



NHS Lothian Board

07 August 2019, 09:30 to 12:30
Scottish Health Service Centre, Crewe Rd
South, Edinburgh EH4 2LF

Agenda

Declaration of Interests

1. Declaration of Interests

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

Brian Houston

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

Items for Approval or Noting

2. Items proposed for Approval or Noting without further discussion

Decision

Brian Houston

2.1. Minutes of Previous Board Meeting held on 26 June 2019

For Approval

Brian Houston


 26-06-19-Public.pdf (15 pages)

2.2. Outline Business Case - Western General Hospital Energy Infrastructure Phase 1

The Business Case document is available to members within the meeting documents folder in Admincontrol

Decision

Jacquie Campbell

 SCO4 Energy Infrastructure Phase 1 Cover Paper - LHB - 1-8-19.pdf (5 pages)

2.3. Full Business Case - Haematology

The Business Case document is available to members within the meeting documents folder in Admincontrol


Decision
Susan Goldsmith

 Cover Paper - Haematology FBC NHSL Board Aug 2019.pdf (5 pages)

2.4. Outline Business Case - Short Stay Elective Centre


The Business Case document is available to members within the meeting documents folder in Admincontrol

Decision
Jacquie Campbell

 SSEC OBC Board Cover Paper version 31 July 2019.pdf (12 pages)


2.5. Audit and Risk Committee Minutes 17 June 2019

For Information
Mike Ash

 17-06-19 ARC.pdf (10 pages)

2.6. Finance & Resources Committee Minutes 24 July 2019

For Information
Martin Hill

 F+R 24-07-19 Minutes final [30-07].pdf (11 pages)

2.7. Healthcare Governance Committee Minutes 09 July 2019

For Information
Tracy Humphrey

 HGC 09-07-19 Minutes.pdf (7 pages)

2.8. Strategic Planning Committee Minutes 20 June 2019

For Information
Brian Houston

 SPC 20-06-19 Minutes.pdf (3 pages)



2.9. Midlothian Integration Joint Board Minutes 11 April 2019

For Noting
Angus McCann

 Midlothian IJB Minutes 11 April 2019.pdf (8 pages)


2.10. East Lothian Integration Joint Board Minutes 25 April and 23 May 2019

For Noting
Peter Murray

-  East Lothian IJB Minutes 25 April 2019.pdf (7 pages)
-  East Lothian IJB Minutes 23 May 2019.pdf (3 pages)


2.11. Edinburgh Integration Joint Board Minutes 24 May 2019

For Noting
Martin Hill

-  Edinburgh IJB Minutes 24 May 2019.pdf (7 pages)

2.12. West Lothian Integration Joint Board Minutes 23 April 2019

For Noting
Martin Hill

-  WLIJB Minutes 23-04-19.pdf (10 pages)



Items for Discussion

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

Discussion
Brian Houston


4. Update on Royal Hospital for Children and Young People, the Department of Clinical Neurosciences and Child and Adolescent Mental Health Services

Discussion
Susan Goldsmith

-  RHSCYP Board Paper 07-08-19.pdf (4 pages)
-  Government Initiated Question - Delay to the RHCYP.pdf (2 pages)

5. NHS Board Performance Escalation Framework: NHS Lothian Recovery Plan

Discussion
Tim Davison

-  NHS Board Performance Escalation Framework - Recovery Plan.pdf (11 pages)

6. Waiting Times Improvement Plan

Discussion
Jacquie Campbell

 Waiting Times Improvement Plan - August 2019.pdf (10 pages)

7. Financial Position to 30 June 2019

Discussion
Susan Goldsmith

 Board Meeting Finance Paper August 2019.pdf (3 pages)


8. Corporate Risk Register


Discussion
Tracey Gillies

 Board Risk Register Report 7 Aug 2019 Draft5tg (2).pdf (31 pages)

9. NHS Lothian Winter Planning and Interface with IJB

Discussion
Jacquie Campbell

 Board_winterplanning11072019_v0 1.pdf (3 pages)

 Appendix 1 - Final Report - Winter Planning - January 2019.pdf (12 pages)

10. Future Board Meetings

- 02 October 2019
- 04 December 2019
- 12 February 2020
- 08 April 2020
- 24 June 2020
- 12 August 2020
- 14 October 2020
- 09 December 2020

Information

11. Future Development Sessions

- 04 September 2019
- 06 November 2019
- 08 January 2020
- 04 March 2020
- 06 May 2020
- 01 July 2020
- 02 September 2020

Information

12. Any Other Business

Verbal
Brian Houston

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

Decision
Brian Houston

DRAFT

LOTHIAN NHS BOARD

Minutes of the Meeting of Lothian NHS Board held at 10.15am on Wednesday, 26 June 2019 at the Scottish Health Service Centre, Crewe Road South, Edinburgh, EH4 2LF.

Present:

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

Executive and Corporate Directors: Mr T Davison (Chief Executive); Miss T Gillies (Executive Medical Director); Mrs S Goldsmith (Director of Finance); Professor A K McCallum (Director of Public Health & Health Policy).

In Attendance: Mrs J Butler (Director of Human Resources and Organisational Development); Mrs J Campbell (Chief Officer of Acute Services); Mrs J Mackay (Director of Communications, Engagement and Public Affairs); Mr A Payne (Head of Corporate Governance); Dr S Watson (Chief Quality Officer) and Mr D Weir (Business Manager, Chair, Chief Executive & Deputy Chief Executive's Office).

Apologies for absence were received Mr J Crombie, Professor A McMahon and Professor M Whyte.

Chairman's Introductory Comments

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

Declaration of Financial and Non-Financial Interest

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

13. Items for Approval

- 13.1 The Chairman sought and received the agreement of the Board to approve items 2.1 – 2.14. The following were approved;
- 13.2 Minutes of Previous Board Meeting held on 3 April 2019 – Approved.
- 13.3 Appointment of Members to Committee – The Board agreed the following:

- 13.4 Appoint Jenny Bowman and Judy Gajree as non contractor members the Pharmacy Practices Committee.
- 13.5 Appoint Dr Richard Williams as a member of the Audit and Risk Committee from 27 June 2019 to 26 June 2022.
- 13.6 Appoint Councillor John McGinty as a member of the Finance and Resources Committee with immediate effect.
- 13.7 Re-appoint Fiona Ireland as a voting member of the East Lothian Integration Joint Board for the period from 22 September 2019 to 21 September 2022.
- 13.8 Schedule of Board and Committee meetings for 2020 – Approved.
- 13.9 NHS Lothian Winter Debrief – The Chairman requested that an updated version of the paper should be discussed at the next Public Board meeting in order to consider the longer term viability of the winter plan and interphases with the Integration Joint Boards (IJBs)
- 13.10 4 Hour Emergency Access Standard – The Board accepted the report as a source of moderate assurance that there were robust and transparent mechanisms in place to demonstrate progress against the 4 Hour Emergency Standard Plan. The Board also noted that a full and comprehensive update paper had been presented to the Audit and Risk Committee on 17 June who had concluded that significant assurance could be taken in relation to the successful continuation of the 4 Hour Emergency Access Standard Programme. The Board further noted that a date for touch point meetings with members of the Scottish Government External Support Team. Scottish Government and NHS Lothian took place on 13 June to discuss progress since March 2019. The Board noted the unscheduled care performance as shown in appendix 1.
- 13.11 Audit and Risk Committee Minutes – 25 February and 29 April 2019 - Noted
- 13.12 Finance and Resources Committee Minutes - 20 March and 22 May 2019 – Noted.
- 13.13 Healthcare Governance Committee Minutes – 12 March and 14 May 2019 – Noted.
- 13.14 Staff Governance Committee Minutes – 27 March and 29 May 2019 – Mrs Mitchell expressed concern that the minutes of the meeting held on 29 May 2019 had been submitted to the Board in draft format. The Head of Corporate Governance would consider the protocol for minutes being submitted to the Board.
- 13.15 Strategic Planning Committee – 7 February 2019 – Noted.
- 13.16 Midlothian Integration Joint Board Minutes of - 14 February and 14 March 2019 – Noted.
- 13.17 East Lothian Integration Joint Board Minutes - 28 February and 28 March 2019 – Noted.
- 13.18 Edinburgh Integration Joint Board Minutes – 29 March 2019 – Noted.

13.19 West Lothian Integration Joint Board Minutes – 12 March 2019 – Noted.

Items for Discussion

14. Opportunity for Committee Chairs or Integration Joint Board (IJB) Leads to Highlight Material Items for Awareness

14.1 Mr McCann advised that he would step down as the Chair of the Midlothian Integration Joint Board and would be replaced Cllr C Johnstone. Mr McCann would assume the Chair of the Edinburgh Integration Joint Board the following day.

14.2 The Vice Chair commented that at the conclusion of the last meeting of the Finance and Resources Committee a short development session had been undertaken where the point had been made that in future there should be a requirement for capital plans to consider redesign opportunities at the front end of the process. The development session had also considered how to improve the quality of future reporting and had proposed a new template for committee reports which would be trialed by the Finance and Resources Committee. Mr Payne advised that work being undertaken nationally also included a focus on new reporting templates.

15. Corporate Risk Register

15.1 Miss Gilles advised that there had been a revamp of the way in which risk would be reported and that workshops were being held to ensure that people were familiar with the new template and understood issues around mitigation. The Board noted that Brexit and waste management risk aspects continued to be dynamic with the position in respect of Brexit being particularly fluid. It was anticipated that the risk around waste management would reduce as the new national contract came in to play.

15.2 The Board received an update in respect of the management of deteriorating patients noting the recommendations from the Healthcare Governance Committee that this be removed from the Corporate Risk Register. This recommendation had been based on sustained improvement in cardiac arrests at a Lothian level and supported by ongoing monitoring and improvement work.

15.3 The Chairman commented that the derogation of risk was important and questioned whether this would apply to all governance committees. The Head of Corporate Governance confirmed that this was the case advising that the governance committees discussed issues and made recommendations to the NHS Board.

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

16. Financial Position to May 2019

16.1 Mrs Goldsmith advised that the reported financial position was relatively positive even although it represented a £2.2m overspend. A financial gap of £26m had been

reported to the Finance and Resources Committee with it being noted that there was currently insufficient contributions being received from savings. The position in respect of acute drugs was discussed.

- 16.2 The Board noted that the finance department had undertaken a quarter 4 review and had met with business units looking at the level of savings deliverable and forecasts. Through this process further savings has been identified which would result in a reduction in the forecast financial gap. An improved position was expected in respect of acute drugs with a previous £18m pressure being reduced down to between £10-£11m largely deliverable as a consequence of the phasing of new drugs and negotiations with suppliers resulting in potential price reductions. A further report would be submitted to the Finance and Resources Committee to say that the level of assurance had improved in respect of the 2019/20 position.
- 16.3 Mrs Goldsmith advised that discussions had also been held with IJB Chief Officers to try to get to a position of having more confidence earlier in the year about the ability to deliver breakeven and work was in progress about how to move to that position. The Board noted that if this was achieved this provided an opportunity to focus effort on the longer term financial position and financial strategy in terms of how to address performance and move to a more sustainable position. Mrs Goldsmith advised that although the circulated paper provided limited assurance that she was confident that this position would be capable of being improved.
- 16.4 Mr McQueen commented that the introduction of the quarter 4 review seemed sensible in order to provide confidence earlier in the year about the ability to achieve the necessary year end outcome. Mrs Goldsmith advised that significant work was underway in terms of keeping on top of the financial position.
- 16.5 The Board agreed the recommendations contained in the circulated paper.

17. Quality and Performance Improvement

- 17.1 Dr Watson advised that the circulated paper represented the regular update on a range of performance measures. In particular he highlighted the fact that Information Services Division (ISD) had revised the way that they calculated hospital score card matrixes. The Board noted that there had been a re-evaluation of the ISD view on mortality ratios and the way in which the position would be assessed would change during the year.
- 17.2 The Board were advised that work around the Edinburgh Dental Institute waiting times issue continued in order to move to a position of being able to accurately report the number of people waiting on dental treatment. It was noted that it would be some months before this accurate position could be achieved and that regular update reports were provided to the Patient Safety Experience Action Group as well as the Corporate Management Team.
- 17.3 Dr Watson referred to previous comments made by Ms Gillies and advised that the cardiac arrest rates had changed in respect of the level of risk and this prompted the question about whether the performance and quality paper should continue to report these moving forward.

- 17.4 The Board noted that the Quality and Performance Improvement Report was being redesigned with it being proposed to bring a different paper to the October Board meeting in order to reflect on governance and management changes. Dr Watson advised that he would use the space between the current Board meeting and the October Board meeting to engage in off-line discussion.
- 17.5 Mr Murray agreed that the paper required a revamp and made reference to psychological therapies and relationships with IJBs and delayed discharges and investment. He commented that delegated functions differed dependent on the IJB being considered.
- 17.6 Mr McCann commented that the Edinburgh Dental Institute issue had been around for a while and questioned whether it would be resolved by the autumn. Dr Watson suggested that the timescale would be within the next year rather than the current year. Mrs Campbell advised that good work was being undertaken in respect of outpatient data cleansing with consideration being given as how to move to Trak reporting with an October deadline being suggested.
- 17.7 Mrs Mitchell commented in respect of the timing of the hospital scorecard changes that she was concerned about potential gaps in the interim. Dr Watson commented that currently the system was reporting its own performance internally. Ms Gillies reminded the Board that in any event the hospital scorecard data was 12 months out of date. She advised that crude mortality and service reports were used to trigger HSMR issues. Mrs Mitchell stressed that the key issue was about ensuring that the Board had appropriate visibility. Dr Watson undertook to contact ISD to firm up on the anticipated timescale for the changes.
- 17.8 Mrs Hirst advised that she was concerned about the workload of the Healthcare Governance Committee particularly in respect of the requirement to oversee the 18 additional measures arising following the disbandment of the Acute Hospitals Committee. Professor Humphreys provided an update on discussions around the revised workplan for the Healthcare Governance Committee which would require a more holistic overview to be taken which would make business more manageable. A further discussion would be held in July to progress these discussions further.
- 17.9 The Board agreed the recommendations contained in the circulated paper.

18. Waiting Times Improvement Plan

- 18.1 Mrs Campbell referred to the circulated update paper advising that the waiting times improvement plan ran to March 2021. She explained that the focus in the current year was on recovery actions to March 2020 which were being supported on a non recurrent financial basis by both the Scottish Government and the Board. The Board noted that the May data had now been validated and that for outpatients and Treatment Time Guarantees (TTG) these were below the trajectory supplied to the Scottish Government. It was noted that particularly positive performance had been reported in respect of endoscopy. Radiology performance was also good. Mrs Campbell advised however that there were performance pressures in cancer services.

- 18.2 Mrs Campbell reported that as part of the Annual Operational Plan there had been a requirement to submit trajectories to the Scottish Government and these were detailed to the Board. It was noted that as part of delivery of the trajectories that the Scottish Government had run a process of national procurement of capacity in the private sector as well as a process of in-sourcing where external sources used NHS Lothian facilities. It was noted that orthopaedic capacity would be externally managed by the Golden Jubilee Hospital and that this should be viewed as a significant test of change.
- 18.3 The Board noted that the outpatient trajectory remained just above the national position. Opportunities were being considered to increase capacity to include modular facilities. 2 additional theatres were being provided by the Scottish Government and anecdotal evidence suggested that NHS Lothian might have exclusive use of these. Mrs Campbell reported that Lothian was working closely with the Golden Jubilee Hospital and colleagues in NHS Forth Valley in terms of day cases.
- 18.4 The Board noted that 31 day cancer performance was meeting the standard although there remained issues around the 62 day position. The colorectal pathway remained an area of significant risk. It was noted that an endoscopy plan was being worked through and there would be impacts not just in volumes but also in reduced length of waits. Mrs Campbell advised that capacity was being ring fenced for high risk pathways. It was noted that work continued in theatres and anaesthetics in order to marry up recruitment to requirements. The position in respect of radiology was in line with expectations.
- 18.5 The Board were advised that the Scottish Government had engaged a specialist support team to work with NHS Lothian across July and August to review the demand capacity and queue (DCAQ) process and to support greater efficiency and productivity. It was noted that a lot of work had already been undertaken in respect of bench marking. The external support process would in effect be a rapid deep dive approach with recommendations being submitted to the Scottish Government by the end of July. The process would therefore consist of detailed intensive work.
- 18.6 The Board noted that £21.5m of non recurrent resources were available to support the delivery of the Lothian plan in 2019/20 and that to date around £18.9m had been committed against available funding of which £1.5m was ring fenced for access to theatres in Forth Valley and £2.9m for nationally procured capacity. It was noted that the remaining funding of £2.6m would be used to support recurrent investment for high risk services against non recurrent funding. It was noted that the risk of this would be mitigated in part for services that would utilise the elective centre where the Scottish Government had indicated they would fund the revenue impact of these developments.
- 18.7 Cllr O'Donnell commented in respect of the Eye Pavilion that a lot of people did not find the Golden Jubilee Hospital offer easily accessible and questioned whether the decision to offer treatment there had been a local one. Mrs Campbell advised that future services at the Eye Pavilion were being addressed as part of an Outline Business Case. She reported that the Cabinet Secretary had asked all Health Boards to continue to use the Golden Jubilee Hospital at existing levels. The

Cabinet Secretary had also asked the Golden Jubilee Hospital to pilot 2 different models – commissioning and the direct management model both of which would be tested. The issue was that the Golden Jubilee Hospital would manage the process as opposed to NHS Lothian buying more activity from them. It was noted that dependent on the outcome of the pilot that the 2 Forth Valley theatres might become part of national capacity for growth with access probably still being through the Golden Jubilee Hospital.

- 18.8 Cllr O'Donnell advised that she remained concerned and felt that services should be provided as close to home as possible. The Chief Executive reported that a number of years previously the Board had taken a decision in respect of what would be regarded as an acceptable offer of treatment to patients which from memory equated to a 60 mile radius from the centre of Edinburgh and included the Golden Jubilee Hospital. He advised that there was a high uptake of offers for treatment at the Golden Jubilee Hospital. The Board were advised that the vast majority of people were treated locally but where local capacity was not available they would be given a reasonable alternative. If patients did not want to take up the offer of alternative treatment then they could wait for local services to become available and in that respect there remained an element of patient choice.
- 18.9 Mr Murray commented in respect of the specialist support team that the company appeared to have a commercial element and it would be important that NHS Lothian's own assessment of the position was not overlooked. He questioned whether they would take cognisance of work plans agreed with consultants and issues around the new tax legislation. Mrs Campbell reported that they would meet with individual service teams and discuss workforce issues to include pressures and out of hours impacts. It was reported that a number of complex issues would be considered.
- 18.10 Mr Murray commented that in other organisations different ways of paying people were being considered in respect of the new tax legislation and he questioned whether this was being considered within NHS Lothian. Mrs Butler reported that the Scottish Government in conjunction with wider UK discussions would be responsible for decisions around this position. She stressed that individual proposals were not within the gift of NHS Lothian.
- 18.11 The Chief Executive advised that the specialist support team had been heavily involved in the 4 hour emergency access standard work with the External Support Team and had also been commissioned to undertake work in another large Scottish NHS Board. There would be a need to reflect different commissioning models and methods between the English and Scottish systems. He stressed the need to ensure that what was produced was not rhetorical and needed to be of proactive benefit and capable of practical implementation. He commented that a different modus operandi would be needed from that undertaken with the 4 hour emergency access standard External Support Team which had been an extensive and longer term engagement process with site teams.
- 18.12 Mrs Mitchell questioned in respect of the 62 day cancer trajectory in areas like urology and melanoma whether analysis was being undertaken to identify why the trajectories were different between the 31 and 62 day targets. Mrs Campbell advised that detailed tracking was undertaken in respect of trajectories and impacts.

It was noted that cancer trackers were in post to look at pathways and decide how to address blockages. Mrs Campbell advised that there was significant variability in the reasons for blockages and where these occurred. Mrs Gillies advised that cancer pathway work was underway to ensure that a standardised and as predictable a pathway as possible could be developed although it was important to recognise that the process was subject to multiple constraints. The Board noted that the Cancer Strategy Forum had discussed issues around the 62 day journey and were amenable to help to smooth this process.

- 18.13 The Vice-Chair commented that NHS Lothian should welcome external support and view this as positive so long as the support being offered was practical. He questioned where the trajectory for TTG had emerged from. Mrs Campbell advised that the Scottish Government had an ambition that no patient would be waiting beyond targets at March 2020. She advised however that this position was currently not capable of being delivered within existing capacity and that the position would be even worse if NHS Lothian was not being provided access to the Forth Valley theatres. Mrs Campbell advised as more outpatients were converted this had a consequential increase in the TTG gap.
- 18.14 Dr Williams commented that the national procurement of extended external capacity felt like a significant change in the way that services were delivered and questioned whether the financial resource could not be used to develop NHS services. He questioned whether the system was committed to patient involvement and feedback in respect of service redesign.
- 18.15 Mrs Campbell advised in respect of the independent sector that the Board would rely on this for the foreseeable future until a position of recurrent investment was reached. She advised that in the current year a mixed model approach would be adopted and that the Scottish Government's intention for national procurement was to obtain better value for money then allocate the capacity to individual Boards. She reminded the Board that investments in the current year would be non-recurrent and were focussed around recovery. She commented that the development of elective centres represented significant investment and it would be through these that the TTG position would recover. The process of allocating additional nationally procured capacity to individual Health Boards was explained.
- 18.16 Mr McQueen commented in respect of the Specialist Support Team that over the last few months NHS Lothian had undertaken a significant amount of analysis and he felt that the organisation understood the position and suggested that there might be a danger that the new input might push the system down a different route. He also felt that there was a need to look for clarity in respect of investment for services outwith national areas. He questioned whether there was scope to have an impact on issues in a way that benefitted NHS Lothian.
- 18.17 Mrs Campbell commented in respect of the Specialist Support Team that checkpoint meetings would be held with them in advance of their recommendations being submitted to the Scottish Government. She felt that opportunities might emerge from the external process although she did not think that any significant issues would emerge. She advised that a programme of work was underway in relation to elective centres although it was important to recognise that a lot of workstreams would not fit into this model. She commented that £2.6m would be invested

recurrently in high risk services. Discussions had been held with the Scottish Government in respect of funding diverted to elective services and what the scenario would be for other service areas. It was noted that recovery and sustainability was the key issue moving forward.

- 18.18 Mr McCann questioned what the model was beyond 2020. Mrs Campbell advised that this had not yet been modelled but that the ambition would be around service redesign and modernising outpatients. This approach would see a reduction in outpatients but would however impact on the TTG conversion rate. She reminded the Board that NHS Lothian did not have spare theatres and was also experiencing workforce issues. Alternative ways of delivering services were being considered. Mrs Campbell commented that at the moment she would expect TTG trajectories to be an area of growing pressure. It was noted that the HSDU initial agreement had been completed in respect of the replacement unit.
- 18.19 Ms Gillies commented in respect of the Golden Jubilee Hospital commissioning work on behalf of NHS Lothian that she would expect that robust clinical governance processes would be established in respect of the quality of services being provided by the independent sector. She commented that there was an ongoing issue about the desire to reduce numbers by the Scottish Government and NHS Lothian's desire to focus services on areas of greatest clinical risk.
- 18.20 The Chairman commented that there had been a number of generic issues raised during discussion. He felt that the latter point about national versus local priorities was important particularly in terms of the decision making process. The governance issues raised by Ms Gillies were also important and there would be a need for the Board to satisfy itself that these were being addressed. Ms Hirst stressed that the issue was not about targets but the people that sat behind these figures. Ms Gillies concurred and advised that clinical risk matrixes took a view on the risk of patients developing a significant condition.
- 18.21 The Board noted that workforce would be an issue and there might be a need to consider in instances of limited resource where this should be targeted to reduce clinical risk.
- 18.22 The Board agreed the recommendations contained in the circulated paper.

19. Oncology Enabling Project at Western General Hospital

- 19.1 Mrs Campbell advised that the circulated paper provided detail around the enabling works which were critical to address environmental issues that were impacting on patient care. The Board noted that the original initial agreement for the enabling works had come at a £15m cost although this had subsequently increased by £3m largely driven by linear accelerator requirements and space availability. It was noted that haematology aspects were being funded by a generous donor and that this work was excluded from the Outline Business Case.
- 19.2 The Board noted that to facilitate the enabling work decant proposals needed to be put in place and these were explained to the Board. It was noted that the proposals were ambitious and that a previous test of change had shown benefit. The point

was made that the Edinburgh Health & Social Care Partnership had adopted a home first approach which allowed patients to be managed at home on a risk basis. The teams involved in the proposals were confident of achieving reduced lengths of stay as well as creating capacity.

- 19.3 The Board noted in respect of the 2nd option around Ward 15 at the Western General Hospital that this ward was traditionally used to provide winter capacity. The proposal was to upgrade the ward to provide flexible facilities including a modern fit for purpose environment that could also be used for winter purposes. Mrs Goldsmith advised that there was also a need for investment in infrastructure at the Western General Hospital to support the proposals. She advised that a team was currently considering how best to manage this investment in a phased way in order to allow various workstreams including this one to be better supported. It was noted that the proposition had been discussed and supported at the Lothian Capital Investment Group the previous day.
- 19.4 The Board noted that although this was a complicated workstream that it was critical given the condition of current facilities.
- 19.5 Mrs Mitchell advised that she had concerns about the decant proposals in respect of the Royal Victoria Building (RVB). The point was made that the length of stay at the RVH was higher than elsewhere and therefore there were options to redesign to reduce length of stay. The Board were advised that the risk profile had been considered. The proposed work would be transformational and complex. The proposals to modernise Ward 15 provided comfort behind the proposal. The point was made that although the work would be challenging that it was strategically correct.
- 19.6 Mrs Mitchell commented that she did not see how acute beds would benefit from the proposals and did not understand how they would work in practice given the obvious constraints. The Chief Executive advised that the concerns had been discussed in detail at the Corporate Management Team and that the Chief Officer of Edinburgh HSCP and the Western General Hospital Site Director had undertaken significant work concentrating on trialling the Home First model. If this was successful this would open up opportunities across the whole system with the key challenge being around the need to change culture and attitude. The working assumption was that if patients were physically able to be discharged to home that requests for other support like community services should be assessed in their own homes. The point was made that Ward 15 would be available as a contingency.
- 19.7 The Chief Executive advised that issues had been considered in detail and he felt that this was the correct way forward and if this did not happen it raised issues about the whole concept of shifting the balance of care. The Vice-Chair advised that the issue had been discussed at the Finance and Resources Committee where in order to provide assurance a site visit had been arranged.
- 19.8 Councillor O'Donnell questioned in respect of the re-provision of offices on Car Park 3 how many spaces would be lost as this would be an important consideration for people travelling to the site for treatment. Mrs Goldsmith advised that there was a proposal to create additional car parking at the Royal Victoria Hospital site although she would need to refer back with a further detail of this.

- 19.9 Dr Donald advised that she was concerned to understand the issues around haematology as there might be unforeseen consequences and significant risk in shifting the balance of care. She questioned whether there would be increased resources in Edinburgh and stressed the need for the proposal to fit into the whole system of care for the frail elderly. The Board were advised that there would be no additional capacity and that there was a need to look at the bigger picture. The Chief Executive advised that it was the role of the IJB to deliver sustainable community capacity and support people at home and this would need further discussion at IJB level. It was noted that £4m had been provided to Edinburgh to support home care packages for people not needing medical attention but Social Care support.
- 19.10 The Board noted that the IJB focus needed to be on the totality of people waiting for input. It was reported that the RVB was an outlier with patient flow being almost static. The Chief Executive felt that the Edinburgh IJB should have sufficient resource to commit to deliver with the key issue being whether Home First could be rolled out. The Chief Executive reported that although the Edinburgh delayed discharge position was improving it was still not where it needed to be. He advised that he heard the points raised by Dr Donald but felt that in order to change the model of care this would require brave decisions to be made.
- 19.11 Mr Murray commented that Primary Care improvement plans should acknowledge that if cultural change was successful this would have an impact. He also felt that the broader picture should be considered. The Chief Executive commented that there were differing levels of performance across the Lothian IJBs. The performance of the Lothian IJBs was relatively poor in Scotland-wide terms. He felt that if patients could be returned home that this should reduce the impact on community services as they would not have become institutionalised.
- 19.12 Professor Humphrey referred back to the previous discussion around the burden on Primary Care and the need to think around the demography and morbidity characteristics of people affected. She felt there would be a need to monitor and manage medical conditions to make the proposals a success. The Chief Executive reiterated that the contingency was to open Ward 15 although haematology patients could not be accommodated in that environment as they were immune-compromised.
- 19.13 The Board agreed the recommendations contained in the circulated paper.

20. Edinburgh Cancer Centre Branding

- 20.1 Mrs Campbell advised that there had been a number of stakeholder events to engage with patients and staff in order to look at how to develop a brand for the new cancer service. She advised that the circulated paper contained a proposal from the Cancer Centre Programme Board for approval with the desire being to develop a single brand that was recognised as unique to the Edinburgh Cancer Centre and that patients would recognise in terms of value and quality of care.

- 20.2 Dr Williams commented that whilst he welcomed patient engagement and feedback through what had obviously been a robust process that he felt the wrong answer had been arrived at. He felt that the risk of calling the facility the Edinburgh Cancer Centre focused on the building whilst more and more people were receiving treatment and care in the community. Dr Williams commented that services were provided across the region and not just in Edinburgh as suggested by the name of the Edinburgh Cancer Centre. He commented that if it was agreed that this would be the brand moving forward that he would seek assurance that investment in future picked up on Primary Care requirements and aspects.
- 20.3 Mrs Goldsmith in response advised that one of the issues that was currently being discussed was the potential to provide chemotherapy in the East Lothian Community Hospital and this would see the Edinburgh Cancer Centre brand and logo being attached in order to identify with the quality of service being provided. Issues around the use of the logo in fundraising terms was discussed and further advice was being sought around this. Mr Ash commented that if the point was reached where funding was being raised there would be a need to ensure that proper structures were in place.
- 20.4 Mr McCann reflected on experience from organisations elsewhere about whether there would be consequences as the brand became more visible. The Chairman commented that similar issues had been discussed in respect of the branding of the site at Little France with comments having been made that it was difficult to determine who lived there anymore. He advised that there were a lot of places nowadays that used primary and secondary branding.
- 20.5 The Board agreed the proposal contained in the circulated paper.

21. Climate Change and Sustainability

- 21.1 Professor McCallum advised that the circulated paper provided a summary of the current position. She advised that each year positive climate change reports were produced as were sustainable development action plans that met with the Carbon Standard Trust requirements. She advised that in terms of making incremental improvement that NHS Lothian was performing well. She commented that some of the organisation's facilities were susceptible to flooding and there was also a need to recognise changes to patterns of disease affected by climate all of which pointed to the need to increase pace in this important area.
- 21.2 The Board were reminded that at the Development Session held in March that a number of recommendations had been made and that these were reflected in the circulated paper. Reference was made to the need to implement the NHS Scotland Sustainability Strategy in 2020. It was noted that the Finance and Resources Committee had volunteered to act as the Board Oversight Committee and that the Vice-Chair and Chair of the Finance and Resources Committee had agreed to be the Non-Executive Board member champion.
- 21.3 Dr Donald advised that she felt that the paper represented a good summary although she had hoped for more detail around action plans. She recognised however that this would be for the management group and the task force to develop

and bring back to the Board. In particular she questioned what could be done in respect of the use of single plastics.

- 21.4 The Vice-Chair advised that he was pleased to see this report back before the Board. He commented that the paper represented a framework and not an action plan and that there was a need for clarity about who would undertake the impact assessment as well as working out desired actions. In terms of the use of single use plastics the Vice-Chair commented on a dialogue that he had recently held with a senior Charge Nurse where simple changes in practice had resulted in a reduction of 17% in clinical waste. He had learned that through the efforts of the senior Charge Nurse and her colleagues, 5 miles of single use plastic cups per annum were being saved and he commented that if this could be achieved by a single person in a single unit in one hospital then the potential across the whole system was significant. He commented that through discussions he was aware of an increasing number of people across the organisation who were interested in finding ways of making a difference and who were willing to participate. The Vice-Chair commented that he felt that there were potentially large returns from investing in this area of staff enthusiasm.
- 21.5 Dr Watson advised that the comments made by others strongly resonated with informal conversations in respect of the Quality Academy and projects. He advised that work was already underway to train people to avoid waste and he felt there were opportunities to make this part of the wider Quality agenda.
- 21.6 Ms Ireland commented that the Senior Charge Nurse had advised that the obstacles to process were around policies and procedure which she felt could be easily overcome and the management group should address this as a priority. Ms Ireland also proposed that the Board may wish to consider including a 5th criteria to the approval of policies process to include the need to have considered the impact of the policy on climate change.
- 21.7 Mr Murray advised that as part of work in his former employment that Health and Safety Environmental Quality posts had been appointed and had been effective he questioned whether this was something that might be considered within NHS Lothian. He commented that the positive elements of having champions was immeasurable and that there had been a surprising uptake among staff to be volunteers.
- 21.8 Mr McCann welcomed the paper and commented that during the Development Session discussion had been held about the benefits of having a single focal point for all aspects of climate change and sustainability and he did not feel that this came through strongly in the paper.
- 21.9 The Board agreed the recommendations contained in the circulated paper.

22. Board Meetings in 2019

- 22.1 The Board noted that further Board meetings would be held on 7 August, 2 October and 4 December 2019.

23. Development Sessions in 2019

- 23.1 The Board noted that Development Sessions would be held on 3 July (subsequently cancelled) 4 September and 6 November 2019.

24. Any Other Competent Business

- 24.1 Trade Union and Professional Bodies Concerns in Respect of Car Parking at Little France – Councillor O'Donnell commented that there were 30,000 staff working at the Little France site and only 1,125 available parking spaces. She commented that some staff who undertook On-Call duties did not have a parking permit and questioned whether there was something that the Board could do to seek resources in respect of the availability and application of car parking permits. She commented that she understood the constraints of planning restrictions in terms of the number of car parking spaces that could be provided on the hospital site.

- 24.2 The Chairman commented that issues around car parking at the Little France site had been discussed at Scottish Government level as well as locally. The Chief Executive advised that he and Mrs Mackay had prepared a response to the Cabinet Secretary in respect of this issue and he would make copies available of this to all Board members. He advised that he hoped when Board members received this communication that they would consider it a justifiable response given that the site was located on a busy road meaning there required to be restrictions on car parking and that this linked with the City of Edinburgh Council's desire to discourage travel to major sites. He commented that there were 10,000 people and not 30,000 people working on the Little France site and that when the new parts of the hospital opened the situation would be no worse than it had been previously. The Chief Executive advised that the system was also planning to provide 300 new spaces and that this was working its way through the consultation process at the moment. He made the point that every major hospital site had car parking availability issues. The Chief Executive advised the Board that the car parking criteria gave staff living a distance away from work a level of priority when permits were being allocated. He advised that the position in respect of nightshift workers was less problematic given that the site was less busy. The Chief Executive advised that the criteria had been devised through the Car Parking Group which had included staff side and other partners as representatives.

- 24.3 The Chief Executive commented that the downside to building a large car park would include cost, planning and the desire not to move to a position where the site became gridlocked by traffic congestion. He commented however that the car parking situation particularly at Little France was under enormous scrutiny and that he hoped that the Board would see from the pack of information being provided to the Cabinet Secretary that the response was appropriate and proportionate.

- 24.4 Councillor O'Donnell commented that in terms of the reporting templates discussed earlier that she felt that these should reflect on the health inequalities impact. The Chairman advised that this issue would be considered off-line.
- 24.5 Celebrating Success – The Chairman advised that he wanted to acknowledge the participants and winners of the recent Celebrating Success Awards ceremony. He felt that this had been the most successful event so far with the programme of events having been exceptionally well organised. The Chairman on behalf of the Board recorded his appreciation to those involved in planning and delivering the event as well as those who had been nominated for an award.
- 24.6 Mr J Crombie – The Board wished Mr Crombie a speedy recovery from his planned surgery and looked forward to his return to work.
- 24.7 Mr A McMahon – The Board sent their condolences to Professor McMahon following the death of a close family member.

25. Date and Time of Next Meeting

- 25.1 The next meeting of Lothian NHS Board would be held at 9:30am on Wednesday 7 August 2019 at the Scottish Health Services Centre, Crewe Road, Edinburgh.

WGH ENERGY INFRASTRUCTURE – PHASE 1 (TO MEET THE NEEDS OF THE ONCOLOGY SERVICE ENABLING WORKS)

1 Purpose of the Report

- 1.1 The purpose of this report is to provide the Lothian Health Board with an overview of the Energy Infrastructure Phase 1 Enabling Works Outline Business Case (OBC) and ask for approval for this to proceed through NHS Lothian Governance.
- 1.2 Any member wishing additional information should contact the author in advance of the meeting.

2 Recommendations

- 2.1 Approve the Outline Business Case
- 2.2 Acceptance in principle of proposal to divert and decommission part of the steam network and install boiler plant within SHSC to supply Phase 1 new build and redevelopment.
- 2.3 Approve increase in site electricity supply capacity in place of HV network upgrades.

3 Discussion of Key Issues

- 3.1 Heat and power infrastructure at WGH is recognised as NHS Lothian's #1 priority in the forward looking 5 year Property and Asset Management Investment plan from 2017/18, due to condition and age of the systems.
- 3.2 The ageing steam infrastructure for heat in particular is impacting the ability to maintain operations in a safe, resilient and effective manner. Additionally the system is inefficient in terms of cost and carbon, and does not align with requirements to reduce carbon emissions for the site within the legislation of the Climate Change Act (Scotland) 2009.
- 3.3 An Initial Agreement for WGH site wide energy infrastructure was approved by NHS Lothian Finance and Resources Committee in July 2018 and subsequently by the Scottish Government Capital Investment Group in October 2018.
- 3.4 This Initial Agreement set out the need for an initial phase (Phase 1) energy infrastructure works in order to meet the energy requirements of the planned Oncology Enabling works.
- 3.5 In supporting the IA, the Scottish Government Capital Investment Group:
 - acknowledged the need to bring forward a business case for Phase 1 works, and
 - set out the need for the subsequent site wide business case to explicitly meet the Scottish Government 2050 (or sooner) target of net zero carbon and for a business case for Phase 1 to be part of the pathway to achieve this, whilst avoiding sunk costs.
- 3.6 In this context, the project team have progressed with the plans for site wide energy infrastructure in parallel with the proposals for Phase 1 to ensure that these are congruent and provide a pathway to net zero carbon by 2050.
- 3.7 This approach has highlighted the following synergies:

- In order to achieve optimal design of the Oncology Enabling Works (Linacs) the steam main on this section of the site needs to be decommissioned and a new heat solution provided.
 - Removal of the ageing steam network has other benefits, including removal of large volumes of asbestos from site within the steam ducts, safer working environment and increased site resilience due to steam replacement for phase 1, which also releases steam capacity on the already overloaded system.
 - The need to remove the steam duct as part of Phase 1 highlights the opportunities of de-steaming the site as part of the scheduling of the overall energy infrastructure project and main business case will address this.
- 3.8 The Phase 1 OBC supports the site wide development plan, future-proofs the Oncology Enabling Works for connection to site wide systems when available. This includes designing buildings ready for connection, installing underground heat pipe work and commencement of removing local steam infrastructure.
- 3.9 Phase 1 will set the new standard for future development at WGH and minimise future disruption during construction of a new low temperature District Heat Network.

Phase 1 Heat

- 3.10 The scope of works in Phase 1 is to install new section of a DH network, heating plant and power supply infrastructure to meet immediate needs of the Oncology Enabling works programme.
- 3.11 In relation to heat, the initial feasibility strategy for Phase 1 (as described in the IA for the site wide energy infrastructure) proposed a temporary containerised boiler plant solution.
- 3.12 In the course of developing this OBC an alternative option has been identified to locate boiler plant within the undercroft area of the SHSC Building.
- 3.13 The OBC evaluates two options for heat (containerised boiler versus installation in the SHSC plant room). Options were assessed on technical appraisal, noise, cost, planning and future-proofing for site wide District Heating network. The preferred option is to locate heating plant within SHSC to supply the phase 1 zone as this, facilitates the local de-steaming, while reducing risks of planning consent and negative impact on neighbours associated with the alternative containerised solution.
- 3.14 The installation of temporary boiler plant will improve energy efficiency of the connected new and existing buildings compared with the existing steam system through reduced losses and high efficiency specification. The plant will be fuelled by natural gas, with oil back, and therefore not focus on providing a low carbon solution, as the intention is to connect to the future site wide solution referred to.

