Healthcare Governance Committee. A dip in performance had been noted at the recent Project Oversight Group and this had included a demonstrable issue in respect of safety indicators.
- 59.6 The Board noted that a comprehensive report on the 4 hour emergency access standard programme had been presented on 26 November 2018 to the Audit and Risk Committee to provide assurance on the processes in place and progress to date. The Audit and Risk Committee had concluded that mechanisms were in place in all 3 three adult acute sites to monitor performance against unscheduled care and to support staff to design and implement a programme of improvement actions and in doing so provided moderate assurance in the measures taken on the emergency access standard.
- 59.7 Mr Crombie advised that continued focus remained on issues and reported that the new Minor Injuries Unit at the Royal Infirmary of Edinburgh adjacent to the Emergency Department was now operational. In addition extra staff were being recruited and capital plans were evolving to deliver the accommodation required to ensure sustained performance. All of this work was on target and was progressing well.
- 59.8 Mr Murray commented that it was important to bring the product of work to the Board. He commented however that he would have expected under the summary of the programme plan that IJBs would feature in terms of the delegated authority vested in them and he hoped this was an area that would develop over the course of the year. Mr Crombie advised however that the timelines had required the deployment of resources to safe guard patient care and in that regard the workplan had been acute centric. He commented however that he could assure colleagues

that discussion with partnerships was ongoing to include IJB Chief Officers. He commented that the delayed discharge and matrix trajectories through to 1 April 2019 now brought a more systemic and systematic approach to this issue.

- 59.9 Mrs Mitchell advised that although she had felt that the paper was useful in terms of mapping to report recommendations that she was concerned that she still had a lack of understanding in terms of improvements in performance particularly in terms of detail of how and when new initiatives were evaluated. She recognised that the breadth of work had been immense but felt there was a need for a systematic evaluation of success to include the speed of evaluation. Mr Crombie advised that the Project Oversight Group and the Overall Assurance Group had held detailed discussion to include monitoring issues like access to first assessment and using overcrowding data to track patients in the Emergency Department. There was also evidence to show the very positive impact of the establishment of the Minor Injuries Unit. Mr Crombie advised an evaluation framework was evolving and that this would be picked up as part of the report to the next Board meeting.
- 59.10 Dr Watson commented on the difference between evaluation and real time monitoring. He commented that the Emergency Department was receiving process data regularly throughout the week. The early morning 'huddle' discussed areas where things had worked well. There was a real time use of data around the approach to evaluation and monitoring. Leadership was now visible and this had been commented on positively by staff in the Emergency Department.
- 59.11 The Chief Executive commented that the touch points in March and June referred to earlier were important because although improvements had been significant the issues did not just relate to the 4 hour emergency access standard. There was also a need to make improvements in reducing the 4 and 8 hour wait times and that NHS Lothian performance still remained 10% below where it needed to be. Through the External Support Team process NHS Lothian had been challenged not to be content to be in the pack but to move to best in class. The Chief Executive advised that the Scottish performance average was essentially driven by the 3 larger Boards which accounted for 60% of the A&E attendances in Scotland. Performance in the smaller Boards and Island Boards was always in the high 90% and the larger Boards ranged between 85 – 87%. The Chief Executive commented that the next challenge after celebrating that the position had stabilised and that significant improvements had been made was to move to achieve the national targets in this area. The point was made however that the lack of physical space and staffing was a major inhibitor in allowing the system to move to a 95% performance position. The position still remained that the volume of people coming to the Emergency Department was more than could be seen by the staff within the target deadline. An update position was provided in respect of ambulatory care work. It was noted that the Minor Injury Unit had made a significant step change and was now taking around one quarter of the activity out of the Emergency Department in to a completely separate space. The Chief Executive commented that there was a need for 3 or 4 step changes to get to the 95% position. He commented that the current situation represented a good story from a bad place and that lessons had been learned from the process albeit further work was required. The point was made that involving IJBs in the forward work would be critical as they needed to drive the improvement agenda. It was clear there that there was a need for extra capacity in the hospital, social care and primary care sectors and that this represented a significant challenge.

- 59.12 Professor McMahon commented that progress was encouraging. The position in respect of reductions in council budgets was discussed along with the fear that these might have an impact on the NHS in future months. The Chief Executive commented that this was a significant issue and had been discussed at the Annual Review Meeting with the Cabinet Secretary. He advised that he along with Mrs Goldsmith had met the previous day with the Edinburgh IJB and the Chief Executive of the City of Edinburgh Council where it had been reported that there was confidence that the revised budget allocation would bring additional resources to the Council with the intention being that this would be directed into the Health and Social Care agenda.
- 59.13 Mrs Hirst commented in respect of the 4 hour emergency access standard that there was a danger that the system became focused on numbers and meeting targets. She commented that in England there was discussion about abolishing this target and that in New Zealand a 6 hour standard was in place. She felt that the focus of the Board should be on whether people were being harmed as a consequence of poor performance. Dr Williams commented that Board papers were prepared using a whole system measure and it would be important not to lose sight of this. He commented during discussion about capacity and increased activity that there was a need to understand what was the most appropriate use of resources to ensure that people got out of hospital quickly.

Mr McQueen commented that the report was a thoughtful one. He made reference to the appointment of 'Speak Up Ambassadors' and commented it was important that managers encouraged people to speak up. There was a need to ensure that information within the system was directed to appropriate levels of staff as currently some people felt that they were getting bombarded by messages. Mrs Butler commented on the position in respect of the Speak Up Guardians in England. She commented that the Scottish position was different in that it employed a Non Executive Whistle Blowing Champion approach which was a more formal position. She commented that ideally she wanted to create a culture where people felt able to speak up and that managers felt comfortable to deal with issues appropriately. The Board were provided with details of the 'We Care So Speak Up' initiative as well as the Ambassador and Advocate role. The point was made that in England the process worked well with the Advocate steering people to the appropriate area or encouraged people to raise issues with their line manager. The point was made that in a few years time it would be hoped that there would be a significant cohort of managers linked to the quality improvement process who would feel more comfortable and confident in engagement and receiving feedback. The point was made that at the last Dignity at Work Survey 69% of staff had felt able to raise concerns about patient safety leaving 31% who had not felt confident and there was a need to address this through a new open and transparent culture.

- 59.14 Professor Humphrey questioned how to take the learning and apply it to other services with red areas highlighted in the risk register. Mr Crombie advised that this was subject of wide discussion and that there was a need to focus on the positive improvements. He commented that nobody on the Executive Team or the Board would have wanted to have gone through the process that the system had recently undergone although silver linings were now being identified and staff were now referencing the use of data. The point was made that discussions still required to be

held about how to frame the next steps and how to use this process in other areas. Professor Humphrey felt that there was also an obligation to share this learning outwith the organisation. Mr Crombie advised that the Scottish Government had cascaded some of the learning for the rest of Scotland via the unscheduled care national events.

- 59.15 The Chairman commented that he felt that this was a good learning example. He felt that the taskforce approach through the External Support Team should be transferrable across other pressure points. He commented that he had held a concluding meeting with the Chair or the External Support Team who had been fulsome in his praise of the relationship that had developed. All of the feedback had been solidly positive in terms of the quality and commitment of all of those who had worked together as a team to move the system forward.
- 59.16 The Board agreed the recommendations contained in 2.1 and 2.2 and in particular accepted the report as a source of moderate assurance that there were robust and transparent mechanisms in place to demonstrate progress against the 4 hour emergency access standard plan and that a delivery report had been presented to the Scottish Government on 21 January 2019 to describe this progress in detail.

60. Waiting Times Improvement Plan

- 60.1 Mrs Campbell advised that the purpose of the report was to update the Board on NHS Lothian's progress in developing our response to the National Waiting Times Improvement Plan (WTIP).
- 60.2 The Board was reminded that the WTIP required by March 2021 delivery of 95% of outpatients seen within 12 weeks, 100% of treatment time guarantee (TTG) eligible patients seen within 12 weeks, 95% of cancer patients seen within 31 and 62 day standards. In terms of work done it was reported that by the end of the month that meetings would have been held with 16 of the high value risk services in terms of delivering recurrent and sustainable plans at subspecialty level. This would include risks associated with the delivery of either capacity or workforce. A substantial programme of work was already underway with draft plans being produced. The Board noted that a Pan Lothian infrastructure was being developed to support the work moving forward. Part of the plan would be around testing and looking at redesign opportunities and this along with associated work would identify the gap to be addressed. Work was also underway in respect of analysing the backlog.
- 60.3 It was noted that since the previous Board that NHS Lothian had received a financial allocation from the National Operational Programme Board of £2.7m against 7 specific specialty bids. This was against the total nationally available resource of £25.8m. The details of the first tranche investment profile were provided to the Board. It was noted that performance in outpatients was broadly in line with the position being slightly over in respect of inpatients. Adult urology and paediatric general surgery were slightly over target and recovery plans were in place.
- 60.4 The funding that NHS Lothian had received was relatively small in proportion to the size of the problem. The point was made that independent sector providers did not

have capacity and that this would be an issue that needed to be managed going forward.

- 60.5 In terms of 2019/20 the Board were advised that development of trajectories was underway.
- 60.6 The Board was advised by Mrs Campbell that the forward challenge was significant with detailed examples of the quantum of the issue facing the Board being provided. The point was made that to minimise any impact on waiting times whilst national procurement processes were being put in place and allocations for 2019/20 were finalised a number of actions had been established that would continue from 1 April 2019 the estimated full year costs were £6.919m. It was noted that once clarity was obtained on process to access the independent sector there might be additional costs associated with patient flow and transport.
- 60.7 Mrs Campbell commented that in 2019/20 there would be a need for £32m to impact on the backlog and manage the recurrent gap. £86m would be required between now and March 2021 to help deliver the WTIP requirements.
- 60.8 The National Strategic Operational Programme Board had implemented a national procurement programme for 3 specialties. In terms of the timing of the tender there was a risk of a stop start position being evidenced in terms in private sector use. There was no process currently in place in respect of procurement beyond 1 April 2019. This increased the level of risk for NHS Lothian with circumstances already having conspired to impact on 850 'see and treat' cases per month. Mrs Campbell advised she would be meeting with Scottish Government colleagues the following day and was hoping to be able to procure capacity beyond 1 April as well as to obtain an allocation to reflect the size of the problem that NHS Lothian was experiencing proportionate to the rest of Scotland. Mrs Campbell commented that a significant risk identified at the previous meeting was the availability of workforce and this continued. A working group had been established and was looking at key scenarios.
- 60.9 Mr Murray commented that he did not think that what was being proposed was a sustainable programme of change. He commented that the injection of resource did not provide a long term financial perspective. There was a need to capture the essence of short term changes whilst recognising that there was limited confidence in dealing with sustainable change. This position needed to be recorded in the risk register along with details of any amelioration of the ongoing risks. Issues around limits to 24/7 access as a consequence of workforce issues were discussed.
- 60.10 The Chairman commented that issues around the feasibility of the plan were well made as were comments around the financial position both of which have been discussed as part of the annual review discussion with the Cabinet Secretary.
- 60.11 The Chief Executive commented on issues around population growth and reported that even with redesign and innovation population drivers would continue in an upward direction. Demand for hospital, primary care and social care was increasing and the current funding base did not provide capacity to deliver particularly as year on year it fell behind the level of population growth. The gap was so significant that

it was now difficult to ignore and he felt serious discussions around this position would start to happen at national level.

- 60.12 The Chief Executive commented that the link between long waiters and safety concerns needed to feature at the Healthcare Governance Committee. There was a need to identify how to mitigate risk. In future the unscheduled care / scheduled care papers would attempt to articulate patient safety and experience issues.
- 60.13 Mrs Campbell in response to a question from the Chairman advised that in terms of allocation from the Scottish Government that NHS Lothian had only bid for what it felt it could deliver. Mrs Goldsmith reported that some other Boards delivery was being achieved through financial support from the Scottish Government.
- 60.14 The Chief Executive reported that there was a West to East drift and that NHS Lothian only received funding of 89 pence in the pound whilst another Health Board received 105 pence whilst its population in relative terms was reducing. The position was not just around elective services. NHS Lothian had only been able to open 30 beds to support the winter period whereas another Board had been able to open 200 winter beds because it had more access to capacity. It was noted this had a cumulative impact.
- 60.15 The Chief Executive commented that the system was now better sighted on this issue than it had ever been. The Chairman felt that thankfully other people were now sighted on the illogicality of the position. He felt it was important to properly record and raise concerns in this area whenever possible.
- 60.16 Dr Williams commented on the impact of the new GP contract and reported that traditionally GPs had been the gatekeepers of access to specialist service. He commented that he was concerned about the timescale available to Mrs Campbell to take this work forward. Mrs Campbell reported in terms of the GP contract that she was working with the Director of Primary Care Transformation looking at risk and opportunities in respect of issues like Community Treatment Centres and working together to mitigate demand.
- 60.17 The Board agreed the recommendations in 2.1 and 2.4 of the circulated paper.

61. Date and Time of Next Meeting

- 61.1 The next meeting of Lothian NHS Board would be held at 9:30am on Wednesday 3 April 2019 at the Scottish Health Services Centre, Crewe Road South, Edinburgh.

62. Invoking of Standing Order 4.8

- 62.1 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.

NHS Lothian

Board
3 April 2019

Chairman

APPOINTMENT OF MEMBERS TO COMMITTEES

1 Purpose of the Report

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

2 Recommendations

The Board is recommended to:

- 2.1 Appoint Ms Hazel Garven and Mr Andrew Beattie as members of the Pharmacy Practices Committee as non-contractor pharmacists.
- 2.2 Appoint Councillor George Gordon as a vice-chair of the Pharmacy Practices Committee.
- 2.3 Appoint Bill McQueen as the lead NHS voting member on West Lothian Integration Joint Board from 21 September 2019.
- 2.4 Appoint Peter Murray as a voting member of Edinburgh Integration Joint Board from 27 June 2019 to 26 June 2022.
- 2.5 Agree to remove Peter Murray from the membership of the Access & Governance Committee and the Emergency Access Standard Oversight and Assurance Group.
- 2.6 Re-appoint Peter Murray as the lead NHS voting member on East Lothian Integration Joint Board, for the period 3 April 2019 to 2 April 2022.

3 Discussion of Key Issues

Pharmacy Practices Committee

- 3.1 The committee's quorum requires a non-contractor pharmacist (a pharmacist who is not included in any pharmaceutical list, nor employed by a person who is) to be present. The Board has appointed one person for this role. However there is a considerable volume of applications to be considered by the committee, and it has been difficult to arrange hearings to consider them. To help with this situation, it is proposed that the Board appoint a two more persons who are non-contractor pharmacists.
- 3.2 Management has identified Ms Hazel Garven and Mr Andrew Beattie for this role.

Ms Garven is an employee of NHS Lothian (0.6 WTE), and additionally every second Saturday works as a locum in a community pharmacy. Management have taken advice from the Central Legal Office which confirmed that in these circumstances, it would be appropriate to appoint Ms Garven. Mr Beattie is an employee of NHS Lothian and has no commitment in a community pharmacy. The Board is recommended to appoint Ms Hazel Garven and Mr Andrew Beattie as members of the Pharmacy Practices Committee as non-contractor pharmacists.

- 3.3 Again in the interests of making it easier to convene meetings, it is proposed that the Board appoint a second vice-chair of the Pharmacy Practices Committee. It is recommended that the Board appoint Councillor George Gordon as vice-chair.

West Lothian Integration Joint Board

- 3.4 The position of Chair will rotate to West Lothian Council on 21 September 2019, and the position of vice-chair will rotate to the NHS Board. Martin Hill is currently the Chair, and has previously been the vice-chair as a consequence of being the lead NHS voting member on the IJB. Martin will stand down as the lead NHS voting member, but remain a member of the IJB. It is recommended that the Board appoint Bill McQueen, who is currently a member of the IJB, as the lead NHS voting member from 21 September 2019, when he will assume the position of vice-chair of the IJB.

Edinburgh Integration Joint Board

- 3.5 The Board was advised on 5 December 2018 that Carolyn Hirst's appointment as a voting member of Edinburgh Integration Joint Board will end on 26 June 2019, and that the Board will have to replace her with effect from 27 June 2019. It is recommended that the Board appoint Peter Murray as a voting member from 27 June 2019 to 26 June 2022.
- 3.6 The Board previously appointed Mr Peter Murray to both the Access & Governance Committee and the Emergency Access Standard Improvement Programme Board in June 2018. The latter of these has been replaced by an Oversight and Assurance Group which Mr Murray is a member of. Both of these meetings are management meetings. The Board has been reviewing its system of governance since then, and there is a clearer understanding of the difference between governance and management. Consequently it is proposed that the Board agrees that Mr Murray is taken off the membership of these management groups. This will assist in creating capacity for Mr Murray to carry out the role of a voting member on Edinburgh Integration Joint Board.
- 3.7 It should be noted that Mr Murray is also a member of the Information Governance Sub-Committee, which amongst other things, seeks assurance on the quality of data. The Board has also received regular reports on the emergency access standard improvement programme.

East Lothian Integration Joint Board

- 3.8 Mr Murray has been the Chair of East Lothian Integration Joint Board, however the position of chair rotated to the local authority on 1 April 2019. Mr Murray's term of appointment on the IJB has come to an end and it is recommended that he is re-appointed as the lead NHS voting member of East Lothian Integration Joint Board.

Mr Murray will accordingly become the vice-chair of the IJB.

4 Key Risks

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

5 Risk Register

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

6 Impact on Inequality, Including Health Inequalities

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

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

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

8 Resource Implications

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

Alan Payne
Head of Corporate Governance
27 March 2019
alan.payne@luht.scot.nhs.uk

NHS Lothian

Board Meeting
3rd April 2019

Jacquie Campbell, Chief Officer, Acute Services

REDESIGN OF EYE SERVICES IN NHS Lothian INCLUDING THE REPROVISION OF THE PRINCESS ALEXANDRA EYE PAVILION

1 Purpose of the Report

- 1.1 The purpose of this report is to recommend that the Board approve the Outline Business Case for the proposed redesign of eye services and the associated re-provision of the Princess Alexandra Eye Pavilion (PAEP) for submission to Scottish Government, in line with the Scottish Capital Investment Manual for NHS Scotland.
- 1.2 Any member, wishing additional information should contact the Executive Lead in advance of the meeting.

2 Recommendations

- 2.1 Accept a significant level of assurance that the Outline Business Case (OBC) has been prepared in line with the guidelines contained within the Scottish Capital Investment Manual.
- 2.2 Accept a significant level of assurance that the case has been approved by the NHSL Finance & Resources Committee at its meeting on 20th March 2019.
- 2.3 Accept a significant level of assurance that the Chief Officer, Acute Services has instigated a full review of the estimated capital costs with a view to cost reduction, in light of the estimated project costs for the hospital rising from £68.5M to £83.05M since the initial agreement was submitted.
- 2.4 Accept moderate assurance of revenue affordability of the preferred option, estimated as an increase of £1.54m since I.A submission. This estimate is subject to an ongoing review, as described at 9.2 – 9.6.
- 2.5 That the Board approves the submission of the Outline Business Case at **Appendix 1** to the Scottish Capital Investment Group for review at its meeting on May 15th 2019.

3 Discussion of Key Issues

Background

- 3.1 The PAEP building has identified £2.7m of high priority backlog maintenance. There is frequent disruption to services from failing lifts, the roof and other key elements of the infrastructure which lead to a poor performing asset overall. From a service and safety position, although essential criteria are met, this is not viewed as a sustainable position for NHS Lothian and the building has reached the end of its economic life as a

clinical facility. Service developments and demand have exacerbated the issues of an inefficient layout, limitations in terms of service user flows and external fabric deterioration.

- 3.2 The `do minimum` option to extend the building life but not improve its function, deliver necessary expansion or improve access for service users was estimated at IA to cost £13.7M but is now estimated to be £15.8M.
- 3.3 The proposed preferred option is the relocation of the PAEP facility to a new build on the Edinburgh bioQuarter site with associated redesign of facilities to ensure the efficient delivery of services in the future and to meet increased demand. The benefits that this proposal would deliver are as below and are summarised in **Appendix 2**.
- Sustainable ophthalmology services capable of meeting future patient demand.
 - Purpose designed/flexible facilities to enable maximisation of current resources.
 - A significant improvement in service user and carer experience.
 - Ability to respond to digital imaging developments to aid diagnosis and review.
 - An improvement in the functional NHS Lothian estate and a reduction in backlog maintenance.
- 3.4 The Initial Agreement was approved in February 2018 with the PSCP appointment undertaken in July 2018. Work on the 1:500 design was completed in October 2018 and the Clinical Director gave authority at that point to proceed to 1:200 design. Eighteen departments are being designed at 1:200 level. Of these 6 have been agreed and 8 are subject to minor change and 4 are under discussion.
- 3.5 The timetable at OBC is for submission to the Scottish Capital Investment Group in April 2019, following approval of the case through the internal NHSL Governance process.

Outline Business Case – conclusions

- 3.6 The **Strategic Appraisal** undertaken re-confirms the compelling need for the replacement facility. The investment objectives align well with those of the national Elective Strategy Programme. The proposal continues to have wide stakeholder support.
- 3.7 The OBC now assumes the continuation of the Service Level Agreement in place between NHSL and the Golden Jubilee NHS Hospital for cataract assessment and cataract surgery at the original SLA level. The SLA for 2018/19 was set at 2644 cataract assessment appointments and 1852 treatments and has delivered 2067 appointments and 1532 treatments to date. Future demand for cataract surgery above this will be met through this proposal in the new Eye Hospital. This aligns to the guidance issued by the Minister for Health and Sport in September 2018. For 2018/19, the Service Level Agreement (SLA) with Golden Jubilee managed 29% of the demand in NHS Lothian for cataract treatment. The plan also now includes planning assumptions for NHSL to provide non cataract surgical services for NHS Borders patients. This is as a result of an Options Appraisal undertaken in November 2018 as part of East Regions ophthalmology planning group, driven by workforce gaps within NHS Borders.
- 3.7 The **Economic Appraisal** undertaken on the shortlisted options at OBC stage re-confirms that the recommended preferred option is that of a traditionally capital funded

new build eye hospital on the Edinburgh BioQuarter site at a proposed total capital cost of £83.05M excluding project team costs. This excludes a Collaboration/Clinical Research Facility within the new hospital at a proposed capital cost of £3.04M. The estimated project costs for the hospital have risen from £68.5M to £83.05M since the IA was submitted. This is primarily driven by revised inflation estimates, and the proposed specification for the building. A full review of the costs is underway and initial review has highlighted opportunities to reduce costs. As one of the key drivers is inflation it is prudent to undertake the cost review exercise in parallel with the development of the Full Business Case

- 3.8 There is a parallel exercise underway to explore what benefits there could be to the affordability of the project if additional floors were incorporated into the design for use as commercial space.
- 3.9 The **Financial Appraisal** undertaken on the shortlisted options at OBC stage confirms that affordability of capital costs will depend on availability of Scottish Government Health and Social Care Division capital budget, or agreement of an alternative funding route as discussed in the Financial Case. NHSL continue dialogue with the University of Edinburgh over the funding of the Clinical Research Facility element of this project. The OBC identifies an additional pressure of £1.54m revenue compared to current expenditure. This will require further examination of service and property costs at FBC before affordability can be confirmed, however a programme of activities has been established to mitigate this.
- 3.10 The proposal was supported by the Finance and Resources Committee on March 20th 2019. This included swift resolution of land purchase on the Edinburgh bioQuarter site for this build.

4 **Next Steps**

- 4.1 If the Board are supportive the OBC will be submitted to the Scottish Capital Investment Committee in April 2019. Thereafter the proposed programme would be as follows:

Key Milestones	Date
Site Acquisition	TBC
Outline Business Case approval	June 2019
Obtain outline planning consent	April 2020
Full Business Case approval	September 2020
Construction commences	September 2020
Construction completion	December 2022
Commence service	March 2023

5 **Key Risks**

- 5.1 The condition of the PAEP deteriorates further and continues to disrupt clinical service.
- 5.2 The cumulative effect of delays, results in NHS Lothian being unable to meet future predicted demand and there are increases in capital costs.

- 5.3 The estimated capital costs at OBC exceed affordability and measures are taken to reduce the costs, resulting in a detrimental impact to future service provision plans.
- 5.4 In the normal course of business case progress and approvals, there may be a delay for Principal Supply Chain Partner (PSCP) activities leading to a "stand down period" for the design and contracting teams. This leads to a risk of loss of momentum, personnel (moved to other projects), and resultant delay to programme with inflationary implications. Mitigation is to continue with design and related activities "at risk" to cash flow and budget by incurring PSCP costs until either the project is stopped or costs incorporated into the next stage of works.

6 Risk Register

- 6.1 There are no additional implications for NHS Lothian's risk register as a result of this paper. The Project has a Risk Register and actions for mitigation and this will be submitted with the OBC.

7 Impact on Inequality, Including Health Inequalities

- 7.1 An impact assessment was carried out on 25th February 2016 with service users, staff and partnership representation. There was support for the proposed solution subject to ensuring that sufficient public transport was in place and that accessibility to the site for service users and staff was adequately addressed. The action plan resulting from this session was approved and is lodged on the NHSL web site.

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

- 8.1 A Stakeholder Engagement and Action Plan is in place for this project. Summary details of this are noted at section 6.8 and at Appendix 14 of the OBC which can be made available to members of the Board on request.

9 Resource Implications

- 9.1 The capital funding implications for the `preferred option` are estimated to be £83.05M with a further expansion option for a Clinical Research Facility at £3.05M.
- 9.2 The revenue funding implications are as follows:

Revenue Funding Implications

	Baseline, £m	Do minimum, £m	Proposed Option	
			2023, £m	2030, £m
Pay	5.73	6.36	6.45	7.08
Non-pays (incl drugs)	4.41	4.90	4.93	5.38
Other Services	1.13	1.18	1.26	1.38

Sub-Total	11.27	12.44	12.64	13.84
Theatres	3.00	3.00	3.57	4.06
Property Costs	0.75	0.75	1.52	1.52
TOTAL	15.02	16.19	17.73	19.42

- 9.5 The increase from baseline to do minimum revenue costs reflects the existing budget pressure, and is therefore not attributed to the building. The additional increase of £1.54m at the point the new facility is operational (2023) is attributed evenly to additional service and property costs. Both are estimates and will require significant further work as part of FBC development to reduce the estimated cost and / or identify additional funding.
- 9.6 The further estimated increase in revenue costs of £1.69m to £19.42m by 2030 is attributable to forecast demographic growth, and can anticipate funding through additional NRAC as part of the financial planning process.

Nick Bradbury, Head of Property & Asset Management – Finance, NHSL
Kathleen Imrie, Programme Manager, Re-provision/Redesign – Ophthalmology
Neil McLennan, Senior Capital Projects Manager, Capital Planning, NHSL

21st March 2019

List of Appendices

- Appendix 1: Outline Business Case Initial Agreement Version 8 – Redesign of Eye Services in NHS Lothian including the re provision of the Princess Alexandra Eye Pavilion.
- Appendix 2: Summary of non financial and financial benefits of the project

Non Financial benefits	Financial benefits
<p>Marked improvement in quality of experience for patients including:</p> <ul style="list-style-type: none"> • Closer location to Emergency Department • Drop off area at entrance • Proximity car parking adjacent to the facility • Clear separation of patient and support service areas and lifts • Co-location of outpatient areas, reducing patient movement between floors. • Single inpatient rooms with en-suite • Sufficient pre-injection and clean room facilities to facilitate the growth in demand for treatment for macular degeneration. • Co-located Day Surgery area to Theatres (currently floor 2 and 5) • Improved general facilities. • Closer location to the Royal Hospital for Children and Young People and Department of Clinical Neurosciences both which supported by the Ophthalmology workforce. 	<p>Efficiency</p> <ul style="list-style-type: none"> • Expansion of Virtual Clinics i.e. patients attend for all tests and their results are reviewed separately by a consultant. Increased capacity to meet demand. • 17% additional throughput in all existing job planned cataract sessions. • Improved utilisation of all Theatres through introduction of prospective cover. See below • Mitigation of risk of catastrophic failure of roof. Current estimate is £15.8M to address repairs without improvements to layout. This does not include costs of decant/hire of portable theatre units and appropriate servicing. • Reduction of backlog maintenance – current estimate £3.5M
<p>Organisational benefits</p> <ul style="list-style-type: none"> • Full DDA compliance • Ability to perform lateral evacuation in the event of a fire in Theatre, avoiding need for staff to relocate patients onto small 5th floor landing and then evacuate down stairwell for 15 flights (ground), 18 flights (basement) using evacuation aids. • Much improved facilities for staff • Co-location with established, excellent research and teaching facilities • Potential opportunity to reap the opportunity benefits of collaboration with academic, research and development and industry sectors on the Edinburgh bioQuarter site. 	<p>Additional capacity to meet future demand</p> <ul style="list-style-type: none"> • Sufficient clinic area to meet a rise in demand of 25% • Creation of an Ophthalmic Imaging Suite capable of meeting future demand. Demand for OCT rose from 4669 to 25,739 between 2014 and 2018. 551% increase. • 60% increase in the number of Day Surgery Chairs (predicted 40% increase in demand for cataract surgery) • Prospective cover of all Theatres giving the equivalent of 8 additional full weeks of surgery per year – 21% increase in potential capacity • Paediatric Ophthalmology Department as no longer sufficient space to accommodate at the new Children’s and Young People’s Hospital.

Redesign of Eye Services in NHS Lothian including Re Provision of the Princess Alexandra Eye Pavilion

Outline Business Case - Version 6



Source: NORR

Document Control

Title:	Outline Business Case: Redesign of Eye Services in NHS Lothian including re-provision of Princess Alexandra Eye Pavilion, Edinburgh
Owner:	Jacque Campbell, Chief Officer – Acute Services, NHS Lothian

Version History

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4 (4)	1.3.19	KI, NM, TG, NB	Project Steering Group updates incorporated Issued to Finance Team to incorporate Final Cost Report figures provided by PSCP and update sections Finance sections accordingly
5 (7)	3.3.19	KI, NM, TG, NB	Issued to Project Steering Group – 4.3.19 for final review and approval prior to submission to Project Sponsor. Approved with following changes – 4.3.1 and 4.47 references completed. 1.9.2 Correction of figure from £83.5M to £83.05M.
6	6.3.19	KI, NM, TG, NB	Issued to Project Sponsor for approval prior to submission to Finance & Resources Committee meeting March 2019

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1. EXECUTIVE SUMMARY

- 1.1 The purpose of this Outline Business Case is to seek approval from the Scottish Government Capital Investment Committee to develop a Full Business Case to re-provide the Princess Alexandra Eye Pavilion, Edinburgh in a purpose designed and built Eye Hospital on the Royal Infirmary of Edinburgh/Edinburgh bioQuarter site at a total capital cost of **£83.05m** (excluding clinical research space).
- 1.2 Having identified through the Initial Agreement that this is the preferred option to address future needs, the case aims to demonstrate that the preferred option represents value for money and is affordable. It also sets out the supporting commercial and management arrangements that will be put in place to successfully implement that option.
- 1.3 The scope of the proposal includes:
 - 1.3.1 The redesign of adult ophthalmology services and paediatric outpatient ophthalmology services in NHS Lothian to meet user needs and expectation and to respond to the predicted increase in demand particularly those with chronic potentially blinding eye conditions.
 - 1.3.2 The continuation of provision of specialist services to the South East Region of Scotland, such as surgical retinal services, paediatric surgery and neuro-ophthalmology.
 - 1.3.3 The provision of sufficient cataract assessment and surgical services to meet the needs of the local population up to and beyond 2030 in response to projected increases in demand due to demographic growth and patient expectation.
 - 1.3.4 The re-provision of the Princess Alexandra Eye Pavilion (PAEP), Chalmers Street, Edinburgh to address the issue of its poor condition, suitability for future clinical use, mounting backlog maintenance costs and that there would be a requirement to decant all services to address significant issues affecting the roof;
 - 1.3.5 A proposal to establish an Ophthalmology Clinical Research Facility to reap the opportunity benefits of closer collaboration with academic, research and potentially the industry sectors on the Edinburgh bioQuarter site. The capital cost of this is **£3.05m**. NHSL are in discussion with the University of Edinburgh over options to fund this proposed facility.
- 1.4 At the instruction of NHSL, Thomson Gray (Lead Advisor) are in the process of conducting a feasibility study to explore what benefits there could be to the affordability of the project if additional floors were incorporated into the design for use as commercial space. The Director of Capital Planning Projects is leading this work. The capital cost of this is to be confirmed and is not reflected in this Business Case
- 1.5 The proposal scope remains largely unchanged from that within the Initial Agreement (IA) other than that, in addition to providing specialist ophthalmology services on a regional service, NHS Lothian (NHSL) will in future, provide all ophthalmology surgery, other than cataract surgery, to NHS Borders residents in the new facility. Also, in response to Ministerial guidance on the future role of the Golden Jubilee NHS Hospital (GJNHSH), the Service Level Agreement which Lothian has in place with GJNHSH for cataract services will remain for now and NHSL is to provide for growth in addition to that within the new

hospital. For 2018/19, 29% of demand in Lothian for cataract surgery was met through this arrangement.

1.6 The **Strategic Case** confirms that:

- the proposed new facility, a new Eye Hospital serving Lothian and the South East of Scotland, supports national, regional and local strategy;
- There continues to be a strong case for change and the case explains why the development is necessary and the potential impact of the `do nothing` option on the ability of NHS Lothian to provide sustainable future ophthalmology services.
- The investment objectives align well with those of the national Elective Strategy Programme and will provide for sustainable elective cataract services in the future;
- The preferred service solution remains that the new hospital be located on the Edinburgh bioQuarter site
- The proposal continues to have stakeholder support from service users, staff and the wider community

1.7 The **Economic Case** provides a detailed analysis of the costs, benefits, and risks of potential options to identify the proposal that optimises public value. The process began with the appraisal of a long list of options identified at the IA stage. These were measured against the investment objectives and critical success factors to arrive at a short list which in turn has been subjected to a cost benefit appraisal to determine the preferred option. This identified that the 11,385m² reference project, at **£86.10m** (including clinical research space), delivers best value and is therefore the preferred option.

1.8 The **Commercial Case** outlines details of the procurement contract including:

- Structure of the project development and scope of contracted services
- Agreed risk allocation
- Charging mechanism
- Contractual arrangements

1.8.1 It has been agreed with Scottish Government Health and Social Care Directorate that development of a new Eye Hospital in Lothian should be procured under the Scottish Government Framework Scotland 2 (FS2) route. The project is assumed to be funded through a traditional capital allocation, however NHS Lothian remains committed to exploring other funding routes, in conjunction with the Scottish Government and public sector partners through the Edinburgh bioQuarter.

1.9 The **Financial Case** discusses the affordability of the preferred option. All capital and revenue costs are set out and their impact on NHSL's financial statements is identified. An overall affordability model has been developed covering all aspects of projected costs including robust estimates for:

- Capital costs including equipment and business case development costs
- Baseline revenue costs (pay and non-pay) associated with existing services
- Changes to revenue costs associated with service redesign as a direct result of the development

- 1.9.1 The assumptions within the Financial Case will continue to be challenged and refined through development of the Full Business Case to ensure capital and revenue affordability.

Table 1 – Capital Costs summary

	Option 2- New Build at Bioquarter £m
Backlog Maintenance	0
Construction	41.03
Professional Fees	4.53
Other Costs	0.3
Equipment	7.71
Costed Risk Register	6.4
Inflation	7.99
VAT	13.11
Site Acquisition	0.9
SUB TOTAL	81.97
Edinburgh Bioquarter Enabling	4.13
TOTAL	86.1
Expansion Options	
Collaboration/Clinical Research Facility	3.05
Contributions from Partners	0
TOTAL INCLUDING EXPANSION OPTIONS	83.05

- 1.9.2 The estimated project costs for the hospital have risen from £68.5M to £83.05M since the IA was submitted. This is primarily driven by revised inflation estimates, and the proposed specification for the building. A full review of the costs is underway and already there look to be opportunities to reduce estimated costs. As one of the key drivers is inflation it is though prudent to undertake the cost review exercise in parallel with the development of the Full Business Case

Table 2 - Overall revenue costs summary

	Baseline, £m	Do Minimum, £m	Proposed Option	
			2023, £m	2030, £m
Service costs (table 22)	14.27	15.44	16.21	17.90
Property costs (table 23)	0.75	0.75	1.52	1.52
TOTAL	15.02	16.19	17.73	19.42

- 1.9.3 The increase from baseline to do minimum revenue costs reflects the existing budget pressure, and is therefore not attributed to the building. The additional increase of £1.54m at the point the new facility is operational (2023) is attributed evenly to additional service and property costs. Both reflect current estimates and will require significant further work as part of FBC development to reduce the estimated cost and / or identify additional funding.
- 1.9.4 The further estimated increase of £1.69m to £19.42m by 2030 is attributable to forecast demographic growth, and can anticipate funding through additional NHS Scotland Resource Allocation Committee (NRAC) as part of the financial planning process.
- 1.10 The **Management Case** identifies the actions that will be required to ensure the successful delivery of the scheme; it covers:
- Project management arrangements, reporting structure, key roles and responsibilities and project recruitment needs
 - Project Plan
 - Change management arrangements
 - Stakeholder engagement and communication
 - Benefits realisation
 - Risk management
 - Commissioning arrangements
 - Post project evaluation

The key milestones for the project can be seen in the table below:

Table 3 - High Level Project Plan

Key Milestones	Date
Site Acquisition	TBC
Outline Business Case approval	June 2019
Obtain outline planning consent	April 2020
Full Business Case approval	September 2020
Construction commences	September 2020
Construction completion	December 2022
Commence service	March 2023

- 1.13 The **conclusion** of this business case is that NHS Lothian has demonstrated that the preferred option for the development of a new Eye Hospital meets the Board's clinical objectives, optimises value for money, and is affordable subject to Scottish Government Health and Social Care Division capital availability and anticipated reduction in revenue costs. Given this, NHS Lothian seeks approval to take the project to Full Business Case.

2. STRATEGIC CASE

2.1 Introduction

2.1.1 The Strategic Case for this proposal was set out in the Initial Agreement (IA) and a summary of this can be seen in **Appendix 1**. The purpose of revisiting it within this Outline Business Case (OBC) is to confirm that the background for selecting the preferred strategic/service solution in the IA has not changed. It will do this by responding to questions posed in the Scottish Capital Investment Manual (SCIM) guidance and to the specific conditions made as part of the earlier approval for the IA. It also responds to new guidance issued by the Scottish Government Health Department since the IA was approved demonstrating that the plans continue to comply with and be in support of emerging strategy and direction.

2.2 The Strategic Background

2.2.1 The Strategic Case within the IA demonstrated that the proposed new Eye Hospital to replace the existing Princess Alexandra Eye Pavilion, Edinburgh with associated redesign of services aligns well with national, regional and local strategies and is predicated upon a robust case for change. It explains why intervention is required as well as providing a clear definition of outcomes and the scope of the development. The key strategic deliverable for the project is to deliver future sustainable eye services to the population of NHS Lothian and the South East Region as required.

2.2.2 The Chief Executive NHS Scotland wrote to NHSL in February 2018 confirming acceptance of the recommendation from the Capital Investment Group to move to the next phase and inviting the Board to submit an OBC. Conditional to this was that particular focus should be directed on the needs of both NHS Fife and NHS Borders and that a Regional view be formed taking into account property issues, workforce and aspirations around creating a Centre of Excellence as part of the development.

2.2.3 The Regional Ophthalmology Network continues to mature and there is clear evidence of a joint approach being taken to planning for sustainable services in the future. Regular Regional discussion takes place and there is now a much more robust view of the challenges and opportunities across the South East Region. This has recently been evidenced through the approach taken to ensure sustainable services can continue to be provided to Borders residents. Throughout 2018, NHS Borders have continued to experience difficulty in the recruitment of consultant medical staff. In November 2018, NHS Borders held an Options Appraisal with staff and service users to agree a sustainable way forward for ophthalmology services to Borders residents. The preferred option was that, in future NHS Lothian would seek to recruit the clinicians who would offer cataract surgery to be undertaken in the Borders along with some sub-specialty outpatient activity and treatment such as injections for the treatment of macular degeneration. However, to ensure sustainability, much of the sub-specialty outpatient service demand and all sub specialty surgical procedure demand in future would be undertaken in Lothian. This change is now reflected in the OBC and future demand for NHS Borders procedures, other than cataract and IVT, is now incorporated into the future demand forecasts for the replacement hospital.

2.2.4 National Workforce planning information highlights the pressing need for a collaborative approach across regions to ensure sustainable services can be delivered in the future. Of

particular concern are the shortages of Consultant Ophthalmologist staff nationally in the context of the scale of likely retirements in the next decade. The need to develop the non-medical workforce to take on aspects of clinical care which do not need to be undertaken by a trained consultant is not only desirable but is now essential to sustain the ongoing delivery of effective and timely services. Local and Regional Workforce Workshops were held in February and March 2019 and a clearer picture is emerging on how future service needs could be addressed through collaborative working.

- 2.2.5 NHS Fife and NHS Borders confirmed support for the planning assumptions used within this case at IA stage. With the exception of the change described in 2.1.4, all other assumptions remain unchanged.
- 2.2.6 The Elective Centre Programme was established with the strategic aim of co-ordinating at a national level the development of the infrastructure and new service models which will provide the additional elective capacity necessary to meet the needs of a growing and increasingly elderly population up to 2035. In September 2018, the Cabinet Secretary for Health and Sport wrote to all NHS Boards clarifying the approach to be taken as part of the planning for the Elective Centre Programme. These principles read over to the planning for the new Eye Hospital in relation to the need for NHS Lothian to provide sustainable elective surgical capacity for eyes in particular cataracts. The NHS Lothian Elective Care Centre planned to be placed at St John's Hospital will not contain an ophthalmology theatre. The rationale for this was that it was seen as logical to build this capacity into the new Eye Hospital from first principles rather than create an additional facility between which more surgeons would need to travel. Ophthalmology surgical provision at St John's Hospital was recently expanded through the development of the Ward 20 area to provide an additional 126 theatre sessions per year and 2 of the most recent surgeon appointments carry out their weekly job planned surgical sessions there and will continue to.
- 2.2.7 Elective Centres are to be planned to deliver the best practice model for high volume elective surgery and the Scottish Government view is that this is currently in place at the GJNHS. It is recognised that, in order to meet local circumstances where for example there may be a wider range of procedures or addition of cataracts to sub specialty lists to maximise operating time within a session, this can be adapted to meet local circumstances where the evidence supports it. This is the case for the new Eye Hospital given that it provides routine and more complex cataract surgery and all sub specialty surgery including those offered only on a Regional basis.
- 2.2.8 The new Elective Centres are to be planned and will be approved on the basis that they will deliver new capacity for the increased additional demand and that Health Boards will as a minimum continue to make full use of the GJNHS as a national resource to the current level of patient activity and specialties as at present. The focus of the new centres, and in this case the new Eye Hospital for Lothian, is to be on providing the additional capacity required meeting the projected needs of a growing population as well as decreasing reliance on the independent sector.
- 2.2.9 Throughout 2014 and 2015, NHSL relied significantly on local external healthcare provision to ensure cataract surgery treatment times were maintained there being no practical opportunity to expand operating at PAEP. When it became clear that a more sustainable solution was required a temporary 3 year service level agreement was put in

place to provide cataract assessment and treatment capacity within the NHS at the GJNHS, Clydebank. In recent years, for mainly health reasons, job planned cataract surgical services in Lothian have not delivered to planned capacity and, where new appointments have been made, there is limited opportunity to give surgeons regular weekly theatre sessions. This has meant that the reliance on the Golden Jubilee for cataract services has continued for longer and beyond the levels anticipated initially.

- 2.2.10 in 2018, approximately 29% of cataract procedures for residents of NHS Lothian were undertaken at the GJNHS through this agreement. Within the IA the planning assumption was that NHSL would provide a sustainable solution to deliver this shortfall in capacity by planning to deliver it in the new Eye Hospital. The GJNHS and NHSL had jointly agreed that phasing of this repatriation over 2 years, once the new hospital opened was sensible. In light of the recent guidance issued by the Minister (see section 1.5), the impact of that change has been re-modelled. The result is that the full use of the 4th Operating Theatre will be delayed, whilst additional throughput and prospective cover is introduced. However the case for the additional operating theatre remains valid in order to meet growing demand in the future.
- 2.2.11 The range of stakeholders affected by this proposal is unchanged from the IA. The support shown for the proposal is also unchanged. Further engagement with stakeholders has taken place during the development of this business case to ensure continued support for the direction. A series of update sessions have been held with staff and good representation has been achieved through the 1:500 and 1:200 design level planning groups. The Project Team continue to look at ways to expand involvement to achieve as wide a representation as possible. At the start of the 1:500 level planning process an evening session was undertaken with a group of 21 service users where the background to the need for change was explained along with the results of the initial options appraisal. The Architect presented and spoke to the concept behind the very first draft 1:500 plans including how it responded to the Achieving Excellence in Design (AEDET)/ NHS Scotland Design Assessment Process (NDAP) derived Design Statement. All comments were captured and fed into the emerging design as it developed. There was broad support for the way forward and the attendees who had participated in the Design Statement all confirmed satisfaction with alignment to the brief. Volunteers have been sought to form an E-reference group for the project who are happy to be contacted to receive updates or be invited to contribute to aspects of design or service changes that are of interest. At time of writing 34 service users/interested organisation are represented on that group.
- 2.2.12 The proposal continues to link with NHS Scotland's strategic priorities and fully supports the Waiting Times Improvement Programme underway nationally. This requires, that by March 2021, 95% of out-patients must be seen within 12 weeks and 100% of Treatment Time Guarantee (TTG) eligible patients must be seen within 12 weeks
- 2.2.13 In conclusion, other than the changes noted above which are now reflected in the plan, no significant material change has occurred in the last 12 months that impacts on the previously made Strategic Case as detailed in the IA.

2.3 The Current Arrangements



Figure 1 - Princess Alexandra Eye Pavilion, Chalmers Street, Edinburgh

- 2.3.1 Details of the current arrangements were described in some detail within the IA. As this describes the `do nothing` solution they effectively provide the benchmark to demonstrate the benefit and value of the preferred solution. Scottish Capital Investment Manual guidelines ask that the current arrangements are kept up to date throughout the business case process to ensure the need for the solution remains clear and that nothing has changed that requires the case or proposed solution to be revisited.
- 2.3.2 In October 2016 the Estates Asset Management System (EAMS) identified £2.7M of high priority backlog maintenance (£3.3m overall BLM metric). There is frequent disruption to services from failing lifts, roof and other key elements of the infrastructure. This leads to a poor performing asset overall. NHS Lothian commissioned a further condition survey in 2017 which will be followed up with a more intrusive survey when clinical capacity allows. The current revised estimate for “refurbishment” of the existing building including BLM, cost to extend the existing building infrastructure lifespan but excluding decant cost, is £13.7M. Such a cost will not, however, provide any improvement to functional suitability or address future capacity requirements
- 2.3.3 The current condition of the building continues to cause significant service continuity issues, particularly in the Operating Theatres on the top floor. The mild and relatively dry summer and autumn of 2018 has been fortuitous with cancelled surgical operations due to roof leaks reduced. However, although there is no evidence of a patient safety issue, an improvement notice has been issued with regard the Theatre Ventilation Units and Theatre 2 (the main VR Theatre providing a Regional-wide service) will require to be shut for around 10 weeks in 2019 to facilitate the necessary repairs. A contingency plan to maintain patient service is being finalised. The condition of the roof and the impact that leaks have on surgical services is noted as a high risk on the Service Risk Register. A contingency plan has been developed to be deployed should a catastrophic failure of the roof occur. NHSL continues to work with the Scottish Fire and Rescue Service through the

annual service audit process and in response to any fire improvement notice actions. The most recent audit was undertaken in January 19 and the report being due. From a service and safety perspective this is not a sustainable Health and Safety position for NHS Lothian Board. As previously reported in the IA, full Disability Discrimination Act (DDA) compliance cannot be fully achieved in the facility.



Figure 2,3,4,5 – Selection of images from the existing hospital. Fully described in the IA.

2.3.4 In the year 2017/18 the Ophthalmology service in NHS Lothian was responsible for providing services to 100,000 outpatients, 5139 day cases and 1074 inpatients. In addition, though a Service Level Agreement, the Golden Jubilee NHS Hospital provided a further 2400 cataract assessment appointments and 1800 cataract treatments for Lothian residents. Updated service activity and performance data is summarised in **Appendix 2**.

- 2.3.5 Current demand continues to outstrip capacity in many areas namely, glaucoma, corneal, laser and general new patients. The current position (February 2019) is that NHSL has 2186 new outpatients waiting over 12 weeks to be seen and 41 patients whose wait for treatment has exceeded the Treatment Time Guarantee of 12 weeks.
- 2.3.6 Increasingly, NHS Lothian has assisted in the support of the service to Borders residents beyond specialist regional services and, due to the ongoing recruitment difficulties in the Borders, the medical `on call` rota now supports Borders residents too. Over the last few years, during which NHS Borders has been challenged to recruit consultant ophthalmologists, NHS Lothian has been progressively assisting in the delivery of non-cataract sub specialty surgery in addition to services it already provides on a regional basis. Following an Options Appraisal undertaken in Borders in November 2018 with stakeholders and service users, this looks set to be agreed as a permanent arrangement. The proposal is that cataract, IVT and general outpatient services are retained in Borders with consultant appointments based in the Edinburgh Centre so as to improve chances to recruit. The previously used demand did not take this into account but this has now been included.
- 2.3.7 Future demand was modelled by NHS Lothian and subsequently National Service Scotland (NSS) in 2018. Both exercises suggested an increase of 25% in outpatient demand and 41.6% in surgery between 2013 and 2030. A similar level of predicted increase in demand was forecast by the Royal College of Ophthalmologists in its publication `The Way Forward (January 2017)`. NHSL are 5 years into this predicted increase over that period.
- 2.3.8 At the time the IA was prepared it was noted that further work was required to understand fully the impact of the procedural level projections available from NSS to support the Regional Delivery Plan process. The information supplied detailed all coded `procedure`s in all settings and it was necessary to understand these better to ensure the right level of facility/service was planned to provide adequate operating theatre capacity. The danger being that the assumption was these were all requiring a full operating theatre when that was not the case. Since the IA was approved NHSL performed an exercise grouping all individual procedures undertaken between 2014 and 2016 into a `sub specialty` and whether the procedure was undertaken in a fully equipped operating theatre, minor surgical operating theatre, clean room, treatment room or laser suite. That has enabled NSS to re-run the demand profile in a way that NHSL can plan in more confidence. The result of this is a revised demand and capacity profile for surgical procedures. The model in **Appendix 3** shows the demand for surgical procedures undertaken in an operating theatre and how that demand will be delivered to provide sustainable services up to 2030 and beyond. It reflects the Ministerial guidance noted above with regard continued use of the Golden Jubilee. Should this guidance be revisited at any point NHSL can make available the new projections and model including repatriation but this is not being pursued at this time.
- 2.3.9 There has been a very considerable increase in demand for Optical Coherence Tomography (OCT) digital examinations of the eye. Between 2014 and 2018, the numbers of OCTs rose from 4669 to 25,739 per year and continue to rise. Despite solid investment in equipment and recruitment of 4 additional imaging staff, it is clear the constraints of the current building will impact in the near future on the efficient flow of patients with some patients needing to re-attend, perhaps in the evening, for tests or their consultation. The

lack of physical space to expand this new technology to meet demand during clinic peak times is a real concern.

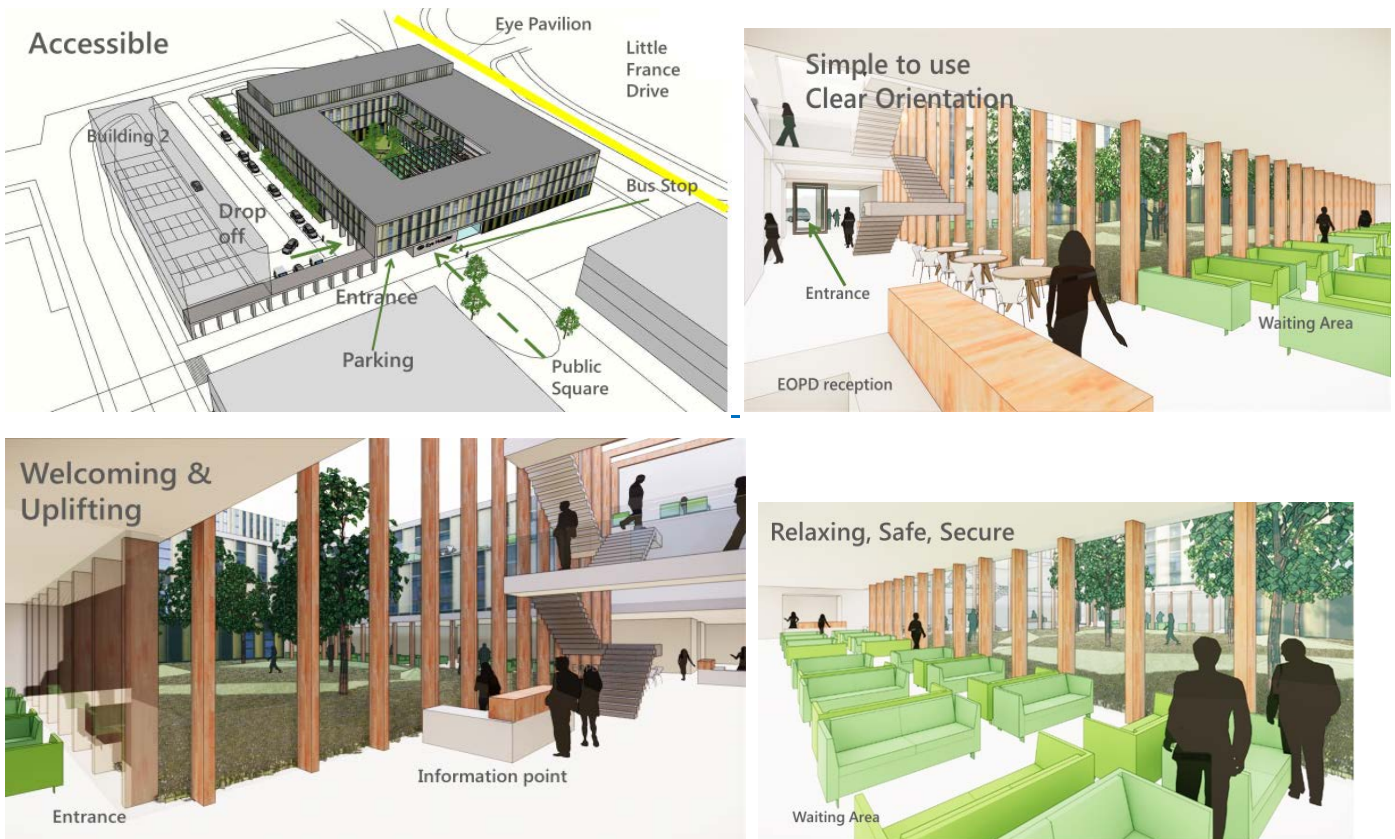
- 2.3.10 The service continues to look for new ways to meet demand now. A series of `tests of change` have been taken forward in the last year focussed on services under particular pressure. These include changes to patient scheduling and a review of the process of cataract assessment prior to the consultation with the doctor. The result is that the time that each patient waits has been decreased and the tests have shown that increased throughput is deliverable within current clinics – potentially from 12 patients per clinic to 16 in time. In Macular Services a Rapid Access Clinic has been introduced to reduce waits for commencement of treatment, a full Nurse Led IVT service is in place and a Holistic Ophthalmic Pastoral Clinic (HOPS) has been introduced reflecting the need to consider and make time for more patient choice on whether they wish to continue with treatment. Around 50 patients have so far elected not to continue with their treatment. These developments were all commended as part of the national Ophthalmology Peer Review process undertaken by representatives of the Scottish Government National Workstream for Ophthalmology – November 2018.
- 2.3.11 Workforce planning for ophthalmology is now being undertaken on a regional basis and in common with other NHS Boards, there are significant challenges to be addressed. Of particular concern is the availability of consultant ophthalmology staff in the future set across a backdrop of projected retirements and the impact of recent changes to pension tax arrangements which might result in earlier than planned retirement dates for a number of staff.
- 2.3.12 In common with other NHS Boards in Scotland and Commissioning Structures across the UK as a whole, NHS Lothian is reviewing macular treatment protocols and the drugs used for this. Extremely high drug costs and continuing growth in demand make this a key priority for future service plans. Within the OBC provision has been made to cope with increased IVT drug treatment demand based upon the current clinical treatment model. It does not however yet reflect any proposed change to alternative drugs, which though they may be deemed effective, may require increased resources to deliver due to an increase in the number of injections required to achieve a comparable treatment outcome nor does it reflect any changes to treatment model e.g. `Treat and Extend` model.
- 2.3.13 In summary, nothing has changed with regard the current arrangements or `do nothing` option that would alter the necessary planned change.

2.4 Design Quality Objectives – progress with the design development

- 2.4.1 Scottish Capital Investment Manual (SCIM) guidance requires that an update on the design quality objectives be provided in this section to take account of progress with the design development. A comprehensive update can be seen at **Appendix 4**.
- 2.4.2 Throughout the development of the design focus has been maintained on responding to the Design Statement which was developed by service users and staff. Key aspects of this have been to design a facility as follows:
- Simple to use
 - Patient centred design
 - Efficiency and minimised travel distances for patients and staff
 - Support to ongoing development of patient pathways

- Clear way finding through landmarks, localised sounds, scent, colour and art
- Observable waiting areas ensuring patient safety, privacy, dignity and security.
- Simplified patient journeys from the building entrance to wait areas to clinical rooms
- Clear public/private and staff/patient areas
- Servicing routes separate from public areas.

2.4.3 The images below illustrate how many of these principles have been applied during the design process. A follow-up AEDT/NDAP session will be held with service users and staff during the NHSL Governance period and approval will be included in the final submission to SCIG. **See Appendix 4a.**



2.5 The Case for Change

- 2.5.1 The case for change and reasons why the proposal is a good thing to do were fully developed and described within the Initial Agreement document. For OBC, this section seeks to confirm the current status of those details.
- 2.5.2 **Table 4** below is a short summary of the drivers for this plan, taken from the Initial Agreement. It summarises the problems needing to be addressed, whether or not the position has changed since the IA case was made and links this to the proposal's Investment Objectives.
- 2.5.3 As can be seen no material change has occurred other than the directive that a service level agreement is to be maintained with the Golden Jubilee to ensure that the additional capacity delivered in the new Eye Hospital is focussed on the need to meet all predicted rising demand and to ensure sustainable regional services. It is the view of NHS Lothian that the case remains valid and necessary to sustain services up to 2035 and beyond.
- 2.5.4 More detail on the expected benefits derived from the proposal can be seen in **Appendix 15** – Updated Benefits Register of measurable benefits to be gained from the preferred solution.

Table 4 - Review of the originally stated problems/ potential improvements

Problems to be addressed		Has anything material changed to the case since IA submitted?	Opportunities for improvement and other factors influencing and driving the need for change	Investment objective. What needs to be achieved to deliver change and how?
1	<p><u>Future Service Demand</u></p> <p>There is significant existing and future demand in Lothian for eye services. Current demand is not being met and sustainable services need to be in place for the future.</p>	<p>No change. Future demand projections remain high and unsustainable. As requested, NHSL has assumed continuation of the Service Level Agreement with Golden Jubilee, NHS Hospital for cataract services. Without investment in staff to deliver services, predicted increases in demand will not be met.</p>	<p>Discussion continues with National and local Community Optometry to look at what opportunities exists to support stable patients in the community now that the negotiations on the General Optometry Services (GOS) contract have concluded.</p>	<p>To plan and deliver a sustainable level of service to meet the future service needs of Lothian and South East Scotland residents. This will be delivered through this business case and through discussion with the Scottish Government re future revenue funding.</p>
2	<p><u>Ineffective Service Arrangements in place currently to support efficiency</u></p> <p>Space restrictions are limiting the ability of the service to expand digital imaging. Consultation and treatment rooms and waiting areas are under considerable pressure. 2 lifts mean all movement of patients, goods, services and waste use these and they are subject to regular breakdown. Theatre 3 can only support Local Anaesthetic procedures.</p>	<p>No change. The current facility cannot be adapted to be more effective.</p>	<p>Improved efficiency can be achieved in facilities that are modern and purpose designed to support flow.</p>	<p>To deliver a purpose designed facility informed in discussion with service users and staff. Through this Business Case, resources are sought to fund the new facility.</p>

	Problems to be addressed	Has anything material changed to the case since the IA was submitted?	Opportunities for improvement and other factors influencing and driving the need for change	Investment objective. What needs to be achieved to deliver change and how?
3	<p><u>Service arrangements are not patient centred</u></p>	<p>No change. The current facility continues to offer a poor experience to service users. To do nothing would perpetuate a poor environment with limited facilities</p>	<p>Improved flow and design can give service users an improved experience.</p>	<p>There needs to be a demonstrable improvement in service user experience. Service Users helped develop the design statement for the new facility which the Architect is following.</p>
4	<p><u>Accommodation has high levels of backlog maintenance</u> The existing PAEP building has reached the end of its economic life as a clinical facility. The condition of the facility roof and the estimate that to repair it and carry out necessary upgrade of the plant facilities will cost £13.7m. The Theatre ventilation system is failing.</p>	<p>No change. The current facility continues to have a high level of backlog maintenance and temporary repairs are disruptive to service and costly. If no action is taken the condition of the building will deteriorate further. In particular the condition of the roof means a full repair, with associated decant of services will become unavoidable.</p>	<p>A modern facility will avoid the need to fund this with little service gain.</p>	<p>To secure a new Eye Hospital for NHS Lothian through approval of the business case.</p>

	Problems to be addressed	Has anything material changed to the case since the IA was submitted?	Opportunities for improvement and other factors influencing and driving the need for change	Investment objective. What needs to be achieved to deliver change and how?
5	<p><u>Accommodation has poor functionality</u> Rooms/areas have been minimally adapted from the existing `wards` to form outpatient and diagnostic services. Some are very small in size.</p>	No change. The facility continues to be unfit for current use in a number of areas.	The opportunity to design a new facility which is sized appropriately and flexible will give service improvement.	Ensure the facility is designed for maximum functionality and flexibility. Achieved through the design brief accompanied by the service process change to deliver the Benefits Realisation Plan .
6	<p><u>Service arrangements do not support the workforce</u> Staff support facilities are very poor</p>	No change. A temporary additional staff area has been introduced to help alleviate the current pressure but remains cramped.	The opportunity to design a new facility will address these issues.	Staff facilities fit for purpose within the approved business case. Staff were involved in helping to develop the design statement which the Architect is following.
7	<p><u>Limited scope to embrace research</u> Very limited research facilities now exist in PAEP</p>	No change. The potential to expand research activities does not exist.	Expansion of research activities could support future treatment opportunities to patients and be attractive in terms of recruitment of clinical staff.	Clinical Research Facility is scoped as a potential addition to the hospital should funding be available. This forms part of the business case.

2.6 Preferred Option

- 2.6.1 The purpose of this section is to identify whether any changes to the Strategic Case have potential to change the recommendation of the preferred strategic/service solution.
- 2.6.2 The preferred strategic and service solution is to re-provide the Princess Alexandra Eye Hospital on the Royal Infirmary of Edinburgh BioQuarter site and to modernise service delivery and workforce to be able to support the significant additional demand forecast for the future. In order to test this solution as the preferred choice, NHSL has responded to the following questions posed in the SCIM guidance in order to test how robust this solution remains.

Table 5 – Review of option in relation to Strategic Case

	Challenge to preferred strategic solution	Response
1	Has the solution become impractical or unfeasible to achieve?	No. The solution remains a practical and achievable solution.
2	Is the solution now unlikely to deliver sufficient benefits to justify investment, noting the aim to improve value for money	No. The solution will deliver significant improvements in efficiency and throughput as well as providing a sound basis for future service sustainability.
3	Is it possible that the preferred solution may have become inferior to another proposed solution, particularly due to significant greater costs or lower benefits	When the short list of options is subjected to a cost benefit appraisal the preferred solution delivers best value.
4	Has the proposal become clearly unaffordable or too risky to proceed?	Since the IA, the costs estimates of all options has risen giving rise to a greater challenge in identifying the funding. See Finance section.

- 2.6.3 NHSL confirms that since submission of the Initial Agreement there have been no changes that materially alter the outcome on the preferred strategic solution being proposed.

3. ECONOMIC CASE

3.1 Introduction

3.1.1 The purpose of the Economic Case is to undertake detailed analysis of the costs, benefits and risks of the short list of options. Within the OBC, the Economic Case must demonstrate the relative value for money of the option for delivering the preferred strategic/service option identified at Initial Agreement stage. As part of the Initial Agreement an extensive options appraisal was undertaken on a long list of 9 and subsequently on additional options across the South East Region (see **Appendix 5**). For the purposes of NPV/NPC (Net Present Value/Net Present Cost) calculations were taken forward on 5 shortlisted options.

3.2 Site Selection

Options Long List

3.2.1 Initially 9 potential options were considered as part of a long list. These were:

1. Do nothing
2. Do minimum to existing building
3. Major refurbishment of existing building
4. Relocation to the Lauriston Building, Lauriston Place
5. New build and relocation to Royal Infirmary of Edinburgh/Edinburgh bioQuarter Campus
6. New build and relocation to Western General Hospital Campus, Crewe Road
7. New build and relocation to St John`s Hospital at Howden, Livingston
8. New build at the New Royal Edinburgh Campus, Morningside Edinburgh
9. New build, City Centre site – unspecified.

3.2.2 During the options appraisal the first 3 options relating to the existing site (do nothing, do minimum or refurbishment) were discounted along with the option to relocate services to the Lauriston Building. The key reasons for this were to do with the poor state of the current building and the roof in particular, an estimated £13.7 million to extend the building life but not improve its function as a modern clinical facility and the poor physical access of the site for service users. In terms of the Lauriston Building an architectural survey demonstrated that it was not feasible to fit operating theatres into the building and, as well as finding alternative accommodation for an existing service, the ophthalmology service would require to be spread out across different parts of the building. The Lauriston Building also carries significant backlog maintenance.

3.2.3 To ensure a regional perspective was taken as part of the options appraisal, the option to re-provide Lothian Eye Services at the Queen Margaret Hospital Fife was appraised alongside the original preferred option of the Royal Infirmary of Edinburgh/Edinburgh bioQuarter (EBQ). Of particular note during the scoring exercise was the numbers of patients that would be travelling in each scenario and the impact that the changes would have on existing workforce across the region. The appraisal supported the direction of travel outlined in the original IA and the original 5 options were retained.

Options Short List

3.2.4 Do nothing was not considered a viable option in the circumstances and so `do minimum` was substituted as the `baseline` option. The following 5 options were shortlisted.

1. Do minimum
2. New build - Edinburgh bioQuarter (the preferred option)
3. New build – Western General Hospital campus
4. New build – St John`s Hospital campus
5. New build – City centre site (not specified)

3.2.5 As described above option 1 on the short list – `Do minimum` was quickly discounted leaving 4 new build options for consideration. It was concluded that the quality of the environment for all new build options should be comparable and further appraisal came down to the benefits or not of the specific sites against the CRF as well as the relative scores against the standard 6 weighted criteria:

- Sufficient land space was required to plan an efficient service layout with improved service user access
- Closer proximity to an Emergency Department is preferable
- Accessibility – need a good public transport infrastructure. Ideally limit additional travel to the majority of NHSL patients
- Sustainability – closer links with research and university would be advantageous for collaboration on new treatments, general service development, training and recruitment
- Disruption – services can be maintained with minimal impact at the existing site throughout construction and commissioning

3.2.6 The three main acute NHS Lothian campuses were considered. Already Site Master Plans for these sites are in development for consultation with Integrated Joint Boards and Public. These contain options or developments in progress such as the new Elective Centre at St Johns Hospital, new Cancer Centre at the Western General Hospital and the new Royal Hospital for Children and Young People/Department of Clinical Neurosciences at the Royal Infirmary of Edinburgh and it is unlikely that there would be sufficient space to accommodate a new Eye Hospital. A common theme is the lack of available space on these sites and it was deemed impractical to consider these, existing NHS sites as potential solutions. A new city centre site would likely have a considerable cost element for land purchase.

3.2.7 A non financial options appraisal was undertaken which can be seen in **Table 9**. This led to the preferred site selection in the IA being to relocate the service from PAEP to a new building on the Royal Infirmary of Edinburgh/Edinburgh BioQuarter site. A summary of the rationale for that conclusion is below:

- The proposal has the support of representative service users, carers, staff, all other key stakeholders and is acknowledged by the Scottish Health Council.
- The proposal has the support of the East Regional Ophthalmology Group, the East Region Health and Social Care Workstream Co-ordinating Group and the East Region Chief Executive Lead.
- There is sufficient land available and a potential site has been identified.
- It would give improved proximity to an emergency department, the Children's Hospital and Neurosciences.
- There is an established public transport infrastructure and the move is approximately 3.5 miles from the current site.
- Relocation to the site would strengthen access to clinical studies and research.
- It would enable improved access to clinical studies and research which will be good for patient services and will attract and retain the best calibre of medical staff for patient care.
- The proximity to University of Edinburgh Medical School and its resources will support the training and development of ophthalmology trainees.

- Scottish Enterprise and The University of Edinburgh are very supportive and the University of Edinburgh are currently working on a business plan to establish clinical research and collaboration space as part of the proposed development.
- Relocation to the bioQuarter will contribute to development of a Science Park and help attract investment, research and health innovation.

3.3 **Appraisal of the shortlisted options**

Methodology

3.3.1 The 5 considered options are below

1. Do minimum
2. New build - Edinburgh bioQuarter (the preferred option)
3. New build – Western General Hospital campus
4. New build – St Johns Hospital campus
5. New build – City centre site

3.3.2 These were then subjected to the following further appraisal from which the preferred option is confirmed:

- Financial costs and benefits updated in line with the latest available information and SCIM guidance
- Non-financial benefits evaluated
- Net Present Value calculated

Financial costs and benefits

3.3.3 The financial costs of the short-listed options are set out in the table below.

Table 6 - Initial Capital Costs

Initial Implications:	Cost	Option 1	Option 2	Option 3	Option 4	Option 5
Opportunity Costs		See Note Below	See Note Below	See Note Below	See Note Below	See Note Below
Initial Capital Costs		-	£49.8M	£49.4M	£46.6M	£54.1M
Transitional Period Costs		-	-	-	-	-
Costs of Embedded Accommodation		-	-	-	-	-
Total of initial cost implications		-	£49.8M	£49.4M	£46.6M	£54.1M

Source: Thomson Gray, Cost Option Appraisal – November 2017. NHSL Capital Finance Team.

3.3.4 Note: Opportunity costs in relation to the future use of the current land and building are not included at this stage as future use is yet to be confirmed by the Board. This will be considered and incorporated into the update at the FBC stage. Sensitivities indicate the opportunity costs are unlikely to influence the preferred option.

3.3.5 The Do Minimum costs are based on NHS Lothian Estates Department data. The costs for options 2 - 5 above have been provided by NHS Lothian's cost advisors, Thomson Gray, in November 2017 and have not been re-costed for the OBC. Discussions with the cost advisors indicated that the relative costs would be unchanged.

Table 7 – Outline of the revenue cost implications:

Revenue Implications: Cost	Option 1	Option 2	Option 3	Option 4	Option 5
Life Cycle Costs	£24.9M	£11.1M	£10.6M	£11.1M	£11.1M
Clinical Service Costs	£385.8M	£428.5M	£425.4M	£429.4M	£427.7M
Non-clinical Support Service Costs	£7.3M	£23.5M	£23.5M	£23.5M	£23.5M
Building Related Running Costs	£11.2M	£23.5M	£23.5M	£23.5M	£23.5M
Net Income Contribution	N/A	N/A	N/A	N/A	N/A
Revenue Costs of Embedded Accommodation	N/A	N/A	N/A	N/A	N/A
Displacement Costs	N/A	N/A	N/A	N/A	N/A
Total revenue costs over the life of the project	£429.5M	£486.6M	£483.0M	£487.5M	£485.8M

Non- Financial Benefits

3.3.6 The non-financial benefits for the options are measured against cost estimates (the 'equivalent annual costs') to identify which option represents best value for money.

3.3.7 The benefits criteria and weighting were generated in May 2015 by a small group of representatives from staff, staff partnership, estates, service management, capital and finance and community optometry.

Table 8 - Non financial benefit criteria

Criteria	Weighting
Improved quality of care or clinical effectiveness	35
Accessibility	15
Quality of physical environment	20
Sustainability	10
Deliverability	10
Least disruption	10
	100

3.3.8 A weighting of 35% was attributed to the potential for 'improved quality of patient care and clinical effectiveness'. Before embarking on the scoring the service reflected on what their definition of 'improvement' would be. See below.

- **Facilities fit for the future.** Purpose designed and sized to cope with increasing demand. Based on methodical redesign of each key service pathway informed by

service user and clinical guidance. Modern infrastructure to support developments in diagnostic imaging and treatment

- **Space** to design smoother patient journeys, efficiency and effectiveness and to expand digital eye imaging
- Improved proximity to **emergency services** desirable
- **Research space** so that more patients can be recruited into clinical trials, leading to better treatments and, ultimately greater clinical effectiveness
- **Co-location with good research and teaching facilities** makes working in the Unit more attractive. Need to attract and retain **the best clinical staff** that is in short supply.
- **Reduced travel** between sites increases available clinical time for clinical care

3.3.9 There was further support for criteria and the weightings when this was presented for discussion at the Integrated Impact Assessment held in February 2016. This was captured in the write up and action plan from the session held with patient representatives and staff.

3.3.10 In May 2015 the first Options Appraisal workshop was undertaken and this was repeated later that year to validate and better capture the rationale behind the scoring. The criteria was used initially to appraise the long list of 9 options. All options were evaluated against the criteria and given a score from zero (does not meet the criterion in any way) to 10 (fully meets the criterion). The weighting factors were then applied to the scores to provide the following weighted scores:

Table 9 – Results of the Non Financial Benefits Options Appraisal

		Improved Quality of Care or Clinical Effectiveness	Accessibility	Quality of Physical Environment	Sustainability	Deliverability	(Least) Disruption to Services	Weighted Score
	<i>Weighting</i>	35	15	20	10	10	10	
1	DO MINIMUM	3	7	4	2	4	2	370
2	WGH new build	6	5	9	8	4	9	675
3	NEW SITE	5	7	10	9	3	9	690
4	SJH - new build	7	6	9	8	3	8	705
5	RIE/EBQ new build	10	8	10	9	8	9	930

3.3.11 The criteria and appraisal outcomes were further discussed and supported at the Initial Impact Assessment undertaken with a wider group including service users in February 2016.

Non-Financial Risk Appraisal

3.3.12 In relation to non-financial risks an appraisal has been undertaken for the options to assess the impact and likelihood of risks occurring. The outcome supports to preferred option. The Non Financial Risk Appraisal can be seen at **Appendix 6**

3.4 Net Present Value (Cost)

3.4.1 The Net Present Cost (NPC) has been calculated using discounted cashflow techniques on the capital and revenue costs associated with the options as entered into the Generic Economic Model (GEM). Detailed calculations are included in **Appendix 7**.

Table 10 – Net Present Cost (NPC)

	Option 1	Option 2	Option 3	Option 4	Option 5
Net Present Cost (£M)	278.7	355.3	344.8	353.2	356.1

Key Assumptions

- Costs provided by cost advisors where possible.
- Project costs assessed over 25 years.
- Revenue costs include additional property costs and service costs, based on forecast activity increases.
- Discount rate 3.5%, per UK Treasury Green Book guidance.

3.5 Preferred Option

Cost per Weighted Benefit Point

3.5.1 This section presents the case for the selection of the preferred option. The first step merges the results of the NPV/NPC calculations and non-financial benefits. In line with HM Treasury guidance, the NPC is divided by the weighted benefits (WBP) score to determine the cost per benefit point for each option.

Table 11 – Cost per benefit point for each option

	Option 1	Option 2	Option 3	Option 4	Option 5
NPC, £M	278.7	355.3	344.8	353.2	356.1
WBP	370	930	675	705	690
NPC per WBP (£000)	753	382	511	501	516
Overall Ranking	5	1	3	2	4

3.5.2 These results demonstrate although it has second highest NPC, Option 2 has the highest WBP and also the lowest cost of providing each weighted benefit point. Option 2 is therefore confirmed as the preferred option.

Sensitivity Analysis

3.5.3 Sensitivity analysis is a technique used to assess the impact of uncertainty over the assumptions being made within the evaluation. The basic procedure is to alter an assumption and recalculate the NPC for each option, to test how these uncertainties may affect choice between the options. This tests the rigour of the appraisal conclusions to consider how options are affected relative to each other by reasonable variations in each assumption.

3.5.4 Sensitivity analysis of both costs and non-financial benefits has been carried out to understand how reactive the results are to change in the underlying assumptions. This tests

whether changes to any of the capital or revenue costs have a significant impact on the option rankings. The following scenarios/tests were undertaken for each option:

- capital costs increased/reduced by 20%
- service costs increased/reduced by 20%
- capital programme delayed by 12 months.

Table 12 – Sensitivity Analysis - Costs

Sensitivity Scenario	Option 1		Option 2		Option 3		Option 4		Option 5	
	NPC (£000) per WBP	Rank	NPC (£000) per WBP	Rank	NPC (£000) per WBP	Rank	NPC (£000) per WBP	Rank	NPC (£000) per WBP	Rank
Scenario 1: capital costs increased by 20%	776	5	397	1	529	3	517	2	536	4
Scenario 2: capital costs reduced by 20%	758	5	375	1	501	3	491	2	504	4
Scenario 3: service costs increased by 20%	912	5	452	1	604	3	592	2	608	4
Scenario 4: service costs reduced by 20%	622	5	320	1	426	3	417	2	432	4
Scenario 5: capital programme delayed by 12 months	765	5	381	1	511	3	499	2	515	4

3.5.5 The ranking is unchanged in all cases and Option 2 remains ranked above all other options.

3.5.6 Sensitivity analysis has also been undertaken in relation to the changes in the weights and scores used to evaluate non-financial benefits. The following scenarios have been evaluated:

- equal weighting applied to all criteria
- Scores with the highest weighted criterion excluded
- Altering the scores of the benefit criteria with the greatest scoring range, so that all options score the same mid-range value for that benefit criterion

Table 13 – Sensitivity Analysis – Non Financial Benefits

Non-financial benefits Sensitivity Scenario	Option 1		Option 2		Option 3		Option 4		Option 5	
	NPC (£000) per WBP	Rank	NPC (£000) per WBP	Rank	NPC (£000) per WBP	Rank	NPC (£000) per WBP	Rank	NPC (£000) per WBP	Rank
Scenario 1: no changes	753	5	382	1	511	3	501	2	516	4
Scenario 2: Equal weight	772	5	398	1	509	3	521	4	501	2
Scenario 3: Exclude top rank score	1,069	5	617	1	747	3	773	4	732	2
Scenario 4: Mid-range	4,720	5	3,408	1	4,089	3	4,185	4	3,680	2

3.5.7 The analysis demonstrates that while ranking changed for the options originally ranked 2 to 4, Option 2 (preferred option) remains top scoring option in all cases.

