NHS Lothian Board

04 March 2020, 09:30 to 13:00
Scottish Health Service Centre, Crewe Road South, Edinburgh EH4 2LF

Agenda

Declaration of Interests

1. Declaration of Interests

Martin Hill

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

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

Items for Approval or Noting

2. Items proposed for Approval or Noting without further discussion

Decision

Martin Hill

2.1. Minutes of Previous Board Meeting held on 12 February 2020

For Approval

Martin Hill

NHS Board Minutes 12-02-20.pdf (11 pages)

2.2. Finance and Resources Committee Minutes - 22 January 2020

For Noting

Martin Hill

22-01-20 F&R Minutes_signed.pdf (7 pages)

2.3. Audit and Risk Committee Minutes - 25 November 2019

For Noting

Mike Ash

25-11-19 ARC Signed Minutes.pdf (9 pages)

2.4. Staff Governance Committee Minutes - 30 October 2019

For Noting

Alison Mitchell

30-10-19 SGC Signed Minutes.pdf (7 pages)

2.5. Midlothian IJB Minutes - 05 December 2019

For Noting

Carolyn Hirst

Midlothian IJB Minutes 05-12-19.pdf (9 pages)

2.6. East Lothian IJB Minutes - 05 December 2019

For Noting

Peter Murray

East Lothian IJB Minutes 05-12-19.pdf (7 pages)

2.7. Edinburgh IJB Minutes - 04 February 2020

For Noting

Angus McCann

Edinburgh IJB Minutes 04-02-2020.pdf (7 pages)

2.8. Appointment of Members to Committees

For Approval

Martin Hill

4 March 2020 Board - Committee Appointments (final 270220).pdf (9 pages)

2.9. Review of the NHS Lothian Standing Orders

For Approval

Susan Goldsmith

Standing Orders Board Report Cover Paper (final-260220).pdf (3 pages)

NHS Lothian draft revised Standing-Orders (010220).pdf (12 pages)

Items for Discussion

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

Discussion

Martin Hill

4. Lothian Recovery Plan Update

Appendix 1. Waiting Times Improvement Paper

Discussion

Pete Lock

Recovery Board Paper_March 20_FINAL.pdf (6 pages)

Appx1 - Board Paper_WTIP_Mar 20_Final Submitted.pdf (17 pages)

5. RHCYP, DCN and CAMHS Update

Verbal

Susan Goldsmith

6. Any Other Business

Verbal

Martin Hill

7. Future Board Meetings

Information

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

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

Decision

Martin Hill

LOTHIAN NHS BOARD

Minutes of the Meeting of Lothian NHS Board held at 9.30am on Wednesday, 12 February 2020 in the Edinburgh Training Centre, 16 St Mary's Street, Edinburgh, EH1 1SU.

Present:

Non-Executive Board Members: Mrs E Roberton (Interim Chair); Mr M Ash; Mr M Connor; Mr G Gordon; Mr M Hill (Vice Chair); Ms C Hirst; Ms F Ireland; Ms K Kasper; Mr A McCann; Cllr J McGinty; Cllr D Milligan; Mr W McQueen; Mrs A Mitchell; Mr P Murray; Professor M Whyte (from 11.45am) and Dr R Williams.

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

In Attendance: Mrs J Butler (Director of HR & OD); Mrs J Campbell (Chief Officer, Acute Services); Mr J Crombie (Deputy Chief Executive); Mr P Lock (Director of Improvement); Ms J Long (Programme Director Unscheduled Care, for item 75); Mrs J Mackay (Director of Communications and Public Engagement); Dr S Watson (Chief Quality Officer) and Mr D Weir (Business Manager, Interim Chair, Chief Executive and Deputy Chief Executive's Office).

Apologies for absence were received from Dr P Donald and Cllr F O'Donnell.

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.

70. Chair's Introductory Comments

70.1 The Chair introduced herself to Board members advising she looked forward to meeting people outwith the Board meeting. She outlined the reasons why she had agreed to become the Interim Chair of NHS Lothian advising she felt Lothian was a solid Board and there was evidence a lot of work had been undertaken. She advised she had accepted the Interim Chair appointment until the end of November or until a substantive appointment had been made. The Chair advised that because of a long standing personal commitment she would be unable to attend and Chair the March Board meeting.

71. Welcome and Introductions

71.1 The Chair welcomed Ms Kasper who had been appointed as the Whistleblowing Board Member from 1 February 2020 to her first meeting of the Board. The Chair also welcomed a number of colleagues from the Scottish Government Performance Directorate as well as staff colleagues, the media and members of the public.

72. Mr B Houston Valedictory Comments by the Vice Chair

72.1 The Vice Chair welcomed Mrs Roberton to her role as Interim Chair of NHS Lothian and thanked the Chair for allowing him the opportunity to pay tribute to the Former Chair, Mr Houston whilst sharing with Board members his concerns about the circumstances of his departure.

73. Items for Approval

73.1 The Chair reminded those present that the Board agenda was made up of two separate sections. The first was the section for approval commonly referred to as the 'consent agenda'. The Chair reminded members they had had the opportunity to advise in advance if they wished matters to be moved out of this section. No such requests had been made. The Chair sought and received the agreement of the Board to agree items 2.1 – 2.7. The following were approved.

73.2 Minutes of previous Board meeting held on 8 January 2020 – Approved.

73.3 Healthcare Governance Committee minutes 12 November 2019 – Noted.

73.4 Finance and Resources Committee Minutes – 27 November 2019 – Noted.

73.5 West Lothian IJB Minutes – 26 November 2019 – Noted.

73.6 Midlothian IJB Minutes – 10 October 2019 – Noted.

73.7 East Lothian IJB Minutes – 31 October 2019 – Noted.

73.8 Edinburgh IJB Minutes – 20 August, 3 September, 22 October and 10 December 2019 – Noted.

Items for Discussion

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

74.1 Mr McQueen advised as Vice Chair of the West Lothian IJB he wished to update the Board about an ongoing joint inspection of effectiveness of strategic planning which was underway. He advised a number of interviews had been held including members of the IJB with initial report findings being expected in the first week of April with the final report being issued in June.

74.2 The Vice Chair advised as Chair of the Finance and Resources he wished to draw the Boards attention to 3 issues discussed at the 22 January 2020 meeting. The first of these was around progress with the Royal Hospital for Child and Young People (RHCYP) building which would be covered elsewhere on the Board agenda. The second issue was in respect of the sustainability and climate change strategy which was now a standing item on the Finance and Resources Committee agenda with it being noted plans were developing well. The Vice Chair advised a recent workshop had been held in the Royal Infirmary of Edinburgh where a significant number of staff had attended in their own time and had brought enthusiasm and

ideas to the table in respect of how to make NHS Lothian a secure and sustainable organisation. He advised it was his intention to continue these interactions and workshops and to develop a future plan and arrangements for carrying out assessments.

74.3 The Vice Chair commented the final issue he wanted to bring to the Boards attention was the fact that Mrs Goldsmith had provided a presentation on the development of the 5 year financial plan and financial strategies. He commented he was proposing the Board should discuss this issue in a development session in April in order to look at issues in more detail particularly in respect of the development of the financial plan. The Chair commented she supported this proposal and the logistics of this suggestion would be looked at possibly being accommodated by a shortened formal Board meeting in April leaving time in the programme for the workshop session suggested by the Vice Chair.

75. Lothian Recovery Plan Update

75.1 Mr Lock advised he proposed in conjunction with Mrs Campbell, Chief Officer Acute Services and Ms J Long, Programme Director Unscheduled Care to provide the Board with an update on waiting time improvement plan recovery and sustainability as well as the unscheduled care improvement programme.

75.2 Mr Lock advised since the January meeting he and colleagues had met with the Scottish Government on 23 January 2020 to provide an update on the recovery programme and updated on the outcome of this meeting which had been conducted in an open and transparent manner. NHS Lothian currently remained in escalation with it being noted the next formal engagement with the Scottish Government would be around March with recovery being linked to the Annual Operational Plan (AOP) and ongoing performance. The Board were advised the Corporate Management Team had met earlier in the week and had discussed areas of concern.

75.3 Mrs Campbell commented in respect of outpatients it was important to note the continued challenges in respect of the new outpatient position which had worsened during December. The current position was reporting that further work was needed. The key drivers were discussed with a significant issue being around the transition of the Edinburgh Dental Institute data on to Trak which for the first time had provided clean data and reported that the number of people waiting longer than 12 weeks was higher than anticipated.

75.4 The Board were advised the Treatment Time Guarantee (TTG) position was reporting positively. There remained continuing pressures in respect of utilising theatre capacity in Forth Valley. The 31 day cancer performance in December had improved with the 62 day position also showing an improvement of 8.4% since January the previous year. Mrs Campbell advised she chaired weekly meeting focussing on urology and colorectal cancer. The Board noted an agreed trajectory of 18,100 for outpatients and 3,100 for TTG had been agreed with the Scottish Government. Mrs Campbell advised there remained a continued focus on long wait patients with this position also showing improvement.

75.5 In terms of paediatrics in SJH Mrs Campbell advised the service was continuing to operate on 4 nights per week and the Programme Board at a recent meeting had agreed given the overall staffing position it would not be possible to provide a safe and sustainable service on a 7 day basis. As previously agreed the engagement with the Royal College of Child and Young People had commenced the previous day and they would evaluate whether NHS Lothian had looked at all actions and opportunities to return to a 7 day provision. Consideration was also being given to recruitment options in respect of the paediatric ward.

75.6 Mrs Mitchell commented it would be useful for future iterations of the report to include more detail in order to understand where there was increased demand and whether this related to all specialities or only specific areas. It would also be useful obtain a sense of the success of short term measures to mitigate the position. The Board were advised in the short term the key mitigating measure was to purchase additional capacity including from the private sector.

75.7 In respect of keeping patients advised of what was happening in their individual cases a key factor was the 'Keep in Touch' initiative that identified whether there were changes in the patient's condition which could either lead to them being removed from the list or their condition being brought to the attention of the appropriate clinical staff.

75.8 In terms of the comment made in the circulated paper about delivering a net neutral position next year and the heavy reliance on external provision as well as a continued focus on service redesign was discussed. In response to a question from Mr McQueen it was noted in terms of contribution to sustainability a 5 year forward look was being attempted and the sustainability and value contribution continued through the work of the Finance and Resources Committee.

75.9 The Chief Executive commented the position in Lothian was unique in that the population was increasing at more than twice the national rate. He advised this meant NHS Lothian had to be more efficient just to stand still. He advised the recovery plan ethos was to run faster and quicker although there was also a need to stand back and look at redesign options. The Chief Executive commented in respect of the outpatient return agenda there were 250,000 new referrals every year and 500,000 return referrals and in that regard there was a need to consider a process of redesign to mitigate this position. The point was made as a result of population and demographic changes there was a need to recognise more patients would live longer and would potentially become subject to conditions of the elderly. The Board were advised the challenge moving forward through the recovery plan would be to move from a 95% focus on day to day operational issues to a balance of 60% on redesign and 40% on operational issues. The current workforce supply was unmet and this would be an issue moving forward.

75.10 Mr Lock advised for the next Board meeting the focus would be on scheduled care, redesign and the forward plan. He introduced Ms Long, Project Director for Unscheduled Care advising she was working across the main sites as well as the Health and Social Care Partnerships (HSCP). Ms Long provided the Board with a Powerpoint presentation covering current work and activities.

75.11 The Board were advised in respect of changing the narrative the issue was about getting people out of hospital that did not need to be there and to ensure services were provided at the point of need. It was noted many people were mobile at home and it was important to avoid them being admitted into hospital as often they became institutionalised. The Board were advised of the 'Medway' Project which had the ethos that nobody should enter hospital and never see their home again. This was agreed as an appropriate aspiration.

75.12 The Board were advised currently within the system there was a lack of confidence between acute and community services and there was a need to build trust in order to ensure that staff understood the functions of other parts of the system and what they were managing.

75.13 The Board was advised social care delays had increased during December and January although it was expected these would drop back to around 200. It was noted HSCP's were being ambitious around the delayed discharge position with there being an aspiration to move down to 100 in the following year through the adoption of initiatives like the Pan Lothian Home First Approach.

75.14 Mr Crombie commented at previous Board meetings the system had reminded itself whilst performance data was important the core issue was around the concept of safe patient care. It was noted 4500 patients attended ED department each week and during 4 Monday's in January there had been in increase of 17% in activity. Mr Crombie commended the resilience of the clinical team and other colleagues in sustaining performance under such circumstances. He commented the data heralded the need for change and there was a need for more focussed work to deliver change and sustainability.

75.15 The Board received an update on work to target the number of admissions as well as work being undertaken to pull people out of the hospital environment as quickly as was safe and feasible to do. The point was made that currently there was a difference in the data used by HSPC's and there was a need to learn lessons on how to move forward in the same direction. Mr Lock advised discharge planning variability was the key issue.

75.16 Mr Ash commented when looking at integrated care services there was issues around the lack of integration and governance problems leading to either duplication or conflict particularly in respect of NHS budgets. He commented he would welcome a more long term solution with Local Authorities and the 4 HSCP's on a full partnership basis.

75.17 Mr Murray commented in Edinburgh a process of resourcing transformational change was underway and questioned whether there was a comparable resource in other areas. He felt there would be benefit in adopting a whole system approach around transformation. He felt there was an issue around directions and accountability and the need for IJBs to come up with solutions.

75.18 Mr Connor commented he had a concern about how to make headroom to undertake redesign as he did not feel it was possible within current resources. He advised the Board of the approach taken in the private sector. Mr Connor commented if a 5 year framework was being adopted then there would be a need to do things differently.

75.19 Dr Williams advised he supported investment in the community in order to obtain quick and easy access to services. He advised a previous study had looked at inappropriate admissions to the hospital and the numbers were relatively small. Dr Williams challenged the view that GPs were keen to admit people into the hospital environment advising this was not the case. He stressed if there was a desire to do more work in the community then both the NHS Board and the Scottish Government would need to resource this appropriately.

75.20 Ms Hirst advised she had attended a conference about redesigning Scotland's healthcare where the focus had been around the need for this to be done on a whole system basis. Discussion had been held about the English position and the 4 hour standard in emergency medicine with the point having been made about the 'vital few' with 5% of those presenting accounting for 20% of breaches with this having been looked at in detail.

75.21 The Board were advised by Mr McQueen in respect of delayed discharges that in West Lothian they had introduced a different contractual agreement in October. He questioned what East Lothian was doing that could be of value to the rest of the system in improving the position and influencing discussion with providers.

75.22 The Chief Executive advised currently the system was buying extra capacity because of challenges around the workforce. There was an Edinburgh specific phenomenon in respect of people looking for work at minimum wage level and the wider range of options available to them. The Board were advised the Corporate Management Team earlier in the week had discussed the possibility of taking a financial risk to make a significant step change in the provision of out of hospital care system. The Chief Executive stressed if the NHS Board was to take financial risk then this must be for additionality and not to cover budget deficits elsewhere. The Board were advised social care system was fragile with there being issues both in Edinburgh and West Lothian about the reduction and loss of capacity.

75.23 Mr Lock updated the Board on timescales around recovery advising a further meeting would be held with the Scottish Government at the end of March. He advised there still remained risks as detailed in the paper and this had implications for the immediate recovery process. He advised there was a 6 month timeframe to move to the home first model before the onset of next years winter.

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

76. Update on the Royal Hospital for Children and Young People and Department of Clinical Neurosciences (RHCYP and DCN)

76.1 Mrs Goldsmith advised the circulated paper summarised significant progress since the previous Board meeting and also addressed the reasons why in February the system was still at the point it was. She advised there were 3 main issues to address and explained these in detail to the Board:

76.2 Mrs Goldsmith commented in respect of why it had taken so long for significant progress to be made that it was important to recognise there had been 2 phases of the National Services Scotland (NSS) review to consider before it was possible to provide assurance to the Board and the Oversight Board of compliance with the 6 critical systems and work with IHSL and about how these packages of work would be delivered.

76.3 The Board noted good progress was being made although it was stressed there would be a need to finalise the programme in respect of high value changes. Mrs Goldsmith advised there would also be significant work around testing and providing assurance to be undertaken by a multitude of partners in order to provide assurance to the Board and the Cabinet Secretary in respect of the facility being safe for occupation.

76.4 The Board were advised the Chair of the Oversight Board had asked NHS Lothian to consider whether its own mobilisation and commissioning process could run in parallel to works being undertaken by others. Mrs Goldsmith reminded the Board of comments made around this issue by both KPMG and the Auditor General and the concerns they had raised about the length of time left to undertake proper commissioning and validation. An analysis of the position would be reported to the Oversight Board on the 20 February 2020 and the outcome of this would be required before issues around design works were concluded.

76.5 Mr Ash advised the internal audit process was being addressed in 2 phases. The first of these was an undertaking of a deep dive exercise to look at the processes and decision making. Phase 2 if required would look at issues around individual actions and accountability. The Audit and Risk Committee at its meeting on 24 February 2020 would review the internal audit report and at that point a management response would be needed which would hopefully identify lessons learned moving forward. The internal audit report would in due course be made public. Mr Ash reported immediately following the Audit and Risk Committee he would arrange for the report and the minute of the meeting to be circulated to Board members.

76.6 Mr McQueen commented Board members and members of the public would be interested what this meant for the likely completion date of works and the opening of DCN and RHCYP facilities. Mrs Goldsmith advised the supplemental agreement was critical as would be the element of risk identified. It was noted until design work was completed in respect of the critical care unit and the theatre ventilation for haematology / oncology it was not possible to give the Board a timeline for moving into new facilities.

76.7 Dr Williams advised the complexity of the structure was overwhelming. He commented the Board acknowledged mistakes and needed to learn lessons from them. He commented in particular this related to the previous process of trying to commission work whilst validation and testing was being undertaken. Mrs Goldsmith confirmed this approach would not be adopted in the current phase. She advised there would be a need to confirm what if any risks were acceptable to the Board and the Oversight Board and therefore the Cabinet Secretary who would require to make the ultimate decision.

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

77. Our Priorities for Continuous Improvement

77.1 Professor McMahon drew the Boards attention to the change in format and focus of the paper. He advised as part of the consultation process discussion had been held with Board Committee's, Corporate Management Team and the Wider Leadership Team with an impact assessment being undertaken. The proposal was to use the outcome as the format of how to communicate with staff.

77.2 The Board noted the Scottish Government 2020 vision would be replaced by a 2031 vision. The Chief Executive reminded the Board the NHS Lothian vision had taken account of the IHI triple aim as required by protocols. NHS Lothian had added a 4th dimension around staff and values and this would remain.

77.3 Mr Murray referred to the use of explanatory notes for staff and advised there would be a need to use these for wider communication.

77.4 Cllr McGinty and Mrs Hirst also with reference to paragraph 3.5 felt the format and explanatory note was a big improvement. They welcomed inclusion of the transfer of services to the new RHCYP / DCN and the aim to fully reopen the paediatric inpatient unit at SJH given these were major pieces of work for the Board and were in part subject to oversight by the Scottish Government. It was felt the inclusion of those issues would be essential in the public document. Professor McCallum concurred and commented on the need for language in final document to reflect the target document.

77.5 The Vice Chair commented on the importance of the document and the fact it redesigned sustainability in its broadest sense. He felt it was a good focus document and was easy to read and understand. He felt there was a need to reflect on whether the final document should contain operational implementation priorities albeit they would remain priorities.

77.6 Mr Ash welcomed the accessible format of the report and felt this should represent the process moving forward. In that respect he stressed the need for engagement with Local Authorities and Strategic Community Partnerships. Professor McMahon advised he would pick up this point moving forward. The Chair commented sharing the document widely made sense particularly in respect of confidence building and adding understanding.

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

77.8 Professor McMahon left the meeting.

78. 2019/2020 Financial Position Quarter 3 Financial Forecast and Financial Outlook 2020/2021

78.1 Mrs Goldsmith advised although the Finance and Resources Committee had received moderate assurance about financial breakeven at the year end, she was now able to confirm to the Board that a breakeven position would be achievable particularly now that prescribing had stabilised. She advised that the 2 issues that remained outstanding were underspends and overspends within IJBs and the residual cost for the winter period. Mrs Goldsmith advised there was a need to focus on the recurrent deficit and this linked to the previous point made by the Vice Chair about holding a delivery session in April.

78.2 Mrs Goldsmith advised the Local Authority settlements in the budget were an issue particularly in respect of what this meant for IJBs albeit there were no particular concerns in respect of NHS Lothian. It was noted the NRAC (National Resource Allocation Committee) uplift had been positive and better than anticipated. She commented however NHS Lothian remained at 0.8% of parity for 2020/21 and this represented a £14m gap given population and demographic issues. It was noted the Finance and Resources Committee would look in more detail at issues around the budget.

78.3 Mr Crombie in respect of the £100m allocation to Integration Authorities commented on the intention to create a performance framework to draw Local Authorities into more accountable discussions about service provision. It was noted the detail of the performance framework had not yet been seen although it was agreed this could be used to engage in more meaningful discussions.

78.4 The Chief Executive commented previously alternate Board meeting had been used for a development session. He commented there might be benefit in making the Public Board meetings shorter to afford the opportunity of incorporating a development discussion to discuss issues like the 5 financial plan. He advised there was a financial risk inherent within the system because of the fragility of social care services.

78.5 The Board agreed the recommendations contained in the circulated paper and in particular the assurance provided by Mrs Goldsmith that financial breakeven would be achieved.

79. NHS Lothian Corporate Risk Register

79.1 Ms Gillies commented on the need to consider the frequency of Board discussions around the risk register given many issues were not changing significantly from meeting to meeting. It was noted that a Lead Governance Committee had been identified for each risk and the authors of papers had been reminded about the need to be explicit around the status of the risk. An update was provided on the approach being taken to risks around delays in moving in to the new RHCYP/DCN facility. The Board also received an update on the view of Brexit risks with it being noted the template had been updated to reflect changes.

79.2 Mr Ash advised the Audit and Risk Committee were pleased with the progress being made and were now considering how best for the risk register to be reported. He commented if there was clarity around the governance aspects and oversight then it might be sufficient for the Board to receive exception reports. Ms Gillies advised she would discuss this further and report the outcome back to the Board.

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

80. Any Other Competent Business

80.1 Coronavirus Update – Professor McCallum provided the Board with an update on the actions being taken to manage the coronavirus position. It was noted 65 people in the region had been tested for the infection in the previous 3 weeks with all results having been negative. The Board were advised however plans were in place to step up preparations for the possible spread of the virus and this included plans being made to set up isolation centres.

80.2 The Board were advised the coronavirus had so for claimed over 1000 lives with there being in the region of 40,000 known cases in 27 counties across the world. Professor McCallum advised in Lothian a team had been established that could respond to suspected cases by means of people being tested in their own home. She commented NHS Lothian were also looking at community facilities that could be used to isolate confirmed cases if people could not be isolated at home. The Board were advised extensive planning was underway.

80.3 Professor McCallum with reference to statistics around coronavirus that issues like the number of people being admitted to hospital and their length of stay etc were not reliable. In that regard the planning that was being undertaken was based on pandemic flu because that was the closest comparator.

80.4 The Board were advised as of the previous day there had been 42,638 cases of coronavirus and 1,016 fatalities in mainland China as well as 464 cases internationally. The Board were advised a total of 1,134 individuals had been tested in the UK of which 8 were positive and the rest negative. Professor McCallum advised most of the Lothian potential cases were people who reported symptoms to NHS24 or during daytime hours had called their GP. She advised the strategy was to avoid the virus getting into hospitals. In that regard it had been possible to set up very rapidly a community testing facility using a car and trained staff to go out to visit people in order to avoid them having to come in to healthcare buildings. An additional workstream was underway to look at community facilities to allow people to be cared for outside hospital if they were not capable of being isolated within their own homes. The Board were advised NHS Lothian now had testing available for this new virus in Edinburgh which meant results were received quickly.