Phase 1 Power

- 3.15 When the IA for energy infrastructure was submitted, this identified the need to upgrade all power networks across the site. It set out the need for upgrade to the HV network and assumed that these works would also need to be part of the Phase 1 works to support additional power requirements of the Oncology enabling works.
- 3.16 During the development of this OBC, it has been determined that upgrade works are no longer required as part of Phase 1. Sufficient capacity to supply Phase 1 has been identified from the existing infrastructure in the Department of Clinical Oncology (DCO) from site surveys. New supplies will be installed from the existing infrastructure to the

new buildings. Therefore installation of a new local HV substation is removed from Phase 1 works. The main incoming supply capacity of 3.7 MVA can be increased with no additional capital costs to match increased demands of Renal, LINAC and Clinical Trials. Revenue implications will be further investigated at FBC.

Other infrastructure to be addressed in Phase 1

- 3.17 Medical gas, Vacuum and telecoms infrastructure within steam duct will be impacted and require alterations due to location of new LINAC building and steam duct decommissioning. Further investigation and appropriate diversion programme to be developed as part of the works. The survey works highlighted wider considerations due to plant age, compliance and operation with options for extending existing, replacing centralised plant and installing new local plant.
- 3.18 Consideration of future connection strategy to site wide infrastructure is under review to develop a phased change-over from steam and construction of the new energy centre considering both the masterplan phasing and optimal energy strategy phasing.

Phase 1: Summary

- 3.19 Phase 1 capital cost estimates are circa £9.9M, including professional fees, engineering works, mark-ups and 15% design risk allowance. Previously estimated at £11m.

Capital Cost (£m)	Preferred Option – Costs at OBC
Construction	6.02
Professional Fees	0.97
Estates Charges	0.30
Other fees and charges	0.05
Risk Allowance	1.10
Project Team Costs	0.04
Total Cost (excl VAT)	8.47
VAT	1.44
Total Capital Cost	£9.91m

- 3.20 It is assumed that the proffered solution will not result in any recurring revenue cost increase. Further investigation to be undertaken during the FBC process.
- 3.21 While costs for electrical HV works have been removed additional works have been identified following the IA submission and detailed survey work. Elements directly relate to the phase 1 buildings, and are required irrespective of energy infrastructure works. For example electrical, telecoms and medical gas supplies.
- 3.22 Further studies are ongoing to investigate the systems within the steam duct, to determine the exact nature in order to complete final designs. Due to timing final designs for some elements will not be complete for FBC submission. To ensure Oncology Enabling projects are not impacted by delays, design risk allowances will remain. Works are ongoing to minimise the unknown elements.

4 Key Risks

- 4.1 Delays in Energy Infrastructure impacting Oncology Enabling build and refurbishment works programme

- 4.2 Funding for the delivery of the Site Wide Energy Infrastructure (Heat Network and HV Electrical Network) is not in place. Development of proposals and business case ongoing.
- 4.3 Planning requirements for new boiler plant and location in SHSC, in particular fire stopping due to undercroft location.
- 4.4 Potential impact on medical gas (Oxy) and Vacuum systems if extending existing infrastructure due to existing plant capacity and age has been identified in consultant's report and should be considered, but is beyond the scope of these works.
- 4.5 Co-ordination and disruption of existing underground services and Hospital Drive access, due to final position of new District Heat network pipe route. Locations to be determined.
- 4.6 Changes in life-expectancy of Building 5Y (Link Bridge over Hospital Drive) due to use as pipe service route.

5 Risk Register

- 5.1 Energy Infrastructure previously identified within NHS Lothian Risk Register.

6 Impact on Inequality, Including Health Inequalities

- 6.1 Not considered relevant due to scope of works.

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

- 7.1 Not considered relevant due to scope of works.

8 Resource Implications

- 8.1 The resource implications are; Current capital cost estimates are £9.9M (subject to confirmation) including professional fees, engineering works, mark-ups and 15% design risk allowance. Phase 1 previously estimated at £11m.
- 8.2 Further work is planned to review cost estimates in determining governance route, with a view to submitting a SBC should costs meet the threshold. Further detail will be investigated regarding assumptions, allowances and scope of works to ensure compliance with SCIM.
- 8.3 The scale of additional cost identified since the IA estimates for phase 1 is notable in relation to the site wide Energy Infrastructure works. The full scheme was estimated at £56.7M at IA, but does include for optimism bias. It should be noted that the HV works removed from phase 1 are still required within the final scheme.
- 8.4 The resource implications are continued programme management through Capital Planning with external input from advisers.
- 8.5 Project support resources to be agreed, potentially minimal on phase 1 but links to wider infrastructure project.

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List of Appendices

Appendix 1: WGH Energy Infrastructure OBC phase 1 v7

NHS Lothian

NHS Lothian Board
7 Aug 2019

Director of Finance, NHS Lothian

HAEMATOLOGY SERVICE DEVELOPMENT FULL BUSINESS CASE, WESTERN GENERAL HOSPITAL

1 Purpose of the Report

1.1 The purpose of this report is to recommend that the Board approve the attached Haematology Full Business Case (FBC) which has previously been approved by NHS Lothian Capital Investment Group and Finance and Resources Committee.

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

3 Recommendations

The Board is recommended to:

3.1 Approve the FBC attached as Appendix 1 for the Haematology Service Capital Development.

4 Discussion of Key Issues

4.1 Background

4.1.1 The Western General Hospital site has undertaken a significant Master Planning exercise with a new South East Scotland Cancer Centre forming the focal point of the campus modernisation. Feedback from the Scottish Government has indicated uncertainty in relation to the timescale for funding a new Cancer Centre. In recognition that 2025 is the earliest a new centre could be delivered, a number of clinical areas within the Cancer Centre were identified as requiring immediate upgrade and redesign. The NHS Lothian Cancer Services 'Bridging Projects' Initial Agreement in summer 2016 identified a number of these, including Haematology.

4.1.2 At present in-patient malignant Haematological care is provided in both Ward 8 and Ward 8 Unit at the Western General Hospital, both wards administer Systemic Anti-Cancer Therapy (SACT). This group of patients are highly susceptible to infection and have a high incidence of multi drug resistant organisms. Currently the facilities are non-compliant with modern healthcare guidelines. Not all of the patients can be nursed in isolation rooms and the area lacks ventilation, storage and has no facilities to segregate waste.

Ward 1 (specifically Area 4) currently delivers outpatient SACT and supportive therapies to the same patient group in 16 chairs; it is experiencing difficulties in meeting the demand for its services (increase in demand of 3.5% per annum) and does not meet current guidelines for the safe administration of SACT (chair spacing currently circa 2.0m²/chair against the recommended 10m² chair [Health Building Note 02-01 Cancer Treatment Facilities]). It also does not have isolation facilities for immune-compromised patients and a non compliant room for the delivery of nebulised pentamidine (a prophylactic antibiotic).

4.2 Charitable Donation

4.2.1 Progression of these upgrades is considered high priority to enable the delivery of a safe clinical service between now and the opening of a new purpose built Cancer Centre and was included in the original initial agreement submitted to the Scottish Government for Cancer Centre Enabling works. Since the development of the Initial Agreement, a significant donation was confirmed in 2016 from a Charitable Trust which provides a unique opportunity to provide a fully integrated Haematology facility with significantly improved, state of the art facilities. The new environment will enable a transformation in the model of clinical care delivered, transferring some traditionally in-patient care to an extended hours

day case facility. The bequest will provide sufficient capital funds to meet all capital costs associated with the project.

- 4.2.2 The governance arrangements for managing the charitable donation have been put in place in a tri-partite arrangement between a charitable trust, Edinburgh & Lothian Health Foundation (ELHF) and NHS Lothian. Scrutiny of the contractual arrangement between the charitable trust and ELHF has been provided by the Director of ELHF and the Director of Finance of NHS Lothian to minimise any risk. The donor receives regular progress updates and remains aware that the strategic intention of NHS Lothian is to develop a new Cancer Centre at the WGH in the longer term and is content with this.

4.3 Preferred Solution

- 4.3.1 The preferred capital proposal will see a full refurbishment and modernisation of the inpatient facilities currently located in Wards 8 and 8 Unit and a creation of an extended day-case facility and the relocated from Ward 1 SACT unit on the floor immediately below the inpatient unit previously occupied by the University of Edinburgh.

The Donors providing the capital funding have specified that the delivered facilities must be produced to the highest standards with top quality finishes, creating the best possible facilities for patients in the space available.

- 4.3.2 This project will enable the transformation of Haematology services within South East Scotland, enabling many patients (when assessed safe to do so) to receive care in a day case facility rather than being admitted to hospital (2020 Vision). The resultant reduction of five inpatient beds will be compensated for through a corresponding increase of fourteen in ambulatory capacity. Additional benefits of this new model of care include:

- The physical environment will be enhanced; allowing healthcare to be delivered in areas where patient involvement has shaped the design- this is the donors stated wish.
- Providing care as a day case procedure will benefit the patient by allowing them to return home during or after their treatment, increasing the time they can spend with family and allowing them the opportunity to self care in a non-clinical environment whilst having the support of the service should they require it.
- Improving isolation facilities will reduce the transmission of pathogens.
- Improved HAI and HBN guidance compliant accommodation.
- Releases physical space in Ward 1 for Oncology Day case SACT delivery and expansion of satellite pharmacy. Increasing the chair spacing will improve patient safety by reducing associated risks such as medication errors, transmission of infection etc.
- Reduced variation in practice/inequities in access to the most advanced treatments in accordance with individual clinical need and thereby improving outcomes.
- The extended day case facility will operate seven days per week- currently out-patient service is provided over five days.
- Reduction in delayed or deferred treatments.
- Delivery of waiting times / treatment targets now and in the future.
- Providing the treatments as a day case will reduce the overall cost of treatment by reducing bed occupancy.
- Delivering a model of care which, if successful, could be duplicated within Oncology further reducing the need for in-patient stay.
- Reduction in overtime costs due to improved space to place patients when there are unforeseen delays out of core hours.

4.4 Estimated Expenditure and Funding

4.4.1 The Initial Agreement for Haematology estimated capital expenditure for the project at £10.98m including VAT, including a £200k allocation for decant (based on a high level understanding of the decant moves required, and interdependencies with other projects), with funding secured in full from the charitable donation.

4.4.2 Following further design and analysis of decant options the OBC noted capital costs of £11.1m; decant costs of £2.6m and recurring revenue costs of £434k.

4.4.3 The updated costs per the FBC and associated funding identified is summarised in the Table below.

Table1: Project Costs and funding

	Project Costs	Incremental Recurring Revenue Costs
	£,000	£,000
Total Capital Costs	10,866	
Total Decant Costs	2,927	
Annual Revenue Increase		434
Total Project Costs	13,793	434
Funding in place		
Charitable Donation	12,282	
NHSL Funding	811	434
SG Funding	700	
Total Funding	13,793	434
Residual Funding Required	0	0

4.4.4 The capital costs above are based on the results of a full tender exercise and target costs agreement.

4.4.5 The FBC costs represent an increase in non-recurring costs of £109k from those included in the OBC due to confirmation of the design and a required change to the decant strategy as further detailed below. The additional costs are proposed to be funded through NHS Lothian's formula allocation.

4.4.6 Funding has been identified as detailed in the above table for all capital and revenue implications of the project.

4.4.7 The recurring revenue consequences have been confirmed as £434k. These will be addressed through the recent introduction of specific drug savings, stem cell transplant billing and savings from a change in operating hours in Ward 1 (no change from the OBC).

4.5 Decant Strategy Update

4.5.1 Following the IA, a significant amount of work was undertaken to understand the complexity of the decant requirements. Rising cost uncertainty and concerns regarding Infection Control within DCN necessitated a review of the available decant options and a thorough options appraisal was undertaken in March 2019 led by the Cancer Project Team to consider alternative models that would deliver the required accommodation for decant and support the essential cancer service upgrades.

4.5.2 Given the cohort of patients within Haematology in particular, the options were limited and the team identified a preferred option of decanting into one of the Royal Victoria Building (RVB) wards, currently used for care of Medicine of Elderly (MoE) patients.

- 4.5.3 The Medicine of the Elderly team then considered a number of options to release a ward within RVB to provide a temporary decant ward for Haematology. The team agreed on their preferred option of closing a ward within RVB and reducing their bed profile by 26 beds.
- 4.5.4 As part of this decant option Wards 2, 4 and 6 would not move, however Breast Theatre 14 (due to its location immediately below the current West Wing of Haematology) would have to relocate for the duration of Haematology construction works (anticipated 10 months). It is proposed that a temporary theatre is hired and a suitable location has been identified for this.
- 4.5.5 As there remains significant pressure on MoE and reduction in capacity of 26 beds, NHS Lothian has a requirement to secure suitable winter surge capacity to mitigate risks associated with the reduction in bed capacity associated with unscheduled care activity. Therefore it has been proposed that Ward 15 be upgraded as a decant facility for the Western General Hospital site. This provides a risk mitigation measure for the Haematology project, should the required decrease in length of stay not be achieved and subsequently a decant facility for the Oncology Enabling works.
- 4.5.6 The costs for this revised decant option are included in the table below and represent an increase of £315k from those included in the OBC. These are largely offset by a reduction in the capital cost of the project.

Table 2: Decant Costs

	OBC Stage	FBC Stage	Difference Increase/ (Decrease)
	TOTAL £,000	TOTAL £,000	£,000
Total Decant Construction Costs	1,799	1,987	188
Total Decant Revenue Costs	813	940	127
Total Decant Costs	2,612	2,972	315

- 4.5.7 Funding has been agreed for the costs detailed in the table above from the donation, NHS Lothian funding and Scottish Government specific allocation.
- 4.5.8 The FBC contains a Benefits Realisation Plan which identifies the baseline measurement, targets, and timescales against which the project will be delivered.

5 Timescales and Governance

- 5.1 The project is scheduled to be concluded by October 2020.

6 Key Risks

- 6.1 The decant arrangements for the Haematology programme adversely impact on other services within the WGH.
- 6.2 The decant solution relies on the availability of a vacated Medicine of the Elderly ward within the Royal Victoria Building.
- 6.3 The demand and capacity model in this case supports a reduction in the bed base in favour of expanded day case capacity. This is appropriate for planned service needs. Haematology is a rapidly evolving specialty and there is a risk that new treatment options become available resulting in an increase in inpatient requirements before the proposed new Cancer Centre comes to fruition.

7 Risk Register

- 7.1 The project risk register is included in Appendix 3 of the Full Business Case.

8 Impact on Inequality, Including Health Inequalities

- 8.1 The new facilities will be designed to take account of any issues and an Integrated Impact Assessment has been carried out.

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

- 9.1 Staff from the Haematology service are fully involved in the design process and patient views are being sought on the proposed design. Input will be secured from a range of stakeholders, including charities, as part of the wider development of the Cancer Centre business case.

10 Resource Implications

- 10.1 The capital and revenue impacts of the project are detailed above and funding has been identified for all aspects.

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Appendix 1: Full Business Case – Haematology Service Capital Development in the Edinburgh Cancer Centre at the Western General Hospital

**SHORT STAY ELECTIVE CENTRE, SJH
OUTLINE BUSINESS CASE**

1 Purpose of the Report

- 1.1 The purpose of this report is to provide the Board with the Outline Business Case (OBC) for a Short Stay Elective Centre (SSEC) at St John's Hospital (Appendix 1), which was submitted to the Finance & Resources Committee (24 July 2019) and approved, subject to Scottish Government (SG) funding, for onward submission to the Scottish Government (SG) Capital Investment Group (CIG)

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

2 Recommendations

The Board is recommended to;

- 2.1 Take significant assurance that the Outline Business Case, at a Value Engineered cost of **£80.7m** has been approved by F&RC, 24 July 2019, subject to Scottish Government (SG) funding and approve the attached OBC (Appendix 1)
- 2.2 Note that the current capital budget of £280m is available for elective centres nationally. (Budget derived from cumulative estimates at IA)
- 2.3 Take significant assurance that the project team and capital finance, through interrogation of the OBC cost report, understand the drivers for an increase in capital costs of £13.5m since Initial Agreement (IA). Note the key drivers for this movement as summarised in Table 1 of this paper.
- 2.4 Accept the work undertaken by the Design Team to identify thematically the drivers for an increase in Gross Internal Floor Area (GIFA) which is the principal reason for an increase in capital costs, described in Table 2 of this paper.
- 2.5 Note the risks associated with progressing the current OBC design, factors primarily driven by the necessity to meet ministerial timescale commitments and the constraints of the SJH site, as outlined in sections 3 & 4 of this paper.
- 2.6 Note following agreement at F&RC additional assurance steps will be implemented across the project with appropriate technical expertise appointed to challenge and critique developing architectural, mechanical engineering, fire and civil engineering design as NHS Lothian progress through the business case and design process.
- 2.7 Note that at present no recurring revenue funding has been identified to fund the incremental recurring revenue costs of **£30.6m** and F&RC approval of this OBC is subject to confirmation of the required recurring funding. It is anticipated that Waiting Times Improvement Plan (WTIP) funding will be made available to fund the new services. Formal request from the national elective programme board for this confirmation was sent to Scottish Government on 5th February 2019 (OBC Appendix 23)

2.8 Note submission of this OBC to the National Elective Centres Programme Board for their meeting on the 5th of August 2019 with submission to CIG anticipated following this Programme Board review.

3 Discussion of Key Issues

Background

3.1 In response to the ministerial announcement (2015) to establish 6 elective centres nationally (including 1 in Edinburgh and 1 in Livingston) an Initial Agreement (IA) for a Short Stay Elective Centre (SSEC) was developed (2018) proposing an elective centre at SJH to;

- Support growth in short stay elective procedures across 5 in scope specialties.
- Act as an 'enabler' whereby elective capacity is released on acute sites across Lothian - to support expansion of complex inpatient surgical services. (Critically creation of 'ring-fenced' orthopaedic capacity at the RIE though the release of sufficient theatre and bed capacity)

3.2 A detailed description of the SSEC clinical model is included within this OBC. (Section 2.9.1)

3.3 The SSEC IA was considered by the Health and Social Care Directorates' Capital Group (CIG) at its meeting of 25 September 2018 and subsequently NHS Lothian received approval of the IA in the Chief Executive NHS Scotland letter, 26 September 2018.

3.4 Following approval of the IA the Principal Supply Chain Partner (PSCP), RMF, was appointed in January 2019.

3.5 Selection of SJH as the preferred site responded not only to the ministerial announcement that an Elective Centre for the East Region would be established in Livingston but also built on the strategic direction for SJH, set out in the Lothian Hospitals Plan (Dec 2016),

'An elective care centre for Lothian and for the South-East Scotland region, incorporating highly specialist head and neck, plastics, and ENT services.'

3.6 In addition, options for expansion at SJH had been identified in the site's masterplan framework (2015) and selection of the SJH site supported delivery of a preferred clinical model that required clinical adjacencies with 'in and out of hour' infrastructure and support.

3.7 Despite the benefits of the preferred site a number of site constraints have also impacted on design development. These include;

- Only one option for development of a facility of this scale identified in site masterplan (without the removal of other buildings or services)
- Road alignment and traffic management on site (including public transport and blue light access)
- Existing High Voltage (HV) location
- Protection of current parking allocations and managing current challenges/ demand
- Protected Site (Ancient trees)
- Planning constraints (limits height)
- Requirement to not negatively impact current facilities
- Limitations due to the inability to decant existing clinical facilities for a significant period of time due to lack of alternative provision.
- The above resulting in limited options to provide connection to current site

Design for OBC & Programme

- 3.8 Early February 2019 NHS Lothian's project team and RMF's appointed Design Team started to work with a wide range of stakeholders, including Health Facilities Scotland (HFS) to develop a design for OBC.
- 3.9 National Elective Centre Programme Board expectation and ministerial commitment that elective centres nationally would open in 2021 necessitated a condensed period of design development for OBC, with a duration to complete OBC of only 5 months.
- 3.10 Despite an equally ambitious construction programme, delivery of a facility of this scale by December 2021 still requires construction to commence Quarter 1 of 2020, exacting the completion of FBC by early 2020.
- 3.11 A primary driver of the design development has consequently been achievement of this ambitious programme. Of equal influence, however, has been achievement of a design that delivers against the capacity requirements and Design Statement set out at IA.
- 3.12 Despite a condensed programme a significant amount of engagement has also been undertaken with a range of clinical, non-clinical, patient and public stakeholders, to ensure the developing design meets the needs of the service, staff and patients, now and in the future. Engagement to date has involved over 200 staff, patients and members of the public over a number of workshops, events and forums.
- 3.13 Furthermore weekly design meetings with the project team have included representation from key stakeholders (Theatres, Nursing, Pharmacy, Estates, Soft FM and Infection Control). More detail regarding the engagement and involvement is included within the OBC. (OBC Appendix 15)
- 3.14 Importantly there has been extensive engagement with Health Facilities Scotland (HFS) and Architectural Design Scotland (ADS). A number of architectural meetings have taken place to review developing 1:200 drawings and elevations and as a consequence of these the design team have responded to and delivered concepts developed at these meetings. A full day Mechanical and Engineering workshop has also taken place with PSCP appointed M&E designer (Hulley & Kirkwood) and HFS in addition to early engagement with HFS regarding the building's Fire Strategy.
- 3.15 The Outline Business Case (OBC), attached as appendix 1, provides detail of what is included in the proposed build. In summary a Short Stay Elective Centre connected to the existing hospital at SJH, providing fit for purpose accommodation and capacity to meet forecast activity (up to 2035) that includes;
- Day of Surgery Admission Area (consulting rooms, patient waiting and changing)- Ground Floor
 - 20 Day Case Beds (bays) - Ground Floor
 - 11 Operating Theatres - split across First Floor & Second Floor
 - 38 In-patient beds (100% ensuite) -split across First Floor & Second Floor
 - Imaging Department (incl MRI) – Ground Floor
 - Supporting Accommodation (including staff dining, office and education space) – Third Floor
 - 150 new car parking spaces with access for pick-up for patients and relatives from the basement of the SSEC – a proportion of these new spaces approx. 70 will be delivered in -1 Level
 - Reprovision of all car parking spaces displaced due to the build (approx. 70 spaces will be displaced)

- 3.16 A condensed programme to achieve OBC has not facilitated opportunity to fully assess all alternative options for implementation, however at regular intervals in the design process options for delivery of different elements have been considered.
- 3.17 The project team acknowledge that with more time in the programme to deliver OBC there would be opportunity to explore in more detail the pros and cons of a number of alternative options/ variances of the design currently developed.
- 3.18 However, a meaningful reduction in costs would require a radical reduction in GIFA which would significantly reduce the clinical capacity delivered through this proposal and the associated benefits, such as the improved access performance.
- 3.19 Furthermore there is a risk that radical redesign would significantly delay the programme and whilst attempting to achieve a reduction in costs incur additional costs through the price of delay, the cost of redesign in terms of fees and compensation events and the cost of repeating engagement with clinical stakeholders.
- 3.20 Finally there is a risk radical redesign might impact negatively on the quality of the facility.

Capital Costs for OBC- Value Engineered

- 3.21 Following submission of the Draft OBC to the Lothian Capital Investment Group (LCIG), 25 June 2019, the project team were tasked to progress an exercise in Value Engineering (VE) appropriate to this stage of design, alongside Thomson Gray, cost advisor and the PSCP. .
- 3.22 At this stage the VE schedule includes opportunities identified by Thomson Gray and RMF, with a high level figure being targeted. As more detailed design becomes available (e.g. Mechanical & Engineering) there remains opportunity through design team engagement for further options to be considered.
- 3.23 Furthermore LCIG requested the project team complete the following;
 - A review of risk allowance and optimism bias to eliminate potential double counting of risk,
 - Review and benchmarking of proposed equipment costs
 - Further Benchmarking including comparison with other projects in terms of cost per case, GIFA, capital costs, rate per m2 and capacity delivered.
 - A review of the Schedule of Accommodation (SOA) to robustly understand the drivers for an approximate 1300m2 uplift in Gross Internal Floor Area (GIFA) from IA.
- 3.24 Following initiation of a value engineering (VE) process a revised cost report was received on the 2 July 2019 with VE changes. This delivered a reduction in construction costs from the previous cost report of approximately £5m including VAT with a cost per m2 of £4,023.
- 3.25 A review of Risk Allowance/ Optimism Bias resulted in a reduction in risk/ optimism bias of £0.9m since IA – reduced from 21.2% at IA to 15.5% due to further progression with design and consultation resulting in mitigation of risk factors.
- 3.26 Review and benchmarking of Equipment Costs has resulted in an uplift of £4.3m since IA– increased from 18% to 25% due to more detailed understanding of requirements including MRI and equipment for 11 theatres.
- 3.27 Following review of risk, equipment and value engineering the estimated total capital cost for the SSEC is **£80.72m**.
- 3.28 Capital costs have increased by £13.5m (20%) from those included in the IA, £67.18m. This increase is primarily driven by the increase in the Gross internal Floor Area (GIFA) and the additional equipment requirements identified. Drivers for the £13.5m movement are summarised in the table below.

3.29 Table 1: Drivers behind cost increase

Capital Cost	Change in Cost (£k)	Explanation
Construction	8,971	The increase in construction costs is primarily driven by the increase in gross internal floor area (GIFA) which is in turn driven by changes to clinical requirements, guidance, design and increased circulation space - offset by value engineering. See below table for further analysis of the impact of GIFA.
Equipment	4,300	Increase driven by an higher allowance from 15% to 25% due to more detailed understanding of requirements and an initial review of high cost equipment.
Other Costs	(650)	Reduction in other costs such as surveys and fees of £0.65
Inflation	(724)	Reduction in inflation as the base date used is now June 2019 and therefore inflation prior to this period is now embedded in the construction costs. See below table for further analysis of the impact of inflation.
Car Park	559	Increase of £0.3m driven by the requirement to replace car parking spaces lost during construction and £0.25m for future proofing of the car park to enable further development in the future if required.
Risk/ Optimism Bias	(905)	Reduction in risk/ optimism bias of from 21.2% to 15.5% due to further progression with design and consultation resulting in mitigation of risk factors
VAT (net of recovery)	1,984	£2.3m impact of VAT on increased costs offset by VAT recovery increase of £0.33m
TOTAL MOVEMENT	13,535	

Benchmarking with other Elective Centres

- 3.30 Progress with benchmarking is not yet complete however, movement and costs included have been compared to the IA and OBC completed for the North of Scotland (Highland) Elective Centre.
- 3.31 From this we note:
- Increase IA to OBC is comparable – Highland saw 22% primarily driven by inflation (NHSL 20%)
 - Optimism bias comparable – Highland included 19% at OBC (NHSL 15.5%)
 - Equipment – Highland included 15% at OBC (NHSL 25%) – the higher cost required by NHSL is driven by significant large equipment items (MRI, 11 Theatres) and the inability to transfer existing equipment due to ongoing service requirements.
- 3.32 The project team have requested information from the National Elective Centre Programme to complete the benchmarking requested by LCIG, including benchmarking the capital cost per case. The SSEC for example forecasts 17000 procedures a year throughput. Approximately £4,748 capital per case in 1 year, over a 5 year period assuming consistent activity this equates to £949 per case.

- 3.33 The potential benefits of completing this work for all projects, in terms of evidencing value for money across the programme, was raised with the National Elective Centres Programme Board at their meeting, 4 July 2019.

Review of Gross Internal Floor Area (GIFA) and Schedule of Accommodation (SOA)

- 3.34 As requested by LCIG a further review of the Schedule of Accommodation was undertaken to robustly understand the drivers behind the increase in GIFA since IA.
- 3.35 The drivers behind the increase in the GIFA have been changes to clinical requirements, guidance, impact of the now developed design and increased circulation space. The table below provides a summary of these and shows the associated impact of each on the GIFA.
- 3.36 Table 2: Drivers behind increase in GIFA

GIFA Movement	
IA GIFA	8947.35m ²
OBC As Drawn GIFA	10275.6m ²
Uplift in GIFA from IA	1328.25m²
Drivers for uplift	
Stakeholder requirements (including savings made in imaging (145m ²) but increases in other departments for storage, staff changing, number of consultation rooms in DOSA, Gender Neutral provision)	317.1m ²
Guidance Requirements (includes increased number of recovery spaces as per guidance)	140m ²
Output of HFS advice & design discussion (includes patient seating/ rest areas in in patient wards to promote movement)	50.9m ²
Impact of design – duplication of rooms due to stacked theatre/inpatient (includes additional DSR's/ storage areas etc as departments split on two floors)	70.6m ²
Impact of Design – Reprovision of existing 4 bedded bay currently in SJH as a result of displacement due to bridge connection.	54m ²
Impact of Design & Clinical Brief- 2 Link Bridges to existing hospital (link to existing building required for public access to the SSEC and connection to bus stop/ parking due to site traffic management constraints. 2 nd link for safe delivery of clinical model overnight, good clinical adjacency to critical care and future proofing of clinical model)	242.3m ²
Circulation (due to theatres on more than one floor and % of circulation/ planning/ engineering added circa 35%)	453.45m ²
TOTAL	1328.25m²

Additional Assurance

- 3.37 The PSCP was appointed via the Frameworks Scotland 2 procurement route. This route operates via capital funding where a single contractor (including design team) is appointed to deliver the project within agreed time, cost and briefing parameters.
- 3.38 Acknowledging learning from recent capital projects across Scotland additional assurance steps will be implemented across the project. A 'shadow design team' with appropriate technical expertise will be appointed to challenge and critique developing architectural, mechanical engineering, fire and civil engineering design as NHS Lothian progress through the business case and design process.

- 3.39 This appointment will be made through the Lead Advisor Thomson Gray which allows access to a variety of professional services. The costs are expected to be delivered within the current project team budget, but this will be confirmed as part of their procurement.

Next Steps for OBC

- 3.40 Following approval at F&RC (24 July 2019) the following key dates were outlined in the SSEC programme.

- 3.41 Table 3: Key Governance Dates

Board/ Committee/ Group	Date
HFS Stage 2 – Letter of Support	31 July 2019
National Elective Centres Programme Board	5 August 2019
NHS Lothian Board	7 August 2019 (This meeting)
Capital Investment Group	13 August 2019 (Delayed awaiting National Elective Centre Programme Board Review)

- 3.42 Planned submission to SG CIG has been delayed with submission now anticipated following National Elective Centre Programme Board review 5 August 2019.

Key benefits associated with approval of this OBC

- 3.43 There are a number of benefits associated with receiving the Board's approval of the Outline Business Case and Value Engineered cost of **£80.7m**, and subsequent submission to Scottish Government (SG).

- 3.44 Table 4: Key Benefits of submitting the current OBC & design to CIG

Summary of Benefit identified
Continue on programme to achieve the milestones set out at IA (FBC Jan 2020, construction due to start March 2020, construction completed Aug 2021)
Assuming FBC approval and delivery of construction and commissioning as per programme we meet the ministerial commitment to open 2021.
Do not incur additional design fees/ costs or compensation events due to not delivering against the contractual programme at this stage.
Do not re-engage with clinical stakeholders in a redesign process following considerable engagement to achieve current progress and design at this stage.
We continue work towards delivery of a facility that meets the clinical and operational requirements set out in the original brief. Specifically number of theatres and bed capacity to meet forecasts up to 2035 and the positive impact on our TTG performance and long term service sustainability.

- 3.45 A Benefits Realisation Plan for the project can be found in the OBC appendices (OBC Appendix 2)

4 Key Risks

- 4.1 The key risks associated with the Board's approval of this OBC (subject to CIG approval) are summarised in table 5 below. This table summarises the impact and probability of identified risks and includes current mitigation for these risks.

- 4.2 Table 5: Key risks associated with approval of this OBC

Summary of Risk Identified	Impact (5 high - 1 low)	Probability (5 almost certain – 1 unlikely)	Mitigation in Place
Progress of the OBC and the development of the current	4	3	Key mitigation to date has been the level of stakeholder

<p>design has been primarily driven by 3 key factors;</p> <ol style="list-style-type: none"> 1. Programme and necessity to deliver against a national programme of work with timelines dictated to by ministerial commitment. 2. Site selection and the constraints of the SJH site. 3. Brief set out at IA to meet capacity requirements and deliver against investment objectives. <p>The resulting design and capital costs are reflective of the above but there is a risk that due to the influence of these, primarily the influence of a programme driven design, alternative options have not been fully explored and a comparison of associated costs with these options not made with OBC to evidence best use of resources/ value for money. (see section 3.17)</p>			<p>involvement and engagement (staff, patients and HFS) in the developing design to ensure design meets the brief.</p> <p>Comparisons in terms of costs and assumptions have been made with other elective programmes and further comparison required nationally.</p> <p>Design options, selections and alternatives have been considered throughout the process including alternative options for links to the existing building, layout, and number of floors versus width of building.</p>
<p>We <u>do not</u> receive approval to progress to FBC at CIG in August due to unaffordability of the capital ask and this impacts on programme (including impact on reputational risk) There is a risk that delay of any duration will result in our inability to achieve the SG commitment to open these elective centres in 2021.</p>	5	3	<p>Initiated process of VE with c£5m incl VAT reduction.</p> <p>National Elective Centre Programme Board and SG aware of level of risk around costs and informed of risk as project has progressed through regular project stocktakes to the national programme board.</p> <p>Requirement for a national programme and SG discussion regarding any tolerance for increased capital costs referred to at the national programme board 4 July 2019. All projects experiencing an increase in costs from IA to OBC and some from OBC to FBC.</p>
<p>We <u>do</u> receive approval to progress to FBC but costs increase between OBC and FBC. This could be as a result of a number of reasons including;</p>	4	3	<p>There has been soft market testing for some packages at OBC (e.g. the concrete frame). Despite an ambitious programme to FBC the programme recognises the need for a minimum of 12 weeks</p>

<ul style="list-style-type: none"> • The pre-existing programme which complies with SG expectations, limits the opportunity for full market testing. • Changes in the construction market / inflation result in cost increases or programme delays. (this happened to NHS Highland) • Some high impact areas of design work are still to be completed in detail including mechanical and engineering with current capital projects heightening the probability of this realisation of this risk. The costs currently include an estimate for M&E but this does not include “sustainable M&E”. The fire assessment and strategy is not yet complete, no costs have been included for a sprinkler system if this was required. Costs for an additional patient lift are not included, as requirements following analysis of movement in the facility are yet to be defined. <p>There is a risk that delay of any duration will result in our inability to achieve the SG commitment to open these elective centres in 2021.</p>			<p>for market testing for FBC.</p> <p>In terms of inflation June 2019 indices have been used and inflation prior to this period is now embedded in the OBC construction costs.</p> <p>Risk/ optimism bias calculated as per SCIM guidance and included at 15.5% due to progress with design since IA mitigating some risk factors but acknowledgement significant amount of design work still to be completed.</p> <p>Engagement continues with HFS specifically around M&E design and the proposed ‘shadow’ design team will support robust review and challenge of the emerging design.</p>
<p>Assuming CIG approval at OBC there is little opportunity to further mitigate any increase in costs through VE at FBC with c.£5m reduction already made.</p>	4	2	<p>At this stage the VE schedule includes opportunities identified by Thomson Gray and RMF, with a high level figure being targeted. As more detailed design becomes available (e.g. Mechanical & Engineering) there remains opportunity through design team engagement for further options to be considered.</p>
<p>The current programme does not</p>	3	5	<p>The programme for delivery of this</p>

allow the Board opportunity to fully assess value for money and test the capex of the developed design against potential opportunities to reduce the, Brief, GIFA and capex.			project means that the probability of this risk is high and accepted by the Project Team however there has been exploration of alternative options at each stage of the design process to mitigate the impact of a challenging programme wherever possible.
There is a risk that failure to receive HFS support following design and compliance reviews at each stage delays the programme. (incl reputational risk) There is a risk that delay of any duration will result in our inability to achieve the SG commitment to open these elective centres in 2021.	5	2	<p>There have been a number of architectural reviews of the developing design with HFS and Architectural Design Scotland and concepts discussed at these meetings have been developed further.</p> <p>A day long workshop with HFS regarding M&E Design has taken place and this support will continue as the M&E design progresses.</p> <p>A proposed 'shadow' design team will support robust review and challenge of the emerging design.</p> <p>A meeting for Fire Strategy has been arranged with the PSCP, NHS Lothian and meeting.</p> <p>The PSCP Stage 2 Report and response to the Design Statement is being finalised and will be submitted in parallel to submission of the OBC to F&RC, for HFS review and support prior to submission to CIG.</p>

4.3 A full risk register for the project can be found as part of the OBC appendices (OBC Appendix 3)

5 Risk Register

5.1 This proposal impacts the corporate risk register directly in terms of Access to Treatment – both Organisation Risk and Patient Risks. Rated very high as of April 2019.

6 Impact on Inequality, Including Health Inequalities

6.1 The first Integrated Impact Assessment (IIA) with groups of the population with protected characteristics took place on 3rd April 2019. The session was well attended, with attendees discussing the SSEC proposal and potential impacts on these groups. It was clear that transportation and parking was a concern in terms of accessing St John's Hospital on public transport early in the morning from rural areas of Lothian, along with parking facilities on site.

6.2 A further IIA was completed on the design of the building on 6th June 2019. Recommendations were identified and will be incorporated during the development of the Short Stay Elective project.

6.3 Full reports are available on request.

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

- 7.1 A considerable amount of engagement has been undertaken and to date has included;
- A large number of Stakeholder Events & Design Workshops with staff and the public
 - Public Survey
 - Story Boards and Social Media Campaign
 - Integrated Impact Assessment
 - Establishment of Collaborative Working Group with representatives from patients the public and 3rd sector organisations

8 Resource Implications

8.1 Capital costs included in the table below and have been discussed in detail earlier in this paper.

8.2 Table 6: Capital Cost Summary

Capital Cost (£)	Preferred Option – Costs at IA £k	Preferred Option – Costs at OBC (VE update) £k	Movement IA to OBC Update £k
Construction, Fees, Equipment and VAT	56,201	70,642	14,441
Project Team Costs & Optimism Bias	10,984	10,079	-905
Total Capital Cost	67,185	80,721	13,536

8.3 A proportion of capital costs (c£0.5m) associated with the provision of ‘enabling’ car parking will be required prior to the completion of the SSEC Full Business Case (FBC). This early release of funding has been agreed in principle with Scottish Government Health and Social Care Division, and will be confirmed through the capital allocations process.

8.4 The current capital expenditure is currently unaffordable within the context of a £280m budget for elective centres nationally. (Budget derived from cumulative estimates at IA)

8.5 Revenue costs are included in the table below.

8.6 Table 7: Incremental Revenue Summary

Incremental Revenue Cost/year (£k)	Preferred Option – Costs at IA	Preferred Option – Costs at OBC	Preferred Option – Change in Costs
Workforce Model	12,477	17,756	5,279
Non Pays	5,995	7,762	1,767
Property Costs	700	5,101	4,401
Total Revenue Increase	19,173	30,619	11,446

8.7 Since IA, work to define in more detail the workforce required to support the efficient and effective operation of a SSEC has been undertaken. The OBC workforce model identifies the staffing requirement for additional workforce groups not previously incorporated, including pharmacy, Allied Health Professionals, and radiology all of which will be required to ensure the

SSEC is a success. OBC workforce modelling also includes with more detail the requirements of support services and ongoing maintenance of the building. (e.g. HSDU capacity to meet growing demand)

- 8.8 The workforce model developed at OBC has benefited from a better understanding of the proposed design of the facility and more informed view on how services will function in the new building.
- 8.9 Nevertheless during the next 6 months towards development of a Full Business Case a Workforce Review Group will be established, as a sub group of the Short Stay Elective Centre Programme Board, to systematically review and challenge workforce models and assumptions.
- 8.10 At present no recurring revenue funding has been identified to fund the incremental recurring revenue costs but it is anticipated that Waiting Times Improvement Plan (WTIP) funding will be made available to fund the new services when this become available recurringly. The requirement for clarity with regards to this funding assumption has been raised by all Health Boards involved in the Elective Centre Programme Board in a letter to the SG Health Directorate, (OBC Appendix 23). Confirmation of this continues to be a recurring theme at the national elective programme board, from all health boards involved.
- 8.11 F&RC approval of this OBC is subject to confirmation of the required recurring funding.

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List of Appendices

Appendix 1: SSEC Draft Outline Business Case & Appendices

Audit and Risk Committee

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

Present:

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

In Attendance:

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

Apologies:

Councillor J McGinty, Non-Executive Board Member.

The Chair reminded Members that they should declare any financial and non-financial interests they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. Mr Ash declared an interest in the Edinburgh Integration Joint Board Financial and Budget Management (May 2019) report, noting that he was a member of the Integration Joint Board.

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

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

12. Running Action Note

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

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

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

AP

12.4 The committee accepted the running action note.

13. Internal Audit (Assurance)

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

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

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

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

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

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

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

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

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

14. 4 Hour Emergency Access Standard

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

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

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

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

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

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

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

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

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

JC

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

SG

Dr Watson entered the meeting.

Ms Brown left the meeting.

15. Theatres Improvement Programme

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

JC

Ms Carr and Mr Crombie left the meeting.

16. Risk Management (assurance)

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

17. Internal Audit (Assurance)

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

17.1.4 The Committee accepted the report.

Mr Egan and Dr Watson left the meeting.