Preferred Option: Conclusion

3.5.8 The recommended preferred option as identified at Initial Agreement stage remains the same for this Outline Business Case.



Figure: The proposed site for the new Eye Hospital is highlighted in blue above

4. COMMERCIAL CASE

4.1 Procurement Strategy

- 4.1.1 To enable the project to be delivered in accordance with NHS Scotland construction procurement policy, Frameworks Scotland 2 has been selected as the most appropriate option. This procurement route operates via capital funding where a single contractor (including design team) is appointed to deliver the project within agreed time, cost and briefing parameters. Frameworks Scotland 2 has been used successfully by NHS Lothian for many years and there is a clear organisational understanding of the process.
- 4.1.2 As Frameworks Scotland 2 has been selected as the preferred procurement route, there is no requirement to advertise the project via the Official Journal of the European Journal (OJEU).
- 4.1.3 All appointments to date have been made in accordance with Frameworks Scotland 2. Guidance has been provided by Frameworks Scotland 2 Advisors and this has helped to ensure that the procurement process has been diligent and robust. The summary table below provides an overview in respect to procurement to date:

Table 14 – Appointments to date

Role	Status
Contractor, designers and Principal Designer (PSCP)	Graham Construction appointed to OBC
Lead Advisor (incorporating Project Manager, Cost Advisor and Supervisor)	Thomson Gray appointed to OBC

- 4.1.4 Upon approval of the OBC, NHS Lothian would look to extend the above appointments to cover the FBC stage of the project.

4.2 Scope of Works

- 4.2.1 The scope of the appointments relate to services required to design and construct the PAEP. Services will not be required re. operation of the facilities. This role will be undertaken by NHS Lothian directly following completion.
- 4.2.2 The scope of building works is for the re-provision of the PAEP Project to Plot 1 at Edinburgh Bio-quarter. Accommodation to be re-provided is summarised within the Schedule of Accommodation located at **Appendix 8** and within the latest general arrangement plans, located at **Appendix 9**. The schedule includes the floor area allocated for the Clinical Research Facility. The current gross internal floor area is scheduled at 11,385m² although this is subject to marginal change as the design develops.
- 4.2.3 The design of the facility has and will be developed in accordance with:
- NHS Lothian's Brief
 - Appropriate current healthcare guidance documentation
 - Statutory requirements (planning and building control)
 - BREEAM
 - AEDET/Design Statement
 - NDAP process
 - HAI SCRIBE

4.3 Risk Allocation

4.3.1 Framework Scotland 2 stipulates the use of the NEC, Engineering and Construction Contract (ECC). The ECC is a collaborative form of contract that encourages good management, flexibility and ease of understanding. The contract endeavours to allocate risk fairly via its Compensation Event procedure where the Contractor is compensated if a predefined event occurs. The risk table below provides a high-level overview in respect to the likely risk profile through utilising this form of contract. Note: contract selection, is referenced in further detail at Section 4.5.

Table 15 – Risk Profile

Risk Category	Potential allocation of risk		
	Public	Private	Shared
Client / Business risks	100%	0%	
Design	0%	100%	
Development and Construction	25%	75%	√
Transition and Implementation	60%	40%	√
Availability and Performance	0%	100%	
Operating	100%		
Revenue	100%		
Termination	40%	60%	√
Technology and Obsolescence	50%	50%	√
Control	100%		
Financing	100%		
Legislative	100%		
Other Project risks	100%		

4.4 Charging Mechanism

4.4.1 Under Frameworks Scotland 2 Consultants and the Contractor are appointed under the Frameworks Scotland 2 NEC form of contract under Options A or C. Under option A, a fixed price is submitted and payment is made on completion of each activity in the activity schedule. Option C is a target price paid monthly up to the target cap (unless compensation events are added).

4.4.2 For the OBC stage of the project, consultants and the contractor have been appointed under Option C. If the OBC is approved, it is envisaged that this arrangement would be extended to cover the FBC stage of the project.

4.4.3 Further consideration on the most appropriate option would be undertaken in advance of the construction phase. This decision would depend on the maturity of the design and cost information at a point in time. Where the design is practically complete and robust market

testing has been undertaken, then Option A might be more appropriate. Where the design and costs are more fluid then Option C could be more beneficial helping to encourage collaboration and the joint pursuit of value for money through incentivisation.

- 4.4.4 Risk mitigation in respect to prices, is controlled and managed via the NEC's early warning mechanism. This procedure encourages early identification of risks and issues helping to offer a forum for discussion, mitigation and management.
- 4.4.5 Changes to prices are managed via the compensation event procedures set out in the NEC suite of contracts. The compensation event procedure provides clarity over what constitutes a change and offers predefined timescales for dealing with related matters. This helps to create certainty and transparency for all parties.
- 4.4.6 Indexation in respect to prices is controlled via Frameworks Scotland 2. Generally, inflation on rates will be permitted for the contractor during the pre-construction phase. At construction the agreed price will include an inflationary allowance and therefore no further inflationary measure will be offered through the contract. For consultants, inflation of rates will be permitted during pre-construction and construction in accordance with the Framework.
- 4.4.7 As noted, no decision has been taken yet on the most suitable main Option for the construction phase of the project. Option C does provide the opportunity to incentivise the contractor through a Target Price. If defined costs fall below the Target Price, the difference is shared offering incentivisation for both parties.

4.5 Contractual Arrangements

- 4.5.1 The ECC is a flexible contract allowing Client or Contractor design. It also allows for sharing of design responsibility. In addition, the contract supports six main pricing options. Under Frameworks Scotland 2, two options are offered these being:
 - Option A: Price contract with activity schedule
 - Option C: Target Contract with Activity schedule
- 4.5.2 In respect to design responsibility, the contract will be drafted so that 100% design responsibility is allocated to the contractor (PSCP). The contract will therefore be 100% contractor led design and build.
- 4.5.3 In terms of the main options, it is anticipated that Option C will be utilised for the pre-construction phases of the project (OBC and FBC). A decision on the preferred option for the construction stage together with rationale will be set out within the FBC.
- 4.5.4 The project will be procured via stages in line with Framework Scotland 2 methodology. At the end of each stage the contract documentation for consultants and the contractor has to be updated and executed to allow entry into the subsequent stage. The key stages and outline dates are set out below:

Table 16 – Key project stages

Stage	In contract?
Stage 2 – Outline Business Case	Yes – consultants and contractor
Stage 3 – Full Business Case	No
Stage 4 – Construction	No

- 4.5.5 Contractor roles and responsibilities are set out within the ECC. These roles are summarised below:
- Employer: NHS Lothian
 - Contractor: Graham Construction
 - Project Manager: Thomson Gray
 - Supervisor: Thomson Gray
- 4.5.6 Procedures for contract administration and dispute resolution are clearly set out within the ECC.
- 4.5.7 Re. asset ownership, the project is being procured using traditional capital funding. In this relationship the contractor is responsible for designing and constructing the facilities. At Completion, NHS Lothian will take possession of the building and will be responsible for the ongoing operation and maintenance of the facilities.
- 4.5.8 The Edinburgh BioQuarter partners, including the existing land owners, University of Edinburgh and Scottish Enterprise, have agreed a set of “Land Principles” for the sale and purchase of land to enable the delivery of the campus masterplan.
- 4.5.9 Values and development costs are reflective of the location and aspirations of a public realm and infrastructure to support the vision of the Edinburgh BioQuarter. This includes the opportunity to benefit of shared buildings and services; for example, car parking and public squares.

5. THE FINANCIAL CASE

5.1 Introduction

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

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

5.2 Capital Costs

5.2.1 Capital costs have been estimated by independent cost advisors Thomson Gray, and have been summarised in Table 17 below. The Capital Cost Report Summary can be seen at **Appendix 10** and the full Cost Report is available as required.

Table 17 – Capital Costs

	Do Minimum £m	IA - Option 2 - New Build Bioquarter £m	Option 2- New Build at Bioquarter £m	Movement IA to OBC £m
Backlog Maintenance	7.5	0	0	0
Construction	0	28.77	41.03	12.26
Professional Fees	0.97	4.33	4.53	0.2
Other Costs	0.17	0.75	0.3	-0.45
Equipment	0.17	5.76	7.71	1.95
Costed Risk Register	1.71	6.83	6.4	-0.43
Inflation	3.05	9.04	7.99	-1.05
VAT	2.14	11.04	13.11	2.07
Site Acquisition	0	0.9	0.9	0
SUB TOTAL	15.71	67.42	81.97	14.55
Edinburgh Bioquarter Enabling	0	4.55	4.13	-0.42
TOTAL	15.71	71.97	86.1	14.13
Expansion Options				
Collaboration/Clinical Research Facility	0	3.47	3.05	-0.42
Contributions from Partners	0	0	0	0
TOTAL INCLUDING EXPANSION OPTIONS	15.71	68.5	83.05	14.55

5.2.2 The estimates above include the following key assumptions:

Table 18 – Key Assumptions

Cost	Assumption
Professional fees	Professional fees within the IA were based on 13% but have been updated to confirmed fees within the OBC.
Equipment	Estimated costs based on equipment list
Contingency	Optimism bias no longer relevant, as now based on costed detailed design. Contingency based on costed risk register.
Inflation	Based on February 2019 Indices
VAT	20%, with recovery on fees and PSCP mark up, to be confirmed with cost advisors / VAT advisors

5.2.3 Other capital costs identified have been estimated as shown in **Table 19** below.

Table 19: Other Capital Costs

Cost	Estimate £m	Comments
Business Case Development (to OBC)	£1.0	Approved F&RC.
Decant / Decommissioning	£0.5	Estimate, to be refined at FBC
Total Other Costs	£1.5m	

5.2.4 Table 17 indicates an increase in capital costs of £14.3m from those presented as part of the IA. Circa 80% of this increase can be attributed to higher construction costs, with £4.6m due to the proposed frame, external envelope finish etc., £1.1 m due to the increase in the Schedule of Accommodation and £5.0m due to a revised inflation estimate. In addition at IA the equipment cost was calculated as a percentage (15%) of the capital construction cost. At OBC this has been replaced by a costed equipment list. The estimated equipment cost is £1.95m higher. Finally as a result of all of the above changes the VAT cost increases by £2.1m.

5.2.5 Work will be undertaken to ensure that the construction cost represents value for money particularly in view of the fact that benchmark analysis undertaken by the cost advisor indicates that the construction cost per m² is approximately £300 more than the mean of the benchmark group. For further detail please refer to **Appendix 10a**.

5.2.6 Table 17 shows an overall reduction in inflation allowance, which may seem to contradict the statement in paragraph 5.2.4 above. This is because inflation assumptions have been rebased to ensure they are as current as possible, and inflation relating to the period between IA and OBC is now historical, and therefore incorporated in the construction cost estimate. The inflation allowance of £7.99m relates to the period from March 2019 to mid-point construction. This highlights the requirement to strike a balance between time in developing business cases and avoiding unnecessary delay to mitigate inflationary pressures.

5.3 Capital Funding

5.3.1 Following approval of the IA, and recognising the constrained capital position for Scottish Government Health projects, NHS Lothian committed to work with partners to consider alternative funding routes. These have been assessed by the Project Team, and a high level summary is included in the table below.

Key: 5 = can clearly evidence suitability, 3 = some concerns over suitability, 1 = limited suitability

Table 20 – Assessment of potential funding routes

Criteria	Traditional Capital (Specific)	Traditional Capital (Specific & Formula)	DBFM	Lease	Development with Public Sector Partner	JV
Availability	1	3	1	5	3	3
Procurement Routes	5	5	1	5	1	1
Accounting Implications	5	5	1	3	3	1
Timing Alignment	3	3	1	3	1	1
Strategic Fit	5	5	1	3	5	3
VFM	3	3	3	5	5	3
Affordability	3	3	3	5	3	3
Board control over assets	5	5	3	1	3	3
Economic Impact	3	3	3	3	5	3
Attract External Funding	3	3	3	5	3	5
Risk Transfer	3	3	3	3	3	3
Deliverability	3	3	1	3	3	1
Impact on 5% Revenue Cap	5	5	1	5	5	3
OVERALL	47	49	25	49	43	33

5.3.2 The analysis indicates that traditional capital funding and a potential lease option are the preferred funding routes. It may be possible to undertake a combination of these, to be confirmed through further analysis as part of an FBC.

5.4 Revenue Costs

5.4.1 In order to confirm the revenue implications of the project, the baseline costs of the current service was established for the existing service model at the Initial Agreement (IA) stage. The baseline costs have been thoroughly reviewed and revised for the OBC.

5.4.2 The baseline costs are then compared to the estimated costs of the new models of care to assess the financial implications.

5.4.3 To support this process, a number of assumptions have been employed at the OBC stage which will be further evaluated and revised throughout the development of the Full Business Case (FBC). These assumptions are as detailed in the table below.

Table 21- Revenue Cost Assumptions

Cost	Assumption
Workforce	Calculated based on agreed NHS Lothian methodology including allowances for on-costs, enhancements, sick leave, public holidays and annual leave. Workforce increases are based on forecast demand growth.
Non-Pay	Variable non-pay costs assumed to increase in line with demand forecasts. Step changes to be defined at FBC.
Facilities	Changes in staffing reflect the overall increase in the size of the building
Independent Sector	Assumed no independent sector use as part of the do minimum/ re-provision scenarios
Depreciation	Building – 60 years. Equipment 10 years

Service Model Costs

- 5.4.4 The clinical and support costs for the overall Ophthalmology service have been estimated based on current costs, and amended for known changes as part of the `do minimum` and re-provision scenarios. The table below summarises the increase in costs arising from these estimates.
- 5.4.5 Do minimum costs take into account increases in demand that can be met by the current model (ie existing pressures that are currently unfunded). Estimates for the proposed option reflect forecast demand at 2023 (when the new facility is expected to open) and 2030, to show the potential full cost of the facility at that stage.

Table 22 – Service Model Costs

	Baseline, £m	Do Minimum, £m	Proposed Option	
			2023, £m	2030, £m
Pay	5.73	6.36	6.45	7.08
Non-pays (incl drugs)	4.41	4.90	4.93	5.38
Other Services	1.13	1.18	1.26	1.38
Sub-Total	11.27	12.44	12.64	13.84
Theatres	3.00	3.00	3.57	4.06
TOTAL	14.27	15.44	16.21	17.90

- 5.4.6 Estimated costs reflect known changes in demand and service models, however similarly to the Initial Agreement incorporate a number of assumptions adjusted to reflect specific changes (eg future level of procedures undertaken at Golden Jubilee hospital). Detailed costings of proposed service models is currently being undertaken, reflecting anticipated step increases in expenditure from activity changes, and will be presented as part of the FBC.

Property Costs

- 5.4.7 An outline of the changes in both running costs and depreciation is summarised below:

Table 23 – Property Costs

Service	Baseline Budget £m	Do Minimum £m	Proposed Option £m
Portering	0.05	0.05	0.12
Domestics	0.18	0.18	0.36
Maintenance	0.15	0.15	0.18
Catering	0.04	0.04	0.04
Utilities	0.17	0.17	0.18
Laundry	0.04	0.04	0.04
Rates	0.07	0.07	0.44
Security	0.06	0.06	0.15
Site Management	0.00	0.00	0.03
Total	0.75	0.75	1.52

- 5.4.8 The preferred solution at Edinburgh Bioquarter is also estimated to incur additional depreciation costs of £2.1m, which will be met from the current ringfenced NHS Lothian non core depreciation budget. This increase will not impact core operational budgets.

Overall Revenue Costs Summary

Table 24 - Overall Revenue Costs Summary

	Baseline, £m	Do Minimum, £m	Proposed Option	
			2023, £m	2030, £m
Service costs (table 22)	14.27	15.44	16.21	17.90
Property costs (table 23)	0.75	0.75	1.52	1.52
TOTAL	15.02	16.19	17.73	19.42

- 5.4.9 The increase from baseline to do minimum reflects the existing budget pressure, and is therefore not attributed to the building. The additional increase of £1.54m at the point the new facility is operational (2023) is attributed evenly to additional service and property costs. Both are estimates and will require significant further work as part of FBC development to reduce the estimated cost and / or identify additional funding.
- 5.4.10 The further estimated increase of £1.69m to £19.42m by 2030 is attributable to forecast demographic growth, and can anticipate funding through additional NRAC as part of the financial planning process.

5.5 Accounting Treatment

- 5.5.1 Accounting treatment will depend on the funding route ultimately identified. Assuming a traditional capital funded solution, assets (land, building and equipment) will be added to the

NHS Lothian balance sheet and depreciated in line with accounting policies. Assets will also be treated as on balance sheet for the Scottish Government.

5.5.2 Expenditure that cannot be capitalised will be expensed in the year incurred.

5.5.3 Accounting treatment will be clarified further once funding route is confirmed.

5.6 Statement of Affordability

5.6.1 Affordability of capital costs is subject to availability of Scottish Government Health and Social Care Division capital budget, or agreement of an alternative funding route as discussed at 5.6 in this Financial Case.

5.6.2 Revenue: the OBC identifies an additional pressure of £1.54m compared to current expenditure. This will require further examination of service and property costs at FBC before affordability can be confirmed, however a programme of activities to reduce estimated expenditure has been established.

6. MANAGEMENT CASE

6.1 Project Management Arrangements

Reporting structure and governance arrangements

- 6.1.1 The project includes multiple work streams that require to be progressed and completed in parallel in order to realise the project's objectives. Giving cognisance to these workstreams, a Programme Board and Programme Steering Group have been arranged to govern these.
- 6.1.2 In order to deliver the project successfully, good governance is required to monitor and direct it. An understanding of the structure and mechanisms for resolving key issues is set out on the organogram below.

Governance Organogram

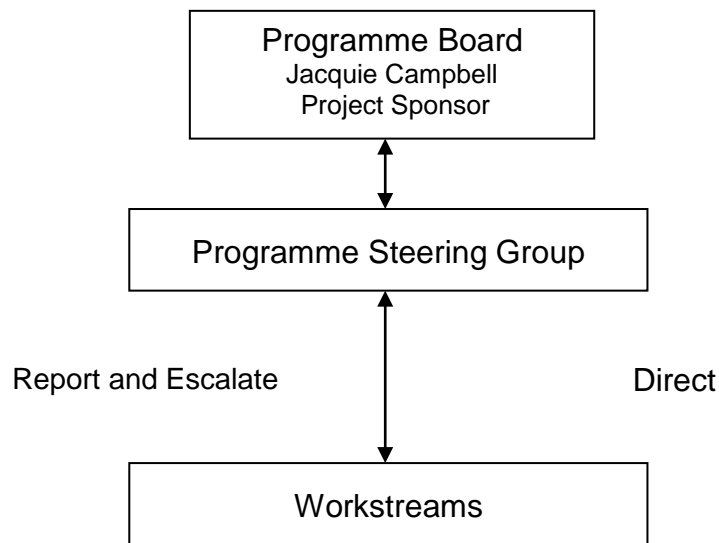


Table 25 – Project Workstreams

	Workstream	Manager	Owner
A	Digital Imaging re-design	Kathleen Imrie	Aris Tyrothoulakis
B	Stakeholder communication and engagement	Kathleen Imrie	Aris Tyrothoulakis
C	Business case development and governance	Kathleen Imrie	Aris Tyrothoulakis
D	Service re-design/ clinical advisory	Kathleen Imrie/Lynn Struthers	Aris Tyrothoulakis
E	Design and construction	Neil McLennan	Brian Currie
F	Clinical Research	Neil McLennan	Iain Graham
G	Financing of the capital project	Nick Bradbury	Nick Bradbury
H	Edinburgh Bioquarter Liaison	Brian Currie	Brian Currie
I	Commercial Space	Iain Graham	Iain Graham

Programme Board

6.1.3 The remit of the Programme Board is to:

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

6.1.4 The Programme Board came into existence in June 2017. Terms of Reference have been agreed and the Board will meet every two months. The membership includes the Chief Officer, Acute Services, NHS Lothian as Project Sponsor and chair, in addition to representation from Capital Planning, Finance, Partnership and Senior Management from the service. Full Programme Board membership can be seen in **Appendix 11**.

Programme Steering Group (PSG)

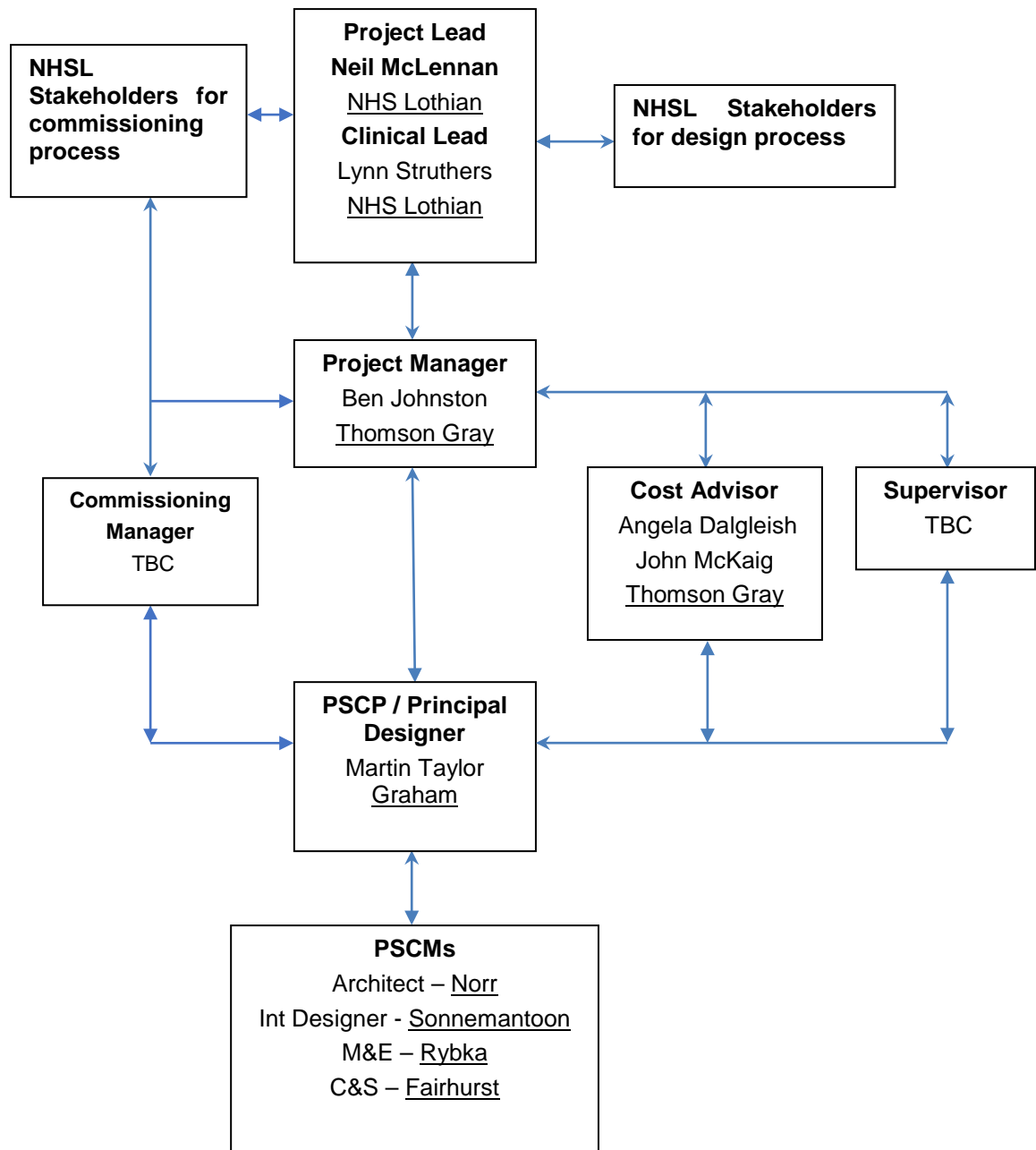
6.1.5 The Programme Steering Group will form a link between the Programme Board and workstreams. The PSG will be responsible for meeting regularly and maintaining an overview whilst supporting the workstreams via dealing and responding to key escalated issues and proposed changes. The PSG will direct as necessary providing clear instructions to ensure smooth delivery of the workstreams. Membership of the PSG is as follows:

- Jacquie Campbell, Chief Officer – Acute Services
- Aris Tyrothoulakis, Site Director – St John's/PAEP
- Iain Graham, Director of Capital Planning
- Brian Currie, Project Director
- Kathleen Imrie, Programme Manager – Ophthalmology
- Neil McLennan, Senior Capital Projects Manager
- Nick Bradbury, Capital Finance

Design and Construction (Workstream E)

6.1.6 The Project Team relating to the Design and Construction workstream (E) is outlined in the organogram below. The organogram provides a high-level indication of the project structure. Further details in respect to specific Stakeholders represented and taking part in the process can be found at **Appendix 12** within the Project Directory, 1:500 Task Group and 1:200 Sub-task Group.





6.2 Roles and responsibilities

6.2.1 The roles and responsibilities noted below are not exhaustive but provide an overview in respect to the key roles, duties and experience of the personnel selected to perform these roles.

Project Sponsor

6.2.2 The Project Sponsor for the project provides overall leadership and accountability for the project's success at Board /Executive level. She is ultimately responsible for delivery of the project's benefits and appropriate allocation of resources to ensure its success. The person occupying this role is Jacquie Campbell, Chief Officer for Acute Services, NHS Lothian who is an experienced NHS professional with 36 years NHS experience. Experience includes providing senior leadership support to redesign and capital developments across a variety of services including ambulatory care facilities, theatre expansion, site master planning programmes and PAEP.

Project Director

- 6.2.3 The Project Director reports to the Project Sponsor and makes business operational decisions on behalf of the Project Sponsor. He is responsible for ongoing day-to-day management and decision making on behalf of the Project Sponsor to ensure that the project deliverables are achieved. The PAEP Project Director is Brian Currie who is an experienced construction professional, project manager and chartered architect with over 38 years-experience in the property and construction sectors in Scotland.

Programme Manager (Business Case, Redesign/Workforce Planning, Stakeholder Communication work streams and governance)

- 6.2.4 The Programme Manager is responsible for overseeing and managing multiple allocated work streams to support delivery of the project. Work streams include digital re-design, stakeholder communication and engagement and business case development. Kathleen Imrie assumes this role. Kathleen is an experienced health service manager with 30 years experience in the NHS including senior roles in operational management, planning, contracting, commissioning and service modernisation. This includes 5 years as Head of Commissioning for the Royal Infirmary of Edinburgh Little France project. She is a certified Lean Practitioner and has led many healthcare modernisation/redesign projects as part of the Lean in Lothian Programme.

Project Lead (Design and Construction work stream)

- 6.2.5 The Project Lead is responsible for overseeing the delivery of the project from a design and construction perspective and for generally acting as the link between the PSCP and service users and to the PSG. Neil McLennan will undertake this role and will also be jointly responsible with the Clinical Lead for Stakeholder management should issues arise and for making decisions in respect to dealing with conflicting Stakeholder views. Neil is an experienced health service manager with 19 years experience in the NHS. He has worked as a Senior Capital Projects Manager in NHS Lothian on the RHSC/DCN Project for 10 years and prior to that in NHS Highland for 9 years on numerous projects at Raigmore Hospital in Inverness.

Clinical Lead

- 6.2.6 Lynn Struthers will undertake the Clinical Lead role. Lynn is responsible for the Service Re-design and Clinical Advisory workstream, the project brief from a clinical perspective and for ensuring on behalf of the wider clinical Stakeholders that the emerging design proposals are reflective of the briefing requirements. Given the role, the Clinical Lead will be integral in helping to manage and engage with the clinical Stakeholders together with managing and controlling clinical change proposals. Lynn is an experienced Clinical Nurse Manager with 30 years experience within NHS Lothian. As a manager she has managed services on all three of the acute hospital sites in Lothian. Several of these services have undergone service and clinical redesign while Lynn was in post, such as Acute Medicine and Renal and Transplant at RIE. Other non clinical managerial posts held include Improvement Manager at St Johns Hospital, Livingston. Her current substantive position is Clinical Nurse Manager in Ophthalmology which she has held for three years.

NHS Lothian Stakeholders

- 6.2.7 The Stakeholder group consists of representation from the following areas: clinical, Estates, FM (Hard + Soft), fire, eHealth and Infection Control. The Stakeholders will be responsible for providing national and local knowledge and advice in order to refine the briefing. They will also be required to review the PSCP's proposals and attend agreed meetings so that the proposals can progressively be accepted in advance of the construction stage. Further details of the above noted Stakeholders can be provided upon request.

Senior Users

- 6.2.8 Senior Users (clinical) will be responsible for formally accepting the proposals at key project stages. The Senior Users are Jas Singh (Clinical Director – Ophthalmology) and Karen McCabe (Clinical Service Manager – Ophthalmology).
- 6.2.9 Jas Singh has over 32 years experience as a doctor in the NHS. He has been a Consultant Ophthalmologist at the Eye Pavilion for over 20 years. His previous experience includes roles as Training Programme Director and Lead for Modernisation Medical Careers for Ophthalmologist's in Scotland. Dr Singh has worked closely with The Royal College of Ophthalmologists. He chaired the Training Committee and was the Lead Examiner at the Royal College of Surgeons of Edinburgh. He's currently the Clinical Director of Ophthalmology.
- 6.2.10 Karen McCabe is an experienced Health Service Manager with 27 years experience in NHS Lothian. For the first 10 years she held Financial and Management Accounting positions before moving in to Operational Management in Obstetrics, Gynaecology and Neonatology, Paediatrics and for the last 4 years, Ophthalmology. Karen has also worked as a Business Support Manager to NHS Lothian's Acute Nurse and Medical Directors.

Consultant Project Manager

- 6.2.11 The Project Manager will be the central hub within the project from a design and construction perspective, responsible for delivering the project within pre-agreed time, cost and quality parameters. All project communication relating to design and construction matters will flow through the Project Manager. The Project Manager will report to the NHSL Project Lead and will be responsible for managing the PSCP. Thomson Gray have been appointed as Project Manager. Thomson Gray were procured through Frameworks Scotland which provides access to professional teams who have demonstrable knowledge and experience in delivering healthcare projects.

Joint Cost Advisor

- 6.2.12 The Joint Cost Advisor will primarily work alongside the Project Manager assisting with setting the budget, creating cost plans, agreeing the target/price whilst contributing towards value management, value engineering and risk management. They will also assist the Project Manager with payment assessments and compensation events. The Joint Cost Advisor will act in a "joint" capacity assisting the PSCP with preparing pricing schedules and other documentation required for tender purposes.

NEC Supervisor (role to be filled)

- 6.2.13 The Supervisor's main duties relate to ensuring quality is provided during the construction stage. They do this through acting in accordance with the contract. The Supervisor may be appointed during the pre-construction phase to assist with developing the Works Information (testing requirements) and reviewing the PSCP's proposals.

Principal Supply Chain Partner (PSCP)

- 6.2.14 The PSCP is responsible for designing and constructing the project within the agreed time, cost and quality constraints. They are also responsible for working in a safe manner whilst mitigating the risk of any operational disruption caused by the works. The PSCP's full scope of duties are contained within the contract Works Information. The PSCP is Graham Construction. Graham Construction were procured through Frameworks Scotland which provides access to builders and their professional teams who have demonstrable knowledge and experience in designing and delivering healthcare projects. The PSCP will also undertake the role of Principal Contractor.

Principal Designer

- 6.2.15 The PSCP have been appointed as Principal Designer, in line with the CDM Regulations 2015. The role involves planning, management and coordination of health and safety in the pre-construction period, help and advice in bringing together the pre-construction information pack, working with the other designers to eliminate foreseeable health and safety risks, and ensuring the PSCP team are informed of risks requiring management in construction. The Principal Designer is also responsible for coordinating and developing the Health and Safety File and for providing copies at the end of the project.

Principal Supply Chain Members (PSCMs)

- 6.2.16 PSCMs are designers and sub-contractors appointed directly by the PSCP to deliver and design the works. Details relating to the key designers are noted in Table 26 below.

Table 26 – PSCM members

Company	Role	Key people
Norr	Architect	Calum MacCalman – Director Nick Peaker – Senior Architect
Rybka	Mechanical and Electrical Engineer	Kevin Yardley – Director Amit Sharma – Associate
Fairhurst	Civil and Structural Engineer	Neil McGarry – Partner
Sonnemantoon	Interior Designer	Cressida Toon – Partner
Graham	Healthcare Planner	Liz Smith – Healthcare Planner

6.3 Project recruitment needs

- 6.3.1 At this stage in the project many of the required roles have now been filled. Moving forward the following roles will require to be filled.

- NEC Supervisor: Thomson Gray have been appointed at Lead Advisor which allows access to a variety of professional services including Supervisor services. At an appropriate time, an individual with the appropriate experience will be selected to perform this role.
- Commissioning Manager: A Commissioning Manager has yet to be appointed. It is considered that this appointment will be made early within the FBC stage. The preference would be to fill this role using an internal NHSL resource where it exists and is available.
- CDM Advisor: The requirement for a CDM Advisor was reviewed. It was decided that given a Principal Designer and Contractor is in place together with wider experience and knowledge within the project team this service would not be necessary.

6.4 Project Plan and Key Milestones

Project Plan

- 6.4.1 The outline programme together with key milestone dates are referenced below for all key project stages (OBC, FBC and Construction/Handover). A detailed programme relating to the FBC stage of the project is referenced within **Appendix 13**.

Table 27 – High Level Project Key Milestones

Key Milestones	Date
Site Acquisition	TBC
Outline Business Case approval	June 2019
Obtain outline planning consent	April 2020
Full Business Case approval	September 2020
Construction commences	September 2020
Construction completion	December 2022
Commence service	March 2023

6.5 **Resources and Concerns**

- 6.5.1 The project resources are in place to enable the FBC activities to be completed as planned. Upon approval of the FBC, the contracts will be updated to allow the PSCP and external consultants to commence work on FBC activities. Internal resources have been allocated to the project over the longer-term ensuring continuity and ease of transition into subsequent stages.
- 6.5.2 In terms of concerns, survey and investigation works has been limited during the OBC stage to date. This is partly due to the benefit of being able to access a large amount of site information from the Bio-quarter partners. In addition, it was prudent to limit and control expenditure during the OBC stage, until further confidence is gained around wider project constraints, risks and opportunities. Upon approval of the FBC, the project team have survey and investigation quotations prepared to enable quick mobilisation of these tasks. Surveys and investigations will inform the design, provide more cost certainty and enable risks to be mitigated.
- 6.5.3 Another relative concern relates to site acquisition. Whilst positive relationships have been formed with the Bio-quarter partners the site is still to be formally acquired from the University of Edinburgh (an eBQ Partner). This activity will be prioritised and progressed at commencement of the FBC stage.

6.6 **Programme Control**

- 6.6.1 An initial FBC programme is contained at **Appendix 13**. Prior to FBC entry the PSCP will develop the programme in further detail. Once accepted, the programme is contractually required to be updated on a monthly basis with progress identified and the effects on the remaining uncompleted tasks. This diligence will enable the project team to manage the programme effectively, identifying any slippages and enabling mitigation measures to be adopted. Progress concerning the programme will be communicated in monthly reports via the agreed reporting structure.

6.7 **Change Management**

Change Control and Contract Management Arrangements

- 6.7.1 Change control arrangements and associated contract management are outlined in this section. In the course of any major scheme a degree of change is inevitable; however, it is important to the success of the project that the change process is closely managed. Project Issues that potentially may lead to a change in what the project delivers will be evaluated in terms of their impact on:

- the scheme as a whole
- effort and cost
- risks and quality
- programme
- the business case.

6.7.2 NHSL's Project Director may make a decision on what action to take if the Project Issue has no impact on cost, timescale, or quality. Otherwise, all Project Issues/change requests will be referred to the Project Management Board except where delegated authority is agreed.

6.7.3 Changes that impact on the construction contract will be managed under the contract change management procedures for the stages of the project defined in the Project Execution Plan. This includes the project development / business case stage, construction delivery stage, and during the concession period.

6.7.4 The Project Agreement sets out the change control procedures that will apply during both construction and the concession period; these are defined within the Change Protocol (Schedule Part 16).

Operational, workforce and service redesign change plans

6.7.5 These will be managed by the Clinical Service with dedicated support from the Programme Manager, Financial Team and key support teams across the organisation.

Facilities Change Plans

6.7.6 These will be managed by the Facilities Team senior management team with support from the project team and local clinical service team as required.

6.8 Stakeholder engagement and communication plan

6.8.1 The Stakeholder Engagement and Communication Plan can be seen in **Appendix 14**. It will be updated and managed by the project Programme Manager, with professional support supplied by the NHS Lothian, Communications Team. The plan includes the following and feedback on these activities are summarised below.

Staff

6.8.2 An `Anchor Workshop` was held shortly after the PSCP was appointed. It brought together the clinical and non-clinical NHSL team who would be leading and working on the project, the PSCP partners, Thomson Gray as the Project Managers, key clinical and non-clinical heads of departments and key partners such as Health Facilities Scotland. The focus was on sharing a thorough background to the project and a wide review of project risks and opportunities were considered. This facilitated a good start to the working relationships associated with the project.

6.8.3 A series of open awareness sessions were undertaken with staff in summer/autumn 2018 to present the plans, explain the next stages and timescales and get feedback on issues of interest or concern. All members of the Project Team are on site and available to respond to queries as they arise. Staff concerns focus mainly on transport to and from the new proposed site and what provisions there will be for car parking and other forms of transport.

- 6.8.4 With the PSCP appointed in summer 2018, staff stakeholder engagement over the past few months has been focussed mainly on the design process through the development of the 1:500 and 1:200 scale plans. An overarching 1:500 Design Group has representation from 8 senior medical staff, 4 nurses and 4 senior clinical heads of department. Also, 16 groups have been established to look at the design at the 1:200 scale level where there is wider staff involvement to ensure the local necessary expertise and knowledge is captured. The emerging site and floor plans have been on display around the building for review and comment by all staff with feedback either to the Design Project Team or through the members on the design groups above. Recently an Options Appraisal was organised to facilitate focus on a key decision on the emerging design looking specifically at options for the future outpatient department and how layout options could best contribute to improved patient and staff flow.
- 6.8.5 A series of Workforce Planning Sessions has begun focussing on the future demand figures provided by NSS in early January 2019, the baseline workforce establishment, and known internal and external factors for each staff group such as demography and recruitment and training challenges. This sets the scene well to develop a robust Workforce Plan for the project for FBC. This process links well with the Regional and National Workforce Teams based within SEAT and the support they provide for Ophthalmology Workforce Planning on a regional and national basis.
- 6.8.6 Staff are enthusiastic to be more engaged in the wider planning process for service redesign and the re-provision. The project team continue to explore all ways to expand opportunity for this whilst also ensuring that the project continues to meet the project milestones to make the necessary progress. For medical staff in particular, fixed clinical schedules and essential SPA and PGA activities mean opportunities and competing demands on their time limit the opportunities for face to face or group discussion on a wide range of related topics. Discussions will continue to be progressed with teams, as a priority, to agree what should be incorporated into the Stakeholder Engagement and Communication Plan to help to address this need.

Service Users

- 6.8.7 Identification of interested service users was undertaken in 2 ways. Advertisements were displayed throughout the hospital seeking representatives with an interest. Also a review of all potentially interested related organisations was prepared (based largely on the comprehensive list of groups represented on the Scottish Government Cross Party Group on Visual Impairment Group). Invitations were issued to individual volunteers and interested groups (see Appendix 14 for the list of organisations) and a group of 21 Service Users/organisations attended a session in October 2018 to hear more about the background to the plans, the rationale behind the selection of the preferred solution and to review the Design Statement generated previously by a smaller group of service users and staff as part of the `Achieving Excellence Design Evaluation Tool and NHS Scotland Design Assessment Process (AEDET/NDAP). The group also received a presentation/talk from the architect who described how he had taken the Design Statement concepts and was applying them to the first draft 1:500 scale design. The group gave feedback on the emerging design and this was captured and formally logged for consideration in the same way that staff feedback has been received as part of the design feedback process. On the whole the feedback was supportive at the session and the original 4 service users who had been involved in the AEDET/NDAP expressed satisfaction on progress against the agreed brief. At the end of the session participants were asked for feedback on how service users might like to be involved in the project moving forward and, importantly, what medium/s were appropriate to maximise the opportunity for participation for those with a wide range of visual impairment and other needs. Attention to this, particularly as the design process

evolves, will be key to developing and maintaining satisfactory engagement on this project throughout the process.

- 6.8.8 A key requirement, which service users have again re-iterated, is that the site for the new hospital must be served by excellent and regular public transport and that there should be adequate drop off facilities, immediately at the facility, with available parking provision on the wider site for relatives and carers to use. This forms part of the design brief and the wider project objectives.
- 6.8.9 An Electronic Reference Group of, so far, 35 interested service users has been established and they are keen to be kept up to date with the development at key stages and/ or to be involved in participating in future discussion on a range of related design or service provision aspects. Should permission to submit an FBC be granted this will be the next key stage in engagement with service users and a series of associated service pathway discussions are being planned for 2019.
- 6.8.10 Of note, NHS Lothian is very grateful to the small but representative group of service users who have, since February 2016, regularly participated with such commitment in the key stages of the project such as the Equality Assessment, AEDET, and ongoing NDAP process.

Community

- 6.8.11 Communication on a broader level will be taken forward through the Integrated Joint Boards for Health and Social Care and through Community Councils of which there are 120 across Lothian. A distribution plan for the latter has been confirmed.

Workforce training and development plans.

- 6.8.12 A Service Redesign and Workforce Planning Group has been established with Heads of Departments from all functions that contribute to the hospital based ophthalmology service in Lothian. The role of this group is to review the future service demand forecasts and translate this into realistic and sustainable workforce plans. Undoubtedly a key challenge for the service is how to sustain services in a challenging recruitment environment, in particular recruitment of consultant medical staff. The focus of the group is on the options available to ensure existing and future planned medical staff are supporting activities that can only be undertaken by them whilst developing the potential of nursing, optometry, orthoptist and imaging staff as appropriate. Opportunities for training and development will be incorporated into this plan

6.9 Benefits Realisation

- 6.9.1 The benefit criteria and beneficiaries of the scheme are intrinsically linked to the investment objectives set out in the IA. These have been updated and baseline measurement, targets, and timescales have been identified in a Benefits Realisation Register/Plan. The plan also sets out who is responsible for the delivery of specific benefits and how they will be delivered – see **Appendix 15** and **16** for further details.

6.10 Risk Management

- 6.10.1 Risk is managed within the Project Team and led by the Project Director. A risk work stream has been established to identify, evaluate, manage, and monitor risks throughout the life of the project. Since Initial Agreement approval, a number of risk review sessions have been

conducted to identify the retained risks. Such workshops will continue to monitor all risks covering business and services and will identify ways of eliminating, reducing, and managing the risks to mitigate any effect on the project overall. The recently updated costed Risk Register can be seen at **Appendix 17**.

6.11 Commissioning arrangements

Reporting Structure

- 6.11.1 The commissioning process will be treated as a distinct workstream, but fully integrated into the overall project to enable a smooth transition to the new working arrangements and realisation of the anticipated benefits.
- 6.11.2 The Commissioning Manager will sit between the Project Manager and PSCP. This will allow the Commissioning Manager to engage with the PSCP and their supply chain members whilst providing a reporting and escalation route to the Project Manager. Refer to Section 6.1.6 where this structure is set out within an organogram.
- 6.11.3 The Commissioning Manager will also form separate links with relevant NHS Lothian Stakeholders. This will enable Client direct commissioning tasks to be planned and managed. Such tasks will relate to post handover commissioning.

Appointed Person

- 6.11.4 The Commissioning Manager has not yet been appointed. It is expected that this appointment will be made very early in the FBC stage. It is anticipated that an internal resource will be used to fulfil this role. Duties of the Commissioning Manager will generally be in accordance with the duties set out within the SCIM Commissioning Process guidance document.

Key Stages

- 6.11.5 Key stages in respect to the commissioning process are noted below together with approximate timescales (subject to OBC approval).

Table 28 – Commissioning Process

Full Business Case	
Appoint a Commissioning Manager	July 2019
Develop a Commissioning Requirement Brief	December 2019
Develop a full Commissioning Master Plan	December 2019
Construction and Handover	
Oversee commissioning in respect to the contract works	2022
Oversee commissioning in respect to client direct activities (post-handover)	2022 - 2023

Resource Requirements

- 6.11.6 As noted earlier there is a requirement to identify a suitable resource via an internal appointment. This may be one individual or two individuals to support technical and clinical commissioning activities.

6.12 Project Evaluation

6.12.1 The arrangements for post implementation review and project evaluation reviews have been established in accordance with best practice. These reviews will determine whether the anticipated benefits identified at the outset have been delivered. The project will be evaluated in stages:

Stage 1 – Procurement Process Evaluation

6.12.2 An evaluation of the procurement process will be undertaken following the signing of the contract to assess the effectiveness of the procurement process in meeting the project objectives. This will identify any issues and lessons to be learned that will benefit future projects.

Stage 2 – Monitoring Construction

6.12.3 During the construction period progress will be monitored to ensure delivery of the project to time, cost, and quality to identify issues and actions arising. On completion of the construction phase the actual project outputs achieved will be reviewed and assessed against requirements, to ensure these match the project's intended outputs and deliver its objectives.

Stage 3 – Initial Project Evaluation of the Service Outcomes

6.12.4 This will be undertaken 6 to 12 months after the new facility has been commissioned. The objective is to determine the success of the commissioning phase and the transfer of services into the new facilities and what lessons may be learned from the process.

Stage 4 – Follow-up Project Evaluation

6.12.5 This will be undertaken 2 years into the operational phase by the Evaluation Team to assess the longer term service outcomes and ensure that the project's objectives continue to be delivered.

The following questions will be asked at each stage:

- Have relevant project objectives been achieved?
- Has the project progressed as planned?
- If the plan was not followed, why did this occur?
- If appropriate, how should plans for future projects be amended?

6.12.6 The process will be led by evaluators, independent of the delivery team, who will meet with representatives of the user groups and other key stakeholders. The Project Sponsor, on behalf of the Project Management Board, will receive reports at each stage of the evaluation process.

**Schedule of Accommodation for the proposed new facility
(Hospital & Clinical Research Facility)**

Princess Alexandra Eye Pavilion Reprovision Accommodation Schedule Summary					
27/02/2019					
Dept Ref	Dept Description	IA 2017	Brief	OBC*	IA v OBC Dif.
1	ARC	222	190	189	33
2	LOTT	98	103	103	-6
3	EOPD	723	828	809	-86
4	Laser	89	34	34	55
5	Minor Operations	48	95	59	-11
6	Orthoptic and Fields Service	124	132	143	-19
7	Paediatric Eye Services	177	163	172	5
8	Medical Photography	177	175	189	-12
9	Macular Service	326	336	347	-21
10	Vision Support	33	33	33	0
11	Main Entrance	103	93	87	16
12	Pharmacy	52	56	52	0
13	Ocular Prosthesis	41	41	41	0
14	Day Surgery Unit	520	520	518	2
15	Theatres & Anaesthetics	864	858	874	-10
16	Inpatient & Day Case	470	460	462	8
17	Cataract Assessment	212	313	328	-116
18	Health Records	189	202	202	-13
19	Education & Teaching	164	178	184	-20
20	Staff Facilities - Restrooms & Changing	308	308	308	0
21	Facilities Management	309	365	377	-69
22	Clinical Management Suite	409	457	494	-86
23	E-Health Infrastructure	94	94	94	0
24	Clinical Research & Collaboration	287	259	255	32
	Net Area Total	6,034	6,288	6,351	-318
	Circulation, Plan + Eng Area Total	2,071	2,154	2,931	-860
	Plant Area Total	1,874	1,874	859	1,016
	Communications Area Total	998	1,032	1,244	-246
	TOTAL	10,977	11,348	11,385	-408
	* Area aligns with Stage 2 OBC Cost Plan				



- Ground Floor**
- Adult Outpatient Department
 - Child Outpatient Department
 - Acute Referral Centre
 - Minor Surgical Theatre
 - Diagnostics/Imaging/Laser Treatment
 - Patient amenities

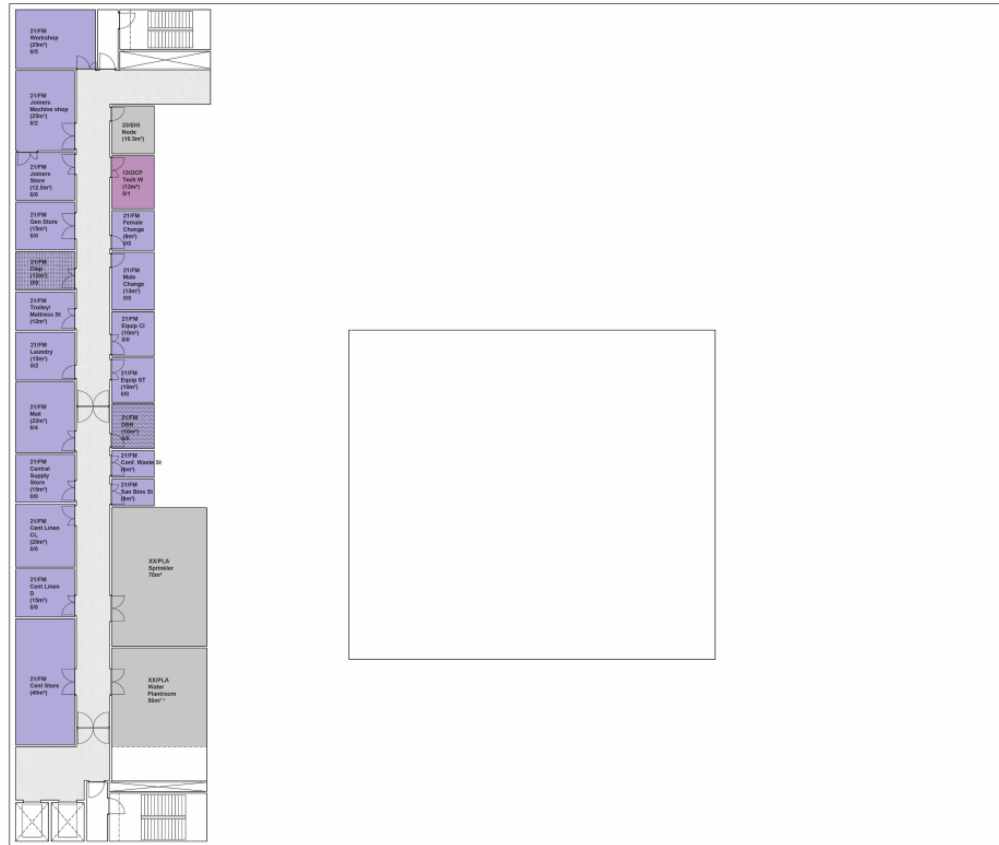


- First Floor**
- Day Surgery Unit
- 4 Ophthalmic Theatres
- Recovery area
- 12 Inpatient beds with en-suite
- Cataract Assessment Unit



Second Floor

- Macular Degeneration Unit
- Clinical and non-clinical administration
- Staff support and change
- Education and Training
- Clinical Research Facility




Basement Floor

Facilities

Plant

Workshops

 THOMSON GRAY COST ESTIMATION MAY1		PAEP REPROVISION				Issued :	01/03/2019
		NHS Lothian				Base Date :	Q1 2019
CONSTRUCTION COST ESTIMATE SUMMARY							
Element		TOTAL	\$/m²	\$/F	%		
3.0 CONSTRUCTION COST ESTIMATE SUMMARY							
1.	DEMOLITION AND SITE ENABLING	15,773	1.39	0.13	0.0%		
2.	SUBSTRUCTURE	1,583,416	137.32	12.76	1.8%		
3.	SUPERSTRUCTURE	14,518,256	1,275.21	118.47	18.9%		
4.	INTERNAL FINISHES	3,419,889	300.39	27.91	4.0%		
5.	FITTINGS & FURNISHINGS	1,167,450	102.54	9.53	1.4%		
6.	SERVICES INSTALLATIONS	13,210,421	1,160.34	107.80	15.3%		
7.	EXTERNAL WORKS	2,555,012	224.42	20.85	3.0%		
SUB TOTAL		38,460,217	3,262	287	42%		
8.	PRELIMINARIES (7.81%)	2,846,762	250.04	23.23	3.3%		
9.	PSCP DESIGN FEES & SURVEYS	2,366,165	207.83	19.31	2.7%		
10.	PSCP RISK ALLOCATION (RR)	1,638,217	143.28	13.78	2.0%		
11.	PSCP MARK UP (4%)	1,734,054	152.31	14.15	2.0%		
PSCP COST		45,085,416	3,980	368	62%		
12.	ADVISOR FEES (5%)	1,822,511	160.08	14.87	2.1%		
13.	OTHER COSTS (2%)	638,159	56.05	5.21	0.7%		
14.	PUBLIC REALM CONTRIB	4,130,000	362.76	33.70	4.8%		
15.	EQUIPMENT GROUP 2/3	7,709,951	677.20	62.91	9.0%		
16.	RISK (as RR 20.02.19)	4,713,350	414.00	38.48	5.5%		
17.	INFLATION	7,936,783	701.52	65.17	9.3%		
TOTAL COST excl VAT		72,088,188	6,332	588	84%		
18.	VAT (20%)	14,417,234	1,266.34	117.65	16.7%		
19.	VAT recovery	(1,312,178)	(115)	(11)	(0)		
20.	Land Purchase	900,000	79	7	0		
TOTAL COST		85,091,234	7,483	695	100%		
DEDUCT CLINICAL RESEARCH		(3,045,837)	(268)	(25)	(0)		
TOTAL COST minus Clinical Research		82,045,397	7,216	670	100%		
Gross Internal Floor Areas:		11,386	m²				

Princess Alexandra Eye Pavilion

Risk Register

February 2019 - Rev. 4

Ref No:	Sub Register	Risk Description	Risk Rating			Mitigation	Quantifiable	Risk Owner	
			Probability (1-5)	Impact (1-5)	Risk Rating (1-25)				
Pre-construction									
D1	2	Design	Inadequate Stakeholder Engagement or Design; May fail to engage with stakeholders or stakeholders are unable to dedicate adequate time for design.	2	3	6	Identify key stakeholders and negotiate appropriate time.	Yes	NHSL
D2	7	Design	Brief; May fail to define appropriately the clinical need resulting in change.	2	4	8	Output specifications drawn up with users and signed off. Revisions will follow same process. NHSL information team to advise on future demand.	Yes	NHSL
D3	10	Design	Management of Expectations Planned facilities do not meet expectations of public, staff, clinicians, NHS and Council strategies, etc. Reputation & Service Delivery Impact.	2	3	6	Stakeholder engagement to be planned out via key milestones within the FBC programme.	Yes	NHSL
D4	14	Design	Statutory Consents May fail to acquire or delay in obtaining.	2	4	8	Engage with BQ and planning authority. No engagement to date during OBC (NHSL direction), so this risk carries through to FBC.	Yes	NHSL
D5	16	Design	Change of Scope; The requirement statement may be subject to uncontrolled scope creep.	3	3	9	Programme Board / Steering Group to agree any change if required.	Yes	NHSL
D6	18	Design	Budget Costs (Site Conditions) The options may fail to identify and address site constraints, environmental concerns, ground conditions etc.	2	3	6	To be considered through site investigations, surveys and design development. Desktop review undertaken in respect to existing information (prepared by others). Project investigations and surveys being scoped.	Yes	NHSL

Ref No:		Sub Register	Risk Description	Probability (1-5)	Impact (1-5)	Risk Rating (1-25)	Mitigation	Quantifiable	Risk Owner
D7	19	Design	Construction Costs Construction market changes significantly and costs increase.	4	3	12	Inflation has and needs to continue to be allowed for in all cost planning. There is a residual risk that the forecasts and associated allowances are not sufficient.	Yes	NHSL
D8	23	Design	Planning Costs Costs of discharging conditions of Planning Consent may be greater than allowance provided for. Design quality expectations for projects on the Bioquarter campus also sit higher than typical acute health projects.	3	3	9	Engage with BQ and planning authority. No engagement to date during OBC (NHSL direction), so this risk carries through to FBC.	Yes	NHSL
D9	28	Design	Design Inadequacy (Clinical Brief); The design may fail to support the brief.	2	2	4	Detailed plans developed through clinical output specifications. Experienced, competent design team in place via appointment of PSCP. Sign off as appropriate throughout project.	NA	PSCP
D10	29	Design	Design Inadequacy (Guidance/Standards) May fail to maintain a consistent interpretation of guidance/standards.	2	2	4	Appoint experienced team. Prepare list of applicable guidance and derogation schedule for consideration.	NA	PSCP
D11		Design	EWNC/01 - drawn 1:500 area is beyond area that has been briefed.	5	3	15	1. Alternative design option check to be developed to compare/test the current option. 2. Area/benchmarking exercise to be concluded. 3. Look for opportunities to rationalise accommodation and/or circulation.	Yes	NHSL
D13		Design	New SER implications with requirements for early contractor (sub-contractor) design.	4	2	8	Could mean additional upfront expenditure as part of the FBC stage. No additional cost, just an earlier commitment. Affected packages to be identified early. Value for money v early sub-contractor commitment to be reviewed.	NA	NA

Ref No:	Sub Register	Risk Description	Probability (1-5)	Impact (1-5)	Risk Rating (1-25)	Mitigation	Quantifiable	Risk Owner
D14	Design	Changes to the Bioquarter master-plan affecting PAEP proposals.	4	4	16	Maintain strong working relationship with Bioquarter partners to retain early visibility of any proposed changes and ensure that PAEP interests are upheld.	Yes	NHSL
D15	Design	1:1250/1:500/1:200 design proposals not accepted by key project stakeholders.	3	4	12	Options appraisal exercise carried out towards end of OBC process to test design model against other potential options. Outcome of the exercise confirmed that the design being developed into 1:200 provided the best response to the project design statement and briefing documentation.	Yes	NHSL
D16	Design	Building Warrant Approval times do not align with proposed construction period - likelihood higher than normal for projects assessed by City of Edinburgh Council Building Standards. Effect would be that the construction start date is delayed.	4	4	16	Early engagement to take place with CEC Building Standards early in FBC process, with the intention to agree strategy for staging building warrants to de-risk.	Yes	NHSL
D17	Design	Bioquarter masterplan, site constraints and overall design guidance provide design direction which is at odds with key NDAP reviewers expectations for the project.	3	3	9	Engagement held with HFS & ADS during OBC process and is planned to continue through FBC	Yes	NHSL
D18	Design	Resource levels from all team members do not prove sufficient to deliver FBC programme (particularly 1:50 design)	2	4	8	Resource strategy to be developed with then agreement on required staffing levels from all parties	Yes	NHSL
D19	Design	Lack of project specific site survey information at OBC has impact on project	3	4	12	Desktop surveys carried out by PSCP team during OBC, with the intention to complete physical site surveys during FBC. This strategy agreed with NHSL due to the potential building design/masterplan changes with the acceptance that the OBC will carry slightly more risk in this regard than would typically be the case	Yes	NHSL

Ref No:		Sub Register	Risk Description	Probability (1-5)	Impact (1-5)	Risk Rating (1-25)	Mitigation	Quantifiable	Risk Owner
D20		Design	Utility costs	4	4	16	Exact utility costs only budget at OBC. High potential for costs to extend beyond simple connections to existing local infrastructure due to neighbouring developments	Yes	NHSL
D21		Design	Bioquarter flood risk strategy not clear at time of preparing the OBC	3	3	9	Fairhurst OBC design already makes sensible assumptions in this regard, however further engagement will be required with the Bioquarter partners during FBC.	Yes	NHSL
D22		Design	External works scope extends beyond OBC assumptions.	3	3	9	OBC design and cost information to clearly delineate what items are included and excluded from the proposed scope. Interface review to be held with the bioquarter partners during FBC to ensure all parties are agreed on the way the works will be completed for the eye pavilion project and how these interface with potential future projects	Yes	NHSL
B1	5a	Business	Capital Funding It is unclear at IA approval stage what the funding arrangement will be to pay for the new hospital building	3	5	15	£30m available + circa £10m disposals. Balance of unsecured capital funding to secure.	No	NHSL
B2	5b	Business	Capital Funding Funding arrangement for Clinical Research Facility to be confirmed/agreed.	3	3	9	NHSL has met with Edinburgh University to discuss funding. Further meetings will be arranged to progress discussions.	No	NHSL
B3	5c	Business	Capital Funding Potential additional floors on building. Funding route to be confirmed.	3	5	15	Options being reviewed, however any additional floors would be funded out with Scottish Government's funding commitment.	No	NHSL

Ref No:		Sub Register	Risk Description	Probability (1-5)	Impact (1-5)	Risk Rating (1-25)	Mitigation	Quantifiable	Risk Owner
B4	5d	Business	Programme The process to design and build additional floors will delay overall programme to deliver the new NHS hospital. Delays will occur in design process and in an extended construction duration.	3	4	12	To mitigate this risk a decision on the commercial space should be taken within or at the end of the OBC phase of the project. This would allow some design re-work to be done at the commencement of the FBC phase prior to developing the design in detail. Adding commercial space could add circa 3 months onto the FBC programme. Allowing for some additional time for construction, the overall time effect could be circa 6 months.	Yes	NHSL
B5	6a	Business	Availability of Revenue Funding The Risk —is that there may not be sufficient available funding within the system	4	4	16	The requirement is being set out and justified within the Business Case.	No	NHSL
B6	11	Business	Records Storage Digitising images - too much/little storage space provided.	2	2	4	E-Health Business Case to be established to support move to paperless or paper lite & expansion of digital networking. Retention policy re medical notes to be applied more rigorously.	No	NHSL
B7	12	Business	Availability of Resources Project resource could be insufficient to deliver the project.	2	2	4	Roles, responsibilities and project structure are in place. All roles are being managed.	No	NHSL / PSCP
B8	13	Business	Vacation By Service of Existing Site Options to dispose of site to contribute financing towards the capital funding of the new hospital are not explored	2	3	6	Work has been done to explore this and it has been confirmed that the existing site is appropriate for disposal. Circa £10m identified against disposal of site.	No	NHSL
B9	15	Business	Future Change The Requirement Statement may fail to keep abreast of future Clinical Practice.	3	3	9	Requirements to be kept under regular review. Design to be as flexible as possible without allowing for over-provision / additional cost.	Yes	NHSL

Ref No:		Sub Register	Risk Description	Probability (1-5)	Impact (1-5)	Risk Rating (1-25)	Mitigation	Quantifiable	Risk Owner
B10	20	Business	Workforce Planning NHS Lothian may fail to effectively plan future staff requirements.	3	4	12	Programme Board to review. Dedicated Workforce Workshop to be delivered to seek alignment on plan linked to clear service requirement	No	NHSL
B11	21	Business	Recruitment & Retention NHS Lothian may fail to attract sufficient appropriately skilled staff to meet the anticipated increase in demand.	4	5	20	Recruitment and Retention plan including succession planning. Anticipated that new site and building together with wider BQ site will attract staff.	No	NHSL
B12	27	Business	Equipment May not conduct Equipment Planning effectively.	2	2	4	A high level equipment list is being developed and will be further developed and finalised as part of the OBC process.	Yes	NHSL
B13	30	Business	Project Plan The Project Plan does not adequately reflect required tasks & timescales & does not align with associated projects	3	3	9	The OBC programme is in place and progress is reviewed on a monthly basis. The FBC programme is currently being developed. All programmes are subject to change and delay, however an experienced team in place to help manage and mitigate impacts arising.	Yes	NHSL (pre-con)
B14	41	Business	Building Size / Configuration (Clinical Pathways) New clinical pathways still not tested which may impact on schedule of accommodation.	2	3	6	Tests of change have been carried out for a number of services to test theories. Look to other services for experience.	Yes	NHSL
B15	42	Business	Building Size / Configuration (Outpatient Utilisation) Lack of data on outpatient utilisation which has potential impact on required space. (Particularly with regard to macular and inpatient services). Proposed shift of service to community does not materialise	2	3	6	Conduct clinic space utilisation exercise and build in forecasts for key services.	Yes	NHSL

Ref No:		Sub Register	Risk Description	Probability (1-5)	Impact (1-5)	Risk Rating (1-25)	Mitigation	Quantifiable	Risk Owner
B16	47	Business	Car Parking (Patients & Carers) Plan is for commercial multi storey car park on site. Risk that this is not delivered on time. Clarity also required that solution is acceptable vis a vis Integrated Impact Assessment.	3	3	9	The aim is for a multi-storey to be provided on site. If this does not occur then alternative parking on site will need to be provided. Over and beyond the green travel plan is continuing to be developed.	No	NHSL
B17	48	Business	Car Parking (Staff) Potential impact of not having dedicated parking for staff working between different sites on recruitment & retention.	3	3	9	Number of essential users will be assessed. Plan to be developed. Director of Operations - Facilities is currently negotiating on behalf of NHSL.	No	NHSL
B18	49	Business	Local bus stop to serve the PAEP.	3	3	9	Through discussion with the BQ transport engineer, it is understood that initial discussions have already taken place with Lothian Buses with regard to a local stop on Little France Drive and discussions are said to have been positive.	No	NHSL
B19	50	Business	South East Region - changes to service plans	3	3	9	Discussion concluded. Clarity provided by both Borders and Fife that they are currently planning to consume their own growth in demand for elective cataract surgery. Risk still remains that this approach could change.	Yes	NHSL
B20	51	Business	Surgical Instrument sterilisation - capacity within Lothian	4	3	12	Corporate Business Case to expand capacity NHSL wide.	No	NHSL
Construction									
C1		Construction	Brexit and impact on construction supply chain.	3	4	12	Difficult risk to manage as market conditions are out with the control of the project. Status to be monitored.	Yes	PSCP
C2		Construction	Client changes to Brief or design after the project has started	3	3	9	Good consultation during pre-construction. Acceptances at the end of key stages. Strong governance and control structure during construction.	Yes	NHSL
C3		Construction	Access to part of the site delayed.	2	3	6	Site access and protocols to be reviewed in further detail during the FBC stage.	Yes	NHSL

Ref No:	Sub Register	Risk Description	Probability (1-5)	Impact (1-5)	Risk Rating (1-25)	Mitigation	Quantifiable	Risk Owner
C4	Construction	The employer does not provide something by the date for providing it as shown on the accepted programme.	2	3	6	Key milestones to be marked on the programme. Consultation with relevant parties to gain buy-in in respect to meeting the proposed dates. Review status at regular meetings.	Yes	NHSL
C5	Construction	Instruction given to stop / not start the work.	1	3	3	Unlikely. Would only be given for significant issues arising - i.e. major disruption or health and safety.	Yes	NHSL
C6	Construction	Late response to a communication or acceptance affecting progress of the works.	2	3	6	PM to manage responses in line with contract timescales.	Yes	NHSL
C7	Construction	The PSCP encounters physical conditions which they should/could have foreseen.	3	3	9	PSCP to satisfy themselves of all site conditions during FBC. No CE will be given for matters arising that could have been better understood by commissioning a survey/investigation.	Yes	PSCP
C8	Construction	Physical conditions that the PSCP could not have foreseen.	3	3	9	On the basis that all of the relevant surveys and investigations have been completed this risk can only be managed via NHSL time/cost contingency.	Yes	NHSL
C9	Construction	A weather measurement leading to a CE.	3	3	9	This risk can only be managed via NHSL time/cost contingency.	Yes	NHSL
C10	Construction	Adverse weather that is not a CE.	3	3	9	PSCP to build in provision within the programme for weather risk.	Yes	PSCP
C11	Construction	Issues leading to design development	3	3	9	PSCP to manage via design/technical meetings.	Yes	PSCP
C12	Construction	Clashes in design coordination leading to design development.	3	3	9	PSCP to manage via design/technical meetings.	Yes	PSCP
C13	Construction	Poor sub-contractor performance leading to poor quality and / or delay.	3	3	9	Sub-contractors to be selected on the basis of quality together with cost. Strong local supply chain to be assembled.	Yes	PSCP

Ref No:	Sub Register	Risk Description	Probability (1-5)	Impact (1-5)	Risk Rating (1-25)	Mitigation	Quantifiable	Risk Owner
C14	Construction	Delay in handover due to number of defects.	3	4	12	Programme to be challenging but realistic offering time provision for correcting defects and carrying out commissioning in advance of handover.	Yes	PSCP
C15	Construction	Delay in delivery of Groups 2, 3 and 4 equipment leading to delays in commissioning and opening Unit.	3	3	9	Key milestones to be marked on the programme. Consultation with relevant parties to gain buy-in in respect to meeting the proposed dates. Review status at regular meetings. Consider setting up an equipment sub-group.	Yes	NHSL
C16	Construction	Inflation beyond target/price agreement	3	3	9	Difficult to manage. PSCP to accept risk and manage within agreed contingency allowances.	Yes	PSCP
C17	Construction	Poor Project/Design management leading to delays.	3	3	9	PSCP to offer a strong team with sufficient resource allocation to manage the project diligently.	Yes	PSCP
					0			
		Post-construction						
P1	Post	Soft landings process not correctly implemented resulting in project not having maximum impact	3	5	15	Agree soft landings strategy during FBC Agree FM strategy with NHSL Estates team Identify suitable opportunities to embed maintenance provisions within the PSCP supply chain appointments to cover systems maintenance for agreed periods beyond PC - note this will add to capital cost, but may reduce revenue cost	Yes	NHSL
					0			

Element	TOTAL	£/m ²	£/ft ²	%
3.0 CONSTRUCTION COST ESTIMATE SUMMARY				
1. DEMOLITION AND SITE ENABLING	15,773	1.39	0.13	0.0%
2. SUBSTRUCTURE	1,563,416	137.32	12.76	1.8%
3. SUPERSTRUCTURE	14,518,256	1,275.21	118.47	16.9%
4. INTERNAL FINISHES	3,419,889	300.39	27.91	4.0%
5. FITTINGS & FURNISHINGS	1,167,450	102.54	9.53	1.4%
6. SERVICES INSTALLATIONS	13,210,421	1,160.34	107.80	15.3%
7. EXTERNAL WORKS	2,555,012	224.42	20.85	3.0%
SUB TOTAL	36,450,217	3,202	297	42%
8. PRELIMINARIES (7.81%)	2,846,762	250.04	23.23	3.3%
9. PSCP DESIGN FEES & SURVEYS	2,366,165	207.83	19.31	2.7%
10. PSCP RISK ALLOCATION (RR)	1,688,217	148.28	13.78	2.0%
11. PSCP MARK UP (4%)	1,734,054	152.31	14.15	2.0%
PSCP COST	45,085,415	3,960	368	52%
12. ADVISOR FEES (5%)	1,822,511	160.08	14.87	2.1%
13. OTHER COSTS (2%)	638,159	56.05	5.21	0.7%
14. PUBLIC REALM CONTRIB	4,130,000	362.76	33.70	4.8%
15. EQUIPMENT GROUP 2/3	7,709,951	677.20	62.91	9.0%
16. RISK (as RR 20.02.19)	4,713,350	414.00	38.46	5.5%
17. INFLATION	7,986,783	701.52	65.17	9.3%
TOTAL COST excl VAT	72,086,168	6,332	588	84%
18. VAT (20%)	14,417,234	1,266.34	117.65	16.7%
19. VAT recovery	(1,312,178)	(115)	(11)	(0)
20. Land Purchase	900,000	79	7	0
TOTAL COST	86,091,224	7,483	695	100%
DEDUCT CLINICAL RESEARCH	(3,045,637)	(268)	(25)	(0)
TOTAL COST minus Clinical Research	83,045,587	7,215	670	100%
Gross Internal Floor Areas:	11,385	m2		



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NHS Board Chief Executives

Copy: NHS Board Chairs

10 September 2018

Jeane Freeman

In October 2015 the Scottish Government announced an investment of at least £200 million to create a network of new elective diagnostic and treatment centres. The Elective Centre Programme was established with the strategic aim of co-ordinating at a national level the development of the infrastructure and new service models which will provide the required additional elective capacity necessary to meet the needs of a growing and increasingly elderly population up to 2035.

By separating elective and emergency care, the centres will significantly reduce the chances of cancellation, improve outcomes, and the investment will also leverage benefits for the wider community with greater operational efficiency and with the promotion of smooth flow through the entire healthcare system.

Aligned with the National Clinical Strategy, these new facilities will deliver the highest standards of clinical quality and deliver value through service design using optimal workforce models, reducing variation and waste and increasing throughput by adopting the latest technology and enhanced recovery techniques. Additionally, the centres will develop and forge strong links with educational and training organisations to make these facilities centres of excellence and provide opportunities for the wider population.

I am aware of the current status of each of the individual projects and I am disappointed at the level of progress made to date and the significant slippage in the timescales of the expected deliverable dates that were agreed three years ago. As such, I will be focussing on increasing the pace of the work required to deliver these centres within the original agreed timescale.

I also expect these centres to be planned and designed to deliver the best practice model that is currently in place at the Golden Jubilee and which can be adapted to meet local circumstances where the evidence supports this.

Since the original announcement, there has been an increase in the number of patients waiting longer than recommended for diagnostic tests and elective procedures and Boards need to continue using all available resources to reduce the number of patients waiting.

Therefore, I wish to be clear that these new Elective Centres should be planned and will be approved on the basis that they will deliver new capacity for the increasing additional demand and that all Health Boards will as a minimum continue to make full use of the Golden Jubilee as a national resource to the current level of patient activity and specialities as at present.

The focus of the new centres should be on providing the additional capacity required to meet the projected needs of a growing population, as well as reducing reliance on the independent sector and I expect the plans and business cases for the centres to reflect this.

Jeane Freeman
Jeane Freeman
JEANE FREEMAN

**PRINCESS ALEXANDRA EYE PAVILION
NEW BUILD OPHTHALMIC HOSPITAL AND ASSOCIATED INFRASTRUCTURE**

EDINBURGH BIOQUARTER

NHS Lothian

**COST ADVISOR REPORT
FEBRUARY 2019**



THOMSON GRAY
CONSTRUCTION CONSULTANTS

1.0 Summary of Costs

The Initial Agreement figure for the project was produced in November 2017. A series of high-level cost plans were issued over the 4th Quarter 2018. Since then the cost have been developed to RIBA Stage 2 and the latest issued on 1 March 2019. A summary of the costs included are as detailed in the table below:-

Item	Description	IA Total £	Current Estimate £	Difference £
1.0	PSCP Total	33,326,165	45,085,415	11,759,250
2.0	Public Realm Works	4,550,000	4,130,000	(420,000)
3.0	PSC Fees	1,965,667	2,160,670	195,003
4.0	NHS Fees	753,072	300,000	(453,072)
5.0	Equipment	5,761,003	7,709,951	1,948,948
6.0	Contingency / Risk	4,636,783	4,713,350	76,567
7.0	Inflation	9,041,257	7,986,783	(1,054,474)
8.0	VAT (inc VAT recovery)	11,036,455	13,105,056	2,068,601
9.0	Land Purchase	900,000	900,000	-
10.0	Clinical Research Space	(3,468,124)	(3,045,637)	422,487
	Overall Total	£68,502,278	£83,045,588	£14,543,310

2.0 Cost Updates

At the moment the costed 1:200 drawing stage design has identified an increase of £11.76m on the PSCP base build cost £45.09m. Key areas of increase on the IA can be summarized as follows:-

- Inflationary movement from the IA issued 1Q17 to update costing 1Q18 (BCIS indices) £4.50m
- Inflationary movement from the update costing 1Q18 to current estimate 1Q19 (BCIS indices) £0.50m
- Increase in GFA from IA – 408m² £1.07m
- Premium for concrete frame £1.14m
- External envelope finish £1.30m
- Internal Finishes £1.14m
- Abnormal costs associated with basement £0.14m
- External works premium finish to meet Bio-quarter material palette £0.70m
- Colonnade structure to Building 2 £0.20m
- Associated Prelim and Mark Up £0.67m

2.0 Cost Updates (Cont'd)

Clearly the greatest area of cost pressure has emanated from the inflationary increase since the IA was created, accounting for £5.00m of the £11.76m alone. The elimination of this excess will be extremely challenging.

In terms of opportunities to value engineer the works focus will be on examining the above list to pinpoint where excess cost lies in relation to value for money and establish where realistic savings can be made without detriment to the overall functional delivery of the facility.

3.0 Benchmarking

The total construction cost translates to a cost /m2 GFA of £3,960/m2. In undertaking a benchmark analysis, of similar size hospitals and specialist treatment facilities, the mean cost /m2 GFA works out at £3,650/m2. This figure also recognises allowance for BREEAM excellence and uplift cost to account for Building Standard changes in 2016.

Given that the PAEP Reprovision rate/m2 currently sits some £310/m2 above this mean figure there clearly needs to be a challenge to the current design to ensure value for money is being achieved.

A copy of the benchmark summary is included at Appendix A to this report.