80.5 The Board were advised whilst all of the estimates were unreliable the system was planning for a process of containment whilst also planning at the same time for a bad flu season in the spring into the summer and if this turned out not be a seasonal bug then a bad flu season into the forthcoming winter period. The Board were advised there was still a chance that containment would work although there was an overriding requirement to plan for the most reasonable worse case scenario of pandemic flu and work backwards from there.

80.6 Professor McCallum advised NHS Lothian was having regular teleconferences with Health Protection Scotland, the Chief Medical Officers for England and Scotland and was also coordinating with other Scottish Health Boards and the Scottish Government's Resilience Committee.

80.7 The Board were advised steps were being put in place to keep staff up to date and noted that wider winter resilience plans were already in place.

80.8 The Chair commented it was reassuring a joined up approach was being taken and she also welcomed the preventative aspect of work. She advised a key issue was to be aware of increases in hate crime with this already having been evidenced in some universities where there was a significant student Chinese population. She commented she hoped all the effort being put into planning for the coronavirus situation paid dividends.

80.9 The Board welcomed the update report.

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

81.1 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.

82. Date and Time of Next Meeting

82.1 The next meeting of Lothian NHS Board would be held at 9:30am on Wednesday 4 March 2020 at the **Scottish Health Services Centre, Crewe Road, Edinburgh.**

Chair's Signature……

Date……

Mrs Esther Roberton
Interim Chair – Lothian NHS Board

FINANCE AND RESOURCES COMMITTEE

Minutes of the meeting of the Finance and Resources Committee held at 9.30 on Tuesday 22 January 2020 in Meeting Room 8, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

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

In Attendance: Ms J. Brown, Head of Internal Audit (item 26.3); Mr J. Crombie, Deputy Chief Executive; Mr I. Graham, Director of Capital Planning and Projects; Mr K. Hodgson, Specialist Registrar (observing); Mr C. Marriott, Deputy Director of Finance; Mr D. Mill, Senior Project Manager, Facilities (item 27.1); Mr A. Payne, Head of Corporate Governance; Ms B. Pillath, Committee Administrator (minutes).

Apologies: Ms J. Campbell, Chief Officer, Acute Services; Professor A. McMahon, Nurse Director; Mr B. McQueen, Non Executive Board Member.

Chair's Welcome and Introductions

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

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

25. Committee Business

25.1 Minutes and Actions from Previous Meeting (27 November 2019)

25.1.1 The minutes from the meeting held on 27 November 2019 were approved as a correct record subject to correction of typographical errors in section 19.4 and in the attendance record.

25.1.2 The updated cumulative action note had been previously circulated.

25.1.3 In relation to the action to follow up on the feedback from the Audit Scotland Non Executive Checklist, Mr Payne advised that a report had been sent to the Directors on how the issues raised related to Committee remits. All these issues were covered by Committee remits, but any changes required would be driven by managerial action; reporting requirements to the Committees could ensure oversight. This included areas of statutory responsibility. It was agreed that this would be discussed at the executive leadership team and the non-executive informal meeting. **SG / MH**

26. Capital

26.1 Property and Asset Management Investment Programme

26.1.1 Mr Graham presented the previously circulated paper. It was suggested that more work was needed to clarify the position on ensuring primary care provision was matched by GP practice provision with long term planning across all the Integration Joint Boards. Ms Goldsmith advised that work was being done on this and plans had been taken to the Lothian Capital Investment Group on a financial plan taking into account demography and priorities in each area. More work was needed on future investment to support the multi-disciplinary team model. It was agreed that the Integrated Care Forum would be an appropriate place to discuss this in a wider context. **MH**

26.1.2 Cllr McGinty advised that the public were raising concerns about demographics and primary care health services and that it would be beneficial to make it clear that these issues were being considered and how decisions would be made by the Board. There were processes in place, but this needed to be understood by the public.

26.1.3 The effect of fluctuations in contractual and materials costs on the budgets for building programmes was discussed. There was a difference of £4 million between the budget in the outline business case and the full business case for the cancer enablement programme. Approximately £2 million of this was related to a change in the cost of concrete for the flooring. Prices for building materials were currently fluctuating and cost advisors were working on projects at full business case level.

26.1.4 It was noted that although St John's Hospital car parking had been removed as a separate property investment programme, it was now included as part of the master planning for St John's Hospital and the Scottish Government had agreed to fund this; further details to follow.

26.1.5 The cost of the HSDU programme had doubled. This was due to a change in national requirements and therefore a change in scope for the project. More details would be included in the next report. **IG**

26.1.6 Due to the increase in costs for projects between outline business case and full business case in general a recalibration of calculations for outline business cases was needed and this was being worked on with the cost advisors. It was noted that any contingency sum included should be explained on a case by case basis. There would be a further update on this in the next report. **IG**

26.1.7 Further discussion was needed about the Eye Pavilion and linking capital investment to performance. It was stated in the business case that additional capacity and a new building designed around modern eye practice would increase efficiency of the current provision.

26.1.8 Mr Crombie noted that the completed Emergency Department reconstruction at St John's Hospital had transformed the unit which could now provide appropriate care to different streams of patients. Performance was good with the new minor injuries unit allowing a 96% waiting times performance. A second phase of refurbishment was still to start. A patient safety walkround would be arranged. **JCr**

26.1.9 Members accepted the recommendations laid out in the paper and accepted moderate assurance. An action was added to include the link between the capital plan and waiting times performance in the Committee annual report. **MH**

26.2 Provision of Replacement CT Scanners at the Royal Infirmary of Edinburgh

26.2.1 Mr Crombie presented the previously circulated paper. The replacement CT scanners would improve efficiency of the service due to the faster acquisition time reducing from 5 minutes to 3 minutes, and the reduced down time from breakdown of the current scanners. There would not be a substantial gain in capacity as demand continued to rise. External capacity was already being used for some elective procedures. Further investigation into the types of referrals made and further investment was possibly required.

26.2.2 It was agreed that an annual report from the Lothian Medical Equipment Review Group (LMERG) would be added to the work programme for this Committee. **AP**

26.2.3 Members accepted the recommendations laid out in the paper and the business case was approved.

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

26.3.1 Ms Goldsmith gave a summary of the current position on signing of the supplemental agreement and design development. This would include agreement of a process for testing throughout the construction, and the completion criteria. This was being negotiated currently and it was expected that the agreement would be signed by mid February 2020. There had been good collaborative work with IHSL and their suppliers which were engaging on site on the pre design work so that they would be ready to start on the design when the agreement was signed. Mary Morgan was positive about the relationship. There was confidence that a good, experienced team was working on this.

26.3.2 The Scottish Government was being kept up to date with the risks and the timescales. Mary Morgan, Senior Programme Manager, National Services Scotland (NSS) working on the project was fully aware of all discussions and has fully briefed Fiona McQueen, Chief Nursing Officer. It was agreed that formal assurance was needed that the cabinet secretary was aware of all the complexities. **SG**

26.3.3 There had been consideration of how the work to develop the plan could be done more quickly, including the possibility of seven day working or more teams working on the project, and how to speed up the process of multiple sign off. A way to make completion quicker would be to take on the risk of doing less of the smaller works, but lessons from Glasgow new builds have meant erring on the side of caution to ensure that the building would be completely safe. A report on this work would be circulated before the next meeting. **SG**

Internal audit report

26.3.4 Mr Marriot presented the previously circulated papers. The Auditor General report and the progress report on phase 1 of the internal audit had been discussed by the Audit

and Risk Committee and a report on their discussion was included in the papers. The chair welcomed Ms Brown to the meeting.

26.3.5 Ms Brown advised that the questions raised by the Auditor General in the report were being kept in mind during the internal report process, but more work was still needed at this stage on the contractual arrangements, the origin and processes of the environmental matrix and any opportunities that were missed to pick up any problems. It was expected that there would not be one root cause identified but a number of things that went wrong in the process.

26.3.6 The investigation would include all correspondence but would try to focus on the relevant issues such as correspondence on critical care and ventilation.

26.3.7 The final report for phase one of the internal audit with recommendations would be submitted to the Audit and Risk Committee and to the Finance and Resources Committee in February 2020. **SG**

27. Revenue

27.1 Sustainability and Climate Change

27.1.1 Mr Mill presented the previously circulated paper. Mr Houston gave positive feedback from the sustainability discussion workshop held at the Royal Infirmary on 21 January 2020 where there had been impressive engagement from staff voluntarily attending and contributing ideas. Mr Mill noted that this was supported by key commitments at executive level. Similar workshops would also be held at other sites.

27.1.2 It was suggested that there needed to be more public awareness of the sustainability plan and that the communications plan should include external as well as internal information on the website.

27.1.3 The possibility of a separate committee for governance oversight of sustainability programmes was suggested but it was felt that this issue should not be separated as it was core to all business. This would be formally considered, but oversight would remain with the Finance and Resources Committee in the meantime. **JCr**

27.1.4 A staff award for recognition of sustainability initiatives was suggested and Mr Mill advised that this had been discussed as a way to share the good work already going on at staff level and to build a network for sharing ideas. There had been discussion with the university about the awards scheme already run there. Mr Crombie also agreed to discuss this with the Director of Human Resources. **JCr**

27.1.5 There was national consideration of using the ISO 14000 for gaining sustainability environmental management accreditation.

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

27.2 Financial Position and Quarter 3 Financial Forecast

27.2.1 Mr Marriott presented the previously circulated paper. It was noted that GP prescribing costs have fluctuated as a combination of change in volume and price but that this had been stable for the last few months and was expected to be in budget for this year, although not with the savings hoped for. Supply had also been a problem during uncertainty due to Brexit and this had affected price.

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

28. Finance Development Session

28.1 Financial Plan for 2020/21

28.1.1 Ms Goldsmith gave a presentation. There was pressure on the nursing pay budget and it was noted that if this was partly driven by safe staffing needs then resources would need to be identified to cover this. Previous work had been done on skill mix and ensuring staff can work to the top of their license to maximize resources.

28.1.2 Some consultants risked moving into a higher tax band when working overtime hours and were therefore reluctant to do so. The Scottish Government had agreed to pay compensation for this for the winter period January to March 2020. The MSG group was collecting data on the effect of this position in Scotland but had not yet reported back.

28.1.3 NHS Lothian was in a position to be within budget for the year 2020/21 as with 2019/20, if efficiency savings could continue to be made, and assuming the 3% uplift in the Scottish Government funding. This would be known at the Scottish Government budget announcement on 6 February 2020. The non-recurring funding was an increasing proportion of funds and this transferred the financial risk to the Health Board when planning services long term.

28.1.4 It was noted that the Microsoft 365 contract had been signed by National Services Scotland (NHSS) on behalf of each Board but was being paid for out of individual Board's funding. As NHS Lothian had not had a chance to consider the business case and weigh the priorities of the investment, concerns were raised over this process which may also be used for other eHealth costs.

28.2 Strategic Five Year Financial Plan

28.2.1 Ms Goldsmith gave a presentation. It was noted that although Lothian had the fastest growing population in Scotland, this did not translate to an expectation of a faster growing budget, as population shift could be related to wealth shift and less populated areas may need more funding per person. The over 65 population in Lothian was growing faster than the total population. The NRAC allocation was not related to demographic change or to multi morbidity. Patient Level Information Costing System (PLICS) and demography data was needed to argue for more funding to sustain services, including data on the costs of morbidity. Work was being done with NHS Grampian on this as both Boards now had misalignment between NRAC allocation and population. A step up in infrastructure in all sectors was needed to respond to demographic growth.

28.2.2 Even with the right funding and time away from front door performance issues, models had not yet been developed to focus investment to improve delay and reduce demands for inpatient beds. More time was needed to develop this, including measuring the impact of investment; this was a topic for discussion at the Integrated Care Forum.

28.2.3 It was suggested that Integration Joint Boards should be encouraged to come up with innovative suggestions for investing in new models. There were many restrictions on Integration Joint Boards in terms of capital and planning, but they were able to raise ideas for investment. Colin Briggs' work on primary care transformation would encourage some of this thinking.

28.2.4 Efficiency savings made each year were non-recurring and sources for savings were getting fewer. It was suggested that a more focused regional and national approach to reducing costs was needed. Futures and innovation work was easier to do nationally where expertise could be shared, especially in using new technology.

28.2.5 Mr Marriott advised that Boards in financial difficulties had been using financial consultants to review their financial systems, and that lessons could be learned from the solutions that they proposed. It would be helpful to use this information nationally as a proactive approach rather than as a response to financial difficulties.

28.2.6 Members agreed that the role of this Committee was to support and challenge the strategic financial response.

29. Reflection on the Meeting

29.1 Members agreed that the sustainability work would be raised at the Board meeting for information. The suggestion of having a separate session with the Board on the five year financial plan to increase understanding in this area would also be raised at the Board. **MH**

29.2 The update on the Royal Hospital for Children and Young People would be going to the Board separately.

30. Date of Next Meeting

30.1 The next meeting of the Finance and Resources Committee would take place at **9.30** on **Wednesday 26 February 2020** in **Meeting Room 8**, Fifth Floor, Waverley Gate.

31. Meeting Dates in 2020

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

- 25 November 2020.

Chair’s Signature…….

Date……

NHS LOTHIAN

AUDIT AND RISK COMMITTEE

Minutes of the Audit and Risk Committee Meeting held at 9.00 am on Monday, 25 November 2019 in Meeting Rooms 8 & 9, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

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

In Attendance:
Ms J Butler, Director of Human Resources and Organisation Development; Ms J Brown, Chief Internal Auditor; Mr D Eardley, Scott Moncrieff; Ms S Gibbs, Quality & Safety Assurance Lead; Ms S Goldsmith, Director of Finance; Ms D Howard, Head of Financial Services; Mr C Marriott, Deputy Director of Finance; Mr J Old, Financial Controller; Mr A Payne, Head of Corporate Governance; and Miss L Baird, Committee Administrator.

Apologies: Councillor J McGinty, Non-Executive Board Member.

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

31. Proposed Internal Audit of Recruitment

31.1 Members noted the previously circulated paper in response to concerns highlighted at the June Audit and Risk Committee about the proposed deferral of the internal audit on recruitment. Recruitment had been assigned to the 2019/20 plan as part of a rolling programme of work. It was acknowledged that the proposed deferral was to allow time for a regional programme of recruiting to embed. Workforce planning had been proposed as a suitable replacement for the recruitment in Q4. The Chief Internal Auditor and the Director of Human Resources proposed that the internal audit of recruitment would be scheduled within the 2020/21 Internal Audit Plan.

31.2 Mr Murray questioned whether it was the right time to delay an internal audit report on recruitment with the spotlight of the media on NHS Lothian and whether it would be perceived negatively by the public. He went on to draw the committee's attention to the anticipated Workforce Plan from Scottish Government and the timeliness of the internal audit report. Ms Butler advised that at this time an internal audit on recruitment would not provide the assurance the committee requires on workforce supply. Long terms goals with workforce planning would address concerns in respect of recruitment. Recruitment is essentially a transactional process, rather than the solution to workforce risk.

31.3 Ms Butler advised the committee that in preparation of the expiration of the NHS Lothian Workforce plan, a 3 year rolling plan was being devised. The final NHS Lothian plan would be cross checked against the Scottish Government's 2019 workforce plan before it is published. As the governance committee with oversight of workforce, the Staff Governance Committee would review the content of the proposed plan in February 2020.

31.4 Ms Butler acknowledged Dr Williams concerns surrounding the primary care element of the workforce plan and the lack of information within the paper presented. Dr Williams recognised that the preparatory work that had provided projected figures for the General Medical Contract, Pharmacy and Advanced Practice, recognising that there was no underpinning evidence surrounding training etc. Ms Butler agreed to pick these matters up with management to ensure that key primary care colleagues were involved in the development of the plan. **JB**

31.5 The Chair noted that the committee was in danger of trying to anticipate the outcome of the upcoming internal audit. He proposed that members accept the phased approach presented and await the outcome of the internal Audit report through the normal process.

31.6 The committee agreed to support the proposal to defer the audit on recruitment, with the assurance that the Q4 workforce planning audit will pick up workforce supply risk and the measures that are being taken to mitigate risks.

31.7 The committee accepted the report, recognising that the NHS Lothian Workforce Plan will set out the key actions that NHS Lothian will be taking to address professional and service sustainability pressures.

32. Internal Audit Report – Staff Satisfaction (October 2019)

32.1 Ms Butler accepted the internal audit of Staff Satisfaction as a fair audit noting that iMatter was a process of continuous improvement.

32.2 Ms Butler noted that committee's concerns about the level of rigour employed around the process of following up against iMatter action plans and barriers to access. She noted that actions to mitigate concerns surrounding IT access and following up actions and outcomes were in progress.

32.3 The committee accepted the report.

Ms Butler left the meeting.

33. Minutes of the previous meeting held on 26 August 2019

33.1 The minutes of the meeting held on 26 August 2019 were accepted as an accurate record.

34. Running Action Note

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

34.2 The committee noted that work to review and propose some updates to the principles which can then be discussed with the Chief Officers and IJB Audit and Risk Committee chairs was in progress. Ms Brown would bring back a formal protocol for consideration to the February meeting of the Audit and Risk Committee. **JBr**

34.3 The committee accepted the running action note.

The Chair welcomed Mr Aitken to the meeting.

35. Internal Audit Report – Hospital Sterilisation Decontamination Unit (November 2019)

35.1 Ms Brown spoke to the previously circulated report. She noted that the area under review comprised of 5 control objectives, of which 3 received significant assurance, and 2 received moderate assurance. The assurance provided within the report was limited to the controls in place to develop and test resilience plans within NHS Lothian, and Ms Brown recognised that a high inherent risk remains present should the unit have an unforeseen closure. Ms Brown confirmed she was content with the management actions set out in response to the report.

35.2 Members were concerned that Track and Trace had been proven unreliable in the past and questioned whether reliance could be placed upon the system. Mr Aitken assured the committee that Track and Trace would be piloted in Neurology. There will be an assessment to determine whether Track and Trace is suitable and can deliver its objectives before it is fully rolled out in 2022.

35.3 There was some discussion surrounding the oversight of projects and funding in terms of best value within the organisation to ensure that the Board was learning lessons from previous projects such as the Theatres improvement programme. There was acknowledgement that the role of oversight of such projects would fall to the Finance and Resources Committee rather than Audit and Risk. In terms of the oversight of the management actions these would be fed back to members through the routine follow-up work by the internal auditors.

35.4 Mr Aitken welcomed comments from members noting that the internal audit report was a fair report. The Chair thanked him for attending and he left the meeting.

35.5 The Committee accepted the report.

36. Assurance Report on Sustainability and Value

36.1 Mr Marriott introduced the previously circulated report on the Sustainability and Value (S&V) work of the organisation, providing increased levels of assurance that there were robust processes in place to develop and deliver S&V plans. Mr Marriott provided additional context to actions and mitigated concerns surrounding oversight that would be implemented over the 3 to 5 year period.

36.2 The Committee's discussion highlighted Best Value, noting the interest that both integration joint boards and the NHS Board have in the subject. The Committee expressed interest in how the Project Network Office (PNO) approach would support all organisations with Best Value. There was agreement that a broader view of best value, quality, research and innovation should be explored as part of future financial plans, and the Board's development of its corporate objectives.

36.3 The committee agreed that there needed to be a focus on where the organisation invests support and what rigour and assessment is in place to oversee projects. This is to ensure that they are sustainable and provide best value. It was noted that the challenge would be tailoring support to each project's specific needs. Further work is required to develop a system of oversight that would systematically prompt post-project learning, review implementation of outcomes, and how these contribute to sustainability of the organisation.

36.4 In light of comments made and the developing landscape further consideration of the Sustainability and Value Remit was required. Mr Marriot and Ms Goldsmith would bring a report back in the summer to update the committee on the progress made. **SG/CM**

36.5 The committee the update in respect of S&V and progress to date.

37. Risk Management

37.1 NHS Lothian Corporate Risk Register – Ms Gibbs introduced the previously circulated report. She drew the committee's attention to the risks in respect of the Royal Edinburgh Hospital, recovery templates, the reduced nursing risk grading and Q2 updates in the new format.

37.1.1 Members questioned whether the risk rating assigned to the RHSC/DCN financial risk was too great. Mr Marriott confirmed that that risk to the organisation of not moving to the new site and double running was significant. It attributed to an additional cost of £1.4 Million per month to the organisation. Oversight of the RHSC/ DCN work remained tight with Government meeting with the Board weekly or twice weekly depending on need. Ms Gibbs agreed to consider whether as the risk moves on whether it would be beneficial to separate out the clinical care of the patients and the financial risk to the organisation to accurately reflect the level of risk associated with each element of the risk. **SG/SG**

37.1.2 Mr Murray questioned whether the risk rating assigned to 3726 (delayed discharges) was a dis-service to the hard work employed by the IJBs to bring down delayed discharges in the recent months. He noted that reporting positives was equally important as highlighting risk to the organisation. Ms Gibbs advised that the matter had been picked up with Ms Campbell as the owner of the risk, recognising that the move to reduce the risk may have been delayed until the winter period had passed.

37.1.3 Mr Murray noted that risk 3726 gave the Board an opportunity to consider how risk involving integrated services were considered and reported in future. He noted that shared responsibility of risk was not laid out in the Corporate Risk Register at this time. The Chair noted that Audit and Risk Committee would only pick up those risks relating to the Board, noting that it would be for the Integrated Care Forum's role to pick up those matters concerning commissioning services.

37.1.4 The committee noted that the Board approved the corporate risks on the new template which aims to demonstrate the relationship between the corporate risk, associated strategic plans and measures to illustrate the adequacy of controls resulting in a more holistic view of risk management. A template in the new format has been completed for the new risk: the Royal Hospital for Children & Young People and Department for Neurosciences and template is in development for the new risk: the delivery of NHS Level 3 Recovery Plans.

37.1.5 The Committee noted that the Board accepted a new risk with respect to lack of bed availability at the Royal Edinburgh Building resulting in patients being boarded overnight in other specialities, being out of area or sleeping in areas within wards not designed for this purpose. A template for this risk is also in development.

37.1.6 The Committee noted that all of the actions required from the internal audit of risk management have been completed and agreed as closed.

37.1.7 The Committee noted the outcome of the mapping exercise across health, social care (councils) and Integration Joint Boards (IJB).

37.1.8 The Committee accepted the report.

38. Internal Audit (Assurance)

38.1 Internal Audit Progress Report (November 2019) – Ms Brown advised the committee of staffing levels and resource within the internal audit team. Ms Brown noted that the proposed scheduled of audits had been ambitious and challenging. She remained confident that all audits within the 2019/20 plan would be complete by the end of the financial year.

38.1.1 Discussions at the Finance and Resource Committee and the subsequent private Board meeting in October, led to a request for an internal audit on aspects of the Royal Hospital for Children and Young People. It was noted that the review would not duplicate work already done. Instead the focus would be on internal controls, what controls failed and why. An additional meeting of the Audit and Risk Committee had been scheduled to consider the final report of the first phase of the audit on 13th January 2020. Resource for the additional audit would be split between current resource and additional audit days.

38.1.2 In addition to the internal audit, the Auditor General will be publishing a Section 22 report on the project. .

38.1.3 It was noted that Internal Audit had started the preparatory work to consider which documents NHS Lothian had. Further discussions with the Scottish Futures Trust and the technical advisors would take place to understand the logic behind where and why there were failings within the project.