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

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

DH

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

17.2.3 The committee accepted the report.

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

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

Ms Mackay entered the meeting.

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

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

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

SG

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

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

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

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

17.4.4 The committee accepted the report.

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

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

AP

17.5.2 The committee accepted the report as a final report.

Ms Mackay left the meeting.

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

19.8 Schedule of Losses – SFR 18.0

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

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

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

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

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

19.10 Patients Private Funds Annual Accounts 20118/19

19.10.1 The Committee agreed to:

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

20. Annual Accounts (decision)

20.1 Governance Statement

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

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

20.2 Management Representation Letter

- 20.2.1 The Committee reviewed the draft Representation Letter to the external auditors confirmed that the statements represented confirmation to the external auditors on matters arising during the course of their audit of the accounts for the year ended 31 March 2019, and agreed to recommend that the letter be signed by the Chief Executive of NHS Lothian.
- 20.3 NHS Lothian Annual Audit Report 2018/18
- 20.3.1 Mr Brown and Mr Eardley gave an overview of the report highlighting how the report was collated, key findings and the audit certificate.
- 20.3.2 The Committee accepted the report as a source of assurance to inform its review of the annual accounts.
- 20.3.3 Mr Murray confirmed that during the course of the meeting he identified areas that strategic planning could take ownership of and the associated infrastructure: Project Management, Management contribution, theatres improvement, care deficit, lessons learnt (wider aspect) and bridging the gap between NHSL and IJBs. He proposed that the committee invite the Strategic Planning Committee to take a view on the proposal and feedback at a future meeting. **AMcM**
- 20.4 NHS Lothian Annual Accounts for Year End 31 March 2019
- 20.4.1 The Committee agreed to recommend to the Board that they adopt the Annual Accounts for the year ended 31st March 2019 and recommend to the Board to authorise the designated signatories to sign the Accounts on behalf of the Board.
- 20.5 Audit Committee Annual Report and Assurance Statement 2018/19
- 20.5.1 The Committee approved the annual report and assurance statement 2018/19.
- 20.6 Notification to Scottish Government Health Department Health and Wellbeing Audit Committee
- 20.6.1 The Committee approved the letter to the Scottish Government Health & Social Care Assurance Board.
- 21 Date of Next Meeting**
- 21.1 The next meeting of the Audit and Risk Committee will take place at **9.00** on **Monday 26 August 2019** in **Meeting Room 8&9, Fifth Floor, Waverley Gate**.

DRAFT

FINANCE AND RESOURCES COMMITTEE

Minutes of the meeting of the Finance and Resources Committee held at 9:30am on Wednesday 24 July 2019 in Meeting Room 8&9, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present: Mr M. Hill (Chair); Mr B. McQueen; Mr A. McCann; Mr P Murray; Professor M. Whyte; Mr B. Houston; Mrs S. Goldsmith; Mr T. Davison (from 9.50am) and Professor A. McMahon (from 9.45am).

In Attendance: Mr I Graham, Director of Capital Planning and Projects; Mr C Marriott, Deputy Director of Finance; Ms J Campbell, Chief Officer, Acute Services (from 11am); Ms C Kelly (Item 8.3); Mr A Payne, Head of Corporate Governance; Mr D White (Item 8.2); Dr J Hopton and Mr D Mill (Item 8.4); Mr C Stirling (Item 8.5); Mr B Currie (Item 8.7) Ms J Proctor and Ms M Pringle (Item 9.2) and Mr C. Graham, Secretariat Manager (Minutes).

Apologies: Cllr J McGinty; Miss T. Gillies and Mr J. Crombie.

Declaration of Financial and Non-Financial Interest

The Chair invited members to declare any financial and non-financial interests they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. Mr Houston declared an interest in item 8.2, Brunton Medical Practice as he was a current director with Hibernian FC Ltd.

7 Committee Business

7.1 Minutes from Previous Meeting (22 May 2019) - The minutes from the meeting held on 22 May 2019 were approved as a correct record.

7.2 Running Action Note – The Committee agreed the action note. Mr McQueen asked about the item in relation to Capital (20 March 2019) and when a conclusion date for this action could be expected. It was noted that internal discussion had now been overtaken by the recent Board performance escalation. The proposition was now that the Integrated Care Forum would look at whole system responses in a number of areas. There would be an update brought back to F&R following discussion at the next Integrated Care Forum session.

7.3 Review of the Committee's Terms of Reference (ToR) - Mr Payne introduced the report asking the Committee to review its terms of reference and make a recommendation to the Board. It was noted that the ToR had been amended to reflect the Committee's role in relation to sustainability following previous discussions. The text of the ToR was now broader and less transactional to demonstrate the more strategic overview role of the Committee.

7.3.1 The Chair asked for any comments or amendments to the revised ToR. There was discussion on risk management; the Committee's role in relation to sustainability and assurance; ongoing KPMG audit in relation to RHCYP+DCN and the Scott Moncrieff audit.

7.3.2 The Committee agreed to make the minor amendments to the ToR as discussed and also to retain the ToR in draft for continued consideration until the outcome of the KPMG audit around governance is known. The ToR could not be recommended for approval by the Board at this time.

SG/AP

8 Capital

8.1 Property and Asset Management Improvement Programme – Mr I Graham presented the report providing updates on the status of Property and Asset Management Investment Programme (PAMIP) and seeking approvals on matters of asset management and performance.

8.1.1 Mr I Graham highlighted the following:

- Five Year Property and Asset Management Investment Programme (PAMIP)2019/20 – 2023/24 and the potential funding challenge in future years;
- Edinburgh BioQuarter Campus – taking forward of joint venture proposals and third party investment into the BioQuarter;
- Royal Edinburgh Hospital campus – ongoing Jardine Clinic works
- REH phase 2: Following a further Office of National Statistics review of the hub Design Build Finance Maintain (DBFM) contract, Scottish Government have indicated that the REH phases in development cannot be revenue funded. Alternative capital funding is being identified;
- St John's Hospital - The Outline Business Case (OBC) for the Short Stay Elective Centre project is on the F&R Agenda for consideration today;
- Primary and Community Care - A pipeline of Primary Care Business Cases is in development and the first of these for 19/20, the Brunton Place Reprovision Initial Agreement, is included as a separate paper at this meeting.
- Disposals
 - RHSC – following the delay in the service migrations, the site purchaser has initially indicated a relaxed approach to the vacant possession date for the site at Sciennes. However, direct discussions will be undertaken as soon as a migration timeline is re-established.
 - Liberton – work on a joint disposal approach, facilitated by Scottish Futures Trust, is progressing. CEC has expressed an interest in the site.

- Demolitions – The Royal Victoria Hospital site has been prepared for temporary site compound and car parking in support of the Western General programme of works.
- Western General Hospital
 - The Full Business Case (FBC) for the Haematology project is presented as a separate paper at this meeting following review of decant and associated costs.
 - The Outline Business Case (OBC) for the Phase 1 WGH Energy Infrastructure project is presented as a separate paper at this meeting.
 - The Outline Business Case (OBC) for Oncology Enabling Projects was presented to the Scottish Government Capital Investment Group on 18 June 2019. CIG noted an intention to approve the business case but additional information was requested on the option appraisal (specifically what consideration had been made for a new build due to the temporary nature of the investment and the value for money this represented) and the fit with the overall masterplan. This information has since been provided to CIG and their response is awaited.
 - A separate presentation on WGH projects geography and interdependencies will be provided to the committee.
- Track and Traceability – Detailed work continues to support implementation of the Track and Trace system approved in July 2018.

8.1.2 Mr McQueen welcomed the Property and Asset Management Strategy (PAMS) and raised questions around the different mindset of placing greater emphasis on the economic impact of projects; holistic appreciation of the impact of projects and higher priority of the sustainability impact of projects. Mr I Graham commented that this was an excellent point where currently the core business case would be around value for money, service change and improvement. The Committee noted Mr McQueen’s point for future consideration.

8.1.3 Mr Murray commented on the relationship between the Board and IJBs. Mr Murray highlighted the Brunton Medical Practice project as an excellent example of innovation and a more demanding and ambitious approach to multidisciplinary arrangements. The Chair added that that this work played into the work being undertaken with Edinburgh IJB around planning capacity and whole system redesign.

8.1.4 Mr Davison made the point that as part of the Board’s performance recovery plan the Integrated Care Forum would need to consider the whole system approach and a wide span of options within primary care, social care, access to secondary care and alternatives to A&E and admissions.

8.1.5 The Committee also considered the means of funding projects differently as an alternative to PPP. It was recognised that PPP was not a good option for acute projects. It was agreed that there was a need for more information about funding sources to come back to the Committee.

SG/IG

8.1.6 Mr McCann asked about the report layout and whether a table with narrative could be considered to assist in keeping track of project time lines.

- 8.1.7 Mr McCann also asked about the reduction in corporate estate and utilisation of office space. Mr I Graham replied that as estate disposal continued there were less places for office staff and there remained a lot of work to do around that.
- 8.1.8 The Committee noted the project and programme progress as reported and accepted moderate assurance around the programme delivery. The Committee also supported the Board's Property Asset Management Strategy (PAMS), as defined by Scottish Government, for formal submission to Scottish Government.
- 8.2 Initial Agreement (IA) - Brunton Medical Practice – Mr White introduced the report asking for the Committee's support of the Initial Agreement for re-provision of Brunton Place Medical Practice and for agreement to the proposal that the IA is progressed and developed to Standard Business Case.
- 8.2.1 Mr White outlined that this project was the next instalment in expansion of General Practice premises within Edinburgh. It was hoped to bring another 63k patients onto GP lists in the next 10 years. It was noted that the IA had been through LCIG and the Edinburgh IJB and had been established as a top priority for premises renewal. This was an excellent example of progressive GPs looking to service their local population being constrained by the space needed to operate. Mr White explained that the IA presented a couple of options:
- Moving the GP Practice into the North Stand of Hibernian FC Ltd stadium.
 - Redevelopment at a Meadowbank Site to include a medical practice.
- 8.2.2 The Committee noted that the practice currently serves approximately 3300 patients but that it was anticipated that this list size could rise to up to 10k patients. It was also noted that the City of Edinburgh council were keen on the Meadowbank option and the practice sees this as the most obvious option for them. Both options were around a mile away from the current practice premises.
- 8.2.3 The Chair thanked Mr White for outlining the detailed IA and asked the Committee for any points or questions, bearing in mind that approval was for the IA and not OBC so not all details would be available at the moment.
- 8.2.4 Mr Murray stated that this was a great initiative and applauded the innovative approach being undertaken by the GPs who should be held up as trailblazers for others.
- 8.2.5 Mr Houston re-iterated his declared interest as a director of Hibernian FC Ltd and gave his support for the IA but made a general comment around use of capital influences and reminded the Committee of the development of the Game Changer initiative at Easter Road and the opportunities to use an association with sport as an alternative method to accessing health care services. This had been viewed as an exciting proposition and this should not be lost as it had attracted interest from other football clubs and at Scottish Football Associate and government level. The benefits of such an association should not be lost regardless of the final location of the premises.
- 8.2.6 Mr McQueen stated that he was supportive of the IA and asked what the preference was in association to funding. Mrs Goldsmith replied that in general

the preference is for capital funding with each case being reviewed on its own merits through the business case.

- 8.2.7 Mr McCann asked about the space being suggested for use as the Community Treatment and Care (CTAC) area and whether this may be too small. It was acknowledged that this would be something that may emerge as the business case develops.
- 8.2.8 The Committee agreed to approve the Initial Agreement for Re-provision of Brunton Medical Practice and agreed that EHSCP develop a standard business case with associated enabling funding made available for this purpose.
- 8.3 Outline Business Case (OBC) - Short Stay Elective Centre (SSEC), St John's Hospital - Mrs Campbell introduced the report providing the Committee with the OBC for the SSEC at St John's Hospital and presenting the benefits and risks associated with progression of the SSEC OBC.
- 8.3.1 Mrs Campbell covered the political imperative behind the large capital build to be open by 2021; the organisation imperative to provide much needed elective surgical capacity for now and for projected future demand and the increase in design and build costs driven by the constraints of the St John's site. There had also been significant engagement with staff and members of the public in relation to what the design would look like, layout and routes through the building.
- 8.3.2 It was acknowledged that this was a tight timescale in terms of governance and next steps, the expectation being to have building work started early in the 1st quarter of 2020. Approval was being sought from F&R to submit the OBC to the National Programme Board and then the Scottish Government Capital Investment Group.
- 8.3.3 The Chair stated that if there had been more time there could have been other options and variations however given the time there has been this is impressive work in development of a clear business case. The Chair asked about benchmarking comparisons and where NHS Highland were at with development of their SSEC. Ms Campbell stated that NHS Highland were at the value engineering stage and that the full Business Case had been delayed.
- 8.3.4 Mrs Goldsmith pointed out that the significant revenue costs could not be managed by NHS Lothian and the assumption was that funding for elective centres would be secured through spending review. The Chair asked if the assurances around revenue would be taken to the Capital Investment Group.
- 8.3.5 Mr Davison stated that as part of the performance recovery plan and escalation response a key element had been to include sustainable revenue for the elective centre and a sustainable workforce plan. The funding would come through waiting time money and the Annual Operational Plan.
- 8.3.6 The Committee discussed the realism around the programme timescale; modelling numbers and future capacity; the role of the shadow design team and workforce.

- 8.3.7 It was recognised that workforce would be a major risk as each of the national SSECs would be opening at the same time, requiring the same workforce. Phased opening of the centres could be workforce driven.
- 8.3.8 The Committee requested that concerns and risks around timescale, revenue implications and workforce be reflected in the submissions to the National Programme Board and Capital Investment Group.
- 8.3.9 The Committee:
- Agreed to approve the Outline Business Case and Value Engineered cost of £80.7m, subject to Scottish Government (SG) funding, noting that NHSL could not manage the revenue implications without support from the Scottish Government.
 - Accepted the risks associated with progression of the current OBC design, factors primarily driven by the necessity to meet ministerial commitments and the constraints of the SJH site.
 - Noted that capital expenditure is currently unaffordable within the context of the budget for elective centres nationally.
 - Accepted significant assurance that the project team and capital finance, through interrogation of the OBC cost report, understand the drivers for an increase in capital costs of £13.5m since Initial Agreement (IA).
 - Accepted the work undertaken by the Design Team to identify thematically the drivers for an increase in Gross Internal Floor Area which is the principal reason for an increase in capital costs.
 - Agreed to the request to appoint a 'shadow design team' with appropriate technical expertise, to provide challenge and critique in developing architectural, mechanical engineering and civil engineering design as NHS Lothian progress through the business case and design process.
- 8.4 Western General Hospital Energy Infrastructure Phase 1 Outline Business Case - Mrs Goldsmith introduced the report providing an overview of the Energy Infrastructure Phase 1 Enabling Works Outline Business Case (OBC). Mrs Goldsmith made the point that in order for investment in the WGH site there was a requirement to improve the energy infrastructure. This OBC was a key piece of the jigsaw in supporting the phased investment on the WGH site.
- 8.4.1 Dr Hopton explained that this OBC was part of an emerging overall plan. Previously an IA had come to the Committee in relation to overall site infrastructure before going for Scottish Government approval. The Scottish Government had challenged the plans to achieve carbon neutral status by 2045 or sooner and NHSL were encouraged to think of the work as an exemplar project including de-steaming of the site as soon as possible.
- 8.4.2 There was discussion on the energy infrastructure improvements; focus on the refurbishment of existing buildings and design specifications for new buildings; detailed review of sewer works and Phase 1 of enabling works.

- 8.4.3 Mr Mill reported that the Phase 1 enabling works would focus on heating and power for the haematology and renal developments and would have a shorter timescale than the overall site wide development. The Zero Waste Scotland report had recognised the future long term strategy, with the placement of a single gas boiler plant within the Scottish Health Service Centre (SHSC) basement which could then tie into the larger strategy as work developed. A gas boiler at this point in time was deemed the appropriate decision. A key risk with the programming of the project was the alignment of heat and power works. Upfront consideration to planning consents and pipe work was being undertaken to ensure adequate heat and power to suit clinical needs. There had also been engagement with eHealth, University of Edinburgh and others who may have cabling needs within duct and pipe work.
- 8.4.4 The Committee asked about scope for the proposed system to cope with any changes in timelines of the overall site development. Mr Mill confirmed that there was enough scope to deal with any changes around delivery. The subject of district heating was also raised. Dr Hopton confirmed that this had been discussed with City of Edinburgh Council who were pursuing district heating but not within the same timescale as the WGH project. The site needs would dwarf those of the surrounding housing.
- 8.4.5 The Committee agreed to approve the Outline Business Case and increase in site electricity supply capacity in place of HV network upgrades. The Committee accepted in principle the proposal to divert and decommission part of the steam network and install boiler plant within SHSC to supply Phase 1 new build and redevelopment.
- 8.5 Full Business Case - Haematology Service Development in the Edinburgh Cancer Centre, Western General Hospital - Mr Stirling provided an update to the Committee on the proposals for the Haematology Services Development at the Western General Hospital, and presented the Full Business Case (FBC) for approval ahead of submission to the Scottish Government Capital Investment Group in August 2019.
- 8.5.1 There was discussion on revenue costs; benefits realisation of the new development; the move to an ambulatory and patient model of treatment and improvements to ward environment.
- 8.5.2 The Chair raised the ongoing concern on the need for the Committee to be assured around any decant issues with the Medicine of the Elderly (MoE) Ward. Mr Stirling stated that he would be meeting with Ms Proctor to look at a homefirst model. The homefirst model was fundamental in get patients out from acute and receiving ongoing care at home. This was a cultural change as well as a model change and would require additional OTs and PTs to support patient management within the community. It was noted that Ward 71 on the ground floor of the Royal Victoria Building (RVB) would be used as part of the decant work.

- 8.5.3 Mr Stirling also reported that from August 2019, there would be a five-fold increase in the amount of geriatrician time at the front door, undertaking decision making with the goal being to try to make earlier and better plans for patients, avoiding or reducing admissions. There would also be day hospital capacity within RVB which would be another option for geriatricians to re-route activity to. The MoE team was now part of Health Improvement Scotland (HIS) national frailty programme. An oversight group had also been established to track the implementation of this new model. Upgrading of Ward 15 was underway and a 21 bedded Ward would be delivered by end of December 2019.
- 8.5.4 The Committee approved the Full Business Case for the Haematology Service Capital Development which would now proceed to the Scottish Government Capital Investment Group on 13th August 2019.
- 8.5.5 The Committee requested that further information around the revenue and life time costs for the preferred option (economic case) be brought back to a future F&R meeting.

SG/CS

- 8.6 Visual Representation of layout of Western General Hospital (WGH) oncology enabling – Following the request at the May F&R Meeting, Mr I Graham gave a presentation showing the layout of the WGH oncology enabling works. The presentation showed orientations of the site from various positions; site developments including placement of the cancer centre and Linacc/Admin and an orientation showing car parking impacts and short term mitigation of these. The Chair thanked Mr I Graham for the helpful visual representation which demonstrated the complexity of the haematology project and other work involved.
- 8.7 Update on Royal Hospital for Children & Young People (RHCYP) + DCN - Mrs Goldsmith gave an update on the current RHCYP+DCN situation. The update covered progress on Technical Solutions; the role of the NHSL Incident Management Team; the ongoing Independent Reviews by NSS and HFS; the KPMG Governance Review; operational matters and the agreement to establish an oversight assurance board which would provide assurance on key decisions for approval by the Cabinet Secretary.

9 Revenue

- 9.1 Payment Verification in Primary Care 2017/18 - The Committee noted the paper providing assurance that:
- a system of post Payment Verification (PV) had been undertaken by Practitioner Services Division (PSD) in line with the Partnership Agreement, PV protocols in the Directors Letter DL (2017)11 and that PV managers confirm payments made to family health services practitioners (General Medical Practitioners, General Dental Practitioners, Community Pharmacists and Optometrists) are in line with relevant regulations;
 - a review of this process and of the detailed PV reports provided by PV Managers from PSD had been undertaken within the Primary Care Contractor Organisation (PCCO) including Finance, on behalf of NHS Lothian by way of a meeting with the relevant PV manager;

- PV managers had not highlighted any significant risks for NHS Lothian in terms of these payments.
- 9.1.1 The Committee accepted the report confirming that the payments made to family health services practitioners were appropriate as follows:
- General Medical Practitioners – made in the quarters ending 30 June 2017, 30 September 2017, 31 December 2017 and 31 March 2018;
 - General Dental Practitioners – made in the quarters ending 30 June 2017, 30 September 2017, 31 December 2017, and 31 March 2018;
 - Community Pharmacists – made in the quarters ending 30 June 2017, 30 September 2017, 31 December 2017, and 31 March 2018; and
 - Optometrists – made in the quarters ending 30 June 2017, 30 September 2017, 31 December 2017, and 31 March 2018
- 9.1.2 The Committee also noted that the actual recoveries made in quarter 1, 2, 3 and 4 2017/18 by Practitioner Services Division (PSD) as detailed in the Partnership Agreement Key Performance Indicator report included at appendix 1; that PSD and PCCO are address any issues that arise with particular contractors as agreed at the quarterly meetings; a similar report would be taken to the Primary Care Joint Management Group and that HSCPs are requested to inform their Audit Committees.
- 9.2 Update on the investment in additional capacity in Edinburgh - Ms Proctor updated the Committee on progress in securing additional community capacity in Edinburgh following the £4m investment funded by NHS Lothian. The investment had helped in achieving a 70% reduction in care at home package delays from 134 in October 2018 to 30 at the most recent June census figure.
- 9.2.1 The Committee recognised the significant achievements made along with the clear specific targets and expectations associated with the investment. There was discussion on the success of the project; the number of providers involved; where staff were coming from and if this impacted on other local authorities; the ongoing arrangement for funding; the broader challenge around sustainability and how a request for recurring funding would fit within the financial plan.
- 9.2.2 Mr Davison made the point that although the improvement with care at home delays were impressive, the recurring nature of this was part of delayed discharge challenge. This improvement did not include care home delays which were currently at 168 just for Edinburgh. The recurring nature of delayed discharges was one of the six themes to recently escalate the Board's Performance on the Performance Framework.
- 9.2.3 Mr Davison added that the reply to Scottish Government had been from a whole system position. The performance recovery programme set out programme management and planning and commissioning infrastructure but also included an overarching level need analysis.
- 9.2.4 Ms Proctor stated that the paper submitted deliberately set out the improvement that the F&R funding had been agreed for. There remained a range of other issues around delayed discharges to be addressed.

- 9.2.5 Mr Murray commented that it would be in the Committee's interest to seek and secure funding beyond this year and that it would be useful to understand to what extent limiting use of care homes takes performance to a different place where care home provision is not the solution.
- 9.2.6 The Committee recognised that the £4m investment in the sustainable community support programme had reduced the number of people delayed in hospital whilst waiting for a package of care from 134 in October 2018 to 30 at 30th June 2019. The Committee noted the wider benefits of the programme outlined in this paper and agreed to the transfer of the balance of funding provided (£3.7m) to the City of Edinburgh Council to match the costs incurred.
- 9.2.7 In relation to the fourth recommendation in the paper the Committee noted that there would be further consideration given to the option of making the £4m investment recurring in the support of improved performance. This discussion would be taken forward by the Board's Integrated Care Forum and updated brought back to F&R Committee.
- 9.3 Financial Position - Mr Marriott reported on the Board's statutory requirement to achieve year-end financial balance. Mr Marriott gave an update to the Committee on NHS Lothian's progress against this requirement for 2019/20.
- 9.3.1 Mr Marriott highlighted the change in style of the report, the report now focussed on actions and delivery against the financial targets for the year ahead. It was noted that the Quarter 1 review was currently underway and would be reported on at the September 2019 meeting.
- 9.3.2 It was important to note that the paper as presented had been prepared before the ongoing issues with the RHCYP+DCN move and subsequent recovery plan, the risks around this were being actively monitored.
- 9.3.3 Mr McQueen asked about possible impact of consultants work in relation to the income tax issue. Mr Marriott stated that this had been discussed with Business Units. Ms Campbell added that there had been some impact on Waiting Time Initiatives and WTE posts. There were also issues around retirement age modelling to be reviewed.
- 9.3.4 The Committee agreed the issues highlighted as the key areas for financial improvement in order to achieve an in-year balanced outturn and agreed that whilst some progress had been made in reducing the financial gap compared to the Financial Plan, at this stage it remained realistic to accept a limited assurance level for the delivery of a year-end breakeven.

9.4 2018/19 Annual Report - Community Empowerment Act - Mr Payne reported that Sections 32 and 95 of the Community Empowerment Act require the Board to produce an annual report which is to include certain information on participation requests and asset transfer requests. The report is to be published by 30 June each year to assure the Committee that the annual report has been published. The Committee noted that for 2018/19 no such requests had been received.

9.4.1 The Committee accepted the report as a source of significant assurance that the 2018/19 annual report on asset transfer requests and participation requests had been prepared and published.

10 Any Other Competent Business

10.1 There was no other business.

11 Date of Next Meeting

11.1 The next Finance and Resources Committee meeting will be held on 25 September 2019.

12 Future Meeting Dates

• 25 September 2019	• 27 November 2019
• 22 January 2020	• 25 March 2020
• 20 May 2020	• 22 July 2020
• 23 September 2020	• 25 November 2020

HEALTHCARE GOVERNANCE COMMITTEE

Minutes of the meeting of the Healthcare Governance Committee held at 9.00 on Tuesday 9 July 2019 in Meeting Room 8, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present: Professor T. Humphrey, Non-Executive Board Member (chair); Ms C. Hirst, Non-Executive Board Member; Ms F. Ireland, Non-Executive Board Member.

In Attendance: Ms J. Bennett, Associate Director of Quality Improvement and Safety; Ms J. Campbell, Chief Officer, Acute Services; Mr T. Cowan, Head of Operations, Edinburgh Health and Social Care Partnership (on behalf of Ms Proctor); Mr G. Curley, Director of Operations, Facilities (item 18.3); Ms T. Gillies, Medical Director; Professor A. McCallum, Director of Public Health; Ms A. McDonald, Chief Officer, East Lothian Health and Social Care Partnership; Professor A. McMahon, Executive Nurse Director; Ms L. McMillan, Complaints and Feedback Team Manager; Ms C. Myles, Chief Nurse, Midlothian Health and Social Care Partnership; Ms K. Ozden, Chief Nurse, Royal Edinburgh Hospital and Associated Services (item 18.1); Ms N. Paul, Business Manager, Strategic Planning and Modernisation (item 18.1); Ms B. Pillath, Committee Administrator (minutes); Mr D. Small, Director of Primary Care Services; Professor A. Timoney, Director of Pharmacy; Ms A. Wall, Associate Director of Pharmacy (observing); Dr A. Watson, Clinical Director, Psychiatry (item 18.1).

Apologies: Mr J. Crombie, Deputy Chief Executive; Dr P. Donald, Non-Executive Board Member; Mr A. Sharp, Patient and Public Representative; Dr S. Watson, Chief Quality Officer.

Chair's Welcome and Introductions

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

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

13. Minutes from Previous Meeting (14 May 2019)

13.1 The minutes from the meeting held on 12 May 2019 were approved as a correct record.

13.2 The updated cumulative action note had been previously circulated.

14. Emerging Issues

14.1 New Royal Hospital for Children and Young People

14.1.1 Ms Gillies gave an update on the current situation. Hospital services would not move to the new building as planned on that day. Problems with drainage and ventilation in the new building had meant an overlap between the commissioning period and the validation of the building. Negative ventilation systems were not functioning as required and the building could not be validated for use.

- 14.1.2 In the weeks prior to the opening date ventilation systems were being tested in isolation rooms, theatres and critical care. At the end of June engineers advised that in critical care areas there were four air changes per hour and not the ten changes per hour required. On 3 July the executive team decided it would not be possible to rectify this in time to open the building on the planned date.
- 14.1.3 The preferred solution was for a split move with the Department of Clinical Neurosciences and other children's services moving as planned, and a later date for the affected areas. This was due to the risk of continuing to use the current accommodation and the need to decant the critical care ward 20 at the Western General Hospital to manage a long term solution to the water safety problems there. However, the Scottish Government did not have assurance that the new building was fit for purpose and made the announcement on 4 July that the move would not take place.
- 14.1.4 At this time staff were already packed and minimal services in place in preparation for the move. Communications had gone out to the public about the delay and transport and clinical staff were available at the new site in case of children being brought there. Each patient booked into an appointment at the new hospital had been contacted asking them to attend at the old hospital. Staff had been extremely resilient in this disappointing situation and kept services running smoothly.
- 14.1.5 The move to the new hospital would not take place until the Scottish Government agreed. Making the required changes to bring the ventilation up to standard would require the full governance process with the lenders to be worked through, taking several months.
- 14.1.6 Interdependencies between the DCN and childrens services in the new building were being considered, with the possibility of moving DCN earlier due to the ongoing problems at the current site.
- 14.1.7 The risk to paediatric patients caused by the delay was considered to be low. The move would improve accommodation and patient experience but the present accommodation was adequate. The risk to DCN patients caused by the delay was considered to be high due to the water safety problems in the current building. This also delayed the solution to the water safety problems in ward 20 at the Western General Hospital.
- 14.1.8 Communications were being prepared to ensure staff were up to date with the situation. A workshop was being held with all staff involved in planning the move with a look back exercise.
- 14.1.9 No complaints from members of the public about the move had been received. There had been 26 contacts with NHS 24 with enquiries about attending planned appointments.

15. Committee Effectiveness

15.1 Corporate Risk Register

15.1.1 Ms Bennett presented the previously circulated paper. A new risk had been added regarding the possible consequences of Brexit. Professor McCallum was the executive lead for Brexit related issues. The risks involved workforce, provision of services, drugs and supplies. The Scottish Government had indicated that Brexit planning groups should now be restarted. The Pharmacy department were working on pharmaceutical contingency arrangements. Moderate assurance was accepted and Professor McCallum agreed to give a verbal update at the next meeting. **AMcC**

15.1.2 Members accepted the recommendations laid out in the paper.

15.2 Quality and Performance Improvement Report

15.2.1 Ms Bennett presented the previously circulated paper. It was noted that reporting for the remit of the disbanded Acute Hospitals Committee had been distributed amongst the other Board committees, mainly Healthcare Governance Committee and Staff Governance Committee. The Board paper describing this would be circulated. Ms Campbell agreed that this would be part of the discussions at the planned Acute Site Meeting workshop to discuss acute services. **JCa**

15.2.2 It was suggested that the order of items on the agenda could be revised, so that it was clear which papers discussed related to the quality report. It was suggested that the quality report could be first on the agenda with the risk register at the end so that it could be considered in light of discussions had.

15.2.3 Members accepted the recommendations laid out in the paper.

15.3 Governance questions to focus discussion at meetings

15.3.1 Ms Bennett presented the previously circulated paper. Members accepted the recommendations laid out in the paper and agreed to use the proposed questions to focus papers submitted and discussion at the meeting.

16. **GP and Primary Care Prescribing**

16.1 Mr Small presented the previously circulated paper. It was agreed that more work was needed on outcome measures to determine patient experience and quality of care. Measures currently being used were GP allocations and restrictions. There were no accurate measures to show that the actions taken to improve GP sustainability would improve patient experience. Mr Small was in discussion with the GP Sub Committee regarding to agree a suite of measures for outcome data to help measure improvement. This was not part of the GP contract with the Health Board, so support from the GP Sub Committee was needed.

16.2 Ms McDonald noted an example of actions taken having positive effect; four GP practices which were unsustainable in East Lothian had now introduced a new model using a pool of multidisciplinary services and had now agreed to expand the size of their patient list.

16.3 The need to separate the issue of the GP contract which was considered 'very high risk' with the provision of general medical care in the community was noted. The

Health and Social Care Partnership Improvement plans would demonstrate the work being done to improve access to care.

- 16.4 It was noted that implementation of the workforce assumptions in the paper could risk destabilising the district nursing service as there were not enough trained staff available for all these roles. Pat Wynne in his new role of Primary Care Services Chief Nurse would work with Mr Small to implement this.
- 16.5 A further update would be given at the next meeting focusing on the governance questions. **DS**

17. Person Centred Care

17.1 Patient Experience and Feedback

- 17.1.1 Ms McMillan presented the previously circulated paper. Improvements had been made in performance at stage one of the complaints process. Positive feedback was being received through the 'care opinion' website and charge nurses were interested in personally responding to and using this. The new posts in the team had been recruited to but more work was needed here, and more work was needed on organisational sharing of learning.
- 17.1.2 It was noted that the Scottish Government targets for time to respond to complaints were not the only measure of a good quality response and targets may be missed because a better quality investigation was being carried out for a complex complaint. A good measure was the upheld rate from SPSO appeals and whether issues raised continued to be the same. It was noted that patients were now informed if it was likely to take longer than 20 days to respond. It was also clear that investigations needed to happen timeously and the reasons for delay should be monitored.
- 17.1.3 Front line staff needed to be supported in responding to investigations and complaints as this could feel stressful and personal. A useful workshop recently took place where staff could discuss this.
- 17.1.4 Members accepted the recommendations laid out in the paper and accepted moderate assurance. The next report would focus on shared learning and quality of investigations.

18. Safe Care

18.1 Mental Health Services

- 18.1.1 Professor McMahon, Ms Ozden, Dr Watson, and Ms Paul gave a presentation. It was noted that patient safety and experience in the service was of a high standard, but the problem was access with occupancy at over 100% for the last year. A Royal Edinburgh Hospital and Associated Services and Integration Joint Board action plan was in place with timescales including care packages, and investigation of delayed discharges. A change in the model of care to reduce demand and move to sustainable occupancy rates would take time.

- 18.1.2 The Scottish Government were aware of the national capacity problem in adult mental health; there had been occasions where no adult mental health beds were available in Scotland for admission.
- 18.1.3 Professor McCallum noted that high demand was related to economic recession and long term prevention work was required. This was not covered by the actions proposed. Mr Cowan noted that IJBs were committed to building up capacity and resilience in the community along with prevention work but that this would take time.
- 18.1.4 Members accepted moderate assurance on good quality person centred care in the service and recognised the improvement work that had taken place and the effort and resilience of staff, but took limited assurance on access to services. A further update would be brought to the meeting in November 2019 focussing on access and delayed discharge. **AMcM**
- 18.1.5 The proposal for a new method of restraint would be brought to the Health and Safety Committee for discussion and a decision.

18.2 Healthcare Associated Infection Update

- 18.2.1 Professor McMahon presented the previously circulated paper. The plans for moving patients out of ward 20 at the Western General Hospital to accommodate the required works to address the water quality issue following the *pseudomonas* cases and *pseudomonas* in the water depended on the move of DCN to the new building, and this would now have to be reconsidered with the possibility of partial decant of patients and other mitigating actions.
- 18.2.2 An event organised by the Chief Nursing Officer in Scotland had taken place for HAI leads to reflect on the infection incidents related to environmental problems in Glasgow and in NHS Lothian. Intelligence sharing across boards and close working with Health Facilities Scotland and a focus on minimising risk to patients instead of reporting requirements were discussed.
- 18.2.3 Members noted the recommendations laid out in the paper and noted concern about the situation in ward 20. This was on the corporate risk register. An update would be brought to the next meeting. **AMcM**

18.3 Surgical Instrument Cycle Improvement Plan Update

- 18.3.1 The chair welcomed Mr Curley to the meeting and he spoke to the previously circulated paper. He noted that the improvements would result in a smooth patient journey with no rescheduling so that sleeping and fasting can go as planned and reduce disappointment for patients and their families from a delayed operation. Clinical time would be free from organising instruments to be available.
- 18.3.2 Members noted the data in the report showing significant improvement and accepted moderate assurance. Further data was required to show changes had been sustainable before significant assurance would be accepted. There would be a further report at the meeting in January 2020. It was agreed that the risk level remained the same as this was operationally managed and a business case was in progress.

19. Effective Care

19.1 Safe and Effective Cancer Care

19.1.1 Ms Gillies presented the previously circulated paper. It was noted that delivery of care was high quality once patients reached their first appointment, but access was a problem. Due to longer waits more patients were being marked as 'urgent suspicion of cancer' which meant longer waits for this group also. There was also a higher demand for colorectal screening because of the increased sensitivity of initial screening. Actions in place were reducing the length of wait but this was taking time.

19.1.2 Members accepted the recommendations laid out in the paper. They accepted moderate assurance on quality of care, and limited assurance on process and access. Ms Campbell would bring a paper to the next meeting with a specific focus on access and actions being taken. **JCa**

19.2 Lothian Unscheduled Care Service (LUCS) Risk Review

19.2.1 The paper previously circulated was not in the relevant format for this meeting. A paper with focus on safe, effective and person centred care would be submitted to the next meeting. **DS**

19.3 Child Poverty Action Plan

19.3.1 Professor McCallum presented the previously circulated paper which contained a plan from each Health and Social Care Partnership. Investment in children's welfare was important for sustainability of adult services in the future and improvement of the health of the population.

19.3.2 The plans had been discussed at the Strategic Planning Committee where there had been consideration on how NHS Lothian could influence and align its strategies with the aims of these plans.

19.3.3 Implementation of the plans would be governed by the Community Planning Partnerships in the Health and Social Care Partnerships. Updates to this committee on progress of areas relevant to NHS Lothian would be included in the Health and Social Care Partnership updates and it would be made clear which areas were delegated to the IJBs and which were the responsibility of NHS Lothian.

20. Exception Reporting Only

Members noted the following previously circulated papers for information:

- 20.1 Edinburgh Transplant Service Annual Report;
- 20.2 Tissue Viability Annual Report;
- 20.3 Voluntary Services Annual Report;
- 20.4 Scottish Government Tobacco Policy;
- 20.5 Edinburgh Older People's Services Improvement Plan Update;
- 20.6 Public Protection Update;
- 20.7 Safety and Cleanliness of Hospitals, Update in Facilities Management

10. Other Minutes: Exception Reporting Only

Members noted the previously circulated minutes from the following meetings:

- 10.1 Area Drug and Therapeutics Committee, 7 June 2019;
- 10.2 Clinical Management Group, 9 April 2019, 14 May 2019;
- 10.3 Public Protection Action Group, 15 May 2019;
- 10.4 Health and Safety Committee, 28 May 2019;
- 10.5 Policy Approval Group, 30 April 2019.

11. Date of Next Meeting

- 11.1 The next meeting of the Healthcare Governance Committee would take place at **9.00** on **Tuesday 10 September 2019** in **Meeting Room 8**, Fifth Floor, Waverley Gate.

12. Further Meeting Dates in 2019

- 12.1 Further meetings would take place on the following dates in 2019:
 - 12 November 2019

STRATEGIC PLANNING COMMITTEE

Minutes of the meeting of the Strategic Planning Committee held at 9.30 on Thursday 20 June 2019 in Meeting Room 8, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present: Mr B. Houston, Board Chairman (chair); Mr M. Ash, Non Executive Board Member; Mr T. Davison, Chief Executive; Ms C. Hirst, Non Executive Board Member; Mr A. McCann, Non Executive Board Member; Professor A. McMahon, Executive Nurse Director; Mr P. Murray, Non Executive Board Member.

In Attendance: Mr C. Briggs, Director of Strategic Planning; Ms A. Cumming, Strategic Programme Manager (item 5.2); Ms F. Garbe, Consultant in Public Health (item 3.1); Mr M. Higgins, Senior Research, Public Health (item 3.1); Mr A. Payne, Head of Corporate Governance; Mr A. Short, Chief Officer, Midlothian Health and Social Care Partnership.

Apologies: Ms J. Anderson, Partnership Representative; Ms J. Butler, Director of Human Resources; Ms J. Campbell, Chief Officer, Acute Services; Mr J. Crombie, Deputy Chief Executive; Ms T. Gillies, Medical Director; Professor T. Humphrey, Non Executive Board Member; Mr A. Joyce, Employee Director.

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

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

1. Minutes and Actions from Previous Meeting (7 February 2019)

1.1 The minutes from the meeting held on 7 February 2019 were approved as a correct record.

2. Matters Arising

2.1 Integrated Care Forum

2.1.1 It was noted that immediately prior to this meeting the second meeting of the Integrated Care Forum had been held.

3. The People's Health

3.1 Child Poverty Action Plans

3.1.1 The chair welcomed Mr Higgins to the meeting and he presented the previously circulated paper. Action plans had been produced for each of the four areas and must be signed off jointly by NHS Lothian and by the relevant Council.