APPENDIX A
BENCHMARK SUMMARY

BENCHMARK SUMMARY

PROJECT DESCRIPTIONS	Princess Alexandra Eye Pavillion				
BENCHMARK PROJECTS - Adjusted for Inflation to 3Q21 / Location Factor (Scotland)	BENCHMARK PROJECTS - GENERAL MEDICAL AND BODY PART SPECIFIC				
	Cynon Valley Hospital - Community hospital; multiple function with 128 beds, dental facilities, mental health 15 outpatient rooms, pathology and GP services; Concrete frame, 3 storeys	Gateshead Queen Elizabeth Hospital - 3 storey emergency care centre; with 36 bed en-suite short stay unit, 9 theatre/treatment rooms; Concrete frame, basement, curtain walling, patent glazing, brick work	Countess of Chester Hospital - new build intensive care and endoscopy unit; 21 bed intensive care; 3 storey steel framed building, brick and metal cladding	Wrighton Hospital, Orthopaedic Centre - new build orthopaedic centre, 56 bed wards, 4 theatres and 7 bed recovery; 3 storey steel framed, brick and render finish, timber and metal clad envelope	Mean Average
Procurement	BoQ Traditional	P21+ NEC3	P21+ NEC3	P21+ NEC3	
Original Base Date	3Q08	4Q12	4Q12	2Q14	
Area (m2)	18,296	10,536	3,533	5,451	
Substructure	£230	£152	£192	£229	£200.75
Superstructure	£1,240	£1,034	£1,038	£720	£1,008.00
Finishes	£261	£225	£114	£115	£178.75
FF&E	£233	£77	£72	£73	£113.75
M&E	£1,180	£977	£1,386	£1,195	£1,184.50
External works	£387	£272	£369	£182	£302.50
Preliminaries	£548	£248	£400	£425	£405.25
Contingencies	£0	£116	£102	£103	£80.25
prime cost benchmark	£4,079	£3,101	£3,673	£3,042	£3,473.75
<u>Pricing adjustments</u>					£0.00
- Uplift April 2016 Building Standards upgrade for Section 6 compliance (2%)	£82	£62	£73	£61	£69.48
- Allowance BREEAM Excellent (3%)	£125	£95	£112	£93	£106.30
Adjusted tender price data	£4,285	£3,258	£3,859	£3,196	£3,649.52
Intelligent prime cost benchmark (mean of above)	£3,650				

**PHARMACY PRACTICES COMMITTEE
TERMS OF REFERENCE**

1 Purpose of the Report

- 1.1 The purpose of this report is to recommend that the Board accepts the Terms of Reference for the Pharmacy Practices Committee (PPC).

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

2 Recommendations

- 2.1 To adopt the new Terms of Reference as the authority delegated to the Pharmacy Practices Committee to consider applications for inclusion in the Pharmaceutical List of Lothian Health Board.

3 Discussion of Key Issues

- 3.1 Maintenance of a Pharmaceutical List is a requirement of the National Health Service (Pharmaceutical Services)(Scotland) Regulations 2009 as amended.

- 3.2 The functions of the Board in terms of consideration of applications for inclusion in the Pharmaceutical List are exercised by the PPC. There is an ongoing piece of work, led by the Head of Corporate Governance, to update the Terms of Reference of various Board Committees, and to publish these on the Board's website. While the PPC has been in place for many years there was previously no formal Terms of Reference or local description as to how the PPC would discharge its functions; the PPC followed the provisions of Schedule 4 of the above Regulations in determining each application. Therefore it is appropriate to present PPC Terms of Reference at this time.

- 3.3 Schedule 4 of the Regulations sets out how the PPC on behalf of the Board will exercise the functions of the Board in terms of how the applications for inclusion in the Pharmaceutical List will be determined and granted. It also refers to membership, quorum, voting and other issues which are incorporated in the proposed Terms of Reference.

- 3.4 There are generally seven members of the PPC and the criteria for their appointments are set out under paragraph 3 of Appendix 1. The Chair and Vice-Chairs are appointed by the Board, pharmacist members are nominated by the Lothian Area Pharmaceutical Committee and appointed by the Board, and lay members are at present recruited through the Scottish Health Council and appointed by the Board. Other avenues will be explored for the recruitment of lay members. Training will be arranged for new members.

- 3.5 The current members of the PPC are listed in Appendix 2. The proposed Terms of Reference recommends that members shall all be appointed for a term of three years,

with an option for extension for a second three years, and that Lothian Health Board shall reserve the right to remove any member at any time.

3.6 The PPC is convened as and when there is an application ready to be heard.

4 Key Risks

4.1 There are no risks from the recommendations in this paper. The Board is required to establish a Pharmacy Practices Committee.

5 Risk Register

5.1 No change to the risk register

6 Impact on Inequality, Including Health Inequalities

6.1 No impact assessment was carried out.

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

7.1 The creation of the Pharmacy Practice Committee is a statutory requirement placed on Health Boards. The publication of the Terms of Reference will ensure that interested parties have access to the process by which community pharmacies can operate in the Lothian Health Board area.

8 Resource Implications

8.1 The resource implications are minimal consisting of advice on the Regulations to Pharmacy Practice Committee members and staff training.

David Small

Director of Primary Care Transformation

20 March 2019

David.A.Small@nhslothian.scot.nhs.uk

List of Appendices

Appendix 1: New Terms of Reference for the Pharmacy Practices Committee

Appendix 2: Current Membership of the Pharmacy Practices Committee

APPENDIX 1

PHARMACY PRACTICES COMMITTEE Terms of Reference

1. REMIT

The Pharmacy Practices Committee (PPC) has the delegated authority from Lothian Health Board to consider applications for inclusion in the Pharmaceutical List in accordance with the National Health Service (Pharmaceutical Services)(Scotland) Regulations 2009 as amended.

2. CORE FUNCTIONS

To consider applications for inclusion in the Pharmaceutical List of Lothian Health Board.

3. MEMBERSHIP

The Committee shall comprise seven Members appointed by Lothian Health Board of whom:

- (a) one shall be the Chair appointed by NHS Lothian from the Non-Executive Members of the Board;
- (b) three shall be pharmacists of whom:
 - (i) one shall be a pharmacist who is not included in any pharmaceutical list and who is not an employee of such person (known as "Non-Contractor Pharmacist");
 - (ii) two shall be pharmacists each of whom is included in the Pharmaceutical List, or is an employee of a person who is so listed (known as "Contractor Pharmacists");
- (c) three shall be persons appointed by NHS Lothian, but not from the Members of the Board (known as "Lay Members").

Lothian Health Board shall appoint deputies for the Members of the Committee.

In making appointments of Members and Deputies to the Committee NHS Lothian shall ensure that the eligibility criteria in paragraph 3 of Schedule 4 of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 (as amended) are met.

Members shall all be appointed for a term of three years, with an option for extension for a second three years. Lothian Health Board shall reserve the right to remove any member at any time.

Provided a quorum is present at any meeting, the proceedings of the Committee shall not be invalidated by any vacancy in its membership, or any defect in a Member's appointment.

Where an application concerns premises that are located in the same neighbourhood as premises from which a dispensing doctor provides this service, the PPC shall have an additional member appointed by the Board from persons nominated by the Area Medical Committee.

Administrative Support will be provided by officers of Lothian Health Board.

An independent legal assessor may be appointed to provide legal advice during PPC hearings.

4. QUORUM

The quorum for Meetings of the PPC shall be 5 members comprising:

Chair (or Deputy Chair)
One Non-Contractor Pharmacist Member
One Contractor Pharmacist Member
Two Lay Members

Voting provisions are set out in paragraph 5.

5. VOTING

Each application shall be discussed by all Members present at the meeting but shall be determined only by the Lay Members.

The Chair, or Deputy Chair acting as Chair shall not be allowed to vote, except in the case of an equality of votes, in which case he or she shall have a casting vote.

6. FREQUENCY OF MEETINGS

The PPC will meet as required on receipt of a competent application for inclusion in the Pharmaceutical List.

The agenda and supporting papers will be sent to the PPC members, at least ten days before the date of a meeting.

7. REPORTING ARRANGEMENTS

The PPC shall notify Lothian Health Board within ten days of its decision for each case providing full reasons for their decision.

8. DATE OF APPROVAL OF THESE TERMS OF REFERENCE

[TBC]

9. REVIEW DATE

Two years or as required through any changes to the Regulations.

APPENDIX 2

Pharmacy Practices Committee (March 2019)

	Members	Deputy Members
Chair	Councillor Fiona O'Donnell	Mr William McQueen Councillor George Gordon (pending)
Non-contractor Pharmacist	Ms Hazel Garven (pending) Mr Andrew Beattie (pending)	Ms Julie Blythe
Contractor Pharmacist	Mr Mike Embrey Ms Kaye Greig	Mr John Connolly Mr Philip Galt Mr Naveen Ramdeehul Mr M Shahzad Aziz
Lay members	Mrs Patricia Eason Mr Ian Melville Ms Aileen Fraser	Mr Keith Kirkwood Ms Jan Stirrat Mr John Niven Mrs Margaret Tait

DRAFT

FINANCE AND RESOURCES COMMITTEE

Minutes of the meeting of the Finance and Resources Committee held at 9:30am on Wednesday 21 November 2018 in Meeting Room 8&9, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present: Mr B. McQueen (Chair); Mrs S. Goldsmith; Mr A. McCann; Mr T. Davison; Miss T. Gillies; Mr J. Crombie and Professor M Whyte.

In Attendance: Mr N Bradbury, Capital Finance Manager; Mr C Marriott, Deputy Director of Finance; Mr A Payne, Head of Corporate Governance and Mr C. Graham, Secretariat Manager (Minutes).

Apologies: Mr B. Houston; Mr M. Hill; Mr P Murray; Professor A. McMahon; Cllr I Campbell; Ms A Macdonald and Mr I Graham.

Declaration of Financial and Non-Financial Interest

The Chair invited members to 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. The Chair and Mr McCann declared an interest as IJB Members in relation to the Financial Position and year end forecast paper.

29 Committee Business

29.1 Minutes from Previous Meeting (21 November 2018)

21.1 The minutes from the meeting held on 21 November 2018 were approved as a correct record.

29.2 Running Action Note – The Committee agreed the action note. There was discussion around the following points:

- **Paragraph 23.1.3** - Governance towards IJBs over and underspends. It was noted that the paper referred to remained to be circulated. Mr Marriott would take this action forward.

CM

- **Paragraph 23.3.2** - Additional investment in Community Capacity in Edinburgh - The Chair requested that this come back to the Committee at a point when the Finance team felt the suite of measures had been appropriately developed.
- **Paragraph 23.5.4** - Audit Scotland – Mr Payne confirmed that there would be a workshop covering the Audit Scotland checklist and Financial Strategy arranged for March which would supplement the business meeting.

30 Capital

30.1 Property and Asset Management Improvement Programme - Mr Bradbury introduced the report providing the Committee with an update on the status of the Property and Asset Management Investment Programme (PAMIP).

30.1.1 There was discussion on the financial position; quarter 3 review; identification of slippage; ongoing pressures and spending proposals being brought forward. It was noted that LCIG had approved the reinvestment into the rolling programmes.

30.1.2 Mr Bradbury clarified details around funding risk and what the different types of funding meant. There was formal funding of £23.5M, this was for priorities under the £5M delegated 5M limit and the risk for this formal funding sat with NHS Lothian. There was also assumed funding from the Scottish Government and risk around this sat with the Scottish Government. Mrs Goldsmith made the point that this was the only vehicle NHS Lothian had to notify the Scottish Government of any future capital that would like to be secured. Not all Boards did this. Mr Bradbury stated that he would arrange for the funding risks to be more clearly outlined in future papers moving forward.

NB

30.1.2.3 Mr Bradbury then provided updates on current projects:

- **Royal Edinburgh Hospital Phase 2** – Project team and IJB Chief Officers discussing and agreeing bed numbers. There is a proposal for 15 extra beds which would come back to F&R for final agreement.
- **Jardine Clinic** – Remains on target for September 2019 which will allow closure of Liberton Hospital shortly afterwards.

30.1.2.4 In terms of disposals:

- **Royal Hospital for Sick Children** – Noted that the long stop date had been extended to January 2020 and there remained a very challenging decommissioning programme to be undertaken.
- **Western General Hospital Master Plan** – To be brought to F&R for as it would be helpful for the Committee to view this.

30.1.2.5 The Committee noted the forecast under commitment of the 2018/19 PAMIP and accepted moderate assurance around the programme delivery in year.

30.2 NHS Lothian Capital Prioritisation 2019/20 - Mr Bradbury outlined the report informing the Committee of the capital priorities identified across NHS Lothian services, in accordance with implementation of the NHS Lothian Capital Prioritisation Process for 2019/20; progress since previous reporting of capital priorities 2018/19 (May 2018); summarising the overall intensity of resource required to progress all prioritised proposals or projects through the capital business case process as per the Scottish Capital Investment Manual Guidance and proposed next steps to identify and quantify resource requirements in order to inform deliverability and potential phasing.

30.2.1 The Committee noted that the report rehearsed the process previously agreed by F&R. The local prioritisations came to F&R or LCIG and a limited list of key priorities were tagged against strategic priorities within four areas – Corporate; REAS; Acute and Primary Care.

30.2.2 It was noted that the priorities in relation to Emergency Access Standard and front door redesign only covered the Royal Infirmary of Edinburgh and St John's Hospital. This now needed to be updated to include the Western General Hospital front door with recommendations around this coming back to the March F&R meeting.

NB

30.2.3 The Committee considered the report recommendations. The point was made that the wording of the first recommendation referred to process and did not clarify the efficiency or effectiveness of the programme.

30.2.4 Subject to acknowledging the wording in the first recommendation to committee agreed to take significant assurance around the effectiveness of processes. The Committee approved the output of the prioritisation process 2019/20, in terms of prioritised lists as recommended by LCIG and accepted significant assurance that the output of prioritisation supports delivery of the Board's Strategic Plan, Our Health, Our Care, Our Future, IJB Strategic Plans and Lothian Hospitals Plan. The Committee also endorsed the next steps in terms of gap analysis and identifying resource requirements and approach to subsequent reporting to F&R.

30.3 The Royal Hospital for Children & Young People, Department of Clinical Neurosciences, Child & Adolescent Mental Health Services - Update on Progress -

30.3.1 Mrs Goldsmith updated the Committee on the current position on completion of the new facility and commercial arrangements with IHSL, such position being documented in a settlement agreement between the Board and IHS Lothian Limited ("IHSL") (the "Settlement Agreement").

30.3.2 The Committee noted the contents of the paper and the progress made in recent weeks. The Committee continued to support the commercial and technical position as described which will be reported to the Board for approval at its February meeting.

30.4 Draft Medical Devices and Equipment Strategic Direction Framework - Mrs Goldsmith presented the completed draft of the Board's Medical Devices and Equipment Strategic Direction Framework document. The report was to provide the Committee with assurance on the arrangements being put in place to ensure that the Board's Property and Asset Management Strategy fully addresses the issue of medical devices and equipment.

30.4.1 Mrs Goldsmith stated that the document had been discussed already at LCIG and was now much more aligned to medical devices. Discussion had started around how to handle commissioned work which was not currently covered by the framework. Miss Gillies pointed out that this framework sought to help address the blurred area between medical equipment and medical devices.

30.4.2 Mr McCann stated that this was good work and that it was important to have this and clinical engagement. It was also pleasing to note that various aspects of this work linked into the Board's existing track and trace project. It was noted that there was further work to in pulling clinical silos together and involving healthcare scientists and clinicians. There would also be further updates through board development sessions.

- 30.4.3 Professor Whyte added that something else to consider was the interface with the innovation agenda and the opportunities this could bring for collaborative working.
- 30.4.4 The Committee were very pleased with this report which was timely in aligning to other areas the Board had recently brought attention to. The Committee felt that currently only limited assurance could be taken that management are ensuring that the PAMS delivers strategic direction across all asset classes, however the Committee would welcome further reporting on this item.
- 30.5 Replacement of Radiotherapy Equipment 2019-20 - Mrs Goldsmith introduced the report recommending the replacement of four items in the Edinburgh Cancer Centre as per the Capital Equipment Replacement Programme (CERP). The Business Case had come to the Committee as it the value was over the delegated LCIG limit.
- 30.5.1 The Committee noted the capital funds identified for replacement radiotherapy equipment under the ongoing Scottish Government CERP.
- 30.5.2 The Committee agreed to approve the Standard Business Case for the replacement of four pieces of radiotherapy equipment – a kV therapy unit, two CT scanners and a High Dose Rate Brachytherapy unit.

31 Revenue

- 31.1 Presentation on the Scottish Budget and Implications for the Board's 2019/20 Financial Plan - Mrs Goldsmith gave a presentation on NHS Lothian Strategic Financial Plan. The presentation covered the 2019-20 Scottish Budget; 2019-20 NHS Financial Plan; IJB Budgets and Cost Allocation Model and NHS Lothian's Financial Strategy.
- 31.1.1 There was discussion on the social care net position; additional funding for Boards; worsening NRAC gap; improving patient outcomes; increase in waiting times funding; challenges around cancer funding;
- 31.1.2 The presentation also considered the 3 Year Financial Outlook. The Chair asked about anticipated costs around provision of safe staffing levels as legislation may dictate. It was noted that testing work with the workforce tool was underway to have a better assessment of what this might mean for NHS Lothian, particularly if there is agreement to make charge nurses supernumerary.
- 31.1.3 There was also discussion on pressures in the system; management challenges associated with managing cost pressures; income sources; impact of 2C GP practices; acute medicine growth concerns; payment as if at work; prescribing HEPMA and brexit impact.
- 31.1.4 Mrs Goldsmith highlighted the Financial Recovery Plans the challenge with this was that the proposed level of efficiency savings was yet to be seen. There was a move to sustainability and value, not just cash reduction schemes. There had been a slight change in approach to give each service responsibility to manage its own bottom line with opportunities for supported improvement. It was noted that most real opportunity for financial sustainability was now within clinical services.

- 31.1.5 The Chair asked about the quality programme. Mrs Goldsmith stated that there were some great examples of quality improvement work at the Western General Hospital and work was ongoing to identify other programme areas. Mr Davison added that quality work around tackling waste and unwanted variation generally was also underway and there was a lot of national procurement work also.
- 31.1.6 Mrs Goldsmith commented that there was a need to further look at areas around procurement. Mr Marriott pointed out that there would be a paper to the next Sustainability and Value Group meeting on the procurement programme for next year and then a paper could be brought back to F&R.
- 31.1.7 Mrs Goldsmith also covered risks and assumptions, including an increase to employers' pension contributions. This was likely to be around £300M across Scotland and the expectation was the Treasury would pick up this cost.
- 31.1.8 The Committee also discussed the IJB 3 year financial outlook. Mrs Goldsmith covered the current forward look; how to get a financially sustainable position going forward; making the relationships with IJBs, set aside and Acute Care more meaningful; the IJB Budget and Cost Allocation Model and IJB data accuracy around activity.
- 31.1.9 The presentation also covered the financial strategy work around unscheduled care; baseline staffing costs and how numbers may change moving forward. Mr Davison commented on developments with emergency access standards work and the challenge in ensuring the Board is appropriately sighted on the work; how assurance can be given that improvements made are sustainable and how to get to 95% compliance. The Committee noted that there would be a paper going to the February Board private session on the Health and Social Care Financial Framework.
- 31.1.10 In relation to set aside budgets, it was noted that there were patient safety challenges as well demographic pressures around these. At the moment there was ongoing finance and planning work around these. There will be programmes of work which will require support and additional resource to be put in place.
- 31.1.11 The Committee noted that it was proposed that the Financial Plan comes back to the F&R Meeting in March before going for Board approval.

SG

- 31.2 2018/19 Financial Position and Year-End Forecast - The Committee considered the financial position as at December 2018 which reported a year to date deficit of £3.1m, comprising an operational overspend of £14.2m offset by non recurring flexibility within corporately held reserves of £11.1m. The Committee accepted moderate assurance on achieving a breakeven outturn
- 31.2.1 The Committee also discussed and agreed the application of the key principles underpinning the year end arrangements for the Integration Joint Boards (IJBs), based on their Integration Schemes. The Committee asked Mrs Goldsmith to go and test the application of these principles and come back to the March meeting in light of the knowledge of the likely year end outcome.
- 31.2.2 The work on principles should be combined with the exploration work with the Integration Joint Boards (IJBs) with the intention to return to F&R and elaborate on the principles and the factual position. At the next meeting the Committee should be invited

to decide on the way forward or to consider further recommendations. There was more work to be done on the definition and application of these key principles, informed by the ministerial steering group. The Chair suggested that Mr Murray be contacted for any relevant feedback from the ministerial steering group.

31.3 Transfer of Portering and Waste Management (and Associated Services) at RIE from PFI to NHS Lothian - Mr Crombie introduced the report setting out the proposals for the Transfer of Portering and Waste Management (and associated services) at the RIE from Consort to NHS Lothian provision including a proposed compensation sum payable by NHS Lothian to Consort of £1,287,700 which has been agreed in principle, noting that a key aspect of the in principle agreement was that the current contractor Engie could account for this in their current financial year (ending 31st December 2018).

31.3.1 The Committee noted that this transfer was an important milestone and part of a Board commitment. The transfer had also been supported by the Board's Corporate Management Team on 14 January 2019 and LCIG on 19 December 2018.

31.3.2 The Committee agreed to continue its support for the overall strategy of returning Soft Services to in-house provision, noting the analysis of cost implications to the end of the contract term which shows a future benefit to NHS Lothian assuming all other factors remain equal.

31.4 Public Sector Reform Act (Scotland) 2010 Disclosures - 2017/18 - The Committee noted that the Public Services Reform (Scotland) Act 2010 set out duties on Scottish Ministers and listed public bodies (including NHS Lothian) to publish information on expenditure and other matters on an annual basis.

31.4.1 Mrs Goldsmith reported that since 2010, NHS Lothian had been required to publish all expenditure over £25k every year. The report submitted set out more detail around what information goes into the public domain.

31.4.2 The Committee reviewed the information and approved this information for publication.

32 Any Other Competent Business

32.1 There was no other business.

33 Date of Next Meeting

20 March 2019

34 2019 Dates

22 May 2019

24 July 2019

25 September 2019

27 November 2019

HEALTHCARE GOVERNANCE COMMITTEE

Minutes of the meeting of the Healthcare Governance Committee held at 9.00 on Tuesday 15 January 2019 in Meeting Room 8, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present: Professor T. Humphrey, Non-Executive Board Member (Chair); Dr P. Donald, Non-Executive Board Member; Ms C. Hirst, Non-Executive Board Member; Miss F. Ireland, Non-Executive Board Member and Chair of Area Clinical Forum and Mr A. Sharp, Patient and Public Representative.

In Attendance: Ms J. Bennett, Associate Director of Quality Improvement and Safety; Mr T. Cowan, Head of Operations, Edinburgh Health and Social Care Partnership (Item 48.2); Dr K. Dee, Consultant in Public Health Medicine; Miss T. Gillies, Medical Director; Dr S. Gleadow-Ware, Consultant Psychiatrist (Item 47.4) Mr C Graham, Corporate Governance Team (minutes); Ms K. Gray, Smokefree Lothian Service Manager; Ms A. MacDonald, Chief Officer, East Lothian Health and Social Care Partnership; Dr R. Millar, Consultant in Public Health Medicine (Item 44); Ms A. Milne, Detect Cancer Early Team Lead (Item 44); Ms J. Morrison, Head of Patient Experience; Ms C. Myles, Chief Nurse, Midlothian Health and Social Care Partnership; Ms Karen Ozden, Chief Nurse REAS; Mr D. Small, Director of Primary Care Services (Item 48.1); Dr C. Sumpter, Registrar in Public Health Medicine (Item 44); Professor A. Timoney, Director of Pharmacy and Ms Michele Carr, Service Director DATCC (Item 47.5).

Apologies: Mr B. Houston, Chairman, NHS Lothian; Mr T. Davison, Chief Executive; Mr J. Crombie, Deputy Chief Executive; Professor A. McCallum, Director of Public Health and Health Policy; Professor A. McMahon, Executive Nurse Director; Mr J. Forrest, Chief Officer, West Lothian Health and Social Care Partnership; Dr B. Cook, Medical Director, Acute Services; Ms J. Campbell, Chief Officer, Acute Services and Ms J. Proctor, Chief Officer, Edinburgh Health and Social Care Partnership;

Chair's Welcome and Introductions

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

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

41. Patient Story

41.1 It was noted that the Committee only had one patient representative at the moment. An additional representative was being actively pursued and consideration was currently underway about having a network/support framework of patient representatives for the Board's governance groups.

41.2 Mr Sharp read out a complaint received from the husband of a patient who had been admitted to the RVH in November 2016 following a fall at home. The patient suffered from frontal lobe dementia. The complaint had initially come in from the family's local MP and focused on the patient's general treatment received whilst in hospital. This included:

- Basic needs not being attended to – lack of personal hygiene

- Requesting a family member to visit the patient at meal times to make sure the patient was fed properly
- Failure by the nursing staff to identify swollen legs (fluid retention)
- The alarm issued following a subsequent fall in hospital was not functioning
- The patient's medication was changed and the husband was not told
- The patient's dementia had not been taken on board and staff were asking questions which the patient could not deal with
- Staff had been overheard at the nursing station complaining of being understaffed and unhappy about working during the weekend.

41.3 The Committee noted that meetings with staff and the family had been undertaken in November/December 2016 and then the Board had sent a response in January 2017. The MP had then come back in April 2017 with outstanding unresolved issues. In February 2018 the complaint had been referred to the Ombudsman who had then upheld parts of the complaint. 2 months ago there had been a further meeting with staff and the family to discuss concerns about the care provided. At this meeting although there remained no satisfactory resolution, it had been agreed to share this patient story with the Healthcare Governance Committee.

41.4 Mr Sharp added that in May 2017 there had been a project at the Western General Hospital looking at performance against certain dementia care standards and it was not clear if this action had been linked to the complaint. The report from the project had been positive and provided an emphasis on improvements; excellence in care; staff training; refurbishment; improved signage and the virtual dementia tour bus. The report did not appear to sit easily with the complaint and the current state of play with the complaint was not clear.

41.5 Miss Gillies stated that it was often difficult to hear stories of families not happy with care provided and part of the Board's commitment had been to highlight this story to Healthcare Governance. It was clear that a series of meetings had failed to address the family's concerns. Part of the WGH Site Management Team actions had been to undertake the project around dementia and older people in hospital. It was noted that the ward in question was now high performing against the care assurance standards and undertaking stress and distress training as part of providing support to patients. There was also a wider approach to the care standards which involved the patient living with dementia as well as their family/carer. It was noted that it was sometimes difficult to reconcile such complaints to a fully satisfactory conclusion for the family. It was important for the Committee to hear the detail of this complaint as it can help with future reconciliations and help in making sure these things do not happen again.

41.6 The Chair thanked Mr Sharp for detailing the complaint and the positive and encouraging response from the area involved was noted.

42. Minutes from Previous Meeting (13 November 2018)

42.1 The minutes from the meeting held on 13 November 2018 were approved as a correct record.

42.2 There was discussion around the patient complaints assurance level. The Committee noted this as limited assurance however the internal audit report had the assurance

level as moderate. It was agreed that Miss Gillies would follow this up with Professor McMahon outside the meeting and decide the best time to bring this back for consideration. The Chair would also ensure that the moving of assurance from moderate to limited would also be made clear in the Committee minutes.

TG/AMcM/TH

42.2 The updated cumulative Committee action note had been previously circulated. It was noted that most of the items on the action note had been picked up. The Chair would discuss when the best time to bring back GP improvement plans would be.

TH/DAS

42.3 Miss Gillies stated that the paper in relation to press coverage treatment of private patients was not yet complete but would come to the March meeting.

TG

42.4 There was discussion on the implementation of the new GP contract, how progress and impact would be measured across all IJBs and the timescale for this. Miss Gillies stated that it would be useful to bring back an update as a conclusion to year 1 of implementation of the contract with a statement of the changes that had been progressed together. The Chair would discuss this with Mr Small out with the meeting.

TH/DAS

42.5 The Committee also agreed to bring the Emergency Access item back to the March meeting.

43. Emerging Issues

43.1 No Issues reported.

44. Cancer Screening

44.1 The Chair welcomed Dr Millar, Dr Sumpter and Ms Milne to the meeting. There was a presentation on breast, bowel and cervical cancer screening performance; early detection; screening programme arrangements; local and national governance arrangements and standardisation; the Public Health England screening incident which affected 74 Lothian women and QI Projects including the training video by adults with learning disabilities for adults with learning disabilities.

44.2 It was noted that there had been slippage within NHS Lothian in relation to the 3 year screening cycle (now 3 years 13 weeks). The factors behind this were recognised as the rising population, staffing issues and physical resource availability.

44.3 The presentation covered the positive impact and the challenge the Quantitative Faecal Immunohistochemical Test (QFIT) had introduced. For example colonoscopy had increase to 90% requirement coming through screening. This had presented a challenge for an already under pressure service but was down to the success of the screening.

44.4 There was discussion on national detect cancer campaigns; screening attendance levels; working with community and third sector partners and ongoing inequalities work with patients from areas of deprivation; BME and polish speaking.

- 44.5 The Chair thanked Dr Millar, Dr Sumpter and Ms Milne for the helpful and useful presentation which had provided a deeper understanding of the screening programmes and future sustainability.
- 44.6 There was discussion on the level of assurance being provided. The Chair stated that the presentation was more an annual report being given more discussion time.

45. Committee Effectiveness

45.1 Corporate Risk Register - Ms Bennett reported that this was the standard report however a new template would start to be used by the end of January, following collaboration with Internal Audit and agreement by the Audit and Risk Committee. The new template would be used as the standard template for corporate risk. Current risk issues were identified as Brexit and the management of clinical waste. Clinical waste needed to go through the Corporate Management Team to ensure appropriate management of the risk at senior level.

45.1.1 The Committee accepted significant assurance that the current Corporate Risk Register contains all appropriate risks and that work was ongoing to separate the Unscheduled Care Performance risk (3203) into the risks related to the achievement of the 4 hour standard and the patient safety risks relating to overcrowding in the Emergency Department.

45.1.2 It was also accepted that as a system of control, the Governance committees of the Board assess the levels of assurance provided with respect to plans in place to mitigate the risks pertinent to the committee.

45.2 Quality and Performance Improvement Report - Ms Bennett reported that NHS Lothian remained an outlier in relation to access to CAMHS. The Committee acknowledged that of the target performance levels across 36 measures, 13 are met, 20 are not met and 3 are unable to be assessed. Of those overseen by the Committee 5 are met and 9 are not while 3 cannot be assessed. The Committee noted that assurance of significant, moderate, limited and none have been reached by Board Committees in 9, 10, 15 and 1 instances respectively. Those considered by Healthcare Governance Committee are at 1, 6, 6 and 1 respectively.

45.3 HIS Quality of Care Approach - Ms Bennett introduced the report setting out Healthcare Improvement Scotland's (HIS) Quality of Care Approach and organisational Quality of Care methodology. The Committee noted that Ms Bennett was part of the HIS shared intelligence group which had recently tested the new methodology with NHS Ayrshire and Arran and NHS Orkney. Ms Bennett reported that all inspections collect data on the board together with performance and use that as mechanism to see where boards are at in relation to quality care and governance structures. The testing was looking at how boards want to use intelligence on a thematic basis, pathway basis or board level.

45.3.1 There was a proposal for the board to implement the new methodology going to the February Board Meeting and there would also be future reporting through the Corporate Management Team. The committee reviewed the Quality of Care approach and received the output of the table-top review with teams responsible for the domains set out in the framework to identify strengths and areas for improvement.

46. Person Centred Care

46.1 Nothing reported.

47. Safe Care

47.1 Scottish Patient Safety Programme Annual Report - Miss Gillies outlined the report providing an update and assurance on the progress being made regarding patient safety and includes the Scottish Patient Safety Programme (SPSP) in Lothian, across all the patient safety programmes, Acute Adult, Community, Primary Care, Mental Health, Paediatrics, Neonatology and Maternal Health.

47.1.1 The Committee reviewed the range of workstreams under the patient safety programme and the depth of programme coverage across NHS Lothian that is required to contribute to reducing mortality and preventing harm. The integration of safety into clinical programmes and networks as part of NHS Lothian's Quality Strategy 2018-2023 and the improvement in outcomes within each work stream, areas for improvement and associated plans which are externally reviewed by Healthcare Improvement Scotland were noted.

47.1.2 The Committee accepted significant assurance that essentials of care are in place and moderate assurance for priorities until improvement gains can be sustained for the management of deteriorating patients over the winter period.

47.1.3 The Committee requested that an infographic and glossary be developed for this year's report which could then be circulated.

TG

47.2 Public Protection Update – Miss Ireland introduced the report updating the Committee on child protection, adult protection, multi-agency public protection arrangements (MAPPA) and Gender Based Violence (GBV).

47.2.1 It was noted that the paper gave a helpful overview by the four partnership areas and a NHS Lothian view related to adult, child protection multiagency arrangements around partnership areas however it was not clear who was doing what. Ms MacDonald stated that there was an overall responsibility for public, adult and child protection committees to report back to the public protection action group and suggested that an oversight of governance map may be useful.

47.2.2 The Committee noted the report and continued progress to strengthen Public Protection arrangements. The Committee agreed to accept Moderate subject to receiving the oversight governance map which would come back to the next meeting.

AMcM/IJB Chief Officers

47.2.3 The Committee also noted that the report on the Joint Inspection of Services for Children and Young People in need of care and protection in the Edinburgh Community Planning Partnership Area would come to a future meeting.

- 47.3 Health and Safety Clinical Governance and Performance - Miss Gillies updated the Committee on the risk assurance levels for the main specific clinical Health and Safety (H&S) prioritised risk topics. These were submitted to and discussed at the NHS Lothian Health and Safety Committee meetings on 28th August and 27th November 2018.
- 47.3.1 The Committee supported the work of the Health & Safety team in providing support to all local H&S Committees to receive and collate suitable data to enable a realistic assessment of meaningful assurance levels and noted that the H&S team are currently developing and updating their intranet pages to allow all staff access to all relevant guidance and lists of documentation required to enable the evaluation of data that is linked to assurance level evidence required.
- 47.3.2 The Committee accepted moderate assurance in relation to the three clinical risk topics - Safe Bathing, Showering and Surface Temperatures; Windows and Balconies and Environmental Ligatures.
- 47.4 Community Perinatal Service External Review – Update on Actions - Dr Gleadow-Ware introduced the report updating the Committee on the service development recommendations for the Lothian Community Perinatal Mental Health Service and the options to redesign the service. It was noted that this had been requested as an outcome from an earlier Healthcare Governance Committee Meeting following the appointment of the clinical lead.
- 47.4.1 The Committee supported the further development of this service and noted the three potential service provision models provided within the report would be submitted to the February Corporate Management Team meeting for discussion and agreement on how best to progress the development of the service.
- 47.4.2 The Committee supported the establishment of a Pan-Lothian Perinatal Mental Health Service Development Steering Group to support and monitor service changes and put in place a specific governance structure for perinatal mental health, with representation from key relevant groups including acute mental health services, community mental health services, maternity services, health visiting, child and adolescent mental health services, voluntary (third) sector services, children's services and service user representation.
- 47.4.3 The Committee agreed to take limited assurance around the temporary measures put in place for the service to operate as a tertiary level service to reduce patient safety and service level risks. It was noted that any comments on the service provision models could be provided to Dr Gleadow-Ware electronically.
- 47.4.4 The Committee requested that a further update on this item come back to the July Healthcare Governance meeting.

AMcM

47.5 Surgical Instrument Cycle Improvement Programme - Ms Carr reported to the Committee on the progress against surgical instrument cycle programme plan to improve the effectiveness and efficiency of the instrumentation sterilisation cycle, and progress in achieving all required ISO accreditation.

47.5.1 The Committee agreed to take limited assurance from the improving position in relation to supply of fit for purpose surgical instrumentation, and support the continued actions of the programme. The Committee also endorsed continued efforts to further refine success measures for the surgical instrument cycle and acknowledged that there had been demonstrable progress against planned actions as evidenced by the attached programme plan that over time shall result in a more effective and efficient instrument sterilisation cycle.

47.5.2 The Committee also agreed to take moderate assurance from efforts to ensure ongoing and required ISO decontamination accreditation as detailed in the report.

47.5.3 The Committee requested that a report demonstrating trend data come back to the September Healthcare Governance Committee, however if the position deteriorates before this then an interim update would be expected sooner.

JC

48. Effective Care

48.1 Measuring GP Access Performance - Miss Gillies introduced the report providing the Committee with information on measures regarding access to General Practice.

48.1.1 There was discussion on ease of GP registration; getting appointments; identification of care need; access to other services such as community pharmacy; restricted lists and improving the patient experience. Ms MacDonald stated that East Lothian was part of a national pilot with NHS24 looking at triaging of activity. The first evaluation report was expected at the end of January and would come back to the Committee when available.

AM

48.1.2 The Committee requested that a presentation on this item come to the May meeting once the Primary Care Improvement Plans and completed IJB Strategic Plans were available.

DAS

48.1.3 The Committee noted the agreement to develop a vision for the future of primary care for NHS Lothian and agreed that the measures should be further developed as part of the work on the vision for the future.

48.2 Edinburgh Older People's Care Inspection Action Plan Update - Mr Cowan provided an update on the outcome of the progress around the review of Older Peoples' Services in Edinburgh Health and Social Care Partnership. The Committee noted that the report also provided detail of the proposed approach for taking forward the 17 recommendations made in the inspection report in May 2017 which includes an updated improvement plan with clear links to partnerships transformation and change programme.

48.2.1 The Chair stated the progress made appeared to be encouraging but before there could be a transfer of governance back to the IJB there needed to be a paper brought back for decision at the March meeting.

JP

48.2.2 The Committee agreed a limited assurance level around the older people report whilst noting the following:

- the findings of the progress review which took place during June and July 2018.
- the partnership's plans to align the areas for improvement set out in the progress report through a new strategic transformation model designed to take the focus away from short term, reactive planning to long term sustainable change.
- that the report and action plan will be overseen by the IJB and its governance structures.

48.3 Mental Health Services Update - Miss Ireland reported that a presentation was being prepared for the next Healthcare Governance Committee around assurance. Ms Ozden gave an update on performance within CAMHS and psychological therapies. It was noted that performance targets were not being achieved and that slippage with CAMHS numbers and referrals remained increasing. There was a piece of demand capacity queue work needed in order to move this forward. There was discussion on investment needed to meet psychological therapies targets and the continued good work around reviewing of pathways within CAMHS. The Committee noted that there would also be a Board Development Session around mental health.

48.3.1 Ms Ozden reported on ongoing work to address challenges with Edinburgh Health and Social Care Partnership around delayed discharges and community accommodation. There also remained a gap around accommodation in East and Midlothian.

48.3.2 The Chair thanked Ms Ozden for the update and stated that there appeared to be a range of items that would be better addressed in a management of clinical risk paper to come to the March Healthcare Governance meeting.

AMcM

48.4 Dementia Diagnosis and Management - Miss Ireland introduced the paper considering the need for further work to be undertaken across Lothian, with the NHS Lothian Board and the four Integration Joint Boards in relation to access to diagnosis of dementia, supporting those with a diagnosis of dementia and those who care for people with dementia.

48.4.1 The Committee noted that there had not been a lot of progress made in terms of development of a measure in relation to performance against post diagnosis support.

48.4.2 The Committee requested that a further report come back to the May meeting providing at least one collective measure and that Professor McMahon as Executive Lead engage with the appropriate colleagues around this to provide post diagnostic support in the way the Scottish Government intended.

AMcM

48.5 Smoking Cessation - Ms Gray introduced the paper outlining the current LDP performance against Smoking Cessation. There was discussion around the key issues including the national perspective; introduction of a new model; the national smoking cessation review; changing LDP targets; reduction in footfall and quit rates; systems and resources challenges; improving performance and embracing a joint working approach to smoking cessation and the challenges around the health board delivering pharmacotherapy.

48.5.1 The Committee noted that Ms Gray in her role as Smokefree Lothian Service Manager had introduced changes and began to address the recruitment process required to address the gap in the workforce. There had been assistance for this work provided by a quality improvement lead since December 2018 and a tobacco control board had been established as part of governance arrangements. It was noted that a business case had recently been submitted to the Board's Corporate Management Team to consider help with filling gaps to meet the LDP. Performance improvement was expected by mid 2019/20.

48.5.2 The Chair stated that moderate assurance was based around obtaining investment; alignment and changes within services. There was a concern about how moderate assurance would therefore be evidenced. Ms Hirst commented that the recommendation of moderate assurance was a step in the right direction but there was no solid evidence at this stage. Dr Donald stated that there was a need for some numbers around smokers, how many were ready to give up and information on supporting and sustaining quits.

48.5.3 The Chair added that there was a need to know the requirements to demonstrate improvement and that sustainability takes some time. The Chair asked Ms Gray what she felt the timescale for coming back to the Committee would be. Ms Gray stated that it was hoped that once the business case was embedded into the financial plan recruitment would start and people would be in place in April 2019, therefore it would be best to come back to the July Healthcare Governance meeting.

48.5.4 The Committee accepted the update around the LDP performance and recognised that the current performance indicator for 2018/19 demonstrated a further deterioration in performance and an expectation that the Board is unlikely to reach above 1,120 of its LDP outcome target.

48.5.5 The Committee also noted the resource implications of meeting the care gap as listed in the report and endorsed the range of specific improvement actions as outlined. The Committee agreed to take moderate assurance that the improvements being implemented will optimise performance in the second half of 2019-20 and looked forward to a further update at the July meeting.

AKM

49. Exception Reporting Only

Members noted the following previously circulated papers for information:

- 49.1 Medical Revalidation Annual Report
- 49.2 Tissue Governance Annual Report
- 49.3 Organ Donation Annual Report
- 49.4 Pregnancy and Newborn Screening Performance Report
- 49.5 Lothian Infection Control Advisory Committee Annual Report
- 49.6 Healthcare Associated Infection Update

50. Other Minutes: Exception Reporting Only

Members noted the previously circulated minutes from the following meetings:

- 50.1 Clinical Management Group: 13 November 2018
- 50.2 Area Drug and Therapeutics Committee: 5 October 2018; 7 December 2018
- 50.3 Health and Safety Committee: 27 November 2018
- 50.4 Vulnerable People Steering Group: 29 August 2018
- 50.5 Policy Approval Group: 25 September 2018

51. Any Other Business

- 51. There was no other business.

52. Date of Next Meeting

- 52.1 The next meeting of the Healthcare Governance Committee would take place at **9.00** on **Tuesday 12 March 2019** in **Meeting Room 8**, Fifth Floor, Waverley Gate.

53. Further Meeting Dates in 2019

- 53.2 Further meetings would take place on the following dates in 2019:

14 May
9 July
10 September
12 November

NHS Lothian

STAFF GOVERNANCE COMMITTEE

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

Present: Mrs A. Mitchell (Chair); Professor T. Humphrey; Cllr J. McGinty; Mrs. J Butler; Mr J. Crombie; Professor A. McMahon; Ms H. Fitzgerald; Mr S. McLauchlan and Miss T. Gillies.

In Attendance: Mrs R. Kelly, Deputy Director of HR, NHS Lothian; Mr I Wilson, Acting Director of Occupational Health and Safety; Ms A Langsley, Associate Director of OD & Learning; Mr G Curley, Director of Operations - Facilities (Item 45.1.1); Ms K Tober, Clinical Leadership Fellow (shadowing Miss Gillies); Ms I Cosway, Project Lead Healthy Working Lives (Item 46.1) and Mr C. Graham, Secretariat Manager.

Apologies for Absence were received from Mr A. Joyce and Mr B. Houston.

Declaration of Financial and Non-Financial Interest

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

43. Minutes of the Previous Meeting

- 43.1 The Minutes and Action Note of the Staff Governance Committee Meeting held on 24 October 2018 were approved as a correct record.
- 43.2 The Chair clarified that in relation to paragraph 36.7.4.2 – Not all people raising possible whistleblowing cases are asked to meet with the Chair. The Chair only offers to meet with people where investigations are complete or issues pertinent to whistleblowing have been identified.

44. Matters Arising

- 44.1 The Committee noted items on the action note were being covered on the agenda or planned to come to the March meeting.

45. Assurance and Scrutiny

- 45.1 Corporate Risk Register
 - 45.1.1 3328 - Roadways/Traffic Management – The Committee noted the report updating the Committee on progress with managing the risks associated with roadways and traffic management.
 - 45.1.1.1 There was discussion around the measures in place to maintain traffic arrangements and the limited assurance on the RIE campus because of the arms length arrangement with the contractor. It was noted that there was a service change order to formalise arrangements to improve the RIE site and work was ongoing with the consort leadership team to progress this along with funding contribution.

45.1.1.2 The Committee requested that a paper be brought to the March meeting which focussed on the articulation of key risks for discussion around improvement measures on the RIE site; what solutions may look like and a flavour of overall cost. The Committee also noted that a paper outlining concerns around prioritisation of funding for this risk did go to F&R in January 2018 where it was agreed this would remain a priority.

JC

45.1.1.3 The Committee agreed to endorse progress to date and supported the direction of travel on future recommendations to improve our capability to deal with this significant risk. The Committee accepted moderate assurance that road and traffic management issues are being regularly reviewed, managed and improvements developed as supported by recent audits and supported the actions taken at the RIE campus site to influence the external contractor to introduce improvements. Only limited assurance could be provided at this time for the RIE campus.

45.1.1.4 The Committee also endorsed the Facilities Directorate assessment and noted that the Roadways & Traffic Management remained a high risk throughout the estate, with particular concern for the major hospital sites. It was acknowledged that as the availability of capital funding reduces the ability to implement engineered designed solutions could diminish, meaning the risk rating is unlikely to change in the immediate future.

45.1.2 3455 - Management of Violence and Aggression - Professor McMahon reported that two members of the violence and aggression team had now undertaken quality improvement training and has started work in Wards 202/203 at the RIE. This work would not just be in Mental Health areas.

45.1.2.1 In relation to the Identicom system management of this had now moved across to procurement. There were still issues around people activating and using the system appropriately. Professor McMahon would bring a fuller report to a future meeting.

AMcM

45.1.2.2 Professor McMahon also reported that the issues around the eLearning module before had now been rectified and there was a focus to improve the DNA rates at training. The work on the Purple Pack was now complete and this was being well received.

45.1.3 3527 – Medical Workforce Sustainability – Miss Gillies reported that doctors in training recruitment was currently mid way through. There was no change in position at UK or Scottish level and Lothian remained the most fully recruited of all the Scottish Health Boards.

45.1.3.1 There was discussion on workforce flow patterns; continued development of clinical fellows; international recruitment; non medical workforce alternatives such as extended roles, pharmacy, healthcare science, nursing and AHPs; exploration of physician associates; supporting of partner boards' workforce and the annual trainee survey, the results of which would come out in early autumn.

45.1.4 3828 – Nurse Workforce – Safe Staffing Levels – Professor McMahon reported that the roll out of workforce tools across the whole organisation had now been completed. The outputs from this would be taken to the Corporate Management Team and then through the organisational governance route. It was noted that there was potential for a financial ask in the next financial year and there was discussion to be had around supporting that. The issue would be recruitment of workforce rather than funding. The safe staffing legislation was still making its way through the Scottish Parliament with stage two now complete. It was likely to gain royal assent in April and then implementation would be in 2020. Professor McMahon would provide a further update around workforce tools to the March meeting and ensure that both Staff Governance and Healthcare Governance were kept fully sighted on this work.

AMcM

45.1.4.1 Professor Humphrey asked when workforce tools would be available for the multi disciplinary approach. Professor McMahon confirmed that this was only happening in the A&E department at the moment with prisons another area where this had just started. There was a long way to go and there was a need to ensure sufficient rigour around the outputs from the tools.

45.1.4.2 Professor Humphrey also asked about plans for the use of data. Professor McMahon stated that the tools were run once or twice per year but could be done more frequently to provide snapshot data output.

45.2 Health and Safety Assurance Update - Miss Gillies updated the Committee on the risk assurance levels for the quarter two Health and Safety prioritised risk topics. These cover Manual Handling, Windows and Balconies, Environmental Ligatures and Workplace Inspections. It was noted that these were submitted to and discussed at all local area H&S Committees and then the NHSL Health and Safety Committee on 27th November 2018.

45.2.1 The Chair stated that it was important to acknowledge the great deal of work undertaken around health and safety but there remained issues around clarity of scrutiny and robustness of work undertaken to provide assurance levels. There was potential for a piece of work around outlining what issues should be taken to Staff Governance Committee and to Healthcare Governance Committee so that any grey areas could be identified.

45.2.2 Mr Wilson added that improving detail of local health and safety committees quarterly returns remained in development. There was piloting underway and local support being provided to managers along with workshops to ensure the appropriate data is being provided locally. Mrs Butler stated that from the paper the summary of committee deliberations and decisions reached was evident but that it would be helpful for areas of concern to be highlighted. There was discussion on the separation of risks between Staff Governance Committee and Healthcare Governance Committee and the progress being made with car parking and site management at St John's Hospital;

45.2.3 The Committee accepted the proposed overall assurance levels for the four risk topics as Moderate for Manual Handling, Moderate for Workplace Inspections, Moderate for Windows and Balconies and Moderate for Environmental Ligatures.

45.2.4 The Committee supported the work of the Health & Safety team in providing support to all local H&S Committees to receive and collate suitable data to enable a realistic assessment of meaningful assurance levels. It was noted that the H&S team are currently developing and updating their intranet pages to allow all staff access to all relevant guidance and lists of documentation required to enable the evaluation of

data that is linked to the assurance level evidence required. The Committee also noted that proposed future documents are currently being piloted at REH, SJH and WLHSCP with positive feedback received to date.

46. Healthy Organisational Culture

46.1 Health and Wellbeing, RIE Site - Ms Cosway gave a presentation on the Health and Wellbeing Initiatives underway at the RIE Site. The presentation covered the developments being put in place to build towards the gold healthy working lives award, with bronze and silver already being achieved; the importance of staff having breaks; introduction of staff initiatives such as chair based massage; the current winter zest campaign and the NHS Lothian staff engagement framework.

46.1.1 Mrs Butler pointed out the importance of developing healthy working lives and the need to undertake work at all sites not just RIE. The Chair asked about manager feedback on the impact of the initiatives. Ms Cosway stated that feedback had so far been if staff are feeling better then teams work better and more effectively which is also beneficial for patient care.

46.1.2 The Committee congratulated Ms Cosway on the excellent initiatives and would welcome another update at a future meeting on how work was progressing. It was also suggested that there may be potential for funding for some of the initiatives from the health foundation as it related to staff health and wellbeing.

46.2 iMatter Performance Report and Annual Timetable - Mrs Kelly updated the Committee on the final year position for 2018, the 2019 iMatter Anniversary cycle and proposed system developments. The Committee noted that the response rate was down marginally; the employee engagement index had gone up and the teams with no report remained the same. The area of significant improvement was in relation to the action plan completion rate which was now up to 60%, however there remained work to be done. The Committee also noted that the findings from the NHS Scotland health and social care report would be reported to the Corporate Management Team and to the next Staff Governance Committee meeting.

JB/RK

46.2.1 Mrs Kelly also reported that the 2019 cycle had now commenced within corporate functions with questionnaires going live in the next few weeks; the staff engagement experience development plan was being worked through and there was a lot more work to do with the communications team around publicising results.

46.2.2 The Chair stated that it was reassuring to see the improvement in conversion rates however it would be good to see the impact action plans were having in bringing about change. Mrs Butler commented that the process was now well embedded and more attention should now be given to the action plans and the development of local actions to improve staff experience and engagement. As part of the national review of iMatter there were focus groups being held as part of the evaluation and conversations had taken place with a number of individuals within NHS Lothian. Mrs Butler suggested that for the March meeting some of the local areas present to the Committee on their experiences of iMatter to date and what has changed for them.

JB/RK

46.2.3 The Committee noted the final iMatter Key Performance Indicators for 2018 and noted that a full presentation of 2018 results would be provided at the March Staff Governance Committee. The Committee also noted the amended timetable for the 2019 iMatter cycle and the planned action to ensure that iMatter becomes embedded

as the primary measure of staff engagement and viewed by managers and staff as 'business as usual' in 2019.

46.3 Whistleblowing Monitoring Report

Professor Humphrey took over as Chair for this item.

46.3.1 Mrs Kelly reported that there was little new to report. The number of live cases and cases coming through were reduced. Since October 2016 there had been 25 cases and at the moment there were 2/3 live cases. Further whistleblowing training was currently paused due to the Speak Up campaign roll out. Nationally information around standards was still awaited.

46.3.2 Mrs Butler added that in October the Cabinet Secretary had announced the appointment of Non Executive Whistleblowing Champions, which NHS Lothian already has. It was clear recently that there seemed to be a suggestion of having a full time Non Executive dedicated role for Whistleblowing but it was not clear what this role would be, how concerns would be managed; what the governance oversight arrangements would be and how this would be different to the oversight role currently in place. The Committee noted that the Chair and Mrs Butler had met representatives from the Scottish Government to discuss the danger of confusing whistleblowing and individual bullying and harassment.

46.3.3 There was discussion on the possible national target of 20 days for a whistleblowing case. It was noted that NHS Lothian was not the only Board which currently felt this target would be unachievable. This target would be in-line with the complaints process however some whistleblowing cases could be extremely complex and multifactorial and also involve other time dimensions beyond the control of NHSL such as tribunals. Mrs Butler stated that although timescales were important it was more important to ensure key issues were fully considered and that there was effective communication with parties at all key points.

Mrs Mitchell thanked Professor Humphrey and took back the Chair.

46.4 Speak Up Campaign – Update - Mrs Kelly reported that the recruitment for advocates and an ambassador had been launched this morning; staff were being given a 2 week opportunity to apply for the 1 ambassador and 20-30 advocate positions. The Chief Executive had also recorded a short video clip encouraging people to apply for the roles which was also launching as part of the recruitment. It was hoped to arrange external training in March before the formal launch. Mrs Kelly would provide a further update to the March meeting.

47. Sustainable Workforce

47.1 Workforce Report - The Committee noted the updated Workforce Report for January 2019 and the actions being taken to address some of the issues within in the Report.

47.2 Workforce Planning update - Mrs Butler updated the Committee on progress to deliver the actions as set out in the NHS Lothian Workforce Plan 2017 – 2019. Mrs Butler reported that the Workforce Planning Programme Board had now been up and running for over a year and had provided a real focus for the workforce plan work. It was noted that the current plan runs to the end of this year and guidance was awaited from the Scottish Government on the reporting arrangements moving forward. There was a workshop arranged for March 2019 to review the NHS Lothian plan.

47.2.1 The Committee accepted that workforce planning, development and retention actions alone are not going to be sufficient to close workforce gaps and that approaches to innovation, realistic medicine and quality improvement must also play a substantial and meaningful role in achieving service sustainability. The Committee also accepted significant assurance that the progress to date demonstrates that work is on track to deliver against the actions outlined in the 2017 to 2019 workforce plan.

47.2.1 The Committee also noted the following:

- that all professions and key service developments now had dedicated workforce planning groups and workstreams which feed into the Workforce Planning and Development Programme Board
- the update against the workforce plan 2017-19 action plan
- the range of work underway to support staff retention through innovative approaches to improving employee experience and supporting health and wellbeing within the workforce
- the complex range of challenges faced in growing the workforce to meet the needs of national policy and strategy, in the absence of any significant expansion in national professional training programmes in recent years.

47.3 BREXIT – Workforce Implications - Mrs Butler introduced the report to provide assurance to the Committee of NHS Lothian's preparedness in relation to workforce following the UK's decision to leave the EU on the 29 March 2019.

47.3.1 Mrs Butler reported that this was an ever changing landscape and for NHS Scotland it had been challenging as previously there had been no mechanisms for recording EU nationality of staff. Results from a recent survey would suggest that around 1.8% of the workforce were non UK EU employees. There would be some problematic areas should individuals leave; this included some specialist healthcare science posts; some medical professions and domestic services. There were also challenges around immigration rules going forward and potential significant implications for the health and social care workforce. There remained further work around networking to do with staff and immigration advisors were also being brought in to speak to staff.

47.3.2 Mrs Butler added that there were also issues for staff members with extended family and settled status. There had been a number of government level and cabinet secretary communications issued and the government have funded Citizen Advice Bureaus to give advice to non EU workers. There was also ongoing work preparing a toolkit for managers around sensitive conversations guidance. The work around Brexit was now into formal resilience planning. The Chair added that a key focus from the Staff Governance Committee point of view was to ensure that these workers were supported and made to feel valued and welcome and that an appropriate communications strategy was in place.

47.3.3 The Committee agreed to accept moderate assurance that processes are in place to gather information relating to the nationality of non UK EU staff working within NHS Lothian and moderate assurance that NHS Lothian is taking appropriate steps to support and communicate with staff in relation to Brexit. Paragraph 3.5 of the report should be amended to read 'Irish' rather than "Southern Irish".

48. Capable Workforce

48.1 Appraisal Framework and Compliance - Ms Langsley updated the Committee on the implementation of an appraisal framework which would be circulated to the Committee separately and highlighted the lack of improvement with completion of recorded appraisal conversations on Turas Appraisal.

- 48.1.1 There was discussion on mandatory training compliance and appraisal compliance. It was proposed that there would be a paper submitted to the Corporate Management Team on a three monthly basis outlining compliance within each of the Board's Business Units. The Committee noted the drop in fire training compliance and noted that there was a facilities improvement action plan now in place to implement a range of actions to improve this.
- 48.1.2 There was also discussion on embedding the framework into performance management and implementation of improvement actions.
- 48.1.3 The Committee noted that a new appraisal framework is being rolled out to support good quality appraisal conversations and took a limited level of assurance that staff appraisal for those on AfC terms and conditions are currently happening. The Committee also accepted a moderate level of assurance that appropriate management actions are being taken to improve compliance. There would be an update paper to the July Staff Governance Committee.

AL

48.2 Annual Report – Medical Revalidation - Miss Gillies informed Committee members of the outcome of the review by NHS Education for Scotland (NES) of NHS Lothian's progress on medical revalidation in 2017-18.

48.2.1 Miss Gillies apologised for the omission of an assurance level within the paper and stated that significant assurance was being requested that there were robust systems in place around medical appraisal which then fed forward into medical revalidation.

48.2.2 There was discussion on the process of revalidation and deferring revalidation; level of workforce turnover; clinical fellows annual appraisal; identification of poor performers and GMC reviews.

48.2.3 The Committee accepted the proposed significant assurance level that robust systems were in place around medical appraisal which then fed forward into medical revalidation.

48.2.4 The Committee noted the following:

- that this report was accepted by the Healthcare Governance Committee at its meeting on 15 January 2019
- the outcome of the NES annual quality assurance survey on medical revalidation for NHS Lothian, St Columba's hospice, the Marie Curie hospice and for Scotland.
- that NHS Lothian complies with the three recommendations in the report
- the relationship between NHS Lothian and St Columba's and Marie Curie hospices for medical revalidation.

48.3 Project Lift - Ms Langsley introduced the paper updating the Committee on the launch of Project Lift and to setting out how NHS Lothian are promoting and supporting local implementation of the talent management and leadership development resource.

48.3.1 There was discussion on the feedback people received. Ms Langsley stated that the report people received was always framed positively and encouraged people to discuss concerns with their line manager.

48.3.2 The Committee noted the paper and Project Lift's potential positive contribution to talent management, staff development and leadership at all levels.

49. For Information and Noting

49.1 The Committee noted the following items:

- Staff Governance Workplan – 2018/19
- Staff Governance Statement of Assurance Need
- Minutes of the Staff Engagement and Experience Programme Board held on 21 November 2018
- Minutes of the Workforce Development Programme Board held on 8 November 2018
- Minutes of the Lothian Partnership Forum held on 30 October 2018

50. Any Other Business

50.1 There was no other business.

51. Date of Next Meeting

51.1 It was noted that the next meeting of the committee would be held on 27 March 2019 at 9.30am in meeting rooms 8&9, Waverley Gate, 2-4 Waterloo Place, Edinburgh.

52. 2019 Meeting Dates

27 March 2019	29 May 2019
31 July 2019	30 October 2019

**NHS Lothian
Staff Governance Committee
Action List Following Meeting Held on 30/01/2019**

ITEM	ACTION	DUE BY	BY WHOM	STATUS
<u>3328</u> <u>Roadways/</u> <u>Traffic</u> <u>Management</u>	<p>The Committee requested that a paper be brought to the March meeting which focussed on the articulation of key risks for discussion around improvement measures on the RIE site; what solutions may look like and a flavour of overall cost. The Committee also noted that a paper outlining concerns around prioritisation of funding for this risk did go to F&R in January 2018 where it was agreed this would remain a priority.</p>	<p>27/03/19</p>	<p>JC</p>	
<u>3455</u> <u>Management of</u> <u>Violence and</u> <u>Aggression</u>	<p>In relation to the Identicom system management of this had now moved across to procurement. There were still issues around people activating and using the system appropriately. Professor McMahon would bring a fuller report to a future meeting.</p>		<p>AMcM</p>	
<u>3828</u> <u>Nurse</u> <u>Workforce –</u> <u>Safe Staffing</u> <u>Levels</u>	<p>Professor McMahon would provide a further update around workforce tools to the March meeting and ensure that both Staff Governance and Healthcare Governance were kept fully sighted on this work.</p>	<p>27/03/19</p>	<p>AMcM</p>	
<u>iMatter</u> <u>Performance</u> <u>Report and</u> <u>Annual</u> <u>Timetable</u>	<p>The Committee also noted that the findings from the NHS Scotland health and social care report would be reported to the Corporate Management Team and to the next Staff Governance Committee meeting.</p> <p>Mrs Butler suggested that for the March meeting some of the local areas present to the Committee on their experiences of iMatter to date and what has changed for them.</p>	<p>27/03/19</p>	<p>JB/RK</p>	
<u>Appraisal</u> <u>Framework and</u> <u>Compliance</u>	<p>The Committee also accepted a moderate level of assurance that appropriate management actions are being taken to improve compliance. There would be an update paper to the July Staff Governance Committee.</p>	<p>31/07/19</p>	<p>AL</p>	



Midlothian Integration Joint Board

Date	Time	Venue
Thursday 6 th December 2018	2.30pm	Conference Room, Melville Housing, The Corn Exchange, 200 High Street, Dalkeith, EH22 1AZ.

Present (voting members):

Angus McCann (Chair)	Cllr Jim Muirhead
Tracey Gilles	Cllr Pauline Winchester
Alex Joyce	Cllr Margot Russell (substitute for Cllr Derek Milligan)
	Cllr Joe Wallace (substitute for Cllr Catherine Johnstone)

Present (non-voting members):

Allister Short (Chief Officer)	Claire Flanagan (Chief Finance Officer)
Nik Hirani (Medical Practitioner)	Hamish Reid (GP/Clinical Director)
Caroline Myles (Chief Nurse)	Fiona Huffer (Head of Dietetics)
Wanda Fairgrieve (Staff side representative)	Aileen Currie (Staff side representative)
Keith Chapman (User/Carer)	Pam Russell (User/Carer)

In attendance:

Morag Barrow (Head of Primary Care and Older Peoples Services)	Jamie Megaw (Strategic Programme Manager)
Tom Welsh (Integration Manager)	Jill Stacey (Chief Internal Auditor)
Chris Lawson (Risk Manager)	Jane Milne (Head of Customer & Housing Services (Acting))
Simon Bain (Housing Services Manager)	Liz MacKenzie (Health Visitor Team Manager)
Lesley Murray (Health Visitor)	Sarah Bain (Health Visitor)
Mike Broadway (Clerk)	Gordon Aitken (Democratic Services)

Apologies:

Cllr Derek Milligan	Cllr Catherine Johnstone
Alison White (Chief Social Work Officer)	Ewan Aitken (Third Sector)

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1. Welcome and introductions

The Chair, Angus McCann, welcomed everyone to this meeting of the Midlothian Integration Joint Board, following which there was around of introductions.

2. Order of Business

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

3. Declarations of interest

No declarations of interest were received.

4. Minutes of Previous Meetings

4.1 The Minutes of Meeting of the Midlothian Integration Joint Board held on 11 October 2018 were submitted and approved as correct record.

4.2 A Rolling Action Log – December 2018 was submitted.

Thereafter, the Board, having received updates on the various action points detailed therein, agreed:-

- (a) to close all actions with the exception of the Royal Edinburgh Hospital on the basis of the updates given and recorded in the updated action log;
- (b) to note the update on the Royal Edinburgh Hospital; and
- (c) to note that the action log would be updated following the meeting.

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

5. Public Reports

Report No.	Report Title	Presented by:
5.1	Health Visiting Services - Presentation	Caroline Myles/Liz MacKenzie/Lesley Murray/Sarah Bain

Executive Summary of Report

The Board received a presentation led by Caroline Myles (Chief Nurse) on Health Visiting Services. She reflected on the pressures that been experienced by the Health Visiting Service in recent years and, having highlighted a number of recent Policy changes, explained the developments that had taken place to address those pressures.

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Liz MacKenzie advised that a key focus of this had been adoption of the Universal Health Visiting Pathway in Scotland – a core home visiting programme offered to all families as a minimum standard based on the following principles:

- Promoting, supporting and safeguarding the wellbeing of children
- Person-centeredness
- Building strong relationships from pregnancy
- Offering support during the early weeks and planning future contacts with families
- Focussing on family strengths, while assessing and respectfully responding to their needs

Lesley Murray and Sarah Bain explained how the Pathway had provided a uniformity of approach and had enabled Health Visiting Service staff to develop better relations with clients through being able to develop a better working knowledge of the family situation. It also meant they were better placed to identify potential issues and signpost other appropriate services at an early stage.

Summary of discussion

The Chair thanked Caroline, Liz, Lesley and Sarah for their presentation and invited questions/comments from Members of the Board.

Arising from Members questions and comments, the following issues were discussed by the Board:-

- The benefit of continuity and the ability to identify potential issues and signpost appropriate services
- Promoting Healthy Lifestyle options
- Opportunity to adopt a more holistic joined up approach.

Decision

The Board, after further discussion:

- **Noted the presentation; and**
- **Thanked Caroline Liz, Lesley and Sarah.**

Action

Chief Nurse/Clerk

Report No.	Report Title	Presented by:
5.2	Midlothian Rapid Rehousing Transition Plan	Jane Milne/Simon Bain

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Executive Summary of Report

The purpose of this report was to provide an overview of Midlothian's Rapid Rehousing Transition Plan which was due to be submitted to Scottish Government by 31 December 2018 and recognise that there was a fundamental role to be played by the Health and Social Care Partnership in developing a Housing First approach for people with multiple complex needs as part of the Rapid Rehousing service model.

Summary of discussion

The Board, having heard from Jane Milne (Head of Customer & Housing Services (Acting)) and Simon Bain (Housing Services Manager) both of whom responded to Members' questions/comments, discussed Midlothian's Rapid Rehousing Transition Plan and the proposed development of a Housing First approach for people with multiple complex needs across Midlothian. Whilst it was acknowledged that there was a cost involved in adopting such an approach it was hoped this could be achieved within existing resources and/or by the additional savings creating through service redesign or refocus. It might also be possible to release additional resources through effective partnership working particularly with regards to the Housing First models of service delivery which potentially could relieve pressure on other services.

Decision

After further discussion, the Board:

- **Noted the actions being proposed in Midlothian's Rapid Rehousing Transition Plan; and**
- **Agreed that the Health and Social Care Partnership would participate in discussions around the development of a Housing First approach for people with multiple complex needs across Midlothian.**

Action

Chief Officer

Report No.	Report Title	Presented by:
5.4	Measuring Performance Under Integration	Jamie Megaw

Executive Summary of Report

With reference to paragraph 5.5 of the Meeting of 20 April 2017, there was submitted a report updating the Board on performance and improvement towards achieving the Local Improvement Goals set by the MIJB based on the indicators that the Ministerial Strategic Group for Health and Community Care had agreed in December 2016.

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Summary of discussion

Having heard from Jamie Megaw (Strategic Programme Manager), who responded to Members' questions and comments, the Board in discussing the data acknowledged that in terms of the improvement goals set by the MIJB the indicators continued to show mixed results. The Board did however welcome the revised format for the presentation of performance information and expressed support for the indicators being refreshed now that some of the target dates had passed, which would be picked up as part of a future development session.

Decision

After further discussion, the Board:-

- **Noted the performance across the improvement goals;**
- **Noted the further information about Unscheduled Occupied Bed Days; and**
- **Noted that a refresh of the Local Improvement Goals would be picked up as part of a future development session.**

Action

Chief Officer

Report No.	Report Title	Presented by:
5.3	Risk Register	Chris Lawson

Executive Summary of Report

With reference to paragraph 5.1 of the Minutes of MIJB Audit and Risk Committee held on 29 March 2018, there was submitted a report setting out the current version of the MIJB's risk register and highlighting risks of major concern.

Summary of discussion

The Committee, having heard from the Risk Manager, discussed the Risk Register; a copy of which was appended to the report. It was felt that contents of the register were a good reflection of the risks/opportunities currently facing the MIJB.

Decision

- **To confirm that the risks contained in the report reflected the current risks/opportunities facing the MIJB; and**
- **To, otherwise, note the report.**

Action

Risk Manager

Midlothian Integration Joint Board

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Report No.	Report Title	Presented by:
5.5	Midlothian Strategic Plan for Health and Social Care	Tom Welsh

Executive Summary of Report

The purpose of this report was to summarise the development of the Strategic Plan and supporting documents. It also sought approval of the first draft of the Plan and agreement to issue an updated version to Midlothian Council and NHS Lothian for formal consultation.

The report also referred to the progress being made with analysis of the public and staff engagement programme undertaken as part of the preparation of the Plan, and to the work nearing completion on the local 'joint needs assessment'.

Summary of discussion

The Board, having heard from Tom Welsh (Integration Manager), discussed the first draft of the Strategic Plan and supporting documents. The high level of interest and engagement particularly from user groups and members of the public was particularly welcome as was the proposed format. Members who had not already fed in comments or who wished to make additional comments were encouraged to do so as part of the ongoing consultation process.

Decision

The Board:

- **Agreed that further work be undertaken during December to finalise the first draft by incorporating the key messages arising from the consultation exercise and from the updated needs assessment;**
- **Agreed that the Chief Officer, on behalf of the IJB, issue the updated plan to the Chief Executives of Midlothian Council and NHS Lothian and to the Chief Officers of the neighbouring IJBs seeking their comments; and**
- **Approved the proposal to dedicate the IJB Development Session scheduled for 17th January to a consideration of the Strategic Plan, Joint Needs Assessment, Consultation Report and Housing Contribution Statement.**

Action

Chief Officer/Integration Manager

Report No.	Report Title	Presented by:
5.6	Finance Update – Quarter Two 2018 & Financial Outlook	Claire Flanagan

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Executive Summary of Report

This report laid out the results of the MIJB's partner's (Midlothian Council and NHS Lothian) quarter two financial reviews, considered how this impacted on the projected financial position for the IJB and provided a first look at the draft financial outlook for 2019/20 and the underlying recurrent challenges facing the financial position of the MIJB.

The report advise that these forecasts projected that the health 'arm' of the MIJB would be underspent and the social care 'arm' of the MIJB would be in balance through recovery actions.

Summary of discussion

The Board acknowledged the challenging financial landscape and the importance of the ongoing dialogue with both NHS Lothian and Midlothian Council. Additionally, the position in relation to underspends was explained by the Chief Officer, who went on to advise on the break even position in social care.

Decision

After further discussion, the Board:

- **Noted the position as laid out in the report for the quarter two financial reviews for 2018/19 ; and**
- **Noted the challenging draft financial outlook for 2019/20.**

Action

Chief Finance Officer

Report No.	Report Title	Presented by:
5.7	Directions to NHS Lothian and Midlothian Council	Tom Welsh

Executive Summary of Report

With reference to paragraph 5.1 of the Minutes of 29 March 2018, there was submitted a report providing a summary of the progress made by Midlothian Council and NHS Lothian in delivering the Directions set by the MIJB for 2018-19. These Directions were intended to provide further clarity about the key changes which needed to be made in the delivery of health and care services as laid out in the Strategic Plan 2016-19 and in the subsequent Health and Care Delivery Plan 2018-19.

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Summary of discussion

Having heard from Tom Welsh (Integration Manager), the Board considered the progress that had been made and the emerging challenges that remained to be addressed, and discussed the need to continue to challenge existing ways of delivering health and care services. The importance of ensuring that any changes were proportionate and maximised outcomes within the resources available was acknowledged, it being accepted that services required to be provided in the most appropriate setting be that in the community or via an acute hospital.

In order to better judge the progress being made the Board expressed support for the Chief Officer's suggestion that a section be added to the report template so that in the future links to the Directions could be clearly demonstrated and any implications could be drawn to the Board's attention.

Decision

After further discussion, the Board:-

- **Noted the progress made in achieving the Directions as outlined in the report; and**
- **Noted, that although no formal follow-up communication was considered to be necessary at this time, dialogue with Midlothian Council and NHS Lothian would continue.**

Report No.	Report Title	Presented by:
5.8	Chief Officer's Report	Allister Short

Executive Summary of Report

This report provided a summary of the key issues which had arisen over the past two months in health and social care, highlighting in particular key activities, as well as future developments.

Summary of discussion

The Board, having heard from Allister Short (Chief Officer), who responded to Members' questions, discussed the emerging Strategic Commissioning Plan, echoing his appreciation to the members of the public, community groups, voluntary organisations and staff who had taken the time to contribute to the development of the Plan.

With regards the requirement to update the Integration Scheme to take account of the changes in relation to the introduction of the Carers Act, the Board noted that work was now underway to amend the Scheme, following rejection of proposals for a wider review. In response to concerns regarding the pressure which was being put on carers by issues arising from the care at home provision, the Chief Officer confirmed that this was being managed at an operation level and that whilst there was lot of good work going on it nonetheless remained a challenging situation. He went on to suggest that an update position report be brought back to a future Board meeting.

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Decision

After further discussion, the Board:-

- **Noted the issues and updates raised in the report.**
- **Noted plans to bring an update report on Care at Home back to a future Board meeting.**

Action

Chief Officer

Report No.	Report Title	Presented by:
5.9	Commercial Sexual Exploitation Position Statement	Allister Short

Executive Summary of Report

The purpose of this report was to bring to the Board's attention a request from the East Lothian and Midlothian Critical Services Oversight Group seeking the support of the MIJB in adopting a Commercial Sexual Exploitation Position Statement and associated Briefing Paper, viz -

"We are writing to our partners on behalf of the East Lothian and Midlothian Critical Services Oversight Group (CSOG) to ask that you join multi-agency Chief Officers and Heads of Service in adopting the attached Commercial Sexual exploitation in East Lothian and Midlothian Briefing Paper as your Position Statement and consider action to take this forward".

Copies of the Commercial Sexual Exploitation Position Statement and the associated Briefing Paper were appended to the report.

Summary of discussion

Having heard from Chief Officer, the Board welcomed the invitation from the East Lothian and Midlothian Critical Services Oversight Group.

Decision

Thereafter, the Board:

- **Agreed to Adopt the Commercial Sexual Exploitation Position Statement and Briefing Paper.**
- **Agreed to note the recommended action contained in the Briefing Paper.**

Action

Chief Officer

Midlothian Integration Joint Board

Thursday 6 December 2018

Report No.	Report Title	Presented by:
5.10	East Lothian and Midlothian Public Protection Committee Annual Report 2017-2018	Allister Short

Executive Summary of Report

The purpose of this report was to present the 2017-2018 Annual Report of the East Lothian and Midlothian Public Protection Committee (EMPPC).

The report explained that the East Lothian and Midlothian Public Protection Committee was a strategic partnership, bringing together responsibility for an inter-agency approach to Adult Support and Protection; Child Protection; Violence Against Women and Girls; and Offender Management. The Chair of the Public Protection Committee prepared an Annual Report to outline some of the core work and achievements of the Committee during the preceding year. The Annual Report also identified areas of priority for the current year. The Annual Report had been approved by the East Lothian and Midlothian Critical Services Oversight Group on 23 October 2018.

Summary of discussion

Having heard from the Chief Officer, the Board welcomed the excellent work undertaken by the East Lothian and Midlothian Public Protection Committee.

Decision

The Board:

- **Noted the contents of the report; and**
- **Noted the progress made by the East and Midlothian Public Protection Committee during 2017/18.**

Action

Chief Social Work Officer

Report No.	Report Title	Presented by:
5.11	Multi Agency Public Protection Arrangements (MAPPA) Annual Report 2017/18	Allister Short

Executive Summary of Report

The purpose of this report was to bring to the MIJB's attention the Lothian and Borders MAPPA (Multi Agency Public Protection Arrangements) Annual Report for 2017/2018.

The report added some local context about the operation of MAPPA in Midlothian, explaining that the Annual Report itself was overarching and covered the overall operation of MAPPA in the Lothian and Borders area.

Midlothian Integration Joint Board

Thursday 6 December 2018

Summary of discussion

The Board, having heard from the Chief Officer, discussed the excellent work undertaken by MAPPA in Midlothian.

Decision

The Board:

- **Noted the content of the Annual Report.**

Action

Chief Social Work Officer

Report No.	Report Title	Presented by:
5.12	Adult Support and Protection Biennial Report 2016-2018	Allister Short

Executive Summary of Report

The purpose of this report was to introduce the East Lothian and Midlothian Public Protection Committee Adult Support and Protection Biennial Report 2016-2018.

The report explained that the Convener of East Lothian and Midlothian Public Protection Committee was required to submit a Biennial Report to Scottish Government on the exercise of Adult Protection Committee's functions under Section 42 of the Adult Support and Protection (Scotland) Act 2007. The Report therefore reflected the work undertaken by East Lothian and Midlothian Public Protection Committee 2016/18 with a specific focus on Adult Support and Protection activity within East Lothian and Midlothian thereby informing the Integration Joint Board of the Public Protection Committee's' progress during that period.

Summary of discussion

The Committee, having heard from Chief Officer, welcomed the excellent work undertaken by East Lothian and Midlothian Public Protection Committee in Midlothian.

Decision

After discussion, the Board noted:

- **the Adult Support and Protection Biennial Report 2016-2018; and**
- **the progress made by East Lothian and Midlothian Public Protection Committee during the reporting year 2016/2017.**

Action

Chief Social Work Officer

Midlothian Integration Joint Board

Thursday 6 December 2018

6. Private Reports

No private business to be discussed at this meeting.

7. Any other business

No additional business had been notified to the Chair in advance

8. Date of next meeting

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

- Thursday 17th January 2019 2pm Development Workshop
- Thursday 14th February 2019 2pm Midlothian Integration Joint Board

With regards the programme for the Development Workshop, the Chair commented that if any Board Members had any potential topics they wished covered to feed these back to Tricia Hunter as soon as possible for consideration.

(Action: All Members)

The meeting terminated at 4.22 pm.