38.1.4 It was noted that the Edinburgh IJB final report scheduled to come to the November meeting of Audit and Risk had been delayed until February 2020. Ms Brown would check whether the report would go to the audit committee of Edinburgh IJB in advance of coming to the Audit and Risk Committee and feedback through the running action note. **JBr**

38.1.5 One report remains at the planning stage – Regional Planning (Diabetes). Internal Audit noted that as the service moves to focus on regional working they would consider whether the audit of Diabetes was the best use of resources and report back. **JBr**

38.1.6 Staff Lottery – Mr Marriott advised that following advice from the CLO NHS Lothian would be seeking to close the staff lottery. Due to the number of staff participating in the lottery it had grown to be categorised as a 'large lottery' that was no longer appropriate for the organisation to run. The Committee will receive an update report at its meeting in February 2020. **CM**

38.1.7 The committee noted that Staff Governance committee should be approached in respect of the staff lottery given staff involvement. **CM**

38.1.8 The committee accepted the Internal Audit Progress Report November 2019.

38.2 Internal Audit Quality Strategy – Ms Brown advised there was limited assurance that controls were in place across NHS Lothian to provide assurance to the Board that the Quality Strategy was being implemented. The report gave 'no assurance rating' to the objective that the programmes/ networks agreed and undertaken in 2018/19 made a positive contribution to NHS Lothian delivering the Quality Strategy. Overall Internal Audit Team had experienced difficulty in assessing the internal controls in place and the management response had been brief.

38.2.1 Members expressed their disappointment in the lack of a robust framework, strategy for implementation, and consistency across the organisation. Mr Murray noted that the report mirrored comments at the Board regarding the lack of control and structure around the process. He went on to question how the quality work aligned with financial strategy and value for money.

38.2.2 Mr McQueen recognised that there were very good examples of quality work within the system but there was no joined-up approach. This was concerning given the funding invested in the quality programme. Ms Goldsmith assured the committee that a recent request for funding for the Quality Programme had been put on hold due to a lack of evidence to support increased funding.

38.2.3 The committee were disappointed that there was no one present from the management team to respond to the concerns highlighted. Members requested that the observations and the management actions from the internal audit report should be shared with all Non-Executive Board Members in advance of the Board meeting; whether the report would be circulated with the Board paper or issued separately would be determined by Dr Watson. **SW**

38.2.4 The committee accepted the report.

38.3 Internal Audit Report - Private Patient Funds – Members noted that internal audit report which had six recommendations. There was one area of high risk relating to the process for managing funds relating to corporate appointeeship or power of attorney granted. Ms Brown confirmed she was content with the management actions and responses in place.

38.3.1 Members noted the typographical error on page 7 of the internal audit report. The sentence should read 'SLWG will also provide NHS Lothian staff with process overview and guidance with 6 Internal Audit training sessions available for staff. This will be completed by 31 March 2020'.

38.3.2 The rigour surrounding corporate appointeeship or power of attorney had been a long standing issue within the Royal Edinburgh Hospital site. Management have contacted social services and citizen's advice to ensure that there was consistency across the 6 Local Authorities. Members were assured that that work to resolve the matter was underway.

38.3.3 The committee discussed version control of policies and guidance and how this was overseen within the organisation as a whole. Ms Goldsmith noted that this was a matter that should that should be picked up by each director when they sign off the assurance letter in respect of the systems of control for their directorate. Members agreed to pass their observations that more rigour surround the process of version control was required to the Board.

38.3.4 The committee accepted the report.

38.4 Internal Audit Report – Duty of Candour – The Committee accepted the internal Audit report on Duty of Candour and the assurance therein.

38.5 Follow-Up of Management Actions Report (November 2019) – Ms Brown drew the committee attention to the revision of the Theatres Improvement actions and timeline for completion. She noted that she was comfortable with the proposed revisions.

38.5.1 It was noted that the number of actions rose and outstanding management action was low in comparison to the size of the Board. For those actions that had slipped past their due date there were valid reasons cited.

38.5.2 The committee accepted the report.

39. Counter Fraud (Assurance)

39.1 Counter Fraud Activity – Mr Old updated the Committee on counter fraud related activities since the August meeting, noting the revised format in response to concerns raised at the August meeting. As at 11 November 2019, 5 referral and 5 operations were open. Mr Old would continue to develop the format of the report to meet the committee's needs.

39.1.1 Members discussed whether referrals were made to the registration body for those cases of fraud including professionals. Mr Old advised that a referral would be made depending of the nature of the offence. It was noted that referrals were in additional to requirements placed on professionals to self-report cases of fraud under the terms of their license.

39.1.2 The Committee accepted the report as a briefing on the current status of counter fraud activity.

39.1.3 The Committee agreed that the report provides a significant level of assurance that all cases of suspected fraud are accounted for and appropriate action was taken.

40. Corporate Governance (Assurance)

40.1 Audit Scotland: NHS in Scotland 2019 - The committee received the previously circulated report noting the key messages therein.

40.1.2 Members questioned the practicalities of assigning actions to two bodies and potential for actions to missed as a result. Mr Houston took an action to pick this matter up at the NHS Chair's Group. **BH**

40.1.3 The committee accepted the report.

40.2 Write-off of Overseas Debt – Mr Howard presented the paper that requested that the Audit and Risk Committee authorise the Director of Finance to approach Scottish Government to request that they write off £30,077 relating to medical treatment. The overseas team had made every attempt to recover the money unfortunately the untimely death of the patient and lack of family estate to pay the debt had resulted in a request to write off the debt.

40.2.1 Members accepted that the write of the debt under these circumstances was unavoidable. They agreed that the Director of Finance should approach SGHSCD for its approval to write-off this loss.

40.3 South East Payroll Services Programme – Mr Marriott presented the previously circulated paper advising the committee of plans to move to a regional payroll process for 8 Boards. The proposed regional programme of work would come with both benefits and risks to the organisation if NHS Lothian was successful in bidding for the contract. Members were assured that no decision had been made at this time and if successful all 8 Boards must agree to implement the successful plan going forward.

40.3.1 Members were concerned that NHS Lothian had a lot to focus on and questioned why the organisation would put itself forward to host this service. Mr Marriott noted the challenges that the organisation was currently facing but recognised that as one of the largest Boards within the regional plan that a position to affect change would be valuable. A number of the Boards who had the opportunity to bid did not have the volume or complexity of transactions within their area, and therefore had limited experience of dealing with these. He noted that one viable alternative would be NSS if NHS Lothian was not successful.

40.3.2 NHS Lothian has had a challenging relationship with payroll services and it was hoped that a move to a regional service would see the implementation of a robust service. It was noted that whatever the outcome there would be amendments to the Risk Register.

40.3.4 The Audit & Risk Committee took significant assurance that the South East Payroll Project Board has completed a full option appraisal process which has been identified the preferred option.

40.3.5 The committee accepted the report

Mr McQueen left the meeting.

40.4 Scheme of Delegation – The committee reviewed the Scheme of Delegation and agreed to recommend the Scheme to the Board for its approval.

40.5 Litigation Report – The committee accepted the report as an annual update on litigation activity in terms of numbers, financial impact and recurring themes. The proposed level of assurance was significant for the effectiveness of the processes and moderate in terms of evidence of learning after cases are closed.

40.5.1 The committee approved plans to strengthen processes for learning from claims, and note some examples of high value claims provided in the paper.

40.5.2 The committee noted programmes of work in place to improve management of and response to adverse events which may result in fewer settled claims, but recognising that events resulting in a claim were not always part of an adverse event process.

41. Any Other Competent Business

41.1 There were no other items of competent business.

42. Date of Next Meeting

42.1 The next meeting of the Audit and Risk Committee will take place at **9.00** on **Monday 13 January 2020** in **Meeting Room 8&9, Fifth Floor, Waverley Gate**.

43. Reflections on the Meeting

43.1 Members agreed that the Chair would highlight the following items to the Board:

- How audit interacts between the IJBs and across NHS Lothian and consider whether the Risk register needs to be altered to take account of whole system working.
- Alert the Board to the discussions surrounding Best Value, Quality and Research and Innovation with the possibility of taking a full item to the Board.

Signed by the Chair on 14th February 2020
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STAFF GOVERNANCE COMMITTEE

Minutes of the meeting of the Staff Governance Committee held at 9.30 on Wednesday 30 October 2019 in Meeting Room 8, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present: Ms A. Mitchell, Non-Executive Board Member (chair); Ms J. Butler, Director of Human Resources; Ms H. Fitzgerald, Partnership Representative; Ms T. Gillies, Medical Director; Ms C. Hirst, Non-Executive Board Member; Mr B. Houston, Board Chairman; Ms T. Humphrey, Non-Executive Board Member; Mr A. Joyce, Non-Executive Board Member; Councillor J. McGinty, Non-Executive Board Member; Professor A. McMahon, Executive Nurse Director.

In Attendance: Ms K. Aitken, Organisational Development (item 47); Ms J. Chalmers, Nursing Education; Dr S. Edgar, Director of Medical Education (item 49.1); Dr J. Hopton, Programme Director, Facilities (item 51.1); Ms R. Kelly, Associate Director of Human Resources; Ms A. Langsley, Associate Director of Organisational Development and Learning; Dr A. Leckie, Director of Occupational Health; Dr H. Monaghan, Speak Up Ambassador; Ms B. Pillath, Committee Administrator; Mr I. Wilson, Head of Health and Safety.

Apologies: Ms J. Campbell, Chief Officer, Acute Services; Mr J. Crombie, Deputy Chief Executive; Mr S. McLauchlan, Partnership Representative.

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.

45. Minutes from Previous Meeting, 31 July 2019

45.1 The minutes from the meeting held on 31 July 2019 were approved as a correct record.

45.2 The updated cumulative action note had been previously circulated.

46. Health and Safety Assurance Update

46.1 Ms Gillies presented the previously circulated paper. It was noted that the management of control measures in place for risks were discussed at the Health and Safety Committee including what was needed in each area to move from limited to moderate assurance.

46.2 The lack of engagement from medical staff in safer sharps work was noted. An improvement project was in progress on this which would report to the Health and Safety Committee. To ensure that staff from all groups attend the Health and Safety Committee the plan was to make meetings more participatory and useful to all areas, and support the use of teleconferencing and sending deputies as representatives at meetings.

46.3 It was noted that there had been no change in the Health and Safety risks on the risk register. If any new risks were to emerge where the control mechanisms could not be described this would be escalated to this Committee.

46.4 The chair thanked the author for an informative paper which included some examples of work done, and recognised the hard work of the team. Members accepted the recommendations laid out in the paper and accepted moderate assurance.

47. Our iMatter Story – Human Resources and Organisational Development

47.1 The chair welcomed Ms Aitken to the meeting and she gave a presentation on the Human Resources and Organisational Development Team's iMatter work, which included four annual team events for team building and learning. It was noted that iMatter metrics had improved each year and the importance of team development activities which help staff feel valued and engaged was recognised.

47.2 This had been shared with other departments which had developed similar approaches to team development and staff engagement. .

48. Healthy Organisational Culture

48.1 Speak Up Initiative, Quarterly Report

48.1.1 Dr Monaghan presented the previously circulated paper. Ms Butler noted that at the second meeting of the short life working group on culture the Scottish Public Services Ombudsman commended NHS Lothian's approach on speak-up.

48.1.2 The governance structure included as appendix 1 was discussed: staff were encouraged to raise their concerns locally before using the formal whistleblowing' policy. The Speak Up Ambassadors could escalate any concerns directly to the Board Non-Executive Whistleblowing Champion.

48.1.3 The main role of the Speak Up Ambassador was to encourage staff to raise concerns locally, through line management and/or trade union structures and to sign post to appropriate further advice and guidance.

48.1.4 The Speak Up Advocates were supported at regular supervision meetings with educational talks followed by a safe space for group discussion where any issues could be raised. Speak Up Ambassadors would know when advocates were meeting with a member of staff to discuss concerns and would meet to debrief afterwards. Other training events were also being arranged. These arrangements would be monitored and changes made if required.

48.1.5 Mr Houston noted his concern about the new appointments of non executive whistleblowing champions in each Board directly by the Scottish Government without involvement of the Board chair. This concern had also been raised by other Board chairs and the Board chief executive group had also raised concerns to the Director General's office but with no response so far.

48.1.5 Members accepted the recommendations laid out in the paper, including the governance structure and .quarterly progress report to this Committee. Members commended the Ambassadors for the significant progress on this initiative in such a short period of time.

48.2 Whistleblowing Monitoring Report

Professor Humphrey chaired the discussion for this item as Ms Mitchell was directly involved in this work as Non-executive Whistleblowing Champion.

48.2.1 Ms Kelly presented the previously circulated paper. Under the new whistleblowing standards laid before parliament and due to be implemented in summer 2020 a higher standard of reporting would be required. There would be a requirement for all independent contractors including pharmacists, dentists, opticians, and GPs to submit their whistleblowing data to NHS Lothian for inclusion in quarterly Board reports. There was currently no national recording system to enable this. NHS Boards would have a greater responsibility for supporting contractors with investigations. Concerns were raised in the response to the SPSO consultation and at meetings with SPSO representatives and at parliamentary committee level regarding the practicality of the new standards.

48.2.2 The Committee noted that the Director of HR and OD would be making an assessment of the resources and infrastructure required to support implementation of the new standards.

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

48.3 iMatter Update

48.3.1 Ms Butler presented the previously circulated update on the iMatter cycle and noted that NHS Lothian would be one of the test sites involved in the development and testing of an alternative to the Dignity at Work Survey.

48.3.2 Members accepted the recommendations laid out in the paper and requested that the next report would include trend data and comparison with the previous years' iMatter cycle.

49. Capable Workforce

49.1 2019 Director of Medical Education Report

49.1.1 Dr Edgar presented the previously circulated paper. It was noted that the role of the medical education team was to help clinical teams to understand and meet the expectations of undergraduate trainees. This included areas of improvement which had been highlighted by students to ensure a pragmatic rather than a defensive response to these, with improvement actions being put in place.

49.1.2 The number of doctors in training in Edinburgh moving on to work in NHS Lothian was dependent on the vacancies available. This could not be used as a proxy for a successful training programme as students often moved away from where they graduated to complete their foundation years.

49.1.3 Dr Edgar noted that Lothian was seen as a good environment for trainees and positive feedback had been received from them.

49.1.4 It was noted that other healthcare professionals also supported medical training, and that this was acknowledged at event celebrations which were multidisciplinary such as 'excellence day.'

49.1.3 Members accepted the recommendations laid out in the paper and accepted moderate assurance. A short paper was requested for the next meeting showing improvement plans for where issues had been identified, and showing methods for sharing good work between clinical areas.

49.2 Everyone Matters - Working Across Boundaries

49.2.1 Ms Butler presented the previously circulated paper and highlighted the positive work undertaken. Members commended the breadth and range of this work, both locally and regionally, and noted that evaluation would show the impact in due course.

49.2.2 Ms Butler advised that the key priorities were: leadership and ensuring NHS Lothian was a good place to work; early careers and widening access; and regional recruitment transformation.

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

50. Effective Leadership and Management

50.1 Leadership and Talent Management

50.1.1 Ms Langsley presented the previously circulated paper.

50.1.2 Mr Houston suggested that succession planning needed more focus in Lothian and in Scotland. Ms Butler noted that Project Lift was a national project aimed at developing directors of the future, but that this programme was still in its early stages. NHS Lothian could demonstrate high levels of participation across the pay bands with the Project Lift programme.

50.1.3 There were a number of executive vacancies across Scotland and difficulties recruiting. It was noted that executive roles had wide remits requiring multiple skills and experience, and review of these could be helpful, but that in general there was a supply and attraction issue. Ms Butler agreed to submit a paper scoping out ideas for succession planning to the next meeting. **JB**

50.1.2 Members commended the excellent work undertaken and accepted the recommendations laid out in the paper, accepting significant assurance on talent management and leadership development support.

51. Assurance and Scrutiny

51.1 Corporate Risk Register

3328 Roadways and Traffic Management

51.1.1 The chair welcomed Dr Hopton to the meeting and she presented the previously circulated paper. The risk was currently moderate on the risk register but the paper recommended this be changed to limited due to a number of pressures. It was noted that the risk was for overall traffic management but there was a need to understand the complexity of different issues and different systems of control on different sites.

51.1.2 It was agreed that this would be discussed further at the Health and Safety Committee and that a paper would be brought back to the Staff Governance Committee describing the risks, what systems of control were in place on each site and whether they were working, what gaps and residual risks there were and what actions were proposed to mitigate these. The Committee could then come to a conclusion about the level of assurance received. **JH / GC**

51.1.3 Members accepted the recommendations laid out in the paper but with limited assurance until review at the next meeting as outlined.

3455 Management of Violence and Aggression

51.1.2 Professor McMahon presented the previously circulated paper. Training was taking place in areas of highest risk first, and bank staff where asked to complete training before working in a high risk area. Training compliance in REAS was high and the number of incidents with a higher level of harm had reduced.

51.1.3 Attendance at training remained a problem particularly in acute hospitals where there was time and staff pressure. Bespoke training could be carried out in particular departments on request to improve compliance. At the Royal Infirmary violence and aggression training can be included in staff inductions for new staff.

51.1.4 Members noted the encouraging trend and the work ongoing and asked for the next report to include measures for the wider organisation. Members accepted the recommendations laid out in the paper and accepted moderate assurance.

3527 Medical Workforce Sustainability

51.1.5 Ms Gillies gave a verbal update. Work was in progress to improve GP capacity for taking on GP trainees, taking account of the requirement for trainees to have their own consultation room.

51.1.6 NES made a change to recruitment processes so that rather than recruiting the same number each year they would keep the total training cohort to a particular number. This reduced the overall numbers as some trainees would take longer than three years to complete the course due to taking sick or maternity leave.

51.1.7 Overall however, Lothian was in a better position than some other Boards for recruitment and retention of medical staff due to the training and opportunities available.

3828 Nursing Workforce, Safe Staffing Levels

51.1.8 Professor McMahon gave a verbal update. National work on development of guidance to implement safe staffing legislation was ongoing. It was expected that once this was in place, reporting may be required. Currently work was in progress locally to identify what safe staffing levels might be deemed to be in each area and how to support this.

51.1.9 The nursing staff establishment gap was currently the highest in three years at 7.09%. The initial aim was to reduce this to below 6%. The position in Lothian was nevertheless better than in other Boards.

51.1.10 A number of initiatives were in place including: making jobs more desirable in areas difficult to recruit to; working on international arrangements with Australia where a high number of nursing staff were trained; allowing newly qualified nurses to work in the community without first working in the acute sector; work on band 4 assistant practitioner roles to support nursing workload; ensuring training placements were welcoming and fulfilling for trainees; considering strategies to support areas with recruitment and retention difficulties. The number of staff on the return to practice scheme would be 17 in the first year but would increase thereafter.

51.1.11 51.1.12 Research showed that a higher ratio of qualified nursing to healthcare assistant nursing staff was beneficial to patient outcomes; some areas needed more work on this. Recruitment of therapists and other roles known to improve patient outcomes was also beneficial.

51.1.13 Engagement work was happening to help staff to feel valued, challenged, engaged and empowered in their roles to improve staff retention.

51.1.14 Members requested a written paper at the next meeting including data on recruitment and leavers. **AMcM**

Special Waste Management

51.1.15 Ms Gillies gave a verbal update. Systems were now in place to control this risk. Contractual arrangements were being negotiated and once these had been agreed, there would be a recommendation to the Board that the status of the risk be downgraded.

51.2 Staff Engagement and Experience Development Framework

51.2.1 Ms Butler presented the previously circulated paper. The committee noted the breadth and range of actions completed or in-progress to deliver the key commitments set out in the Staff Engagement and Experience Development Framework and that this work was on track. Members accepted the recommendations laid out in the paper and accepted significant assurance.

51.3 Staff Governance Workplan 2019-20

51.3.1 Ms Kelly presented the previously circulated paper. Members accepted the recommendations laid out and accepted the Committee workplan for 2019-20.

52. Sustainable Workforce

52.1 Workforce Report

52.1.1 Ms Kelly presented the previously circulated paper. The Committee noted this standard paper and the links to other agenda items. Members accepted the recommendations laid out.

53. Any Other Competent Business

53.1 NHS Lothian Workforce Plan

53.1.1 Ms Butler advised that the current workforce plan would end at the end of 2019. A three year plan with annual actions was being developed and a draft of this would be brought to the Committee in February 2020. The delay was due to a delay in publication of the national workforce plan which had been expected for 10 months, as this would be taken into account in Lothian's plan.

53.2 Membership

53.2.1 Members expressed their thanks to Professor Humphrey for her excellent contribution to the Committee. This would be her last meeting.

54. Items for Information

Members noted the following previously circulated items for information:

54.1 Staff Governance Statement of Assurance Need;
54.2 Staff Engagement and Experience Programme Board Minutes, 23 September 2019;
54.3 Workforce Development Programme Board Minutes, 21 August 2019;
54.4 Education Governance Board Minutes, 10 September 2019;
54.5 Lothian Partnership Forum Minutes, 25 June 2019.

55. Date of Next Meeting

55.1 The next meeting of the Staff Governance Committee would take place at **9.30** on **Wednesday 19 February 2019** in **Meeting Room 8**, Fifth Floor, Waverley Gate.

56. Further Meeting Dates in 2020

56.1 Further meetings would take place on the following dates in 2020:
- 27 May 2020;
- 29 July 2020;
- 21 October 2020;
- 16 November 2020.

Chair's Signature
Date 19-02-2020
Original in file

Midlothian Health & Social Care Partnership

Midlothian Integration Joint Board

Date	Time	Venue
Thursday 5 December 2019	2.30pm	Council Chambers, Midlothian House, Buccleuch Street, Dalkeith, EH22 1DN.

Present (voting members):

Cllr Catherine Johnstone (Chair)	Carolyn Hirst (Vice Chair)
Cllr Jim Muirhead	Angus McCann
Cllr Derek Milligan	

Present (non-voting members):

Morag Barrow (Chief Officer)	Claire Flanagan (Chief Finance Officer)
Alison White (Chief Social Work Officer)	Caroline Myles (Chief Nurse)
Wanda Fairgrieve (Staff side representative)	James Hill (Staff side representative)
Keith Chapman (User/Carer)	Pam Russell (User/Carer)

In attendance:

Jill Stacey (Chief Internal Auditor)	Mairi Simpson (Integration Manager)
Jamie Megaw (Strategic Programme Manager)	Martin Bonnar (Substance Misuse Strategy Manager)
Anthea Fraser (Service Manager, Older People East)	Mike Broadway (Clerk)

Apologies:

Cllr Pauline Winchester	Tricia Donald
Alex Joyce	Hamish Reid (GP/Clinical Director)
Fiona Huffer (Head of Dietetics)	Ewan Aitken (Third Sector)

Midlothian Integration Joint Board

Thursday 5 December 2019

1. Welcome and introductions

The Chair, Catherine Johnstone, welcomed everyone to this meeting of the Midlothian Integration Joint Board, following which there was a round of introductions.

2. Order of Business

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

It was however, agreed to take agenda items 5.4 – Vision paper for Care at Home; and 5.5 –Finance Update as the first two items of public business in order to allow colleagues who were in attendance to present these items, the opportunity to leave at their conclusion.

Additionally, the Board endorsed the Chair's decision to accept as urgent, due to the Board's interest in the matter, an additional item of business - 5.8 Scirocco Exchange: Self-Assessment of the Health and Social Care Partnership's Maturity in Relation to Integrated Care – which would be dealt with as the final item of public business.