- 3.1.2 It was noted that the actions were similar to inequalities actions as child and general poverty reducing actions could not be separated. NHS Lothian was required to have an inequalities strategy whereas the Community Planning Partnerships were required to have child poverty strategies.
- 3.1.3 The three main priorities directed by the Scottish Government did not include health markers but there was evidence that reducing poverty improved health with a focus on prevention rather than mitigation of poor health resulting from poverty. The targets for improvement were set nationally but local reporting indicators were being developed for monitoring. Data was not yet available to measure the four indicators and proxy measures were being used.
- 3.1.4 NHS Lothian had a role as an employer in achieving 'living wage employer' accreditation and creating roles for employment at entry level, as well as as an organisation which procured services. There was also a role in optimising the contacts NHS Lothian had with families through school nurses, family nurse partnerships and health visitors in providing advocacy and information to families. There could also be an influencing role with partner organisations.
- 3.1.5 Some relevant work was already happening in NHS Lothian and there was £2,300 funding for working on the plans. £500,000 was available for Scotland over a period of years to provide an advice service at the Children's Hospital. Work was in progress to support the uptake of 'best start' grants.
- 3.1.6 Three of the reports had been signed off by the relevant Council bodies; the Edinburgh report was in draft and would be signed off by the following week.
- 3.1.7 Members agreed the recommendations laid out in the paper. A further update would be brought to the Committee on the relevant work being done in NHS Lothian.

AMcC

4. Lothian Hospitals Plan

4.1 Work to Facilitate Edinburgh Cancer Centre and Major Trauma Centre

4.1.1 Mr Briggs gave a verbal update. Work was underway to develop a business case for the new cancer centre. Patients would be moved from the old cancer centre to allow works on the new facility. The proposed option would be to move patients out of the haematology ward to a ward in the Royal Victoria Hospital, requiring patients to be moved from there. Work was in progress with Edinburgh IJB for the move to take place in about 10 weeks.

4.1.2 The regional major trauma centre was looking into converting a ward for its use at the Royal Infirmary.

5. Pan Lothian Business

5.1 Property Disposal Strategy

5.1.1 Mr Briggs advised that an NHS Lothian strategy for disposal of property was being produced to outline principles and take into account the various legislative requirements and agreements with community planning partnerships. This was expected to be completed in the next 12 months.

5.2 Annual Operational Plan

5.2.1 The chair welcomed Ms Cumming to the meeting and she spoke to the previously circulated paper. Since the writing of this paper formal feedback had been received from the Scottish Government on the draft plan. The plan had been approved but with a requirement for further discussion on mental health position, psychological therapies, Child and Adolescent Mental Health Services and 4 hour emergency access and amended trajectories on these areas by the end of June 2019. The plan would be submitted for approval at the next Board meeting.

5.2.2 It was not noted that although mental health was an IJB delegated function the Scottish Government was asking NHS Lothian to report on services. Mr Davison noted that there was no formal reporting from the IJB to the Scottish Government as they were legislatively accountable to the public.

5.2.3 Members accepted the recommendation laid out in the paper with the understanding that the plan would be submitted to the Board as accepted but with the areas listed outstanding.

5.3 Our Health, Our Care, Our Future Review

5.3.1 Mr Briggs would present the update at the next meeting following discussion at the Integrated Care Forum so that Health and Social Care Partnership views could be included. **CB**

5. **Date of Next Meeting**

5.1 The next meeting of this group would take place at **15.30** on **Thursday 3 October 2019** in **Meeting Room 8**, second floor, Waverley Gate.

5.2 Further meetings in 2019 would take place on the following dates:
- Thursday 19 December 2019.



Midlothian Integration Joint Board

Date	Time	Venue
Thursday 11 th April 2019	2.00pm	Conference Room, Melville Housing, The Corn Exchange, 200 High Street, Dalkeith, EH22 1AZ.

Present (voting members):

Angus McCann (Chair)	Cllr Jim Muirhead
Tricia Donald	Cllr Margot Russell (substitute for Cllr Derek Milligan)
Carolyn Hirst	
Alex Joyce	

Present (non-voting members):

Allister Short (Chief Officer)	Claire Flanagan (Chief Finance Officer)
Alison White (Chief Social Work Officer)	Fiona Huffer (Head of Dietetics)
Nik Hirani (Medical Practitioner)	Wanda Fairgrieve (Staff side representative)
Keith Chapman (User/Carer)	Pam Russell (User/Carer)
Jane Crawford (Third Sector) (substitute for Ewan Aitken)	

In attendance:

Morag Barrow (Head of Primary Care and Older Peoples Services)	Jamie Megaw (Strategic Programme Manager)
Mairi Simpson (Public Health Practitioner)	Aileen Murray (Occupational Therapy Team Leader)
Val Holmes (Care Inspectorate)	Mike Broadway (Clerk)

Apologies:

Cllr Pauline Winchester	Cllr Catherine Johnstone
Cllr Janet Lay-Douglas (substitute for Cllr Pauline Winchester)	Cllr Joe Wallace (substitute for Cllr Catherine Johnstone)
Hamish Reid (GP/Clinical Director)	Caroline Myles (Chief Nurse)
Ewan Aitken (Third Sector)	Aileen Currie (Staff side representative)

Midlothian Integration Joint Board

Thursday 11 April 2019

1. Welcome and introductions

The Chair, Angus McCann, 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.

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 14 February 2019 were submitted and approved as a correct record.
- 4.2 The Minutes of Special Meeting of the Midlothian Integration Joint Board held on 14 March 2019 were submitted and approved as a correct record.
- 4.3 The Minutes of Meeting of the MIJB Audit and Risk Committee held on 6 December 2018 were submitted and noted.
- 4.4 A Rolling Action Log – April 2019 was submitted.

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

- (a) to note that a more detailed update on the Royal Edinburgh Hospital would be brought forward in due course and to adjust the expected completion date in the action log to July/August;
- (b) to note that a more detailed update on Midlothian Rapid Rehousing Transition Plan would be brought forward following receipt of feedback from Scottish Government;
- (c) to note that an update on the formal budget offer from NHS Lothian was on today's agenda – item no 5.4 refers;
- (d) to note that a briefing note on spending on the new social care responsibilities would be sent to Members and any specific points arising could be picked up at a future meeting. The possibility of it being picked up as a potential future Development Session topic would be addressed as part of consideration of the 2019/20 programme;

Midlothian Integration Joint Board

Thursday 11 April 2019

- (e) to note that it was hoped to include a presentation on the Wellbeing Service on the agenda for the June Board meeting;
- (f) to note that a review of the set aside (Acute Hospital) position was being picked up through the Integrated Care Forum; and
- (g) to note that the action log would be updated accordingly following the meeting and that completion dates would be added where applicable.

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

5. Public Reports

Report No.	Report Title	Presented by:
5.1	Occupational Therapy, Housing and Adaptations - Presentation	Aileen Murray

Executive Summary of Report

Aileen Murray, Occupational Therapy Team Leader, provided the Board with a presentation on Occupational Therapy and Major Adaptations. She started by explaining what Occupational Therapy was and how through the use of the Occupational Therapy Guidelines decisions were taken on the provision of equipment and adaptations. She then went on to outline how the assessment process worked and to highlight some of the factors that were taken into as part of this process. Examples of the cost of some of the more popular adaptations were given along with the different ways in which their provision could be funded. The role of the Occupational Therapy Panel was explained, together with details of the partnership working with housing. Aileen concluded by remarking on the challenging nature of the role, emphasising that 'no' was often a difficult word for people to say or hear but there were occasions it was necessary in order to secure a better outcome for the client.

Summary of discussion

The Chair thanked Aileen for her presentation and invited questions/comments from Members of the Board.

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

- The timescales likely to be involved in dealing with requests and the process for this
- Managing the expectations both of clients and family members
- Opportunities to adopt a more holistic joined up approach through involvement of other service

Midlothian Integration Joint Board

Thursday 11 April 2019

Decision

The Board, after further discussion, thanked Aileen and noted the presentation.

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.

Summary of discussion

Having heard from Jamie Megaw (Strategic Programme Manager), who responded to Members' questions and comments, the Board in discussing 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 Board welcome the change to using data provided and validated by the Health and Social Care team at ISD Scotland and expressed support for the indicators taking account of demographic pressures if at all possible. The focus on reducing unscheduled hospital and institutional care whilst useful did not necessarily offer a complete picture however, and it was considered equally important that regard was given to pressures elsewhere in the system, possibly as a consequence of actions to target improvement toward these improvement goals.

Decision

After further discussion, the Board noted the current performance across the improvement goals.

Action

Chief Officer/ Strategic Programme Manager

Report No.	Report Title	Presented by:
5.3	Risk Management Q3 Update	Allister Short

Midlothian Integration Joint Board

Thursday 11 April 2019

Executive Summary of Report

With reference to paragraph 5.5 of the Minutes of MIJB Audit and Risk Committee held on 7 March 2019, there was submitted a report setting out the current version of the MIJB's Strategic Risk Profile and highlighting current issues, future risks and opportunities of note to the Board.

Summary of discussion

Having heard from Chief Officer, Allister Short, who responded to Members' questions and comments, the Board took the opportunity to review, and comment on the contents of the current Strategic Risk Profile, which it was felt provided a good reflection of the issues/risks/opportunities currently facing the MIJB.

Decision

The Board, after further discussion, agreed:-

- to confirmed that the risks contained in the Strategic Risk Profile reflected the current issues/risks/opportunities facing the MIJB; and
- to, otherwise, note the report.

Action

Risk Manager/Chief Officer

Report No.	Report Title	Presented by:
5.4	NHS Lothian Formal Budget Offer to the IJB for 2019/20	Claire Flanagan

Executive Summary of Report

The Board received an aural update from Allister Short (Chief Officer) and Claire Flanagan (Chief Finance Officer) on the budget offer from NHS Lothian. They advised that although a formal offer letter had yet to be received it was anticipated that it would reflect the indicative position reported at the previous meeting.

Decision

After a brief discussion and questions to the Officers, the Board:

- Noted the current position in relation to the formal MIJB budget offer from NHS Lothian; and
- Agreed that in the event of the formal offer from NHS Lothian being received prior to the Development Workshop session planned for 16 May 2019 a short Special Board meeting be convened to consider it, otherwise it would be dealt with at the next Board meeting in June.

Midlothian Integration Joint Board

Thursday 11 April 2019

Action

Chief Finance Officer/Chief Officer/Clerk

Report No.	Report Title	Presented by:
5.5	Midlothian IJB Directions 2019-20	Allister Short

Executive Summary of Report

The purpose of this report was to advise the Board of the proposed Directions to be issued by Midlothian IJB to Midlothian Council and NHS Lothian for 2019-20.

The report set out the areas of focus to be addressed over the coming year and identified the key changes that needed to be progressed to support the delivery of health and care services in Midlothian. The Directions were aligned to the Strategic Commissioning Plan 2019-22 and would be supported by a local Delivery Plan for 2019-20.

Summary of discussion

The Board, heard from Allister Short (Chief Officer), who explained that due to the requirement to submit the Directions by 31 March 2019 and the date of the Midlothian IJB meeting, the Directions had been issued in draft form to the Chief Executives' of Midlothian Council and NHS Lothian. He also reassured the Board that as further plans were developed during 2019-20, new or revised Directions could be issued as required.

Decision

The Board, after discussion and questions to Officers, agreed:

- **To approve the Midlothian IJB Directions for 2019-20; and**
- **To receive a 6 month and 12 month update on progress against delivery.**

Action

Chief Officer

Report No.	Report Title	Presented by:
5.6	Chief Officer Report	Allister Short

Executive Summary of Report

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

Midlothian Integration Joint Board

Thursday 11 April 2019

Summary of discussion

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

- Updated Integration Scheme had been submitted to Scottish Government, follow approval by Midlothian Council and NHS Lothian Board.
- MIJB Audit & Risk Committee were seeking approval to progress arrangements to seek a replacement Independent Member through an open recruitment process; Jane Cuthbert, the current Independent Member, having indicated that she was looking to step down.
- Tom Welsh had retired from Midlothian Council and following an open recruitment process, Mairi Simpson (currently the Public Health Practitioner with Midlothian H&SCP) had been appointed as the new Integration Manager and would take up post on 13 May.
- There was an open invitation for Board members to attend a Housing First Planning Event which had been arranged for 30 April 2019; more details to follow.
- An update on the year end budget position would be reported to the next Board meeting.
- Arrangements were being put in place to ensure the smooth rotation of the Chairmanship of the Board in August.

Decision

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

- **Noted the issues and updates raised in the report.**
- **Record an expression of thanks and appreciation to Jane Cuthbert for her contributions to the work of the Midlothian IJB Audit & Risk Committee.**
- **Agree to progress with the replacement of the Independent Member of the Midlothian IJB Audit & Risk Committee through an open recruitment process.**
- **Acknowledge and thank Tom Welsh for his contributions to Midlothian IJB in his role as Integration Manager**

Action

Chief Officer

Report No.	Report Title	Presented by:
5.7	Transformation Programme	Allister Short

Midlothian Integration Joint Board

Thursday 11 April 2019

Executive Summary of Report

The purpose of this report was to provide further details to Midlothian IJB on the proposed transformation programme that would support delivery of financial balance and sustainability within the IJB. It recognised the alignment of this work to the Directions of the IJB and also noted the risk to delivery in the context of rising costs, rising demands and rising expectations. It also noted the governance and oversight that was in place through the Realistic Care Realistic Medicine Programme Board.

Summary of discussion

Allister Short, Chief Officer, in introducing the report highlighted that in addition to the specific workstreams within the wider Transformation Programme, there were continuing actions in terms of operational efficiencies that services would continue to review and deliver. These included a continued commitment to further reduce agency spend, reduce sickness absence and ensuring ongoing scrutiny of discretionary spend across all service areas.

Thereafter, Morag Barrow and Alison White took the Board through the key strands to the transformation programme within Midlothian for 2019-20 as set out in the report.

The Board, in discussing the report, acknowledged the challenges facing the HSCP in delivering these transformational savings against a backdrop of rising demands, rising expectation and rising costs. The ongoing engagement and involvement with service users and patients across each of the workstreams either through the relevant planning groups or directly with communities was considered vitally important, as was dialogue with voluntary sector and other partners.

Decision

The Board, after further discussion and questions to Officers, agreed:

- **To approve the transformation programmes as set out in the report to support delivery of financial balance; and**
- **To receive quarterly updates on progress against delivery**

Action

Chief Officer

6. Date of next meeting

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

- Thursday 16th May 2019 2pm Development Workshop
(Special Midlothian Integration Joint Board – tbc)
- Thursday 13th June 2019 2pm Midlothian Integration Joint Board

(Action: All Members to Note)

The meeting terminated at 4.18 pm.



MINUTES OF THE MEETING OF THE EAST LOTHIAN INTEGRATION JOINT BOARD

THURSDAY 25 APRIL 2019
COUNCIL CHAMBER, TOWN HOUSE, HADDINGTON

Voting Members Present:

Councillor F O'Donnell (Chair)
Councillor S Akhtar
Councillor N Gilbert
Ms F Ireland
Mr A Joyce
Councillor S Kempson
Mr P Murray
Prof M Whyte

Non-voting Members Present:

Mr D Binnie
Ms P Dutton
Ms C Flanagan
Ms E Johnston
Ms A Macdonald
Ms M McNeill
Ms J Tait
Dr J Turvill (late)

Officers Present:

Mr P Currie
Ms D Gray
Ms A Hardy
Ms J Holland
Ms L Kerr
Ms J Ogden-Smith

Clerk:

Ms B Renton

Apologies:

Dr G Choudhury
Ms L Cowan
Mr B Davies
Ms F Duncan
Mr T Miller
Ms J Trench

Declarations of Interest:

Mr D Binnie and Ms E Johnston declared an interest in Item 7 and indicated they would leave the Chamber during consideration of this item.

1. MINUTES OF THE MEETING OF THE EAST LoTHIAN INTEGRATION JOINT BOARD OF 28 FEBRUARY AND 28 MARCH 2019 (FOR APPROVAL)

The minutes of the East Lothian Integration Joint Board meetings of 28 February and 28 March 2019 were approved.

2. MATTERS ARISING FROM THE MINUTES OF 28 FEBRUARY AND 28 MARCH 2019

There were no matters arising.

3. APPOINTMENT OF THE CHIEF OFFICER (FOR APPROVAL)

The Chair advised members that Ms Alison Macdonald had been appointed permanently as Chief Officer (as set out in the accompanying paper) and asked for their formal approval.

Decision

The IJB agreed to:

- (i) Approve the recommendation made by the Appointment Committee as to the appointment of a Chief Officer.

The Chair said she welcomed Alison Macdonald's appointment as Chief Officer and looked forward to working with her on a permanent basis.

4. COMMISSIONED COMMUNITY SUPPORT

Ms Laura Kerr, Planning and Performance Manager, talked to a report updating the IJB on the 2019/20 budget for commissioned community support and associated transformation work. A previous paper had been discussed at the IJB on 22 March 2018.

Ms E Johnston commented she was delighted to see a clear picture however she was concerned that the transformation work was mainly within the complex needs group and change boards. She requested the process for review and how it will take place.

Ms L Kerr explained that the Carers of East Lothian are taken care of via the Carers Reference Group. Lunch Clubs equate to a small amount of funding however they work closely with One Partnership Council funding to see how best we can provide this type of service. Grant process is required to be improved in respect of smaller groups.

Ms E Johnston enquired as to how this will feed into the planning structure.

Ms J Holland replied that a plan has to be drawn in respect of the forthcoming year indicating which services we will procure which will demonstrate best value however the timing for this arrangement is a bit late in respect of this year. Grants will be processed by applications with the intention there will be a breakdown of how these grants are spent which will be more open and equal.

Ms L Kerr replied in answer to queries from Ms E Johnston and Councillor F O'Donnell that the transformation project covers many services including mobility however these will look different now and that a strategic overview would take place.

Councillor S Akhtar asked if benefit to locals would be taken into account.

In reply Ms J Holland commented that the criteria is set at the outset and at the point of going through process, directions will be given to the procurement team which carries more weight. This will then be scored and weighed accordingly. Noted this will occur whether a grant or service.

The Chair commented that she has been involved in the procurement exercise at Musselburgh Racecourse therefore wondering in terms of preparing the tender document and scoring are there plans to have external organisations and advocacy?

In reply Ms J Holland commented that this will be fed through the client team.

Ms A Macdonald noted the benefit of the services we wish to procure will be prepared outside this process and indicated that the role of IJB is to involve people and to be clear and concise of items that we wish to procure.

Ms L Kerr reported that Appendix B related to housing support services with £708,052.36 being allocated from the Health and Social Care budget, however there is only one more year left to run. This is joint contract between East Lothian and Midlothian.

Ms E Johnston enquired as to where the housing support review will take place and where will strategic discussions take place i.e. within the Older Peoples Change Board? Where will discussions be?

In reply Ms A Macdonald commented that in process of re-establishing the Housing Health and Social Care Board to ensure a collective understanding of the housing needs now and in future.

The Chair noted a huge process had taken place within the housing forum which she attends in her capacity as a health role. Currently developing policies and strategies and continually looking at holistic approach.

The Chair drew attention to The Hollies, Musselburgh who had taken the decision to no longer continue to be registered to provide care to older people with dementia. This is within the budget as Musselburgh has the biggest population in EL so looking to develop an alternative. Noted this is an opportunity.

The Chair thanked Ms L Kerr for her comprehensive report.

Note budget for 2019-20 etc, - members are happy to note.

Decision

The IJB agreed to:

- (i) Note the budget for 2019/20 for Commissioned Community Support.
- (ii) Note the continued work of the Community Transformation Project, determining the future model of community support within East Lothian. And therefore the need to extend the contracts for all community supports for one year until March 2020.

5. FINANCE UPDATE (VERBAL)

The Chief Finance Officer reported the indicative position from health is a £776,000 projected under spend with some slippage in programme funding. The intention is to carry forward money from Primary Care Improvement Fund and Action 15 funding which equates to circa £695,000.

Indicative position of social care is £1.1m overspend, which leaves the IJB with circa £375,000 overspend. This figure has been discussed with Council however meeting on 23 April 2019 was cancelled so work is still underway between officers to arrive at the final position.

The Chair reported facing real challenges this year in respect of the budget however currently encouraging organisations to look at funding from external organisations which will provide a safe service for people.

Ms A Macdonald noted that it is planned to have a development session at the May 23rd IJB meeting to discuss financial challenges. Appropriate officers will be in attendance to provide any required information to inform discussion.

Members noted the financial update.

6. EAST LOTHIAN PRIMARY CARE IMPROVEMENT PLAN

In her welcome the Chair noted the Primary Care Improvement Plan was a large piece of work, which provided good news in terms of progress.

Mr Paul Currie presented a paper describing the process in developing and contents of an update report on the Primary Care Improvement Plan.

Mr P Currie reported the initial three year PCIP was approved by the IJB and the GP Sub Committee in June 2018. This approval process was in line with the requirements of the Scottish Government to set out actions and planned improvements to deliver the new Scottish General Medical Services (GP) contract (as agreed by COSLA, the BMA and Scottish Government) and to modernise primary care. The Plan was produced in consultation with partners across primary care.

Mr P Currie reminded members that the focus of much primary care development work, such as the testing of the Musselburgh Model of same day service delivery, was focused in the west of the county where demand and needs are higher. The needs of communities and practices in the east of the county are different but they too will benefit from the roll-out of new services as described in the PCIP update.

The Links workers service currently available on 4 west of East Lothian practices is under review and is planned to be made available to all other practices across the county.

Mr P Currie asked members to accept the update plan and to note the plans within and the challenges there were ahead be in ensuring enough resources were available to deliver locally agreed and GMS-related priorities.

The Chair thanked Mr P Currie and Dr J Turvill for their hard work and reflected on the opportunities provided by the Musselburgh model, including its impact in reducing the prescribing, budget

Mr P Murray noted that a discussion regarding links workers and the benefits they offered to patients took place at the Strategic Planning Group on 24 April 2019. He recommended to members that that examine a recent Kings Fund a report on social prescribing.

Ms F Ireland noted positive developments in primary care, however she raised a concern that if the report recommendation 2.4 is agreed then the IJB would be agreeing to accept a resource shortfall. As a discussion has already taken place in respect of the tight budget within which the IJB has to operate we need to be explicit regarding what we can afford.

Ms Macdonald commented this item was discussed at the recent Strategic Planning Group, where discussion identified as an example of financial pressures that if we were to put in place all the pharmacist posts suggested to meet the aspirations of pharmacy colleagues there would be no money left for any other developments. Prioritisation was therefore essential. East Lothian is trying to utilise the funding to meet all demands, however all aspirations will not be met in the early stages of the 2018 Primary Care Improvement Plan and the update reflects what we can afford. The Chair agreed the need to be explicit as this is not clear.

Ms A Macdonald indicated no items will be taken forward that were not achievable within budget. Mr P Currie noted that current work underway across primary care is intended to deliver savings and efficiencies. As noted CWIC is showing a reduction in prescribing costs.

The chair asked if the paper therefore requires to be amended.

Ms F Ireland indicated that if we are agreeing a plan it should be explicit within the plan items that are affordable or not affordable.

Ms A Macdonald noted that the IJB have previously invested in the care home team which comes out of core funding therefore in essence we are supplementing the PCIF funding.

Chief Finance Officer noted that the feedback to Scottish Government did not include funding for posts.

The Chair noted the need to give reassurance that we are confident we can deliver a service.

The Chair requested the case to be made to the Scottish Government that East Lothian is underfunded due to population.

Councillor N Gilbert asked about progress in the work to improve the Harbours Medical Practice.

Ms A Macdonald replied that a Project Board is in place in respect of the Harbours Medical Practice, with work in this year's capital plan.

Councillor S Kempson enquired as to how much could the GPs in the east of East Lothian benefit from being more open minded.

The Chair reported that conversations are taking place with other practices regarding their use of parts of the Musselburgh model to meet the needs of their practice and patients.

Ms A Macdonald stated that discussion has taken place on how to meet needs as the access to GP service is different from west to east. She noted that two years ago Eskbridge Practice in Musselburgh became unviable. The Musselburgh Model was started in part in response to this. In the east of the county plans are focusing on GPs desires to increase patient access to mental health nurses, physiotherapists and home visiting arrangements.

Mr D Binnie asked about Mr Currie's suggestion of disparities between the east and west of the county.

Mr P Currie commented that it could be argued there is more community resilience in the east than west as a result of more community assets and individuals having more resources at their disposal. In Primary care terms the east of the county starts in Haddington.

Mr Currie went on to say that East Lothian HSCP's support to practices was giving them confidence to deal with demand. The interest four practices are showing in extending their boundaries to cover the Blindwells development is a good example of this. There is some confidence that practice growth through boundary expansion is a means of making practices more viable. When the Musselburgh model is extended to include further west of east Lothian practices it will cover just over half of East Lothian's population.

Decision

The IJB agreed to accept the recommendations, with amendments to 2.3 to replace 'Accept' with 'Agree' and to 2.4 to indicate plans for 2019-2020 are affordable and plans will be developed to work within the primary care budget in coming years. Corresponding changes should also be made to the PCIP update report.

- 2.1 Note that the original Primary Care Improvement Plan was agreed by the IJB on the 28th June 2018, having already been agreed by the local GP Subcommittee of the Area Medical Committee on the 11th June 2018.
- 2.2 Note that the attached April 2019 Primary Care Improvement Plan update report (appendix 1) which reflects on progress in delivering on the commitments of the original PCIP, including the new GP contract and in introducing innovative approaches to primary care service delivery, was accepted by the local GP Subcommittee of the Area Medical Committee on 15th April.
- 2.3 Agree the Primary Care Improvement Plan update report and agree to receive further update reports as these are produced, in line with Ministerial Strategic Group requirements and/or each year of the plan.

- 2.4 Note that the amount of Scottish Government and NHS Lothian investment allocated to primary care has necessitated EL HSCP investment in key primary care support services. Further local investment may be required over the next two years of the contract implementation to deliver all GMS requirements. Primary Care service planning and prioritisation will take any budget limitations into account.
- 2.5 Note that in the development of the 2018 Primary Care Improvement Plan some GP practices, primarily in the east of the county, did not support the initial prioritisation of primary care work on the west of the county and focussed on the 'Musselburgh Model' (designed to respond to same day demand). All these opinions are being considered in the development of our new support services to primary care.
- 2.6 Note that to fully understand and to act on the needs of all of our practices the Primary Care Team plans a series of monthly meetings with GPs to work with them in further PCIP implementation in the next two years.

Signed

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



MINUTES OF THE MEETING OF THE EAST LOTHIAN INTEGRATION JOINT BOARD

THURSDAY 23 MAY 2019
MARRIAGE ROOM, ALDHAMMER HOUSE, PRESTONPANS

Voting Members Present:

Councillor F O'Donnell
Councillor N Gilbert
Councillor S Kempson
Prof. M Whyte

Non-voting Members Present:

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

Officers Present from NHS Lothian/East Lothian Council:

Ms L Berry
Mr P Currie
Mr B Davies
Mr J Gibson
Ms D Gray
Ms J Ogden-Smith

Clerk:

Ms F Currie

Apologies:

Ms F Ireland
Mr P Murray
Dr R Fairclough
Ms J Trench

Declarations of Interest:

None

1. MINUTES OF THE MEETING OF THE EAST LoTHIAN INTEGRATION JOINT BOARD OF 25 APRIL 2019 (FOR APPROVAL)

The minutes of the meeting on 25 April were approved.

2. MATTERS ARISING FROM THE MINUTES OF 25 APRIL

There were no matters arising.

3. BUDGET OFFERS FROM NHS LoTHIAN AND EAST LoTHIAN COUNCIL TO THE IJB FOR 2019/20

The Chief Finance Officer had submitted a report presenting the IJB with the formal 2019/20 budget offers from East Lothian Council and NHS Lothian for consideration. The budget offers also included indicative budget offer values for financial years 2020/21 and 2021/22.

Claire Flanagan presented the report summarising the key points of the budget offers from both the Council and NHS Lothian, as outlined in their letters. She reminded members of the year end position for 2018/19 and some of the main financial pressures expected in the current year. She invited the IJB to consider whether it was satisfied that, in the circumstances, the budget offers were fair and adequate. She also advised members that the indicative offers for 2020/21, 2021/22 would assist the IJB in building a longer term financial plan.

Ms Flanagan responded to a number of questions from members clarifying various aspects of the budget offers, the reserves policy and the options open to the IJB at this stage of the budget process.

The Chair concluded the discussion noting that while the IJB had the right to challenge the offers as to whether or not they were 'fair and adequate' this may not change anything. She added that following a recent IJB Chairs & Depute Chairs Network meeting, it was her understanding that there would be no extra funding from the Scottish Government in the current financial year.

Decision

The IJB agreed to:

- i. Consider the formal budget offers for 2019/20; and
- ii. Accept the formal budget offers made by both Partners, noting the indicative future year's values.

4. IJB WORKFORCE PLAN

The Chief Officer had submitted a report presenting to the IJB the finalised East Lothian IJB Workforce Plan and associated Action Plan developed in collaboration with relevant partners.

Bryan Davies presented the report summarising the background and development of the Workforce Plan and Action Plan. He reminded members that the process for

development of the Plan had been reviewed by Internal Audit and given a favourable rating. He said that officers had been engaging with the workforce at a high level over the past 18 months and that the resulting Plan linked strongly with the Strategic and Financial Plans already prepared by the IJB.

Mr Davies explained that the next step in the process would be for managers within each of the services to develop their own detailed workforce plans to sit within each of the Service Plans.

John Gibson added that officers had worked hard to ensure there were clear links between the IJB's Workforce Plan and the plans prepared by NHS Lothian and East Lothian Council.

The members discussed the Plan at length and Mr Davies responded to a number of questions regarding carers, third sector, and the use of strategic partnerships to provide a broader workforce in future years.

Alison MacDonald outlined recent discussions with Edinburgh College and Queen Margaret University and replied to questions regarding the individual Service Plans and developing the skills of the existing workforce.

Ms MacDonald also acknowledged that some future workforce pressures would result from decisions which were out with the control of the IJB. Councillor O'Donnell referred to recent care home applications determined by the Council's Planning Committee and their potential impact on staffing needs in certain areas of the county. It was acknowledged that such decisions taken at Committee, or following appeal to the Scottish Government, were a concern as current guidelines did not allow them to take into account the IJB's Strategic Plan or the potential strain such facilities could place on wider services.

Decision

The IJB agreed to:

- i. Note that the workforce Plan had been developed in consultation with NHS Lothian and East Lothian Council partners and other key stakeholders; and
- ii. Approve the East Lothian IJB Workforce Plan and Action Plan.

Signed

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



Minutes

Additional Edinburgh Integration Joint Board

9:30 am, Friday 24 May 2019

Dean of Guild Court Room, City Chambers, Edinburgh

Present:

Board Members:

Councillor Ricky Henderson (Chair), Carolyn Hirst (Vice Chair), Councillor Robert Aldridge, Mike Ash, Carl Bickler, Andrew Coull, Christine Farquhar, Helen Fitzgerald, Kirsten Hey, Martin Hill, Councillor Derek Howie (substituting for Councillor George Gordon), Jackie Irvine, Councillor Melanie Main, Angus McCann, Moira Pringle, Judith Proctor, Ella Simpson, Councillor Susan Webber and Pat Wynne.

Officers: Tom Cowan, Tony Duncan, Marian Gray, Jamie Macrae, Martin Scott and David White.

Apologies: Colin Beck and Richard Williams

1. Minutes

Decision

To approve the minute of the meeting of the Edinburgh Integration Joint Board of 29 March 2019 as a correct record, subject to the following corrections:

- Item 4, Decision 1: “To approve progress being made on the development of the strategy, which was being produced with third sector stakeholders and internal partners and led by the lead officer for carers.”
- Item 7 – references to the “Lothian Strategic Planning Forum” replaced with “Lothian Integrated Care Forum”.

2. Rolling Actions Log

The Rolling Actions Log for May 2019 was presented.

Decision

- 1) To agree to close the following actions:
 - Action 19 – Review of Progress Within Integration of Health and Social Care Ministerial Strategic Group
 - Action 20(1) – Update on the Edinburgh Joint Integration Joint Board Grants Review
 - Action 21 – Calendar of Meetings – Amendment by Councillor Webber
- 2) To otherwise note the remaining outstanding actions.
- 3) To agree that original estimated completion dates would remain on the Rolling Actions Log if revised.

(Reference – Rolling Actions Log – 24 May 2019, submitted.)

3. Draft Strategic Plan 2019-2022 Progress Report

A progress report on the Joint Board's Draft Strategic Plan for 2019-2022 was presented. The latest draft had been approved by the Joint Board on 29 March 2019 and a three-month consultation period had started on 16 April 2019. Approval was sought to delay the Joint Board's consideration of the final version of the Strategic Plan until August 2019, to allow sufficient time to take into account the feedback from the consultation.

Decision

- 1) To note the progress made on consulting the Draft Strategic Plan 2019-2022.
- 2) To agree that the final version of the Strategic Plan 2019-2022 would be submitted to the August 2019 meeting of the Edinburgh Integration Joint Board, thereby providing additional time to fully consider the outputs from the consultation process.
- 3) To note progress in agreeing joint housing and health and social care priorities within the Strategic Plan and Housing Contribution Statement.

(References – Edinburgh Integration Joint Board, 29 March 2019 (item 6); report by the Chief Officer, submitted)

6. Finance Update

An update was provided on the financial outturn for 2018/19, funding carried into 2019/20 and progress towards achieving a balanced financial plan for 2019/20.

Decision

To continue consideration of the report and agree that a further report would be presented to the Joint Board in June 2019 with more detail on the allocation of funding and progress in achieving the savings target for the current financial year, and that a briefing note would be circulated to members in the interim.

(References – Edinburgh Integration Joint Board, 29 March 2019 (item 8); report by the Chief Officer, submitted)

4. Primary Care Transformation Programme

Details were provided on the implementation of the Primary Care Transformation Programme, following the allocation of funding in 2017 and 2018.

Decision

- 1) To note progress in investing the funding made available directly by NHS Lothian from June 2017 and the Scottish Government Primary Care Improvement Plan (PCIP) (New Contract) from July 2018.
- 2) To agree this report as the basis of the PCIP update submission required by Scottish Government and to note that standard returns were submitted in April 2019 to comply with the national timetable.
- 3) To support the continuing role of the Edinburgh Primary Care Leadership and Resourcing Group, as instrumental in deploying the available resources and ensuring the involvement and support of primary care across Edinburgh.
- 4) To note the agreement reached with Edinburgh GPs in April 2019, on a 'fair' investment of the total PCIP resource across all 70 City practices.
- 5) To note that the report had been developed through consultation and discussion with the Leadership and Resourcing Group, with the NHS Lothian Oversight Group and the Lothian GP Sub Committee, whose representatives had remained active contributors throughout this process, and that the report was considered and supported at the IJB Strategic Planning Group on 26 April 2019.
- 6) To endorse proposals for 2019/20 implementation.
- 7) To agree that a workshop would be arranged on the Primary Care Transformation Programme.
- 8) To agree that the next report to the Joint Board would include more details on how the Programme was being delivered and its impact on stakeholders.

(References – Edinburgh Integration Joint Board, 15 June 2018 (item 8); report by the Chief Officer, submitted)

7. Ministerial Strategic Group Update

An update was provided on the partnership self-evaluation against the Ministerial Strategic Group (MSG) for Health and Social Care progress review.

Decision

- 1) To note the findings of the self-evaluation for the review of progress with integration of Health and Social Care.
- 2) To note that the self-assessment had been completed as a single partnership submission for all statutory partners within Edinburgh; the Edinburgh Integration Joint Board, the City of Edinburgh Council and NHS Lothian and that third sector partners were also contributors to this.
- 3) To note that Partnerships were required to submit to the Scottish Government by 15 May 2019 and that, due to these timescales, prior approval of the Joint Board was not possible.
- 4) To agree to the self-assessment and actions set out and to ask the Chief Officer to develop the action plan with partners for implementation and report on this before the end of March 2020.

(References – Edinburgh Integration Joint Board, 29 March 2019 (item 10); report by the IJB Chief Officer, submitted.)

8. Older People Joint Inspection Improvement Plan

A review of the Older People's Improvement Plan was provided, following the Joint Inspection Progress Report published in December 2018. The previous action plan had been reviewed and the new improvement plan was developed within the framework of the Three Conversations approach which reflected the revision of the Draft Strategic Plan 2019/2022.

Decision

- 1) To approve the Improvement Plan.
- 2) To note that the Improvement Plan would be submitted to NHS Lothian Healthcare Governance committee and to the City of Edinburgh Council's Corporate Policy and Strategy Committee for ratification.
- 3) To agree that the Improvement Programme would be brought back to the Joint Board following approval by NHS Lothian and the City of Edinburgh Council.

(References – Edinburgh Integration Joint Board, 8 February 2019 (item 5); report by the IJB Chief Officer, submitted.)

9. Update on the 2019 Health and Social Care Grants Programme

An update was provided on the health and social care grant review, in particular the transition funding of £200k now delegated by the City of Edinburgh Council and the £100k innovation fund.

Decision

- 1) To agree that the £200k to support transition agreed by the City of Edinburgh Council would be allocated to 23 organisations on a pro rata basis.
- 2) To agree to delegate decisions on any remaining contingency to the Chief Officer in consultation with the Chair and Vice Chair
- 3) To agree to delegate authority to the Chief Officer to institute the process for the innovation fund and to issue grants in line with the recommendations of the awards panel.
- 4) To agree that a briefing note outlining the scoping and criteria for the allocation of the innovation fund, and the membership of the sub-group of the Grants Review Steering Group, would be circulated to members.

Declaration of Interests

Ella Simpson declared a financial interest in this item as a director of EVOC, as EVOC was listed as a potential recipient.

(References – Edinburgh Integration Joint Board, 14 December 2018 (items 1-5); report by the IJB Chief Officer, submitted.)

10. Standing Orders – Annual Review

The Joint Board's Standing Orders had been reviewed to ensure they continued to be fit for purpose and reflected Scottish Ministers' guidance. Changes were proposed relating to substitutions, motions and amendments, a register of attendance and changing a decision of the Joint Board within six months.

Decision

- 1) To repeal the existing Standing Orders of the Integration Joint Board and approve in its place those attached at appendix 1 of the report, such repeal and approval to take effect from 25 May 2019.
- 2) To note that the next annual review of Standing Orders would be presented to the Joint Board in May 2020.

(References – Edinburgh Integration Joint Board, 18 May 2018 (item 15); report by the IJB Chief Officer, submitted.)

11. Appointments to the Edinburgh Integration Joint Board and Strategic Planning Group

The Joint Board was notified of the City of Edinburgh Council and NHS Lothian nominations for the Chair and Vice-Chair positions of the IJB, which would take effect following the expiry of the current terms of office. Details were also provided of recent changes to the City of Edinburgh Council membership of the Joint Board, forthcoming changes to the NHS Lothian membership, recent resignations of non-voting members and the reappointment of a non-voting member.

Decision

- 1) To note that the NHS Lothian Board, at its meeting of 5 December 2018, agreed to appoint Angus McCann as the lead NHS voting member of the Joint Board with effect from 27 June 2019, and consequently, that he would become the Chair of the Joint Board from that date.
- 2) To note that the City of Edinburgh Council, at its meeting of 2 May 2019, agreed to appoint Councillor Ricky Henderson as Vice-Chair of the Joint Board, with effect from 27 June 2019.
- 3) To note that Councillor Ricky Henderson would take up the position of Chair of the Strategic Planning Group, and Angus McCann the Vice-Chair, with effect from 27 June 2019.
- 4) To note that the NHS Lothian Board had appointed Peter Murray to replace Carolyn Hirst as a voting member of the Joint Board, with effect from 27 June 2019.
- 5) To note the resignation of Councillor Ian Campbell and the appointment by the City of Edinburgh Council, at its meeting of 7 February 2019, of Councillor George Gordon as his replacement as a voting member of the Joint Board.
- 6) To note the resignations of Sandra Blake, Carole Macartney and Alison Robertson as non-voting members of the Joint Board, and the proposed recruitment process for appointing to these vacancies.
- 7) To approve the reappointment of Colin Beck as a non-voting member of the Joint Board, in his capacity as Co-Chair of the Professional Advisory Group, with effect from June 2019.

(References – Act of Council No 4 of 2 May 2019; report by the IJB Chief Officer, submitted.)

12. Calendar of Meetings

A proposed schedule of meetings and development sessions to December 2020 was submitted.

Motion

- 1) To agree the proposed schedule of meetings for the Edinburgh Integration Joint Board until December 2020.

- 2) To agree the proposed schedule of meetings for the Edinburgh Integration Joint Board development sessions until December 2020
 - 3) To agree that webcasting would continue utilising the mobile unit which was available, allowing the Edinburgh Integration Joint Board to meet in a more diverse range of settings across the city.
- Moved by Councillor Henderson, seconded by Carolyn Hirst

Amendment

- 1) To agree that webcasting would continue utilising the mobile unit which was available, allowing the Edinburgh Integration Joint Board to meet in a more diverse range of settings across the city.
 - 2) To agree that Edinburgh Integration Joint Board meetings would continue to take place on Fridays.
- Moved by Councillor Webber, seconded by Councillor Aldridge

Voting

The voting was as follows:

For the motion	–	6 votes
For the amendment	–	2 votes

Decision

- 1) To agree the proposed schedule of meetings for the Edinburgh Integration Joint Board until December 2020.
- 2) To agree the proposed schedule of meetings for the Edinburgh Integration Joint Board development sessions until December 2020
- 3) To agree that webcasting would continue utilising the mobile unit which was available, allowing the Edinburgh Integration Joint Board to meet in a more diverse range of settings across the city.