MINUTES OF THE MEETING OF THE EAST LoTHIAN INTEGRATION JOINT BOARD

THURSDAY 13 DECEMBER 2018
COUNCIL CHAMBER, TOWN HOUSE, HADDINGTON

Voting Members Present:

Mr P Murray (Chair)
Councillor S Akhtar
Councillor N Gilbert
Councillor J Henderson (*substitute)
Mr A Joyce
Councillor F O'Donnell (Items 1 – 9)

Non-voting Members Present:

Mr D Binnie
Ms F Duncan
Ms P Dutton
Ms C Flanagan
Ms E Johnston
Ms M McNeill
Mr T Miller
Ms A MacDonald
Ms J Tait

Officers Present from NHS Lothian/East Lothian Council:

Ms L Cowan
Mr P Currie

Visitors Present:

Ms K Harrison, East Lothian Council
Ms O Hodge, NHS Lothian
Ms M McLelland, NHS Lothian
Ms M Morris, East Lothian Council

Clerk:

Ms F Currie

Apologies:

Ms F Ireland
Councillor S Kempson*
Ms J Trench
Prof. M Whyte

Declarations of Interest:

None

1. PRESENTATION ON THE WELLWYND HUB

Mairi Morris, Katie Harrison, Morven McLelland and Abby Hodge gave a presentation to members on the Wellwynd Hub. (This service links to ongoing Directions D11 - Reducing Use of Acute Services and Increasing Community Provision and D12 - Review Community Services for Adults with Complex Needs to Develop a Transformation Programme.)

Mr Morris and Ms Harrison outlined the background to the project including the national and local drivers for change, the definition of telecare and SMART Home systems and the purpose of setting up the project Hub. Ms McLelland and Ms Hodge explained to members the role of the Active and Independent Living Clinic and how this type of early intervention had already helped to reduce waiting times for referrals to related services.

Ms Harrison, Ms McLelland and Ms Morris responded to questions from members on the connectivity issues associated with using internet-based or mobile devices, risk assessment and contingency arrangements. They also outlined the scope for development of the project and how it might be adapted for other age-groups and users with more complex needs.

Ms McLelland suggested that members of the IJB might like to visit the project on one of its future Open Days. She said that these would be likely to take place in January 2019 and she agreed to confirm the dates in due course.

Fiona Duncan advised members that the Transition Group was already looking at the Wellwynd Hub and its potential for use with children and younger adults in a range of circumstances.

2. MEMBERSHIP OF THE INTEGRATION JOINT BOARD

The Interim Chief Officer had submitted a report inviting the Board to note a change to the voting and non-voting membership of the East Lothian Integration Joint Board.

The Chair reminded members that the changes to the membership were for noting and he formally welcomed Councillor Gilbert to the meeting.

Decision

The IJB agreed to:

- (i) Note that Councillor Gilbert had replaced Councillor Stuart Currie as one of the four voting members appointed by East Lothian Council; and
- (ii) Note that Dr Gourab Choudhury had replaced Dr Andrew Flapan as a non-voting member appointed by NHS Lothian.

3. MINUTES OF THE EAST Lothian INTEGRATION JOINT BOARD MEETING OF 25 OCTOBER 2018 (FOR APPROVAL)

The minutes of the East Lothian Integration Joint Board meeting of 25 October 2018 were approved.

4. MATTERS ARISING FROM THE MINUTES OF THE MEETING ON 25 OCTOBER

There were no matters arising.

5. CHAIR'S REPORT

The Chair reported on his recent meetings with Councillor Gilbert, Paul Whyte of ELCAP and the Chair of the SSSC, all of which he found very helpful. He also informed members that he had attended and spoken at the recent Third Sector conference and at a Health and Social Care collaboration event.

6. NHS HEALTHCARE GOVERNANCE COMMITTEE (VERBAL)

Alison MacDonald advised members that all 4 Lothian Health & Social Care Partnerships had provided updates to the last meeting of the Committee, all of which gave moderate assurance that appropriate systems were in place to manage risks associated with healthcare facilities. The Committee also accepted the East Lothian IJB's proposals for clinical and care governance. Ms MacDonald added that the Clinical and Care Governance Committee had met twice and there had been a very positive level of discussion which was already providing benefits to clinicians. She said that plans were continuing for a staff event to be held in February or March of next year.

7. DELAYED DISCHARGES (VERBAL)

Ms MacDonald reported that the number of delayed discharges at the time of the latest census was 7 and had risen to 9, as of the date of the meeting. She said that this put services in a very good position going into the festive period but this level of progress needed to be maintained as the system could become very blocked at this time of year. She advised members that the continued positive progress reflected the integrated approach of the team who held weekly meetings with health and social care services and fortnightly meetings with independent care providers.

The Chair thanked the staff for their continued efforts in reducing delayed discharges.

8. REPROVISION OF BELHAVEN AND EDINGTON COMMUNITY HOSPITALS, ESKGREEN AND ABBEY CARE HOMES

The Interim Chief Officer had submitted a report providing the IJB with the outputs and recommendations following the consultation and engagement process on the reprovion of Belhaven and Edington Community Hospitals, Eskgreen and Abbey Care Homes.

The Chair reported to members on the recent development day at which community representatives had presented their thoughts and concerns. He said that while they were not able to meet all of the concerns, he hoped they had assured people that no final decision had yet been taken and that extra care housing was not the only option being considered. The Chair also referred to a letter received from Dunbar and East Linton Area Partnership seeking similar assurances.

Ms MacDonald presented the report outlining the background and the recommendations that the IJB was being asked to consider. She explained that while extra care housing was seen as a key element, the details of the service model and design would be developed to take account of a range of requirements including higher levels of need, end of life care and respite services. She stressed that further engagement would take place and communities and groups would have the opportunity

to help shape the three projects. A dedicated project board would also be created to manage the development and delivery of the three sites.

The Chair reiterated the commitment to co-production of the new service models with community groups. He also advised members that NHS Lothian had given agreement in principle to the use of capital from the facilities they own – either by the redevelopment of existing structures or by using the receipts from their sale.

Thomas Miller asked if the existing sites would include Edenhall Hospital in Musselburgh. Ms MacDonald advised that the site had already been sold. Claire Flanagan added that the site was not part of this reprovision project.

Marilyn McNeil said that the North Berwick Group were pleased with the report and were looking forward to working with the project board.

Councillor Fiona O'Donnell welcomed the opportunity to bring care closer to home but emphasised the need for equity of services across the county.

Ms MacDonald acknowledged these points and confirmed that these would be looked at as part of the project and other service development across the county. Lorraine Cowan outlined some of the services which would be available at the new community hospital in Haddington and said that they intended to maximise the opportunities for out-patient and acute services.

In response to a question from Councillor Jane Henderson on the timing of the three projects, Ms MacDonald indicated that there would be a prioritisation process and that while there may be delays in one area there may also be opportunities to progress the projects in other areas.

David Binnie said that he had received a copy of the letter from the Dunbar and East Linton Area Partnership and that it reflected some of the concerns expressed following meetings in North Berwick. He asked whether it would be possible to map out the service and benefits provided by the current arrangements and how these would be delivered under the new service provision. He said that this might help to allay concerns and provide greater transparency.

The Chair agreed that such a process would make sense. He was also mindful of the concerns and the need to share the details of the process as and when they became clear.

Councillor Gilbert asked is the preferred housing option would be 'tenancy for life'. Ms MacDonald indicated that no decision had been taken as yet and all options would be considered as part of the modelling process.

Ms MacDonald also responded to members questions on the make-up and expertise of the project board and confirmed that they would be looking to include as broad a range of advice as possible.

Councillor O'Donnell emphasised the need for a mix of housing options as part of the project to ensure that people would not be pressurised into accepting an option they did not want.

Councillor Shamin Akhtar welcomed the level of engagement to date and the commitment to continuing a two-way dialogue throughout the process. She also reminded members of the assurance provided by Ms MacDonald at the last meeting that no services would be withdrawn until new arrangements were in place.

The Chair thanked members for their contributions and agreed to take on board the feedback provided. Before moving to the vote, the Chair proposed an amendment to recommendation (ii) – the addition of *or equivalent alternatives* after ‘...extra care housing.’ This amendment was seconded by Councillor O’Donnell and agreed by the members.

Decision

The IJB agreed:

- (i) To note the outputs from the consultation and engagement process;
- (ii) To approve the model of care principles and strategic direction to reprovide Belhaven and Edington Community Hospitals, Eskgreen and Abbey Care Homes through the development of extra care housing or equivalent alternatives;
- (iii) That the Council and NHS Board are asked to support this direction and respond as the owners of facilities and holders of capital budgets. The IJB also agreed to approve the establishment of a Project Board supported by three project teams to reprovide these services for Dunbar, North Berwick and Musselburgh which will report to the newly established Strategic Change Board (previously Strategic Planning Programme Board);
- (iv) To request that NHS Lothian and East Lothian Council provide dedicated Project Resource, to draw up a single Initial Agreement as the next stage of the process; and
- (v) To note the governance timeline.

9. FINANCIAL POSITION 2018/19

The Chief Finance Officer had submitted a report further updating the IJB on its current financial position in 2018/19, reporting the projected year end out-turn from the quarter two financial reviews and updating on the dialogue with the Partners to balance the financial position in-year.

Ms Flanagan presented the report outlining the current budgetary position and the forecast out-turn based on the quarter two figures. She indicated that the prescribing budget continued to be underspent but that this would be closely monitored as it could change significantly before the year end. In the meantime, work was continuing to reduce the projected overspend in the social care budget through recovery actions. She advised that discussions were underway with NHS Lothian to use any underspend to balance the IJB’s position at the year end and that they were also working to agree a timetable for implementation of NHS Lothian’s new budget-setting model.

Responding to a question from Councillor Gilbert, Ms Flanagan said that it was not yet possible to confirm a direct correlation between the reduction in the delayed discharge figures and the overspend in the social care budget. The data gathering exercise was still ongoing. Ms MacDonald added that officers had a much greater understanding of where the pressures were in the adult wellbeing budget but more work needed to be done on identifying exactly where the shift in the balance of care was happening and to see a corresponding shift in resources.

Councillor O’Donnell raised the issue of additional costs related to younger people with complex needs and free personal care for under 65s, both of which would become factors in the budgets from next year. Ms Flanagan acknowledged that these costs would need to be quantified and that further clarification was required on how the IJB would access the additional funding to be made available by the Scottish Government.

The Chair said that he would seek clarification from the Scottish Government on these points.

Responding to a question from Elaine Johnston, Ms MacDonald referred to proposals for a change to the way budget offers are made to the IJB but emphasised that it would be for the IJB to determine whether any offer was fair and adequate. The Chair added that a broader dialogue would be required if the IJB considered that the offer was not fair or adequate.

Councillor O'Donnell observed that there would be difficult decisions ahead for the IJB not just on the adequacy of budgets but on how services would be delivered in East Lothian.

Judith Tait said that her service had gathered much more accurate information about the key drivers for spending in the adult wellbeing budget. She acknowledged that overspends in recent years had been challenging but that it was important for the IJB to understand the reasons for this and the implications for future service delivery.

Decision

The IJB agreed to:

- (i) Note the current financial position;
- (ii) Note the Quarter two financial reviews of 2018/19; and
- (iii) Support the continued dialogue with the Partners to balance the IJB financial position in year 2018/19.

Sederunt: Councillor O'Donnell left the meeting.

10. CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2017/18

The Chief Social Work Officer (CSWO) had submitted the CSWO Annual Report 2017/18 on the statutory work undertaken on the Council's behalf. The report also provided an overview of regulation and inspection, and significant social policy themes over the past year.

Ms Duncan presented the report which she said was a statutory requirement and had been prepared in line with national guidance. Reports from all local authority CSWOs would be pulled together to provide a national picture of pressures on services and examples of good practice. She explained that although child services were not a delegated function of the IJB, children placed on the Register had an impact on the services provided to adults caring for those children, e.g. substance misuse, mental health or domestic abuse. She said bringing this report to the IJB demonstrated the work of social work and social care services within the Partnership and showed how the IJB's Directions were being implemented.

Ms Duncan informed members that all local authorities and health boards were 'corporate parents' with responsibilities in relation to looked after children. She said that around 30% of these children would be affected by homelessness and around 50% by mental health issues which reflected the need for connectivity of services.

The Chair thanked Ms Duncan for her report. He hoped that greater connectivity would allow for further improvements to the outcomes highlighted in this report.

Ms Duncan responded to questions from members providing clarification of efficiency figures quoted in the report, outlining progress with the Recovery Hub and providing further details on third sector involvement and unallocated care hours.

Councillor Akhtar commented that the report findings demonstrated that the IJB had been right to ensure that the MELDAP reserve was protected.

Councillor Henderson thanked Ms Duncan for her report and for the very helpful and informative presentation she gave to Elected Members following its publication. She viewed it as one of the most important presentations she had attended as a Councillor.

Decision

The IJB agreed to note the contents of the report.

Signed

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Mr Peter Murray
Chair of the East Lothian Integration Joint Board

DRAFT

Minutes

Edinburgh Integration Joint Board

9:30 am, Friday 8 February 2019

Dean of Guild Court Room, City Chambers, Edinburgh

Present:

Board Members:

Councillor Ricky Henderson (Chair), Carolyn Hirst (Vice Chair), Councillor Robert Aldridge, Mike Ash, Colin Beck, Carl Bickler, Andrew Coull, Christine Farquhar, Helen Fitzgerald, Councillor George Gordon, Kirsten Hey, Carole Macartney, Councillor Melanie Main, Angus McCann, Moira Pringle, Judith Proctor, Ella Simpson, Councillor Susan Webber and Richard Williams.

Officers: Tom Cowan, Tony Duncan, Jamie Macrae and Sarah Stirling.

Apologies: Lynne Douglas, Martin Hill and Alison Robertson.

1. Minutes

Decision

To approve the minute of the meeting of the Edinburgh Integration Joint Board of 14 December 2018 as a correct record.

2. Sub-Group Minutes

Updates were given on Sub-Group and Committee activity.

Decision

To note the minute of the meeting of the Professional Advisory Group of 20 November 2018.

3. Rolling Actions Log

The Rolling Actions Log for 8 February 2019 was presented.

Decision

- 1) To agree to close the following actions:
 - (a) Action 3 – Edinburgh Health and Social Care Partnership Communications Action Plan
 - (b) Action 4 – Whole System Delays – Recent Trends
 - (c) Action 8 – Plan for Immediate Pressures and Longer Term Sustainability
 - (d) Action 12 – 2018/19 Financial Position
 - (e) Action 18 – Governance Review
- 2) To otherwise note the remaining outstanding actions.
(Reference – Rolling Actions Log – 8 February 2019, submitted.)

4. Impact of Audit Scotland Report Health and Social Care Integration on Edinburgh Integration Joint Board

On 15 November 2018 Audit Scotland published a report titled “Health and Social Care Integration – Update on Progress”. The aim of the audit was to explore the impact public bodies were having on integration of health and social care services. This was the second of three planned audits into the delivery of integration in Scotland.

This report gave an overview on the findings and set out actions being taken across the Edinburgh Integration Joint Board (EIJB). It also noted that several recommendations from the Audit Scotland report were the responsibility of other organisations and, where possible the action plan set out current knowledge of actions being taken by them, or where these would be discussed.

Decision

- 1) To note the findings from the Audit Scotland report.
- 2) To note those activities, currently underway in Edinburgh which relate to actions in the Audit Scotland report as set out at Appendix B.
- 3) To note the actions on other organisations as set out in the report and in doing so, direct the Chief Officer to work with both NHS Lothian, the City of Edinburgh Council and Scottish Government to undertake a scoping across the Audit Scotland report findings in relation to its impact and requirements for action in Edinburgh.
- 4) To request that the Chief Officer report on actions being taken across all organisations in support of the recommendations in the Audit Scotland report in relation to the EIJB and request a further report on this to come to the Audit and Risk Committee in six months.

(Reference – report by the IJB Chief Officer, submitted.)

5. Update on the Progress Review of Older People's Services

An update was provided on the outcome of the progress review of Older People's services in Edinburgh Health and Social Care Partnership (EHSCP). The report provided detail of the proposed approach for taking forward the 17 recommendations made in the inspection report in June 2017, which included an updated improvement plan with clear links to the partnership's transformation and change programme.

Decision

- 1) To note the findings of the Progress Review of Older People's Services in Edinburgh which took place during June and July 2018.
- 2) To note the EHSCP's plans to align the areas for improvement set out in the progress report through a new strategic transformation model designed to take the focus away from short term, reactive planning to long term sustainable change.
- 3) To agree that the report and action plan would be overseen by the EIJB and its revised governance structures.

(References – Edinburgh Integration Joint Board, 16 June 2017 (item 5); report by the IJB Chief Officer, submitted.)

6. Transformation and Change – Developing the Edinburgh Model

Proposals were set out for the further development of the EIJB's transformation programme and agreement was sought to ring-fence funding from within the EIJB reserves to support this ambitious programme of change.

Decision

- 1) To agree the case for change as set out in this paper and to the direction set out for transformation and change within the EHSCP.
- 2) To agree to ring-fence £2m non-recurring funding from reserves to support and fund the change programme, and to request more detail on this funding, relating this to directions and delivery timescales.
- 3) To agree to task the Chief Officer with developing further the programme structure and programme support as outlined in the paper
- 4) To note that the governance reporting of this programme would develop in parallel to the wider IJB governance development agreed at the IJB meeting on the 14th of December 2018.
- 5) To agree regular updates on the development of the programme.

(Reference – report by the IJB Chief Officer, submitted.)

7. 2018/19 Financial Position and Initial Outlook for 2019/20

An overview of the in-year financial position was provided to the members of the EIJB. The report also outlined the indicative budget offers from partner organisations for 2019/20.

Decision

- 1) To note that delegated services were reporting an overspend of £7.7m for the period to the end of December 2018, and that this was projected to rise to £10.0m by the end of the financial year.
- 2) To acknowledge that, based on ongoing discussions between the Chief Officer, Chief Finance Officer, and colleagues from the City of Edinburgh Council and NHS Lothian, moderate assurance of balanced year end position could be given.
- 3) To agree the proposal for the use of reserves as set out in paragraph 11 of the report.
- 4) To note the indicative budget offers from NHS Lothian and the City of Edinburgh Council and the concerns raised by the Chief Officer.

(Reference – report by the IJB Chief Officer, submitted.)

8. Communications Action Plan for the EIJB

An action plan was developed in response to the EIJB's growing requirement to communicate and the opportunities presented to do so by a wide variety of media. This plan would develop over time to reflect new audiences, objectives and communications needs.

Decision

- 1) To approve the EIJB communication action plan.
- 2) To agree to updates on this as it developed, at least annually.

(Reference – report by the IJB Chief Officer, submitted.)

9. Brunton Place Surgery Re-provision

Brunton Place Medical Practice was operating from a building with severely restricted space which was not compliant with modern health care standards. The Practice was willing to increase its current patient list from 8,300 to 10,000 if provided with sufficient clinical space to do so.

The report presented the initial agreement for the re-provision of Brunton Place Surgery.

Decision

- 1) To note that the Brunton Place Medical Practice presently operated from a building with severely restricted space and which was not compliant with modern health care standards.
- 2) To note that the Practice was willing to increase its current patient list from 8,300 to 10,000 if provided with sufficient clinical space to do so.
- 3) To note that NHS Lothian invited Edinburgh Health and Social Care Partnership to submit an Initial Agreement for this proposal following the conclusion of the 2018-19 Capital Prioritisation Process.
- 4) To note the Initial Agreement was supported by EHSCP Executive Team on 6 December 2018.
- 5) To agree to the submission of the Initial Agreement to NHS Lothian Capital Investment Group in accordance with the Capital Prioritisation Process.

(Reference – report by the Chief Finance Officer, submitted.)

10. Edinburgh Integration Joint Board Strategic Plan 2019/2022 – Update

On 14 December 2018 a draft of the Edinburgh Integration Joint Board Strategic Plan 2019-2022 was presented. The EIJB agreed that a completed draft be taken to the EIJB on 8 February 2019 prior to a consultation phase of three months.

An EIJB Development Session took place on 22 January 2019 to consider options to mitigate a larger than predicted funding shortfall for financial year 2019/2020. Given the scale of these budgetary pressures and the emerging Edinburgh Health and Social Care Partnership (EHSCP) transformational work, the EIJB considered that additional time was needed to reflect the impact on the draft Strategic Plan 2019-2022. The EIJB Chair and Vice-Chair reaffirmed this decision at the EIJB Agenda Planning Meeting on 24 January 2019. On 25 January 2019, the Chief Officer wrote to EIJB Members outlining the decision and rationale to delay the circulation of the draft Strategic Plan 2019-2022 to enable and ensure alignment of ambitions with the financial reality for the EIJB.

It was proposed to take the revised draft of the Strategic Plan 2019-2022 to the EIJB on 29 March 2019 prior to a consultation period of three months.

Decision

- 1) To note the rationale for extending the time for the production of the next draft of the Strategic Plan 2019-2022.
- 2) To agree the new date of 29 March 2019 for the EIJB to consider the redrafted Strategic Plan 2019-2022 prior to a consultation period of three months.

- 3) To agree the formal extension of the existing Strategic Plan 2016-2019 including Directions until the new Strategic Plan was published.

(References – Edinburgh Integration Joint Board, 14 December 2018 (item 9); report by the IJB Chief Officer, submitted.)

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within STRATHBROCK PARTNERSHIP CENTRE, 189 (A) WEST MAIN STREET, BROXBURN EH52 5LH, on 21 NOVEMBER 2018.

Present

Voting Members – Martin Hill (Chair), Harry Cartmill, Martin Connor, Alex Joyce, Dave King, Bill McQueen, George Paul and Damian Timson.

Non-Voting Members – Ian Buchanan, Elaine Duncan, Jim Forrest, Jane Houston, Mairead Hughes, Pamela Main, Martin Murray, Ann Pike, Patrick Welsh and Rohana Wright.

In Attendance – Marion Barton (Head of Health), Carol Bebbington (Senior Manager, Primary Care and Business Support), Nick Clater (Chair of the Alcohol and Drug Partnership), Marjolene Don (NHS Lothian), Lorna Kemp (Project Officer), James Millar (Standards Officer), Tim Montgomery (Services Director, Royal Edinburgh Hospital and Associated Services) and Kenneth Ribbons (IJB Internal Auditor).

1 ORDER OF BUSINESS

The Chair identified that agenda items 5 to 8 were for information only and the Board thereafter agreed to approve these reports without discussion.

2 DECLARATIONS OF INTEREST

Martin Hill declared a non-financial interest in agenda item 13 as he was a non-Executive Director of Scottish Environment Protection Agency.

3 MINUTE OF MEETING OF WEST LOTHIAN INTEGRATION JOINT BOARD HELD ON MONDAY 24 SEPTEMBER 2018

The Board approved the minute of the meeting held on 24 September 2018 as a correct record. The Chair thereafter signed the minute.

4 MINUTE OF MEETING OF WEST LOTHIAN INTEGRATION JOINT BOARD AUDIT, RISK AND GOVERNANCE COMMITTEE HELD ON WEDNESDAY 27 JUNE 2018

The Board noted the minute of the meeting of the West Lothian Integration Joint Board Audit, Risk and Governance Committee held on 27 June 2018.

5 MINUTE OF MEETING OF WEST LOTHIAN INTEGRATION STRATEGIC PLANNING GROUP HELD ON THURSDAY 9 AUGUST 2018

The Board noted the minute of the meeting of the West Lothian Integration Strategic Planning Group held on 9 August 2018.

6 COMPLAINTS AND INFORMATION REQUESTS - QUARTERLY REPORT

A report by the Director (copies of which had been circulated) was required to be presented to the Board on a quarterly basis detailing complaints or requests for information made to the Board. This was in line with the Board's Complaints Handling Procedure and the legislative requirement to report statistics of requests for information made to the Office of the Scottish Information Commissioner.

There had been no complaints or information requests made since the establishment of the IJB. Quarterly updates would continue to be presented to future meetings of the Board.

It was recommended that the Board:

1. Noted that no complaints had been received in quarter 2 or since the establishment of the IJB;
2. Noted that no requests for information had been received in quarter 1 or since the establishment of the IJB; and
3. Noted that complaints and requests for information would be reported on a quarterly basis.

Decision

To note the terms of the report.

7 NATIONAL DENTAL INSPECTION PROGRAMME ANNUAL REPORT 2018

Following the publication of the National Dental Inspection Programme (NDIP) Annual Report for 2018, the Board considered a report by the Director (copies of which had been circulated) which summarised the key findings.

The NDIP was carried out at two levels: a basic inspection which was intended for all children at P1 and P7 stages, and a detailed inspection during which a representative sample was inspected at P1 and P7 stages in alternate years. The detailed inspection focussed on children at P1

stage for the academic year 2017/18.

The report highlighted that children in the Lothian Health Board area had a slightly higher mean number of decayed, missing and filled teeth compared to Scotland as a whole, and was in line with Scotland as a whole in terms of the percentage of P1 children with no obvious decay experience in primary teeth.

A copy of the Executive Summary of the NDIP was appended to the report which provided further details.

It was recommended that the Board:

1. Noted that the NDIP was carried out annually and that the 2018 report had been published;
2. Noted the improvement in oral health of P1 children; and
3. Noted the Lothian position in relation to Scotland and other NHS Board areas.

Decision

To note the terms of the report.

8 MEMBERS' CODE OF CONDUCT - ANNUAL REPORT 2017/18

For the purposes of the Ethical Standards in Public Life etc. (Scotland) Act 2000, the Board was a devolved public body and was therefore required to comply with the established statutory regime for promoting and enforcing ethical standards in public life in Scotland. The Code of Conduct applied to devolved public bodies and their members.

Complaints about potential breaches of the Code of Conduct were initially made to the Commissioner for Ethical Standards in Public Life in Scotland (CES), and where a breach was determined to have been made, thereafter referred to the Standards Commission for Scotland (SCS) for a decision.

An annual report by the Standards Officer (copies of which had been circulated) was presented which outlined the work of the CES and SCS for the 2017/18 period, including the number of complaints made and the outcomes of these. Although there had been no complaints made against any members of the Board, they were reminded of the importance of following the Code.

The Board was recommended to 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 in relation to the ethical standards regime which applied to Board members.

Decision

To note the terms of the report.

9 WEST LOTHIAN WORKFORCE DEVELOPMENT PLAN

Approval was sought of the final draft of the West Lothian Workforce Development Plan, following the development of a National Health and Social Care Workforce Plan which aimed to help improve and strengthen workforce planning across health and social care.

The West Lothian Workforce Development Plan would support the establishment of a single data set on the health and social care workforce which would aid more comprehensive analysis of the workforce particularly in relation to supply and demand.

The Board considered a report by the Director (copies of which had been circulated) which outlined the purpose of the Plan and set out the proposed final draft.

The proposed Plan sought to augment the existing separate NHS Lothian and Council workforce plans with local level actions required to support further integration of health and social care service provision. The report recognised that changes were required to be made to the current way of working in order to address challenges faced in relation to workforce recruitment and retention. A Workforce Development Plan would also be important for the successful delivery of the transformational change programmes which were to be progressed.

During discussion, members noted that the document was better suited to a strategic framework rather than a plan due to the level of detail which was included. Concerns were raised about the lack of detail regarding how the success of the plan would be measured and the specific actions which were to be taken to ensure the aims of the Plan were met successfully.

The ageing workforce in the health and care sector in West Lothian and the increasing movement of staff between roles and employers was also raised and the importance of recruiting staff to replace these roles was noted.

It was recommended that the Board:

1. Noted the content of the report and the final draft of the Workforce

Development Plan (as set out in appendix 1);

2. Supported the key objectives of effective workforce planning described in the plan;
3. Approved the final draft of the Workforce Development Plan;
4. Supported the implementation of the action plan; and
5. Agreed that formal review and update of the plan would be undertaken annually.

Decision

- 1) To approve the terms of the report as a strategic framework rather than a workforce plan within which operational plans were to be developed.
- 2) To agree that advice should be given by officers regarding how the success of the strategy would be measured.

10 PERFORMANCE REPORT

The Board considered a report by the Director (copies of which had been circulated) which provided an update as at September 2018 on the performance against a range of indicators.

There were 23 integration indicators which had been identified by the Scottish Government to demonstrate progress towards the achievement of the nine national health and wellbeing outcomes. Appendix 1 summarised the performance of the IJB and provided a comparison with the Scottish average for each indicator, although updated data was not currently available for some indicators.

The first nine of these indicators were measured through the Health and Care Experience Survey which was sent by post in October 2017 to a random sample of people registered with a GP in Scotland. The response rate had increased by 6% on the previous year. The key results of the survey were set out in the report.

The Board had also agreed a Balanced Scorecard which incorporated the core indicators, the Local Delivery Plan and other measures against local targets using a traffic light system. A Ministerial Strategic Group had identified a further set of indicators to measure the impact of the integration of health and social care services. The final performance measure benchmarked West Lothian's performance against other local authorities for adult care. Appendices 2 to 4 outlined performance against the balanced scorecard, the Ministerial Strategic Group integration

indicators and the benchmarking data.

An update was provided to members on the challenges faced to reduce delayed discharge from hospital and that a recruitment exercise was currently underway. It was suggested that the Board should consider the processes of the Edinburgh IJB which appeared to have had some success in this area.

The Chair also advised that the Health Board had approved an initial agreement to redevelop the Emergency Department at St. John's Hospital. The Business Case would be presented to the IJB at a future date.

It was proposed that performance reports would be presented to the Board on a six-monthly basis. Members agreed that going forward, a decision should be made on whether six-monthly updates were frequent enough.

It was recommended that the Board:

1. Note the contents of the report;
2. Note the most up to date performance against the key integration indicators and within the balanced scorecard;
3. Consider the outcome of the Health and Care Experience Survey for West Lothian;
4. Consider the current performance against the core suite of indicators benchmarked against our Local Government Benchmarking Family for adult care; and
5. Note that performance reports would be updated in accordance with availability of data and presented 6 monthly to the Board for discussion.

Decision

- 1) To note the terms of the report.
- 2) To note the update given regarding the challenges relating to hospital discharges.
- 3) To note the recommendation from the Chair that the Director should liaise with members of the Edinburgh IJB to seek information on their processes for hospital discharges.
- 4) To note the update from the Chair that the Health Board had approved an initial agreement to redevelop the Emergency

Department at St. John's Hospital. The Business Case would be presented to the IJB at a future date.

- 5) To consider at the next performance update whether 6-monthly updates were sufficient to provide assurances to members.

11 ROYAL EDINBURGH HOSPITAL CAMPUS REDEVELOPMENT (PHASE 2) - MENTAL HEALTH, LEARNING DISABILITY AND SUBSTANCE MISUSE SERVICES - CONFIRMATION OF BED MODELLING, COMMUNITY INVESTMENT AND REVENUE AFFORDABILITY

The Royal Edinburgh Hospital was undergoing redevelopment in order to improve provision. The first phase of the project had been completed in 2017 and approval in principle was sought prior to the commencement of phase 2. Phase 1 delivered improved provision for adult mental health services, intensive rehabilitation and specialist brain injury rehabilitation. The second phase would provide facilities for patients with learning disabilities requiring low secure mental health care and long term psychiatric rehabilitation, reprovision of a clinic providing inpatient detoxification and a facilities management building.

The plans would see the number of beds available to West Lothian for learning disability services reduced to six; however it was recognised that a comprehensive assessment of budget implications would be required and that a balance between inpatient care and care in the community would be in place to ensure sufficient provision was available to meet the needs of patients.

It was proposed that West Lothian would have access to 6 low secure mental health services beds and that no longer term complex rehabilitation beds were required. The development would also benefit the Ritson Clinic which provided substance misuse services as it could be included within the new phase two facilities.

The benefits of the project included services being provided locally and patients prevented from having to travel out of the area; inpatient services in modern facilities in Morningside; expansion of community provision; better use of available resources; and improvements to facilities management and infrastructure improvements. A draft model of financial implications was presented within the report. If agreed, the next stage would be the development of the business case to take the second phase forward, with an outline business case expected to be submitted to the Board in March 2019.

The Board was recommended:

1. To confirm the proposed West Lothian bed numbers in Phase 2;
2. To agree in principle to a bed risk share model with other IJBs in order to progress the business case and ensure West Lothian patients had continued access to specialist services;

3. To agree that the financial model would be revisited as part of the work towards the new IJB NRAC financial allocation model and that the final financial model for the OBC should be presented to the IJB.

Decision

- 1) To agree the terms of the report.
- 2) To note that the outline business case would be presented at its meeting on 12 March 2019.

12 RISK MANAGEMENT

The Board considered a report by the Director (copies of which had been circulated) on the risk management of the IJB. In line with the Risk Management Policy and Risk Management Strategy approved by the Board, the IJB's risk register was required to be reviewed annually. The risks were set out in Appendix 1 to the report.

The Internal Auditor explained that there were 11 in-progress risks identified in total, with two of these being rated as a high risk. Each risk was assigned a score between one and 25 based on the estimated likelihood of the risk and its estimated impact. The report set out each of these risks, the ratings and scores they had been given and the steps being taken to further reduce these. Appendix 2 detailed the standard risk assessment methodology used.

It was noted that the risk register had previously been considered by the IJB Audit, Risk and Governance Committee.

The Board queried whether the risk relating to delayed discharge which was noted as being 50% completed would be likely to be completed by the due date. It was advised that if the action had not been completed, it would be presented as an outstanding action at the next update.

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

Decision

To note the terms of the report.

13 PUBLIC SECTOR CLIMATE CHANGE DUTIES

The Board had a statutory duty as a public body under the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015 to report on climate change annually.

The proposed submission to the Scottish Government was set out in Appendix 1 to the report.

Climate change reports were focussed on the corporate emissions arising from organisational operations and service delivery. As the Board itself did not have any assets, the unique nature of IJBs was recognised in that not all sections of the submission template were relevant. Many of the points regarding the impact on climate change in health and social care services would be covered by NHS Lothian and West Lothian Council in their submissions.

Discussion took place regarding the importance of considering the environmental impact when decisions were taken by the Board. Suggestions were made that the Board should be sensitive to environmental considerations when developing strategies and could take steps to reduce the carbon footprint. It was recommended that a statement regarding the importance of environmental considerations should be included when developing the new Strategic Plan.

The Board was asked to:

- 1) Note the statutory requirement to report on climate change on an annual basis and no later than 30 November 2018; and
- 2) Agree the content of the draft 2017/18 submission to the Scottish Government.

Decision

To approve the terms of the report subject to the inclusion of a statement regarding the importance of environmental considerations when developing the new Strategic Plan.

14 CHIEF SOCIAL WORK OFFICER'S ANNUAL REPORT 2017-2018

The Chief Social Worker presented the annual report for the 2017-18 period (copies of which had been circulated) for consideration by the Board. The report outlined the statutory work undertaken during the period 2017-18.

The role of the Chief Social Work Officer was to provide professional governance, leadership and accountability for the delivery of social work and social care services, whether these be provided by the local authority or purchased from the voluntary or private sectors.

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

The report concluded that the delivery of social work services continued to be challenging. Various factors contributed to this environment including an increase in West Lothian's population, increasing complexity of need across multiple groups, the uncertainty of the implications of Brexit and the continuing constraints on public sector funding. It was recognised that services in future would require to be transformed to meet the demands on service and there would be opportunity within this to modernise some aspects of service delivery.

The Board commented on the encouraging report and the work which was being undertaken.

The Board was recommended to:

- 1) Note the content of the Chief Social Work Officer's annual report for 2017/18; and
- 2) Note that the report had been submitted to the Scottish Government Chief Social Work Advisor.

Decision

To note the terms of the report.

15 WEST LOTHIAN PUBLIC PROTECTION COMMITTEE 2016-18 ADULT PROTECTION BIENNIAL REPORT

The remit of the Board included reviews of the work of the West Lothian Public Protection Committee on a biennial basis. The Committee was formed in 2016 and brought together the previous Adult Protection, Child Protection, Violence Against Women and Girls and Reducing Re-offending committee structures. The report, presented by the Chief Social Work Officer, covered the period from 2016 to 2018.

The report aimed to consider progress and manage risk for adults at risk and vulnerable people. Information was provided on the various duties of the Committee and areas of good practice were highlighted throughout. Key points included improved communication via shared systems, embracing innovation and strengthening missing persons and banking protocols.

The Board was asked to consider the content of the West Lothian Public Protection Committee 2016-18 Adult Protection Biennial Report.

Decision

To note the content of the report.

16 IJB FINANCE UPDATE

The Board considered a finance update report by the Chief Finance

Officer (copies of which had been circulated). The report set out the overall financial performance of the IJB's delegated functions for the 2018/19 period and provided a year end forecast.

The key issues for specific service areas in respect of those which posed ongoing risks and emerging budget pressures were set out in the report. It was noted that a significant portion of the predicted overspend was due to staff costs and the demands on mental health and adult social care services. There was a predicted underspend on social care functions meaning there was potential to reach a breakeven position by year end if health costs could be balanced.

Discussion took place about recruitment challenges within acute hospital functions such as accident and emergency departments and the reliance on bank staff which had increased costs. The Board also commented that if reports were not clear with regard to challenges being faced in specific areas there was limited opportunity to direct funding to be realigned from other services.

Dave King and Alex Joyce left the meeting during discussion of this item and did not participate in the decision or the remaining items of business.

The Board was recommended to:

1. Note the forecast outturn for 2018/19 in respect of IJB delegated functions taking into account saving assumptions;
2. Note that further action was required by partner bodies in partnership with the IJB to manage within the 2018/19 budget; and
3. Note that further updates on pressures identified would be reported to future Board meetings.

Decision

To agree the terms of the report.

17 HEALTH & SOCIAL CARE MEDIUM TERM FINANCIAL FRAMEWORK

The Scottish Government had published their medium term financial framework for health and social care which aimed to consider the whole health and social care system. A report by the Chief Finance Officer (copies of which had been circulated) explained that the framework used the 2016/17 period as a base year and a number of assumptions to forecast future spending on health and social care services. The report then outlined these assumptions which reflected the main health and social care expenditure policy commitments made by the Government.

It was highlighted that the framework included a section on reforming the health and social care system to address the challenges which were being faced. Actions were set out in the Health and Social Care Delivery Plan, which the framework was to support at local, regional and national levels.

The framework had identified five areas of activity which would contribute to the reform of services, namely shifting the balance of care, regional working, public health and protection, once for Scotland and annual saving plans. The report provided the Board with further information relating to these areas.

Discussion took place regarding the budget for the 2019/20 period and it was noted that the Scottish Government was due to announce its budget in December 2018, following which the settlement amount for the Integration Joint Board would become clearer.

The Board was asked to note and consider the content of the medium term health and social care financial framework produced by the Scottish Government.

Decision

- 1) To note the terms of the report.
- 2) To note that funding allocations for West Lothian for 2019/20 would not be available until the Scottish Government budget was announced in December 2018.

18 ALCOHOL AND DRUGS PARTNERSHIP (ADP) - ADDITIONAL FUNDING FROM SCOTTISH GOVERNMENT

A report by the Director (copies of which had been circulated) providing information on additional funding granted by the Scottish Government to tackle alcohol and drug use was considered by the Board.

Alcohol and Drug Partnerships were funded by the Scottish Government and this had been reduced in 2016/17. The Board considered a report on this reduction and agreed at its meeting of 29 November 2016 to reduce commissioned services due to the lack of funding available as a result. It also agreed that the Chair should write to Minister for Public Health and Sport to express the concerns of the Board.

The Chief Officer had received correspondence from the Scottish Government in August 2018 advising that £20 million would be invested to tackle problem alcohol and drug use. The report outlined a set of proposals for the distribution of the funding which were consistent with the priorities set out by the Scottish Government in its letter, and the current West Lothian ADP Commissioning Plan.

The Board discussed the impact of the reduction in ADP funding and the adverse impact this had, including a rise in drug related deaths during the period since the reduction. Concerns were voiced regarding the time the funding had become available and that the funding allocated for the 2018/19 period might not have been able to be fully allocated within the current year. The Board were advised that it was currently unclear what would happen in the event of this happening and clarification was requested on the matter.

The Board was recommended to:

1. Note the letter from the Scottish Government included at Appendix 2 to the report advising of additional funding of £522,823 to tackle problem alcohol and drug use;
2. Note that the purpose of the funding was to support priorities which were consistent with the priorities of the current ADP Commissioning Plan; and
3. Agree the deployment of the additional resources as detailed in Appendix 1 to the report and to issue a further Direction to West Lothian Council in respect of this.

Decision

- 1) To approve the terms of the report.
- 2) To request clarification on what would happen in the event that the allocated funding was not fully spent in the year 2018/19.

19 WORKPLAN

The Board workplan was presented.

Decision

- 1) To note the workplan subject to the inclusion of the Royal Edinburgh Hospital Campus Redevelopment Outline Business Case on the agenda for consideration on 12 March 2019.
- 2) To agree that an additional meeting be held on 23 April 2019.

20 CLOSING REMARKS

In closing the meeting, the Chair thanked Ian Buchanan for his valuable contribution to the Board as he was retiring.

The Chair then thanked Marion Barton and Elaine Dow, who were also retiring, for their hard work.

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within BLACKBURN PARTNERSHIP CENTRE, ASHGROVE, BLACKBURN, EH47 7LL , on 29 JANUARY 2019.

Present

Voting Members – Harry Cartmill (Chair), Martin Connor, Dom McGuire (substituting for Dave King), George Paul and Damian Timson.

Non-Voting Members – Jim Forrest, David Huddlestone, Mairead Hughes, Pamela Main, Martin Murray, Ann Pike, Pamela Roccio (substituting for Bridget Meisak) and Patrick Welsh.

In Attendance – Carol Bebbington (General Manager Primary Care and Community Services), Marjolene Don (NHS Lothian), Susan Gordon (Community Planning Development Officer), Martin Higgins (NHS Public Health), Lorna Kemp (Project Officer), Yvonne Lawton (Head of Strategic Planning & Performance) and Aris Tyrothoulakis (Site Director, St. John's Hospital).

Apologies – Elaine Duncan, Martin Hill, Jane Houston, Alex Joyce, Dave King, Bill McQueen, Bridget Meisak and Rohana Wright.

1 OPENING COMMENTS

It was noted that apologies had been received from Martin Hill, therefore Harry Cartmill would chair the meeting.

The Chair then welcomed the candidate for the Service User Representative position, David Huddlestone, to the meeting, noting that his appointment was recommended at agenda item 6 (IJB Membership Update).

2 DECLARATIONS OF INTEREST

There were no declarations of interest made.

3 MINUTES

The Board approved the minute of its meeting held on Wednesday 21 November 2018 as a correct record. The minute was thereafter signed by the Chair.

4 MINUTES FOR NOTING

The Board noted the minutes of the West Lothian Integration Joint Board Audit, Risk and Governance Committee held on Wednesday 12 September 2018 and the West Lothian Integration Strategic Planning

Group held on Thursday 18 October 2018.

5 **IJB MEMBERSHIP UPDATE**

An update report by the Director (copies of which had been circulated) provided the Board with members' roles and responsibilities descriptions and addressed the vacant position of Service User Representative to the Board.

At its meeting of 24 September 2018, the Board had considered draft descriptions of the roles and responsibilities of its members. It was agreed that these should be truncated, include the principal aims of the IJB and a brief make-up of the partnership, and that specific role descriptions should be included where appropriate. Approval was sought of the revised descriptions which were attached to the report at Appendix 1.

The report also sought approval for the appointment of a Service User Representative which was currently a vacant position. The Board had agreed the role description on 14 August 2018 and that the position would be advertised to the public using various networks. It was advised that interviews had taken place and a suitable candidate had been identified, therefore his appointment was recommended.

The Board had agreed on 24 September 2018 to also appoint two further members as Service User Representatives of the Strategic Planning Group and the two Locality Groups. It was hoped that the recruitment process would identify candidates for all three vacant positions, however the response rate was poor and a candidate had been identified for only one of the three positions. It was proposed that the newly appointed Service User Representative would assist the Board in the re-advertisement and appointment to these positions.

The Board was recommended to:

1. Appoint David Huddleston as the Service User Representative.
2. Seek the assistance of the Service User Representative in appointing two service user representatives to the Strategic Planning Group and Locality Groups.
3. Agree the proposed IJB Members' roles and responsibilities description.

Decision

To approve the terms of the report.

6 **AUDIT SCOTLAND RECOMMENDATIONS FOR IJBS RESULTING FROM REPORTS ON NHS, LAS AND HEALTH AND SOCIAL CARE INTEGRATION**

Three reports had been published recently which included a number of

recommendations for integration authorities: NHS in Scotland in 2018 by Audit Scotland, Local Government in Scotland – Financial Overview 2017/18 by the Accounts Commission, and Health and Social Care Integration: Update on Progress by the Accounts Commission and Auditor General. A report by the Director (copies of which had been circulated) was presented, to which each of the reports were attached at Appendices 1, 2 and 3.

The reports included a number of recommendations for integration authorities. The IJB's Audit, Risk and Governance Committee had considered the reports at its meeting of 12 December 2018 and requested that they were presented to the Board for scrutiny and for decisions to be made regarding the findings and any action to be taken to address these.

It was highlighted that the Director had in the meantime received a letter from Audit Scotland indicating that the Board's external auditor would look for progress against the recommendations of the Health and Social Care Integration: Update on Progress report and that this would be included in the next audit. The letter was attached at Appendix 4 to the report.

The Audit, Risk and Governance Committee also suggested that information on each of the areas covered by the reports in relation to West Lothian's position would be beneficial for making decisions on actions. To this end, Appendix 5 to the report by the Director set out a summary of the recommendations, the current position of West Lothian IJB and, where appropriate, proposed actions.

During discussion, members indicated that the significance of the reports justified a fuller and more in-depth discussion than was appropriate for a Board meeting. The Board agreed that it was important that this discussion took place before any actions were agreed. A development session for members had been scheduled for February 2019 and it was agreed that this would provide a better opportunity to consider the reports in detail and facilitate an appropriate level of discussion.

The Board was recommended to:

1. Note the findings and recommendations set out in each of the reports;
2. Note that the IJB's Audit, Risk and Governance Committee had asked that the Board review the recommendations of the reports and to identify actions;
3. Note the current position and proposed action against each recommendation; and
4. Agree the action to be taken.

Decision

- 1) To approve the terms of the report.
- 2) To agree that the development session being held in February

2019 would focus on the three reports and that members would discuss the report recommendations and how to take these forward in detail.

- 3) To agree that actions and proposals discussed at the development session would be submitted in a further report to the Board in March 2019 for consideration.

7 IJB 2018/19 BUDGET UPDATE

The Board received an update on the budget position for 2018/19. The report by the Chief Finance Officer (copies of which had been circulated) set out the position for the IJB delegated health and social care functions and an update on key risk areas.

The update preceded the report on the quarter 3 monitoring exercise on the overall financial performance of the 2018/19 IJB delegated resources which was currently underway and was due to be reported to the Board in March 2019. It was noted that the overall position forecast for 2018/19 was an overspend of £859,000, taking account of relevant issues identified across health and social care services. The detail of this forecast position was attached to the report at Appendix 1. The IJB Finance Risk Schedule was also attached at Appendix 2.

Information on the budget which had been set and the forecast positions against the budget for each function was set out in the report. The report noted that discussions would take place over the coming months with regard to how health related IJB budget pressures could be managed and any mitigating action required.

The Chief Finance Officer advised the Board that reasonable assurances could be given that a breakeven position could be reached by year end, dependant on discussions with NHS Lothian regarding any additional payment relating to the health related pressures.

The amount of agency and bank staff which had been employed to cover vacancies was highlighted by members and assurances were sought on actions to address this. It was advised that a recruitment strategy was currently being reviewed which aimed to help attract staff to these roles on a permanent basis.

The overspend on mental health services against the budget was also raised and it was noted that there had been an increase in in-patient acute mental health admissions across the whole of Scotland during the current year, but the reasons for this were not clear.

The Board was recommended to note:

1. The forecast outturn for 2018/19 in respect of IJB delegated functions taking account of saving assumptions;
2. That further management action was required by partner bodies in partnership with the IJB to agree how budget pressures currently

resulting in a forecast overspend for the year would be managed in 2018/19; and

3. The key risks associated with the 2018/19 forecast position.

Decision

To approve the terms of the report.

8 SCOTTISH DRAFT BUDGET 2019

The Board considered a report by the Chief Finance Officer (copies of which had been circulated) on the Scottish Draft Budget for 2019/20 which was presented to the Scottish Parliament in December 2018.

In overall terms Scotland's total proposed spending plans, as set out in the Draft Budget 2019/20, amounted to £42.539 million, an increase of £1.984 million compared to the Scottish Budget 2018/19. The allocations per portfolio were detailed in a table within the report.

The report then set out key issues for consideration such as taxation, economic growth and the outstanding and future pay awards for local government staff. The implications for Local Government and West Lothian Council, together with Chief Finance Officer's assessment of the implications for NHS Boards were then presented.

The Chief Finance Officer highlighted that discussions were ongoing at a national level. A clearer position would be reported when budget was confirmed by the Scottish Government. In previous years, these discussions had resulted in some changes being made to the Scottish Budget. Attention was brought to the proposals to submit further reports to the Board meetings in March and April 2019.

The Board was recommended to:

1. Note the issue of the Scottish Draft Budget 2018/20 which included departmental spending plans for 2019/20;
2. Note the key economic and financial implications at a Scottish public sector wide level resulting from the draft budget;
3. Note the initial funding implications for local government and health boards resulting from the draft budget;
4. Agree that the IJB Director and Chief Finance Officer should work with NHS Lothian and West Lothian Council to further assess the impact of the Scottish Budget and the funding related to the 2019/20 financial contribution to the IJB from partner bodies;
5. Agree that the IJB Chief Finance Officer should provide a financial assurance report to the Board on 12 March 2019 setting out the 2019/20 IJB budget position taking account of partner contributions; and

6. Agree that an update on the IJB's medium term financial plan should be provided to the Board on 23 April 2019 along with the updated IJB Strategic Plan.

Decision

To approve the terms of the report.

9 STRATEGIC PLAN 2019 - 2023

The Board considered a report by the Director (copies of which had been circulated) on the draft Strategic Plan 2019-23.

A 12-week consultation exercise had been completed on the IJB's Vision, Values and Strategic Priorities and 427 responses had been received. A breakdown of the types of respondent and the groups which took part were set out in the report with an analysis of the responses attached at Appendix 1. The results were overwhelmingly supportive of the consultation document.

The responses gained from the consultation had been used to inform the draft Strategic Plan. Approval was sought to begin the phase 2 consultation on the draft Plan which would be carried out over a nine-week period. Following this, the responses would be analysed and any resulting changes made before submission to the Board for approval in April 2019. It was intended to consult a wide range of stakeholders including individuals and groups across West Lothian.

The difference in the level of responses to the initial consultation from the East and West Localities was raised and it was noted that the West had historically been more difficult to engage than the East, but that ways to ensure further engagement were being considered. Working in partnership with existing structures such as the Community Planning Partnership, Community Councils, Trade Unions and Voluntary Sector Gateway could facilitate stronger engagement.

Members also highlighted the importance of the Strategic Plan taking account of the Housing Contribution Statement and the development of lower-level community based plans to support the Plan and the outcomes.

Assurances were provided for staff that engagement would be robust to ensure staff were kept informed of any proposals which affected particular areas. Previous consultations had included roadshows for staff to attend and it was noted that these were appreciated by the staff involved.

The Board was recommended to:

1. Note the results and draft analysis of the consultation;
2. Consider the first draft of the Strategic Plan;
3. Note the timescales for Phase 2 consultation, consideration and

publication of the Strategic Plan; and

4. Approve the draft plan for phase 2 consultation.

Decision

- 1) To approve the terms of the report.
- 2) To note that future reports on the Strategic Plan would address differences in response quality between localities and housing needs in line with the Housing Contribution Statement.
- 3) To note the assurances provided to staff in relation to any changes which may be considered and that engagement would be robust to ensure staff were kept informed.

10 SELF-ASSESSMENT

A report by the Director (copies of which had been circulated) was considered which asked the Board to consider carrying out a self-assessment exercise.

The self-assessment aimed to evaluate the effectiveness and operation of the Board and involve members in close consideration of the role of the Board and its members, its administrative arrangements and the context in which it operated.

A similar exercise had been undertaken by the Board's Audit, Risk and Governance Committee with the results reported to its meeting in September 2018. In response to the Annual Governance Statement for 2018, the External Auditor recommended that the Board should assess its own effectiveness and areas for improvement and those for its committees and other bodies.

The assessment would take the form of a questionnaire circulated electronically to members of the Board. The results would be confidential and a summary would be reported to a future meeting of the Board for consideration. The Board could then take decisions on any actions required on the basis of the results.

During discussion, it was noted that the results would be based on members' perception rather than evidence. In response, it was advised that other types of assessment were used to measure the Board's effectiveness on the basis of evidence and that the assessment was designed to gather Board members' views.

The Board was recommended to:

1. Consider carrying out a self-assessment of the Board's effectiveness by the use of the questionnaire attached at Appendix 1 to the report; and
2. Agree to the questionnaire being issued to Board members and the

results reported to a future meeting.

Decision

- 1) To approve the terms of the report.
- 2) To note that the assessment was designed to be perception-based rather than evidence-based, but that members were invited to make suggestions on further assessment exercises which could be undertaken.

11 ST. JOHN'S HOSPITAL EMERGENCY DEPARTMENT REDESIGN INITIAL AGREEMENT

The Board considered a report (copies of which had been circulated) by St. John's Hospital Site Director providing an overview of the emerging clinical model as part of the St John's Hospital (SJH) Emergency Department (ED) Redesign.

The SJH ED Redesign had been prioritised by the relevant governance groups and had been identified as a priority for NHS Lothian and for St John's Hospital. An Initial Agreement had been developed and approved to proceed to the next step of the business case process by the Finance and Resource Committee of NHS Lothian.

The redesign project aimed to address the challenges being faced by NHS Lothian in relation to the SJH ED by improving performance against the 4 hour standard, and ensuring patients had access in a timely manner to services which were equitable and consistent across the Lothian area. The report outlined the key patient safety and experience drivers for the need for change.

A clinical model which would underpin the redesign project had been developed to optimise clinical flow within the department. The model aimed to deliver Rapid Assessment and Triage within 30 minutes of arrival and front load the emergency pathway with investigations and assessment where appropriate. Seven dedicated pathways would be used to streamline patients.

The report set out a shortlist of six options, the economic case, an assessment of the risks and a timeline in which construction was planned to commence by May/June 2019. The full Initial Agreement was attached to the report at Appendix 1.

During the discussion, a point was raised in relation to the accuracy of the projection that no bank or agency staff would be required under options 5 and 6 (Table 11: Staffing – Nursing Costs). The Site Director responded that the redesign and other initiatives being considered should attract more staff therefore eliminating the need for bank and agency staff, but agreed to review the figures prior to the finalised revenue costs being submitted to the Board.

The Board was recommended to:

1. Note the case for change;
2. Note the estimated revenue costs and the timescale for implementation;
3. Agree that the case progressed to the development of the Standard Business Case; and
4. Agree that finalised revenue costs should be submitted to the Strategic Planning Group then the Board for approval no later than the end of June 2019.

Decision

- 1) To approve the terms of the report.
- 2) To note the comments made in respect of the number of bank and agency staff expected to be required under options 5 and 6 detailed in Appendix 1, table 11 and that these figures would be reconsidered prior to the finalised revenue costs being submitted.

12 WEST LOTHIAN COMMUNITY PLANNING UPDATE

An update report (copies of which had been circulated) on the community planning arrangements in West Lothian was presented by the Director.

It was proposed that a Health and Wellbeing Partnership be established within the existing Community Planning Partnership (CPP) framework. The group would support the proposal made by the West Lothian CPP Board in September 2018 to establish an inequalities and prevention agenda at a strategic level. Discussions had since taken place to establish a remit for the forum and the key issues it should address. The Community Planning Steering Group had proposed the group be named the Health and Wellbeing Partnership.

The group would help embed a preventive focus in the core work of the CPP in accordance with various policy drivers including the Community Empowerment Act, the Fairer Scotland Duty and the IJB's Strategic Plan.

The report set out the role of the CPP in relation to inequalities and prevention and how the Health and Wellbeing Partnership would align with the priorities of the Board and the recently developed national Public Health priorities.

The first meeting of the group had been arranged for 4 February 2019 when the draft remit would be discussed. Members agreed that the IJB should be represented on the Health and Wellbeing Partnership and that the appointment of two IJB members to be confirmed at a later date would be preferable.

Discussion also took place on the reporting arrangements for the newly established group. It was agreed that the CPP Board should provide regular updates to the IJB to ensure all Board members were kept informed on progress.

The Board was recommended to:

1. Note the progress on the development of the Health and Wellbeing Partnership; and
2. Consider the representation of the IJB on the Health and Wellbeing Partnership.

Decision

- 1) To approve the terms of the report.
- 2) To agree that two members of the IJB should be appointed to the Health and Wellbeing Partnership with the IJB to decide who this would be at a later date.
- 3) To agree that regular update reports from the Community Planning Partnership Board would be provided to the IJB in future.

13 LOTHIAN STRATEGIC PLANNING FORUM

The Board considered a report by the Director (copies of which had been circulated) on a proposition by NHS Lothian to develop a Lothian Strategic Planning Forum.

NHS Lothian proposed the formation of the Forum as they had identified a need for a Lothian-wide strategic planning forum. This would include Chairs, Vice-Chairs and Chief Officers of Integration Joint Boards across the Lothian area, and appropriate non-executive directors and officers from NHS Lothian.

It was envisaged that discussion with IJBs would assist with managing significant operational and strategic issues spanning multiple IJBs more effectively, and further progress against the key features supporting effective integration highlighted in the recent report by Audit Scotland.

The report set out the intention of the Forum and noted that it was the intention for the meetings to have a business agenda focussed on the interface between NHS Lothian and the four IJBs. Appendix 1 to the report set out examples of some key issues which may form the basis of discussion at Forum meetings.

During discussion, the value of establishing a Forum such as that being proposed was recognised but that it was important that there were clear governance arrangements in place. Members also requested that a reporting structure be established and that this should be discussed at the Forum's first meeting to provide clarity to all parties. It was noted that the

specific details of the Forum had not been decided at present but that the arrangements should become more defined following the first meeting.

The Board was recommended to:

1. Consider the proposal to establish a Lothian Strategic Planning Forum;
2. Agree to the proposal in principle; and
3. Agree the proposed approach to establishing the Forum.

Decision

- 1) To approve the terms of the report.
- 2) To request that the governance arrangements for the Lothian Strategic Planning Forum and the reporting structure in relation to all of the Lothian IJBs are considered at the Forum's first meeting.

14 WORKPLAN AND LIST OF CYCLICAL REPORTS

The workplan for upcoming meetings and a list of reports that the Board considered on a cyclical basis were presented.

Decision

To note the workplan and list of cyclical reports.

**REVISION OF INTEGRATION SCHEMES AS A CONSEQUENCE OF THE
CARERS (SCOTLAND) ACT 2016 AND ASSOCIATED REGULATIONS**

1 Purpose of the Report

- 1.1 The Board agreed to delegate its responsibilities under Sections 12 and 31 of the Carers (Scotland) Act 2016 to all four integration joint boards at its previous meeting of 6 February. The Board also agreed to delegate authority to the Executive Director for Nursing, Midwifery & Allied Health Professionals to take forward the necessary actions to prepare revised final draft integration schemes, which will be presented to the NHS Board for its approval at a future meeting
- 1.2 This report presents a revised Midlothian integration scheme for the Board's approval, and an update on the progress with the other three schemes. The report also invites the Board to agree a process to approve the revised integration schemes

Any member wishing additional information should contact the Executive Director for Nursing, Midwifery & Allied Health Professionals in advance of the meeting.

2 Recommendations

The Board is recommended to:

- 2.1 Approve the revised Midlothian integration for joint submission (with Midlothian Council) to the Scottish Government for approval.
- 2.2 Agree to alter its previous decision on delegation to Edinburgh so that the Board is only delegating its Section 31 responsibility to the Edinburgh Integration Joint Board.
- 2.3 Agree to delegate authority to the Executive Director for Nursing, Midwifery & Allied Health Professionals to approve the final revised versions of Edinburgh, East Lothian, and West Lothian schemes for submission to the Scottish Government. Before this approval is given, the Board members will be given an opportunity to review the final revised versions electronically.

3 Discussion of Key Issues

Midlothian

- 3.1 Appendix 1 to this report contains the revised integration scheme for Midlothian. The revisions are tracked on pages 57, 67, and 68 of the scheme. The proposed revised scheme was placed on both the Council's and the NHS Board's website for consultation. The consultation ended on 12 March and no comments were

received. Midlothian Council will consider the revised scheme at its meeting on 26 March. Presuming that it is approved, the NHS Board and the Council will submit the revised integration scheme to the Scottish Government. The NHS Board is recommended to approve the revised scheme.

East Lothian

- 3.2 Officers have published a revised integration scheme on the websites of both the Council and NHS Lothian. The Council will thereafter consider the final revised draft on 24 April.

West Lothian

- 3.3 The Council has devised a consultation process which will start on 27 March, and the Council will thereafter consider the final revised draft on 23 April. However this consultation process has been developed on the premise that the scheme is being revised to attend to the functions which 'must' be delegated. Officers from the local authority have advised us that where 'may' functions are proposed to be delegated (which is the case for the Board's Carers Act functions), this would need to be considered in a much wider review by the Board and Council, and a more significant consultation process. Consequently this is a matter currently under active discussion.

City of Edinburgh

- 3.4 After further consideration, it is proposed that the NHS Board only delegate Section 31 (approval of carers strategy) to the Edinburgh IJB. The IJB will not be delegated the responsibility that the NHS Board has for young carers who are pre-school children. However in line with the Act, the NHS Board will not provide a young carers statement to a pre-school child without the approval of City of Edinburgh Council. Nursing and health visiting professionals have previously advised that in practice there are no circumstances in which a pre-school child would be designated or regarded as a young carer. If there was a caring responsibility identified then this would lead to a referral to the relevant social work department
- 3.5 Edinburgh IJB does not have responsibility for children's functions, whereas in contrast in East Lothian & Midlothian they have delegated authority for health visiting and school nursing. Additionally in Edinburgh, community children's services are managed with the acute hospital services management structure. For this reason it is proposed that Section 12 responsibility (young carers statements for pre-school children)
- 3.6 In terms of process it is expected that the draft revised integration scheme will be published for a consultation period of 6 weeks. The intent is to present the revised scheme to the Council on 2 May.
- 3.7 While the integration scheme has not been formally amended, the work to develop a carers strategy has been progressed. The Edinburgh Integration Joint Board will review a draft carers strategy on 29 March.

NHS Board approval of the revised integration schemes

- 3.8 The NHS Board next meets on 26 June and the local authorities may have approved the revised schemes by the end of April or the start of May. There is an opportunity to remove two months from this process by finding another way for the NHS Board to efficiently approve the revised integration schemes. As illustrated by the revised Midlothian Integration Scheme in Appendix 1, the actual revisions to the schemes are minimal, and will only be in line with what the NHS Board has previously agreed.
- 3.9 It is recommended that the Board agree an alternative process to approving the revised schemes. Once each scheme is ready, the Executive Director for Nursing, Midwifery & Allied Health Professionals will circulate it to Board members so that they may review the final proposal and provide any feedback within 1 week. In the absence of any material objections, then the Executive Director for Nursing, Midwifery & Allied Health Professionals will on behalf of the Board, approve the final version for submission to the Government.

4 Key Risks

- 4.1 The NHS Board and the local authorities do not make the required amendments to their integration schemes, leading to them not complying with the law and Scottish Government direction.
- 4.2 The NHS Board unnecessarily retains its responsibilities under the Carers' Act, missing an opportunity to further integration, and creating the scenario where three public bodies will be involved in the governance of carers in each local authority area.

5 Risk Register

- 5.1 Implementing the recommendations in this report will attend to the issue, and consequently there will be no need to amend a risk register.

6 Impact on Inequality, Including Health Inequalities

- 6.1 This report does not relate to a specific proposal which has an impact on an identifiable group of people. It proposes a change in governance responsibilities, rather than specific proposals which impact on the services provided for carers. The integration joint boards will need to consider impacts when carrying out their delegated functions.

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

- 7.1 This is a mandatory administrative task which has arisen as a consequence to changes to regulations. The Scottish Government has advised that given the nature of these changes, it is not necessary to carry out the full consultation process as set out in the Public Bodies (Joint Working) (Scotland) Act (2014). It is sufficient for the parties to publish the proposal on their websites for four weeks, and thereafter approve the revised draft before submitting it to the Scottish Government.

8 Resource Implications

- 8.1 The recommendations will be addressed as part of normal business within existing resources.

Alan Payne
Head of Corporate Governance
21 March 2019
alan.payne@luht.scot.nhs.uk

Appendix 1: Revised Integration Scheme for Midlothian

**Midlothian Integration Scheme
(Body Corporate)**

14th May 2015

Version 5.6: Final with revisions required from Scottish Government. This version was approved by Chief Executives of NHS Lothian and Midlothian Council and Chairman of NHS Lothian on 13th May 2015. It has subsequently been updated to incorporate the new responsibilities arising from the Carers (Scotland) Act 2016 and was approved by Midlothian Council on.....and by NHS Lothian on.....

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PREAMBLE, Aims and Outcomes of the Integration Scheme

The vision of the parties for the Midlothian IJB is that people in Midlothian will lead longer and healthier lives by getting the right advice, care, and support, in the right place, at the right time.

The work of the IJB will be guided by the integration planning principles as stated in the Act and will contribute to the achievement of nationally agreed health and wellbeing outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act.

The IJB will also contribute to the achievement of the national criminal justice outcomes because the Parties have elected to delegate criminal justice social work.

Throughout all its work the Parties expect the IJB to be guided by the following ambitions:

- Provide the highest quality health and care services
- Always respect the dignity and human rights of Midlothian citizens in the planning of health and social care.
- Support people to live independently at home.
- Promote the principles of independent living and equality.
- Do everything we can to reduce health inequalities.
- Provide support and services so that people only have to go to hospital if they really have to.
- Listen to people who use our services, and the people who care for them, working together to develop the services that are right for them.
- Make sure that Midlothian people feel safe at home and in their communities.
- Support people to take more responsibility for their own health and wellbeing.

The terms of this preamble are not part of the Integration Scheme and are not intended to create legally binding obligations. They do, however, give the context within which the Scheme should be read.

INTEGRATION SCHEME

Parties and Definitions and Interpretations

The Parties:

Midlothian Council, established under the Local Government etc (Scotland) Act 1994 and having its principal offices at 40-46 Buccleuch Street, Dalkeith, Midlothian, EH22 1DN (“the Council”);

and

Lothian Health Board, established under section 2(1) of the National Health Service (Scotland) Act 1978 (operating as “NHS Lothian”) and having its principal offices at Waverley Gate, 2-4 Waterloo Place, Edinburgh (“NHS Lothian”)

(Together referred to as “the Parties”, and each a “Party”).

Background

- A. The Parties are required to comply with either subsection (3) or (4) of section 2(2) of the Act, and have elected to comply with subsection (3) such that the Parties must jointly prepare an integration scheme (as defined in section 1(3) of the Act) for the Midlothian Area

- C. In preparing this Integration Scheme, the Parties have had regard to the integration planning principles set out in section 4(1) of the Act and the national health and wellbeing outcomes prescribed by the Public Bodies (Joint Working)(National Health and Wellbeing Outcomes)(Scotland) Regulations 2014, and have complied with the provisions of section 6(2) of the Act (consultation); and in finalising this Integration Scheme, the Parties have taken account of any views expressed by virtue of the consultation processes undertaken under section 6(2) of the Act.

In implementation of their obligations under the Act, the Parties hereby agree as follows:

1. Definitions And Interpretation

1.1. In this Scheme the following expressions have the following meanings, unless the context otherwise requires:-

“**Act**” means the Public Bodies (Joint Working) (Scotland) Act 2014;

“**Chief Officer**” means the officer described in Section 7 of this Scheme;

“**Chief Finance Officer**” means the finance officer described in Section 9.1 of this Scheme;

“**Council**” means Midlothian Council

“**IJB Budget**” means the total funding available to the IJB in the financial year as a consequence of:

- The payment for delegated functions from NHS Lothian under section 1(3)(e) of the Act;
- The payment for delegated functions from the Council under section 1(3)(e) of the Act; and
- The amount “set aside” by NHS Lothian for use by the IJB for functions carried out in a hospital and provided for the areas of two or more local authorities under section 1(3)(d) of the Act

“**Integration Joint Board**” or “**IJB**” means the Integration Joint Board to be established by Order under section 9 of the Act;

“**Integration Joint Boards Order**” means the Public Bodies (Joint Working (Integration Joint Boards) (Scotland) Order 2014;

“**Integration Joint Board**” or “**IJB**” means the Integration Joint Board to be established by Order under section 9 of the Act;

“**Lothian IJBs**” means the integration joint boards to which functions are delegated in pursuance of the integration schemes in respect of the local authority areas served by, City of Edinburgh Council, Midlothian Council, East Lothian Council and West Lothian Council respectively.

“**Neighbouring IJBs**” means the Lothian IJBs excluding the IJB;

“Operational Budget” means the amount of payment made from the IJB to a Party in order to carry out delegated functions.

“Outcomes” means the Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act;

“Parties” means Midlothian Council and NHS Lothian

“Regulations” means the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014;

“Scheme” means this Integration Scheme;

“Strategic Plan” means the plan which the IJB is required to prepare and implement in relation to the delegated provision of health and social care services in accordance with section 29 of the Act.

- 1.2. Words and expressions defined in the Act shall bear the same respective meanings in the Scheme unless otherwise defined in the Scheme.
- 1.3. References to Sections are to the sections of the Scheme.
- 1.4. Reference to annexes are to annexes to this Scheme and reference to Parts are the parts of the relevant Annex.

2. The Model to be Implemented

- 2.1. The integration model set out in section 1(4)(a) of the Act will apply in relation to the Midlothian area. This is the IJB model, namely the delegation of functions by each of the Parties to a **body corporate** that is to be established by order under section 9 of the Act. This Scheme comes into effect on the date on which the IJB is established by order under section 9 of the Act.

3. Local Governance Arrangements

3.1. Membership

3.1.1. The IJB shall have the following voting members:

- a) 4 councillors nominated by the Council; and
- b) 4 non-executive directors nominated by NHS Lothian, in compliance with articles 3(4) and 3(5) of the Integration Joint Boards Order.

3.1.2. The Parties may determine their own respective processes for deciding who to nominate as voting members of the IJB.

3.1.3. Non-voting members of the IJB will be appointed in accordance with article 3 of the Integration Joint Boards Order.

3.1.4. The term of office of members shall be as prescribed by regulation 7 of the Integration Joint Boards Order.

3.2. Chairperson and Vice Chairperson

3.2.1. The IJB shall have a chairperson and vice-chairperson who will both be voting members of the IJB.

3.2.2. The term of office of the chairperson will be two years, with the Council appointing the first chairperson for the period from the date on which the IJB is established until the second anniversary of that date, and NHS Lothian appointing the second chairperson for the period from the second anniversary of the date on which the IJB is established until the fourth anniversary of that date.

3.2.3. As from the fourth anniversary of the date on which the IJB is established, the power to appoint the chairperson will continue to alternate between each of the Parties on a two-year cycle.

3.2.4. The term of office of the vice chairperson will be two years, with NHS Lothian appointing the first vice chairperson for the period from the date on which the IJB is established until the second anniversary of that date. The provisions set out above under which the power of appointment of the chairperson will alternate between the Parties on a two-year cycle will apply in relation to the power to appoint the vice chairperson, and on the basis that during any period

when the power to appoint the chairperson is vested in one Party, the other Party shall have power to appoint the vice-chairperson.

3.2.5. The Parties may determine their own processes for deciding who to appoint as chairperson or vice-chairperson.

3.2.6. Each Party may change its appointment as chairperson (or, as the case may be, vice chairperson) at any time; and it is entirely at the discretion of the Party which is making the appointment to decide who it shall appoint.

4. Delegation of Functions

4.1. The functions that are to be delegated by NHS Lothian to the IJB are set out in Part 1 Annex 1 (subject to the exceptions and restrictions also specified or referred to in Part 1 of Annex 1). The services currently provided by NHS Lothian in carrying out these functions are described in Part 2 of Annex 1.

4.2. The functions that are to be delegated by Midlothian Council to the IJB are set out in Parts 1a 1b of Annex 2 (subject to the exceptions and restrictions also specified or referred to in Parts 1a and 1b of Annex 2). For indicative purposes only, the services which are currently provided by the Council in carrying out these functions are described in Part 2 of Annex 2.

5. Local Operational Delivery Arrangements

The IJB membership will be involved in the operational governance of integrated service delivery via two particular arrangements: (1) directions issued by the IJB via the Chief Officer of the IJB; and (2) oversight of performance management by the voting members of the IJB.

Directions issued by the IJB via the Chief Officer

5.1.1. The IJB will issue directions to the Parties via its Chief Officer. The IJB must direct the Parties to carry out each of the functions delegated to the IJB. A direction in relation to a given function may be given to one or other of the Parties, or to both Parties. The primary responsibility for delivering capacity (that is to say, activity and case mix) in respect of the services associated with the carrying out of a given function shall lie with the IJB, and shall be reflected in the directions issued from time to time by the IJB. Subject to the provisions of the Act and the Scheme, the Parties are then required to follow those directions.

Oversight of performance management by the voting members of the IJB

- 5.1.2. The IJB shall oversee delivery of the services associated with the functions delegated to it by the Parties. The IJB is the only forum where health and social care functions for the Midlothian area are governed by members of both NHS Lothian and the Council. Accordingly the Parties agree that primary responsibility for performance management in respect of delivery of the delegated functions will rest with the IJB.
- 5.1.3. The Parties will provide performance information so that the IJB can develop a comprehensive performance management system
- 5.1.4. The IJB performance management reports will be available to both Parties for use in their respective performance management systems. However it is expected that the voting members of the IJB will take responsibility for performance management at the IJB, and will provide an account of highlights and/or exceptional matters to meetings of NHS Lothian and the Council.
- 5.1.5. In the interests of efficient governance, the relevant committees of NHS Lothian and the Council will continue to discharge their existing remits for assurance and scrutiny of the carrying out of the Parties' functions, regarding matters such as internal control, quality and professional standards, and compliance with the law. The IJB will not duplicate the internal operational oversight role carried out by the Parties other than in exceptional circumstances where the IJB considers that direct engagement by the IJB (or by a committee established by the IJB) is appropriate in order to secure the proper discharge by the IJB of its statutory responsibilities or its duties under this Scheme.
- 5.1.6. Each of the Parties shall use reasonable endeavours to procure that in the event that one of its committees identifies an issue which is of direct and material relevance to the IJB, the chair of that committee will advise the Chair of the IJB and the Chief Officer of that matter and will co-operate with the IJB in supplying such further information and evidence in respect of that matter as the IJB may reasonably request.
- 5.1.7. The Parties shall ensure that their respective standing orders, schemes of delegation and other governance documents are amended (if required) to reflect the IJB's powers and remit, and its place as a common decision-making body within the framework for delivery of health and social care within the Midlothian Area.
- 5.1.8. The voting members of the IJB are councillors of the Council and non-executive directors of NHS Lothian (or other board members). In their capacity as councillors and non-executive

directors, they will be engaged in the governance of their respective constituent bodies, and it is likely that they will be members of one or more committees of those constituent bodies.

5.1.9. Given the overall vision as outlined in the preamble of the Scheme, it is the intention that the operational governance functions of both Parties and the IJB should be integrated. In all matters associated with the work of the IJB, the voting members of the IJB will be expected by the Parties to play a crucial role in:

- a) communicating, and having due regard to, the interests of NHS Lothian or (as the case may be) the Council in overseeing the carrying out of the integrated functions, but on the understanding that, in carrying out their role as a member of the IJB, their primary duties and responsibilities are those which attach to them in that capacity;
- b) communicating, and having due regard to, the interests of the IJB in overseeing the carrying out of the integrated functions whilst discharging their role as a councillor or (as the case may be) as a non-executive director of NHS Lothian, but on the understanding that, in carrying out their role as a councillor or non-executive director, their primary duties and responsibilities are those which attach to them in that capacity.

5.1.10. This Scheme sets out detailed measures on the governance of integration functions throughout the text. Over and above these measures, the Parties will ensure that the IJB members are involved in overseeing the carrying out of integration functions through the following actions:

- a) The terms of reference, membership and reporting arrangements of the relevant committees of the Parties will be reviewed and the IJB will be consulted within this process (and all future reviews).
- b) In order to develop a sustainable long-term solution for the oversight of the integration functions by the IJB a working party will be convened with membership from the Lothian IJBs and the Parties. This working party will develop recommendations for approval by the Lothian IJBs.

5.1.11. Without prejudice to the role of the voting members of the IJB (as specified above) in relation to oversight of operational delivery of services in accordance with directions issued to either or both of the Parties by the IJB, the IJB will, through the Chief Officer, have an oversight role in the operational delivery of services by the Parties in the carrying out of integration functions. The Parties acknowledge that the Chief Officer's role in operational delivery will represent an important means by which closer integration of services, in accordance with the integration delivery principles specified in the Act, can be achieved. For the avoidance of doubt, the Chief Officer's role in operational delivery shall not displace:

Midlothian Integration Scheme

- (a) the responsibilities of each Party regarding compliance with directions issued by the IJB; or
- (b) the principle that each Party's governance arrangements must allow that Party to manage risks relating to service delivery.

5.1.12. In addition to the specific commitments set out above and the obligations regarding provision of information attaching to the Parties under the Act, the Parties will provide the IJB with any information which it may require from time to time to support its responsibilities regarding strategic planning, performance management, and public accountability.

Support for Strategic Planning

5.1.13. The Parties will support the IJB in ensuring that the consultation process associated with the preparation of each Strategic Plan for the Midlothian Area includes other Integration Authorities likely to be affected by the Strategic Plan. The Integration Authorities that are most likely to be affected by the Strategic Plan for the Midlothian Area are:

- a) East Lothian IJB
- b) Edinburgh IJB
- c) West Lothian IJB.

5.1.14. NHS Lothian will procure that reciprocal provisions to those set out in sections 5.1, 5.2 and 5.3 are contained in the integration schemes of the Neighbouring IJBs in Lothian.

5.1.15. In addition the Borders Integration Authority shares a border with Midlothian IJB and may be affected by the Midlothian Strategic Plan.

5.1.16. The Parties will ensure the IJB can:

- effectively engage in all of the planning process including contributing to the work of the Strategic Planning Groups for the neighbouring IJBs as required;
- provide such information and analysis as neighbouring IJBs reasonably require for the production of their Strategic Plans;
- inform neighbouring IJBs as to how the services, facilities and resources associated with the functions delegated to the Midlothian IJB by the Parties are being or are intended to be used with respect to carrying out of those functions in line with these planning processes;

- a) in a situation where Strategic Plans in one area are likely to have an impact on the plans in another area, ensure that these matters are raised with other relevant IJBs and resolved in an appropriate manner;
- b) in a situation where Strategic Plans in another area are likely to have an impact on the Midlothian Area, ensure that these matters are raised and any associated risks are mitigated for the benefit of service users.