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 10 October 2019 were submitted and approved as a correct record.

4.2 A Rolling Action Log – December 2019 was submitted.

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

(a) to close off completed actions with the exception of those actions whose expected completion date had not yet passed;

(b) to note that the 6 monthly update on progress against delivery of the Midlothian IJB Directions 2019-20 was included as part of today's agenda; and

(c) to note that the quarterly update on progress against delivery of the Transformation Programme would be included as part of the February Board meeting agenda.

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

Midlothian Integration Joint Board

Thursday 5 December 2019

5. Public Reports

Report No.	Report Title	Presented by:
5.4	Vision paper for Care at Home.	Anthea Fraser

Executive Summary of Report

The purpose of this report was to present for the Board's consideration a Vision paper setting out an approach and strategic plan to deliver person centred locality based care and support to disabled and older people in Midlothian.

The report highlighted that In recent years the multiple pressures impacting on Health and Social Care services had been well reported on in national, local and web-based media. These pressures were growing and had been exacerbated through the implementation of economic austerity measures following the Global economic crisis and through a changing, ageing population.

Midlothian Health and Social Care Partnership through strategic planning and transformational change programs had been developing and implementing changes to meet this challenge to manage the increasing demands whilst delivering high standards of care and support.

The care at home service aimed to be an integrated, person centred and locality based model ensuring individual outcomes were identified at the onset of assessment to develop care and support plans to meet assessed need.

Summary of discussion

The Board, having heard from Anthea Fraser, Service Manager, Older People East, who explained the proposals in some detail and thereafter responded to Members' questions and comments, discussed the proposed Vision and acknowledged the importance of delivering changes that ensured people got the right support at the right time by the right service.

In response to concerns regarding the ability to successfully deliver all the necessary components required to support the envisaged strategic transformation plans, Anthea sought to reassure Members by explaining that a number of work streams were already under way to improve recruitment and retention both in-house and within the commissioned services were pilot block contracts had been put in place that appeared to be working well. Collaborative and partnership working were being developed alongside the introduction of workforce planning strategies designed to nurture a multi-skilled front-line workforce capable of delivering the required services. This was seen as the start of a process and there would be on-going dialogue with the Board as the proposals progressed and developed.

Decision

After further discussion and questions to Officers, the Board:

- **Welcomed the draft Vision as a good starting point to the delivery of more holistic care at home in Midlothian; and**

• **Noted that whilst informal consultation would continue to take place on a regular basis through care plan reviews and service improvements, a further round of formal public consultation was being planned for the spring of 2020.**
Action
Chief Officer

Report No.	Report Title	Presented by:
5.5	Finance Update– Quarter 2 2019/20 & Financial Outlook for 2020/21	Claire Flanagan

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 for 2019/20 and provided a first look at the draft financial outlook for 2020/21 and the underlying recurrent challenges facing the financial position of the MIJB, allowing refinement of the rolling five year financial plan.

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 overspent, although in balance through recovery actions.

Summary of discussion

Having heard from Claire Flanagan, Chief Finance Officer, who responded to Members' questions and comments, the Board in reviewing the financial position acknowledged the challenging financial landscape and the importance of the ongoing dialogue with both NHS Lothian and Midlothian Council.

Decision

After further discussion, the Board:

- **Noted the position as laid out in the report for the quarter two financial reviews for 2019/20 ; and**
- **Noted the challenging draft financial outlook for 2020/21.**

Action

Chief Finance Officer

Report No.	Report Title	Presented by:
5.1	Chief Officer Report	Morag Barrow

Executive Summary of Report

This report provided a summary of the key service pressures and service developments which had occurred during the previous months in health and social care, highlighting in particular a number of key activities, as well as looking ahead at future developments.

Midlothian Integration Joint Board

Thursday 5 December 2019

Summary of discussion
The Board heard from Morag Barrow (Chief Officer), who highlighted in particular the following – • Update on the progress being made on the delivery of the NHS Lothian Recovery Plan, following the decision by Scottish Government to place NHS Lothian on Level 3 of Performance Escalation matrix. • An update on the Workforce in particular the appointment of Grace Cowan as the new Head of Service for Older People and Primary Care • Health Visiting and School Nursing would be included as part of an inspection of Children's services early in the new year; a formal Clinical and Care Governance report would be included as part of the IJB agenda from February 2020 onwards. Caroline Myles (Chief Nurse) would be leading on this for the Midlothian HSCP. • Midlothian Health and Social Care Partnership had been successful in securing additional funding for two new projects. • Keith Chapman had successful completed 3 years in post as Service User representative and was eligible for re-appointment. • In line with the recommendation by External Auditors (EY), from the recent external audit review of IJB annual accounts 2018/19, a review of the frequency of meetings had taken place, which was presented for consideration and discussion.
Decision
After further discussion and questions to the Chief Officer, the Board:- • **Noted the issues and updates raised in the report.** • **Agreed to thank Keith Chapman for his contributions to the work of the IJB and to re-appoint him as MIJB Service User Representative for a further 3 years;** • **Noted plans to bring a formal Clinical and Care Governance report to future Board meetings starting February 2020; and** • **Agreed not to adjust the current meeting frequency, but to keep the position under review should further issues arise, and to explore the possible creation on an annual business plan that set out key dates, etc.**
Action
Chief Officer

Report No.	Report Title	Presented by:
5.2	IJB Improvement Goals Progress	Jamie Megaw
Executive Summary of Report		
With reference to paragraph 5.4 of the Minutes of 14 February 2019, there was submitted a report updating the Board on performance and improvement towards achieving the Local Improvement Goals set by the MIJB based on the indicators recommended by the Ministerial Strategic Group for Health and Community Care.		

Midlothian Integration Joint Board

Thursday 5 December 2019

Summary of discussion
Having heard from Jamie Megaw, Strategic Programme Manager, who responded to Members' questions and comments, the Board in considering the current progress against the local improvement goals acknowledged that results remained mixed and that there were a broad range of factors that had contributed to this. The inclusion of information about performance in Midlothian against the Core Suite of Indicators was welcomed as it allowed performance to be compared against other IJBs in Scotland. The sustained increase in Emergency Department attendances since February 2019 was discussed, it being noted that this reflected a national trend, which had seen a growing pressure on ED's generally due in large part to increased accessibility, and a perceived decline in accessibility of GP services. In terms of coping with 'spikes' in demand, work was currently ongoing to help services better manage and respond to changes in demand, but as with many initiatives it took time for the benefits to feed through.
Decision
After further discussion, the Board:- • **Noted the current performance across the improvement goals.** • **Noted the inclusion of further information about performance in Midlothian against the Core Suite of Indicators.**
Action
Chief Officer/Strategic Programme Manager

Report No.	Report Title	Presented by:
5.3	Directions	Mairi Simpson
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 2019-20. These Directions were intended to provide further clarity about service delivery to support the delivery of health and care services as laid out in the Strategic Plan 2019-22.		
Summary of discussion		
Having heard from Integration Manager, Mairi Simpson who responded to Members' questions and comments, 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 setting.		
Decision		
After further discussion, the Board -		

- **noted the progress made in achieving the Directions as outlined in the Appendix to the report;**
- **noted plans to explore the development of improved performance indicators to better monitor progress; 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.**

Action
Chief Officer

Report No.	Report Title	Presented by:
5.6	MELDAP (Mid and East Lothian Drug and Alcohol Partnership) Annual Report 2018/19	Alison White/Martin Bonnar

Executive Summary of Report

The purpose of this report was to present the 2018-2019 Annual Report of Mid and East Lothian Drug and Alcohol Partnership (MELDAP).

The report explained that the Annual Report provided a summary of the actions undertaken by MELDAP during 2018/19 to meet Scottish Government and Ministerial Priorities.

Summary of discussion

The Board, having heard from Alison White, Head of Adult and Social Care, and Martin Bonnar, Substance Misuse Strategy Manager, who responded to Members questions and comments, discussed the work undertaken by MELDAP in Midlothian, and whether given the apparent growth in drug and alcohol dependence in recent years, the changes of approach went far enough in addressing what was acknowledged to be a complex issue; the opportunity to explore this further through a briefing for Members was welcomed

Decision

The Board, after further discussion:

- **Noted the MELDAP Annual Report;**
- **Noted the achievements of the Midlothian and East Lothian Drugs and Alcohol Partnership [MELDAP] and its services; and**
- **Noted plans for a Members briefing.**

Action
Head of Adult and Social Care/Substance Misuse Strategy Manager

Report No.	Report Title	Presented by:
5.7	Annual Report of the Chief Social Work Officer 2018-19	Alison White

Midlothian Integration Joint Board

Thursday 5 December 2019

Executive Summary of Report
The purpose of this report was to provide the MIJB with the Annual Report of the Chief Social Work Officer (CSWO) on the statutory work undertaken on Midlothian Councils' behalf. It also provided an overview of regulation and inspection, workforce issues and significant social policy themes over the past year.
Summary of discussion
Having heard from Chief Social Work Officer, Alison White who responded to Members' questions and comments, the Board welcomed the Chief Social Work Officer's Annual Report.
Decision
After further discussion, the Board noted: • **the Chief Social Work Officer's Annual Report for 2017-18; and** • **that a copy of the Annual Report would be placed on the Council website.**
Action
Chief Social Work Officer

Report No.	Report Title	Presented by:
5.8	Scirocco Exchange: Self-Assessment of the Health and Social Care Partnership's Maturity in Relation to Integrated Care	Mairi Simpson
Executive Summary of Report		
With reference to paragraph 5.5 of the Minutes of the MIJB Audit and Risk Committee of 5 September 2019, there was submitted a report the purpose of which was to summarise details of the Scirocco Exchange programme and examine the rational for Midlothian Health & Social Care Partnership's proposed participation. The report explained that the EU funded programme would assist the Partnership to self-assess its maturity around integration and participate in a knowledge exchange programme involving 8 European sites. It would also support the Partnership in its ambition for continuous improvement around health and social care integration.		
Summary of discussion		
Having heard from Mairi Simpson, Integration Manager, who responded to Members questions and comments, the Committee in discussing the Scirocco Programme, acknowledged that the main resource implication was staff time and that whilst outwith the anticipated timelines it should still be possible to benefit from the programme.		
Decision		
After further discussion, the Board welcomed the proposal and agreed to note the intention of Midlothian Health & Social Care Partnership to engage in the Scirocco knowledge exchange programme.		
Action		
Chief Officer/Integration Manager		

Midlothian Integration Joint Board

Thursday 5 December 2019

6. Private Reports

Exclusion of Members of the Public

In view of the nature of the business to be transacted, the Board agreed that the public be excluded from the meeting during discussion of the undernoted item, as contained in the Addendum hereto, as there might be disclosed exempt information as defined in paragraph 6 of Part I of Schedule 7A to the Local Government (Scotland) Act 1973:-

Report No.	Report Title	Presented by:
5.11	Multi Agency Public Protection Arrangements (MAPPA) Annual Report 2017/18	Alison White
Decision		
The Board: • **Noted the content of the Annual Report.**		

7. Date of next meeting

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

- Thursday 16 January 2020 2pm Development Workshop
- Thursday 13 February 2020 2pm Midlothian Integration Joint Board

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

The meeting terminated at 4.16 pm.

East Lothian
Integration Joint Board

MINUTES OF THE MEETING OF THE EAST LOTHIAN INTEGRATION JOINT BOARD

THURSDAY 5 DECEMBER 2019
COUNCIL, CHAMBER, TOWN HOUSE, HADDINGTON

Voting Members Present:
Councillor F O'Donnell (Chair)
Councillor S Akhtar
Councillor N Gilbert
Councillor S Kempson
Mr P Murray
Prof. M Whyte

Non-voting Members Present:
Mr D Binnie
Ms L Cowan
Mr I Gorman
Ms E Johnston
Ms A MacDonald
Ms M McNeill
Mr T Miller
Ms J Tait
Ms L White

Officers Present from NHS Lothian/East Lothian Council:
Mr P Currie
Mr B Davies
Ms D Gray
Ms J Holland
Mr G Hunt

Clerk:
Ms F Currie

Apologies:
Dr R Fairclough
Ms C Flanagan
Ms F Ireland
Dr J Turvill

Declarations of Interest:
None

1. CHANGES TO NON-VOTING MEMBERSHIP OF THE IJB

The Chief Officer had submitted a report asking the IJB to agree to the appointment of a new East Lothian Council staff representative and Third Sector representative to replace the current non-voting members.

The Chair thanked Elaine Johnston and Penny Dutton for their contributions to the IJB and invited members to consider and agree the recommendations as set out in the report.

The Chair also invited members' views on appointing a public health representative to provide a voice on health inequalities and other key issues. The appointment would be as a non-voting member of the IJB.

This suggestion was strongly supported by Peter Murray and Moira Whyte. Subject to clarification of the legal requirements for appointing additional non-voting members, it was agreed that a report would be brought to the next meeting.

Decision

The IJB:

i. Agreed to the appointment of Lesley White as the Council's new staff representative non-voting member of the IJB, in place of Penny Dutton; and

ii. Noted the appointment of Paul White, ELCAP, as the new Third Sector representative and non-voting member of the IJB.

2. MINUTES OF THE EAST LOTHIAN IJB MEETINGS ON 31 OCTOBER 2019 (FOR APPROVAL)

The minutes of the East Lothian Integration Joint Board (IJB) meeting on 31 October were approved.

3. MATTERS ARISING FROM THE MINUTES OF 31 OCTOBER

There were no matters arising.

4. CHAIR'S REPORT

The Chair reported that she and Mr Murray attended a meeting of NHS Lothian's Board to hear an update on the pressures facing the Board and the progress of its recovery programme. A further update would be provided to IJB members today under agenda item 9. The Chair also reported on a recent Chairs & Vice Chairs event which had included speakers from the fire service and trade unions and a session on chairing meetings.

The Chair then invited members' views on the value of continuing to hold meetings at different venues around the county. Meetings had taken place in Musselburgh, Prestonpans and Dunbar during 2019, as well as in Haddington, in an effort to encourage greater public engagement. However, this had not been the case and it was pointed out that changing venues had reduced the frequency of press attendance. Members agreed that future meetings should take place in Haddington.

The Chair also invited views on the value of having presentations from services at the beginning of IJB meetings. Members were very much in favour of continuing this practice which they found helpful in providing a greater level of detail about progress with IJB priorities and individual services and initiatives.

Mr Murray indicated that a very useful presentation had recently been given to the Chairs & Vice Chair's Group by CoSLA and he would arrange for this to be circulated to members. He also commended the Scottish Parliament's Health & Sport Committee as a useful source of information.

5. CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2018/19

The Chief Social Work Officer (CSWO) had provided the IJB with her annual report for 2018/19 on the statutory work undertaken on the Council's behalf. The report also provided an overview of significant social policy themes current over the past year.

Judith Tait gave a detailed presentation highlighting the key themes within the report which included information on the role of the CSWO and social workers; details of key strategic partnerships in criminal justice, housing and community planning; the broader social issues of homelessness, poverty and how these impact on services; the range of work underway within children services; children and young people's mental health services; and the challenges facing services in the coming year. Ms Tait also outlined anticipated involvement with the Care Inspectorate and the independent care review which would include input from care-experienced young people. She said that social work services would have to be alert to the changes coming in future years as a result of this review.

A lengthy discussion followed and Ms Tait responded to a number questions from members providing further context to her report.

The Chair thanked Ms Tait for her comprehensive report. Referring to the recent focus on homelessness and poverty and the rapid rehousing strategy, she said it would be helpful to see the impact of changes to the welfare system reflected in next year's report.

Mr Murray also welcomed the report which he said was a very useful summary of the key issues.

Councillor Shamin Akhtar noted the stark figures regarding domestic violence, substance misuse and drug-related deaths. She was keen to ensure that the IJB maintained a focus on the work of MELDAP and other agencies in this area.

Both Ms Tait and the Chair acknowledged the importance of this work and the broader issues of mental health, particularly in children and young people.

Decision

The IJB agreed to note the contents of the report.

6. IJB PERFORMANCE FRAMEWORK 2019/20

The Chief Officer had submitted a report updating the IJB on the development of a Performance Framework; and on responsibilities in relation to Ministerial Steering group indicators as well as reporting relationships with partner bodies.

Paul Currie presented the report outlining the background and development of performance reporting arrangements for the IJB. He highlighted the role and importance of Ministerial Steering Group indicators and how these were measured alongside other local and national benchmarks. He invited members to consider how the IJB might make best use of the data gathered from these exercises not only to demonstrate progress but also to inform future Directions.

Responding to questions from members, Mr Currie acknowledged that arrangements were not as well developed in areas such as children and young people's services and that there continued to be challenges in gathering date from social care services.

Bryan Davies confirmed that in future the plan would be to align the performance framework and the Directions with the work of the Change Boards which would allow them to monitor progress on key priorities. He advised that the member of staff who had recently joined the team had knowledge and expertise in data gathering and would help to drive forward this work.

Decision

The IJB agreed to:

i. Note the aims of performance monitoring and management, including: clarity of reporting structures, ensuring robust monitoring, identifying areas for development, making best use of local intelligence and delivering high quality services.

ii. Note the Performance Framework Performance Indicator hierarchy chart which details the various levels of reporting to ensure effective delivery across the IJB delegated service areas.

iii. Review and accept the IJB Performance Framework as an accurate reflection of the local reporting requirements and intention to ensure robust monitoring of services.

iv. Note that there may be ongoing evolution of Performance Indicators which will be updated by Planning and Performance.

v. Support planning and Performance to continue to have dialogue with Community Planning Partners to agree a relevant set of Indicators which are reflective of IJB priorities.

vi. Note that to ensure ongoing progress and use of local data, ongoing support from partner bodies will be required to ensure appropriate Information Governance and infrastructure.

7. UPDATE ON PROGRESS WITH CHANGE BOARDS

The Chief Officer had submitted a report updating the IJB on progress across the six Change Boards in progressing work across service areas and client groups which reflect strategic priorities.

Mr Currie presented the report outlining the background to the setting up of the 6 Change Boards and Reference Groups to support service change and delivery of the IJB's strategic priorities. He said that the Boards and Groups had benefited from their mix of members who offered a broad range of experience. He highlighted the structure and reporting arrangements and invited IJB members to note the progress made to date.

Mr Davies said that discussions would begin shortly with Board and Group members to get a sense of what elements of the structure were working well and what might be needed to maximise outcomes. While he hoped to retain the current format he acknowledged that some elements were not working as well as had been hoped. As well as discussions, a questionnaire would be circulated to Board and Group members seeking their feedback.

The Chair thanked all of those involved in the Changes Boards and Reference Groups for their commitment. She emphasised the importance for IJB members of being able to see the work which was happening on Directions and the priorities of the Strategic Plan and to be able to challenge and engage with the process rather than simply rubberstamping decisions. She said she did not envisage the need for any major changes to the structure at this stage but acknowledged that minor adjustments would be required as the process developed.

Mr Murray agreed that it was too early for any major changes to the format which had taken over a year to develop and now required time to take effect.

The Chair advised that officers would consider how best to provide access to reports from Change Boards to ensure that IJB members were kept up to date with developments.

Decision

The IJB agreed to note the progress in each Change Boards' delivery of work across its priority areas.

8. FINANCIAL POSITION 2019/20 AND FINANCIAL FORECAST FOR 2020/21

The Chief Finance Officer had submitted a report updating the IJB on its current financial position in 2019/20, reporting the projected year end outturn from the Q2 financial reviews and providing an early indication of the financial forecast for 2020/21.

Ms MacDonald presented the report as the Chief Finance Officer, Claire Flanagan, had been unable to attend the meeting. She outlined the key issues including the position as at end September 2019 of a £145,000 overspend and the projected year end outturn of a £34,000 overspend; a significant reduction on the previous year end forecast of a £645,000 overspend. She also highlighted some of the reasons for this revised projection including movement in the Social Care budget as a result of funding moving through for care home beds and a reduction in care at home hours. Ms MacDonald added that financial pressures were expected to continue into 2020/21 and work was already underway on a programme of efficiency savings. This would be brought to the IJB for consideration early in the New Year.

The Chair acknowledged the huge achievement of staff in getting to the current position with the hope of achieving a breakeven position at the financial year end.

Mr Murray referred to comments made by the Chair of the Parliament's Health & Social Care Committee on financial governance and the importance of considering timing when seeking the IJB's approval of plans for efficiency savings. He also asked about the revisions to planned efficiency savings outlined in the report and whether there were any concerns about achieving the additional savings.

Ms MacDonald explained that some of the revisions related to the point in the year at which efficiencies would begin to take effect but that the benefits would continue to be

felt in future years. She confirmed that, at present, there were no concerns about achieving the proposed plans.

In a response to a question from the Chair, Ms MacDonald advised that money for 'Frank's Law' had to be used for the purposes for which it had been allocated and could not be transferred to other services.

Decision

The IJB agreed to:

i. Note the current financial position;
ii. Note the Quarter 2 financial reviews of 2019/20; and
iii. Note the initial financial forecast for 2020/21.

9. RECOVERY PROGRAMMES UPDATE (VERBAL)

Ms MacDonald updated IJB members on progress with recovery programmes to address the pressures facing NHS Lothian and the work being undertaken by services in East Lothian. She advised that the East Lothian Health & Social Care Partnership (ELHSCP) had been asked to open one of its two mothballed wards at the new Community Hospital in Haddington to support the anticipated winter pressures. As of 9th December, 10 patients would be accommodated in the ward with an additional 24 beds available as required. Additional finance had been provided by NHS Lothian and staff were in place to support the arrangements which would be in place for at least 3 months.

Ms MacDonald said that while it was positive that the ELHSCP was in a position to respond to additional need it was not without its challenges. However, she acknowledged that it was likely that there would be a requirement for additional beds at some point during the winter period and this arrangement was simply bringing that forward by a few weeks.

The Chair acknowledged the work of staff within services across East Lothian and asked about the longer term plan for the two wards.

Ms MacDonald stated that the first call on those beds would always be to support the requirements of patients within East Lothian and the priorities of the IJB.

Decision

The IJB agreed to note the update on recovery programmes.

10. EAST LOTHIAN HEALTH AND SOCIAL CARE PARTNERSHIP WINTER PLAN 2019/20

The Chief Officer had submitted a copy of the East Lothian Health & Social Care Partnership (ELHSCP) Winter Plan for 2019/20.

Ms MacDonald explained that a plan was prepared on an annual basis to deal with periods of significant pressure during the winter months and which include arrangements to be put in place in the event of severe weather or other adverse events. She advised that East Lothian Council had its own robust business continuity arrangements and the ELHSCP Winter Plan would sit alongside these.

Decision

The IJB agreed to note the contents of the winter plan for 2019/20.

11. ISSUES OF RELEVANCE TO THE IJB (FOR NOTING)

a. HOSPITAL DELAYED DISCHARGES

The Chief Officer had submitted a report updating the IJB on performance for delayed discharges in East Lothian.

Decision

The IJB agreed to note the improving trend on performance and recent actions.

b. CLINICAL AND CARE GOVERNANCE

There were no matters for noting.

12. MINUTES OF OTHER GROUPS OF RELEVANCE TO THE IJB (FOR NOTING)

Minutes of the Community Justice Partnership meetings on 27 June 2018, 30 October 2018 and 4 March 2019 were presented for noting.

Decision

The IJB agreed to note the minutes of the Community Justice Partnership.

Health & Social Care Scotland Conference
Marilyn McNeill provided a brief report on her attendance at the health & Social Care Scotland conference entitled "Collaboration, Compassion and Ambition in Integration". Keynote speakers had included the Cabinet Secretary who had referenced work happening in East Lothian when discussing models for transforming primary care.