(References – Edinburgh Integration Joint Board, 29 March 2019 (item 12); report by the IJB Chief Officer, submitted.)

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within BLACKBURN PARTNERSHIP CENTRE, ASHGROVE, BLACKBURN, EH47 7LL , on 23 APRIL 2019.

Present

Voting Members – Martin Hill (Chair), Harry Cartmill, Alex Joyce, Dom McGuire, Bill McQueen, George Paul and Damian Timson

Non-Voting Members – Jim Forrest, David Huddleston, Mairead Hughes, Caroline McDowall, Martin Murray and Patrick Welsh

In attendance – Carol Bebbington (General Manager Primary Care & Community), Gillian Cunningham (General Manager for Operations), Marjolein Don (Strategic Programme Manager), Lorna Kemp (Project Officer), Yvonne Lawton (Head of Strategic Planning & Performance) and Carol Mitchell (Business Partner)

Apologies – Martin Connor, Elaine Duncan, Jo Macpherson and Rohana Wright

1 ORDER OF BUSINESS

The Chair ruled that agenda item 11 (St. John's Hospital Emergency Department Redesign Standard Business Case) would be considered following agenda item 6 (Membership and Meeting Arrangements).

2 DECLARATIONS OF INTEREST

There were no declarations of interest made.

3 MINUTES

The Board approved the minute of its meeting held on Tuesday 12 March 2019 as a correct record. The minute was thereafter signed by the Chair.

4 MINUTES FOR NOTING

The Board noted the minutes of the meetings of the Strategic Planning Group held on 21 February 2019 and the Audit, Risk and Governance Committee held on 6 March 2019.

5 MEMBERSHIP AND MEETING ARRANGEMENTS

The Clerk informed the Board of changes which were required to be made to its membership.

At its meeting on 19 March 2019, West Lothian Council had appointed Councillor Dom McGuire as a voting member of the Board to replace Councillor Dave King. West Lothian Council had also appointed Jo

Macpherson as its Chief Social Work Officer and the Board were asked to note that she would therefore replace Pamela Main as a non-voting member.

The Board were asked to appoint Caroline McDowall as the Staff Representative for NHS Lothian (non-voting member) of the Board and the Audit, Risk and Governance Committee.

Decision

- 1) To note that Councillor Dom McGuire was appointed as a voting member of the Board by West Lothian Council to replace Councillor Dave King.
- 2) To note the appointment of Jo MacPherson as West Lothian Council's Chief Social Work Officer and therefore had replaced Pamela Main as a non-voting member of the Board.
- 3) To appoint Caroline McDowall to the Board and Audit, Risk and Governance Committee as the Staff Representative for NHS Lothian (non-voting).

6 ST. JOHN'S HOSPITAL EMERGENCY DEPARTMENT REDESIGN STANDARD BUSINESS CASE

The Board considered a report (copies of which had been circulated) by St. John's Hospital General Manager Unscheduled Care on the St John's Hospital (SJH) Emergency Department (ED) Redesign.

The SJH ED Redesign had been prioritised by the relevant governance groups and had been identified as a priority for NHS Lothian and for St John's Hospital. A Standard Business Case (SBC) had been developed following approval of the Initial Agreement (IA). The SBC was submitted for approval by the Board to deliver the project.

The redesign project aimed to address the challenges being faced by NHS Lothian in relation to the SJH ED by improving performance against the 4 hour standard, and ensuring patients had access in a timely manner to services which were equitable and consistent across the Lothian area. The report outlined the key patient safety and experience drivers for the need for change.

A clinical model which would underpin the redesign project had been developed to optimise clinical flow within the department. Seven dedicated pathways were identified in the report which would be used to streamline patients appropriately following triage. The report went on to provide information on the capital and revenue costs and the risks involved. The timeline set out the ambitious timescale with construction planned to commence in May/June 2019 if the SBC was approved by the Board and the NHS Lothian Finance and Resources Committee.

The SBC was attached to the report at Appendix 1. The Deputy Chief Executive of NHS Lothian had written to the IJB Director setting out the

pressures driving the need for change and advising of the proposed timeline for the project. This was attached at Appendix 2. A draft direction which would be required to be issued to NHS Lothian to deliver the proposal and to allocate funding to meet the increased revenue spend for the delegated function was set out in Appendix 3 to the report.

Following the presentation of the report members recalled the discussion which took place at the Board's meeting in January 2019 regarding the accuracy of the projection that no bank or agency staff would be required under the new model. At that meeting, the SJH Site Director undertook to review these figures prior to submission of the SBC but these were unchanged. It was explained that the new model was intended to eliminate the need for bank and agency staff as the department would become a more attractive place to work and a number of initiatives to improve recruitment were planned. The Board was advised that current overspending on staff could not be taken forward in the projections for the new model.

Concerns were raised regarding the increased number of staff required under the new model and, given the recruitment challenges currently being faced, whether recruitment to the proposed increased number of positions would be possible and sustainable. Members also questioned whether the increase in staff numbers was justified or necessary to accommodate the expected increase in attendances.

Discussion also took place on the revenue costs, particularly the £1.96m unfunded recurring revenue costs for the 2020/21 financial year. As the IJB's budget for 2020/21 had not yet been agreed, members were concerned that this funding was not guaranteed and that it may require funding to be diverted from other services if the project was to proceed.

Following consideration by the IJB, the SBC would be considered by the NHS Lothian Finance and Resources Committee. The Board agreed to approve the project on a number of conditions and requested to be informed of the Committee's decision.

The Board was recommended to:

1. Note the need for change previously presented through the Initial Agreement to the Board on 29 January 2019 and the proposal to address the need for change contained in the SBC;
2. Note that the SBC had been discussed by the Strategic Planning Group on 2 March 2019;
3. Note the revenue costs and ambitious timescale for implementation;
4. Note that at present NHS Lothian had allocated non-recurrent revenue funding of £864k in the 2019/20 financial plan to meet the expected additional cost of the SJH ED Redesign (based on the IA) until the end of 2019/20 financial year;
5. Note the letter provided by the Deputy Chief Executive of NHS

Lothian to the Chief Officer of the IJB attached at Appendix 2 to the report; and

6. Agree to direct NHS Lothian to deliver the proposal and allocate funding to meet the increased revenue spend for the delegated function as drafted at Appendix 3 to the report.

Decision

- 1) To note the terms of the report.
- 2) To approve the project on the following conditions:
 - that a further review of the Revenue Staffing Models set out in Appendix 6 of the SBC was completed to demonstrate a clear justification for the proposed model;
 - that a formal commitment was received by the IJB from the Health Board that sufficient revenue funding would be made available to the IJB to allocate to the project without requiring funds to be diverted from other services; and
 - that an assurance plan on resolving the current staffing challenges be developed.
- 3) To request that members received information on the decision of the NHS Lothian Finance and Resources Committee in a timely manner.

7 DRAFT STRATEGIC PLAN 2019-23

A report by the Director (copies of which had been circulated) sought the Board's approval of the draft Strategic Plan for 2019 to 2023 which had been developed following a consultation exercise.

A 12-week Phase 1 consultation exercise had been completed on the IJB's Vision, Values and Strategic Priorities and 427 responses had been received which were overwhelmingly supportive. The IJB considered the responses at its meeting on 29 January 2019 and agreed to proceed with Phase 2 consultation. The Phase 2 consultation sought comment on the draft Strategic Plan from a range of stakeholders through Council and NHS Lothian networks.

The report noted that while the comments received on the draft Strategic Plan were very positive, the number of responses was significantly lower than the number received during the phase 1 consultation. The comments received and the responses to these were detailed in the report. It was also proposed to develop strategic commissioning plans to support the delivery of the Strategic Plan and officers were considering new approaches to improve engagement when developing these.

The draft Strategic Plan for 2019-23, attached to the report at Appendix 1, was more concise than the previous version and aimed to be more

readable and easily understood. A suite of directions had also been developed and were proposed to be issued to the Council and NHS Lothian to support the delivery of the Strategic Plan. These were attached to the report at Appendix 2 with a summary of budgets for 2019/20 following at Appendix 3.

In order to support the development of the commissioning plans, a revised strategic planning structure was also presented at Appendix 4. This structure included planning and commissioning boards for each care group and a proposed remit for these boards was set out at Appendix 5.

Discussion took place regarding the proposed structure and the merits of introducing planning and commissioning boards for each care group. The Board noted that a timeline for the development of the commissioning plans had been previously considered by the Strategic Planning Group, following a comment made that the timescales were not stated in the suite of directions. The commissioning plans would set out timescales and action plans for the delivery of actions.

Members raised the poor response rate for the phase 2 consultation and considered the reasons for this. Officers confirmed that they were working on ways to improve the response level for future consultations. In response to a query, the Project Officer undertook to ensure that the up-to-date Integrated Impact Assessment was available from the IJB's website.

The Board also requested that further consideration was given to the environmental and sustainability impact of actions requested in reports in the future.

The Board were recommended to:

1. Note the results and analysis of the phase 2 consultation;
2. Consider the draft Strategic Plan and approve it for publication;
3. Approve the associated Directions for issue to West Lothian Council and Lothian Health Board; and
4. Approve the proposed revised strategic planning structure and remit of Planning and Commissioning Boards.

Decision

- 1) To approve the terms of the report.
- 2) To note that the timeline for the development of commissioning plans had been considered by the Strategic Planning Group at its meeting on 28 March 2019, and that these plans would set out timelines for the delivery of agreed actions.
- 3) To request that further consideration is given to environment and sustainability in future reports.

8 **MARKET FACILITATION PLAN**

The Board considered a report by the Director (copies of which had been circulated) which sought approval of the draft Market Facilitation Plan for 2019 to 2023.

Market facilitation formed part of the strategic commissioning process and aimed to influence and shape how markets adapted in the delivery of health and care services now and in the future. The Plan provided a basis for collaborative working between the West Lothian Health and Social Care Partnership, service providers, service users, carers and other community stakeholders.

It aimed to ensure choice and control was afforded to people through a sustainable market of different supports offering choice, personalisation, effectiveness and sustainability. The report noted that the market in West Lothian would need to adapt to the challenging environment in which health and social care operated.

The Market Facilitation Plan, attached to the report at Appendix 1, would sit alongside the Board's Strategic Plan 2019-2023 and the supporting commissioning plans. It would also assist stakeholders to understand future intentions to stimulate the adult health and care sectors in West Lothian through structured and planned engagement.

The Board was asked to approve the West Lothian Integration Joint Board Market Facilitation Plan 2019-2023.

Decision

To approve the terms of the report.

9 **MEDIUM TERM FINANCIAL PLAN UPDATE**

The Board considered an update report by the Chief Finance Officer (copies of which had been circulated) on the medium term financial plan for 2019/20 to 2022/23.

At its meeting on 12 March 2019, the Board considered a report on the 2019/20 budget reflecting the approved council contribution and a planned NHS Lothian contribution to the IJB. Since this report, the NHS Lothian Board had amended its 2019/20 financial plan and therefore the IJB financial position had been updated.

The report noted that the previous NHS Lothian position contained a financial gap of around £26 million and noted limited assurance on the achievement of a balanced position. The updated NHS Lothian contribution to the IJB was set out in the report, however this was still to be formally agreed by the NHS Lothian Director of Finance and discussions were ongoing. The updated figures result in an improved position of a £1.575 million shortfall.

Further discussions were taking place regarding potential further changes which were not included in NHS Lothian 2019/20 budget assumptions and if agreed, would adversely impact the IJB. These discussions aimed to agree a position on the 2019/20 budget which continued to provide a fair share of resources to the IJB. Following confirmation of the budget resource contribution, approval would be sought for the issue of revised directions to the Council and NHS Lothian.

In respect of the Council's contribution to the IJB, a balanced budget position was planned but it was noted that any increases in demands would require close monitoring during the year.

The report also set out the draft five-year financial plan, noting that the move to a medium term financial planning process was more conducive to achieving the aims of integration, planning to meet future demands and prioritising overall health and social care resources to achieve this. While future year funding was unknown, it was important to make assumptions for planning purposes on the level of funding likely, increasing expenditure demands and resulting savings required over the medium term.

A summary of the updated medium term financial plan for IJB functions was provided in the report with the detailed plan attached at Appendix 1. A further table summarised the estimated budget gap over the medium term and measures identified to help control spend within the funding currently estimated. The report went on to detail the key risks and uncertainties involved with the medium term financial plan.

Following the Chief Finance Officer's presentation of the report, members noted the importance of planning for the medium term and expressed that if NHS Lothian also began medium term planning, this would assist with the IJBs budget planning.

The Board was recommended to:

1. Note the updated financial contribution assumptions reported to NHS Lothian Board on 3 April 2019 in respect of 2019/20 IJB delegated functions;
2. Note that further discussions were taking place with NHS Lothian regarding the 2019/20 budget contribution to the IJB and this was still subject to confirmation by the NHS Lothian Director of Finance; and
3. Note and consider the updated medium term financial plan for IJB delegated resources and support the ongoing development of medium term financial planning and associated assumptions.

Decision

To approve the terms of the report.

A report by the Director (copies of which had been circulated) on the Primary Care Improvement Plan (PCIP) was presented. It provided an update on the implementation of the PCIP, advised on the progress of each work stream, and highlighted proposed actions for implementation during year 2 of the 3 year plan.

The PCIP for 2018-2021 was approved by the Board in 2018 as a result of the increasing pressure on General Practices due to increasing volume and complexity of workload and challenging workforce availability. The 2018 General Medical Services (GMS) contract was designed to stabilise and develop primary care services and create a sound basis for the future.

The GMS contract was a tripartite agreement between health and social care partnerships, health boards and the GP Subcommittee of Local Medical Committees, bringing together wide ranging expertise. The West Lothian PCIP had been updated and was attached at Appendix 1 to the report. It described the aspects of the GMS contract development which fell within the remit of West Lothian HSCP.

The PCIP also set out the progress made with ongoing programmes of support and development in primary care and the new initiatives identified during discussion. A Primary Care Improvement Fund was allocated by the Scottish Government, the details of which were provided in the report.

A tracker showing the progress made against the agreed actions was attached at Appendix 2 to the report. Each work stream had been rated red, amber or green and an explanation of the current position provided. There were 16 rated 'green', 12 rated 'amber' and 5 rated 'red'. Those with a 'red' status were largely due to the need for national or regional guidance to be agreed.

A proposed direction to NHS Lothian was detailed in Appendix 3, as required to implement the 2018 GMS contract.

During discussion, members raised the ongoing issues with recruitment and workload pressures and sought reassurances that work was being done to improve this. It was advised that efforts were being made to make improvements and new ideas such as joint posts, increasing nursing staff and 15-minute appointments were being implemented to address some of these issues.

It was noted that information on the workforce and funding profile had been omitted from Appendix 2 and that this would be circulated following the meeting.

The Board was recommended to:

1. Note the contents of the report;
2. Note the progress made with implementation of the PCIP at the end of year 1;

3. Consider the PCIP Tracker which was to be returned to the Scottish Government by the end of April 2019;
4. Consider the updated Primary Care Improvement Plan March 2019 and proposed actions for year 2;
5. Approve the updated PCIP and Tracker for submission to the Scottish Government at the end of April 2019; and
6. Approve the Direction to be issued to NHS Lothian.

Decision

To approve the terms of the report.

11 EQUALITY MAINSTREAMING AND OUTCOMES 2017-2021 - PROGRESS REPORT

The Board considered a progress report by the Director (copies of which had been circulated) on the IJB's Equality Mainstreaming Report and Equality Outcomes 2017-2021.

As a public body, the Board had a statutory requirement to develop and publish an equality mainstreaming report and equality outcomes and to report on progress every two years. The report set out what the IJB was doing and had planned to do to mainstream equality. The Board had published its equality mainstreaming report and set equality outcomes for 2017-21 in April 2017. The progress report against the outcomes was required to be published before 30 April 2019 and was attached at Appendix 1 to the report for approval.

Mainstreaming equality was the approach taken to integrate equality into everything the Board did and therefore to eliminate discrimination, advance equality of opportunity and promote good relations within the Health and Social Care Partnership and the wider workforce. The equality outcomes intended to achieve specific and identifiable improvements in people's life chances.

The progress report set out the progress against each of the equality outcomes and highlighted where further action was required. The outcomes and associated activities and outputs were developed through evidence gathering and engagement as part of the development of the strategic plan and each outcome had been designated to a responsible officer or group.

A final review of progress against the outcomes would be completed in April 2021 and new outcomes would be set for the period 2021-25.

The Board were recommended to note the report and progress against the equality outcomes and approve the report for publication.

Decision

To note the report and the progress made against the Equality Outcomes and to approve the report for publication before 30 April 2019.

12 DELAYED DISCHARGE

At its meeting on 12 March 2019, the Board considered a report on the progress under integration. This was measured by a set of six Ministerial Strategic Group indicators against which the Board set objectives each year. The Board agreed to set the objective for delayed discharge bed days at a reduction of 15% but requested further information on the context and estimated impact against this objective. A presentation was delivered by the Head of Strategic Planning and Performance which fulfilled this request.

An overview of the population context was provided, including the West Lothian position in comparison to the Scottish average. It was noted that the population of people aged 65 and older was growing quickly and the percentage of people in West Lothian living with a limiting physical or mental health condition was above the average for Lothian. This meant the number and complexity of cases was increasing.

The presentation highlighted the initiatives taking place to address the issues faced by the Health and Social Care Partnership in relation to delayed discharge, including the frailty programme and the integrated discharge hub. A new Care at Home contract was being developed to be in place by September 2019 and a Home First model was currently in the early stages of development. The Board was advised that despite these developments, there were a number of issues still to be addressed such as staffing challenges.

An overview was also provided of the recent performance and the rationale for the objective. Due to the work being done to improve the position of delayed discharge, it was agreed that a 15% reduction was a realistic objective.

Decision

To note the presentation.

13 WORKPLAN AND LIST OF CYCLICAL REPORTS

The workplan for upcoming meetings and a list of reports that the Board considered on a cyclical basis were presented.

Decision

To note the workplan and list of cyclical reports.

Update on Royal Hospital for Children and Young People, the Department of Clinical Neurosciences and Child and Adolescent Mental Health Services

1 Purpose of the Report

The purpose of this report is to update Board members on the delay to the opening of the Royal Hospital for Children and Young People, the Department of Clinical Neurosciences, and Child and Adolescent Mental Health Services at Edinburgh Bio Quarter ('the Facility'). In particular, it covers the reviews underway and NHS Lothian's response to the work required by the Cabinet Secretary to address all the associated issues.

2 Recommendations

Board members are asked to consider and note the update.

3 Discussion of Key Issues

Background

- 3.1 Board members are aware that, following the late identification of a problem with ventilation in the critical care area, the Cabinet Secretary made a decision to delay the opening of the new Facility. A copy of her statement is attached. This problem was identified by IOM, a specialist ventilation company, brought in by NHS Lothian to carry out checks on the ventilation in augmented clinical care areas. This work was delayed because ongoing completion works by the contractor impeded access to the key areas. As soon as the ventilation issues were discovered the Chief Executive and Chairman escalated the issue to Scottish Government. As a consequence of these findings we have instructed IOM to carry out further ventilation checks in all clinical areas, and in a further sample of general areas to provide additional assurance that the required standards are met.
- 3.2 Following the announcement of the delay, NHS Lothian established its own internal Incident Management Team, led by the Director of Finance. This team has been meeting twice a week and will continue to meet regularly until a clear programme of work is established which takes the Facility to a revised opening date. The initial focus of the meetings has been on patient and staff communication, the review of ventilation and the plans for rectification and, given the pause in occupation, any opportunities to alter or amend the water infrastructure to take account of the facts learned from the Queen Elizabeth Hospital and Dumfries and Galloway Royal Infirmary. In addition, both Facilities and Infection Control teams are planning for anticipated revised guidance for water safety. Interim guidance issued by Health Protection Scotland in September 2018 has already been approved for implementation by NHS Lothian in December 2018, and will provide the framework to ensure water safety is maintained during this period, this is likely to require a Board change. More recently, there has been discussion on migration plans, and planning for engagement with IHSL and Multiplex.

- 3.3 An Oversight Board has been established in order to provide co-ordinated advice to the Cabinet Secretary for Health and Sport. The Oversight Board will seek assurance from NHS Lothian that the facility is ready to open following further due diligence and governance, which in turn will be informed by the successful completion of the work that the Scottish Government has commissioned from NHS National Services Scotland, outlined below.
- 3.4 To support the work of the Oversight Board, two reviews have been commissioned by the Cabinet Secretary through the Scottish Government Director of Health Finance as the Lead Director. The first is by KPMG to review the events leading up to the decision to delay the move, the professional and technical advice given to the Board in relation to derogations and the governance arrangements for the project. The second is a technical review by Health Facilities Scotland (HFS) and Health Protection Scotland (HPS) to verify that all aspects of the building design and build meet the appropriate standards. This work will require input from IHSL, who own the building, and Multiplex their contractor.
- 3.5 Both these reviews are underway with a number of internal interviews already completed by KPMG and a number with external partners including Scottish Futures Trust, IHSL, and our legal and technical advisers. In addition, KPMG have been provided with the high-level review undertaken by Scott Moncrieff on Audit Scotland's behalf around the Settlement Agreement between NHSL and IHSL considering project governance and value for money. The Audit Scotland review concluded that there was clear evidence of detailed and appropriate evaluation of the qualitative and quantitative options available to the Board in proceeding with the Settlement Agreement process.
- 3.6 In terms of the HFS/HPS commission, the project team have made available a wide range of information including the Project Agreement with IHSL (as amended by the Settlement Agreement). Both HFS and HPS have participated in a number of technical workshops with a further two planned on the 5th and 7th August. The immediate priorities are the ventilation, water and drainage systems and evaluation will include advice from HFS/HPS' independent experts. This phase is anticipated to be complete by early September. However, the commission scope includes all critical systems and the timeline for this is not known at this stage, nor how it will interface with any phased migration agreed once the outcome of the initial phase is concluded.

Current Position on Rectification

- 3.7 Following a number of technical workshops on the critical care ventilation, all parties have a common high level understanding of the solution for this. This now requires engagement from Multiplex's designers to further develop the technical design in relation to the introduction of a second air-handling unit, this being dependent on the agreement of the most effective means of managing its implementation. At the time of writing, a Board Change request has been issued in draft form to IHSL, following the change process as set out in the Project Agreement. The Board and IHSL are assessing how best contractually to deliver a response to this request in order to minimise delay. However, the timeline for rectification will only be known once the design is complete. Over and above this, there are several other ventilation issues identified by IOM. The Board is currently working with IHSL, Multiplex and HFS/HPS to agree where change is required and the responsibility for this.

- 3.8 It should be noted that until the HFS/HPS review of ventilation is complete, as well as the Board's commissioned IOM review, it is not possible to assess whether any other works will be required.

Programme/Occupation

- 3.9 Recognising that changes required for critical care are only relevant for children's services, the Chief Officer (Acute) has been looking at whether a partial migration might be possible. The initial assessment has focussed on DCN services and concluded that services could move independently of children's services. Any decision on a partial migration will however be dependent on understanding the works required to address critical care and to ensure that this does not impinge on DCN at any time. Without a timeline for this, it is not possible to conclude this work.

Communication with staff and patients

- 3.10 Board members were advised on the action taken to brief patients and staff in the immediate period after the announcement of the delay. This included the establishment of a helpline, hosted by NHS 24 and still live, contact with all patients booked for Outpatients and diagnostics in date order, a general letter for patients and families, a new campaign on the radio and a media release with key messages for patients and their families. In relation to the site, a Senior Paediatric nurse and doctor were available at the RIE Emergency department and transport and on-site support for redirection was established.
- 3.11 In parallel with the issue of the Board paper, it is proposed that the update to the Board will form the basis for a further communication with staff.

4. Key Risks

- 4.1 There is a risk that there are further critical system issues requiring rectification which will impact on the timeline for occupation. In addition, there is a risk that IHSL will require extended engagement with their funders on changes required.

5. Risk Register

- 5.1 The delay to the Project and the lack of certainty on the timeline for occupation will be added to the NHS Board risk register.
- 5.2 Once the programme is established, there may be a need for wider staff engagement and consultation and, potentially, for public and patient engagement in relation to service delivery but this will be determined by each programme element in consultation and agreement with the Scottish Government. Any such work may also require an impact assessment to be carried out. Where any changes are deemed significant in service terms, the Scottish Health Council and any other bodies would be involved.

6. Resource Implications

6.1 There will be capital and revenue implications associated with the delay and rectification. The quantification of these implications is currently being assessed and will be reported to the Finance & Resources Committee.

Susan Goldsmith
Director of Finance

2 August 2019

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Appendix: Government Initiated Question – Delay of the opening of Royal Hospital for Children and Young People 18 July 2019

Government Initiated Question – Delay of the opening of Royal Hospital for Children and Young People
18 July 2019

S5W-24397- Angela Constance

Question

To ask the Scottish Government what action is being taken to remedy the issues that have delayed the opening of Royal Hospital for Children and Young People and to identify learning and any additional support to be provided to NHS boards undertaking similar projects in future.

Answer

On Tuesday 2 July, NHS Lothian alerted the Scottish Government to an issue with the ventilation system at the Royal Hospital for Children and Young People (RHCYP) in Edinburgh.

I was not satisfied that the issue could be resolved within the very short timeframe available before services were to move to the new hospital, and I required further assurance on all aspects of compliance with standards across the new hospital.

For this reason, I instructed that the planned move be halted in the interests of patient safety. There is no greater responsibility of the NHS than to ensure the clinical safety of their patients, not least when those patients are children.

Work has been initiated to identify the solution needed to ensure the ventilation in the critical care unit in the new site meets the required clinical and safety standards.

I have commissioned NHS National Services Scotland (NSS) to undertake a detailed assessment of all buildings systems in the new hospital which could impact safe operation for patients and staff, recognising how infection prevention must always be embedded within the design, planning, construction and commissioning activities of all new and refurbished healthcare facilities. This work will be phased, with assessment of water, ventilation and drainage systems prioritised, including the proposed fix for the ventilation unit. This will determine the timeframe for migration of services to the new hospital and a full report is anticipated in September.

Running in parallel, NSS will also provide assurance that current and recently completed major NHS capital projects comply with national standards. This work will take a risk-based approach and will inform development of the potential expansion of the current function and services provided by Health Facilities Scotland; including providing assurance going forward that NHS buildings meet extant standards.

Where required, additional specialist expertise will be secured by NSS to facilitate their work.

It is also important that we understand the factors, including information flow and timeframes, that led to the decision, announced on 4 July, to delay the move to the new hospital. KPMG have been engaged to conduct an independent audit of the governance arrangements for RHCYP, to provide an external and impartial

assessment of the factors leading to the delay. This work began on 15 July and in the first instance will focus on collecting and reviewing all pertinent documentation. This will inform next steps, including interviews with key personnel and timeline for reporting, and I expect to have further clarity on this within the next week.

I recognise that the cumulative impact of the significant work required to complete the move to the new RHCYP, together with the requirement for improved performance across a number of other areas, including scheduled and unscheduled care, cancer, delayed discharge and mental health, will place significant pressure on the leadership capacity of the Board. Reflecting the significance of this challenge, NHS Lothian have been placed at Level 3 of the NHS Board Performance Escalation Framework which is defined as: 'Significant variation from plan; risks materialising; tailored support required'.

A formal Recovery Plan has been requested from the Board, setting out clear milestones to address each of the areas I have highlighted. A package of tailored support will be made available to the Board, in order to develop and implement the Recovery Plan.

I understand that this is a disappointing time for parents and carers of patients who have appointments at the new RHCYP, and for staff.

Parents and carers are being contacted directly by the team at the existing Royal Hospital for Sick Children to confirm arrangements for their child's appointment. Those with appointments in July are being contacted by phone in the first instance and those with appointments in August onwards will be contacted by letter. Every effort is being made to retain the same appointment date and time wherever possible. A dedicated helpline – 0800 028 2816 – is in place for families and carers to discuss any concerns about appointments or treatment with the clinical team already caring for their child.

NHS Lothian staff have all made considerable efforts to help make the move and some have made personal and domestic plans to coincide with the move. I have written to staff today to thank them for their hard work in preparing for the move, for all that they are doing to help manage the situation and for their excellent track record of providing high quality patient care. NHS Lothian have also carried out a number of staff sessions and a Q&A has been posted on the NHS Lothian Intranet to answer questions received from staff to date, and going forward. The Senior Team at NHS Lothian will continue to work with all staff as we proceed with the work required to allow the move to take place.

Safe, effective and high quality clinical services continue to be delivered from the existing site in Sciennes and my officials are working very closely with the management of the Board and clinical professional organisations to ensure that we take all the necessary actions to allow the move to go ahead as quickly and safely as possible.

The Scottish Government will keep Parliament informed of progress of the reviews being undertaken and the timeframe for moving to the new hospital.

NHS Lothian

Board Meeting
7 August 2019

Chief Executive

NHS Board Performance Escalation Framework

1 Purpose of the Report

- 1.1 The purpose of this report is to advise Board Members that the Director-General Health and Social Care and Chief Executive of NHS Scotland ('the DG') has concluded, on the advice of the Health and Social Care Management Board, that NHS Lothian has now been placed at level 3 of the NHS Board Performance Escalation Framework. The Board now has to develop and implement a formal Recovery Plan with clear milestones.
- 1.2 This report sets out six challenging service areas that require further improvement. It presents the initial thinking of the Corporate Management Team on how best to direct the development of a Recovery Plan, and determine the nature of a package of tailored support to assist with its development and implementation.
- 1.3 Any member wishing additional information should contact the Chief Executive in advance of the meeting.

2 Recommendations

The Lothian NHS Board is recommended to:

- 2.1 Note the placing of the board at level 3 of the NHS Board Performance Escalation Framework
- 2.2 Note the 6 challenging service areas where further improvement is required
- 2.3 Note the initial thinking of the members of the Board's Corporate Management Team in formulating a whole system Recovery Plan that will include the NHS Board and the 4 IJBs/Health and Social Care Partnerships working collaboratively with each other and with our 4 Council partners to achieve performance improvement
- 2.4 Note the CMT's initial conclusions on the nature of the tailored package of support which will be made available to the Board to support the development and implementation of the formal Recovery Plan
- 2.5 Agree to receive a further report on progress with the Recovery Plan at the October board meeting.

3 Discussion of Key Issues

- 3.1 The DG wrote to the NHS Lothian Chief Executive on 12 July to advise that NHS Lothian would now be placed at level 3 of the NHS Board Performance Escalation Framework (Table 1 below).

Table 1: Ladder of Escalation: Summary Table

Stage	Description	Response
5	Organisational structure / configuration unable to deliver effective care.	Ministerial powers of intervention.
4	Significant risks to delivery, quality, financial performance or safety; senior level external support required.	Transformation team reporting to the DG.
3	Significant variation from plan; risks materialising; tailored support required. (NHS Lothian)	Formal Recovery Plan agreed with the Scottish Government. Milestones and responsibilities clear. External expert support. Relevant Scottish Government directors engaged with the Chief Executive (of the Board) and top team. DG aware.
2	Some variation from plan; possible delivery risk if no action.	Local Recovery Plan – advice and tailored support if necessary. Increased surveillance and monitoring by the Scottish Government. Scottish Government directors aware.
1	Steady-state 'on plan' and reporting	Surveillance through published statistics and scheduled engagement of annual reviews and mid-year reviews.

3.2 Whilst the DG acknowledged that there have been improvements in performance in several areas of NHS Lothian's performance, there remained a number of challenging areas where further improvement is required in the context of a challenging financial environment:

- Mental health, specifically at the Royal Edinburgh Hospital, but also the design and delivery of services across Lothian;
- Cancer waiting times;
- Scheduled care;
- Unscheduled care;
- Delayed discharges; and
- Paediatric services at St John's Hospital

3.3 The DG recognised that there are programmes of work already underway in all of these areas and recovery plans in place for scheduled and unscheduled care and that a number of improvements are already being demonstrated. However that the cumulative impact of these issues, together with the significant work required to complete the move to the new Royal Hospital for Children and Young People/DCN building, will place significant pressure on the leadership capacity of the Board. In order to fully deliver on this challenging agenda a tailored package of support is required.

- 3.4 The NHS Lothian Chief Executive is responsible for the development and delivery of the recovery plan. The Scottish Government will provide a package of tailored support to develop and implement a single comprehensive recovery plan. The DG asked the Chief Executive and the senior leadership team to consider and identify what support is required, taking into account the current and projected future capacity of the team. The DG will appoint a lead Director within Scottish Government to provide oversight on his behalf.

4 Initial response from the Board's Corporate Management Team

- 4.1 The NHS Lothian Corporate Management Team (which includes NHS Lothian executive directors and the four health & social care partnership directors) has taken a collaborative, whole-system approach to consider what improvement support is required. The team took into account improvement and transformation work which is already underway, our capacity requirements across all areas, and the broad strategic ambitions and direction within the Lothian system. The NHS Board will directly oversee the implementation of the final recovery plan.. The NHS Board's oversight will be assisted by a new approach to overseeing corporate risks, which will offer a whole system perspective on risk.

Before going into the detail in relation to each of the areas of improvement in turn, set out below are some of the wider strategic principles we are developing and implementing as a health and care system in Lothian as these underpin the work we are already doing to address the challenges we recognise in the system:

Developing a Whole System Approach to Health and Care

- 4.2 We have recognised a need to ensure better whole system, pan-Lothian approaches to our planning and delivery and to support our IJBs to mature and develop further their role. Following on from the Audit Scotland update [report on health & social care integration \(November 2018\)](#), and the Ministerial Strategic Group integration review, we have put in place a Lothian Integrated Care Forum. The Forum brings together our four IJBs, four Councils and NHS Lothian colleagues to consider issues across the system. The Forum provides an opportunity to accelerate systemic and sustainable improvement and transformation of services. That our partners are committed to this across Lothian is a very strong indication of strengthening relationships and partnership approaches. The work we are developing to address unscheduled care and delayed discharges will also assist with our plans to improve scheduled care access by reducing boarding and elective cancellations. The Forum has now developed an initial work programme focussed on system priorities across mental health, learning disabilities, and unscheduled care.
- 4.3 The NHS Lothian Corporate Management Team has been going through an externally facilitated team development process over the course of the last 7 months or so. This has centred on developing whole system team working and strengthening personal and collective resilience. This work will continue in the months ahead and will be an important component of the recovery plan.

Home First

- 4.4 The IJBs have set out in their strategic plans their intent to focus change on supporting people, wherever possible and viable to do so, at home or in a homely setting, and to use acute services as required, for as short a period of time as necessary. This is articulated as a 'Home First' approach and is relevant to the approach being set out in mental health and learning disability services, as well as in acute hospital settings. The approach underpins whole-system flow, and the best use of capacity and resources. The approach is driving the improvement plans in place to address delayed discharges and pressures on demand for mental health acute beds. It is a wholly person-centred approach that enables us to plan with people at the point of admission or crises, to and ensure people do not get delayed in the system.

Partnership Working

- 4.5 We are aiming for a sustainable, person centred and community focused model of care. A key element is to develop our approach to partnership working, and expanding our engagement with third sector capacity and expertise. This underpins the activities of the IJBs and also the work NHS Lothian wishes to progress in reviewing mental health pathways, community prevention approaches, and developing safe and effective alternatives to clinical models.

Prevention and Early Intervention / Shifting the Balance of Care

- 4.6 We must have plans for improvement in the short term. We must also develop longer term plans to improve the health of the population and improve the quality of healthcare. We should do both while improving staff experience, and achieving value and sustainability. Many of the solutions to our challenges will not be amenable to any 'quick fix' but will require a concerted effort across all partners to deliver significant change over time. A clear example of this is the work partners in the East region have been championing and supporting in relation to the prevention and reversal of type 2 diabetes. This programme involved all 3 health boards, 6 councils and 6 IJBs, supported by a dedicated Programme Director. This has included the establishment and delivery of a unified regional approach to weight management services, the introduction of the Let's Prevent Diabetes programme and wider engagement with community planning partners.
- 4.7 The Corporate Management Team agreed that support for improvement should be targeted at programme management capacity support (which should include planning and analytical input) for the executive and senior managers. This will accelerate work already underway, or support the system to start work that has been identified as necessary but not yet scoped. This will be a mixture of roles working both within the NHS Board and the health and social care partnerships. This is likely to involve a blend of recruitment to posts, as well as in external and temporary support where appropriate to achieve the outcomes and impact required. All additional support will be focussed on delivering system wide impact and clear improvement outcomes.

The Six Areas for Improvement

The single whole system recovery plan with tailored improvement support will cover each of the areas highlighted in the DG's letter:

1. Mental Health Services

- 4.8 We aim to focus improvement over the whole mental health pathway and our improvement work will focus across services at the Royal Edinburgh Hospital (REH) as well as across the design and delivery of services delivered across Lothian. Work has been underway for some time in relation to the future bed base at the REH and in relation to those beds being part of the wider mental health system in Lothian. The IJBs set out their ambitions for these services from a community perspective in their strategic plans. As set out above, the Integrated Care Forum has identified mental health and learning disability services as priorities. Under the ICF we have begun to scope, and will develop further our thinking on the future configuration of these services and this will form the basis of discussion on the review of all four of our integration schemes.
- 4.9 As set out above the Home First approach is also being developed as part of our review of how we work across this system and our partners are engaged with us in relation to their future strategic commissioning of community support, housing and preventative services.
- 4.10 In regard to more immediate, short term actions we are opening four additional beds at the REH and the planned completion of the anti-ligature works at St John's will bring its inpatient capacity back to normal shortly. Together this will provide a degree of symptomatic relief from the current bed pressures at REH while our medium and longer term development work takes place in parallel. The Corporate Management Team recently agreed some specific collective work aimed at reducing variation in pathways of admission to inpatient beds at REH and St John's across all four partnership areas, including thresholds for admission.
- 4.11 We are also aware of the good work recently developed in Grampian to carry out a strategic review to place the Grampian system-wide Mental Health and Learning Disability (MHL) services on a more sustainable footing, supported by the Health and Social Care Alliance Scotland. With the integration joint boards, we will discuss the role of the third sector or external expertise in supporting our thinking and developing a whole-system model.
- 4.12 On wider mental health services we have an agreed trajectory for Child & Adolescent Mental Health Services ('CAMHS') access improvement as part of our Annual Operational Plan. This builds on additional recurring investment of £3m. We have resubmitted our trajectory for psychological therapies including additional non-recurrent investment of £1.5m. We are also currently in the process of appointing to a new role of pan-Lothian professional lead for psychology services, to complement the pan-Lothian operational management responsibility for these services from the REH leadership team. Our IJB partners have each also set out wider plans in relation to community led support to mental health and wellbeing, and the role of the third sector and link workers as viable and well regarded alternatives to medically led models.

2. Cancer Waiting Times

- 4.13 Our main improvement focus here is on the 62 day target. Our improvement support requirement is for enhanced pathway management, additional radiology and pathology capacity, and for additional clinical capacity to meet growing demand. At our first quarter performance meeting with Scottish Government colleagues in July, we discussed our funding allocation for cancer waiting times. We have been allocated £900,000 to date to cover existing commitments (£625k) and additional capacity (£275k). Our overall additional financial support requirement amounts to £1.5m in addition to the £900k already allocated.
- 4.14 This additional investment would provide for enhanced performance management support to more closely manage the complex multi stage pathways across outpatient specialties, diagnostic specialties and surgical specialties for all cancer sites including enhanced cancer tracking, based on the NHS Lanarkshire exemplar. Most of the investment required to improve performance on the 62 day target is for additional clinical capacity and for additional radiology and pathology diagnostic capacity.

3. Scheduled Care

- 4.15 We now have agreed trajectories for outpatients and treatment time guarantee in our Annual Operational plan for 2019/20. This is an additional non-recurring investment of £21.5m. Our first quarter performance for both outpatients and TTG are ahead of (better than) trajectory. The major elements which are being tackled to develop a sustainable plan for the short, medium and longer term include:
- Securing the approval of the business case for the Elective Care Centre at SJH which will provide additional capacity to support growth up to 2035 for orthopaedic, urology, general surgery, gynaecology and vascular services. This is a significant investment consisting of 11 operating theatres, 38 in-patient beds and 20 day case beds and a MRI imaging suite. The OBC is due to be submitted to CIG in August 2019. The projection is for the build programme to start in March 2020, with a view to opening at the end of December 2021.
 - Securing additional bridging capacity between April 2020 and the planned opening of the Elective Care Centre at the end of 2021. As we discussed at our first quarter performance meeting last week, we will begin to plan this bridging activity with Scottish Government colleagues over the summer months.
 - Securing recurring funding and a sustainable workforce for the Elective Care Centre.
 - Securing a sustainable plan for those specialties not included in the Elective Care Centre. There are recurrent pressures within a number of specialties, including, paediatric ENT, medicine, GI and general surgery, as well as in adult neurology, neurosurgery and dermatology.
 - Securing the approval of the business case for the Eye Pavilion, which will provide a sustainable ophthalmology service. The OBC was submitted to CIG on 15 May 2019, with a capital cost of £86.1m including a clinical research facility (£83.05m without). The availability of capital funding is the limiting factor for this project.