5.1.17. In addition, a template will be introduced for the Midlothian IJB, with the support of each of the Parties, to help to ensure that all major strategic matters are considered in light of the potential impact on Neighbouring IJBs, and on services provided by the parties which are not delivered in the course of carrying out functions delegated to the Midlothian IJB.

5.2. **Lothian Hospitals Strategic Plan**

5.2.1. NHS Lothian will develop a plan (the “**Lothian Hospitals Strategic Plan**”) to support the IJBs to fulfil their duties. This plan will not bind the IJB and the strategic plans of the IJBs will inform the Lothian Hospitals Strategic Plan. The Lothian Hospitals Strategic Plan will encompass both functions delegated to the Lothian IJBs and functions that are not so delegated.

5.2.2. The Lothian Hospitals Strategic Plan will be developed in partnership with the Lothian IJBs where integration functions are delivered by NHS Lothian in a hospital. It will reflect the relevant provisions of the Strategic Plans prepared by the respective Lothian IJBs, as well as NHS Lothian plans for non delegated functions. The first Lothian Hospitals Strategic Plan will be published by 1 December 2015.

5.2.3. The purpose of the Lothian Hospitals Strategic Plan is to ensure that planning for hospital functions and use of hospital facilities is:

- (a) responsive to and supports each Strategic Plan prepared by the Lothian IJBs for delegated functions; and
- (b) supports the requirement of NHS Lothian to deliver hospital services required by the IJB and other hospital services that are not the responsibility of the Lothian IJBs (e.g. tertiary, trauma, surgical, planned and children’s services).

5.2.4. The Lothian Hospitals Strategic Plan will be a plan developed jointly by NHS Lothian and the Lothian IJBs. The elements of the Lothian Hospitals Strategic Plan addressing non delegated functions can only be agreed by the NHS Lothian Board after the four Lothian IJBs have been consulted and their views and requirements appropriately considered. Elements of the Lothian

Hospitals Strategic Plan which cover functions delegated to the respective Lothian IJBs will be signed off by relevant Lothian IJBs in consultation with NHS Lothian and all Lothian IJBs.

5.2.5. The Lothian Hospitals Strategic Plan will be updated at least every three years; the process to update the plan will be led by NHS Lothian.

5.3. **Professional, technical or administrative support services**

5.3.1. The Parties agree to provide the IJB with the corporate support services that it requires to discharge fully its duties under the Act. In the short term, the Parties will continue to use the arrangements that have already been put in place to provide professional, technical and administrative support to Community Health Partnerships, and joint working more generally.

5.3.2. In order to develop a sustainable long term solution, a working party will be convened, with membership from the Health Board and the four local authorities in Lothian. This working party will develop recommendations for approval by the Health Board, the four local authorities, and the four Partnerships.

5.3.3. Key matters that the working party will address are:

- (a) understanding the needs of the Lothian IJBs (in relation to functions delegated to them), as well as the continuing needs of the Parties (for non-delegated functions);
- (b) defining what is meant by “professional, technical or administrative services”;
- (c) systems to appoint the Chief Officer and Chief Finance Officer, as well as addressing their requirements for support;
- (d) bringing all these elements together and devising a pragmatic and sustainable solution.

5.3.4. The working party will link in with any ongoing initiatives that are pertinent to its agenda, so that all relevant work is co-ordinated. Any changes will be taken forward through the existing systems in the Parties for consultation and managing organisational change.

5.3.5. As soon as the proposals have been finalised by the working party and agreed by NHS Lothian and the four local authorities which prepared the integration schemes for the Lothian IJBs, a draft agreement will be prepared reflecting the agreed proposals. The draft agreement will be adjusted in line with discussions among the parties, and, as soon as the terms have been

finalised, it is intended that the agreement will then be formally executed by NHS Lothian, the four local authorities, and the Lothian IJBs (including the IJB).

Within a year of the agreement taking effect, the Parties and the IJB will undertake a review of the support services put in place pursuant to the agreement to ensure that the IJB has available to it all necessary professional, technical or administrative services for the purpose of preparing its Strategic Plan and carrying out the integration functions. There will then follow a process of annual review on the support services required by the IJB and this process will form part of the annual budget setting process for the IJB which is described in Section 9.2.

5.4. Process to establish performance targets and reporting arrangements

- 5.4.1. All national and local outcomes, improvement measures and performance targets which are connected exclusively with the functions delegated by the Parties to the IJB under the Scheme will become the responsibility of the IJB to deliver; and the IJB will also be responsible for providing all such information regarding integration functions which is required by either of the Parties to enable each of them to fulfil its obligations regarding reporting arrangements in respect of those functions.
- 5.4.2. Where particular national or local outcomes, measures or targets (and associated reporting arrangements) relate to services which are associated with both integration functions and functions which are not delegated by a Party to the IJB, the responsibility for the outcomes, measures or targets (and associated reporting arrangements) will be shared between the IJB and the Party or Parties which exercise those functions, and the IJB will be responsible for providing all such information regarding those integration functions as is required by the relevant Party to enable it to fulfil its obligations regarding reporting arrangements.
- 5.4.3. A set of shared principles will be developed and agreed between the Parties for targets and measurement based on existing best practice.
- 5.4.4. A core group of senior managers and relevant support staff from each Party will develop the performance framework for the IJB, taking account of relevant national guidance. The framework will be underpinned by the Outcomes and will be developed to drive change and improve effectiveness. The framework will be informed by an assessment of current performance arrangements and the development of a set of objectives which the framework will be intended to achieve.
- 5.4.5. A core set of indicators and measures will be identified by the Parties from publicly accountable and national indicators and targets which relate to services delivered in carrying out the functions delegated to the IJB.
- 5.4.6. An integration dataset ("**Integration Dataset**") will be created for the IJB. This will include information on the data gathering, reporting requirements and accountability for each of these measures and targets and including, in relation to each target, the extent to which responsibility is to transfer to the IJB. This work will be shared with and reviewed by the IJB and amended as appropriate following such review.
- 5.4.7. The Integration Dataset and the core set of indicators will provide information for the performance framework developed in the process described in 5.4.4.

- 5.4.8. Indicators will be aligned with the priority areas identified in the joint strategic needs assessment and the Strategic Plan and will be refined as these documents are reviewed and refreshed. These priority areas will be aligned with all the indicators within the Integration Dataset and will be linked to the Outcomes to demonstrate progress in delivering these.
- 5.4.9. The Parties have obligations to meet targets for functions which are not delegated to the IJB, but which are affected by the performance and funding of integration functions. Therefore, when preparing performance management information, the Parties agree that the effect on both integration and non-integration functions must be considered and details must be provided of any targets, measures and arrangements for the IJB to take into account when preparing the Strategic Plan. Where responsibility for performance measures and targets is shared, this will be set out clearly for agreement by the relevant Parties.
- 5.4.10. The Integration Dataset will include information on functions which are not delegated to the IJB. Either one of the Parties, or the IJB, will be able to reasonably require information of that nature to be included within the Integration Dataset.
- 5.4.11. The principles for an Integration Dataset will be prepared by the Parties by 1 April 2015 and this will be reviewed and developed into the Integration Dataset during the strategic planning process in 2015. A final Integration Dataset will be submitted for approval by the IJB and the Parties before 1 March 2016.
- 5.4.12. The Integration Dataset will be reviewed on at least an annual basis, through a process similar to that outlined above.

6. Clinical and Care Governance

6.1. Introduction

- 6.1.1. This section of the Scheme sets out the arrangements that will be put in place to allow the IJB to fulfil its role with professional advice and with appropriate clinical and care governance in place. The Parties will expect the IJB to develop more integrated governance arrangements in Midlothian to compliment the existing clinical and care governance arrangements.
- 6.1.2. The Parties have well established systems to provide clinical and care governance as well as assurance for professional accountabilities. Those systems will continue following the establishment of the IJB and the scope of these systems will extend to provide the IJB with the requirements to fulfil their clinical and care governance responsibility.

- 6.1.3. This section describes the relationship between the Parties' clinical and care governance systems and the IJB. The relationship between these systems and the Strategic Planning Group and delivery of services within localities will be via the Chair and Chief Officer of the IJB. The IJB non-voting membership includes the Chief Social Work Officer and three health professionals who are determined by NHS Lothian. These members will provide a further link between the Parties clinical and care governance systems and the IJB as described in section 6.2. It is for the IJB to ensure that the Strategic Planning Group has sufficient information to undertake its function and the Parties shall provide such information to the IJB as is necessary for it to do so. This is in line with the commitment in this scheme at 5.3.1 to provide the IJB with the corporate support services required to fully discharge its responsibilities under the Act, which includes support to the IJB, its Strategic Planning and localities,.
- 6.1.4. Continuous improvement and the quality of service delivery (and its impact on outcomes) will be addressed through the development of the IJB's performance management framework (pursuant to Section 5.5 of this Scheme).
- 6.1.5. The Integration Joint Board will not duplicate the role carried out by the Parties existing governance arrangements other than in exceptional circumstances where the IJB considers that direct engagement by the IJB is appropriate in order to secure the proper discharge by the IJB of its statutory responsibilities.
- 6.1.6. The Parties agree that in the event that one of its committees within its governance arrangements identifies an issue which is of direct and material relevance to the Integration Joint Board, the chair of that committee will advise the chairperson of the Integration Joint Board and the Chief Officer of that matter and will co-operate with the IJB in supplying such further information and evidence in respect of that matter as the IJB may reasonably request.
- 6.1.7. The Parties shall ensure that its standing orders, schemes of delegation and other governance documents are amended (if required) to reflect the IJB's powers and remit, the IJB's place as a common decision-making body within the framework for delivery of health and social care within the Midlothian Area and the Parties role in supporting the IJB to discharge its duties.
- 6.1.8. The voting members of the Integration Joint Board are engaged in the governance of their respective Party, and it is likely that they will be members of one or more committees of the relevant Party.
- 6.1.9. The Parties will use reasonable endeavours to appoint voting members of the Integration Joint Board (regardless of which party nominated the voting members) onto the NHS Lothian and Council governance arrangements with a remit relevant to the clinical and care governance of integration functions.

6.1.10. Within its existing governance framework, NHS Lothian has :

- a) A healthcare governance committee, the remit of which is to provide assurance to the Board that the quality of all aspects of care in NHS Lothian is person-centred, safe, effective, equitable and maintained to a high standard and to provide assurance to the Board of NHS Lothian that the NHS Lothian meets its responsibilities with respect to:-
- NHS Lothian Participation Standards
 - Volunteers/Carers
 - Information Governance
 - Protection of Vulnerable People including children, adults, offenders
 - Relevant Statutory Equality Duties

And

- b) A staff governance committee, the remit of which is to support and maintain a culture within NHS Lothian where the delivery of the highest possible standard of staff management is understood to be the responsibility of everyone working within NHS Lothian and is built upon partnership and collaboration. The Staff Governance Committee must ensure that robust arrangements to implement the (NHS Scotland) Staff Governance Standard are in place and monitored

6.1.11. The staff governance committee has the primary role on staff governance matters, but can and does refer matters of relevance to the healthcare governance committee.

6.1.12. The healthcare governance committee can request assurance from the staff governance committee on matters of direct relevance to its remit, e.g. quality of recruitment, learning and development, completion of mandatory training.

6.1.13. Within the Council, the Chief Social Work Officer has overall responsibility for the professional standards of the Council's social work and social care staff. The workforce is also regulated by the Scottish Social Services Council (SSSC), and all professional staff must by law be registered with the SSSC. This registration requirement will, in due course, extend to all social care staff employed by the Council and the voluntary and independent sectors.

6.1.14. The Chief Social Work Officer reports annually to the Council on standards achieved, governance arrangements (including supervision and case file audits), volume/quantity of statutory functions discharged, the registration of the workforce and on training, including mandatory training and post-qualifying learning and development. These reports must comply

with national guidance issued by the Scottish Government. The Chief Social Work Officer will also provide a copy of these annual reports to the integration joint board.

6.1.15. The intention of using the existing NHS Lothian and Council committees as a primary source of assurance is to recognise that the parties will have continuing governance responsibilities for both integration and non-delegated functions, and that the parties wish to minimise unnecessary bureaucracy. The integration joint board will be engaged through its membership being on these committees, and its relationship with the committee chairs. The integration joint board will be in a position to holistically consider the information/ assurance received from the parties, and arrive at a determination for all of its functions. If the integration joint board is in any way dissatisfied with the information or assurance it receives from the parties, or the effectiveness of the parties committees, it may give a direction to the parties to address the issue, or revise its own system of governance.

6.2. **Clinical and Care Governance Risk**

There is a risk that the plans and directions of the integration joint board could have a negative impact on clinical and care governance, and professional accountabilities. This section of the Scheme sets out the arrangements that will be put in place to avoid this risk.

Professional Advice

6.2.1. NHS Lothian has within its executive membership three clinical members (referred to below as '**Executive Clinical Directors**'); a Medical Director, a Nurse Director, and a Director of Public Health. Their roles include responsibility for the professional leadership and governance of the clinical workforce (medical, nursing, allied health professionals, healthcare scientists, psychology, pharmacy), as well as clinical governance within NHS Lothian generally. The creation of the IJB does not change their roles in respect of professional leadership, and they remain the lead and accountable professionals for their respective professions.

6.2.2. The Council has a Chief Social Work Officer who reports to the Chief Executive and councillors. The Chief Social Work Officer monitors service quality and professional standards in social care and social work, for staff employed in both adult and children's services, together with standards in relation to the protection of people at risk of harm. The Chief Social Work Officer role also includes quality assurance of decision-making with regard to adult social care, mental health criminal justice and children's services, in particular in relation to public protection and the deprivation of liberty.

- 6.2.3. The creation of an IJB does not change the Chief Social Work Officer's role in respect of professional leadership and he or she will remain the lead and accountable professional for his or her profession.
- 6.2.4. The IJB may elect to appoint one or both of the Medical Director and the Nurse Director as additional non-voting members of the IJB. The Order requires NHS Lothian to fill the following non-voting membership positions on the IJB:
- A registered medical practitioner whose name is included in the list of primary medical services performers prepared by NHS Lothian in accordance with Regulations made under Section 17P of the National Health Service (Scotland) Act 1978;
 - A registered nurse who is employed by NHS Lothian or by a person or body with which NHS Lothian has entered into a general medical services contract; and
 - A registered medical practitioner employed by NHS Lothian and not providing primary medical services.
- 6.2.5. NHS Lothian will consider the advice of the Executive Clinical Directors, and any other relevant officer it deems fit before making appointments to fill the membership positions referred to in section 6.2.4. The appointees will be professionally accountable to the relevant executive clinical director. NHS Lothian will develop a role description for the appointments referred to in section 6.2.4, to ensure that their role on the IJB with regard to professional leadership and accountability is clearly defined and understood.
- 6.2.6. The three health professional representatives referred to in section 6.2.4 will each also be:
- a) A member of an integrated professional group (should it be established); and/or
 - b) A member of a NHS Lothian committee; and/or
 - c) A member of a consultative committee established by NHS Lothian.
- 6.2.7. If a new "integrated professional group" is established, the Chief Social Work Officer must also be a member.
- 6.2.8. The three health professional representative set out in section 6.2.4 and the Chief Social Work Officer will be expected by the Parties to play a lead role in:
- a) Communicating and having regard to their duties to NHS Lothian or the Council as the case may be whilst discharging their role as a member of the IJB;
 - b) Communicating and having regard to the interests of the IJB whilst discharging their duties as professionals employed by NHS Lothian or (as the case may be) the Council.

- c) The members will be expected to communicate regularly with the Executive Clinical Directors, and the Council's Chief Executive as and when appropriate.
- 6.2.9. The presence of these four members will ensure that the decisions of the IJB are informed by professional advice from within the membership of the IJB.
- 6.2.10. NHS Lothian includes a governance statement in its annual accounts, the content of which is informed by the annual reports of its governance committees (such as healthcare governance and staff governance) and certificates of assurance from its Executive Clinical Directors. The IJB may place reliance on these existing processes, and the Parties will provide any such reports from those processes as the IJB may require.
- 6.2.11. The Executive Clinical Directors shall be entitled to raise issues directly with the IJB in writing. The IJB shall be required to respond in writing when issues are raised in this way. The Chief Social Work Officer will be a non-voting member of the IJB, and can therefore raise any issues directly at the IJB.
- 6.2.12. The engagement of professionals throughout the process to develop and consult on the Strategic Plan, is intended to ensure that the IJB has all the required information to prepare a Strategic Plan, which will not compromise professional standards.
- 6.2.13. In the unlikely event that the IJB issues a direction to NHS Lothian, which is reasonably likely to compromise professional standards, then in the first instance, the relevant Executive Clinical Director will write to the IJB.
- 6.2.14. If the issue is not resolved to his/her satisfaction, he/she must inform the board of NHS Lothian before it takes action to implement the direction, and the following measures will apply:
 - a) The relevant Executive Clinical Director must ensure that appropriate advice is tendered to the board of NHS Lothian on all matters relating to professional standards;
 - b) The relevant Executive Clinical Director must set out in writing to NHS Lothian any objections he/she may have on a proposal that may compromise compliance with professional standards;
 - c) The board of NHS Lothian will inform the IJB that it has received such objections, along with a statement of the views of the board of NHS Lothian on those objections;

- d) If board of NHS Lothian decides to proceed with a proposal despite those objections, the relevant executive clinical director will be provided with written authority from the board of NHS Lothian to act on the proposal. NHS Lothian must inform the Scottish Government Health and Social Care Directorate if a request for such a written authority is made. A copy of that authority must be sent to the appropriate regulatory body, e.g. General Medical Council;
- e) Once the relevant executive clinical director has received that written authority, he/she must comply with it;

6.2.15. Regardless of whether a written authority has been given, the executive clinical directors, in their capacity NHS Lothian members, should always vote against a proposal that they cannot endorse as accountable officers. It is not sufficient to abstain from a decision.

6.2.16. The three professional clinical members on the IJB (two medical practitioners, one nurse) are non-voting members. They will be expected by the Executive Clinical Directors to raise any concerns in relation to matters which may compromise professional standards with the IJB.

6.2.17. If any of the three professional clinical members becomes aware of a matter arising from the conduct of IJB business, which may compromise professional standards, he/she must immediately notify the relevant executive clinical director(s) of their concerns.

6.2.18. The Chief Social Work Officer must be a non-voting member of the Integrated Joint Board, and as such, will contribute to decision-making, and will provide relevant professional advice to influence service development.

6.2.19. In the event that the Integrated Joint Board issues an direction to the Council or NHS Lothian, which in the view of the Chief Social Work Officer compromises professional social work standards or the discharge of statutory functions, the Chief Social Work Officer must immediately notify the Chief Officer of hi/her concerns and if his/her concerns are nor resolved by the Chief Officer to his/her satisfaction. Must then raise the matter with the Chief Executive of the Council.

6.3. **Professionals Informing the IJB Strategic Plan**

6.3.1. With regard to the development and approval of its Strategic Plan, the IJB is required to:

- a) Establish a strategic planning group (which will review the draft Strategic Plan). This strategic planning group must include a nominee from both NHS Lothian and the Council in its membership, as well as representation from health professionals and social care professionals. NHS Lothian and the Council will make recommendations to

the IJB with regard to the representation from health professionals and social care professionals;

- b) Consult both NHS Lothian and the Council on its Strategic Plan, and take into account their views before it finalises the Strategic Plan.

6.3.2. There will be three opportunities within these arrangements for professional engagement in the planning process;

- a) At the IJB;
- b) in the context of the work of the strategic planning group; and
- c) as part of the consultation process with the Parties associated with the Strategic Plan.

6.3.3. The membership of the IJB will not be the only source of professional advice available to the IJB. In advance of the establishment of the IJB the Parties agree that the chairs of all appropriate committees and groups will be informed that they are able to, and expected to, directly provide advice to the IJB. Those committees and groups may also advise an integrated professional group that provides advice to the IJB. Those committees and groups include, but are not limited to:

- a) Area Clinical Forum;
- b) Local consultative committees that have been established under Section 9 of the National Health Service (Scotland) Act 1978;
- c) Managed Clinical/ Care Networks;
- d) East and Mid Lothian Public Protection Committee (adult and child protection, drug and alcohol, violence against women, offender management etc). The IJB will consult this committee on any plans that may impact on the protection of children or vulnerable adults or people who are assessed as posing a risk;
- e) Any integrated professional group established.

6.3.4. NHS Lothian and the Council will ensure that the draft Strategic Plan is sent to the following senior professionals in order to secure their input and advice:

- a) NHS Lothian Medical Director;
- b) NHS Lothian Nurse Director;
- c) NHS Lothian Director of Public Health & Health Policy;
- d) NHS Lothian Allied Health Professions Director;
- e) Chief Social Work Officer.

6.3.5. The engagement of the Council's professionals will not be limited to social work staff, but will extend to related professionals within social care, such as, but not exclusively, occupational therapists, home care and social care staff.

6.3.6. The approach to locality planning and delivery including the arrangements for clinical and social care governance will be developed through the strategic planning process in a collaborative manner for the IJB. .

6.4. **External scrutiny of clinical and care functions**

6.4.1. NHS Lothian seeks assurance for internal control/quality through its Healthcare Governance Committee, which includes reports by external bodies such as Healthcare Improvement Scotland.

6.4.2. The Care Inspectorate (Social Care and Social Work Improvement Scotland) regulates, inspects and supports improvement of adult and children's social work and social care, and their reports feed into the Council's system of governance.

6.4.3. The IJB will consequently be informed of any relevant issues from external scrutiny, as a consequence of drawing from the systems already established by the Parties.

6.5. **Service User and Carer Feedback**

6.5.1. The Parties have a range of systems already in place to capture and respond to service users' experience, and these will continue to be used as the Parties implement the directions of the IJB.

7. **Chief Officer**

7.1. The Chief Officer will be appointed by the IJB; he/she will be employed by one of the Parties and will be seconded to the IJB.

7.2. The Chief Officer will provide a strategic leadership role as principal advisor to and officer of the IJB and will be a member of the senior management team of one or both of the Parties. The Chief Officer will lead the development and delivery of the Strategic Plan for the IJB and will be accountable to the IJB for the content of the directions issued to the constituent authorities by the IJB and for monitoring compliance by the Parties with directions issued by the IJB.

7.3. The Chief Officer will report directly to the Chief Executives of both Parties. There will be a joint process for the regular performance, support and supervision with both Chief Executives.. Annual objectives for the Chief Officer will be agreed and the process will involve the Chair of the IJB agreeing objectives with the Chief Officer relevant to his/her role with the IJB as well as the Chief Executives of the Parties. The Chief Officer's performance against those annual

objectives will be monitored through an agreed Performance Management Framework established by the Party which is his/her employer.

- 7.4. If an interim replacement for the Chief Officer of the IJB is required, in line with a request from the IJB to that effect (on the grounds that the Chief Officer is absent or otherwise unable to carry out his/her functions), the Chief Executives of the Parties will initiate a joint selection process, identifying a list of potential replacements; and selection of a suitable candidate will be undertaken against a set of agreed criteria. The interim replacement will be employed by one of the Parties and will be seconded to the Integration Joint Board on an interim basis.
- 7.5. The Chief Officer will have operational responsibility for all of the functions delegated to the IJB with the following exceptions:
- The Chief Officer for NHS Lothian acute hospital services and directors responsible for the Western General Hospital, the Royal Infirmary of Edinburgh, St Johns Hospital and the Royal Edinburgh Hospital will provide delegated services on these hospital sites that will not be operationally managed by the Chief Officer.
 - Specific NHS Lothian functions which will be managed on a pan-Lothian basis as a 'hosted service' by one of the four Chief Officers in Lothian. Annex 3 describes the functions which NHS Lothian is proposing to the IJBs as suitable for management under hosted services arrangements.
- 7.6. A group consisting of Directors responsible for hospital functions delegated to the IJB and the Chief Officers of the four IJBs in Lothian will be established before the IJBs are established to ensure close working arrangements between a) IJB Chief Officers, the Chief Officer, for NHS Lothian acute hospital services and the Hospital Site Directors and b) Chief Officers responsible for the management of a hosted service on behalf of the other three Lothian Chief Officers.

8. Workforce

- 8.1. The arrangements in relation to their respective workforces agreed by the Parties are:
- a) For staff managed by a line manager who is employed on different terms and conditions, the manager will observe the contract of employment and apply the employer's employment policies and procedures. Guidance will be available to assist the line manager. In addition the Parties will establish professional leadership lines of accountability to ensure clinical and professional standards are monitored and maintained.

- b) The Parties have agreed an Organisational Development Plan which is being implemented. There is a Human Resources and Organisational Group which includes Senior Managers and Trades Unions from both organisations.

- 8.2. The Parties have developed a Human Resources and Organisational Development plan which supports the workforce through the integration process. This is a comprehensive plan which covers staff communication, staff engagement, staff and team development, leadership development and the training needs for staff that will be responsible for managing integrated teams. This plan will be reviewed and updated annually to ensure that it takes account of the strategic plan of the IJB and the development needs of staff within the IJB.

- 8.3. The plan for 2014 / 2015 is already agreed, and is being implemented, and will be reviewed in April 2015 and annually thereafter. The Parties will also support the IJB to prepare a joint Workforce Development and Support Plan through the provision of professional, technical and support services described in Section 6.4 of this scheme. This Plan will sit alongside and be informed by the IJB's Strategic Plan. The Workforce Development and Support Plan will be developed within six months of the approval of the Strategic Plan by the IJB.

9. Finance

This section describes the arrangements in relation to financial management and monitoring of integrated resources. It sets out the method for determining the resources to be made available by the Council and NHS Lothian to the IJB. It also explains the financial governance and management arrangements, including budget variances, and the financial reporting arrangements between the IJB, the Council and NHS Lothian.

9.1. Financial Governance

Appointment of a Chief Finance Officer

- 9.1.1. The IJB will make arrangements for the proper administration of its financial affairs; this will include the appointment of a Chief Finance Officer with this responsibility.
- 9.1.2. The Chief Finance Officer will be a CCAB-qualified accountant. The IJB will have regard to the current CIPFA guidance on the role of the chief financial officer in local government when appointing to this finance role. A job description will be developed with due regard to Scottish government guidance in terms of financial functions.
- 9.1.3. The Chief Finance Officer will be employed by either the Council or NHS Lothian and seconded to the IJB.
- 9.1.4. In the event that the Chief Finance Officer position is vacant, the Chief Officer shall secure, through agreement with both the Council's Section 95 officer and the NHS Lothian Director of Finance, an appropriate interim dedicated resource to discharge the role.

Financial Management of the IJB

- 9.1.5. The IJB will determine its own internal financial governance arrangements; and the Chief Finance Officer will be responsive to the decisions of the IJB, and the principles of financial governance set out in this Scheme.

Principles of Financial Governance

9.1.6. The following principles of financial governance shall apply:

- The Parties will work together in a spirit of openness and transparency.

Financial Governance

9.1.7. The Parties agree to the establishment of an IJB Budget (as defined in Section 2 of this Scheme). The Chief Officer will manage the IJB Budget.

9.1.8. The Parties are required to implement the directions of the IJB in carrying out a delegated function in line with the Strategic Plan, having agreed with the relevant party the costs to be incurred. The Parties will apply their established systems of financial governance to the payments they receive from the IJB. The NHS Lothian Accountable Officer and the Council Section 95 Officer have legally defined responsibilities and accountability for the financial governance of their respective bodies.

9.1.9. The Chief Officer in his/her operational role within NHS Lothian and the Council is responsible for the financial management of any operational budgets and is accountable for this to the NHS Lothian Chief Executive and the Council's Section 95 officer.

9.1.10. The IJB will develop its own financial regulations. The Chief Finance Officer will periodically review these financial regulations and present any proposed changes to the IJB for its approval.

9.1.11. The Council will host the Integrated Joint Board Financial Accounts and will be responsible for recording the Integrated Joint Board financial transactions through its existing financial systems..

9.1.12. The IJB's Chief Finance Officer will be responsible for preparing the IJB's accounts and ensuring compliance with statutory reporting requirements as a body under the relevant legislation.

9.1.13. The IJB can hold reserves. It is a matter for the IJB to determine what its reserves strategy will be. .

- 9.1.14. The IJB's Chief Finance Officer will also be responsible for preparing the annual financial statement that the IJB must publish under Section 39 of the Act . The IJB's Chief Finance Officer will also be responsible for preparing a medium-term financial plan which sets out what the IJB intends to spend in implementation of its Strategic Plan and which will be incorporated into the IJB's Strategic Plan.
- 9.1.15. The Chief Finance Officer will be responsible for producing finance reports to the IJB, ensuring that those reports are comprehensive. The Council and NHS Lothian will provide the appropriate information to allow the Chief Financial Officer to produce these reports.
- 9.1.16. The Chief Finance Officer will liaise closely with the Council's Section 95 officer and the NHS Lothian Director of Finance and their teams in order to discharge all aspects of his or her role. Section 6 of this Scheme has set out the process the Parties will undertake to determine how professional, technical and administrative services will be provided to the IJB. The initial focus of this work includes finance support.

9.2. **Payments to the IJB**

- 9.2.1. The resources delegated to the IJB fall into two categories: (i) payments for the delegated functions; and (ii) resources used in large hospitals that are set aside by NHS Lothian and made available to the IJB for inclusion in its Strategic Plan.
- 9.2.2. Section 1(3)(e) of the Act requires that the Scheme must set out a method of determining payments that are to be made in respect of (i) above. Section 1(3)(d) of the Act requires the Scheme to set out a method of determining the amounts to be made available by the Health Board for us by the IJB under (ii) above.

Payments to the IJB (made under Section 1(3)(e) of the Act)

- 9.2.3. The Parties will agree annually a schedule of payments (covering their initial calculated payment for the financial year) to the IJB in-year. This schedule of payments will be agreed within the first 30 working days of each new financial year.
- 9.2.4. It is expected that the net difference between payments into and out of the IJB will result in a balancing payment between the Council and NHS Lothian which reflects the effect of the

directions of the IJB. The balancing payment will be reviewed throughout the year and depending on the expected value for the adjusting payment, it will be either made one-off prior to year-end or on a quarterly basis.

Initial Payments to the IJB

- 9.2.5. The Parties will identify a core baseline operational budget for each function that is delegated to the IJB. This will be used as the basis to calculate their respective payments into the IJB budget.
- 9.2.6. The Parties already have established financial planning processes which take into account the financial settlements they have received, and identified and assumed expenditure pressures, to arrive at opening budgets for the forthcoming financial year. These same processes will be applied to the core baseline operational budgets for the delegated functions in order to arrive at the initial payments to the IJB.

Hosted Services

- 9.2.7. NHS Lothian carries out functions across four local authority areas. Some of the functions that will be delegated to all four IJBs in the NHS Lothian boundary are currently provided as part of a single Lothian-wide service, commonly referred to as “hosted services”. As such there is not currently a separately identifiable budget for those services by local authority area.
- 9.2.8. In order to identify the core baseline budget for each of the hosted services in each local authority area, NHS Lothian will initially determine which of the following methodologies is the most appropriate in representing the distribution of the delivery of those services in each local authority area and their respective populations at a given point in time. NHS Lothian will follow the same process for subsequent years:
- a) Local activity and cost data for each service within each local authority area
 - b) Population distribution across the local authority areas
 - c) Patient level activity and cost data
 - d) Historically applied and recognised percentages
- 9.2.9. The Council and the IJB will review the proposals from NHS Lothian as part of a due diligence process, and the core baseline budget will be collectively agreed.

Due Diligence

- 9.2.10. The Parties will share information on the financial performance over the previous two financial years of the functions and associated services which will be delegated to the IJB. This will allow the Parties to undertake appropriate reviews to gain assurance that the services are currently being delivered sustainably within approved resources, and that the anticipated initial payments will be sufficient for the IJB to carry out its integration functions.
- 9.2.11. If any such review indicates that the projected expenditure is likely to exceed the initial payments to the IJB, the relevant Party (either the Council or NHS Lothian as appropriate) will be required to take action to ensure that services can be delivered within the available operational budget
- 9.2.12. The Parties recognise that of the functions which are to be delegated to the IJB, there are some where there is greater potential for the actual expenditure to vary significantly from projections. The Parties will identify what those functions are, and will ensure that information is provided to the IJB so that it may build up its working knowledge of the issues, and focus on those functions within their systems for risk management and financial reporting. This will help the IJB and the Parties determine how any particular variances (should they arise) should be handled (see section below), as well as how the IJB decides to direct the use of the IJB budget in the future.
- 9.2.13. This process of due diligence will be applied in future years, and this will be informed by, amongst other things, the intelligence within the financial performance reports covering all integration functions that the IJB will routinely receive.

Determining the schedules for the Initial Payments

- 9.2.14. The Council Section 95 officer and the NHS Lothian Director of Finance are responsible for preparing the schedules for their respective Party. The amounts to be paid will be the outcome of the above processes. They will consult with the Chief Officer (designate) and officers in both Parties as part of this process.
- 9.2.15. The Council's Section 95 officer and NHS Lothian's Director of Finance will each prepare a schedule outlining the detail and total value of the proposed payment from each Party, and the underlying methodology and assumptions behind that payment. These draft schedules will identify any amounts included in the payments that are subject to separate legislation or subject to restrictions stipulated by third party funders. The schedules will also contain the detail and total value of set aside resources for hospital services, made under section 1(3)(d) of the Act.

9.2.16. The Council's Section 95 officer and NHS Lothian's Director of Finance will refer the draft schedules to the Chief Officer (designate) so that he or she may have an opportunity to formally consider it.

9.2.17. The Council's Section 95 officer and NHS Lothian's Director of Finance will thereafter present the final draft schedules to the Council and NHS Lothian. This schedule must be approved by NHS Lothian's Director of Finance, the Council's Section 95 Officer and the Chief Officer (designate).

9.2.18. The Council and NHS Lothian must approve their respective payments, in line with their governing policies.

Subsequent Section 1(3)(e) Payments to the IJB

9.2.19. The calculation of payments in each subsequent financial year will be essentially follow the same processes as has been described for the initial payment. This section highlights the key differences from the process of calculating the initial payment.

9.2.20. The starting position will be the payments made to the IJB in the previous financial year. The Parties will then review the payments, having due regard to any known factors that could affect core baseline budgets, available funding, their existing commitments, the results of their own financial planning processes, the previous year's budgetary performance for the functions delegated to the IJB, the IJB's performance report for the previous year, and the content of the IJB's Strategic Plan.

9.2.21. The Parties will also have due regard to the impact of any service re-design activities that have been direct consequence of IJB directions.

9.2.22. In all subsequent financial years, the IJB will be established and the Chief Officer and Chief Finance Officer will have been appointed to their posts. The Parties will engage the IJB, Chief Officer, and Chief Finance Officer in the process of calculating subsequent payments through:

- Both Parties will provide indicative three year allocations to the IJB, subject to annual approval through their respective budget setting processes.
- The Parties will ensure the Chief Officer and Chief Finance Officer are actively engaged in their financial planning processes. The Chief Officer will be expected to feed into the planning processes of the parents with any intelligence that is relevant, e.g. the aims of the Strategic Plan, the effect of previous directions on activity and expenditure, projected changes in activity and expenditure. The Director of Finance of NHS Lothian, the Section 95 Officer of the Council and the IJB Chief Finance Officer will ensure a consistency of

approach and consistent application of processes in considering budget assumptions and proposals.

The set-aside of resources for use by the IJB under Section 1(3)(d) of the Act

9.2.23. In addition to the Section 1(3)(e) payments to the IJB, NHS Lothian will identify a set aside budget for delegated functions in large hospitals. The set aside budget for delegated hospital services will be based on an apportionment of the relevant NHS Lothian budgets for the delegated hospital services (excluding overheads).

9.2.24. In order to identify the core baseline budget for each Set Aside Functions in each IJB area, NHS Lothian will initially determine which of the following methodologies is the most appropriate in representing the distribution of the delivery of those services in each IJB area and their respective populations at a given point in time:

- Local activity and cost data for each service within each IJB area
- Population distribution across the IJB areas
- Patient level activity and cost data
- Historically applied and recognised percentages

The Parties and the IJB will review the proposals from NHS Lothian referred to above, as part of a due diligence process, and the core baseline budget will be jointly agreed

Process to agree payments from the IJB to NHS Lothian and the Council

9.2.25. The IJB will determine and approve, in accordance with the Strategic Plan, the payments to the Parties which will accompany its directions to them for carrying out functions delegated to the IJB. The Parties are required to implement the directions of the IJB in carrying out a delegated function in line with the Strategic Plan, having agreed with the IJB the resources required to deliver the said directions.

9.2.26. The Chief Finance Officer is responsible for providing the IJB with appropriate information and advice, so that it may determine what those payments should be.

9.2.27. Each direction from the IJB to the Council and/or NHS Lothian will take the form of a letter from the Chief Officer referring to the arrangements for delivery set out in the Strategic Plan and will include information on:

- the delegated function(s) that are to be carried out
- the outcomes to be delivered for those delegated functions
- the amount of and method of determining the payment to be made, in respect of the carrying out of the delegated functions.

9.2.28. Once issued, directions can be amended by a subsequent direction by the IJB.

9.2.29. Where amounts paid to the IJB are subject to separate legislation or subject to restrictions stipulated by third party funders, the IJB must reflect these amounts in full, in determining the level of the payments to be made to the Council and/or NHS Lothian in respect of the carrying out of the relevant function or functions. However, the IJB is not precluded from increasing the resource allocated to the relevant services.

Financial Reporting to the IJB

9.2.30. Budgetary control and monitoring reports (in such form as the IJB may request from time to time) will be provided to the IJB by the Parties as and when requested by the IJB. The reports will set out the financial position and outturn forecast against the payments by the IJB to the Council and NHS Lothian in respect of the carrying out of integration functions and against the amount set aside by NHS Lothian for hospital services. These reports will present the actual and forecast positions of expenditure compared to operational budgets for delegated functions and highlight any financial risks and areas where further action is required to manage budget pressures.

9.2.31. NHS Lothian will provide reports to the IJB on the set aside budget as above.

9.2.32. Through the process of reviewing the professional, technical and administrative support to the IJB (see Section 6 of the Scheme), and the development of accounting for the set-aside, the Parties will devise a sustainable model to support financial reporting to the new IJB. Until that model in place, both Parties will provide the required information on operational budgetary performance from their respective finance systems, and this will be co-ordinated and consolidated by the Chief Finance Officer to provide reports to the IJB on all the IJB's integration functions.

9.2.33. It is expected by the Parties that as a minimum there will be quarterly financial reports to Chief Officer, Quaterly reports to the IJB for section 1(3) e and 6 monthly reports to the Chief Officers and the IJB on the set-aside and hosted service budgets. The IJB can request more reports if required.

9.3. Process for addressing variance in the spending of the IJB

Treatment of forecast over- and under-spends against the Operational Budget

9.3.1. Section 15 of this integration scheme sets out the arrangements for risk management, and financial risk (within the IJB and both parties) will be managed in line with those arrangements.

- 9.3.2. The IJB is required to deliver its financial outturn with approved resources. The Parties will make every effort to avoid variances arising. A key measure in this regard will be the due diligence activities, and the sharing of information with the IJB, so that the IJB has the best opportunity to allocate resources effectively. The Parties will also ensure that the systems that are already applied to delivering public services within fixed and limited resources will continue.
- 9.3.3. Where financial monitoring reports indicate that an overspend is forecast on the NHS Lothian or the Council operational budget for delegated functions, it is agreed by the Parties that the relevant Party should take immediate and appropriate remedial action to prevent the overspend. The manager leading this remedial action could be the Chief Officer in his or her operational capacity within the affected Party.
- 9.3.4. In the event that such remedial action will not prevent the overspend, then IJB Chief Finance Officer will, together with the relevant Party, develop a proposed recovery plan to address the forecast overspend. The Chief Finance Officer will then present that recovery plan to the IJB as soon as practically possible. The IJB has to be satisfied with the recovery plan, and the plan is subject to its approval.

Additional Payments by the Parties to the IJB

- 9.3.5. Where such recovery plans are projected to be unsuccessful and an overspend occurs at the financial year end, and there are insufficient reserves to meet the overspend, then the Parties may make additional payments to the IJB.
- 9.3.6. NHS Lothian and the Council may alternatively consider making interim funding available based on an agreed percentage with repayment in future years on the basis of the revised recovery plan by both Parties and the IJB. If the revised plan cannot be agreed by NHS Lothian and the Council or is not approved by the IJB, mediation will require to take place in line with the pre agreed dispute resolution arrangements.

Underspends

- 9.3.7. As part of their normal financial management systems, the Parties conduct in-year reviews of financial performance, and occasionally this may lead to a forecast of an underspend at the year-end on one or more budgets. In the event that this happens within the operational budgets, then the following shall apply:
- 9.3.8. If the underspend is fortuitous, and unrelated to any IJB direction, then the underspend should be returned to the affected Party (through an adjustment to the payments to the IJB).

9.3.9. The IJB will retain all other underspends.

9.3.10. The IJB can hold reserves for which a Reserves Strategy will be developed by the IJB which will require the agreement of the Parties.

Treatment of variations against the amounts set aside for use by the IJB

9.3.11. A process will be agreed between NHS Lothian and the IJB to manage any variations within the set-aside budget. This process will reflect any variations in the activity that was used to establish the set-aside budget. Any cost variations will be managed in the same way as overspends and underspends within the Integrated payment as laid out above. This process will reflect the guidance issued by the Scottish Government - 'Guidance on Financial Planning for Large Hospital Services and Hosted Services'

Redetermination of payments (made under Section 1(3)(e)) to the IJB

9.3.12. Redeterminations of payments made by the Council and NHS Lothian for the carrying out of integration functions would apply under the following circumstances:

9.3.13. Additional one off funding is provided to a Party or Parties by the Scottish Government, or some other body, for expenditure in respect of a function delegated to the IJB.

9.3.14. The Parties agree that an adjustment to the payment is required to reflect changes in demand and/or activity levels or recover any additional payments which have been made to the IJB in the event of any overspend position.

9.3.15. Transfer of resources between set aside hospital resources and integrated budget resources delegated to the IJB and managed by the Chief Officer.

9.3.16. In all cases full justification for the proposed change would be required and both Parties and the IJB would be required to agree to the redetermination. The Parties would apply the process used to calculate the payment to the IJB (described earlier) to the affected functions and the Strategic Plan would require to be amended accordingly.

Redetermination of payments (made under Section 1(3)(d)) to the IJB

9.3.17. A process will be agreed between NHS Lothian and the IJB to manage any variations within the set-aside budget. This process will reflect any variations in the activity that was used to

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establish the set-aside budget. Any cost variations will be managed in the same way as overspends and underspends within the Integrated payment as laid out above.

9.4. **Use of Capital Assets**

- 9.4.1. The IJB, NHS Lothian and the Council will identify all capital assets which will be used in the delivery of the Strategic Plan. Further to this, the associated revenue and future capital liabilities will be identified for each asset.
- 9.4.2. An agreement will be developed which specifies and regulates the use (in relation to integration functions) of capital assets belonging to one Party by the other Party, or jointly by both Parties. A similar agreement will specify and regulate the use by the IJB, in the carrying out of its functions, of assets belonging to the Parties. These agreements will be updated as required.
- 9.4.3. Changes in use of capital assets will flow from the Strategic Plan and the directions issued by the IJB to the Parties. The Strategic Plan process will outline any implications or requirements for capital assets..
- 9.4.4. The Parties will ensure that their capital asset planning arrangements take due cognisance of the above implications and requirements.
- 9.4.5. The Chief Officer of the IJB will consult with the Council and NHS Lothian to identify the specific need for improvements/changes to assets owned by each Party which may be required in connection with the carrying out of integration functions. Where a capital investment need is identified, the Chief Officer will present a business case to the Council and NHS Lothian to make best use of existing resources and develop capital programmes. Any business case will set out how the investment will meet the strategic objectives set out in the Strategic Plan and identify the ongoing revenue costs/savings associated with implementation of the proposals.
- 9.4.6. The IJB, the Council and NHS Lothian will work together to ensure assets required in connection with the carrying out of integration functions are used as effectively as possible and in compliance with the relevant legislation relating to use of public assets.

9.5. **Financial Statements**

Financial Statements and External Audit

- 9.5.1. The legislation requires that the IJB is subject to the audit and accounts provisions of a body under section 106 of the Local Government (Scotland) Act 1973 (section 13 of the Act). This will require audited annual accounts to be prepared with the reporting requirements specified in

the relevant legislation and regulations (section 12 of the Local Government in Scotland Act 2003 and regulations under section 105 of the Local Government (Scotland) Act 1973). These will be proportionate to the limited number of transactions of the IJB whilst complying with the requirement for transparency and true and fair reporting in the public sector.

- 9.5.2. The reporting requirements for the annual accounts are set out in legislation and regulations and will be prepared following the CIPFA Local Authority Code of Practice.
- 9.5.3. The Chief Finance Officer of the IJB will supply any information required to support the development of the year-end financial statements and annual report for both NHS Lothian and the Council. Both NHS Lothian and the Council will need to disclose their interest in the IJB as a joint arrangement under IAS 31 and comply in their annual accounts with IAS 27. Both NHS Lothian and the Council will report the IJB as a related party under IAS 24. As part of the financial year end procedures and in order to develop the year-end financial statement, the Chief Financial officer and the Parties will work together to coordinate an exercise agreeing the value of balances and transactions with Council and NHS Finance teams. Each Party will provide information to this process on their recorded income, expenditure, receivable and payable balance with the IJB. The Chief Finance Officer will lead with the Parties on resolving any differences.
- 9.5.4. The IJB financial statements must be completed to meet the audit and publication timetable specified in the regulations (Regulations under section 105 of the Local Government (Scotland) Act 1973).
- 9.5.5. The Accounts Commission will appoint the external auditors to the IJB.
- 9.5.6. The financial statements will be signed in line with the governance arrangements for the IJB and as specified in the Regulations under section 105 of the Local Government (Scotland) Act 1973.
- 9.5.7. In all forms of audit, the Parties are expected to comply with related requests and to aid the audit process.

10. Participation and Engagement

Participation and Engagement Strategy

10.1.1. The Parties will support the Chief Officer to produce a strategy for engagement with, and participation by members of the public, representative groups or other organisations in relation to the decisions about carrying out of integration functions as set out in section 4. The process to identify and provide support to the Chief Officer to develop the IJB's Participation and Engagement Strategy is described in section 5.3. As part of the process set out in section 5.3 the Parties will:

- Make available to the IJB arrangements that are already established for consultation by one or both of the Parties. The IB will consider a range of ways in which to connect with all stakeholders. The IJB will use existing consultation methods, for example (but not limited to), the Midlothian Citizens' Panel.
- Make available service/user participation and engagement teams to the IJB as this relates to function delegated within the Scheme.
- Make available communication support to allow the IJB to engage and participate.

10.1.2. The Parties expect that the IJB Participation and Engagement Strategy will be produced before the date the IJB approves the Strategic Plan. When the IJB approves the Strategic Plan the Parties expect that members must be satisfied that the Strategic Plan has had sufficient consultation and that the Participation and Engagement Strategy has been followed.

10.1.3. The development of the participation and engagement strategy will be achieved using a collaborative response, involving the membership of the Midlothian Strategic Planning Group.

10.1.4. The Strategic Planning Group is expected will take both an advisory and active role in the undertaking of future participation and engagement around the implications of service development and re-design.

Consultation on this Integration Scheme

10.1.5. A three stage approach was adopted to ensure sufficient involvement and consultation in the development of this Scheme:

Stage 1: Informing and Engaging:

A first draft was produced by officers of the Parties with the involvement of a range of professionals within both Parties. This draft was approved for consultation by the Parties

Stage 2: Consultation

A formal internal and external stakeholder consultation was held from December 17th 2014 to February 17th 2015.

Stage 3: Response to the consultation

A second draft guided by the consultation was produced by officers for approval by the Parties to submit to Scottish Government.

Further details of the people and groups involved in the informing, engagement and consultation on the Midlothian Integration Scheme are set out in Annex 5.

11. Information Sharing and Data Handling

- 11.1. There is an existing and long standing Pan Lothian and Borders General Information Sharing Protocol, to which Lothian Health Board, City of Edinburgh, East Lothian Council, Midlothian Council and West Lothian Council are all signatories. This is currently being reviewed by a sub group on behalf of the Pan Lothian Data Sharing Partnership for any minor modifications required to comply with the Public Bodies (Joint Working) (Integration Scheme) Regulations 2014. Final Protocol, following consultation, will be recommended for signature by Chief Executives of respective organisations, and the Chief Officers of the Integrated Joint Boards, once they have been appointed by the IJB, on behalf of the Data Sharing Partnership.
- 11.2. The Pan Lothian and Borders General Information Sharing Protocol update will be agreed for 31 March 2015.
- 11.3. Procedures for sharing information between the Council, the other local authorities within the NHS Lothian area, NHS Lothian, and, where applicable, the IJB will be drafted as Information Sharing Agreements and procedure documents. This will be undertaken by a sub group on behalf of the PAN Lothian Data Sharing Partnership, who will detail the more granular purposes, requirements, procedures and agreements for each of the IJBs and their respective delegated functions. This will also form the process for amending the Pan Lothian and Borders General Information Sharing Protocol.
- 11.4. The Council and NHS Lothian will continue to be data controllers for their respective records (electronic and manual), and will detail arrangements for control and access. The IJB may require to be data controller for personal data if it is not held by either the delegating local authority or Health Board.

- 11.5. Arrangements for third party organisations to have access to records will be jointly agreed by the Parties and the IJB prior to access.
- 11.6. Procedures will be based on a single point of governance model. This allows data and resources to be shared, with governance standards, and their implementation, the separate responsibility of each partner. Shared dataset governance will be agreed by all contributing partners prior to access.
- 11.7. Following consultation, Information Sharing Protocols and procedure documents will be recommended for signature by Chief Executives of respective organisations, and the Chief Officers of the IJBs.
- 11.8. Once established, Agreements and Procedures will be reviewed bi-annually by the sub group of the PAN Lothian Data Sharing Partnership, or more frequently if required. This will follow the process described in 11.3.
- 11.9. The Lothian Partnership Information Sharing Agreements and procedures will be agreed by the Parties before 31 March 2015.

12. Complaints

The Parties agree the following arrangements in respect of complaints:

- 12.1. Any person will be able to make complaints to either to the Council or to the NHS Board. The Parties have in place well publicised, clearly explained and accessible complaints procedures, which allow for timely recourse and signpost independent advocacy services, where appropriate. There is an agreed emphasis on resolving concerns locally and quickly; as close to the point of service delivery as possible.
- Complaints can be made to:
The Midlothian Council by:
Telephone: 0131 561 5444
Email: feedback@midlothian.gov.uk
Online: www.midlothian.gov.uk/feedback
In writing to Midlothian Council feedback, Freepost SCO5613, Dalkeith, EH22 0BR
 - NHS Lothian by:
Telephone: 0131 536 3370
Email: craft@nhslothian.scot.nhs.uk
in writing to NHS Lothian Customer Relations and Feedback Team, Waverley Gate, 2 – 4 Waterloo Place, Edinburgh, EH1 3EG; or
in person by visiting Waverley Gate.
- 12.2. There are currently different legislative requirements in place for dealing with complaints about health and social care. Complaints regarding the delivery of an integrated service will be made to, and dealt with by, the Party that delivers the integrated service, in line with their published complaints procedure, and consistent with any statutory complaints handling arrangements that apply. It is the responsibility of the Party initially receiving a complaint to make sure that it is routed to the appropriate organisation/individual, so that a service user only needs to submit a complaint once.
- 12.3. The Council and NHS Lothian will align their complaints processes as far as possible until such time as their respective complaints processes can be fully integrated. Joint working protocols will be adopted so that the process of making a complaint is as simple as possible and complaints about integrated services are responded to clearly, thoroughly and timeously. These joint working protocols will identify the lead organisation for each integrated service and will include the contact details of officers responsible for managing any complaints received.
- 12.4. When a complaint covers both health and social care functions, responsible officers within the Council and NHS Lothian will, where necessary, work together to make sure all parts of the

complaint are investigated and responded to within established time limits and the complainant is correctly signposted to the options open to them if they remain dissatisfied. Wherever possible, there will be a joint response from the identified Party rather than separate responses

- 12.5. There is an additional stage for complaints about specific social work functions. These will be referred to a Complaints Review Committee (CRC) if the complainant remains dissatisfied and requests this.
- 12.6. At the end of the process, complainants are entitled to take their complaint to the Scottish Public Services Ombudsman. Where appropriate, complainants will also be advised of their right to complain to the Care Inspectorate and information held by the Council may be shared with the Care Inspectorate.
- 12.7. Responsibility for responding to the Scottish Public Services Ombudsman lies with the Party who dealt with the original complaint. Where necessary, officers responsible for complaints handling within the Council and NHS Lothian will work together to provide a full response to any Scottish Public Services Ombudsman enquiry that covers both health and social care functions.
- 12.8. The Chief Officer will have an overview of complaints made about integrated services and subsequent responses. Complaints about integrated services will be recorded and reported to the Chief Officer on a regular and agreed basis. Regular trend analysis of complaints and outcomes will also be carried out as part of a wider quality assurance framework.
- 12.9. All independent contractors will be required to have a complaints procedure. Where complaints are received about the service provided by an independent contractor, the Party receiving the complaint will refer the complaint to the independent contractor in the first instance, either providing contact details or by passing the complaint on, depending on the preferred approach of the complainant. Complaints received about independent contractors will be recorded for contract monitoring purposes.

13. Claims Handling, Liability & Indemnity

- 13.1. The Parties and the Integration Joint Board recognise that they could receive a claim arising from or which relates to the work undertaken on behalf of the Integration Joint Board.
- 13.2. The Parties agree to ensure that any such claims are progressed quickly and in a manner which is equitable between them.
- 13.3. So far as reasonably practicable the normal common law and statutory rules relating to liability will apply.
- 13.4. Each Party will assume responsibility for progressing and determining any claim which relates to any act or omission on the part of one of their employees.
- 13.5. Each Party will assume responsibility for progressing and determining any claim which relates to any building which is owned or occupied by them.
- 13.6. Each Party will assume responsibility for progressing and determining any claim which relates to any heritable property which is owned by them. If there are any heritable properties owned jointly by the Parties, further arrangements for liability will be agreed upon in consultation with insurers.
- 13.7. In the event of any claim against the Integration Joint Board or in respect of which it is not clear which Party should assume responsibility then the Chief Officer (or their representative) will liaise with the Chief Executives of the Parties (or their representatives) and determine which Party should assume responsibility for progressing the claim.
- 13.8. If a claim is settled by either Party, but it subsequently transpires that liability rested with the other Party, then that Party shall indemnify the Party which settled the claim.
- 13.9. Claims regarding policy and/or strategic decisions made by the IJB shall be the responsibility of the IJB. The IJB may require to engage independent legal advice for such claims.
- 13.10. If a claim has a "cross boundary" element whereby it relates to another integration authority area, the Chief Officers of the integration authorities concerned shall liaise with each other until an agreement is reached as to how the claim should be progressed and determined.
- 13.11. The IJB will develop a procedure for claims relating to hosted services with the other relevant integration authorities. Such claims may follow a different procedure than as set out above.

13.12. Claims which pre-date the establishment of the IJB will be dealt with by the Parties through the procedures used by them prior to integration.

14. Risk Management

14.1.1. A shared risk management strategy which will include risk monitoring and a reporting process for the Parties and Integration Joint Board will be established in the first year of the Integration Joint Board. In developing this shared risk management strategy the Parties and the Integration Joint Board will review the shared risk management arrangements currently in operation. This in turn will provide a list of risks to be reported on.

14.1.2. The Parties will provide to the Integration Joint Board sufficient support to enable it to fully discharge its duties in relation to risk management. This will be determined through the process describe in section 5.3.

14.1.3. The Parties anticipate that the IJB will also develop and agree its own Risk Management Procedure in relation to carrying out of integration functions including reports by 31st March 2016, which will cover all of its activities.

14.1.4. The Risk Management Procedure will include:-

- a) A statement of the IJB's risk appetite and associated tolerance measures.
- b) A description of how the system of risk management will work in practice, including procedures for the identification, classification, recording and reporting of risk, and the respective roles of the IJB and its officers. This will explain how the output from the risk management systems within NHS Lothian and the Council will inform the IJB's system of risk management.
- c) A description of how the IJB system of risk management is informed by other related systems of NHS Lothian and the Council, such as complaints management, health & safety, adverse events management, emergency planning and business resilience.
- d) An agreement between the Parties on the resources to be made available to support risk management.

14.1.5. The IJB risk register will not duplicate the detail of risk registers within NHS Lothian and the Council. However, the IJB will update its risk register should there be any emerging themes/risks which have a bearing on its activities.

14.2. NHS Lothian and the Council

14.2.1. Both organisations will continue to apply their existing policies and systems for risk management, and will implement any required restructuring of their risk registers to recognise the creation of the IJB.

14.2.2. NHS Lothian covers four local authority areas, and there will be some 'hosted services' which one operational director manages on a Lothian-wide basis. The identification and management of risk for those hosted services will reflect the differing directions of the four IJBs.

15. Dispute resolution mechanism

15.1. The Parties will commit to working well together, listening to each other and will always work to resolve any issues before they require the Dispute Resolution process to be actioned.

15.2. Where either of the Parties fails to agree with the other on any issue related to this Scheme of any of the duties, obligations, rights or powers imposed or conferred on them by the Act (A **"Dispute"**) then they will follow the process described below:

(a) The Chief Executives of the NHS Lothian and the Council, and the Chief Officer, will meet to resolve the Dispute within 21 calendar days of being notified of the issue;

(b) If unresolved, NHS Lothian, the Council, and the Chief Officer, will each prepare a written note of their position on the Dispute and exchange it with the others within 14 calendar days of the meeting in (a) above;

(c) Within 14 calendar days of the exchange of written notes in (b) the Chief Executives and Chief Officer must meet to discuss the written positions;

(d) In the event that the issue remains unresolved, representatives of NHS Lothian and the Council will proceed to mediation with a view to resolving the Dispute.

15.3. Scottish Government will be informed by the chairperson of the IJB of the Dispute, the mediation process being followed and the agreed timeframe to conclude the mediation process. A copy of this correspondence will be sent to the Chair of NHS Lothian and the Leader of the Council.

15.4. The mediator will be external to the Parties and will be identified and appointed with the agreement of the Chair of NHS Lothian and the Leader of the Council and failing agreement

within 21 days shall be nominated by the Centre of Effective Dispute Resolution (CEDR) on the request of either Party.

- 15.5. The mediation will start no later than 21 days after the date of the appointment of the mediator.
- 15.6. The Parties agree that the cost of the mediator will be met equally by NHS Lothian and the Council.
- 15.7. The timeframe to resolve the issue will be agreed prior to the start of the mediation process by the Chair of NHS Lothian and the Leader of the Council.
- 15.8. Where the Dispute remains unresolved after following the processes outlined in section 15.2 above, the Parties agree that the chairperson of the Integration Joint Board shall write to the Scottish Ministers to provide notification that agreement cannot be reached. Scottish Government will then instruct the Parties how to proceed.
- 15.9. The Parties shall cooperate with each other to mitigate any adverse affect on service delivery pending resolution of the Dispute.
- 15.10. Nothing in this Scheme shall prevent the Parties from seeking any legal remedy or from commencing or continuing court proceedings in relation to the Dispute.

Annex 1: Part 1

Functions delegated by NHS Lothian to the IJB

Set out below is the list of functions that are to be delegated by NHS Lothian to the IJB in compliance with the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014.

<i>Column A</i>	<i>Column B</i>
The National Health Service (Scotland) Act 1978	
<p>All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978</p>	<p>Except functions conferred by or by virtue of—</p> <ul style="list-style-type: none"> section 2(7) (Health Boards); section 2CB⁽¹⁾ (Functions of Health Boards outside Scotland); section 9 (local consultative committees); section 17A (NHS Contracts); section 17C (personal medical or dental services); section 17I⁽²⁾ (use of accommodation); section 17J (Health Boards' power to enter into general medical services contracts); section 28A (remuneration for Part II services); section 48 (provision of residential and practice accommodation); section 55⁽³⁾ (hospital accommodation on part payment);

(1) Section 2CB was inserted by S.S.I. 2010/283, regulation 3(2)(as section 2CA) and re-numbered as section 2CB by S.S.I 2013/293, regulation 8(2).

(2) Section 17I was inserted by the National Health Service (Primary Care) Act 1997 (c.46), Schedule 2 and amended by the Primary Medical Services (Scotland) Act 2004 (asp 1), section 4. The functions of the Scottish Ministers under section 17I are conferred on Health Boards by virtue of S.I. 1991/570, as amended by S.S.I. 2006/132.

(3) Section 55 was amended by the Health and Medicines Act 1988 (c.49), section 7(9) and Schedule 3 and the National Health Service and Community Care Act 1990 (c.19), Schedule 9. The functions of the Secretary of State under section 55 are conferred on Health Boards by virtue of S.I. 1991/570.

section 57 (accommodation and services for private patients);

section 64 (permission for use of facilities in private practice);

section 75A⁽⁴⁾ (remission and repayment of charges and payment of travelling expenses);

section 75B⁽⁵⁾(reimbursement of the cost of services provided in another EEA state);

section 75BA ⁽⁶⁾(reimbursement of the cost of services provided in another EEA state where expenditure is incurred on or after 25 October 2013);

section 79 (purchase of land and moveable property);

section 82⁽⁷⁾ use and administration of certain endowments and other property held by Health Boards);

section 83⁽⁸⁾ (power of Health Boards and local health councils to hold property on trust);

section 84A⁽⁹⁾ (power to raise money, etc., by appeals, collections etc.);

section 86 (accounts of Health Boards and the Agency);

section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services);

section 98 ⁽¹⁰⁾ (charges in respect of non-residents); and

paragraphs 4, 5, 11A and 13 of Schedule 1 to the Act (Health Boards);

⁽⁴⁾ Section 75A was inserted by the Social Security Act 1988 (c.7), section 14, and relevantly amended by S.S.I. 2010/283. The functions of the Scottish Ministers in respect of the payment of expenses under section 75A are conferred on Health Boards by S.S.I. 1991/570.

⁽⁵⁾ Section 75B was inserted by S.S.I. 2010/283, regulation 3(3) and amended by S.S.I. 2013/177.

⁽⁶⁾ Section 75BA was inserted by S.S.I. 2013/292, regulation 8(4).

⁽⁷⁾ Section 82 was amended by the Public Appointments and Public Bodies etc. (Scotland) Act 2003 (asp 7) section 1(2) and the National Health Service Reform (Scotland) Act 2004 (asp 7), schedule 2.

⁽⁸⁾ There are amendments to section 83 not relevant to the exercise of a Health Board's functions under that section.

⁽⁹⁾ Section 84A was inserted by the Health Services Act 1980 (c.53), section 5(2). There are no amendments to section 84A which are relevant to the exercise of a Health Board's functions.

⁽¹⁰⁾ Section 98 was amended by the Health and Medicines Act 1988 (c.49), section 7. The functions of the Secretary of State under section 98 in respect of the making, recovering, determination and calculation of charges in accordance with regulations made under that section is conferred on Health Boards by virtue of S.S.I. 1991/570.

and functions conferred by—

The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989 ⁽¹¹⁾;

NHS Lothians (Membership and Procedure) (Scotland) Regulations 2001/302;

The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000/54;

The National Health Services (Primary Medical Services Performers Lists) (Scotland) Regulations 2004/114;

The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004;

The National Health Service (Discipline Committees) Regulations 2006/330;

The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006/135;

The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009/183;

The National Health Service (General Dental Services) (Scotland) Regulations 2010/205;
and

The National Health Service (Free Prescription and Charges for Drugs and Appliances) (Scotland) Regulations 2011/55⁽¹²⁾.

Disabled Persons (Services, Consultation and Representation) Act 1986

Section 7

(Persons discharged from hospital)

Community Care and Health (Scotland) Act 2002

All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.

Mental Health (Care and Treatment) (Scotland) Act 2003

⁽¹¹⁾ S.I. 1989/364, as amended by S.I. 1992/411; S.I. 1994/1770; S.S.I. 2004/369; S.S.I. 2005/455; S.S.I. 2005/572 S.S.I. 2006/141; S.S.I. 2008/290; S.S.I. 2011/25 and S.S.I. 2013/177.

⁽¹²⁾ S.S.I. 2011/55, to which there are amendments not relevant to the exercise of a Health Board's functions.

All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.

Except functions conferred by—

section 22 (Approved medical practitioners);

section 34 (Inquiries under section 33: co-operation)⁽¹³⁾;

section 38 (Duties on hospital managers: examination notification etc.)⁽¹⁴⁾;

section 46 (Hospital managers' duties: notification)⁽¹⁵⁾;

section 124 (Transfer to other hospital);

section 228 (Request for assessment of needs: duty on local authorities and Health Boards);

section 230 (Appointment of a patient's responsible medical officer);

section 260 (Provision of information to patients);

section 264 (Detention in conditions of excessive security: state hospitals);

section 267 (Orders under sections 264 to 266: recall);

section 281⁽¹⁶⁾ (Correspondence of certain persons detained in hospital);

and functions conferred by—

The Mental Health (Safety and Security) (Scotland) Regulations 2005⁽¹⁷⁾;

⁽¹³⁾ There are amendments to section 34 not relevant to the exercise of a Health Board's functions under that section.

⁽¹⁴⁾ Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of "managers" relevant to the functions of Health Boards under that Act.

⁽¹⁵⁾ Section 46 is amended by S.S.I. 2005/465.

⁽¹⁶⁾ Section 281 is amended by S.S.I. 2011/211.

⁽¹⁷⁾ S.S.I. 2005/464, to which there are amendments not relevant to the exercise of the functions of a Health Board. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of "managers" relevant to the functions of Health Boards.

The Mental Health (Cross Border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005⁽¹⁸⁾;

The Mental Health (Use of Telephones) (Scotland) Regulations 2005⁽¹⁹⁾; and

The Mental Health (England and Wales Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2008⁽²⁰⁾.

Education (Additional Support for Learning) (Scotland) Act 2004

Section 23

(other agencies etc. to help in exercise of functions under this Act)

Public Services Reform (Scotland) Act 2010

All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010

Except functions conferred by—

section 31(Public functions: duties to provide information on certain expenditure etc.); and

⁽¹⁸⁾ S.S.I. 2005/467. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of “managers” relevant to the functions of Health Boards.

⁽¹⁹⁾ S.S.I. 2005/468. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of “managers” relevant to the functions of Health Boards.

⁽²⁰⁾ S.S.I. 2008/356. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of “managers” relevant to the functions of Health Boards.

section 32 (Public functions: duty to provide information on exercise of functions).

Patient Rights (Scotland) Act 2011

All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011

Except functions conferred by The Patient Rights (Complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012/36⁽²¹⁾.

Carers (Scotland) Act 2016

Section 12

(duty to prepare young carer statement)

Section 31

(duty to prepare local carer strategy)

But in each case, subject to the restrictions set out in article 3(3) of the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations so far as they extend to the services detailed in Part 2 of Annex 1 of this Scheme.

⁽²¹⁾ S.S.I. 2012/36. Section 5(2) of the Patient Rights (Scotland) Act 2011 (asp 5) provides a definition of “relevant NHS body” relevant to the exercise of a Health Board’s functions.

Annex 1: Part 2

Services currently provided by NHS Lothian which are to be delegated

Interpretation of this Part 2 of Annex 1

In this schedule—

“Allied Health Professional” means a person registered as an allied health professional with the Health Professions Council;

“general medical practitioner” means a medical practitioner whose name is included in the General Practitioner Register kept by the General Medical Council;

“general medical services contract” means a contract under section 17J of the National Health Service (Scotland) Act 1978;

“hospital” has the meaning given by section 108(1) of the National Health Service (Scotland) Act 1978;

“inpatient hospital services” means any health care service provided to a patient who has been admitted to a hospital and is required to remain in that hospital overnight, but does not include any secure forensic mental health services;

“out of hours period” has the same meaning as in regulation 2 of the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2004⁽²²⁾; and

“the public dental service” means services provided by dentists and dental staff employed by a health board under the public dental service contract.

The functions listed in Part 1 of Annex 1 are delegated to the extent that they are exercisable in the provision of the following services:

Part 2 A

Provision for people over the age of 18

The functions listed in Part 1 are delegated to the extent that:

- a) the function is exercisable in relation to the persons of at least 18 years of age;
- b) the function is exercisable in relation to care or treatment provided by health professionals for the purposes of the health care services listed at numbers 1-6 in the list below: and
- c) the function is exercisable in relation to the health services listed in this part 2A

1. Accident and Emergency services provided in a hospital.

2. Inpatient hospital services relating to the following branches of medicine—

- (a) general medicine;
- (b) geriatric medicine;
- (c) rehabilitation medicine;
- (d) respiratory medicine; and
- (e) Psychiatry of learning disability.

3. Palliative care services provided in a hospital.

4. Inpatient hospital services provided by General Medical Practitioners.

5. Services provided in a hospital in relation to an addiction or dependence on any substance.

⁽²²⁾ S.S.I. 2004/115.

6. Mental health services provided in a hospital, except secure forensic mental health services.
7. District nursing services.
8. Services provided outwith a hospital in relation to an addiction or dependence on any substance.
9. Services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital.
10. The public dental service.
11. Primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17C of the National Health Service (Scotland) Act 1978, or an arrangement made in pursuance of section 2C(2) of the National Health Service (Scotland) Act 1978⁽²³⁾.
12. General dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978⁽²⁴⁾.
13. Ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978⁽²⁵⁾.
14. Pharmaceutical services and additional pharmaceutical services provided under arrangements made in pursuance of sections 27 and 27A of the National Health Service (Scotland) Act 1978⁽²⁶⁾.
15. Services providing primary medical services to patients during the out-of-hours period.
16. Services provided outwith a hospital in relation to geriatric medicine.
17. Palliative care services provided outwith a hospital.
18. Community learning disability services.
19. Mental health services provided outwith a hospital.
20. Continence services provided outwith a hospital.
21. Kidney dialysis services provided outwith a hospital.
22. Services provided by health professionals that aim to promote public health.

Part 2B

NHS Lothian has also chosen to delegate the functions listed in Part 1 of Annex 1 in relation to the following services.

Provision for people under the age of 18

⁽²³⁾ Section 2C was inserted by the Primary Medical Services (Scotland) Act 2004 (asp 1), section 1(2) and relevantly amended by the National Health Service Reform (Scotland) Act 2004 (asp 7), schedule 1, and the Tobacco and Primary Medical Services (Scotland) Act 2010 (asp 3), section 37.

⁽²⁴⁾ Section 25 was relevantly amended by the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), section 15.

⁽²⁵⁾ Section 17AA was inserted by the National Health Service (Primary Care) Act 1997 (c.46), section 31(2) and relevantly amended by the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), section 25. Section 26 was relevantly amended by the Health and Social Security Act 1984 (c.48), Schedule 1, and the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13) section 13.

⁽²⁶⁾ Section 27 was relevantly amended by the Health Services Act 1990 (c.53), section 20; the National Health Service and Community Care Act 1990 (c.19), Schedule 9; the Medicinal Products: Prescription by Nurses etc. Act 1992 (c.28), section 3; the National Health Service and Community Care Act 1997 (c.46), Schedule 2 and the Health and Social Care Act 2001 (c.15), section 44.

The functions listed in Part 1 are also delegated to the extent that:

- a) The function is exercisable in relation to persons of less than 18 years of age; and
- b) The function is exercisable in relation to the services listed in this part 2B

- a) Primary Medical Services and General Medical Services (including GP Pharmaceutical services)
- b) General Dental Services, Public Dental Services and the Edinburgh Dental Institute
- c) General Ophthalmic Services
- d) General Pharmaceutical Services
- e) Out of Hours Primary Medical Services
- f) Learning Disabilities
- g) Health Visiting
- h) School Nursing

**ANNEX 2
PART 1A**

Functions delegated by the Council to the Integration Joint Board

Set out below is the list of functions that must be delegated by the Council to the Integration Joint Board.

Functions prescribed for the purposes of section 1(7) of the Public Bodies (Joint Working) (Scotland) Act 2014

<i>Column A</i>	<i>Column B</i>
<i>Enactment conferring function</i>	<i>Limitation</i>

National Assistance Act 1948⁽²⁷⁾

Section 48
(Duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)

The Disabled Persons (Employment) Act 1958⁽²⁸⁾

Section 3
(Provision of sheltered employment by local authorities)

The Social Work (Scotland) Act 1968⁽²⁹⁾

⁽²⁷⁾ 1948 c.29; section 48 was amended by the Local Government etc. (Scotland) Act 1994 (c.39), Schedule 39, paragraph 31(4) and the Adult Support and Protection (Scotland) Act 2007 (asp 10) schedule 2 paragraph 1.

⁽²⁸⁾ 1958 c.33; section 3 was amended by the Local Government Act 1972 (c.70), section 195(6); the Local Government (Scotland) Act 1973 (c.65), Schedule 27; the National Health Service (Scotland) Act 1978 (c.70), schedule 23; the Local Government Act 1985 (c.51), Schedule 17; the Local Government (Wales) Act 1994 (c.19), Schedules 10 and 18; the Local Government etc. (Scotland) Act 1994 (c.49), Schedule 13; and the National Health Service (Consequential Provisions) Act 2006 (c.43), Schedule 1.

⁽²⁹⁾ 1968 c.49; section 1 was relevantly amended by the National Health Service (Scotland) Act 1972 (c.58), schedule 7; the Children Act 1989 (c.41), Schedule 15; the National Health Service and Community Care Act 1990 (c.19) ("the 1990 Act"), schedule 10; S.S.I. 2005/486 and S.S.I. 2013/211. Section 4 was amended by the 1990 Act, Schedule 9, the Children (Scotland) Act 1995 (c.36) ("the 1995 Act"), schedule 4; the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13) ("the 2003 Act"), schedule 4; and S.S.I. 2013/211. Section 10 was relevantly amended by the Children Act 1975 (c.72), Schedule 2; the Local Government etc. (Scotland) Act 1994 (c.39), Schedule 13; the Regulation of Care (Scotland) Act 2001 (asp 8) ("the 2001 Act") schedule 3; S.S.I. 2010/21 and S.S.I. 2011/211. Section 12 was relevantly amended by the 1990 Act, section 66 and Schedule 9; the 1995 Act, Schedule 4; and the Immigration and Asylum Act 1999 (c.33), section 120(2). Section 12A was inserted by the 1990 Act, section 55, and amended by the Carers (Recognition and Services) Act 1995 (c.12), section 2(3) and the Community Care and Health (Scotland) Act 2002 (asp 5) ("the 2002 Act"), sections 8 and 9(1). Section 12AZA was inserted by the Social Care (Self Directed Support) (Scotland) Act 2013 (asp 1), section 17. Section 12AA and 12AB were inserted by the 2002 Act, section 9(2). Section 13 was amended by the Community Care (Direct Payments) Act 1996 (c.30), section 5. Section 13ZA was inserted by the Adult Support and Protection (Scotland) Act 2007 (asp 10), section 64. Section 13A was inserted by the 1990 Act, section 56 and amended by the Immigration and Asylum Act 1999 (c.33), section 102(2); the 2001 Act, section 72 and schedule 3; the 2002 Act, schedule 2 and by S.S.I. 2011/211. Section 13B was inserted by the 1990 Act sections 56 and 67(2)

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
Section 1 (Local authorities for the administration of the Act.)	So far as it is exercisable in relation to another integration function.
Section 4 (Provisions relating to performance of functions by local authorities.)	So far as it is exercisable in relation to another integration function.
Section 8 (Research.)	So far as it is exercisable in relation to another integration function.
Section 10 (Financial and other assistance to voluntary organisations etc. for social work.)	So far as it is exercisable in relation to another integration function.
Section 12 (General social welfare services of local authorities.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 12A (Duty of local authorities to assess needs.)	So far as it is exercisable in relation to another integration function.
Section 12AZA (Assessments under section 12A - assistance)	So far as it is exercisable in relation to another integration function.
Section 12AA (Assessment of ability to provide care.)	
Section 12AB (Duty of local authority to provide information to carer.)	
Section 13 (Power of local authorities to assist persons in need in disposal of produce of their work.)	
Section 13ZA (Provision of services to incapable adults.)	So far as it is exercisable in relation to another integration function.

and amended by the Immigration and Asylum Act 1999 (c.33), section 120(3). Section 14 was amended by the Health Services and Public Health Act 1968 (c.46), sections 13, 44 and 45; the National Health Service (Scotland) Act 1972 (c.58), schedule 7; the Guardianship Act 1973 (c.29), section 11(5); the Health and Social Service and Social Security Adjudications Act 1983 (c.41), schedule 10 and the 1990 Act, schedule 9. Section 28 was amended by the Social Security Act 1986 (c.50), Schedule 11 and the 1995 Act, schedule 4. Section 29 was amended by the 1995 Act, schedule 4. Section 59 was amended by the 1990 Act, schedule 9; the 2001 Act, section 72(c); the 2003 Act, section 25(4) and schedule 4 and by S.S.I. 2013/211.

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
Section 13A (Residential accommodation with nursing.)	
Section 13B (Provision of care or aftercare.)	
Section 14 (Home help and laundry facilities.)	
Section 28 (Burial or cremation of the dead.)	So far as it is exercisable in relation to persons cared for or assisted under another integration function.
Section 29 (Power of local authority to defray expenses of parent, etc., visiting persons or attending funerals.)	
Section 59 (Provision of residential and other establishments by local authorities and maximum period for repayment of sums borrowed for such provision.)	So far as it is exercisable in relation to another integration function.
The Local Government and Planning (Scotland) Act 1982⁽³⁰⁾	
Section 24(1) (The provision of gardening assistance for the disabled and the elderly.)	
Disabled Persons (Services, Consultation and Representation) Act 1986⁽³¹⁾	
Section 2 (Rights of authorised representatives of disabled persons.)	
Section 3 (Assessment by local authorities of needs of disabled persons.)	
Section 7 (Persons discharged from hospital.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments within the meaning of section 16 and which have been delegated.

⁽³⁰⁾ 1982 c.43; section 24(1) was amended by the Local Government etc. (Scotland) Act 1994 (c.39), schedule 13.

⁽³¹⁾ 1986 c.33. There are amendments to sections 2 and 7 which are not relevant to the exercise of a local authority's functions under those sections.