Ms McNeill reported on the range of issues raised during the talks and workshop sessions and indicated that the clear message from the Cabinet Secretary is that the focus should now shift from theory and governance of integration to implementation and innovation of new models of care.

Bryan Davies
Mr Murray advised members that Bryan Davies would shortly be leaving his post as Group Service Manager - Planning and Performance at East Lothian Council. He thanked him for his contributions and support over the years and said he had helped to drive forward progress on integration. He wished him well in his new role.

The Chair echoed these remarks adding that as well as providing great support Mr Davies had always shown great humanity and compassion. She also wished him well.

Minutes

Edinburgh Integration Joint Board

10:00 am, Tuesday 10 December 2019

Eric Liddell Centre, Edinburgh

Present:

Board Members:

Angus McCann (Chair), Councillor Ricky Henderson (Vice-Chair), Councillor Robert Aldridge, Mike Ash, Colin Beck, Carl Bickler, Andrew Coull, Councillor Phil Doggart, Christine Farquhar, Councillor George Gordon, Kirsten Hey, Jackie Irvine, Jacqui Macrae, Councillor Melanie Main, Peter Murray, Moira Pringle, Judith Proctor and Ella Simpson.

Officers: Colin Briggs, Sarah Bryson, Tom Cowan, Tony Duncan, Jon Ferrar, Mark Grierson, Angela Lindsay, Jamie Macrae, Rebecca Miller, Craig Russell, Susan Shippey and Louise Williamson.

Apologies:. Ian McKay

1. Minutes

Decision

1) To approve the minute of the meeting of the Edinburgh Integration Joint Board of 22 October 2019 as a correct record.

2) To note the minute of the meeting of the Audit and Assurance Committee of 27 August 2019.

3) To note the minute of the meeting of the Performance and Delivery Committee of 16 September 2019.

4) To note the minute of the meeting of the Strategic Planning Group of 23 September 2019.

2. Rolling Actions Log

The Rolling Actions Log for December 2019 was presented.

Decision

1) To agree to close the following actions:

- Action 2 – Business Resilience Arrangements and Planning – Spring Update
- Action 5 – John's Campaign
- Action 6 – Transitions for Young People with a disability from children's services to adult services Edinburgh Health and Social Care Partnership
- Action 9 – Minute of Strategic Planning Group of 30 November 2018
- Action 17 – Performance Report
- Action 20(2) – Financial Framework 2020-2023

2) To otherwise note the remaining outstanding actions.

(Reference – Rolling Actions Log – 6 December 2019, submitted.)

3. Chief Social Work Officer Annual Report – Presentation by the Chief Social Work Officer

The Board had considered the Chief Social Work Officer's Annual Report for 2018/19 at their meeting on 22 October 2019. The Chief Social Work Officer gave a presentation on her report which provided details of the key issues facing social work and social care in Edinburgh, including data on statutory services, areas of decision making and the main developments and challenges.

Decision

To note the update.

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

4. Appointments to the Edinburgh Integration Joint Board

Details were provided of the resignation of a non-voting member to the Board and the appointment of a Board member.

Decision

1) To note the resignation of Lynne Douglas as a non voting member of the Edinburgh Integration Joint Board.

2) To agree to appoint Eddie Balfour as the Allied Health Professional (AHP) lead for the Edinburgh Integration Joint Board for an interim period until the substantive AHP lead had been appointed.

3) To note that Eddie Balfour would be the non-voting member on the Futures Committee.

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

5. Royal Infirmary Front Door Redesign

Details were provided on the 'front door' of the Royal Infirmary of Edinburgh (RIE) which comprised of the entry points to acute hospital unscheduled care and included the Emergency Department, Minor Injuries, Ambulatory Emergency Care and Surgical Receiving. Front Door services had been under continual and growing pressure for a number of years, and this was projected to increase in line with the changing population in Edinburgh and across Lothian over the next 14 years.

The case had been made for further investment in the service to cope with this changing demand which would include a significant capital investment, yet to be determined.

Decision

1) To agree to support, in principle, an application for capital investment in the RIE Front Door Services.

2) To agree that a programme of work be conducted in conjunction with the RIE and other Lothian Health and Social Care Partnerships to examine and develop, as appropriate, viable and cost-effective community based alternatives to acute hospital care to reduce demand on the RIE Front Door.

3) To note the Joint Board's concerns about:

- the predicted attendances modelling and that this should encapsulate the work of the Lothian Joint Boards in reducing hospital admissions.
- potential ongoing revenue costs for the project.

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

6. Edinburgh Alcohol and Drug Partnership – Seek Keep Treat Funding 2018/19

In August 2018, £1.41m recurring funding was allocated by the Scottish Government to the Edinburgh Alcohol and Drug Partnership (EADP) and Edinburgh Integration Joint Board (EIJB) starting in financial year 2018/19 for the purpose of expanding and innovating services which would reduce alcohol and drug related harm in line with the new Alcohol and Drug Strategy for Scotland.

Approval of the Strategic Planning Group had been sought in submitting recommendations to allocate the 2018/19 funding to the EIJB. The recommendations involved a number of one off spends aimed at supporting services to meet the requirements of the new government strategy and in response to local need.

Decision

1) To agree the one-off priorities identified through the extensive co-production exercise approved by the EADP Core Group and Executive.

2) To agree the financial plan to allocate the 2018/2019 funding as laid out in the Financial Implications section of the report and recognise that the spending of the funds would cross over into financial year 2020/2021 due to the delays incurred. A spending plan would then be submitted to the Scottish Government to release the funds.

3) To agree that the initial review, including details of performance information required, would be submitted to the Strategic Planning Group and subsequently the Performance and Delivery Committee.

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

Declaration of Interests

Ella Simpson declared a financial interest as Chief Executive of EVOC, which employed a team of support workers for the Edinburgh Alcohol and Drug Partnership and left the room during the Board's consideration of this item.

7. Learning Disability Step Down – Royal Edinburgh Hospital

In August 2019 the Strategic Plan 2019-2022 for Edinburgh's Health and Social Care Partnership (EHSCP) was agreed by the Edinburgh Integration Joint Board (EIJB). This strategy set out key actions in relation to citizens of Edinburgh including hoe the EHSCP supported adults with a learning disability.

Details were provided of proposals for a step down option which could support these individuals who were 'stuck' within hospital to move on and have a focussed team working to get them into long-term accommodation with an appropriate provider. The step-down option would enable the reduction of 3 beds in the Royal Edinburgh Hospital (REH), and as people moved into long term accommodation, further reduction in-patient beds.

Decision

1) To agree the option of a step down which could support individuals who were 'stuck' within hospital to move on with a focussed team working to get them into long-term accommodation with an appropriate provider. The step-down option would enable the reduction of 3 REH beds, and as people moved into long term accommodation, further reduction in-patient beds.

2) To agree that this option be for a two-year service provision focussed on sustaining flow through the Royal Edinburgh Hospital.

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

8. Adult Sensory Support

Details were provided on the current adult sensory support contract which was due to expire on 30 September 2020. A range of options for the delivery of a suite of services to meet the needs of people with sensory impairment from October 2020 was presented.

Decision

1) To approve the recommendations of the Strategic Planning Group of 22 November 2019 as detailed in paragraph 16 of the report by the IJB Chief Officer.

2) To agree that the Council be directed to commission services for a 3-year contract period with 1+1-year optional extensions to take account of proposals for a pan-Lothian sensory impairment service.

3) To note the difference between strategic directions and operational KPIs.

4) To agree that an update would be submitted in spring 2021.

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

9. Winter Plan 2019/20

An update was provided on the Winter Planning process for 2019/20 including the confirmation and details of the Partnership's financial allocation for 2019/20.

A summary was given of key areas of focus within the Plan and actions being taken in relation to critical areas outlined in the Scottish Government guidance.

Decision

1) To note progress with winter planning for 2019/20.

2) To accept the report as a source of moderate assurance the Partnership was developing a robust winter strategy in response to learning and evaluation from winter 2017/18 and 2018/19 as well as supporting new initiatives and pump-priming the expansion of the Home First model.

3) To agree that a briefing note would be circulated, providing details of similar plans for general practice.

4) To note that the Performance and Delivery Committee would monitor the Winter Plan.

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

Declaration of Interests

Ella Simpson declared a financial interest in this item as Chief Executive of EVOC which supported one of the programmes and received a small management fee.

Christine Farquhar declared a non-financial interest in this item as a former trustee of Vocal.

10. Update on Progress: Older People Joint Inspection Improvement Plan

Details were provided of developments and work completed on the Older Peoples Joint Improvement Plan since this was discussed at the Edinburgh Integration Joint Board in May 2019. The previous action plan had been reviewed, and a new improvement plan developed reflecting the framework of the Three Conversations approach which reflected the revision of the Edinburgh Health and Social Care Partnership draft strategic plan 2019/2022.

Decision

1) To note the newly developed monitoring action plan.

2) To note the status of each recommendation and associated actions against the year 1 target deadline.

3) To remit the ongoing review of the action plan to the Performance and Delivery Committee and to the IJB thereafter.

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

11. Finance Update

An update was presented on the 2019/20 financial position following the publication of the City of Edinburgh Council (the Council) and NHS Lothian financial results to September 2019 which provided moderate assurance of financial breakeven.

Decision

1) To note that a version of the report was scrutinised by the Performance and Delivery Committee on 20 November 2019.

2) To note the financial position for delegated services for the first 7 months of the year.

3) To note that moderate assurance could be given that the Integration Joint Board could achieve in year financial balance.

4) To agree that, if overall financial balance was achieved, a Direction was issued to the Council to address the health and social care budget gap.

5) To support the Chief Officer and Chief Finance Officer's ongoing discussions on the 2020/21 budget.

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

12. Equality Outcomes and Mainstreaming Report

To meet obligations placed on public bodies by the Equality Act 2010 and associated regulations, the Edinburgh Integration Joint Board (EIJB) were required to publish a set of Equality Outcomes at least every four years. In 2018 the EIJB had recommended that the next set of Equality Outcomes should be developed as part of the process of developing the Strategic Plan for 2019-2022.

The draft "Equality Outcomes and Mainstreaming Report" was presented and set out the new Equality Outcomes for 2019-2023.

Decision

1) To approve the Equality Outcomes contained in paragraph 14 of the report by the IJB Chief Officer.

2) To approve the "Equality Outcomes and Mainstreaming Report" attached as Appendix 1 to the report.

3) To ask officers to investigate how best to ensure that the Public Sector Equality Duties were embedded, using Directions if appropriate.

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

13. Update on Implementation of Committee Structures

An update was provided on the implementation of the new committee structure which had been agreed by the EIJB on 14 December 2018.

Decision

1) To note the progress with agreeing the terms of reference for each of the committees.

2) To agree the meeting schedule for all committees.

3) To note that all committees were now in place and work was ongoing to develop the flow between each of the committees to ensure there were no gaps.

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

NHS LOTHIAN

Board
4 March 2020

Chair

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 Chair on committee appointments.

1.2 This report also proposes some amendments to the membership details within the terms of reference for the Remuneration Committee and the Staff Governance Committee.

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

2 Recommendations

The Board is recommended to:

2.1 Approve the changes to the terms of reference of the Remuneration Committee, as set out in Appendix 1.

2.2 Appoint Peter Murray as a member and chair of the Remuneration Committee with immediate effect.

2.3 Appoint Katharina Kasper as a member of the Remuneration Committee with effect from 1 April 2020.

2.4 Approve the changes to the terms of reference of the Staff Governance Committee, as set out in Appendix 2.

2.5 Appoint Katharina Kasper as a member of the Staff Governance Committee with effect from 1 April 2020.

2.6 Appoint Bill McQueen as a member of the Staff Governance Committee with effect from 1 May 2020, and as the committee's chair with effect from 1 July 2020.

2.7 Note that Mike Ash will stand down as a member and chair of the Audit & Risk Committee on 31 May 2020.

2.8 Appoint Martin Connor as the Chair of the Audit & Risk Committee with effect from 1 June 2020.

2.9 Appoint Katharina Kasper as a member of the Audit & Risk Committee with effect from 1 April 2020.

3 Discussion of Key Issues

Remuneration Committee

3.1 The current terms of reference for this committee state that the Board Chair is the chair of the Remuneration Committee. However the Staff Governance Standard does not refer to the Board Chair at all in its section on the Remuneration Committee, nor does it stipulate that he or she should be a member of the Remuneration Committee. It is not good governance practice for the Board Chair to be a member of the Remuneration Committee, as members should be independent, and he or she is directly involved in the appraisal process of the Chief Executive and other executives and senior managers. This principle is reflected in the UK Code of Corporate Governance, which says the Board Chair can only be a member if he or she is independent at the time of appointment, and cannot chair the committee. In light of this, Appendix 1 sets out the terms of reference for the Remuneration Committee with proposed (tracked) changes. The effect of these changes is that the Board Chair cannot be a member of the Remuneration Committee, however will normally be invited to attend. There is also a change to recognise that the Staff Governance Standard expects the Employee Director to be a member. It is recommended that the Board approves these changes.

3.2 The Remuneration Committee does not currently have a chair. It is recommended that the Board appoint Peter Murray as a member and chair of the Committee with immediate effect.

3.3 Two members of the Remuneration Committee will leave the Board on 31 July. It is recommended that the Board appoint Katharina Kasper as a member of the Remuneration Committee with effect from 1 April 2020.

Staff Governance Committee

3.4 The current terms of reference for this committee state that the Board Chair is to be a member of the Staff Governance Committee. However the Staff Governance Standard does not refer to the Board Chair at all in its section on the Staff Governance Committee, nor does it stipulate that he or she should be a member of the Committee. In light of this, Appendix 2 sets out the terms of reference for the Staff Governance Committee with proposed (tracked) changes. The effect of these changes is that the Board is not obliged to appoint the Board Chair as a member of this Committee however there is no provision to prevent it from doing so. The changes are in the same format as those for the Remuneration Committee. It is recommended that the Board approves these changes.

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3.5 Katharina Kasper joined the Board on 1 February as a non-executive and as the Whistleblowing Champion. It is recommended that the Board appoint Katharina Kasper as a member of the Staff Governance Committee with effect from 1 April 2020.

3.6 The Chair of the Staff Governance Committee, Alison Mitchell, will leave the Board on 31 July when her term of office ends. The next two scheduled Committee meetings will be held on 27 May (when it will approve the committee's annual report) and 29 July (when it will review the 2019/20 performance appraisal results). Alison will remain a member of the Staff Governance Committee (and the Remuneration

Committee) until she leaves on 31 July. However in the interests of ensuring there is an effective handover and the business from the July meeting is efficiently taken forward, Alison will stand down as the Staff Governance Committee Chair on 30 June.

3.7 It is recommended that the Board appoint Bill McQueen as a member of the Staff Governance Committee with effect from 1 May 2020, and as the committee's chair with effect from 1 July 2020.

Audit & Risk Committee

3.8 The Chair of the Audit & Risk Committee, Mike Ash, will leave the Board on 31 July when his term of office ends. Mike will chair the next meeting (27 April) however is not available to chair the meeting on 22 June. Mike will stand down as a member and chair of the committee on 31 May. It is recommended that the Board appoint Martin Connor (who is already a member of the Committee) as the committee chair with effect from 1 June 2020.

3.9 To address the vacancy in the membership which Mike's departure will create, it is recommended that the Board appoint Katharina Kasper as a member of the Audit & Risk Committee with effect from 1 April 2020.

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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
26 February 2020
alan.payne@nhslothian.scot.nhs.uk

Appendix 1: Remuneration Committee Terms of Reference (Proposed Changes)

Appendix 2: Staff Governance Committee Terms of Reference (Proposed Changes)

APPENDIX 1: REMUNERATION COMMITTEE TERMS OF REFERENCE (Proposed Changes)

Each NHS Scotland Board, through its Standing Orders, is required to establish a Remuneration Committee, whose main function is to ensure the application and implementation of fair and equitable pay systems on behalf of the Board, as determined by Ministers and the Scottish Government, and described in MEL (1993) 114 and subsequent amendments.

The Remuneration Committee as a sub-committee of the Staff Governance Committee, is required to provide assurance that systems and procedures are in place to manage the issues set out in MEL (1993) 114 (amended), so that overarching staff governance responsibilities can be discharged. The Staff Governance Committee will not be given the detail of confidential employment issues that are considered by the Remuneration Committee: these can only be considered by Non-Executive Directors of the Board.

Remit

The remit of the Remuneration Committee is to:

- review and agree the objectives of the NHS Lothian Chief Executive, Executive and Corporate Directors on an annual basis;
- receive and approve the annual performance assessments for the NHS Lothian Executive Management Cohort for submission to the National Workforce Performance Management Committee;
- receive reports on the pay implications for the NHS Lothian Executive Management Cohort and review and "sign off" the corresponding pay uplifts;
- receive and approve the annual performance assessments for all other staff employed in the Senior Managers Cohort and review and "sign off" the corresponding pay uplifts;
- take an overview of the Performance Management and Pay arrangements for Executive and Senior Managers currently in place within NHS Scotland and review the implications for NHS Lothian of any changes in the guidance;
- approve any responsibility allowances or any temporary regradings for staff in the Executive and Senior Manager cohort and review the overall position on an annual basis;
- approve any Redundancy or Retirement Exit packages where the costs for the employer are in excess of £50k and approve any recommendations from the Chief Executive for Redundancy or Retirement Exit Packages for Executive or Corporate Directors, regardless of value;
- approve any Employment Tribunal settlements in excess of £100k and bring regular reports to the Committee on the current position with Employment Tribunals to ensure fairness and consistency is maintained;
- ensure all staff in the Executive and Senior Manager's Cohort are treated appropriately, fairly and consistently;
- provide regular reports to the Staff Governance Committee to allow them to validate the work of the Remuneration Committee.

Membership:

~~The membership of the Remuneration Committee is as follows:~~

- ~~NHS Board Chair (Chair of the Committee)~~
- ~~4 Non-Executive Members~~

The Board will appoint five non-executive members of the Board to the committee. One of the members must be the Employee Director. The Chair of the Board may not be a member of the committee. The Board will appoint one of the non-executive Board members to be the chair of the committee.

In Attendance:

The committee will normally invite the Board Chair, Chief Executive, Accountable Officer (if that is someone who is not the Chief Executive), and the Director of Human Resources to attend its meetings. The committee may also invite other officers to attend meetings to support the consideration and discussion of particular items of business.

- ~~Chief Executive, NHS Lothian~~
- ~~Director of HR and OD, NHS Lothian~~

Frequency of Meetings:

Meetings of the Committee shall be held at such intervals as the Committee may determine in order to conduct its business. In any event, meetings shall normal be held four times a year.

Quorum:

No business shall be transacted at a meeting of the Committee unless at least three ~~Members~~ members of the Committee are present.

Reporting Arrangements:

The Committee will provide an update at each meeting of the Staff Governance Committee through presentation of an open minute where appropriate and additional reports as required.

APPENDIX 2: STAFF GOVERNANCE COMMITTEE TERMS OF REFERENCE (Proposed Changes)

The Staff Governance Committee is a standing committee of the Board and together with the Healthcare Governance Committee and the Audit and Risk Committee forms the full governance framework for the Board. The role of this Committee 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.

Purpose of the Committee

The purpose of the Staff Governance Committee is to monitor and scrutinise performance against the Staff Governance Standard, including the key deliverables from Everyone Matters:2020 Workforce Vision to secure the fair and effective management of staff, compliance with all legal obligations and implementation of all policies and agreements to ensure that staff are :

- Well informed;
- Appropriately trained;
- Involved in decision which affect them;
- Treated fairly and consistently;
- Provided with an improved and safe working environment.

The Committee is required to provide assurance to the Board on the overall performance of NHS Lothian against the individual elements of the Staff Governance Standard and Everyone Matters:2020 Workforce Vision. The Committee will need to ensure that systems and procedures are in place to monitor, manage and improve performance across the whole system, and liaise closely with the other Governance Committees (Health Care Governance and Audit and Risk) to ensure appropriate integrated governance. The Committee will also be responsible for monitoring and reviewing the strategic risks relating to staff and workforce issues.

Specific Responsibilities

The specific responsibilities of the Staff Governance Committee in line with the Staff Governance Standard are to:

- Oversee the commissioning of structures and processes which ensure that delivery against the Standard is being achieved;
- monitor and evaluate strategies and implementation plans relating to people management;
- provide support to any policy amendment, funding or resource submission through the normal routes to achieve the Staff Governance Standard;
- take responsibility for the timely submission of all staff governance information required for national monitoring arrangements;

- provide staff governance information for the statement of internal control;
- provide assurance that systems and procedures are in place through the Remuneration Sub Committee to manage the issues set out in MEL (1993) 114 and subsequent amendments;
- monitor governance arrangements around health and safety and in particular staff health and safety related issues and ensure compliance with health and safety law, the Staff Governance Standard and a continuing improvement in health and safety performance. The Staff Governance Committee will also receive the Annual Health and Safety Report.

Membership

The Board will appoint five non-executive members of the Board to the committee. One of the non-executive members must be the Employee Director. The Board will appoint one of the non-executive Board members to be the chair of the committee.

The membership will also include:

- ~~Non Executive Board Member(Chair)~~
- ~~Board Chair~~
- ~~Employee Director~~
- ~~3 x Non Executive Board Members~~
- Director of Human Resources and Organisational Development
- Nurse Director
- Medical Director
- Chief Officer – Acute Services
- ~~2 x R~~Two representatives from the Lothian Partnership Forum

In Attendance

- ~~Associate~~ Deputy Director of Human Resources
- ~~Director of Occupational Health and Safety~~
- ~~Head of Communications~~

All Board members shall have the right of attendance and have access to papers.

Frequency of Meetings

Meetings of the Committee shall be held at such intervals as the Committee may determine in order to conduct its business. In any event, meetings shall normally be held five/six times a year.

Quorum

No business shall be transacted at a meeting of the Committee unless at least six members are present of which three are Non Executive Members of Lothian NHS Board. Any member may be represented by a Deputy at any meeting.

Reporting Arrangements

The Committee will report to the Board by means of submission of minutes to the next available Board meeting along with a summary highlighting the key issues discussed and also any issues that will be required to be addressed in the future.

The Chair of the Committee will provide assurance on the work of the Committee on an ongoing basis to the Board. An Annual Report will also be prepared for presentation to the Board describing the outcomes from the Committee during the year and providing assurance to the Board that the Committee has met its remit during the year.

Committee Sub Structure

The following committees report directly to the Staff Governance Committee:

- Remuneration Committee – the main function of this committee is to ensure the application and implementation of fair and equitable pay systems on behalf of the Board, as determined by Ministers and the Scottish Government, and described in MEL (1993) 114 and subsequent amendments;

- Health and Safety Committee – the Health and Safety Committee is established in compliance with the Health and Safety at Work Act 1974, Safety Representatives and Safety Committees Regulations. It is recognised that the remit of the Health and Safety extends beyond staff into health and safety issues affecting patients, visitors and contractors and links will therefore need to be made with other Committees as appropriate.

Each of these committees will provide an update at each meeting of the Staff Governance Committee through presentation of the minutes of their meetings or additional reports if required.

The Committee may establish any further Sub Committees to support its function as required.

NHS LOTHIAN

Board
4 March 2020

Director of Finance

REVIEW OF THE NHS LOTHIAN STANDING ORDERS

1 Purpose of the Report

1.1 The purpose of this report is to provide the Board an opportunity to review and approve revised Standing Orders. The Audit & Risk Committee reviewed these revised Standing Orders on 24 February 2020 and agreed to recommend them to the Board for its approval.