We have recently been working with colleagues from North of England Commissioning Unit to identify quick wins to improve performance, particularly the treatment time guarantee.

To date the project is on track and we will move to take forward any improvement recommendations that may emerge from this work in the weeks ahead.

- 5.1 Our immediate need for improvement support is for a senior programme lead to design and deliver this substantial programme of work. For the last 9 months or so, our Chief Officer for Acute Services had taken on this role full time and we have an urgent need to replace this gap together with additional senior analytical and financial support. We are about to advertise an immediate secondment opportunity for the programme lead role, pending recruitment of a permanent appointment.

4. Unscheduled Care

- 5.2 We recognise the significant challenges and pressures in relation to unscheduled care which remain despite real improvements in our system in relation to delayed discharges and reducing admissions. The Integrated Care Forum is currently reviewing and changing our unscheduled care planning approach. We are creating an Unscheduled Care Board to oversee this whole system work across Lothian. This will bridge the planning work we know we need in place across our acute services, and the content of the IJBs' strategic plans
- 5.3 There has been an enormous focus on improvement on our 4 hour emergency access standard over the last year following significant review work and a substantial investment in resources. To date this additional investment has amounted to circa £7.5m revenue across RIE and St John's, and capital investment of circa £4.5m for the expansion of the emergency department at St John's. The RIE front door model has been substantially transformed to a 'four pod' system.
- 5.4 We have seen major performance improvement across all of our sites. Month to date performance for July 2019 across Lothian is currently 93%, with RIE at 91.6%, WGH at 94%, SJH at 91.4% and RHSC at 98%. We recognise the work across Lothian in driving this improvement. The successes of the IJBs in reducing delayed discharges and length of stay in hospital have contributed to it. Our ongoing improvement and recovery will be underpinned by the improvement and transformation work already planned, agreed and in progress in our system.
- 5.5 Our major requirement for improvement support for unscheduled care is very similar to that required for mental and learning disabilities. A whole system approach to developing a sustainable model of unscheduled care has already been agreed as a priority by our Corporate Management Team and the Integrated Care Forum. We have agreed to establish a collective, shared planning and commissioning resource to develop a comprehensive pan-Lothian whole system model of unscheduled care across primary, community, social and secondary care. The aim is to provide timely access to care and to avoid delays anywhere in the whole system. This will include the strategic use of the set aside budget to support community based and community facing models of care and support. There is also a substantial business case for a redesigned front door model for the RIE, to respond to projected increased demand from our growing population.
- 5.6 New models are already being developed across our HSCPs with Hospital at Home. Enhanced community support services are in place in all four local authority areas. They each also have in place Primary Care Improvement Plans which set out the role of Primary Care in supporting unscheduled care. Improvement work will build on these existing plans and enhance and support those areas we know we can accelerate.

- 5.7 Our improvement support proposition is to buy in consultancy support to help us with the population modelling, financial analytics and model of care design, building on best practice elsewhere in the UK. We are currently developing the scope and cost of this support. We have already been exploring the recruitment of a senior programme director role and a support team of planning and commissioning staff, which would provide a collective resource to all parties. Improvement support would assist us in accelerating this through a potentially blended approach of permanent roles and external expertise.

5. Delayed Discharges

- 5.8 We recognise the challenges in Lothian in relation to delayed discharges. The City of Edinburgh has particular challenges: – high cost of living, a buoyant employment market with real competition for workers, and issues of the relatively low pay care work offers. Both the NHS Board and each of the IJBs maintain a significant focus on both short term improvement, as well as the longer term transformation. There needs to be a shift in the balance of care to rebalance the system, and ensure we can support people in the right place, at the right time with the right level of skill.
- 5.9 A significant amount of work is already happening in this area and we have seen improving trends in the Edinburgh IJB (our largest partnership) across both delays and length of stay for people delayed. This is encouraging and part of our approach is to ensure we have the capacity in place to deliver the Home First approach in Edinburgh and the aligned delayed discharge improvement plan. The NHS Board has previously provided a £4m investment in delayed discharge improvement in Edinburgh, and the innovative use of this led to an increase the care capacity in the city. The next phase of this work will see us fully implement the proposed Home First model and the Edinburgh IJB has started recruitment to the capacity support within the acute setting to underpin this. There are also improving trends within Midlothian, with the Discharge to Assess model beginning to make the step change required to support timely discharge, enabled by the Midlothian flow team. A key issue, as acknowledged by Midlothian IJB, relates to workforce and availability of care at home staff. Whilst developments around creating a care academy and different commissioning models have delivered some improvements in capacity, there is still more to be done. In considering what support could be provided by Scottish Government, a nationally-led and resourced campaign focusing on careers in social care, similar to the recent approach for early years, would add value to what is being done locally to expand the workforce.
- 5.10 East Lothian has achieved a steady and sustained reduction in East Lothian residents experiencing a delay in hospital discharge, and a substantial reduction in the number of occupied bed days over past three years. The speed at which the Health and Social Care Partnership reacts continues to improve with a number of initiatives supporting this improvement. The Hospital at Home service (H@H), has been particularly successful. This involves a team based at East Lothian Community Hospital attending to a patient in their own home, avoiding hospital admission. The Short Term Assessment and Rehabilitation Team (START) takes the Discharge to Assess approach and supports care with volunteers recruited and supported by STRiVE, East Lothian's third-sector interface organisation. Crucial to its success has been the working relationship between the occupational therapists, physiotherapists, community care workers and the volunteers. This model is to be supported to roll out across the county. The Hospital to Home service (H2H), takes people from hospital and gives them care in their own home. The service can support rehabilitation, which often leads to a reduction in original request for care. The retention of care packages for a client

who goes into hospital for up to 7 days supports getting the client home with continuity of care in a timely manner.

- 5.11 East Lothian Community Hospital has partially opened with increased capacity and new outpatient services available. The wards are due to be occupied from October 2019. The work described above has reduced East Lothian's reliance on beds and there is the potential to have a number of beds made available to the wider NHS Lothian system.

6. Paediatric Services at SJH

- 5.12 We are currently working towards the full 24/7 reopening of the St John's Paediatric ward, in line with the Royal College of Paediatrics and Child Health (RCPCH) 2016 Review. Both the review and the 2017 follow up outlined a minimum 3 year strategy to develop a sustainable workforce plan for the service. Given the level of support which NHS Lothian requested and received from the RCPCH, it is unlikely that any further external support will bring additional benefit at this stage.

- 5.13 In the interim, the ward has been open 4 nights/ week since 18 March 2019 and functioning well. We re-advertised 3 Consultant posts recently and have shortlisted applicants for interview on 15 August.

- 5.14 The NHS Board's Vice-Chair chairs the Paediatric Programme Board. It will meet on 27 August to make a comprehensive assessment of the rota position from October 2019 onwards. Subject to the success of the recruitment exercise and assuming no significant loss of other staff from the out-of-hours rota, we remain on course for a full reinstatement of the service from the autumn onwards.

6.0 The development of a formal Recovery Plan and determining the nature of a package of tailored support to assist with its development and implementation.

- 6.1 While it is important to acknowledge that performance improvement work is already underway in all 6 areas requiring improvement and that this will continue, the work will be directed and coordinated through a single formal Recovery Plan which will be developed over the course of the next three months. This Recovery Plan will describe performance and resource milestones covering three time periods – up to end March 2020, up to end March 2021 and thereafter plans for sustainable performance in the years to follow.

- 6.2 The Recovery Plan will be structured into one overarching whole system plan led by an executive level Programme Director reporting to the Chief Executive. There will be three supporting whole system programmes. A member of the Corporate Management Team will chair each programme, supported by a programme lead, and working with existing management teams throughout the health & social care system. The three supporting programmes will group service areas as follows under a Recovery Plan Programme Board

- Scheduled care and cancer – to be chaired by the NHS Lothian Chief Officer for Acute Services
- Unscheduled care and delayed discharges – to be chaired by Health & Social Care Partnership Director
- Mental health and Learning Disabilities – to be chaired by an Health & Social Care Partnership Director

- 6.3 This whole system programme structure will address the short, medium and longer term steps to securing sustainable performance improvement that will meet the needs of our rapidly growing and ageing population, and the expectations of the Government, the NHS Board, and the IJBs. Steps have been taken to identify the additional support required to supplement existing leadership capacity, starting with the four senior roles described above for the overarching Programme Director and three supporting Programme Leads. Arrangements are being made to identify the most effective way to secure rapid recruitment or procurement of talent to fill these first four posts as quickly as possible.
- 6.4 A meeting with Scottish Government colleagues to discuss the development and implementation of the Recovery Plan is currently being arranged and will take place during August.
- 6.5 A further paper will be brought to the October meeting of the NHS Board setting out progress with the Recovery Plan.

7. Key Risks

- 7.1 There is a risk that NHS Lothian will not be able to deliver the required actions to meet the milestones set out in the recovery plan, which is dependent on the availability of clinical capacity and workforce as well as additional managerial workforce in a shorter than usual timeframe. Additionally the timeframe around the actions necessary for the rectification of RHCYP/DCN are not solely within NHS Lothian's gift (risk 4813).

8. Risk Register

- 8.1 The escalation of NHS Lothian on the NHS Board Performance Escalation Framework and the risks associated with the development and implementation of the formal Recovery Plan will be added to the NHS Board risk register

9. Impact on Inequality, Including Health Inequalities

- 9.1 There is an existing socioeconomic gradient in the health need and multi morbidity in the service areas that are the focus of the performance escalation framework NHS Lothian has a duty as a public body to assess the impact of changes in service and/or policies in respect of

- Climate Change (Scotland) Act 2009
- Equality Act 2010
- Children & Young People Act 2017
- Fairer Scotland Duty 2018

In order to take a proportionate approach to this NHS Lothian has agreed with local IJBs and Councils a single Integrated Impact Assessment which seeks to facilitate appropriate consideration of all of these requirements in one sitting.

- 9.2 Where a Recovery Plan is developed and implemented with significant pace and focus, there is an opportunity to pro-actively and proportionately assess likely impacts on local people and the environment. There is also a danger that these elements are missed due to external and internal pressure to deliver.
- 9.3 As part of the development and implementation of the Recovery Plan, the separate plans for each of 6 challenging service areas where further improvement is required will be subject to an Integrated Impact Assessment. This process will be led by the three

supporting Programme Boards, whose chairs will be supported by the NHS Lothian Lead for Equality & Human Rights.

- 9.4 Dependent on findings, separate Impact Assessments and one or more cumulative Impact Assessment(s) will be published by the NHS Board before the Recovery Plan is signed off and implemented. This will enable an appropriate response to any unintended adverse consequences identified.

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

- 10.1 The process of establishing what actions need to be undertaken to support the improvement work have been undertaken with engagement and agreement with senior officers across NHS Lothian including the four Integration Joint Board Chief Officers and non executives who are also members of Integration Joint Boards.

- 10.2 Once the programmes are established there may well be a need for wider staff engagement and consultation and indeed potentially for public and patient engagement in relation to service delivery but this will be determined by each programme. Any such work may also require an impact assessment to be carried out. Where any changes are deemed to be significant in service terms the Scottish Health Council and any other bodies would be involved.

11. Resource Implications

- 11.1 Work is ongoing to quantify the total resource implications for the various elements of the recovery programme in the current financial year, and this will be concluded as part of the quarter 1 financial forecast exercise. Cost exposure from the delayed opening of the new RHSC/DCN facility will also need to be recognised within the financial forecast.

- 11.2 At the time of writing, it is assumed that the costs of the infrastructure to support the recovery programme will be at least £1m. Further work will be required to confirm the recurring financial impact.

- 11.3 Ongoing resources associated with increasing capacity, and for recurring funding sources to replace non-recurring sources, will be required for all 3 of the programmes. The work on the financial strategy will complement the recovery plan and provide greater clarity on the financial implications to deliver service sustainability.

- 11.4 In the case of costs across delegated functions (mental health, learning disabilities, unscheduled care, and delayed discharges) the total resource requirement will be across the entirety of the health and social care system.

- 11.5 Confirmed costs will be brought back through governance channels when available.

TIM DAVISON

CHIEF EXECUTIVE

1st August 2019

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NHS Lothian

NHS Lothian Board Meeting
7 August 2019

Chief Officer, Acute Services

WAITING TIMES IMPROVEMENT PLAN

1 Purpose of the Report

- 1.1 The purpose of this report is to update the Board in relation to NHS Lothian's progress in developing our response to the national Waiting Times Improvement Plan (WTIP).
- 1.2 To provide an update on Scottish Government financial allocation and capacity allocations.
- 1.3 To provide detail of performance against agreed trajectories for 2019/20.

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

2 Recommendations

The Board are recommended to;

- 2.1 **Note** current performance, against agreed AOP trajectories, in Appendix 1.
- 2.2 **Accept** this report as a source of limited assurance that in June 2019, 75% of eligible patients were seen within the Inpatient/ Day case 12 Week Treatment Time Guarantee.
- 2.3 **Note** that of the £21.5m of non-recurrent funding, £18.9m has been committed to date, and is reflected in submitted AOP trajectories, and that as agreed by the Board on 26 June 2019, remaining funding is being used for recurrent investment in high risk services. Trajectories will be updated aligned to this recurring investment. In addition NHS Lothian has been allocated £900k of non-recurrent funding to support improved cancer performance.
- 2.4 **Note** that to support further performance improvement additional capacity options have been identified and have been submitted to the Scottish Government Access Team on 18th July, for review and additional funding.
- 2.5 **Note** that Scottish Government has engaged the North of England Commissioning Support Unit to undertake a deep dive, focussed piece of work primarily focussed on 12 week TTG performance for five specialties: Orthopaedics, Urology, Colorectal, General Surgery and Vascular, to identify quick wins that could improve performance. Please see Section 4.
- 2.6 **Acknowledge** that issues arising from the delayed move of the Royal Hospital for Children and Young People may impact patient waiting times within Paediatrics, Diagnostics and the Department of Neurosciences.

3 Discussion of Key Issues

- 3.1 The Waiting Times Improvement Plan requires by March 2021 delivery of 95% of outpatients seen within 12 weeks, 100% of Treatment Time Guarantee (TTG) eligible inpatients seen within 12 weeks and 95% of cancer patients seen within the 31 and 62 day standards.
- 3.2 Performance for June shows that both Outpatients and Inpatient day cases remain below AOP Trajectory. Endoscopy has seen a significant reduction of over 1,500 in terms of the number of patients breaching 6 weeks, since March 2019. There has also been a key focus in reducing length of wait for bowel screening, Urgent Suspicion of Cancer and Urgent patients.
- 3.3 Cancer performance remains an area of significant risk, particularly in terms of the 62 day standard. Colorectal and Urology are of particular concern, and a number of actions have been identified through pathway analysis to improve performance. These include a Proleptic Colorectal Surgeon appointment; an additional consultant Urologist; a comprehensive endoscopy investment plan; and a plan to streamline the prostate cancer pathway.

Bids totalling £2.02m were submitted for consideration against Scottish Government Cancer Performance funding, based on an assessment of maximum impact and deliverability in year. Confirmation has now been received that NHS Lothian will receive £0.9m, which will not support full delivery of the actions required to improve performance.

A summary of current performance is attached as **Appendix 1**.

- 3.4 Additional capacity in NHS Forth Valley to support the TTG trajectory has been agreed with the Scottish Government Access Team. The initial AOP trajectory for March 2020 projected 3,472 patients waiting over 12 weeks, and with this additional capacity the trajectory has been adjusted to 2,472.
- 3.5 The two additional theatres within NHS Forth Valley are part of the National Elective Centre Programme and have been commissioned along with supporting beds by the Scottish Government. We have been given sole access to these theatres until March 2020. It is anticipated that these theatres will be staffed by NHS Substantive appointments and will be managed through a commissioning model via Golden Jubilee National Hospital.
- 3.6 One theatre will be fully operational by October 2019 and the second theatre by January 2020. It is anticipated that 1,000 day cases will be seen through these theatres to March 2020. An initial patient pathway planning meeting with Forth Valley and Golden Jubilee was held on 3 July, and it is anticipated these theatres will be used to support Orthopaedic and General Surgery and potentially Urology.
- 3.7 Additional recurrent capacity has now begun with substantive recruitment to support high priority services. This investment is aligned to service sustainability plans. The following table summarises services where investment has been agreed:

		Full Year Effect	Forecast 2018/19
<i>Specialty</i>	wte	£'000	£'000
GI Adult	5.0	432	216
GI Paediatrics	3.0	324	162
Colorectal	1.0	136	68
Urology	2.0	272	136
General Surgery	1.0	54	27
Dermatology	6.0	377	189
Ophthalmology	11.0	464	232
Outpatients		123	62
Theatres		695	348
Non Pays		375	187
	29.0	3,253	1,627

4 North of England Commissioning Support Team (NECS)

- 4.1 A team has been commissioned by the Scottish Government to undertake a deep dive, focussed programme of work, with a report due by the end of August 2019. The team have been in Lothian 2 days / week with a large volume of the diagnostic work being done off site through analysis of anonymised patient level data. Analysis is being undertaken on last year's data, using a value based commissioning model. This model is widely established within NHS England and uses evidenced based policies, best practice and guidelines to manage and reduce referrals from primary care. This programme of work covers all acute services within NHS Lothian and is not restricted to 5 in scope deep dive services.
- 4.2 The Programme Brief is a rapid diagnostics review and quick win identification for theatre utilisation, outpatient capacity and waiting lists for scheduled Urology, Orthopaedic, General Surgery, Vascular and Colorectal Services, to identify areas of potential improvement to achieve the 12 week TTG performance target for NHS Lothian's population.
- 4.3 By the end of August 2019, NECS will have worked with NHS Lothian to:
- Undertake a rapid diagnostics review with NHS Lothian for scheduled inpatient and day case Orthopaedics, General Surgery (excluding Breast Surgery and Endoscopy) and Urology care
 - Identify and implement tailored quick wins with NHS Lothian
 - Provide external assurance (grip)
 - Identify appropriate medium term support (based on the rapid diagnostics review)
- 4.4 Detailed service meetings have taken place with General Surgery, Vascular, Colorectal and Urology with an Orthopaedic meeting established in late July. In addition the team have met with the Theatre and Outpatient management teams and Workforce Planning, looking at both local and regional plans, ongoing concerns around pension issues, and recruitment within a number of speciality areas. The remaining meetings due to take place will be with eHealth, External Provider Office and Waiting List teams.

4.5 Weekly check point meetings have been taking place with NECS colleagues throughout the term of the project. The first of these meetings took place on 11 July 2019, and they continue to provide weekly reports to NHS Lothian and to a Scottish Government oversight group chaired by Jill Young. To date the recommendations have been in relation to demand reduction with GPs. These recommendations are aligned to the Value Based Analysis tool.

5 Available Resources

5.1 As previously reported, the Annual Operational Plan agreed with Scottish Government identifies resources of £21.5m available to Lothian to support delivery of trajectories. Of this, £18.9m was directly linked to trajectories outlined in the AOP, with a further £2.6m not committed at that time. Recurring resources now committed against Sustainability plans (please see Section 3.7, above), are forecast to utilise £1.6m in year (actual phasing to be finalised), leaving an expected balance of £1m. Discussions are ongoing in relation to how the residual balance will be allocated to support delivery of performance improvement in year, and to mitigate financial risk against independent sector contracts.

6 Key Risks

6.1 NHS Lothian's WTIP programme board has established a risk register which considers in detail the specific risks associated with individual service plans, as well as those risks applicable to the overall plan. A number of high risk themes are identified which are summarised as follows:

- Delayed move to new Royal Hospital for Children and Young People may impact on waiting times performance for Paediatrics, Diagnostics and Neurosciences. As part of a safe migration to the new hospital there is a planned reduction in elective activity; this occurred in advance of the decision to postpone the move and will occur again when the new move date is finalised.
- Workforce availability and timescales for recruitment
- Waiting List Initiatives are delivered by NHS Lothian workforce outside of core hours, either as evening sessions (outpatients), or weekends (outpatients and inpatient/day case theatre lists). Recent changes to legislation relating to pension entitlements have resulted in an increasing reluctance amongst Medical staff in particular to commit to additional work out with core contracts and present an ongoing risk to this capacity.
- Increased demand as a result of national screening programmes, changes to clinical pathways, and/or supra-regional services.
- Sub-specialty queue pressures for which specialist interventions will not be available through independent sector providers and for which there are recognised recruitment challenges.
- Limitations on internal capacity infrastructure (Theatres, Diagnostics, etc.), in advance of the delivery of major business cases in relation to the Elective Treatment Centre, Eye Pavilion and Endoscopy facilities.

- Availability of supporting infrastructure including sterilisation of instruments.
- Available resources will be insufficient to meet projected costs of actions needed to deliver 2021 performance.
- Conversion to Treat and/or case-mix variation may result in increased costs against expected value of Independent Sector contracts.
- Lack of clarity on national process for approval of long term investments for services out-with Elective Centre development, resulting in continued reliance on premium rate solutions.
- Capacity available with independent sector providers will be insufficient to support delivery of required trajectories.
- Continued uncertainty over timing and impact of Brexit on availability of workforce, instruments and clinical/non-clinical supplies

7 Risk Register

- 7.1 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*).

8 Impact on Inequality, Including Health Inequalities

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

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

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

10 Resource Implications

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

Jacquie Campbell
Chief Officer Acute Services
25/07/2019

List of Appendices

Appendix 1 - Scheduled Care Performance

Appendix 1: Scheduled Care Performance

Below is a summary of current performance against trajectories.

OP Performance against Trajectory

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

	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
NHSL OP >12 Wks Performance	24,669	24,775	24,425	24,307									
OP Trajectories	23,930	25,933	26,552	26,269	25,964	25,760	25,051	23,500	22,293	20,393	18,048	17,332	16,151
Difference	739	-1,158	-2,127	-1,962									

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 IP >12 Wks Ongoing Waits	2,340	2,597	2,642	2,622									
IPDC Trajectories	2,707	2,586	2,658	2,839	3,055	3,198	3,190	3,011	2,947	2,922	2,699	2,758	2,472
Difference	-367	11	-16	-217									

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

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									
Colonoscopy patients waiting over 6 wks	1,129	1,024	1,002	933									
Flexible Sigmoidoscopy (Lower Endoscopy) patients waiting over 6 wks	785	713	469	340									
TOTAL GI Performance	3,341	2,854	2,230	1,898									
GI > 6/52 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									

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	349	394	370	323									
Urology > 6/52 Trajectory	0	435	395	385	415	445	395	345	295	245	195	145	95
Difference	349	-41	-25	-62									

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									
Trajectory >6 weeks	8	50	80	100	80	60	40	20	0	0	0	0	0
Difference	24	13	21	1									

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									
Trajectory >6 weeks	0	200	250	150	250	200	150	50	0	0	0	0	0
Difference	103	-63	-136	-63									

Specialty Radiology - General Ultrasound (not vasc)	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
Ultrasound Performance	6	12	4	14									
Trajectory >6 weeks	10	10	20	10	0	0	0	0	0	0	0	0	0
Difference	-4	2	-16	4									

Cancer Performance The following tables details 31 and 62 day cancer performance against trajectory

31 Day performance													
	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
Urological	94.5%	86.1%	92.5%										
Colorectal (screened excluded)	85.7%	80.0%	79.3%										
Colorectal (screened only)	100.0%	100.0%	55.6%										
Melanoma	91.7%	100.0%	100.0%										
Breast (screened excluded)	98.1%	97.1%	97.4%										
Breast (screened only)	100.0%	53.1%	67.4%										
Cervical (screened excluded)	100.0%	80.0%	80.0%										
Cervical (screened only)	100.0%	100.0%	100.0%										
Head & Neck	100.0%	100.0%	100.0%										
Lung	93.2%	95.2%	100.0%										
Lymphoma	100.0%	100.0%	100.0%										
Ovarian	100.0%	100.0%	100.0%										
Upper Gastro-Intestinal (GI)	97.7%	96.0%	97.4%										
All Cancer Types	95.3%	88.7%	91.2%										
All Cancer Types Trajectory	92.9%	93%	93%	93%	95%	94%	94%	94%	94%	94%	94%	95%	94%
Difference	2.4%	-3.9%	-1.6%										

62 Day performance													
	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
Urological	50.0%	50.0%	46.3%										
Colorectal (screened excluded)	55.6%	36.4%	52.6%										
Colorectal (screened only)	0.0%	0.0%	0.0%										
Melanoma	80.0%	66.7%	84.6%										
Breast (screened excluded)	90.6%	95.7%	72.7%										
Breast (screened only)	100.0%	97.1%	95.7%										
Cervical (screened excluded)	100.0%	33.3%	50.0%										
Cervical (screened only)	100.0%	0.0%	0.0%										
Head & Neck	100.0%	100.0%	88.9%										
Lung	92.9%	90.5%	76.2%										
Lymphoma	100.0%	66.7%	100.0%										
Ovarian	100.0%	100.0%	50.0%										
Upper Gastro-Intestinal (GI)	90.5%	100.0%	90.9%										
All Cancer Types	79.3%	73.8%	71.0%										
All Cancer Types Trajectory	89.5%	78%	82%	82%	83%	84%	81%	81%	83%	82%	81%	86%	84%
Difference	-10.2%	-4.2%	-10.7%										

Director of Finance

MONTH 3 UPDATE - DELIVERING FINANCIAL BALANCE 2019/20

1 Purpose of the Report

- 1.1 This paper provides an update to the Board on the financial position at Period 3 and progress being made to deliver a balanced position in 2019/20.
- 1.2 Any member wishing additional information on the detail of this paper should contact the Director of Finance prior to the meeting.

2 Recommendations

- 2.1 The Board is recommended to:
 - **Accept** this report as a source of significant assurance that the Finance & Resources (F&R) Committee has received and accepted a report which highlighted the key areas for financial improvement in order to achieve an in-year balanced outturn, and;
 - **Accept** that **limited assurance** remains in place at this stage for the achievement of breakeven by the year end, based on the month 3 position. The F&R Committee has accepted this level of assurance.

3 Discussion of Key Issues

- 3.1 The F&R Committee received a paper at its meeting on the 24th July which reported the Period 3 financial position of a £3.4m overspend. This represents an improvement on the 19/20 Financial Plan gap of £26m, pro-rata.
- 3.2 Based on the information presented, the Committee agreed that it currently had **limited assurance** that the Board will achieve a breakeven outturn in 2019/20, and that the output of the Quarter 1 review currently being undertaken would consider any update to this assurance level.
- 3.3 As part of the Quarter 1 review process review meetings will be held between Finance and Business Unit leads. At these meetings a detailed review of the year to date position, further actions to control and reduce spend in both current and future years and the implications for the forecast year end outturn, will be discussed. Output from these meetings will form part of the update to the Board following the September F&R Committee meeting.
- 3.4 The F&R Committee received an update on some key actions being implemented to establish financial balance in-year. Success will be measured on a monthly basis against

the outturn position and reported back to the F&R Committee. Delivery against these actions will influence the level of assurance on a breakeven position.

3.5 The proposed actions to reduce the estimated gap are:

- **Delivery of 3% Efficiency Savings** – The Plan assumes £25.2m of efficiency savings, equating to 1.6% of the total budget. A 3% target delivered would yield a further circa £22m of benefit.
- **Identification of additional resources** – The Plan makes assumptions around year end management and subsequent in-year flexibility to support the Plan. A review will be undertaken to establish further flexibility to support the position.
- **Review of Acute Drugs** – The cost pressure in the Plan assumes circa £18m of drugs spend beyond available budget in the hospital setting alone. Actions to control this spend where possible include reductions on pricing (as part of national negotiations) as well as reviewing timing for the introduction of new medicines, particularly those approved through the Scottish Medicines Consortium.
- **Review of cost growth assumptions and underlying gap** – Projected increases in the level of expenditure is a feature of the Financial Plan and is carried out with a degree of prudence.
- **Other actions** – The four actions above directly relate to those elements which drive the gap within the Financial Plan. Further actions to control the differential between total spend and available resource are being developed, with focus on areas such as supplementary staffing.

3.6 The period 3 report to the F&R Committee was prepared prior to the issues emerging around the new RHSC facility. The Quarter 1 Review will give full consideration to the financial implications arising from delays to the opening of the new site, as well as the mitigating actions proposed.

4 Risk Register

4.1 The corporate risk register includes the following risk:

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

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

5 Impact on Inequality, Including Health Inequalities

5.1 There are no new implications for health inequalities or general equality and diversity issues arising directly from the issues and recommendations in this paper. Any actions arising from issues discussed in this paper may need consideration in the context of an impact assessment.

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

6.1 The implementation of the financial plan and the delivery of a breakeven outturn may require service changes. As this particular paper does not relate to the planning and

development of specific health services there was no requirement to involve the public in its preparation. Any future service changes that are made as a result of the issues raised in this paper will be required to adhere to the Board's legal duty to encourage public involvement.

7 Resource Implications

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

Susan Goldsmith

Director of Finance

25th July 2019

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NHS Lothian

Board
7 August 2019

Medical Director

NHS Lothian Corporate Risk Register

1 Purpose of the Report

- 1.1 The purpose of this report is to set out NHS Lothian's Corporate Risk Register for assurance.

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

2 Recommendations

The Board is recommended to:

- 2.1 Accept a new risk on the Corporate Risk Register associated with the delay in providing clinical care at the Royal Hospital for Children & Young People (RHCYP) and Department of Clinical Neurosciences (DCN) on the Royal Infirmary of Edinburgh campus.
- 2.2 Accept a new risk on the Corporate Risk Register associated with the delivery of NHS Lothian's Level 3 Recovery Plans to the agreed timescales which is covered in detail in the paper NHS Board Performance Escalation Framework (agenda item 5).
- 2.3 Accept the new Brexit risk has received moderate assurance from the July 2019 Healthcare Governance Committee (HCG).
- 2.4 Note the HCG has agreed to embed a set of questions into the papers to improve identification and response to risks to quality of care.
- 2.5 Accept that a range of workshops and one-to-one meetings have taken place in preparation for moving to the new risk template by September 2019 and in response to internal audit recommendations.

3 Discussion of Key Issues

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

high scoring system currently used, is based on the same risk scoring matrix, remains unchanged (see Appendix 2 for corporate risks).

3.2 There are currently 15 risks in total in Quarter 1; the 8 risks at Very High 20 are set out below.

1. The scale or quality of the Board's services is reduced in the future due to failure to respond to the financial challenge
2. Patient Safety in Royal Infirmary of Edinburgh Accident & Emergency Department
3. Achieving the 4-Hour Emergency Care standard
4. Timely Discharge of Inpatients
5. General Practice Sustainability
6. Access to Treatment (organisational risk)
7. Access to Treatment (patient risk)
8. Brexit

3.2.1 The Board is fully sighted on the risk associated with the delay in providing clinical care for children and DCN patients that follows from the delays to the move into the new RHCYP/DCN building on the Royal Infirmary of Edinburgh campus. The Board is asked to accept this risk onto the Corporate Risk Register which is described below:-

Risk Description (4813)

There is a risk to patient safety, experience and outcome of care plus financial impact, due to the delay in providing clinical care for RHCYP and DCN patients on the Royal Infirmary of Edinburgh campus.

Committee Assurance

Finance & Resources Committee will be the primary committee for assurance, with Healthcare Governance Committee having oversight of clinical impact. The clinical consequences of the delayed move which form part of this risk were discussed at the July 2019 HCG.

Grading – Very High 20

Immediate plans to mitigate the risk are in place. This risk cannot, however, be fully mitigated as a number of controls are outwith NHS Lothian, hence escalation to the Corporate Risk Register and level of grading.

3.2.2 In response to NHS Lothian being escalated to Level 3 by the Director General Health & Social Care and Chief Executive of NHS Scotland, it is recommended that a new risk is added to the Corporate Risk Register while acknowledging that a number of the areas highlighted for improvement are currently identified as separate items on the Corporate Risk Register. The paper titled NHS Board Performance Escalation Framework: NHS Lothian recovery plan (Agenda item 5) sets out in detail the six challenging service areas that require further improvement as part of NHS Lothian's recovery plan associated milestones and risks. The description of the new risk is as follows.

Risk Description (4820)

There is a risk that the Board does not deliver NHS Lothian's Level 3 Recovery Plans in the agreed timescale impacting on patient experience and outcome of care.

The controls to mitigate this risk are set out in the more detailed paper along with associated risks.

- 3.2.3 The Board and Governance committees of the Board need to assure themselves that adequate improvement plans are in place to attend to the corporate risks pertinent to the committee. These plans are set out in papers presented to the Board and the relevant governance committees. Governance Committees continue to seek assurance on risks pertinent to the committee and level of assurance along with a summary of risks and grading is set out below in Table 1.
- 3.2.4 With the dissolution of the Acute Hospitals Committee in January 2019, HCG has taken on responsibility to provide assurance to the Board for two additional risks which are the Access to Treatment risks at a Patient and Organisational level and Waste Management with a focus on the impact of these risks to person-centred, safe and effective care. These will be considered at the November 2019 HCG as part of the reporting on the Quality of Care in acute services.
- 3.2.5 The HCG considered the new Brexit risk in July 2019 and accepted moderate assurance. The new Waste Management risk will be considered at the Health & Safety Committee in August 2019.
- 3.2.6 The HCG Committee's annual report feedback (2018-19), identified the requirement to build members' capability to scrutinise effectively papers being presented to the Committee. This is important in order to ensure the committee works effectively and efficiently given the scale of its remit. A paper has been compiled building on the NHS Lothian Quality Map and service review template, plus a number of documents set out below:-
- Improvement Focused Governance (<https://www.gov.scot/publications/improvement-focused-governance-non-executive-directors-need-know/>)
 - What NHS Non-Executive Directors can expect from induction (<https://org.nhsllothian.scot/LothianNHSBoard/handbook/Pages/default.aspx>)
 - Being Effective: what Non-Executive directors need to know (<https://www.gov.scot/publications/being-effective-nhs-non-executive-directors-need-know/pages/2/>)
- 3.2.7 This paper included questions concerning risks to quality of care and focuses on remedial actions to address key risks to quality, acknowledging that actions should also focus on learning and celebrating successes. Questions asked following presentations or papers are not limited to those below, but this focus will support HCG in addressing its substantial agenda.

Key Questions

- What are the key risks related to quality and how are they quantified. What information (data) is available to assess the risks
- For all actions identified, they should answer the following questions:
 - How will you know that the action agreed has been implemented?

- How will you know if the action has had any impact when it is implemented? (How will it be measured?)
- Is the action strong enough to lead the change required?
- Who is accountable for the delivery, monitoring and reporting of the progress and improvement against the actions agreed?
- Is it clear how actions will support person-centred, safe, effective care?

3.2.8 The HCG agreed in July 2019 to embed into the Key Risks section (Section 4 in this Board paper) to prompt those writing the paper to review risks explicitly with regard to quality and the associated outcomes in order to inform assurance.

3.2.9 Links to each risk in Appendix 1 have been embedded in the below table (please click on individual Datix risk number in the table).

Table 1

Datix ID	Risk Title	Committee Assurance Review Date	Initial Risk Level	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019	Apr-June 2019
3600	The scale or quality of the Board's services is reduced in the future due to failure to respond to the financial challenge. Update provided July 2019	<u>Finance & Resources Committee (F&R)</u> November 2018 - F&R agreed to change the assurance level from limited to moderate, though the risk remains Very High due to long-term financial challenges. May 2019 – F&R considered Financial Plan – limited resources due to reliance on non-recurring funding.	High 12	Very High 20	Very High 20	Very High 20	Very High 20
3203	Unscheduled Care: 4 hour Performance – Organisational Risk. Update provided July 2019	<u>Healthcare Governance Committee (HCG)</u> October 2018 Acute Services Committee continued to accept limited assurance. HCG Jan 2019 update accepted moderate assurance re plan in place to improve 4 hour performance and safety at RIE. Plan subject to external scrutiny.	High 10	Very High 20	Very High 20	Very High 20	Very High 20
4688	There is a risk to patient safety and outcome of care due to unreliable, untimely triage/assessment and treatment, and overcrowding leading to increased likelihood of patient harm at the Royal Infirmary of Edinburgh. Update provided July 2019	<u>HCG Committee</u> Healthcare Governance considered plans in place to mitigate risk to safe, effective, person-centred care in March 2019 – Moderate assurance Audit & Risk Committee –November 2018 – Moderate assurance Plan also subject to external scrutiny.			Very High 20	Very High 20	Very High 20
3726	Timely Discharge of Inpatients (Previously Unscheduled Care: Delayed Discharge). Update provided July 2019	<u>HCG Committee</u> November 2018 HCG continued to accept limited assurance.	Very High 20	Very High 20	Very High 20	Very High 20	Very High 20
3829	GP Sustainability.	<u>HCG Committee</u> November 2018 HCG continued to	Very	Very	Very	Very	Very

Datix ID	Risk Title	Committee Assurance Review Date	Initial Risk Level	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019	Apr-June 2019
	Update provided July 2019	accept limited assurance, with some evidence of improved stability with 'in hours' General Practice but increasing instability in 'out of hours' Action plan for 'out of hours' to report back to HCG in May 2019. July 2019 – HCG accepted limited assurance on demonstrating impact on sustainability. Report back in September 2019	High 20	High 20	High 20	High 20	High 20
3211	Access to Treatment – Organisation Risk. Update provided July 2019	<u>Healthcare Governance Committee</u> October 2018 AHC continued to accept limited assurance. The Committee was impressed with the work in progress but also disappointed that performance remained of concern with the volume of patients waiting over 12 weeks. Recognition that systems of control were in place was accepted. To be examined by HCG in November 2019.	High 12	Very High 20	Very High 20	Very High 20	Very High 20
4191	Access to Treatment Risk – Patient. Update provided July 2019	<u>Healthcare Governance Committee</u> January 2019 HCG – moderate assurance. To be considered by November 2019 HCG.	Very High 20	Very High 20	Very High 20	Very High 20	Very High 20
4693	Brexit Updated provided July 2019	Template complete. July 2019 HCG accepted moderate assurance.	Very High 20			Very High 20	Very High 20
4694	Waste Management	Template in development. Risk to be examined at Health & Safety Committee in August 2019.	High 15			High 15	High 15
3454	Management of Complaints and Feedback. Update provided July 2019	<u>HCG Committee</u> March 2019 HCG continued to accept moderate assurance. Reviewed at every second HCG meeting. July 2019 HCG accepted moderate assurance.	High 12	High 16	High 16	High 16	High 16
3527	Medical Workforce Sustainability. Will be updated based on committee feedback.	<u>Staff Governance Committee</u> October 2018 meeting continued to accept moderate assurance. Moderate Assurance March 2019. Paper going to July 2019 committee.	High 16	High 16	High 16	High 16	High 16
3189	Facilities Fit for Purpose Update provided July 2019	<u>Finance & Resources Committee</u> F&R January 2018 - moderate assurance received.	High 15	High 16	High 16	High 16	High 16
3455	Management of Violence & Aggression. (Reported at H&S Committee).	<u>Staff Governance Committee</u> Staff Governance considered in October 2018 and accepted limited	Med 9	High 15	High 15	High 15	High 15

Datix ID	Risk Title	Committee Assurance Review Date	Initial Risk Level	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019	Apr-June 2019
	Update provided July 2019	assurance due to access to training and lone working processes. Moderate Assurance March 2019. Paper going to Health & Safety Committee August 2019.					
3328	Roadways/ Traffic Management (Risk placed back on the Corporate Risk Register December 2015) (Reported at H&S Committee). Update provided July 2019	<u>Staff Governance Committee</u> Update provided January 2019 Staff Governance Committee, January 2019 continued to accept moderate assurance. Paper going to July 2019 committee.	High 12	High 12	High 12	High 12	High 12
1076	Healthcare Associated Infection Update provided July 2019	<u>HCG Committee</u> March 2019 - overall moderate assurance. Reviewed at every HCG meeting. July 2019 – moderate assurance. Standing item on HCG agenda.	High 12	Med 9	Med 9	Med 9	Med 9
3828	Nursing Workforce – Safe Staffing Levels. Update provided July 2019	<u>Staff Governance Committee</u> Staff Governance considered a paper on this risk in October 2018 and continue to accept moderate assurance This risk will be regularly reviewed particularly with respect to District nursing. Moderate Assurance March 2019. A paper is going to Staff Governance July 2019.	High 12	Med 9	Med 9	Med 9	Med 9

3.3 Strategic Risk Framework

3.3.1 Management and assurance committees of the Board are required to ensure that all NHS Lothian plans and controls to mitigate corporate risks have considered the following:-

- New models of Health & Social Care risk
- How the plans seek to improve and innovate
- Mechanisms for collaborative and joint working
- Engagement with the public and patients.