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
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Section 8 (Duty of local authority to take into account abilities of carer.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments (within the meaning set out in section 16 of that Act) which are integration functions.
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The Adults with Incapacity (Scotland) Act 2000⁽³²⁾

Section 10 (Functions of local authorities.)	
Section 12 (Investigations.)	
Section 37 (Residents whose affairs may be managed.)	Only in relation to residents of establishments which are managed under integration functions.
Section 39 (Matters which may be managed.)	Only in relation to residents of establishments which are managed under integration functions.
Section 41 (Duties and functions of managers of authorised establishment.)	Only in relation to residents of establishments which are managed under integration functions
Section 42 (Authorisation of named manager to withdraw from resident's account.)	Only in relation to residents of establishments which are managed under integration functions
Section 43 (Statement of resident's affairs.)	Only in relation to residents of establishments which are managed under integration functions
Section 44 (Resident ceasing to be resident of authorised establishment.)	Only in relation to residents of establishments which are managed under integration functions
Section 45 (Appeal, revocation etc.)	Only in relation to residents of establishments which are managed under integration functions

The Housing (Scotland) Act 2001⁽³³⁾

Section 92 (Assistance to a registered for housing purposes.)	Only in so far as it relates to an aid or adaptation.
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The Community Care and Health (Scotland) Act 2002⁽³⁴⁾

⁽³²⁾ 2000 asp 4; section 12 was amended by the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13), schedule 5(1). Section 37 was amended by S.S.I. 2005/465. Section 39 was amended by the Adult Support and Protection (Scotland) Act 2007 (asp 10), schedule 1 and by S.S.I. 2013/137. Section 41 was amended by S.S.I. 2005/465; the Adult Support and Protection (Scotland) Act 2007 (asp 10), schedule 1 and S.S.I. 2013/137. Section 45 was amended by the Regulation of Care (Scotland) Act 2001 (asp 8), Schedule 3.

⁽³³⁾ 2001 asp 10; section 92 was amended by the Housing (Scotland) Act 2006 (asp 1), schedule 7.

⁽³⁴⁾ 2002 asp 5.

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
Section 5 (Local authority arrangements for of residential accommodation outwith Scotland.)	
Section 14 (Payments by local authorities towards expenditure by NHS bodies on prescribed functions.)	
The Mental Health (Care and Treatment) (Scotland) Act 2003⁽³⁵⁾	
Section 17 (Duties of Scottish Ministers, local authorities and others as respects Commission.)	
Section 25 (Care and support services etc.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 26 (Services designed to promote well-being and social development.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 27 (Assistance with travel.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 33 (Duty to inquire.)	
Section 34 (Inquiries under section 33: Co-operation.)	
Section 228 (Request for assessment of needs: duty on local authorities and Health Boards.)	
Section 259 (Advocacy.)	
The Housing (Scotland) Act 2006⁽³⁶⁾	
Section 71(1)(b) (Assistance for housing purposes.)	Only in so far as it relates to an aid or adaptation.

⁽³⁵⁾ 2003 asp 13; section 17 was amended by the Public Services Reform (Scotland) Act 2010 (asp 8), section 111(4), and schedules 14 and 17, and by the Police and Fire Reform (Scotland) Act 2012 (asp 8), schedule 7. Section 25 was amended by S.S.I. 2011/211. Section 34 was amended by the Public Services Reform (Scotland) Act 2010 (asp 8), schedules 14 and 17.

⁽³⁶⁾ 2006 asp 1; section 71 was amended by the Housing (Scotland) Act 2010 (asp 17) section 151.

<i>Column A</i>	<i>Column B</i>
<i>Enactment conferring function</i>	<i>Limitation</i>

The Adult Support and Protection (Scotland) Act 2007⁽³⁷⁾

Section 4
(Council's duty to make inquiries.)

Section 5
(Co-operation.)

Section 6
(Duty to consider importance of providing advocacy and other.)

Section 11
(Assessment Orders.)

Section 14
(Removal orders.)

Section 18
(Protection of moved persons property.)

Section 22
(Right to apply for a banning order.)

Section 40
(Urgent cases.)

Section 42
(Adult Protection Committees.)

Section 43
(Membership.)

Social Care (Self-directed Support) (Scotland) Act 2013⁽³⁸⁾

Section 3 (Support for adult carers.)	Only in relation to assessments carried out under integration functions.
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Section 5
(Choice of options: adults.)

Section 6
(Choice of options under section 5: assistances.)

Section 7
(Choice of options: adult carers.)

⁽³⁷⁾ 2007 asp 10; section 5 and section 42 were amended by the Public Services Reform (Scotland) Act 2010 (asp 8), schedules 14 and 17 and by the Police and Fire Reform (Scotland) Act 2012 (asp 8), schedule 7. Section 43 was amended by the Public Services Reform (Scotland) Act 2010 (asp 8), schedule 14.

⁽³⁸⁾ 2013 asp 1.

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
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Section 9
(Provision of information about self-directed support.)

Section 11
(Local authority functions.)

Section 12
(Eligibility for direct payment: review.)

Section 13
(Further choice of options on material change of circumstances.)

Only in relation to a choice under section 5 or 7 of the Social Care (Self-directed Support) (Scotland) Act 2013 .

Section 16
(Misuse of direct payment: recovery.)

Section 19
(Promotion of options for self-directed support.)

Carers (Scotland) Act 2016⁽⁴⁷⁾

Section 6⁽⁴⁸⁾
(Duty to prepare of adult carer support plan)

Section 21⁽⁴⁹⁾
(Setting of local eligibility criteria.)

Section 24⁽⁵⁰⁾
(Duty to provide support)

Section 25⁽⁵¹⁾
(Provision of support to carers: breaks from caring)

Section 31⁽⁵²⁾
(Duty to prepare local carer strategy)

Section 34⁽⁵³⁾
(Information and advice service for carers)

Section 35⁽⁵⁴⁾
(Short breaks services statements)

Functions, conferred by virtue of enactments, prescribed for the purposes of section 1(7) of the Public Bodies (Joint Working) (Scotland) Act 2014

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
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The Community Care and Health (Scotland) Act 2002

Section 4⁽³⁹⁾

The functions conferred by Regulation 2 of the Community Care (Additional Payments) (Scotland) Regulations 2002⁽⁴⁰⁾

⁽³⁹⁾ Section 4 was amended by the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13), schedule 4 and the Adult Support and Protection (Scotland) Act 2007 (asp 10), section 62(3).

⁽⁴⁰⁾ S.S.I. 2002/265, as amended by S.S.I. 2005/445.

Annex 2: PART 1B

In addition to the functions that must be delegated, the Council has chosen to delegate the following functions to the IJB.

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
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Criminal Procedure (Scotland) Act 1995

Section 203
(Local authority reports pre-sentencing.)

Section 234B
(Report and evidence from local authority officer regarding Drug Treatment and Testing Order.)

Section 245A
(Report by local authority officer regarding Restriction of Liberty Orders.)

Management of Offenders etc. (Scotland) Act 2005

Section 10
(Arrangements for assessing and managing risks posed by certain offenders.)

Section 11
(Review of arrangements.)

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
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Social Work (Scotland) Act 1968

Section 27
(Supervision and care of persons put on probation or released from prison.)

Section 27ZA
(Advice, guidance and assistance to persons arrested or on whom sentence is deferred.)

PART 2

Services currently associated with the functions delegated by the Council to the IJB

Set out below is an illustrative description of the services associated with the functions delegated by the Council to the Integration Joint Board as specified in Part 1A and 1B of Annex 2.

- Social work services for adults and older people
- Services and support for adults with physical disabilities and learning disabilities
- Mental health services
- Drug and alcohol services
- Adult protection and domestic abuse
- Carers support services
- Community care assessment teams
- Support services
- Care home services
- Adult placement services
- Health improvement services
- Aspects of housing support, including aids and adaptations
- Day services
- Local area co-ordination
- Respite provision
- Occupational therapy services
- Re-ablement services, equipment and Telecare
- Criminal Justice Social Work services

Annex 3: Operational Management arrangements

The provisions within this annex are not intended to create legally binding obligations. They are intended to be illustrative of the proposed management arrangements for the functions delegated to the IJB

The IJB will issue directions to the Parties via its Chief Officer. Those directions will in the main require that the Chief Officer take forward the development of the IJB's Strategic Plan, and lead on ensuring that the plan is delivered. As the Chief Officer will not be personally managing all of the integration functions, ensuring the Strategic Plan is being delivered will include getting assurance from other chief officers (for hospital acute services and hosted services – see below) and other managers in NHS Lothian and the Council.

The Chief Officer will have direct management responsibility for the following services:

- All Council services described in Annex 2, Part 2.
- All NHS Lothian services describe in Annex 1, Part 2 with the exception of the following:

Hosted Services

There are NHS Lothian services for which it would not be suitable for the Chief Officer to have operational management responsibility. The factors contributing to determining these services are the degree of medical specialism of the service and scale of the service required for it to be safe, efficient and effective.

It is proposed that the following services will be managed at a pan-Lothian level by one of the Chief Officers of the Lothian IJBs in their role as Joint Director of NHS Lothian (area in brackets confirms the Chief Officer who would manage this service)

- Dietetics (Midlothian)
- Art Therapy (Midlothian)
- Lothian Unscheduled Care Service (East Lothian)
- Integrated Sexual and Reproductive Health service (Edinburgh)
- Clinical Psychology Services (West Lothian)
- Continence Services (Edinburgh)
- Public Dental Service (including Edinburgh Dental Institute (West Lothian))
- Podiatry (West Lothian)
- Orthoptics (West Lothian)
- Independent Practitioners (East Lothian via the Primary Care Contracting Organisation)

Annex 3:Operational Management Arrangements

- SMART Centre (Edinburgh)
- Royal Edinburgh and Associated Services (Director of Mental Health accountable to the Chief Officer of Edinburgh and the NHS Lothian Chief Executive)
- Substance Misuse (only Ritson Inpatient Unit, LEAP and Harm Reduction (Director of Mental Health accountable to the Chief Officer of Edinburgh and the NHS Lothian Chief Executive)

Acute Hospitals

Services provided on the three acute hospitals in NHS Lothian (Western General Hospital, Edinburgh Royal Infirmary, St Johns Hospital) will be managed by the Chief Officer for NHS Lothian acute hospital services and the relevant hospital site Director.

Prison Healthcare

NHS Lothian has agreed to delegate the function of prison health care to Edinburgh IJB for the prison health care service provided within HMP Edinburgh and HMP Addiewell. For the avoidance of doubt this means that Edinburgh IJB will be responsible for the strategic planning of this function and have operational oversight as described in section 5. East Lothian IJB, Midlothian IJB and West Lothian IJB will not be responsible for the strategic planning of this function.

The Edinburgh Chief Officer will have direct operational responsibility for prison healthcare in HMP Edinburgh and HMP Addiewell. This responsibility will be discharged to the Director of Mental Health who is accountable to the Chief Officer of Edinburgh and the NHS Lothian Chief Executive.

Annex 4: Integration Scheme Consultation

A three stage approach was adopted to ensure sufficient involvement and consultation in the development of this Scheme:

Stage 1: Informing and Engaging: A first draft was produced by officers of the Parties with the involvement of a range of professionals within both Parties

Stage 2: Consultation: A formal internal and external stakeholder consultation was held from December 17th 2014 to February 17th 2015.

Stage 3: Response to the consultation: A second draft guided by the consultation was produced by officers for approval by the Parties to submit to Scottish Government.

Further details of the people and groups involved in the engagement and consultation on the Midlothian Integration Scheme are set out below:

Public and Staff consultation from December 17th to February 17th with responses received from:

- Members of the public
- Members of staff in Midlothian Council
- Clinical and non-clinical staff in NHS Lothian
- Third Sector Organisations and representative bodies

The members and organisations on the following groups and committees were consulted on the Midlothian Integration Scheme.

- Midlothian Community Planning Partnership
- Midlothian Community Planning Working Groups
- NHS Lothian Board
- NHS Lothian Healthcare Governance committee
- NHS Lothian Corporate Management Team
- NHS Lothian Strategic Planning Group
- Midlothian Council
- Midlothian Audit Committee
- Midlothian Shadow Integration Joint Board
- Midlothian Older People's Management Group
- Midlothian Community Health Partnership
- Scottish Government
- Lothian Area Clinical Forum

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Annex 4: Integration Scheme Consultation

- Consultation for the amendment to the Integration Scheme in February 2019
- The scheme has been updated to take account of the Carers (Scotland) Act 2016. There are no other substantive changes and in view of this there is considered no need to undertake a major consultation programme. However the document will be published on the websites of both Midlothian Council and NHS Lothian for a four week period starting the week beginning the 11th February Thereafter the scheme will be submitted for approval to Midlothian Council and NHS Lothian

**INFECTION INCIDENTS AT WESTERN GENERAL HOSPITAL
AND ROYAL INFIRMARY OF EDINBURGH**

1 Purpose of the Report

- 1.1 The purpose of this report is to inform the Board about the key findings of two Incident Management Teams (IMTs) convened to manage hospital acquired infections affecting neurosurgical patients at Western General Hospital and patients who underwent cardiothoracic surgery at Royal Infirmary of Edinburgh.
- 1.2 Board members are asked to note and take assurance that these two incidents are not related but the Executive Medical and Nurse Directors wish to brief the Board on both within the scope of this paper.
- 1.3 Any member wishing additional information should contact the Executive Lead in advance of the meeting.

2 Recommendations

- To note that this is a report to the Board given the seriousness of the two incidents. Healthcare Governance Committee is the usual committee that considers and provides assurance about matters related to healthcare acquired infection and related standards.
- Note that the work commissioned to address water safety concerns within the the Department of Clinical Neuroscience is due for completion the week commencing 25th March and will be reviewed at the Incident Management Team on the 10th April. A verbal level of assurance on the completeness of this will be provided at the presentation of this paper at the Board meeting
- A verbal update and level of assurance will be provided about the incident in cardiothoracic surgery, additionally moderate assurance is provided that augmented cleaning regimes are already in place, that ventilation is functioning adequately in all theatre areas and that maintenance of the ventilation system is up to date.
- To note that a review of the reporting of environmental issues i.e. water sampling, ventilation and cleaning schedules will now be taken through the NHS Lothian Infection Prevention Control Committee and in turn to the Healthcare Governance Committee in increase scrutiny and assurance levels.

3 Discussion of Key Issues

Western General Hospital: *Pseudomonas aeruginosa* in Neurosurgery

- 3.1 A small number of samples of cerebrospinal fluid were found to be positive for *Pseudomonas aeruginosa* in patients who were receiving treatment in the Neurosurgical Unit at the Western General Hospital over the weekend of 2 and 3rd February 2019.
- 3.2 Initial investigation identified a commonality in time and place therefore an immediate review of potential environmental and water reservoirs for *Pseudomonas aeruginosa* and a review of infection control practices commenced. The Lead Nurse for Infection Prevention & Control advised Health Protection Scotland and NHS Lothian Senior Management of the possible outbreak on Monday 4th February.
- 3.3 The clinical samples were sent to the Public Health England (PHE) reference laboratory at Colindale, London for further typing on Monday February 4th. HPE Colindale is the only specialist laboratory that can provide a more detailed analysis of these samples.
- 3.4 A programme of water sampling from the taps of clinical wash hand basins and patient showers known to have been used by at least one of the affected patients was agreed and commenced on Thursday 7th February. This timescale was based on the availability of sampling bottles, and confirmation that the external accredited laboratory (Edinburgh Scientific Services) could store any positive *Pseudomonas aeruginosa* cultures to allow further comparison with clinical samples if required.
- 3.5 Provisional results from water samples received 13/02/19 reported *Pseudomonas aeruginosa* growth in more than one water sample. Outlets were taken out of use and stand alone hand wash basins were provided while remedial work was completed. This included a full review of the water tank, water supply and outlets. The tank was drained, inspected and taps were thermally disinfected and chemically disinfected. All shower heads and shower hoses were replaced.
- 3.6 An Incident Management Team (IMT) was held 14/02/19. The hospital infection incident assessment tool (HIIAT) was scored as red, and a hospital incident infection and outbreak reporting template report (HIIORT) was completed and sent to Health Protection Scotland (HPS) and senior NHS Lothian staff. HPS shared this information with Scottish Government on our behalf, as is standard practice.
- 3.7 PHE Colindale confirmed on 14/02/19 that the patient isolates were different from each other on specialist typing and Edinburgh Scientific Services confirmed that tap samples from one of two clinical hand wash basins in the room both patients had occupied and one shower were positive for *Pseudomonas aeruginosa*. PHE Colindale later confirmed that the *Pseudomonas aeruginosa* isolated from cerebrospinal fluid from one patient and from water sampled from a shower were an exact match on specialist reference laboratory testing.
- 3.8 In consultation with the Executive Medical and Nurse Directors, it was agreed that elective neurosurgical surgery should be suspended until additional water sampling and remedial estates works in line with Health Technical Memorandum 04-01 (HTM04-01) and Health Protection Scotland (HPS) Interim guidance on routine water sampling for *Pseudomonas aeruginosa* in water in augmented care areas could be completed. This was to minimise any further risk to new patients. Consultant Neurosurgeons discussed the infection and probable source (ward water outlets) with the affected patients if they were well enough and with their next of kin.

- 3.9 Information was also made available to other patients, visitors and staff in the ward advising that work was being undertaken to rectify issues with the water quality. A total of 47 patients had elective procedures cancelled and rearranged.
- 3.10 A programme of water flushing and sampling in line with both the HTM 04-01 and the HPS interim guidance for *Pseudomonas aeruginosa* was implemented. Water sampling was extended to all water outlets in the Neurosurgical building to understand the extent of potential contamination and the clinical risks associated with this.
- 3.11 At the IMT on the 13th March it was agreed, given the level of assurance received and the identification of where further work was required to be undertaken, that elective procedures could be recommenced without patients being at risk of acquiring *Pseudomonas aeruginosa* infections from the water.
- 3.12 The IMT agreed to hold a further meeting on the 10th April to review all the work done and to review the water sampling results. It was agreed that the Infection Prevention and Control Team and Estates team would monitor progress weekly and report this to the Chair of the IMT, who on this occasion was the Executive Nurse Director. The Executive Nurse Director has also written to the families of the patients affected by this incident.

Royal Infirmary of Edinburgh: Mould infections with *Lichtheimia corymbifera*, *Aspergillus* species and *Exophiala dermatidis* in Cardiothoracic surgery

- 3.13 On 18th February, NHS Lothian Infection Prevention & Control Team (IPCT) were contacted by Health Protection Scotland and NHS Forth Valley to advise that an NHS Forth Valley resident who had surgery at Royal Infirmary of Edinburgh in November 2018 had subsequently died. A mould, *Lichtheimia corymbifera*, had been isolated from an aortic valve removed in January 2019 as part of surgery for endocarditis.
- 3.14 The IPCT identified on investigation that one further patient who had surgery at Royal Infirmary of Edinburgh in October 2018 had died and had laboratory confirmed clinical samples yielding *Lichtheimia corymbifera* from a surgical wound infection.
- 3.15 An informal problem assessment group meeting was held on 20th February. A number of immediate actions were identified to facilitate a safe patient environment in theatres and onwards, to ensure clinical practices were optimal and to inform the wider investigation. A review of the situation using the HIIAT scored as red, and a HIIORT was shared with HPS and senior NHS Lothian staff. HPS advised Scottish Government on behalf of NHS Lothian.
- 3.16 The formal incident management team convened on Tuesday 26th February and weekly thereafter.
- 3.17 Active case finding was undertaken by the IPCT to understand if there were any further cases not known to the IPCT. This identified an additional small number of patients who had had Cardiothoracic surgery since 2017 who had laboratory confirmed moulds (*Aspergillus* species and *Exophiala dermatidis*) isolated from deep clinical samples, where no such growth would be expected. These were all infections of aortic valve replacements and associated implants. A detailed review of the physical environment, equipment management and infection prevention and control practice was conducted. This focused on the patient journey between wards and theatres. No single bed space, operating theatre or clinical team was identified common to all cases.

- 3.18 This review identified areas for improvement in relation to domestic cleaning and storage in theatres, which have subsequently been addressed.
- 3.19 Evidence supplied by Engie regarding the performance and maintenance of the cardiothoracic theatre ventilation system was reviewed by the IMT. It was confirmed by examination of records for 2017, 2018 and 2019 that the air handling units were functioning according to the design specification with no apparent changes in performance noted over time.
- 3.20 A range of environmental, air and water samples were taken for microbiological culture from wards where affected patients had been managed, cardiothoracic theatres and from specialist equipment used in cardiothoracic theatres (including the exhausts from heater cooler units used for cardiac bypass and patient warming devices).
- 3.21 Air samples taken in theatre have remained free from mould so far. Several different moulds were isolated from surface and water samples in theatres, and from air samples in ward shower rooms, including *Aspergillus species*, but no *Lichtheimia corymbifera* or *Exophiala dermatidis* were isolated. As these types of mould are considered ever-present environmental moulds, in the absence of defined methodology for sampling or interpretation the significance of these results is not clear.
- 3.22 The Incident Management Team agreed that elective aortic valve replacement surgeries would be temporarily suspended and a patient notification exercise for patients who have undergone surgery in last 6 months should be undertaken. The rationale for the 6 month time period was that this was the longest time from date of implant surgery to the development of signs and symptoms of infection.
- 3.23 During the week commencing the 18th March detailed work identified a number of actions to be taken. These actions were undertaken as follows:
- 3.24 Patients who had had open aortic valve replacement since the 1st September 2018 were informed of a small risk of deep seated infection from these unusual organisms. These patients were also provided with a copy of a Question and Answer sheet and direct to a helpline set up with NHS 24/NHS Inform.
- 3.25 NHS Inform were provided with a briefing and a triage script, to ensure that the details of any patient with concerning symptoms were passed back to NHS Lothian for further arrangements for assessment or follow up if required.
- 3.26 This information was also shared with the GPs of the patients and with the Medical Directors in each Board area who were asked to cascade this information to specialists such as cardiologists, and microbiologists.
- 3.27 Staff in the cardiothoracic theatres and wards at the Royal Infirmary were briefed and issued with a copy of the frequently asked questions sheet.
- 3.28 The infection risk and its implications were discussed with patients who were in our care at that time who had recently undergone aortic valve surgery; those patients who had had their surgery postponed and with the relatives of the small group of patients who had died.
- 3.29 A proactive media handling plan was agreed, including the text of a proactive media release, and put into action on Thursday 21st March once the patient and relative notification exercise was complete. Board members were briefed on Thursday 21st March.

- 3.30 An IMT was held on the 21st March and then again on the 28th March. Work that progressed during this period has seen three of the four theatres operating fully and the fourth theatre will be back into full commission on Tuesday 2nd April.
- 3.31 A Standing Operating Procedure for theatre cleaning is in development and will be signed off at the next IMT on Friday 5th April. In the meantime daily cleaning has commenced in all theatres and use of disposable mop heads has also been agreed.
- 3.32 Storage remains a challenge but we are currently reviewing options and this will also be reviewed at the IMT on the 5th April.
- 3.33 A further action agreed at the IMT on the 28th March was to write to all patients who either hadn't been in contact with NHS Inform or the service directly. These letters are being issued on Monday 1st April recorded delivery. Within the letter we will ask patients to contact NHS Inform to confirm receipt of the letter. A further review of the responses to the letters will be reviewed again on Monday 8th April.
- 3.34 Board members will also have noted (copy sent by email 27th March) that the Cabinet Secretary made an announcement to Parliament on this incident. She stated that "overall, NHS Lothian has a strong record. Figures published on the 12th February 2019 show that their hospital standardised mortality ratio fell by 2% at the Royal Infirmary of Edinburgh, 10.4% at the Western General Hospital and 13.6% at St John's Hospital over a 4 year period.
- 3.35 In addition, NHS Lothian have seen steady reductions since 2014 in both Staphylococcus aureus bloodstream infections and C.difficile infections.
- 3.36 As regards, infection associated with Caesarean section and hip arthroplasty, NHS Lothian are on par with the rest of Scotland. In terms of positive results from MRSA testing, since 2007 NHS Lothian has seen a 98 per cent decrease, which compares well to the 93 per cent decrease seen for Scotland overall".

4 Key Risks

- 4.1 There is a risk that further patients with mould infections associated with aortic valve surgery are identified, given the long incubation period of these organisms. Although the risk is felt to be small, all patients who have had this surgery since 1st September 2018 have been contacted by NHS Lothian through an 'inform and advise' letter. There are 186 patients in this group. The letter provides patients with information on symptoms to be alert for and what actions to take if they are concerned. An NHS 24 helpline has been set up. GP and clinicians across all referring NHS Boards have also been contacted with detailed information to support patients, provide reassurance and direct further clinical assessment as required.
- 4.2 There is a risk that further water outlets will test positive for *Pseudomonas aeruginosa* when NHS Lothian commences water flushing and sampling for all augmented care areas in line with HPS Interim Guidance. The actions required to resolve such contamination are complex and potentially disruptive to clinical service delivery.
- 4.3 There is a risk that patients' confidence in NHS Lothian and the care provided, and NHS Lothian's reputation is damaged by media coverage of these events. This may have a detrimental effect on patient confidence in the affected services going forwards and cause anxiety.

4.4 There are financial risks associated with full implementation of HTM 04-01 and HPS Guidance on managing water systems in augmented care areas. These costs relate to water sampling and remedial actions required by guidance in response to positive results. These are recurring costs for water sampling. Non recurrent costs are likely to be incurred in relation to replacement of sanitary items and pipe work

5 Risk Register

5.1 There is a risk of patients developing an infection as a consequence of healthcare interventions because of inadequate implementation of HAI prevention and control measures leading to potential increased morbidity and mortality and further treatment requirements, including potential extended stay in hospital. The risk register has been updated to include risks associated with water safety and built environment. Control measures include the water safety programme, review of cleaning provision, and the use of Hydrogen Peroxide Vapour decontamination.

6 Impact on Inequality, Including Health Inequalities

6.1 An impact assessment is carried out at each Incident Management Team meeting utilising Health Protection Scotland Healthcare Infection Incident Assessment Tool.

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

7.1 Professional and organisational Duty of Candour requirements have been explicitly discussed at IMT meetings and enacted as appropriate.

7.2 Patients and their next of kin directly affected by both incidents were spoken with and provided written information to support these discussions. Patients who have had aortic valve surgery during the period where infections may still present and their GPs or other primary care providers have been contacted to inform and advise them of this incident.

7.3 Patients, visitors and staff have been provided with verbal and written information in relation to these incidents.

8 Resource Implications

8.1 There are increased costs associated with water sampling, additional estates work including replacement of clinical hand wash basins and enhanced environmental decontamination with Hydrogen Peroxide Vaporisation. These measures are mandated by national guidance or considered best practice in relation to environmental decontamination, and provide additional assurance for patients, staff and the Board that all infection risks arising from the environment have been mitigated as far as is reasonably practicable.

Lindsay Guthrie

Lead Nurse Infection Prevention & Control

27/03/2019

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NHS Lothian

Board
3 April 2019

Medical Director

NHS Lothian Corporate Risk Register

1 Purpose of the Report

- 1.1 The purpose of this report is to set out NHS Lothian's Corporate Risk Register for assurance.

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

2 Recommendations

The Board is recommended to:

- 2.1 Accept the recommendation by Executive Leads that Waste Management and Brexit become new risks on the Corporate Risk Register.
- 2.2 Accept the new patient safety and outcome of care risk at the Royal Infirmary of Edinburgh (RIE) Accident & Emergency Department.
- 2.3 Accept that as a system of control, the Governance committees of the Board assess the levels of assurance provided with respect to plans in place to mitigate the risks pertinent to the committee. That governance committees assess plans to mitigate the risk and assign a level of assurance and agree actions. This level of assurance should in turn reflect the risk grading which currently is not taking place in a robust fashion. Plans are in place being put in place to rectify this through the governance committee chairs.
- 2.4 Accept the Audit & Risk Committee (A&RC) recommendation that all Risk Register Board reports include a section on NHS Lothian's strategic risk framework replacing the risk appetite section removed from the Board paper in June 2018.
- 2.5 Accept the Audit & Risk Committee recommendation that a new corporate risk register template be adopted based on the results of testing the new framework in order to strengthen NHS Lothian's Risk Management System.

3 Discussion of Key Issues

3.1 Emerging Risks

Uplift and Disposal of Special Waste

- 3.1.1 Contingency plans have been put in place in Lothian from December 2018 in conjunction with national contingency arrangements for the collection and disposal of clinical waste and no detrimental impact on patient care has been reported.
- 3.1.2 NHS Lothian has a revised satisfactory process in both hospitals and community locations, although continues to use a considerable amount of additional resource which is projected to cost an additional £1m and nationally in excess of £9m.
- 3.1.3 Tradebe have been appointed as a new national contractor with the new service to be in by July 2019. This is due to licensing and arrangements for establishing a Scottish waste transfer station which will take several months. In the meantime, they have begun to feed in the bins that will be used to deliver the new contract in case the previous contractor, HES, remove the existing ones within NHS Lothian.
- Current arrangements are in place with 3 contractors for the collection of our waste and this has settled in to a regular pattern
 - Revised operating and monitoring procedures have been implemented effectively with no issues being raised
 - Communication arrangements involving local and national teleconferences continue 2-3 times per week and are effective at managing the issues that arise along with good sustained engagement with the key stakeholders.
- 3.1.4 The Executive Lead for this area, the Director of Public Health, recommends that this waste management risk should be on the Corporate Risk Register as, although there is risk mitigation in place, NHS Lothian's ability to fulfil its regulatory obligation is fragile because of nationally procured response, following the HES national contract coming to an abrupt end in late 2018.
- 3.1.5 The above requires the Board to make the following decisions:-
- Accept the Board may breach its regulatory compliance as a consequence of incomplete risk mitigation that is beyond the Board, despite the risk mitigation that has been put in place by NHS Lothian staff
 - To recognise the financial consequences of the contingency arrangements approximately £1m which are ongoing
 - Also to recognise that the current contingency arrangements have identified areas where additional resilience will be required going forward and that this is likely to mean that there will be an increase in the costs of providing this service, due to gaps in the national procurement processes and availability of complete facilities in the UK.
- 3.1.6 The grading of this risk given the above is High 15 and will be assessed through the Staff Governance Committee, via the Health & Safety Committee.

Brexit

- 3.1.7 The consequences of Brexit are expected to be substantial and far reaching, although specific impacts will depend on the type of agreement (if any) reached between the UK Government and European Union (EU). There has been exhaustive discussion of this in the media and some guidance has been provided by government, however the future remains very uncertain. The lack of clear planning assumptions due to the complexity and sensitivity of the issues involved has been particularly challenging. A key part of this risk is, therefore, uncertainty about both the likelihood and impacts.
- 3.1.8 On 21 December 2018, the Department of Health and Social Care produced EU Exit Operational Readiness Guidance for the health and care system in England. This identified the following main areas of risk:-
- Supply of medicines and vaccines
 - Supply of medical devices and clinical consumables
 - Supply of non-clinical consumables, goods and services
 - Workforce
 - Reciprocal healthcare
 - Research and clinical trials
 - Data sharing, processing and access
- 3.1.9 Of these the first four have been recognised as posing the greatest potential difficulties. These have been highlighted in subsequent advice about risk, but quantifying these has remained difficult. Although, at this stage, most of these issues are *potential* rather than *current* risks, the picture changes continually and potential workforce issues have already been an actual cause of worry for Non-UK EU staff.
- 3.1.10 The NHS Lothian approach to managing these risks has been to establish an **Assessment and Response Cycle** for Brexit comprising:
- Small **Impact Assessment Groups** comprising specialist staff in the areas expected to be most affected, to carry out impact assessments and develop response options for their services
 - A **Strategic Brexit Management Group** to consider the response options and agree actions as appropriate
 - A **Brexit Secretariat** to develop and maintain an **information picture** and to support other parts of the assessment and response cycle.
- 3.1.11 The Strategic Brexit Management Group comprises key Exec Directors, senior Acute & HSCP representatives, Communications and Specialist advisors (one for each impact group and one for Resilience). This group has met fortnightly since 30 January 2019 and has usually been chaired by the Deputy Chief Executive. This group has determined priorities and actions based on the default strategic objectives for resilience incidents:
- Save Lives and Restore Health
 - Safeguard, Staff, Patients and the Public
 - Minimise Impacts on Normal Services.

3.1.12 NHS Lothian has also engaged in regional and national work to develop and exercise reporting arrangement, to inform the Scottish Government of risks and impacts affecting boards and partner agencies.

3.1.13 NHS Lothian Board is asked to accept this risk onto the Corporate Risk Register due to the ongoing uncertainty and impact of Brexit on the delivery of services. It is recommended that this risk be assured through the Board given the nature of the risk, and be graded at Very High 20.

3.2 The Board is asked to accept a new risk on the Corporate Risk Register, following the recommendations of the external review of A&E at the RIE. The current risk related to the achievement of the 4-Hour Emergency Care standard has been divided into two risks: one concerning achieving the 4-hour care standard and one focussed on patient safety issues and overcrowding. The risk is set out in detail in Appendix 1 using the new proposed template. The risk description states that:-

“There is a risk to patient safety and outcome of care due to unreliable, timely triage/ assessment and treatment/discharge, plus overcrowding leading to increased likelihood of patient harm at the Royal Infirmary of Edinburgh.”

This risk is being assured through the Healthcare Governance Committee who considered the plans in place to mitigate this risk in March 2018 and accepted Moderate Assurance. It is proposed that the grading is High 15, based on committee assurance plus current reliability of timely triage, assessment and treatment/discharge.

3.3 As part of our systematic review process, the risk registers are updated on Datix on a quarterly basis at a corporate and an operational level. Risks are given an individual score out of 25; based on the 5 by 5 Australian/New Zealand risk scoring matrix used; 1 being the lowest level and 25 being the highest. The low, medium, high and very high scoring system currently used, is based on the same risk scoring matrix, remains unchanged (see Appendix 2 for corporate risks).

3.4 There are currently 14 risks in total in Quarter 3; the 7 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 – Workforce Sustainability
6. Access to Treatment (organisational risk)
7. Access to Treatment (patient risk)

- 3.4.1 The Board and Governance committees of the Board need to assure themselves that adequate improvement plans are in place to attend to the corporate risks pertinent to the committee. These plans are set out in the Quality & Performance paper presented to the Board and papers are considered at the relevant governance committees. Governance Committees continue to seek assurance on risks pertinent to the committee and level of assurance along with the summary of risks and grading is set out below in Table 1.
- 3.4.2 When reviewing the risk grading over time, there is little movement in grading which does not always reflect the level of assurance accepted by the governance committees. It is suggested that the grading of the risk should be related to the level of assurance. This is illustrated in Table 1. For example, limited assurance would result in a higher level of grading, moderate assurance could equate to medium and significant assurance should trigger a discussion about removal from the corporate risk register.
- 3.4.3 It has also become clear that there is a need to have more timely and robust process for recording assurance decisions made at governance committees following the consideration of plans to mitigate the risk. A process has been agreed through the Executive Management Team for testing and implementation. This is an action also agreed by Internal Audit recommendations and will strengthen our Risk Management processes at Board level.
- 3.4.4 If you have an electronic version of this report, links to each risk in Appendix 2 have been embedded in the below table (please click on individual Datix risk number in the table).

Table 1

Datix ID	Risk Title	Committee Assurance Review Date	Initial Risk Level	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018
3600	The scale or quality of the Board's services is reduced in the future due to failure to respond to the financial challenge. Update provide January 2019	<u>Finance & Resources Committee</u> November 2018 - F&R agreed to change the assurance level from limited to moderate, though the risk remains Very High due to long-term financial challenges.	High 12	Very High 20	Very High 20	Very High 20	Very High 20
3203	Unscheduled Care: 4 hour Performance – Organisational Risk. Update provided January 2019	<u>Healthcare Governance Committee</u> October 2018 Acute Services Committee continued to accept limited assurance. HCG Jan 2019 update accepted moderate assurance re plan in place to improve 4 hour performance and safety at RIE. Plan subject to external scrutiny.	High 10	Very High 20	Very High 20	Very High 20	Very High 20

Datix ID	Risk Title	Committee Assurance Review Date	Initial Risk Level	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018
4688	New Risk There is a risk to patient safety and outcome of care due to unreliable, timely triage/assessment and treatment, and overcrowding leading to increased likelihood of patient harm at the Royal Infirmary of Edinburgh.	<u>HCG Committee</u> Healthcare Governance considered plans in place to mitigate risk to safe, effective, person-centred care in March 2019 – Moderate assurance Audit & Risk Committee –November 2018 – Moderate assurance Plan also subject to external scrutiny.					Very High 20
3726	Timely Discharge of Inpatients (Previously Unscheduled Care: Delayed Discharge). Update provided January 2019	<u>HCG Committee</u> November 2018 HCG continued to accept limited assurance.	Very High 20	Very High 20	Very High 20	Very High 20	Very High 20
3829	GP Workforce Sustainability. Update provided December 2018	<u>HCG Committee</u> November 2018 HCG continued to accept limited assurance, with some evidence of improved stability with 'in hours' General practice but increasing instability in 'out of hours' Action plan for 'out of hours' to be delivered in Spring 2019. To report back to HCG in May 2019.	Very High 20	Very High 20	Very High 20	Very High 20	Very High 20
3211	Access to Treatment – Organisation Risk. Update provided January 2019	<u>Acute Hospitals Committee</u> October 2018 AHC continued to accept limited assurance. The Committee was impressed with the work in progress but also disappointed that performance remained of concern with the volume of patients waiting over 12 weeks. Recognition that systems of control were in place was accepted.	High 12	Very High 20	Very High 20	Very High 20	Very High 20
4191	Access to Treatment Risk – Patient. Update provided January 2019	<u>Acute Hospitals Committee</u> January 2018 HCG – moderate assurance.	Very High 20	Very High 20	Very High 20	Very High 20	Very High 20
3454	Management of Complaints and Feedback. Update provided January 2019	<u>HCG Committee</u> Mar 2019 HCG continued to accept moderate assurance. Reviewed at every second HCG meeting.	High 12	High 16	High 16	High 16	High 16
3527	Medical Workforce Sustainability. January 2019 – no update required	<u>Staff Governance Committee</u> October 2018 meeting continued to accept moderate assurance.	High 16	High 16	High 16	High 16	High 16
3189	Facilities Fit for Purpose Update provided January 2019	<u>Finance & Resources Committee</u> Finance & Resources Committee Jan 2018 - moderate assurance received.	High 15	High 16	High 16	High 16	High 16

Datix ID	Risk Title	Committee Assurance Review Date	Initial Risk Level	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018
3455	Management of Violence & Aggression. (Reported at H&S Committee). Update provided December 2018	<u>Staff Governance Committee</u> Staff Governance considered in October 2018 and accepted limited assurance due to access to training and lone working processes. Progress report scheduled to go to Staff Governance Committee March 2019.	Med 9	High 15	High 15	High 15	High 15
3328	Roadways/ Traffic Management (Risk placed back on the Corporate Risk Register December 2015) (Reported at H&S Committee).	<u>Staff Governance Committee</u> Update provided January 2019 Staff Governance Committee, October 2018 continued to accept moderate assurance.	High 12	High 12	High 12	High 12	High 12
1076	Healthcare Associated Infection Update provided December 2018	<u>HCG Committee</u> Mar 2019 - overall moderate assurance. Reviewed at every second HCG meeting.	High 12	Med 9	Med 9	Med 9	Med 9
3480	Management of Deteriorating Patients in Acute Inpatients. Update provided January 2019	<u>HCG Committee & Acute Hospitals Committee</u> HCG – moderate assurance. Update at AHC October 2018 – improvement in cardiac arrest rates seen for this quarter. Risk grading reduced. Will review risk if improvements sustained over the winter.	High 16	High 16	High 16	High 16	Med 9
3828	Nursing Workforce – Safe Staffing Levels. Update provided January 2019	<u>Staff Governance Committee</u> Staff Governance considered a paper on this risk in October 2018 and continue to accept moderate assurance This risk will be regularly reviewed particularly with respect to District nursing.	High 12	Med 9	Med 9	Med 9	Med 9

3.5 Strategic Risk Framework

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

3.5.2 A Board workshop in May 2018 concluded that the following strategic risks were useful when examining NHS Lothian risks and should be used by the Board when considering risks across NHS Lothian:

- Realising New Models of Health & Social Care
- Ability to Improve and Innovate
- Establishing Positive Working Relationships
- Active Public and Patient Engagement.

3.5.3 It is recommended that all Board risk register reports include a section on NHS Lothian's strategic risk framework replacing the risk appetite section removed from the Board paper in June 2018 which is set out below.

3.5.4 All NHS Lothian plans to mitigate corporate risk and associated controls will consider the following.

How the plan and associated controls have considered:-

- New models of Health & Social Care risk
- How it seeks to improve and innovate
- Mechanisms for collaboratives and joint working
- Engagement with the public and patients.

3.6 Strengthening NHS Lothian's Risk Management System

3.6.1 In June 2018, the A&RC, as part of developing the above strategic framework, agreed to test a new corporate risk register template to underpin the strategic framework in collaboration with Internal Audit. The template sought to demonstrate the relationship between risks on the corporate risk register; associated strategic plans and, by adding measures to illustrate the adequacy of controls, resulting in a more whole-system approach to risk management.

The testing also sought to clarify the following:-

- What is the definition of the risk?
- Who owns the risk and provides assurance?
- What plans are in place to proactively and/or reactively manage the risk and do they address key aspects of the strategic framework?
- What impact do the plans have on mitigating the risk?
- Inter-dependencies and impact of risks across the corporate risk
- Building in measures to assess the strengths/weaknesses of the control mechanisms
- Demonstrate the associations between the risks and strategic plans.

3.6.2 The following 3 risks were tested using the new template and are:-

- GP Workforce Sustainability
- Nursing Workforce – Safe Staffing Levels
- Timely Discharge of Inpatients.

3.6.3 Risk owners and handlers were asked to populate the template and reflect on the processes. The feedback was positive and an example of using the GP Sustainability risk using the new template is set out below in Table 2. There were a number of useful suggestions generated through discussions, which included:-

- Within the associated risk section there should be a short description of the impact on the main risk. A good example of this was highlighted through the relationship between the GP Sustainability risk and the Nursing Workforce Risk. The plans to mitigate the GP Sustainability risk include new models of care, with changes in skill mix and enhanced roles which may lead to district nursing staff taking up these new roles further destabilising a fragile nursing workforce.
- When discussing and assessing corporate risks there is merit in also considering associated risks at an operational level, to inform when a more co-ordinated and/or single system approach is required. This was highlighted when examining the GP Sustainability and Nursing Workforce risks.
- The new measures section did illustrate the strength of the controls; however, in some areas, e.g. GP Sustainability and Nursing Workforce, there is a requirement to develop these measures further.

Table 2

Corporate Objective	Risk Description ID - 3829	Linked Key Risk	Controls	Key Measures	Update
<p>3. Improve Quality, Safety and Experience Across the Organisation</p>	<p>GP Sustainability</p> <p>There is a risk that the Board will be unable to meet its duty to provide access to primary medical services in and out of hours for its population due to increasing population with multiple needs combined with difficulties in recruiting and retaining general practitioners, other staff and premises difficulties (e.g. leases). This may affect:</p> <ul style="list-style-type: none"> Ability of practices to continue to deliver their GMS contract in hours; Ability of practices to accept new patients (restricted lists); Patients not being able to register with the practice of their choice; Patient satisfaction with access to practices; Ability to cover planned or unplanned absence from practice; Ability of LUCS to safely staff rotas with doctors and nurses leading to short notice closure of bases and difficulties in meeting performance targets for appointments and visits; other parts of the health and social care system e.g. secondary care, referrals, costs. 	<ul style="list-style-type: none"> Facilities Fit for Purpose Nursing Workforce Finance risk of running 2c practices and premises issues <p>Associated Plans</p> <ul style="list-style-type: none"> National Premises Plan IJB strategic plans GMS improvement plans HSCP delivery plans Out of Hours action plan <p>Committee Assurance Nov 2018 – HCG accepted limited assurance. To report back May 2019.</p>	<p>Governance and performance monitoring</p> <ul style="list-style-type: none"> HCG monitoring plans to mitigate actions to HCG on success of general practice out of hours. These plans include progress on: <ul style="list-style-type: none"> NHS Lothian Board Strategic plan. HSCP Primary Care Transformation and Primary Care Improvement Plans Reports to Board and Strategic Planning Committee. Establishment of the implementation structure for the new GMS contract – GMS Oversight Group - which will oversee implementation of local plans and measure associated improvement across NHS Lothian. The risk is highlighted on all HSCP risk registers with local controls and actions in place. <p>Core prevention and detection controls</p> <ul style="list-style-type: none"> PCCO maintain a list of restrictions to identify potential and actual pressures on the system which is shared with HSCPs and taken to the Primary Care Joint Management Group (PCJMG). PCJMG review the position monthly with practices experiencing most difficulties by way of reports from Partnerships to ensure a consistent approach across the HSCPs and advise on contractual implications. Ability to assign patients to alternative practices through Practitioner Services Division (PSD). "Buddy practices" through business continuity arrangements can assist with cover for short-term difficulties. Recruitment and retention – tracking and training programmes to support Regular out of hours updates at PCJMG. <p>Rationale for Adequacy of Controls - remains inadequate as HSCP transformational plans are still at developmental stage and GP retention and recruitment is a national issue (see Medical workforce risk. Risk grading therefore remains very high/20).</p>	<ul style="list-style-type: none"> Restricted list Assignments to practices Number of 2C practices Length of time as a 2C practice Number of contracts handed back to health board Number of Out of Hours based closed Pharmacy support per 10,000 patients Achievement of Out of Hours outcomes 	<p>Risk reviewed for period October to December 2018</p> <p><u>Update: December 2018</u></p> <p>Primary Care Directorate review meeting held. Risk remains Very High 20</p> <p>Healthcare Governance Committee Paper November 2018 provided some evidence of improved stability in hours general practice but increasing instability in out of hours.</p> <p>Risk reviewed at Primary Care Joint Management Group on 14/09/17 and 10.05.18.</p> <p>Based on implementation period of new GMS contract, improvement in primary care sustainability is a process that will take up to three years.</p> <p>All HSCPs have developed Primary Care Improvement Plans and these have been approved.</p> <p>Scottish Government investment in contract implementation over 4 years 18/19 to 21/22) for Lothian = c24m plus NHSLS investment of £5m.</p> <p>Scottish Government investment of £0.74m in 18/19 for transformation and stability in out of hours.</p> <p>6 areas in the new contract being implemented: Vaccination Transformation CTACS Urgent Care New Professional Roles Pharmacotherapy Link Workers</p> <p>National programme on premises loans and leases being implemented in Lothian.</p> <p>National oversight group on out of hours set up. In Lothian Urgent Care Resource Hub Board set up and operational sustainability meetings established.</p> <p>Action plan for out of hours across Lothian to be delivered in Spring 2019.</p>

3.6.4 The review of the template also highlighted the need for clarity over the management of risk across NHS Lothian Board, Health & Social Care Partnership (H&SCP) and Integration Joint Board (IJB) as a number of risks had controls that fell into the three types set out below:-

1. Risks and associated controls are within the scope of NHS management
2. Risks that are outwith the scope of NHS management which are owned by others in social care but impact on NHS Lothian services
3. Risks and associated controls that require national responses.

3.6.5 Accountability and control of risk was highlighted at the June 2018 A&RC, who asked for consideration about how we formally define the lines of communication between the Integration Joint Boards and A&RC committees at IJB and NHS Lothian level, and who is providing assurance to whom and when. The views of the Chief Officers, IJB Chairs and IJB Audit & Risk Chairs were sought and the response is set out below under risk management assurance.

3.7 Risk Management Assurance

3.7.1 From discussions with Chairs of IJB Audit & Risk Committees, IJB Chief Officers and the NHS Lothian Deputy Chief Executive, there was a clear distinction between strategic risks that required IJB oversight, and risks associated with delivery which were managed and assured through the Chief Officers to NHS Lothian Board. It was, however, acknowledged that there is an inter-relationship between the management of risk at the strategic and delivery interface, with some IJB Audit & Risk Committees examining both strategic and H&SCP risks, for example West Lothian.

3.7.2 With respect to the question posed by NHS Lothian's A&RC regarding defining the line of formal communication between IJBs and the IJB Audit & Risk Committees and NHS Lothian Audit & Risk Committee, there was no common view but a real willingness to discuss this further. The Audit & Risk Committee accepted the recommendation that the Chairs of IJBs and Chairs of all Audit & Risk Committees meet to discuss formal communication and assurance reporting, and will be progressing this action.

4 **Key Risks**

4.1 The risk register process fails to identify, control or escalate risks that could have a significant impact on NHS Lothian.

5 **Risk Register**

5.1 Not applicable.

6 Impact on Health Inequalities

- 6.1 The findings of the Equality Diversity Impact Assessment are that although the production of the Corporate Risk Register updates, do not have any direct impact on health inequalities, each of the component risk areas within the document contain elements of the processes established to deliver NHS Lothian's corporate objectives in this area.

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

- 7.1 This paper does not consider developing, planning and/or designing services, policies and strategies, with the exception of the Risk Management Policy and Procedure which required stakeholder engagement (see para 3.5).

8 Resource Implications

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

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21 March 2019

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List of Appendices

Appendix 1: New Patient Safety Risk

Appendix 2: Summary of Corporate Risk Register

New Patient Risk

Corporate Objective	Risk Description	Linked Risks	Controls	Key Measures	Updates
Improve the quality and safety of healthcare	There is a risk to patient safety and outcome of care due to unreliable, timely triage/assessment and treatment/discharge, and overcrowding leading to increased likelihood of patient harm at the Royal Infirmary of Edinburgh.	<ul style="list-style-type: none"> Finance Complaints management Management of Deteriorating Patients Facilities fit for purpose 	<p>A comprehensive 4EAS programme plan is in place which brings together improvement actions to address the recommendations from the internal and external reviews and the Internal Audit Report across the following domains:</p> <ul style="list-style-type: none"> Patient safety and quality of care; Governance; Site and staff leadership; Recording of performance against the 4-hour standard; Consistency of approach; Staff experience 	<ul style="list-style-type: none"> Time to triage Time to first assessment Percentage of patients treated, discharged, or admitted within 4-hours of attendance, with a standard of 95% Staff experience Significant Adverse Events Complaints Volume of Emergency Department (ED) attendances & admissions Occupancy Rates 8- and 12-hour breaches Length of Stay (LOS) Cancellation of elective procedures 	<p>March 2019</p> <p><u>Royal Infirmary of Edinburgh</u></p> <ul style="list-style-type: none"> Opening of dedicated Minor Injuries Unit Dedicated triage nurse for self-presenting patients has now been put in place 24 hours a day, 7 days a week QI Collaborative Programme <ul style="list-style-type: none"> Protected CSW role to do triage tasks was tested w/c 7th January 2019 and tested with patients. Bite-size bespoke QI training is planned for both medical and nursing staff in February 2019. Other work planned for January and February includes testing the use of triage cards (to standardise the process by condition) and baseline data collection on ECG use Safety Pauses External Review Group withdraw from Lothian 25th January, due back 26th March and final visit Summer 2019 Learning and improvement work being implemented at St John's Hospital and Western General Hospital.
		<p>Associated Plans</p> <ul style="list-style-type: none"> Lothian Hospitals Plan 			
		<p>Assurance Committees</p> <ul style="list-style-type: none"> Healthcare Governance considered plans in place to mitigate risk to safe, effective, person-centred care in March 2019 – Moderate assurance Audit & Risk Committee – 17th November 2018 – Moderate assurance 	<p>The Audit & Risk Committee has overall responsibility for assurance of delivery of the plan on behalf of the Board. In addition, all actions within the plan have an identified governance committee as accountable owner. Each of the relevant committees - Healthcare Governance Committee, Information Governance Committee and Staff Governance Committee will seek assurance on delivery of those actions. A programmed workplan is in place which diarises reporting to the committees and ultimately to the Board.</p> <p>Operational leadership, strategic advice and guidance for the delivery of the Programme plan is provided through the Programme Delivery Group (PDG), chaired by the Deputy Chief Executive.</p>		
		<p>Grading</p> <ul style="list-style-type: none"> The grading of this risk is 15 High based on Committee assurance levels plus current reliability of timely triage, assessment and treatment/discharge 	<p>The Oversight and Assurance Group (OAG) chaired by the Chief Executive ensures monitoring of progress through review of robust evidence of progression of actions to closure.</p> <p>Scottish Government external review team assuring plans in place to mitigate risks and pending external assurance.</p>		

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates/Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3600	3: Secure Value & Financial Sustainability	The scale or quality of the Board's services is reduced in the future due to failure to respond to the financial challenge.	<p>There is a risk that the Board does not systematically and robustly respond to the financial challenge to achieve its strategic plan.</p> <p>This could be due to a combination of: uncertainty about the level of resource availability in future years, the known demographic pressure which brings major potential service costs and increasing costs of new treatment options, e.g. new drugs, leading to a reduction in the scale or quality of services.</p> <p>NOTE: During the last few years, NHS Lothian has been reliant on non-recurring efficiency savings, which has exacerbated the requirement to implement plans which produce recurring savings.</p>	<p>The Board has established a financial governance framework and systems of financial control. Finance and Resources Committee provides oversight and assurance to the Board.</p> <p>Quarterly review meetings take place, where acute services COO, site/service directors in acute, REAS and joint directors in Primary Care are required to update the Director of Finance on their current financial position including achieve delivery of efficiency schemes.</p> <p>Rationale for Adequacy of Control: A combination of uncertainty about the level of resource availability in future years combined with known demographic pressure which brings major potential service costs, requires a significant service redesign response. The extent of this is not yet known, nor tested.</p>	<p>Risk reviewed for period October to December 2018</p> <p>Risk Grade/Rating remains Very High 20</p> <p><u>Update 18 January 2019</u></p> <p>The draft minute of the 21 November 2018 Finance & Resource Committee meeting states:</p> <p>23.1.4 The Committee noted the current positive position and that there would be a more detailed briefing around this work at the January meeting. The Committee agreed to take moderate assurance in relation to the year end forecast and acknowledged that assurance on next year's position cannot be offered until the further plan on the work with the IJBs is considered at the next meeting.</p> <p>NHS Lothian continues to plan to break-even at end 2018/19 and the risk to achieve break-even remains Very High.</p> <p>The Assurance risk has changed to Moderate from Limited.</p>	Inadequate; control is not designed to manage the risk and further controls & measures required to manage the risk	Very High 20	Medium 6	Director of Finance	Deputy Director of Finance	Finance & Resource Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3203	2: Improve patient pathways and shift the balance of care	Unscheduled Care: 4 hour Performance	<p>There is a risk that NHS Lothian will fail to meet the 4 hour performance target for unscheduled care which could mean that patients fail to receive appropriate care, due to volume and complexity of patients, staffing, lack and availability of beds, lack of flow leading to a delay to first assessment, a delay in diagnosis and therefore in treatment for patients and a reputational risk for the organisation.</p>	<p>A range of governance controls are in place for Unscheduled Care notably:</p> <p>Board Monthly NHS Lothian Board oversee performance and the strategic direction for Unscheduled Care across the NHS Lothian Board area.</p> <p>Following the publishing of the external review in June 2018, a Scottish Government appointed Support Team was assembled to enhance the efforts made by NHS Lothian across their improvement journey. This programme of work has sustained momentum since the appointment of a Support Team has focused the attention of improvement works firmly upon patient safety through the introduction of safety pauses, enhanced breach analysis and overall progress of the overarching programme plan.</p> <p>A subsequent phase of work has been agreed with Scottish Government to progress and conclude programme actions under the themes of Governance, Culture, Recording of 4 hour standard data, The Internal Audit Report, SAE and this Review Recommendations, Patient Safety and Quality of Care and Site Leadership. This will take place between January and March 2019.</p> <p>Prep-Stat arrangements are being developed to provide a framework for whole system escalation to current or anticipated risks and pressures of particular types. These comprise four sets of 'trigger criteria' and corresponding 'activation levels' with default actions, to place services in an increased state of readiness. A focused workshop took place on the 18th December to progress the work however further work is being undertaken to:</p> <ol style="list-style-type: none"> Add agreed trigger and default actions to Prep-Stat Protocol and share with those involved; Clarifying command, control and communication arrangements to allow Acute Sites and/or HSCP to discuss options at lower Prep-Stat levels (including circumstances where strategic input is not needed) – starting the conversation early and involving the right people; Ensuring the correct degree of 'automation' of responses – always having prepared tactical options but allowing flexibility in their use according to circumstances; Working towards quantifying those response 	<p>Risk Reviewed for period October to December 2018</p> <p>Risk reviewed and approved by Acute Services Committee in November 2017 accepted Moderate Assurance.</p> <p>Risk and Controls reviewed January 2019. Risk Grade/Rating remains Very High/20.</p> <p>There are a number of actions being undertaken by site as shown below:</p> <p>Royal Infirmary of Edinburgh</p> <ul style="list-style-type: none"> Opening of dedicated Minor Injuries Unit QI Collaborative Program <ul style="list-style-type: none"> Protected CSW role to do triage tasks was tested w/c 7th January 2019 Information for patients on what to expect in ED is currently being developed and tested with patients. Bite-size bespoke QI training is planned for both medical and nursing staff in February 2019. Other work planned for January and February includes testing the use of triage cards (to standardise the process by condition) and baseline data collection on ECG use Safety Pauses <p>Western General Hospital</p> <ul style="list-style-type: none"> Length of Stay - Understanding the LoS reduction required and actions to support that to facilitate additional throughput. Test of new Home First practitioners in MoE - to support LoS reduction and targeting shortening MoE Los Developing the frailty model at the front door - to support increased turnaround and reduced LoS with aim of supporting having more north Edinburgh frail elderly patients received directly by WGH <p>St John's Hospital</p> <ul style="list-style-type: none"> Test of change in ED to protect minors flow and increase triage capacity Review of Surgical Observation Ward Front Door Redesign 	Adequate but partially effective; control is properly designed but not being implemented properly	Very High 20	Low 1	Deputy Chief Executive	Chief Officer (Acute Services NHS) / Chief Officer (W/Lothian IJB)	Healthcare Governance Committee

			<p>options expressed in generic terms where this is possible;</p> <p>A number of performance metrics are considered and reviewed weekly, including:</p> <ul style="list-style-type: none"> - 4 hour Emergency Care Standard and performance against trajectory - 8 and 12 hour breaches - Safety - Attendance and admissions - Delayed Discharge (see Corporate Risk ID 3726) - Boarding of Patients - Length of Stay (LOS) - Cancellation of Elective Procedures - Finance - Adherence to national guidance/ recommendations (what Scottish Government expect for the money received) 						
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ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates/Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3726	2: Improve patient pathways and shift the balance of care	Timely Discharges of Inpatients	There is a risk that patients are not being discharged in a timely manner resulting in sub optimal patient flow impacting on poor patient, staff experience and outcome of care.	<p>A range of management/governance controls are in place for Unscheduled Care notably:</p> <p>NHS Lothian Board (bi-monthly) oversee performance and the strategic direction for Delayed Discharges across the Lothian Board area.</p> <p>The bi-monthly Acute Hospitals Committee as well as formal SMT and SMG meetings.</p> <p>Further weekly briefings to the Scottish Government on performance across the 4 main acute sites (data analysis from EDISON)</p> <p>NHS Lothian's Winter Planning Project Board is now established as the NHSL Unscheduled Care Committee in collaboration with the Integrated Joint Boards</p> <p>Integrated Joint Boards will report via the Deputy Chief Executive to Scottish Government on the delivery of key targets which include Delayed Discharges and actions in response to performance.</p> <p>Delayed discharges are examined and addressed through a range of mechanisms by IJBs which include:</p> <ul style="list-style-type: none"> Performance Management. Each Partnership has a trajectory relating to DD performance and these are reported through the Deputy Chief Executive Oversight of specific programmes established to mitigate this risk for example Edinburgh Flow Board and/or Strategic Plan Programme Board (East Lothian) 	<p>Risk reviewed for period October to December 2018 Reviewed by HCG in November 2017 and continued to accept limited assurance.</p> <p>Update January 2019 Risk Grade/Rating remains Very High/20</p> <p>Action to help tackle DD across NHS Lothian include:</p> <ul style="list-style-type: none"> Criteria-led discharge pilots Locality-based services/discharge hubs developed to support pulling patients out Evidence-based dynamic discharge at each adult site LoS programmes at RIE/WGH Flow Centre live in West Lothian to expedite transfer issues <p>New Midlothian Flow Hub established 1/11/18 to monitor all Midlothian admissions, plan discharges and manage beds within Midlothian. Intermediate care pathways also under review.</p> <p>5 Additional MCH beds in Loanesk ward to support flow in Edenview ward (Rehab). Edenview average LOS now 33 days.</p> <p>East Lothian continue to hold Multi-site huddle at 8am each day to review</p> <ul style="list-style-type: none"> All patients delayed. Those identified for discharge, making sure their discharge is on target. Anyone admitted overnight in secondary care - can they be pulled out with discharge to assess or Hospital at Home? <p>Edinburgh have applied tighter scrutiny on waiting times through focused weekly meetings on care home waits and package of care waits to provide feedback to acute sites. Additionally All care packages are pulled through the hub model to maximise care at home capacity. The Hub Model is progressing improvements in consistency through daily monitoring of existing hospital delays along with focus on people admitted to prevent them becoming a delay. Currently Edinburgh is working with Care at home providers to grow the business based on where the need is.</p> <p>West Lothian is currently progressing 4 main workstreams under the delayed discharge improvement plan:</p> <ul style="list-style-type: none"> Optimising flow - focussing on prevention of admission as well as flow through the system. Integrated Discharge Hub went live from 10th December with positive impact on team working and proactive management of patients from admission through to discharge Home First recruitment for additional staff in progress to fully implement discharge to assess model <p>Intermediate Care review commenced to determine the best option and capacity required for West Lothian</p>	Adequate but partially effective; control is properly designed but not being implemented properly	Very High 20	Medium 9	Deputy Chief Executive	Chief Officer West Lothian H&SCP/Chief Operating Officer (Acting)	Healthcare Governance Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3829	3. Improve Quality, Safety and Experience Across the Organisation	GP Workforce Sustainability	<p>There is a risk that the Board will be unable to meet its duty to provide access to primary medical services in and out of hours for its population due to increasing population with multiple needs combined with difficulties in recruiting and retaining general practitioners, other staff and premises difficulties (e.g. leases). This may affect:</p> <ul style="list-style-type: none"> Ability of practices to continue to deliver their GMS contract in hours; Ability of practices to accept new patients (restricted lists); Patients not being able to register with the practice of their choice; Patient satisfaction with access to practices; Ability to cover planned or unplanned absence from practice; Ability of LUCS to safely staff rotas with doctors and nurses leading to short notice closure of bases and difficulties in meeting performance targets for appointments and visits; other parts of the health and social care system e.g. secondary care, referrals, costs. <p>As a result of these pressures practices may choose to return their GMS contracts to the NHS Board who may in turn not be able to either secure a new 17j practice or successfully fill practice vacancies or recruit sufficient medical staff to run the practice under 2c (direct provision) arrangements.</p> <p>Practices can be affected by changes or instability at very short notice.</p> <p>Instability in one practice can quickly</p>	<p>Governance and performance monitoring</p> <ul style="list-style-type: none"> Regular updates reported to Healthcare Governance Committee on sustainability of general practice in and out of hours. NHS Lothian Board Strategic plan. HSCP Primary Care Transformation and Primary Care Improvement Plans. Reports to Board and Strategic Planning Committee. Establishment of the implementation structure for the new GMS contract – GMS Oversight Group - which will oversee implementation of local plans and measure associated improvement across NHS Lothian. The risk is highlighted on all HSCP risk registers with local controls and actions in place. <p>Core prevention and detection controls</p> <ul style="list-style-type: none"> PCCO maintain a list of restrictions to identify potential and actual pressures on the system which is shared with HSCPs and taken to the Primary Care Joint Management Group (PCJMG). PCJMG review the position monthly with practices experiencing most difficulties by way of reports from Partnerships to ensure a consistent approach across the HSCPs and advise on contractual implications. Ability to assign patients to alternative practices through Practitioner Services Division (PSD). "Buddy practices" through business continuity arrangements can assist with cover for short-term difficulties. Regular out of hours updates at PCJMG. <p>Rationale for Adequacy of Controls - remains inadequate as HSCP transformational plans are still at developmental stage and GP retention and recruitment is a national issue (see Medical workforce risk. Risk grading therefore remains very high/20).</p>	<p>Risk reviewed for period October to December 2018</p> <p><u>Update: December 2018</u></p> <p>Primary Care Directorate review meeting held. Risk remains Very High 20</p> <p>Healthcare Governance Committee Paper November 2018 provided some evidence of improved stability in in hours general practice but increasing instability in out of hours.</p> <p>Risk reviewed at Primary Care Joint Management Group on 14/09/17 and 10.05.18.</p> <p>Based on implementation period of new GMS contract, improvement in primary care sustainability is a process that will take up to three years.</p> <p>All HSCPs have developed Primary Care Improvement Plans and these have been approved.</p> <p>Scottish Government investment in contract implementation over 4 years 18/19 to 21/22) for Lothian = c24m plus NHSL investment of £5m.</p> <p>Scottish Government investment of £0.74m in 18/19 for transformation and stability in out of hours.</p> <p>6 areas in the new contract being implemented: Vaccination Transformation CTACS Urgent Care New Professional Roles Pharmacotherapy Link Workers</p> <p>National programme on premises loans and leases being implemented in Lothian.</p> <p>National oversight group on out of hours set up. In Lothian Urgent Care Resource Hub Board set up and operational sustainability meetings established.</p> <p>Action plan for out of hours across Lothian to be delivered in Spring 2019.</p>	Inadequate; control is not designed to properly manage the risk and further controls and measures are required	Very High 20	High 16	Medical Director	Director of Primary Care	Healthcare Governance Committee

		<p>lead to additional pressure on neighbouring practices.</p> <p>LUCS will continue to have difficulties maintaining safe staffing at all 5 bases.</p>								
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ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3211	2. Improve patient pathways and shift the balance of care	Access to Treatment Risk – Organisation Risk (Previously Achievement of National Waiting Times)	<p>There is a risk that NHS Lothian will fail to achieve waiting times targets for inpatient / day case and outpatient appointments, including the overall Referral To Treatment target, due to a combination of demand significantly exceeding capacity for specific specialities and suboptimal use of available capacity, resulting in compromised patient safety and potential reputational damage. Bowel screening Service pressure is a new addition to this register. Due to a change in the test that took place in October 2017 this service has seen its numbers requiring urgent scope rise each month and has now doubled. All Health Boards across Scotland are experiencing the same pressure</p>	<p>Governance & performance monitoring</p> <ul style="list-style-type: none"> Weekly Acute Services Senior Management Group (SMG) meeting Monthly Acute Services Senior Management Team meeting- monthly outturn and forecast position Performance reporting at Corporate Management Team (CMT) NHS Lothian Board Performance Reporting Performance Reporting and Assurance to Acute Hospital Committee Monthly access and Governance Committee, to ensure compliance with Board SOPs relating to waiting times. <p>Core prevention and detection controls</p> <ul style="list-style-type: none"> Establishment of the Delivering for Patients Group to monitor performance and work with individual specialities to delivery efficiency improvements against key performance indicators on a quarterly basis Scope for improvement identified with recommendations made to specialities e.g. target of 10% DNA rate; theatre session used target of 81 %, cancellation rate 8.9%; for every 10 PAs recommendation of 6 DCCs directly attributed to clinic or theatre. Increase in staffing on a temporary basis in Bowel screening is planned to carry out pre-assessment at the same stage as before the increase. Increase the (currently) small number of scopers who are qualified to carry out bowel screening scopes. <p>Rational for adequacy of controls Some controls are in place and additional controls currently being designed and as such, overall control is inadequate. Controls and actions are now being reviewed quarterly at Acute SMT to ensure any areas of concern are highlighted and actioned. Risk remains high while demand continues to exceed available capacity.</p>	<p>Risk Reviewed for period October to December 018. Reviewed by AHC in Oct 2018 and accepted moderate assurance that the performance expected as assessed with the resources available would be met, but limited assurance that the Scottish Government target for waiting times would be met.</p> <p>Update January 2019 description updated.</p> <p>Ongoing Actions</p> <ul style="list-style-type: none"> Weekly Acute SMG monitors TTG, RTT, long waits, cancer performance, theatre performance and recovery options on a weekly basis, with monthly deep dives into theatre and cancer performance. Monthly Acute SMT has sight of Access & Governance minutes, to monitor ongoing actions and escalate as appropriate. Performance is also reported to, and monitored by, Acute CMT. Performance is also monitored by the Board and Acute Hospitals Committee, using the Quality & Performance report, which is also reviewed at Acute SMT. <p>Additional Actions</p> <ul style="list-style-type: none"> The national Waiting Times Improvement Plan (WTIP) published in October 2018 outlines the Scottish Government's approach to delivering improved performance against key access standards. A Lothian WTIP Programme Board has been established and the programme structure is aligned to the national framework which identifies three key themes in relation to the WTIP: clinical efficiency and effectiveness, new models of care and developing additional capacity. As part of this programme, to date Lothian has received £2.7m in additional funding to reduce waiting times. Service based sustainability plans, aligned to national themes, and are being developed to manage backlog as well as any recurring gap between demand and capacity. Implementation of a Theatres Improvement Programme – a significant programme with multiple work streams (Pre-assessment, HSDU, Booking and Scheduling, Workforce) to improve theatre efficiency. Establishment of an Outpatient Programme Board that focuses on demand management, clinic optimisation and modernisation. Service improvement work is being supported by the DfP quarterly reviews, which in turn are supported by more regular meetings with service management teams and clinicians to develop and implement improvement ideas, and to facilitate links to the Outpatients and Theatre improvement programmes. Running action notes are kept at each service meeting, and regularly reviewed by service management teams and the DfP core group. <p>Risk Grade/Rating is Very High/20</p>	Inadequate – control not designed to properly manage risk: further controls required	Very High 20	Rare 1	Deputy Chief Executive	Chief Officer Acute Services	Acute Services Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
4191	2. Improve patient pathways and shift the balance of care	Access to Treatment Risk - Patient	<p>There is a risk that patients will wait longer than described in the relevant national standard due to demand exceeding capacity for in-patient / day case outpatient services and endoscopic procedures within specific specialties.</p> <p>Bowel screening Service pressure is a new addition to this register. Due to a change in the test that took place in October 2017 this service has seen its numbers requiring urgent scope rise each month and has now doubled. All Health Boards across Scotland are experiencing the same pressure</p> <p>Clinical risk is identified in two dimensions: 1) the probability that due to length of wait the patient's condition deteriorates; 2) the probability that due to the length of wait significant diagnosis is delayed.</p>	<ul style="list-style-type: none"> Service developed trajectories, that are used to monitor performance, early indications of pressures, and opportunities to improve efficiencies/productivity. A re-invigorated Delivering for Patients (DfP) programme provides a framework for learning and sharing good practice through a programme of quarterly reviews. New referrals are clinically triaged, a process which categorises patients as Urgent Suspicion of Cancer (USOC), Urgent or Routine. Within each of these categories, patients are triaged into the most appropriate sub-specialty queue, each of which is associated with a different level of clinical risk. Long wait surveillance endoscopies are also clinically triaged to identify any patients that require expedition. Increase in staffing on a temporary basis in Bowel screening is planned to carry out pre-assessment at the same stage as before the increase. Increase the (currently) small number of scopers who are qualified to carry out bowel screening scopes. A revised communications strategy has been established to ensure that both patients and referrers are appropriately informed of the length of waits. If the patient's condition changes, referrals can be escalated by the GP by re-referring under a higher category of urgency. There is an expectation that the GP would communicate this to the patient at the time of re-referral. Specific controls are in place for patients referred with a suspicion of cancer. Trackers are employed to follow patients through their cancer pathways, with reporting tools and processes in place which trigger action to investigate / escalate if patients are highlighted as potentially breaching their 31-day and / or 62-day targets. Trackers undergo ongoing training, and have access to clear escalation guidance on how to deal with (potential) breachers. <p>Rationale for adequacy of controls Some controls are in place and additional controls currently being designed and as such, overall control is inadequate. Controls and actions are now being reviewed quarterly at Acute CMG to ensure any areas of concern are highlighted and</p>	<p>Risk Reviewed for period October to December 2018</p> <p>Reviewed by HCG in January 2018 – accepted moderate assurance.</p> <p>Update January 2019 – reviewed and description updated.</p> <p>Ongoing Actions</p> <ul style="list-style-type: none"> DfP quarterly reviews are supported by more regular meetings with service management teams and clinicians to develop and implement improvement ideas, and to facilitate links to the Outpatients and Theatre improvement programmes. Running action notes are kept at each service meeting, and regularly reviewed by service management teams and the DIP core group. Significant redesign and improvement work is being undertaken through the Outpatient Programme Board and through the Theatre Improvement Programme Board, to help mitigate some of the increasing waiting time pressures and clinical risks. Revised communications strategy includes an “added to outpatient waiting list” letter, which informs patients that their referral has been received, and that some service waits are above the 12-week standard. Current waiting times are also published on <i>RefHelp</i>, making them available to GPs at the time of referral. It has been agreed (March 2017) that a link to <i>RefHelp</i> waiting time information will be included in letters to patients, allowing them to check service waiting times regularly. There has also been the implementation of a Keep in Touch initiative (Dec 2017) which is a co-ordinated process whereby all long wait patients are called or lettered by a member of clerical staff. This process has clinical endorsement. This is to ensure they are aware they are still on the list and will receive an appointment at the earliest opportunity. This also allows any patients who feel their symptoms are worsening to be escalated for clinical review to the CSM. It also results in a greater efficiencies as patients often advise they no longer require or have had a procedure already and so are removed from the list. This then allows a slot to be used for another patient. Keep In Touch is continuing with a focus on the longest waits for outpatient and endoscopy with the aim to contact every long waiting patient. Information on the projected length of wait throughout a patient's pathway is communicated clearly to patients at clinical appointments throughout their cancer journey. <p>Additional Actions</p> <ul style="list-style-type: none"> The national Waiting Times Improvement Plan (WTIP) published in October 2018 outlines the Scottish Government's approach to 	Inadequate – control not designed to properly manage risk; further controls required	Very High 20	Medium 4	Deputy Chief Executive	Chief Officer Acute Services	Acute Services Committee

				<p>actioned. Risk remains high while demand continues to exceed available capacity.</p>	<p>delivering improved performance against key access standards. A Lothian WTIP Programme Board has been established and the programme structure is aligned to the national framework which identifies three key themes in relation to the WTIP: clinical efficiency and effectiveness, new models of care and developing additional capacity. As part of this programme, to date Lothian has received £2.7m in additional funding to reduce waiting times. Service based sustainability plans, aligned to national themes, are being developed to manage backlog as well as any recurring gap between demand and capacity.</p> <ul style="list-style-type: none"> • There are some ongoing issues with resilience with regard to cross-cover among trackers during periods of absence and / or annual leave and these are being addressed robustly with, in the first instance, an in-depth review of current cancer tracking arrangements. • The Executive Medical Director and Chief Officer for Acute Services have developed a clinical risk matrix for specialties under waiting time pressures. This then ensures that prioritisation of additional resource is given to specialties where long waits will be of greatest clinical risk to the patient. <p>Risk is very high while demand exceeds available capacity and as such Risk Grade/Rating is Very High/20</p>						
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ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3454	3. Improve Quality, Safety and Experience Across the Organisation	Management of Complaints and Feedback	<p>There is a risk that learning from complaints and feedback is not effective due to lack of reliable implementation of processes (for management of complaints and feedback) leading to the quality of patient experience being compromised and adverse effect on public confidence and expectation of our services.</p> <p>It is also acknowledged that a number of other corporate risks impact on this risk such as the processes and experience of unscheduled care, patient safety, primary care and waiting times.</p>	<p><u>Governance and performance monitoring</u></p> <ul style="list-style-type: none"> Routine reporting of complaints and patient experience to every Board meeting Regular reports to the Healthcare Governance Committee - complaints and patient experience reports. Additional reports are submitted to the Audit and Risk Committee Monthly quality and performance reporting arrangements include complaints and patient experience Internal Audit 'Management of Complaints & Feedback'. <p><u>Core prevention and detection</u></p> <ul style="list-style-type: none"> The complaints improvement project board, chaired by the Executive Nurse Director oversees implementation of the new complaints handling model for management and learning from complaints as part of a wider improvement project to improve patient experience Feedback and improvement quality assurance working group meets monthly, chaired by Non-executive Director and is overseeing implementation of the SPSP action plan Corporate Management Team and Executive Nurse Directors group review and respond to weekly/monthly reports <p>Complaints management information available on DATIX dashboard at all levels enabling management teams to monitor and take appropriate action. Weekly performance reports on complaints shared with clinical teams. Patient experience data is fed back on a monthly basis at service and site level to inform improvement planning and is available via Tableau Dashboard.</p> <p>Rationale for inadequate controls: Governance processes and improvement plans are in place but yet to be fully implemented.</p>	<p>Risk Reviewed for period October - December 2018</p> <p>Update January 2019 A new complaints handling procedure was implemented 1 April 2017 which introduced a 3-stage approach: 1) front line resolution, 2) Investigation and 3) SPSO.</p> <ul style="list-style-type: none"> Complaints Improvement Project Board now in place chaired by the Executive Nurse Director and a refreshed membership was agreed. Stakeholder engagement from across the organisation continues and full Business Case was approved by CMT in June. Additional funding confirmed to implement the new delivery model (Hybrid Model). An implementation plan is being developed and paper went to Workforce Organisational Change Group (July) to restructure the Patient Experience Team. A number of teams across the organisation are assisting with complaints data collection to support the new CHP. Feedback & Improvement Quality Assurance Working Group chaired by Non Executive oversaw the completion of SPSO action plan. Reviewed its terms of reference and agreed to meet again in 6 months. Patient Experience Annual Report was presented at the August 2018 NHS Lothian Board Meeting and was positively received. Bi-annual meetings with the new Ombudsman agreed. Deputy Chief Executive, Director of Acute Services and Head of Patient Experience meet with her in November 2018. Combined complaints and patient experience report continues. Internal Audit review of complaints completed. Majority of recommendations now completed. Introducing a Quality Assurance process, tested with STJ and RHSC. Ongoing support, training and awareness-raising within services to increase confidence and capability in managing complaints, 2 dates for SPSO Training on Investigation Skills completed and third date confirmed. Additional session confirmed to support staff through a SPSO case. NHS Lothian's uphold rate for SPSO annual statistics is 58% which is much improved over the last 3 years. Work ongoing to support the complaints and feedback systems within the 2 prisons encouraging early resolution / Stage 1. Services are being supported to test a range of approaches including Care Opinion, Tell us 10 Things and Care Assurance Standards Tell us Ten things questionnaire has been aligned with "5 must dos with me" and is being tested in 3 acute sites with adults and an amended version with children and young people <p>Risk Grade / Rating is High / 16</p> <p><u>Rationale for this – moderate assurance given at Nov 2017, March 2018 & July HCG committees. SPSO cases - 49 (31.01.19)</u> Complaints Improvement Project Board in place. Blended approach to patient feedback (TTT, Care Opinion & CAS)</p>	Inadequate: control is not designed to manage the risk and further controls & measures required to manage the risk	High 16	Medium 6	Executive Director Nursing, Midwifery & AHPs	Head of Patient Experience	Healthcare Governance Committee