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 Accept this report as a source of significant assurance that the development of the model Standing Orders was a comprehensive exercise, and the model is up-to-date with legal and technical requirements.

2.2 Accept this report as a source of significant assurance that the Audit & Risk Committee has reviewed the proposed Standing Orders in detail, and agreed to recommend them to the Board.

2.3 Approve these Standing Orders.

3 Discussion of Key Issues

3.1 As part of the work arising from the NHS Scotland Blueprint for Good Governance, the Corporate Governance Steering Group agreed that standard governance materials should be produced for use throughout NHS Scotland. Alan Payne has led the development of model Standing Orders. This involved starting with the NHS Lothian Standing Orders as a baseline document. Thereafter there was benchmarking of the Standing Orders of other Boards, consultation with Board secretaries, the Scottish Government, and NHS Scotland chairs and chief executives. The process was rigorous, requiring legal advice on several occasions to clarify law and associated Scottish Government requirements. We have made every effort to bring issues from different sources together, and find a single ‘Once for Scotland’ solution. The Corporate Governance Steering Group

approved the final version in October 2019, and the Director General issued the model via DL (2019) 24.

3.2 It is now for each Board to apply the model Standing Orders within their own system of governance. Appendix 1 sets out an updated draft of the Standing Orders for the Board.

3.3 When the Audit & Risk Committee reviewed these Standing Orders, the covering report set out in detail how they differ from the current Standing Orders (which the Board approved in October 2018). In summary the key changes are:

- The Board will have to review its Standing Orders annually. There is also a provision that committee terms of reference will be reviewed within two years of their approval if they have not been previously approved.
- The Scottish Government determines who the Board's Vice-Chair is, and the text on this section has been expanded to fully explain the process.
- Following comparison with other Boards, the rules for calculating clear days has been standardised. This relates to when the notice for meetings and associated papers should be published. Only working days are to be used when calculating clear days. This is a change in practice for Lothian, as we previously included weekend days and public holidays.
- From August 2019 Lothian NHS Board changed its practice for committee minutes, in that only the final version of minutes are presented to the Board. The Standing Orders now reflect this.
- The quorum for Board meetings now reflects what the regulations require, namely 'The Board will be deemed to meet only when there are present, and entitled to vote, a quorum of at least one third of the whole number of members, including at least two members who are not employees of a Board.' The development process identified that several Boards, including Lothian, had a quorum which was not consistent with requirement of the regulations. They typically had some reference to how many non-executives needed to be there, effectively making it more difficult for a Board to convene. This is not a desirable position when the law provides that it could have met.
- The 'Matters Reserved to the Board' section has been enhanced to explain that the controls around publishing the draft Annual Operational Plan and the annual accounts. These do not represent a change of practice for NHS Lothian. However there is a change of practice with regard to the appointment of the Chief Internal Auditor, in that the decision to appoint is now reserved to the Board.

3.4 The rest of the changes to the text were essentially concerned with clarifying technical and process issues, making the text clearer and consistent for all Boards in Scotland.

3.5 By approving these Standing Orders, Lothian NHS Board will be fully adopting the national model Standing Orders. There is very little practical effect to how the Board operates at the moment, and the small changes support continuous improvement.

4 Key Risks

4.1 The Board has an incomplete or incorrect set of Standing Orders, which if followed, leads to poor governance or perhaps a failure to apply the law correctly.

5 Risk Register

5.1 There is no need to add a risk to the register, as this review is part of the routine maintenance of the Standing Orders.

6 Impact on Inequality, Including Health Inequalities

6.1 This is an administrative issue which has no specific impact on an identifiable group of people.

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

7.1 This duty does not apply to the content of this report.

8 Resource Implications

8.1 The proposed revised Standing Orders will not introduce a significant change in current working practices. Any implementation issues will be delivered within current resources.

Alan Payne
Head of Corporate Governance
25 February 2020
alan.payne@nhslothian.scot.nhs.uk

Appendix 1: Revised Standing Orders (draft 1 February 2020)

STANDING ORDERS FOR THE PROCEEDINGS AND BUSINESS OF LOTHIAN NHS BOARD

1 General

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

The NHS Scotland Blueprint for Good Governance (issued through DL 2019) 02) has informed these Standing Orders. The Blueprint describes the functions of the Board as:

- Setting the direction, clarifying priorities and defining expectations.
- Holding the executive to account and seeking assurance that the organisation is being effectively managed.
- Managing risks to the quality, delivery and sustainability of services.
- Engaging with stakeholders.
- Influencing the Board's and the organisation's culture.

Further information on the role of the Board, Board members, the Chair, Vice-Chair, and the Chief Executive is available on:

- https://www.nhs.scot/
- https://learn.nes.nhs.scot/17367/board-development

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

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

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

1.5 Any member of the Board may on reasonable cause shown be suspended from the Board or disqualified for taking part in any business of the Board in specified circumstances. The Scottish Ministers may by determination suspend a member from taking part in the business (including meetings) of the Board. Paragraph 5.4 sets out when the person presiding at a Board meeting may suspend a Board member for the remainder of a specific Board meeting. The Standards Commission for Scotland can apply sanctions if a Board member is found to have breached the Board Members' Code of Conduct, and those include suspension and disqualification. The regulations (see paragraph 1.1) also set out grounds for why a person may be disqualified from being a member of the Board.

Board Members – Ethical Conduct

1.6 Members have a personal responsibility to comply with the Code of Conduct for Members of Lothian NHS Board. The Commissioner for Public Standards can investigate complaints about members who are alleged to have breached their Code of Conduct. The Board will have appointed a Standards Officer. This individual is responsible for carrying out the duties of that role, however he or she may delegate the carrying out of associated tasks to other members of staff. The Board's appointed Standards Officer shall ensure that the Board's Register of Interests is maintained. When a member needs to update or amend his or her entry in the Register, he or she must notify the Board's appointed Standards Officer of the need to change the entry within one month after the date the matter required to be registered.

1.7 The Board's appointed Standards Officer shall ensure the Register is available for public inspection at the principal offices of the Board at all reasonable times and will be included on the Board's website.

1.8 Members must always consider the relevance of any interests they may have to any business presented to the Board or one of its committees. Members must observe paragraphs 5.6 - 5.10 of these Standing Orders, and have regard to Section 5 of the Code of Conduct (Declaration of Interests).

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

1.10 Members shall make a declaration of any gifts or hospitality received in their capacity as a Board member. Such declarations shall be made to the Board's appointed Standards Officer who shall make them available for public inspection at all reasonable times at the principal offices of the Board and on the Board's website. The Register of Interests includes a section on gifts and hospitality. The Register may include the information on any such declarations, or cross-refer to where the information is published.

1.11 The Board's Head of Corporate Governance shall provide a copy of these Standing Orders to all members of the Board on appointment. A copy shall also be held on the Board's website within the Board Members Handbook.

2 Chair

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

3 Vice-Chair

3.1 The Chair shall nominate a candidate or candidates for vice-chair to the Cabinet Secretary. The candidate(s) must be a non-executive member of the Board. A member who is an employee of a Board is disqualified from being Vice-Chair. The Cabinet Secretary will in turn determine who to appoint based on evidence of effective performance and evidence that the member has the skills, knowledge and experience needed for the position. Following the decision, the Board shall appoint the member as Vice-Chair. Any person so appointed shall, so long as he or she remains a member of the Board, continue in office for such a period as the Board may decide.

3.2 The Vice-Chair may at any time resign from that office by giving notice in writing to the Chair. The process to appoint a replacement Vice-Chair is the process described at paragraph 3.1.

3.3 Where the Chair has died, ceased to hold office, or is unable for a sustained period of time to perform his or her duties due to illness, absence from Scotland or for any other reason, then the Board's Head of Corporate Governance should refer this to the Scottish Government. The Cabinet Secretary will confirm which member may assume the role of interim chair in the period until the appointment of a new chair, or the return of the appointed chair. Where the Chair is absent for a short period due to leave (for whatever reason). the Vice-Chair shall assume the role of the Chair in the conduct of the business of the Board. In either of these circumstances references to the Chair shall, so long as there is no Chair able to perform the duties, be taken to include references to either the interim chair or the Vice-Chair. If the Vice-Chair has been appointed as the Interim Chair, then the process described at paragraph 3.1 will apply to replace the Vice-Chair.

4 Calling and Notice of Board Meetings

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

4.2 The Chair will determine the final agenda for all Board meetings. The agenda may include an item for any other business, however this can only be for

business which the Board is being informed of for awareness, rather than being asked to make a decision. No business shall be transacted at any meeting of the Board other than that specified in the notice of the meeting except on grounds of urgency.

4.3 Any member may propose an item of business to be included in the agenda of a future Board meeting by submitting a request to the Chair. If the Chair elects to agree to the request, then the Chair may decide whether the item is to be considered at the Board meeting which immediately follows the receipt of the request, or a future Board meeting. The Chair will inform the member which meeting the item will be discussed. If any member has a specific legal duty or responsibility to discharge which requires that member to present a report to the Board, then that report will be included in the agenda.

4.4 In the event that the Chair decides not to include the item of business on the agenda of a Board meeting, then the Chair will inform the member in writing as to the reasons why.

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

4.6 Before each meeting of the Board, a notice of the meeting (in the form of an agenda), specifying the time, place and business proposed to be transacted at it and approved by the Chair, or by a member authorised by the Chair to approve on that person's behalf, shall be circulated to every member so as to be available to them at least three clear days before the meeting. The notice shall be distributed along with any papers for the meeting that are available at that point.

4.7 With regard to calculating clear days for the purpose of notice under 4.6 and 4.9, the period of notice excludes the day the notice is sent out and the day of the meeting itself. Additionally only working days (Monday to Friday) are to be used when calculating clear days; weekend days and public holidays should be excluded.

Example: If a Board is meeting on a Wednesday, the notice and papers for the meeting should be distributed to members no later than the preceding Thursday. The three clear days would be Friday, Monday and Tuesday. If the Monday was a public holiday, then the notice and papers should be distributed no later than the preceding Wednesday.

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

4.9 Board meetings shall be held in public. A public notice of the time and place of the meeting shall be provided at least three clear days before the meeting is held. The notice and the meeting papers shall also be placed on the Board's website. The meeting papers will include the minutes of committee meetings which the relevant committee has approved. The exception is that the meeting papers will not include the minutes of the Remuneration Committee. The Board may determine its own approach for committees to inform it of business which has been discussed in committee meetings for which the final minutes are not yet available. For items of business which the Board will consider in private session (see paragraph 5.22), only the Board members will normally receive the meeting papers for those items, unless the person presiding agrees that others may receive them.

5 Conduct of Meetings

Authority of the Person Presiding at a Board Meeting

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

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

5.3 The person presiding may direct that the meeting can be conducted in any way that allows members to participate, regardless of where they are physically located, e.g. video-conferencing, teleconferencing. For the avoidance of doubt, those members using such facilities will be regarded as present at the meeting.

5.4 In the event that any member who disregards the authority of the person presiding, obstructs the meeting, or conducts himself/herself inappropriately the person presiding may suspend the member for the remainder of the meeting. If a person so suspended refuses to leave when required by the person presiding to do so, the person presiding will adjourn the meeting in line with paragraph 5.12. For paragraphs 5.5 to 5.21, reference to 'Chair' means the person who is presiding the meeting, as determined by paragraph 5.1.

Quorum

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

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

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

5.8 Paragraph 5.7 will not apply where a member's, or an associate of theirs, interest in any company, body or person is so remote or insignificant that it cannot reasonably be regarded as likely to affect any influence in the consideration or discussion of any question with respect to that contract or matter. In March 2015, the Standards Commission granted a dispensation to NHS Board members who are also voting members of integration joint boards. The effect is that those members do not need to declare as an interest that they are a member of an integration joint board when taking part in discussions of general health & social care issues. However members still have to declare other interests as required by Section 5 of the Board Members' Code of Conduct.

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

5.10 Paragraphs 5.6-5.9 shall equally apply to members of any Board committees, whether or not they are also members of the Board, e.g. stakeholder representatives.

5.11 When a quorum is not present, the only actions that can be taken are to either adjourn to another time or abandon the meeting altogether and call another one. The quorum should be monitored throughout the conduct of the meeting in the event that a member leaves during a meeting, with no intention of returning. The

Chair may set a time limit to permit the quorum to be achieved before electing to adjourn, abandon or bring a meeting that has started to a close.

Adjournment

5.12 If it is necessary or expedient to do so for any reason (including disorderly conduct or other misbehaviour at a meeting), a meeting may be adjourned to another day, time and place. A meeting of the Board, or of a committee of the Board, may be adjourned by the Chair until such day, time and place as the Chair may specify.

Business of the Meeting

The Agenda

5.13 If a member wishes to add an item of business which is not in the notice of the meeting, he or she must make a request to the Chair ideally in advance of the day of the meeting and certainly before the start of the meeting. The Chair will determine whether the matter is urgent and accordingly whether it may be discussed at the meeting.

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

5.15 The Chair may change the running order of items for discussion on the agenda at the meeting. Please also refer to paragraph 4.2.

Decision-Making

5.16 The Chair may invite the lead for any item to introduce the item before inviting contributions from members. Members should indicate to the Chair if they wish to contribute, and the Chair will invite all who do so to contribute in turn. Members are expected to question and challenge proposals constructively and carefully to reach and articulate a considered view on the suitability of proposals.

5.17 The Chair will consider the discussion, and whether or not a consensus has been reached. Where the Chair concludes that consensus has been reached, then

the Chair will normally end the discussion of an item by inviting agreement to the outcomes from the discussion and the resulting decisions of the Board.

5.18 As part of the process of stating the resulting decisions of the Board, the Chair may propose an adaptation of what may have been recommended to the Board in the accompanying report, to reflect the outcome of the discussion.

5.19 The Board may reach consensus on an item of business without taking a formal vote, and this will be normally what happens where consensus has been reached.

5.20 Where the Chair concludes that there is not a consensus on the Board's position on the item and/ or what it wishes to do, then the Chair will put the decision to a vote. If at least two Board members ask for a decision to be put to a vote, then the Chair will do so. Before putting any decision to vote, the Chair will summarise the outcome of the discussion and the proposal(s) for the members to vote on.

5.21 Where a vote is taken, the decision shall be determined by a majority of votes of the members present and voting on the question. In the case of an equality of votes, the Chair shall have a second or casting vote. The Chair may determine the method for taking the vote, which may be by a show of hands, or by ballot, or any other method the Chair determines.

5.22 While the meeting is in public the Board may not exclude members of the public and the press (for the purpose of reporting the proceedings) from attending the meeting.

Board Meeting in Private Session

5.23 The Board may agree to meet in private in order to consider certain items of business. The Board may decide to meet in private on the following grounds:

- The Board is still in the process of developing proposals or its position on certain matters, and needs time for private deliberation.
- The business relates to the commercial interests of any person and confidentiality is required, e.g. when there is an ongoing tendering process or contract negotiation.
- The business necessarily involves reference to personal information, and requires to be discussed in private in order to uphold the Data Protection Principles.
- The Board is otherwise legally obliged to respect the confidentiality of the information being discussed.

5.24 The minutes of the meeting will reflect when the Board has resolved to meet in private.

Minutes

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

5.26 The Board's Head of Corporate Governance (or his/her authorised nominee) shall prepare the minutes of meetings of the Board and its committees. The Board or the committee shall review the draft minutes at the following meeting. The person presiding at that meeting shall sign the approved minute.

6 Matters Reserved for the Board

Introduction

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

6.2 This section summarises the matters reserved to the Board:

a) Standing Orders
b) The establishment and terms of reference of all its committees, and appointment of committee members
c) Organisational Values
d) The strategies for all the functions that it has planning responsibility for, subject to any provisions for major service change which require Ministerial approval.
e) The Annual Operational Plan for submission to the Scottish Government for its approval. (Note: The Board should consider the draft for submission in private session. Once the Scottish Government has approved the Annual Operational Plan, the Board should receive it at a public Board meeting.)
f) Corporate objectives or corporate plans which have been created to implement its agreed strategies.
g) Risk Management Policy.
h) Financial plan for the forthcoming year, and the opening revenue and capital budgets.
i) Standing Financial Instructions and a Scheme of Delegation.
j) Annual accounts and report. (Note: Note: This must be considered when the Board meets in private session. In order to respect Parliamentary Privilege, the Board cannot publish the annual accounts or any information drawn from it before

the accounts are laid before the Scottish Parliament. Similarly the Board cannot publish the report of the external auditors of their annual accounts in this period.)

k) Any business case item that is beyond the scope of its delegated financial authority before it is presented to the Scottish Government for approval. The Board shall comply with the Scottish Capital Investment Manual.
l) The Board shall approve the content, format, and frequency of performance reporting to the Board.
m) The appointment of the Board's chief internal auditor. (Note: This applies either when the proposed chief internal auditor will be an employee of the Board, or when the chief internal auditor is engaged through a contract with an external provider. The audit & risk committee should advise the Board on the appointment, and the Board may delegate to the audit & risk committee oversight of the process which leads to a recommendation for appointment.)
n) Health & Safety Policy
o) The contribution to Community Planning Partnerships through the associated improvement plans.
p) Arrangements for the approval of all other policies.
q) The system for responding to any civil actions raised against the Board.
r) The system for responding to any occasion where the Board is being investigated and / or prosecuted for a criminal or regulatory offence.

Regarding points o) – r), the Board may delegate some decision making to one or more executive Board members.

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

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

7 Delegation of Authority by the Board

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

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

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

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

8 Execution of Documents

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

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

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

9 Committees

9.1 Subject to any direction issued by Scottish Ministers, the Board shall appoint such committees (and sub-committees) as it thinks fit. The NHS Scotland website (https://www.nhs.scot/) will identify the committees which the Board must establish.

9.2 The Board shall appoint the chairs of all committees. The Board shall approve the terms of reference and membership of the committees. The Board shall review these as and when required, and shall review the terms within 2 years of their approval if there has not been a review.

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

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

9.5 The Board's Standing Orders relating to the calling and notice of Board meetings, conduct of meetings, and conduct of Board members shall also be applied to committee meetings where the committee's membership consists of or include all the Board members. Where the committee's membership includes some of the Board's members, the committee's meetings shall not be held in public and the associated committee papers shall not be placed on the Board's website, unless the Board specifically elects otherwise. Generally Board members who are not members of a committee may attend a committee meeting and have access to the meeting papers. However if the committee elects to consider certain items as restricted business, then the meeting papers for those items will normally only be provided to members of that committee. The person presiding the committee meeting may agree to share the meeting papers for restricted business papers with others.

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

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

NHS LOTHIAN

Board Meeting
4th March 2020

Director of Improvement

LOTHIAN RECOVERY PLAN UPDATE

1 Purpose of the Report

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

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

2 Recommendations

2.1 Accept this report as a source of moderate assurance that a comprehensive programme of whole system work has been initiated to support the delivery of the Lothian Performance Recovery Programme and delivery of core performance targets.

2.2 The Board is asked to acknowledge current performance against the nine performance targets included in the Recovery Programme scope.

3 Discussion of Key Issues

3.1 A system wide Recovery Plan was submitted to the Scottish Government at the end of November 2019 setting out an integrated approach to improving performance across a range of performance indicators. The team met with the Scottish Government on the 23 January 2020 to provide an update on progress in the delivery of the Recovery Plan. At the meeting the Scottish Government indicated they would make a decision on the potential for de-escalation in March 2020 as part of the review of the Annual Operating Plan (AOP). This decision would be based on delivery of relevant performance targets as well the robustness of plans in the AOP.

3.2 The remainder of this paper provides an update on performance against each of the core targets included within the scope of the Recovery Plan as of January 2020. Some provisional management information has been used to complete the analysis as validated data for January was not available at the time of writing.

Table 1. Core Recovery Plan Metrics

Metric		Jan 2020	Dec 2019	Jan 2019	Annual Change	Target
Delayed Discharges	Standard	270	199	241	12.0%	200
	Standard & Complex	290	225	274	5.8%	-
4 Hour ED Waiting Time		82.5%	80.3%	85.6%	-3.6%	95%
Outpatient >12 week waiting time [p]		22,632	23,274	27,207	-16.8%	18,000*
Treatment Time Guarantee [p]		2,888	2,753	2,588	11.6%	3,100*
Cancer Waiting Times (62 day target) [p]		85.2%	83.8%	78.8%	8.1%	95%
Mental Health & Learning Disability Bed occupancy		89.4%	88.5%	91.1%	-1.9%	85-90%
CAHMS >18 week target		56.8%	45.0%	70.0%	-18.9%	90%
Psychological Therapies > 18 week target		76.5%	84.7%	68.3%	12.0%	90%
Paediatrics and St John's		4 days a week 24x7	4 days a week 24x7	Closed to inpatients	-	7 days a week 24x7

[p] some Jan 20120 is provisional management information and may be subject to small variation.
* 2019/20 AOP Trajectory recently revised upwards from 16,151 and 2,472 for outpatient and TTG respectively
* Green denotes an improvement, red deterioration, and amber no change since Jan 2018

3.3 The table illustrates that whilst performance has improved across a number of metrics over the past year, it is still below Government targets in a number of areas with particular concern in relation to the 4 Hour ED access standard and delayed discharges. Delayed discharges are now are higher than at the same time last year. Part of this reflects the usual challenges of maintaining performance levels over the winter break.

Cancer

3.4 The 62 day Cancer Waiting Time target has been improving following actions put in place across colorectal, lung, melanoma and prostate cancer pathways with performance in January at 85.2% exceeding trajectory. These actions have focused on ensuring earlier diagnosis and reducing the decision to treat backlog through a multidisciplinary approach to patient tracking within weekly cancer huddles. The team are confident that performance will continue to incrementally improve up until March 2020 and will be in the 84-88% range over this period. The 31 day Cancer Waiting Time target dipped in January to below plan at 91.7% for the first time this performance year. This was related to a specific issue within the breast service, and improvement actions are in place.

3.5 Planning for next year is underway and as part of the AOP process it is forecast that the 31 day target will continue to adhere to the 95% access standard by March 2021, and the 62 day target will increase further. These trajectories assume further incremental improvements will be made across all cancer specialties and sustained over the next twelve month period. The 62 day trajectory is not expected to meet 95% access standard due to a number of factors, including capacity constraints (particularly specialist medical staff) in certain cancer subspecialties. These issues are common across the country and are not Lothian specific, however, further work is ongoing to consider alternative options such as the use of external provision.

Scheduled Care

3.6 In January 2020 the number of outpatient waiting longer than 12 weeks stood at 22,632 slightly down on the December position but behind trajectory. Weekly information indicates that the number of outpatient waits has continued to fall and as of mid-February was around 22,000. Work continues to ensure all existing capacity is fully booked and a number of plans are in place to increase further the use of external facilities, in particular the East Lothian Community Hospital. Whilst risks remain, it is expected that the end of March position will be in line with the recently revised trajectory at 18,100.

3.7 There remains some uncertainty in planning outpatient trajectories for next year due to recent adverse movements in the number of breaches at the Edinburgh Dental Institute (EDI). As members are aware, waiting time information for outpatients at EDI was moved onto Trak in November and there is a requirement to understand detailed demand and capacity requirements. As a result, preliminary outpatient trajectories for next year have been provided to the Scottish Government excluding EDI data. After excluding EDI figures, initial DCAQ modelling for 2020/21 has identified a 'core capacity gap' of over 30,000 new outpatient appointments. This recurrent 'capacity gap' will need to be addressed before being able to tackle the outstanding backlog through various measures including external provision.