3.4 Strengthening NHS Lothian's Risk Management System

3.4.1 The A&RC considered the outcome of the testing of a new corporate risk register template which sought to demonstrate the relationship between risks on the corporate

risk register; associated strategic plans and, by adding measures to illustrate the adequacy of controls, resulting in a more whole-system approach to risk management in collaboration with Internal Audit. The Board approved the A&RC recommendation to adopt this template. Workshops with handlers and owners are in place to provide the rationale for the template, to focus on improving the description of controls and enhance understanding of NHS Lothian risk management systems in line with Internal Audit recommendations. This will be completed by September 2019, which is in line with to Internal Audit recommendations.

4 Key Risks

- 4.1 The risk register process fails to identify, control or escalate risks that could have a significant impact on NHS Lothian.

5 Risk Register

- 5.1 Not applicable.

6 Impact on Health Inequalities

- 6.1 The findings of the Equality Diversity Impact Assessment are that although the production of the Corporate Risk Register updates, do not have any direct impact on health inequalities, each of the component risk areas within the document contain elements of the processes established to deliver NHS Lothian's corporate objectives in this area.

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

- 7.1 This paper does not consider developing, planning and/or designing services, policies and strategies, with the exception of the Risk Management Policy and Procedure which required stakeholder engagement (see para 3.5).

8 Resource Implications

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

Jo Bennett

Associate Director for Quality Improvement & Safety

17 July 2019

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List of Appendices

Appendix 1: Summary of Corporate Risk Register

Corporate Risk Register

Appendix 2

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates/Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3600	3: Secure Value & Financial Sustainability	The scale or quality of the Board's services is reduced in the future due to failure to respond to the financial challenge.	<p>There is a risk that the Board does not systematically and robustly respond to the financial challenge to achieve its strategic plan.</p> <p>This could be due to a combination of: uncertainty about the level of resource availability in future years, the known demographic pressure which brings major potential service costs and increasing costs of new treatment options, e.g. new drugs, leading to a reduction in the scale or quality of services.</p> <p>NOTE: During the last few years, NHS Lothian has been reliant on non-recurring efficiency savings, which has exacerbated the requirement to implement plans which produce recurring savings.</p>	<p>The Board has established a financial governance framework and systems of financial control. Finance and Resources Committee provides oversight and assurance to the Board.</p> <p>Quarterly review meetings take place, where acute services COO, site/service directors in acute, REAS and joint directors in Primary Care are required to update the Director of Finance on their current financial position including achieve delivery of efficiency schemes.</p> <p>Rationale for Adequacy of Control: A combination of uncertainty about the level of resource availability in future years combined with known demographic pressure which brings major potential service costs, requires a significant service redesign response. The extent of this is not yet known, nor tested.</p>	<p>Risk reviewed for period April to June 2019</p> <p>Risk Grade/Rating remains Very High 20</p> <p><u>Update 28 June 2019</u></p> <p><u>The 2018/19 Annual Accounts, were signed by NHS Lothian Board on Wednesday 26 June and these accounts reflected the position that NHS Lothian had achieved its financial targets.</u></p> <p><u>The 22 May 2019 Finance & Resources Committee noted that the 2019/20 Financial Plan previously considered by the Committee had been discussed and approved at the NHS Lothian Board meeting with a £26m gap and limited assurance that NHS Lothian is able to deliver a balanced plan at this stage. The position is dependent on the use of non recurrent funding to mitigate the recurring gap of £44m.</u></p> <p><u>The 1st quarter financial forecast exercise is currently in progress and will be reported to the Board in September.</u></p> <p><u>Risk levels remain as previously.</u></p>	Inadequate; control is not designed to manage the risk and further controls & measures required to manage the risk	Very High 20	Medium 6	Director of Finance	Deputy Director of Finance	Finance & Resource Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3203	2: Improve patient pathways and shift the balance of care	Unscheduled Care: 4 hour Performance	<p>There is a risk that NHS Lothian will fail to meet the 4 hour performance target for unscheduled care which could mean that patients fail to receive appropriate care, due to volume and complexity of patients, staffing, lack and availability of beds, lack of flow leading to a delay to first assessment, a delay in diagnosis and therefore in treatment for patients and a reputational risk for the organisation.</p>	<p>A range of governance controls are in place for Unscheduled Care notably:</p> <p>Board Monthly NHS Lothian Board oversee performance and the strategic direction for Unscheduled Care across the NHS Lothian Board area.</p> <p><u>The view from the External Support Team and Academy and SG is that the concerns raised throughout the Academy Report had now been fully addressed with a significant programme of activity underway to improve patient experience and performance through the planned test of changes. This marks the conclusion of any formal liaison with the External Support Team in relation to the Review</u></p> <p><u>The Audit & Risk Committee has had overall responsibility for assurance of delivery of the plan on behalf of the Board. In addition, all actions within the plan have an identified governance committee as accountable owner. Each of the relevant committees - Healthcare Governance Committee, Information Governance Committee and Staff Governance Committee has sought assurance throughout the year.</u></p> <p>A number of performance metrics are considered and reviewed weekly, including:</p> <ul style="list-style-type: none"> - 4 hour Emergency Care Standard and performance against trajectory - 8 and 12 hour breaches - Safety - Attendance and admissions - Delayed Discharge (see Corporate Risk ID 3726) - Boarding of Patients - Length of Stay (LOS) - Cancellation of Elective Procedures - Finance - Adherence to national guidance/ recommendations (what Scottish Government expect for the money received) 	<p>Risk Reviewed for period April to June 2019</p> <p>Risk reviewed and approved by Acute Services Committee in November 2017 accepted Moderate Assurance.</p> <p>Risk and Controls reviewed July 2019. Risk Grade/Rating remains Very High/20.</p> <p>Royal Infirmary of Edinburgh</p> <ul style="list-style-type: none"> • <u>The clinical model for the RIE front door is progressing, and a range of estimates regarding required physical capacity at the front door have been collated, based on current ways of working and projected future attendances. The highest estimates are also based on patients being accommodated within a clinical cubicle for their entire length of stay. Work is now required to challenge and validate the model and proposed footprint, and establish related revenue costs. A piece of work involving H&SCP colleagues in looking at existing and potential future alternatives to ED for some attendees is planned for late July/early August, and visits to EDs in London are planned for August 2nd, to compare patient pathways, practice, staffing models and design.</u> <p>Western General Hospital</p> <ul style="list-style-type: none"> • <u>Edinburgh Health and Social Care Partnership (EHSCP) are supporting the loss of 26 beds at the end of September 2019 within in the Western General Hospital. Achieving a reduction in the bed base depends on achieving a significant reduction in MoE length of stay. EHSCP recognise that this is the opportunity to change the model of how EHSCP delivers care through a 'home first' approach where ongoing assessment takes place at home or in a homely setting out with a hospital.</u> <p>St John's Hospital</p> <ul style="list-style-type: none"> • <u>The Front Door Redesign at SJH is taking a phased approach. Phase one focuses on the ED footprint and phase two on Ambulatory Care and MAU. SJH ED redesign was progressed to 22nd May F&RC. The Committee approved the capital case of the Standard Business Case and provided clarity regarding the revenue implications. The Business Case for the Front Door Redesign at St John's was approved at the Integrated Board Meeting on Wednesday 26 June 2019</u> 	Adequate but partially effective; control is properly designed but not being implemented properly	Very High 20	Low 1	Deputy Chief Executive	Chief Officer (Acute Services NHSL) / Chief Officer(W/Lothian IJB)	Healthcare Governance Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates/Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
37 26	2: Improve	Time	<p>There is a risk that patients are not being discharged in a timely manner resulting in sub optimal patient flow impacting on poor patient, staff experience and outcome of care.</p>	<p>A range of management/governance controls are in place for Unscheduled Care notably:</p> <p>NHS Lothian Board (bi-monthly) oversee performance and the strategic direction for Delayed Discharges across the Lothian Board area.</p> <p>The bi-monthly Healthcare Governance meeting as well as formal SMT and SMG meetings.</p> <p>NHS Lothian's Winter Planning Project Board is now established as the NHS Lothian Unscheduled Care Committee in collaboration with the Integrated Joint Boards</p> <p>Integrated Joint Boards will report via the Deputy Chief Executive to Scottish Government on the delivery of key targets which include Delayed Discharges and actions in response to performance.</p> <p>Delayed discharges are examined and addressed through a range of mechanisms by IJBs which include:</p> <ul style="list-style-type: none"> Performance Management. Each Partnership has a trajectory relating to DD performance and these are reported through the Deputy Chief Executive Oversight of specific programmes established to mitigate this risk for example Edinburgh Flow Board and/or Strategic Plan Programme Board (East Lothian) 	<p>Risk reviewed for period April to June 2019 Reviewed by HCG and continued to accept limited assurance. Update July 2019 Risk Grade/Rating remains Very High/20</p> <p>Action to help tackle DD across NHS Lothian include:</p> <ul style="list-style-type: none"> Criteria-led discharge pilots Locality-based services/discharge hubs developed to support pulling patients out Evidence-based dynamic discharge at each adult site LoS programmes at RIE/WGH Flow Centre live in West Lothian to expedite transfer issues <p>Midlothian</p> <ul style="list-style-type: none"> <u>New DC2A team operational from mid March in Midlothian. Focus will be to pull out early from Medicine and Orthopaedic wards. 100 Patients supported over 4 months, saving circa 500 bed days.</u> <u>Revision of DD planning process. Staff actively track patients from ED/AMU to plan DC, with all Midlothian (over 65) patients receiving Information pack on admission.</u> <u>Carer academy in place. To recruit new carers</u> <u>Clinical model review in place</u> <u>Frailty data analysis now being progressed into models of care</u> <u>SG TEC funding to design a frailty pathway utilising technology</u> <u>RIE Front door redesign pathway development</u> <u>Resilience dashboard to pull health and social care data together to inform operational decision making in times of system heat</u> <u>Midlothian Flow manager post now substantial</u> <u>Midlothian Flow hub capacity increased.</u> <u>5 additional step down beds in MCH</u> <u>Daily discharge planning huddles continue</u> <p>East Lothian</p> <ul style="list-style-type: none"> Continue to hold Multi-site huddle at 8am each day to review all patients delayed. Those identified for discharge, making sure their discharge is on target. Anyone admitted overnight in secondary care - pulled out with discharge to assess or Hospital at Home <p>Edinburgh <u>Edinburgh Health and Social Care Partnership has had Home First – Discharge to Assess signed off by the Executive Management Team to support early discharge and ongoing assessment. They have also had Home First Navigators signed off to work with the Western General Site to focus on people being supported out of the hospital earlier and preventing delayed discharges. Winter bids are currently being considered to support extend the Home First Navigator to the Flow centre to support maintaining people at home who are known to services or could be assessed in their own environment as an alternative to a hospital setting. The current delays remain a challenge with a surge recorded prior to the holiday period. Providers have been challenges with annual leave cover which is impact in on the number of packages waiting in hospital. This should resolve promptly. From a care home perspective –there is capacity however the process of people is a challenge when batching by acute hospitals still is ongoing. This means that it is difficult to allocated to a</u></p>	Adequacy of controls	Very	Low	Deputy	Chief	Health

social worker in a timely way. This has been raised through the Unscheduled Care committee.

West Lothian

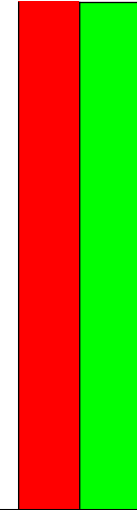
Continues to progress the 4 main workstreams under the delayed discharge improvement plan:

- Optimising flow - focussing on prevention of admission as well as flow through the system.
- Integrated Discharge Hub which is having a positive impact on team working and proactive management of patients from admission through to discharge
- **Successfully recruited additional staff to fully implement discharge to assess model**
- Intermediate Care review commenced to determine the best option and capacity required for West Lothian

The new Care at Home providers are taking on new clients, this together with proactive management of unmet needs and building relationship with all providers to establish capacity and match demand has had a positive impact on delays with a sustained improvement

The New Care at Home framework has been developed and is in the procurement phase with planned implementation in September 2019

One large care provider is in difficulty and we are working proactively with them and the other providers in the market to stabilise care provision.



ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
38	3. Improv	GP Work	<p>There is a risk that the Board will be unable to meet its duty to provide access to primary medical services in and out of hours for its population due to increasing population with multiple needs combined with difficulties in recruiting and retaining general practitioners, other staff and premises difficulties (e.g. leases). This may affect:</p> <ul style="list-style-type: none"> Ability of practices to continue to deliver their GMS contract in hours; Ability of practices to accept new patients (restricted lists); Patients not being able to register with the practice of their choice; Patient satisfaction with access to practices; Ability to cover planned or unplanned absence from practice; Ability of LUCS to safely staff rotas with doctors and nurses leading to short notice closure of bases and difficulties in meeting performance targets for appointments and visits; other parts of the health and social care system e.g. secondary care, referrals, costs. <p>As a result of these pressures practices may choose to return their GMS contracts to the NHS Board who may in turn not be able to either secure a new 17j practice or successfully fill practice vacancies or recruit sufficient medical staff to run the practice under 2c (direct provision) arrangements.</p> <p>Practices can be affected by changes or instability at very short notice.</p> <p>Instability in one practice can quickly lead to additional pressure on neighbouring practices.</p>	<p>Governance and performance monitoring</p> <ul style="list-style-type: none"> Regular updates reported to Healthcare Governance Committee on sustainability of general practice in and out of hours. NHS Lothian Board Strategic plan. HSCP Primary Care Transformation and Primary Care Improvement Plans. Reports to Board and Strategic Planning Committee. Establishment of the implementation structure for the new GMS contract – GMS Oversight Group - which will oversee implementation of local plans and measure associated improvement across NHS Lothian. The risk is highlighted on all HSCP risk registers with local controls and actions in place. <p>Core prevention and detection controls</p> <ul style="list-style-type: none"> PCCO maintain a list of restrictions to identify potential and actual pressures on the system which is shared with HSCPs and taken to the Primary Care Joint Management Group (PCJMG). PCJMG review the position monthly with practices experiencing most difficulties by way of reports from Partnerships to ensure a consistent approach across the HSCPs and advise on contractual implications. Ability to assign patients to alternative practices through Practitioner Services Division (PSD). “Buddy practices” through business continuity arrangements can assist with cover for short-term difficulties. Regular out of hours updates at PCJMG. <p>Rationale for Adequacy of Controls - remains inadequate as HSCP transformational plans are only in 2nd year and PCIF funding is relatively static until 2020/21. Some elements of plans are still at developmental stage and GP retention and recruitment is a national issue (see Medical workforce risk. Risk grading therefore remains very high/20).</p>	<p>Risk reviewed for period April to June 2019</p> <p>Update: July 2019</p> <p>Following review risk remains Very High 20. No change to HSCP levels of risk for primary care sustainability.</p> <p>Healthcare Governance Committee Papers November 2018, January 2019, May 2019 and July 2019 provided some evidence of improved stability in in hours general practice but increasing instability in out of hours. Difficulties in staffing St Johns out of hours base have continued.</p> <p>Based on implementation period of new GMS contract, improvement in primary care sustainability is a process that will take three to four years.</p> <p>Healthcare Governance Committee has requested detailed paper on risk level and criteria for September 2019 meeting.</p> <p>Scottish Government investment in contract implementation over 4 years 18/19 to 21/22) for Lothian = c24m plus NHSL investment of £5m.</p> <p>Scottish Government investment of £0.74m in 18/19 for transformation and stability in out of hours.</p> <p>6 areas in the new contract being implemented: Vaccination Transformation Pharmacotherapy CTACS Urgent Care New Professional Roles Link Workers</p> <p>There has been progress in individual HSCPs and across Lothian in these areas. Some examples: CTACS pilot has begun. Significant increase in pharmacists in primary care. Agreement on Pharmacy Technicians. Removal of 0-5 immunisations from practices. CWIC service in Musselburgh. Mental Health Hubs in West Lothian. CPNs in primary Care in Edinburgh. MSK physios in primary care in Midlothian.</p> <p>National programme on premises loans and leases being implemented in Lothian. All 18/19 loan applications will be approved and 7 leases are now being considered to be taken over by NHS Lothian.</p> <p>All HSCPs have developed revised Primary Care Improvement</p>	Inad	Ve	Hi	Med	Dire	Hea

		<p>LUCS will continue to have difficulties maintaining safe staffing at all 5 bases <u>and may have to restrict base opening hours at short notice or on a planned basis.</u></p>		<p>Plans and these have been approved. However PCIF funding only rises 20% from 2018/19 to 2019/20. So limited capacity for increases in support to practices.</p> <p>National oversight group on out of hours set up. In Lothian Urgent Care Resource Hub Board set up and operational sustainability meetings established.</p> <p>Action plan for out of hours across Lothian to be delivered in <u>September 2019.</u></p>					
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ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
32	2. Improv	Acc	There is a risk that NHS Lothian will fail to achieve waiting times targets for inpatient / day case and outpatient appointments, including the overall Referral To Treatment target, due to a combination of demand significantly exceeding capacity for specific specialties and suboptimal use of available capacity, resulting in compromised patient safety and potential reputational damage. Bowel screening Service pressure is a new addition to this register. Due to a change in the test that took place in October 2017 this service has seen its numbers requiring urgent scope rise each month and has now doubled. All Health Boards across Scotland are experiencing the same pressure.	<p>Governance & performance monitoring</p> <ul style="list-style-type: none"> Weekly Acute Services Senior Management Group (SMG) meeting Monthly Acute Services Senior Management Team meeting- monthly outturn and forecast position Performance reporting at Corporate Management Team (CMT) NHS Lothian Board Performance Reporting Performance Reporting and Assurance to Acute Hospital Committee Monthly access and Governance Committee, to ensure compliance with Board SOPs relating to waiting times. <p>Core prevention and detection controls</p> <ul style="list-style-type: none"> Establishment of the Delivering for Patients Group to monitor performance and work with individual specialties to delivery efficiency improvements against key performance indicators on a quarterly basis Scope for improvement identified with recommendations made to specialties e.g. target of 10% DNA rate; theatre session used target of 81 %, cancellation rate 8.9%; for every 10 PAs recommendation of 6 DCCs directly attributed to clinic or theatre. Increase in staffing in Bowel screening to carry out pre-assessment .Increased number of bowel screening sessions to meet increased demand and reduce length of wait effective from 1 June 2019. <p>Rational for adequacy of controls Some controls are in place and additional controls currently being designed and as such, overall control is inadequate. Controls and actions are now being reviewed quarterly at Acute SMT to ensure any areas of concern are highlighted and actioned. Risk remains high while demand continues to exceed available capacity.</p>	<p>Risk Reviewed for period April to June 2019 Reviewed by AHC in Oct 2018 and accepted moderate assurance that the performance expected as assessed with the resources available would be met, but limited assurance that the Scottish Government target for waiting times would be met. The AHC has now been de-commissioned.</p> <p>An update was provided to HGC in March 2019, within the Risk Register Report, as follows "October 2018 AHC continued to accept limited assurance. The Committee was impressed with the work in progress but also disappointed that performance remained of concern with the volume of patients waiting over 12 week. Recognition that systems of control were in place was accepted."</p> <p>March 2019 HGC meeting minutes noted that <i>all</i> Corporate Risk Register descriptions have been agreed and that work is progressing to document the controls and associated measures. The risk was presented to the Board for approval in April 2019.</p> <p>Update July 2019 No updates to Risk status at HGC held on 9/7/2019.</p> <p>Risk remains V High, all actions remain ongoing in addition</p> <ul style="list-style-type: none"> <u>Cancer funding Bids generated to continue funding for staff in Bowel Screening Team.</u> <u>Adverts in national Journal for Nurse Endoscopist</u> <u>Funding secured for trainee Nurse Endoscopists x2</u> <u>Expected endoscopy list benefit from GI consultant x2 posts funded through GI sustainability work.</u> <u>ELCH Endoscopy facilities open 9 September providing 2 rooms (14 additional sessions) dependant on recruitment of operators.</u> <p>Ongoing Actions</p> <ul style="list-style-type: none"> Weekly Acute SMG monitors TTG, out-patient, long waits, cancer performance, theatre performance and recovery options on a weekly basis, with monthly deep dives into theatre and cancer performance. Monthly Acute SMT has sight of Access & Governance minutes, to monitor ongoing actions and escalate as appropriate. Performance is also reported to, and monitored by, Acute CMT. Performance is also monitored by the Board using the Quality & Performance report, which is also reviewed at Acute SMT. <p>Additional Actions</p> <ul style="list-style-type: none"> The national Waiting Times Improvement Plan (WTIP) published in October 2018 outlines the Scottish Government's approach to delivering improved performance against key access standards. A Lothian WTIP Programme Board has been established and the programme structure 	Inadequate	Very High	Low	Deputy	Chief Officer	Acute

					<p>is aligned to the national framework which identifies three key themes in relation to the WTIP: clinical efficiency and effectiveness, new models of care and developing additional capacity. As part of this programme, in 2018/19 Lothian received £2.7m in additional funding to reduce waiting times. In 2019/20 an additional £16.5m of non-recurrent funding has been confirmed by Scottish Government to improve access performance. There is also a further £5m of non-recurrent funding from NHS Lothian. Service trajectories developed for 2019/20. Service based sustainability plans, aligned to national themes, and are being developed to manage backlog as well as any recurring gap between demand and capacity.</p> <ul style="list-style-type: none"> • Implementation of a Theatres Improvement Programme – a significant programme with multiple work streams (Pre-assessment, HSDU, Booking and Scheduling, Workforce) to improve theatre efficiency. • Establishment of an Outpatient Programme Board that focuses on demand management, clinic optimisation and modernisation. • Service improvement work was being supported by the DfP quarterly reviews, which in turn were supported by more regular meetings with service management teams and clinicians to develop and implement improvement ideas, and to facilitate links to the Outpatients and Theatre improvement programmes. Running action notes were kept at each service meeting, and regularly reviewed by service management teams and the DfP core group. This first set of meetings has concluded but a second set is under review and it or a suitable replacement will be undertaken soon, with the intention of covering additional specialties. • Scottish Government have also engaged the North of England Commissioning Support Unit to undertake a deep dive, short focussed piece of primarily focussed on 12 week TTG performance for five specialties : Orthopaedics, Urology, Colorectal, General Surgery and Vascular. <p>Risk Grade/Rating remains Very High/20</p>					
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ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
41	2. Improv	Acc	There is a risk that patients will wait longer than described in the relevant national standard due to demand exceeding capacity for in-patient / day case, outpatient services, 31 and 62 day cancer standards and diagnostic procedures within specific specialities.	<ul style="list-style-type: none"> • Clinical risk matrix developed and used to direct resources • Service developed trajectories, that are used to monitor performance, early indications of pressures, and opportunities to improve efficiencies/productivity. • A re-invigorated Delivering for Patients (DfP) programme provides a framework for learning and sharing good practice through a programme of quarterly reviews. • New referrals are clinically triaged, a process which categorises patients as Urgent Suspicion of Cancer (USOC), Urgent or Routine. Within each of these categories, patients are triaged into the most appropriate sub-specialty queue, each of which is associated with a different level of clinical risk. Long wait surveillance endoscopies are also clinically triaged to identify any patients that require expedition. • Bowel screening Service pressure is a new addition to this register. Due to a change in the test that took place in October 2017 this service has seen its numbers requiring urgent scope rise each month and has now doubled. All Health Boards across Scotland are experiencing the same pressure Clinical risk is identified in two dimensions: 1) the probability that due to length of wait the patient's condition deteriorates; 2) the probability that due to the length of wait significant diagnosis is delayed. Increase in staffing in Bowel screening to carry out pre-assessment. Increased number of bowel screening slots to meet increased demand, effective 1 June 2019. <u>Please also see July update.</u> • A revised communications strategy has been established to ensure that both patients and referrers are appropriately informed of the length of waits. • If the patient's condition changes, referrals can be escalated by the GP by re-referring under a higher category of urgency. There is an expectation that the GP would communicate this to the patient at the time of re-referral. • Specific controls are in place for patients referred with a suspicion of cancer. Trackers are employed to follow patients through their cancer pathways, with reporting tools and processes in place which trigger action to investigate / escalate if patients are highlighted as potentially breaching their 31-day 	<p>Risk Reviewed for period April to June 2019</p> <p>Reviewed by HCG in March 2019 March 2019 HGC meeting minutes note that <i>all</i> Corporate Risk Register descriptions have been agreed and that work is progressing to document the controls and associated measures. The risk was presented to the Board for approval in April 2019.</p> <p>Update July 2019</p> <p>No updates to Risk status at HGC held on 9/7/2019.</p> <p>Risk remains V High, all actions remain ongoing in addition</p> <ul style="list-style-type: none"> • <u>Cancer funding Bids generated to continue funding for staff in Bowel Screening Team.</u> • <u>Adverts in national Journal for Nurse Endoscopist</u> • <u>Funding secured for trainee Nurse Endoscopists x2</u> • <u>Expected endoscopy list benefit from GI consultant x2 posts funded through GI sustainability work.</u> • <u>ELCH Endoscopy facilities open 9 September providing 2 rooms (14 additional sessions) dependant on recruitment of operators.</u> <p>Ongoing Actions</p> <ul style="list-style-type: none"> • DfP quarterly reviews for Specialities on the Clinical Risk Matrix had been supported by more regular meetings with service management teams and clinicians to develop and implement improvement ideas, and to facilitate links to the Outpatients and Theatre improvement programmes. Running action notes were kept at each service meeting, and regularly reviewed by service management teams and the DfP core group. The first set of meetings has concluded but a second set is under review and it or a suitable replacement will be undertaken soon, with the intention of covering additional specialities. • Significant redesign and improvement work is being undertaken through the Outpatient Programme Board and through the Theatre Improvement Programme Board, to help mitigate some of the increasing waiting time pressures and clinical risks. • Revised communications strategy includes an "added to outpatient waiting list" letter, which informs patients that their referral has been received, and that some service waits are above the 12-week standard. Current waiting times are also published on <i>RefHelp</i>, making them available to GPs at the time of referral. It has been agreed (March 2017) that a link to <i>RefHelp</i> waiting time information will be included in letters to patients, allowing them to check service waiting times regularly. There has also been the implementation of 	Inadequate	Very High	Medium	Dep	Chief Officer	Acu

				<p>and / or 62-day targets. Trackers undergo ongoing training, and have access to clear escalation guidance on how to deal with (potential) breachers.</p> <p>Rationale for adequacy of controls Some controls are in place and additional controls currently being designed and as such, overall control is inadequate. Controls and actions are now being reviewed quarterly at Acute CMG to ensure any areas of concern are highlighted and actioned. Risk remains high while demand continues to exceed available capacity.</p>	<p>a Keep in Touch initiative (Dec 2017) which is a co-ordinated process whereby all long wait patients are called or lettered by a member of clerical staff. This process has clinical endorsement. This is to ensure they are aware they are still on the list and will receive an appointment at the earliest opportunity. This also allows any patients who feel their symptoms are worsening to be escalated for clinical review to the CSM. It also results in greater efficiencies as patients often advise they no longer require or have had a procedure already and so are removed from the list. This then allows a slot to be used for another patient.</p> <ul style="list-style-type: none"> • Keep In Touch is continuing with a focus on the longest waits for outpatient and endoscopy with the aim to contact every long waiting patient. • Information on the projected length of wait throughout a patient's pathway is communicated clearly to patients at clinical appointments throughout their cancer journey. <p>Additional Actions</p> <ul style="list-style-type: none"> • The national Waiting Times Improvement Plan (WTIP) published in October 2018 outlines the Scottish Government's approach to delivering improved performance against key access standards. A Lothian WTIP Programme Board has been established and the programme structure is aligned to the national framework which identifies three key themes in relation to the WTIP: clinical efficiency and effectiveness, new models of care and developing additional capacity. As part of this programme, in 2018/19 Lothian received £2.7m in additional funding to reduce waiting times. In 2019/20 an additional £16.5m of non-recurrent funding has been confirmed by Scottish Government to improve access performance. There is also a further £5m of non-recurrent funding from NHS Lothian. Service based sustainability plans, aligned to national themes, are being developed to manage backlog as well as any recurring gap between demand and capacity. • Scottish Government have also engaged the North of England Commissioning Support Unit to undertake a deep dive, short focussed piece of primarily focussed on 12 week TTG performance for five specialties : Orthopaedics, Urology, Colorectal, General Surgery and Vascular. • Cancer tracking resource and processes have been strengthened • Non recurring additional capacity in place for a number of high risk services to reduce length of wait and associated clinical risk • The Executive Medical Director and Chief Officer for Acute Services have developed a clinical risk matrix for specialties under waiting time pressures. This then ensures that prioritisation of additional resource is given to specialties where long waits will be of greatest clinical risk to the patient. <p>Risk is very high while demand exceeds available capacity and as such Risk Grade/Rating as at July 2019 is Very High/20</p>				
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Risk 4693 – Brexit

Corporate Objective	Risk Description	Linked Key Risk	Controls	Key Measures	Updates
<p>Improve Quality, Safety & Patient Experience</p>	<p>The consequences of Brexit are expected to be substantial and far reaching, although specific impacts will depend on the type of agreement (if any) reached between UKG and EU. There has been exhaustive discussion of this in the media and some guidance has been provided by government, however the future remains opaque in many areas.</p> <p>There is a risk that patient experience and outcome care may be compromised due to uncertainty relating to Brexit.</p> <p>The areas that require close observation and require risk assessment and mitigation identified include:-</p> <ul style="list-style-type: none"> • Workforce; • Supply of medicines and vaccines; • Supply of medical devices and clinical consumables; • Supply of non-clinical consumables, goods and services. 	<ul style="list-style-type: none"> • Finance Risk (3600) • Medical Workforce Sustainability (3527) • Nursing Workforce (3828) <p>Associated Strategic Plans</p> <ul style="list-style-type: none"> • National Plan • NHS Lothian Financial Plan <p>Assurance Committees</p> <ul style="list-style-type: none"> • Healthcare Governance Committee – July 2019 Accepted Moderate Assurance <p>Grading</p> <ul style="list-style-type: none"> • Very High 20, due to level of uncertainty and reliability on national planning <p>Adequacy of Controls</p> <p>Inadequate control due to uncertainty at local and national level including the political agenda which impacts on the ability to manage the risk at a local and national level.</p>	<ul style="list-style-type: none"> • A system in place to impact assess the key risks, including likelihood/consequences, informed by specialists in the areas of Pharmacy, Procurement and Workforce. This intelligence informs plans to mitigate the risk and includes application of RAG grading and identification of variation as a way to prevent and detect the risk • The local system above informs national planning including any emerging issues locally and nationally that require a response with a requirement to national requirements • The Strategic Brexit Management Group considers the assessment and response to risks identified through national and local impact assessment groups:- <ul style="list-style-type: none"> ○ The group has determined priorities and agrees actions based on default strategic objectives for major incidents:- <ul style="list-style-type: none"> • Save lives and restore health • Safeguarding staff, patients and public • Minimise impact on normal services ○ Group also considers Scottish Government correspondence and impact on local, regional and national services ○ Group includes senior managers and specialist advisers and meets fortnightly, and is chaired by the Deputy Chief Executive. Members are routinely included in regional and national work to inform risk mitigation ○ The group is agile and can meet quickly to respond to emerging issues along with more planned responses to management of risks ○ Based on intelligence to inform contingency planning for key areas such as Pharmacy and Procurement which is being managed nationally. 	<ul style="list-style-type: none"> • Availability of medicines numbers and shortages • Procurement data • Workforce data from impact assessments <p>The data/intelligence will be presented to the pertinent governance committee when providing assurance on the management of this risk.</p>	<p>July 2019</p> <p>Paper taken to HCG in July 2019 and moderate assurance accepted.</p>

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3454	3. Improve Quality, Safety and Experience Across the Organisation	Management of Complaints and Feedback	<p>There is a risk that learning from complaints and feedback is not effective due to lack of reliable implementation of processes (for management of complaints and feedback) leading to the quality of patient experience being compromised and adverse effect on public confidence and expectation of our services.</p> <p>It is also acknowledged that a number of other corporate risks impact on risk of the organisation being complained about i.e. waiting too long at ED, cancelled or waiting too long for an operation or time to see a GP.</p>	<p><u>Governance and performance monitoring</u></p> <ul style="list-style-type: none"> Routine reporting of complaints and patient experience to Board meetings as required Regular reports to the Healthcare Governance Committee - complaints and patient experience reports. Additional reports are submitted to the Audit and Risk Committee Monthly quality and performance reporting arrangements include complaints and patient experience Internal Audit 'Management of Complaints & Feedback'. <p><u>Core prevention and detection</u></p> <ul style="list-style-type: none"> The complaints improvement project board, chaired by the Executive Nurse Director oversees implementation of the new complaints handling model for management and learning from complaints as part of a wider improvement project to improve patient experience Feedback and improvement quality assurance working group meets monthly, chaired by Non-executive Director and is overseeing implementation of the SPSP action plan Corporate Management Team and Executive Nurse Directors group review and respond to weekly/monthly reports <p>Complaints management information available on DATIX dashboard at all levels enabling management teams to monitor and take appropriate action. Weekly performance reports on complaints shared with clinical teams.</p> <p>Patient experience data is fed back on a monthly basis at service and site level to inform improvement planning and is available via Tableau Dashboard.</p> <p>Rationale for inadequate controls: Governance processes and improvement plans are in place but yet to be fully implemented.</p>	<p>Risk Reviewed for period April – June 2019</p> <p>Update July 2019</p> <ul style="list-style-type: none"> Complaints Improvement Project Board in place chaired by the Executive Nurse Director and a refreshed membership was agreed. Full Business Case was approved by CMT for investment into the PET team. New job descriptions for all posts in the team have been through the Job Evaluation process. Organisational change process will then be enacted. A number of teams across the organisation are assisting with complaints data collection to support the new CHP. Feedback & Improvement Quality Assurance Working Group chaired by Non Executive oversaw the completion of SPSO action plan. Reviewed its terms of reference and agreed to meet again in 6 months. Now with a focus on learning from complaints. Bi-annual meetings with the new Ombudsman agreed. Combined complaints and patient experience report continues. Internal Audit review of complaints completed. All recommendations now completed. Introducing a Quality Assurance process, tested with StJ and RHSC & Maternity. Ongoing support, training and awareness-raising within services to increase confidence and capability in managing complaints, 3 dates for SPSO Training on Investigation Skills completed and well received. Additional session to support staff through a SPSO case completed and well received. Focus on the use of Investigation Templates and encouraging staff to access the Complaints Toolkit on the intranet Session led by Non Executive Director for all AMDs & CDs – Being Complained About following publication of Glasgow University Research. NHS Lothian's uphold rate for SPSO annual statistics is 58% which is much improved over the last 3 years. Work ongoing to support the complaints and feedback systems within the 2 prisons encouraging early resolution / Stage 1. Services are being supported to test a range of approaches including Care Opinion, Tell us 10 Things and Care Assurance Standards Tell us Ten things questionnaire has been aligned with "5 must dos with me" and is being tested in 3 acute sites with adults and an amended version with children and young people <p>Risk Grade / Rating is High / 16</p> <p><u>Rationale for this – moderate assurance given at March 2019 HCG committees. SPSO cases - 60 (01.04.19)</u></p> <p>Complaints Improvement Project Board in place. Blended approach to patient feedback (TTT, Care Opinion & CAS)</p>	Inadequate; control is not designed to manage the risk and further controls & measures required to manage the risk	High 16	Medium 6	Executive Director Nursing, Midwifery & AHPs	Head of Patient Experience	Healthcare Governance Committee

Corporate Objective	Risk Description	Linked Risks	Controls	Key Measures	Updates
Improve the quality and safety of healthcare	<p>4688 There is a risk to patient safety and outcome of care due to unreliable, timely triage/assessment and treatment/discharge, and overcrowding leading to increased likelihood of patient harm at the Royal Infirmary of Edinburgh.</p>	<ul style="list-style-type: none"> • Finance • Complaints management • Management of Deteriorating Patients • Facilities fit for purpose <p>Associated Plans</p> <ul style="list-style-type: none"> • Lothian Hospitals Plan <p>Assurance Committees</p> <ul style="list-style-type: none"> • Healthcare Governance considered plans in place to mitigate risk to safe, effective, person-centred care in March 2019 – Moderate assurance • Audit & Risk Committee – 17th November 2018 – Moderate assurance <p>Grading</p> <ul style="list-style-type: none"> • The grading of this risk is 15 High based on Committee assurance levels plus current reliability of timely triage, assessment and treatment/discharge 	<p>The Audit & Risk Committee has had overall responsibility for assurance of delivery of the plan on behalf of the Board. In addition, all actions within the plan have an identified governance committee as accountable owner. Each of the relevant committees - Healthcare Governance Committee, Information Governance Committee and Staff Governance Committee has sought assurance throughout the year.</p> <p>External review team.</p> <p>Operational leadership, strategic advice and guidance for the delivery of the Programme plan is provided through the Programme Delivery Group (PDG), chaired by the Chief Executive and these meetings have been committed to March 2020.</p>	<ul style="list-style-type: none"> • Time to triage • Time to first assessment • Percentage of patients treated, discharged, or admitted within 4-hours of attendance, with a standard of 95% • Staff experience • Significant Adverse Events • Complaints • Volume of Emergency Department (ED) attendances & admissions • Occupancy Rates • 8- and 12-hour breaches • Length of Stay (LOS) • Cancellation of elective procedures 	<p>July 2019</p> <p><u>Royal Infirmary of Edinburgh</u></p> <ul style="list-style-type: none"> • Minor Injuries Unit – continued education and training for staff • New clinical model introduced on Monday 17th June with the department split into ‘pods’ to better manage the flow of patients, reduce the number of handovers for patients and mitigate patient safety concerns. The dedicated triage role continues in this function with more of a focus on redirection of patients also. Qualitative and quantitative feedback are both positive since implementing this new way of working. • Bespoke QI coaching for ED staff to undertake their own projects. • Safety Pauses continue are positive within the department • Last Touch Point held 13th June 2019. External Review Group and Academy content and indicated a close on the matters raised. • Learning and improvement work being implemented at St John’s Hospital and Western General Hospital. <p><u>The view from the External Support Team and Academy and SG is that the concerns raised throughout the Academy Report had now been fully addressed with a significant programme of activity underway to improve patient experience and performance through the planned test of changes. This marks the conclusion of any formal liaison with the External Support Team in relation to the Review</u></p>