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1076	3. Improve Quality, Safety and Experience Across the Organisation	Healthcare Associated Infection	<p>There is a risk of patients developing an infection as a consequence of healthcare interventions because of inadequate implementation of HAI prevention and control measures leading to potential increased morbidity and mortality and further treatment requirements, including potential extended stay in hospital.</p>	<p>Governance, Performance Monitoring & Assurance:</p> <ul style="list-style-type: none"> •The NHS Lothian Infection Committee (LICC) reports to the Board through Healthcare Governance Committee. Reports and minutes are also shared with Lothian Infection Control Advisory Committee (LICAC). •Acute Hospitals Sites and Health & Social Care Partnerships have responsibility for local monitoring/reporting of HAI issues and performance. These local committees report directly to the LICC •Key performance and assurance data is shared and discussed extensively within the organisation at local clinical and senior management meetings •Key performance data is submitted to Health Protection Scotland. National benchmarking reports are published quarterly. These data are used to inform local improvement. •HAI Level 2 Quality indicator data is available on Discovery (level 1) dashboard providing access and oversight to clinical and senior management teams of NHS Lothian performance against other Boards and NHS Scotland performance. •All Clostridioides (formerly Clostridium) difficile infections and Staphylococcus aureus bacteraemia (SAB) are reviewed monthly to identify themes and key areas for improvement. The outcomes of this are reported monthly at the Acute Clinical Management Team meetings. •SAE reviews are requested for all CDI and SAB related deaths and supported by the IPCT where required. <p>Education & Training:</p> <ul style="list-style-type: none"> •The revised HAI Education Strategy was approved at LICC in July 2018. This is available on the Intranet and has been disseminated through clinical management teams. •A range of e-learning modules which complement mandatory education & training are available on LearnPro/TURAS. The HAI strategy guides staff in selection of these appropriate to role. •The IPCT education delivery plan details other topic and organism specific face to face training available to supplement mandatory requirements. This is open to NHS and H&SC staff. •Ad hoc education and training is provided in response to outbreaks/incidents as required/requested. •Line managers can monitor compliance with mandatory infection prevention and control education through Tableau. <p>Policy, practice & audit:</p> <ul style="list-style-type: none"> •Clinical teams undertake local SICPs audits to provide assurance of compliance and identify areas for further local improvement. The data is collated and available in QIDS. •The IPCT undertake a planned risk based programme of audit. Outcomes are shared with the local clinical and site management team and other key stakeholders including facilities to inform remedial action and improvement work through their local action plans. •A comprehensive range of policies, guidelines and procedures and patient information leaflets are available via the NHS Lothian intranet to supplement national policy and guidance. Quick reference guides are provided. •All outbreaks, incidents and data exceedance are investigated by the IPCT. Where needed, a Problem Assessment Group (PAG) or Incident Management Team (IMT) is convened to further investigate and manage any significant event or outbreak. •Formal debrief meetings are undertaken following IMT to identify wider system needs and share learning. These are reported to the Local ICC and LICAC •The infection services undertake multidisciplinary ward rounds to review complex patients with transmissible infections twice weekly on RIE, WGH and SJH sites. RHSC has a weekly ITU ward round. <p>Surveillance:</p> <ul style="list-style-type: none"> •IT systems are in place to allow IPCNs to monitor incidence, trends and patterns of infection incidence within their geographical region. Set thresholds for further actions exist for some key infections (e.g. > 2 cases of CDI in 28 days). The IPCT support local teams in further review and improvement in response to data exceedance. 	<p>Risk reviewed for period October – December 2018</p> <p>Risk, Controls measures have been updated and actions reviewed.</p> <p>Data submission was completed as for Quarter 2 July –Sept 2018. With the appointment a Data analyst to the team progress to establish reporting HAI through Tableaux Dashboards has recommenced. Blood Culture Contamination Rates will be the first workbook to go live in dashboards from 1st April 2019. Plans will then progress to develop other HAI reports within tableau dashboards</p> <p>Additional action for compliance with Clinical Risk assessment added.</p> <p>Risk Grade/Rating remains Medium 9 based on the current performance for LDP</p> <p>Risk owned by HAI Executive Lead. This role transferred from the Executive Medical Director to the Executive Nurse Director in April 2018. Risk owner updated as Prof Alex McMahon.</p> <p>Current reporting and governance arrangements for HSCP's are being reviewed. HSCP infection control committee have now met and approved terms of reference.</p> <p>NHS Lothian deferred data collection and submission for mandatory colorectal and major vascular surgical site infection surveillance (commencing April 2017) pending the approval of funding for 2 WTE surveillance nurses. Both posts have successfully been appointed and data submission is anticipated for Quarter 2 July –Sept 2018. Progress in moving to reporting HAI through Tableaux Dashboards has stalled due to resource/ workload issues within informatics teams.</p> <p>LDP targets for CDI were met (and exceeded) to end 2017. LDP targets for SAB were not met to end 2017, but remain within control limits and are not statistically different to other Boards performance</p> <p>The new NES SICEP (Standard Infection Control Education Pathway) which replaces the Cleanliness Champion Programme has been reviewed in conjunction with NHS Lothian Education and other key stakeholders.</p> <p>It has been agreed that the complexity of the programme and volume of content would increase the risk of non-compliance with mandatory education. Local scenario based educational resources which map to the NES learning outcomes are now in development with ambition to launch Summer 2018.</p> <p>SICPs compliance >90% reported for NHS Lothian. Potential for improvement to existing audit tools and processes identified. Work to</p>	Adequate but partially effective: control is properly designed but not being implemented properly	Medium 9	Medium 6	Nurse Director	Head of Infection Control	Healthcare Governance Committee

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				<ul style="list-style-type: none"> •Mandatory surgical site surveillance is undertaken in compliance with DL 205(19) for Caesarean section, Hip arthroplasty, colorectal and major vascular surgeries. Where Skin and Soft tissue Infection (SSI) or alert organism surveillance indicates a data exceedance there are processes in place for investigation. •Enhanced surveillance is carried out for all SAB, CDI and E. Coli bacteraemia (ECB) cases. <p>Antimicrobial Stewardship:</p> <ul style="list-style-type: none"> •The Antimicrobial Management Team reviews and develops Antimicrobial Prescribing Guidelines. These are available on the intranet, and through the Microguide app. •The AMT provides oversight of antimicrobial use, compliance with guidelines and report findings to clinical teams to help drive improvement. AMT provide regular reports to Acute Clinical Management Group. <p>Decontamination:</p> <ul style="list-style-type: none"> •Facilities are responsible for strategic and operational aspects of the decontamination of reusable medical devices. •Strategic direction is provided through the Decontamination Project Board, chaired by the Director of Public Health, which consider capital projects and wider strategic objectives. •Performance monitoring and quality improvement/assurance is provided through the Decontamination Quality Group and is chaired by Service Director, Facilities. •The decontamination lead provides subject matter expertise and support to clinical teams, and provides regular reports to updates to Lothian ICC and LICAC. Business continuity and contingency risks associated with a person dependent post remains a significant risk. •The physical condition of the HSDU environment is significantly degraded, and is struggling to deliver capacity within the existing HSDU to maintain levels of provision for service demands. <p>Built Environment:</p> <ul style="list-style-type: none"> •Many aging buildings do not meet current building standards and some areas are continuing to decline. Maintenance work is prioritised based on risk pending capital planning & approval for refurbishment or re-provision, recognising that within the economic climate, some areas that are considered no longer fit for purpose may remain in use and would pose an HAI risk. •IPCT work in collaboration with clinical, capital and facilities teams to implement national standards and guidance in new builds, refurbishments and maintenance programmes, following the mandatory Healthcare Associated Infection System for Controlling Risk in the Built Environment (HAI SCRIBE) process. 	<p>revise this will commence Summer 2018 with support from HPS and Senior Management.</p>						

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3480	Improve the quality and safety of health care	Management of Deteriorating Patients	There is a risk that NHS Lothian does not reliably manage deteriorating patients in adult acute inpatient settings leading to potential harm and poor patient/family experience	<ul style="list-style-type: none"> The Quality Report, reported to the Board monthly, contains a range of measures that impact and relate to management of deteriorating patients Healthcare Governance Committee provides assurances to the Board on person-centred, safe, effective care provided to patients across NHS Lothian as set out in its Assurance Need Statement, including clinical adverse event reporting and response. The Patient Safety Programme reports to relevant governance committees of the Board setting out compliance with process and outcome safety indicators and includes external monitoring. Adverse Event Management Policy and Procedure. Quality of care reviews which include patient safety issues is subject to internal audit and compliance with recommendations, and is reported via Audit & Risk Committee and HCG Committee when appropriate. Patient safety walkrounds to gain an understanding of safety culture and work taking place at service level. Also now in general practice. Charge Nurse Ward Round and Patient Centred Audit put in place as Quality Assurance Mechanisms to validate self reporting of patient safety data Quarterly visit by HIS to discuss progress actions and Quarterly submission of data. Access to national outcome data by Board which enables boards to see whether they are outliers and escalate concern and risk as appropriate Adverse Event Improvement Plan in place monitored via HCG Site Based Quarterly Reports including Patient Safety Data (QIDS) sent monthly. Live data at ward level 	<p>Risk reviewed for Period October - December 2018 Approved at September 2017 HCG Committee.</p> <ul style="list-style-type: none"> As part of the Quality and Performance reporting the issue of meeting the 50% reduction in Cardiac Arrests by January 2016 was considered. Lothian has achieved 8% with the 4 major sites above Scottish rate. A HIS visit has taken place, plans are in place and monitored through the service supported by QIST and reviewed by HIS. Plan progressing well. The risk is not related to quality of care but about data reporting. The HCG committee have approved a review of the management of deteriorating patients in March 2017 with an improvement plan based on finding going to the 11th July 2017 meeting. The review provided significant assurance with respect to the robustness of the review and areas for improvement. The HCG Committee accepted limited assurance that a potential impact on cardiac arrest rates will follow from the improvement plan, since the elements of it are as yet untested in Lothian at scale. Implementation plan developed results of this fed back to individual service areas to inform improvement planning. Progress to go back to HCG in January 18 and regular monitoring through Quality and Performance Report. Progress updated provided to HCG in January improvement in outcomes observed will re-assess risk when improvement has been sustained. Moderate Assurance Accepted. A detailed Acute Hospital Management of Deteriorating Patients plan was presented to the AHC, October 2018. Significant assurance received regarding the comprehensive plan in place and provided early signs of improvement in cardiac arrest rates. Should these improvements be sustained over the winter, the risk will be reviewed for regarding. <p><u>For the Oct-Dec the risk was reduced based on improvement in outcomes and will be reviewed in the next quarter which is the winter quarter.</u></p> <p>Risk grade/rating reduced to Medium/9</p>	Adequate but partially effective; control is properly designed but not being implemented properly	Medium 9	Medium 6	Medical Director	Associate Director for Quality Improvement & Safety	Healthcare Governance Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3527	3. Improve Quality, Safety and Experience Across the Organisation	Medical Workforce Sustainability	<p>There is a risk that the availability of medical staffing will not be adequate to provide a safe and sustainable service to all patients because of the inability to recruit and increase in activity resulting in the diverting of available staff to urgent and emergency care.</p> <p>Service sustainability risks are particularly high within Paediatrics, Emergency Medicine and Obstetrics & Gynaecology. Achievement of TTGs is at risk due to medical workforce supply risks within Anaesthetics, Geriatrics and Ophthalmology</p>	<p><u>Governance & Performing Monitoring</u></p> <ul style="list-style-type: none"> A report is taken to the Staff Governance Committee when required, providing an update of the actions taken to minimise medical workforce risks in order to support service sustainability and address capacity issues within priority areas. A Lothian Workforce Planning & Development Board has been established to coordinate work within all professional groups including the medical workforce. <p><u>Core prevention and detection controls</u></p> <ul style="list-style-type: none"> Medical workforce risk assessment tool is available and implemented across all specialties. The assessments are fed back to local Clinical Directors and their Clinical Management Teams. They use these to inform their own service/workforce plans to minimise risk. For the risks that require a Board or Regional response the findings are fed back to the SEAT Regional Medical Workforce Group and feed into the national medical workforce planning processes co-ordinated by NES/SG. <p>An update paper was taken to the Staff Governance Committee in October 18 providing a detailed up date and the current risk rating was supported. There was moderate assurance that all reasonable steps are being taken to address the risks.</p>	<p>Risk Reviewed for period October to December 2018</p> <p><u>January 2019</u> <u>No update for the period October to December 2018.</u></p> <p>October 2017 Staff Governance Committee accepted moderate assurance.</p> <p>Risk and Controls Reviewed October 2018</p> <p>October 18 Update</p> <p>Between March18 and September 18, 57 out of 121 was posts successfully filled with 57 unfilled and 7 posts partially filled with 3 successful.</p> <p>Challenges in filling 7 vacant General Psychiatry posts at St John's Hospital highlighted in the March paper remain following a third unsuccessful attempt to recruit, the service is currently reviewing its position in relation to further recruitment. There have also been two unsuccessful attempts to recruit to a consultant and SAS post within the Child and Adolescent Mental Health Service. Recruitment in Psychiatry represents a growing challenge nationally. Annual recruitment to both core and specialty training the South-east region has however filled all posts in August 2018, in contrast with the national picture where fill rates are considerably lower.</p> <p>Within Medicine for the Elderly 6 months 6 community based posts (2 consultant 4 SAS) have been advertised and have been unable to attract any suitably experienced candidates. These posts are in the process of being re-advertised.</p> <p>Within Dermatology there have been long standing vacancies, 4.56wte on average in 2017/18. However a recent recruitment exercise was successful in filling 3wte permanent consultant posts and 1wte locum consultant post. This will greatly enhance capacity to meet treatment time guarantees. This is in the face of national and UK shortages.</p> <p>The recruitment for August 2018 has been very positive, with the SE Region filling all but 1core training posts, and only 8 gaps in specialty training.</p> <p>Initial work on developing the Elective Centre at St John's business case has highlighted the need for significant increases in the Anaesthetic and</p>	Adequate but partially effective: control is properly designed but not being implemented properly	High 16	Low 2	Medical Director	Head of Workforce Planning	Staff Governance Committee

				<p>Surgical workforces which have not been factored into national training numbers thus far and as such there is likely to be significant risks associated with recruitment by the anticipated 2021/22. This is already highlighted as a project risk and has been flagged to the Scottish Government. The level of risk will become clearer as the service model and business case become further developed.</p> <p>Recruitment with the exception of the areas identified does not represent a generalised problem with recruitment for trained grade doctors. Trainee recruitment has improved further and therefore represents a slightly lower risk. The overall level of risk has not however changed substantially since the last update.</p> <p>Risk Grade/Rating remains High/16</p>						
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ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates/Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3189	5. Achieve Greater Financial Sustainability and Value	Facilities Fit for Purpose	There is a risk that NHS Lothian is unable to deliver an efficient healthcare service because of unsuitable accommodation and clinical environments leading to potential delays in patient care and threatening patient and staff safety.	<p>A stringent Governance Process and structure for reporting of Backlog Maintenance (BLM) has been implemented as follows:</p> <ul style="list-style-type: none"> o Property & Asset Management Strategy (PAMS) Group o Capital Steering Group o Lothian Capital Investment Group (LCIG) o Finance & Resources Committee o Scottish Government through the annual Property & Asset Management Strategy <p>To ensure accurate reporting the Board has implemented the following controls:</p> <ul style="list-style-type: none"> • Ensure that 20% of the Board's estate is surveyed annually for physical condition and statutory compliance by the surveyors appointed by Scottish Government. • Review the outcome of surveys with the Operational Hard FM Managers and review and assess risks in accordance with the operational use of the properties to ensure priorities are addressed. • Recurring capital funding approved of £2.5m to undertake priority works (high and significant areas) • Capital Investment Plan which addresses refurbishment and re-provision of premises, linked to the Estate Rationalisation Programme includes the termination of leases and disposal of properties no longer fit for purpose. • The Procurement Framework has been implemented that allows issues identified to be rectified without the need for lengthy tendering exercises 	<p>Risk Reviewed for period – October to December 2018</p> <p><u>January 2019</u></p> <p>Finance & Resources reviewed in Jan 2018 accepted moderate assurance.</p> <p>Action undertaken 2017/18</p> <ul style="list-style-type: none"> • Review of Risks and programme of works resulted in BLM exposure as of May 2018 was £44.6m a reduction of £9.2m from previous year. BLM is currently being reviewed and system updated. • At May 2018 the high risk exposure was - £0.84m and significant risk being £27.2m. It is anticipated that the Board will be in a position to reduce the high and significant risks over this financial year. • BLM programme of works for 2018/19 was endorsed by the July LCIG meeting. The programme of works is progressing and addresses statutory compliance issues including fire precaution works, legionella, asbestos management across all sites, mechanical and electrical plant replacement, and building fabric including HAI issues. • Backlog Maintenance has been reduced due to site disposals and closure of sites including disposal of Corstorphine Hospital and Murraypark, closure of Royal Victoria, Edenhall) and the disposal of 63 Morningside Drive, in addition the expiry of leases (Pentland House) has reduced backlog maintenance exposure further • Future programmes of work will be developed and financial models/scenarios will be prepared using the capital planning tool. <p>The F&R Committee considered a detailed report in November 2017 and were updated in January 2018. The following conclusions were noted:</p> <ul style="list-style-type: none"> • The committee agreed to support the current programme of works proposed this financial year and to support the proposal that the Facilities Directorate set up a multi-disciplinary group as described. • The Committee agreed to take significant assurance that Management have calculated the BLM in line with NHS Scotland's requirements and BLM remained a priority for Facilities and that high priority items are being undertaken within the funding currently allocated. This aligns with the Board's commitment to prioritise patient safety in particular. • Furthermore the Committee agreed to accept the limited assurance that the Board can achieve an adequate reduction in the high and significant risks within BLM with the current level of funding by 2020 (the Scottish Government's objective). <p>Risk Grade/Rating remains High 16</p>	Adequate but partially effective; control is properly designed but not being implemented properly	High 16	Medium 4	Deputy Chief Executive	Director of Operations - Facilities	Finance & Resources Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3455	2: Improve the quality and safety of health care	Management of Violence & Aggression	There is a risk of Corporate Prosecution by HSE under the Corporate Homicide Act or the H&S at Work Act Section 2, 3 and 33 or any relevant H&S regulations If the risk from violence and aggression adverse events are not adequately controlled. Highest risk would be under H&S at Work Act Section 2 and 3. If we harm our staff (2) or visitors to our sites (3). There is also a statutory requirement to provide an absolute duty of care regarding NHS Lothian staff safety and well being.	<p><u>Staff Governance Committee (SGC) is taking oversight of this agenda. A report with an action plan was taken during 2018 and the Committee has asked for regular updates on progress.</u></p> <p><u>The has supported the proposal that local Health and Safety Committees in each service area should have oversight of this work and where required should elevate to the Pan Lothian Health and Safety Committee.</u></p>	<p>Risk reviewed for period Oct- Dec2018. (As per Quarterly Review – under review)</p> <p><u>Staff Governance considered this risk in October 2018 and accepted limited assurance due to access to training and lone working alarms.</u></p> <p><u>A review was commissioned by the Executive Lead. The review focused on a number of areas including safety alarms and the procurement of these; training and education and the use of the purple pack as well as reporting and governance at service level.</u></p> <p><u>A number of improvements have been made to the purple pack, the reporting through H&S committees, access to training as well as the procurement team taking on the procurement of the alert systems. Two members of the V&A training team have also undergone quality improvement training in order to support services to look improvement ideas.</u></p> <p><u>Issue remain however that there is still a high DNA rate at the training programmes and some staff are not activating their alarm systems.</u></p> <p><u>A further progress report will go to the Staff Governance Committee on the 27th March.</u></p> <p><u>Risk Grade/Rating remains High/15 whilst improvement work is being tested and implemented.</u></p>	Adequate but partially effective; control is properly designed but not being implemented properly	High 15	Medium 6	Director Nursing, Midwifery and AHP's	Head of Health & Safety	Staff Governance Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3828	3. Improve Quality, Safety and Experience Across the Organisation	Nurse Workforce – Safe Staffing Levels	<p>There is a risk that safe nurse staffing levels are not maintained as a consequence of additional activity, patient acuity and / or inability to recruit to specific posts, the subsequently high use of supplementary staffing to counteract shortfalls potentially leading to compromise of safe patient care impacting on length of stay and patient experience.</p>	<p>Governance & Performance Monitoring</p> <ul style="list-style-type: none"> Two Nursing and Midwifery Workforce meetings are being held (one for in patient areas and one for community nursing) alternate months. These provide a delivery function and monitor progress against agreed actions. The governance arrangements are through the Safe Staffing Group which reports to Staff Governance Committee Professional governance is through monthly review at the Nurse Directors Committee with Associate Nurse Directors & Chief Nurses. <p>Core Prevention and Detection Controls</p> <ul style="list-style-type: none"> Recruitment Group, Safe Staffing and Nursing Workforce Groups to plan requirements The agency embargo remains with every use of agency subject to scrutiny by a senior nurse. Recruitment meetings to oversee the implementation of the recruitment plan are being held monthly Use of tools to ensure safe staffing levels: <ul style="list-style-type: none"> A calendar to ensure the annual use of the nationally accredited workload and workforce tools is in place to ascertain required establishment levels eRostering and SafeCare Live tools are being rolled out to all nursing and midwifery teams, community teams and departments to provide real time information for local decision making around the deployment of the available staffing. Datix reports are escalated on a weekly basis for reports of staffing issues/shortages these are reviewed by the senior management team at the PSEAG. The supplementary staffing and rostering detail is annotated with this information to provide context and enable risk to be understood. Tableau Dashboard in place provides data overview of staffing at all levels. Tableau Dashboard for eRostering KPIs Detailed analysis of staffing demand and supply, together with SAE and complaints data at ward level in acute sites to enable senior managers to pinpoint actions to areas of greatest need. 	<p>Risk Reviewed for period October to December 2018 Last reviewed at Staff Governance Committee May 2018 accepted Moderate Assurance</p> <p>UPDATE – January 2019 The establishment gap across the whole organisation has been consistently at or under 5% for the last 12 months. This is in line with our target gap.</p> <p>The focus of recruitment activity remains in reducing the establishment gap in the speciality areas that are harbouring a high vacancy rate. The key areas of concern are medicine of the elderly / HBCCC where the vacancy rate is running at over 10%. The St John's site is also higher than the average at 6.51%. The District Nursing position did not sustain the improved position and alternative routes to train DNs are being explored.</p> <p>ACTIONS Recruitment is underway for a substantive post to support the work around the Nursing and Midwifery Workforce / Safe Staffing legislation</p> <p>A plan has been formulated to make best use of the funding received to enable Board to appoint to fixed term posts to support the completion of the workforce tools and analysis of the data, one post has been appointed to on an interim basis.</p> <p>All specialities have completed the relevant workforce tool and the findings are being collated to a CMT paper for February</p> <p>The national contract for agency supply has been retendered, this has increased the number of suppliers however the majority of these do not yet have a presence in Scotland.</p> <p>The Regional approach has progressed, the non financial options appraisal has been carried out and work is ongoing on the financial appraisal.</p> <p>Excellence in Care leadership programme has delivered full day on the NMWW tools / safe staffing to the three cohorts of SCNs / aspiring Charge Nurses.</p> <p>A Return to Practice programme has been recruited to and will</p>	Satisfactory: controls adequately designed to manage risk and working as intended	Medium 9	Low 2	Executive Director Nursing, Midwifery & AHPs	Deputy Director – Corporate Nursing & Business Support	Healthcare Governance Committee

				<p>commence in February 2019 The MA programme is established and taking 3 cohorts into nursing vacancies each year.</p> <p>The stress and distress work is being rolled out, one SCN has been seconded from her REH role to support other areas to implement the concept with a view to reducing the use of supplementary staffing for 1:1 specialising and improving the patient experience.</p> <p>The use of SafeCare live continues to be reviewed and optimised as a quality improvement test of change. Work has begun to look at an escalation process for SafeCare.</p> <p>The eRostering and SafeCare live tools roll out is 87% complete with 10000 nursing staff, on 403 rosters actively using eRostering.</p> <p>Trend KPIs have been produced and circulated to CNMgrs/ Service managers every 4 weeks, and the dashboard has been developed to provide easily accessible data customised to the clinical area.</p> <p>Risk Grade/Rating remains: Medium/9</p>						
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ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates/Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3328	3. Improve Quality, Safety and Experience Across the Organisation	Roadways / Traffic Management	There is a risk of injury to staff, patients and the public from ineffective traffic management as a result of inappropriate segregation across NHS Lothian sites leading to loss of life or significant injury	<p>A stringent Governance Process and structure for reporting has been implemented as follows:</p> <ul style="list-style-type: none"> ○ Site specific Traffic Management Groups ○ Reported in Facilities H&S quarterly reports ○ Reported to Health & Safety Corporate group via Facilities Health & Safety Group ○ Reported to Staff Governance via Health & Safety Committee <ul style="list-style-type: none"> ● Escalation process in place through the Governance process should congestion become an issue on any site. Governance process is - Local Traffic Management Groups to Facilities Quarterly Reports, Facilities Health & Safety Group (also reported to Facilities Heads of Service) Overarching Health & safety Group ● Traffic surveys have been conducted across all hospital sites, and action plans have been prepared and subject to regular review ● The commission of Independent expert reviews of road infrastructures on high traffic high inpatient sites ● Action plans have been developed across all sites by the Local Site Traffic Management Groups and high risk items approved subject to funding. ● Additional dedicated car park personnel in high volume traffic sites has been implemented ● A policy for reversing has been implemented across all sites, which includes – all NHS L vehicles have been fitted with reversing cameras and audible alarms, no reversing unless with the assistance of Banksman ● Risk assessments and procedures are developed and regularly reviewed where risks have been identified, and a more task specific process has been developed. ● Work Place Transport Policy available and reviewed within agreed timescales. 	<p>Risk reviewed for period October – December 2018</p> <p>Reviewed and approved at October 2017 Staff Governance Committee - accepted moderate assurance.</p> <p>Update – January 2019</p> <p>The Pan Lothian TM Plan is being updated monthly and tabled quarterly at each Heads of Service Meeting. This details the risks, controls and further actions required at each site.</p> <p>Applications have been submitted to extend the TRO at the REH and introduce a TRO at the AAH, these works have now been completed.</p> <p>The resurfacing of car park P (main visitors car park is now complete and is now in operation. This will now provide additional traffic management controls due to the relining of spaces etc. Additional works have been funded through the Backlog Maintenance Programme.</p> <p>Capital funding of £250K has been released to undertake traffic management works at both the WGH and St John's – these works have been highlighted as a priority by the local Traffic Management Groups. It is anticipated that these works will be completed by end March 2019.</p> <p>Traffic Management works at Whitburn HC have been stopped until land ownership issues have been resolved. Traffic Management works at Liberton, PAEP and MCH have been completed.</p> <p>Traffic management works at REH Phase 1 including road lining and signage works completed.</p> <p>The Goodison Structural and Civil Engineers Report is now available which provides recommendations on improvements required to the road network required to accommodate RHSC/DCN coming on site. This report highlights further road traffic concerns on the network. Discussions with consort have been helpful and now have agreement to the market for procurement of solutions for the five areas of concern</p> <p>Risk grade/rating remains unchanged - High/12</p>	Inadequate; control is not designed to manage the risk and further controls & measures required to manage the risk	High 12	Medium 8	Deputy Chief Executive	Director of Operations - Facilities	Staff Governance Committee

FINANCIAL POSITION TO FEBRUARY 2019 AND YEAR END FORECAST

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;
 - **Endorse** the F&R Committee agreement to provide additional non recurring resource to the IJBs if required to ensure the health component of the budget in the IJB achieves in-year financial balance.

3 Discussion of Key Issues

- 3.1 The F&R Committee received a paper on the Period 11 financial position and the year end outturn overspend projection for 2018/19 at its March meeting. The F&R paper highlighted a year-to-date overspend of £842k. Table 1 shows the year to date and estimated year end position, indicating that business units are on trajectory to deliver their projected outturn. Areas such as Strategic Services are anticipating one off benefits in March to meet their forecast position.
- 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 2018/19.
- 3.3 The F&R Committee was informed that the achievement of a balanced outturn for 2018/19 was largely achieved due to one off benefits and did not resolve the issue of recurrent financial sustainability in future years.

Table 1 – NHS Lothian year-to-date overspend and year-end forecast

Business Unit	M11 YTD	18/19
	Variance	Current Year End Forecast
	£'000	£'000
Acute Services Division	(14,301)	(15,525)
Reas	(1,559)	(1,639)
East Lothian Partnership	775	1,200
Edinburgh Partnership	(670)	(1,999)
Midlothian Partnership	277	1,224
West Lothian Hsc Partnership	1,234	968
Directorate Of Primary Care	(79)	(428)
Facilities And Consort	(1,085)	373
Corporate Services	2,140	1,025
Inc + Assoc Hlthcare Purchases	2,192	1,237
Strategic Services	(1,404)	4,971
Research + Teaching	(733)	(787)
Operational position	(13,213)	(9,380)
Reserves	9,955	10,860
In Year Flexibility	2,415	2,635
Other Identified Commitments & Funding		(2,802)
Grand Total	(842)	1,313

3.4 The reported year end forecast is dependent on achievement of the agreed recovery actions to reduce expenditure and delivery of corporate flexibility. Within this forecast there are a number of key assumptions:

- Prescribing – it has been assumed that the current level of spend will continue;
- Asset Sales – the proceeds from a number of properties has been assumed;
- Winter & Activity – the forecast assumes a level of activity and any deviation to this may be detrimental on the forecast.

3.5 In parallel with the forecast for NHS Lothian, separate forecasts have been prepared for each of the four IJBs, using the agreed allocation table.

Table 2: Current Forecast by Integration Joint Board

	Current Forecast £k
East Lothian IJB	1,018
Edinburgh IJB	(2,950)
Midlothian IJB	1,864
West Lothian IJB	(2,095)
Acute Non Delegated	(9,496)
CHP Non Delegated	(1,411)
Corporate Non Delegated	14,383
Total	1,313

- 3.6 Delivery of a year-end breakeven outturn requires careful management of financial performance. Traditionally this has been a challenging task, however the introduction of integration and with it the four statutory bodies brings with it additional complexity.
- 3.7 The Committee agreed to accept significant assurance on the achievement of year-end financial balance, recognising that the predicted underspend position is supported by financial benefits from within delegated functions in two IJBs.

4 Key Risks

4.1 The F&R Committee also considered the key risks relating to the delivery of a breakeven position and ongoing risks into 2019/20.

4.2 The key risks relating to the delivery of a breakeven position include:

- Delivery of Financial Recovery Plans by individual Business Units to the level identified in the Financial Plan;
- Major movements in current expenditure trends, in particular in relation to prescribing and supplementary staffing in response to service demands;
- Potential impact on the NHS Lothian outturn position arising from IJB underspends being taken to reserves.

5 Risk Register

5.1 The corporate risk register includes the following risk:

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

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

6 Impact on Inequality, Including Health Inequalities

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

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

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

8 Resource Implications

8.1 There are no resource implications arising specifically from this report.

Susan Goldsmith
Director of Finance
25th March 2019
susan.goldsmith@nhslothian.scot.nhs.uk

NHS Lothian

Board Meeting
3rd April 2019

Chief Quality Officer

QUALITY AND PERFORMANCE IMPROVEMENT

1 Purpose of the Report

- 1.1 This report provides an update on the most recently available information on NHS Lothian's position against a range of quality and performance improvement measures.
- 1.2 Any member wishing additional information on a particular measure should contact the specific lead director identified. Matters relating to the monitoring and assurance process should be directed towards the Chief Quality Officer.

2 Recommendations

- 2.1 The Board is invited to:
 - 2.1.1 Note that alternative oversight arrangements are to be established for 18 measures in the Quality and Performance Improvement Process following the dissolution of the Acute Hospitals Committee.
 - 2.1.2 Acknowledge that target performance levels of the 36 measures, 13 are met, 20 not met and 3 unable to be assessed;
 - 2.1.3 Note that three measures remain unassessed by board committees with assurance of significant, moderate, limited and none reached in 8, 9, 18 and 1 instances respectively; and
 - 2.1.4 Note that an investigation into waiting list reporting practice and management at Edinburgh Dental Institute has identified potential underreporting of numbers of patients waiting, including those waiting 12 weeks or longer. Urgent steps are being taken to address reporting issues and understand causes and contributory factors.

3 Assurance Oversight

- 3.1 NHS Lothian Board asked its Committees to assess 36 quality and performance measures¹ with responsibility shared between Acute Hospitals Committee, Healthcare Governance Committee and Staff Governance Committee.

¹ One measure (diagnostics) has been split into 3 different assurance discussions. Therefore 36 measures involve 38 outcomes.

- 3.2 Eighteen measures have been overseen to date by the Acute Hospitals Committee. These are listed in appendix one. As a result of the ongoing review of NHS Lothian's governance structures and processes, the Board decided in February that this committee was to be dissolved with immediate effect.
- 3.3 Work is ongoing to consider what alternative arrangements will be put in place, but it is anticipated that this will have consequences for the quality and performance reporting process. Accordingly, whilst these new arrangements are being established, committees will now receive a report featuring the whole suite of measures rather than purely those under their remit.

4 Current Performance and Assurance Status

- 4.1 Overall 13 areas met the expected standard, whilst 20 did not. Three areas, which cover dementia post-diagnostic support and the 2 complaints measures, do not have performance standards set nationally and therefore cannot be judged on that basis.
- 4.2 Committees have assessed all but 2 of the areas since the process was introduced at the end of 2016. The Healthcare Governance Committee is also planning when to assess those which are still outstanding.

Table A – Assessed Levels of Assurance

			Assurance Level				
			To be Reviewed	None	Limited	Moderate	Significant
Board	Met	13	1	-	-	5	7
	Not Met	20	1	-	16	4	1
	TBC	3	-	1	2	-	-
Acute Hospitals Committee*	Met	8	-	-	-	1	7
	Not Met	10	-	-	10	2	-
Healthcare Governance Committee	Met	5	1	-	-	4	-
	Not Met	9	1	-	5	2	1
	TBC	3	-	1	2	-	-
Staff Governance Committee	Met	-	-	-	-	-	-
	Not Met	1	-	-	1	-	-

* As the diagnostic measure has been split into 3, Acute Hospitals awards 20 levels of assurance across 18 measures.

- 4.3 Of those areas assessed, assurance has been determined as significant, moderate, limited and no assurance in 8, 9, 18 and 1 instances respectively.
- 4.4 The Beta dashboard providing data in lieu of the Excel pack previously accompanying this paper is accessible to NHS Lothian dashboard users through this [intranet](#) link.

Table B: Summary of Latest Reported Position

Measure ¹	Committee Assurance Level	Date Assurance Level Assigned	Performance Against Target/Standard ⁴	Trend ⁵	Published NHS Lothian vs. Scotland ⁶	Target/Standard	Latest Performance	Reporting Date	Lead
Cardiac Arrest (per 1,000 discharges)	Moderate	Oct 18	Not Met	No change	Not Applicable	0.95 per 1,000 discharges (median)	1.07 (median)	Feb 19 (Mthly)	TG
Falls With Harm (per 1,000 occupied bed days)	Moderate	Mar-18	Met		Not Applicable	0.31 per 1,000 occupied bed days (median)	0.25 (median)	Feb 19 (Mthly)	TG
Healthcare Acquired Infection - CDI (rate per 1,000 bed days, aged 15+)	Moderate	Mar 18	Met		Better	0.32 (max) (<=262)	0.24 (rate) 177 (incidences)	Feb 19 (Mthly)	TG
Healthcare Acquired Infection - SAB (rate per 1,000 acute bed days)	Moderate	Mar 18	Not Met	Improving	Better	0.24 (max) (<=184)	0.29 (rate) 205 (incidences)	Feb 19 (Mthly)	TG
Hospital Standardised Mortality Ratios (HSMR) (within limits)	Moderate	Oct 18	Met		Not Applicable	1 All sites within HS Limit	NHS L 0.75 RIE 0.79 SJH 0.68 WGH 0.70	Sep 18 (Qtrly)	TG
48 Hour GP Access – access to healthcare prof	To be reviewed	TBC	Met		Equal	90% (min)	93.0%	Mar 18	DS
48 Hour GP Access – GP appt	To be reviewed	TBC	Not Met	Deteriorating	Worse	90% (min)	65.0%	Mar 18	DS
Four hour Unscheduled Care (% <=4 hrs)	Limited	Oct 18	Not Met	Deteriorating	Worse	95.0% stretch to 98.0%	84.9%	Feb 19 (Mthly)	JC
Alcohol Brief Interventions (ABIs) (Number)	Moderate	Mar-18	Met		Better	9,738 (Annual) 2,435 (per Quarter)	10,977	Dec 18 (Qtrly)	AMcM
CAMHS ⁸ (<=18 wks)	Limited	Mar 18	Not Met	Improving	Worse	90.0% (min)	70.0%	Jan 19 (Mthly)	AMcM
Cancer (<=31-day) (% treated)	Limited	Oct 18	Not Met	Deteriorating	Worse	95.0% (min)	93.0%	Jan 19 (Mthly)	JC
Cancer (<=62-day) (% treated)	Limited	Oct 18	Not Met	Deteriorating	Worse	95.0% (min)	77.3%	Jan 19 (Mthly)	JC
Diagnostics (<=6 wks) - Gastroenterology/ Urology Diagnostics	Limited	Dec 18	Not Met						
Diagnostics (<=6 wks) - Radiology/Imaging ⁹	Limited	Dec 18	Not Met	Improving	Worse	0 (max)	3,968	Feb 19 (Mthly)	JC
Diagnostics (<=6 wks) - Vascular Labs	Limited	Aug-18	Not Met						
Drug & Alcohol Waiting Times (% <=3 wks) - Edinburgh UB	Limited	Sep 17	Not Met	Improving	Worse	90.0% (min)	81.6%	Sep 18 (Qtrly)	JP
Drug & Alcohol Waiting Times (% <=3 wks) - Midlothian & East Lothian UB									AS/AMD
Drug & Alcohol Waiting Times (% <=3 wks) - West Lothian UB									JF
IPDC Treatment Time Guarantee (<=12 wks)	Limited	Oct 18	Not Met	Deteriorating	Better	0 (max)	75.6% 2,667	Feb 19 (Mthly)	JC
IVF (% <=12 months)	Significant	Apr 18	Met		Equal	90.0% (min)	100.0%	Jan 19 (Mthly)	JC
Outpatients (<=12 weeks)	Limited	Oct 18	Not Met	Deteriorating	Worse	95.0% (min)	60.0% 27,766	Feb 19 (Mthly)	JC
Psychological Therapies (% <=18 wks)	Limited	Sep 17	Not Met	Deteriorating	Worse	90.0% (min)	68.3%	Jan 19 (Mthly)	JF
Referral to Treatment (% <=18 wks)	Limited	Oct 18	Not Met	Improving	Worse	90.0% (min)	71.3%	Feb 19 (Mthly)	JC
Stroke Bundle (% receiving)	Moderate	Dec 16	Not Met	Deteriorating	Not Applicable	80.0% (min)	60.2%	Dec 18 (Mthly)	JC
Planned Repeat Surveillance Endoscopy (past due date)	Limited	Dec 18	Not Met	Improving	Not Applicable	0 (max)	4,370	Feb 19 (Mthly)	JC
Delayed Discharges (>3 days) – East Lothian UB	Limited	Sep 17	Not Met	Deteriorating	Worse	0 (max)	NHS Lothian 209	Feb 19 (Mthly)	AMD
Delayed Discharges (>3 days) – Edinburgh UB									JP
Delayed Discharges (>3 days) – Midlothian UB									AS
Delayed Discharges (>3 days) – West Lothian UB									JF
Hospital Scorecard – Standardised Surgical Readmission rate within 7 days	Significant	Feb 18	Met		Not Applicable	All NHS L Sites (RIE; SJH & WGH), Within Hospital Scorecard Limits	NHS L 26.35 RIE 31.49 SJH 23.20 WGH 26.20	Jun-18 (Qtrly)	TG
Hospital Scorecard – Standardised Surgical Readmission rate within 28 days	Significant	Feb 18	Met				48.89 59.94 37.91 55.61		TG
Hospital Scorecard – Standardised Medical Readmission rate within 7 days	Significant	Feb 18	Met				57.10 56.38 70.61 63.16		TG
Hospital Scorecard – Standardised Medical Readmission rate within 28 days	Significant	Feb 18	Met				124.39 130.60 142.77 122.88		TG
Hospital Scorecard – Average Surgical Length of Stay - Adjusted	Significant	Feb 18	Met				1.00 0.97 0.91 1.12		TG
Hospital Scorecard – Average Medical Length of Stay - Adjusted	Significant	Feb 18	Met				1.20 0.89 1.44 1.48		TG
Staff Sickness Absence Levels (<=4%)	Limited	Jul 18	Not Met	Deteriorating	Better	4.0% (max)	5.75%	Jan 19 (Mthly)	JB
Early Access to Antenatal Care (% <=12 wks)	Moderate	Mar-18	Met		Better	80.0% min for each SIMD ¹⁰ qu	91.6%	Dec 18 (Mthly)	AMcM
Smoking Cessation (quits)	Moderate	Jan-19	Not Met	Deteriorating	Worse	255 (min for this quarter)	186	Sep 18 (Qtrly)	AKM
Complaints - Stage 1 (%<=5-day) ¹¹	Limited	Nov 18	TBC	Deteriorating	TBC	TBC ¹¹	72.5%	Sep 18 (Mthly)	AMcM
Complaints - Stage 2 (%<=20-day) ¹¹	Limited	Nov 18	TBC	Deteriorating	TBC	TBC ¹¹	62.1%	Sep 18 (Mthly)	AMcM
Detect Cancer Early (% diagnosed)	Significant	Nov 16	Not Met	Improving	Better	29.0% (min)	27.0%	2016 & 2017 (Combined Calendar Years)	AKM
Dementia – East Lothian UB ¹²	None	Mar 18	TBC	Not Applicable	Part 1: Worse Part 2: Worse	TBC ¹² (exptd diag rate + 1 Year (min) PDS)	Part 1: 44.5% Part 2: 56.0%	2016/17	AMD
Dementia – Edinburgh UB ¹²									JP
Dementia – Midlothian UB ¹²									AS
Dementia – West Lothian UB ¹²									JF
Patient Experience (9.0/10 – Overall Experience)	Limited	Nov 18	Not Met	Improving	Not Applicable	9 (out of 10)	8.70	Sep 18 (Mthly)	AMcM

Notes

- Much of this reporting uses management information and is therefore subject to change;
- 6 Domains of Healthcare Quality <http://www.ahrq.gov/professionals/quality-patient-safety/talkingquality/create/sixdomains.html>
- This describes the standard type – 'LDP' target/standards are Local Delivery Plan (previously HEAT), target/standards; Quality standards were originally reported under a separate Quality Paper.
- Performance Against Target/Standard – describes where Latest Performance meets or does not meet Target.
- Trend - describes Improvement, No Change or Deterioration for Latest Performance, where Performance Against Target/Standard is 'Not Met', against an average of the last two relevant reported data points. Cardiac Arrest and HAI measures (as applicable) use HIS run chart assessment to ascertain trend. (Black cells indicate that a Standard is 'Met' so a Trend is not available).
- Published NHS Lothian vs. Scotland – describes most recent published Lothian position against the most recent (directly comparable) published Scotland position to comply with Official Statistics' requirements - either for rates (incl. %) or against NRAC share. These may refer to different time periods than Latest Performance.
- Date of Published NHS Lothian vs. Scotland – describes most recent published Lothian position against the most recent (directly comparable) published Scotland position to comply with Official Statistics' requirements - either for rates (incl. %) or against NRAC share. These may refer to different time periods than Latest Performance.
- Abbreviations – CAMHS - Child and Adolescent Mental Health Services; CDI - Clostridium difficile Infection; SAB Staphylococcus aureus Bacteraemia; IPDC – Inpatient and Day-case; IVF – In Vitro Fertilisation
- The latest level of assurance for Diagnostics was used; however it is unclear whether this applied to all three Diagnostics measures or not.
- SIMD - Scottish Index of Multiple Deprivation, <http://www.gov.scot/Topics/Statistics/SIMD>
- From the start of April 2017 there has been a national change on assessment of the complaints process. As no historical data is available for the proposed metrics, data will only be available covering April onward. Furthermore as a new measure, there will be an absence of comparative data initially in order to consider performance against that elsewhere.
- ISD have stated in their publication of 24/01/17 "there is no specific threshold or target in which NHS Boards are expected to be attaining to as the PDS services are still within their infancy and it is anticipated there is likely further developments required". No further update was mentioned in the publication of 06/02/18.
- <http://www.isdscotland.org/Health-Topics/Mental-Health/Publications/2017-01-24/2017-01-24-DementiaPDS-Summary.pdf?>

Outpatient Waiting Time Reporting at Edinburgh Dental Institute

- 4.5 Following concerns raised in February by the General Manager of Oral Health Services over the quality of data available nationally on paediatric dental waiting times, both the details of waits reported within Edinburgh Dental Institute (EDI) and nationally were compared. Detailed examination found that both sets of figures were incomplete, not including details of all those apparently waiting to attend EDI.
- 4.6 The Waiting Times Governance team are providing bespoke support for EDI to remedy the immediate waiting list assurance issues. A wider review of contributory factors, causes and impact is also underway.
- 4.7 The number waiting at EDI beyond the 12 week outpatient standard remains unconfirmed but could be significantly higher than previously reported. The figure included in Table B is therefore likely to be revised in due course.
- 4.8 Scottish Government and ISD are aware of our concerns. ISD have accordingly suspended the use of EDI data whilst the matter is investigated and remedied.

5 Risk Register

- 5.1 Not applicable.

6 Impact on Inequality, including Health Inequalities

- 6.1 The production of this update does not have any direct impact on health inequalities but consideration may be required elsewhere in the delivery of the actions identified.

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

- 7.1 As the paper summarises performance, no impact assessment or consultation is expected.

8 Resource Implications

- 8.1 The resource implications related to those topics assessed are considered by Committees as part of their assurance responsibilities and are not included here.

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Analytical Services

29 March 2019

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Appendices

Appendix 1 – Alignment of Measures to Board Committee

Appendix 2 – Adopted Assurance Gradings

Appendix 1 – Alignment of Measures to Board Committee

	Acute Hospitals	Healthcare Governance	Staff Governance
Effective		Delayed Discharges	
Efficient	<i>Hospital Length of Stay (2)</i> <i>Hospital Readmission Rate (4)</i>		<i>Staff Sickness Absence</i>
Equitable		<i>Early Access to Antenatal Care</i> <i>Smoking Cessation</i>	
Person-Centred		<i>Complaints (2)</i> <i>Detecting Cancer Early</i> <i>Dementia Post Diagnostic Support</i> <i>Patient Experience</i>	
Safe	<i>Cardiac Arrest Incidence</i> <i>Hospital Standardised Mortality Ratio</i>	<i>Falls with Harm</i> <i>Healthcare Acquired Infection (2)</i>	
Timely	<i>4 hr Unscheduled Care Wait</i> <i>Cancer Waits (2)</i> <i>Diagnostic Waits</i> <i>Inpatient and Daycase Waits</i> <i>IVF Waits</i> <i>Outpatient Waits</i> <i>Referral to Treatment Wait</i> <i>Stroke Bundle Compliance</i> <i>Surveillance Endoscopies Overdue</i>	<i>Access to General Practice (2)</i> <i>Alcohol Brief Interventions</i> <i>CAMHS Waits</i> <i>Drug & Alcohol Waiting Time</i> <i>Psychological Therapy Waits</i>	

Appendix 2 – Adopted Assurance Gradings

Definition	Most likely course of action by the Board or committee
<p>LEVEL – SIGNIFICANT</p> <p>The Board can take reasonable assurance that the system of control achieves or will achieve the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.</p> <p>Examples of when significant assurance can be taken are:</p> <ul style="list-style-type: none"> • The purpose is quite narrowly defined, and it is relatively easy to be comprehensively assured. • There is little evidence of system failure and the system appears to be robust and sustainable. • The committee is provided with evidence from several different sources to support its conclusion. 	<p>If there are no issues at all, the Board or committee may not require a further report until the next scheduled periodic review of the subject, or if circumstances materially change.</p> <p>In the event of there being any residual actions to address, the Board or committee may ask for assurance that they have been completed at a later date agreed with the relevant director, or it may not require that assurance.</p>
<p>LEVEL – MODERATE</p> <p>The Board can take reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.</p> <p>Moderate assurance can be taken where:</p> <ul style="list-style-type: none"> • In most respects the “purpose” is being achieved. • There are some areas where further action is required, and the residual risk is greater than “insignificant”. • Where the report includes a proposed remedial action plan, the committee considers it to be credible and acceptable 	<p>The Board or committee will ask the director to provide assurance at an agreed later date that the remedial actions have been completed. The timescale for this assurance will depend on the level of residual risk.</p> <p>If the actions arise from a review conducted by an independent source (e.g. internal audit, or an external regulator), the committee may prefer to take assurance from that source’s follow-up process, rather than require the director to produce an additional report.</p>
<p>LEVEL – LIMITED</p> <p>The Board can take some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk which requires action to be taken.</p> <p>Examples of when limited assurance can be taken are:</p> <ul style="list-style-type: none"> • There are known material weaknesses in key areas. • It is known that there will have to be changes to the system (e.g. due to a change in the law) and the impact has not been assessed and planned for. • The report has provided incomplete information, and not covered the whole purpose of the report. • The proposed action plan to address areas of identified residual risk is not comprehensive or credible or deliverable. 	<p>The Board or committee will ask the director to provide a further paper at its next meeting, and will monitor the situation until it is satisfied that the level of assurance has been improved.</p>
<p>LEVEL – NONE</p> <p>The Board cannot take any assurance from the information that has been provided. There remains a significant amount of residual risk.</p>	<p>The Board or committee will ask the director to provide a further paper at its next meeting, and will monitor the situation until it is satisfied that the level of assurance has been improved.</p> <p>Additionally the chair of the meeting will notify the Chief Executive of the issue.</p>
<p>NOT ASSESSED YET</p> <p>This simply means that the Board or committee has not received a report on the subject as yet. In order to cover all aspects of its remit, the Board or committee should agree a forward schedule of when reports on each subject should be received (perhaps within their statement of assurance needs), recognising the relative significance and risk of each subject.</p>	

NHS Lothian

Board
3rd April 2019

Deputy Chief Executive
Chief Officer Acute Services

PROGRESS AGAINST 4 HOUR EMERGENCY ACCESS STANDARD PROGRAMME

1 Purpose of the Report

- 1.1 The purpose of this report is to provide the Board with clarity on the progress that has been made against the actions derived from the 4 Hour Emergency Access Standard (4EAS) programme.

2 Recommendations

The Board is recommended to;

- 2.1 **Accept** this report as a source of moderate assurance that there are robust and transparent mechanisms in place to demonstrate progress against the 4EAS plan and that an update report was presented to the Scottish Government on the 26th March to describe this progress in detail.
- 2.2 **Accept** this report as a source of moderate assurance that mechanisms are in place across all three adult acute sites to monitor performance against unscheduled care, and to support staff to design and implement a comprehensive programme of improvement actions.
- 2.3 **Note** the Unscheduled Care Performance as shown in Appendix 1.

3 Discussion of Key Issues

- 3.1 Reporting of progress against the actions derived from the 4EAS programme has been comprehensive during the course of 2018 and the early part of 2019 with periodic reviews provided to the sub committees of the Board, in addition to the NHSL Board itself. The External Support Team, appointed by Scottish Government in the summer of 2018 have formally reduced the level of support to the Board as of 25th January 2019. Formal 'touch points' have been agreed for follow up with the parties above and the first of these meetings was held on the 26th March 2019.

- 3.2 This formal 'touch point' consisted of department walk rounds at the Royal Infirmary of Edinburgh and St John's Hospital with discussion with front line medical and nursing staff. This was followed up with a more focused discussion on items pertaining to the 4EAS programme within the themes of Governance, Culture and Recording of the 4 hour Emergency Access and Unscheduled Care Data. The touch point was attended by members of the SG, SG appointed External Support Team and NHSL Executive Team as well as each Site Leadership Team. The next touch point is scheduled for Summer 2019.
- 3.3 Sections 3.4 to 3.46 below summarise the main actions being taken under the themes of: Governance, Patient Safety and Quality of Care, Culture, and Recording of 4 Hour Emergency Access Standard and Unscheduled Care Data which contain the largest volume of in-action items under review.

Governance

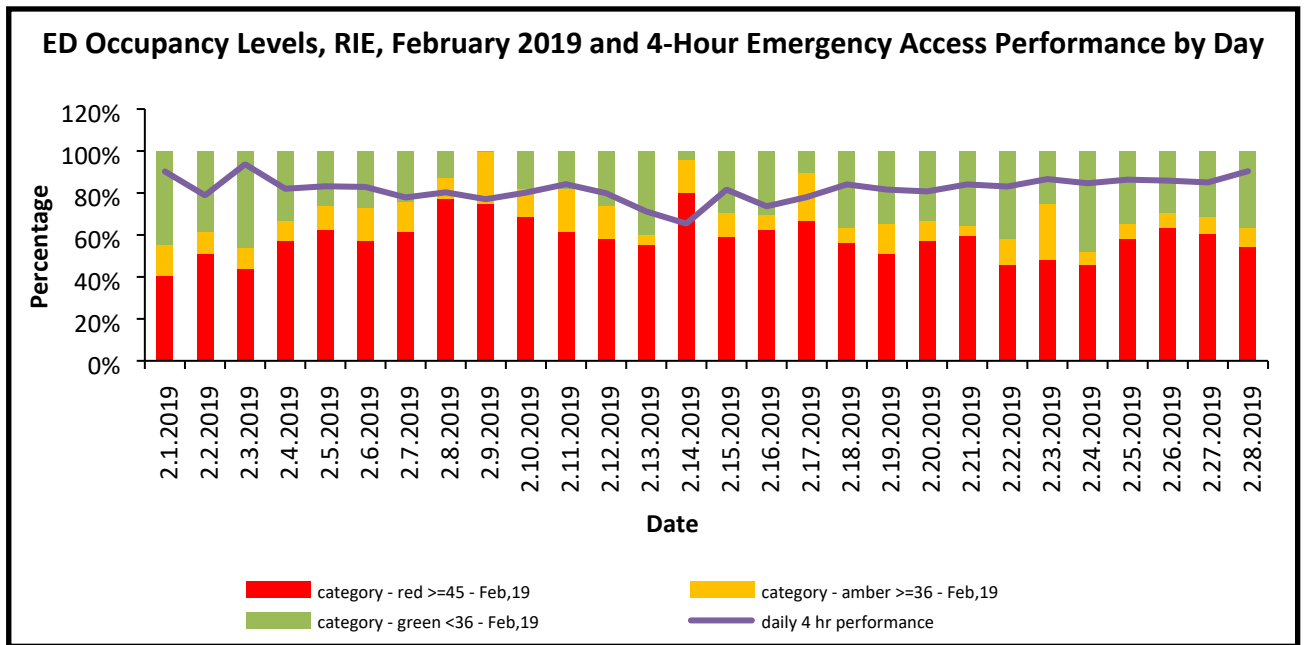
- 3.4 A document titled 'Embedding Quality throughout NHS Lothian' has been approved by the Executive Team and is now available to staff through the intranet. The document summarises the assurance and leadership frameworks from point of care to the board as it relates to the provision of Acute Hospital services within NHS Lothian. The document is intended to complement the pages on the intranet and act as a reference tool for staff to understand ward to board Governance.
- 3.5 Work is maturing across RIE, WGH and SJH on ensuring a consistency in Terms of Reference of key site governance groups and a transparent cohesion between hospital governance fora and relevant sub committees of the NHS Lothian Board.
- 3.6 NHS Lothian has started a process to review its whole system of governance, and this will be informed by the Scottish Government's forthcoming Blueprint for Good Governance. A self-assessment has been undertaken and a workshop was facilitated on the 21st March 2018 so the output of the self-assessment could be explored in more depth before developing an action plan. There is a separate item on the board agenda which discusses this in more detail. NHS Lothian and Northumbria Healthcare NHS Foundation Trust have agreed to jointly collaborate on a programme to review effective Governance. The Chief Executive of the Trust is Sir Jim Mackey who is also a member of the Scottish Government appointed External Review Group.
- 3.7 As discussed in February, continued efforts are being made to formalise whole system response to escalation. On the 14th February a further meeting was held with leadership teams from health and care systems to progress the consolidation of triggers and responses and to clarify issues through discussion. A number of positive steps were taking with a detailed set of actions created with shared ownership of the focus group. A draft version of the Prep-Stat (Preparedness Status) is now being developed ahead of the next meeting of this focus group, scheduled for late Spring. In the interim the following, the following actions are being progressed:
- Resilience Planning to work alongside OD/HR to develop programme of to develop skills required of on call personnel;

- Plans to be developed by Acute/Partnerships to clearly describe (i) essential services during periods of extremis and (ii) where staff would be diverted to & from;
 - All Partnerships to review Action cards and role and responsibilities of on call/key personnel;
 - Testing of activation of control rooms to be tested through simulation.
- 3.8 NHS Lothian recognises the importance on effective engagement and collaboration with the IJBs to deliver sustained whole system solutions. The development of the Prep Stat protocol is one example of this close liaison and the further works detailed in this paper – such as the prospective front door redesigns, are subject to this continued engagement and coordination.
- 3.9 To strengthen oversight of those actions contained with the 4EAS programme there have been Board sub committees identified to oversee the actions captured in the overall programme plan. These board sub committees will assume ownerships of actions within their remit and a diarised programme of updates has been derived to oversee this throughout 2019. The update scheduled is shown below:
- Information Governance Sub Committee- 23rd April 2019
 - Healthcare Governance Committee– 14th May 2019
 - Staff Governance Committee– 29th May 2019
 - Audit and Risk Committee- 17th June 2019
 - NHS Lothian Board– 7th August

Patient Safety and Quality of Care

- 3.10 The risks to patient safety and the adverse consequences on patient and staff experience of overcrowding in Emergency Departments are well known. It is difficult to maintain a clear view of the patients in the department when spaces are overcrowded, infection control and health and safety standards are more difficult to maintain, and the provision of expected care such as medication and personal care is compromised. The privacy and dignity of patients cannot be maintained to the standards we would wish to achieve. To highlight the impact of these concerns, performance against Patient Safety issues is now being routinely reported in all unscheduled care *performance* papers.
- 3.11 Exhibit 1a and 1b below shows the occupancy levels within RIE and SJH ED's and 4-hour Emergency Access Performance by Day:

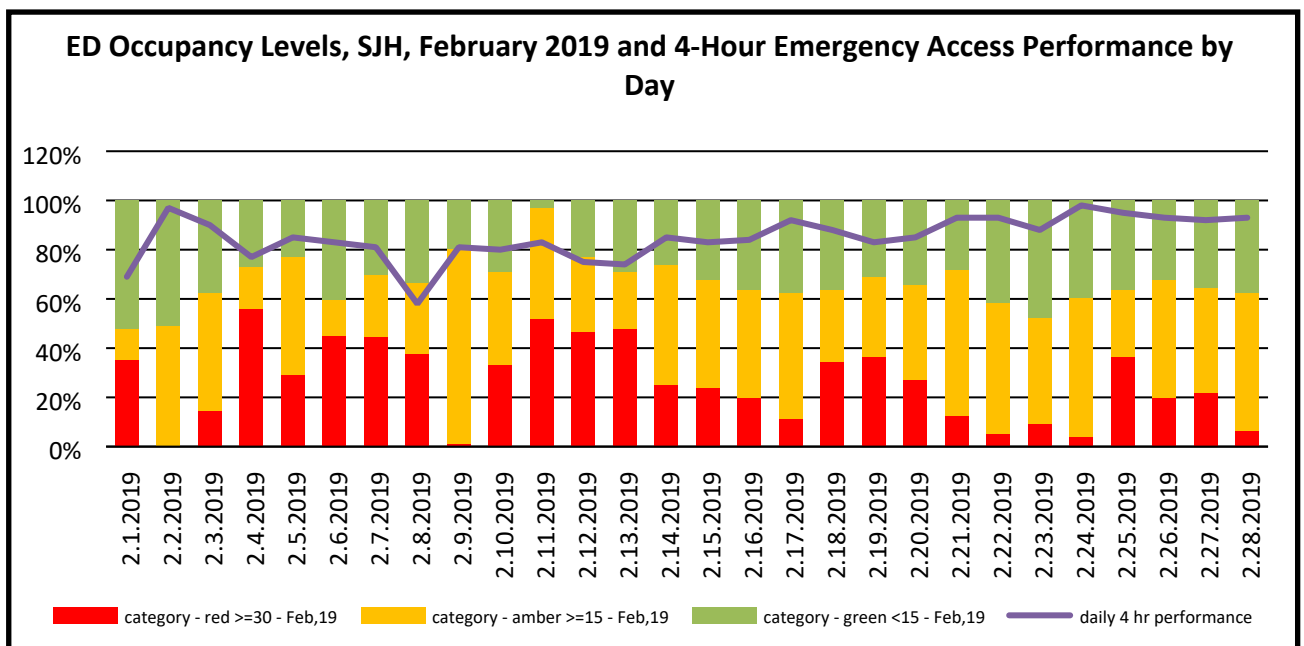
Exhibit 1a: ED Occupancy Levels, RIE, February 2019 and 4-Hour Emergency Access Performance by Day;



3.10 Exhibit 1a above shows the percentage of each day in which the RIE ED sat within a Red, Amber or Green status based on attendance numbers resulting in ‘overcrowding’. The following ranges are considered as Red, Amber or Green:

- Green – 0-36 patients in ED;
- Amber – 37 – 45 patients in ED;
- Red – 46+ Patients in ED.

Exhibit 1b: ED Occupancy Levels, SJH, February 2019 and 4-Hour Emergency Access Performance by Day;



3.11 Figure 1b above shows the percentage of each day in which the RIE ED sat within a Red, Amber or Green status based on attendance numbers resulting in ‘overcrowding’. The following ranges are considered as Red, Amber or Green:

- Green – <15 patients in ED
- Amber – >=15 patients in ED
- Red – >=30 patients in ED

- 3.12 The safety implications of crowding experienced throughout 2018 gave rise to the development of plans to segment Minors flow from the front door RIE. A modular unit has been opened since 30th January 2019. It is comprised of six treatment spaces plus an eye room, plaster room and a separate reception and waiting area. It also has a dedicated entrance, and patients have been encouraged to self-refer directly to minor injuries on arrival at the RIE, rather than to access the service via the ED.
- 3.13 The footprint of the RIE ED is not fit for purpose. Designed to accommodate 80,000 attendances per annum, almost 119,000 patients attended in 2017/18. Crowding is common, and the current configuration of the department does not support efficient flow and a safe environment for patients. A RIE Front Door Redesign Core Group has been established since October 2018 to take forward the Strategic Case for front door redesign.
- 3.14 A Strategic Assessment was submitted as part of the organisations Capital Prioritisation process and it is expected the Finance and Resources Committee will support the development of an Initial Agreement for the Front Door Redesign. The Front Door Redesign group will collaborate with the wider stakeholder group to develop an appropriate clinical model.
- 3.15 On Friday 22nd February 2019 this group formally agreed to transition into a Programme Board with dedicated expertise committed from Finance to provide the capital and design functions. As mentioned in 3.8 above there is also membership on this group from Midlothian, Edinburgh and East Lothian H&SCP to ensure interface with IJBs. The deputy chief executive agreed to chair this group with the first meeting scheduled for mid/end March. In the short term a further £200k has been committed to the RIE to test a model of ambulatory care which would involve extending the opening hours (0800 – 20:00) and providing dedicated medical cover (12:00 – 20:00). This is due to be put in place from April 2019.
- 3.16 The Front Door Redesign at SJH will take a phased approach. Phase one focuses on the ED footprint and phase two on Ambulatory Care and MAU. SJH ED redesign is progressing and the Standard Business Case is planned to be brought to F&RC in May 2019. Ambulatory Care and MAU will be addressed in phase 2, which will have to follow the capital governance route. As with the front door group at the RIE a dedicated group has been assembled to take this forward with representation from West Lothian H&SCP. The decision to extend membership of these group to the partnerships underlines the firm commitment made by NHS Lothian to design whole system solutions which are designed in a transparent, inclusive manner.
- 3.17 Appendix 2 refers to Strategic Business Case Development at SJH and the RIE and includes the USC Planning Timeline and IJB Milestones that require to be achieved for these.
- 3.18 The WGH has produced an initial paper which outlines a significant set of proposals which the site team believe would positively impact performance and safety for

unscheduled care. This also details ongoing improvement work that is underway or planned including the Discharge to Assess trial which commenced in January 2019, the expansion of the current Frailty model and the test of an ambulatory care area in March converting a 4 bedded bay in MAU to 6 chairs to drive increased activity.

- 3.19 Evaluation of the numbers of suitable patients which could be redirected from the RIE by SAS to the WGH at the weekend has been continuing with close engagement with SAS on this work. The underlying occupancy of the site, lack of sufficient staffing and risk of increased 12 hour waits remain the main issues from simply diverting additional activity to the WGH.
- 3.20 Further work is required to develop an understanding of the capital costs for potential expansion of the existing Minor Injuries Clinic. Additional scoping work is required to develop an option appraisal to identify additional expansion space for increased medical receiving in the medium and longer term and this planned over the coming weeks/months.
- 3.21 In total an additional £7.1m has been included in the 19/20 financial plan for Unscheduled Care investments, and 5 year capital plan incorporates estimates for short and long term capital implications on all three sites. All to be explored further through business cases.
- 3.22 Recently it has been agreed that the 4 hour standard risk should be sub divided into two subsequent risks; one organisation and one focused on explicitly focussed upon patient safety. The definitions of these risks can be found below:
 - **Organisational risk** - There is a risk that NHS Lothian will not achieve the 4 hour performance target do to a combination of demand, bed availability and health and social care capacity leading to poor experience and outcome of care
 - **Patient risk** - There is a risk that patient safety is compromised at the Royal infirmary Edinburgh Accident and Emergency department due to overgrowing and sub- optimal care processes leading to poor experience and outcome of care

Culture

- 3.23 As discussed in February 2019, plans are underway to establish the new a new role of Speak Up Ambassador and develop a network of Speak Up Advocates. This approach has been developed through learning from others, most notably the Guardian approach in NHS England.
- 3.24 The Speak-up Ambassador will work alongside Board Leadership teams and the Non-Executive Whistleblowing Champion to support the organisation in becoming a more open and transparent place to work, where all staff are actively encouraged and enabled to speak up.
- 3.25 The Speak Up Ambassador role has been appointed to on a job share basis (Deputy Director of Medical Education/Consultant Pathologist and Partnership Lead for West Lothian HSCP/Specialist Podiatrist). The complimentary skills sets and the

breadth of knowledge and experience that both individuals bring will make for a cohesive and comprehensive job share arrangement. The Ambassadors are working closely with the Boards Non-Executive Whistleblowing Champion and Director of HR and OD to develop the supporting infrastructure, Communications and Governance arrangements. The first phase of the recruitment for the network of Speak Up Advocates is complete with phase 2 underway and scheduled for completion during April.

- 3.26 A renewed focus on staff communication has resulted in the following updates:
- New regular monthly ED Consultants meeting established with site management participation. Dial in introduced to expand participation and accommodate staff who work across different sites.
 - Automated ED status report created in Tableau and sent to teams regularly to support awareness of ED and promote consistent message being received by entire team.
 - Improvement Whiteboard established in training room of ED (RIE). Asking staff what makes a good day? What makes a bad day? Improvement ideas? Safety pause, EPIC role and staff training programmes established as result.
 - SJH Connections magazine re-established showcasing staff profiles, upcoming events, recognising success and an 'Ask Aris' (Site Director) section.
- 3.27 The 4EAS programme Board are clear that a focus on culture, built on our established values, will continue over the coming months and years to truly embed values based leadership and care provision. We recognise that building a successful strategy requires regular 'check in' with staff to ensure our teams feel 'listened to' and that our work focus includes 'what matters to me.'
- 3.28 It was agreed in January that there was a need to 'check-in' with staff to 1) ensure escalation arrangements are understood and 2) measure staff experience given the rapid rates of change.
- 3.29 The first pulse survey was undertaken in a three week period over January to February focusing on:
- Staff at all levels, being satisfied they know how to raise issues and concerns that affected them, and also their staff knowing how to raise concerns also;
 - Staff all levels, being satisfied that they know how decisions that affect them and their areas of responsibility are taken and how they were able to feedback to staff.
- 3.30 The survey was issued to circa 95 staff over a period of 3 weeks. The key recommendations being:
- A more tailored approach to improving communication and feedback for the various staff groups within ED;
 - Consideration of a more detailed hospital level intranet pages to provide some reference to Governance and Management structures;
 - Consideration of how the Executive Team/Board interact with front line staff and how decisions are communicated.

- 3.31 These recommendations will now be taken forward by the site and progress monitored via the PDG and OAG as appropriate.
- 3.32 The second Pulse Survey specifically related to staff experience in the ED's at both the RIE and SJH. This short survey was designed to get provide honest, transparent feedback on the impact on individuals of not only the change programme but the overall culture within the 'working environment' in the department. This initial survey could also 'test' how comfortable staff felt about raising concerns to address previous observations around whether staff were aware how to escalate. The first survey took place in March 2019 and the following questions were asked of all ED staff (questions rated using a scale ranging from strongly agree to strongly disagree):
- I feel involved in decisions relating to my team;
 - I am treated with dignity and respect as an individual;
 - I feel able to raise concerns about patient safety;
 - If you could change one thing about working in your team, what would it be;
- 3.33 The results are being collated and will be shared with staff week commencing 25th March, with the intention being that improvement actions coming out from the survey are co-created with staff.
- 3.34 The full iMatter staff experience survey will then run for 3 weeks commencing 29th April across the Acute Sites. The Board Staff Experience and Engagement Programme Board has commissioned a short life working group to develop a suite of staff experience pulse surveys to complement the annual iMatter cycle and link across to our Quality Improvement work.
- 3.35 Work is also underway to scope the development of a 'People Management and Culture Dashboard' to provide at a glance information on key workforce and staff experience metrics.
- 3.36 To complement the ongoing programme of pulse surveys, materials are being developed for staff by the Acute Teams at the RIE and SJH in partnership with the Lothian Communications Team and HR. These site specific information sheets detail feedback from staff since the start of the programme, sharing of good news stories, details of some of the changes that have taken place as well as the output of the recent surveys.

Recording of 4 Hour Emergency Access Standard and Unscheduled Care Data

- 3.37 In line with the Programme Plan a sample audit was undertaken in September 2018 into 4 hour breach adjustments across all Acute Sites. A poor level of compliance was demonstrated (30%) and was largely attributable to inadequate recording of non-clinical information explaining why the discharge time had been adjusted.
- 3.38 This assessment was followed up in further examination of subsequent data by the Chief Quality Officer. Compliance was again poor with explanations for adjustments lacking - 13 of the 25 discharge times (52%) adjusted during December lacked sufficient explanation. The Corporate Management Team (CMT) accepted that the impact of this adjustment was negligible with 17352 measured journeys in the

month, if all these instances had been inappropriately adjusted the maximum impact would be 0.07%.

- 3.39 With this insight, reassurance from the Deputy Chief Executive on steps taken in front door units in light of the first audit and comments from the External Support Team noting the potential for excessive rigour locally in the scrutiny of 4 hour reporting, the CMT agreed to accept the Chief Quality Officer's recommendation to concentrate on ongoing continuous process monitoring in preference to future sample audits.
- 3.40 Taking a similar approach to that in place for some years for elective care, and as proposed by the Academy of Medical Royal Colleges, a number of dashboards are available to staff and management to highlight records where incorrect recording may have occurred on A&E records.
- 3.41 The aspects featured on the dashboards include:
- Amendments to patient arrival time;
 - Amendments to patient discharge time;
 - Blank dates and time for discharge;
 - Waits beyond 24 hours;
 - Potentially incorrect arrival times for those referred through the Flow Centre;
 - Changes to attendance type of patient;
 - Instances where patient's discharge had been reversed;
 - Recorded Discharge time does not match system time at point of entry
- 3.42 Contrary to sample audits mentioned above which are limited in volume, these dashboards consider every single record and, as CMT supported earlier this year, is seen as the principal manner in which assurance over recording will be achieved.
- 3.43 There were over 250,000 attendances recorded at the front door over the last year. During this period, 32 admission times were changed and caused a record to move from being recorded from over 4 hours to under 4. 124 equivalent amendments were made to discharge time.
- 3.44 There is work underway to clarify the reporting of Ambulatory Care patients at the front door. This was an area identified in a series of discussions with ISD and SGHD as an area that would benefit from being made clear.
- 3.45 As there is no national guidance in place in relation to the recording of Ambulatory Care patients, arrangements for the established units at RIE, which altered following the Academy's report, were agreed locally through Access and Governance. Such board level consideration was advised as adequate by the External Support Team.
- 3.46 Advice was sought from the Scottish Government on the appropriateness of some clinical areas in Lothian being out with national measurement arrangements for the 4 hour Emergency Access Standard. Areas highlighted included both Oncology and Obstetric Assessment Areas at WGH and RIE respectively. Appropriate measurement and recording of these areas is still being determined.

4 Key Risks

- 4.1 There is a risk that failing to meet the 4 hour standard leads to poor patient and staff experience, including performance impacts pertaining to safety issues such as overcrowding in emergency departments, long waits and a patients boarded out with required speciality.

5 Risk Register

- 5.1 The Acute and Corporate Risk Register contains risk associated with “A&E four hour performance”. They have been categorised as very high risks. As discussed in 3.20 the 4 hour standard risk is to be sub divided into two subsequent risks; one organisation and one focused on explicitly focussed upon patient safety.

6 Impact on Inequality, Including Health Inequalities

- 6.1 This paper does not include any strategic or policy changes which might impact unfairly on different sectors of the wider community served by NHS Lothian

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

- 7.1 The individual proposals outlined in here all bring the duty to inform, engage, and consult, and so these actions are being taken forward in each individual piece of work.

8 Resource Implications

- 8.1 There are significant additional resources required in each element of the redesign works described above. Individual cases coming forward will include detailed assessment of these.

Jim Crombie
Deputy Chief Executive
Chief Officer Acute Services

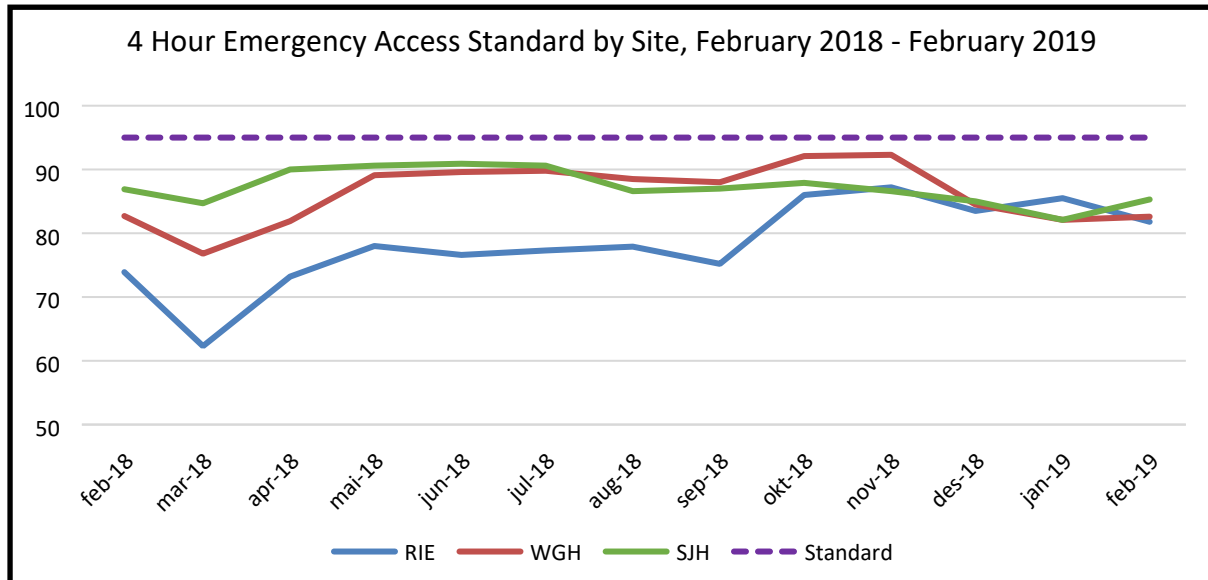
List of Appendices

Appendix 1: Unscheduled Care Performance
Appendix 2: Strategic Business Case Development at SJH and the RIE and IJB Milestones

Appendix 1 – Unscheduled Care Performance

Exhibits 1 shows site performance from January 2018 to January 2019.

Exhibit 1 – NHS Lothian 4 Hour Emergency Access Standard (adult acute sites) February 2018 – February 2019;



NHS Lothian reported compliance to this standard of 82.9% for the month of February 2019. This represents a 4.8% increase since February 2018:

- The RIE has improved from 73.9% (February 2018) to 81.8% (February 2019);
- The WGH has seen a slight decrease in performance from 82.7% (February 2018) to 82.6% (February 2019);
- Performance has worsened at SJH when comparing February 2018 to 2019, 86.9% vs. 85.3%

Exhibit 2a below shows the numbers of total attendances across NHS Lothian, February 2017 – February 2019, while Exhibit 2b shows NHS Lothian Attendances, by site, February 2018 – February 2019. These graphs demonstrate that 2018 ED attendances appear to follow a similar pattern to those in 2017 with notable decreases at the start of the calendar year when comparing January to February in both 2017 and 2018.