3.8 Performance in relation to the TTG standard deteriorated in January and breached trajectory for the first time this year. It now stands at 2,888. Management information indicates that the number of breaches has continued to increase in early February. It is expected that it will increase further in line with the revised forecast of 3,100 at the end of March.

3.9 Preliminary trajectory modelling indicates that the TTG position will be broadly unchanged by March 2021. In the longer term, the strategy for reducing elective waits is based on the provision of additional capacity in the Short Stay Elective Centre at St John's. The investment case has now being resubmitted for approval to the March meeting of the Scottish Government Capital Investment Group.

3.10 There continues to be a focus on long waits and the Board is making good progress at reducing 52 week outpatient waits. As of mid-February there were 488 outpatient 52 week breaches and 66 TTG breaches. Appendix 1 (Waiting Time Improvement Plan paper) provides further details at a specialty level, and an overview of progress in reducing long waits.

Paediatrics at St Johns

3.11 The Recovery Plan reiterated NHS Lothian's commitment to consolidating the success of the four day a week full inpatient paediatric service at St John's Hospital by increasing the resilience of existing rotas, and build towards a full seven day 24/7 service subject to further recruitment.

3.12 The Royal College of Paediatrics and Child Health carried out a further review of the service in mid-February 2020. This will inform NHS Lothian's decision on full opening and next steps. It is expected that the Royal College will report back in six weeks. In the meantime, NHS Lothian is preparing for a further recruitment drive.

Mental Health and Learning Disabilities

3.13 Performance in relation to the CAHMS and Psychological Therapies 18 week target has remained relatively consistent in the last month. The focus remains on recruitment into new roles to increase capacity and manage changes in standard operating policies. The latest management information indicates that patients waiting over 18 weeks for the CAMHS service are starting to reduce and it is forecast that by December 2020 the service will be compliant with the 90% waiting time target.

3.14 Performance against the access standard remained relatively constant within Psychological Therapies, although the number of patients waiting over 18 weeks on the adult waiting list has remained flat. The first tranche of new recruits into the service are expected at the end of March 2020. However, it is not expected that the 90% standard will be met in December 2020. Modelling indicates it could take until Autumn 2021 for the position to meet the 90% access standard given the scale of the current backlog within the acute adult service. In the meantime performance should remain in the region of 75-80%, in line with the rest of Scotland, due to the high take up of computerised CBT.

3.15 Acute adult mental health bed occupancy has been maintained within an appropriate target range over the past month.

Unscheduled Care

3.16 Sustained increases in attendance at EDs have been experienced across the three adult acute sites across the 2019 calendar year. This increase in attendance combined with an increasing acuity of patient and high occupancy across the three sites has contributed to a deteriorating four hour emergency access standard performance. These challenges are not unique to Lothian and similar patterns are occurring across Scotland.

3.17 Performance in January and into February has continued to be extremely challenging with the four hour access standard being delivered at around 83% across all sites. During January there were an unacceptable number of twelve hour breaches (400 across all sites) with the RIE, WGH and SJH all under strain which is continuing to cause concern. Performance for the week ending 21 February dipped to 77%. As a result the Executive team increased presence on site to support front line clinical teams.

3.18 In part, these challenges are related to a spike in delayed discharges particularly in the Edinburgh HSCP. Social delays increased by 30% across all partnerships in January and now stand at 270 and are now higher than the national average. These have subsequently reduced, and as of mid-February standard social care delays were 234. In recognition of the system challenges, Edinburgh HSCP will deploy a 'HomeFirst' team (consisting a range of experienced clinical and social care assessors) into the Edinburgh Royal Infirmary and be based there for a week to test the impact of this approach.

3.19 Work is ongoing with each site and partnership to understand the likely performance position by March 2020 and a trajectory for March 2021. It is expected that ED performance should be in line with the Recovery Plan estimate of 85-90% performance, although given recent deterioration in performance only limited assurance can be provided. Furthermore, Edinburgh partnership is reporting that it will struggle to bring down social care delays to pre-Christmas levels in the short term, and therefore there remains a risk that delays will exceed 200 in March 2020.

Recovery Plan Targets

3.20 The following table provides a summary of the relevant performance metrics included in the Recovery Plan and the associated performance 'pledges' for March 2020.

Table 1. Preliminary AOP Performance Trajectories

Metric	January 2020 Position	Recovery Plan 'Pledges' (March 2020)
4 Hour ED Waiting Time	82.5%	85-90%
Delayed Discharges (Standard)	270	200
Outpatient >12 week waiting time	22,632	18,000
Treatment Time Guarantee	2,888	3,100
Cancer Waiting Times (62 day target)	85.2%	84-88%
Psychological Therapies > 18 week target	76.5%	75-80% by Dec 2020 and 1,000 fewer breaches
CAHMS >18 week target	56.8%	90% by Dec 2020

3.21 Performance trajectories for March 2021 are being developed as part of the three year Strategic Transformation Plan (SPT). These are a key component of the plans for the first year of delivery. The Recovery Programme will continue to focus on these operational priorities, supporting and enabling the development of the STP going forward, to ensure that tactical, operational and strategic plans are aligned.

4 Key Risks

4.1 A number of short term risks to the delivery of the Recovery Programme and the prospects of de-escalation have been set out in this paper and can be summarised below:

- the ability to hit the revised trajectories for outpatients and TTG by the end March 2020;
- the ability to recruit to mid-grade staff within Paediatrics at St John's and establish a seven day 24x7 services; and
- the ongoing management of unscheduled care services over the winter period.

4.2 In addition, it will be important to set out clear plans as part of the AOP process to provide confidence of delivery. A further risk remains in relation to the tight budget settlement in social care.

5 Risk Register

5.1 The Corporate Risk Register has been updated to reflect the risks specifically associated with the Recovery Programme with reference to a number of linked risks (Risk ID 4820). The Risk Register will be subject to ongoing review and update by the Recovery Programme team.

6 Impact on Inequality, Including Health Inequalities

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

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

7.1 NHS Lothian Directors, IJB Chief Officers and their teams have supported the development of the Recovery Plan. Due to the timelines associated with the development of the Recovery Plan, public engagement and consultation relating to the contents of the plan will not have been undertaken.

8 Resource Implications

8.1 Recovery Plan discussions will continue with the Scottish Government to clarify any further investment to support performance improvement as well as delivery of the 2020/21 AOP/STP.

Peter Lock
Director of Improvement
24 February 2020

Appendix 1. Waiting Times Improvement Paper

APPENDIX 1

NHS LOTHIAN

NHS Lothian Board Meeting
4 March 2020

Chief Officer, Acute Services

WAITING TIMES IMPROVEMENT PLAN RECOVERY & SUSTAINABILITY

1 Purpose of the Report

1.1 The purpose of this report is:

1.2 To update the Board in relation to NHS Lothian's progress towards delivery of the national Waiting Times Improvement Plan (WTIP).

1.3 To provide detail of performance against agreed 2019/20 trajectories for Scheduled Care standards: New Outpatients; Treatment Time Guarantee (TTG); Diagnostic key tests; 31 and 62 Day Pathway Cancer patients.

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

2 Recommendations

Board Members are recommended to;

2.1 **Note** that as a result of the timing of this paper that only MMI performance for Outpatient and TTG standards can be updated. Provisional data for Cancer 62 Day performance has also been provided, and the Clinical Risk Matrix updated.

2.2 **Note** current performance against agreed AOP trajectories as outlined in Appendix 1.

2.3 **Acknowledge** that 61.5% of patients were waiting 12 weeks or less for a new outpatient appointment in January 2020, and that 72.9% of patients were seen within the 12 Week Treatment Time Guarantee.

2.4 **Recognise** that provisional non validated Cancer 31 day performance for January 2020 is 91.7% against a trajectory of 94.6%. The provisional non validated 62 day figure of 85.2% performance is better than trajectory for the first time this financial year. Improvement has continued since July (by almost 11% points).

2.5 **Accept** that TTG performance was worse than trajectory for the first time since May 2019. Current service predictions increase the end March trajectory from 2,457 to 3,100 by end of March 2020. Main driver of this, is significantly reduced capacity via Forth Valley theatres than originally anticipated.

2.6 **Accept** that in January 2020 outpatient performance was worse than the original AOP trajectory milestone, despite improvement of more than 3,200 since August 2019. Current service pressures have resulted in an updated trajectory of 18,100 patients over 12 weeks by

the end of March 2020, an increase from AOP trajectory of 16,151.

3 Discussion of Key Issues

3.1 Current Performance 2019/20

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

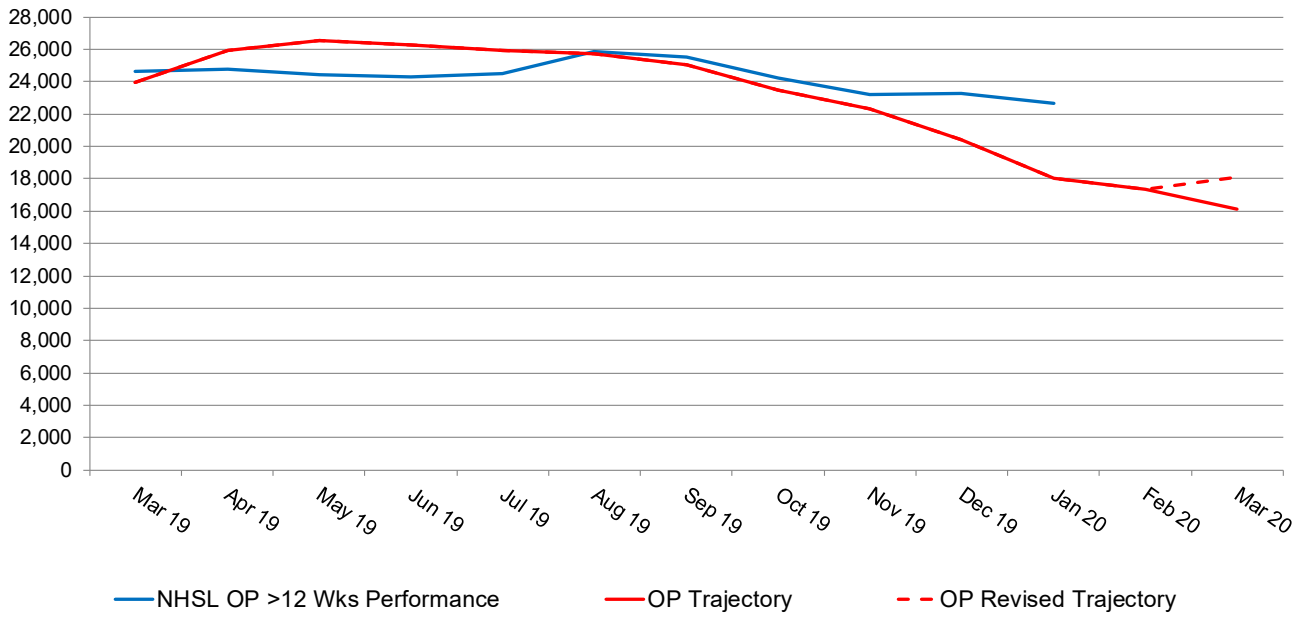
3.2 Outpatients

3.2.1 Validated MMI performance for January was 22,632 against an AOP trajectory of 18,048 (please see Appendix 1, and Table and Chart 1 below). Although November and December performance was static, there has been a reduction of more than 3,000 patients waiting longer than 12 weeks from August to January.

Table 1 – New Outpatients waiting in excess of 12 weeks (as at Feb 2020)

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
AOP	24,933	26,552	25,269	25,964	25,760	25,051	23,500	22,293	20,393	18,048	17,332	16,151
Revised AOP												18,100
Actual	24,775	24,425	24,307	24,502	25,851	25,529	24,201	23,243	23,274	22,632		

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



3.2.2 The last two months of 2019/20 require a significant reduction in the number of patients waiting longer than 12 weeks. Following a detailed review of the positions of each individual specialty it is now expected that NHS Lothian will achieve a maximum of 18,100 Outpatients waiting over 12 weeks by the end of March 2020.

3.2.3 Several specialties have reported challenges in meeting trajectory capacity plans, as a result of workforce issues (including inability to recruit, and pension changes impacting reduction in waiting list initiative uptake). Key specialties including Orthopaedics and ENT have also

experienced growth in demand higher than expected. ENT demand has increased by 10% in the first half of the year and Orthopaedic demand was almost 4.5% higher than expected.

3.2.4 Dermatology is one of the specialties that has shown improved performance to date. Dermatology MMI performance was 6,242 in April 2019 and 3,172 for Jan 2020. This improvement is based on increased internal workforce, redesign and investment in private sector. It is expected that over 12 week breaches will continue to fall steeply in the run up to March and in due course be eliminated.

3.2.5 Waiting time information for outpatients at EDI was moved onto Trak in November and following a data cleansing exercise, over 3,700 12 week breaches have currently been identified compared to an initial estimate of around 2,000 – 2,750. This has been driven by a combination of more accurate data reporting, increased additions to the waiting list and reduced capacity during the migration period and festive holidays.

3.2.6 In terms of reduction in waiting list initiatives (WLIs) specifically, work undertaken at mid-year indicated an 11% reduction in WLI activity against original plans. Most significant impact has been seen in Colorectal, Urology, ENT and General Surgery.

3.2.7 Significant progress has been made since April 2019 in terms of Long Waits >52 and >70 Weeks for Dermatology, Endoscopy and Gastroenterology, which Charts 2-5 below demonstrate. These three services have high volumes of urgent patients, so capacity has been balanced to meet this need and reduce excessively long waits.

Chart 2 – NHS Lothian Outpatients waiting over 52 weeks and 70 weeks from May 2019 to Current Date

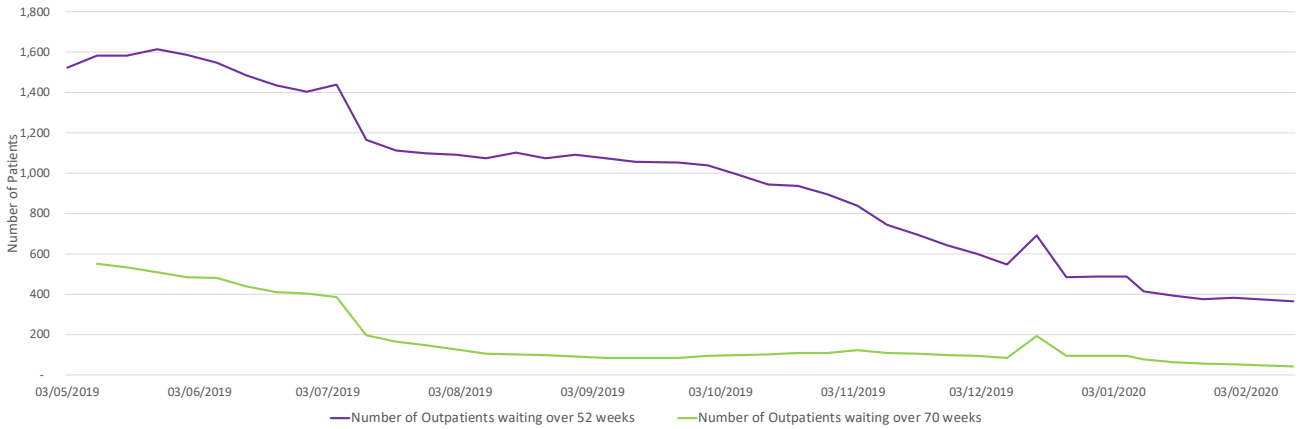


Chart 3 – Dermatology Outpatients waiting over 52 weeks and 70 weeks from May 2019 to Current Date

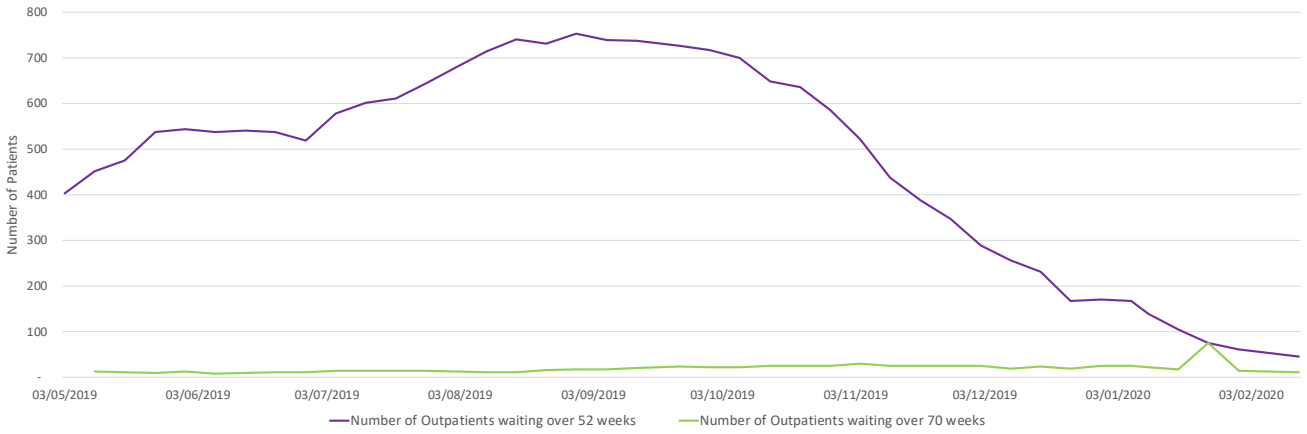


Chart 4 – Endoscopy Outpatients waiting over 52 weeks and 70 weeks from May 2019 to Current Date

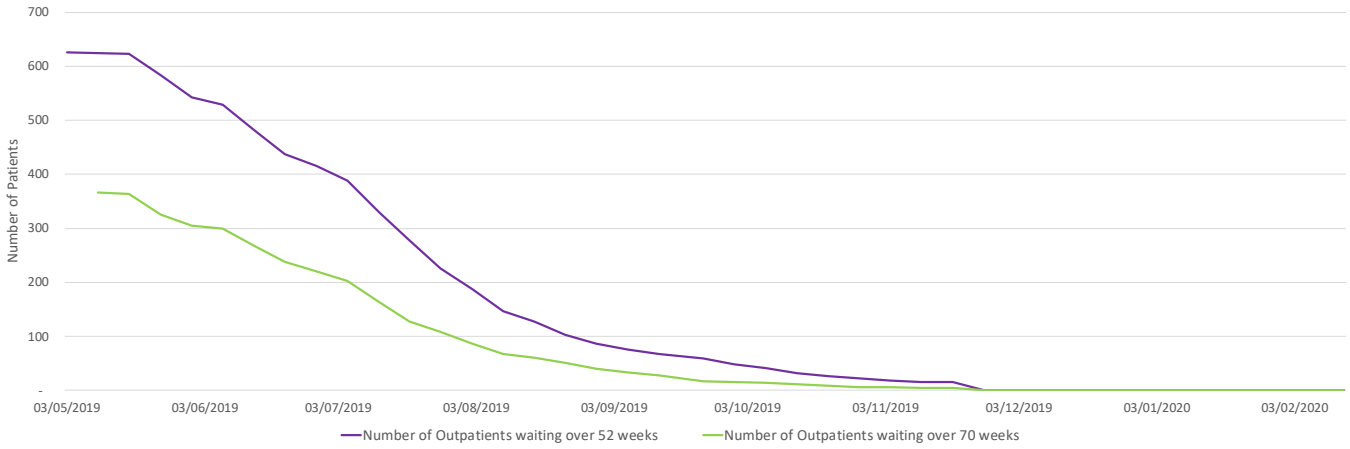
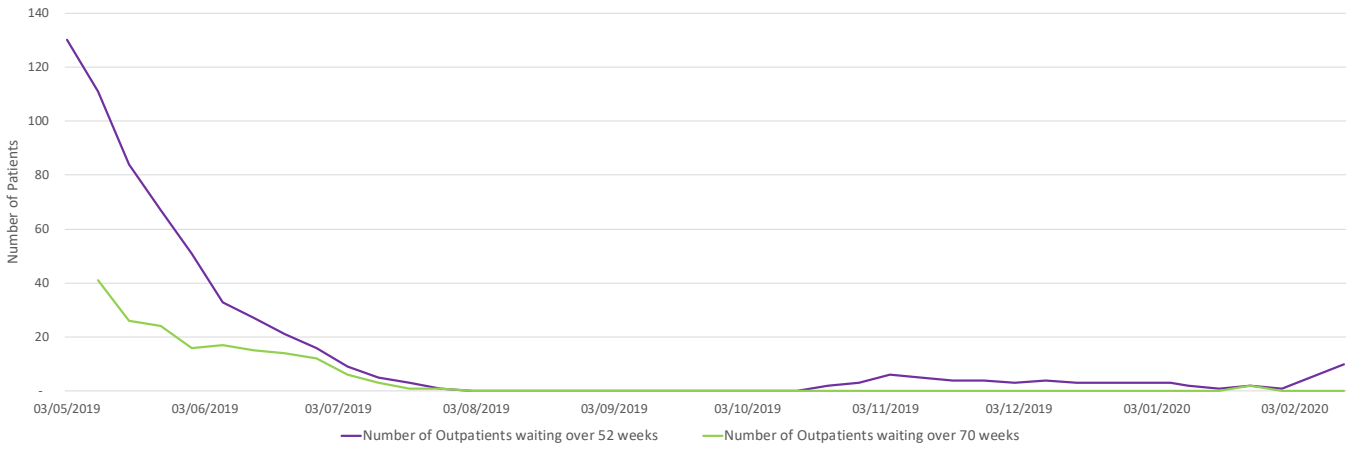


Chart 5 – Gastroenterology Outpatients waiting over 52 weeks and 70 weeks from May 2019 to Current Date



3.2.8 **Mitigating Actions**

3.2.9 Work continues to ensure all existing capacity is fully booked and a number of plans are in place to increase further the use of external facilities, in particular the East Lothian Community Hospital (ELCH). From October 2019 to March 2020 over 13,000 cases will be seen in external facilities compared to an initial plan of 9,750. This is largely due to the external provision of ENT capacity as well as the planned booking of 2,000 patients into the ELCH (predominately for Dermatology and GI clinics). Further opportunities are being activity pursed in relation to the external provision of Rheumatology and dental activity, although limited benefits will be realised this performance year.

3.2.10 Waiting List Initiatives (WLIs) are being undertaken where possible. Support is also being actively provided by the Head of Access, and Capacity Modeller.