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3.	Impro		<p>There is a risk of patients developing an infection as a consequence of healthcare interventions because of inadequate implementation of HAI prevention and control measures leading to potential increased morbidity and mortality and further treatment requirements, including potential extended stay in hospital.</p> <p>There is also a risk of patients developing an infection linked to the built environment. This includes organisms associated with water safety such as Pseudomonas aeruginosa, and environmental contaminants associated with dust and moulds such as Aspergillus and Lichtheimia corymbisera</p>	<p>Governance, Performance Monitoring & Assurance:</p> <ul style="list-style-type: none"> •The NHS Lothian Infection Committee (LICC) reports to the Board through Healthcare Governance Committee. Reports and minutes are also shared with Lothian Infection Control Advisory Committee (LICAC). •Acute Hospitals Sites and Health & Social Care Partnerships have responsibility for local monitoring/reporting of HAI issues and performance. These local committees report directly to the LICC •Key performance and assurance data is shared and discussed extensively within the organisation at local clinical and senior management meetings •Local Delivery Plan performance data is submitted to Health Protection Scotland. National benchmarking reports are published quarterly. These data are used to inform local improvement. •HAI Level 2 Quality indicator data is available on Discovery (level 1) dashboard providing access and oversight to clinical and senior management teams of NHS Lothian performance against other Boards and NHS Scotland performance. •All Clostridioides (formerly Clostridium) difficile infections and Staphylococcus aureus bacteraemia (SAB) are reviewed monthly to identify themes and key areas for improvement. The outcomes of this are reported monthly at the Acute Clinical Management Team meetings. •SAE reviews are requested for all CDI and SAB related deaths and supported by the IPCT where required. <p>Education & Training:</p> <ul style="list-style-type: none"> •The revised HAI Education Strategy was approved at LICC in July 2018. This is available on the Intranet and has been disseminated through clinical management teams. •A range of e-learning modules which complement mandatory education & training are available on LearnPro/TURAS. The HAI strategy guides staff in selection of these appropriate to role. •The IPCT education delivery plan details other topic and organism specific face to face training available to supplement mandatory requirements. This is open to NHS and H&SC staff. •Ad hoc education and training is provided in response to outbreaks/incidents as required/requested. •Line managers can monitor compliance with mandatory infection prevention and control education through Tableau. <p>Policy, practice & audit:</p> <ul style="list-style-type: none"> •Clinical teams undertake local SICPs audits to provide assurance of compliance and identify areas for further local improvement. The data is collated and available in QIDS. •The IPCT undertake a planned risk based programme of audit. Outcomes are shared with the local clinical and site management team and other key stakeholders including facilities to inform remedial action and improvement work through their local action plans. •A comprehensive range of policies, guidelines and procedures and patient information leaflets are available via the NHS Lothian intranet to supplement national policy and guidance. Quick reference guides are provided. •All outbreaks, incidents and data exceedance are investigated by the IPCT. Where needed, a Problem Assessment Group (PAG) or Incident Management Team (IMT) is convened to further investigate and manage any significant event or outbreak. •Formal debrief meetings are undertaken following IMT to identify wider system needs and share learning. These are reported to the Local ICC and LICAC •The infection services undertake multidisciplinary ward rounds to review complex patients with transmissible infections twice weekly on RIE, WGH and SJH sites. RHSC has a weekly ITU ward round. <p>Surveillance:</p> <ul style="list-style-type: none"> •IT systems are in place to allow IPCNs to monitor incidence, trends and patterns of infection incidence within their geographical region. Set thresholds for further actions exist for some key infections (e.g. > 2 cases of CDI in 28 days). The IPCT support local teams in further review and improvement in response to data exceedance. 	<p>Risk reviewed for period April – June 2019</p> <p>Risk, Controls measures have been updated and actions reviewed.</p> <p><u>The main area of concern currently is related to HAI SCRIBE and environmental issues. We are working in collaboration with Facilities Team to address the issues</u></p> <p>Action plan reviewed and additional actions for SAB updated</p> <p>New actions for the water safety risk identified from recent IMT has been added. Responsibility has been assigned to George Curley as Director of Facilities</p> <p>Risk reviewed to include water borne organisms and environmental contaminants</p> <p>Data submission was completed as for Quarter 2 July –Sept 2018. With the appointment a Data analyst to the team progress to establish reporting HAI through Tableaux Dashboards has recommenced. Blood Culture Contamination Rates will be the first workbook to go live in dashboards from 1st April 2019. Plans will then progress to develop other HAI reports within tableaux dashboards</p> <p>Additional action for compliance with Clinical Risk assessment added.</p> <p>Risk Grade/Rating remains Medium 9 based on the current performance for LDP</p> <p>Risk owned by HAI Executive Lead. This role transferred from the Executive Medical Director to the Executive Nurse Director in April 2018. Risk owner updated as Prof Alex McMahon.</p> <p>Current reporting and governance arrangements for HSCP's are being reviewed. HSCP infection control committee have now met and approved terms of reference.</p> <p>NHS Lothian deferred data collection and submission for mandatory colorectal and major vascular surgical site infection surveillance (commencing April 2017) pending the approval of funding for 2 WTE surveillance nurses. Both posts have successfully been appointed and data submission is anticipated for Quarter 2 July –Sept 2018. Progress in moving to reporting HAI through Tableaux Dashboards has stalled due to resource/ workload issues within informatics teams.</p> <p>LDP targets for CDI were met (and exceeded) to end 2017. LDP targets for SAB were not met to end 2017, but remain within control limits and are not statistically different to other Boards performance</p> <p>The new NES SICEP (Standard Infection Control Education Pathway)</p>	Ad	M	M	N	I	J

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				<ul style="list-style-type: none"> •Mandatory surgical site surveillance is undertaken in compliance with DL 205(19) for Caesarean section, Hip arthroplasty, colorectal and major vascular surgeries. Where Skin and Soft tissue Infection (SSI) or alert organism surveillance indicates a data exceedance there are processes in place for investigation. <u>Work is ongoing to move reports to Tableaux dashboards.</u> •Enhanced surveillance is carried out for all SAB, CDI and E. Coli bacteraemia (ECB) cases. There is also Multidrug Resistant Organism (MDRO) screening & associated key performance indicator for MRSA and CPE. <p>Antimicrobial Stewardship:</p> <ul style="list-style-type: none"> •The Antimicrobial Management Team reviews and develops Antimicrobial Prescribing Guidelines. These are available on the intranet, and through the Microguide app. •The AMT provides oversight of antimicrobial use, compliance with guidelines and report findings to clinical teams to help drive improvement. AMT provide regular reports to Acute Clinical Management Group. <p>Decontamination:</p> <ul style="list-style-type: none"> •Facilities are responsible for strategic and operational aspects of the decontamination of reusable medical devices. •Strategic direction is provided through the Decontamination Project Board, chaired by the Director of Public Health, which consider capital projects and wider strategic objectives. •Performance monitoring and quality improvement/assurance is provided through the Decontamination Quality Group and is chaired by Service Director, Facilities. •The decontamination lead provides subject matter expertise and support to clinical teams, and provides regular reports to updates to Lothian ICC and LICAC. Business continuity and contingency risks associated with a person dependent post remains a significant risk. •The physical condition of the HSDU environment is significantly degraded, and is struggling to deliver capacity within the existing HSDU to maintain levels of provision for service demands. <p>Built Environment:</p> <ul style="list-style-type: none"> •Many aging buildings do not meet current building standards and some areas are continuing to decline. Maintenance work is prioritised based on risk pending capital planning & approval for refurbishment or re-provision, recognising that within the economic climate, some areas that are considered no longer fit for purpose may remain in use and would pose an HAI risk. •IPCT work in collaboration with clinical, capital and facilities teams to implement national standards and guidance in new builds, refurbishments and maintenance programmes, following the mandatory Healthcare Associated Infection System for Controlling Risk in the Built Environment (HAI SCRIBE) process. •<u>There have been issues identified within the new RHCYP and DCN built environment and this has delayed the planned transfer or services. This is being managed through a separate executive led working group.</u> •<u>There is a requirement to ensure water safety monitoring in Augmented Care areas. Estates water safety group have been asked to progress implementation of the water flushing and water testing. Progress is to be reported through the sites ICC and PLICC including any exception reports for results.</u> •Facilities to ensure high standards of cleaning is maintained and environmental dust kept to a minimum. •Hydrogen Peroxide Vapour decontamination of areas identified requiring enhanced intervention following outbreaks and incidents. •<u>There is a need to increase implementation/use of HAI SCRIBE control measures for all works.</u> 	<p>which replaces the Cleanliness Champion Programme has been reviewed in conjunction with NHS Lothian Education and other key stakeholders.</p> <p>It has been agreed that the complexity of the programme and volume of content would increase the risk of non-compliance with mandatory education. Local scenario based educational resources which map to the NES learning outcomes are now in development with ambition to launch Summer 2018.</p> <p>SICPs compliance >90% reported for NHS Lothian. Potential for improvement to existing audit tools and processes identified. Work to revise this will commence Summer 2018 with support from HPS and Senior Management.</p>						

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35	3. Impro	Med	<p>There is a risk that the availability of medical staffing will not be adequate to provide a safe and sustainable service to all patients because of the inability to recruit and increase in activity resulting in the diverting of available staff to urgent and emergency care.</p> <p>Service sustainability risks are particularly high within Paediatrics, Emergency Medicine and Obstetrics & Gynaecology. Achievement of TTGs is at risk due to medical workforce supply risks within Anaesthetics, Geriatrics and Ophthalmology</p>	<p><u>Governance & Performing Monitoring</u></p> <ul style="list-style-type: none"> A report is taken to the Staff Governance Committee when required, providing an update of the actions taken to minimise medical workforce risks in order to support service sustainability and address capacity issues within priority areas. A Lothian Workforce Planning & Development Board has been established to coordinate work within all professional groups including the medical workforce. <p><u>Core prevention and detection controls</u></p> <ul style="list-style-type: none"> Medical workforce risk assessment tool is available and implemented across all specialties. The assessments are fed back to local Clinical Directors and their Clinical Management Teams. They use these to inform their own service/workforce plans to minimise risk. For the risks that require a Board or Regional response the findings are fed back to the SEAT Regional Medical Workforce Group and feed into the national medical workforce planning processes co-ordinated by NES/SG. <p>An update paper was taken to the Staff Governance Committee in October 18 providing a detailed up date and the current risk rating was supported. There was moderate assurance that all reasonable steps are being taken to address the risks.</p>	<p>Risk Reviewed for period April to June 2019</p> <p>July 2019 <u>Paper going to the Staff Governance Committee week beginning 29th July 2019.</u></p> <p>October 2017 Staff Governance Committee accepted moderate assurance.</p> <p>March 2019 Update</p> <p>In Oct 2018 to March 2019 54 posts out of 105 were unfilled due to either no applications or non appointable candidates. The main specialties affected were Acute Medicine, 3 posts, General Practice 7 posts, and Psychiatry General Adult – 9 posts. Of the unfilled posts 30% were locum posts which reflects the relative unattractiveness of locum posts where there are substantive positions available.</p> <p>Within psychiatry there have been poor training programme fill rates across Scotland with the exception of the SE region. As a consequence it is likely that recruitment will becoming increasingly challenging nationally. The challenges in Lothian in filling consultant posts have thus far related to St John's hospital, there are however difficulties beginning in other areas. Lothian is participating in a Scottish Government lead international pilot campaign for 15 posts and is currently underway.</p> <p>Waiting Times Improvement Plan (WTIP) and Short Stay Elective Centre (SSEC)</p> <p>Workforce requirements are currently being further scoped for the development of the WTIP and SSEC plan. There will be a need for substantial increases within the Anaesthetic and Surgical workforce across Scotland which has not been factored into national training programmes in recent years and as such it will be challenging to fill posts and thereby achieve the required reductions in waiting times. Plans will then be reviewed against the known supply pipelines to assess risk. There is therefore potential for increasing level of risk over the next 2/3 years.</p> <p>Change in pension tax regulations</p> <p>The impact of changes in pension tax regulations is increasingly impacting on the consultant workforce throughout the UK. This may lead to</p>	Adeq	Hi	Lo	Med	Hea	Staf

					<p>consultants seeking to drop extra programmed activities and/or move to reduced working hours. Whilst this is a potentially serious challenge it is not yet clear, locally work is underway to commission external expert advice to understand the complexities and their impact for individuals to inform a risk assessment of the consultant workforce.</p> <p>Recruitment with the exception of the areas identified does not represent a generalised problem with recruitment for trained grade doctors. The overall level of risk has not however changed substantially since the last update, however for the reasons above this position may change in coming months.</p> <p>Risk Grade/Rating remains High/16</p>					
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ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates/Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3189	5. Achieve Greater Financial Sustainability and Value	Facilities Fit for Purpose	<p>There is a risk that NHS Lothian is unable to deliver an efficient healthcare service because of unsuitable accommodation and clinical environments leading to potential delays in patient care and threatening patient and staff safety.</p>	<p>A stringent Governance Process and structure for reporting of Backlog Maintenance (BLM) has been implemented as follows:</p> <ul style="list-style-type: none"> o Property & Asset Management Strategy (PAMS) Group o Capital Steering Group o Lothian Capital Investment Group (LCIG) o Finance & Resources Committee o Scottish Government through the annual Property & Asset Management Strategy <p>To ensure accurate reporting the Board has implemented the following controls:</p> <ul style="list-style-type: none"> • Ensure that 20% of the Board's estate is surveyed annually for physical condition and statutory compliance by the surveyors appointed by Scottish Government. • Review the outcome of surveys with the Operational Hard FM Managers and review and assess risks in accordance with the operational use of the properties to ensure priorities are addressed. • Recurring capital funding approved of £2.5m to undertake priority works (high and significant areas) • Capital Investment Plan which addresses refurbishment and re-provision of premises, linked to the Estate Rationalisation Programme includes the termination of leases and disposal of properties no longer fit for purpose. • The Procurement Framework has been implemented that allows issues identified to be rectified without the need for lengthy tendering exercises 	<p>Risk Reviewed for period – April– June 2019</p> <p>Updated July 2019</p> <p>Finance & Resources reviewed in Jan 2018 accepted moderate assurance.</p> <p>Action undertaken 2018/19</p> <ul style="list-style-type: none"> • <u>Review of Risks and programme of works resulted in BLM exposure as of May 2019 was £44.5m which includes a 3.71% inflationary uplift. This is a 4% reduction from last year. The EAMS system is currently being reviewed and updated.</u> • <u>The split between clinical and non clinical was noted as:</u> <ul style="list-style-type: none"> o <u>Clinical 39.4m</u> o <u>Non clinical accommodation – 5.1m</u> • <u>A three year Backlog Maintenance Programme of works was agreed at the May LCIG. The works includes statutory compliance – fire precautions, electrical testing, asbestos management, water quality, mechanical and electrical upgrades and fabric repairs.</u> • <u>Although the revenue funded premises (PFI/Hub and NPD) are not included in the BLM exposure funding has been included in the programme for statutory compliance works and also flooring and redecoration works for the Hub contract.</u> • <u>The disposal programme has reduced the BLM exposure – disposal of Corstorphine and Murraypark.</u> • <u>The Royal Victoria Hospital buildings have now been demolition (with the exception of the listed buildings) The demolition programme will progress this financial year with proposed demolitions on the REH and AAH.</u> <p>An update was presented to The F&R Committee. The following conclusions were noted:</p> <ul style="list-style-type: none"> • The committee agreed to support the current programme of works proposed this financial year and to support the proposal that the Facilities Directorate set up a multi-disciplinary group as described. • The Committee agreed to take significant assurance that Management have calculated the BLM in line with NHS Scotland's requirements and BLM remained a priority for Facilities and that high priority items are being undertaken within the funding currently allocated. This aligns with the Board's commitment to prioritise patient safety in particular. • Furthermore the Committee agreed to accept the limited assurance that the Board can achieve an adequate reduction in the high and significant risks within BLM with the current level of funding by 2020 (the Scottish Government's objective). <p>Risk Grade/Rating remains High 16</p>	Adequate but partially effective; control is properly designed but not being implemented properly	High 16	Medium 4	Deputy Chief Executive	Director of Operations - Facilities	Finance & Resources Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3455	2: Improve the quality and safety of health care	Management of Violence & Aggression	There is a risk of Corporate Prosecution by HSE under the Corporate Homicide Act or the H&S at Work Act Section 2, 3 and 33 or any relevant H&S regulations If the risk from violence and aggression adverse events are not adequately controlled. Highest risk would be under H&S at Work Act Section 2 and 3. If we harm our staff (2) or visitors to our sites (3). There is also a statutory requirement to provide an absolute duty of care regarding NHS Lothian staff safety and well being.	<p>Staff Governance Committee (SGC) is taking oversight of this agenda. A report with an action plan was taken during 2018 and the Committee has asked for regular updates on progress.</p> <p>The has supported the proposal that local Health and Safety Committees in each service area should have oversight of this work and where required should elevate to the Pan Lothian Health and Safety Committee.</p>	<p><u>Risk reviewed for period April to June 2019.</u></p> <p><u>Reviewed by group in March 2019 and accepted moderate assurance.</u></p> <p>Staff Governance considered this risk in October 2018 and accepted limited assurance due to access to training and lone working alarms. <u>This is still ongoing in July 2019.</u></p> <p>A review was commissioned by the Executive Lead. The review focused on a number of areas including safety alarms and the procurement of these; training and education and the use of the purple pack as well as reporting and governance at service level.</p> <p>A number of improvements have been made to the purple pack, the reporting through H&S committees, access to training as well as the procurement team taking on the procurement of the alert systems. Two members of the V&A training team have also undergone quality improvement training in order to support services to look improvement ideas.</p> <p>Issue remain however that there is still a high DNA rate at the training programmes and some staff are not activating their alarm systems. <u>This is still ongoing in July 2019</u></p> <p>A further progress report will go to the Staff Governance Committee following the August 2019 NHS Lothian Board H&S Committee.</p> <p>July 2019 Update: Risk Grade/Rating remains High/15 whilst improvement work is being tested and implemented.</p>	Adequate but partially effective; control is properly designed but not being implemented properly	High 15	Medium 6	Director Nursing, Midwifery and AHP's	Head of Health & Safety	Staff Governance Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
38	3. Impro	Nu	There is a risk that safe nurse staffing levels are not maintained as a consequence of additional activity, patient acuity and / or inability to recruit to specific posts, the subsequently high use of supplementary staffing to counteract shortfalls potentially leading to compromise of safe patient care impacting on length of stay and patient experience.	<p>Governance & Performance Monitoring</p> <ul style="list-style-type: none"> Two Nursing and Midwifery Workforce meetings are being held (one for in patient areas and one for community nursing) alternate months. These provide a delivery function and monitor progress against agreed actions. The governance arrangements are through the Safe Staffing Group which reports to Staff Governance Committee Professional governance is through monthly review at the Nurse Directors Committee with Associate Nurse Directors & Chief Nurses. <p>Core Prevention and Detection Controls</p> <ul style="list-style-type: none"> Recruitment Group, Safe Staffing and Nursing Workforce Groups to plan requirements Local Workforce Governance meetings are being held fortnightly to review staffing metrics and outcome The agency embargo remains with every use of agency subject to scrutiny by a senior nurse. Recruitment meetings to oversee the implementation of the recruitment plan are being held monthly Use of tools to ensure safe staffing levels: <ul style="list-style-type: none"> A calendar to ensure the annual use of the nationally accredited workload and workforce tools is in place to ascertain required establishment levels eRostering and SafeCare Live tools are being rolled out to all nursing and midwifery teams, community teams and departments to provide real time information for local decision making around the deployment of the available staffing. Datix reports are escalated on a weekly basis for reports of staffing issues/shortages these are reviewed by the senior management team at the PSEAG. The supplementary staffing and rostering detail is annotated with this information to provide context and enable risk to be understood. Tableau Dashboard in place provides data overview of staffing at all levels. Tableau Dashboard for eRostering KPIs Detailed analysis of staffing demand and supply, together with SAE and complaints data at ward level in acute sites to enable senior managers to pinpoint 	<p>Risk Reviewed for period April to June 2019</p> <p>Last reviewed at Staff Governance Committee October 2018 accepted Moderate Assurance</p> <p>UPDATE – July 2019 <u>The establishment gap has been consistently over the target of 5% since January 2019 and is currently 5.7% However the establishment gap has been consistently under 6% since September 2016 suggesting a much steadier state Board wide.</u></p> <p><u>A paper for the Staff Governance on 31 July 2019 is proposing a reduction in risk level from a medium 9 to a medium 6. As the establishment gap has been consistently under 6% across the organisation since Sept 2016</u></p> <p>ACTIONS <u>The 2019 run of the NMWWP tools is underway with preparation time, a focussed training plan, revised data capture, risk assessment and prioritisation tool.</u></p> <p><u>Tests of change around shift patterns are being used as recruitment incentives.</u></p> <p><u>5 areas establishments are to be enhanced to demonstrate the impact of revising the staffing levels on patient outcomes</u></p> <p><u>A Nursing Outcomes group has been convened to measure, improve and assure the quality of care being delivered as an end to end process</u></p> <p><u>Weekly stats (provisional and unadjusted) are being provided to operational units for local monitoring meetings</u></p> <p><u>Planning is in place for recruitment to a second cohort of Return to Practice with a programme planned to commence in February 2020 .</u></p> <p>Continuing Actions</p> <p>The MA programme is established and taking 3 cohorts into nursing vacancies each year.</p>	Satis	Me	Low	EX	Dep	Hea

				<p>actions to areas of greatest need.</p>	<p>The stress and distress work is being rolled out, one SCN has been seconded from her REH role to support other areas to implement the concept with a view to reducing the use of supplementary staffing for 1:1 specialising and improving the patient experience.</p> <p>The use of SafeCare live will play a pivotal part to the delivery against the Health and Care Staffing Scotland legislation .</p> <p>The eRostering and SafeCare live tools roll out is almost complete with over 10 000 nursing staff, on 459 rosters actively using eRostering.</p> <p>Trend KPIs have been produced and circulated to CNMgrs/ Service managers every 4 weeks, and the dashboard has been developed to provide easily accessible data customised to the clinical area.</p> <p>Risk Grade/Rating remains : Medium 9</p>									
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ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates/Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3328	3. Improve Quality, Safety and Experience Across the Organisation	Roadways / Traffic Management	There is a risk of injury to staff, patients and the public from ineffective traffic management as a result of inappropriate segregation across NHS Lothian sites leading to loss of life or significant injury	<p>A stringent Governance Process and structure for reporting has been implemented as follows:</p> <ul style="list-style-type: none"> ○ Site specific Traffic Management Groups ○ Reported in Facilities H&S quarterly reports ○ Reported to Health & Safety Corporate group via Facilities Health & Safety Group ○ Reported to Staff Governance via Health & Safety Committee <ul style="list-style-type: none"> ● Escalation process in place through the Governance process should congestion become an issue on any site. Governance process is - Local Traffic Management Groups to Facilities Quarterly Reports, Facilities Health & Safety Group (also reported to Facilities Heads of Service) Overarching Health & safety Group ● Traffic surveys have been conducted across all hospital sites, and action plans have been prepared and subject to regular review ● The commission of Independent expert reviews of road infrastructures on high traffic high inpatient sites <ul style="list-style-type: none"> ● Action plans have been developed across all sites by the Local Site Traffic Management Groups and high risk items approved subject to funding. ● Additional dedicated car park personnel in high volume traffic sites has been implemented ● A policy for reversing has been implemented across all sites, which includes – all NHS L vehicles have been fitted with reversing cameras and audible alarms, no reversing unless with the assistance of Banksman ● Risk assessments and procedures are developed and regularly reviewed where risks have been identified, and a more task specific process has been developed. ● Work Place Transport Policy available and reviewed within agreed timescales. 	<p>Risk reviewed for period April – June 2019</p> <p>Reviewed and approved at October 2017 Staff Governance Committee - accepted moderate assurance.</p> <p>Update – July 2019</p> <p>The Pan Lothian TM Plan is being updated monthly and tabled quarterly at each Heads of Service Meeting. This details the risks, controls and further actions required at each site.</p> <p><u>Works required for the TRO for the REH and AAH have now been completed.</u></p> <p>The following high priority works (identified through the Traffic Management Group) were completed at the WGH::</p> <ul style="list-style-type: none"> ● Improvements to pedestrian crossings at the Clock Tower, D Block ● Repairs and road lining ● Additional car parking spaces in car park 1 ● Provision of cycle shelters <p>Works to undertake the following at St Johns is currently being tendered and works are due to commence:</p> <ul style="list-style-type: none"> ● Installation of foot paths at Estates and at the main entrance ● Traffic Management controls at the boiler house ● Temporary car park for the Mobile Endoscopy Unit <p><u>The 2019/20 Backlog Maintenance allocation have now been approved and funding has been approved to undertake traffic management improvements in the the Edinburgh Community premises..</u></p> <p>Traffic Management works at Whitburn HC have been stopped until land ownership issues have been resolved. Traffic Management works at Liberton, PAEP and MCH have been completed.</p> <p>The Goodison Structural and Civil Engineers Report is now available which provides recommendations on improvements required to the road network required to accommodate RHSC/DCN coming on site. This report highlights further road traffic concerns on the network. Discussions with consort have been helpful and now have agreement to the market for procurement of solutions for the five areas of concern</p> <p>Risk grade/rating remains unchanged - High/12</p>	Inadequate; control is not designed to manage the risk and further controls & measures required to manage the risk	High 12	Medium 8	Deputy Chief Executive	Director of Operations - Facilities	Staff Governance Committee

NHS Lothian

Board
7th August 2019

Chief Officer

WINTER PLANNING AND INTERFACE WITH IJB

1 Purpose of the Report

- 1.1 The purpose of this report is to provide the Board with an update on the process undertaken to develop the Winter 2019/20 strategy and engagement with the IJB.

2 Recommendations

The Board is recommended to:

- 2.1 **Accept** this report as a source of moderate assurance that the Unscheduled Care Committee is developing a robust, inclusive winter strategy through learning from previous winter initiatives.

3 Discussion of Key Issues

- 3.1 The Unscheduled Care Committee is a multidisciplinary management and planning group which is comprised of personnel from Acute, HSCPs, Public Health, Planning and Finance. It is the main body in Lothian that is commissioned to undertake the planning and delivery of the annual Winter Plan.
- 3.2 The Committee is chaired by Chief Officer/Joint Director of IJB for West Lothian. All Chief Officers/Joint Directors are invited to the Committee and have attended in the past, although in more recent months deputies are sent from the Partnerships. They attend the Committee in their Joint Director roles.
- 3.3 Historically the Winter Plan is derived through individual collaboration between partners before being ratified by the main committee. Winter 'bids' are compiled and analysed against a broad set of criteria mainly based around affordability.
- 3.4 The Winter Planning process started in May this year following the timelier conclusion of Winter pressures compared to 2017/2018. The process for developing the Winter Plan this year follows on from the previous year where a more inclusive, strategic process was employed to derive the plan.
- 3.5 Included within the Winter Debrief 2018/19 which was presented to the Board on 26th June 2019, each business unit was asked to underline their main priority areas for action this year during Winter. It is expected that all winter bids follow this broad outline this year and reference will be made to this debrief where propositions for investment are requested for 2019/20.

- 3.6 Following the publishing of the Internal Audit into Winter Planning (2018), Appendix 1, the approach will centre upon assessing bids against a set criteria to create priorities. Learning from previous years has shown that the Winter Bids tend to fall within the following categories:
- Hospital Flow
 - Bed Capacity
 - Site/Community Resilience
 - Supporting Discharge
 - Admission Avoidance
 - Public Health
- 3.7 The scoring framework developed for 2018/19 included all the 6 Essential Actions from the National Programme:
- Established Quadrumvirate teams at Site
 - ED Processes designed to Pull from ED
 - 7 Day Working
 - Patient not Bed Management
 - Patient Flow Realignment
 - Patients Cared for in their own Home
- 3.8 Additionally bids were scored against all the MSG indicators. Each bid was scored against these 12 criteria using a 1-5 scale with 1 indicating negligible benefits against the criteria and 5 suggesting significant benefits against criteria.
- 3.9 After feedback from the Committee and Internal Audit efforts have been made to simplify the criteria and also reference the improved Partnership working that is evident across the Health and Care systems.
- 3.10 Scoring criteria this year will be developed using the following categorisation:
- Supports Joint Working between Acute/HSCP
 - Supports a Home First Approach
 - Admission Avoidance
 - Site/Community Resilience
 - Site and Community Flow
 - Supports a non Bed Based Model
 - Facilitates 7 Day Working and Discharging
- 3.11 The Unscheduled Care Committee was briefed on 3rd May 2019 as to the process for planning and delivering the 2019/20 Winter Plan.

3.12 The approved approach includes:

1. Division of Winter bids amongst the Committee for scoring against the criteria above in 3.9. Guidance will be issued to support this process and ensure consistency.
2. Establishment of a Short Life Working Group, tasked to propose a prioritised list of Winter Initiatives through table top exercise- built from the initial scoring derived from 1 above.
3. Application of live weightings to create a prioritised list of winter bids that fit within financial constraints/unscheduled care winter funding for 2019-2020 (TBC by SG);
4. Sign off from the Unscheduled Care Committee.

3.13 There has been agreement that prior to winter bids coming forward from each HSCP, they should seek to engage and/or sign off their plan with each of their IJBs for visibility and planning. This will strengthen the interface between the planning and management functions related to the creation of the Winter Plan.

4 Key Risks

4.1 There is a risk that failing to start the process of winter planning in a timely manner will leave the board unable to respond to peaks in demand.

5 Risk Register

5.1 The Acute and Corporate Risk Register contains risk associated with "A&E four hour performance". They have been categorised as very high risks. The 4 hour emergency access standard risk has been sub divided into two subsequent risks; one organisation and one focused explicitly upon patient safety.

6 Impact on Inequality, Including Health Inequalities

6.1 This paper does not include any strategic or policy changes which might impact unfairly on different sectors of the wider community served by NHS Lothian

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

7.1 This paper does not propose any strategic or policy changes.

8 Resource Implications

8.1 The winter plan can only be agreed and signed off once resource allocations have been agreed by the Scottish Government. The Winter bids received will be subject the strict scoring criteria described above and the financial constraints imposed by the allocation of seasonal funds.

Jacquie Campbell
Chief Officer

Appendix 1: Internal Audit Findings.

Internal Audit



Winter Planning

January 2019

Internal Audit Assurance Assessment:

Objective One	Objective Two	Objective Three	Objective Four	Objective Five	Objective Six
Significant Assurance	Moderate Assurance	Moderate Assurance	Significant Assurance	Significant Assurance	Significant Assurance

Timetable

Date closing meeting held: 3 December 2018

Date draft report issued: 21 January 2019

Date management comments received: 30 January 2019

Date Final report issued: 8 February 2019

Date presented to Audit and Risk Committee: 25 February 2019

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1. Introduction

- 1.1 Each year NHS Lothian creates a Winter Plan (the Plan) which sets out how the organisation will continue to provide effective healthcare during the winter months, when there are additional pressures such as an increasing demand for services and adverse weather which can reduce staff's ability to get to work. The 2018-19 plan has a budget of £3.3m, of which £1.4m was provided by the Scottish Government. The plan can adjust to deal with circumstances and the level of funding from the Scottish Government. Also, there is oversight of the process of creating and implementing the plan by the Unscheduled Care Committee (UCC).
- 1.2 The UCC, which reports to the Acute Hospitals Committee, has responsibility for overseeing winter planning work within the organisation and has a comprehensive membership, including acute and the four health & social care partnerships, and all key professional groups. Part of the UCC's work is to consider lessons learned from previous winters and ensure that there is continuous improvement. The UCC is chaired by the Chief Officer of West Lothian IJB.
- 1.3 Prior to the creation of the Plan all key managers who are tasked with dealing with the winter pressures, e.g. service managers within acute, community, and primary care, are asked to submit proposals for funding, which are then assessed based on their costs and benefits using a scoring matrix. Each bid must also state performance measures where possible. The draft Plan is discussed at the UCC and is also provided to the four IJBs for review.
- 1.4 The key guidance issued by the Scottish Government which relates to winter planning is the Six Essential Actions to Improve Unscheduled Care, which NHS Lothian's Plan should comply with.

Scope

- 1.5 The objective of the audit was to determine if there are effective controls in place over winter planning.

Acknowledgements

- 1.6 We would like to thank all staff consulted during this review, for their assistance and cooperation.

2. Executive Summary

Summary of Findings

2.1 The table below summarises our assessment of the risks and the adequacy and effectiveness of the controls in place to meet each of the risk areas agreed for this audit. Definitions of the ratings applied to each action are set out in Appendix 1.

No.	Control Objectives	Assurance Level	Number of findings			
			Critical	High	Medium	Low
1	The Winter Plan is in place, and has been approved by a senior committee.	Significant Assurance	-	-	-	-
2	Funding proposals have been evaluated effectively.	Moderate Assurance	-	-	2	-
3	Issues have been identified from previous years and reflected in the current Plan.	Moderate Assurance	-	-	1	-
4	The Plan is comprehensive and covers all necessary risks.	Significant Assurance	-	-	-	-
5	The Plan clearly states the work to be performed.	Significant Assurance	-	-	-	-
6	There is effective governance of winter planning work.	Significant Assurance	-	-	-	-
TOTAL			-	-	3	-

Conclusion

2.2 The area under review comprised 6 control objectives, of which 4 received Significant Assurance and 2 received Moderate Assurance.

2.3 There is good control over winter planning within the organisation, through the use of a winter planning document, a clear understanding of the work to be performed, and effective oversight by a committee comprised of senior staff from across the organisation. However, control could be improved through a more accurate and

objective assessment of funding proposals, and a more robust process for capturing lessons learned.

Main Findings

- 2.4 The work to be done during the winter period was determined by senior staff across the organisation, through the use of a scoring matrix and discussion. Each piece of work to be performed includes a statement on what will be achieved, and objectives and performance measures where relevant. There is effective oversight of the winter planning process by the Unscheduled Care Committee, which meets regularly, has senior membership from all relevant sites and staff groups within the organisation, and has winter planning included in its remit.
- 2.5 In 2018 Midlothian HSCP introduced a protocol which sets out how service pressure should be managed. Specifically, the document states that service pressure will be categorised using certain triggers, for example the number of delayed discharges, bed occupancy levels, and staffing levels. Once certain triggers have been activated then the protocol sets out key actions, such as alerting certain senior managers and pausing the provision of some services. By stating objective measures of service pressure, the protocol should help to ensure that mitigating action is taken in good time. The HSCP has stated that the protocol will be used throughout the year, including during the winter period. In addition, the protocol has been shared with the other three HSCPs within Lothian.
- 2.6 We identified the following areas for improvement during the review:
- 2.6.1 The funding proposals for the 2018-19 winter period were assessed using a scoring matrix, which helped to provide increased objectivity over the selection of successful proposals. However, the scoring criteria and weighting should be reviewed to ensure that they more accurately reflect the risks facing the organisation during the winter period.
- 2.6.2 Lead managers for each part of the organisation scored the winter funding proposals for their own areas. Although these local leads were well placed to assess the relative merits of funding proposals for their respective areas, this approach carries the risk that the scoring of proposals is not consistent across the organisation and that the proposals are not scored accurately.
- 2.6.3 A lessons learned document was produced after the 2017-18 winter period. However, the document does not contain lessons learned from all parts of the organisation. Specifically, none are stated for the Royal Hospital for Sick Children, Human Resources, or Facilities. In addition, there is no documentation that provides clear evidence that all lessons learned from 2017-18 have been reflected in the plan for 2018-19.
- 2.7 Details of these 3 Medium findings are set out in the Management Action Plan.

3. Management Action Plan

Finding 1	
<p>Control objective 2: Funding proposals have been evaluated effectively.</p> <p>Associated risk of not achieving the control objective: The criteria and weighting used for assessing funding proposals could be further refined.</p>	Medium
<p><u>Observation and risk</u></p> <p>Every year funding is received from the Scottish Government to supplement NHS Lothian's own money to help the organisation deal with the winter period, and managers within the organisational are encouraged to submit proposals to a central team at Waverley Gate on how this funding should be spent. The proposals are assessed using a scoring matrix which includes weighted criteria based on organisational and NHS Scotland objectives.</p> <p>However, although the funding proposals for the 2018-19 winter period were assessed using the scoring matrix, there was considerable discussion and debate thereafter on which proposals should be successful. In discussion with nine managers charged with winter planning, there was a general consensus that the scoring matrix was a very useful tool but that the scoring criteria and weighting should be reviewed to ensure that they more accurately reflected the risks facing the organisation during the winter period.</p> <p>Our review sampled 17 funding proposals from the following sectors of the organisation: East Lothian HSCP, Edinburgh HSCP, the Flow Centre, Midlothian HSCP, Pharmacy, the Royal Infirmary of Edinburgh, St. John's Hospital, West Lothian HSCP, and the Western General Hospital. We found that the proposals contained named members of staff, SMART objectives, and KPIs were relevant.</p> <p>If the scoring matrix used to assess winter funding proposals does not have scoring criteria and weighting which more closely match organisational and NHS Lothian objectives then there is an increased risk that funding is not used in the most effective manner.</p>	
<p><u>Recommendation</u></p> <p>The scoring matrix used for the assessment of winter funding proposals should be reviewed each year. In particular, the scoring criteria and the scoring weighting should be assessed to confirm that they accurately reflect both organisational and NHS Scotland objectives.</p>	
<p><u>Management Response</u></p> <p>Agreed.</p> <p><u>The Management Action</u></p> <p>The scoring matrix will be further refined to reflect current organisational and NHS Scotland</p>	

objectives/priorities and learning from previous years. The weighting and critical success factors will then be provided to the Unscheduled Care Committee for approval.

Responsibility:

Strategic Programme Lead – Unscheduled
Care

Target date:

1 September 2019

Finding 2	
<p>Control objective 2: Funding proposals have been evaluated effectively.</p> <p>Associated risk of not achieving the control objective: An independent group should perform the assessment of individual funding proposals.</p>	Medium
<p><u>Observation and risk</u></p> <p>Once winter funding proposals have been created by local managers, they are collated by the winter planning leads for each area. These lead managers then score each proposal, using the scoring matrix stated in Finding 1, before providing the proposals to the central team at Waverley Gate.</p> <p>Although the local leads are well placed to assess the relative merits of funding proposals for their respective areas, this approach carries the risk that the scoring of proposals is not consistent across the organisation and that local leads do not score the proposals for their areas accurately. However, all of the funding proposals for the 2017-18 winter period were also discussed by managers from across the organisation which helped to mitigate this risk.</p> <p>If local managers continue to hold the responsibility for scoring funding proposals for their own areas, there is an increased risk that proposals are not scored accurately.</p>	
<p><u>Recommendation</u></p> <p>All winter funding proposals should be scored by an independent team comprised of senior managers from all relevant areas of the organisation, including acute, community, and primary care.</p>	
<p><u>Management Response</u></p> <p>Agreed.</p> <p><u>The Management Action</u></p> <p>A short life working group derived from the wider unscheduled care committee will be formed and then deployed to score winter funding proposals. The team will include membership from all relevant sectors of the organisation.</p> <p>In addition, the proposal template document itself will be refined to ensure that funding proposals are clear and contain sufficiently detailed information, so allowing effective assessment.</p>	
<p><u>Responsibility:</u></p> <p>Strategic Programme Lead – Unscheduled Care</p>	<p><u>Target date:</u></p> <p>1 September 2019</p>

Finding 3

Control objective 3: Issues have been identified from previous years and reflected in the current Plan.

Medium

Associated risk of not achieving the control objective: Lessons learned from the previous winter were not captured for all parts of the organisation.

Observation and risk

A list of lessons learned for the 2017-18 winter period was collated by the central team at Waverley Gate, with the aim of informing the planning for the 2018-19 winter work. The document includes an analysis of what went well, what could be improved, key lessons, and actions to be taken.

However, the document does not contain lessons learned from all parts of the organisation. Specifically, none are stated for the Royal Hospital for Sick Children (RHSC), Human Resources, or Facilities. It should be noted that RHSC only had one specific piece of winter work which was funded for 2017-18 (point of care testing for flu) and there may have been no lessons learned for the previous winter.

In addition, there is no documentation that provides clear evidence that all lessons learned from 2017-18 have been reflected in the plan for 2018-19. Such a document could list all lessons learned from the previous winter and, for each one, state what will be done to mitigate them in the plan for the forthcoming winter period.

If lessons learned are not reviewed for all parts of the organisation, and there is no evidence that lessons learned have been reflected in the following year's winter plan, then there is an increased risk that winter plans are not effective.

Recommendation

Lessons learned from the winter period should include contributions from all relevant parts of the organisation.

Lessons learned from the winter period should be mapped to the following winter's plan in order to provide greater assurance that all lessons learned have been considered and effectively implemented.

Management Response

Agreed.

The Management Action

The lessons learned document for future years will include contributions from all relevant sectors of the organisation, including those stated above.

In future, lessons learned from the winter period will be mapped to the following winter's plan.

Responsibility:

Strategic Programme Lead – Unscheduled
Care

Target date:

1 September 2019

4. Appendix 1 - Definition of Ratings

Findings and management actions ratings

Finding Ratings	Definition
Critical	A fundamental failure or absence in the design or operating effectiveness of controls, which requires immediate attention
High	A key control failure has been identified which could be either due to a failure in the design or operating effectiveness. There are no compensating controls in place, and management should aim to implement controls within a calendar month of the review.
Medium	A control failure has been identified which could be either due to a failure in the design or operating effectiveness. Other controls in place partially mitigate the risk to the organisation, however management should look to implement controls to fully cover the risk identified.
Low	Minor non-compliance has been identified with the operating effectiveness of a control, however the design of the control is effective

Report ratings and overall assurance provided

Report Ratings	Definition	When Internal Audit will award this level
No assurance	The Board cannot take any assurance from the audit findings. There remains a significant amount of residual risk.	The controls are not adequately designed and / or operating effectively and immediate management action is required as there remains a significant amount of residual risk (for instance one Critical finding or a number of High findings)
Limited assurance	The Board can take some assurance from the systems of control in place to achieve the control objective, but there remains a significant amount of residual risk which requires action to be taken.	<p>This may be used when:</p> <ul style="list-style-type: none"> There are known material weaknesses in key control areas. It is known that there will have to be changes that are relevant to the control objective (e.g. due to a change in the law) and the impact has not been assessed and planned for. <p>The controls are deficient in some aspects and require management action (for instance one 'high' finding and a number of other lower rated findings)</p>

<p>Moderate assurance</p>	<p>The Board can take reasonable assurance that controls upon which the organisation relies to achieve the control objective are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.</p>	<p>In most respects the “purpose” is being achieved. There are some areas where further action is required, and the residual risk is greater than “insignificant”.</p> <p>The controls are largely effective and in most respects achieve their purpose with a limited number of findings which require management action (for instance a mix of ‘medium’ findings and ‘low’ findings)</p>
<p>Significant assurance</p>	<p>The Board can take reasonable assurance that the system(s) of control achieves or will achieve the control objective.</p> <p>There may be an insignificant amount of residual risk or none at all.</p>	<p>There is little evidence of system failure and the system appears to be robust and sustainable.</p> <p>The controls adequately mitigate the risk, or weaknesses are only minor (for instance a low number of findings which are all rated as ‘low’ or no findings)</p>