Exhibit 2a – Total Number of ED Attendances, NHS Lothian, February 2017 – February 2019,

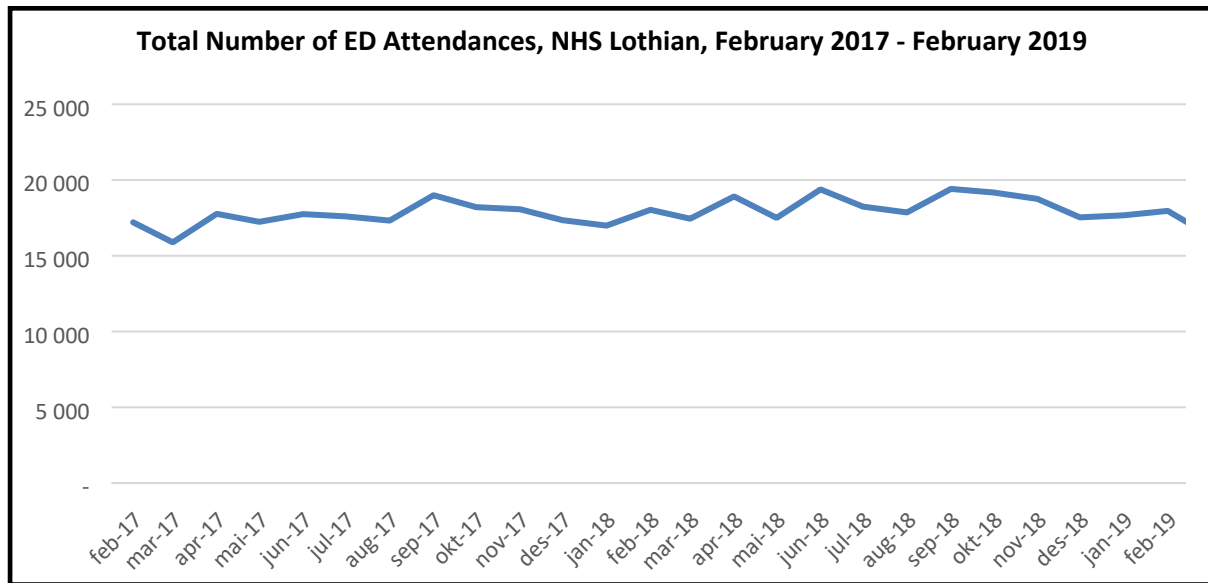
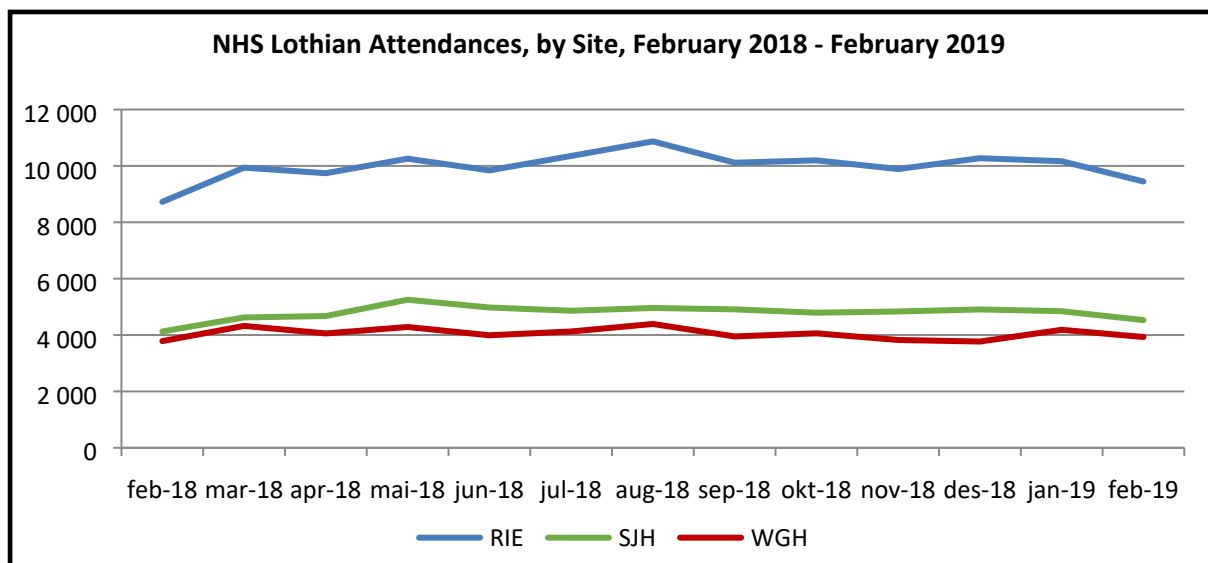


Exhibit 2b – NHS Lothian Attendances, by site, February 2018 – February 2019,



As shown above the most notable increase in attendances has been at SJH where there has been a 9.7% increase when comparing February 2018 to February 2019 (4127 vs. 4529). Attendances at the RIE rose by 8.26% while the WGH can evidence a 3.85% increase in attendances.

Exhibit 3a – Total Number of 8 hour breaches, NHS Lothian, February 2017 - February 2019,

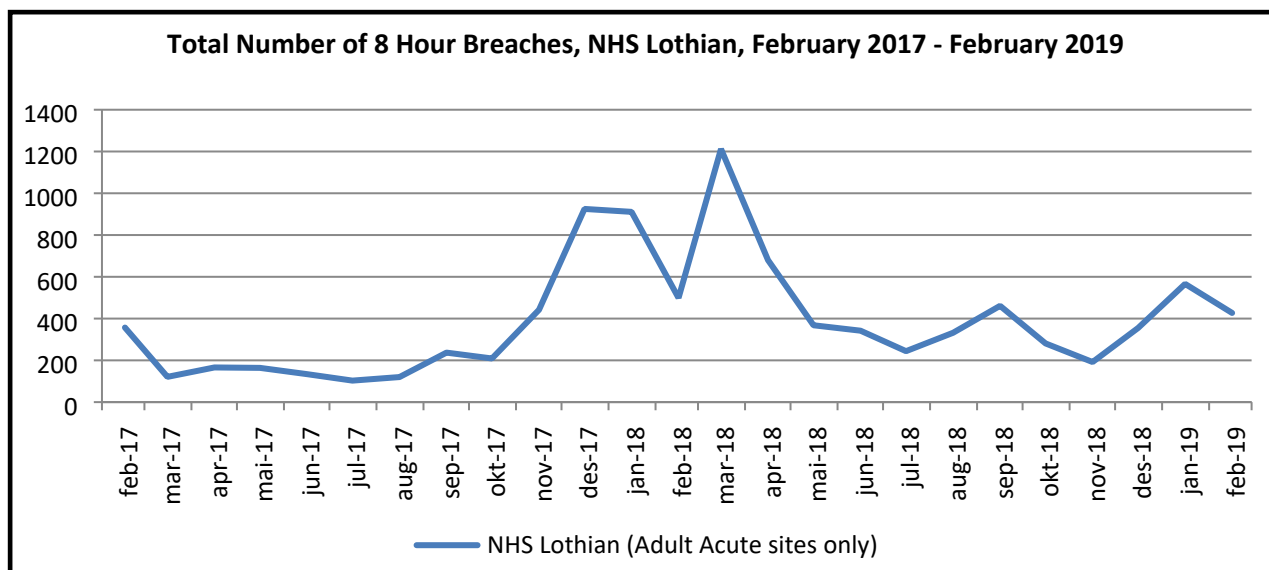
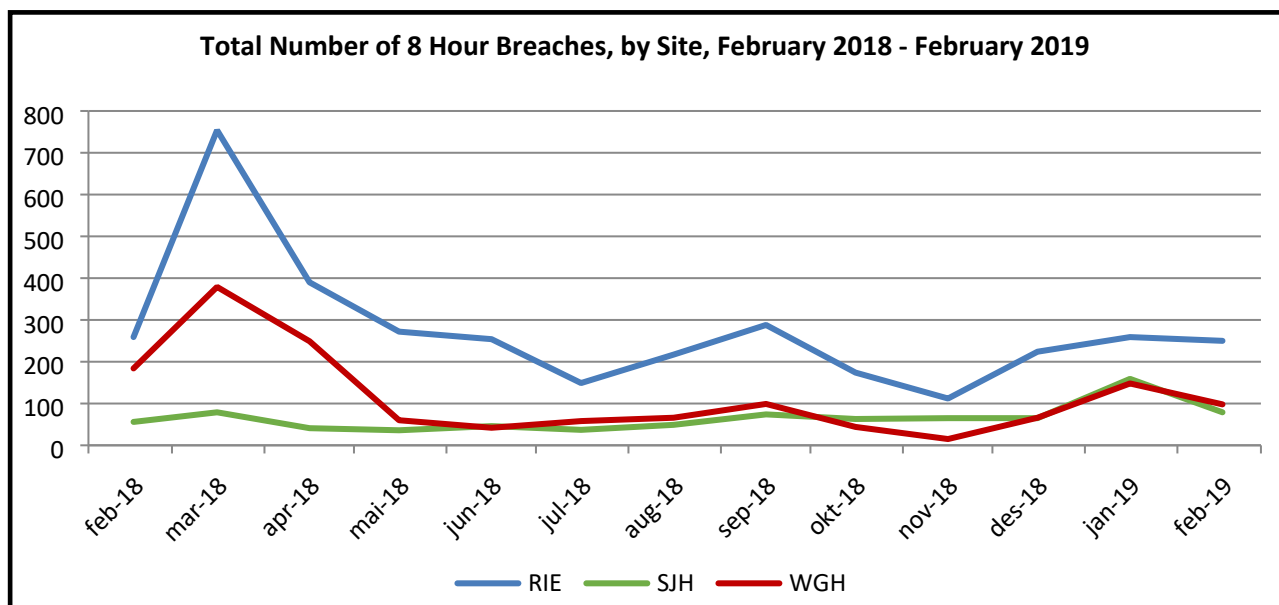


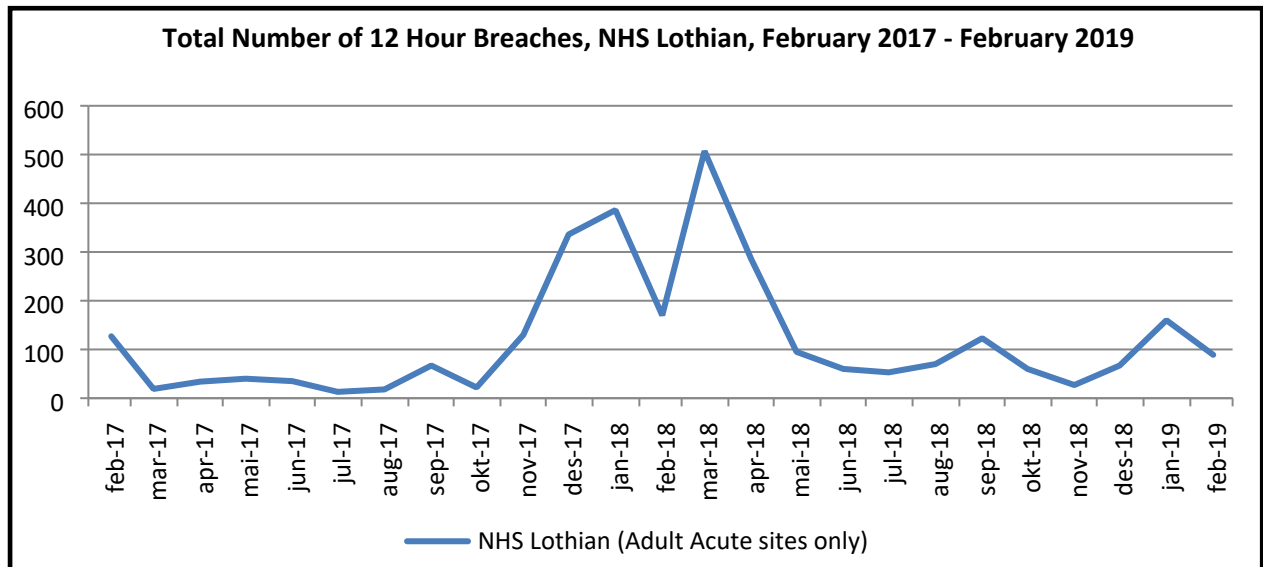
Exhibit 3b – Total Number of 8 hour breaches, by site, February 2018 - February 2019,



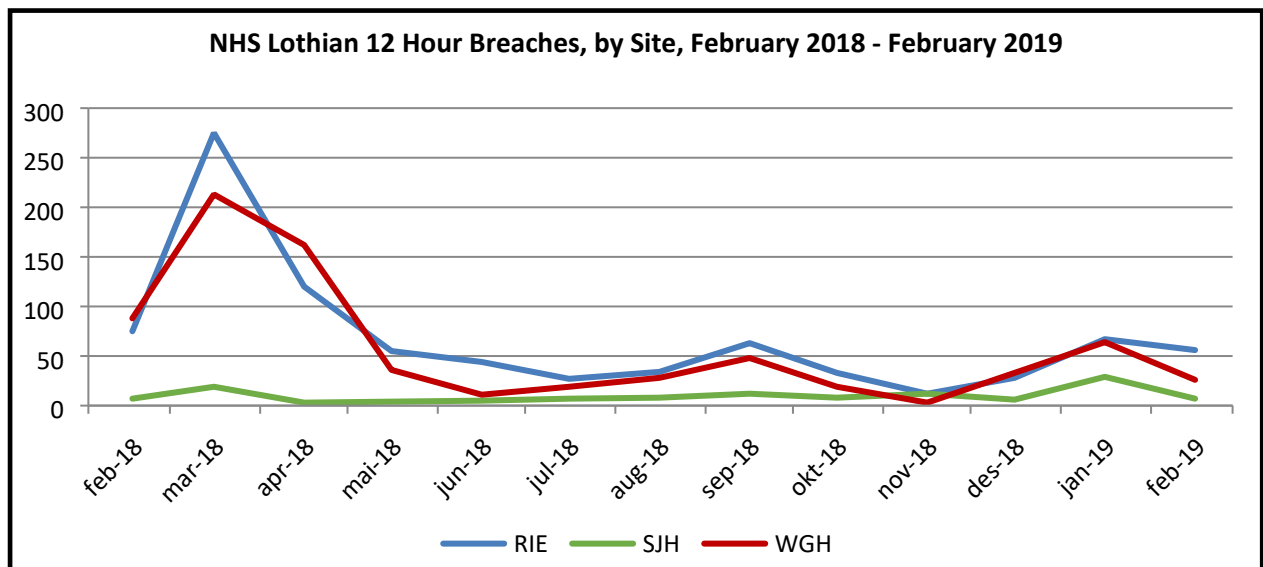
8 hour breach performance has fluctuated throughout 2018 with a month on month improvement in performance between March to early summer. Performance then deteriorated before further recovery prior to the winter pressures that took hold from December 2018:

- The RIE has improved its 8 hour breach performance by 3.48% (February 2018, 259 vs. February 2019, 250);
- The WGH improved its 8 hour breach performance by 46.7% (February 2018, 184 vs. February 2019, 98);
- Performance at SJH has deteriorated by 41.1% from 56 (February 2018) to 79 (February 2019).

**Exhibit 4a – Total Number of 12 hour breaches, NHS Lothian, February 2017
February 2019,**



**Exhibit 4b – NHS Lothian 12 hour breaches, by site, February 2018 – February
2019,**



The graph above shows that performance peaked in March 2018 before stability was restored throughout the summer months. September 2018 and January 2019 saw 12 hour breaches impact all adult acute sites before again recovering:

- RIE, February 2018 – February 2019, 75 vs. 56 which is an improvement of 25.3%,
- WGH, February 2018 – February 2019, 88 vs. 26 which is an improvement of 70.5%,
- SJH, February 2018 – February 2019, 7 vs. 7.

Exhibits 5a and 5b illustrate admissions from ED both by NHS Lothian and by site.

Exhibit 5a – NHS Lothian Emergency Admissions (adult acute sites) February 2017 – February 2019,

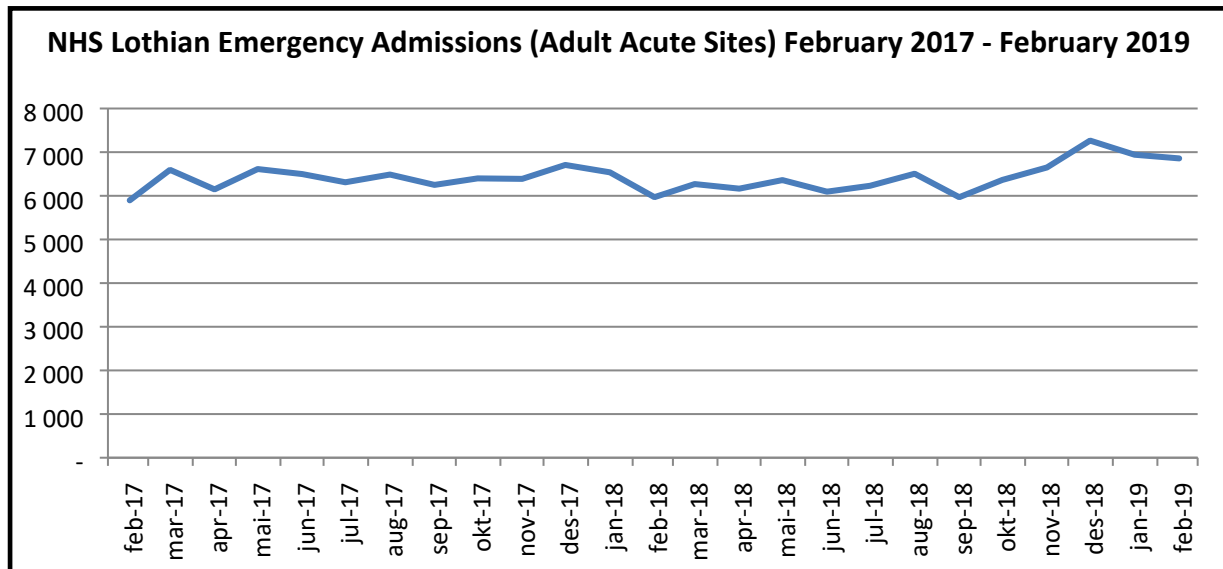
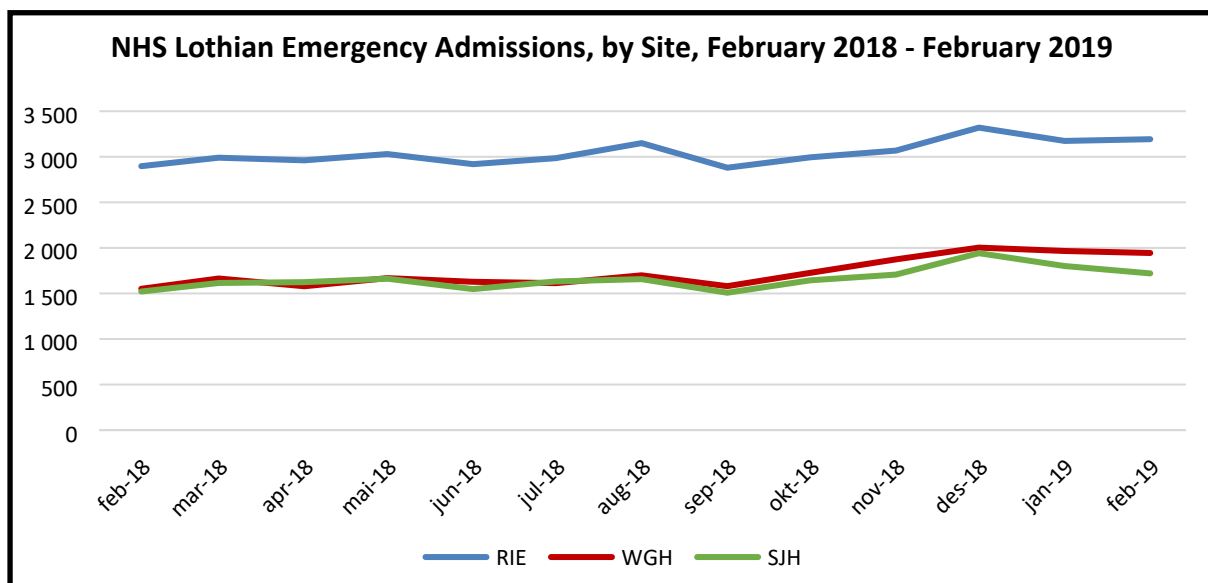


Exhibit 5b – NHS Lothian Emergency Admissions, by site, February 2018 – February 2019,



The graph above shows:

- RIE started with 2897 admissions in February 2018 and has fluctuated throughout the year before increasing to 3193 in February 2019 showing an overall increase of 10.21%
- WGH started with 1551 admissions in February 2018 and has steadily increased before peaking in December at 2003 admissions. Since then Admissions have slightly fallen to 1944 in February 2019 which is a 25.3% increase Feb 2018 vs. Feb 2019.

- SJH seen 1521 admissions in February 2018 and has steadily increased before peaking in December at 1942 admissions. Since then admissions have slightly fallen to 1720 in February 2019 which is a 13.08% increase Feb 2018 vs. Feb 2019.
- Overall, NHS Lothian has seen an 14.9% increase in admissions from February 2018 – February 2019

Exhibit 6a/b below details each H&SCPs delayed discharge performance for April 2018 – February 2019 and by adult acute site.

Exhibit 6a – Delayed Discharges by H&SCP April 2018 – February 2019,

HSCP	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
City of Edinburgh	240	233	222	250	246	232	226	191	153	178	202
East Lothian	17	10	12	17	14	15	15	8	13	16	9
Midlothian	37	48	36	38	28	42	37	22	23	24	36
West Lothian	62	54	45	56	54	63	62	53	55	57	57
Total Including Other Local Authority Areas	359	347	317	362	344	355	341	276	247	279	309

Exhibit 6b – Delayed Discharges by Adult Acute Site, November 2017 – February 2019

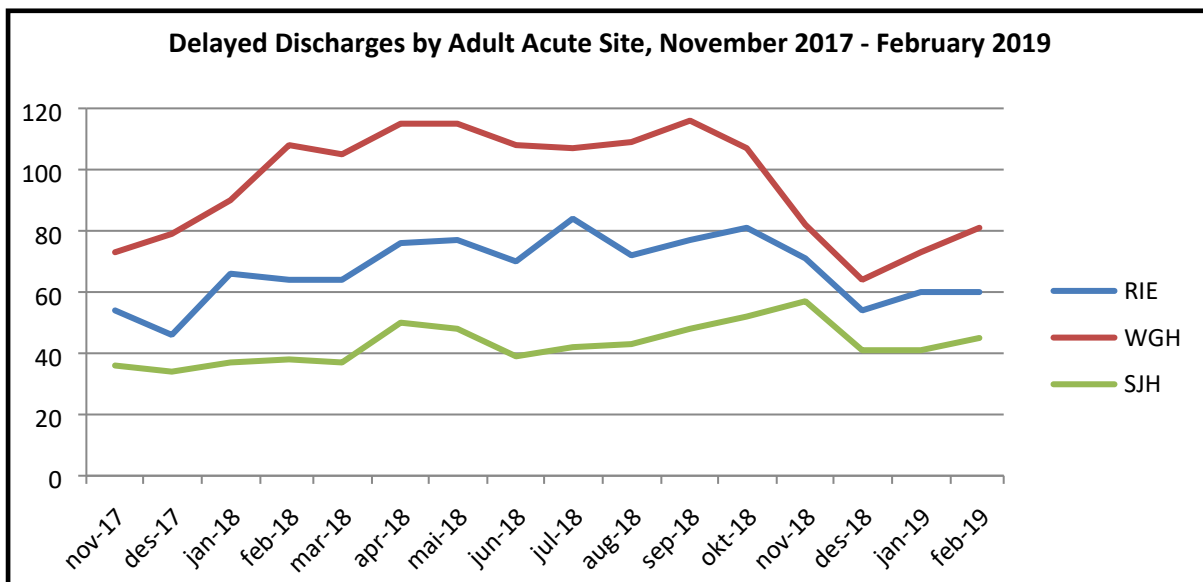


Exhibit 7a – All Adverse Events Reported in RIE & St John's Accident & Emergency Department

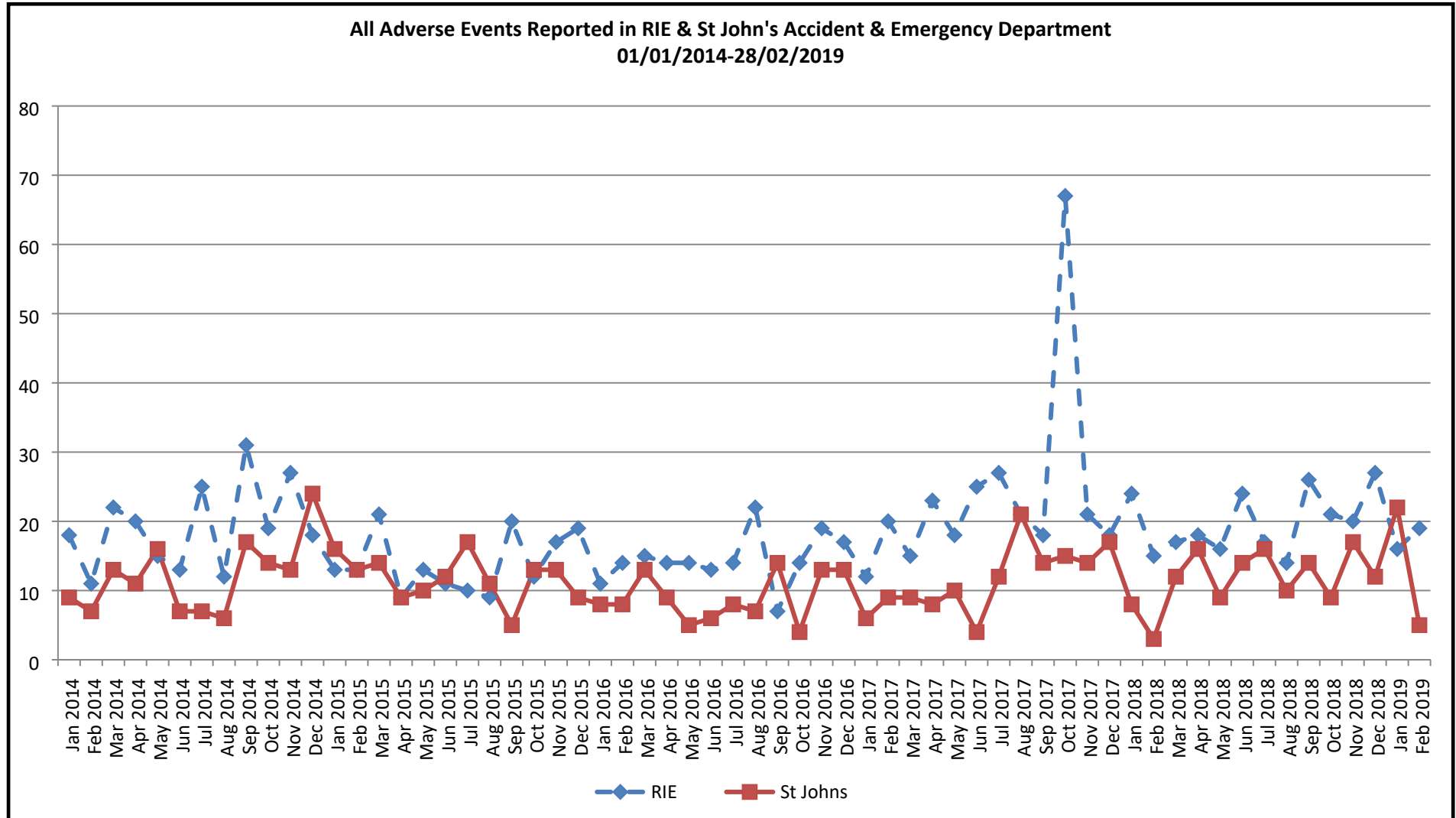


Exhibit 7b – All Moderate/Major/Death Events Reported in RIE & St John's Accident & Emergency Dept

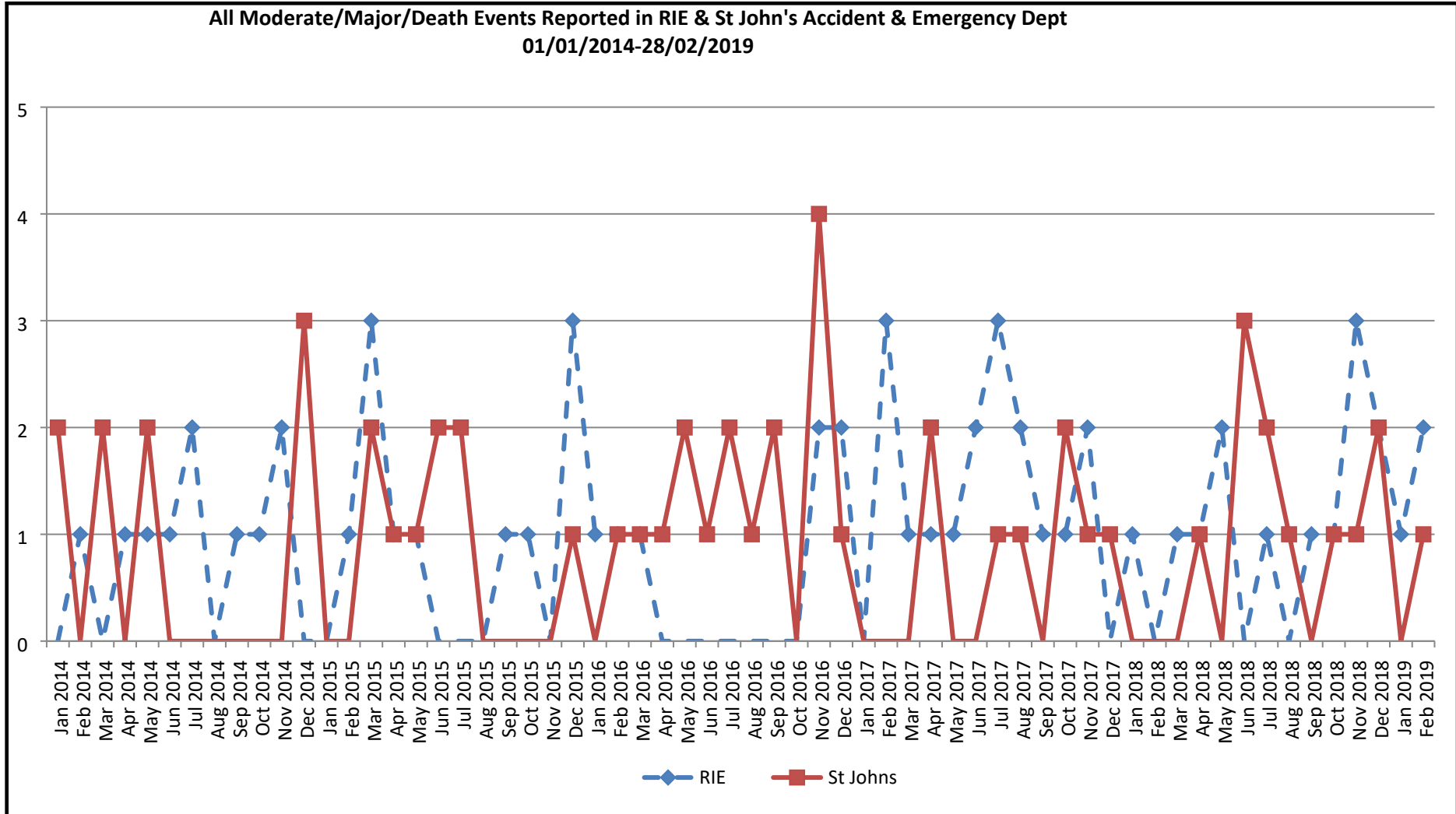


Exhibit 8a – Royal Infirmary of Edinburgh, Daily Boarders February 2018 vs. February 2019,

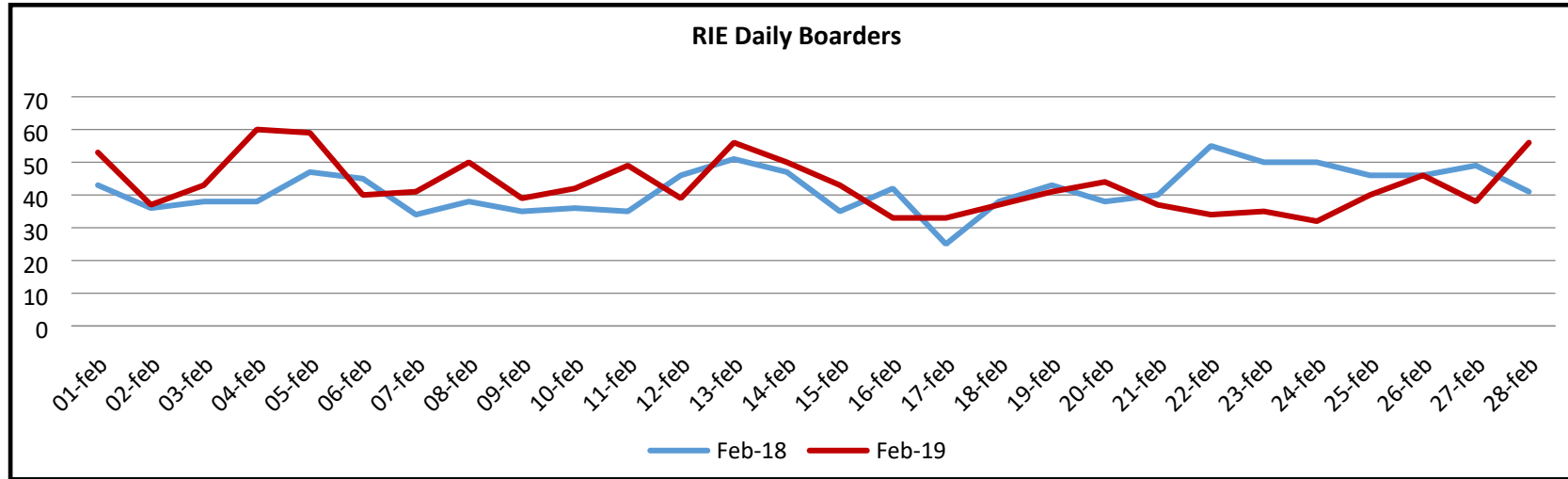


Exhibit 8b – Western General Hospital, Daily Boarders February 2018 vs. February 2019,

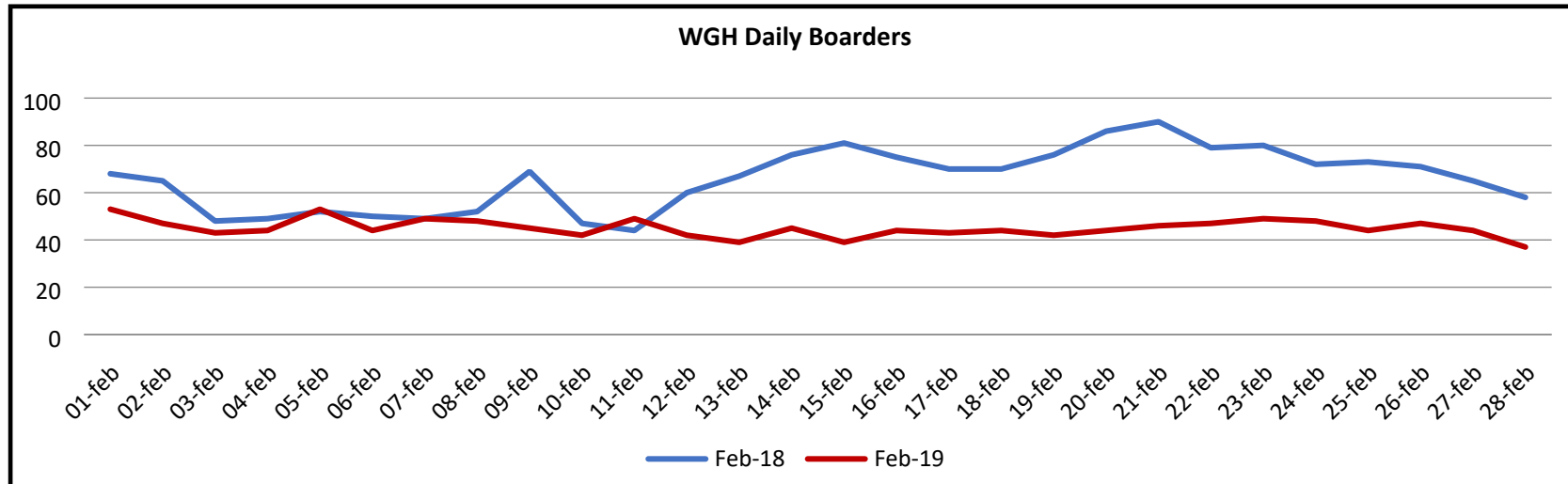
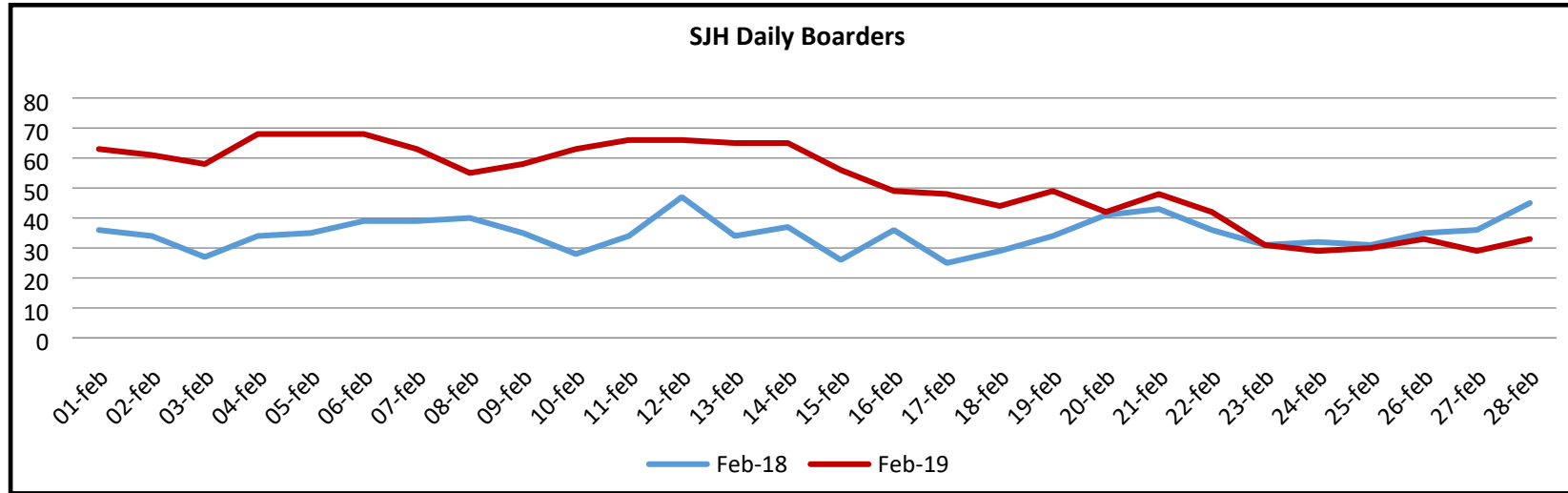


Exhibit 8c – St John’s Hospital, Daily Boarders February 2018 vs. February 2019,



Exhibits 9a onwards show the impact to Triage performance (specifically Changes to Majors Triage and Time to 1st Assessment) as a result of the QI programme (RIE only). A number of interventions have been put in place to address ED performance including but not limited to; Safety Pauses, Major Triage PDSA cycles and increased resource targeting Triage performance

Exhibit 9a – Triage Category 2 and 3, Time to End of Triage for Self-Presenters and Ambulance Patients July 2018 – March 2019

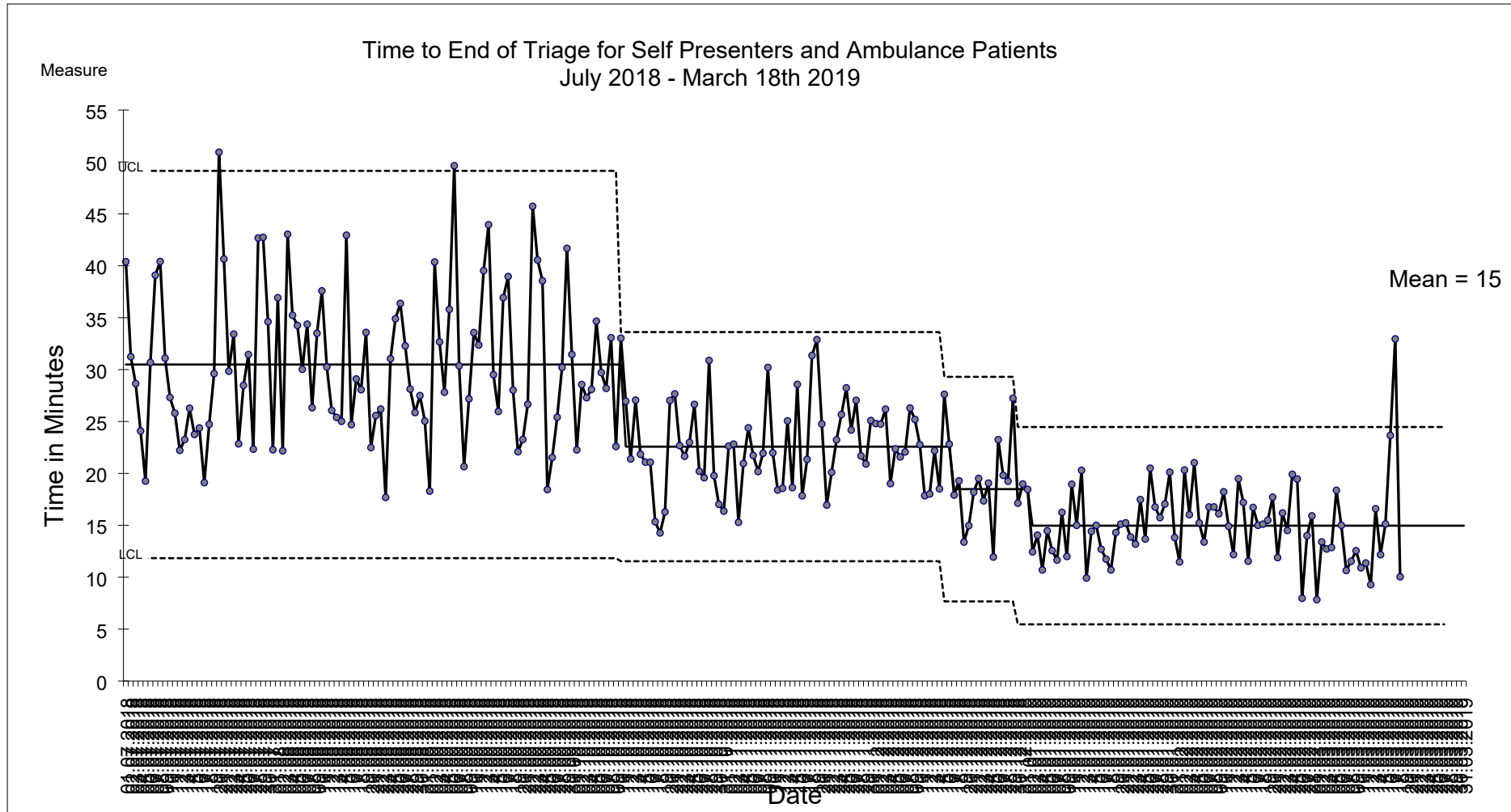


Exhibit 9b – RIE Emergency Department, Time to First Diagnostic July 2018 – March 2019

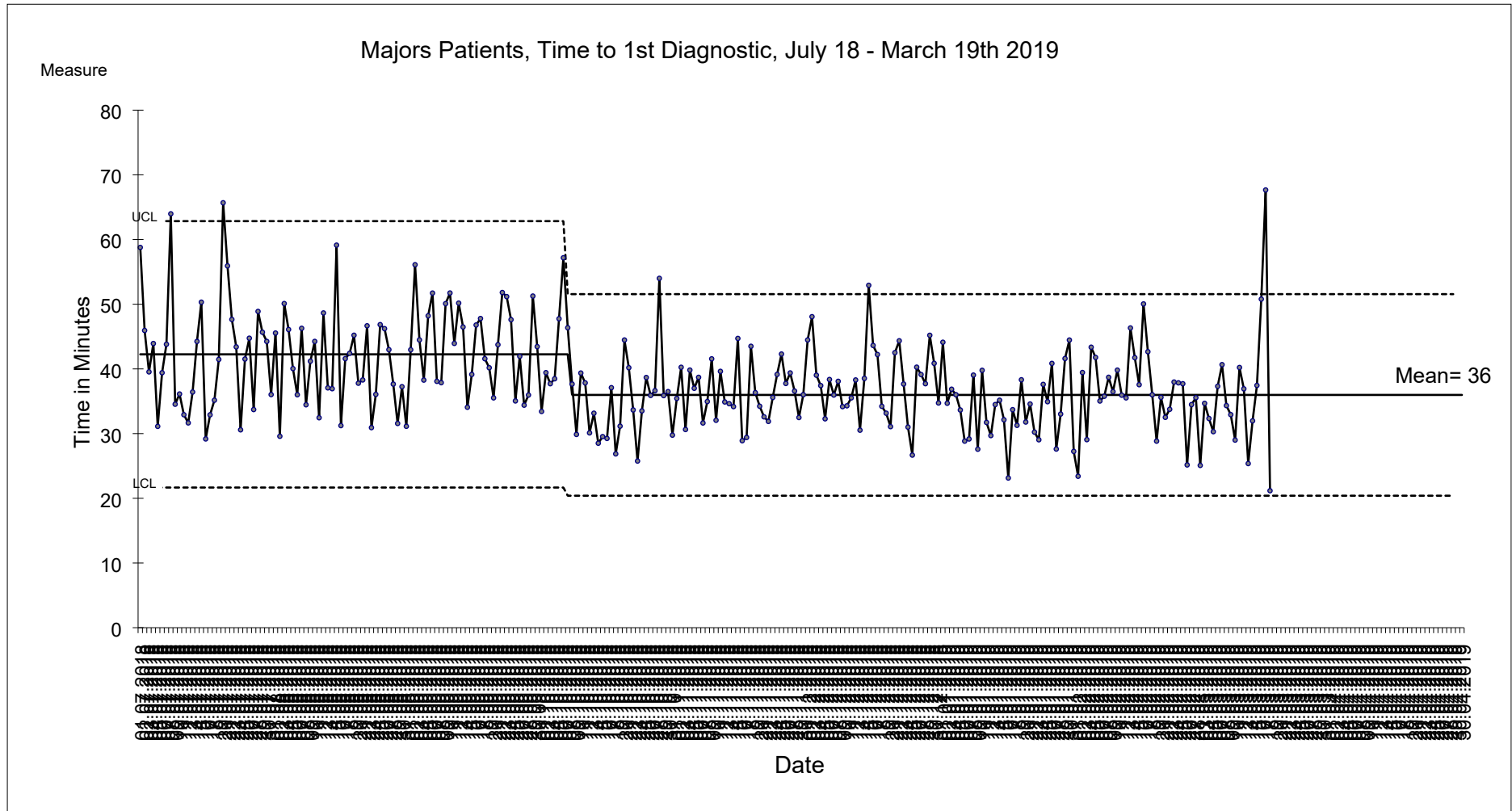


Exhibit 9c – Time to 1st Assessment July 2018 – March 2019

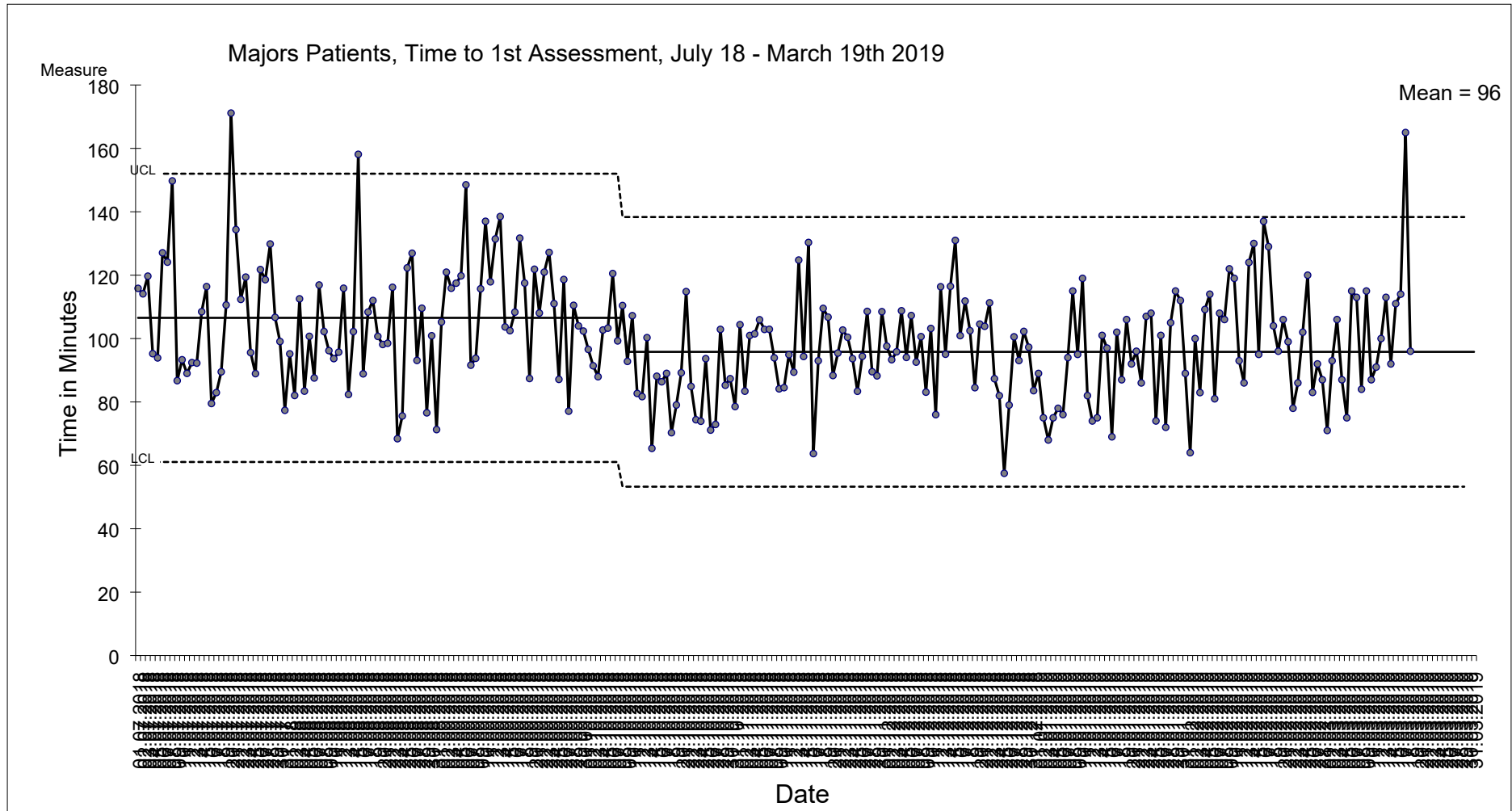


Exhibit 9d – % of Patients with Triage Documented Within 15 minutes of arrival, December 2018 – March 2019

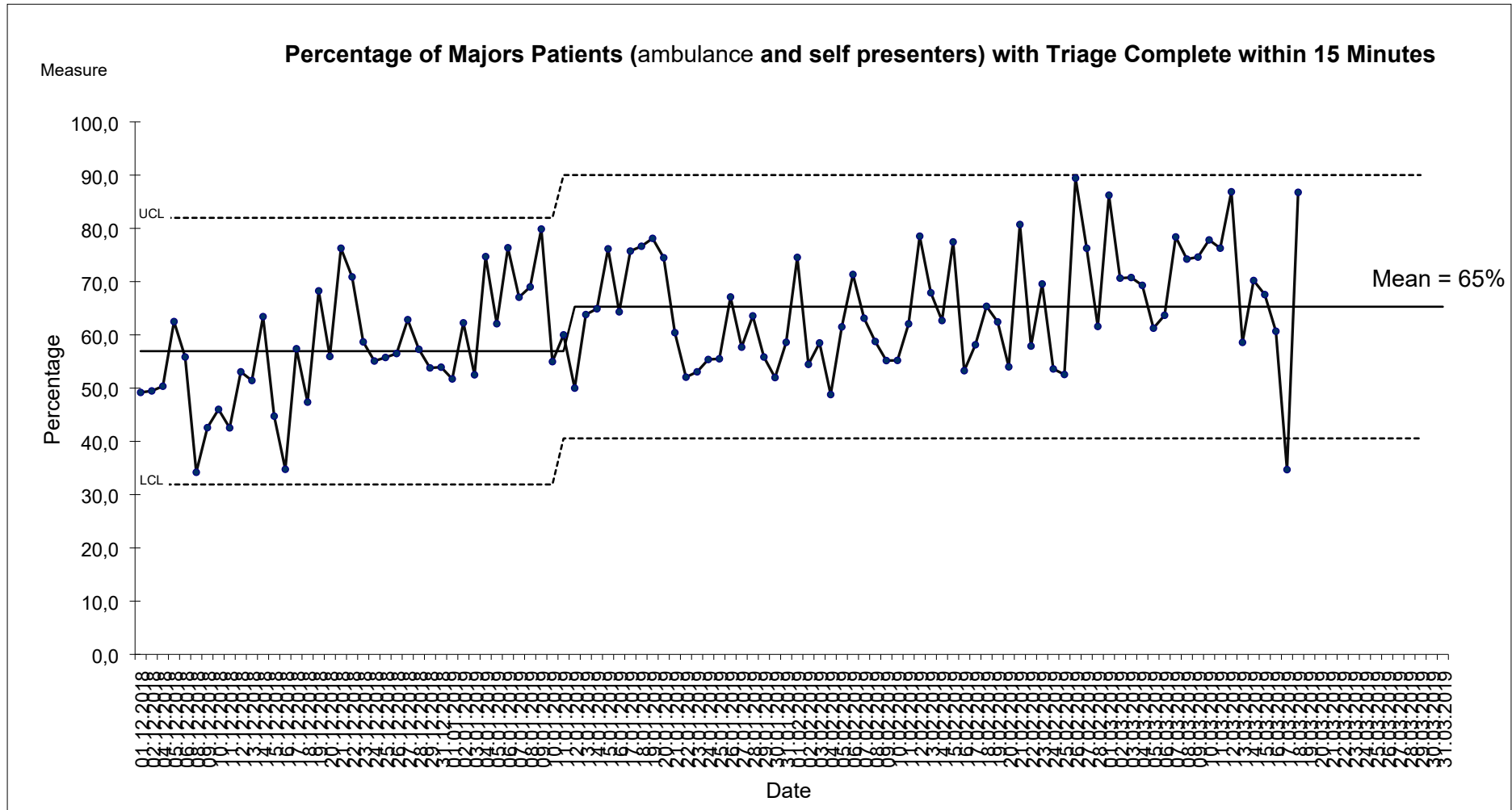
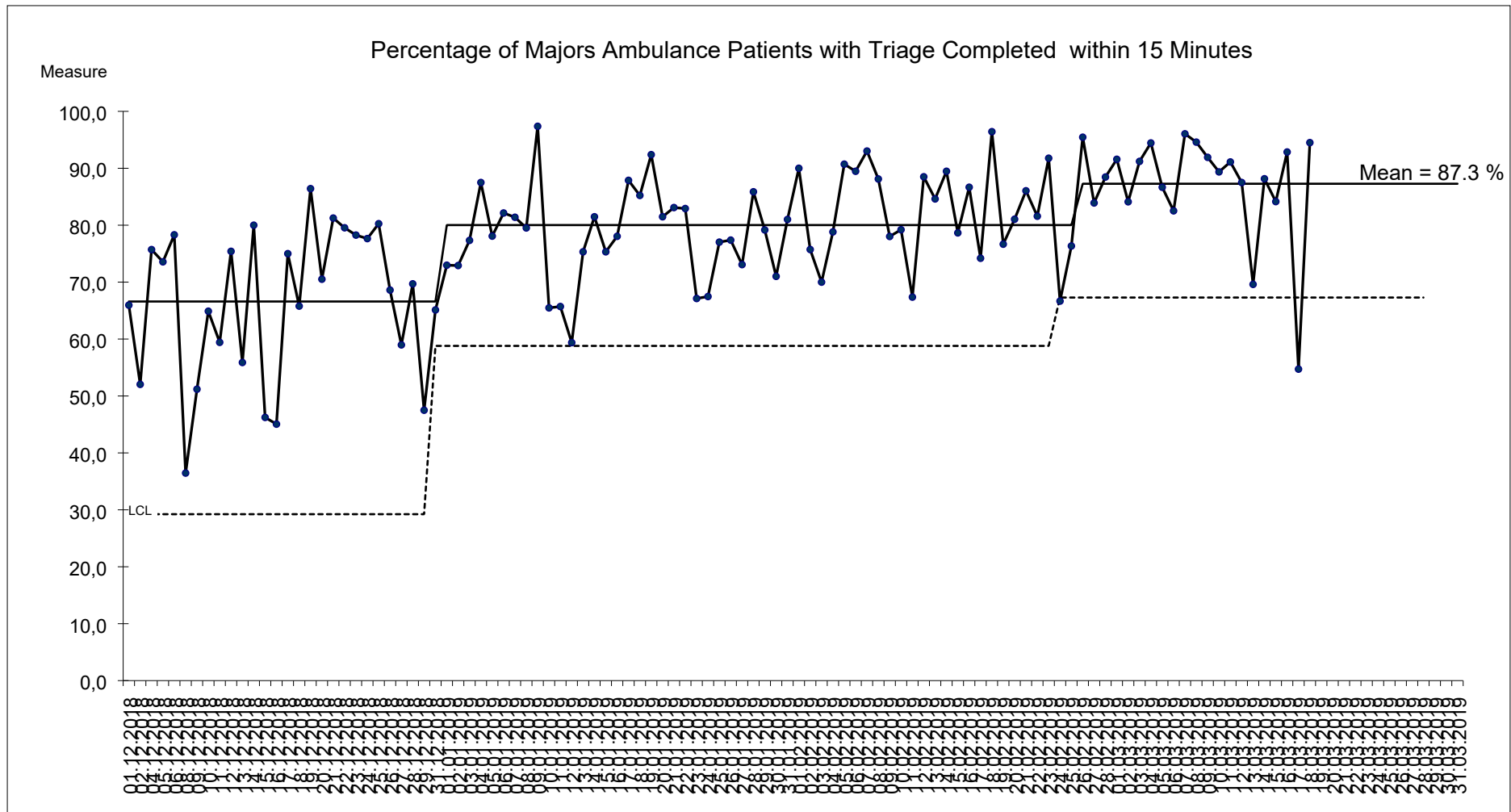
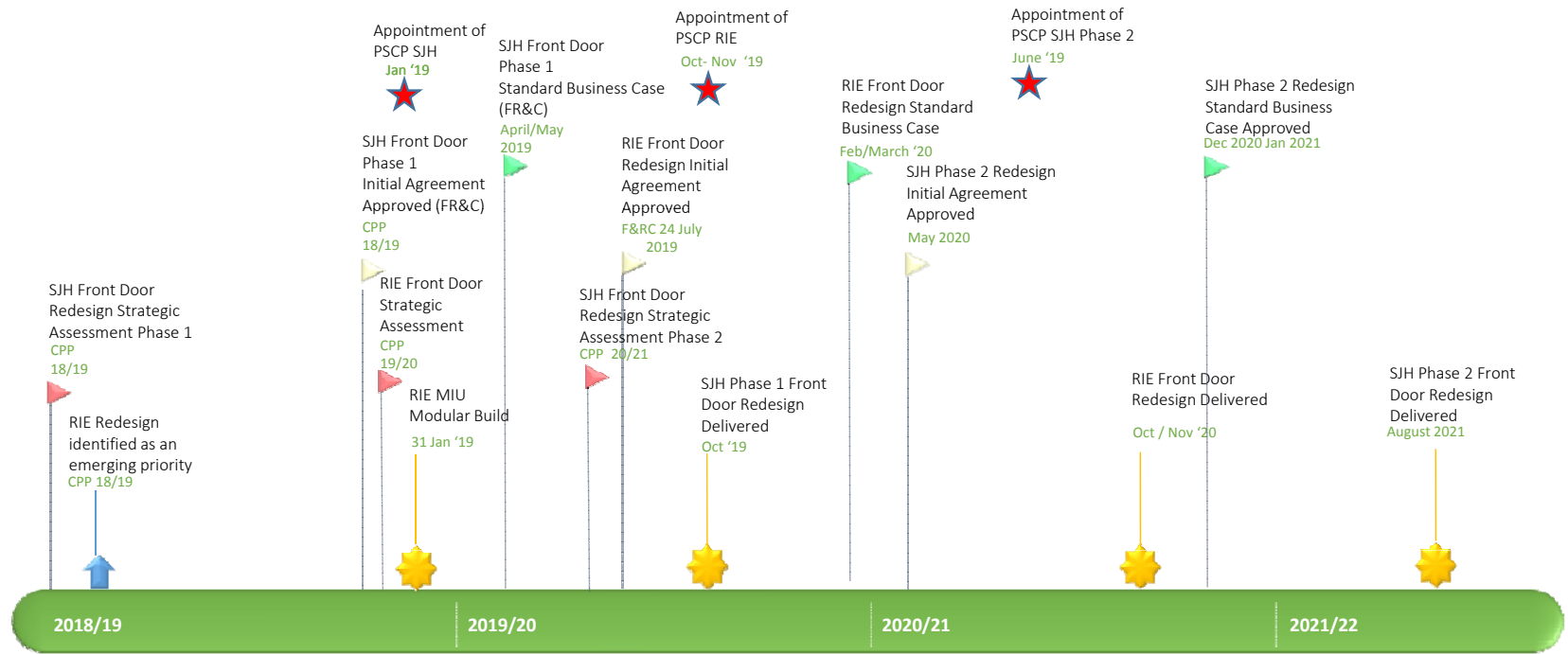


Exhibit 9e – % of Majors Ambulance Patients with Triage Documented Within 15 minutes of arrival, Triage Category 2 and 3 December 2018 – February 2019



Unscheduled Care Planning Timeline



Key Unscheduled Care IJB Milestones

Project & Project Stage	Next IJB Milestone	Date to achieve/ Progress made
SJH Front Door Redesign (Phase 1) Standard Business Case	Formal IJB approval of SBC prior to F&RC with IJB directing associated increase in revenue spend for delegated function.	West Lothian Strategic Planning Group 28 March 2019 and IJB Board 23 April 2019
RIE Initial Agreement	Formal IJB approval of IA prior to F&RC and support in principal of associated increase in revenue spend.	East Lothian SPG 12 June IJB Board 27 June 2019. Edinburgh SPG 17 May and IJB following this (further dates for 2019 to be confirmed by IJB) Midlothian SPG 3 rd June 2019 and IJB 13 th June.
RIE Standard Business Case	Formal IJB approval of SBC prior to F&RC with IJB directing associated increase in revenue spend for delegated function.	IJB Board and Strategic Planning Groups in Jan / Feb 2020 prior to submission to F&RC.
SJH Front Door Redesign (Phase 2) Development of Initial Agreement	Representative from WL IJB sits on established SJH Front Door Redesign Programme Board. Continued engagement with WL IJB required to design new clinical model for phase 2.	Achieved
SJH Front Door Redesign (Phase 2) Initial Agreement	Formal IJB approval of IA prior to F&RC and support in principal of associated increase in revenue spend.	IJB Board and Strategic Planning Groups in Jan / Feb 2020 prior to submission to F&RC May 2020.
SJH Front Door Redesign (Phase 2) Standard Business Case	Formal IJB approval of SBC prior to F&RC with IJB directing associated increase in revenue spend for delegated function.	IJB Board and Strategic Planning Groups in Nov/Dec 2020 prior to submission to F&RC Dec 2020/ Jan 2021

NHS Lothian

Board Meeting
3 April 2019

Director of Finance

ACTION PLAN FROM THE BLUEPRINT FOR GOOD GOVERNANCE WORKSHOP

1 Purpose of the Report

- 1.1 The Scottish Government issued DL(2019) 02 on 1 February 2019, which launched the *NHS Scotland Blueprint for Good Governance*. This DL required Board members to complete a survey, carry out a workshop in March, and to consider a report on the outcome from this process at its April Board meeting. This report attends to this requirement.

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

2 Recommendations

The Board is recommended to:

- 2.1 Review and comment on the attached report.
- 2.2 Delegate authority to the Board Chairman and Chief Executive to finalise the report and approve it for submission to the Scottish Government.

3 Discussion of Key Issues

Process to Develop the Report

- 3.1 Board members were invited to complete an online survey by 1 March. National Services Scotland provided the Board with the results from the survey. A workshop was convened on 21 March, and in advance of that a briefing pack (which included the survey results) was distributed to all Board members.
- 3.2 At the workshop, the participants were invited to consider each of the five functions of governance which the Blueprint identifies, namely; Setting the Direction, Holding to Account, Assessing Risk, Engaging Stakeholders, and Influencing Culture. The participants identified what was working well and areas for improvement, while having regard to the enablers and support which the Blueprint describes.
- 3.3 The Board has to submit its report to the Scottish Government before the end of April. The Scottish Government published guidance and a template for this report which requires the report to be no longer than 6 pages. The Head of Corporate Governance has prepared the report (at Appendix 1) with regard to this guidance.

Key Points

- 3.4 The process identified several areas of strength, e.g. financial governance, the committee structure and system of assurance, the developments in risk

management, and the work being taken forward with staff to embed values. The discussion did not raise any particular concerns with the basic system of governance. There was a view that our arrangements have continually developed over the years, and the Board is in a good position when compared to other Boards.

3.5 The nature of governance means that the stronger the system becomes, the more effective it will be in identifying issues and areas for improvement. The review has identified a significant programme of work which supports the principle of continuous improvement.

3.6 The broad themes from the review are:

- 1) Sharpening the activities of strategic planning, performance management, and risk management, and improve the linkages between them.
- 2) Strengthening leadership at all levels, and prioritising leadership resource in key areas.
- 3) Improving the involvement, engagement and consultation with stakeholders.

Next Steps

3.7 This review is simply a start, and management will develop the action plan throughout 2019/20. At the session it was proposed that the members' survey, or an alternative version of it will be carried out again. It may be appropriate to carry out frequent surveys to allow for tracking of opinions over time, and to repeat the fundamental question 'How do you know?'

3.8 During 2019/20 the Board will undertake a paired learning exercise with a NHS Trust in England, which will give opportunities to learn from another organisation. Additionally there is a programme of work underway within NHS Scotland under the banner of the Blueprint for Good Governance, and the products from this will add value.

3.9 This report has been created very quickly in order to present it to this Board meeting, as required by the Scottish Government. Consequently there has not yet been an opportunity for the executive team to finalise the action plan. Given the requirement to submit the action plan to the Government by the end of April, it is recommended that the Board delegate authority to the Chairman and Chief Executive to approve the final submission.

4 Key Risks

4.1 The Board's system of governance is not designed properly, or does not operate effectively, leading to it not achieving the purpose of governance. The Blueprint defines the purpose of governance as *'to facilitate effective, innovative and prudent management that can deliver the long-term success of the organisation'*.

5 Risk Register

5.1 The system of governance affects the oversight of, and response to, all risks on the Board's 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. However the system of governance has a bearing on the Board's Mission, and 'Improving the Health of the Population' was highlighted at the workshop as an topic which requires further improvement within the system.

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

7.1 The workshop has identified stakeholder engagement as a key area for improvement.

8 Resource Implications

8.1 The development of the action plan, and the approach to implementing it, will require consideration of the resource implications.

Alan Payne
Head of Corporate Governance
26 March 2019
alan.payne@luht.scot.nhs.uk

Lothian NHS Board Report – 2018/19 Assessment – Blueprint for Good Governance

1. Background

Lothian NHS Board is responsible for the healthcare services for the residents of four local authority areas. The Board also provides a wide range of specialist services for people from across Scotland, including liver and kidney transplantation, neo-natal intensive care, cancer services and complex surgery. The Board agreed in 2014 its [Strategic Plan 2014-2024 \(“Our Health, Our Care, Our Future”\)](#), which set out in detail the challenges that the Board faces, under four broad headings, namely: Demography, inequalities and ill health; Multimorbidity; Health service demand; and Tighter finances.

During 2015/16 an integration joint board (IJB) was established in each of the four local authority areas. The IJBs are distinct legal entities which are responsible for their delegated “integration functions”, and they each IJB prepare a strategic plan and then direct the NHS Board and the relevant local authority. The law requires “integration functions” to include certain functions, essentially adult social care, and all adult community health care and specific adult hospital services relating to unscheduled care. The NHS Board took the option to delegate further functions, such as the provision of the following services to people who are under 18 years of age: Primary Medical Services and General Medical Services (including GP Pharmaceutical services); General Dental Services, Public Dental Services and the Edinburgh Dental Institute; General Ophthalmic Services; General Pharmaceutical Services; Out of Hours Primary Medical Services, and Learning Disabilities.

The challenges set out in [Our Health, Our Care, Our Future](#) have not changed. A growing, ageing population is increasing the demand for NHS services, which will drive up expenditure. The Board is not funded to the level it should be as determined by the NRAC formula, which in turn impacts on operational capacity and capability, and the Board’s overall performance. There are also workforce challenges in the health & social care sector generally, and the Board and NHS in Scotland is taking forward a programme of work on this. Consequently even if the funding was in place, there may still be challenges in recruiting the required workforce.

During 2018/19 the Board approved a new risk management policy, and the policy statement is *‘the Board expects employees to give greater priority to managing and reducing risks associated with the safety of people, the experience of people who receive care, and the delivery of effective care’*. Additionally the Board and the Audit & Risk Committee have held workshops on risk, and have identified four fundamental themes that should be considered when reviewing and responding to corporate risks:

1. Realising new models of health & social care.
2. Ability to improve and innovate
3. Establishing positive working relationships.
4. Active public and patient engagement.

Management are introducing a revised format of the corporate risk register. During 2018//19 the NHS Board's agenda has regularly included reports on the 4-hour emergency access standard improvement programme, the waiting times improvement programme, the Quality & Performance Improvement report, integration, the Quality Strategy, and the Financial Plan.

Innovation will be an essential component of sustainable organisation success. The Chief Scientist's Office (CSO) has provided funding to the East Region and two other regional areas to develop an innovation test bed model. This will support collaborative working between the NHS, integration joint boards, academia and industry. The aim is to increase economic growth through the delivery of NHS and social care strategic priorities, in partnership with local enterprise and South East Scotland City Deal stakeholders. For the South East Scotland City Deal there is a particular focus around delivering data-driven innovation. We will develop, test and implement a data storage repository (DataLoch) which will facilitate a data-driven approach to prevention, treatment and care, and will enable us to develop a world-leading learning healthcare system. It has been recently confirmed that this project will receive £4.1m from the City Deal.

2. Self-Assessment

The facilitators sent a briefing pack (Appendix 1) to the participants in advance of the session, which included the survey results and some other background information. Members considered the pack and other issues at the workshop. The members considered each of the five functions of governance from the Blueprint:

1. What is working well?
2. Where do we need to focus on improvement?
3. How can the enablers and support described in the blueprint help us make these improvements?

Setting the Direction
<p>What is working well?</p> <p>There are good arrangements in place for developing strategic plans, and implementing quality. A new Integrated Care Forum is about to start. The system is resilient to a change of direction or a re-organisation. We do think we can challenge the Government when appropriate.</p>
<p>Where do we need to focus on improvement?</p> <p>There are separate processes for developing Board strategies, Government strategies, the Annual Operational Plan, and individually funded Government initiatives. We need to improve the understanding of the Government's priorities and their impact on the delivery of the Board's Mission (e.g. improving the health of the population), strategies and corporate objectives. We also need to improve the alignment of the Board's activities to the four IJBs' strategic plan and directions. We need to consider how we align planning at a strategic level with the planning at business unit/ operational level.</p> <p>We need to have greater assurance that we can implement anything before we approve it. We also need to improve on how we monitor the implementation of our agreed</p>

strategies and corporate objectives.

We need to develop the arrangements for working effectively with the four integration joint boards, and to implement the integration agenda generally. .

A key source of 'support' for this function is the executive's role in providing leadership, support and guidance. Board members require more support to allow them to effectively carry out their duties, particularly where difficult decisions are required.

Holding to Account

What is working well?

Assured as to the knowledge, skills & experience of the executive team. Members are confident that they can exercise challenge and scrutiny, and diverse opinions are welcome. There is a coherent and devolved committee structure, and system of assurance within the governance framework. Good financial governance, management and control.

Where do we need to focus on improvement?

The Board's overall system for performance management, including the need for systematic links between corporate objectives, risk and performance. There also needs to be a focus on outcomes and how we effectively use data within the governance system. The governance system should reflect the impact of performance on patient safety and experience. Reports to governance meetings should provide the story as well as the data.

We need assurance that we identify and address the root cause of problems, and then put clear improvement plans in place. Progress reports on those plans should clearly identify any unmoveable barriers to success. We need to have a better understanding of the time and resource required to deliver improvement, and assurance that we have the capacity and capability.

Targets make a limit. We need to find a way which motivates people to pursue continuous improvement. We need to consider how best to carry out the function of 'holding to account', when in reality the executive team cannot be in full direct control of issues, due to the nature of the organisation and its functions and services, and the influence of external factors and stakeholders.

Assessing Risk

What is working well?

The development work on risk management during 2018/19. The recent publication which set out the responsibilities 'from ward to Board'. The internal audit function is considered to be good.

Where do we need to focus on improvement?

We need to have assurance that we are effectively translating our risk policy into practice, and if that policy is enabling innovation and the delivery of the Board's mission and objectives.

Assessing Risk

We need to raise the awareness of the practical effect of the risk management policy: the patient safety walkrounds could be a vehicle for this. We need to have a common understanding of what risk means, and recognising the difference between risk to individual patients, and organisational risk.

We need to create an effective and reliable line of sight from the Board to the ward, and vice versa. When the governance system raises a concern, there needs to be a loop back to ensure that there is an identified manager who is accountable for taking forward the action and reporting back within an agreed timescale. Where the Board identifies a solution to a known problem, there should be a process to escalate this to the Scottish Government.

Engaging Stakeholders

What is working well?

We are improving how we engage with staff, and embedding values. We have some influence on Scottish Government financial policies.

Where do we need to focus on improvement?

We need to develop how we systematically identify, involve and engage our stakeholders, particularly key stakeholders and disenfranchised groups. Stakeholders have different priorities, and that different public bodies will have different stakeholders.

There is inconsistency on guidance on consultation. We need to be clear as to who are the right stakeholders to involve, and when. We need to be engaged with national fora.

Influencing Culture

What is working well?

We have determined and promoted shared values. Good progress towards implementing values. Patient safety walkrounds are a good example of leadership visibility. Generally communications have improved.

Where do we need to focus on improvement?

The leadership, and the system generally, is very stretched, and this needs to be addressed. We need to develop a consistent standard of leadership across the whole organisation. Leaders should keep their teams informed, recognise the good as well as the bad, and encourage people to challenge and improve performance. We could do better in how we deal with poor performance.

The patient safety walkrounds could be introduced into mental health and primary care. Additionally their scope could be expanded to go beyond patient safety issues, to pick other matters relating to culture.

We should explore what role Board members can/ should have with regard to the promotion and embedding of our values.

3. Recommendations and Actions

This action plan below is just a starting point and will be enhanced and monitored during 2019/20.

No	Area for Improvement	Recommendations	Lead and Timeline
1	Overall co-ordination of improvement work	Establish a working group to take forward the this action plan and any other related programmes of work. (Anticipated Benefits: Dedicated focus on the work and increased likelihood of success.)	Chief Executive & Chairman , 30 April 2019
2	Governance of integration functions ('Setting the Direction', 'Holding to Account')	Review and develop governance arrangements for IJBs, and the consequent impact on the NHS Board's system of governance. (Anticipated Benefits: IJBs operate as intended by the law and Government policy. Improved ownership and accountability for integration functions by IJBs. The NHS Board effectively adapts to the impact of IJBs, and can confidently continue to provide its functions and services.)	
3	Strategic Planning ('Setting the Direction')	Map out the bodies which directly or indirectly determine the NHS Board's strategic direction priorities. Identify areas of potential conflict or duplication. Review the mechanisms which are currently in place to test the deliverability of all strategic priorities. This should consider their individual deliverability, and the collective impact on all directions on the NHS Board. (Anticipated Benefits: Assurance that there is a comprehensive understanding of the demands on the NHS Board, and that the totality of direction given to the executive is cohesive and deliverable. The NHS Board has a better understanding of the impact and risks of strategic plans and objectives.)	
4	Strategic Planning ('Holding to Account', 'Assessing Risk')	Review how the governance system currently gets assurance that we are implementing our agreed strategies and corporate objectives. (Anticipated Benefits: Assurance that the Board is delivering its strategies and corporate objectives.)	
5	Performance	Review the system of performance management within the governance system.	

No	Area for Improvement	Recommendations	Lead and Timeline
	Management (‘Setting Direction’, Holding to Account)	(Anticipated Benefits: The Board has a system of improvement-focussed governance, and is monitoring the right things.)	
6	Risk Management (‘Holding to Account’, ‘Assessing Risk’)	Review how the Board’s risk management policy is being translated into practice. Develop a system and culture which permits issues to be escalated from ward to Board where this is appropriate. Develop a process within the governance system to provide assurance that any identified concerns are addressed. (Anticipated Benefits: Assurance that the Board’s policy is effectively implemented, that we are prioritising the right things, and that the governance system is aware of issues relating to safe and effective care, and the experience of those who receive care.)	
7	Patient Safety Walkrounds (‘Assessing Risk’, ‘Influencing Culture’)	Review the scope and content of patient safety walkrounds. (Anticipated Benefits Using a successful vehicle to support the aims of this action plan.)	
8	Involvement, engagement and consultation with stakeholders. (‘Setting Direction’, ‘Holding to Account’, ‘Engaging Stakeholders’, ‘Influencing Culture’)	Develop our approach as to how we systematically identify, involve and engage our stakeholders, particularly key stakeholders and disenfranchised groups. (Anticipated Benefits: A system of governance which is informed by and responsive to the Board’s stakeholders. This may assist with the strategic aim of improving the health of the population, improve the quality of our services, and assist in the management of the strategic risks the Board faces.)	
9	Leadership (‘Setting Direction’, ‘Influencing Culture’)	Develop the capacity and capability of leadership from the Board through to every level of the organisation. (Anticipated Benefits: Improved employee experience, creating the conditions to improve organisational performance in an organisation that is stretched.)	