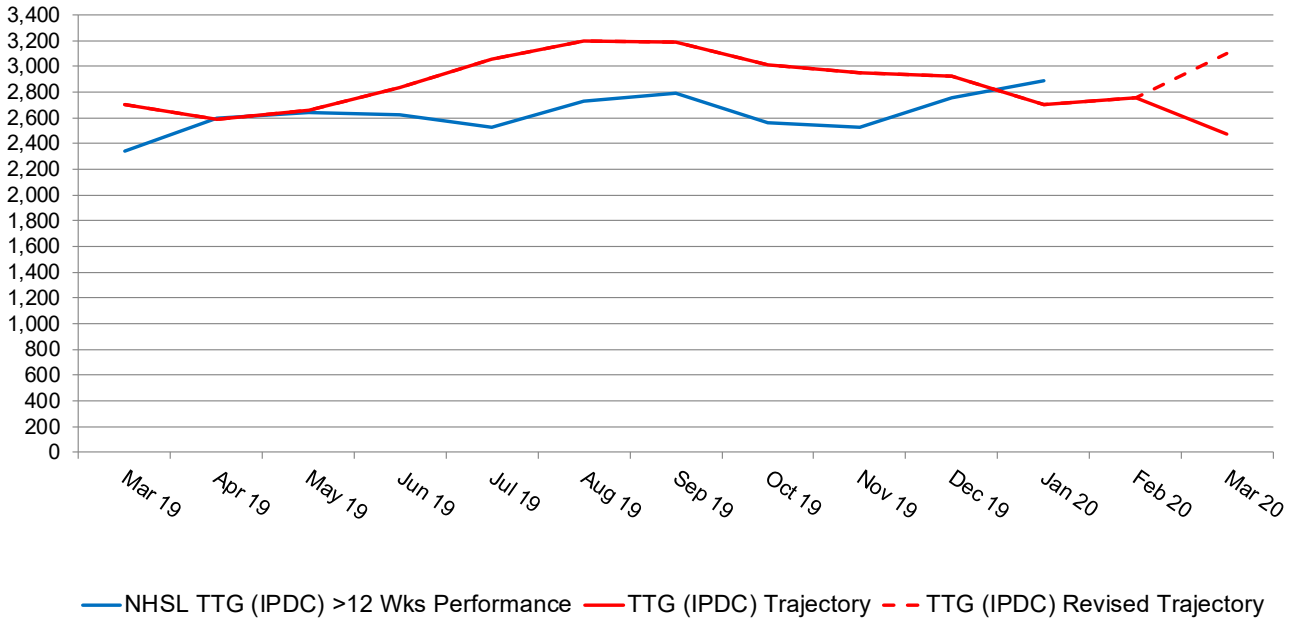
3.3 **Inpatients & Day Cases**

3.3.1 Validated TTG MMI performance figures for January 2020 of 2,888 indicate that for the first time this year breaches have exceeded AOP trajectory, as per the table and chart below. Please see Appendix 1, and Table 2 and Chart 6 below for detail.

Table 2 – Inpatients/Day Cases waiting in excess of 12 weeks (as at Feb 2020)

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
AOP	2,586	2,658	2,839	3,055	3,198	3,190	3.011	2,947	2,922	2,699	2,758	2,472
Revised AOP												3,100
Actual	2,597	2,642	2,622	2,526	2,727	2,788	2,563	2,527	2,753	2,888		

Chart 6 – Inpatient and Day Case waits over 12 Weeks (ongoing) versus AOP Trajectory



3.3.2 Weekly management information has highlighted that the number of patients waiting more than 12 weeks have continued to increase into February 2020 and following a detailed exercise with each specialty it is now expected that NHS Lothian will achieve a maximum of 3,100 TTG

breaches by the end of March 2020.

3.3.3 This relates to shortfalls in a number of specialties as well as further cancellations over the winter period. One of the primary drivers of this change in forecast relates to the inability to use all theatre capacity in Forth Valley Health Board. It was anticipated that Lothian would be able to send approximately 1,000 TTG patients to Forth Valley, however due to delays in preparing the theatres, restrictions on the type of procedure that could be undertaken and low patient uptake, it is expected that only 200 procedures will be performed.

3.3.4 The impact of unscheduled care on the elective programme, especially at RIE, is placing a risk on TTG. Since November there have been 127 elective cancellations due to bed availability. Of these, 103 were Orthopaedics at an average rate of 9 per week. To date 40 cancellations have had a direct impact on TTG.

3.3.5 Mitigating actions include focus on increasing patient throughput via initiatives within the Theatres Optimisation Programme; as well as identifying further capacity within the independent sector.

3.4 Diagnostics, Endoscopy, Radiology

3.4.1 There is no material update from the January WTIP paper in relation to Diagnostics, Endoscopy and Radiology waits as validated management information is not yet available. A further update on performance will be provided at the April Board meeting.

3.5 Cancer

3.5.1 Provisional internal management 31 Day performance for January 2020 is 91.7% against a trajectory of 94.6%, which is the lowest performance this financial year. However, provisional figures also suggest 62 day performance was above trajectory for the first time this year at 85.2%, with over half of the almost 11% points provisional improvement occurring since mid-year.

3.5.2 The 31 Day position has been impacted by Breast performance this month, due to a capacity shortfall for specialist capacity. Certain types of procedure require the insertion of wires by a Radiologist on the day of surgery. Insufficient availability of wire slots which has led to an increase in the number of breaches this month. A pilot of the insertion of a magnetic ‘seed’ (Magseed), rather than a wire prior to surgery has begun; this can be performed up to 30 days before surgery so will give more flexibility in managing Surgical and Radiology capacity by reducing dependency on Radiology availability on the day of surgery. The impact of this will be seen in one month.

3.5.3 Colorectal and Urology (Prostate) performance remain areas of biggest pressures for both pathways, whilst Melanoma and Upper GI have shown improvement. Significant reductions in waits have been made within some elements of the Colorectal pathway since mid-September.

Chart 8 - NHS Lothian 31 Day Trajectory vs. Reported Performance (provisional figures for Jan 2020)

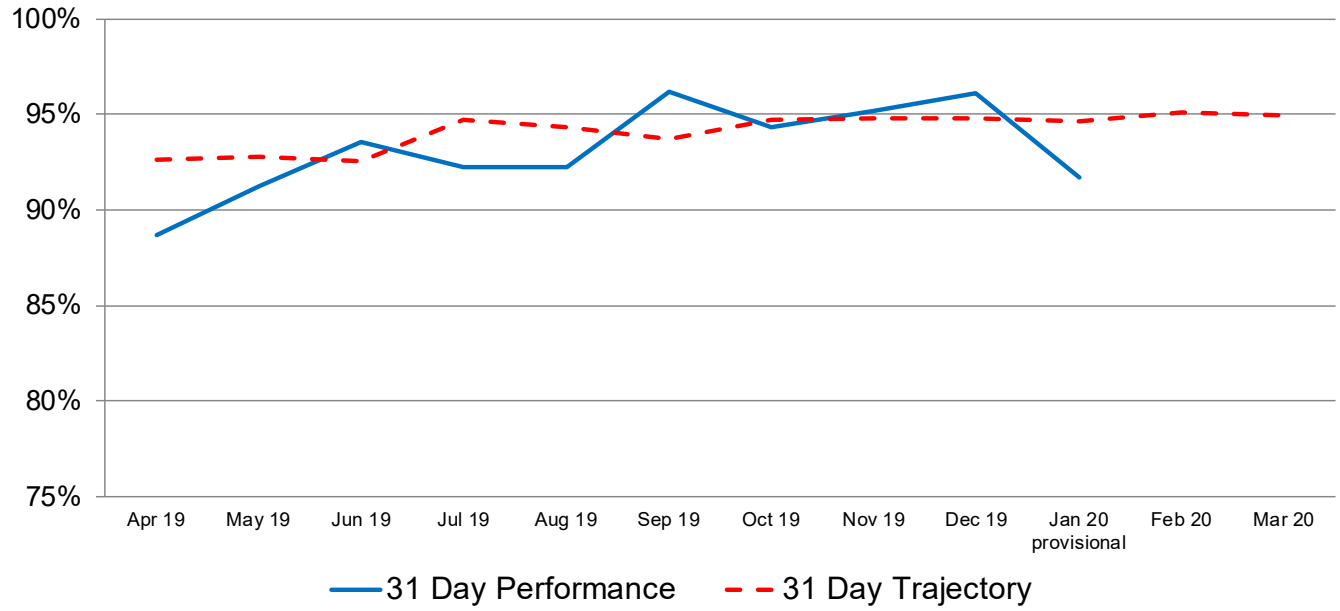
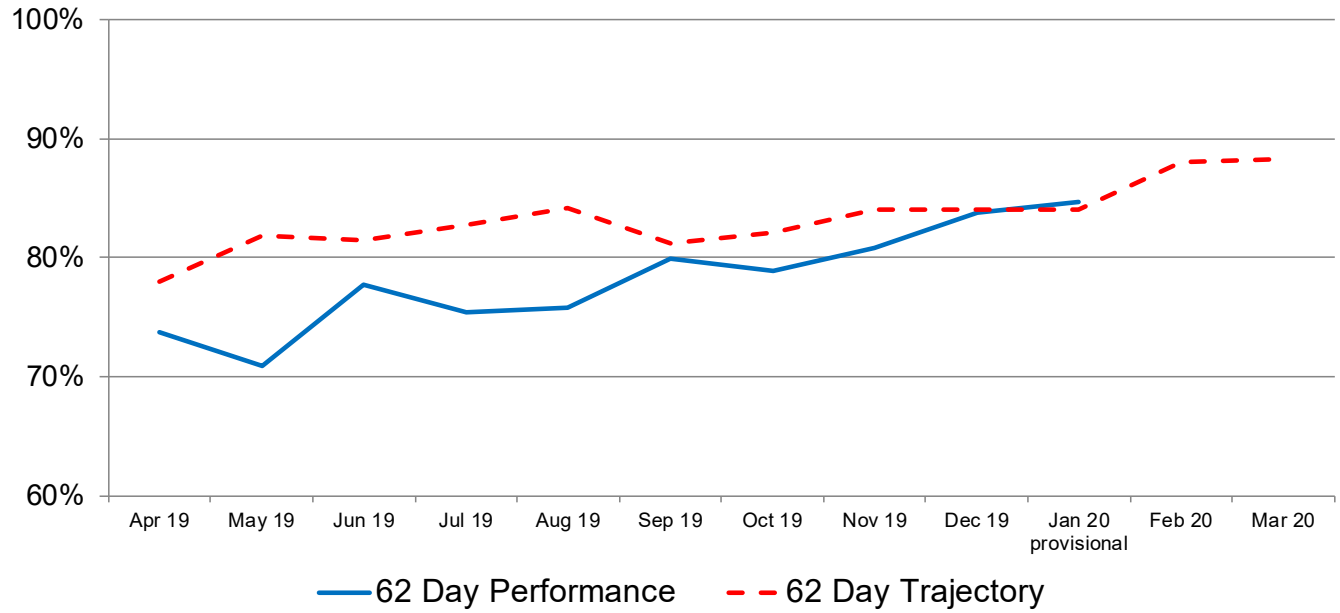


Chart 9 - NHS Lothian 62 Day Trajectory vs. Reported Performance (provisional figures for Jan 2020)



3.5.4 Challenges with respect to workforce continue with prolonged leave in Colorectal and a consultant vacancy in Urology (this has now been recruited to with planned start date at end March). This appointee will provide robotic prostatectomy capacity.

3.5.5 Mitigating actions include restructuring of cancer tracking processes; establishment of a Cancer huddle to improve grip and control, escalation; communication across cancer pathways with the ultimate goal of improving 62 day performance, and regular review of Colorectal, Urology, Melanoma and Lung action plans in conjunction with the Chief Officer.

3.5.6 Work will begin on an action plan for Breast Cancer shortly, and this will also then be reviewed within the scheduled of ongoing review meetings. The work will be extended to all reported tumour groups within the forthcoming period.

3.6 Edinburgh Dental Institute (EDI)

3.6.1 The waiting list and appointments from the Edinburgh Dental Institute were moved onto Trak on 18th November.

3.6.2 Indicative February >12 week breach figures (3,730) are higher than anticipated (2,750), partly as a result of reduced clinic capacity both before and after the move to Trak, planned to allow for appropriate training of approximately 300 staff, and increased referrals. Breach figures are also continuing to increase.

3.6.3 Mitigating actions in place include detailed analytical support, enhanced managerial structure and awarding of an external provision contract from late February.

3.7 Short Stay Elective Centre

3.7.1 The Outline Business Case (OBC) for the Short Stay Elective Centre cost reduction analysis has been completed and approved by the November meetings of the Lothian Capital Investment Group and the Finance & Resource Committee, with a capital cost of £70.9m. The outline business case was submitted to the Scottish Government Capital Investment Group on the 24 January 2020. CIG did not approve progress to Full Business Case and have sought further clarity on aspects of the project plan. The team have been working closely with colleagues from the National Elective Centre Programme to agree a way forward and the investment case is to be resubmitted to the March Scottish Government Capital Investment Group.

3.8 Local Access Collaborative

3.8.1 NHS Lothian will establish a Local Access Collaborative this group will oversee the programme of work in line with the national Access Collaborative and manage the transition from the extant Modern Outpatient Programme to the emerging Modernising Patient Pathways Programme.

4 Key Risks

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

4.2 Scheduled Care risks are also captured within an NHS Lothian Clinical Risk Matrix, updated monthly within this paper. Clinical risks as at 18th February 2020 were scored and ranked as below:-

OP Specialty	No. of weeks 9 out of every 10 patients had been seen within, in the quarter ending Jan 2020 - for adults unless otherwise specified	No. of patients waiting over waiting time standard as at 18/02/2020. Standard is 12 weeks for all but GI and Urology Diagnostics*, which have a six week standard.	Risk Rating			
			Risk based on current length of wait for 90% of patients (1-5)	Probability of clinical risk (e.g. cancer) (1-5)	Risk based on number of patients waiting over the waiting time standard (1-5)	Risk score (from highest, descending) (1-125)
GI Diagnostics*	57	2,003	4	5	4	
Dermatology	57	2,592	4	4	4	
Urology	41	1,806	3	4	4	
Colorectal	40	1,557	3	4	4	
Gastroenterology	43	1,004	3	5	3	
ENT (paed)	38	664	3	3	3	
Ophthalmology	46	2,956	3	2	4	
Orthopaedics	37	1,778	3	2	4	
Gynaecology	16	513	2	4	3	
ENT (adult)	39	1,092	3	2	3	
Neurosurgery	41	464	3	3	2	
General Surgery (paed)	27	165	3	3	2	
General Surgery (adult)	12	46	2	3	2	
Urology Diagnostics*	19	362	2	3	2	
Vascular	19	148	2	3	2	
Gastroenterology (paed)	25	1	3	1	1	

4.3 High risk specialties remain a focus of improvement actions and investment.

5 Risk Register

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

6 Impact on Inequality, Including Health Inequalities

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

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

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

8 Resource Implications

8.1 Resource impact as detailed within body of the paper.

Jacquie Campbell
Chief Officer, Acute Services
24/02/2020

List of Appendices

Appendix 1 - Scheduled Care Performance

Appendix 1: Scheduled Care Performance

Below is a summary of current performance against trajectories.

OP Performance against Trajectory

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

	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
NHSL OP >12 Wks Performance	**24,669**	**24,755**	**24,425**	**24,307**	**24,502**	**25,851**	**25,529**	**24,201**	**23,243**	**23,274**	**22,632**		
OP Trajectory	23,930	25,933	26,552	26,269	25,964	25,760	25,051	23,500	22,293	20,393	18,048	17,332	16,151
OP Revised Trajectory													18,100
Difference	739	-1,178	-2,127	-1,962	-1,462	91	478	701	950	2,881	4,584		
% of patients waiting 12 weeks or less for a new outpatient appointment	**64.5%**	**64.9%**	**64.6%**	**64.0%**	**64.6%**	**62.8%**	**62.5%**	**62.0%**	**61.8%**	**61.2%**	**61.5%**		

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

IPDC Performance against Trajectory

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

	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
NHSL TTG (IPDC) >12 Wks Performance	**2,340**	**2,597**	**2,642**	**2,622**	**2,526**	**2,727**	**2,788**	**2,563**	**2,527**	**2,753**	**2,888**		
TTG (IPDC) Trajectory	2,707	2,586	2,658	2,839	3,055	3,198	3,190	3,011	2,947	2,922	2,699	2,758	2,472
TTG (IPDC) Revised Trajectory													3,100
Difference	-367	11	-16	-217	-529	-471	-402	-448	-420	-169	189		
% Patients Seen Within 12 Week Treatment Time Guarantee	**73.6%**	**78.4%**	**75.3%**	**74.7%**	**76.6%**	**75.2%**	**74.2%**	**73.5%**	**76.1%**	**77.3%**	**72.9%**		

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

Gastroenterology Diagnostic Performance against Trajectory

The 2019/20 Gastroenterology diagnostic trajectory and associated performance is detailed below. Performance is expressed in terms of number of patients waiting over 6 weeks for a diagnostic procedure.

	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
Upper Endoscopy patients waiting over 6 wks	1,427	1,117	759	625	565	504	374	452	585	792			
Colonoscopy patients waiting over 6 wks	1,129	1,024	1,002	933	753	683	521	701	815	879			
Flexible Sigmoidoscopy (Lower Endoscopy) patients waiting over 6 wks	785	713	469	340	282	282	297	279	299	332			
Gastroenterology Performance	3,341	2,854	2,230	1,898	1,600	1,469	1,192	1,432	1,699	2,003			
Gastroenterology >6 Week Trajectory	2,901	2,260	2,196	2,034	1,844	1,719	1,794	1,619	1,444	1,269	1,094	919	744
Difference	440	594	34	-136	-244	-250	-602	-187	255	734			

Urology Diagnostic Performance against Trajectory

The 2019/20 Urology diagnostic trajectory and associated performance is detailed below. Performance is expressed in terms of number of patients waiting over 6 weeks for a diagnostic procedure.

	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
Flexible Cystoscopy (Urology Performance)	349	394	370	323	271	292	340	317	327	362			
Urology >6 Week Trajectory	0	435	395	385	415	445	395	345	295	245	195	145	95
Difference	349	-41	-25	-62	-144	-153	-55	-28	32	117			

Radiology Diagnostic Performance against Trajectory

The 2019/20 Radiology trajectories and associated performance is detailed below. Performance is expressed in terms of number of patients waiting over 6 weeks for a Radiology scan.

Specialty Radiology - CT Lothian	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
CT Performance	32	63	101	101	97	98	112	108	85	97			
Trajectory >6 weeks	8	50	80	100	80	60	40	20	0	0	0	0	0
Difference	24	13	21	1	17	38	72	88	85	97			

Specialty Radiology - MRI Lothian	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
MRI Performance	103	137	114	87	194	204	260	393	446	588			
Trajectory >6 weeks	0	200	250	150	250	200	150	50	0	0	0	0	0
Difference	103	-63	-136	-63	-56	4	110	343	446	588			

Specialty Radiology - General Ultrasound (not Vasc)	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
General Ultrasound Performance	6	12	4	3	4	4	2	20	3	620			
Trajectory >6 weeks	10	10	20	10	0	0	0	0	0	0	0	0	0
Difference	-4	2	-16	-7	4	4	2	20	3	620			

Specialty Radiology - Barium Studies	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
Barium Performance	0	1	1	0	0	0	2	0	0	0			
Trajectory >6 weeks	0	0	0	0	0	0	0	0	0	0	0	0	0
Difference	0	1	1	0	0	0	2	0	0	0			

Vascular Ultrasound	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
Vascular Ultrasound Performance	95	23	5	11	5	3	5	29	37	42			
Trajectory >6 weeks	-	-	-	-	-	-	-	-	-	-	-	-	-
Difference	-	-	-	-	-	-	-	-	-	-	-	-	-

Cancer Performance The following tables detail 31 and 62 day cancer performance against trajectory using management information, and incl. provisional internal figures for Jan 20

31 Day performance

	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20 Provisional	Feb 20	Mar 20
Urological	94.5%	86.4%	92.9%	91.2%	81.7%	86.4%	92.2%	89.4%	85.9%	90.3%	98.6%		
Colorectal (screened excluded)	85.7%	82.9%	76.7%	78.3%	73.3%	78.1%	88.6%	90.3%	83.3%	96.3%	76.7%		
Colorectal (screened only)	100.0%	100.0%	55.6%	100.0%	87.5%	20.0%	83.3%	72.2%	77.8%	55.6%	55.6%		
Melanoma	91.7%	100.0%	100.0%	95.7%	100.0%	88.9%	100.0%	93.8%	97.9%	100.0%	100.0%		
Breast (screened excluded)	98.1%	97.1%	97.5%	97.5%	100.0%	100.0%	100.0%	100.0%	98.1%	97.5%	97.0%		
Breast (screened only)	100.0%	78.1%	91.1%	95.1%	97.1%	100.0%	100.0%	96.6%	97.7%	96.9%	72.5%		
Cervical (screened excluded)	100.0%	75.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%		
Cervical (screened only)	100.0%	100.0%	n/a	100.0%	100.0%	100.0%	n/a	100.0%	n/a	n/a	n/a		
Head & Neck	100.0%	100.0%	100.0%	100.0%	93.1%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
Lung	93.2%	95.2%	100.0%	93.9%	98.6%	94.9%	94.9%	98.5%	100.0%	100.0%	98.2%		
Lymphoma	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
Ovarian	100.0%	66.7%	100.0%	100.0%	85.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
Upper Gastro-Intestinal (GI)	97.7%	96.4%	95.1%	100.0%	100.0%	97.3%	100.0%	100.0%	100.0%	100.0%	98.0%		
All Cancer Types	95.3%	91.1%	93.9%	94.5%	92.2%	92.2%	96.2%	94.3%	95.2%	96.1%	91.7%		
All Cancer Types Trajectory	92.9%	92.6%	92.8%	92.5%	94.7%	94.4%	93.7%	94.7%	94.8%	94.8%	94.6%	95.1%	94.9%
Difference	2.4%	-1.5%	1.1%	2.0%	-2.5%	-2.2%	2.5%	-0.4%	0.4%	1.3%	-2.9%		

62 Day performance

	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20 Provisional	Feb 20	Mar 20
Urological	50.0%	51.4%	45.2%	51.7%	61.3%	48.8%	47.8%	77.1%	50.0%	67.7%	70.1%		
Colorectal (screened excluded)	55.6%	37.5%	61.9%	41.7%	55.0%	54.5%	38.1%	61.1%	60.0%	68.8%	64.0%		
Colorectal (screened only)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	10.0%	5.9%	22.2%	11.1%	55.6%		
Melanoma	80.0%	75.0%	72.2%	82.4%	90.9%	66.7%	94.8%	89.7%	93.6%	100.0%	100.0%		
Breast (screened excluded)	90.6%	95.7%	73.9%	84.0%	75.9%	95.8%	92.9%	95.7%	85.3%	100.0%	87.0%		
Breast (screened only)	100.0%	97.1%	95.7%	97.7%	90.2%	100.0%	97.2%	97.0%	95.8%	100.0%	100.0%		
Cervical (screened excluded)	100.0%	0.0%	100.0%	100.0%	75.0%	100.0%	100.0%	25.0%	0.0%	n/a	100.0%		
Cervical (screened only)	100.0%	0.0%	n/a	0.0%	n/a	0.0%	n/a	0.0%	n/a	0.0%	n/a		
Head & Neck	100.0%	100.0%	88.9%	100.0%	73.3%	88.9%	100.0%	91.7%	100.0%	100.0%	88.9%		
Lung	92.9%	90.5%	76.2%	93.3%	90.5%	82.1%	83.3%	82.4%	87.5%	84.0%	100.0%		
Lymphoma	100.0%	66.7%	100.0%	75.0%	50.0%	100.0%	83.3%	100.0%	66.7%	33.3%	100.0%		
Ovarian	100.0%	0.0%	40.0%	75.0%	100.0%	100.0%	33.3%	100.0%	100.0%	n/a	n/a		
Upper Gastro-Intestinal (GI)	90.5%	100.0%	90.9%	100.0%	92.3%	94.7%	94.7%	92.9%	93.1%	94.4%	96.2%		
All Cancer Types	79.3%	74.3%	70.6%	78.0%	75.4%	75.8%	78.5%	78.9%	80.8%	83.8%	85.2%		
All Cancer Types Trajectory	89.5%	78.0%	81.8%	81.5%	82.8%	84.2%	81.2%	82.1%	84.0%	84.1%	84.1%	88.1%	88.3%
Difference	-10.2%	-3.7%	-11.2%	-3.5%	-7.4%	-8.4%	-2.7%	-3.2%	-3.2%	-0.3%	1.1%		